Health Starts at Home

A National Snapshot of Public Housing Authorities' Health Partnerships

May 2018

A report by the *Housing Is* Initiative at the Council of Large Public Housing Authorities in partnership with The Public and Affordable Housing Research Corporation at HAI Group

Housing and health systems need to work together. Public housing authorities (PHAs) are significant providers of housing to those in need, offering the health sector scale and expertise. Little was known about how PHAs worked with the health sector writ large. With a national survey, we found that PHAs across the country are engaged in a wide range of partnerships with different health organizations that address various target populations and health priorities. Barriers to housing-health collaboration, such as funding and staffing capacity, can be overcome with cross-system partnerships that seek to address these needs.

INTRODUCTION

Systems serving low-income people increasingly recognize that working with partners in other sectors can produce positive life outcomes and promote effective and efficient service delivery. Recently, the intersections between housing and health have gained attention as the housing sector has embraced "health in all policies," and the health sector has identified housing as a cornerstone social determinant of health with implications for individual and population health.[i, ii, iii]

Public health agencies and healthcare delivery systems (e.g. hospitals, social service providers, managed care organizations) are exploring ways to work with housing providers to improve health outcomes and control costs. In both endeavors, they must identify priority populations with complex health and social needs and develop better ways to treat them. Unmet health and social needs drive high, costly healthcare utilization and contribute to poor health outcomes.

Public housing authorities (PHAs) offer the health sector significant scale in numbers of households served, trusted access to individuals and families exhibiting complex health needs, local decision-making, and integration into communities — all of which could drive improved quality outcomes, create efficiencies, and encourage greater cost-effectiveness.

PHAs play a critical role in the U.S. housing system, with approximately 3,800 locally-controlled agencies of varying sizes (small, medium, and large) administering over 3.5 million units of subsidized housing through public housing, voucher, and multifamily programs. From these programs, the U.S. Department of Housing and Urban Development (HUD) provides assistance to over 7 million Americans. Those living in HUD-assisted housing generally pay 30% of their earned income towards rent, with the PHA contributing the remaining amount. A majority of those receiving housing assistance are headed by seniors (35%), single women with children (33%), and contain at least one person with a disability (37%).[iv] Many households are very low-income, with an average household income of $13,900 in 2017.[v]

Housing Assistance is Different Than Other Forms of Public Assistance

Only one-fifth of low-income families who qualify for housing assistance based on income requirements currently receive it.[xii] Unlike other programs for low-income people like Social Security/SSI (public income assistance) and Medicaid (public health insurance) in the United States, housing is not an entitlement program where individuals and families receive the benefit if they meet requirements. Waiting lists in many jurisdictions are closed, and those with assistance waited an average of 27 months on a waiting list. Eligible but unassisted individuals and families often struggle to find affordable, quality housing. A 2017 HUD report estimates that over 8 million low-income households do not receive housing assistance and are spending more than half of their income on housing costs or are living in substandard housing conditions.[xiv]

Residents in HUD-assisted housing demonstrate high health needs and PHAs are building partnerships to address specific conditions and target sub-populations in need.

High Health Needs Among PHA Residents

Underscoring the impetus for health and housing partnerships with PHAs are the high health needs and multiple social service touchpoints of the population served by housing assistance programs. National estimates suggest that while low-income adults receiving HUD rental assistance were more likely to have health insurance coverage and report higher rates of healthcare service utilization (e.g. unnecessary emergency room use) compared to those that did not receive housing assistance, they did not necessarily have better health outcomes and often reported lower health status.[vi, vii, viii] Adults receiving HUD assistance report higher rates of health conditions and diagnoses than the general population for hypertension (37.9% HUD-assisted vs. 26.5% general population), heart disease (19.8% vs. 12.8%), cancer (9.2% vs. 8.5%), diabetes (17.6% vs. 9.5%), chronic obstructive pulmonary disorder (13.1% vs. 6.1%), asthma (16.3% vs. 8.7), and complete tooth loss (17.5% vs. 8.3%). These health disparities also extend to children whose families receive rental assistance who report higher rates of developmental, learning, and physical disabilities compared to their low-income unassisted peers.[ix, x]

Despite lower health status and higher health needs, people living in HUD-assisted housing exhibit higher rates of insurance coverage than those with comparable incomes not receiving assistance: 74.6% of adults with HUD assistance report having public insurance (e.g. Medicaid, Medicare) compared to 44.5% in non-assisted, low-income adults. These figures are presumably higher today as these data are from prior to implementation of the Affordable Care Act, which has since expanded health insurance coverage for low-income people.

Survey to Explore PHA Health Partnerships and Activities

While PHAs have long been engaged with health partners at the local level, previous research has only documented health services and partnerships HUD-assisted properties for seniors.[i] **The Council of Large Public Housing Authorities (CLPHA)** developed a survey to provide the first national snapshot of the conditions and populations PHAs target through their health-related initiatives, the types of health partners PHAs engage (or who engage them), how PHAs work with health sector partners, and the barriers they face. The survey was initially distributed to large PHAs, and CLPHA partnered with the **Public and Affordable Housing Research Corporation (PAHRC)** to refine the survey and distribute it to a broader, representative group of PHAs of all sizes.

We sought to learn about the prevalence and types of health initiatives at PHAs as well as the partnerships that have been developed to improve resident and community health, including with which health entities PHAs most often partner. Secondarily, we sought to understand what health-related priorities PHAs set (either alone or in concert with partners) and any target subpopulations of their residents.

PHA survey respondents (n=178) tended to be larger in size than the general population of housing agencies and more likely to operate both Housing Choice Voucher (HCV) and Public Housing (PH) programs. Respondents were well distributed by census region, with slightly more agencies responding from the South than are represented in the population of agencies at large. Fewer responses were collected from agencies operating in the Northeast and West than are found in the general field of housing agencies.

Key Findings

Survey findings shed light on the frequency of PHA health-related initiatives, the prevalence of PHA health partnerships, the health-related priorities of PHAs, the nature and depth of partnership with the health sector, staffing and funding capacity for health activities, and barriers that limit or discourage PHAs from establishing or expanding their health-related initiatives.[1]

Survey findings indicate:

- Half of PHAs are engaged in health-related initiatives and almost all of them rely on external health partners to provide services and programming to some extent.
- Large PHAs (in number of total units) report higher rates of health partnerships compared to small and medium-sized PHAs.
- Nearly three-fourths of PHAs with health-related initiatives partner with public health and community-based human and social service providers.
- Over half of all PHAs with health-related initiatives focus on preventative health, mental health conditions, and substance use disorders.
- Around half of PHAs with health-related initiatives are addressing tobacco use cessation, general wellness, diabetes, and heart disease.
- Health-related initiatives are overwhelmingly targeted to seniors, however PHAs also report targeting health initiatives to a wide array of groups.
- Few PHAs have dedicated health staff, instead relying on resident services and other staff to facilitate health partnerships and activities. PHAs typically draw from limited internal funds or rely on external health partners to fund health activities.
- Lack of dedicated staff and funding were the most commonly-cited barriers to increasing health-related initiatives and partnerships.

About *Housing Is*

CLPHA's *Housing Is* Initiative helps establish, broaden, and deepen efforts to align affordable housing, education, and health systems to produce positive, long-term results. We are building a future where systems work together to improve life outcomes for low-income people. **Learn more at HousingIs.org.**

METHODOLOGY

The data presented in this report were collected from a survey sent to all housing agencies operating units in the Housing Choice Voucher and Public Housing programs. The survey was sent in two waves by email and was circulated to 69 housing agencies in Wave 1 and 3,738 housing agencies in Wave 2. The survey was also shared via Twitter to boost responses and remained open over the course of four weeks. The survey instrument used for this report was based on an earlier instrument circulated to a set of large housing agencies. Responses were de-duplicated if multiple people from the same housing authority answered the survey. Thirty-nine responses from agencies answering the early version of the survey were compatible with the current survey format and were included in this analysis. In total, survey responses from 178 agencies are included in this analysis. Housing agencies in US territories were excluded from this analysis.

To better represent the population of housing agencies, the survey data were proportionally weighted by housing agency combined program size. Housing agencies with 1-249 combined units composed category one or "small" PHAs. Agencies with 500-1,249 made up category two ("medium"), and agencies with 1,250 or more units made up category three ("large"). The findings discussed in this report represent weighted estimates, accounting for differences in size between the survey respondents and the field of housing agencies in each size category. We also discuss unweighted numbers stratified by housing agency size category in cases where there are notable differences between these groups.

[1]The survey defined health-related initiatives as "programs, policies, or services that provide medical treatment and care for the public or focus on preventing disease by promoting healthy lifestyles."

FINDINGS

Half of all public housing authorities surveyed have health-related initiatives, almost all (91%) with a partner. Most initiatives focus on the elderly, adults, and disabled, working with an agency focused on this population. About half of all PHAs with health-related initiatives target smoking use cessation (56%), general wellness (52%), diabetes (50%), and heart disease (49%). Most partnerships are informal, but a strong minority are more complex, and nearly one-third included data sharing. Funding for activities generally comes from housing agencies' own funds or is covered by a nonprofit partner. Resources like funding and staffing are the biggest barriers to offering or offering more services. Half of agencies offering services also noted that lack of staffing, lack of funding, and resident interest was a key challenge.

91%

of PHAs with health initiatives rely on health partnerships to provide services and programming.

Looking at unweighted data stratified by PHA size, large PHAs report offering health-related initiatives more frequently (three quarters of large PHA respondents), though one-third of small PHAs and half of medium-sized PHAs responding are also offering health-related initiatives. Large PHAs often report being engaged in more complex and staff-intensive activities. They also report engaging in a variety of types of activities and services and with a larger variety of target groups and partners. However, the most common activities and barriers are fairly similar across size groups.

GRAPH 1: **Most Common PHA Health Partners**

PHA Health Initiatives

PREVALENCE Half (50%) of the 178 PHAs responding to the survey reported providing some type of health-related initiative for residents themselves and/or through a partner. About one-third of small PHA respondents reported offering health initiatives, as did over half of medium-sized respondents and almost two-thirds of large respondents. Nearly all agencies with health initiatives worked with a partner to provide health services (91%). This trend varied little by size, with small PHAs reporting at a slightly lower rate that they worked with a partner on their health initiatives.

Health Partnerships

TYPES OF HEALTH PARTNERS The most common types of partner for PHAs with health initiatives were public health providers (71%) and community-based human and social service providers (71%), followed by healthcare service providers (57%). Further, more than a third of PHAs with health-related initiatives also partnered with advocacy, funding, and research organizations (38%) and community resources/development (34%). PHAs partners were most commonly nutrition providers (51%), followed by home health agencies (49%), Aging or Disability Resource Centers (45%), social service providers (42%), and local health departments (37%). Over a quarter of PHAs with health initiatives also work with behavioral health providers (30%) and advocacy organizations (29%) to accomplish health-related priorities. A quarter or fewer PHAs work with Continuums of Care (CoC), hospitals, dental care providers, federally-qualified health centers (FQHCs), family planning, and Medicaid agencies/managed care organizations around health-related goals.

These trends are similar across PHA size with large agencies again reporting more frequent interactions with a variety of partners. Most PHAs, regardless of size, partner with public health and

TABLE 1: **Types of Health Partners for PHAs Engaged in Health Activities**

Community-Based Human and Social Service Providers **71%**	Home health agencies	**49%**
	Aging and Disability Resource Centers (ADRCs)/ Area Agencies on Aging (AAAs)	**45%**
	Social service providers	**42%**
	Continuums of Care (CoC)	**22%**
	Supportive housing service providers	**16%**
	Child and adolescent health and welfare	**14%**
	Assisted living providers	**12%**
Public Health **71%**	Nutrition providers (i.e. health education, coaching, food delivery)	**51%**
	Local health department	**37%**
	Veterans organizations and/or veterans administration	**17%**
	Violence prevention organization	**16%**
	Primary schools and school-based clinics	**10%**
	State health department	**8%**
Healthcare Service Providers **57%**	Behavioral health providers	**30%**
	Hospitals	**20%**
	Dental care providers	**17%**
	Pharmacies	**16%**
	Fitness providers or facilities (i.e. gyms, YMCA)	**16%**
	Universities with healthcare programs (i.e. nursing schools, medical schools)	**16%**
	Federally-Qualified Health Centers (FQHCs)	**15%**
	Medicaid - State Agencies	**11%**
	Medicare - Special Needs Plans (including Dual-Eligible SNPs)	**10%**
	Emergency/urgent care departments	**10%**
	Family planning and sexual health providers	**9%**
	Medicaid - Managed Care Organizations (MCOs)	**8%**
Advocacy, Funding & Research **38%**	Advocacy organizations	**29%**
	Research organizations (e.g. universities, think tanks)	**11%**
	Funders for health-related initiatives	**9%**
	Data sharing organizations (e.g. warehouses, repositories, nonprofit conveners, etc.)	**5%**
Community Resources and Development **34%**	Law enforcement	**15%**
	Parks and recreation agencies	**12%**
	Community development corporations/organizations	**12%**
	Affinity-based community groups (i.e. walking groups)	**10%**
	Environmental health organizations	**7%**
	Urban planners (i.e. city planner office)	**2%**

TABLE 2: **Health Partnership Formality, by PHA Size**

	All PHAs weighted (n=91)	**Large PHAs*** 1,250+ Units (n=67)	**Small & Medium PHAs*** 0-1,249 Units (n=24)
Formal Agreements (e.g. MOUs)	46%	76%	21%
No Formal Agreements	51%	27%	71%
Referral Arrangements	23%	45%	4%
Data Sharing Agreements	18%	39%	0%
Shared Funding	8%	16%	0%
Shared Staffing	10%	12%	8%

community-based human and social service providers. However, over half of large PHAs also reported also partnering with healthcare service providers, community resources, and advocacy, funding, and research organizations.

TYPES OF FORMAL AGREEMENTS The most common type of agreement in place between PHAs and their health partners was a memorandum of understanding (MOU). Forty-six percent (46%) of PHAs with health initiatives reported having MOUs with partners, but 51% noted that they had no formal agreement in place. A few PHAs with health initiatives also reported having referral agreements (23%), data sharing agreements (18%), and interagency agreements (15%). Small and medium PHAs reported having no formal agreement in place most frequently while large PHAs reported having MOUs most frequently, followed by referral agreements. No small or medium PHAs reported having data agreements with their partners compared to almost 40% of large PHAs.

PHA Health Priorities

TARGET SUBPOPULATIONS The age group most commonly targeted with PHAs' health-related initiatives is senior residents, with 85% of agencies offering services reporting that they served seniors, followed by adults (57%) Medicare/Medicaid enrollees (43%) and people with physical disabilities (42%). About a third of PHAs with health-related initiatives also noted targeting services for people living with psychiatric disabilities (35%), veterans (33%), and children aged 5-12 (30%). The least common target groups for health initiatives were for those formerly incarcerated and those who identify as lesbian, gay, bisexual, or transgender (15%). These trends were similar across PHA size, with over 80% of respondents in each size category reporting serving seniors. However, larger PHAs consistently offered services to a variety of target groups, where smaller PHA services were clustered around seniors, adults, and disabled individuals.

HEALTH CONDITIONS & BEHAVIORS Over half of all PHAs with health-related initiatives target preventative health (74%), medical health conditions (63%), and substance use disorders (60%), while about a quarter target physical disabilities (27%) and behavioral health conditions (27%).

The most common condition targeted by housing agencies offering services was tobacco use cessation (56%), followed by general wellness (52%), diabetes (50%), and heart disease (49%). More than a fifth of PHAs with health-related initiatives also targeted substance use disorders (29%), physical disabilities (27%), general anxiety or clinical depression (24%), obesity (20%), and asthma (20%). The least common conditions targeted by PHAs with health-related initiatives include infant mortality (7%), vision (13%), post-traumatic stress disorder (14%), and sexually transmitted infections and diseases (14%).

Over half of all PHAs with health initiatives target **preventative health (74%)**, **medical health conditions (63%)**, and **substance use disorders (60%)**.

*Unweighted data

TABLE 3: **Most Common Health Condition Priorities**

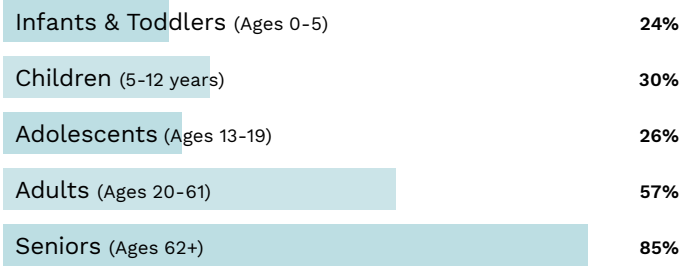
Preventative Health **74%**	Pre-natal care and pregnancy	**17%**
	Sexually-transmitted infections and diseases (STI/D)	**14%**
	Dental	**16%**
	Vision	**13%**
	Infant mortality	**7%**
	We do not focus on specific conditions. Instead we focus on general wellness.	**52%**
Medical Health Conditions **63%**	Diabetes	**50%**
	Heart disease/high blood pressure	**49%**
	Obesity	**20%**
	Asthma	**20%**
Substance Use Disorders **60%**	Tobacco use	**56%**
	Substance Use Disorders (i.e. alcohol dependence of elicit drug use)	**29%**
Behavioral Health Conditions **27%**	General anxiety or clinical depression	**24%**
	Dementia	**18%**
	Severe mental illness (i.e. bipolar disorder or schizophrenia)	**17%**
	Post-traumatic stress disorder (PTSD)	**14%**
Physical Disabilities **27%**	All	**27%**

These trends were fairly similar across PHA size. Preventative health conditions, medical health conditions, and substance use disorders were the most common conditions targeted for PHAs with health-related initiatives of all sizes. However, large PHAs may have greater capacity to target multiple health conditions. Over three-quarters of large PHAs with health-related initiatives targeted preventative health, medical health conditions, and substance use disorders. Meanwhile, about half of small PHAs with health-related initiatives targeted preventative health (68%), medical health conditions (47%), and substance use disorders (47%).

Nature of Health Initiatives

TYPES OF ACTIVITIES Among PHAs with health initiatives, at least half reported offering on-site and/or visiting health services for residents (75%), engaging residents to guide efforts to improve

GRAPH 2: **Health Activities Targeting Residents of Specific Age Groups**



community health (59%), and implementing health interventions for seniors and/or people with disabilities (53%). The least common initiatives were raising funds from foundations and securing investments in affordable housing from health sector partners. Looking at unweighted data, the trends depicted above were fairly similar across PHA size, with large PHAs noting that resident engagement was their top activity and large PHAs participating more frequently in more complex and staff intensive activities like strategic planning and fundraising.

LOCATION Around two-thirds of all agencies with health initiatives report offering the initiatives at home and in community hubs, while over half of all agencies with services also offered them onsite at specific buildings or off-site through referrals. The most common distribution location was at home through visiting services (69%). These trends were similar for small and medium-sized PHAs. Large PHAs reported on-site services as the most frequent location of services followed by referrals, at home, and via community hubs.

Capacity for Health Initiatives

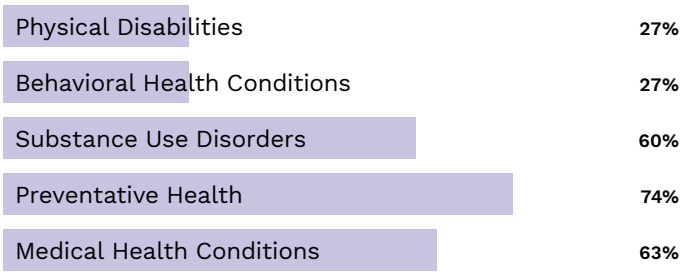
FUNDING PHA funds (58%) and non-profit partners (50%) were the most common types of funding arrangements for health initiatives offered by housing agencies. Fewer PHAs reported receiving funding for health-related initiatives from hospitals (37%), private-sector partners (19%), and foundations (18%). These responses were similar across PHA size, with larger PHAs reporting more frequently they accessed a greater variety of funding sources.

66%
of agencies with health initiatives offer services at home and in community hubs.

LEVERAGING OTHER PROGRAMS When asked which HUD programs were leveraged for health activities, most housing agencies offering services reported leveraging HUD's smoke-free initiative (67%) followed by Family Self-Sufficiency (FFS) (42%). The smoke-free initiative was utilized most frequently across size categories and large PHAs tended to report accessing a variety of programs, including programs more utilized by large PHAs like the Rental Assistance Demonstration (RAD) and FSS.

DATA SHARING Nearly one-half (42%) of PHAs with health-related initiatives reported sharing data with their partners and 18% reported having a data sharing agreement in place. Data sharing was most often informal (25%) and depended on the partner (18%). Large PHAs reported more frequently that they shared data with partners.

GRAPH 3: **What Conditions Do PHA Health Initiatives Target?**



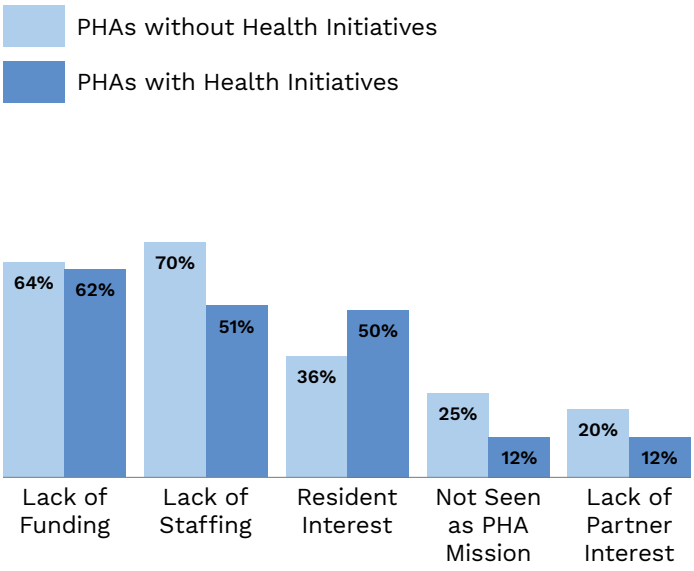
DATA COLLECTION In addition to data sharing, some PHAs are collecting health-related data about their residents. Among those PHAs engaged in data sharing, 35% track attendance and/or satisfaction with health-related programming, 31% collect data related to chronic health conditions, 23% collect resident health insurance coverage data, and 21% have data about resident health-related behaviors like physical activity and tobacco use. A quarter of these PHAs have data about residents' healthcare service utilization and PHA referrals to emergency healthcare services. Notably, 48% of PHAs with health partnerships report not collecting or having access to any health-related data about their residents.

Challenges

BARRIERS Among PHAs with health initiatives, the largest barriers reported were lack of funding (62%), lack of staffing (51%), and lack of resident interest (50%). Among PHAs without health initiatives, the biggest challenges reported were lack of staffing (70%) and lack of funding (64%). Despite that, PHAs do not see mission differences as a barrier to these cross-sector partnerships. Only 19% of all PHAs said that "mission creep" was a barrier to partnership with the health sector (i.e. not seeing health initiatives as part of their agency's mission). Similarly, only 16% of PHAs suggested that lack of health partner interest was a barrier to cross-sector work.

Notably, lack of resident interest was not a leading barrier for PHAs for agencies without health initiatives (36%) while over half of PHAs with health initiatives did. This suggests that "resident interest" could differ based on availability or non-availability of health programming (i.e. those without services lack demand and those with services observe indifferent or overwhelmed resident responses). It could also note an additional complexity in offering health-related initiatives: that of marketing the initiative to residents.

GRAPH 3: **What Barriers Do PHAs Face In Establishing Health Partnerships?**



IMPLICATIONS

PHAs Are Key Players in Addressing Intersection of Housing and Health

As essential housing providers to millions of low-income Americans, PHAs are well-positioned to be powerful partners for those in the health sector looking to address social determinants impacting the health of vulnerable individuals and populations. The housing and health sectors have overlapping priorities and serve similar populations. Distinguishable from many other types of housing providers, many PHAs could provide health partners significant level of scale and specificity, with considerable numbers of households demonstrating high health and service needs. This national survey suggests that PHAs writ large are currently working with or interested in the health sector and have a wide range of priorities and capacity needs that health partners can help address.

Wide Range of PHA Health Activities, Priorities, and Partners

A majority of PHAs facilitate health-related initiatives for residents by leveraging partnerships with the health sector despite characteristic resource constraints. While there is broad engagement with the health sector, the results suggest PHAs' goals and types of partners are far from uniform. PHAs lead health-related initiatives with a diverse array of organizational partners, health priorities, target populations, and partnership configurations. Many existing PHA partnerships and initiatives serve the needs of the elderly and people with disabilities, as well as focus on conditions such as tobacco use cessation, heart disease, and diabetes. Large PHAs (managing 1,250 units or more) report greater capacity for these partnerships, though PHAs suggest staffing and funding are barriers to facilitating housing-health partnerships and initiatives. It does not appear health partners are addressing this need as only 10% of PHAs with health initiatives indicated that they share staffing resources with their partners and only 8% share funding. While this survey provides a snapshot of PHA health partnership prevalence and priorities, further exploration of the depth and impact of these partnerships is needed.

PHA Health Initiatives May Be Vulnerable to HUD Funding Cuts

The most common funding source for PHA's health-related initiatives is from PHA funds: 58% of PHAs with health initiatives rely on PHA funds from Section 8 administrative fees, Moving to Work (MTW)-related savings, and the Resident Opportunities and Self-Sufficiency (ROSS) program to fund health-related initiatives. PHAs' heavy reliance on HUD funds could make their health-related initiatives vulnerable to HUD funding cuts. Protecting these existing sources of funding is critical, especially since PHAs already leveraging these programs still cite funding as a barrier for expanding their health-related activities. Creating new funding sources to support PHAs' internal capacity to establish, develop, and maintain robust health partnerships, as well as expanding existing HUD programs used to improve resident health, would further strengthen and sustain housing-health partnerships.

Better Aligning and Deepening PHA Health Partnerships

In order to effectively serve their residents and communities' health needs, PHAs must rely on health sector partners to build capacity. Those with initiatives cite their health partners as essential to their ability to provide services and programming to residents. Health partners interested in working with PHAs could explore system-level partnerships that support PHAs' capacity needs to establish and foster their mutually-beneficial partnerships. Similarly, PHAs seeking new health partners should consider their internal capacity needs, including financial resources, expertise, and data to identify the best possible health entities to meet those needs.

More Formal Agreements Can Facilitate Systems-Level Partnerships

While a majority of PHAs rely on partnerships to support health-related initiatives, half of them do not have formal agreements in place. PHAs may need support as they seek to formalize and strengthen their existing partnerships. CLPHA's *Housing Is* Initiative works to support PHAs and their health partners to develop strong, sustained partnerships that break down operational silos and improve outcomes.

CLPHA's *Housing Is* Initiative invites health entities interested in working with PHAs to email us at **HousingIs@clpha.org** and join our online community at **HousingIs.org**.

References

[i]Bostic, Raphael W., Thornton, Rachel L. J., and Elizabeth C. Rudd, et al (Health Affairs). Health In All Policies: The Role of the US Department of Housing and Urban Development and Present and Future Challenges. September 2012. https://doi.org/10.1377/hlthaff.2011.1014

[ii]U.S. Department of Housing and Urban Development (HUD). HUD Strategic Plan 2014-2018. April 2014. https://www.huduser.gov/portal/publications/pdf/HUD-564.pdf

[iii]U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion (HHS). Healthy People 2020: An Opportunity to Address Societal Determinants of Health in the United States. July 2010. https://www.healthypeople.gov/2010/hp2020/advisory/SocietalDeterminantsHealth.htm

[iv]U.S. Department of Housing and Urban Development. 2018. A Picture of Subsidized Households in 2017. Accessed from https://www.huduser.gov/portal/datasets/assthsg.html.

[v]U.S. Department of Housing and Urban Development. 2018. A Picture of Subsidized Households in 2017. Accessed from https://www.huduser.gov/portal/datasets/assthsg.html.

[vi]Helms, Veronica E., Sperling, Jon, and Barry L. Steffen, et al (U.S. Department of Housing and Urban Development). A Health Picture of HUD-Assisted Adults, 2006-2012. https://www.huduser.gov/portal/sites/default/files/pdf/Health-Picture-of-HUD.pdf

[vii]Fenelon, Andrew, Mayne, Patrick, and Alan E. Simon, et al (American Journal of Public Health). Housing Assistance Programs and Adult Health in the United States. April 2017, Vol 107, No. 4.

[viii]Simon, Alan E., Fenelon, Andrew, and Veronica Helms, et al (Health Affairs). HUD Housing Assistance Associated with Lower Uninsurance Rates and Unmet Medical Need. June 2017, Vol 36, No. 6.

[ix]Public and Affordable Housing Research Corporation. Housing is a Foundation. June 2016. https://www.housingcenter.com/wp-content/uploads/2017/11/2016-PAHRC-Report_Full-Repot.pdf

[x]Helms, Veronica E., Sperling, Jon, and Barry L. Steffen, et al (U.S. Department of Housing and Urban Development). 2018. A Health Picture of HUD-Assisted Children, 2006-2012. https://www.huduser.gov/portal//portal/sites/default/files/pdf/Health-Picture-of-HUD-Assisted-Children.pdf

[xi]LeadingAge. 2008. Service Availability in HUD-Assisted Senior Housing http://www.leadingage.org/sites/default/files/Service%20Availability%20in%20HUD-Assisted%20Senior%20Housing-ilovepdf-compressed.pdf

[xii]Kingsley, G. 2017. "Trends in Housing Problems and Federal Housing Assistance." Urban Institute.

[xiii]U.S. Department of Housing and Urban Development. 2018. A Picture of Subsidized Households in 2017. Accessed from https://www.huduser.gov/portal/datasets/assthsg.html.

xivU.S. Department of Housing and Urban Development. Worst Case Housing Needs 2017. Washington, D.C. https://www.huduser.gov/portal/sites/default/files/pdf/Worst-Case-Housing-Needs.pdf

Key Survey Takeaways

Nearly all PHAs engaged in health-related initiatives rely on external health partners to provide services and programming.

Large PHAs (in number of total units) report higher rates of health partnerships compared to small and medium-sized PHAs.

Nearly three-fourths of PHAs with health-related initiatives partnered with public health and community-based human and social service providers.

Over half of all PHAs with health-related initiatives have services targeting preventative health, mental health conditions, and substance use disorders.

Around half of PHAs providing health services have initiatives addressing tobacco use cessation, general wellness, diabetes, and heart disease.

The age group most commonly targeted was senior residents, followed by adults, Medicare/Medicaid enrollees, and people with physical disabilities.

Few PHAs have dedicated health staff, instead relying on resident services and other staff to facilitate health partnerships and activities.

Lack of dedicated staff and funding were the most commonly-cited barriers to increasing health initiatives and partnerships.

CLPHA.ORG

HOUSING IS

HOUSINGIS.ORG

HOUSINGCENTER.COM/RESEARCH

THE KRESGE FOUNDATION

KRESGE.ORG