Connecting Health & Housing in Rural America

March 11, 2020
Agenda

- Welcome / Introductions
- Setting the context – health & housing in rural areas
- Partnership opportunities: CHNAs and community benefit
- The role of the housing sector
- Preview of topics for next RNAI health & housing webinar
- Questions
Enterprise Mission

Enterprise’s mission is to create opportunity for low- and moderate-income people through affordable housing in diverse, thriving communities.

**CAPITAL**
At Enterprise, we direct private and public capital to the right places having delivered more than $46.6 billion to low-income communities across the US.

**SOLUTIONS**
Testing and scaling new programs to meet urgent housing, community and economic development challenges.

**POLICY**
A trusted voice for communities with a strong presence in Washington and statehouses and city halls nationwide.
HEALTH BEGINS WITH HOME

- **Health standards, processes, and best practices** for affordable housing developers.

- **Capacity building** and **technical assistance** to housing and healthcare partners interested in forming collaborative partnerships.

- **Connecting capital** from healthcare organizations to develop and preserve healthy, affordable homes.

- **Research and development of measurement tools** to support the understanding of how housing and housing-based programs are impacting health.

- Promoting health through **housing policy** and mobilizing the healthcare sector partners.
SETTING THE CONTEXT
Four Pathways Connecting Housing and Health

Drivers of Affordable Rural Rental Housing Supply, Demand, and Affordability

Adapted by the author from Gibson et al. 2011, Sandel et al. 2018, Maqbool et al. 2015, and Braveman et al. 2011.

Rental Housing for a 21st Century Rural America
The “M’s” of Healthcare

Medicare

Medicare is a federal entitlement program that provides health insurance coverage to 45 million people, including people age 65 and older, and younger people with permanent disabilities, end-stage renal disease, and Lou Gehrig’s disease.

Medicaid

Medicaid is a federal entitlement program that provides health and long-term care coverage to certain categories of low-income Americans. States design their own Medicaid programs within broad federal guidelines. Medicaid plays a key role in the U.S. health care system, filling large gaps in the health insurance system, financing long-term care coverage, and helping to sustain the safety-net providers that serve the uninsured.

Managed Care Organizations

Health insurance organizations that work to provide quality health care and limit health care costs.

Medicaid Managed Care

Through arrangements made at the state-level Managed Care Organizations, for a monthly per person payment, manage the care and cost of Medicaid members. In this arrangement, they take on the risk of cost associated with each Medicaid member.
Context: The Players

2019 was worst year for US rural hospital closures in a decade
• Nineteen rural hospitals shut down last year
• Southern states fared worst in the past decade

Since 2010, 120 rural hospitals have closed, with states in the south faring worst, with Texas, Tennessee and Oklahoma leading the way.

453 rural hospitals across the US are vulnerable to closure.
• Being in a state that has accepted expanded Medicaid decreases the likelihood of closure by 62% on average.

Around 60 percent of rural residents live in a designated mental health professional shortage area.

The Rural Health Safety Net Under Pressure: Rural Hospital Vulnerability
Rural Results from 2019 National Survey of 1000 Renters and 500 Medical Professionals

• 21% of rural renters said they decided to move to a new home because their existing home had structural problems, compared with 12% of city renters and 11% of suburban renters (13% overall).

• Rural renters just as likely as others to be paying more than 50% on rent (27% vs 29% for city renters and 25% for suburban renters).

• Rural renters prioritize rent payments, utility bills, meals, and transportation costs above medical care, like doctor's visits or medications.

• 41% of rural renters (higher than any other group) say that cost has prevented them from following a treatment plan provided by a healthcare professional.

• 28% of rural renters (higher than any other group) have avoided buying over the counter medications because they couldn't afford them.

SURVEY: WHEN HOUSING COSTS UNDERMINE HEALTH AND PEACE OF MIND
Partnership Ecosystem

- **COMMUNITY DEVELOPMENT**
  - CDCs
  - CDFIs
  - Affordable Housing Developers
  - Community organizers
  - Trade associations
  - Service providers
  - Financial institutions

- **PUBLIC HEALTH**
  - Health departments
  - Research/think tanks
  - Trade associations
  - Hospital and conversion foundations

- **HEALTHCARE**
  - Hospitals
  - Healthcare systems
  - Insurers
  - Trade associations
  - FQHCs
  - Community health centers

Other sectors included in the health partnership ecosystem include education, service organizations, local businesses, public safety, faith-based organizations, and other fields beyond the scope of this playbook whose work influences social determinants of health.
Partnership Opportunities
Range of Partnership Opportunities within Existing Healthcare Systems

There are an array of ways housing and healthcare organizations can partner to improve health and wellbeing for residents in low-income neighborhoods. Below is a list of partnership opportunities.

<table>
<thead>
<tr>
<th>Healthcare and Community Development Partnership Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thought Leadership &amp; Advocacy</td>
</tr>
<tr>
<td>Grants, Community Benefit*, or In-Kind Donations</td>
</tr>
<tr>
<td>Programs, Services, or Referrals</td>
</tr>
<tr>
<td>Co-location of affordable housing and clinic, service, or locations</td>
</tr>
<tr>
<td>Community Health Needs Assessments &amp; Implementation Strategy*</td>
</tr>
<tr>
<td>Data Sharing, Data Analysis, or Evaluations</td>
</tr>
<tr>
<td>Financial Investments</td>
</tr>
<tr>
<td>Land Swap or Property Donation</td>
</tr>
</tbody>
</table>

* Applicable to Not-for-Profit Hospitals
Hospital Challenges

Figure 2: Persistent, Recent, and Emergent Challenges Facing Rural Communities

- Emergent:
  - Opioid epidemic
  - Violence in communities
  - Care delivery shifts
  - Behavioral health
  - Economic and demographic shifts
  - High cost of drugs
  - Low patient volume
  - Payer mix
  - Patient mix
  - Geographic isolation

- Recent:
  - Medical surge capacity
  - Cyber threats
  - Regulatory burden
  - Coverage
  - Medicaid Expansion
  - Health Plan Design
  - Workforce shortage
  - Aging infrastructure
  - Limited Access

Source: American Hospital Association, 2018
What factors are making hospitals consider housing?

Community Health Needs Assessments (CHNA) – The IRS requires not-for-profit hospitals to perform a Community Health Needs Assessment every three years as part of the requirements of their tax-exempt status. The requirements also require consideration of any input received in the form of written comments on the hospital's most recent CHNA and publication of the report on their website. Additionally, the prioritized needs defined in the report are then addressed in an implementation strategy approved by the hospital board.

Opportunity for housing organizations:
1) Raise the importance of considering and prioritizing housing in CHNAs for the hospitals that do not already do so. Organizations can submit public comment or offer to serve as a community stakeholder in the process.
2) Work with the hospitals on forging partnerships with housing organizations to address the prioritized needs in their implementation strategy.
3) Learn from hospital CHNAs about the priority health needs in your community to address through your work.
Including Housing in the CHNA

Provide Housing Data

• Housing Affordability (cost burden & severely cost burden, affordable housing supply gap)
• Housing Stability (homelessness, overcrowded living situation, eviction filing, foreclosure rate)
• Housing Quality (year built, housing systems, housing conditions)
• Housing Neighborhood (opportunity measures)

Connect Hospital to Housing Stakeholders

• Representatives of community development corporations, residents, tenant advocacy groups, public housing departments, homeless shelter representatives
What factors are making hospitals consider housing?

Not-For-Profit Hospital Community Benefit Requirements: Tax-exempt hospitals are required to provide community benefit as part of their tax-exempt status. Community benefits are programs or activities that provide treatment or promote health and healing as a response to identified community needs and meet at least one of these objectives:

- Improve access to health care services
- Enhance public health
- Advance increased general knowledge
- Relieve or reduce the burden of government to improve health

- There is no federal standard that specifies a level or amount of community benefit that hospitals have to require.

Opportunity for housing organizations:

- The type of housing-related activities that meet the IRS community benefit definition are detailed in the Housing and Community Benefit: What Counts? report.
- Review the type of community benefit activities hospitals in your community are pursuing as a starting point.
- Check for open grant opportunities or sponsorships

Health Begins with Home
How are CB Dollars spent?

Table 1. Community Benefit Spending as a Percentage of Total Expenses by Hospital Type

<table>
<thead>
<tr>
<th>Indicator</th>
<th>CAH  (n=529)</th>
<th>Other Rural  (n=361)</th>
<th>Urban  (n=1184)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Patient Care Services</td>
<td>6.5%</td>
<td>7.2%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Charity Care</td>
<td>1.8%</td>
<td>2.3%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Unreimbursed Medicaid</td>
<td>2.9%</td>
<td>3.6%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Unreimbursed other means-tested gov't programs</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Subsidized health services</td>
<td>1.6%</td>
<td>1.1%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Community-Focused Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community health improvement services and community benefit services &amp; operations</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Health professions education</td>
<td>0.1%</td>
<td>0.2%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Research</td>
<td>0.01%</td>
<td>0.01%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Cash and in-kind contributions</td>
<td>0.1%</td>
<td>0.4%</td>
<td>0.3%</td>
</tr>
<tr>
<td><strong>Total Community Benefit</strong></td>
<td><strong>7.0%</strong></td>
<td><strong>8.1%</strong></td>
<td><strong>8.6%</strong></td>
</tr>
</tbody>
</table>

Source: IRS Form 990, Schedule H, Fiscal Years 2009-2010

How are CB Dollars spent?

### Table 2. Community Benefit Spending on Community Building Activities

<table>
<thead>
<tr>
<th>Indicator</th>
<th>CAH (n=529)</th>
<th>Other Rural (n=361)</th>
<th>Urban (n=1184)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical improvements and housing</td>
<td>0.01%</td>
<td>0.01%</td>
<td>0.03%</td>
</tr>
<tr>
<td>Economic development</td>
<td>0.00%</td>
<td>0.02%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Community support</td>
<td>0.02%</td>
<td>0.03%</td>
<td>0.03%</td>
</tr>
<tr>
<td>Environmental improvements</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.01%</td>
</tr>
<tr>
<td>Leadership development/training for community members</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Coalition building</td>
<td>0.01%</td>
<td>0.00%</td>
<td>0.01%</td>
</tr>
<tr>
<td>Community health improvement advocacy</td>
<td>0.02%</td>
<td>0.02%</td>
<td>0.01%</td>
</tr>
<tr>
<td>Workforce development</td>
<td>0.03%</td>
<td>0.20%</td>
<td>0.03%</td>
</tr>
<tr>
<td>Other</td>
<td>0.01%</td>
<td>0.03%</td>
<td>0.01%</td>
</tr>
<tr>
<td><strong>Total Community Building Activities</strong></td>
<td><strong>0.09%</strong></td>
<td><strong>0.30%</strong></td>
<td><strong>0.10%</strong></td>
</tr>
</tbody>
</table>

Source: IRS Form 990, Schedule H, Fiscal Years 2009-2010
Preview of Enterprise Tools
Health Action Plan
By partnering with a public health professional and through community engagement, this tool provides developers with a process to identify health risks and address those risks through building design and program design.

https://www.enterprisecommunity.org/resources/health-action-plans-and-enterprise-green-communities-overview-6211

Aging in Place Charrette Tools
This tool helps developers to prioritize design elements based on a combination of cost and quality of life for the residents. Included in the toolkit are design guidelines for senior housing and recommendations for existing and new construction senior rental housing.

Resources for Cross-Sector Partnership Development

**BHPN’s Jargon Buster** - Working across sectors begins with speaking the same language. If you’re lost in a sea of acronyms, this tool can help demystify common industry jargon.

**BHPN’s Partnerships for Health Equity and Opportunity: A Healthcare Playbook for Community Developers** - This resource guides community developers toward partnerships with hospitals and healthcare systems. Gain practical advice on navigating the vast healthcare ecosystem with your organizational assets in mind.

**Affordable Housing Investment: A Guide for Nonprofit Hospitals and Health Systems** - The guide is informed by Urban Institute’s research examining the current practice as well as the motivations, opportunities, and barriers nonprofit hospitals and health systems face to initiating and broadening investments in housing development.

**National Rural Health Resource Center** - The National Rural Health Resource Center provides technical assistance, information, tools and resources for the improvement of rural health care.

**Rural Health Information Hub** - The Rural Health Information Hub is a national clearinghouse on rural health issues funded by the Federal Office of Rural Health Policy.
Contact Information

• Mary Ayala  
  Program Director, National Initiatives, Health and Housing  
  Mayala@enterprisecommunity.org

• Alma Balonon-Rosen  
  Director, National Initiatives, Health and Housing  
  Abalonon-rosen@enterprisecommunity.org

• Brian Rahmer  
  Vice President, National Initiatives, Health and Housing  
  Brahmer@enterprisecommunity.org