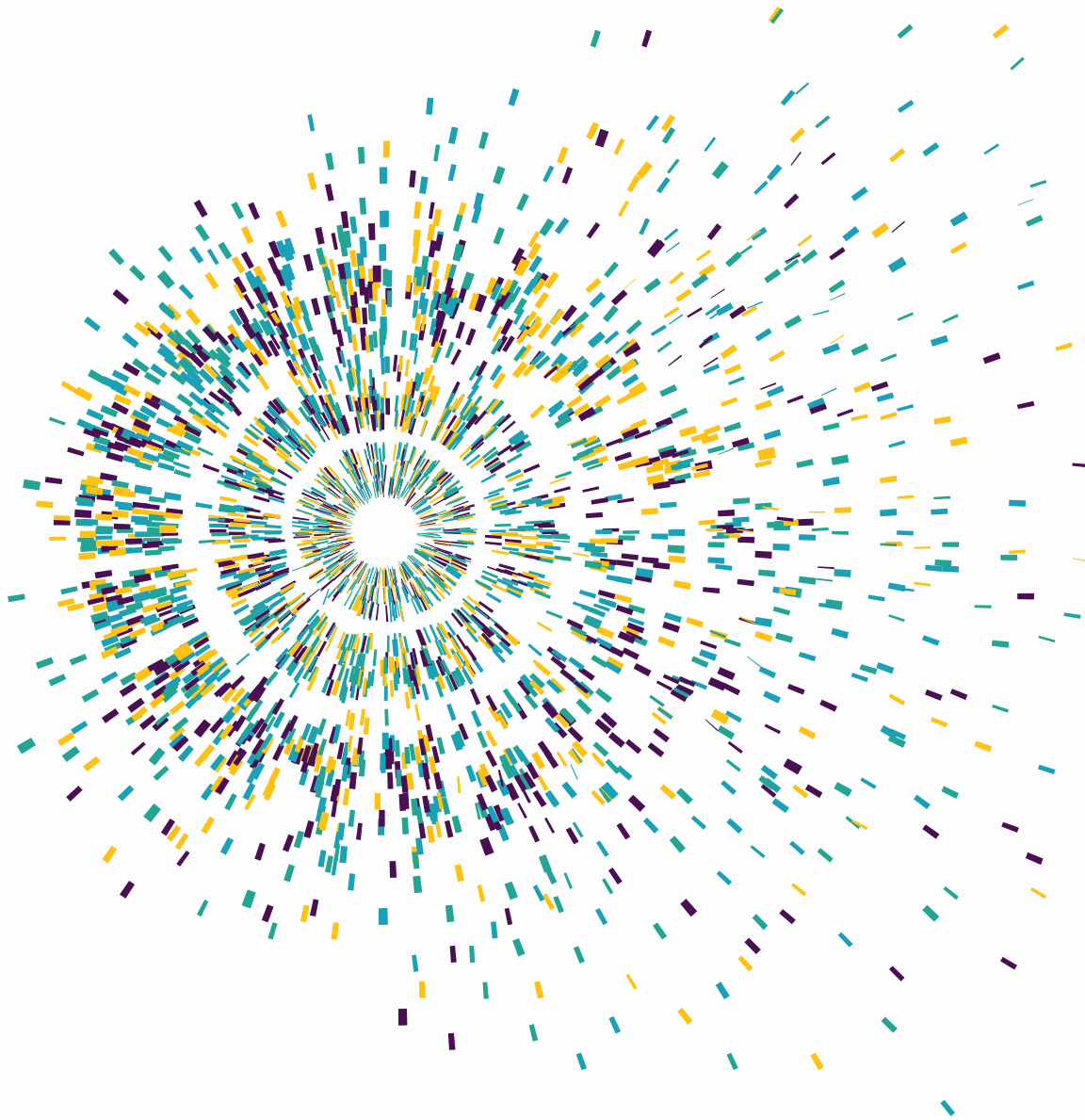


Guidelines for the collection of data on housing insecurity and homelessness



A tool to support data-informed decisions
and improve service quality



Utah Department of
Health & Human Services
Health Equity

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Note: The [Standards for the collection of data on housing insecurity and homelessness reference guide](#) provides a quick reference guide to the housing insecurity and homelessness data collection standard.

1 | Purpose

The Utah Department of Health and Human Services (DHHS) vision is to ensure all Utahns have fair and equitable opportunities to live safe and healthy lives. DHHS will advocate for, support, and serve all individuals and communities in Utah. The goal of these data collection standards is to increase availability, quality, and comparability of demographic and social drivers of health (SDOH) data to identify and address health disparities, improve health outcomes, and advance health equity in Utah.

High-quality data on demographics and SDOH is crucial to address health disparities and advance health equity in Utah. The DHHS Office of Health Equity (OHE) developed standards for collecting demographics and SDOH to promote consistent and comparable data collection across the state of Utah. Uniform data collection improves quality, comparability, and effectiveness of health data to make data-informed decisions to improve health outcomes for all Utahns.

This guide is designed to help organizations in Utah to collect meaningful and actionable data on housing insecurity in a standardized way. This aligns with national culturally and linguistically appropriate services (CLAS) standards that promote accurate and reliable demographic data collection.¹

Standards outlined in Section 4 are recommended for use as appropriate during demographic and SDOH data collection including, but not limited to, health surveys, healthcare and program registration, vital records, and health systems user feedback conducted by, sponsored by, or reportable to DHHS as specified by the Utah Health and Human Services Code (Title 26B of the Utah Code). Additional public health, healthcare, social services, and community-based organizations in Utah are encouraged to use these standards as appropriate to promote uniform and consistent housing insecurity and homelessness data collection throughout the state.

Note: This document aligns with Utah Code 26B-7-114, Office of Health Equity duties.

2 | Background

Why is housing insecurity important to health?

Affordable, stable, decent, and safe housing benefits physical and mental health and well-being.² Housing insecurity, which includes challenges such as difficulty paying rent, overcrowding, moving often, inadequate heat or running water, and spending a large part of household income on housing affects how people make decisions about their basic needs, including decisions that force individuals and families to put health last. These conditions lead to disparities in disease risk, physical and mental health outcomes, and health seeking behavior.^{2,3,4} Understanding the connections between housing insecurity, homelessness, and health at a population level is essential to provide high-quality, patient-centered healthcare and to the success of systems-based solutions to improve population health.

Why collect housing insecurity and homelessness data?

The reason we collect data on housing insecurity and homelessness is so we can measure how often it occurs, understand the impacts on health, and how that impacts policies and decisions to prevent illness.^{5,6} Data collected on housing insecurity and homelessness along with health data helps show the consequences of housing insecurity and homelessness on health. It can be used to demonstrate health differences by levels of housing insecurity. This data is needed to identify and understand health disparities faced by populations who experience housing insecurity and homelessness and to inform strategies to address those disparities.

Housing insecurity and homelessness data also have broader uses. Information on housing insecurity and homelessness helps shape housing policy, more effectively directs limited housing resources and funding, informs housing insecurity and homelessness prevention efforts, and supports a needed shift in the focus of health-related programs and interventions to social drivers of health and addressing social needs.⁵

This knowledge can help public health and human service agencies, healthcare systems, service providers, and community-based organizations consider the impact of housing insecurity and homelessness on the health status of the populations they serve. Standardized data collection on housing insecurity and homelessness helps to provide high-quality information on health disparities and can be used to help tailor

services, programs, and policies to the unique needs of housing insecure and homeless populations. These practices can help to address and reduce health disparities and to advance health equity.

What do we mean by demographic and SDOH data?

Demographics refer to personal and social characteristics of a population. These characteristics may influence patterns of disease occurrence, risk factors, health outcomes, and health disparities in populations.

SDOH are the nonmedical factors that influence health. They are the conditions in which people are born, grow, live, work, and age and the wider set of forces and systems which shape the conditions of daily life.^{7,8,9} Demographics and SDOH, such as age, income, and education, can be more important than individual behaviors in affecting health outcomes and contribute to a wide range of health disparities.⁹

Some data can be understood as either demographics, or SDOH, or both. These two concepts can be regarded together in the context of collecting this information about populations in Utah to better understand and respond to health outcomes.

What are health disparities and health equity?

Secure housing is associated with better health, but not everyone has access to affordable, decent, and safe housing and neighborhoods.

What are health disparities?

Health disparities are differences in health outcomes closely linked to economic, socio-cultural, environmental, and geographic disadvantage.¹⁰

What is health equity?

Health equity is the principle underlying the commitment to reduce and, ultimately, eliminate health disparities by addressing its drivers. Pursuit of health equity means striving for the highest possible standard of health for all people with special attention to the needs of those communities at greatest risk for health disparities.¹⁰

3 | Housing insecurity and homelessness terminology and definitions

Housing insecurity and homelessness are related but not the same. Living in affordable, stable, decent, and safe housing represents total housing security, and homelessness is considered the most extreme form of total housing insecurity. A range of housing vulnerabilities that make up the experience of housing insecurity lies in between.¹¹

The definitions presented in these guidelines treat housing insecurity and homelessness as separate from one another. In other words, populations who are currently experiencing housing insecurity do not include those who are currently experiencing homelessness, and vice versa.

Homelessness

The most widely used and accepted definition of homelessness in the U.S. is defined by the U.S. Department of Housing and Urban Development (HUD), the federal agency that works to support housing needs, reduce homelessness, and enforce fair housing laws.

The DHHS homelessness definition, shown in Figure 1, is adapted from the HUD definition (which is used by the Utah Office of Homeless Services).¹² The DHHS definition clarifies language, removes situations where a family or an individual is at risk of homelessness but not actually experiencing homelessness, and removes the 90 days or less time limit of those exiting an institution into homelessness.

Figure 1: DHHS definition of homeless

Homeless:

An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

1. Has a primary nighttime residence that is a public or private place not meant for human habitation (examples include a car or other private vehicle; park, on the street or other outdoor place; abandoned building; bus or train station; airport; or camping ground); **or**
2. Is living in a publicly or privately operated shelter or drop-in center designated to provide temporary living arrangements (including congregate shelters, domestic violence shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs); **or**
3. Is exiting an institution* and will lack a fixed, regular, and adequate nighttime residence (examples include correctional facilities/programs, healthcare facilities, mental/behavioral health facilities, substance use disorder treatment facilities, foster care).

*The DHHS homelessness definition does not place a restriction on the amount of time that an individual or family resided in an institution prior to exiting to be considered homeless, as long as the situation that follows will lack a fixed, regular, and adequate nighttime residence. To achieve a definition of homelessness more comparable to HUD, and to the Utah Office of Homeless Services, DHHS restricts the definition describing individuals or family exiting an institution to those who resided in the institution for 90 days or less AND resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Housing insecurity

While HUD does not provide an official definition for housing insecurity, it does define “at risk” of homelessness. In addition, the HUD Office of Policy Development and Research conducted extensive analysis to recommend a multidimensional concept of housing insecurity. In this context, housing insecurity is defined as a significant lapse of one or more of three core elements of secure housing: affordability, stable occupancy, and safety and decency (or adequacy).^{6, 11, 13}

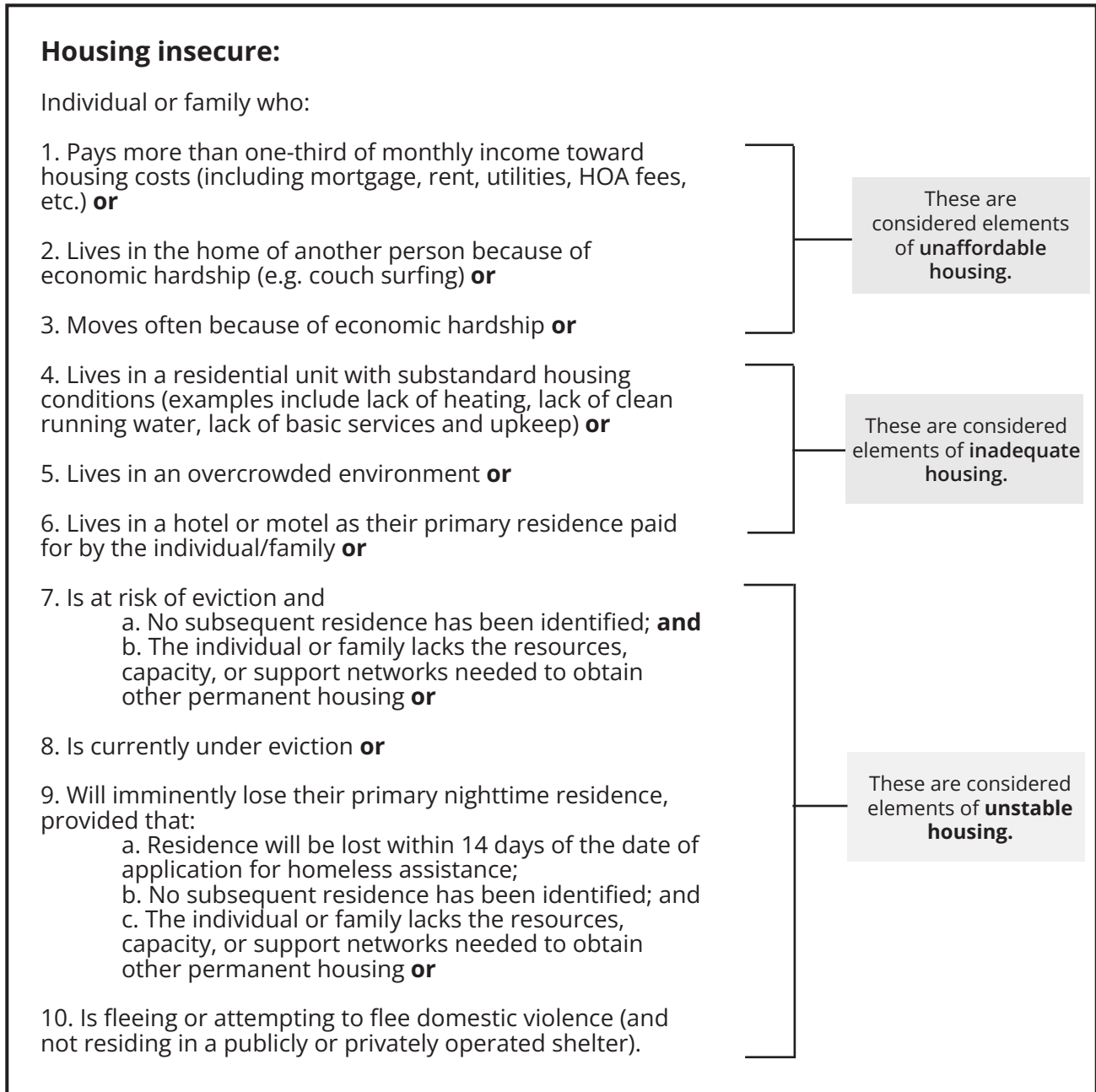
Affordability implies that the costs of a residential unit are manageable, without causing worry about ability to pay and without compromising spending on other basic essentials for health and well-being.

Stable occupancy implies that an individual or household is not forced to relocate.

Safety and decency implies that a residential unit meets basic standards of safety, habitability, and comfort.¹³

The DHHS housing insecurity definition, shown in Figure 2, is a 10-element definition based on the HUD definition of “at risk” of homelessness, the working definition of housing insecurity adopted by the HUD Office of Policy Development and Research, and other published federal and academic research.^{14, 15, 16}

Figure 2: DHHS definition of housing insecure



4 | Standards for the collection of data on housing insecurity and homelessness

Housing insecurity and homelessness data collection standard[†]

The DHHS standard for data collection on housing insecurity and homelessness is a choice between three versions of the same measure: a condensed version (Figure 3), a version with examples (Figure 4), and a detailed version (Figure 5).

The condensed version of the housing insecurity and homelessness standard, shown in Figure 3, organizes response options into broad categories that correspond with the three core dimensions of housing insecurity and includes homelessness. Very brief examples are provided after each response option to give the respondent additional information. This option is recommended when you need a space-saving format on a survey.

Figure 3: DHHS housing insecurity and homelessness data collection standard, condensed version

In the past six months, which of the following have you experienced or are you currently experiencing? (Select all that apply.)

- Unaffordable housing** (costly housing, sharing housing, frequent moving)
- Inadequate housing** (poor housing conditions, overcrowding)
- Unstable housing** (eviction, fleeing domestic violence)
- Homelessness** (unsheltered or sheltered)
- None of the above**

***If you or someone you know needs help with domestic violence, call the National Domestic Violence Hotline at 1-800-799-7233, or the Utah LINKLine at 1-800-897-LINK (5465).**

The version of the housing insecurity and homelessness standard with examples, shown in Figure 4, expands on the response options from the condensed version by giving detailed examples drawn from the definitions of housing insecure and homeless. These examples offer more clear guidance, but ultimately, it's up to the respondent to interpret the categories. This version is intended to capture housing insecurity and homelessness and still recognize the sensitive nature of disclosing this information.

[†]Note that these data standards have not yet been tested or validated. Updates will be made as needed once testing and validation are completed.

Figure 4: DHHS housing insecurity and homelessness data collection standard, with examples

In the past six months, which of the following have you experienced or are currently experiencing? (Select all that apply.)

Unaffordable housing

For example:

- paying more than one-third of your household's monthly income toward housing costs
- sharing housing with others due to economic hardship (doubled-up)
- moving often due to economic hardship (moving more than twice in six months)

Inadequate housing

For example:

- living in substandard housing (such as lacking heat, clean running water, or electricity; infestation with pests or mold; leaky roof or ceiling; lacking stove or refrigerator)
- living in overcrowded housing
- living in a hotel or motel as your primary residence, paid for by you or your family

Unstable housing

For example:

- eviction (threatened, in progress, or completed)
- fleeing or attempting to flee domestic violence (and not living in a shelter)*

Homelessness

For example:

- living in a place not meant for humans to live, such as a car, park, abandoned building, sidewalk, bus/train station, or campground
- staying in a publicly or privately operated temporary shelter, such as a drop-in center, congregate or domestic violence shelter, transitional housing, or hotel/motel
- exiting an institution without secure housing to transition into (examples include correctional facilities/programs, healthcare facilities, mental/behavioral health facilities, substance use disorder treatment facilities, foster care)

None of the above

***If you or someone you know needs help with domestic violence, call the National Domestic Violence Hotline at 1-800-799-7233, or the Utah LINKLine at 1-800-897-LINK (5465).**

Figure 5 shows detailed choices about housing insecurity and homelessness experiences that align with the definitions if you need this level of detail. Use caution when you use this version as the response options may put respondents in a position of disclosing sensitive information, such as experiencing domestic violence.

Figure 5: DHHS housing insecurity and homelessness data collection standard, detailed version

In the past six months, which of the following have you experienced or are currently experiencing? (Select all that apply.)

Unaffordable housing

- Paying more than one-third of your household’s monthly income toward housing costs
- Sharing housing with others due to economic hardship (doubled-up)
- Moving frequently due to economic hardship (moving more than twice in six months)

Inadequate housing

- Living in substandard housing (such as lacking heat, clean running water, or electricity; infestation with pests or mold; leaky roof or ceiling; lacking stove or refrigerator)
- Living in overcrowded housing
- Living in a hotel or motel as your primary residence, paid for by you or your family

Unstable housing

- Eviction (threatened, in progress, or completed)
- Fleeing or attempting to flee domestic violence (and not living in a shelter)*

Homelessness

- Living in a place not meant for humans to live, such as a car, park, abandoned building, sidewalk, bus/train station, or campground
- Staying in a publicly or privately operated temporary shelter, such as a drop-in center, congregate or domestic violence shelter, transitional housing, or hotel/motel
- Exiting an institution without secure housing to transition into (examples include correctional facilities/programs, healthcare facilities, mental/behavioral health facilities, substance use disorder treatment facilities, foster care)

None of the above

***If you or someone you know needs help with domestic violence, call the National Domestic Violence Hotline at 1-800-799-7233, or the Utah LINKLine at 1-800-897-LINK (5465).**

In all three versions, similar components of the housing insecurity definition have been grouped together to align with the three core dimensions of housing insecurity—lack of affordability, lack of safety and decency (in other words, lack of adequacy), and lack of stable occupancy—with the inclusion of homelessness.

The choice of which version of the housing insecurity and homelessness data collection standard to use should carefully consider the reasons for data collection, vulnerability of respondents, and sensitivity of data disclosure.

Question instructions specify the recall of housing insecurity/homelessness experiences within the past six months. This reference period is a balance between a time frame for accurate recall and a time frame during which the impacts of housing insecurity and/or homelessness might be experienced.

Respondents have the option to select all experiences that apply, and they can select more than one. A positive response to any of the choices in the dimensions of “unaffordable housing,” “inadequate housing,” or “unstable housing,” is considered indicative of current or recent housing insecurity, and a positive response to homelessness is considered indicative of current or recent homelessness. It is possible that a respondent may have experienced both housing insecurity and homelessness within the past six months. Note that positive responses to this question are not meant to determine or award eligibility for services.

Data collected from the three versions are comparable when data collected from the detailed version is rolled up into the categories of “unaffordable housing,” “inadequate housing,” “unstable housing,” and “homelessness.”

These questions are designed to measure the presence or absence of current or recent housing insecurity and homelessness, with some indication of its cause, but not its severity. Some experiences of housing insecurity may reflect far greater vulnerability than others; however, these questions do not have the sensitivity or specificity to distinguish between varying degrees of housing insecurity.

Data collection standards for additional details

Additional questions may be asked for greater detail on housing insecurity and homelessness.

Additional details related to housing insecurity

You may want to ask a respondent about their subjective perceptions about their housing situation, regardless of their objective experiences. The question in Figure 6 may be asked as a follow-up to learn whether they are worried or anxious about housing insecurity.

Figure 6: Worry about housing security

In the past six months, how often have you been worried or stressed about having stable housing?*(This can include housing affordability, adequacy, and stability.)

- Always
- Often
- Sometimes
- Rarely
- Never

*This question was adapted from the Behavioral Risk Factor Surveillance System (BRFSS).

Additional details related to homelessness

If responses to the housing insecurity and homelessness data standard are indicative of current or recent homelessness, the question in Figure 7 may be asked as a follow-up. It assesses the current status of homelessness.

Figure 7: Current homelessness

Are you currently experiencing homelessness?

- Yes**—I am currently experiencing **unsheltered** homelessness. *(That is, living in a place not meant for humans to live, such as a car, park, abandoned building, sidewalk, bus/train station, or campground)*
- Yes**—I am currently experiencing **sheltered** homelessness. *(That is, staying in a publicly or privately operated temporary shelter, including drop-in center, congregate or domestic violence shelter, transitional housing, or hotel/motel)*
- No**—I am not currently experiencing homelessness.

5 | Data collection principles and considerations

These principles outline key concepts that enhance quality in data collection practices.

Use self-reporting

Self-identification is the preferred way to collect information about an individual's demographics and SDOH, where respondents directly report their own experiences. Whenever possible, housing insecurity and homelessness information should be collected through self-report.¹⁷

When self-reporting is not possible, housing insecurity and homelessness data may be collected from a *knowledgeable proxy* as appropriate and in compliance with applicable policies. This data may also be collected through *record matching*, where existing records on an individual that contain their demographic information are used to supply the information.¹⁷

Limit data collection to minimum necessary

All data collected should have a justified and clearly articulated purpose. Do everything possible to make sure the demographic and SDOH information collected is limited to the minimum or reasonable amount necessary to accomplish a specified purpose.¹⁸ Agencies and organizations interested in routine data collection on housing insecurity and homelessness, and in particular detailed data collection, must be able to explain how the information will enhance their understanding and analysis of health status among populations served and how the data collected will advance goals of improving health and well-being. It may be helpful to create a written data analysis and evaluation plan in the early stages of planning to facilitate a deeper understanding of the purpose and application of housing insecurity data.

Consider the sensitive nature of data

When you collect housing insecurity and homelessness data, make sure you consider the potentially sensitive nature of information collected. If you need to collect potentially sensitive information to accomplish the specified purpose, make sure you do everything possible to avoid unintended consequences.

For some respondents, identifying details of housing insecurity such as financial struggles, eviction, domestic violence, or an episode of homelessness can be sensitive personal information. There may be fear or risk of stigma, discrimination, legal action, physical harm, or other harms in revealing these vulnerabilities. It is important to ensure privacy

and confidentiality when collecting housing insecurity and homelessness information. It's also important to make sure you handle and store this information with proper safeguards to protect respondents' well-being.

In anticipation of the needs of some populations, you may print helpline information such as phone numbers for domestic violence as shown in Figure 8 directly onto a survey. It may also be beneficial to add information about local or regional housing insecurity and homelessness resources and services.

Figure 8. Domestic violence helpline information

If you or someone you know needs help with domestic violence, call the National Domestic Violence Hotline at 1-800-799-7233, or the Utah LINKLine at 1-800-897-LINK (5465).

Ensure data collection instruments are accessible

Data collection instruments should be translated into the language(s) spoken by respondents. Make every effort to provide interpretation for spoken or signed languages for data collected in an interview format. You may also need to consider other accessible formats of data collection instruments to ensure data quality.

6 | Data standard development process

There are currently no federal guidelines for data collection on housing insecurity. To fill this gap and to provide guidance for the state of Utah, DHHS OHE engaged in a collaborative process on the development of a housing insecurity data collection standard. This process involved the following steps:

- Conducted a review of governmental and academic publications and consulted with subject matter experts to understand the scope of housing insecurity and homelessness and commonly used data collection questions
- Surveyed key actors in housing insecurity and homelessness services at state and community levels to understand current practices in housing insecurity and homelessness data collection
- Engaged housing insecurity and homelessness workgroups to determine what type of data is appropriate and actionable
- Reviewed the key considerations and implications of collecting housing insecurity and homelessness data in health and population-based surveys in Utah

It should be noted that these standards have not yet been validated or tested. Updates will be made to the standards as needed once testing and validation are complete.

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