Summary of Community Preventive Services Task Force Recommendation *

The Community Preventive Services Task Force (CPSTF) recommends Permanent Supportive Housing with Housing First programs (Housing First) to promote health equity for people who are experiencing homelessness and have a disabling condition, including HIV infection.

The CPSTF finds the economic benefits exceed the intervention cost for Housing First Programs in the United States. Because homelessness is associated with lower income and is more common among racial and ethnic minority populations, Housing First Programs are likely to advance health equity.

Major Findings *

This CPSTF recommendation is based on evidence from a systematic review of 26 studies (search period through February 2018). Evidence shows Housing First programs decrease homelessness, increase housing stability, and improve quality of life for people experiencing homelessness and living with a disabling condition, including HIV infection.

• Clients in Housing First programs who were living with a disabling condition (excluding HIV) experienced a median 41% greater increase in housing stability, a median 88% greater decrease in homelessness, improvements in quality of life, and reductions in health care use, when compared with clients in Treatment First programs (i.e., programs that require clients be “housing ready” before they receive housing) or control group participants receiving treatment as usual.

• Similar comparisons between Housing First clients living with HIV and control group participants receiving treatment as usual, reported 63% greater housing stability, median 22% greater improvement in physical health, 13% greater improvement in mental health, and substantial reductions in mortality and in health care use.

What Are Housing First Programs? *

Housing First programs provide regular, subsidized, time-unlimited housing to individuals and families experiencing homelessness in which the head of household has a disabling condition (e.g., mental health or substance use disorders, difficulties in independent working and living, HIV infection). Clients are not required to be “housing ready” (i.e., substance free or in treatment) to participate in the program. Once housed, they are encouraged, but not required, to maintain sobriety.

Programs offer clients a range of services to support housing stability, including one or more of the following: help with housing, health care, mental health services, treatment for substance use disorder, peer support, occupational therapy, and employment counseling.

Facts about Health Equity and Homelessness

• Homelessness is associated with lower income and is more common among racial and ethnic minority populations.¹

• Homelessness is associated with multiple health problems, increased mortality, and increased use of health care and other services.²

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*Read a complete summary of the systematic review and CPSTF finding and full-text publications

www.thecommunityguide.org/findings/health-equity-housing-first-programs

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<th>HUD Exchange</th>
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<th>U.S. Department of Veterans Affairs</th>
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Established in 1996 by the U.S. Department of Health and Human Services, the Community Preventive Services Task Force (CPSTF) is an independent, nonfederal panel of public health and prevention experts whose members are appointed by the director of CDC. The CPSTF provides information for a wide range of decision makers on programs, services, and other interventions aimed at improving population health. Although CDC provides administrative, scientific, and technical support for the CPSTF, the recommendations developed are those of the CPSTF and do not undergo review or approval by CDC. Find more information at www.thecommunityguide.org.