The analytic framework shows the postulated pathways through which Permanent Supportive Housing with Housing First (Housing First programs) may improve housing and health outcomes for persons with a disabling condition experiencing homelessness and may advance health equity.

Housing First programs provide a variety of supportive services (i.e., physical/mental health, social services, employment) in addition to permanent housing (that meet HUD housing quality standards). The housing and services lead to increased housing stability and facilitate increased access to determinants of health such as education, health care, and employment. Housing and services and the choices given to clients in the use of these services may enhance a sense of autonomy and self-respect among participants.

Greater access to services and strengthened self-respect may lead to reduced risk behavior, improved health care use, better mental and physical health, reduced morbidity and mortality, and improved social connections. Because most persons experiencing homelessness are low-income and racial/ethnic minorities, Housing First programs can ultimately advance health equity.

Effect modifiers for this intervention include baseline client issues, intervention intensity, whether housing is grouped or scattered, how services are tailored and coordinated, and the sex and age of participants.

With regard to potential harms, it has been posited that the provision of housing to clients may decrease their motivation to work since their basic need for shelter has been addressed. It has also been posited that housing might provide a safe environment for continued substance use and other risky behavior.