NAHRO/CAP Survey

NAHRO and the Community Action Partnership (CAP) created a survey to help identify existing joint efforts to combat poverty through housing and redevelopment agencies and Community Action Agencies (CAAs). The survey aimed to examine and assess where there is crossover between the nation's existing network of CAA agencies and local PHAs and to better understand where the intersection of work now being done by PHAs, Local Redevelopment Agencies (LRAs), and CAAs are making a difference in the fight to combat poverty and income inequality at the local level.

Survey Results
Almost all PHAs and CAAs that responded to the NAHRO/CAP survey are aware of their local PHA or CAA. Virtually all CAAs that responded (132 of 133) were aware of their local PHAs, and 90 percent of PHAs are aware of their local CAA. Eighteen of the respondents noted that they functioned as both their local CAA and PHA. An especially high percentage of rural CAAs noted that they interact with two or more PHAs.

PHAs refer their residents to many different services provided by CAAs. Of the PHAs that were aware of their local CAA, only 3.5 percent did not refer their residents to services. Of those that referred residents to CAAs, 68 percent reported referring their residents to energy assistance programs through the Low-Income Home Energy Assistance Program (LIHEAP), 63 percent referred their residents to a food pantry or bank, and 50 percent referred their residents to CAAs for information and other referrals. PHAs also refer their residents to other services provided through CAAs, including: Head Start and Early Head Start (48 percent), Meals on Wheels (45 percent), weatherization programs (43 percent), and case management and transportation services (40 percent each). Of the PHAs that refer their residents to services provided by CAAs, 85 percent noted that their residents utilize services provided by local CAAs even without referral. Of the agencies that were not aware of their local CAA, 86 percent noted that opportunities to collaborate with their local CAA exist. Furthermore, 46 percent reported that their residents need volunteering opportunities that could be fulfilled through programs offered by the local CAA.

Connections between PHAs and CAAs go beyond service referrals as well. Half of all CAA respondents report that they work in at least one coalition with their local PHA – a finding that is even more pronounced in rural areas where 72 percent of CAAs noted being part of at least one coalition with their local PHA. Thirty-nine percent of PHAs responded that they work in at least one coalition with their local CAA. CAAs and PHAs also noted that they frequently work together through local Continuum of Care (CoC) related activities. Although there are numerous collaborations, many respondents expressed interest in partnering more.

Although PHAs and CAAs would like to work together more often, not all PHAs and CAAs are aware of the CAA Needs Assessment and the PHA 5-Year Plans, respectively. About 42 percent of CAAs responded that they were aware of their local PHA 5-year Plan, and of them just one-fifth participated in the data collection process for the drafting of the 5-Year Plan. About 43 percent of PHAs reported that they were aware of their local CAA Needs Assessment, however only 22 percent participated in the data collection process for drafting the Assessment.