Sector: Housing and Homelessness

**PRIMARY STAKEHOLDER:
PUBLIC HOUSING AUTHORITIES**

Unlocking the Value of Data Sharing Series

Quick Summary

Housing is inextricably linked to health, making the housing sector a crucial partner for data sharing initiatives focused on improving community health. This paper provides guidance for exploring the value of sharing data with the housing sector, focusing on the specific stakeholder of public housing authorities. It addresses the following components:

1. General background on public housing authorities and their partners

2. Important drivers and concerns of public housing authorities and their partners (e.g. financing, incentives, accountability, competitors, etc.)

3. The value of data sharing for public housing authorities and their partners

In the introductory paper to this series, we provide a basic method for reaching out to those in your community who may share your interest in collaborating and sharing data. We invite you to consider how to approach housing colleagues using the framework and guiding questions in the introductory paper. Similar papers on other sectors will be available at www.dashconnect.org/value along with a growing list of curated resources and a space to share your feedback on whether this approach worked for you.

Data Across Sectors for Health

Discovering Value in Your Multi-sector Collaboration

Data sharing partnerships between health and housing sectors can be tremendously valuable to both parties. Public housing authorities can benefit from health and human services data that provides a more holistic perspective of community needs, enabling them to improve residents' stability and help them succeed. Geographically precise health data also allows housing officials to pinpoint neighborhoods where interventions will have the greatest impact. Similarly, housing and homelessness data is beneficial to health care providers and public health organizations.

It can help physicians and care managers connect patients with community services that can prevent further health complications. Housing data also enables public health officials to develop targeted interventions that prioritize residents who are at risk of developing health conditions related to poor housing, such as asthma, lead poisoning, and fall-related injuries. It's clear that integrated data that is timely, accurate, and precise can be a powerful tool for stakeholders from both sectors, empowering them to better understand issues in their communities, make smarter decisions, and improve results.
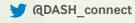
ACKNOWLEDGEMENTS

ABOUT DATA ACROSS SECTORS FOR HEALTH (DASH)

DASH, a national program of the Robert Wood Johnson Foundation led by the Illinois Public Health Institute in partnership with the Michigan Public Health Institute, aims to align health care, public health, and other sectors to systematically compile, share, and use data to understand factors that influence health and develop more effective interventions and policies. DASH and its partners in *All In: Data for Community Health* are creating a body of knowledge to advance this emerging field by identifying and sharing opportunities, barriers, lessons learned, promising practices, and indicators of progress for sharing data across and beyond traditional health sectors.

🌐 **dashconnect.org**   🐦 **@DASH_connect**

Background

The evidence supporting the direct relationship between housing programs and health outcomes within low-income or otherwise vulnerable populations is extensive.[1]

Research led by Dr. Megan Sandel of Boston Medical Center identifies four interrelated aspects of housing where intervention or policy change can have an impact on health[2] (see definitions below):

1. Housing stability
2. Housing affordability
3. Housing quality
4. Housing location/community development

The DASH NPO understands two broad intervention levels where efforts to address health through housing occurs:

1. **Care coordination** *(at the individual level):* Involves bringing together various providers and supports to coordinate health-related services and other needs and share information to better achieve the goals and "whole person care" of an individual. (eg. physicians may refer patients experiencing homelessness to community services to improve their stability and prevent re-hospitalization).

2. **Policy, systems and environmental change** *(at the community level):* Involves deploying a set of strategies for modifying the circumstances for all or a subset of the population by changing the legal or operational environment. Expands opportunities to be healthy to multiple community members, and can involve changing laws, redesigning physical landscapes/the built environment, or otherwise supporting community-wide impacts that can be sustained over time. (eg. health officials may map pockets of housing containing lead hazards or asthma triggers in order to target interventions in those neighborhoods).

DEFINITIONS

- **Housing Stability:** Extent to which there is consistent access to high-quality, affordable housing. The reasons and frequency of residential moves also plays into stability conversations.

- **Housing Quality:** Extent to which homes are safe, secure and free from health-harming hazards. For example, houses that are approved for HUD Housing Choice vouchers must meet criteria in 13 areas including: adequate heat and electricity, adequate indoor air quality, a safe water supply, functioning smoke detectors and absence of lead-based paint hazards.

- **Housing Affordability:** Extent to which there is access to an affordable place to live, generally defined by HUD as housing for which the occupant(s) pay no more than 30% of their income for gross housing costs, including utilities.[3]

- **Housing Location/Community Development:** Extent to which housing development efforts consider proximity to businesses, community centers, health clinics, job training programs, and services to support children, youth and families — and make investments in developing and financing these services in communities where they are needed.

> This is where I grew up. This is my **foundation,** this is my **community.**

–JACKIE, RESIDENT AT SAUK TRAIL POINTE

Whether enabling access to housing, creating a supportive living environment, or simply expanding the availability of affordable housing in high opportunity neighborhoods to low-income families, housing is critical to the health of vulnerable individuals.[4] There are numerous actors and organizations working within communities to address housing stability and homelessness, including state and local public housing authorities, emergency/short-term shelters, funding collaboratives,[5] the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Program,[6] and nonprofit social service agencies.

What is Public Housing?

Public housing was established in 1937 to provide decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities. Public housing comes in all sizes and types, from scattered single-family houses to high-rise apartments. The quality and location of housing also varies dramatically.

The Housing Choice Voucher (HCV, formerly called "Section 8") program is the federal government's major program for assisting very low-income families, older adults, and the disabled to afford rental units in decent, safe, and sanitary housing in the private market.[7] Housing choice vouchers are administered locally by public housing authorities (PHAs) using federal funds from HUD. A family that is issued a housing voucher is responsible for finding a suitable housing unit of the family's choice where the owner agrees to rent under the program. A housing subsidy is paid to the landlord directly by the PHA on behalf of the tenant. The family then pays the difference between the actual rent charged by the landlord and the amount subsidized by the program. The voucher is attached or linked to the tenant, so it is transportable regardless of location.

The voucher program also authorizes a variety of "project-based" rental assistance programs, under which the owner reserves some or all of the units in a building for low-income tenants in return for a federal government

CASE STUDY: POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGE

King County Data Across Sectors for Housing and Health

Public Health – Seattle & King County partners with local public housing authorities to link administrative housing data with Medicaid claims records. This regular and bi-directional exchange of data provides key information about the health issues facing public housing residents. The integrated dataset was built into a dynamic, web-based dashboard that allows for exploration of prevalent chronic conditions and health care utilization patterns. This data provides actionable insights that enable more effective decision-making, empowering public housing authorities to determine the types of programming and outreach that might be most valuable to residents and evaluate the return on investment of these initiatives.

Learn more at www.dashconnect.org/KingCounty

> **Housing** affects **everything,** and we continue to live in very segregated communties.
>
> –MELISSA HARRIS PERRY

guarantee to make up the difference between the tenant's contribution and the rent in the owner's contract with the government. A tenant who leaves a subsidized project will lose access to the project-based subsidy; thus, it stays with the property and benefits the next resident.

Due to funding constraints, currently only a quarter of the nearly 19 million households eligible for federal housing assistance receive it.[8] Waiting lists are very long. No funds have been provided to build additional public housing since the mid-1990s. With the need growing and resources stagnating, housing authorities have been forced to make difficult decisions and trade-offs. The number of public housing units nationally has declined steadily, as more units are being torn down than rebuilt.[9] Capital funding has stagnated, despite a backlog of unmet capital needs.

What are Public Housing Authorities?

Public housing has a unique administrative structure that pairs local administration and discretion with federal funding and regulations. Quasi-governmental local public housing authorities (PHAs) own and manage public housing properties.[10]

While PHAs were created to administer the federal low-rent public housing program, their missions have expanded over the years. Some PHAs administer state and local housing programs and act as affordable developers in their communities. PHAs may also provide homeownership opportunities for qualified families, employment and other training programs for residents, and

programs for the elderly. You can search for your local PHA using this HUD directory. When investigating your local PHA, ask about their core federally supported work and any additional local initiatives.

Across the country, 39 public housing authorities are demonstration sites for the Moving to Work (MTW) program. MTW provides PHAs with the opportunity to design and test innovative, locally designed strategies that use federal dollars more efficiently, help residents find employment and become self-sufficient, and expand housing choices for low-income families. MTW gives PHAs exemptions from many existing public housing and voucher rules and more flexibility with how they use their federal funds.[11] PHAs can use special funding formulas for MTW agencies and permit agencies to shift funds between the programs or to other uses.[12] If your local housing authority participates in the MTW program, they may be well-positioned to partner on efforts to address health through housing.

PHAs collect a variety of administrative data per reporting requirements mandated by HUD. Administrative data collected on this form is a point-in-time record, but when combined longitudinally, can create a record of a person's history of residing within a PHA system. As this example from the Corporation for Supportive Housing profiling the San Antonio Housing Authority demonstrates, PHAs can also play a critical role in forming partnerships with social service providers, particularly those that serve special high-need populations such as people with disabilities, those experiencing homelessness, veterans or individuals with mental or behavioral health issues.

> The cause of **homelessness** is **lack of housing.**
>
> –JONATHAN KOZOL

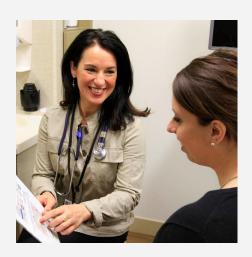## The Connection to Homelessness

The majority of PHA residents get into public housing through means outside of the homelessness system. However, there are some community partnerships between PHAs and homeless service providers. In 2009, three homeless assistance programs under HUD were combined into a single grant program known as the Continuum of Care (CoC) program.

The CoC is designed to promote community-wide planning and strategic use of resources to address homelessness; improve coordination and integration with mainstream resources and other programs targeted to people experiencing homelessness; improve data collection and performance measurement; and allow each community to tailor its program to the particular strengths and challenges within that community.[13] Because of its comprehensive mandate, the CoC is particularly interested in and responsible for systematic planning related to housing stability. While some PHAs have strong relationships with CoCs, others are just getting started.

In addition to the opportunity to connect with their community-wide planning activities, CoCs also provide a unique opportunity regarding data sharing. Each CoC is required to select and use database software that complies with HUD's data collection, management, and reporting standards.[14]

A Homeless Management Information System (HMIS)[15] is a local information technology system used to collect client-level data on the provision of housing and services to homeless individuals, their families, and persons at risk of homelessness. HMIS data includes whether individuals have utilized emergency shelters, transitional housing, permanent supportive housing, street outreach, and other programs for those experiencing homelessness.[16] While HMIS participation data is protected for privacy and security, some CoCs have engaged in data-sharing initiatives in collaboration with other sectors. Given the availability of a published standard for HMIS data and considering the powerful link between housing and health, CoCs are good candidates for partnerships and HMIS data is an interesting potential target for data sharing initiatives.

CASE STUDY: CARE COORDINATION

Maine Data Across Sectors for Health

HealthInfoNet, Maine's health information exchange (HIE), has developed a coordinated system that integrates health care and social services data to provide more holistic care that addresses patients' social needs as well as their medical needs. HealthInfoNet leverages the HIE to integrate electronic health record (EHR) data with data on social factors, including housing and homelessness. A collaborative of multi-sector stakeholders is in the process of implementing plans to exchange data between the HIE and the Homeless Management Information System (HMIS) in Maine so that health care providers are better equipped to provide comprehensive supports for individuals experiencing homelessness.

Learn more at www.dashconnect.org/HealthInfoNet

With and Beyond PHAs: What are Some Current and Emerging Sources of Funding for Affordable Housing?

There are approximately 1.2 million units (2.7 million people) managed by about 3,300 PHAs. HUD administers federal aid to local housing agencies that manage housing for low-income residents at rents they can afford.[17]

PHAs sustain public housing through a combination of federal funding, tenant rents, and other investment income. In recent years, Congress has not appropriated enough funds to meet 100% of PHAs' costs. In areas where PHAs have discretion to set local policies,

they are required to develop those policies through a public process that allows for and responds to community feedback. Some PHAs administer project-based vouchers whereby a set of housing units are subsidized by the PHAs. While PHAs have begun leveraging their public funds to raise private capital, the potential for leveraging sufficient funds to meet the full backlog of needs is limited.

The primary source of funding for affordable housing development is the Low-Income Housing Tax Credit (LIHTC), which is a federal tax credit that is administered by states.[18] These credits are awarded competitively and there are not enough tax credits to meet the demand for affordable housing. As a result, other sources of funds are often added to the complex structure of affordable housing development, including federal block grants, local or state housing trust funds, tax credits for clean energy, and tax increment financing. Given the link between housing and individual and community development, these projects sometimes benefit or require support from local philanthropy, the Local Initiatives Support Corporation, the Federal Reserve or socially conscious investors. Also, new pay-for-value initiatives will drive some new investments in local housing for individuals with complex health and social needs.

The good news is that stable housing is increasingly being recognized as a powerful tool for individual welfare and community development. The bad news is that there are no standards for structuring these complex and expensive real estate development transactions. The best sources for insight into your local housing development market are the local jurisdiction's housing department, state officials who administer the LIHTC funds, and wherever local real estate developers gather.

HEALTH IMPACT ASSESSMENTS

Health Impact Assessments (HIAs) evaluate the health impacts of policies and programs in diverse sectors using quantitative, qualitative and participatory techniques.[19] Given that funding for affordable housing continues to decline, one important resource and potential area for collaboration among community partners is the Health Impact Project's map of where HIAs have been conducted and could be leveraged. The map can be searched by category, including housing. Integrated data and an evidence base can help show the impact of housing on community health.

Value Creation: Opportunities for Data Sharing

This section describes key drivers of value for PHAs and other housing sector stakeholders considering integrating health and housing data. It outlines opportunities for using data sharing initiatives to improve PHAs' impact, effectiveness, efficiency, capacity, and infrastructure.

Impact/Effectiveness

- Nearly all PHAs face significant competing demands for a limited supply of housing vouchers and units in public housing developments. Some have thousands of people on waiting lists and many have closed their waiting lists to potential applicants. They can benefit from connecting with community partners with a holistic perspective about individuals or families. These partners can identify a robust pipeline of qualified renters that could optimally benefit from and succeed in the public housing that is available.

- Many PHAs are transitioning to focus more on broader social impact with corresponding goals of supporting families' immediate health, wellness, and educational outcomes to prevent intergenerational poverty in the long run. Housing agencies want to reduce the concentration of poverty so that families reside in higher-opportunity neighborhoods. They are also under increased pressure to improve economic self-sufficiency among residents. Interventions that increase productivity or chances of employment would add value and help participants succeed.

Efficiency

- Many PHAs manage property or work with landlords, so systemic issues leading to violence, noise, disruptive behavior, and damage to housing units are costly in terms of time and resources, especially when capital budgets are underfunded. Community partners may be better equipped to intervene with effective strategies to address these issues, such as incident tracking and hotspotting.

- Evictions and unit turnover are costly for PHAs and landlords participating in the voucher program, and most importantly for the displaced residents; resident stability is an important element of success. Where possible, multi-sector partners can be leveraged to help PHAs measure and track resident stability. In addition, evictions have profound negative consequences, including homelessness, loss of employment, and family instability — not only for the individual responsible for violating lease conditions or program rules, but for other household members as well. Taken together, evictions also represent a threat to community stability and cohesion.

> **Home** is the starting place of **love, hope, and dreams.**
>
> –UNKNOWN

Capacity/Infrastructure

- Partnerships between homeless service providers and PHAs can help strengthen housing assistance programs for people experiencing homelessness in several ways. First, for PHAs that have implemented or are considering implementing homeless preference programs, special-purpose vouchers, or targeted homeless assistance programs, homeless service providers can help identify households on the existing waiting list that qualify for assistance.

> Partnerships between homeless service providers and Public Housing Authorities help strengthen housing assistance programs for people experiencing homelessness.

These partnerships can enhance the understanding of the conditions individual applicants are facing and whether they are experiencing homelessness and meet other criteria for assistance.

Partnering agencies should help advertise changes to PHA wait list status or preferences (e.g., opening a wait list, creating a homeless preference) and the availability of special-purpose vouchers or targeted supportive housing units in shelters, feeding centers, and other programs that serve people experiencing homelessness.[20]

What's Next?

Remember, this information about the value case for data sharing between health and housing is meant to introduce you to the issues faced by stakeholders in the housing sector. The next step is to continue your own research, reach out to people in this sector, and begin to identify mutually beneficial opportunities that you can work on together.

A step-by-step guide to this process is available at www.dashconnect.org/value, along with a growing list of resources on health and housing.

Connect with your peers

All In: Data for Community Health is a learning network of communities across the country that are testing exciting new ways to transform health through multi-sector partnerships to share data.

All In: Data for Community Health helps communities build capacity to address the social determinants of health through multi-sector collaborations working to share data. *All In* is led by five partner initiatives, including DASH, who joined forces to coordinate technical assistance for communities, foster dialogue across sites, and cultivate peer-to-peer activities for those tackling common challenges. Collectively, *All In* includes 100+ local collaborations. Join the *All In* online community to learn how others are making the value case for sharing data with other sectors to improve community health.

LEARN MORE ONLINE

Visit the website:
www.allindata.org

Join the online community:
allin.healthdoers.org

References

1   Yale Global Health Leadership Institute. (2015). *Leveraging Social Determinants of Health. What Works?* Taylor, L.A., Coyle, C.E., Ndumele, C., Rogan, E., Canavan, M., Curry, L., & Bradley, E.H. Retrieved from: https://bluecrossmafoundation.org/sites/default/files/download/publication/Social_Equity_Report_Final.pdf

2   Sandel M, Desmond M. (2017). Investing in Housing for Health Improves Both Mission and Margin. *JAMA.* 2017;318(23):2291–2292. doi:10.1001/jama.2017.15771

3   U.S. Department of Housing and Urban Development. (n.d.). Affordable Housing. Retrieved from https://www.hud.gov/program_offices/comm_planning/affordable-housing/

4   Center for Housing Policy. (2015). *The Impacts of Affordable Housing on Health: A Research Summary.* Maqbool, N., Viveiros, J., & Ault, M. Retrieved from: https://www.rupco.org/wp-content/uploads/pdfs/The-Impacts-of-Affordable-Housing-on-Health-CenterforHousingPolicy-Maqbool.etal.pdf

5   Funder collaboratives can be developed to coordinate investments in housing and services that are matched to the needs of groups of people experiencing or at risk of homelessness, including families, youth, veterans, and people experiencing chronic homelessness. For more information: https://www.hiltonfoundation.org/learning/home-for-good-funders-collaborative-lessons-learned-from-implementation-and-year-one-funding

6   Continuum of Care (CoC) is a local planning body for a defined geographic area responsible for 1) establishing and operating a system to prevent and end homelessness for that area, and 2) applying for grants under HUD's CoC Program annual grant competition. A CoC is composed of representatives from various types of organizations, including nonprofit homelessness service providers, faith-based organizations, businesses, advocates, public housing agencies, and school districts.

7   U.S. Department of Housing and Urban Development. (n.d.). Housing Choice Vouchers Fact Sheet. Retrieved from https://www.hud.gov/topics/housing_choice_voucher_program_section_8.

8   Joint Center for Housing Studies of Harvard University. (2017). *America's Renta Housing 2017.* Retrieved from http://www.jchs.harvard.edu/research-areas/reports/americas-rental-housing-2017

9   Urban Institute. (2017). *Trends in Housing Problems and Federal Housing Assistance.* Kingsey, G.T. Retrieved from https://www.urban.org/sites/default/files/publication/94146/trends-in-housing-problems-and-federal-housing-assistance.pdf

10 Congressional Research Service. (2014). *Introduction to Public Housing* (Publication No. R41654). McCarty, M. Retrieved from https://fas.org/sgp/crs/misc/R41654.pdf

11 U.S. Department of Housing and Urban Development. (n.d.). Moving to Work (MTW). Retrieved from https://www.hud.gov/program_offices/public_indian_housing/programs/ph/mtw

12 Center on Budget and Policy Priorities. (2015). *HUD Seeks Significant Improvements to "'Moving to Work'" Demonstration, But Additional Changes Needed.* Fischer, W. Retrieved from https://www.cbpp.org/research/hud-seeks-significant-improvements-to-moving-to-work-demonstration-but-additional-changes

13 U.S. Department of Housing and Urban Development. (2012). *Introductory Guide to the CoC Program.* Retrieved from: https://www.hudexchange.info/resources/documents/CoCProgramIntroductoryGuide.pdf

14 U.S. Department of Housing and Urban Development. (n.d.) Homeless Management Information System. Retrieved from https://www.hudexchange.info/programs/hmis/

15 Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. HMIS data provide information on the prevalence, characteristics, and patterns of homelessness in a community.

16 U.S. Department of Housing and Urban Development. (2018). *HMIS Data Standards Manual.* Retrieved from https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf

17 U.S. Department of Housing and Urban Development. (n.d.). HUD's Public Housing Program. Retrieved from https://www.hud.gov/topics/rental_assistance/phprog

18 U.S. Department of Housing and Urban Development. (2018). Low-Income Housing Tax Credits. Retrieved from https://www.huduser.gov/portal/datasets/lihtc.html

19 World Health Organization. (n.d.) Health Impact Assessment. Retrieved from http://www.who.int/hia/en/

20 U.S. Interagency Council on Homelessness. (2013). *PHA Guidebook to Ending Homelessness.* Retrieved from https://www.usich.gov/resources/uploads/asset_library/PHA_Guidebook_Final.pdf