

# COVID-19 AND RURAL HOUSING AND HOMELESSNESS

## RECOMMENDATIONS TO IMPROVE HEALTH IN ILLINOIS

Rural Illinois is in need of sustained, sweeping change to improve the social, economic and environmental factors which determine health outcomes. Illinois' rural communities suffer from "The Five D's:" Rural communities start at a **DISADVANTAGE** due to experiencing food, healthcare, social service and data **DESERTS**, as well as organizational and technological **DISCONNECTION**. Rural regions experience similar **DISPARITIES** to low-income urban areas but experience even fewer **DEVELOPMENT** opportunities than their urban counterparts. These recommendations aim to improve health equity in rural Illinois.



### PRE-EXISTING CONDITIONS

Good health depends on access to homes which are safe and free from physical hazards. In contrast, a lack of stable housing or living in a home in disrepair contributes to mental health problems, chronic disease, injuries and harmful effects on childhood development. "Quality housing" generally refers to the physical condition of a person's home as well as the quality of the social and physical environment in which the home is located. Aspects of quality can include air quality, home safety, physical condition and the absence of mold, asbestos and lead. Poor indoor air quality, lead paint and other hazards put children and families at risk for multiple health problems. Neighborhood quality is also important. Studies have found neighborhood deterioration is linked to adverse mental health outcomes due to reduced social contact and greater fear of crime.<sup>1</sup> Quality, affordable housing is often in short supply in rural communities, causing residents to live in unsafe conditions, spend a disproportionate percentage of income on housing or face chronic or temporary homelessness.

Many rural residents live in unsafe or substandard homes. According to an analysis of the 2010 census by the [Housing Assistance Council](#), five percent or 1.5 million rural homes were found to be moderately or severely substandard.<sup>2</sup> In addition, rural communities are home to more than 30 percent of housing units lacking hot or cold water. As Figure 1 on the following page shows, rural communities also face issues such as concerns about safety of drinking water, mold, inadequate heating or cooling and pests or bugs, with one in ten rural Americans experiencing several different types of housing problems in their current residences.<sup>3</sup> A 2019 poll by [Robert Wood Johnson Foundation](#), [NPR](#) and [Harvard T.H. Chan School of Public Health](#) also found one in five rural Americans are worried about the impact of housing conditions on their family's health or safety.<sup>4</sup>

### RECOMMENDATIONS

- Create an Illinois Rural Housing Solutions Taskforce to commission a set of recommendations to better collect housing data and develop housing needs assessments for rural communities.
- Encourage hospitals and local public health departments to use Community Health Needs Assessments and I-PLANs to study and address housing and other social determinants of health.
- Pilot the creation of rural community care centers to encourage a system of care linking health care to housing and other social needs.

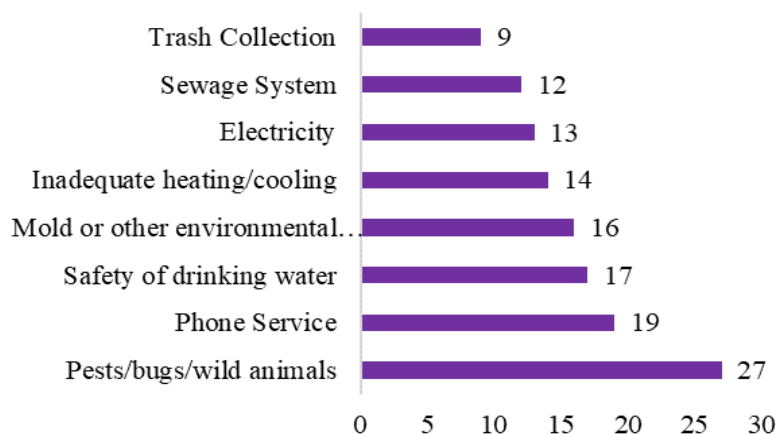


## ABOUT THE RURAL HEALTH SUMMIT

Southern Illinois University (SIU) Medicine Department of Population Science and Policy, SIU Paul Simon Public Policy Institute, SIU Medicine Center for Rural Health and Social Service Development and University of Illinois Chicago School of Public Health continued the work of the 2018 Illinois Rural Health Summit and convened rural stakeholders for 11 discussion forums in late 2020 to better understand and address the COVID-19 pandemic in rural Illinois. Using the [2019 report on the most pressing issues facing rural Illinois](#) as a foundation, 80 leaders from 55 organizations in diverse fields such as public health, health care, academia, industry and government met virtually to discuss how the pandemic is creating new challenges and fostering new innovation. Forums focused on rural economic development, health workforce, children’s growth and development, nutrition and fitness, mental health, opioids, public health systems, caring for an aging population and healthy housing. Discussion forum participants were also invited to an additional, overarching session to identify common challenges and synthesize impactful solutions. The information, anecdotes and issues raised in this report come from those conversations.



FIGURE 1: Rural American Experiences of Housing Problems, in Percent, May 2019



This issue is exacerbated by an overall lack of new rural housing developments. According to the [National Rural Housing Coalition](#), the average annual production of housing between 1999 and 2008 in non-metro areas totaled 221,000 units per year. That number fell to an average annual production of 68,000 units per year between 2009 and 2017.<sup>5</sup>

Rural housing prices are inflated as new housing is in short supply. Additionally, the average family income in rural communities is less than urban areas. Though housing prices are generally lower in rural than urban areas, housing often accounts for a greater percentage of a household’s income. Families who spend

more than 30 percent of income on rent are considered “cost-burdened” and families spending more than 50 percent of income on housing are considered “severely cost-burdened.” According to the [National Low Income Housing Coalition](#) (NLIHC), cost-burdened families (making 30 percent of Area Median Income) in Illinois’ non-metropolitan areas can afford rent of \$504 while the fair market rent is \$566 for a one bedroom apartment and \$727 for a two bedroom apartment.<sup>6,7</sup> Cost-burdened families struggle to afford to rent the average one or two bedroom apartment in rural Illinois.

Affordable housing has been associated with reduced healthcare costs as families have more funds for other health-related goods. For example, [The State of the Nation’s Housing 2021](#) report published by the [Joint Center for Housing Studies of Harvard University](#) found that 37 percent of households behind on rent payments were food insecure, which is defined as a lack of consistent access to enough food for every person in the household to live an active, healthy life.<sup>8</sup> A study by the [Center for Outcomes Research and](#)

### DEFINING “RURAL” IN ILLINOIS

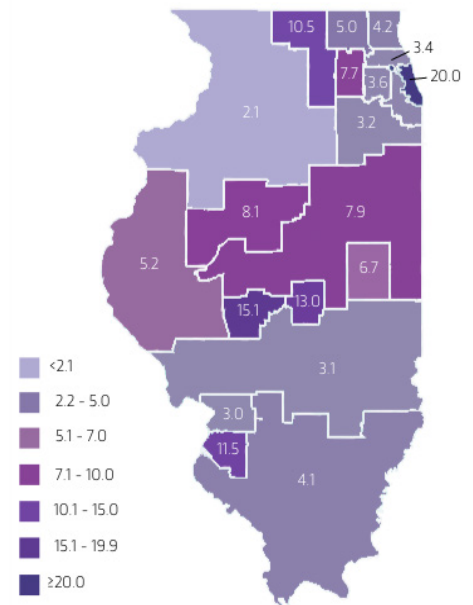
Of Illinois’ 102 counties, 62 are considered non-metropolitan. 1.5 million Illinois residents reside in nonmetropolitan and/or rural regions. In an effort to be inclusive, this report uses “rural” to describe non-metropolitan counties.



[Education](#) (CORE) found provision of affordable housing led to an 18 percent decrease in ER visits and 20 percent decrease in cost of primary care services, culminating in a 12 percent decrease in overall health expenditures for Medicaid recipients.<sup>9</sup>

Homelessness is also a challenge in rural communities. According to a 2019 poll by the [Robert Wood Johnson Foundation](#), [NPR](#) and [Harvard T.H. Chan School of Public Health](#) surveying 1,405 adults in the rural United States found three percent of rural residents said homelessness was a problem in their local community.<sup>10</sup> Homelessness in rural areas is often regarded as an “invisible problem” due to issues with data availability and accuracy. Figure 2 shows rural areas in Illinois are not immune to homelessness with large rural areas, especially in central Illinois, facing significant concerns. These numbers also may be worse than shown. According to the [Housing Assistance Council](#), a Washington D.C.-based nonprofit, most estimates of the homeless population in the country are “point-in-time” estimates conducted at the end of January when people are most likely to seek shelter.<sup>11</sup> In rural areas, this methodology can misrepresent the scale of the homelessness crisis due to lack of shelter systems and vastness of rural areas. Lack of quality data creates challenges for rural areas applying for federal funding.<sup>12</sup>

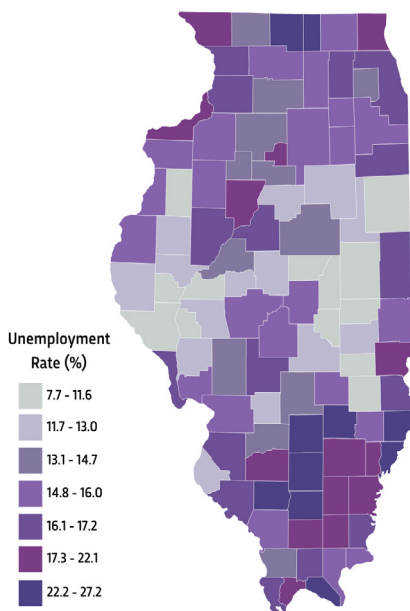
FIGURE 2: Homelessness Rates per 10,000 of General Population, 2008–2020



Individuals who are chronically homeless face the most extreme negative health outcomes due to lack of housing. Chronic homelessness is defined as being homeless for a year or more or experiencing homelessness four or more times in the past three years. Observational studies have shown people who face chronic homelessness can demonstrate higher morbidity in terms of both physical and mental health as well as increased mortality. According to the [American Public Health Association](#) (APHA), living unsheltered or in temporary locations can exacerbate health conditions. Instances of diabetes are twice as prevalent and rates of Hepatitis C are 12 times more prevalent in homeless populations as compared to the general population.<sup>13</sup> Additionally, a 2016 APHA study found 20 percent of individuals who experience homelessness reported a severe mental illness while 17 percent of homeless individuals reported a chronic substance use issue.<sup>14</sup>

## THE PANDEMIC'S IMPACT

FIGURE 3: Unemployment Rates by County, April 2020



The pandemic-driven lockdown imposed in March 2020 disrupted economic activity in the state and led to high levels of unemployment. According to [Bureau of Labor Statistics](#), unemployment in the state peaked in April 2020 at 14.4 percent.<sup>15</sup> Figure 3 shows high levels of unemployment in rural counties of the state with Boone, Perry, Franklin, Marion, Clay, Lawrence and Wabash counties recording unemployment over 22 percent in April 2020.<sup>16</sup>

The high levels of unemployment exacerbated longstanding economic issues in the state and adversely impacted the ability of households to afford rent. Based on an analysis of the 2018 [American Community Survey Data](#), the [University of Illinois at Chicago Nathalie P. Voorhees Center for Neighborhood and Community Improvement](#) and [Southern Illinois University Medicine Department of Population Science and Policy](#) estimated nearly 605,000 renter households were likely to have at least one person working in an industry impacted by COVID-19. Additionally, the [Illinois Department of Human Services](#) estimated the state has 414,000 vulnerable households experiencing housing instability with 60,000 of these households being vulnerable for eviction in 2021.<sup>17</sup> While data on the correlation between rise in unemployment due



to the pandemic and homelessness is especially scarce for rural areas, some evidence shows families are still struggling to afford housing. According to data collected by [Center on Budget and Policy Priorities](#) (CBPP) between September 29 and October 11, 2021, 12 million or 16 percent of adult renters were not caught up on rent payments.<sup>18</sup> According to Census data for the same period, 8.6 percent of Illinois' adult renters were not current on rent or mortgage payments and had slight to no confidence their household could pay their next month's rent or mortgage on time, compared to 6.7 percent on a national level.<sup>19</sup>

The pandemic also continues to pose high risks for occupants of homeless shelters due to crowding and shared hygiene facilities.<sup>20</sup> Early in the pandemic, homeless service providers struggled to find temporary housing solutions such as hotels and permanent rental housing to maintain social distance and prevent spread of disease.<sup>21</sup> The emphasis as of late 2021 has shifted to a "whole community approach" as recommended by the [Centers for Disease Control and Prevention](#) to link public health, outreach teams, street medicine providers, emergency management, law enforcement, healthcare providers, local government and individuals with lived experience to build community-wide solutions.<sup>22,23</sup>

State and Federal governments across the country took a number of legislative actions to mitigate the impact of the pandemic on housing. In March 2020, the Federal government passed the [Coronavirus Aid, Relief and Economic Security Act](#) (CARES Act) which provided \$17 billion in relief for housing through temporary eviction moratorium, loan forbearance for multi-family borrowers, tenant based rental assistance and funding for community development administered by the [Department of Housing and Urban Development](#) (HUD). The legislation also provided \$4 billion in homeless assistance grants to support homeless assistance and homelessness prevention and mitigation strategies.<sup>24</sup> Illinois was allocated \$332.6 million of funding through the HUD programs. Illinois' FY21 budget included \$310 million in COVID-19 related rent and mortgage assistance.<sup>25</sup> The state also received \$834.7 million in dedicated rent and utility assistance from the Department of Treasury's Emergency Rental Assistance Program, which is in addition to the HUD funding of \$332.6 million received in December 2020.<sup>26</sup>

In Illinois, Governor J.B. Pritzker issued a temporary moratorium on evictions when he issued the stay at home order on March 20, 2020. The moratorium on evictions was extended multiple times until it ended on October 4, 2021.<sup>27</sup> However, the state continues to provide rent assistance programs to residents. The [Illinois Rental Payment Program](#) (ILRPP) helps tenants cover rent payments for up to 15 months and a maximum grant amount of \$25,000. The assistance can cover rent due from the previous 12 months and future rental assistance for the next three months from the date of application. As of October 27, 2021, this program has funded 57,013 applicants for a total grant amount of \$513.5 million. Eighty-seven percent of households funded through this program were very low income households at or below 50 percent of Area Median Income.<sup>28</sup> In addition to state assistance programs, different counties such as Champaign, Cook and Madison, amongst others, also provide rental assistance to residents.<sup>29</sup> The [Illinois Housing Development Authority](#) has also announced a Homeowner Assistance Fund (HAF) of \$387 million to prevent mortgage delinquencies, defaults and foreclosures, loss of utilities and displacement of homeowners experiencing financial hardships by providing funding up to \$30,000 for approved applicants.<sup>30</sup>

The State of Illinois, in partnership with local healthcare entities, also invested in innovations that could better allow the health care system to address housing challenges. In early 2020, the Illinois Department of Healthcare and Family Services partnered with [SIU School of Medicine](#) and [OSF Healthcare](#) to launch a new [Pandemic Health Worker Program](#) to support the health and wellness needs of individuals in downstate Illinois. Pandemic health workers partnered with community organizations, including housing authorities, to identify patient needs, provide outreach and help connect patients to social services. In April 2021, the Pritzker administration built on this initial effort by launching a pandemic health navigator program in partnership with the [Illinois Public Health Association](#), the [Illinois Primary Health Care Association](#) and [OSF Healthcare System](#).<sup>31</sup>



## 2021 RURAL HEALTH SUMMIT POLICY RECOMMENDATIONS

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The pandemic has created a unique opportunity for greater engagement between the health and housing sectors to create innovative solutions. The below recommendations can serve as the start of a concentrated effort to address housing as a key social determinant of rural health outcomes.



**Create an Illinois Rural Housing Solutions Taskforce to commission a set of recommendations to better collect housing data and develop housing needs assessments for rural communities.**

Rural Illinois needs accurate housing data to create sustainable policy interventions. The State of Illinois should begin the process by establishing a taskforce dedicated to improving how agencies collect rural housing data. This taskforce should also provide recommendations on how local communities can be given the necessary tools to conduct housing assessments and engage local and state stakeholders in community planning for local housing needs.

The proposed housing taskforce could initiate a baseline study to understand the current housing stock situation at the county level and gather data on the inventory of vacant lots, condition of the housing stock and renter and ownership details. Additionally, the taskforce could assess the prevalent standards and ordinances that govern the housing stock and make recommendations for improvement. A decentralized model for residential planning and maintenance will address issues with rural data and ensure customization of solutions for each community.

A similar approach to address the lack of housing data in rural Michigan was conducted by the Michigan Department of Agriculture and Rural Development in 2019 to address the lack of agricultural housing.<sup>32</sup> The taskforce used various approaches to gather information on housing issues in agricultural communities including convening town halls to gather input from key stakeholders, one-on-one interviews as well as housing surveys to understand demand and challenges. The taskforce recommended the formation of work groups to determine next steps and develop implementation plans.<sup>33</sup>

An Illinois taskforce has the opportunity to build the foundation for a true whole community approach to address the challenge of rural housing and homelessness, thus turning an “invisible problem” into one with the necessary data and evidence for actionable solutions.



**Encourage hospitals and local public health departments to use Community Health Needs Assessments and I-PLANs to study and address housing and other social determinants of health.**

Under the Patient Protection and Affordable Care Act, nonprofit hospitals are required to conduct Community Health Needs Assessments (CHNAs) every three years to maintain tax exempt status. However, these community health needs assessments greatly differ in how they are conducted and the risk factors they pursue. Rural communities are uniquely situated for hospitals to partner with local health departments, which are also required to conduct assessments called the Illinois Project for Local Assessment of Needs (I-PLAN) every five years. A new, more robust assessment would be perfectly suited to study factors such as housing, food availability and transportation, i.e. social determinants of health.

These new, combined community health needs assessments should be anchored around the goals of the community and convene health care, public health and community organizations to identify need and create implementation plans. Hospitals or public health departments could perform a coordinating role as ‘Chief Health Strategists’ for the community as envisaged in the [Public Health 3.0](#) model. A shared mechanism for action would allow public health departments and local hospitals to work together to assess community needs and formulate implementation plans with the appropriate local and state agencies necessary to improve health outcomes.



[Southern Illinois Healthcare](#) (SIH) has been a leader in using the community health needs assessment (CHNA) process to reduce barriers to health and health care, by connecting patients to community resources to support housing. In collaboration with Southern Illinois University School of Medicine and the [Healthy Southern Illinois Delta Network](#), SIH has built an innovative CHNA process that partners with health care, public health departments and community based organizations to establish community health priorities including social determinants of health, behavioral health and chronic disease. In the current CHNA process, plans are being developed to expand efforts to address housing and homelessness, along with other social determinants of health. [The Illinois Department of Healthcare and Family Services Healthcare Transformation Collaborative](#) grants could be an existing mechanism to begin piloting partnerships between health care and public health to enhance the community health needs assessments and create more actionable solutions to address adverse social determinants of health.



### **Pilot the creation of rural community care centers to encourage a system of care linking health care to housing and other social needs.**

Rural communities are uniquely situated to consider the delivery of health and social services in a new, more dynamic way. The creation of a system of care addressing social, economic and clinical needs could become a new standard on how we address the health, housing and social needs of patients. This approach would require combining clinical and non-clinical components of care delivery at a single location. Hospital buildings or rural health clinics could be converted into “health malls” populated by services such as primary care and behavioral health providers, post-acute care services, day care centers and convenience retail facilities. Non-clinical services including education and job training, social services and housing assistance can also be integrated into these centers. These centers can work with local public health departments to employ patient navigators to educate and guide clients through clinical and non-clinical services provided at the location. For example, patient navigators can help clients apply for housing assistance, schedule follow-up appointments and educate patients on desirable health behaviors.

The creation of these rural community care centers would require deliberate thought and engagement with rural service providers, funders and government. However, a series of pilots in the short term could be initiated to test the feasibility and implementation of this idea. Pieces are in place where some of this work is also occurring to address housing. The [Whole Home Health Initiative](#) led by SIU School of Medicine in partnership with [Illinois Emergency Management Agency](#) results in community health workers being trained to assess various environmental health risks in the home including radon, lead screening, asthma triggers and weatherization. As an extension, community health workers trained in home hazard assessments can be embedded in the community care centers and educate residents on the health impact of unsafe housing as well as help with applications for government aid to remedy hazardous living conditions. A suitably designed center can help provide better clinical and social services to nearby communities as well.

Models of innovative care delivery including clinical and wrap-around services have been implemented in a few states. A former hospital building in Milford, Delaware, was repurposed as the Milford Wellness Village to accommodate 15 tenants including primary and behavioral care, skilled nursing and outpatient dialysis services with transportation, housing and social services.<sup>34</sup> As of August 2021, it was 76 percent occupied.<sup>35</sup> The Milford Wellness Village is expected to create 350 jobs in the local area.<sup>36</sup> Southern Illinois University School of Medicine has secured a grant to implement a similar idea in East St. Louis, Illinois. In this proposal, the School of Medicine will work with local partners including the St. Clair County Sheriff’s Department and local police departments to create a program in a repurposed Touchette Regional Hospital facility to provide supportive and transitional housing for individuals experiencing homelessness, mental illness and substance abuse.

The COVID-19 pandemic has created opportunities for rural communities to think about health differently. The profound impact of housing on health necessitates the beginning of creative solutions for Illinois’ rural communities. Whole community approaches with new perspectives on data, assessment and action are needed to improve rural housing and health.



## ENDNOTES

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