



Key Informant Perspectives on Rural Housing and Health

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Key Findings

- **Key informants from national housing organizations identified housing availability, affordability, and age and quality of housing stock as the most challenging barriers to housing in rural communities.**
- **Environment and safety concerns were described as the top health impacts related to housing.**
- **Recommendations for improving health impacts related to housing in rural areas were categorized into areas of increased funding, flexibility, and coordination and partnerships.**

Purpose

Housing is an important and well-established social driver of health. However, less is known about housing and health in the specific context of rural communities. This policy brief presents findings from key informant interviews with representatives of national organizations working in the housing sector. Using content analysis of interview data, we share rural-specific housing barriers, including those that are related to health, as well as policy recommendations for addressing housing challenges to improve rural health.

Background and Policy Context

Housing is a well-documented social driver of health.¹ Inadequate housing quality, including the cost and conditions of the home environment, has been shown to lead to negative health outcomes.² Finding a safe, affordable home can be a challenge, however, especially in rural areas. Housing stock in rural communities is often in poorer condition than housing stock in urban areas.³ Further, housing stock that is present in rural communities tends to be older and more susceptible to issues like poor air quality, pest infestations, and mold.⁴

Much of the existing financial support for rural housing comes from federal agencies. For example, the U.S. Department of Agriculture (USDA) Rural Development hosts a number of programs focused on financing rural housing and making health and safety repairs to rural homes.⁵ In addition to federal financial support, there is high-level agreement across sectors about the need to prioritize housing in order to improve health outcomes in rural areas. While a few reports have illustrated this connection between housing and health in rural communities, there is still a lack of research regarding barriers to housing in rural areas, resulting health impacts, and potential policy changes to improve rural housing and health.⁶ This policy brief provides insight from interviews with individuals at national organizations outlining rural-specific challenges in housing, including those that are related to health, as well as suggestions for addressing housing challenges to improve rural health.

Approach

For this study, we reached out to contacts at 35 organizations across the U.S. and completed interviews with key informants from 27 of them that agreed to be interviewed (see Table 1). These organizations were

selected for their expertise in housing-related issues, and ranged from agencies within the federal government to national housing organizations and other national organizations (all non-profits) that work in the housing space. Some organizations are rural-focused, while others serve both rural and urban areas.

Table 1: List of Organizations Represented in Key Informant Interviews

Organization Name	Website Link
Corporation for Supportive Housing	https://www.csh.org/
Enterprise for Community Partners	https://www.enterprisecommunity.org/
Habitat for Humanity	https://www.habitat.org/
Homeless and Housing Resource Center	https://hhrctraining.org/
Housing Assistance Council	https://ruralhome.org/
Lincoln Institute of Land Policy	https://www.lincolninst.edu/
Meals on Wheels America	https://www.mealsonwheelsamerica.org/
National Alliance to End Homelessness	https://endhomelessness.org/
National Center for Healthy Housing	https://nchh.org/
National Health Care for the Homeless Council	https://nhchc.org/
National Housing Law Project	https://www.nhlp.org/
National Low-Income Housing Coalition	https://www.nlihc.org/
National Rural Housing Coalition	https://ruralhousingcoalition.org/
NeighborWorks America	https://www.neighborworks.org/home
Rebuilding Together	https://rebuildingtogether.org/
Rural LISC (Local Initiatives Support Corporation)	https://www.lisc.org/rural/
Urban Institute	https://www.urban.org/
USAging	https://www.usaging.org/
U.S. Department of Agriculture, Rural Development	https://www.rd.usda.gov/
U.S. Department of Health and Human Services, Administration for Community Living	https://acl.gov/HousingAndServices
U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation	https://aspe.hhs.gov/
U.S. Department of Health and Human Services, Substance Use and Mental Health Services Administration	https://www.samhsa.gov/
U.S. Department of Housing and Urban Development, Housing for Persons with AIDS	https://www.hud.gov/program_offices/comm_planning/hopwa
U.S. Department of Housing and Urban Development, Office of Policy Development and Research	https://www.hud.gov/programdescription/pdr
U.S. Department of Housing and Urban Development, Office of Secretary, House America	https://www.hud.gov/house_america
U.S. Department of Housing and Urban Development, Office of Special Needs Assistance Programs	https://www.hudexchange.info/programs/title-v/
U.S. Interagency Council on Homelessness	https://www.usich.gov/

The federal agencies included several offices within the U.S. Department of Housing and Urban Development (HUD), the USDA, and the U.S. Department of Health and Human Services. Some national organizations we included focus their work on housing policy and advocacy, such as the National Rural Housing Coalition, National Low-Income Housing Coalition, and National Alliance to End Homelessness. Other organizations or networks included provide funding and support to local communities, including Habitat for Humanity, NeighborWorks America, Meals on Wheels America, Rebuilding Together, and Enterprise Community Partners.

Qualitative interviews were conducted between December 2022 and February 2023 via Zoom. Key informants answered questions about their organization's background and work in rural communities, as well as three additional questions included in this analysis. These questions were 1) What do you see as the biggest challenges for rural residents related to housing?; 2) How do you see those rural housing challenges impacting rural health?; and 3) What policy changes (at the federal, state, and local levels) do you think would improve housing and health related issues for rural residents? Open-ended responses were coded by four

research team members using inductive coding to arrive at themes. Each individual interview was coded by two different team members, and themes were arrived at using consensus across all four team members involved in coding. It is important to note that most interviews included multiple themes within informants' responses to each question.

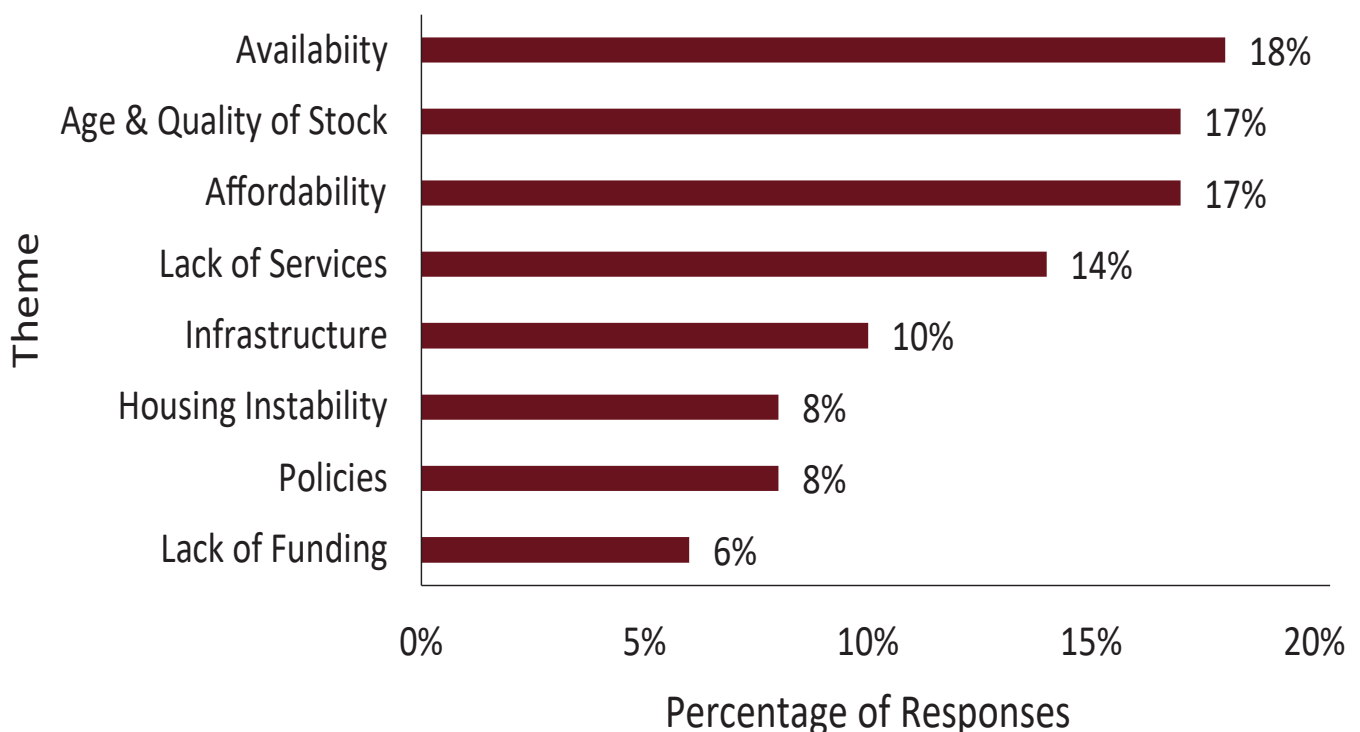
Results

Housing Challenges in Rural Communities

Key informants identified numerous challenges related to housing in rural communities, resulting in eight themes. From those, the top three themes were categorized as **Availability** (mentioned in 18% of responses about challenges), **Age & Quality of Stock** (17%), and **Affordability** (17%) (Figure 1).

As the most commonly described theme, **Availability** responses most often described the lack of housing stock and options, lack of rental units, lack of housing for older adults, and/or overall unmet housing needs. These unmet housing needs ranged from housing for low-income individuals to individuals in certain industries or professions, including health care workers and workforce for building homes and infrastructure in these communities. One respondent shared,

Figure 1: Housing Challenges in Rural Communities



“The chief challenge is the limited stock of housing. This is true in urban and suburban as well, but the challenge in rural areas is that there is not a lot of new construction, especially multi-family or rental stock.”

Another key informant highlighted a similar problem, stating,

“If you were rural town A, and the population is declining, what would make the housing developer come in to build 10 new houses in your community? They might look at that and say you're losing people - but part of the reason you're losing people is because there is no place to live.”

A second theme, related to **Availability**, is **Age & Quality of Stock**. Respondents frequently noted challenges with the age of housing stock in rural communities and related concerns with the conditions and quality of different types of homes, including single-family homes, manufactured or mobile homes, and rental units. For example, one key informant said,

“The substandard housing situation is much more severe in rural areas compared to urban areas. More houses lacking hot and cold piped water, even basic plumbing...in Indian Country, it is almost ten times worse than the national average.”

The theme of **Affordability** was equally as prominent and described a lack of affordable housing options in rural areas, as well as concerns about higher cost-burdens related to housing, higher utilities, and fewer financial resources in rural communities. For instance, a respondent shared,

“Rural areas have a really high percentage of home ownership, but we have a really high percentage of cost-burdened owners, spending more than 30% of their income on mortgage and utilities. They

pay a lot more on utilities than their counterparts in urban areas.”

In addition to the top three themes, several other themes were identified from how the key informants described barriers to housing in rural areas. **Lack of Services** described challenges with accessing services or the workforce for making repairs, modifications, or building new homes, while **Infrastructure** aligned with responses highlighting a lack of infrastructure investment in water, wastewater, and roads, as well as supply chain issues.

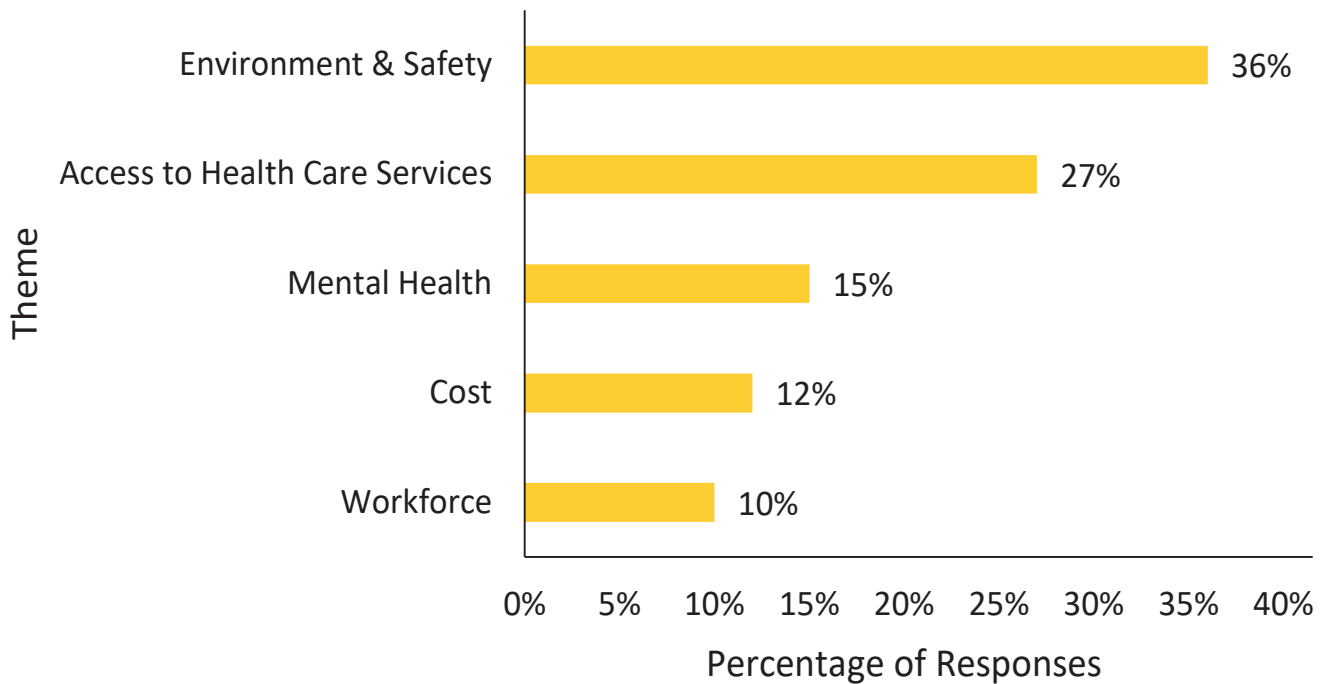
Other themes included **Housing Instability** (invisibility of unhoused or unstably housed in rural areas), **Policies** (policies or codes making improvement more difficult), and **Lack of Funding** (especially for rehabilitation and code improvements). Related to **Housing Instability**, one key informant shared

“One of the things that can be very different about homelessness in rural areas is that it can be kind of invisible...they'll say 'we don't have a homelessness issue here, there's nobody homeless because there's nobody standing on the side of the road holding a sign.' But the reality is that there are people camping deep in the woods, people who are doubled up with multiple families living in a unit designed for one family, people living in places not designed for human habitation like a storage unit with no electricity and no water, etc.”

Health-Related Rural Housing Challenges

Key informants also described their thoughts on how rural housing challenges impacted health. Though these challenges are not necessarily applicable only in rural communities, these were the impacts noted based on the previously listed challenges for housing in rural areas. The top two most frequent themes for health impacts based on rural housing challenges mentioned were those associated with **Environment & Safety** (mentioned in 36% of responses) and **Access to Health Care Services** (27%) (Figure 2).

Figure 2: Health-Related Housing Challenges



Within the **Challenges in the Environment & Safety** theme, respondents often described safety concerns related to housing conditions (e.g., broken windows or stairs, accessibility barriers for individuals with mobility or functional limitations) particularly due to older housing stock, as well as environmental issues, such as radon, mold or mildew, vermin, or exposure to the elements, all of which can have negative health effects. One respondent mentioned,

“We know that there is a direct connection between an individual’s health and their physical environment. So when a home is not well maintained, is not well insulated, well heated, well ventilated, where it has had some type of damage, fire or water, or infestation, that hasn’t been repaired, there can be a direct correlation between that and the health of the resident.”

The **Access to Health Care Services** theme mainly included descriptions of a lack of local providers available for individuals living in rural communities, as well as barriers to transportation to health care services and a lack of housing near substance use disorder or other

necessary services. Respondents described the ways in which available housing – or lack thereof – exacerbated these issues and resulted in health impacts.

Related to access to health services was a theme of **Workforce** described as a lack of housing for providers in rural communities that impacted their local workforce. One respondent mentioned,

“We do recognize that for patients and for care providers, housing is a really big issue and we want to be able to do as much as we can. And some of those care providers wouldn’t qualify for our direct housing funding, because it’s for very low-income folks. If you’re a doctor in a very small town you probably aren’t in the lower tier of income for that area, but that doesn’t mean that that makes housing magically appear.”

Other themes related to health included **Mental Health** challenges (stress and anxiety from housing issues, isolation and loneliness), and **Cost** (tradeoffs between the cost of housing and the cost of food or medication). An interview participant said,

“If you can't pay for your rent, then you can't pay for your doctor's appointment because your rent is fixed at a higher level, and you don't have any discretionary income.”

“Funding has not kept pace with demographic change over the years. More federal investment is needed across the board in all areas.”

Recommendations for Addressing Challenges in Rural Housing and Health

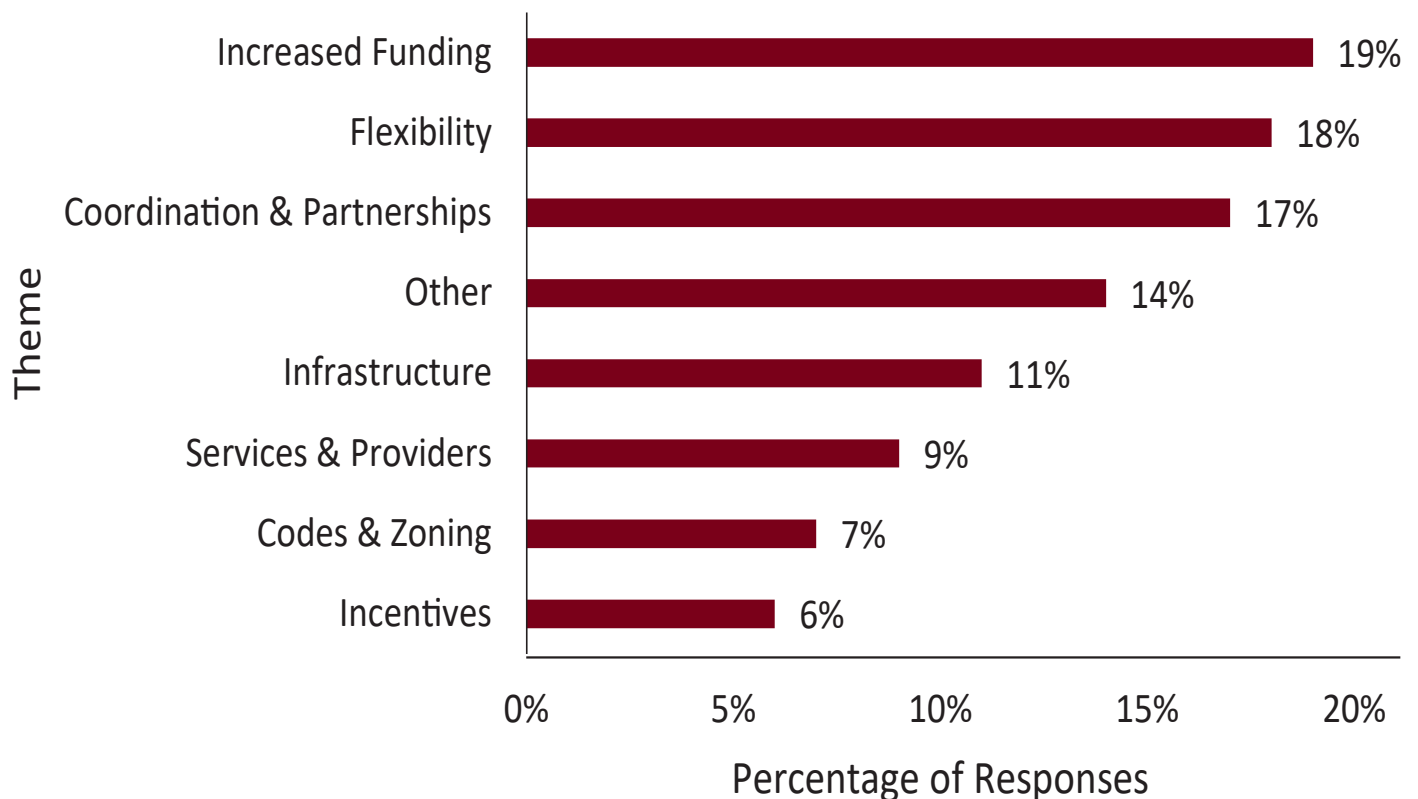
Interview participants suggested a variety of policy recommendations for housing and health related issues for individuals in rural communities. The top themes of these recommendations were **Increased Funding** (mentioned in 19% of all responses), **Flexibility** (18%), and **Coordination & Partnerships** (17%) (Figure 3).

The suggestions in the **Increased Funding** category were most frequent in our interviews. Many of these recommendations were broad and referenced more funding in general for housing in rural communities, as highlighted in the following quote from a key informant,

Some more specific funding recommendations included more federal support to preserve home ownership and improve access to rental housing, new and additional funding for homeowner rehabilitation and modification programs, funding to improve equity in housing, and funding for landlords to get units up to housing quality standards to increase availability of rental units.

The **Flexibility** theme included responses related to how current funding and policy could be more flexible to be able to better address housing challenges commonly found in rural communities, including the older housing stock and challenges with availability and affordability. Participants noted that many existing programs have significant restrictions on eligibility for funding, as well as what those funds can be used

Figure 3: Policy Recommendations



for, and increased flexibility may make these programs accessible to more communities and residents. While most of the flexibility recommendations related to flexibility in funding rules and regulations, other recommendations related to flexibility were specific to non-funding aspects of policies and the implementation of specific programs. These included removing or adjusting maximum rent caps within housing programs, limiting red tape and application burdens, and changing definitions of “unhoused” to allow for greater reach of housing programs.

Similarly, key informants frequently noted the need for **Coordination & Partnerships**, in two areas: within the federal government and within rural communities. One informant described how

“The federal government has all of these siloed funding streams, and fundamentally block grants have their problems too, but I really think each community is so different, and it would be so much easier to have collaboration if there was fewer of these siloed, highly regulated funding streams.”

Other respondents echoed this recommendation, and often mentioned this concept of coordination in conjunction with the idea of funding flexibility, to allow for rural funding to be allocated and better tailored to the needs of rural communities. Community level coordination and partnerships were also mentioned. For example, one respondent noted,

“The aging sector and the housing sector, there are partnerships, but there needs to be a lot more. And that's where I think a lot of innovation we see when states adopt policies and programs to really further those partnerships....that does so much to spur those connections at the community level where that really needs to happen.”

Additional themes included **Infrastructure** (improving clean water, sewer, and broadband access), **Services and Providers** (policies to bring more providers/

services to rural areas), **Codes and Zoning** (address restrictive zoning or limits for developers), and **Incentives** (policies to incentivize landlords or builders). Fourteen percent of recommendations could not be themed in any of these categories, but included recommendations related to gaining access to better housing-related data and having more accurate definitions of homelessness reflecting rural realities, as these definitions impact who may be eligible for certain services. As one stakeholder noted,

“That's the other challenge, is the definition of homelessness, you have to be unsheltered for 30 days, so that doesn't include people who are in nursing homes that have no home or people who are co-habiting or couch surfing and things like that, so we know that's a big issue.”

Discussion and Implications

Data from key informant interviews with representatives of national organizations working in the housing sector identified key challenges related to health and housing in rural communities, but also provided recommendations for improvements in these areas. Many national organizations also highlight the importance of policy change,⁷⁻⁹ particularly at the federal level, to improve health-related impacts of housing for rural individuals; our findings emphasize the importance of such policy action.

Throughout these interviews, it became apparent that an overarching barrier for healthy housing in rural areas is the difficulty of building new rural housing properties (both single family and multi-family), as well as the difficulty of improving existing housing stock that may be beyond simple repairs. Nearly every challenge for housing in rural communities theme we identified (availability, age and quality of stock, affordability, lack of services, infrastructure, policies, and lack of funding) was in some way connected to this building-related barrier. For example, the lack of existing homes is related to the availability of housing for a workforce to build new homes, which can also lead to a lack of services available for building, as well as making repairs to existing housing stock. One informant noted that,

“The distance for access to services also creates similar challenges for construction, like finding skilled labor.”

Additionally, the high cost of building (including supply chain costs) combined with the infrastructure issues (lack of roads, adequate utilities, and broadband) also contribute to challenges for contractors and organizations that may otherwise consider building in a rural community. In turn, challenges around addressing housing stock in rural areas contribute to additional challenges in workforce recruitment in other sectors, such as health care.

The intertwined and cyclical nature of these challenges requires multifaceted policy solutions. The suggestions for policy change in these interviews highlighted the importance of making sure funding is flexible, and that there is collaboration, but also that there are some incentives specific to rural communities. For example, one respondent stated,

“So much of the country's housing stock is small landlords with 1-5 units or mom and pop have an apartment above their garage or something; even if some of those types of units are not up to rent reasonableness or HQS [Housing Quality Standards], if there was more funding available to offer landlords to get units up to HQS so HUD [Housing and Urban Development] clients can live in them, that would be a great incentive to get more landlords to accept HUD vouchers.”

The multiple barriers to establishing available, safe, and affordable housing in rural communities makes it challenging to find a simple solution or set of solutions. Respondents advocated for increases in existing federal policies that are known to be effective, such as expanding the reach of the low-income housing tax credit to make it more widely utilized in rural communities.¹⁰ Respondents also mentioned increasing funding for federal programs such as the USDA Section 515 program that would help increase opportunities for development of affordable multifamily housing.¹¹ One challenge mentioned was that while USDA's Section 515 funding has provided critical resources for the

creation of rental units in rural areas, new construction under this funding has slowed significantly and many of the original mortgages are maturing,¹² which will result in the properties losing their rental subsidy and losing their affordability for existing rural renters.

Additionally, participants recommended creative ways that rural communities can improve their housing situations through state policy and local leadership. One example mentioned was cross-sector collaboration and planning, particularly between health care and housing services. Several participants mentioned the potential role of hospitals and payers, including one who said,

“Hospitals need to be in the business of understanding the same thing [housing instability]. You see the same folks coming through your ER, so it is kind of just this Bermuda triangle, like jail, ER, shelter. If you disrupt that flow and actually get people into housing, you are going to lessen the amount of time they are in your ER, which is going to reduce your cost, it's going to make it more accessible to the people who need those services, and it is going to improve the health of all the folks.”

At the intersection of state and federal policy, some states have implemented Medicaid initiatives through Section 1115 demonstration waivers, which allow for coverage of services that address social determinants of health such as housing. For example, Arizona is utilizing this waiver to increase housing services for individuals who are unhoused or at risk of homelessness.¹³ This is one example of how flexibility and policy change at the state level can support individuals in finding and retaining housing to benefit their health.

Overall, this study demonstrated that there are many challenges related to housing and its impact on health in rural communities. However, the considerations for policy improvement summarized can provide insight into opportunities for improvement through national acknowledgement of the existing challenges and dedicating resources devoted to improving housing and health in rural areas.

Acknowledgements

The authors would like to thank the representatives from organizations who participated in these interviews for sharing their knowledge and experience.

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Suggested Citation

Lahr M, Rydberg K, Pick M, Tuttle M, and Henning-Smith C. Key Informant Perspectives on Rural Housing and Health. *UMN Rural Health Research Center Policy Brief*. September 2023. <https://rhrc.umn.edu/publication/key-informant-perspectives-on-rural-housing-and-health>



**Rural Health Research
& Policy Centers**

Funded by the Federal Office of Rural Health Policy
www.ruralhealthresearch.org

Support for this study was provided by the Federal Office of Rural Health Policy, Health Resources and Services Administration, Cooperative Agreement U1CRH03717-13-00. The information, conclusions, and opinions expressed are those of the authors, and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.

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