

The Health Impacts of Housing Instability and Homelessness

A Healthy Life Starts with a Healthy Home

Housing is the foundation from which we build our lives. We spend most of our lives in our homes. The affordability, quality, and stability of our homes are directly linked to our health and well-being. Ensuring that people live in healthy homes is a critical public health issue. The Housing Alliance of Pennsylvania is advocating for safe, decent, and affordable homes for low-income people so they have stability and can improve and maintain their health.

Housing Costs Don't Just Strain Budgets—They Strain Health

When housing costs outpace incomes, families are forced into tradeoffs that are harmful to their health. Paying rent can mean delaying a doctor visit, skipping prescriptions, or buying less nutritious food.ⁱ

In Pennsylvania, 85% of extremely low-income (ELI) renters are cost-burdened, meaning they spend more than 30% of their income on housing (rent + utilities).ⁱⁱ This is not a marginal issue. It is far too often the norm for the lowest-income renters.

High housing costs also shape *where* and *how* people live. When affordable options are scarce, households may end up in housing with health hazards (e.g., poor ventilation, mold/moisture, pest exposure, injury risks, or lead in older units) or in overcrowded conditions.ⁱⁱⁱ And once health deteriorates, it can destabilize housing even further. Injury or illness can quickly lead to job loss—especially in physically demanding work—through missed time, exhausted sick leave, or inability to perform essential duties.

Without income, people may delay care and struggle to recover from illness or injury. Savings and support can also run out, turning a health shock into a housing crisis.

Housing Instability and Eviction Threats Worsen Mental and Physical Health

Affordability problems become a crisis when households fall behind, double up, move repeatedly, or face eviction. Even the threat of losing housing can harm health. Persistent stress increases anxiety and depression risk and can contribute to physiological strain (sleep disruption, elevated blood pressure, worsening chronic illness).^{iv}

Health systems also increasingly documenting housing instability because it is linked to higher-cost utilization. **One study found that housing instability was associated with higher rates of inpatient admissions, longer hospital stays, and substantial health care costs.**^v

Homelessness Turns Manageable Conditions into Medical Crises

Homelessness creates immediate and compounding health risks. Living unsheltered or in crowded shelter settings increases exposure to communicable diseases, extreme weather, violence, and malnutrition, and it makes routine disease management far more difficult.

The National Health Care for the Homeless Council summarizes the severity clearly. **People experiencing homelessness have higher rates of illness and die, on average, about 12 years sooner than the general U.S. population.**^{vi} Research also describes “accelerated aging,” where chronic conditions and geriatric syndromes appear earlier among people experiencing homelessness.^{vii}

Infectious disease risks are also markedly higher. **In the U.S., tuberculosis prevalence is at least 46 times higher among unhoused people than the general population, and hepatitis C infection is more than 4 times higher.**^{viii}

Homelessness Disproportionately Harms Pregnant Women and Young Children

Pregnant women experiencing homelessness face high rates of chronic and acute health problems and are less likely to access prenatal care, which can harm prenatal development. Infants born during periods of homelessness have higher rates of low birthweight, respiratory problems, and fever than infants born to similarly low-income but housed families.^{ix x}

Children are not insulated from these dynamics. Disparities persist beyond infancy with children experiencing homelessness:

- twice as likely to have upper respiratory infections^{xi};
- twice as likely to be hospitalized^{xii};
- six times more likely to have stunted growth^{xiii}; and
- seven times more likely to experience iron deficiency anemia^{xiv}.

Affordable Housing Access and Eviction Prevention Can Reduce Emergency Department Use and Health Care Spending

Housing is not only a determinant of health; it is also a lever for reducing avoidable, high-cost care.

A study summarized by Enterprise Community Partners (with analysis by the Center for Outcomes Research and Education) found that **after people moved into affordable housing**^{xv}:

1. Emergency department use fell (about 18%)
2. Outpatient primary care utilization increased (about 20% in the year after move-in).
3. Medicaid expenditures declined (about 12%)

These findings suggest that affordable housing changes how people interact with the health system. When rent is predictable and within reach, families are less likely to cycle through moves or fall into crisis. They have the stability needed to keep appointments, manage chronic conditions, store and take medications, and address health issues earlier before they escalate into emergencies.

Over time, expanding access to affordable housing can translate into lower public spending and reduced strain on hospitals while supporting more continuous, community-based care.

Why This Matters for Pennsylvania's Public Resources?

Pennsylvania has only 40 affordable and available rental homes for every 100 extremely low-income renter households. When this shortage pushes families into instability and homelessness, the costs do not disappear. They show up in:

1. emergency departments and inpatient admissions;
2. Medicaid spending;
3. public health outbreaks and preventable complications; and
4. and downstream shelter and crisis-response systems.

Keeping people in their homes can function as both a health strategy and a cost-containment strategy—especially when it prevents evictions before they trigger the costly cascade of displacement, shelter entry, and avoidable emergency care.

Eviction prevention tools like emergency rental assistance, mediation, and access to legal support help households stay stably housed during short-term income shocks, protecting health while reducing pressure on hospitals, and local crisis-response systems.

For practical tools, program examples, and eviction prevention-focused materials, visit our [Eviction Prevention Resource Library](#).

ⁱ Lubell, J., Morley, R., Ashe, M., Merola, L., Levi, J. (n.d.) Housing and Health: New Opportunities for Dialogue and Action. National Center for Health Housing. Retrieved from https://changelabsolutions.org/sites/default/files/Health%20%20Housing%20New%20Opportunities_final.pdf

ⁱⁱ NLIHC Gap Report, 2025

ⁱⁱⁱ Hernández D. Affording Housing at the Expense of Health: Exploring the Housing and Neighborhood Strategies of Poor Families. *J Fam Issues*. 2016 May;37(7):921-946. doi: 10.1177/0192513X14530970. PMID: 27057078; PMCID: PMC4819250.

^{iv} Vásquez-Vera, H., Palència, L., Magna, I., Mena, C., Neira, J., Borrell, C. (2017). The threat of home eviction and its effects on health through the equity lens: A systematic review. *Social Science Medicine*,175,199-208. doi:10.1016/j.socscimed.2017.01.010

^v Rollings KA, Kunnath N, Ryus CR, Janke AT, Ibrahim AM. Association of Coded Housing Instability and Hospitalization in the US. *JAMA Network Open*. 2022;5(11):e2241951. doi:10.1001/jamanetworkopen.2022.41951

^{vi} National Healthcare for the Homeless Council Study, 2019

^{vii} 2017 Report in the *Social Science Medicine Journal*

^{viii} Beijer U, Wolf A, Fazel S. Prevalence of tuberculosis, hepatitis C virus, and HIV in homeless people: a systematic review and meta-analysis. *Lancet Infect Dis*. 2012 Nov;12(11):859-70. doi: 10.1016/S1473-3099(12)70177-9. Epub 2012 Aug 20. PMID: 22914343; PMCID: PMC3494003.

^{ix} St Martin BS, Spiegel AM, Sie L, Leonard SA, Seidman D, Girsan AI, Shaw GM, El-Sayed YY. Homelessness in pregnancy: perinatal outcomes. *J Perinatol*. 2021

Dec;41(12):2742-2748. doi: 10.1038/s41372-021-01187-3. Epub 2021 Aug 17. PMID: 34404925; PMCID: PMC9507167.

^x Clark RE, Weinreb L, Flahive JM, Seifert RW. Infants exposed to homelessness: health, health care use, and health spending from birth to age six. *Health Aff (Millwood)*. 2019 May;38(5):721-728. doi: 10.1377/hlthaff.2019.00090. PMID: 31059358.

^{xi} Rafferty Y, Shinn M. The impact of homelessness on children. *Am Psychol*. 1991 Nov;46(11):1170-9. doi: 10.1037//0003-066x.46.11.1170. PMID: 1772154.

^{xii} Weinreb L, Goldberg R, Bassuk E, Perloff J. Determinants of health and service use patterns in homeless and low-income housed children. *Pediatrics*. 1998 Sep;102(3 Pt 1):554-62. doi: 10.1542/peds.102.3.554. PMID: 9738176.

^{xiii} Fierman AH, Dreyer BP, Quinn L, Shulman S, Courtlandt CD, Guzzo R. Growth delay in homeless children. *Pediatrics*. 1991 Nov;88(5):918-25. PMID: 1945632.

^{xiv} Fierman AH, Dreyer BP, Acker PJ, Legano L. Status of immunization and iron nutrition in New York City homeless children. *Clin Pediatr (Phila)*. 1993 Mar;32(3):151-5. doi: 10.1177/000992289303200305. PMID: 8453831.

^{xv} Center for Outcomes Research and Education (CORE), Enterprise Community Partners, Inc. *Health in Housing: Exploring the Intersection between Housing and Health Care*. Portland, OR: Enterprise Community Partners, Inc.; 2016 Feb. <https://www.enterprisecommunity.org/sites/default/files/2021-06/Health%20in%20Housing%20Exploring%20the%20Intersection%20between%20Housing%20and%20Healthcare.pdf>