RESEARCH REPORT

Emerging Strategies for Integrating Health and Housing

Innovations to Sustain, Expand, and Replicate

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Executive Summary

For decades, housing professionals, public health officials, and city leaders have recognized the link between people's homes and their health and well-being. Residents of substandard housing may face health hazards such as toxic lead paint or mold, and the struggle to cover housing expenses may contribute to chronic stress and reduce resources available for other basic needs such as an adequate diet or access to health care. The housing sector has historically led the charge to create healthy homes and living environments, focusing on improving affordability and housing quality, and forging connections with health services. Only recently, with increased attention on the social determinants of health, have health care leaders embraced interventions that address nonhealth factors such as housing.

This study examines emerging interventions that integrate housing and health services for low-income people, with a focus on interventions where health care organizations have taken a significant leadership role. Our research pairs over 30 expert interviews with six in-depth case studies—briefly profiled below and available as separate publications—to paint a detailed picture of emerging strategies and their potential to be sustained, expanded, and replicated elsewhere. The interventions we profile differ in scope, geography, population, and partner characteristics. Some were motivated by external influences, such as policy changes or community pressure. Others grew out of an evolving business strategy or leadership shake-up. Despite their differences, they are all rooted in an idea that is gaining traction among health care leaders across the country: investing in housing is investing in health.

In our in-depth investigation, we identified the following themes to building effective, sustainable partnerships around housing and health:

- **Allies are everywhere**. Housing leaders can call upon a diverse set of health care partners, including hospitals, Federally Qualified Health Centers, Catholic health systems, managed care organizations, and local public health departments. Similarly, stakeholders in the health sector can consider collaborators such as affordable housing developers, public housing authorities, community development corporations, homeless service providers, and supportive housing developers. Finding an organization with a shared mission and goals, committed leadership, and a willingness to overcome the challenges associated with translating across sectors is key.

- **Public and private funding sources are essential**. Successful partnerships often rely on "braided financing," which combines funding from multiple sources across sectors. Funds from within a partner organization, such as a hospital's endowment or a housing authority's

operating funds, can offer increased flexibility and control. External funds can also be secured from public sources, such as the Low-Income Housing Tax Credit, or private sources, such as a local foundation. Strong cross-sector collaborations come together to navigate siloed funding streams and create innovative ways to avoid the "wrong pocket problem," where one organization invests in an initiative, but the cost savings are realized by a different organization.

- **Community residents are an asset to the work**. Our case study sites experimented with several community engagement strategies, including resident education, participant feedback, and direct consultation, but this work can be unfamiliar to health care organizations. Integrating community engagement practices into program design and organizational structure increases the likelihood that projects will be embraced by the community, empowers people to take ownership of a solution, and increases trust between residents and health and housing partners.

- **Data integration is difficult, but essential**. Although most participants underscored the power of data to design more effective interventions, few had comprehensively integrated tracking tools as part of their day-to-day work. Many noted that data security protocols were burdensome and data-sharing contracts between partners were too complex. Yet, the power of cross-sector data integration cannot be understated. Partners can share data to identify clustered health problems or high health care users and the places where they live, and better connect those people with the services they need. By persevering to bridge data systems across sectors, partners can develop more targeted interventions, preserving limited resources and maximizing impact.

- **Measurement matters.** Partnerships often drew on data to identify problems and make the case for solutions. Measuring specific health and housing outcomes, however, was often still aspirational. Rudimentary tracking of outputs (e.g., the number of units built or renovated, the number of services accessed) was fairly common. But in a few instances, in-depth evaluation offered important insights, such as short-term increases in health care use followed by eventual stabilization, or decreases in health symptoms (e.g., asthma) following housing quality improvements. Without understanding impact, partners will face difficulty expanding, sustaining, or replicating their work. Having stronger outcome evaluations that prove efficacy will motivate funders and community leaders to invest time and resources into creating these cross-sector interventions.

Health and housing professionals are pooling resources and expertise to meet shared goals of improving individual and population health, particularly within disadvantaged communities and at-risk populations. Yet, despite the growing interest in collaboration, there has been little evidence to inform how to build and sustain meaningful cross-sector partnerships. Breaking down entrenched silos is not easy, but the insights and perspectives in this report help pave a path for policymakers, city leaders, and health and housing providers to work together to address housing as a social determinant of health.

Good Neighbors Make Better Partners

Columbus, Ohio

July 2017

The Healthy Neighborhoods Healthy Families (HNHF) initiative, created by Nationwide Children's Hospital, seeks to remove barriers to the health and well-being of local families. The initiative facilitates access to affordable housing, quality education, health and wellness programs, safe and accessible neighborhoods, and workforce development opportunities. In 2008, Nationwide partnered with Community Development for All People and launched the HNHF Realty Collaborative, a real estate subsidiary to rehabilitate existing housing stock and develop new affordable homes on vacant lots. Overall, the HNHF Realty Collaborative has helped reduce the number of vacant and abandoned properties more than 50 percent.

Case Study Fast Facts

Partnership Type: Children's hospital + community development corporation
Strategy: Block-by-block neighborhood revitalization
Geography: Neighborhood

Key Take-Aways

Lessons for local partnerships working on community revitalization strategies.

ANCHOR INSTITUTIONS

Having the financial, social, and political influence of an anchor institution was critical to the success of this initiative. Investing in physical improvements in the community positively affected the relationship between the hospital and its neighbors.

> "We are an anchor that has been here and proved positive that we would not relocate...we really wanted to be investing more broadly in place-based initiatives."
>
> **—ANGELA MINGO**
> Nationwide Children's Hospital

STRONG LEADERSHIP

Community Development for All People's solid reputation in the neighborhood allowed Nationwide Children's to trust them as a partner early on. Numerous stakeholders pointed to Reverend John Edgar, the executive director of CD4AP, as a persuasive, committed, and innovative leader whom Nationwide Children's could rely on as a collaborator.

FUNDING

The ability to include a diverse set of funding sources is key to ensuring the stability and sustainability of this kind of work. The hospital's financial resources were invaluable, and early successes have motivated other funders to support this work. Establishing a diverse portfolio of funding strategies can allow for flexibility and long-term impact despite public funding changes.

> *Before and after image of a rehabilitated home through the HNHF Realty Collaborative.*

A National Insurer Goes Local

Multiple Markets Nationwide
July 2017

UnitedHealthcare provides health insurance benefits to more than 40 million people across the country. In the past decade, it has addressed housing as a social determinant of health at the national level through policy leadership and financial investments, and at the state level working with local communities to connect Medicaid participants to stable housing. Through this work, UnitedHealthcare has overcome a myriad of challenges associated with siloed health and housing fields at all levels of policy and implementation. As a payer, UnitedHealthcare is uniquely positioned to analyze how different interventions targeting social determinants of health may affect health outcomes.

Case Study Fast Facts

Partnership Type: Payer and managed care organization + local housing organizations

Strategy: Housing investment, local programmatic efforts

Geography: National

Partnership Spotlight: Working Together to End Homelessness

The Ending Community Homeless Coalition (ECHO) is a nonprofit coalition operating in Austin, Texas, that tracks individuals who have received US Department of Housing and Urban Development–funded homeless services. After learning about its innovative work, UnitedHealthcare partnered with ECHO to match names of individuals receiving services from both organizations. The partners could then identify the most clinically at-risk with the highest rates of health care use, and ECHO could begin working to secure housing for these individuals.

Key Take-Aways

Lessons for large health organizations working across sectors.

DATA AND EVALUATION

As a payer, UnitedHealthcare has a robust database of patient claims data, which it is working to incorporate into its evaluation techniques. Data-sharing agreements between health care and housing organizations can lead to more targeted and effective interventions and help demonstrate the cost savings outcomes associated with health and housing strategies.

ORGANIZATIONAL STRUCTURE

By having multiple departments that incorporate housing strategies into their operations, coupled with a central point of contact within the company, it can respond quickly to new opportunities and be flexible in its programmatic strategies.

"We can't move fast enough, given the magnitude of the problem."

—**CATHERINE ANDERSON**
UnitedHealthcare Community and State

DIVERSE PARTNERSHIPS

Unlike many health and housing partnerships, which tend to rely on one health care partner and one housing partner, this case highlights how a large organization with a national scope can participate in numerous partnerships at a variety of geographic scales. By engaging in many types of partnerships, UnitedHealthcare has been able to create a toolbox of strategies that can target social determinants of health, creating opportunities to replicate certain interventions in localities facing similar health and housing issues.

Everything in One Place

Washington, DC

July 2017

The Conway Center is a project of a nonprofit housing and services organization, So Others Might Eat (SOME), and a federally qualified health center, Unity Health Care, in Washington, DC. This $90 million community development initiative will colocate employment training, health care services, and affordable housing under one roof in Ward 7, an area of DC experiencing high poverty and unemployment and poor health outcomes. The partnership aims to improve access to affordable rental housing, increase livable-wage job attainment, and connect residents to high-quality health care services. The Conway Center is slated to open at the end of 2017.

Case Study Fast Facts

Partnership Type: Health clinic + nonprofit housing developer
Strategy: Colocation of housing and health clinic
Geography: Neighborhood/parcel

Key Take-Aways

Lessons for developers seeking to colocate housing and health services.

COLOCATING SERVICES

Bringing health services together with housing and employment training near public transportation recognizes the multiple challenges that prevent some individuals and families from accessing health care. Given the high rates of chronic disease in the surrounding community, improving access to primary care services may promote better health management and reduce the need for acute-care services.

"The colocation of health care and housing is an attempt to circumvent traditional barriers experienced by underserved communities."
—MICHAEL CRAWFORD
Unity Health Care

LEVERAGING CAPITAL

Working with Local Initiatives Support Corporation (LISC) allowed this partnership to access Healthy Futures Fund investment, which offers readiness programs to community development organizations that are thinking creatively about embedding health and housing in their projects.

EXISTING RELATIONSHIPS

Leaders at both organizations had been looking for ways to collaborate and thus came to the table with a similar philosophy about how to serve their clients. They had an aligned mission, vision, and values that informed their proposed work, which has positioned them to contemplate scaling the model in other locations.

> *Main rendering of the Conway Center. Image courtesy of Wiencek + Associates Architects + Planners.*

A City Takes Action

Boston, Massachusetts

July 2017

In Boston, Massachusetts, the Boston Housing Authority, Boston Public Health Commission, the city's Inspectional Services Department, the Boston Foundation, and local universities and medical institutions have come together over the last decade-plus to address the intersection of health and housing. Motivated by a desire to improve the lives of Boston's most vulnerable residents, these organizations began collaborating to address asthma and, more recently, to prioritize housing and health needs for pregnant women. By bridging anchor institutions, foundations, and city agencies around health and housing initiatives citywide, Boston has made strides toward providing healthier housing options and integrated health management and referral systems.

Case Study Fast Facts

Partnership Type: Public health commission + public housing authority + local universities

Strategy: Collaboration to target health issues in public housing residents

Geography: Citywide

Evaluating Success

Boston University researchers recently evaluated Healthy Start in Housing, a program that identifies pregnant women who are currently homeless or at imminent risk of homelessness in Boston and, therefore, are at elevated risk of an adverse birth outcome. The researchers found that the program reached its target population, with 100 referrals annually. They also found statistically significant improvements in the participants' mental health; after one year in the program, the proportion of program participants reporting clinically significant depressive symptoms decreased 20 percent.

Key Take-Aways

Lessons for stakeholders interested in undertaking a citywide, cross-sector initiative.

A CITYWIDE APPROACH

The Boston Housing Authority and the Boston Public Health Commission leveraged their individual resources to work together on joint missions and collaborated with universities for evaluation support. This underscores how working with city agencies can extend the reach of population health efforts beyond individuals engaged in the health system.

FUNDING SOURCES

This case illustrates how a mix of internal operating revenues and external funding can finance cross-sector initiatives. In addition, the contributions of the Boston Foundation demonstrate how local funders can support tailored programs designed to serve the needs of local residents. In addition, housing authorities and health commissions can collaborate to leverage existing resources to design programmatic interventions and work with universities to apply for grants to evaluate these programs.

COMMUNITY INVOLVEMENT

Effectively engaging community members can be challenging for any initiative. The Boston Housing Authority and the Boston Public Health Commission have worked to build resident perspectives into several of their initiatives, and that input has resulted in specific program adaptations. Developing the capacity to be flexible is an important take-away for organizations looking to address the intersection of health and housing needs.

Connecting a Community

Austin, Texas

July 2017

Foundation Communities is a nonprofit affordable housing developer in Texas that serves over 3,000 individuals and families with permanent supportive housing and affordable family units. In 2012, Foundation Communities launched its Health Initiatives project to provide free nutrition, exercise, and chronic disease management classes to its Austin residents, using a community health worker model. By providing housing and health services in a central location, Foundation Communities aims to promote a Culture of Health, increase its residents' access to care, and empower them to live healthier lives.

Case Study Fast Facts

Partnership Type: Affordable housing developer + local health foundation
Strategy: Housing with multiple onsite services and community health workers
Geography: Citywide

Key Take-Aways

Lessons for affordable housing developers looking to address the intersection between health and housing.

RESIDENT ENGAGEMENT
Having both formal and informal mechanisms for engaging residents in the design and outreach efforts of its programmatic activities has allowed Foundation Communities to cultivate trusting and mutually beneficial relationships with its participants.

CITYWIDE PARTNERSHIPS
The Health Initiatives team has cultivated relationships with dozens of partners citywide to help provide services to their residents. Because of these unique partnerships, Foundation Communities can be more flexible in its programming activities, often relying on its partners to provide the expertise and on-site services.

> *"While housing is not a direct health care intervention, it can be more powerful than access to a really good doctor."*
> —**KIMBERLY MCPHERSON**
> St. David's Foundation

TRACKING OUTCOMES
Foundation Communities activates its community health workers to help track housing, health, and program-level outcomes, allowing the organization to regularly assess the effectiveness of its interventions. By having clear roles for the employees involved, the data collection process can proceed smoothly and efficiently.

Tapping into a Collective Vision

Stamford, Connecticut
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The Vita Health & Wellness District is a one-mile corridor in Stamford, Connecticut, that has positioned itself as a "health-themed neighborhood," offering mixed-income housing, health care services, community farming, early childhood education programming, and supportive services to residents. Led by the city's public housing authority, Charter Oak Communities, and Stamford Hospital, this collaboration of city agencies and community-based organizations has focused on building physical and social capacity in a distressed neighborhood, with an emphasis on leveraging collective investments to yield a positive impact on neighborhood health and well-being.

Case Study Fast Facts

Partnership Type: Hospital + public housing authority
Strategy: Neighborhood revitalization with colocation of services
Geography: Neighborhood

Key Take-Aways

Lessons for neighborhood organizations building a collective impact effort to improve health and well-being.

ANCHOR INSTITUTIONS
Having the financial and social capital of two anchor institutions was fundamental to the development and evolution of the Vita Health & Wellness District.

MUTUAL BENEFITS AND GOALS
Charter Oak Communities, Stamford Hospital, and all the Collaborative members realized that they were serving (or needed to serve) the same population. This was integral to their goal setting for holistic community health improvements.

"By taking a collective impact approach, we could be more effective at achieving agreed-upon goals."
—TANIA RECINOS
Family Centers

STRATEGIC LEADERSHIP
Leaders' continual investment increased the visibility of complex issues such as the social determinants of health, especially for local policymakers. Respondents stressed the benefits of working closely with the housing authority and the hospital, given their political acumen and ability to make the case for the city and state's investments.

COMMUNITY ENGAGEMENT
This partnership has built bridges between institutions and programs that were previously siloed and unable to think about strategic collaboration or collective impact.

❯ *Beet harvest at Fairgate Farm, a community farm serving local residents, soup kitchens, food banks, and shelters.*

Housing as Health: A Brief History of Bridging Silos

Housing is key to health. People need shelter to be secure and stable. An adequate home does not make you sick and is not stressful, unsafe, or difficult to navigate (Briggs, Popkin, and Goering 2010; Bo'sher et al. 2015). A good home is located where exposure to pollution and abandoned buildings is low and access to healthy activities, foods, and health services is high (Day 2006; De Leon and Schilling 2017). Although these seem like commonsense propositions, only recently have researchers and practitioners started building evidence on what works and using it to implement innovative strategies to address health through housing.

Housing Remembers Its Roots

The connections between public health and housing in the United States go back to the 19th century, when journalist Jacob Riis (1890) exposed the appalling conditions of tenements in New York City. Tenants suffered from overcrowding, poor sanitation, inadequate ventilation and light, and price gouging by corrupt landlords. The associated health impacts—malnutrition, illness, disease, and high mortality rates—were the catalyst for the nation's first Tenement Laws, which created building standards for habitability and health (Fairbanks 2000).

Since then, the housing sector has continued to create healthy homes and living environments, using resources designated for housing. These have generally followed one of three methods:

1. **Stabilizing households**. Affordable housing programs focus on people facing vulnerable housing circumstances: homelessness, eviction, domestic violence, living doubled-up with friends and family, or struggling to pay their housing costs without making trade-offs with other basic needs. These programs try to stabilize households by helping them afford a decent place to live through public housing, publicly assisted housing, and private rental housing with the help of public rental assistance programs (Schwartz 2015). Table 1 summarizes these federal housing affordability programs. (Many state and local rental housing programs support housing affordability for vulnerable households, but without the deeper subsidies provided by federal programs.[1])

TABLE 1

Major Federal Housing Affordability Programs to Stabilize Low-Income Households

Program	Description
Public housing	Provides public rental units at reduced cost to low-income households. No new units are being built. Several programs (e.g., HOPE VI and Choice Neighborhoods) have helped renovate, demolish, and rebuild public units for new developments containing a mix of publicly subsidized and private market-rate units. The Rental Assistance Demonstration program allows public housing authorities to transition public housing units to other housing programs to leverage private funds for renovation.
Assisted multifamily programs	Provides privately owned rental units with a capital grant or low-interest loan for construction or public rental assistance attached to reduce cost to low-income households. This includes Project-Based Section 8, Section 202 Housing for the Elderly, Section 811 Supportive Housing for People with Disabilities, and Section 515 Rural Rental Housing. Few assisted multifamily units are being built today.
Housing Choice Vouchers	Gives vouchers for public rental assistance to households to reduce cost of renting an eligible unit on the private market.
Low-Income Housing Tax Credit	Gives a private investor credit toward their federal income taxes for a qualifying equity investment in an eligible affordable rental housing development. This is the primary source of affordable rental housing construction and preservation financing.

Source: Authors' compilation. For a historic description of these programs, see Schwartz (2015).

2. **Improving housing quality.** These interventions address unsafe living conditions in the home, including lead-based paint, mold, pests, and dust, as well as structural hazards. Programs focus on remediation and weatherization, with significant funding through the US Department of Housing and Urban Development's (HUD) Office of Lead Hazard Control and Healthy Homes. Federal block grants to state and local governments include the Community Development Block Grant and the HOME Opportunity Investment Partnership block grant. A final rule published in December 2016 also prohibits smoking within public housing properties to improve indoor air quality and reduce negative health outcomes.[2]

3. **Connecting residents to health services**. Over the past several decades, there has been growing recognition that unstably housed individuals and families struggle to access adequate health services. The supportive housing model uses housing as a platform to stabilize low-income chronically ill or homeless people with the addition of wraparound services (Gubits et al. 2016). Examples include HUD-funded local Continuum of Care programs for homeless individuals and families and the HUD Veterans Affairs Supportive Housing program that combines rental assistance for homeless veterans with US Department of Veterans Affairs medical services. The resident services model focuses on linking households receiving housing

assistance to case management and coordinator community services to improve well-being and self-sufficiency (Gillespie and Popkin 2015).

The web of housing programs that has expanded dramatically since the emergence of tenement housing laws is overstretched and thinly resourced. Housing assistance is not an entitlement, and programs only reach about one in four eligible low-income households (Joint Center for Housing Studies 2016). Additionally, most production programs have not been funded for years, and existing buildings are aging and costly to maintain.

Most affordable housing strategies have been implemented by public, nonprofit, and market-based developers and landlords, with little investment from the health care sector. In some cases, new partnerships were required between health service providers and housing providers, but the main intervention was still via a housing program. Emerging evidence, however, shows housing stakeholders partnering with health-sector partners to leverage resources across sectors to tackle housing instability, quality, and access to health services to improve the health and well-being of children, families, and individuals. This has accompanied an awakening within the health care sector that housing status is a key indicator of health.

Health Care's Awakening: Housing as a Social Determinant

Although the United States boasts a technologically advanced health care system, many critical inputs for good health are not found in the doctor's office or on pharmacy shelves (Marmot 2015; World Health Organization 2008).[3] The conditions in which people live, learn, play, and work have an enormous impact on health. These links have been amplified through research on disparities in morbidity and mortality between the United States and other nations (Institute of Medicine and National Research Council 2013) and in analyses of wide variations in health outcomes across communities within the United States (Dwyer-Lindgren et al. 2017).

In response, health care leaders—including providers, hospitals, public and private payers, and health-focused foundations—have increasingly explored how to engage with housing needs, territory largely unfamiliar to clinicians and administrators. Early responses were spearheaded by Catholic health systems that considered addressing community needs a part of their social mission. These organizations—including Dignity Health, a network of Catholic hospitals in the western United States, and Bon Secours Baltimore Health System—often began with their investment portfolios, leveraging

these resources to support affordable housing in their communities. These institutions frequently function as anchor institutions in low-income communities, and investments address patients' needs, the quality of the environment surrounding the institution, and opportunities for staff to access affordable housing near where they work (see Norris and Howard [2015] for a general discussion of hospitals as anchor institutions).

A second set of responses emerged following the 1999 Supreme Court case *Olmstead v. LC*, which found that states have a responsibility under the Americans with Disabilities Act to pay for publicly funded services for the disabled in the least restrictive community setting. The case had significant implications for state Medicaid programs, which are a major payer for long-term services and support for low-income disabled people (Musumeci and Claypool 2014). Since *Olmstead*, attention has turned to promoting greater use of noninstitutional settings, especially home- and community-based services (HCBS) that support disabled people living in the community. Although state Medicaid programs can now elect to offer HCBS as a benefit available to all participants, HCBS have often been offered through a waiver mechanism instead, which gives states permission to target services only to certain populations or in limited geographic areas. In many states, waiver services have been offered only up to a certain amount of funding or to a certain number of participants to minimize budget impact.[4] As a result, individuals seeking services in a waiver state may encounter waiting lists for services (Musumeci and Claypool 2014).

The *Olmstead* case, coupled with the growing number of people seeking to live in the community as they age and a desire to reduce the costs associated with institutional care, have brought a greater focus on the intersection of housing and health needs, including the challenge of securing affordable housing where people who need these supportive services can reside. HUD's Section 811 Project Rental Assistance Demonstration Program is one concerted effort to address this by bringing federal housing dollars together with state Medicaid programs to house and serve individuals with disabilities.[5]

A third set of opportunities has emerged in response to the Affordable Care Act (ACA) and the growing emphasis on payment incentives to decrease the use of high-cost inpatient services and increase value (Spillman et al. 2017). The ACA has augmented the policy and programmatic tools available to state Medicaid programs and to providers, including (1) expanding Medicaid eligibility to new groups of low-income people (many of whom may be particularly at risk for being unstably housed); (2) expanding Medicaid benefit options that permit states to offer the types of HCBS services previously available under waivers on a statewide basis, such as support to help individuals in institutions move into the community (e.g., moving expenses, security deposit) or to retain their housing placements (e.g., through landlord-tenant services); (3) requiring nonprofit hospitals to conduct periodic

community health needs assessments that include social needs, alongside expanded opportunities for new kinds of community investment by nonprofit hospitals that are required to demonstrate "community benefits" to retain their nonprofit status; and (4) increasing focus on new payment innovations that has heightened the interest of public and private payers in strategies to reduce costs for people with high health needs, including those whose poor health is exacerbated by unmet basic needs such as housing. As Spillman and colleagues (2017, 1) report in their recent environmental scan of reforms relevant to housing needs introduced through the ACA, "programs that provide vulnerable populations with better access to stable, appropriate housing and health care and other services can benefit the health system through improved care and reduced costs." Table 2 summarizes the main policy levers that emerged from the ACA. A more detailed analysis can be found in *Housing and Delivery System Reform Collaborations: Environmental Scan Report,* prepared by Spillman and colleagues (2017) for the US Department of Health and Human Services Assistant Secretary of Planning and Evaluation.

Expanded Medicaid eligibility. Under the ACA, states could extend Medicaid coverage to nonelderly adults with income at or below 138 percent of the federal poverty level. Thirty-one states and Washington, DC, opted to implement this expanded coverage by spring 2017. This expansion is significant because most childless low-income adults were not previously eligible for Medicaid, and parents of covered children were typically eligible only with very low incomes.[6] Housing issues have become more visible to health care providers serving newly covered low-income people, especially given the complexity of unmet physical and mental health needs for many of them and the risk of cycling in and out of expensive inpatient care in part because of the lack of affordable housing.

Home- and community-based services coverage. The ACA created new state options for expanding accessing to HCBS. One new option is Community First Choice (CFC), also known as 1915(k), which allows states to provide HCBS to people at risk of institutionalization with income up to 150 percent of the federal poverty level. Relevant for health and housing collaborations is Medicaid's associated ability to cover expenses related to helping people move out of institutions (e.g., first month's rent), security and utility deposits, and basic household supplies (Spillman et al. 2017). The ACA also expanded states' ability to cover all HCBS without a waiver, including services for mental health and substance use disorders. States that elect this option must offer services statewide and without waiting lists, but they are allowed to target services to specific populations (e.g., people with mental illness or substance use disorders).

TABLE 2

Major Health Policy Levers at the Intersection of Housing and Health

Policy mechanism	Relevance for addressing housing and health
Home- and community-based services	▪ State Medicaid programs can cover **home- and community-based services** to meet the needs of people who prefer to get long-term care services and supports in their home or community, rather than in an institutional setting. Coverage can be structured as an optional state benefit and through various waiver provisions. ▪ Recent options created through the Affordable Care Act include **Community First**
Health delivery models encompassing social determinants of health	▪ A new state option is available under Medicaid to create "**health homes**" for high-cost, high-need patients with chronic physical or behavioral health conditions. These programs provide comprehensive care management and referral to needed community supports and social services, including housing. ▪ An **Innovation Center,** administered by the Centers for Medicare and Medicaid Services, provides state innovation awards for experimentation with health delivery models under Medicaid or Medicare that foster collaboration between clinical and nonclinical supports for high-need patients. These include **patient-centered medical homes, health homes**, and **accountable care organizations and accountable care communities.**
Expanded Medicaid coverage of people vulnerable to housing insecurity	▪ The Affordable Care Act gave states the opportunity to **extend Medicaid coverage** to certain groups of people not previously eligible, specifically **nonelderly people with income up to 138 percent of the federal poverty level**.
Community health needs assessments and community benefits requirements for nonprofit hospitals	▪ The Affordable Care Act requires hospitals with tax-exempt status to conduct a **community health needs assessment** with a focus on population health and social needs, as well as adopt an implementation strategy at least once every three years. Internal Revenue Service rules have also clarified that some housing-related investments may count toward **community benefits requirements** for maintaining nonprofit status.

Source: Authors' compilation.

Community health needs assessments and community benefits. Most US hospitals operate as nonprofits and must meet certain requirements for benefiting the community to retain that status. Expectations that nonprofit hospitals document broader contributions to the community beyond charity care date back to a 1969 Internal Revenue Service (IRS) policy (James 2016). In the years leading up to the ACA, how well hospitals were providing significant "community benefit" was the subject of debate and figured into some ACA provisions that aimed to strengthen the focus on community health. The ACA required that hospitals with tax-exempt nonprofit status conduct a community health needs assessment and adopt an implementation strategy at least once every three years. The IRS rules governing how community health needs assessments should be conducted emphasize that hospitals should examine "not only the need to address financial and other barriers to care but also the need to prevent illness, to ensure adequate nutrition, or to address social, behavioral, and environmental factors that influence health in the community."[7] New conversations have emerged between health care clinicians and administrators and other community organizations, including those focused on housing.

Following ACA passage, the IRS issued additional guidance on what activities and investments could count toward community benefits, including community health improvement activities, and expenditures in connection with certain community building activities (Rosenbaum, Byrnes, and Hurt, n.d.). Examples of community building activities include physical improvements and housing rehabilitation for vulnerable populations such as removing harmful building materials (e.g., lead abatement), neighborhood improvement and revitalization, housing for vulnerable people upon inpatient discharge, housing for seniors, and parks and playgrounds to improve physical activity.

Payment innovations. Spillman and colleagues (2017, 2) note, "While efforts to integrate health care with housing and other supports predate the ACA, the law created new incentives for providers to promote prevention and better coordinate care, including physical, behavioral health, and social services. These include new delivery and payment system models and expansion of preexisting opportunities. Despite considerable policy interest and new tools, however, many states and communities are still in the early stages of aligning health care and housing resources for vulnerable populations." Among these innovation opportunities is a new state option available under Medicaid to create "health homes" for high-cost, high-need patients with chronic physical or behavioral health conditions. These programs provide comprehensive care management and referral to needed community supports and social services, including housing. In addition, an Innovation Center, administered by the Centers for Medicare and Medicaid Services, provides state innovation awards for experimentation with several health delivery models under Medicaid or Medicare that foster collaboration between clinical and nonclinical supports for high-need patients. These include patient-centered medical homes, health homes, and accountable care organizations that provide services to Medicare patients and encourage innovation in service delivery by allowing providers to share in cost savings. Accountable Health Communities are another new experiment in collaborations between health providers and social service and community organizations.

Several health policy trends have converged to engage the health care sector's attention on the importance of social determinants such as housing, and this engagement has been accelerated in the wake of the ACA. In 2017, the ACA's future is uncertain, but the increased focus on social determinants is likely to persist. Under any scenario, containing the rate of growth in health care costs will be a priority. The evolution of value-based payment strategies, which aim to tie reimbursement more closely to outcomes than to volume of services, will provide incentives for addressing social needs that undermine health outcomes and increase expenditures. And, as the case studies in this report attest, new partnerships between the housing and health sectors have taken root and have become an integral part of health care providers' strategies.

Purpose and Methods

This study—part of a Policies for Action research project on the social determinants of health (box 1)—examines emerging interventions that integrate housing and health services for low-income people, focusing on those where health care organizations have taken a significant leadership role. Given the considerable evidence that exists on supportive housing models with wraparound services, particularly those that serve homeless individuals and families (Cunningham, Gillespie and Anderson 2015; Cunningham et al. 2014), we sought emerging models focused at least in part on families with children facing a wide range of housing instability issues, including affordability and quality issues. Our research pairs 31 expert interviews with six in-depth case studies to paint a detailed picture of emerging strategies and their potential to be sustainable, expanded, and replicable.

BOX 1

Policies for Action: Policy and Law Research to Build a Culture of Health

A signature research program of the Robert Wood Johnson Foundation, Policies for Action seeks to help build the evidence base for policies that can help build a Culture of Health. The Policies for Action Research Hub at the Urban Institute focuses on three broad groups of health-related policies: housing and food-sector policies, state fiscal and income-related policies, and health care policies.

National Expert Interviews

Our research team interviewed 31 national experts to solicit their perspectives on emerging initiatives at the intersection of health and housing. We were interested in identifying health care organizations that aim to

- align health services and housing in one place,

- optimize health-sector investments in housing, or

- use housing and community development policies to promote health.

Our key informants represent nonprofit housing and health providers, foundations, health payers, environmental health leaders, and community developers. In addition to their perspective generally on cross-sector collaboration, we asked them to share examples of innovative health and housing work. From this list, we chose six promising interventions to investigate further.

Case Study Interviews

The six case studies provide a range of geographic contexts, partnerships, and strategies, as summarized in Table 3. For each case study, we interviewed between 5 and 10 people. These respondents included leaders and employees in the partnering organizations, funders of the intervention, local government stakeholders, community health workers and public health nurses, and additional community stakeholders.

TABLE 3

Summary of Case Study Sites

Name	Location	Partnership type	Initiative strategy	Geography
Conway Center	Washington, DC	Health clinic + nonprofit housing developer	Colocation of housing and health clinic (one parcel)	Neighborhood/ parcel
Healthy Neighborhoods Healthy Families	Columbus, OH	Children's hospital + community development corporation	Block-by-block neighborhood revitalization	Neighborhood
Vita Health & Wellness District	Stamford, CT	Hospital + public housing authority	Neighborhood revitalization with colocation of services	Neighborhood
Innovative Health and Housing Partnerships, Boston	Boston, MA	Public health commission + public housing authority + universities	Citywide collaboration to target health issues in public housing residents	Citywide
Foundation Communities	Austin, TX	Affordable housing developer + local health foundation	Housing with multiple onsite services and community health workers	Citywide
UnitedHealthcare	Multiple markets nationwide	Payer and managed care organization + local innovative housing organizations	Housing investment, local programmatic efforts	National

Research Questions

Although addressing housing to improve health outcomes is still a nascent concept, early findings from the field can highlight how new initiatives can bridge silos and engage across sectors. The following questions guided our research:

- Why partner on health and housing now?

- How can different types of health care and housing organizations create partnerships, and what are the key organizational ingredients to successful partnerships?

- How essential is public and private funding to creating and sustaining cross-sector interventions?

- What role does community engagement play in designing strategies?

- How are partners harnessing data tools and measurement to design more effective interventions?

- How does building outcome and evaluation tracking into the fabric of a partnership enhance understanding of programmatic impact?

Sustaining, Expanding, and Replicating Cross-Sector Partnerships

Deciding to Act

Policy Environment

The Affordable Care Act has motivated health care entities be more aware of social determinants of health and focus on prevention. As one national expert noted, the ACA helped shift hospitals' understanding of health from "patient-centered to community-centered." With the ACA's expansion of Medicaid eligibility, which included more people who are likely to be chronically homeless, managed care organizations (e.g., UnitedHealthcare) that serve many Medicaid enrollees began focusing on how unstable housing can exacerbate health issues.

Changes to the community benefits protocol under the ACA did not motivate any of the case study partnerships examined here and did not have a strong effect on their implementation. The impact of community benefits changes may take longer to emerge in the field, but several informants suggested that this policy lever was not likely to drive significant financial investments by the health care sector, although it may foster new conversations between hospitals and potential partners. Rather, a growing emphasis on reducing inpatient costs and rewarding cost savings, such as through accountable care organizations, seems to be a more significant source of innovation.

In contrast, federal housing policy has been relatively stagnant, with few new tools and resources available to increase stability, improve housing conditions, and bring services together with housing. Instead, organizations such as community development financial institutions are stepping into the gap to leverage federal resources and programs in new ways, often by attracting private capital that has engaged in housing or health, but not necessarily the two combined. Housing developers are more than willing to introduce new health partners to the intricacies of our nation's aging housing policy framework.

Organizational Priorities

A focus on immediate institutional needs can spur organizations to look toward another sector to address housing as a social determinant of health. Three cases in our research were motivated in part by an organization's interest in expanding its facilities and catchment area. Nationwide Children's Hospital in Columbus, Ohio, was undergoing a hospital expansion in 2007, and as part of this expansion, leaders had conversations with the city and other local stakeholders about the need for local neighborhood improvements. After the city challenged the hospital to do more to positively affect the surrounding neighborhood through the expansion, the hospital proactively engaged with community stakeholders and city leaders to develop an initiative focused on the health and well-being of individuals living in the surrounding neighborhood. Similarly, the motivation for the Conway Center in Washington, DC, grew out of a mutual need for expansion among the two key partner organizations. Social service and affordable housing provider So Others Might Eat wanted to develop 1,000 new units of rental housing and increase its employment training services. Unity, a Federally Qualified Health Center, wanted to double its capacity. The motivation for the Vita Health & Wellness District in Stamford, Connecticut, grew out of the public housing authority Charter Oak Communities' mandate to improve its housing through redevelopment, as well as the Stamford Hospital's desire to increase its impact area and expand its primary inpatient facility.

Community Needs

In addition to organizations being motivated by internal business interests, some organizations came to understand the intersection between health and housing by learning more about the needs of the populations they already served. In Austin, Texas, Foundation Communities established a formal health program after employees noticed that many of their residents living in permanent supportive housing had poorly managed chronic diseases, such as diabetes, HIV, and hypertension. In addition, their residents had high rates of mental illness, which threatened their ability to be live independently in a community with others. To help these residents be more stable in their housing placements, Foundation Communities leadership realized they had to increase residents' access to mental health and chronic care management and think more holistically about the supportive services that allow people to thrive. Similarly, UnitedHealthcare's work in state and local contexts has highlighted that housing instability can negatively contribute to health care costs, as patients who are homeless or otherwise unstably housed tend to be higher users of emergency care. Around 2010, UnitedHealthcare leadership recognized there was no way to improve health outcomes for many Medicaid enrollees without

addressing the housing needs of the medically underserved populations, and they began investing more directly in housing interventions.

Seeking Allies

Megan Sandel, a pediatric doctor at the Boston Medical Center, remarked when asked about the first steps toward addressing residents' housing and health needs, "Every community is different, but it's an important first step to think about natural allies." Many types of local health care and housing organizations can coalesce around a common desire to address the intersection of health and housing (table 3).

TABLE 3

Housing and Health Care Players

Health care organizations	Housing organizations
▪ Hospitals, particularly children's hospitals	▪ Community affordable housing developers
▪ Federally Qualified Health Centers	▪ Supportive housing developers
▪ Catholic health systems	▪ Local public housing authorities
▪ Managed care organizations	▪ Community development corporations
▪ Local public health departments	▪ Community development financial institutions
▪ University medical schools or public health schools	▪ Homeless service providers

Shared Mission and Goals

Many organizations seek partners who share an interest in a specific place. Hospitals tend to focus on improving the health in specific service areas. These anchor institutions—large and relatively fixed in place—can be powerful engines for reinvestment in their surrounding communities (Norris and Howard 2015). Hospitals across the country—particularly children's hospitals because they have a specialized population and often have a mission-based approach—are increasingly motivated to improve individual and population health in their backyard. Similarly, respondents pointed to community development corporations (i.e., nonprofit, community-based organizations focused on developing affordable housing) and local public housing authorities as examples of institutions that are also rooted in place, motivated to improve the well-being of their resident population through housing development and supportive service provision.

All the partnerships in these case studies have a common geography that allowed them to establish shared goals early. In some cases, such as So Others Might Eat and Unity's joint work on the Conway Center, the organizations had been serving the same populations before their partnership, creating a natural opportunity to collaborate. Nationwide Children's Hospital had a specific investment in the surrounding neighborhood not as a direct service provider, but because of its role as an anchor institution. It partnered with local nonprofit Community Development for All People because they had a shared interest and because Community Development for All People already had direct connections in the community. Even UnitedHealthcare, which operates nationally, found that solutions required developing place-based partnerships in the communities where their Medicaid members live.

Committed Leadership

Across the case studies, interviewees noted that successful local cross-sector partnerships require strong leadership on both sides and continuous engagement between the partners. Leaders provided the vision and chose to invest the time, energy, and resources into developing new strategies that were not necessarily guaranteed success. An ongoing commitment to health and housing work entails frequent meetings, combined investment in the intervention, and mission-driven leadership. Leadership also needed to be committed for the long haul, as the challenges being addressed (e.g., affordable housing development and neighborhood revitalization) often require significant time before improved outcomes can be achieved.

Willingness to Translate across Sectors

Although there are myriad opportunities to tailor health and housing work to local needs through cross-sector partnerships, one main challenge people encounter is the "language barrier" between the often-siloed health field and housing field. Terminology used by each sector can be unrecognizable to the other, and both fields have complicated financing structures, policy environments, and on-the-ground service delivery practices that can be challenging to understand without formal training. In most of the case studies, the health and housing partners had not previously worked together on any programming, and respondents emphasized how difficult it was to get on the same page initially because of their distinct vocabularies. As one respondent noted, when setting initial goals and desired outputs, health care organizations speak in "people," but housing organizations speak in "units." To overcome this challenge, some partnerships, such as UnitedHealthcare's work with local housing organizations, relied

on "translators," people or organizations knowledgeable about both fields who can be a liaison in the early stages of partnership.

Attracting Resources

Once health and housing partners have established common goals, they bring together their expertise to identify possible strategies and how to fund them. In the case studies, partners leveraged public and private funds from the housing and health sectors to innovatively finance their cross-sector interventions.

In all the case studies, partnerships relied on braided financing, which brings together funding from multiple sources, identifying new ways to leverage funding from the health and housing sectors to maximize impact. Table 4 highlights funding sources partners use to finance their initiatives.

TABLE 4

Funding Sources for Health and Housing Initiatives

Funding source	Funding type	Boston	Conway Center	Foundation Communities	HNHF	United-Healthcare	Vita District
Local foundations	Philanthropy	X		X			
Regional and national foundations	Philanthropy		X		X		
Community development intermediaries	Philanthropy/ Public		X				
Private investors	Private		X	X	X		
Internal operating funds	Private	X			X	X	X
Government housing funds	Public	X	X	X	X	X	X
Local government health funds	Public	X					

Note: HNHF = Healthy Neighborhoods Healthy Families.

Finding Funds from Within

Organizations are looking internally at their operating resources and directly investing in their own interventions. Hospitals have significant endowments they can use to fund these initiatives, and insurance companies maintain reserves they can invest. Partners in these case studies were often investing some of their portfolio in general real estate and realized that some of these investment dollars could be allocated for these more targeted initiatives. Nationwide Children's Hospital invested $9 million into the Healthy Homes initiative through its investment portfolio and leveraged savings from its accountable care organization work. Similarly, the Stamford Hospital leverages its endowment to make investments in the medical center, which is one piece of the community-focused initiative known as the Vita Health & Wellness District. On the housing side, the Boston Housing Authority uses the operating funds it receives from HUD to implement its Integrated Pest Management program in partnership with the Boston Public Health Commission.

These direct investments often allow for more flexibility, making them appealing for long-term interventions. In addition, direct investors (e.g., hospitals and payers) are often willing to accept a lower return on investment than traditional lenders (e.g., banks). Lastly, direct investment allows for more control over the initiative by having fewer funders and potentially conflicting program criteria to follow.

Raising Funds

All the health and housing initiatives in this report rely on public financing resources from HUD and state and local governments. Health partners can use the Low-Income Housing Tax Credit to directly invest in housing, as UnitedHealthcare's Treasury Department does, and public housing authorities can leverage their operating funds as the Boston Housing Authority did to implement Integrated Pest Management within its standard maintenance practices. Charter Oaks, the public housing authority in Stamford, leveraged HOPE VI public housing revitalization funds and the Low-Income Housing Tax Credit to help create 12 mixed-income revitalization developments within and around the Vita Health & Wellness District. The Conway Center will tap into DC's local Housing Production Trust Fund.

Local foundations, which know community contexts well and have a special interest in promoting local well-being, can play a valuable role in supporting this type of work. These funders can be easier to approach for place-based projects than large foundations, as they are often familiar with the health and housing organizations in the city and tend to have a less resource-intensive proposal process. In Boston

and Austin, local foundations are putting significant resources toward understanding, evaluating, and improving the intersection of health and housing in their cities.

In addition to local foundations, larger regional and national organizations can provide substantial financial support to these initiatives. Because these organizations are not or focused on a particular local context, it is important to find ones that align in goals and mission to what the local partnership is trying to achieve. The Conway Center received $14 million from the Healthy Futures Fund, a $200 million effort funded by the Local Initiatives Support Corporation, the investment bank Morgan Stanley, and The Kresge Foundation. The Healthy Futures Fund primarily leverages New Market Tax Credits, the Low-Income Housing Tax Credit (which in the case of Conway was syndicated separately), and grant and loan capital to cultivate community development projects that combine housing and health services, which directly aligns with the Conway Center's mission. Although these funds that seek out local initiatives at the intersection of health and housing are nascent, they exemplify how local partnerships can tap into grant opportunities from larger organizations to provide financial support for their interventions.

Private donors can make sizable contributions to local health and housing interventions, adding stability to the financial portfolio and further diversifying funding sources. Foundation Communities raises an average of $1 million at an annual fundraising event and puts $100,000 of this toward its health programming. The Conway Center partners received a sizable donation from Bill Conway, a local Washington, DC, philanthropist, to develop the colocated housing, employment, and health services property in Northeast DC. Although private donations are often one-time funding sources with limited options to renew, they can provide significant resources to local initiatives and often require less capacity to write grants and execute the deals.

Funding Challenges

Despite these opportunities, significant funding challenges undermine the potential impact of health and housing interventions. First, as Low Income Investment Fund chief executive officer Nancy Andrews said, "The intersection of housing and health is well understood from a knowledge point of view, but from a practice point of view, these two sectors are quite siloed in their funding." Siloed funding streams at the federal and local levels can make it difficult for organizations to find financial resources for cross-sector initiatives. For example, despite recognizing that unstable or unhealthy housing can have direct implications for Medicaid recipients' health and well-being, Medicaid is not set up to pay for ongoing direct housing costs such as rent. Recent changes in Medicaid policy permit paying

for some transitional costs, such as first month's rent when a person is moving from an institutional setting. In an era of insufficient affordable housing subsidies, finding steady funding sources to pay for housing solutions poses a challenge to sustain targeted interventions that aim to get chronically ill, low-income people stably housed. Significant efforts must be made to braid funding to pay for housing and health-related services while respecting programs' parameters.

In addition, specific interests (e.g., health or housing, but not both) often drive foundations. It can take time to convince private investors or funders that addressing housing will directly benefit residents' health because there has been limited research on the cross-sector benefits of these partnerships. But this challenge of appealing to foundations with specific missions has been overcome in places like Austin, where the board of the health-focused St. David's Foundation came around to the idea of housing as a social determinant of health and is now a primary funder for Foundation Communities' health work.

In addition to siloed funding streams, showing return on investment for health and housing interventions is challenging. Because the savings are often cross-sector, the return on investment often cannot be traced to a single source. Although our highlighted cases seemed to have overcome the "wrong pocket problem," where one organization invests in an initiative but a different organization experiences the cost savings, these are still the exception rather than the rule. For those with an eye toward financial savings, it remains challenging to understand the financial payback of cross-sector partnerships.

Community Engagement

Experts from various fields at the intersection of health and housing agree that engaging program participants and local community members in every step of a joint initiative results in programs better suited to community needs, but this is often challenging for institutional stakeholders in both sectors. Community engagement involves a collaborative, ongoing relationship between community members and local organizations to address issues affecting the citizens' well-being. At its core, community engagement is "grounded in the principles of community organization: fairness, justice, empowerment, participation, and self-determination" (National Institutes of Health 2011). Research shows that when communities identify health needs and collaborate or are consulted to design more appropriate interventions, the interventions tend to have better health outcomes than when communities are not engaged (O'Mara-Eves et al. 2015). Furthermore, engaging citizens in the intervention process

increases the likelihood that projects will be widely accepted, empowers and integrates people from different backgrounds to come together in the community, and increases trust in community organizations and local governance (Bassler et al. 2008).

Community Engagement in Action

Although proactive community engagement is not a central piece of most programs in this case study research, respondents noted that they want to incorporate it, and they some had successful efforts.

- **Resident education.** To ensure an intervention's sustainability, some partnerships educate residents about how to manage the potentially adverse effects of poor housing quality on health. In Boston, resident education is a vital component of their Integrated Pest Management approach, where they teach public housing residents about how to keep their homes pest free. The Vita Health & Wellness Collaborative developed a "Parents as Co-Educators" program, which focuses on children of immigrant parents living in the Vita district and uses family engagement strategies to improve children's educational outcomes and access to quality education. Similarly, resident education is a strong component of the Conway Center's mission. A job training facility on-site at the Conway Center will teach people about health-sector jobs and aim to equip them with the skills to be economically self-sufficient.

- **Participant feedback.** Formal, informal, and frequent opportunities for participants to engage with program leaders and offer feedback are important aspects of successful engagement. The case studies in this research used participant feedback to shape and improve their programs. At Foundation Communities, residents complete surveys after pilot programs to provide feedback on how to alter the program. In addition, every three months, community health workers meet with residents to ask them what their needs are in the short term and design programming based on their responses. In Boston, public health nurses lead conversations over lunch to give clients an opportunity to share their opinions and feedback on the program.

- **Direct participant engagement in intervention development.** Providing a space for program participants or other community members in the initiative's organizational leadership creates more engrained community engagement and can help ensure the intervention meets community needs. At Foundation Communities, the two senior health specialists who oversee family properties and Permanent Supportive Housing properties are both Foundation Communities residents, so some residents directly oversee strategy and programmatic

discussions. The leader of Foundation Communities' Healthy Living Initiative, Andrea Albalawi, noted, this "really helps integrate the work to make sure the needs of their residents are being met."

Community Engagement Challenges

Despite these early forms of community engagement, most of the health and housing interventions explored through this research tend to reflect top-down approaches with limited formal input from affected community members. One challenge associated with community engagement is that it takes significant time and resources to weave feedback and avenues for engagement into the intervention's fabric. Participants often have competing priorities (e.g., rigid work or child care schedules) that prevent them from participating directly in program design and implementation. Some participants, such as the chronically homeless and people facing physical and mental health issues, face additional barriers to engaging in community development. In addition, program participants and organizational leadership pointed to building community trust as a challenge. Some participating organizations had to work hard to gain the trust of communities with which they were previously at odds. For example, in Columbus, Ohio, Nationwide Children's Hospital had to overcome a history of not taking community needs as seriously as they could have in past expansion projects. But when local community-based organizations are engaged as partners, their participation may be a bridge between institutions and residents. In the Healthy Neighborhoods Healthy Families initiative, Nationwide Children's Hospital sought a partnership with Community Development for All People, a nonprofit community development organization, to be a liaison with its surrounding community. Eventually, the housing initiative was formally structured as a partnership between these two organizations.

Data Integration

Incorporating data when designing and implementing a health and housing intervention can lead to targeted and more effective initiatives. But data are collected and used differently in health and housing organizations, and stakeholders in one sector may be unaware of insights available from the other.

The Power of Local Data

Local organizations can use local data to see clustered health problems, or patients of certain types, and better connect health data with people's housing environments. The Boston Public Health Commission added a question to the Behavioral Risk Factor Surveillance System survey, which is run by the Centers for Disease Control and Prevention and administered by state health departments, to determine whether residents lived in public housing. They found that the city's public housing properties were home to many of Boston's households with the most significant health challenges, motivating them to partner with the Boston Housing Authority and design an intervention focused on bettering public housing residents' health.

Sharing Data with Partners

In addition to leveraging one organization's data sources to design interventions, housing and health organizations can enter data-sharing agreements that allow them to link health and housing datasets to evaluate where there are overlapping issues. Homeless service organizations, for example, may link their data with health insurers' membership data to help identify Medicaid members and connect them to their managed care organization, like Austin's Ending Community Homelessness Coalition did with UnitedHealthcare. These opportunities to integrate data can promote more precise and effective interventions and make it easier to eventually assess programmatic outcomes.

Data Integration Challenges

Limitations of preexisting data sources and difficulty matching housing and health data in a compliant manner pose challenges for leveraging data to design or enhance an intervention. Medical data systems are not often connected with housing assistance and homeless management information systems, and organizations need to link these systems to understand where there is important overlap in populations. In addition, covered health care organizations are required to protect the confidentiality of individual-level health data according to federal law (Health Insurance Portability and Accountability Act), and negotiating data agreements must take these rigorous rules into account. The homelessness management information system protocol can also stymie the ability to share data because of its own set of security protocols. Although these protocols are designed to benefit patients and providers, they can prevent targeted interventions from blossoming. Locally based organizations, such as Foundation Communities, are implementing Health Insurance Portability and Accountability Act–compliant

protocols to safeguard health data that may inform health intervention design to better meet resident needs, but the resources and time this process takes can be an impediment, posing challenges for replicating this process at smaller organizations.

Outcome Measurement and Evaluation

Measuring outcomes and evaluating an intervention's effectiveness is a key step toward bettering the initiative, replicating the work elsewhere, and expanding it to have a greater impact. The findings allow partners to modify their programs for increased efficiency or effectiveness and help "make the case" for the intervention.

Most of our case studies are newly focusing on tracking outcomes (as opposed to solely tracking outputs), but some partnerships have shown early success through outcome measurement. UnitedHealthcare's work that targets the chronically homeless population in one city caused an initial spike in health care use, followed by a long-term decrease. The spike is likely explained by the pent-up demand for health care services that a homeless person could access through their program, and the resulting long-term trend shows the positive effects of maintained contact and preventive care that can be assisted with stable housing for this population. In addition to use-related outcomes, programs are thinking about how to track housing outcomes, health and well-being outcomes, and self-sufficiency outcomes to assess program effectiveness.

Universities as Outcome Measurement Partners

For organizations that cannot conduct full evaluations of their programmatic activities, local institutions such as universities or research organizations can provide valuable evaluation assistance. Boston University worked with the Boston Public Health Commission to evaluate its Healthy Start in Housing program. This mutually beneficial process provided invaluable feedback to the program's leadership and allowed Boston University researchers to contribute to the academic literature on health and housing interventions. Similarly, Foundation Communities has worked with the University of Texas School of Public Health to better understand the outcomes associated with Foundation Communities' after-school program.

Outcome Measurement and Evaluation Challenges

Challenges with outcome measurement and evaluation often prevent organizations from evaluating their initiatives. First, isolating the impacts of a housing intervention alone on health outcomes is difficult, as it is only one social determinant of health and often concurrent with other changes in the lives of program beneficiaries. It can also be difficult in strategies such as those in Columbus, Ohio, or Stamford, Connecticut, where the housing intervention is only one prong of larger community revitalization focused on residents' health and well-being. In addition, many of these initiatives are nascent and have not baked evaluation into their framework. This is largely because of limited funding in the health and housing space that forces organizations to prioritize management and administration over evaluation. Some interventions are adding evaluation components.

Can Cross-Sector Partnerships Be Expanded?

While housing is not a direct health care intervention, it can be more powerful than access to a really good doctor. If 80 percent of health outcomes are dictated by what happens outside of the walls of a clinic, where else do [people] spend their time? Houses and neighborhoods.
–Kimberly McPherson, St. David's Foundation (Austin, TX)

Our expert interviews and case studies highlight innovative partnerships between health and housing stakeholders that focus on leveraging quality affordable housing as an important component of individual and community health and well-being. Health care organizations have taken on diverse roles in these new collaborations: a catalyst for an initiative, an investor bringing new funds to the table, or a partner connecting residents with health services supporting housing stability. These initiatives have been shaped by internal institutional priorities and shifting external policy environments. The result has been a new appreciation among health care stakeholders for the importance of housing interventions as part of their toolbox for achieving better health outcomes.

Although these new partnerships have been eye-opening for the housing and health organizations involved, they do not represent a standard way of doing business in either sector. Sustaining, expanding,

and replicating innovative cross-sector partnerships requires a fundamental shift in priorities and recognizing that partnering means working within each sector's language, institutions, and changing policy environments. They also require a willingness to invest in strategies that may require time to bear fruit. One informant noted, "The changes are not going to be immediate. What you will see are measuring things that are more closely tied to the investment. Are people/families feeling more stable? Do they have more hope? Are they less stressed? These are the things that will be helped in the short term, and the public health people know that this is what will reduce chronic health problems. The fear is that health care will only look at cost savings, but they might not see this right away."

Organizations are integrating health and housing through cross-sector partnerships, many of them with goals of building upon successes and teaching others how to do the same. There is still a lot unknown, however, and several areas to monitor in developing future initiatives that try to address health through housing.

The changing policy context. Continued progress is incumbent on health and housing stakeholders' ability to be flexible amid changing policy. Some innovation has advanced through programs that are at risk in the current funding environment, including Medicaid expansion and housing subsidies. It is unclear how current partnerships would advance or how new partnerships could form around this work in the face of diminished health and housing program resources. Threats to publicly funded resources— whether as reduced health insurance coverage, less housing assistance, or decreased resources for community development financial institutions—will increase the pressure on private-sector resources. Although successful partnerships leverage both public and private resources, undue pressure on public-sector resources will slow progress and limit innovation.

The importance of understanding place in new ways. Although health care providers have typically worked within catchment or service areas that define the patient populations with which they interact, place takes on a different meaning when the goal is addressing social determinants of health. In this context, attending to place requires focus on the health of an entire community (not just people who present for care) and engagement with the environment that shapes community well-being. Similarly, stakeholders interested in housing have to include health impacts in their definition of shelter and consider how the lack of quality affordable housing is an impediment to larger goals for community health and well-being.

The role of cities as a nexus for both sets of stakeholders. Cities are engaged in activities and policymaking that cross both sectors and play a role in shaping incentives to foster collaboration. Decisions about land use, health and housing code enforcement, and resources allocated to public

health and housing agencies exhibit cities' leadership at this important intersection. Expanding partnerships within and across communities is possible through city vision and collaboration. In addition, cities can provide critical feedback on state and federal policies that can help or hinder progress at this intersection, such as the options states pursue under Medicaid or the role of housing assistance in health and housing partnerships. They may also be key players in testing new financing mechanisms, such as pay for success strategies that leverage potential savings in public-sector programs as investments in innovation.

The need for institutions that can bridge worlds. Health and housing organizations are likely to need the expertise of organizations who understand how to address community needs *and* structure complex financial transactions. Community development financial institutions may be unfamiliar to health care stakeholders but are well-established partners for those interested in community-conscious development. In addition, both health and housing organizations need to grapple with the importance of community input, not just as "patients" or as "residents," but as people who have multiple identities and are essential partners in achieving better outcomes. Community health workers, tenants' rights advocates, public housing resident representatives, and grassroots community-based organizations offer various ways to support authentic engagement with people at the center of the intersection.

Notes

1. For past reports and a current database, see "State and City Funded Rental Housing Programs," National Low Income Housing Coalition, accessed June 21, 2017, http://nlihc.org/RHP.

2. Instituting Smoke-Free Public Housing, 81 Fed. Reg., 87430 (December 5, 2016).

3. "Healthy People 2020: An Opportunity to Address Societal Determinants of Health in the United States," US Department of Health and Human Services, July 26, 2010, http://www.healthypeople.gov/2010/hp2020/advisory/SocietalDeterminantsHealth.htm.

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