

# Long-Term Rent Assistance Program

## Evaluation Final Report

*July 2019*

### CORE TEAM

Natalie Royal Kenton, MS, MPH  
Kayla McMenamin, MPH  
J.B. Rinaldi, PMP

### CONTACT

Natalie Royal Kenton  
[natalie.kenton@providence.org](mailto:natalie.kenton@providence.org)

Center for Outcomes Research and Education, Providence Health & Services • 5251 NE Glisan St., Bldg. A, Portland, OR

**CORE**

Center for Outcomes  
Research and Education

# Contents

Introduction .....	3
Evaluation Methods .....	4
Interview Participants .....	5
Key Findings .....	6
Additional Findings.....	17
Conclusion.....	19



# Introduction

## The Long-term Rent Assistance Program

The rental market in Multnomah County has become increasingly more expensive and competitive over the past few years. This has diminished affordable housing options for low-income individuals and families, which has made it especially difficult on people during a prolonged closure of the Section 8 housing voucher list in the county. More and more people are being pushed out of homes and neighborhoods where they had lived for years, and many are being forced into unstable housing situations and homelessness – sleeping on friends’ couches, moving into cars and trailers, or living on the streets.

Identifying the housing crisis as a need requiring immediate action, Northwest Pilot Project (NWPP) partnered with Home Forward, Meyer Memorial Trust, the Joint Office of Homeless Services (funded by Multnomah County and the City of Portland), JOIN, and CareOregon to pilot a new funding mechanism in 2017 – the Long-term Rent Assistance (LRA) program. LRA focuses on two vulnerable populations in Multnomah County: rent-burdened or homeless seniors, and others experiencing (or at serious risk of) homelessness.

Through financial assistance to offset the rising costs of rent and continued gaps in federal funding, LRA was created to provide a long-term monthly rental housing subsidy for eligible participants, allowing them to remain in their homes or become housed for the foreseeable future. LRA started as a small pilot of 45 participants to test the effectiveness of the model. Eligibility criteria is shown in **Exhibit 1**. The LRA pilot ran from January 2018 to June 2019, but the rent subsidies are ongoing.

**Exhibit 1. LRA Program Eligibility Criteria**

	NWPP	JOIN
Over the age of 55	X	
Resides in Multnomah County	X	X
Enrolled in Housing Program at NWPP	X	
Enrolled in Mobile Permanent Supported Housing program		X
Experiencing one or more disabling conditions requiring longer term access to services		X
Income at or below 30% Medium Family Income	X	X
Experiencing (or at-risk of) homeless	X	X
Paying more than 70% of income on rent	X	X
Residing in rental units that are rent reasonable and can meet Home Forward’s inspection standards	X	X
No other options that will prevent or end homelessness	X	

## The Evaluation

In 2018, the Center for Outcomes Research and Education (CORE) was contracted by NWPP to conduct a longitudinal qualitative evaluation of the LRA pilot program. The evaluation had one main objective: **To explore the initial impacts of a long-term rent subsidy on a person’s life and wellbeing over time.**

Through interviews, we asked program participants to tell us how their lives have changed since joining the LRA program at six- and 12-months post receipt of their first subsidy, and to compare their current experiences to the time before joining the program. Most questions were open-ended and allowed the participant to discuss any type of program impact; however, we also asked specific questions about housing stability, physical health, mental health, and financial impact.

# Evaluation Methods

## Longitudinal Interviews

We conducted longitudinal interviews with participants six months after receiving their first subsidy and again six months later (12 months after receiving their first subsidy). To participate, interviewees had to be current LRA recipients, have been using the subsidy for at least six months by October 2018, speak English, and be considered the “head of household.” Incomplete or outdated contact information was updated by NWPP and JOIN. Additionally, we did not contact any program participants who NWPP or JOIN had concerns about their health or wellness (n=2).

Participants were not required to complete both interviews. Eighteen individuals completed both interviews, with two participants lost to follow up after the first round and two participants added in the second round of interviews. The added participants’ responses were included in the six-month interview responses due to time that they have been in the program. In total, we completed 40 interviews, 36 of which were included in the trajectory analysis (see analytic approach below for more details).

We developed a mixed-method interview guide that included open-ended, semi-structured questions, as well as several closed-ended, structured (survey-like) questions. At the end of the interview, we asked participants if they would allow us to take photographs of their homes to include in our reporting, which was voluntary. All interviews were recorded and transcribed.

## Analytic Approach

### Framework analysis to identify main themes

The “Framework” method is an analytic approach that helps researchers identify similarities and differences in qualitative data. It allows for both descriptive and explanatory conclusions based around themes within the data.<sup>1</sup> We created an analytic framework based on the different types of impacts that were mentioned by participants. We created a code for each type of impact and double-coded each transcript. To analyze the data, we created a framework matrix where we summarized quote content to understand the characteristics of each impact type and identified common “themes.” A theme needed to be mentioned by at least five participants to be included in the framework.

### Trajectory analysis to track themes over time

Following the Framework method, we employed the “Trajectory” method, which enabled us to analyze the qualitative data over time.<sup>2</sup> This view allowed us to see how impact themes for an individual evolved throughout the course of the interviews and identify similar trajectories across participants. Individuals who only completed one interview were not included in this part of the analysis.

### Descriptive analysis to complement qualitative data

Close-ended survey responses were captured verbally and entered into Select Survey. Data was analyzed descriptively, as the sample size was too small to run any significance tests. Therefore, no quantitative conclusions can be drawn from differences in survey responses over time and program impact. Due to small numbers and protections authorized by HIPAA, we present health-related information using average scores and not percentages to protect the identities of the participants.

---

<sup>1</sup> Gale, N. K., Heath, G., Cameron, E., Rashid, S., & Redwood, S. (2013). Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology*,13(1).

<sup>2</sup> Grosseohme, D., & Lipstein, E. (2016). Analyzing longitudinal qualitative data: The application of trajectory and recurrent cross-sectional approaches. *BMC Research Notes*,9(136).

# Interview Participants

## About the Participants

Of the 45 pilot participants, 22 individuals participated in the evaluation. Demographics for the entire interview sample are displayed in **Exhibit 2**. The average age of participants was 64 years old, and the majority identified as female (73%). About half (55%) were White, a quarter (27%) African American, and the remaining were other races (15%). About a quarter (27%) of participants were homeless at program entry, and the average Median Family Income (MFI) level was 18.7%, below the 30% MFI to qualify for the program. At the time of this report, participants had been in the LRA program, on average, 14.5 months.

## Past Instability & Resource Scarcity

To be eligible for the LRA program, participants must have been experiencing housing insecurity. During the interviews, we learned that experiences of instability and resource scarcity were prominent long before LRA. Half shared a story of homelessness in their past, including experiences of living in vehicles, living outside on the street, and/or living with family or “couch surfing.” Further, over half of participants shared stories specifically about their rising rents, and many participants had struggled with finding affordable and safe places to live. For many, these experiences of housing instability and homelessness are traumatic and have left a lasting impression.

Additionally, participants shared that before LRA they struggled with meeting basic needs like food, clothing, transportation, and utilities because of scare or fluctuating incomes (**Exhibit 3**). All participants reported at least one unmet basic need prior to joining the LRA program, with an average of three needs going unmet prior to program entry. The most reported unmet needs were stable housing (13), clothing (12), transportation (12), and utilities (12).

**Exhibit 2. Participant Demographics (n=22)**

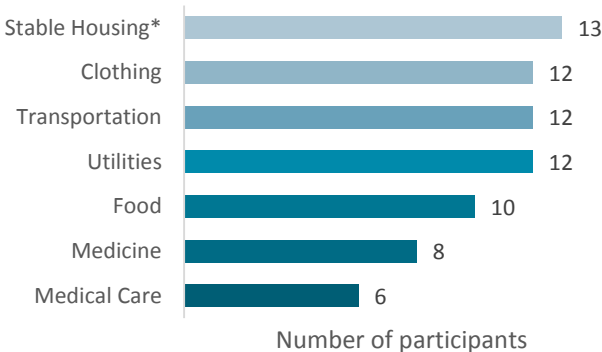
Demographic Category	
NWPP Client	91%
CareOregon/JOIN Client	9%
Age, ave (range) in years	64 (34 – 86)
Female	73%
Non-Hispanic/Latino	95%
White	55%
African American	27%
Other races	15%
Homeless at LRA Program Entry	27%
Housed at LRA Program Entry	73%
Median Family Income (MFI), ave	18.7%
Length of time in LRA, ave (range), in months	14.5 (9 -16)

\*Other races includes Native American and Asian

**Before LRA...**

*“Before I got on housing, I was getting assistance from my church. Because it was some rough times.[...] And food boxes, and you know, [the church] helped me pay my light bill and stuff. And I mean, one time they assisted me on rent. It kinda helped me survive.”*

**Exhibit 3. Number of participants reporting unmet needs/resources in 12 months before LRA (n=22)**



\*This reflects participants' subjective answer to the question “In the year before LRA, did you have to go without stable housing or shelter because you were struggling to make ends meet?” Program eligibility requires that participants are facing some kind of housing instability; however, participants may have answered “no” if they were not without housing, even if their housing situation was unstable.



# Key Findings

Using framework and trajectory analysis approaches to account for the longitudinal nature of the data, we identified five “themes” of potential impact of the LRA program: **Housing Security, Financial Health, Mental Health, Health & Health Access, and Social Support & Leisure.**

This section of the report provides a description of each theme, how participants’ view of this theme changed over time, and a module that explores the evidence behind a select example within the theme. Where relevant, we have also included descriptive survey results that complement the qualitative data. Sample trajectories reveal how a theme played out over time using the most resonant quotes from various participants.



## Housing Security

The overall goal of the LRA program is to provide individuals with permanent housing for the foreseeable future. For participants, this was an immediate and sustained impact of the program. After joining the program, participants described housing concerns as being nearly non-existent. LRA also provided participants with the added benefits of housing choice and the ability to age in place.



## Financial Health

LRA gave a financial buffer to participants who were facing difficult tradeoffs between housing and other expenses. Many participants now have money left over after paying rent to cover expenses that they would not have been able to afford prior to LRA like food and utilities, and some can now afford fun activities every now and then. Additionally, some participants shared that they are now able to save for the future.



## Mental Health

With a newfound sense of housing security and improved financial health, participants told us about improvements to their general mental health status. It was explained by several participants that LRA helped clear the “headspace” needed to begin to heal from past traumas. Many participants also shared that feelings of stress and anxiety had reduced after joining the program.



## Health & Health Access

Because many of their unmet needs were being addressed and covered, participants found that they could now afford healthy food and vitamins, alternative treatments, and transportation to medical appointments – all things that they would have previously gone without in order to pay for housing.



## Social Support & Leisure

LRA provided a space for participants to re-engage in hobbies and participate socially once again. Participants were able to join in on social activities that they had once cut-out due to financial hardship. Some also shared that they can now volunteer in their community, while others are interested in advocacy work.



## Housing Security

*Before the program, every participant was either at risk of losing housing or homeless. Not only did LRA give participants much needed housing security, it also gave many housing choice and the ability to age in place.*

### Peace of Mind & Housing Security

For many LRA participants, housing was something that was never guaranteed. Before the program, many felt the realities that led to the creation of the program; a medical emergency or unexpected change in income is all it would take to lose housing. Many lived with constant stress and uncertainty.

During the six-month interviews, many participants' recognized a transition from risk of displacement to housing security, speculating on what would have happened to their housing if they had not gotten support through LRA. From these initial interviews, we heard how the program was already creating "peace of mind" for participants by providing them with stable housing that keeps them protected from the elements and gives them a safe place to sleep.

After a year of participation in the LRA program, we heard participants describe housing as "something in the background," demonstrating the shift from housing as a main concern to something that does not need a lot of their time and resources. Participants also shared that the housing security provided by LRA allows them space to focus on other areas of their lives.

Some participants shared that they had recently signed another year-long lease for their housing, an emotional experience for one who had not felt this kind of security in a long time. This guaranteed housing stability allowed some to feel they could begin to decorate their space – hang photos and paintings – and begin to make their houses long-term "homes."

### Sample Trajectory – In Their Words

#### **Before LRA...**

*"I love my apartment complex. I've been here for years. And I was on the verge of losing it all and not being able to pay the rent [...] My rent was going up \$200 [...] I would have been homeless. Probably living in my car."*

#### **After six months...**

*"[LRA] gave me an opportunity to have my own place to lay down at night [...] I wouldn't have to worry about if somebody is gonna steal something from me [...] I like the location. I'm close to shopping and the Max lines and all that."*

#### **After one year...**

*"The peace of knowing that, you know, just signing my lease again in February this year, is that I cried for days [...] It's like 'okay, you've got another year.' [...] It was something I was never sure of for many, many, many years."*

## Housing Choice & Ability to Move

Before LRA, the rising cost of rent in Multnomah County put participants at risk of being priced out of their housing, forcing them to move farther away from resources or go without housing altogether. In the first round of interviews, participants not only recognized a newfound sense of housing security, but many felt they had gained housing choice as well. This allowed many to choose or stay in housing near grocery stores and public transportation. Others explained that LRA allowed them to choose housing that was safer, closer to family, or accessible.

After one year of being in the program, several participants shared a new confidence in their ability to move from their housing if needed, something that was unimaginable before LRA. Many apartments require first and last months' rent, expensive deposits, and proof of income, and these financial barriers made it impossible for many to afford the move prior to the program.

---

### ***With LRA...***

*"[Moving] is something I have considered recently. [Before a recent crisis] I had no intention of moving, but because of LRA, it is something I am considering at this point. No way I could do it [without LRA]. It would be an impossibility."*

### ***With LRA...***

*"I've had – in this year – I had opportunity to look at some other, some of the new facilities, because I guess my voucher would transfer."*

---

## Evidence in Action: Aging in Place

If given the choice between an assisted living facility and their own home, some seniors would prefer the latter – a choice that is referred to as **"aging in place."**<sup>3</sup>

Before LRA, program participants told us stories of uncomfortable or crowded housing situations, and others struggled to afford the home care they desired. Multiple LRA participants shared that they are now able to afford at-home caretakers and other services that allow them to stay where they are most comfortable and age in place safely.

---

*"If I didn't have [LRA] I would probably end up in a nursing home because my [caretaker is] here eight hours a day now, and that helps me a whole lot."*

---

<sup>3</sup> National Institute on Aging. (2017). Aging in Place: Growing old at home. *National Institutes of Health*.





## Financial Health

By assisting with the cost of rent, LRA opens the door to financial stability. Over time, many participants gained the ability to pay for basic resources, participate in fun activities, and begin to save for the future.

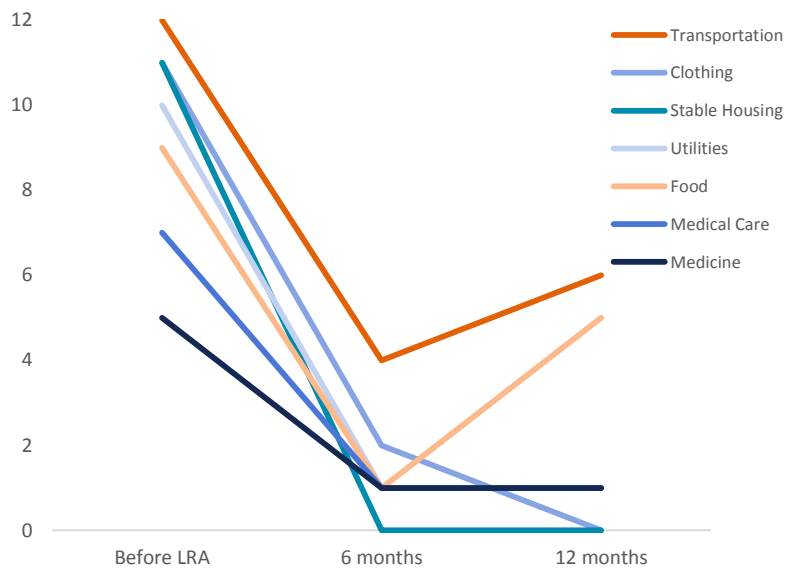
### Transition from Needing Support to Affording Needs

Before LRA, all participants reported going without a variety of basic needs (**Exhibit 4**). After six months (and again at 12 months), participants shared that they were experiencing fewer unmet needs than before LRA. This is a big change for many, as participants often faced tough tradeoffs between housing and other basic needs like food or utilities or medicine before LRA. While some went without these resources, others sought support through churches, food banks, and family members or friends to cover other basic needs.

During the six-month interviews, many participants explained that the rent support from LRA allowed them to transition from seeking financial support from others to affording basic needs on their own. Participants shared they are now able to afford things like groceries, vitamins, utility bills, car repairs, gasoline, basic cable/streaming services, cell phones, and more.

After a year of rent support, most basic needs were still being met, and some shared they could now afford leisure activities that they had once gone without. Stable housing was being met across the evaluation period (**teal line**), while need for other resources continued to drop over time (**blue lines**). However, transportation and food (**orange lines**) were more frequently reported as unmet at 12 months compared to six months despite the initial drop. This suggests that while LRA helps stabilize participants initially, participants may still experience fluctuation in meeting needs over time.

**Exhibit 4. Number of participants reporting that they went without needs/resources over time (n=18)**



Note: Only those who completed both 6- and 12-month interviews were included in this figure. No significance tests were performed on pre-post scores.

### Sample Trajectory – In Their Words

#### Before LRA...

*“Anything that cost money was kind of a struggle, and occasionally I would get help, but that’s one of the biggest things, just general things you don’t think about, where I would have to go somewhere and gather this or that from maybe a pantry.”*

#### After six months...

*“It’s allowed me to pay for my basic needs, which, before this, my family and friends were kind of pitching in [...] now I can pay my own utilities, and groceries, and, you know, go out to eat once in a while.”*

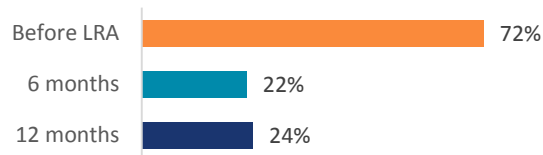
#### After one year...

*“We can go to Oaks Park. We can go to that waterfall, Multnomah Falls [...] We can afford, you know, weekends, and we go to [family member’s] house.”*

## Fluctuation in Financial Stability & Hard Winter Months

In addition to asking participants about their ability to meet basic needs, we asked about their perceptions of having money left over at the end of the month (**Exhibit 5**). Before LRA, nearly three-quarters (72%) of participants reported “rarely” or “never” having money left over at the end of the month. After six months with LRA, this number drops drastically to under a quarter (22%), demonstrating the immediate impact of the program on many participants’ finances. Interestingly, at 12 months, there is no further improvement or decline in financial health. In fact, nearly half reported only “sometimes” having money left over at the end of the month at 12 months. This trend supports the idea that assistance with paying rent does not necessarily lead to complete stability for participants on its own. After the initial period of relief provided by rent support, many participants experienced a resurgence of financial tradeoffs at 12 months into the program, especially with transportation and food expenses (**Exhibit 4**). Between the two interview rounds, some experienced inflated utility bills due to the extreme cold of the winter months, forcing participants to make tough decisions about meeting their basic needs on very low monthly incomes. Some participants reported that at 12 months they were once again budgeting and deciding which needs and resources to go without.

**Exhibit 5. Percent participants reporting that money is ‘rarely’ or ‘never’ left over at the end of the month over time (n=18)**



Note: Only those who completed both 6- and 12-month interviews were included in this figure. No significance tests were performed on pre-post scores.

## Savings for Long-term Goals or Emergencies

Several participants shared that before LRA, financial decisions were made on a day-to-day basis, and putting aside money was impossible when many were forced to decide between paying rent and paying for food, bills, or medical expenses. The threat of a medical crisis or a family emergency was very stressful for some, as they would be forced to make tough decisions between health, family, or housing. Over the course of the interviews, many participants explained that they are now able to put a little money aside each month in case of emergencies or to save for a long-term goal like a trip. A few participants described this new ability to save as the transition from “surviving” to “living.”

### **With LRA...**

*“Because [before LRA] my focus had to be survival for the moment. I can actually look farther now.”*

### **With LRA...**

*“My daughter who lives in [another state] is real sick, [...] and I am trying to keep enough in reserve so that if I need to go back to [state] real fast, I can.”*

## Evidence in Action: A Highlight on SNAP

Reductions in Supplemental Nutrition Assistance Program (SNAP) benefits were hard on many program participants. We heard about significant drops in SNAP benefits in the past year due to income increases linked to LRA or changes in other government benefits, and/or other political factors, a phenomenon known as the ‘cliff effect’.<sup>4</sup> For participants who are living in poverty, these reductions sent them back into budgeting and making tradeoffs. Assistance programs should consider educating and preparing participants for these potential effects, supporting them if these realities reemerge so they can better navigate their finances.

*“[My SNAP] is not very much anymore [...] because my rent is so low. Even though my electricity goes crazy in the wintertime, it doesn't adjust at all.”*

<sup>4</sup> Albelda, R., Carr, M. (2017). Combining earnings with public supports: Cliff effects in Massachusetts. *Economics Faculty Publication Series*, 42.



## Mental Health

Participants explained that the housing security gained from LRA reduced stress and anxiety, improved their outlook, and provided them hope for the future.

### Improved Mental Health

Before LRA, many participants described feelings of hopelessness, and their experiences with instability and resource scarcity were traumatic and top-of-mind. Many described living with a sense of the uncertainty – that the next crisis was looming around the corner. These feelings negatively impacted participants’ general mental health.

We asked participants to rate their mental health on a scale of 1 (poor) to 5 (excellent) during both interviews (**Exhibit 6**). On average, participants initially rated their mental health just below “good,” which was reported by many as better than before the program. In interviews, multiple participants mentioned a reduction in symptoms of depression or anxiety, and a few participants had begun to seek mental health therapy or counseling since the start of the program.

After 12 months, the average self-reported mental health score of participants had improved from the six month average score. Participants explained that the LRA program helped to clear the “headspace” needed to heal from past traumas (i.e. death of a loved one, health crises, financial hardship) and focus on improving mental health into the future.

**Exhibit 6. Average mental health rating over time (n=18)**



Note: Only those who completed both 6- and 12-month interviews were included in this figure. No significance tests were performed on pre-post scores.

### Sample Trajectory – In Their Words

#### **Before LRA...**

*“I gave up. I actually quit. And I knew I quit. [...] I was getting myself prepared to move back into the streets. I didn't know how I was gonna survive out there [...] I was at the end of my rope and had nothing to grab onto.”*

#### **After six months...**

*“[Mental health] is better today than it was. I was pretty depressed, like ‘why am I even here?’ I know it wasn't the way to live. Just felt no purpose of being. And of course that brings other thoughts. [LRA gave] a sense of security.”*

#### **After one year...**

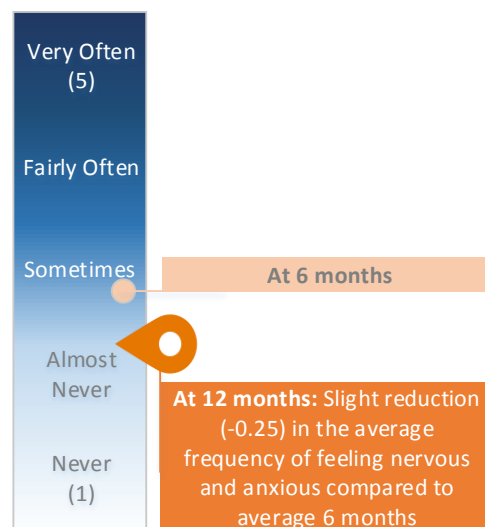
*“I've been able to stay in a pretty good mental health state. There are some things going on that could get depressing. I do a lot better at staying out of depression.”*

## Reduced Stress & Anxiety

Participants described the intense stress that resulted from these housing-related worries before LRA. The prospect of becoming unhoused was very distressing, especially for those who had experienced homelessness in the past.

We asked participants about frequency of feeling nervous or anxious on a scale of 1 (never) to 5 (very often) during both interviews (**Exhibit 7**). At the six month interviews, the average frequency score was around “sometimes.” Many reported that this was an improvement from before LRA, as many described a decrease in these feelings due to long-term housing stability gained through LRA. At 12 months, participants continued to report improvements and continued reduction in these feelings, and the average frequency score was closer to “almost never.” LRA allowed participants the mental space to focus on once neglected areas of their life – like health and social activities – because they had less worry.

**Exhibit 7. Average frequency of feeling nervous or anxious over time (n=18)**



Note: Only those who completed both 6- and 12-month interviews were included in this figure. No significance tests were performed on pre-post scores.

## Sample Trajectory – In Their Words

### **Before LRA...**

*“There were times, especially when there was no income, that [stress] was just continual, and it wasn't a good feeling [...] continually, ‘well, if this happens, what will I do?’”*

### **After 6 months...**

*“I would say better because I don't have the stress and trying to keep warm. I was always so cold. [...] I don't have the stress and I think it is a lot better.”*

### **After one year...**

*“Peace of mind is the biggest [impact of LRA] because then you can focus on other things that are more important or other things that you can do for others.”*

## Evidence in Action: Regaining Independence & Mental Health

Many LRA participants described a desire for independence, particularly the ability to afford needs without having to ask for help. In times of financial and housing hardship, several participants shared that they were forced to turn to family, friends, or churches. For some, this created feelings of shame or embarrassment.

Housing stability offered through LRA allowed many participants to regain autonomy, a potential factor in their improved mental health. Autonomy has been found to be linked to several social determinant factors and is often discussed in medical settings as an important but sometimes complex aspect to maintain.<sup>5</sup>

*“I've been independent all my life and took care of myself and my family, and not being able to do that was very embarrassing and stressful, so this has my life a lot easier.”*

<sup>5</sup> Lee, J. 2008. Autonomy and Quality of Life for Elderly Patients. *AMA Journal of Ethics*.



## Health & Health Access

LRA offered several participants the stability required to focus on physical health needs and accessing health care. Others shared they are now able to afford fresh food and vitamins.

### Ability to Focus on Physical Health

Before LRA, the stress associated with making ends meet and staying housed took a toll on several participants' physical health. Some participants shared doctors' warnings of high blood pressure due to stress and/or inability to access healthy food. Others were so focused on making it through the day that medical appointments were difficult to keep and deprioritized.

We asked participants to rate their physical health on a scale of 1 (poor) to 5 (excellent) during both interviews (**Exhibit 8**). Although there was little movement in the average self-reported physical health score over time, LRA did seem to impact participants' subjective view on their physical health. During our six-month interviews, several participants told us that the support of LRA helped them to clear the mental space needed to address their physical health challenges – giving them space to relax and to heal. One participant shared that LRA has reduced their stress and that they believe that is what led to their newly decreased blood pressure.

After a year of LRA, some participants shared an ability to now focus on longer-term health goals like sustained healthy eating and preparing for surgeries. Other participants recognized a newfound security when it came to health: A medical emergency would no longer cause a housing crisis. This signals a meaningful change from the participants' mindsets prior to LRA of always being on the verge of crisis to a place of security and less worry.

### Sample Trajectory – In Their Words

#### **Before LRA...**

*"It's hard. And so I was like really avoiding going to the doctor, and a lot of times when I even needed to, because it was just so stressful to go."*

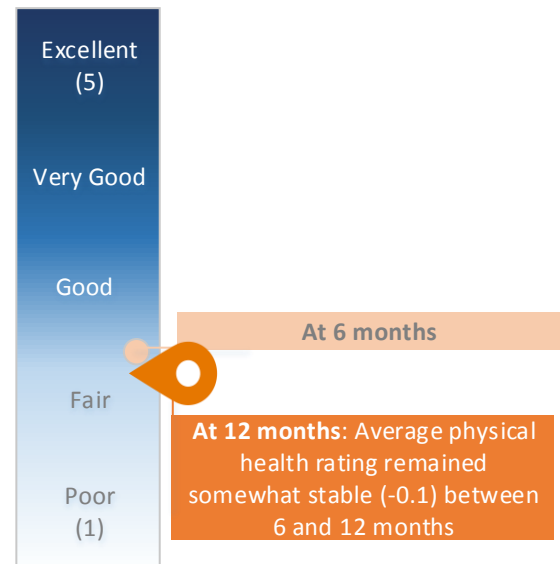
#### **After six months...**

*"I'm getting more exercise and more movement and stuff, so actually I'm healthier now than I think I would've been."*

#### **After one year...**

*"When I have an unforeseen medical issue, I'm not going to be homeless. [...] I would always choose my health first over housing [...] This is the first time in 20 years I didn't have to think about being homeless in an emergency situation."*

**Exhibit 8. Average physical health rating over time (n=18)**

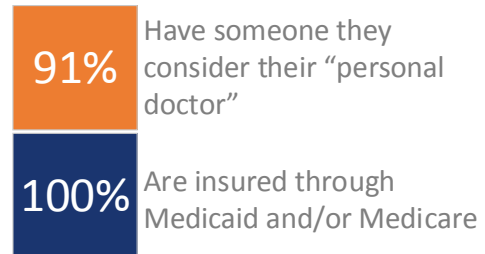


Note: Only those who completed both 6- and 12-month interviews were included in this figure. No significance tests were performed on pre-post scores.

## Financial Security for Healthy Behaviors & Health Care

In the six month interviews, we learned that most participants were already connected to physical health care. Nearly all (91%) have someone they consider as a “personal doctor” or “care provider,” and all (100%) had some form of insurance (**Exhibit 9**). However, some participants were still experiencing challenges in accessing the care they needed. Affording alternative forms of medicine not covered by insurance, transportation, co-pays, and follow-up care was difficult for many.

**Exhibit 9. Participants with access to care providers and insurance at 12-months (n=22)**



Throughout the interviews, we heard that the financial stability gained through LRA gave participants the ability to afford the health-promoting foods and essential vitamins that doctors were encouraging them to buy but are not often covered by health plans. Improved financial health allowed others to take safer, more reliable forms of transportation to appointments, and some were now able to afford other health care access-promoting services like membership with “intentional communities” or at-home caretakers. For others, the occasional co-pay was no longer a financial barrier to accessing care.

## Sample Trajectory – In Their Words

### **Before LRA...**

*“Co-pays seem like they fluctuate. Sometimes it's like three dollars and sometimes it's four dollars. It gets to be costly, even though it's only a little bit of money.”*

### **After six months...**

*“I can buy better food for myself, 'cuz I was eating nothing but Top Ramen [...] and my supplements that keep me going. 'Cuz they're expensive. It's well over \$50 a month.”*

### **After one year...**

*“I can honestly say [LRA] saved my life. It's a guarantee. My doctors told me, they said without this, you wouldn't be here.”*

## Evidence in Action: Homelessness and Health

The connection between homelessness and poor physical health and care access has been well documented in the literature.<sup>6</sup> One LRA participant with homeless experience shared that they had trouble tracking appointments and adhering to their care plan because they were more focused on getting through the day. Multiple participants with homeless experience explained the discomfort and soreness that came from sleeping in a car, and several mentioned that the cold winters worsened their pain.

After becoming housed, one participant said they are now able to exercise more than when they were living in their car, and multiple participants spoke about warmth of living indoors and how it helps with joint and tooth pain.

*“Not knowing where you're gonna stay, and you got bad health as it is, you know, you know you can't make it out there up under one of those bridges too long, you know.”*

<sup>6</sup>Schanzer, B., Dominguez, B., Shrout, P. E., & Caton, C. L. (2007). Homelessness, health status, and health care use. *American Journal of Public Health, 97*(3), 464-469.





## Social Support & Leisure

Participants were able to engage in social and leisure activities that were once impossible for them to join before LRA. Others appreciated the gained ability to support family and friends in need.

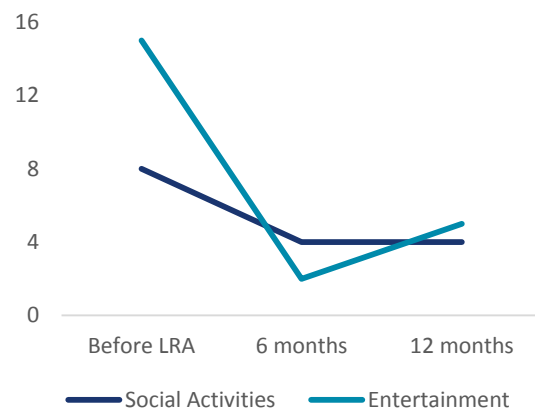
### Freedom to Participate in Social Activities & Leisure

In times of financial worries and housing instability, many participants had cut out social activities and leisure altogether. Activities often cost money, either for the activity itself or the transportation to get there, and when tough tradeoffs were being made between resources like housing and food or utilities, spending on entertainment was out of the question.

Several people explained that the support from LRA has allowed them to start participating in life again. This participation started small at the time of the six-month interviews, with interviewees sharing that they went out for an occasional dinner or had recently purchased basic cable or a television streaming service. By the 12-month interviews, more participants were beginning to reignite old hobbies like painting, gardening, and knitting, while others had joined new social groups. One participant shared that they are now able to save for a trip with friends, an impossibility before LRA.

These findings are supported by survey responses to a question asking if participants went without social activities and entertainment. Over time, participants reported that they were able to meet those needs, with only a few reporting that these needs were unmet at 12 months (**Exhibit 10**). It is important to note, however, that not every participant had begun to engage in leisure or social activities with other people. Multiple participants explained that although they now felt that they *could* participate if they wanted to, they had gotten used to “sitting out” and some preferred to spend time alone.

**Exhibit 10. Number of participants reporting going without social activities and entertainment over time (n=18)**



Note: Only those who completed both 6- and 12-month interviews were included in this figure. No significance tests were performed on pre-post scores.

### Sample Trajectory – In Their Words

#### **Before LRA...**

*“[With LRA] you feel that you can [do social activities]. I mean, I’ve gotten used to not doing a lot of stuff I did before.”*

#### **After six months...**

*“I can get out and do more. I can find valued citizen and go to places [...] As opposed to having to stay here and stress and worry.”*

#### **After one year...**

*“I started [a social group] at my church [...] [LRA] gives you the security you feel that you need to be a normal person, to be able to be active in different situations.”*

## Transition from Needing Support to Supporting Others

Multiple participants told us about how LRA allowed them make the transition from relying on others for support to gaining (or regaining) the ability to give that support back to their friends, family, and other groups. Some described the importance of being able to support others who are experiencing situations that participants have faced previously. For participants who have a little left over at the end of the month, it was explained that they are now able to provide friends and family members with some support, something that had become harder or impossible due to financial hardships.

One participant explained that they were recently able to pay back money owed to family and even help a young family member get through tough financial times. Others told us about upcoming trips to support sick or struggling family members in other states, which they were unable to do before LRA. In some cases, the housing stability offered by LRA allowed participants to care for an adult child with a disability or provide a temporary place for family to stay if needed.

## Sample Trajectory – In Their Words

### **Before LRA...**

*“When I was homeless, I didn't let people really know what was going on. So, I didn't want to bother my grandchildren with that. It was not their problem to worry about [a grandparent].”*

### **After six months...**

*“I'm on a limited budget, but you know, I do a lot for people. But you know, people come to me. I say ‘I don't have nothing, but I'm gonna give you something.’”*

### **After one year...**

*“I've never done anything for my [family member], and they're struggling and they asked if they could borrow money, so I'm going to have to do that.”*

## Evidence in Action: Volunteering and Advocacy

An impact of the LRA program described by several participants was the ability to volunteer and give back to their community. Participants expressed a desire to volunteer with different community-based organizations focused on housing, food, and clothing access.

Along those lines, a few participants mentioned a greater awareness of the housing crisis and the impacts of housing instability, which for one person, pushed them to consider an advocacy role for a housing support organization. The willingness to dedicate free time to community service work has been noted and documented, with many seniors highly valuing volunteering and giving back.<sup>7</sup>

*“I was really thinking about [applying for an advocacy position] I really want everybody to be able to have housing. I feel lucky that I got on this. I'm really blessed that I got in this program. But there are a whole lot of people who aren't.”*

<sup>7</sup> Taylor, P. (2016). A generation gives back: can older volunteers change the world by reaching out to America's Youth? AARP.

# Additional Findings

## Feelings about the Future

### Improved Outlook on Life Moving Forward

Throughout the year of interviews, we noticed a transition in outlook for many – from hopelessness to optimism and excitement for the future. As mentioned previously, participants described a transition from “surviving” to “living” that has been very beneficial to their outlook on life. Several participants described feelings of gratefulness, not just for their housing, but for other aspects of their lives, too, which may have been harder to identify before housing security.

---

#### **With LRA...**

*“I can see a future for myself. You know, I can see myself being able to catch up on all the little bills that that I neglected, you know.”*

#### **With LRA...**

*“It helps me to deal with some of the – the garbage, you know, that I’m packing around my whole life. And try to get things in perspective now.”*

---

At the end of each interview, we asked about what people are looking forward to in the coming months and years. Almost half mentioned housing stability, not just in terms of the physical location, but also in terms of decorating, cleaning, buying new furniture, or getting a pet. This was encouraging to hear, as participants were beginning to have more permanent, hopeful views of their living situations.



### Picking up where they Left Off

Some participants also talked about going back to school, picking up old hobbies, or getting back to work or volunteering. In the final interviews, participants were also thinking about social activities and entertainment as things that they are looking forward to doing, including spending time with family out of state.

---

#### **With LRA...**

*“I’d like to get my sewing machine out, I would love to learn how to sew. And crafty things, you know, just kinda some of those things on that side of my brain.”*

#### **With LRA...**

*“And then maybe one day go back to school. I’m really close to finishing my associate’s. [...] With it unfinished, it feels like unfinished business.”*

---

## Program Satisfaction

### LRA – a welcomed relief

For nearly all participants, the LRA program was described as a “bright spot” during what would otherwise have been very difficult times. Participants were surprised by the program, explaining that LRA seemed to “come out of nowhere” and was “a godsend.”

Some participants did tell us that they still worry about rising rents and the potential of being homeless in the future. More communication and information about the eligibility and how to remain in the program long-term could be beneficial in assuaging participants’ worries. Additionally, a few mentioned that they are still in need of some assistance with paying bills, affording resources, and adjusting to a change in benefits like SNAP.

### Program Application & Administration

Participants reported how, administratively, LRA is relatively a smooth process. Many did not recall the application process, and most do not worry about the rent subsidy being paid on time. Some said there was no longer a need for regular contact with the agencies because “things just happen” on their own. It was interesting to hear, however, that many were unsure about how they qualified for the program. Additionally, some participants shared that they wish that this program was more widely available to others facing similar housing and financial crises, highlighting a potential need for qualifications and program availability to be better communicated or explained to program recipients.

### Access to NWPP & JOIN

Nearly all participants reported satisfaction with the social service agency supporting the LRA program (NWPP and JOIN), and many recalled a memorable experience they had had with staff. We heard about how these agencies helped participants outside of rent support, with a few participants reporting that the program and staff “saved” them from hard times. Many also explained how these agencies connected them to other resources and services (bus passes, kitchen supplies, new bed, etc.) and helped them better navigate complex systems. This was mentioned as something that participants had not experienced in other programs, especially government-based programs that typically have more red tape and bureaucracy. The LRA program, many explained, came with an extra layer of support.

Many did not recall much contact with Home Forward, but for the most part, this was described as unrelated to their general experience with the program. Some participants did recall that Home Forward was the organization that conducted the inspections, and a few people shared that the inspections were not an enjoyable experience.



# Conclusion

## Summary of Findings

Overall, evaluation participants reported satisfaction with the program, stating that the program provided support during what would have been very difficult times.

LRA impacted participants by providing immediate and then sustained **housing security**. It also provided participants with a financial buffer to **afford basic needs** and **save money**. For many, LRA also **improved mental health** by reducing housing- and financial-related stress, and by giving people the space to tend to their **physical health needs** and afford alternative treatments and healthier food options. Finally, we heard from participants that LRA improved their ability to **participate in social and leisure activities** once again, transitioning many from “surviving” to “living.”

## Implications

**Housing assistance programs need to be long-term.** Overall, the initial impact of the LRA program appears high, with participants describing multiple ways that their wellbeing improved (as seen in the “Themes”). However, because participants’ needs and resources continuously fluctuate over time, rent assistance programs that are long-term, like LRA, carry a greater potential than short-term programs to sustain wellbeing over time.

**Housing assistance programs alone do not pull people out of poverty.** LRA did not singlehandedly eliminate all financial burden of the participants, and many still face challenges associated with poverty. Even after a year of receiving their subsidy, many participants struggled to adjust to fluctuating government benefits (e.g. SNAP) and still had trouble affording some needs. Program staff should consider educating new participants about these potential transitions and fluctuations in order to help them to prepare and budget appropriately.

**Social determinants of health and wellbeing are connected and interrelated.** We heard about many ways that social factors impact participants’ wellbeing during the interviews. For example, constant worry about losing housing lead to stress that affected mental health. The inability to afford healthy food made it difficult to adhere to a doctor’s recommendations for improving physical health. Providing long-term stable housing is a positive initial step for stabilizing other areas of a person’s life, but participants benefit the most when programs can connect them to complementary programs and services that address other needs as well.

**Social service agencies provide support for participants without re-traumatization.** One crucial factor in participants’ experience with the program was the reliable and safe connection to the social service agencies that implemented LRA. These partners helped participants navigate systems, troubleshoot issues, and reduce cumbersome steps to getting support without re-traumatizing participants. This is not the typical level of support participants felt when working with large government housing programs in the past. Without the heightened level of support, it is possible that participants’ LRA experience would not have been as positive.



## Limitations

Data is limited to what was shared by the participants. To confirm findings, we triangulated anecdotal experiences with the survey responses, and we also cited places where previous research exists. However, due to a small sample size, we were not able to conduct any significance testing on quantitative responses. Future evaluations could utilize surveys and medical data to further explore the long-term impact of the themes described in this report. Another limitation was the inability to interview non-English speaking participants, whose experience was not captured. Finally, we used purposive and convenience sampling approaches, meaning that participants were selected based on a set of criteria and then prioritized based on program start date.

