HOUSING & HEALTH

Prosperity Indiana
Case Study:

HIA of the 2015 Qualified Allocation Plan for Low Income Housing Tax Credits in Georgia
QAP HIA: SCREENING

$22 million annually
- How might this investment be better leveraged to support health?

Health Equity
- likely influences health determinants & outcomes—especially for vulnerable
- in addition to primary goals for housing affordability

Annual process
- threshold and scoring criteria

“DCA is very interested in new ways to measure our impact on health”
Laurel Hart
Director, Housing Finance Division
Georgia Department of Community Affairs
QAP HIA: SCOPING

- Steering Committee of stakeholders
- Populations: residents AND neighboring communities
- Statewide perspective
- Topics determined by:
  - Desktop appraisal
  - Steering Committee vote
OPPORTUNITIES FOR INPUT

- Inform Draft QAP
  - DCA Listening Sessions & feedback - Sept. 2014
  - Desktop recs. for healthy design & operation
  - Detailed recs. for access to quality education

- Submit comments on Draft QAP
  - Official comment period - Nov. 2014
  - Comments on changes in Draft
  - Detailed recs. for community connections

- Ongoing provision of supporting materials and data
DEEP DIVE ASSESSMENT

- **Community Connections:** Creating functional mixed-demographic communities by revitalizing underinvested areas or creating affordable housing in existing high-opportunity communities.

- **Access to Quality Education:** good schools, early learning, and school improvement.
CONNECTING TO HEALTHY COMMUNITIES

Communities of opportunity are places with high levels of social and civic engagement amongst neighbors. They are diverse across a range of measures including age, racial/ethnic identity, income, wealth, educational background, occupation, household tenure, and family type.
DEMOGRAPHIC CLUSTERS

25 variables relating to age, income, family structure, housing value and type, education attainment and employment type. More information at https://oasis.state.ga.us/gis/demographiccluster/DemoClusters2011.htm
YEARS OF POTENTIAL LIFE LOST (YPLL)

Approximate YPLL Rate per 100,000 by Demographic Cluster

A.1
A.2
A.3
B.1
B.2
B.3
B.4
C.1
C.2
C.3
C.4
D.1
D.2
D.3
D.4
D.5
D.6
D.7
Measuring Communities of Opportunity:

- Poverty mostly affects health at high concentrations.
- Social determinants of health include a wide range of community indicators especially for young children.
- The 2015 QAP should not rely entirely on poverty thresholds to measure Stable Communities. Suggest using the Department of Public Health’s Demographic Clusters.

Affordable housing development in lower risk Demographic Clusters could potentially save 200 lives per year.
COMMUNITY CONNECTIONS
EVIDENCE & RECOMMENDATIONS

- Healthy Community Development: There are known obstacles to and strategies for integrating affordable housing into high-opportunity communities or revitalizing underinvested areas.
  - Increasing points for Georgia Initiative for Community Housing (GICH) participants
  - Offering an additional point for redevelopment plans outside of QCTs, for HUD Choice Neighborhoods, or for Promise Neighborhoods under the “Revitalization/Redevelopment Plans” section.
  - Allowing a point for plans that are created by the project team
  - Continuing to offer points for projects that align with other place-based investments.
  - Expanding the role for Community Housing Development Organizations (CHDOs) & community engagement
  - Including “Community-driven Housing Strategies” as one of the eligible topics under a new “Innovative Project Concept” award.
  - Other design and siting that fosters social interaction such as mixed-use and walkability
EDUCATION: FINDINGS & RECS

- Education is a critical health determinant
- Quality schools improve educational attainment
- Encourage access to quality educational opportunities
- Measure quality and achievement gaps with the Georgia Department of Education’s College and Career Ready Performance Index (CCRPI)

LIHTC properties are often located near schools that score significantly lower on measures of school quality than schools in other areas.
EVIDENCE BASED BEST PRACTICES

- Opportunities for promoting healthy design and operation
- Based on existing best practices
- Provided DCA with a menu of actions that could be used to improve health in communities across the state

36 recommendations for integrating healthy community design into the QAP could potentially improve health through active living, healthy eating, improved air quality, and reduced injury risk
EVIDENCE BASED BEST PRACTICES

- Housing Affordability
- Proximity to highways and other sources of air pollution
- Smoke free housing
- Flooring materials
- Green housing
- Trees and greenery
- Injury hazards
- Pedestrian ingress/egress and circulation
- Bicycle facilities

- Mixed use developments
- Parking
- Transit Oriented Development
- Nutrition and cooking activities
- Fitness amenities and activities
- Health Impact Assessment
GHPC WORK IN AFFORDABLE HOUSING

- **Initial HIA of 2015**
- **QAP**
- **GA DPH funded**
- **follow-up in 2016**
- **Continued involvement in QAP discussions**
- **Collaboration on funding proposals**
- **Assistance for 2017 Applicants with SK Collaborative**

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PROJECT-LEVEL AFFORDABLE HOUSING HIA: INFORMED 2017 STATE-LEVEL POLICY

- Mentions of “health” in Georgia’s QAP:
  - 2014 = 12
  - 2015 = 15
  - 2016 = 27
  - 2017 = 80

- 2017 updates closely reflect outcomes of scoping workshop...
THE 2017 QAP: MOVING TOWARD HEALTH IN ALL POLICIES

- Under “State Priorities”:

2. Health Outcomes for Residents: Physical and mental health are necessities for thriving individuals and families. The location where a household lives strongly influences household health through things like access to quality care, education, and healthy foods. In addition, safe, quality affordable housing provides the foundation and central location for encouraging healthy lifestyles. As such, DCA has a strong commitment to encouraging better health outcomes for residents through site selection, site design, community partnerships, and focused services.
THE 2017 QAP: MOVING TOWARD HEALTH IN ALL POLICIES

- In Scoring Criteria – Healthy Housing Priority

Applicants that claim points under this category are expressing a commitment to work with DCA in encouraging and measuring healthy outcomes for Georgia residents that live in a completed DCA funded property. Measuring success can be accomplished while assuring the health of Georgia residents that live in completed DCA funded property. Applicants are encouraged to target healthy initiatives to local community needs.

Applicants should use the following needs data to more efficiently target the proposed initiative for a proposed property:

- A local Community Health Needs Assessment (CHNA)
- The “County Health Rankings & Reports” website [http://www.countyhealthrankings.org/health-gaps/georgia](http://www.countyhealthrankings.org/health-gaps/georgia)
- The Center for Disease Control and Prevention – Community Health Status Indicators (CHSI) website
THE 2017 QAP: MOVING TOWARD HEALTH IN ALL POLICIES

- In Scoring Criteria – Healthy Housing Priority (continued)

A. Preventive Health Screening/Wellness Program for Residents 3 Points

Three (3) points will be awarded to Applicants that agree to provide on-site preventive health screenings and or Wellness Services at the proposed project. In order to be eligible for points in this category, the services must be provided at least monthly and be offered at minimal or no cost to the residents. The preventive health initiative should include wellness and preventive health care education and information for the residents. Examples of Preventive health care screenings/Wellness Programs can consist of, but are not limited to:

B. Healthy Eating Initiative 2 Points

Two (2) points will be awarded to Applicants that agree to provide a Healthy Eating Initiative at the proposed project. The Initiative must include the following:

C. Healthy Activity Initiative 2 Points

Two (2) points will be awarded to Applicants that agree to provide a Healthy Activity Initiative at the proposed project. Examples of such initiatives might include structured exercise programs, walking program, weight or stress reduction programs. The Initiative must include the following:
# HEALTHY HOUSING CREDITS

## SECTION 4. QAP SELECTION REQUIREMENTS
### D. State Priorities
#### 2. Health Outcomes for Residents

Encouraging better health outcomes for residents through:
- site selection,
- site design,
- community partnerships
- focused services

## Threshold Criteria
### IV. REQUIRED SERVICES

2. On-site enrichment classes (e.g. budgeting, avoiding identity theft, arts and crafts, computer tutoring, gardening, safety classes such as CPR and household safety).

3. On-site health classes (e.g. nutrition, healthy cooking, asthma management classes and smoking cessation classes, exercise classes such as yoga, Pilates, strength training, group-led aerobic classes, and/or personal fitness).

## XIX. HEALTHY HOUSING INITIATIVES

### A. Preventive Health Screening/Wellness Program for Residents (3 Points)

### B. Healthy Eating Initiative (2 Points)

### C. Healthy Activity Initiative (2 Points)

- Target health initiatives to local community needs
- Direct amenities and services to targeted need
- Engage service providers
- Report results to DCA for at least five years
THANK YOU

Presented by Michelle J. M. Rushing, MPH
Report available from https://goo.gl/riV1lG