

Master of Public Health
Integrative Learning Experience Report

***Bridging housing & health: a toolkit for local public health
action***

by

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MASTER OF PUBLIC HEALTH

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Summary/Abstract

Health and housing are inextricably linked. An individual or family can't be their healthiest and contribute to their community in the highest capacity if the space they are living in is hazardous to their health. Alternatively, it is difficult to invest in one's health if they are spending most of their income on housing costs, creating an inability to save for the future or breaking cycles of poverty that dramatically influence health. These systems are marked by inequalities that are not the fault of individuals or communities, but inequities brought about by systems that were set up to harm communities of color and those with other historically marginalized backgrounds from our country's founding. At the local level, many public health interventions stem from Community Health Assessment (CHA) or Community Health Needs Assessment (CHNA) data that demonstrates residents' health is being impacted by their housing quality and costs. In the Kansas City area, these results have led public health departments and health systems to prioritize housing in their Community Health Improvement Plans (CHIPs). Most public health practitioners, however, are not trained in the housing system and lack the knowledge on successful interventions that address housing costs. This Applied Practice Experience included three one-on-one interviews with these public health practitioners whose experience doing this work and six relevant meetings which ultimately informed the creation of a guide for public health action in housing solutions. This Applied Practice Experience was completed in early 2025 at the Mid-America Regional Council (MARC) in Kansas City, Missouri. MARC is the metropolitan Planning Organization and Council of Governments for the Kansas City region and provides a variety of services and programs to residents and communities. Counties include Leavenworth, Wyandotte, Johnson, and Miami in Kansas and Ray, Clay, Jackson, Cass, and Platte counties in Missouri.

Subject Keywords: Social determinants of health, housing, health equity, community health improvement plan

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Chapter 1 - Literature Review

As a field, public health is a diverse discipline that quietly influences many areas of one's life. From the water we drink to the schools where we learn, the vaccines we receive, and even the food we eat, public health has an instrumental role in keeping us safe. One of the less visible functions of public health, however, is the actions taken to make communities healthier ten, twenty, or even thirty years down the road. These are the upstream efforts of public health agencies and programs that work to create equity in communities and repair decades-long divides created by oppressive practices.

A key basis for taking these actions is the recognition that health is impacted by factors that may not seem directly linked but can heavily influence health outcomes, known as the social determinants of health. The social determinants, or drivers, of health, are a framework used by public health professionals to view health outcomes across five main domains including: healthcare access and quality, education access and quality, social and community context, economic stability, and neighborhood and built environment, demonstrated in Figure 1 (Centers for Disease Control and Prevention, 2024). By using these lenses to create healthier communities, public health has shifted the focus upstream with a particular emphasis put on how these drivers influence health within the context of historically oppressive practices.



Figure 1: Social Determinants of Health (Healthy People 2030, n.d.)

A social driver of health that has gained more traction in recent years is the influence the built environment has on health outcomes, particularly housing. Examining housing as a public

health determinant quickly becomes complicated when examining different factors of a home that impact health. Housing cost, housing stability, the quality of the actual structure, or neighborhood resiliency, all of these have been linked to positive or negative health outcomes (Wahowiak, 2016). Not only can these be linked, but even the type of housing families live in has a connection to their health and that of the neighborhood (Bashir, 2011). Housing costs comprise the highest amount of household budgets, with over 42.9 million households in America meeting the definition of “housing cost-burdened” or those spending more than 30% of their monthly incomes on housing (Whitney et al. 2024). The problem has only gotten worse as research largely shows the U.S. housing market never fully recovered from the 2008 recession (Cooper, 2024).

America is in a housing crisis, and public health has taken notice. The Centers for Disease Control, American Public Health Association, Robert Wood Johnson Foundation, and other prominent thought-leaders in the field have published numerous briefs, reports, and guidance in the last decade informing and instructing on the necessity of addressing housing as a key driver of health (Centers for Disease Control, 2024; American Public Health Association, 2021; Robert Wood Johnson Foundation, n.d.). There is support, research, and a call to action across these agencies and others that drive the direction of local public health for two main housing elements that impact health, including physical quality and stability (Wahowiak, 2016; Bailey, 2020).

One of the first areas of research and later interventions in the intersections of housing and health examined physical quality and its impact on health outcomes (Bashir, 2011). This is perhaps the clearest link between the two and boasts a well-supported connection at the level of interventions among local public health agencies, namely “Healthy Homes” programs (Krieger & Higgins, 2002). Healthy Homes are one of the most widely recognized housing interventions of local public health and hospital systems and have proven effective in addressing issues of housing quality that impact health, particularly among children (Bashir, 2011). The most clearly identified home health hazard that has garnered a wide amount of public familiarity is lead in homes, largely stemming from the federal recognition of the problem with the 1992 Residential Lead-Based Paint Hazard Reduction Act (Krieger & Higgins, 2002). This legislation provided an impetus for a new body of research on the harms of home in health outcomes. Early research demonstrated that in addition to the hazards caused by lead-based paint, childhood asthma rates were increasing, and this was largely due to poor air quality in substandard homes (Bashir, 2011).

Healthy home programming is seen as one of the best ways to diagnose and address these and other health issues stemming from a lack of quality conditions and is successful in a variety of communities across the United States (Krieger & Higgins, 2002).

These programs typically consist of code enforcement from local health departments or hospital systems, and individual or community-based education about hazards that can impact childhood development and create chronic disease implications (Bashir, 2011). Often programs have an origination point, be it schools or a visit to a healthcare provider where a child is identified to have a health condition or illness potentially related to the quality of their housing. This has created not only a foundation for primary intervention in public health but has also created an environment where community partnerships between healthcare institutions, local public health, and community-based organizations thrive (Krieger & Higgins, 2002). These programs are considered one of the gold standards of systems-level public health action and have a variety of layers that can be added to cater to individual communities. Over the years these programs have grown to be an important source of data for demonstrating how home quality impacts families beyond immediate health impacts including mental health, long-term health outcomes, and financial stability (Bashir, 2011). This has opened up conversations and additional actions public health organizations and agencies can take to affect system's change for this important driver of health at the individual, community, and societal level.

Upon graduating from Kansas State University with my Bachelor of Science in Social Transformation Studies and beginning my master's in public health, I also began my career in public health. I knew I wanted to focus on creating change at the macro level by studying and working on the social drivers of health. To me, this was the perfect blend of my passion for social justice which I was able to develop technically during my undergraduate studies, and my passion for science and health that I had explored throughout my entire educational career. Immediately after I completed my undergraduate studies, I started my job as a program and policy specialist at Jackson County Public Health, a local public health department serving eastern Jackson County, Missouri. As the program and policy specialist, I was helping to lead the Community Health Improvement Planning process or CHIP. The Community Health Assessment (CHA) had just been completed, and it was identified that the CHIP would explore and prioritize interventions that helped create more housing and economic stability and more mental and behavioral health resiliency.

I had some background in workforce development, so I decided to take the lead on the housing and economic stability “lab”. The results of the CHA demonstrated that there were high levels of housing-cost burden or spending more than 30% of one’s monthly income on housing, housing quality issues, and barriers to housing development in the health department jurisdiction (Jackson County Public Health, 2023). The priority area of the lab quickly turned to focus on housing needs in the community, bringing in many different housing stakeholders, subject matter experts, and community members faced with housing challenges. As part of my MPH training, I had received some education on social drivers of health, but I was by no means a housing expert. Leading the housing lab allowed me to start from the beginning and learn about the housing field from local professionals and national sources. As a public health professional, I could see why housing was an important driver of health, but I lacked the technical expertise on how housing was developed, programs that keep housing affordable, different development types, land-use policy, and where public health fit into this picture.

After a little less than a year at the health department an opportunity to answer these questions opened when the Mid-America Regional Council (MARC), Kansas City’s federally mandated Metropolitan Planning Organization (MPO), and Council of Governments (COG) was hiring a housing specialist. I jumped at the opportunity to use my public health background to leverage stronger relationships in the housing sector and find innovations to solve the region’s housing needs. I was also excited to serve the entire nine-county, 119-city region I had called home for most of my life. Having been at MARC for the last year I have been a sponge, learning everything I can about the housing system.

My role at MARC is largely focused on housing system solutions and while cross-sector partnerships are essential, assessing successes in health has not often been the focus of my time. However, when thinking about an Applied Practice Experience (APE) to culminate my MPH, I thought it would be the perfect opportunity to explore these connections further and find a format to share what I have learned in my career thus far. As the housing coordinator, I have been involved in many public health efforts, including recurring meetings for three CHIP processes in the region, public health learning and action sessions promoted by local philanthropic and hospital partners, and forging connections across the region. I began the preliminary research to inform my public health practice experience in November of 2024 and kicked off the development of my materials in January 2025. While informed by my previous experience and involvement in these efforts, my APE also included a series of interviews with

public health professionals leading CHIP processes in the region that are specifically focusing on and designing interventions for their community's housing needs. The main product and work of my APE was the development of a guide for public health professionals engaging in housing work, titled "Bridging Housing and Health: A Toolkit for Local Public Health Action" (Exhibit 2).

As previously mentioned, MARC is the metropolitan planning organization and council of governments for the nine-county bi-state Kansas City metro area. The region covers 119 cities including very spread out, rural communities to the urban core of Kansas City. MARC has a wide variety of services and functions in addition to our planning work as the MPO. MARC serves as the Area agency on aging and the lead Head Start grantee for the five counties on the Missouri side, the lead economic forecasting organization serving the region among other data and research services, hosts multiple public health and nutrition programs, coordinates the regional 911 system, runs the KC Regional Community Health Worker Collaborative, and offers many services to local governments.

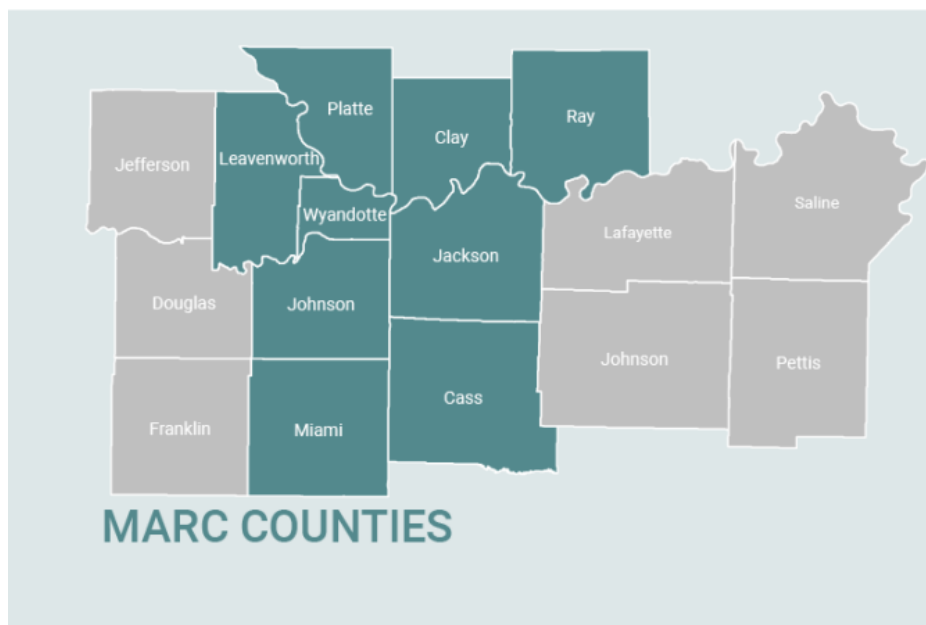


Figure 2: MARC Region (Mid-America Regional Council, n.d.)

My preceptor for my project was Marlene Nagel. Marlene has been with MARC since 1974. In that time, she has built countless partnerships among various stakeholders to unlock funding opportunities and advance policy priorities. She has worked on many regional projects and initiatives, including emergency services and public health, 911 system coordination,

economic and workforce development, legislative advocacy, local government services, a homelessness information system, solid waste management, early childhood education, bicycle, pedestrian and trails planning, and others. Marlene Nagel currently serves as director of the Office of Resource Development. She formerly served as Community Development Director from 1982 to 2024. Marlene's current work focuses on supporting the organization to identify and secure resources to advance its mission. She assists staff across departments and programs. Throughout her career, Marlene holds a Bachelor's degree in Geography from the University of Texas and a Master's degree in Urban Planning from the University of Kansas.

Chapter 2 - Learning Objectives and Project Description

I began the development of my portfolio products for my Applied Practice Experience in January of 2025 and concluded them in April of 2025. While I had been employed at MARC for nearly a year at the time I began my experience, the development of these products and conversations I had as part of their development was outside the scope of my current role and were completed supplementary to my work. There is a lot of overlap in the activities to develop my outputs such as expertise gained from my role, spaces I am already involved in, and connections I have made through my work, but the development of this project was not previously expected under my current body of work. The main learning objectives I accomplished and the public health competencies they addressed through this experience were as follows:

1. Develop a working knowledge of the importance of cross-sector partnerships between public health and housing, and learn to communicate this to stakeholder groups; Competencies 6, 13, 21,
2. Learn how to develop a guide or report from start to finish for public health professionals to help navigate housing issues relevant to their communities, specific to the Kansas City metro area; Competencies 7, 12, 19, 22
3. Expand applied information-gathering skills through semi-structured interviews; Competency 7
4. Develop communication skills at the group and interpersonal level, including oral and written communication; Competencies 13, 19
5. Identify and foster a network of public health practitioners engaged in healthy and stable housing interventions in the Kansas City region; Competencies 5, 13,

Table 2.1 Overview of Portfolio Products

Portfolio Product		Description
1	A systems exploration of the status of intersect of public health and housing systems, and work going on in the Kansas City metro	To start my work, I created an inventory of all the local health departments in the MARC nine-county region and documented those who are working on housing issues or have prioritized this as a part of their CHIP. This created the baseline for who I would reach out to for conducting interviews as I developed the toolkit.

2	Bridging housing and health: A toolkit for local public health action	This is the main product of my work in my APE. While I am doing housing work and creating many products every day, this is the piece that I have spent the most time on to create something useful for public health agencies in the region.
3	Oral presentation slides to be presented to stakeholders interested in the role of local public health professionals in housing	To meet individuals and organizations where they are, I developed a presentation version of the guide. Not everyone may have the time in their day to read a long-form report, but a presentation can meet the demand for this information more efficiently.

Learning Objective 1 – This learning objective helped set the foundation for the work I would complete during my applied practice experience. Having worked in local public health, I knew how siloed our discipline could be from others doing similar work. Now being a housing professional and doing the work of overlapping the two during my APE, I learned how integral it is to learn on expertise to do this work together. I learned the most about this while attending CHIP meetings in multiple jurisdictions across the Kansas City region where there were often community health needs identified that required a housing professional to fill. In one example, at one CHIP meeting for Wyandotte County, it was identified that a lot of tenants in the area did not know their rights as tenants, specifically around habitability issues. To help spread information, the coordinator brought in an attorney from Legal Aid for the next meeting to share about their services and what they could offer tenants in the area. This was a great example that stuck out to me of the importance of leaning on partnerships like this. As public health professionals, we don't need to learn everything and reinvent the wheel; instead, we can work across disciplines to fill in gaps and create a stronger system. This became especially apparent as I engaged in the semi-structured interviews for my project and learned that separate jurisdictions had a lot of overlap in their work.

Learning Objective 2 – This learning objective was achieved through the main piece of my culminating project, the development of "Bridging health and housing: a toolkit for local public health action". I had never created a report format like this before on my own from start to finish and found it equally as enlightening as it was challenging. I learned a lot about how a message should be crafted differently depending on the audience, and the importance of quality over quantity. It is essential to have the

necessary information, but to make the most impact you must create something that will be useful, which often means brief and to the point.

Learning Objective 3 – I have done a lot of surveying in my various roles and interpreting results, but semi-structured interviews were a new experience for me in data collection tactics. However, I found it very rewarding to be able to engage in one-on-one conversations with a clearly defined purpose, and they ultimately proved extremely helpful for the development of my toolkit. The nature of the conversations being semi-structured kept me on track and helped me gather the most essential information for the purpose I had set out, which was informing the development of the toolkit. During my first conversation I had to get the mechanics right on how I was capturing notes and recording but once reviewing the recording and re-evaluating my note-taking structure I was able to apply these changes to the rest and had a much smoother experience.

Learning Objective 4 – I was able to develop these skills throughout the entire course of my project and in multiple formats. First, I worked on my interpersonal communication while collaborating with my colleagues and learning about different work across the organization that I hadn't been exposed to in my role previously. I also developed these skills through the many emails I sent to practitioners whom I hadn't met but needed to communicate the value of this work and of being part of the project. Next, I was able to develop these skills through the semi-structured interviews I conducted. Being at the one-on-one level like I was in these, many of which were with people I wasn't entirely familiar with, I was able to practice communicating about public health topics like social drivers of health and health equity. I also got a lot more comfortable speaking up in large meetings where I had opportunities to present and talk about my work at CHIP meetings I attended. When I first started attending, I was nervous to speak up at all. Now I feel confident about the value I add.

Learning Objective 5 – Finally, the connections I made both in MARC, with external partners, and with the public health practitioners I interviewed in the development of the toolkit have helped me to achieve this objective. Through this experience, I have a clear understanding of the public health organizations involved in housing as a part of their CHIPs across the Kansas City region, and can lean on these networks in my work now. There are great organizations I work with across multiple sectors that are creating a more effective housing system, but I can confidently say through this experience that there is no one as dedicated, driven, and successful at

bringing people together to accomplish this goal than the public health agencies in our region.

Chapter 3 - Results

Developing the portfolio products throughout my APE involved the compilation of notes across many meetings attended that discussed housing from a public health lens and a series of stakeholder interviews with public health professionals doing this work. At meetings, I gathered general information about the work these groups were involved in, specifically what areas of housing challenges they were hoping to tackle, and who was involved. The learnings from these meetings, in addition to the research I completed to gather and compile questions from local Community Health Assessments, resulted in the “MARC Region Community Health Improvement Plan Index” (Exhibit 1). Meeting materials that were collected included agendas obtained from meetings. Additional research conducted to develop the index consisted of scanning the websites for each local health department within the MARC region to find their most recent CHA and CHIP. Then, the CHAs were scanned for questions on housing. To get an accurate representation of work, the CHIPs were scanned in a similar matter and all priority areas and cycles were documented in the Index. The Index helped to create the preliminary list of local public health professionals I would reach out to for scheduling interviews.

In three semi-structured interviews, I was able to go deeper into what barriers these professionals had encountered when doing this work, and from this, I created the contents of the guide. Table 3.1 details the questions asked in each interview and the themes and key takeaways from all interviews for each question.

Table 3.1 Summary of Semi-structured interview questions and main themes

Question	Themes
1. Can you state your name, organization, and role?	N/A
2. How did you get involved in housing work as a public health professional? a. What kinds of housing work or programs have you been involved in?	Many professionals began their careers or had experience with direct service provision where they were seeing community members for issues that were non-housing related, but housing was always impacting their experiences. This led them to want to approach the social driver of health challenges at the root, leading them into public health and subsequently addressing housing
3. What do you think are the connections between public health and housing?	“From my perspective, stable housing can be foundational to all other areas of health (V. Carson, personal

a. Do most public health professionals also understand those connections? b. Why or why not?	communication, February 20, 2025)". For instance, people cannot maintain employment, get an education, or engage in their community if they don't have a stable place to call home. Overall, they think the understanding of this connection is growing but only a small group is working on this now. There was also a recognition that people may not be devoting attention to this because they lack capacity or resources, not just because they don't think it's important.
4. How does your organization or your work currently focus on housing? a. Do you think most public health organizations currently have a focus on housing? b. Do you think this current work is effective? c. If it is effective, what contributes to that effectiveness? d. If it's not, how can it be improved?	All professionals I talked to were involved in housing work because their CHIPs had prioritized housing based on results from their CHA. Additionally, some cited Public Health 3.0 principles had led them to do more policy work that focused on upstream interventions. Also, those that do some case management services with community health workers or share other services across the community, are often fielding requests for housing assistance and navigating this. In response to part b of this question, they replied that collaborating outside of public health and outside their jurisdictions would be effective, but this is not happening to the extent it needs to be right now. This was the largest commonality in response to what could be improved.
5. What aspects of housing do you struggle with the most or you were least familiar with when you first started this work?	All professionals cited that understanding the development process was particularly difficult when they started doing housing work. They described the process as "mystifying" or "confusing", and complicated by the fact that it is often not standard community to community. Most health departments in the Kansas City region cover a county rather than individual cities so this is particularly of note.
6. What would have been most helpful to you or your colleagues when first starting to work on	"If there were some collection of literature reviews or something that's easily accessible that we could point to document public health does have a seat

housing needs, systems, and processes?	at the table (K. Saragnese, personal communication, February 21, 2025)". A collection of resources, data, and promising practices were all mentioned as pieces that would be helpful. Particularly, understanding the data around housing needs across their jurisdictions and how we got here as a region would be important to solving the problem and telling the story.
7. When you think about housing problems and housing solutions in [NAME OF COUNTY/TOWN] what do you think are leverage points unique to public health professionals? In other words, what are the potential win-win between public health and housing?	There were also many commonalities in these discussions. All participants mentioned that the power of messaging around healthier and more resilient communities was a strength that needed to be capitalized on. They also talked about the ability to serve as convener and bring many groups to the table through the CHIP model. Participants also discussed the historical trust communities have had in public health, and while it has been eroded since the pandemic, people are still relatively confident in public health.
8. What do you see are the positive aspects of aligning public health and housing initiatives? a. What are the negative aspects of this alignment?	Interviewees talked about the benefits of creating positive, multi-sector relationships and impacting health positively by focusing on upstream interventions. None spoke about any negative aspects of this work, but identified that they are "...not sure a lot of health departments feel equipped to handle this need, (V. Carson, personal communication, February 20, 2025)".
9. Is there anything else you'd like to add or discuss before we conclude our interview?	N/A

These interviews were approximately forty-five minutes in length and recorded only for my notes. The findings from these interviews, detailed in the table above, were used to help decide the components of the guide. In addition to these findings, I also looked for similar toolkits or guides that other organizations have published. With this information, I started by deciding on the components of the guide with the direction and assistance of my site preceptor. Based on this feedback, we decided it would be important to include sections across the public health planning process to help local

health departments along each step as they decide they might want to work in housing. The toolkit was created using a combination of Microsoft Word and Canva to draft and design the product. The following sections will detail the process of creating each section.

Health Starts at Home: Through the development of my literature review, I found that public health organizations and departments had begun before the pandemic. However, these efforts were catalyzed during the pandemic largely due to the influx of funds. This introduction covers these topics and establishes the importance of this work.

Housing Basics: This section was created to fill in the gaps identified by professionals during interviews. The section includes key terms that are often misused or confused when talking about community housing needs. Each term has a corresponding definition that was obtained from one of the reputable and highly regarded sources. These sources, as well as additional reading on each topic, are included in the far right column and serve to provide a sort of compilation, where a user could find further information about a topic that they want to learn more about. Each source for additional reading was picked intentionally by including a wide array of websites and content from organizations that offer additional helpful content for solutions. This was done with the goal of not just providing users one page to read, but a new wealth of work to learn from and follow.

Understanding Community Needs: This section was created as a quick one-pager over housing statistics in the Kansas City region that were compiled using MARC's Housing Data Hub.

Measuring Progress: The next page was created using findings from the CHIP Index and interviews, demonstrating the importance of not leading CHA respondents towards housing-related answers so there is a valid case for public health involvement if the community does prioritize housing. The questions that were included in the guide showed up in the CHIP scan across many CHAs in at least similar forms and those that interviewees said were important for gauging the public's readiness to tackle these issues. Additionally, many community partners and local health departments in the Kansas City region are familiar with or do work using the Johnson County Housing Continuum (Figure 1). This could be a helpful tool when deciding on the cope for housing interventions based on community data. To help with this, I included population metrics for each population along the continuum. Most CHA reports can be found publicly available on each health department's website and contain summarized data about the community in a manner that is meant to be understood by the public. If a community member is interested in seeing responses in more depth, they would need to reach out to the health department whose data they're interested in.



Figure 2: Johnson County Housing Continuum

Local Public Health Levers: The levers included in the toolkit were largely influenced by responses from interviewees on strengths of public health agencies involved in housing work.

Case Studies and Potential Actions: Case studies were obtained through a literature scan. Work included were those that most similarly fit the resource constraints and similar capacities of public health agencies in the region, and aimed to approach similar housing issues to those Kansas City faces, such as housing quality, maintenance, and cost-burdening. Additionally, size and make-up of the communities was considered to look for peer metro areas. For a local health department just starting this work, it is important to appropriately investigate the most pressing needs and immediate risks in a community before moving upstream. For instance, if there is a disproportionate population struggling with childhood asthma and it is determined that this is the result of mold at home, some sort of a healthy homes program should be the first place to start. However, once immediate needs are addressed, agencies should look further upstream at policies that could be passed or changed to create more housing that meets community needs.

After completion of the first draft of the toolkit, it was shared back with participants in the interviews for feedback. In the early stages of the development of the toolkit it was determined it may alternatively be helpful to have another dissemination strategy for sharing the information. Ms. Nagel and I decided that a presentation that could be given to students or health department staff could accomplish this well, so the presentation format of the guide was subsequently created.

Chapter 4 - Discussion

I feel that the work I have completed as a part of my APE and through the production of my portfolio products speaks to a new reality of public health. While it is essential to continue providing direct service that keeps communities safe from harm daily, we are systems thinkers at our core and must continue to explore how we can create healthier communities through these types of interventions. Working on social drivers of health does just this, and through my experiences and the experiences of those I work in partnership with each day, housing is often foundational to much of this.

I identified an important research gap that should be explored further through my literature review and APE. While there is a plethora of research demonstrating on the physical quality of structures impacts health, and the impacts of traumatic events like eviction or experiencing homelessness, there was less research on the short and long-term implications of housing cost burden. I recognize that this may be a difficult connection to make with many confounding variables that could also be impacting health, but it would be interesting to explore how long-term cost burden affects community stability and individual health outcomes.

While it is important to do all we can to help build healthier communities, through my project and experience I also learned the importance of playing to our strengths. Public health doesn't need to do it all alone, but we must have a seat at the table when looking for housing solutions. There are different funding streams, spheres of influence, and partners that public health agencies and professionals possess that many housing professionals do not and have proven to be pivotal in creating change in communities. There is also an advantage of being slightly outside the system to have the most influence. As housing professionals, we are working to dismantle historically unjust and dysfunctional practices, often while perpetuating them at the same time. This is demonstrated by public health, on the other hand, hasn't been involved in the same ways, and can use this as a powerful tool to leverage change.

I feel that the products I have created and the experiences I continue to have in my role have helped to fill a gap in our current understanding of how we can put the social driver of health work into practice. Even when searching prior MPH student projects for terms like "housing" and "affordable housing" I received no results, and "social determinants of health" only returned two projects. Contrastingly, I have rarely come across a public health professional in my work now who isn't working on or looking at social drivers of health in some way. Together, these facts demonstrate that communities are looking to be bold in the ways they approach community health, and we have an opportunity to be ready for this shift.

Chapter 5 - Competencies

Student Attainment of MPH Foundational Competencies

Table 5.1 Summary of MPH Foundational Competencies

Number and Competency		Description
5	Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	I obtained this competency by looking at different Community Health Assessments and Community Health Improvement Plans throughout the Kansas City region. By doing this I investigated how different agencies organize their CHIP work, whether it is led by the agency or hospital system. I also learned about agencies outside the region when searching for promising practices and other work.
6	Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and systemic levels	This knowledge has been foundational to all the work I have done throughout my role and APE. The Kansas City region has large inequities in its housing system from poverty and food access to homeownership rates. Our region has a fraught history of racist lending practices that still affect the health of our communities today.
7	Assess population needs, assets and capacities that affect communities' health	This is work I do every day when handling housing data to determine community needs in affordability, housing types, and locations. I also have done work interpreting this for a broader audience through the writing of blogs posted on MARC.org.
12	Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	I developed this competency through the work I have done at MARC to learn about the legislative process, particularly during the most recent session when housing and health topics have both been up for discussion frequently. I have learned the importance of using data to inform policy and included this within the guide I produced.
13	Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	This competency was achieved through the creation of my main APE product "Bridging Public Health and Housing". In this toolkit I provided recommendations of ways public health agencies and practitioners can be

		involved in housing solutions, particularly using convening and partnerships.
19	Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation	The presentation and guide I created were both tailored towards communicating with public health professionals about public health topics. I have also gained experience writing and presenting complex housing topics to general audiences during my APE through the creation of blogs.
21	Integrate perspectives from other sectors and/or professions to promote and advance population health	These are skills I began honing early in my career but was especially able to put into practice during my APE. During my experience, I took more leadership and ownership of my work and was more involved in collaborating across MARC's departments and with external partners. I have received feedback that I achieved the goal of performing well in these team environments and taking leadership roles
22	Apply a systems thinking tool to visually represent a public health issue in a format other than a standard narrative	This is largely the work of housing and public health as most of the interventions that need to happen are at the systems level. Many of the housing solutions needed in our region require policy interventions, live in institutions, and have been perpetuated by practice. The toolkit I created looks at the systems level to create more effective partnerships.

Table 5.2 Summary of Portfolio Product and Competencies Addressed

Portfolio Product		Number and Competency Addressed	
1.	A systems exploration of the status of intersect of public health and housing systems, and work going on in the Kansas City metro	5.	Compare the organization, structure, and function of health care, public health, and regulatory systems across national and international settings
		13.	Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
2.	Bridging Housing & Health: A Toolkit for Local Public Health Action	5.	Compare the organization, structure, and function of health care, public health, and regulatory systems across national and international settings
		6.	Discuss how structural bias, social inequities, and racism undermine health and create challenges to achieving health equity at the organizational, community, and societal levels

		7.	Assess population needs, assets, and capacities that affect communities' health
		12.	Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence
		13.	Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
		22.	Apply systems thinking tools to a public health issue
3.	Housing and Public Health 101: Presentation	21.	Perform effectively on interprofessional teams
		5.	Compare the organization, structure, and function of health care, public health, and regulatory systems across national and international settings
		19.	Communicate audience-appropriate public health content, both in writing and through oral presentation

Student Attainment of MPH Emphasis Area Competencies

The competencies listed in Table 5.4 below have been essential in my time at MARC, both in being able to better understand our scope of work and how our programming impacts the region. MARC has multiple programs and funding sources that ensure our communities have access to safe and nutritious food and integrates this work across a variety of knowledge areas. Because our organization has worked to ensure residents have access to safe and healthy food across our work outside of just nutrition, I have been able to apply the skills I learned, particularly in my Public Health Nutrition class, to understand how this access creates healthier communities. Similarly, I have been able to embed these principles in conversations I have with our staff to help bridge the gap between their work and mine and demonstrate the importance of housing in work around food access. FNDH 844, Nutritional Epidemiology, has been particularly helpful to me throughout the development of my ILE in understanding how the health of populations is all connected. To create healthier communities, we must be working at the system level to ensure base-level community needs are met, like food and shelter, before we can work on areas like saving for the future or buying a home. All my emphasis area courses were pivotal in helping me understand the far-reaching impacts social drivers of health have on our lives.

Table 5.3 MPH Foundational Competencies and Course Taught In

22 Public Health Foundational Competencies Course Mapping	MPH 701	MPH 720	MPH 754	MPH 802	MPH 818
Evidence-based Approaches to Public Health					
1. Apply epidemiological methods to settings and situations in public health practice	x		x		
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	x	x	x		
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	x	x	x		
4. Interpret results of data analysis for public health research, policy or practice	x		x		
Public Health and Health Care Systems					
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings		x			
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and systemic levels					x
Planning and Management to Promote Health					
7. Assess population needs, assets and capacities that affect communities' health		x		x	
8. Apply awareness of cultural values and practices to the design, implementation, or critique of public health policies or programs					x
9. Design a population-based policy, program, project or intervention			x		
10. Explain basic principles and tools of budget and resource management		x	x		
11. Select methods to evaluate public health programs	x	x	x		
Policy in Public Health					
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence		x	x	x	
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes		x		x	x
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations		x			x
15. Evaluate policies for their impact on public health and health equity		x		x	
Leadership					
16. Apply leadership and/or management principles to address a relevant issue		x			x
17. Apply negotiation and mediation skills to address organizational or community challenges		x			
Communication					
18. Select communication strategies for different audiences and sectors	DMP 815, FNDH 880 or KIN 796				
19. Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation	DMP 815, FNDH 880 or KIN 796				

20. Describe the importance of cultural competence in communicating public health content		x			x
Interprofessional Practice					
21. Integrate perspectives from other sectors and/or professions to promote and advance population health		x			x
Systems Thinking					
22. Apply a systems thinking tool to visually represent a public health issue in a format other than a standard narrative			x	x	

Table 5.4 Summary of MPH Emphasis Area Competencies

MPH Emphasis Area:		
Number and Competency		Description
1	Information literacy of public health nutrition	Inform public health practice through analysis of evidence-based policy, systems, and environmental change.
2	Compare and relate research into practice	Examine chronic disease surveillance, policy, program planning and evaluation, and program management, in the context of public health nutrition.
3	Population-based health administration	Critically examine population-based nutrition programs.
4	Analysis of human nutrition principles	Examine epidemiological concepts of human nutrition to improve population health and reduce disease risk.
5	Analysis of Nutrition Epidemiology	Describe criteria for validity in nutritional epidemiological methodology.

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Appendix 1 – CHIP Inventory

MARC Region Community Health Improvement Plan Index

Health Department	Jurisdiction	CHIP Cycle	CHIP Priorities
Wyandotte County Public Health	Wyandotte County, KS	2024 – 2028	Community Violence Health care access Employment and income Affordable housing or homelessness Drug Misuse Mental Health and suicide Chronic disease Poor nutrition or obesity
Johnson County Department of Health and Environment	Johnson County, KS	2025 – 2029	Affordable housing Jobs with livable wages Affordable mental health treatment Affordable healthcare coverage
Kansas City, Missouri Health Department	Kansas City, MO	2022 – 2027	Robust Public Health and Prevention Infrastructure Safe and Affordable Housing Trauma-informed and Funded Education

			Implementation of Medicaid Expansion Violence Prevention COVID-19
Jackson County Public Health	Eastern Jackson County (Jackson County except Independence and KCMO)	2023 – 2027	Housing and economic stability Mental and behavioral health
Northland Health Alliance	Platte and Clay Counties, MO	2024 – 2027	Access to transit Access to healthy food Access to M&BH
Cass County Public Health	Cass County, MO	2023 – 2025	Mental and Behavioral Health Social determinants of health Access to Care
Ray County Public Health	Ray County, MO	N/A	N/A
Miami County Public Health	Miami County, KS	N/A	N/A
Independence Health Department	Independence, MO	2025 – 2028	TBD
Leavenworth County Public Health	Leavenworth County, KS	N/A	N/A

Community Health Assessment Questions including housing:

Wyandotte County Public Health Department

- Have you experienced one or more nights where you did not have a place to stay within the last 12 months?

- In the past 12 months, did you have to stay with friends or family for an extended period of time (>1 week) due to lack of stability or reliability in your own living situation?
- If yes to Q25 or Q25a, please check ALL of the following resources you weren't able to access.
- If yes to Q25 or Q25a, what helped you gain housing or shelter again? [Select ALL that apply.]

JCPH

- Between 2020 and today, have you or your household been evicted or forced to move out of a residence? Please choose all that apply.
- Think about the place where you live. Do you have problems with any of the following? Please choose all that apply.
- Had to choose between buying groceries and paying another bill, such as utilities, medical bills, or gas/ transportation?
- Rating factors of community strengths/community concerns including SDOH topics

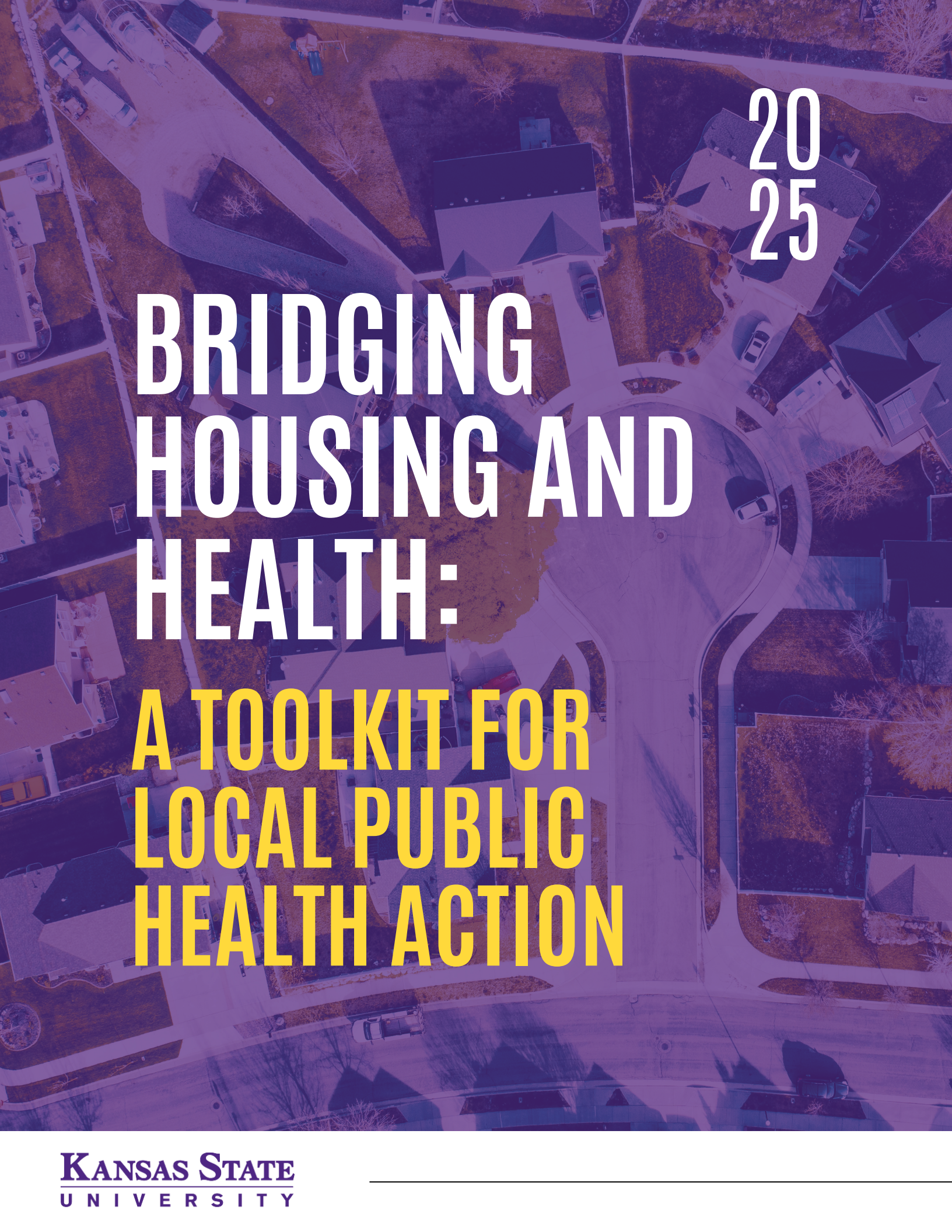
Johnson County DHE

- Ranks from strongly disagree to strongly agree and importance
- Affordable housing is available for all stages of life
- People find and keep jobs that pay well enough to support themselves and their families
- How often would you say you worried or stressed about finances?

Cass county – CHNA

- Scale rating with the housing question: “I can find affordable housing in my community”
- List of factors impacting health in your community, including a factor titled “housing and homelessness”

Appendix 2 – Toolkit



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BRIDGING HOUSING AND HEALTH:

A TOOLKIT FOR LOCAL PUBLIC HEALTH ACTION

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A message from the author:

This toolkit was created as a part of my culminating experience of my Master of Public Health degree as a practice-based project, combining professional experience, semi-structured interviews, and research on best-practices. The creation of this toolkit was intended to allow me to practice skills in data collection and systems-thinking principles, and gain knowledge on the typical structure and roles of local public health agencies. This toolkit is intended to be used by professionals at these local public health agencies, particularly in urban metro areas, but should only serve as a starting point for learning about the housing field. Information was obtained within the Kansas City metro, including Leavenworth, Wyandotte, Johnson and Miami counties in Kansas, and Platte, Clay, Ray, Jackson and Cass counties in Missouri. I greatly appreciate the time participants in this process have taken, and hope this serves as a starting point for this work.

Health Starts at Home

Housing is an important social driver of health. Access to stable, healthy, and affordable housing creates more resilient and connected communities.

Since the COVID-19 pandemic the field of public health has dramatically expanded its reach. The public awareness gained and additional resources devoted to making healthier communities that would better withstand the next emergency provided a basis to extend our reach. The systems level change local health departments, hospital systems, philanthropic organizations and nonprofits partners had been working to create for decades experienced a new burst of energy that allowed us to look even farther upstream towards systemically impacting the social drivers of health.

Through the pandemic we witnessed the most clear display of how systemic racism in our institutions and practices contributed directly to disparities in health outcomes. A meta-analysis that included over 4.3 million patients demonstrated that across the pandemic, a patient who identified as being from a historically marginalized racial group contributed to higher rate of disease and ICU admission. [1] Pandemic outcomes also highlighted the critical influence social drivers of health have on our lives.

Housing stability in particular has become an important element of the built environment as our housing crisis in America has worsened. The field of public health has taken notice to the many ways stable, healthy, and affordable housing creates healthier communities and has been called to action to help build more effective systems. [2] A pathway for doing this work that has become impactful in the Kansas City region is Community Health Improvement Planning (CHIP). CHIPs have long been a vessel for community change as they provide the space for innovation and intervention creation within the field, and in Kansas City, many local public health agencies have prioritized housing in their plans. This toolkit will provide a starting point for public health professionals engaging in housing work in their communities, many for the first time.

Housing Basics

Definitions and resources

Housing is a diverse field that engages many different disciplines and backgrounds. From development, local government processes, diverse financing models and more, there is a lot to cover and it can seem overwhelming at the beginning

Key Term / Concept	Definition	Additional Resources
Affordable housing	Housing that a household can pay for, while still having money left over for other necessities like food, transportation and health care	• <u>Basics of Affordable Housing - NYU Furman Center</u>
Workforce housing	Affordable to households at 80 - 120% of the area median income. Typically, these households make too much for assistance but not enough for market-rate housing.	• <u>Workforce housing and middle income housing subsidies - a primer, Brookings Institution</u>
Inclusionary Zoning	Policies or programs that require developers to set-aside 10-30% of units for lower-income renters. Some programs offer incentives.	• <u>A 2016 law makes IZ illegal in Kansas</u> • <u>Inclusionary Housing from Grounded Solutions Network</u>
Incremental Development	A type of development that focuses on smaller-scale projects to revitalize neighborhoods block by block	• <u>Incremental Development from Strong Towns</u> • <u>Incremental Development Alliance</u>
Housing cost-burden	When a household is spending more than 30% of their gross income on housing	• <u>Healthy People 2030 - Health and Housing Costs Lit Review</u>
Basics of housing development: Developing housing is complex, but usually consists of five main parts: creating a development strategy, site selection, predevelopment (permitting), construction, and occupancy. View the links to the right for more in depth information about a city's role in the process and how affordable projects are financed		• <u>Municipality's role</u> • <u>Affordable Housing Basics: Financing, Incentives and More</u>

Kansas City's housing needs at a glance

A regional lens

Attempting to address housing needs in the Kansas City region will look different for each and every community. However, it is important to keep a regional context in mind as housing supply and demand is connected across communities. All data obtained from the [**Mid-America Regional Council Housing Data Hub**](#) and can be found there.

The region **lacks** 64,000 units to meet the needs of low-income families.

\$1,278



Median monthly renter costs

37% of renters or 108,000 are cost-burdened

15% or nearly **85,000** households that **own their homes** are **cost-burdened**

215,000 occupied housing units with **1 or more documented housing problems**



\$1,777

Median monthly owner costs

Measuring Progress

Community Health Assessment Questions

Community Health Improvement Plans (CHIPs) are a powerful vehicle for creating community change and begin with a Community Health Assessment (CHA) that asks questions to get to the root of what is most impacting community health. While it may feel most important to collect data around housing, it is important to ask questions around all social drivers of health to ensure your CHIP is reflective of your community.

Many agencies in the Kansas City region follow the Johnson County Housing Continuum to determine what populations struggle the most with housing. As discussed above, it is important to remain balanced in questions about housing on a Community Health Assessment. However, there are a variety of metrics to collect and monitor that will assess community needs in each area. Below are recommended questions that could be included in a CHA to ascertain how housing issues are impacting community health, based on a scan of CHAs in the Kansas City metro. All can be found on each health department's respective website, or at [Kansas Health Matters](#).

CHA Questions

- Have you experienced one or more nights where you did not have a place to stay within the last 12 months?
- In the last year, have you or your household be evicted or forced to move out?
- In the past year, have you had to choose between buying groceries and paying another bill, such as utilities, medical bills, or gas/transportation?
- Many CHAs feature a lickert scale where respondents are asked to rate factors impacting their communities health. These should include factors across all SDOH areas, such as access to quality, affordable childcare, access to nutritious food, and transit access.

Measuring Progress

Potential Metrics by Housing Continuum Population



Johnson County Housing Continuum (Johnson County Government, n.d.)

Chronic Homelessness

Chronic Homelessness can be monitored using HUD's Point-in-Time Count data

Vulnerable Populations

Also determined through shelter visits for those that have a shelter, or partnerships with social service agencies. Using screening tools you can measure housing instability within these populations

Potential Homeowners

These needs could be determined by working with organizations providing home-buyer education in your jurisdiction to assess their demand for service.

Experiencing Homelessness

Metrics for these are harder to pin down. Some ideas include shelter visits within the jurisdiction and how many of those individuals are not chronically homeless

Cost-burdened renters

Cost-burdening can be obtained from HUD's Comprehensive Affordability Strategy (CHAS) data

Cost-burdened homeowners

This data can also be obtained and tracked yearly from HUD's CHAS data.

Local Public Health Levers

Gaps in housing solutions that can be filled by public health strengths

Interviews conducted with public health professionals in the Kansas City region and research on other public health efforts in housing identified multiple areas where public health agencies are uniquely positioned to act. All of these represent strengths of public health and actions that can be taken in housing work if not being done already.



Convening

Public health is by nature, a convener. The health of communities depends upon connections with social service agencies and residents.



Research

The field of public health has long been a subject matter expert in collecting, analyzing, interpreting, and communicating about data. There is an opportunity to use these research capabilities to fill a gap in housing studies



Policy & Advocacy

Public health agencies are looked to as experts on the health of their communities, and therefore many have experience in researching, writing and advocating for policy change.

Promising Practices

The following are promising practices of health departments in the United States making strides in their community's health by addressing housing needs. Each includes high level takeaways and a link for more information. A local example that could be expanded, made more robust, and better supported is [Kansas City's Healthy Homes program in partnership with Children's Mercy Hospital.](#)

Minneapolis Health Department



HiAP + Pb

- Used the Health in All Policies (HiAP) framework to address home lead exposure

[More information here](#)

Alameda County



Asthma Start Program

- Uses a community partnership approach to addressing childhood asthma

[More information here](#)

Boston, Massachusetts



Housing partnerships in the city of Boston

- The Boston Public Health Commission, Boston Housing Authority, university, and hospital partners align work for healthy housing

[More information here](#)

Illinois Housing Development Authority



H3C Partnership

- Convened healthcare and public health agencies with developers for capacity building

[More information here](#)

Public health has a seat at the table in housing conversations. These agencies have important skills that are needed to solve housing issues, of which cannot be addressed in silos. It is essential to create the greatest impact through partnership and data-driven solutions.

Acknowledgements

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We thank you for your contributions and all the work you do for communities across the Kansas City region.

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*sources are listed in the order they appeared. All links were current as of 3/17/2025 but have not been monitored for their existence since, particularly pertaining to federal websites

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Appendix 3 – Toolkit presentation



BRIDGING HOUSING AND HEALTH:

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A TOOLKIT FOR LOCAL
PUBLIC HEALTH ACTION

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Health Starts at Home

Housing is an important social driver of health. Access to stable, healthy, and affordable housing creates more resilient and connected communities.

- Housing as a social driver of health has increasingly become more widely recognized
 - Highlighted with health disparities and outcomes witnessed during the pandemic
- A home that promotes safety & stability, access to healthy food, and economic opportunity promotes health

Social Determinants of Health



Social Determinants of Health
Copyright-free

 Healthy People 2030

Housing Basics

Housing is a diverse discipline with a steep learning curve that can feel overwhelming at first...and that’s okay!

Key Term / Concept	Definition	Additional Resources
Affordable housing	Housing that a household can pay for, while still having money left over for other necessities like food, transportation and health care	• Basics of Affordable Housing - NYU Furman Center
Workforce housing	Affordable to households at 80 - 120% of the area median income. Typically, these households make too much for assistance but not enough for market-rate housing.	• Workforce housing and middle income housing subsidies - a primer, Brookings Institution
Inclusionary Zoning	Policies or programs that require developers to set-aside 10-30% of units for lower-income renters. Some programs offer incentives.	• A 2016 law makes IZ illegal in Kansas • Inclusionary Housing from Grounded Solutions Network

Housing Basics Continued

Key Term / Concept	Definition	Additional Resources
Incremental Development	A type of development that focuses on smaller-scale projects to revitalize neighborhoods block by block	• Incremental Development from Strong Towns • Incremental Development Alliance
Housing cost-burden	When a household is spending more than 30% of their gross income on housing	• Healthy People 2030 - Health and Housing Costs Lit Review
Basics of housing development	• Creating a development strategy • Site selection • Predevelopment (permitting) • Construction, • Occupancy	• Municipality's role • Affordable Housing Basics: Financing, Incentives and More

Kansas City's Housing Needs | A regional lens

The region lacks **64,000** units to meet the needs of low-income families.

37% of renters or **108,000** are **cost-burdened**

\$1,278



Median
monthly renter
costs

215,000 occupied
housing units with **1**
or more documented
housing problems



15% or nearly **85,000** households
that **own their homes** are **cost-**
burdened

\$1,777

Median
monthly
owner costs



Measuring Progress

Potential CHA Questions

- Important that questions cover all social determinants of health for an accurate representation of community health
 - Have you experienced one or more nights where you did not have a place to stay within the last 12 months?
 - In the last year, have you or your household be evicted or forced to move out?
 - In the past year, have you had to choose between buying groceries and paying another bill, such as utilities, medical bills, or gas/ transportation?
- Many CHAs feature a lickert scale where respondents are asked to rate factors impacting their communities health. These should include factors across all SDOH areas, such as access to quality, affordable childcare, access to nutritious food, and transit access.

Measuring Progress

Metrics by population on the Johnson County Housing Continuum



Chronic Homelessness

Chronic Homelessness can be monitored using HUD's Point-in-Time Count data

Experiencing Homelessness

Metrics for these are harder to pin down. Some ideas include shelter visits within the jurisdiction and how many of those individuals are not chronically homeless

Vulnerable Populations

Also determined through shelter visits for those that have a shelter, or partnerships with social service agencies. Using screening tools you can measure housing instability within these populations

Measuring Progress

Metrics by population on the Johnson County Housing Continuum



Cost-burdened renters

Cost-burdening can be obtained from HUD's Comprehensive Affordability Strategy (CHAS) data

Potential Homeowners

These needs could be determined by working with organizations providing home-buyer education in your jurisdiction to assess their demand for service.

Cost-burdened homeowners

This data can also be obtained and tracked yearly from HUD's CHAS data.

Local Public Health Levers

Gaps in housing solutions that can be filled by public health strengths

01

Convening

Public health is by nature, a convener. The health of communities depends upon connections with social service agencies and residents.

02

Research

The field of public health has long been a subject matter expert in collecting, analyzing, interpreting, and communicating about data. There is an opportunity to use these research capabilities to fill a gap in housing studies

03

Policy & Advocacy

Public health agencies are looked to as experts on the health of their communities, and therefore many have experience in researching, writing and advocating for policy change.

Promising Practices

Illinois Housing Development Authority

H3C Partnership

- Convened healthcare and public health agencies with developers for capacity building

[More information here](#)

Minneapolis Health Department

HiAP + Pb

- Used the Health in All Policies (HiAP) framework to address home lead exposure
- See also Kansas City Healthy Homes program with Children's Mercy

[More information here](#)

Boston, Massachusetts

Housing partnerships in the city of Boston

- The Boston Public Health Commission, Boston Housing Authority, university, and hospital partners align work for healthy housing

[More information here](#)

Alameda County

Asthma Start Program

- Uses a community partnership approach to addressing childhood asthma

[More information here](#)

Acknowledgements

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The Jackson County Public Health Housing and Economic Stability Lab

We thank you for your contributions and all the work you do for communities across the Kansas City region.

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Appendix 4 – IRB Approval Letter

TO: Elaine Johannes
Manhattan, KS 66506
Applied Human Sciences

Proposal Number: IRB-12645

FROM: Lisa Rubin, Chair
Committee on Research Involving Human Subjects

SUBJECT: Clearance for Non-Research Project

DATE: 02/14/2025

RE: "Exploring the Intersections and Areas of Alignment in Housing and Public Health."

The Institutional Review Board (IRB) for Kansas State University has reviewed the proposal identified above and has determined that this is a **Non-Research Application**. The proposed activity as described does not meet the criteria in 45 CFR 46 for the definition of "research" involving human subjects, and therefore does not require review by the Committee for Research Involving Human Subjects (IRB).

This determination applies only to the proposal/document currently on file with the IRB. Any change affecting human subjects must be approved by the IRB prior to implementation.

Feel free to call our office if you have any questions.

Electronically signed by Lisa Rubin on 02/14/2025 10:52 PM ET

Appendix 5 – Semi-structured interview questions

**Public Health and Housing – Semi-structured interview questions by Anna Van Brunt
Jan. 2025**

(SCRIPT) The purpose of the following interview questions is to gather data that will inform the development of a guide for public health professionals engaging in housing programs that support the [NAME OF THE COUNTY/TOWN] community health improvement plan. The questions focus on housing needs, systems, processes and recommendations for improvements that can be included in the guide. May I record our interview on my cell phone? This recording and transcript of our interview will only be used as notes to supplement my memory of your input. Thank you.

1. Can you state your name, organization, and role?
2. How did you get involved in housing work as a public health professional?
 - 2a) What kinds of housing work or programs have you been involved in?
3. What do you think are the connections between public health and housing?
 - 3a) Do most public health professionals also understand those connections?
 - 3b) Why or why not?
4. How does your organization or your work currently focus on housing?
 - 4a) Do you think most public health organizations currently have a focus on housing?
 - 4b) Do you think this current work is effective? I
 - 4c) If it is effective, what contributes to that effectiveness?
 - 4d) If it's not, how can it be improved?
5. What aspects of housing do you struggle with the most or you were least familiar with when you first started this work?
6. What would have been most helpful to you or your colleagues when first starting to work on housing needs, systems, and processes?
7. When you think about housing problems and housing solutions in [NAME OF COUNTY/TOWN] what do you think are leverage points unique to public health professionals? In other words, what are the potential win-wins between public health and housing?
8. What do you see are the positive aspects of aligning public health and housing initiatives?
 - 8a) What are the negative aspects of that alignment?
9. Is there anything else you'd like to add or discuss before we conclude our interview?

(SCRIPT) Thank you for your time and thoughts today. I'll be connecting back with you a [#] weeks ahead to ask you to review a draft of the guide I'm developing for public health professionals who are working to address housing issues. If you have questions, I can be reached at [provide email].