Landscape Analysis for Housing and Health Initiatives in Cook County

**Purpose** of the landscape analysis was to identify:
- existing partnerships in Chicago and Suburban Cook County
- the range of potential partnership strategies between these two sectors
- challenges that exist among current partnerships or that prevent deeper collaborations
- opportunities for enhanced collaboration

### Data Sources

24 Interviews with 37 housing and health stakeholders in Cook County conducted by IPHI/Alliance for Health Equity between May 2019 - July 2019.

**Type of stakeholders involved:**

- Community development (CDCs/CDFIs)
- Affordable housing developers
- Government agencies
- Hospitals, health plans, and healthcare providers
- Policy advocates
- Researchers and thought leaders
- Supportive housing providers

### Partnership Strategies

Based on interviews with local stakeholders and recent reports from experts in the field, housing and health partnerships must occur across all of the following domains to increase housing stability, affordability, and quality; improve health and quality of life, and advance health and racial equity.

### Existing Partnerships

Landscape analysis revealed more than 45 housing and health partnerships exist in Chicago and Suburban Cook County. Partnership initiatives are at different stages of development, not all are yet operational. The number of health and housing partnerships across strategies (note: some partnership initiatives are categorized across multiple strategies) are as follows:

- Capital and asset investments for housing and community development: 10
- Coordinate and embed health resources and services with affordable housing: 25
- Data to inform health and housing initiatives: 15
- Coordinated policy, advocacy, and legal aid: 9
- Healthy, quality, accessible housing: 15
Challenges in Housing and Health Partnerships

Existing constraints in healthcare and housing
- Different time frames between traditional healthcare treatment model and long term housing support
- Difficulty in maintaining momentum due to frequent hospital mergers and organizational restructuring
- Funding streams uncertain due to low Medicaid reimbursement rates
- Administrative barriers can pose challenges for serving both families and individuals

Housing by itself is necessary but insufficient
- Case management and wrap-around services (including mental health) are necessary to support residents, but difficult to fund and coordinate

Lack of strategy
- Many interventions end up short-term or pilots due to a lack of overarching partnership strategy/goals
- Lack of trusting relationships between stakeholders/sectors leads to duplicated and siloed efforts
- Inhibition of innovation due to fragmentation in capacity and funding for services among (and within) housing and healthcare

Elusive impacts on health (and healthcare costs)
- Challenge in quantifying health outcomes from housing strategies due to long time between intervention/outcome
- Difficult to estimate healthcare cost savings/ROI due to complicated cost/payment structures of healthcare and challenges with data

Opportunities

Develop a cohesive strategy for partnerships between healthcare and affordable housing
- Both collective strategies and one-on-one project matches
- Clarify community development pipeline and landscape to facilitate healthcare investment
- Ensure more engagement of MCOs/health plans in strategy development
- Cultivate and support leadership by connecting change agents across sectors (Health Action Plans, Future of Housing Conference, etc.)

Improve data systems and data sharing to understand both need and ROI

Advance shared policy and advocacy opportunities
- To increase and preserve the supply of quality, affordable, healthy housing
- Promoting child, adolescent and family health through housing policy
- Making wrap-around services easier to fund through both state housing policy and Medicaid/healthcare reimbursement

Continue partnerships for permanent supportive housing and health
- Partner to increase the supply of permanent supportive housing
- Study demand for medical respite and the connection to permanent supportive housing
- Make sure to address needs for individuals and families

Develop/Refine housing diagnosis and referral tools
- Should connect to existing efforts like Flexible Housing Pool, social determinants screening, and medical-legal partnerships (MLPs)
Partnership Strategies (from Landscape Analysis)
Sept 2019 - version for partner review

**Example Strategies**

- **Capital and asset investments for housing**
  - Gap financing
  - Investment in CDFIs for development, preservation and/or rehab of affordable housing
  - Land for development
  - Rental assistance

- **Coordinate and embed health resources and services with affordable housing**
  - Coordinated services with other agencies
  - Case management and wrap-around support services
  - Co-located and/or onsite services
  - Flexible Housing Pool
  - Home visits
  - Homelessness prevention efforts
  - Medical respite

- **Data, analysis and planning to inform health and housing initiatives**
  - Engaging people with lived experience
  - Research into social ROI of housing investments
  - Screening and diagnosis methods for housing (within social determinants of health screening and referral)
  - Streamline data sharing

- **Coordinated policy, advocacy, and legal aid**
  - Coalition building around housing and health policy advocacy
  - Development of shared legislative agenda
  - Funding local community organizing
  - Medical-legal partnerships (MLP) / Legal support for patients

- **Healthy, quality, accessible housing**
  - Accessible design, and partnerships between housing and health for residents with disabilities
  - Health Action Plans for new developments
  - Housing quality partnerships related to asthma triggers and/or lead