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Untangling the Link between Housing and Health:
An Interview with Veronica Helms, Social Science Analyst, U.S. Department of Housing and Urban Development (HUD) and FIHET member

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Veronica E. Helms, MPH, is a Social Science Analyst with the U.S. Department of Housing and Urban Development (HUD), Office of Policy Development and Research (PD&R), Office of Research, Evaluation and Monitoring (OREM). Veronica is also a part-time doctoral candidate in Health Equity and Social Justice at the Johns Hopkins Bloomberg School of Public Health. Her research focuses on the link between housing and health, social determinants of health, data linkage, and maternal and child health populations. She also serves as a member of the National Partnership for Action (NPA) to End Health Disparities Federal Interagency Health Equity Team (FIHET).

Background:

The U.S. Department of Housing and Urban Development (HUD) provides rental assistance to millions of low-income individuals and families to make housing more affordable. Until recently, data have not been available to estimate the health of HUD's assisted low-income population.

Recognizing this knowledge gap, HUD and the National Center for Health Statistics collaborated to match data that can provide a better understanding of the population that HUD assists and their unique health conditions. In "A Health Picture of HUD-Assisted Adults, 2006-2012", Veronica E. Helms, HUD Social Science Analyst, and co-authors use the linked data to present an overview of the health characteristics of HUD-assisted adults. This undertaking highlights how cross-sector collaboration can help to address health disparities.

In this 2-part blog series, we interview author Veronica E. Helms about the HUD report (part 1) and discuss in depth the link between housing and health (part 2). Ms. Helms is also a member of the Federal Interagency Health Equity Team (FIHET).

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Part 1.

Question 1. Please tell us why the HUD report is important and highlight major findings from it.

HUD provides rental housing assistance to about five million households and ten million low-income individuals – otherwise known as the "HUD-assisted" population. We know that HUD-assisted adults are low-income, which puts them at risk of being uninsured and in poor health.

However, until recently, data have not been available to provide accurate estimates of health indicators among HUD-assisted tenants. Better understanding HUD-assisted health and health care issues – such as self-reported health status, prevalence of disability and chronic disease, health behaviors (e.g., whether or not they smoke or drink), and access to and use of health care – can help researchers to identify health disparities and inform future policy for this targeted population.

The report that I co-authored uses recently linked housing and health data to present an overview of health characteristics of the HUD-assisted adult population. In the report, we compare HUD-assisted adults to low-income, non HUD-assisted renters and to the general population.

We found that HUD-assisted adults have unique health care needs – they experience high rates of chronic health conditions and are mainly insured by and are high utilizers of the public healthcare system. Data also show that HUD-assisted adults are more likely to have social and demographic characteristics that can put them at an increased risk of health problems, including lower education attainment. Our report can help HUD and other federal agencies to develop interventions that target the unique health needs of this population and reduce health disparities.

2. Can you reflect on how HUD and other federal agencies collaborated to match the data used in the HUD report?

HUD established a partnership with the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) to match 13 years of housing and health data (1999-2012). HUD and NCHS developed a written agreement to link CDC health survey data with HUD housing data. This was an innovative, no cost, collaborative research partnership. Instead of HUD contracting to conduct its own health survey that would cost millions of dollars, HUD leveraged existing NCHS data linkage expertise. In addition, HUD provides NCHS with its geocoding and address validation services, enabling a consistent and high-quality level of locational specificity of health survey respondents. The NCHS-HUD data linkage is an excellent model for sharing data across federal agencies that can help to reduce health disparities for a targeted population.

Question 3. How can HUD, other federal agencies, and policy makers use findings from the HUD report to promote health equity?

The report estimates the prevalence of health conditions and helps to document health disparities experienced by HUD's assisted, low-income population. Quantifying the health issues and needs of HUD-assisted adults can help to make the case for programs, initiatives, and demonstrations that can close health care gaps for this population. For example, asthma rates are high among HUD-assisted adults and children. This is something we speculated previously, but can now quantify and really make a case for the need to intervene and address this issue.

As we further explore these issues, it is important to collaborate with other federal agencies that have expertise in these areas. HUD and other federal agencies can really start to understand the unique problems faced by HUD-assisted adults and assess what issues to further investigate and strategies that are culturally competent and relevant to HUD-assisted adults.