



Identifying Needs of Rural Healthy Housing Organizations Questionnaire: Summary Report

Introduction

In November 2022, the [National Center for Healthy Housing \(NCHH\)](#) and the [National Environmental Health Association \(NEHA\)](#) launched the *Identifying Needs of Rural Healthy Housing Organizations Questionnaire*. The goal of the questionnaire was to hear from organizations providing healthy housing and environmental health services in rural areas and communities about their needs, challenges, and opportunities, to inform development of future resources and tools from NCHH and NEHA to support these organizations.

The questionnaire was open from November 17, 2022, to January 31, 2023. NCHH and NEHA promoted the survey to audiences of healthy housing, environmental health, and public health professionals and advocates through newsletters, listservs, and social media. It was open to any organization working on healthy housing and/or environmental health in rural areas, regardless of how the respondent defined those terms. Respondents had the option to complete the questionnaire without providing any specific identifying information (including their personal, organizational, and specific locational information). Forty-seven percent (47%) of respondents chose not to provide identifying information when completing the questionnaire.

The questionnaire received 180 responses; however, participants only averaged a completion rate of 43%. Open-ended questions received the fewest responses overall.

This summary provides an overview of key results from the questionnaire. Full results are [available in the appendix](#). Corresponding question numbers are noted parenthetically in italics (e.g., *Q1*) throughout this summary.

Respondent Profile








The respondents included those located in or providing services to 37 states.

This information was collected in two ways: First, 85 respondents across 31 states chose to provide their identity when completing the questionnaire; second, all respondents, both anonymous and non-anonymous, could answer a question about service area (*Q6*), and the responses to that question (N=117) included 37 states.

The states represented included all federal regions of the U.S. The responses were spread evenly across the states, with most states receiving fewer than five



KEY TAKEAWAYS

-  Public health was the primary focus for most respondents.
-  Rural public health professionals described housing as a key issue.
A lack of safe and affordable housing—and barriers that respondents face to address it—was raised many times throughout the questionnaire responses.
-  Most respondents said mold and energy efficiency are problems in their community.
-  Respondents reported that residents of lower-income communities and residents of color are disproportionately impacted and reported barriers to accessing healthy housing services.
Respondents are highly interested in receiving technical assistance on increasing equity and resident access to services to address hazards in homes.
-  Respondents described challenges to securing funding, especially for home repair.
-  Innovative projects identified by respondents focus on partnerships and training/capacity building for communities.
-  Respondents are interested in rural-specific opportunities and resources, especially partnerships with subject matter experts

responses. Only North Carolina and Oregon tallied between five and nine responses, and Maryland was an outlier with 19 responses. Nine responses to the question about service area discussed serving tribal communities or populations (either in a broader area, such as “throughout the state of California,” or in specific tribal areas).

The primary focus of many organizations was public health.

Across all responses (N=177), when asked about the primary focus of their organization (Q5), 59% of respondents chose public health, 38% chose healthy homes or housing quality, 34% chose environmental health, 27% chose access to housing, and responses to all other options reached no more than 25%. Response options were nonexclusive (presented in a “check all that apply” format).

We used the results from this question to form breakout groups for comparison, where appropriate, for the rest of the survey questions. To compare how differently focused organizations see their community’s needs and capacity, we segmented the organizations focused on **public health** (selected public health and/or environmental health, N=76), **housing** (selected healthy homes, access to housing, and/or housing and building codes, N=56), and **healthcare** (N=28).

Respondents were roughly split between governmental and nonprofit organizations and most are working locally.

Across all responses (N=117), when asked about the type of organization they represented (Q4), 28% chose local or state government (with about two thirds of those being local government), and 25% chose local, state, regional, or national nonprofit (with a little over two thirds of those being local nonprofits). Healthcare providers totaled 7% of responses; all other choices were selected by fewer than 3% of respondents. Local governments and nonprofits together represent almost 38% of the responses. Seven respondents selected either tribe, tribal government, or tribal organization. Response options were nonexclusive (presented in a “check all that apply” format).

The public health group was made up of mostly governmental entities (45% representing local governments and 14% representing state governments). This group had slightly fewer nonprofits than the respondents overall. The housing group had a slight majority of nonprofits (almost 54% covering all sizes of nonprofits). This group also had a higher proportion of governmental organizations compared to the group overall but not as high as the public health group. The healthcare group included 36% healthcare providers and 32% local nonprofits.

Describing Your Community

Respondents described low-income households and communities of color as being disproportionately impacted by poor housing quality and see housing availability/affordability and housing quality as a significant issue for these groups.

In an open-ended question (Q7), respondents (N=101) were asked to describe the population in their community that is being disproportionately impacted by healthy housing issues. Almost half of the responses discussed individuals and households with low incomes or who are living in poverty. About a third of responses discussed communities of color or impacts to specific racial/ethnic groups, including

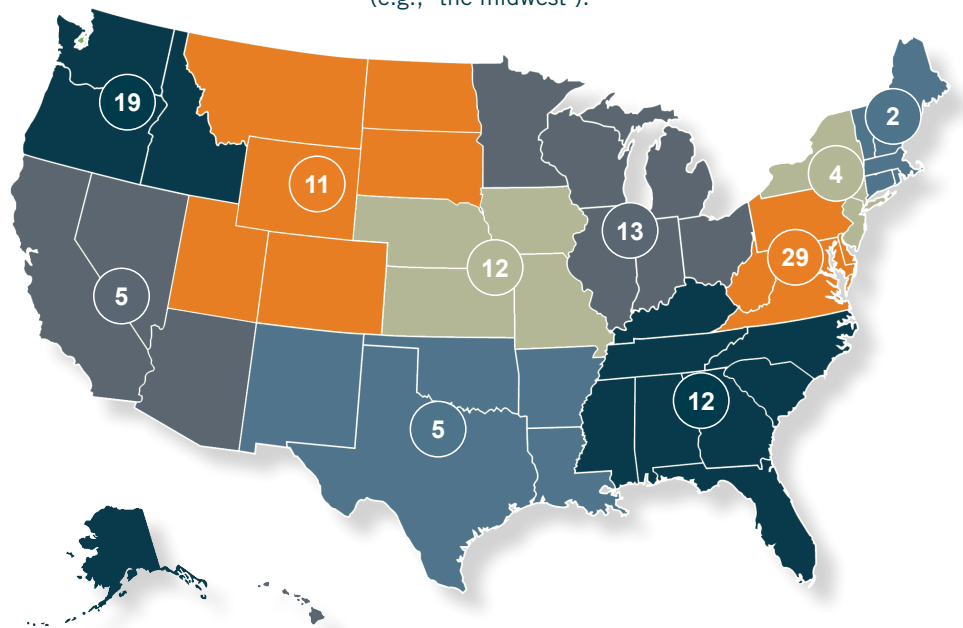
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BIPOC organizations in Mississippi face daunting challenges locally accessing public and private resources to transform our communities into healthy and thriving places due intergenerational institutional and systemic racism.

Duck Hill, Mississippi

Respondent Geographic Mix by EPA region

N=112. Includes all responses mentioning a specific state(s) or federal region, both identified and anonymous; does not include responses indicating a general geography (e.g., "the midwest").



14 responses that mentioned tribal communities and/or Native American residents. Groups that were mentioned in 5-10 responses included people who are unhoused or homeless, people with disabilities, immigrants, and people with mental illness or experiencing mental health impacts.

While Q7 did not specifically ask respondents to characterize the issues affecting these populations, some respondents included that information in their answers, with 25 responses to this question discussing limited available and/or affordable housing in the community and 12 responses describing poor quality or substandard housing, with some common issues being lead hazards, older homes, and indoor air quality.

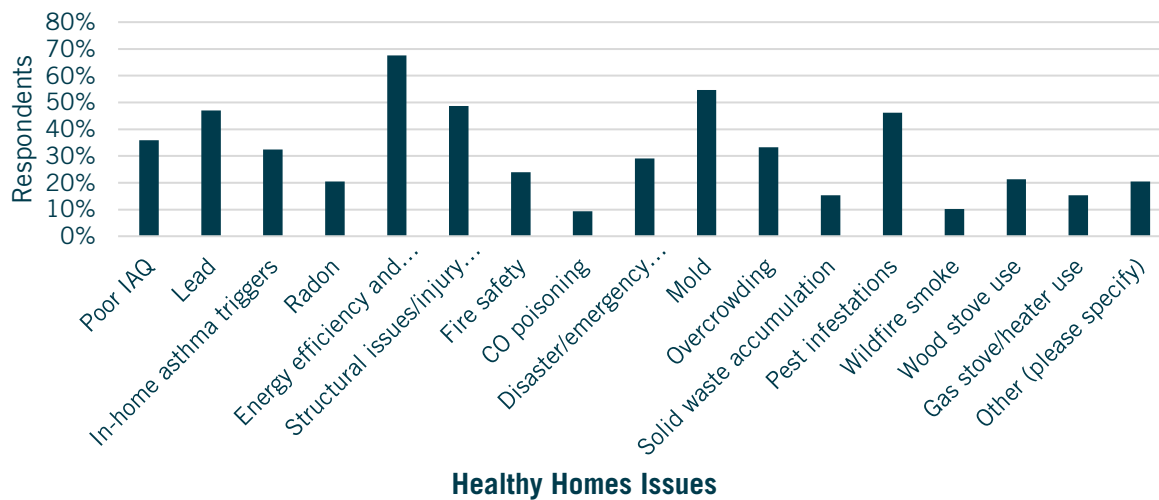
When asked about healthy housing issues in their communities, most respondents identified energy efficiency and mold, and a third or more identified structural issues, lead, poor indoor air quality, and overcrowding.

When choosing from a list (Q8), respondents (N=117) identified energy efficiency and weatherization as the top issue at 67%. The least chosen issue was carbon monoxide poisoning at 9%.

Between the breakout groups:

- The housing group rated **structural issues/injury hazards/falls** and **pest infestations** higher than both the public health and healthcare groups.

What are the biggest healthy homes issues/needs you see in your service area?



- The public health group rated **lead**, **fire safety**, and **disaster/emergency preparedness** higher than both the housing and healthcare groups.
- The healthcare group rated **disaster/emergency preparedness** higher than the housing group (but lower than the public health group). There were no topics that the healthcare group rated higher than both the other groups.

Generally respondents said that residents report barriers to eligibility and/or difficulty accessing services to address healthy housing issues in their communities.

When asked to rate a series of statements about the community landscape and capacity from “strongly agree” to “strongly disagree” (Q13), respondents (N=75) were neutral on most statements but agreed on the existence of barriers to services for residents and disagreed that the general public is knowledgeable about healthy housing issues and that they have good community resources to fix environmental hazards.

Between the breakout groups:

- The healthcare group was more likely to agree that the general public is knowledgeable about healthy housing issues than the housing and public health groups.
- The housing group was more likely to agree that existing coalitions in the community function effectively than both the public health and healthcare groups.
- The public health group was more likely to disagree that resources exist to fix

environmental hazards than the housing and healthcare groups.

- The housing group was less likely to agree that residents report barriers than both the public health and healthcare groups.

Organizational Needs and Capacity

Respondents expressed the most difficulty securing funding for home repair and the least difficulty funding health services.

Respondents (N=73) were asked to rate their ability to secure funding for a variety of program activities and services, with options ranging from “we have continual/

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Environmental health problems in our communities can be attributed to barriers to care, including workforce shortages, transportation issues, health literacy, and stigma in rural communities. Deficiencies in rural healthcare (i.e., sufficient and trained workforce), along with unique socioeconomic challenges, exacerbate the problems associated with rural health.

Tempe, Arizona

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Sometimes it's hard for our midsize town and midsize/rural county to find funding in our population niche—we often don't qualify for completely rural/under-20,000-people grants, and we don't qualify for funding available for urban areas.

Anonymous, Iowa

recurring and adequate funding for this activity” to “we have never been able to fund this activity.” (Q11). The total average scores for almost every activity fell somewhere between the options of “we have regular funding for this activity but have to regularly seek it out” and “we often struggle to find adequate funding for this activity.” Home repair was rated the hardest to fund, closely followed by solid waste removal/pickup, grassroots advocacy/policy and systems change, external workforce development, and general or unrestricted funds. However, solid waste, grassroots advocacy, and external workforce development all had more than a third (and sometimes as high as 65%) of respondents selecting N/A or don't know, creating a smaller respondent pool for those answers.

Between the breakout groups:

- The healthcare group had an easier time funding community outreach and education, communications, convening/partnership development, and general operating expenses than both the public health and housing groups.
- The public health group had a harder time funding home repair than both the housing and healthcare groups.

Respondents were most interested in receiving technical assistance and resources on increasing equity and resident access to services and least interested in receiving technical assistance and resources on workforce development.

Respondents (N=73) were asked to rate a series of topics on how interested they would be in receiving technical assistance or resources on those topics (Q9). The overall group was most interested in equity and resident access, followed by funding, policy development, program development, and data.

Internal and external workforce development were ranked in the bottom two.

Between the breakout groups:

- The healthcare group was much less interested in funding and policy development than the Housing and Public Health groups.
- The public health group was more interested in equity and resident access, program development, and data than the housing and healthcare groups.

Respondents expressed interest in rural-specific opportunities and resources, especially partnerships with subject matter experts.

When asked to indicate interest in a list of opportunities and resources (Q10), most respondents (N=75) were interested in all options, especially partnership with subject matter experts, utilizing fact sheets or infographics, and attending or presenting on webinars.

Among the breakout groups, the Housing group was more interested than the public health and healthcare groups in four out of five options, especially webinars. Both the housing and public health groups were more interested than the healthcare group in fact sheets.

Respondents experienced challenges with funding streams, eligibility, and costs, among other issues.

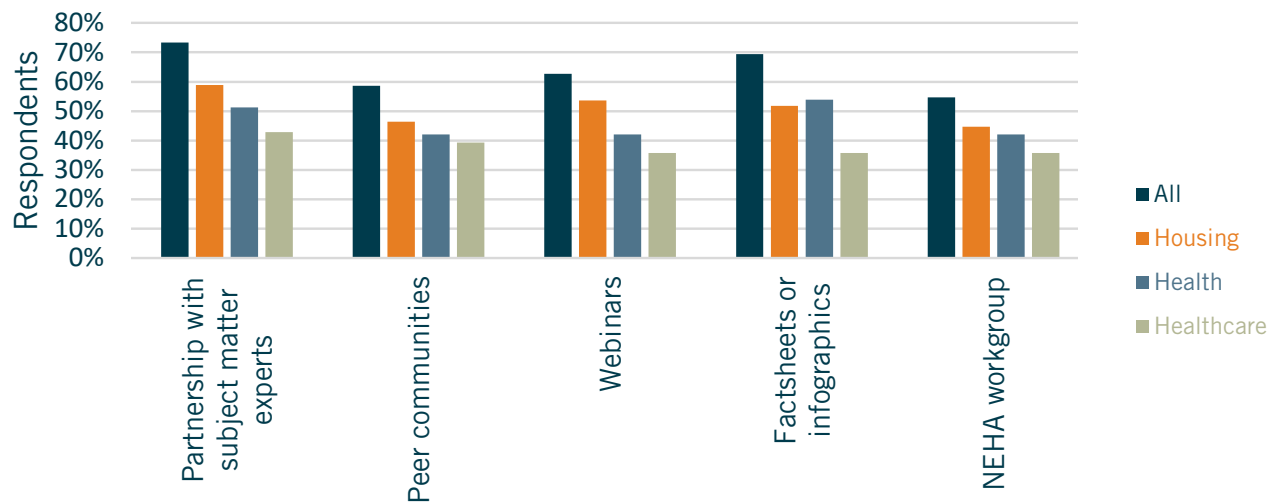
When asked to describe what national groups and funders should know about unique challenges in their communities (Q14), common themes from respondents (N=55) included requirements on existing funding streams that make them hard to access, high costs of housing and housing repairs, lack of capacity in local contractors, inadequate enforcement of housing codes, and an overall lack of housing.

I wish they understood the importance of investing in the organization's operations. [Operations] are just as important as programmatic funding. Additionally important is recognizing [that] the variety of housing stock includes manufactured housing. Lastly, rural communities are inherently distrustful and it is hard work to build trust and confidence that help won't come with strings attached.

– Fulton, Arkansas

U.S. citizen children are living in unsafe and inadequate housing because their parents are undocumented and cannot access assistance under current rules ([e.g.], Weatherization, USDA homeownership programs, etc.). Housing costs are

Interest in Selected Resources and Opportunities



incredibly high for substandard housing because landlords take advantage of families' lack of power and the shortage of available units, and housing codes are not enforced.

– Hendersonville, North Carolina

Lack of town government to understand issues on health hazards. The lack of local entities to apply for grants to increase housing. The lack of housing enforcement if and when knowledge is provided on housing quality.

– Anonymous, North Carolina

Innovations and Thinking Big

Respondents were excited about projects that focus on partnerships and providing holistic services centered around housing quality.

When asked to share some innovative or exciting healthy homes programs and service delivery models (Q15), respondent (N=33) answers included several that described partnerships, a goal to address multiple issues in the home at the same time, training to increase community capacity, and engaging with community health workers. A few of the specific examples are described below.

A large health service provider, TidalHealth, recently partnered with Chesapeake Housing Mission in addressing healthy [homes] in rural Maryland. Utilizing a community health worker (CHW), the hospital identifies homeowners that require housing repair assistance and refers them to Chesapeake Housing who conducts the repairs.

– Annapolis, Maryland

I just finished a pilot program called Healthy Loving Environment which taught healthy home concepts to childcare workers. It was a hit!

– Oconto, Wisconsin

We have created teams that visit homes with lead/asthma that include a nurse, [an] EH technician, and [a] community outreach worker. This model helps address or redirect the family to resources they need for the health of the entire family not just the one child about whom we were notified.

– Pittsboro, North Carolina

We've partnered with tribal programs to provide training to community health representatives on how to perform home assessments to identify common injury hazards in homes, particularly homes occupied by elders.

– Tempe, Arizona

Respondents saw an adequate supply of safe and affordable housing as part of a larger picture of a healthy community.

When asked to share a wish list or dream healthy housing project, if funding was not an obstacle (Q16), respondents (N=51) shared big-picture ideas about transforming communities. Common themes included building and repairing affordable housing, building housing for specific populations (e.g., senior housing), lead remediation, and enforcement of housing standards.

We are working on a neighborhood revitalization project but are struggling to find funding for pieces of it. I would fund that project comprehensively because it has so many components that address

homes and families' holistic health—the structure of their home, the external appearance, their family's health and income, and access to existing services, as well as the health of the neighborhood as a whole—commercial properties, safety, outdoor recreation space, connections to the local school, etc.

– Anonymous, Iowa

1. Assistance to homeowners through grants or no-interest loans to repair homes where there have been identified hazards. 2. Provide local on-site education/support to assist local government with understanding and applying for federal grants. 3. Provide free workshops to educate local building and code officials on health hazards in residential homes and neighborhoods.

– Anonymous, North Carolina

There are three: 1. A mixed commercial/residential development with approximately 60 units (1-, 2-, and 3-bedroom) right downtown. 2. Student housing for community college students and families, split with workforce housing. 3. An SRO program for people transitioning out of homelessness.... I'd love to see programs that include fractional equity, too, so that residents leave with a housing trust made from a percentage of their rental payments which could be used for a down payment on a home or for their next rental.

– Anonymous, Oregon

Energy audits, weatherization, and electrification of tribal housing to reduce use of wood stoves and increase monies in tribal pockets for basic necessities and needs, to mention one dream.

– Washington State

Wish list would be enough funding to abate any lead issues identified during a risk assessment. It would be great to have money available for families to provide adequate plumbing and lighting within a house. Landlords should also be held to a better accountability in housing when renting. Small rural towns with limited housing options do not

For additional information and resources related to healthy housing in rural communities, visit ...

<https://nchh.org/information-and-evidence/learn-about-healthy-housing/in-rural-communities/>

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Housing issues aren't just a metro problem; even with a smaller population, these areas experience the same kind of issues in their housing stock.

Hemingford, Nebraska

have zoning or other means to help hold landlords accountable. In the end, the town has no idea what homes are rentals and which ones are not.

– Macomb, Illinois

Conclusion

In addition to the questionnaire, NCHH and NEHA held an informal series of roundtable discussions with rural organizations providing healthy housing services in late 2022 and early 2023. Several of the key conclusions from those discussions echoed the responses from the questionnaire, including both the highlighted needs:

- Geographical location can impact community outreach and housing and environmental health mitigation if residents are spread out or isolated.
- Funding eligibility creates a challenge for rural communities.
 - Participants felt that there are deficiencies in the way that programs are designed at the federal level.
 - Participants stressed that decision-makers and the public are not knowledgeable regarding rural communities, the major differences in environment, or conditions at the ground level; therefore, funding eligibility is a challenge for rural communities.
- There is a need for workforce development and support.
- The lack of available housing, as well as a lack of enforcement or regulation of housing standards, creates a need throughout rural communities.
- Equity is a significant concern in rural communities. Low-income and residents of color bear a disproportionate burden of poor housing quality. To serve all residents adequately,

especially those disproportionately impacted, organizations may need training or resources on engaging in culturally competent and respectful community engagement.

And the noted opportunities for collaboration and outreach:

- Organizations utilize a variety of programs and resources to address the biggest healthy housing and environmental health issues.
- Cross-sector collaboration can increase efficiency and provide better services for residents in rural and tribal communities.
- Community outreach can be increased by training members of the community and employees to be trainers.

Both the respondents to the questionnaire and the participants in the roundtables demonstrated that, while their communities face barriers to environmental health and healthy housing, the organizations and

individuals working to address these issues are innovating new approaches, thinking clearly about the challenges they confront and where they'd like to be, and are interested in working with others to get there.

NCHH and NEHA look forward to continuing these conversations and providing support to rural communities and organizations as they navigate these issues. If you have any thoughts, feedback, or are interested in engaging on this topic, contact Anna Plankey at aplankey@nchh.org. You can also:

- Review our [Rural Healthy Housing and Environmental Health Fact Sheet](#) and [Rural Communities and Healthy Housing Primer](#).
- Review our [Federal Funding for Rural Healthy Housing Fact Sheet](#) and [Applicant Guide](#).
- Join NEHA's [Rural/Frontier Committee](#).



National Center for **HEALTHY HOUSING**

This resource was made possible through a contract between the National Environmental Health Association (NEHA) and the National Center for Healthy Housing, funded through cooperative agreement CDC 6 NU38OY000300-05-02 between the Centers for Disease Control and Prevention (CDC) and the National Environmental Health Association. The contents of this resource are solely the responsibility of the authors and do not necessarily represent the official views of the National Environmental Health Association or the Centers for Disease Control and Prevention.