









## Services in Housing An Opportunity to Strengthen America's Public Health Infrastructure

#### **APPROACH**



As a national nonprofit that exists to make a good home possible for the millions of families without one, Enterprise connects with and supports on-the-ground partners in affordable housing and healthcare. As society moves through the COVID-19 pandemic, we've seen how these partners are mission-aligned, adapt in times of crisis, and serve their communities' most critical needs. There is opportunity for additional alignment between healthcare and affordable housing, especially around meeting needs through on-the-ground services. To explore this, Enterprise developed a series of issue briefs called "Services in Housing: An Opportunity to Strengthen America's Public Health Infrastructure."



In this series, Enterprise shares our learnings around the role that housing-based services play in our public health infrastructure and how it could be further activated to support health equity in the United States. This series is informed by a set of interviews with high-capacity affordable housing services practitioners in affordable housing, Enterprise's experience-seeking partnership with Medicaid Managed Care Organizations and healthcare partners related to housing-based services, and our experience as an affordable housing owner and operator.





# The role of affordable housing services in moving the U.S. towards achieving health equity



#### Introduction

In the United States, health equity has never been achieved, due to the underlying systems of racism that have created barriers to awareness, access, and utilization of health services. Voluminous studies have shown that health inequities in the US manifest through higher rates of chronic diseases and lower life expectancies present in Hispanic, Black, Native American and other non-white ethnic and racial groups when compared to white racial groups. Health inequities are also present among populations with lower incomes or in places with limited access to opportunity.

#### **Health Equity**

WHEN EVERY PERSON HAS THE OPPORTUNITY TO ATTAIN THEIR FULL HEALTH POTENTIAL AND IS NOT LIMITED BECAUSE OF SOCIAL POSITION OR OTHER RELATED ELEMENTS LINKED TO THE SOCIAL DETERMINANTS OF HEALTH

- Center for Disease Control & Prevention

Health inequities have a tremendous impact on life expectancy and medical costs. The <u>economic costs</u> to the healthcare sector have been estimated at over \$15 billion for Medicare and over \$5 billion for private insurers. To move towards health equity, the social and environmental conditions underlying the causes of these inequities must be improved. Public health departments, hospitals, clinics, and Medicaid Managed Care Organizations (MCOs) are being asked or looked to, to better serve populations most heavily impacted by health disparities.

Progress is being made by the public health and healthcare sectors in addressing these conditions. Additional partners, such as affordable housing owners, operators, and service providers, are critical players in this work. These organizations are mission-aligned and serve vulnerable populations in their communities experiencing health disparities due to influential social or environmental factors.

#### Vision

Having secure, affordable, equitable, sustainable, quality housing is a fundamental right and helps provide a foundation for communities to thrive. Another essential element in housing is ensuring a pathway toward upward mobility. So, imagine if everyone lived in a place where they designed a community ecosystem and developed deep ties to their neighbors and neighborhood for social connectivity and linkage to services when needed. Imagine if these individuals also felt empowered to co-create access points with service providers that increase awareness and utilization rates in healthcare and other health-related services. Further, imagine if they participated in advocacy and leveraged their social capital to establish much-needed resources that improved well-being and enhanced their ability to engage and lead activities, events, or support groups when they saw a demand.

This vision reflects an opportunity for residents, affordable housing providers, health organizations, and other stakeholders to work collaboratively in implementing placed-based service delivery systems that drive community building, diversity, health equity, and public health outcomes. **At scale, implementing this vision could offer us a path towards health equity in this country.** 

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#### Housing services using health promoting practices

During Enterprise's research for this series, we connected with a variety of stakeholders delivering onsite services in affordable housing, including 1) larger community development organizations that take on a full-service approach – developing, managing, and providing services all internally, 2) property management companies who perform service delivery to multiple smaller properties within their scope, and 3) dedicated service delivery organizations that are hired by affordable housing providers, particularly for-profit developers. These organizations are high-capacity in their field and represent the opportunity that exists with this partner group for public health and healthcare.

In these conversations, we learned many best practices for health promotion currently being applied to resident service delivery in affordable housing. Strategies commonly implemented among the group of affordable housing organizations interviewed include:

- Building trust and relationships as part of program delivery
- Assessing needs (both social and health) to inform program development
- Empowering trusted resident leaders to support, implement, or spread the word of the onsite services
- Developing services, partnerships, or supports that address the "whole person."

Not all these approaches were adopted by every organization; however, all organizations lifted at least two of these practices as core to their approach to service delivery. All organizations centered their work around the importance of resident engagement and leadership development, an equity-based practice. One professional we spoke with described their approach as "radically resident-centered."

"It truly is about being the additional support for residents in whatever way they need. It might be economic mobility for some and for others it is staying in their community and aging."

Providers use surveys, focus groups, and direct communication to gather the most pressing needs of their residents. Once needs are identified, they seek out resources and partnerships, formulate programs, or organize events that address those needs.

The most common needs addressed by housing-based services include:

- Connection to government assistance (e.g., SNAP, Medicaid)
- Education
- Housing stability (e.g., rental assistance)
- Health and wellbeing, skill development
- Job readiness (e.g., computer literacy)
- Financial health
- Advocacy for social capital.

Medicaid Managed Care Organizations (MCOs), hospitals, and public health departments acknowledge the power of meeting the social needs in communities to make a lasting impact on health outcomes. This <u>upstream</u> work has been at the core of many affordable housing services programs and is built into the mission of many affordable housing owners and operators – typically non-profit community development corporations.

Unfortunately, **sustainable funding for housing-based services is a continuous need for affordable housing owners and operators**. Limited funding prevents the sustainability and scaling of these health-promoting efforts, limiting the impact on population-level health.

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#### The unspoken partners in health

Based on our research, affordable housing owners and operators are crucial partners in addressing health inequities in communities. When funded, affordable housing owners and operators who offer services go above and beyond just providing housing. These organizations supply much-needed access to supportive services that meet low-income residents' and the larger community's social and health demands. The potential of funding and covering programs in a more streamlined manner is a huge opportunity to increase health equity in the U.S.

One of the most important resources for creating and operating affordable housing for low-income residents in the country is the Low-Income Housing Tax Credit program (LIHTC). Based on HUD's 2019 **Tenants in LIHTC Units** reporting, with several major cities not reporting their data, there were over 40,000 LIHTC properties serving close to 3 million residents.

LIHTC has a significant overlap in targeting communities who are highly impacted by health inequities – with the majority of households served:

- Making less than \$20,000 annually
- 92% of the units serving individuals or families making 60% of Area Median Income or less
- 31% of residents are Black residents and 16% are Hispanic residents both groups disproportionately impacted by factors contributing to health inequities.

The overlap in populations served by affordable housing programs with populations experiencing health inequities and the effectiveness of certain housing-based services programs on health promotion demonstrates the impact an activated and funded services sector in affordable housing could have on health equity in the U.S.

Additional partners, often overlooked, are the residents. When individuals move into a community, they seek to build comfort, trust, and family. Many affordable housing residents do not move during their lifetime after obtaining housing. Thus, they seek schools, healthcare, and employment where they live. When the housing owner provides support to assist with their needs, they feel a sense of community, become engaged, and feel valued. Residents' voices are part of the decision-making for what their community should provide. When housing providers coordinate, facilitate and support resident-driven efforts, it builds and nurtures relationships, and the housing providers and residents evolve to trusted partners in the community. This relationship proved beneficial, particularly during the COVID-19 pandemic, as residents led onsite emergency services.

#### Showing up in times of crisis

The pandemic had a huge impact on how services were delivered in affordable housing. One interviewee shared, "it flipped resident services on its head." Service delivery in housing relies on relationship development and often inperson work. However, during the pandemic, the ability to meet in person was difficult and yet, many affordable housing owners knew the needs in their population were even greater than before the pandemic. The populations served in affordable housing were among those most impacted by COVID-19 deaths within their community. Job losses, jobs that continued to be in-person, school closures, and even misinformation around vaccines and COVID-19 safety measures were also major needs in communities with low incomes during this time.

Many affordable housing owners responded during this time by serving their residents, illustrating the power of these partners and potential that exists if they were more systematically integrated, funded, and called upon to address health equity in this country. Affordable housing owners and operators aimed to address so many of their residents needs throughout the pandemic, all while feeling stressed by decreased revenue and ability for their residents to pay rent. Examples of the role housing-based services in affordable housing played during the COVID-19 pandemic include food distribution, connection to virtual education and childcare, COVID-19 education and vaccinations, and rental assistance.

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#### Imagine the Power of a United Approach

The case is clear. Affordable housing owners and operators serve individuals and families who experience the adverse impact of health inequities in our country. They also touch those often hard to reach by traditional healthcare organizations. In many cases, these owners and operators already utilize health promotion and equity-based practices that healthcare and public health are only recently beginning to adopt. Their programmatic approach is unique and localized but lacks comparable funding. Currently, housing-based services rely heavily on small grants and philanthropy to fill their budget gaps. This process can be time-intensive and creates uncertainty and sporadic programming that undermines these services' critical role. The most vital and complex work is often given the least value and funding in the US. It is time for that to change. There is an opportunity to scale this work and make a true impact on health equity. The questions of how funding should be streamlined, and which partners should be involved, are further explored in these issue briefs.



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