



2018 HOUSING IMPACT REPORT

PAHRC

TRENDS IN HOUSING
ASSISTANCE AND

WHO IT SERVES

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INTRODUCTION

Housing plays a central role in shaping life outcomes for each member of a household. The location and affordability of a home can influence access to jobs, schools children attend, peer networks, and financial stability. At the same time, a sufficient supply of quality affordable housing effects the ability of a community to attract and retain an adequate workforce, keep community members healthy, and sustain economic growth. Thus, access to safe, decent, and affordable homes can serve as a springboard to achieve positive health, education, and economic outcomes for both families and the communities in which they live.

This report explores the impact of homes made affordable through federal housing assistance programs on people and places. Publicly supported housing assistance programs provide a subsidy, tax incentive, mortgage loan, or insurance to a property, or provide a voucher to a household in order to reduce the cost of housing for low-income families². In 2017, 2.26 million assisted families received a Housing Choice Voucher and 4.77 million families lived in a rental home assisted through project-based subsidies, such as Public Housing Operating and Capital Grants, Low Income Housing Tax Credits, or Project-Based Section 8³. The first section of this report details the role housing assistance plays in promoting stability, positive health outcomes, economic mobility, and educational opportunities. The second section provides current estimates and describes ongoing trends in who federal housing assistance programs serve. The final section details the challenges many households face in recovering from poverty and how housing assistance supports their journey to economic independence.

HOUSING IMPACT

Access to safe, decent affordable housing



STABILITY

- Reduces unwanted moves
- Decreases evictions
- Increases on-time rent payments



HEALTH

- Improves mental and physical health by reducing exposure to pollutants and violence
- Reduces Medicaid costs if paired with health services
- Reduces lead poisoning
- Reduces odds of fair or poor health
- Reduces food insecurity
- Reduces healthcare sacrifices



ECONOMIC MOBILITY

- Increases savings
- Increases earnings among assisted children in adulthood
- Reduces the likelihood of incarceration



EDUCATION

- Increases family's ability to spend on education enrichment
- Improves kindergarten readiness scores
- Reduces likelihood of school changes
- Reduces the likelihood that a child is held back

Source: see citations¹



HOW HOUSING IMPACTS FAMILIES

The supply of low-cost rental housing has continued to decline, pushing many low and moderate income families to spend over 50% of their income on rent⁴ or become ‘severely cost-burdened’. While the number of severely cost-burdened renters has decreased slightly from 2015, 3.6 million additional households were paying more than 50% of their income towards rent in 2016 than in 2001⁵. High housing costs put pressure on low-income families to make difficult tradeoffs between housing quality and other essentials like healthcare, food, and transportation. Indeed, severely cost burdened households spent 53% less on these necessities compared to similar households who were paying less than 30% of their income towards housing costs in 2015⁶. They can also cause households to miss rent payments or move frequently. Rental assistance programs enable low-income families to access safe and affordable housing and remain stably housed. This section describes how housing affordability and stability provided by publicly supported rental assistance programs can facilitate positive health, economic, and educational outcomes for low-income families.

Stability

Housing considered high-cost can cause households to move frequently in search of more affordable options. Rental assistance provides stability for low-income families by keeping rent payments within their budget, which increases their ability to pay rent on time and reduces the likelihood of a forced move or eviction. The average family receiving rental assistance pays 30% of their income towards rent, while the same family would need to pay 83% of their income to afford the median apartment in the private market⁷. A lower rental payment enables households receiving rental assistance to report higher incidences of complete rent payments, reduced moves, and less frequent instances of overcrowding compared to their low-income unassisted renter peers^{8,9}. In turn, this reduces the likelihood of eviction for families receiving rental assistance, which can safeguard families from the economic and emotional stress caused by evictions. Recent research suggests that low-income mothers who live in public housing or receive Housing Choice Vouchers (HCVs) are 60% less likely to be evicted in any given year compared to their unassisted peers¹⁰. Evictions have been shown to increase the likelihood of job loss, marital hardship, depression, and poor self-reported health¹¹. They can also make it more difficult for families to exit poverty or maintain basic stability. As a result, the stability provided by housing made affordable through rental assistance programs can play a critical role in supporting the economic and social sustainability of low-income families. It can also promote economic mobility. Research demonstrates that the stability of receiving housing assistance as a child, regardless of the neighborhood it is located in, is associated with increased earnings in adulthood and a reduced likelihood of incarceration¹³.



Health

Health researchers have theorized that access to quality affordable homes can be a ‘vaccine’ that prevents long term health problems, promotes healthy lifestyles, and provides individuals with a safe place to recover¹⁴. Conversely, the health of low-income families can diminish when their homes are not affordable. For example, a new study suggests that low-income renters with young children who are behind on rent are two times more likely to report being in fair or poor health and three times more likely to report depressive symptoms compared to low-income renters with young children in stable housing situations¹⁵. Further, children from low-income families that are behind on rent, who move multiple times within one year, or who experience homelessness are more likely to report food insecurity, energy insecurity, health cost sacrifices, foregone healthcare, and visit the hospital in their childhood relative to their low-income renter peers in stable housing situations¹⁶. The health disparities faced by households experiencing housing instability can be expensive, as housing instability is estimated to cost \$111 billion in avoidable healthcare costs over the next ten years¹⁷.

A growing body of research suggests receiving rental assistance is associated with improved health outcomes. For instance, a new study finds that individuals assisted through public and multifamily rental assistance programs report reduced odds of fair or poor health when compared to persons that will receive housing assistance within the next two years¹⁸. Additionally, renters that moved into public housing are more likely to experience a positive change in self-reported health during the year compared to renters that did not move into public housing¹⁹. Another study found that children receiving rental assistance are less likely to experience lead poisoning relative to their unassisted low-income peers²⁰. These health improvements are likely driven by these families’ increased ability to spend on healthcare, improved access to quality housing situations, and reduced housing instability stressors. Indeed, research suggests that households receiving rental assistance with relatively lower incomes reinvest their rent savings by increasing their spending on healthcare and food compared to unassisted renters with lower incomes²¹.



US Department of Housing
and Urban Development (HUD)
investments supported

**537,000 JOBS
IN 2015**



Investments in public housing
capital improvements in 2017
are estimated to have...

**...RETURNED
\$3.72 BILLION
INTO THE
LOCAL ECONOMY**

Finally, many publicly supported housing properties are partnering with healthcare providers to offer low-income families access to on-site health services. This practice has proven to reduce healthcare costs and emergency visits²². In a recent study, half of all public housing authorities reported offering health-related initiatives to their residents. The most common conditions targeted among these initiatives were tobacco use, general wellness, heart disease, and diabetes²³. With programs like these, publicly supported housing can play a critical role in improving the health and wellness of low-income families by connecting them to services and reducing exposure to health stressors.

Economic Mobility and Growth

Rental assistance can also improve the economic mobility of children by providing access to housing in areas with good schools, jobs opportunities, accessible transportation, and a positive health outlook. Almost half of project-based assisted units are located in neighborhoods with similar or better access to opportunity than the typical neighborhood in their area²⁴. Publicly supported rental housing located in neighborhoods with higher levels of opportunity can provide children with additional resources to achieve even greater economic mobility as adults. One study noted that low-income children that moved from high poverty neighborhoods to low poverty neighborhoods attended college at greater rates and earned higher incomes later in life compared to their peers that remained in high poverty neighborhoods²⁵.

Families assisted by publicly supported rental programs may be better positioned to experience upward mobility compared to their low-income unassisted peers. Families receiving rental assistance save \$693 per month, on average, that can be used to cover necessities or saved for future needs. These savings can help families save for a home, mitigate emergencies, or make investments in health and education that can improve their economic standing or that of their children. The increased financial security provided by rental assistance makes economic mobility possible for assisted families.

Investments in affordable housing can also positively impact the economy of local areas local economies by improving employee retention, creating jobs, and stimulating local spending. For example, surveys of employers located in expensive housing markets suggest that the high costs of living negatively impact employee retention and recruitment²⁶. For example, two thirds of surveyed companies in the greater Boston area reported that high home prices and rental costs have affected their ability to recruit qualified candidates²⁷. Additional investments in affordable housing can address employers concerns while also creating jobs and stimulating local economic growth. The US Department of Housing and Urban Development (HUD) investments supported 537 thousand jobs in 2015²⁸ and investments in public housing capital improvements in 2017 are estimated to have returned \$3.72 billion into the local economy²⁹.

Education

The benefits of publicly supported housing programs may also translate into improved educational outcomes for children. Reduced rates of school change and less frequent housing overcrowding have been linked to improved academic performance, reduced behavioral problems, and fewer school drop-outs for children³⁰. Without the stress of frequent moves or paying high rent, families can focus more attention and resources on their child's education. Low-income families spending 30% of their income on housing costs spend more on child enrichment relative to those with higher housing cost burdens³¹. This ability is particularly important given that more children whose families select into rental assistance programs have learning disabilities like ADHD and autism³².

Publicly supported rental housing can also connect children to valuable educational services. Half of public housing authorities in a recent study reported providing educational services, such as summer and after-school programs, to their residents³³. For example, Norwalk Housing Authority's Bridge to College and Career Program provides public housing residents from 6th to 12th grade access to homework support, financial literacy programs, field trips, and college and workplace tours to help these children transition into independent young adults³⁴. Similarly, the Housing Authority of the City of Frederick (MD) provides academic enrichment programming for toddlers through their Time for Tots and Kinder on the Move programs and math, reading, and journaling activities for children in elementary school³⁵. Attending quality after-school and summer programs has been linked to improved academic achievement, school attendance, and social behaviors³⁶.

KORRONE'S STORY

"Raising three children alone was tough for Koronne, but was made easier by having a stable home for her and her family.

"Living in public housing gave me the opportunity to be a parent. I was able to spend more time with my children, instill them with morals and values, and make sure that they got a good education."

Koronne's children didn't just dream of higher education, they pursued it. Her son is now an NCAA basketball coach. Her daughter has a degree in physics. Her youngest works at an organ donor clinic.

"They broke the cycle of poverty, and I'm proud of them every day. When you become a parent, you stop worrying about yourself, and you worry about what you can give to your children. I know that everything I was able to provide for them was because of public housing."

Rental assistance can also provide families with access to quality housing options free of distracting or unhealthy deficiencies, such as mold or pests, which can lead to poor performance and frequent absences. Homes with environmental toxins like mold can cause severe diseases and disabilities³⁷, such as asthma, which can translate into lower academic performance for children. In a recently published study on asthma and absenteeism, researchers found children missing any school for asthma was associated with reported signs of mold in the home³⁸. Research on asthma status in children suggests days absent increases with asthma severity, with an estimated 12 days for children with severely persistent asthma³⁹. As excessive absenteeism is related to lower student grades, psychological, social, and educational adjustment⁴⁰, quality assisted housing can foster more holistically healthy children. Using multiple measures of adequacy, researchers have found that most publicly supported rental homes meet the goal of providing physically adequate housing to assisted residents and are comparable to unassisted rental housing⁴¹. Thus, healthy housing can translate into positive academic outcomes for children.

HOW HOUSING PROTECTS THE MOST VULNERABLE

Publicly supported housing programs help 14.49 million people build capacity to avoid repeat encounters with homelessness and poverty, including 5.29 million children, 2.87 million seniors, and 2.53 million disabled individuals. This section describes the trends, families, and individuals receiving assistance. Overall, we find that housing assistance is serving fewer children and more elderly and disabled individuals in recent years. This transition is likely due to demographic changes in the population. Rental assistance programs continue to serve individuals and households who face the most significant barriers to economic independence and are most vulnerable to the impacts of poverty. Yet many households that would likely qualify for housing assistance are unable to be served due to a lack of federal funding.

Who is Served by Publicly Supported Housing?



Children

Children are the largest group of individuals served by publicly supported housing programs, composing 36% of all individuals served. More than one-in-three assisted households, or 35%, have children under 18. Rental assistance plays an important role in stabilizing the lives of some of our nation's most vulnerable children, as research suggests that children selecting into rental assistance programs report lower levels of mental and physical health compared to both the population at large and their low-income unassisted peers⁴³.

The number of children served by publicly supported rental housing declined between 2016 and 2017, dropping 0.3% and continued a decade-long decline in the number of children served. This downward trend likely reflects national trends in child-bearing as well as a gradual economic recovery among families with children since the recession. These trends likely reduced the number of households that would likely qualify for assistance and in turn, reduced the percentage served. However, many more children are still in need of an affordable home, as only one-in-three children who might qualify for federal rental assistance receive it.

Seniors

Rental assistance also supports 2.87 million seniors, many of whom can no longer work due to disability and age. Indeed, 93.2% of seniors receiving rental assistance either have a work limitation or are retired⁴⁴. 20% of all people living in publicly supported housing are seniors. Seniors receiving rental assistance also make up 33% of all assisted households.

Seniors receiving rental assistance are also more likely to have health challenges. They are more likely to be dually enrolled for Medicare and Medicaid, have higher incidences of chronic health conditions, and report high utilization of healthcare services compared to their low-income unassisted peers⁴⁵. Publicly supported senior rental housing can connect seniors to services to improve their health and reduce costs. In a recent study, approximately two-thirds of surveyed HUD-assisted senior housing properties offered an on-site



ONE-IN-FOUR

disabled persons who qualify for federal rental assistance receive it.



service coordinator, social and recreational activities, health education programs, and health screenings⁴⁶. Publicly supported housing enriched with on-site service coordinators and targeted towards seniors has been shown to reduce hospital admissions by 18%⁴⁷.

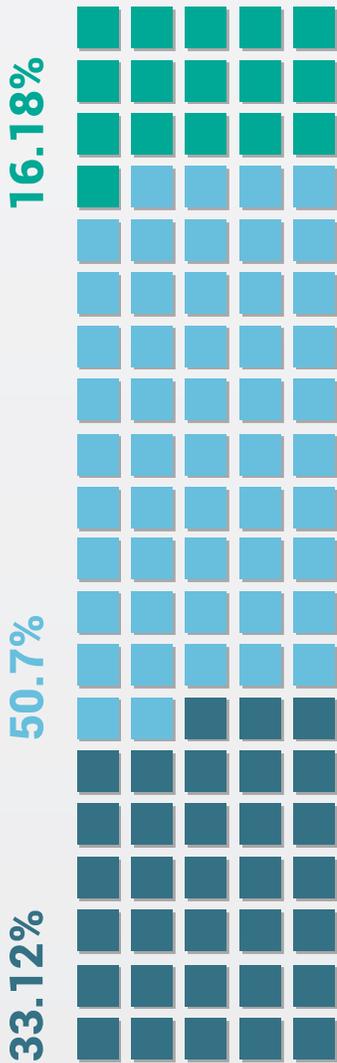
While 1.23 million, or 23%, of publicly supported rental units are solely aimed towards seniors⁴⁸, the number of seniors eligible for rental assistance is expected to rise to 7.6 million by 2035⁴⁹. Greater investments in publicly supported rental housing for seniors are needed to meet the growing need as the population ages. Following trends from prior years, 3.9% more seniors were served by publicly supported housing programs in 2017 than in 2016. Currently, only four-in-nine seniors who qualify for federal rental assistance receive it.

Individuals with Disabilities

Affordable housing also provides relief for individuals and families with disabilities who may be unable to work or require additional care. Nearly one-in-three adults aged 18-61 receiving rental assistance are unable to work or are limited in the kind or amount of work they can undertake due to a health problem⁵⁰. Publicly supported housing programs serve over 2.5 million individuals with disabilities (including disabled seniors), comprising 17% of all individuals served by rental assistance. Individuals are officially designated as disabled by HUD if they have a disability listed in the Social Security Act or a physical, mental, or emotional impairment which is expected to be indefinite and impedes the person's ability to live independently. However, estimates of disabled individuals living in publicly supported housing are likely low, as new research linking HUD administrative data to the National Health Interview Survey finds that approximately 44% of adults receiving housing-assistance are living with activity, functional, or sensory limitations and may have a more moderate disability that is not covered by HUD's official definition⁵¹.

In addition to providing budget relief, publicly supported rental homes also provide individuals with disabilities with accessible units. Over 15%, or 744,000, public housing and privately owned subsidized rental homes are considered habitable for persons with moderate mobility difficulties, while only 4% of homes in the rental market at large meet this criterion⁵². Further, a higher percentage of public housing and subsidized private rental homes are considered wheelchair accessible and potentially modifiable for persons as they age. Rental assistance programs, such as Section 811, also provide property owners with support to build or modify units to meet accessibility needs of individuals with disabilities.

ONLY ONE-THIRD OF PEOPLE LIVING IN PUBLICLY SUPPORTED HOUSING ARE LIKELY ABLE TO WORK.



Percent of families receiving rental assistance

	Unable to work now due to health problem	12.59%
	Limited in kind/amount of work due to health	3.59%
	Too old to work	32.76%
	Too young to work	17.94%
	Likely able to work	33.12%

PAHRC tabulation of National Health Interview Survey 2016, person file

Following trends from prior years, 0.2% more individuals with disabilities were served by publicly supported housing programs in 2017 than in 2016. Yet many more individuals with disabilities are in need, as only an estimated one-in-four disabled persons who qualify for federal rental assistance receive it.

Veterans

Veterans continue to make up a growing population of residents that receive rental assistance. In 2017, 464,000 veterans received rental assistance, representing one-in-four low-income veterans. 70,000 of these veterans received rental assistance through HUD's Veteran's Affairs Supported Housing (VASH) program, allowing housing agencies to serve approximately 7,000 additional veteran households since 2016⁵³.

In 2017, 8.3% more veterans were served by rental assistance than in 2016. The increase in assistance for veterans is supported by funding increases for publicly supported housing programs that target veterans⁵⁴. Despite an uptick in homeless veterans reported between 2016 and 2017, the widespread support for housing veterans and ending veteran homelessness has helped reduce the number of homeless veterans by 45% since 2009⁵⁵.

Working Families

While only one-third of people living in publicly supported housing are able to work, most families receiving rental assistance that are able to work are working. In 2016, 79.1% of households, four out of five, with a working-age and able-bodied member reported someone was working or had recently worked in the previous year. An additional 10.2% of households who were not working had a young child or disabled family member that likely needs care⁵⁶.

In fact, working-age assisted renters earning below poverty were just as likely to report working during the past year compared to their unassisted renter peers after controlling for differences in demographic characteristics that predict employment status such as age, gender, region, education, household composition, and health⁵⁸. Similar research has found that disability, health, educational attainment, and the number of adults in the household are all significant predictors explaining differences in labor force participation among millennials receiving rental assistance⁵⁹. At the same time, assisted adults tend to report more barriers to work, such as higher rates of health problems, disability, and caretaking as well as lower levels of educational attainment⁶⁰.

Publicly supported housing programs served 1.86 million families that earn a majority of their income from wages in 2017, representing an 0.8% increase from 2016. Yet less than one-in-six households who earns a majority of their income through wages and might qualify for federal rental assistance receives it.

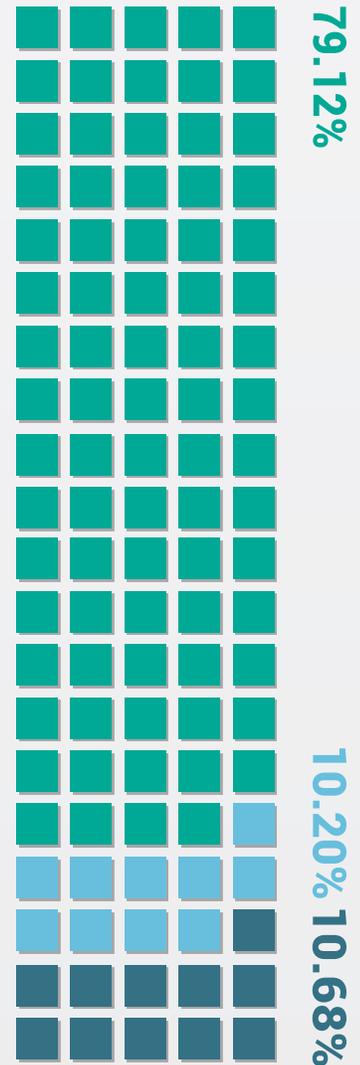
Low-Income Families

Publicly supported housing programs support the nation's lowest income families. These programs provided a range of assistance to 7.04 million low-income households composed of 14.49 million people in 2017, increasing 1% and 0.5% respectively from 2016. Only an estimated 31% of households who earn below 80% of the state median income limit and likely qualify for federal rental assistance receive it due to under-funding for housing assistance programs. Other researchers, using 80% of the local area, rather than state, median income as the threshold to identify households qualifying for rental assistance, find that as little as one-in-five households that would likely qualify for rental assistance actually receives it⁶¹. Households assisted by publicly supported housing earned an average income of \$13,958 in 2017, down 0.4% from 2016 after adjusting for inflation⁶². This reduction is likely due to the increase in disabled and elderly residents served by publicly supported rental programs who likely have lower wage-earning potential. While median gross rent continued to rise for all renters, households receiving rental assistance saw a slight decline in their rent between 2016 and 2017, likely reflecting the decline in income among assisted households. Rents based on income, rather than the market price, which rose 9.0% in unadjusted dollars between 2011 and 2016⁶³, provide low-income households with additional stability and the ability to spend income on other necessities beyond rent.

Rental assistance programs are especially critical for those making less than 30% of the area median income, or extremely low-income (ELI) families. In 2017, rental assistance programs served 4.66 million ELI households, down 0.5% from 2016⁶⁴. Many housing assistance programs include targeting requirements for serving ELI households, since there is a severe shortage of market rate housing within budget for these families. Only 35 units were available for every 100 ELI households in 2017⁶⁵.

62% of Americans between the ages of 25 and 60 will experience at least one year of poverty in their lifetime⁶⁶. Families receiving rental assistance, like many families who experience poverty, often need this support temporarily. 44.5% of households stayed in publicly supported rental housing for five years or less in 2017, down 2.3% from 2016⁶⁷.

WORKING FAMILIES RECEIVING RENTAL ASSISTANCE THAT ARE ABLE TO WORK ARE WORKING.



Percent of able-bodied working-age families receiving rental assistance	
	Currently working in 2016 66.34%
	Recently working in 2015 12.78%

	Not working, young child or person with limitation in the household 10.20%

	Not working, other 10.68%

PAHRC tabulation of National Health Interview Survey 2016, person file

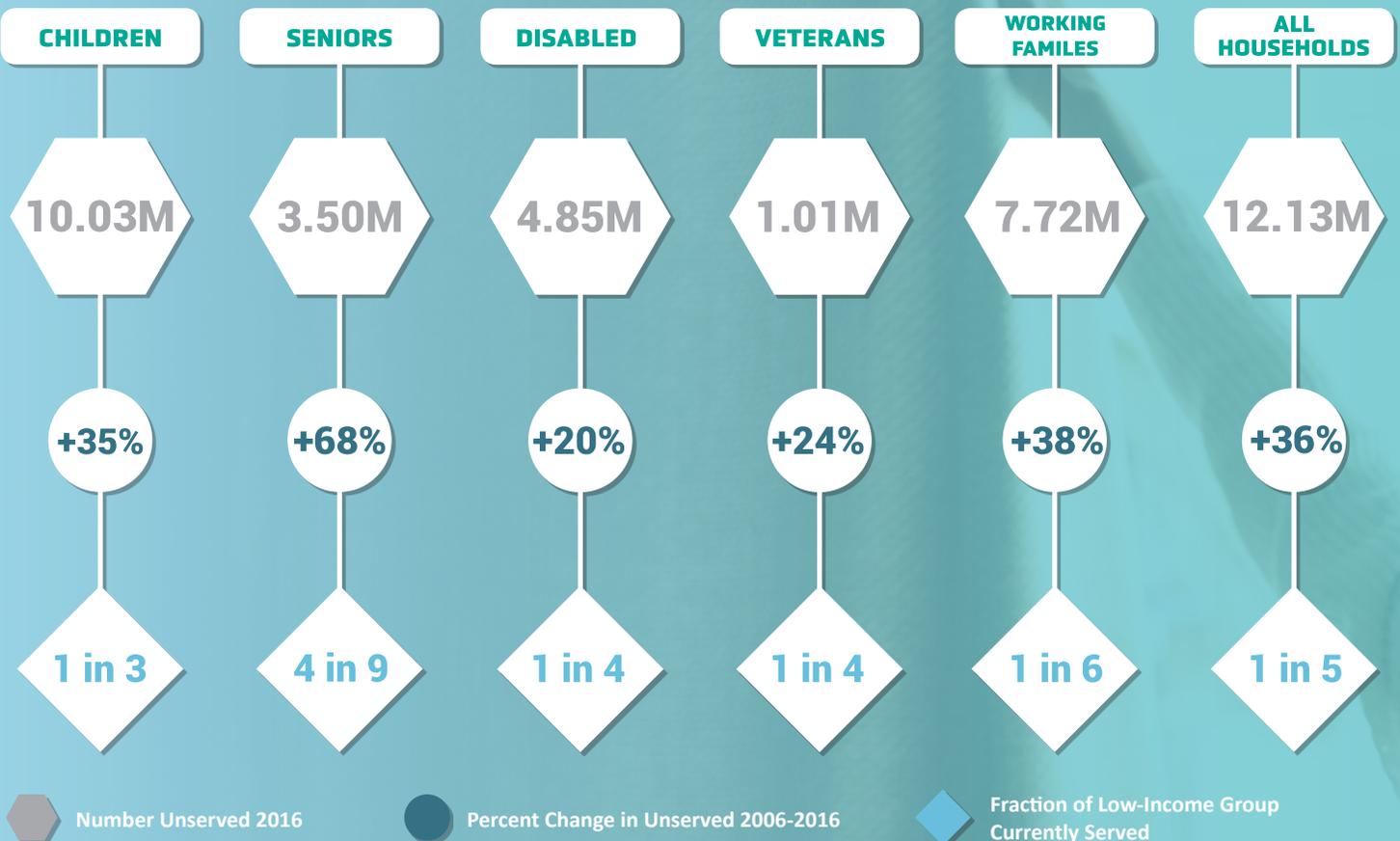
Expanding Assistance for Families in Need

Despite an increase in the number of households eligible for rental assistance since the 1980s, the number of families receiving rental assistance has remained relatively unchanged⁶⁸. Conservative estimates suggest that by expanding rental assistance programs to all families that earn less than 80% of the area median income (the HUD definition of low-income) and paying more than 30% of their annual income towards housing (the HUD definition of cost burden), an additional 10.03 million children, 3.50 million elderly, 1.01 million veterans, and 4.85 million disabled persons could realize the benefits of an affordable home. Overall, 12.13 million low-income households and 30.73 million low-income persons would benefit from an affordable home if rental assistance was expanded to all qualifying households. These figures decreased 4.4% and 5.4%, respectively, from 2015, as more low-income households were pushed into higher income brackets while the nation continued to recover from the Recession. These trends are observed for children, disabled persons, veterans, and working families. Meanwhile, the number of unserved seniors increased 0.4% from 2015, suggesting that the number of seniors in need of rental assistance is growing as more seniors leave the workforce.

However, the recovery has on the whole, been slower for low-income households⁶⁹. Despite an overall reduction in need in the past year, the number of people and households that likely qualify for rental assistance and do not receive it still exceeds pre-recession levels, suggesting the recovery has not fully reached many low-income households⁷⁰. An estimated 30.7 million people and 12.1 million unassisted families likely qualified for rental assistance in 2016, up 42% for individuals and 36% for households from 2006, before the Recession.

Further, a growing number of unassisted households are experiencing worst case housing needs, meaning that they earn below 50% of the area median income and either pay more than 50% of their income on rent or live in severely inadequate housing with one or more serious physical problems. The number of unassisted households with worst case housing needs increased to 8.3 million between 2013 and 2015, approaching near record highs⁷¹. Offering families with the greatest needs access to rental assistance can help them achieve housing stability, positioning them to make improvements in their health and chances for economic mobility more easily.

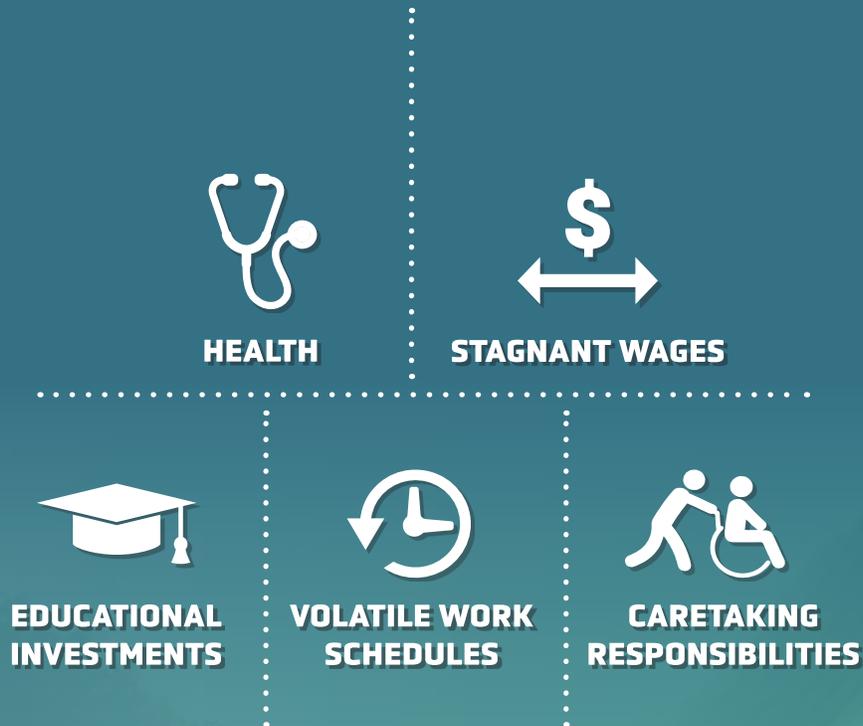
THE NUMBER OF ELIGIBLE HOUSEHOLDS THAT COULD BE SERVED BY RENTAL ASSISTANCE BUT ARE NOT HAS INCREASED SINCE 2006 DUE TO INCREASING NEED FOR AFFORDABLE HOUSING AND DEMOGRAPHIC CHANGES.



BARRIERS TO UPWARD MOBILITY

While most assisted families able to work are employed, many barriers still exist that hinder them from increasing their wages and making labor market advancements that would enable them to afford market rents. In general, households selecting into rental assistance programs are experiencing more barriers to work, and consequently more barriers to upward mobility, than their low-income unassisted peers, making exits from poverty more difficult. The following section describes the health, life stage, and labor market factors that may prevent low-income assisted families from experiencing upward economic mobility.

Barriers to Upward Mobility for Assisted Working-Age Adults



Health

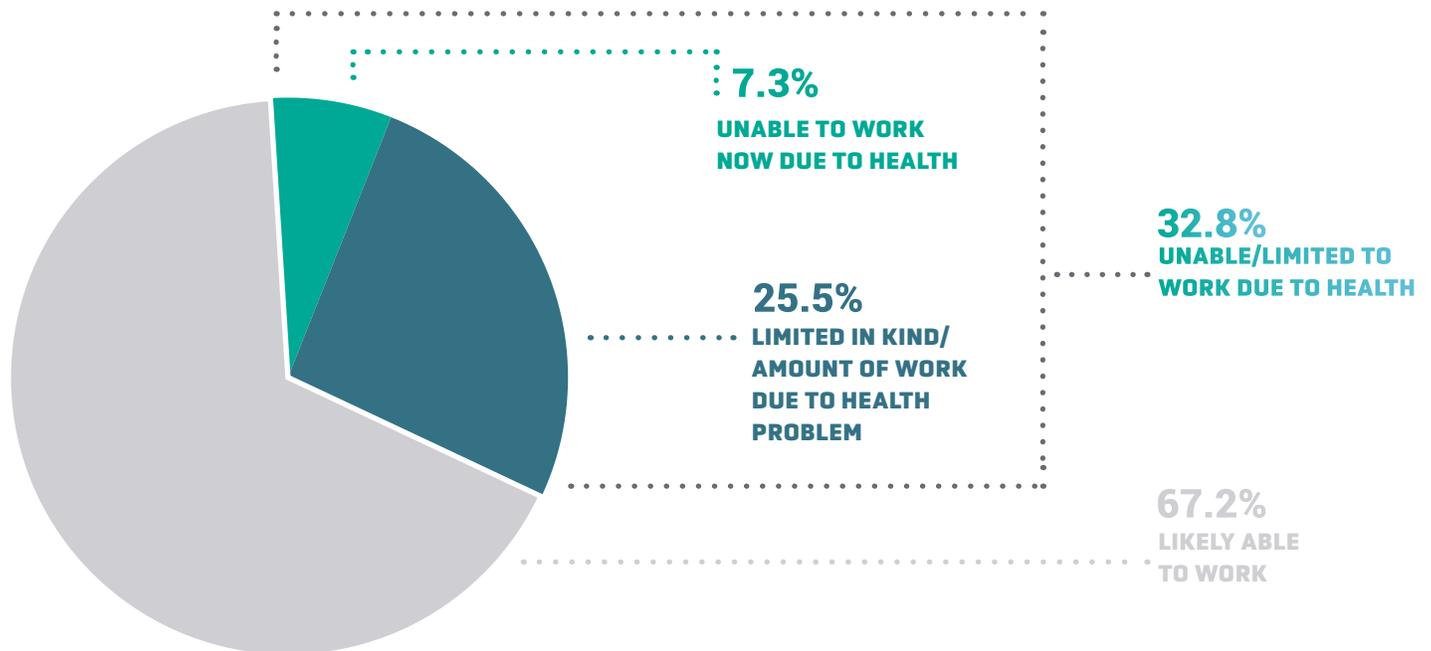
While publicly supported housing programs serve 7 million low-income families, 49% of these families have no able-bodied working-age persons in their household⁷². Many working-age household are also precluded from work due to health issues. 25.5% of working-age persons receiving rental assistance in 2016 were unable to work due to a health condition and an additional 7.3% reported that the work they could perform was limited due to health conditions⁷³. Further, many assisted renters face emotional challenges that make it more difficult to work. For example, 19.6% of working-age assisted renters who were not employed last year mentioned that depression, anxiety, or an emotional problem causes a limitation. They also report emotional limitations at a higher rate compared to their low-income unassisted peers⁷⁴.

While publicly supported rental homes can provide low-income individuals with access to many health benefits, those with poorer health tend to self-select into rental assistance programs. Persons supported by publicly supported rental programs report higher rates of disabilities and health conditions, including hypertension, heart disease, cancer, diabetes, and complete tooth loss, compared to their unassisted low-income peers⁷⁵. Additionally, 16.3% of working-age adults assisted by publicly supported rental programs reported being bedridden for ten days or more⁷⁶. These health conditions limit work productivity and the ability to maintain stable employment.

ONE-THIRD OF WORKING-AGE ADULTS HAVE LIMITATIONS THAT PREVENT OR LIMIT WORK.

Percent of Working-Age Assisted Adults

PAHRC tabulation of National Health Interview Survey 2016, person file



Stagnant Wages among Middle and Low-Income Earners

Over half (58.8%) of employed able-bodied working-age assisted renters work full-time jobs, with the average employed assisted renter working 34.2 hours per week. After controlling for health status, occupation, and other demographic factors that predict work, employed working-age assisted renters report working just three hours less per week compared to their unassisted peers⁷⁷. Occupation, disability status, and school enrollment were the biggest predictors of the number of hours worked among low-income working renters. Renters that were disabled, were attending school, had higher levels of education, had another working householder, received another form of government assistance, or were female worked fewer hours per week relative to their peers. Meanwhile, renters that had certifications, were older, or lived in the Midwest and South census regions worked more hours per week relative to their peers. Hours worked also varied by industry. Workers in management, business, or financial occupations worked the most hours, while individuals in service, sales, or construction worked the least, suggesting that occupations primarily held by low-wage workers may be associated with a reduced ability for low-income families to take on additional hours.

WORKING-AGE ASSISTED RENTERS EXPERIENCE MORE BARRIERS TO WORK THAN THEIR LOW-INCOME PEERS;

1/3 have health limitations that preclude or limit work.

Their work hours vary more frequently. They report lower levels of education and training and are less likely to qualify for shrinking mid-wage jobs. They report more frequently having caretaker responsibilities and family members with limitations.



Even though the majority of able-bodied assisted families work full-time jobs, the wages earned by low-wage workers are insufficient to affordably rent a home in the US. While one-in-three workers earns less than \$12 per hour, the average renter must earn a wage of \$22.10 per hour or work 122 hours per week at minimum wage to afford a modest two-bedroom home⁷⁸.

Stagnant wages for low-wage earners also make it challenging to keep up with rising rental prices and for assisted renters to exit rental assistance programs⁷⁹. While wages have risen for workers in the top of the income distribution between 1979 and 2016, wages remained stable for workers in the bottom and middle of the income distribution. During this time, wages for earners in the top quintile rose 27%, while wages for workers in the bottom fifth quintile fell 1% after adjusting for inflation⁸⁰. Much of the stagnation in wages among the bottom fifth quintile of earners can be attributed to five factors, according to research. These factors include the declining high school wage premium, the value of the minimum wage when adjusted for inflation overtime, the number of people that change jobs or move to a new state, the declining rate of unionization, and the loss of middle-wage and labor jobs due to automation⁸¹.

Educational Investments

Most job and wage growth has occurred in high skilled jobs, requiring low-income families to make costly educational investments to qualify for jobs with livable wages. Over 30% of jobs require an occupational license, up from 5% in the 1950s⁸². Additionally, the number of workers in jobs requiring a higher level of education has increased by 68% between 1980 and 2015. Further, wages for jobs requiring analytical and soft skills obtained through a college curriculum or job experience have increased more quickly compared to jobs requiring physical skill and little formal training between 1990 and 2015⁸³. The increasing value of educational advancements in the workforce can put low-income families, who may not have the resources to pay for costly tuition payments, at a disadvantage. In 2014, the average net cost for college students in families earning less than \$30,000 to obtain a bachelor's degree from a public university was over \$37,000⁸⁴.

Technological advancements, outsourcing, and a declining manufacturing sector have also led to job polarization, which has replaced middle skill jobs with more low and high skill jobs⁸⁵. About half of all jobs are at risk of loss due to automation and 39 million workers may become displaced by 2030, a majority of which are held by middle-wage workers and those with lower levels of educational attainment⁸⁶. The eroding availability of middle skill jobs can make it more challenging for workers in low-skill, low-wage jobs to experience job advancements, especially without a college degree, formal technical training, or an occupational license. While available jobs in skilled trades have increased in recent years, training can be expensive and can take years to complete⁸⁸.

Able-bodied working-age individuals receiving rental assistance report lower levels of educational attainment relative to their low-income peers⁸⁹. Further, 8.6% of able-bodied working-age assisted individuals reported speaking English not well or not all⁹⁰. These

MORE THAN TWO-FIFTHS

of assisted families with an able-bodied working-age householder have at least one family member in need of care.

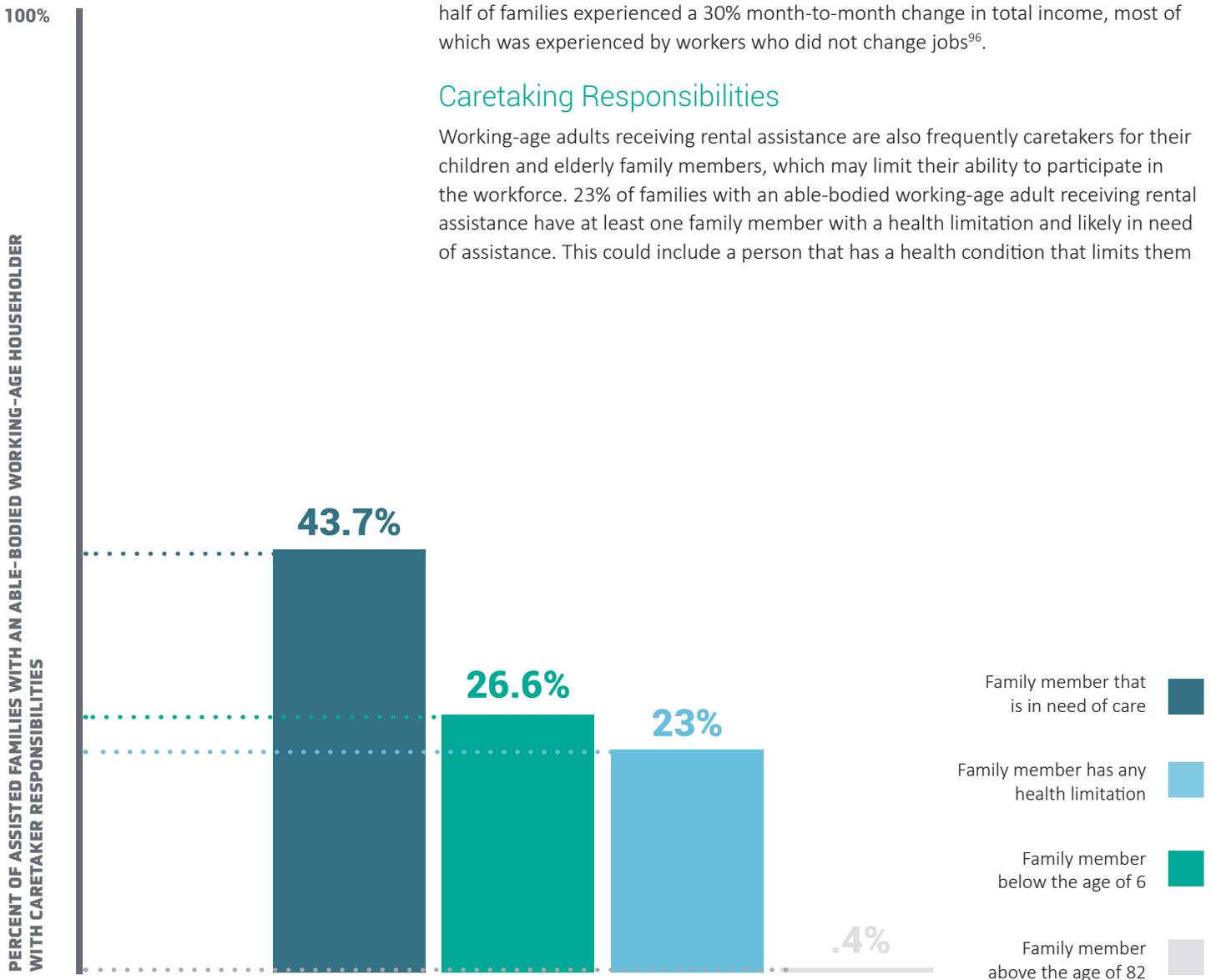
English language proficiencies and disparities in educational attainment may hinder the upward mobility of families receiving rental assistance as costly educational investments may be needed to qualify for higher paying jobs. Despite the high costs, many assisted renters are investing to improve their education. As of 2017, 16% of able-bodied individuals between the ages of 18 and 55 reported that they were enrolled in high school or college last week⁹¹. Research demonstrates that these investments pay off. For every additional year of education obtained by the household head, the chances of a family leaving rental assistance (with income) increase by 11%⁹².

Volatile Work Schedules

Additionally, many low-income individuals work in industries with unpredictable work schedules and hours that vary from week to week⁹³. This unpredictability can make it challenging for low-income individuals to arrange childcare and plan and stick to a monthly budget⁹⁴. Indeed, working low-income individuals receiving rental assistance reported having jobs with hours that varied from week to week at a higher rate relative to their employed able-bodied low-income unassisted peers⁹⁵. These 'just-in-time' scheduling practices can cause high variability in take-home income from month to month which can hinder a family's ability to save. One report found that more than half of families experienced a 30% month-to-month change in total income, most of which was experienced by workers who did not change jobs⁹⁶.

Caretaking Responsibilities

Working-age adults receiving rental assistance are also frequently caretakers for their children and elderly family members, which may limit their ability to participate in the workforce. 23% of families with an able-bodied working-age adult receiving rental assistance have at least one family member with a health limitation and likely in need of assistance. This could include a person that has a health condition that limits them



PAHRC tabulation of National Health Interview Survey 2016 family and person file

from working, requires help with activities of daily living, walking without walking equipment, or has difficulty remembering⁹⁷. Additionally, 26.6% of families with an able-bodied working-age adults receiving rental assistance include a child under six so that two-fifths, or 44%, of families with an adult able to work likely have caretaking responsibilities⁹⁸. Indeed, 17.1% of working low-income households with children receiving rental assistance reported that they needed to pay for child care so that they could go to work. These families spent an average of \$4,011 per year on childcare, or 28.7% of the average household income of assisted families⁹⁹. These high opportunity costs may preclude some assisted renters from working additional hours. Likewise, non-standard work hours may limit low wages workers' access to child care centers, which are often open only during the traditional work day. Indeed, low-income persons working part-time receiving rental assistance are twice as likely to report working part-time due to child care problems relative to their unassisted peers¹⁰⁰.

HOUSEHOLDS WITH WORKING-AGE, ABLE-BODIED ADULTS RECEIVING RENTAL ASSISTANCE ARE MORE LIKELY TO HAVE CARETAKING RESPONSIBILITIES THAN THEIR UNASSISTED LOW-INCOME PEERS, REQUIRING A NETWORK OF DEPENDABLE LOW-COST CAREGIVERS IN ORDER TO RELIABLY WORK.

44% Live with someone under 6, over 82, or with health limitations.

Only 17.1% report paying for childcare to work. These families report paying 28.7% of their income to childcare.



REMOVING BARRIERS TO UPWARD MOBILITY

The barriers that prohibit low-income families from achieving job advancements, such as access to child care services, career development opportunities, and poor health conditions, must be removed to enable them to achieve their full potential. With support from HUD and local partners, many communities are helping publicly supported renters overcome these barriers and make labor market advancements. The following section describes how HUD-sponsored programs and public housing authorities are working to improve labor market participation among able-bodied working-age families assisted by publicly supported rental programs.

Affordable housing providers are removing barriers to upward mobility by...



.....

PROVIDING CHILDCARE SERVICES



.....

ORGANIZING CAREER DEVELOPMENT OPPORTUNITIES



.....

EXPANDING ACCESS TO HEALTH SERVICES



.....

FACILITATING PROGRAMS THAT BOOST SAVINGS



.....

MODIFYING RENT STRUCTURE

Promoting Employment Advancement

Programs that support employment advancements, such as child care services, career development opportunities, and expanded access to health services, can improve the economic independence of assisted households. Access to affordable childcare services enable parents and caretakers to maintain a job alongside caring for their family more easily. Meanwhile, career development opportunities enable low-income families to qualify for higher paying jobs that allow them to afford market rents and position them to build savings. Finally, expanding access to health services ensures that residents are mentally and physically healthy enough to advance in the workplace.

Child Care Services

Many housing authorities have addressed childcare needs by offering referrals, providing childcare centers on-site, and creating networks of peer emergency childcare providers. For example, Kentucky Housing Corporation provides on-site childcare for residents at Scholar House to enable single parents to fulfil academic or vocational training coursework as full-time students¹⁰¹. Similarly, the San Antonio Housing Authority (SAHA) (TX) addressed barriers to childcare for single parents by offering families referrals and placements at high-quality childcare centers supported by the Department of Education's Promise Neighborhoods Initiative. SAHA also partnered with United Way to create a network of certified family, friend, and neighbors to provide alternative or emergency childcare for residents¹⁰². Finally, New York City Housing Authority's (NYCHA) (NY) Childcare Business Pathways program aims to create childcare peer networks for residents by providing certification and training for public housing residents aspiring to start a home-based day care business¹⁰³. These diverse programs demonstrate how housing agencies can be active partners in the exploration and creation of childcare programs for their residents.



Career Development Opportunities

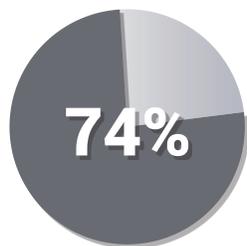
Receipt of employment services has been demonstrated to increase income and employment among low-income families. 24 housing authorities have participated in the Jobs Plus program by providing community support for work, financial incentives, financial counseling, and employment-related services, such as locally driven job placement, employer linkages, and educational advancement opportunities to public housing residents¹⁰⁴. A seven year evaluation of the Jobs Plus program at three sites with fully developed programs found that the Jobs Plus model caused a 16 percent increase in average annual earnings among able-bodied working-age public housing residents for each year the program was available, equating to \$1,300 per year¹⁰⁵. However, public housing residents at Jobs Plus sites that did not provide the same level of employment services and incentives did not experience any increases in earnings or employment. This suggests that the suite of services and incentives provided by the Jobs Plus program are successful employment drivers among assisted residents.

Many housing agencies are partnering with local organizations to provide programs similar to those offered through the Jobs Plus program. One study noted that over half of all housing agencies that provide educational programming also offer adult education services, learning support programs, and career development services to residents¹⁰⁶. For instance, NYCHA partners with organizations that provide adult education, vocational training, and financial empowerment. NYCHA also provides residents with the opportunity to participate in free programs that provide a mix of training, certifications, licensing, and coaching for public housing residents and HCV holders to start their own business or qualify for jobs in skilled fields. NYCHA offers training tracks on construction, janitorial work, IT, and starting businesses in childcare, food, and commercial kitchens¹⁰⁷. Housing authorities offer similar training programs in Chicago, Cambridge, and Austin¹⁰⁸.

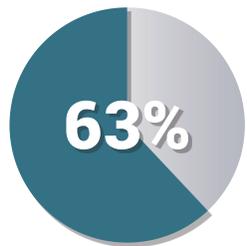
HALF OF HOUSING AGENCIES HAVE HEALTH-RELATED INITIATIVES TARGETED TO IMPROVE THE HEALTH AND WELLNESS OF THEIR RESIDENTS

Among agencies providing services,
over half target...

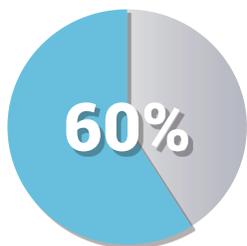
Preventative Health



Medical Health Conditions



Substance Use Disorders



Health Starts with Home, Public and Affordable Housing Research Corporation and Council of Large Public Housing Authority

Many housing authorities also provide a training and employment preference for residents to work on housing redevelopment and construction projects receiving funding from HUD, as required by Section 3 of the Housing and Urban Development Act of 1968. From 2012 to 2015, the Section 3 program supported 110,500 jobs for low-income residents¹⁰⁹. Denver Housing Authority (DHA) (CO) has leveraged this program by partnering with the Mile High Youth Corps' to provide job training, education opportunities, and contracting jobs for at risk youth. Through the program, 267 youth have worked on DHA construction projects building 830 new affordable homes, 205 have earned construction training certification, and 135 have earned GEDs.

Career development and job placement services are essential in enabling low-income workers to qualify for living wage jobs that can provide upward mobility. Research suggests that compulsory work requirements paired with case management services only modestly increase employment rates and have little impact on hours worked or income¹¹⁰. Nearly four-in-five able-bodied working age families receiving rental assistance are already working or recently worked, suggesting that most residents need help overcoming barriers to achieve job advancements and to find higher-wage positions with regular hours rather than simply plugging into the labor force. Thus, job training programs that boost résumés of low-wage workers play an important role in enhancing the economic independence of assisted families.

Expanding Access to Health Services

Depression and poor physical health are linked to lower work productivity¹¹¹. By addressing these health conditions, assisted families will be better positioned to make employment and income gains. In Washington, DC, non-profit housing developer So Others Might Eat (SOME) partnered with Unity Healthcare to address these barriers through the construction of The Conway Center, a hub that co-locates affordable housing, healthcare, and job training programs¹¹². Other housing providers incorporate health and wellness into their job training programs. For example, Durham Housing Authority partnered with Grace Place Ministries and the Godmother's Group to provide residents with holistic workshops on the employment process, covering topics from interviewing skills, résumé building, the importance of good health, and employment stressors and job retention¹¹³. One study noted that half of all housing agencies have health-related initiatives targeted to improve the health and wellness of their residents. Among the housing providing health-related initiatives, over half of these agencies have services that target preventative health (74%), medical health conditions (63%), and substance use disorders (60%), while about a quarter target physical disabilities (27%) and behavioral health conditions (27%)¹¹⁴. While many of these services are targeted towards elderly and disabled residents, housing providers are connected to service providers in their community and are positioned to offer non-elderly or disabled residents referrals to help them meet their goals.

JERRY'S STORY

Jerry and his wife Nancy had recently filed for bankruptcy and had to sell their home months after Jerry's place of employment closed. This was a crushing blow as Jerry and his wife had several bills to pay, and they were raising their grandson.

Within two months, Jerry was appointed Treasurer of his housing complex and served in that capacity as a volunteer for the next ten years. He also took advantage of a job training program offered by his housing authority, and was soon working at the transportation desk for family services, dispatching vans to seniors who need assistance going to doctor appointments and the grocery store. After one month, Jerry was hired as a full-time employee.

Life for Jerry would soon hand him another obstacle. Two years later, Nancy fell and broke her pelvis and Jerry had to quit his job to help her with therapy and her daily needs. While she was on the mend, he applied to be Resident Commissioner, which he was appointed in April 2006. Jerry still serves and was elected to Board Chair four years later, a position which he still holds today. Jerry also works 20 hours a week as the bookkeeper for Workforce West Virginia.

Public housing not only provided Jerry and his wife a place to live while they went through a rough period in their lives, but it offered job training and volunteer opportunities, giving Jerry a chance to re-enter the workforce and establish a sense of normalcy again.

Building Income and Savings

To successfully position assisted renters to achieve economic independence, policies and programs must also encourage families to build income and savings. Many households live pay check to paycheck, which can make them one hospital visit, car breakdown, or surprise bill away from falling deeper into poverty. Indeed, only 44% of people across income levels could have enough money saved to cover an unexpected \$400 emergency expense. While households that experience positive exits from rental assistance are better off compared to households still receiving assistance, they still report trouble paying bills, high credit card debt, and food insecurity. This information suggests that programs and policies that enable families to save can help low-income families address benefit cliffs as they exit housing assistance and can make them more resilient to income disruptions or unexpected bills that may drive them back into poverty¹¹⁷.

Escrow Accounts

The Family Self Sufficiency (FSS) program enables housing authorities and multifamily housing providers to provide families with case management services to pursue employment and financial opportunities and positions families to boost their savings as their earnings increase¹¹⁸. When a participating family's rent increases due to income gains, their housing provider deposits the additional rent paid into an escrow account which families that complete the program can withdraw from after five years. A study of an FSS program implemented by Compass Working Capital found that participants had an average increase of \$6,305 in annual earnings, a 23 point increase in credit score, and an average decrease in bad-debt of \$764 compared to low-income peers assisted peers that did not participate in FSS¹¹⁹. This data suggests that job training and savings benefits offered by the FSS program can be an effective way to enable low-income families to become economically independent.

Modified Rent Structures

The rent assisted households pay is tied to their household income, so rent payments rise proportionally with earnings. HUD and Moving to Work agencies are testing new rent structures that encourage families to boost their earnings and savings by delaying rent increases, imposing tiered rent structures, and simplifying how rents are calculated¹²⁰. While these new policies are still being evaluated, they are theorized to reduce the administrative cost of managing rental assistance programs, encourage assisted households to boost their earned income, and address benefit cliffs that provide disincentives to increase income.

Conclusion

Our homes are the building blocks of our future. Access to safe, decent, and affordable homes enables families to improve their financial security and remain grounded in their community. Publicly supported housing programs play an essential role in providing basic stability and can also act as opportunity providers, positioning our most vulnerable families for upward mobility and increasing their resiliency to poverty.

In addition to housing stability, opportunities like expanded access to healthcare can help assisted renters better meet their full potential. Assisted renters experience health problems at a higher rate than their low-income unassisted peers. These problems include chronic conditions, like diabetes, and emotional limitations, like anxiety and depression. At the same time, seniors experiencing greater mobility limitations and more frequent medical attention are increasing as a proportion of those served by rental assistance. Health services currently offered through housing agencies are mostly aimed at general wellness, but more could be targeted toward preventative care surrounding chronic illnesses, coordination of care for those regularly accessing health providers, and services to improve mental and emotional well-being. Expanding support for partnerships between housing and healthcare providers can lower healthcare costs and help seniors and disabled individuals age comfortably in place. They can also help working individuals experience less frequent health-related work interruptions.

Along with health services, opportunities to improve labor market skills are essential to help able-bodied working-age households achieve the wages necessary to afford market-rate housing and build the necessary savings to exit poverty. Nearly four-in-five households receiving assistance that are able to work are working or have recently worked. However, these families face multiple labor market barriers that limit their wages, hours worked, and job advancement. Able-bodied working-age adults report poorer health outcomes and greater caretaker responsibilities compared to their low-income peers, which may preclude them from maintaining stable work or taking on additional hours. Additionally, volatile work schedules, stagnant wage growth, and disparities in educational attainment prevent assisted families from earning livable wages and experiencing job advancements that enable upward mobility and economic independence.

While overcoming these barriers takes time, providing additional resources for removing the labor market barriers that hinder able-bodied working-age families from experiencing economic mobility could result in high returns. Many public housing authorities and affordable housing providers are leveraging partnerships and existing HUD programs to remove these barriers by connecting their residents to childcare, career development, and health services. Programs that provide trade skills, career development, and support for able-bodied working-age families to further their career and education should continue to be a priority for HUD and local housing providers to position residents to achieve economic independence. Further, programs such as FSS and rent reform policies can enable residents to more effectively invest in their future and weather the volatility of low wage jobs.

Yet more resources and community partners are needed to reach assisted households and scale-up the impact of these programs. Based on the demographic trends, the services most needed are health-related programs, especially for seniors and those living with physical and mental health problems; programs to boost children's learning outcomes; and job-advancement programs that lead to wage gains rather than simply connect individuals to employment.

Publicly supported housing continues to provide support to millions of elderly and disabled individuals and working families. However, the populations receiving rental assistance are aging, experiencing deteriorating health, and face labor market barriers at higher rates than their low-income unassisted peers. Moreover, the general need for housing assistance continues to grow. In light of these findings, expanding rental assistance programs could go a long way toward helping low-income families build savings and exit poverty. Research shows the success of these programs in providing stability and improved health, educational, and financial outcomes. At the same time, trends in rental costs, longevity, and wage stagnation mean that households selecting into these programs need additional supports to age with dignity or to build the financial capital necessary to exit poverty. Housing provides the ideal platform to offer these supports and to improve the vitality of communities in the process. Enriching a safe and affordable home with health, education, and social services can catalyze the vulnerable families that select into housing assistance, helping them to better achieve economic, health, and social stability. Rental assistance helps many low-income families experience the power that a safe, affordable home can have to lift them out of poverty and help them thrive. Investing in rental assistance programs and supportive services connected to housing is the most effective way to combat poverty and build the sustainability of low-income families.

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