Entry Form
2018 Annual Awards for Program Excellence

Entry Deadline: Friday, June 15, 2018, Midnight ET

Each entry must include a completed entry form. Please complete a form for each entry your HFA is submitting. The completed entry form will become the first page of your entry.

This form is a fillable PDF. Type your information into the entry form and save it as a PDF. Please do not write on or scan the entry form. **Questions: Call 202-624-7710 or email awards@ncsha.org.**

Entry Title: Enter your entry's title exactly as you wish it to be published on the NCSHA website and in the awards program.

Healthy Housing Policy Partnerships

Category: Special Achievement

Subcategory: N/A

Entry Summary: A 15-word (max) summary of the program, project, or practice you are entering.

Utilizing housing platforms to improve individual and community health outcomes via strategic planning and partnerships.

HFA: Georgia Housing Finance Authority / Georgia Department of Community Affairs

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Georgia Housing Finance Authority / Georgia Department of Community Affairs
Healthy Housing Policy Partnerships

Introduction

The Georgia Department of Community Affairs (DCA) has positioned itself as a national leader in promoting positive health outcomes through investments in affordable housing. Building from a partnership with the Georgia Health Policy Center (GHPC), DCA has taken the lead in leveraging statewide affordable housing policies and programs as a platform for positive health outcomes—improving resident access to thriving neighborhoods, high-performing schools, and convenient healthcare options.

Strategic planning and ongoing partnerships between researchers, healthcare providers, and other social service agencies first produced the GHPC's Health Impact Assessment (HIA) of the 2015 Qualified Allocation Plan (QAP). Adoption of site-specific health impact assessments among the affordable housing developer community widened the scope of the original HIA, while DCA then secured national funding to scale an examination of the impact of housing on health on multiple sites statewide. DCA's support of healthy housing policy partnerships has created partnerships that move even beyond the multifamily housing space—DCA was invited to be the first state agency to participate in the Center for Disease Control's annual Policy Academy.

Health Impact Assessment (HIA)

Researchers at the GHPC, along with a steering committee of community development and health policy practitioners, conducted a rigorous Health Impact Assessment (HIA) of the 2015 QAP to recommend changes to the 2016 QAP. This assessment was made possible through a grant from the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and the Pew Charitable Trusts. The three major suggestions of best practice included in the HIA called for building more developments in socioeconomically advantaged communities, building developments with access to educational opportunity, and promoting healthy design and operation of affordable housing. In the years following, DCA has continuously worked to integrate these recommendations into its competitive selection criteria.

Building Developments in Socioeconomically Advantaged Communities

The HIA made recommendations to DCA to emphasize access to affordable housing in socioeconomically advantaged communities. The HIA suggested using more comprehensive measures of socioeconomic success within competitive selection criteria that not only account for neighborhood poverty levels, but also for characteristics indicative of area development and positive health outcomes.

DCA has since created a robust policy framework that positions developments in two pathways to opportunity—those communities that already offer place-based opportunities, and those communities that are making concerted efforts to create such opportunity locally. The first pathway offers a competitive advantage to those developments located in low-poverty census tracts and highly rated Georgia Department of Public Health socioeconomic clusters. The second pathway prioritizes building in communities with active concerted community revitalization plans, as evidenced by ongoing partnerships and capital investment near the proposed development. A new section created in 2017, Community Transformation, invites community-based developers to work with the local service providers and low-income residents to create Community Transformation Plans, placing housing at the center of an aligned service network promoting positive health outcomes for both the residents and the community overall. DCA recognizes the need to both place developments in high-opportunity areas and investing its affordable housing resources in communities dedicated to moving the needle on their own success.

Building Developments with Access to Educational Opportunity

The HIA further recognized the relationship between access to high quality educational opportunities and health behaviors. In doing so, it recommended that DCA's 2015 implementation of a

simplified education evaluation formula using the Georgia Department of Education's College and Career Ready Performance Index (CCRPI) represented best practice for ensuring the LIHTC scoring process would offer preference to proposed properties serving high achieving schools. Prior to partnering with GHPC, a disproportionately high number of LIHTC funded developments were serving low-performing schools. Based on the recommendations of the HIA, DCA has moved to encourage developers to offer place-based opportunity to residents of LIHTC funded properties. The adoption of the CCRPI as a measure of school quality allowed DCA to offer QAP points to proposals based on three-year averages of performance measures. The 2017 QAP reflects these changes, offering 3 points for applications located in attendance zones where all K-12 schools have above average CCRPI scores, 2 points for those where at least 2 schools achieve higher than average, and 1 point for projects that serve at least one high performing school.

Following these adjustments to the 2017 QAP, DCA awarded LIHTC application points to 25 properties in 2017 alone for location in attendance zones of above-average schools. Based on research surrounding access to a high-quality education and health outcomes, HIA recommendations have led to deliberate changes intended to improve the outlooks of LIHTC property residents and their children.

Promoting Healthy Design and Operation of Affordable Housing

The final major recommendation of the 2015 HIA highlighted the need for DCA's QAP to promote healthy design and operation of affordable housing. Researchers found that the design of LIHTC properties could boost the agency's ability to encourage pedestrian activity by funding developments located within walking distance of amenities and pedestrian facilities. Locating and designing properties to mitigate exposure to air pollution and high traffic roads would also reduce resident risk to poor environmental conditions that heighten risk of varied health problems. With residential service requirements included in the QAP, the HIA also found that simple mandates for basic amenities and services such as health and nutritional education could bolster DCA's ability to promote healthy behavior through the issuance of LIHTC funding.

Stemming from this partnership, DCA has highlighted health initiatives such as preventive health care and health eating initiatives as a key aspect of competitive scoring criteria for LIHTC allocation. By 2017, DCA set "Health Outcomes for Residents" as a state priority in the QAP and included a full scoring section on "Healthy Housing Initiatives." Proposals to offer on-site preventive healthcare, screenings, and health education allowed 29 proposed LIHTC funded projects to achieve application points in 2017. In fact, health outcomes for residents is discussed as a state priority in the 2017 and 2018 QAPs, with multiple QAP sections reflecting the Agency's understanding of the importance of physical and mental health as a necessity for thriving individuals and families.

Project-Based Health Impact Assessment

The 2015 QAP HIA fostered the development and implementation of a follow-up, project-level HIA undertaken by the GHPC, supported by DCA, funded by the Georgia Department of Public Health (GDPH), and endorsed by the private development community. Following the success of the GHPC's HIA, Georgia's affordable housing developer community adopted their own HIA. Supported by DCA and funded by the Georgia Department of Public Health, GHPC undertook a second, project-based HIA to assess the health effects of final design and operation plans for over 200 units, located within three DCA sponsored affordable housing developments (located in Jackson, Telfair, and Floyd counties).

GHPC collected data on county residents' baseline health status in four areas: chronic disease, health care access, injury prevention, and mental health. Recommendations helped housing developers consider how their siting, design, and operational decisions could be more supportive of community health. Recommendations related to chronic disease include the promotion of community gardens and health education. The provision of on-site health care facilities increases access to health care, while increase attention to pedestrian access impacts injury prevention efforts. Expansion of the acceptance of

residents requiring Section 811 assistance helps reduce the stigmas associated with mental health. All the aforementioned project level recommendations have found a place in recent QAPs.

Invited Participation in CDC Policy Academy

DCA's partnership with GHPC has created additional opportunity for institutional knowledge creation within the field, building even more linkages between housing and health. With the support of GHPC, the Centers for Disease Control and Prevention (CDC) operates an annual Policy Academy—normally only for its internal staff. In this Academy, staff form 4-5-person policy teams that undertake a piece of policy research to further a specified public health goal. Throughout this year-long process, teams have access to CDC experts to provide technical support as needed for their research project.

In 2018, the CDC decided to open the Policy Academy to one Georgia state agency. Given DCA's strong relationship with GHPC, DCA was chosen as the first state agency to participate in this exclusive Policy Academy. Through the CDC Policy Academy, DCA seeks to identify contributors to health costs for homeless populations in order to strengthen knowledge and practice surrounding the intersection of health and housing policy. DCA will assess housing and health-related policy options to determine integrated and cost-effective solutions. In doing so, the state of Georgia will continue to be at the forefront of broader shifts toward collaborative social service provision and the promotion of positive health outcomes through work in a variety of issue areas.

Securing National Funding for Data-Driven Health and Housing Policy

The success of DCA's local and statewide partnerships leveraging housing to promote healthy outcomes have even garnered national funding to expand the HIA model to public housing authorities (PHAs) across the state. DCA, in partnership with GHPC, Southface (a sustainability, green building, and energy corporation), and Georgia PHAs are working to create further linkages between health and housing via a partnership with The Kresge Foundation's grant initiative seeking to increase positive health outcomes in PHA communities. The Kresge Foundation's funding of just under $400,000 expands the project-based HIA model and allows for continued research and further tracking health of outcomes among PHAs across the state. This initiative focuses on ensuring that public housing communities are healthy places through capacity building, knowledge exchange, and outcome tracking across diverse settings around the state. GHPC and Southface will work with 5 PHAs, including 9 sites, and representative of over 830 units throughout the state, to incorporate health and sustainability into existing renovation strategies, or Healthy Green Building Plans, supported through DCA. These Healthy Green Building Plans are tailored to each site.

As part of a long-term evaluation of the project's impacts, GHPC will measure baseline conditions with respect to health determinants and outcomes by interviewing current residents prior to renovations, and again after their return. Additionally, GHPC and Southface are establishing a Health and Housing Learning Academy aiming to build local capacity to leverage health promoting environments, programs, and services resulting from the broader project. Participants will include PHAs, local Public Health Departments, resident leaders, and other stakeholders. Ultimately, the Academy intends to increase the knowledge of how to align health and housing activities to support sustained positive impacts on wellness within the newly renovated units, as well as for a range of other community stakeholders. DCA, GHPC, and Southface will disseminate lessons learned to add to the burgeoning evidence of how to intentionally create health-promoting housing and environments. DCA is hopeful that the best practices identified during this project will see national adoption in a variety of contexts and communities, including but not limited to, QAP scoring sections, construction manuals, and partnership building endeavors.

Visual Aids Attached

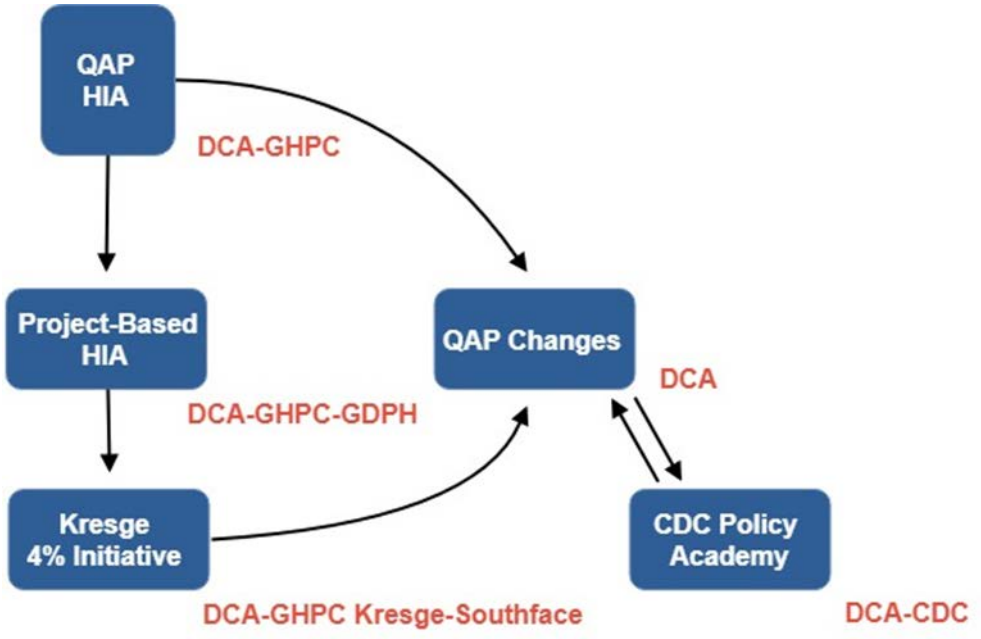


Figure 1. Healthy Housing Programming & Partnerships

GEORGIA
HEALTH POLICY CENTER




A Health Impact Assessment of the 2015 Qualified Allocation Plan for Low-Income Housing Tax Credits in Georgia

Summary Brief
September 2015

Georgia Health Policy Center

Georgia State University | Andrew Young School of Policy Studies

Abstract

This health impact assessment (HIA) examined how public health perspectives could be more strongly incorporated into affordable housing policy in Georgia through the Qualified Allocation Plan (QAP), overseen by the Department of Community Affairs (DCA) and updated on an annual basis. Overall, affordable housing investments were found to improve health and quality of life, and increase opportunity for Georgia residents. To capitalize on this gain, numerous opportunities were identified through research, analysis, and stakeholder input, with suggested alterations to scoring criteria categorized into three major topic areas.

- First, the QAP could improve strategies to incentivize connections to healthy communities, particularly through the use of Demographic Cluster data developed by the Georgia Department of Public Health to provide a more robust characterization of the communities in which Low-Income Housing Tax Credit (LIHTC) development is proposed.

- Second, encouraging access to educational opportunities through more nuanced incentives for locating near quality schools would address this critical health determinant. Partnering with the Georgia Department of Education to use its College and Career Ready Performance Index (CCRPI) as a new metric for school quality is a first step in this direction.

- Third, multiple opportunities were identified for promoting healthy design and operation of affordable housing based on existing best practices. The HIA process has provided DCA with a menu of actions that could be used to improve health in communities across the state.

Addressing any one of these topic areas alone may lead to improvements in health outcomes and behaviors. Employing a holistic perspective that considers all of these topics together, in combination with the entire set of QAP criteria – each of which makes some contribution to health and quality of life – would be most likely to fully achieve the potential for affordable housing investments to improve health. A fully funded affordable housing program that is tuned to reduce injury and illness could improve wellbeing, increase productivity, and reduce health care costs in Georgia.

Summary & Key Findings

A Qualified Allocation Plan (QAP) is the federally-mandated process through which states issue Low-Income Housing Tax Credits (LIHTC) to qualified applicants. The state of Georgia allocates about $22 million in support of affordable housing development through this process each year, using annually updated threshold and competitive scoring criteria.

The state of Georgia allocates about $22 million in support of affordable housing each year. This report explores how this investment could be better leveraged to support health.

An extensive body of research demonstrates the strong relationship between affordable housing and health. Programs that help ensure the availability of safe and affordable housing for all income levels will improve health, especially for the most vulnerable members of society. Housing availability, location, design, and cost work in concert to influence a range of health determinants, including household resources, family stability, stress, environmental exposure, and access to health-supporting services. These determinants then contribute to health outcomes such as heart disease, asthma, and injuries. Further, health status can greatly influence an individual's success in school, career, and family life. Decision makers working to increase the supply of affordable housing therefore should consider health along with other important factors which impact policies and programs.

This Health Impact Assessment (HIA) examines the effect of LIHTC allocation policy in Georgia and its potential to influence public health. Through the HIA process, the project team built relationships with key stakeholders and utilized their input to drive the content of the assessment. Several fundamental health determinants were examined in detail, and the findings were translated into recommendations for the 2015 QAP (or its future iterations and supporting documents) to maximize potential health benefits and mitigate any possible undesired outcomes. The HIA places special emphasis on strengthening connections between LIHTC projects and their surrounding communities, with additional focus on facilitating access to quality educational opportunities.

Programs that help ensure the availability of safe and affordable housing for all income levels will improve health, especially for the most vulnerable members of society.

Some recommendations have already been incorporated into the 2015 version of Georgia's QAP, while others are still under review by the Department of Community Affairs (DCA), the agency responsible for overseeing many of the state's housing finance and development programs. This document presents a summary of the HIA process with key findings and recommendations. For more detail on any of the content included here, please see the forthcoming HIA Technical Report.

Key Findings and Recommendations from the HIA

Three topic areas are used to organize the results of this HIA and are listed below with some main findings and recommendations. More information on the HIA process, each topic area, and recommendations can be found on subsequent pages of this document. However, these findings should not be read in isolation. Interactions between housing policy and potential changes in community health are complicated and difficult to distill. Therefore, the HIA recommends employing a holistic perspective when approaching these topics, as addressing all of them in concert will most fully achieve the potential for health improvement inherent in affordable housing policy.

Connecting with Healthy Communities

This topic area addresses interactions between proposed developments and the socio-demographic fabric of the surrounding areas. Neighborhood social, demographic, and economic characteristics (as opposed to physical characteristics which are discussed separately below) have significant influence on health outcomes, and though the effect may be greatest for young children, adults and seniors are also affected.

Finding

Some elements in the QAP were intended to deconcentrate poverty—points developers could receive for building in low-poverty areas or in underinvested neighborhoods with active revitalization or housing plans. Stakeholders mainly agreed that the QAP had not yet reached the optimal formula to support this goal. This gap appears to reduce the potential for LIHTC properties to be developed in healthier communities. Of the nearly 8,300 family housing units developed with LIHTC funding over the past decade, 70 percent have been built in areas the Georgia Department of Public Health (GDPH) identifies as having the lowest socioeconomic status and some of the highest rates of premature death in the state. DCA has continued to develop and refine criteria for deconcentrating poverty and revitalizing neighborhoods over the last several years, and more targeted efforts to steer affordable housing development toward areas identified as lower-risk Demographic Clusters could help up to 200 individuals live longer, healthier lives.

If the QAP could consistently steer affordable housing development toward lower risk Demographic Clusters, it could potentially save 200 lives per year.

Recommendations

Begin using more comprehensive measures of sociodemographic context in the QAP scoring criteria concerning "Stable Communities." This would be a shift away from relying exclusively on measures of poverty and toward measures like the GDPH Demographic Clusters, which are derived from a set of 25 indicators - many of which are not addressed elsewhere in the QAP.

Adjust scoring under "Revitalization and Redevelopment Plans" and "DCA Community Initiatives" to encourage more communities to plan for affordable housing and incentivize siting of LIHTC developments in communities engaged in

such planning. DCA has already adopted one recommendation in this area for the 2015 QAP by also allowing points for developments that further revitalization plans in areas that are economically distressed but not defined as Qualified Census Tracts (a definition based primarily on income) by the U.S. Department of Housing and Urban Development (HUD). These plans can improve the socioeconomic indicators of a neighborhood.

Encouraging Access to Educational Opportunity

Educational attainment is one of the most critical determinants of lifelong health status. School quality is a major determinant of educational outcomes, and the quality of early learning experiences proves to be a significant predictor of future success and health.

LIHTC properties are often located near schools which score significantly lower on measures of school quality than schools in other areas.

Finding

On average, elementary schools near LIHTC properties scored significantly lower on the College and Career Ready Performance Index (CCRPI; a measure of school quality developed by the Georgia Department of Education) than those in other areas. Also, a disproportionately high number of LIHTC properties located near schools classified as failing by this measure (scoring below 60 out of 100). DCA introduced a new scoring category in the 2014 QAP focused on encouraging development near higher-performing schools.

Recommendations

Use the CCRPI to determine the quality of schools near proposed development sites and provide scoring incentives for locating in the attendance zones of above average schools. This change is included in the 2015 QAP under the "Quality Education Areas" section of the scoring criteria. It offers a more straight-forward process than the educational criteria first introduced in the 2014 QAP, which required applicants to perform complex calculations based on test scores in order to determine if nearby schools met the quality threshold required for their project to receive points.

Include scoring incentives for proposed developments to locate near high quality early learning facilities. A distinction needs to be made between child care and early childhood education. Bright from the Start, a program of the Georgia Department of Early Care and Learning (DECAL) plans to have a "Quality Rated" score for every licensed child care setting by 2017. These ratings should be incorporated into future QAP scoring.

Promoting Healthy Design and Operation

This topic area considers attributes of the physical environment, both within and surrounding proposed housing developments. Many of the connections between this aspect of housing and public health have already been firmly established, either in the scientific literature or through other HIAs. Part of this assessment is a "desktop" HIA, which uses pre-

existing evidence reviews and population-wide data, provides little stakeholder input, and does not conduct a detailed analysis of potential health effects. It primarily summarized promising practices in the context of development and housing, and presented recommendations for applying this evidence to the 2015 QAP. The full desktop HIA is available in the Technical Report.

36 recommendations for integrating healthy community design into the QAP were made, and these adjustments could potentially improve health through active living, healthy eating, improved air quality, and reduced injury risk.

Finding

There are many opportunities to address pressing health concerns in Georgia through the siting, design, and programming components of the QAP. The desktop HIA considered language from the 2014 QAP and identified 36 recommendations for policy adjustments that would potentially improve health, specifically in the areas of active living, healthy eating, air quality, and injury risk. One-third of these were adopted into the Draft 2015 QAP, with a smaller subset being retained in the final policy after public comment. Some priority recommendations are highlighted below.

Recommendations

Further incentivize developments that encourage pedestrian activity by considering design features and connectivity in addition to proximity to amenities and pedestrian facilities. Examples of this include: stipulating that existing streets should not be abandoned, with surrounding street networks extending through properties where feasible; determining proximity by considering actual walking distance, not straight-line distance; reducing parking mandates; and ensuring that sidewalks and walkways connect the property to adjacent streets.

Expand the options for meeting existing residential service requirements to include on-site health promotion and maintenance programming. LIHTC properties already offer basic amenities and services. Where appropriate, other eligible programming could include semi-regular classes on nutrition/healthy cooking, asthma management, smoking cessation, and various types of exercise and personal fitness.

Reduce potential exposures to air pollution by adjusting scoring criteria to incentivize development in locations farther than 200 meters (650 feet) from roadways carrying more than 25,000 vehicles per day. In response to developer concerns about reduced property visibility on lower traffic roads affecting marketability, solutions that balance mitigation of potential exposure to pollution and project visibility should be further explored. Examples might include increasing the threshold to 50,000 vehicles per day, designing sites to have residential buildings set further back from the busiest roadways, or planting evergreen trees to filter pollution.

Brief Report

The Process of Health Impact Assessment

Health Impact Assessment, or HIA, is a process for ensuring that plans and policies support healthy communities. HIA is typically used to enhance policies in non-health sectors, such as economic and community development. HIA has evolved from the awareness that many projects, policies, and initiatives formed with no explicit health goals still impact the public's health and, as such, decisions regarding these actions should be informed about these potential health impacts in a constructive and actionable way. HIA follows a six phase framework that will serve as an organizing tool for the remainder of this document:

- **Screening** determines whether a proposal is likely to have health effects and whether the HIA will provide useful information.
- **Scoping** establishes the range of health effects to be included in the HIA, the populations affected, the sources of data, and the methods to be used for assessment.
- **Assessment** is a two-step process that first describes baseline health status in the population of concern, and then characterizes potential impacts to produce findings meant to inform recommendations.
- **Recommendations** suggest policy alternatives that could be implemented to improve health or actions that could be taken to manage potential health effects.
- **Reporting** involves the presentation findings and recommendations to decision makers and stakeholders, along with identification of key assumptions and limitations.
- **Monitoring and evaluation** examine the process and short-term impacts of the HIA on decision making. Monitoring strategies are developed to follow changes in health determinants and outcomes over time.

Screening: Affordable Housing Policy as Health Policy

Each year, the Internal Revenue Service allocates housing tax credits to state housing finance agencies, which then award the credits to developers of qualified projects – new construction or significant renovation of residential communities that provide homes for low-income households. The state agency must develop a QAP for disbursing the credits. DCA, through their Office of Housing Finance, awards about $22 million in LIHTC and state matching tax credits each year, creating around 2,500 new housing units. Thirty-five percent of this funding is reserved for affordable housing in rural parts of the state, with as much as half going to rural projects in recent years. The scale of the LIHTC program and its focus on lower income populations indicate that, in addition to primary goals regarding housing affordability, it likely influences health outcomes as well—especially for populations considered most vulnerable to poor health.

> ***"Health policy is economic policy, and economic policy is health policy."***
> *Dean Mary Beth Walker, Andrew Young School of Policy Studies, Georgia State University*

Connections between housing and health have been well-documented.[1,2,3] However, a specific focus on development which creates positive health outcomes is not traditionally viewed as an integral part of QAP development. This presented the opportunity for an HIA to consider how LIHTC financing could affect community health in ways not currently considered. The yearly update of the allocation policy also provided a suitable target for HIA recommendations that could be applied in 2015 or in future iterations of the QAP. Additionally, lessons learned from an HIA of Georgia's QAP could inform the housing tax credit allocation process in other states.

> ***"DCA is very interested in new ways to measure our impact on health"***
> *Laurel Hart, Director, Housing Finance Division, Georgia Department of Community Affairs*

Key decision makers at DCA were receptive to the idea of HIA and were willing to not only participate in the process, but to also thoughtfully consider the resulting recommendations. Their openness to collaborative influence meant that they were willing to use HIA as a tool for learning more about how they could integrate a stronger public health perspective into their work. Industry professionals also expressed interest in applying the HIA findings in their work in community development, finance, and real estate. The annual QAP process was a particularly good fit for HIA because its use of threshold and scoring criteria presents conceptually straight-forward targets for many potential recommendations.

Scoping: Choosing the Issues to Examine in Detail

The HIA team engaged with a steering committee of stakeholders who collaboratively guided the scope of the project. The population of concern was defined as current and future residents of LIHTC developments and their neighboring communities. In terms of geographic scope, the QAP is a single policy that covers a diverse state, limiting the feasibility of focusing the HIA on specific areas or communities. As a result, the assessment takes a statewide perspective.

Topic areas for the assessment were selected through two processes. First, a common streamlined HIA method called "desktop" assessment capitalized on existing evidence and best practices to provide input for the 2015 draft QAP. Public information sessions for the draft policy presented an early opportunity for gauging stakeholder response to potential health-based updates, but these changes had to be suggested to DCA quickly in order to be included in the draft. The desktop assessment examined language from the 2014 QAP and considered existing evidence from the literature and previous HIAs to develop proposed language for the 2015 draft. The project team chose existing HIAs from the United States that dealt with relevant housing and build environment policies, focusing in on active living, healthy eating, air quality, and injury risk as common topic areas with transferable findings. By applying the desktop approach to these topics, the HIA team was able to then devote more resources to exploring the emerging topics of interest identified by the steering committee, as discussed below.

Reshaping Housing Policy with a Health Lens

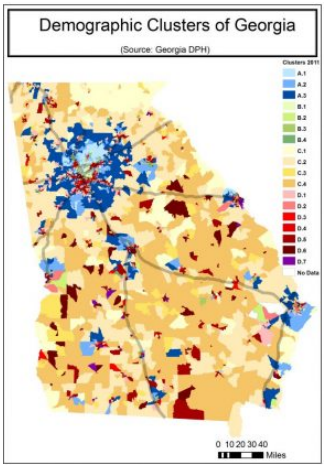
In Georgia, public health practitioners used a Health Impact Assessment to suggest changes to the allocation plan for Low-Income Housing Tax Credits. This is how they made it happen.

Michelle J.M. Rushing, **James E. Dills**, and **Leigh Alderman** - February 13, 2018

This article appears in the Winter 2018 edition of Shelterforce *magazine. Subscribe here.*

Community development and housing agencies in Georgia have found themselves working with new partners: public health professionals who view affordable housing as an essential tool for improving community health.

The partnership did not arise in response to any specific housing quality issue, such as asthma triggers or toxic material. Rather, the partners were interested in taking a comprehensive look at all the ways that the location, design, and operation of affordable housing could reduce health inequities.



The Georgia Department of Public Health has categorized the state into 18 "clusters" based on community type and 25 sociodemographic variables. Lower numbers represent areas whose populations experience fewer health risk factors. The categories A, B, C, D refer to community type. (For instance, "C" is the umbrella category for all rural areas.) For more information about each cluster, go to bit.ly/2DBldgj. Courtesy of Michelle J.M. Rushing

They anticipated that this partnership would have benefits for affordable housing developers as well. Improving resident health could improve school attendance and educational outcomes, child development measures, the percent of time adults are healthy enough to go to work, independent living measures for seniors, and mental and behavioral health status at all ages. Overall, they felt an improvement in health would likely increase family self-sufficiency while reducing many of the risk factors that lead to lease violations and vacancies.

As public health practitioners at the Georgia Health Policy Center (GHPC), a public health institute based at Georgia State University, our team initiated this relationship. We had been following the emerging research on the connections between the health status of U.S. residents and the health of the nation's economy. On one hand, considerable evidence is available to show how people who face socioeconomic disadvantages are more likely to have negative health outcomes, such as higher levels of disability even in early childhood, more disease, and shortened life expectancy. Public health research has shown how these disparities manifest in our lungs, hearts, brains, cells, and even DNA. The result is a heavier burden of poor health, disease, mental distress, injury, developmental delay, and disability among people experiencing the greatest socioeconomic inequities.

On the other hand, there is also growing evidence of the enormous costs to households and to the economy as a whole of this additional burden of illness, disability, and death, and its associated reduction in productivity and higher medical costs. Kids who have persistent health conditions miss too many school days and fall behind, while their parents lose wages. Families exposed to traumatic experiences like community violence or eviction can develop mental health issues that make work and school more difficult. Injuries or chronic diseases that turn into disabilities limit people's ability to work and get around. Medical costs grow, even for those with health insurance.

It can be hard to imagine reversing these downward spirals. The obvious place seems to be in clinics, hospitals, and doctor's offices, but health care seems to account for only 10 to 20 percent of a person's health status. Health services are also an unnecessarily expensive way to approach health problems. What about all of the investments—public and private—that we already make in real estate development, infrastructure, natural resources, and services? These investments shape the way that

people live, where they live, and the environments to which they are exposed. What if we just try to make these investments in ways that expand access to health and opportunity for all? This approach is described as "health in all policies."

Partnering for Health

GHPC was exploring opportunities for this type of intervention when a community development colleague asked if we were familiar with the "qualified allocation plan" (QAP), a set of criteria used by states to select who receives low-income housing tax credit distributions.

Here's how it works: Each year the IRS allocates housing tax credits to state housing finance agencies, which then award the credits to developers of qualified projects—new construction or significant renovation of residential communities that provide homes for low-income households. The state agency must develop an allocation plan—the QAP—for disbursing the credits. A QAP is the federally mandated process through which states issue Low-Income Housing Tax Credits (LIHTC). The state of Georgia allocates about $22 million in support of affordable housing development through this process each year. Applicants must meet certain thresholds and are then awarded points based on annually updated competitive scoring criteria.

As public health specialists, we had never heard of this policy before. However, our team had been engaged in cross-sector work for many years and had previously worked with the Georgia Department of Community Affairs (DCA), managers of the QAP. Such relationships seem to be necessary in nearly all collaborations.

So, we took a deep breath and just called the people we knew in the housing finance division. We asked if they would be interested in letting us use a policy analysis tool known as a "health impact assessment," or HIA, to recommend changes in the way housing tax credits were allocated in Georgia to improve public health. The answer, at each level of the division, was "Yes, we're very interested in new ways to measure our impact on health!"

Integrating Health into Practice

An HIA is a process for ensuring that plans and policies support healthy communities. The assessment is used to enhance policies in non-health sectors, such as transportation infrastructure, land-use planning, tax policy, and now community development. It is intended to be a collaborative, stakeholder-informed process. It seeks to disrupt practice in other sectors in a positive way so that central objectives—economic growth, mobility, etc.—are realized, while also mitigating potential negative health impacts and equitably maximizing potential health benefits.

Affordable housing improves health in many ways, including:

- Protecting families from the environmental and safety hazards of substandard housing, such as mold, fire hazards, lack of heat, or pest infestation problems.
- Making it possible for very low-income children to live in neighborhoods with good schools and well-maintained parks.
- Freeing up household budgets so families can afford medical care and nutritious food.

The first phase of an HIA, the screening phase, determines whether a proposal is likely to have health effects and whether an HIA will provide useful information. Through tax credits, DCA is creating around 2,500 new housing units each year. The scale of the LIHTC program and its focus on lower-income populations indicate that it

Low Income House Tax Credit properties by demographic cluster in Georgia from 2004 to 2013. Courtesy of Michelle J.M. Rushing

likely influences health outcomes as well—especially for populations considered most vulnerable to poor health.

In affordable housing policy, a primary consideration is to control costs and improve returns so that the industry can continue building or preserving as many units as possible. An HIA of an affordable housing policy would recognize that, but also ask if we could build and operate healthier properties at the same cost. Would having healthier residents in healthier communities produce any savings?

Answering these questions took the remainder of the HIA process. Due to the wide variety of tax-credit developments, the limited amount of data on the people who live in them, and the vast body of health and housing research that might be part of the answer, we had to have a thorough second phase—the scoping phase—to establish the range of health effects to be included in the HIA, the populations affected, the sources of data, and the methods to be used for assessment. Ultimately, the HIA primarily explored ways to connect low-income residents with communities of opportunity and with better educational resources, and developed a list of basic design and operations best practices.

After scoping comes the assessment phase, a two-step process that first describes the baseline health status in the population of concern, and then characterizes potential impacts of the policy on the health of that population, and the distribution of effects within the population. These potential impacts will inform recommendations for how to adjust the policy. We considered the location of LIHTC properties funded in prior years, how those locations may have influenced education and community connections, and alternative location and design scenarios.

What We Learned: Connecting to Opportunity

Neighborhood social, demographic, and economic characteristics have significant influence on health outcomes, especially for young children. Despite the introduction of criteria for deconcentrating poverty and revitalizing neighborhoods in previous years, properties were still clustered in areas with limited opportunities. Of the nearly 8,300 family housing units developed with LIHTC funding over the past decade, 70 percent have been built in areas the Georgia Department of Public Health (GDPH) identifies as having the lowest socioeconomic status and some of the highest rates of premature death in the state.

> Affordable housing investments were found to improve health and quality of life, and increase opportunity for Georgia residents.

Poverty measures only one dynamic of sociodemographic status. The QAP could directly incentivize use of the GDPH Demographic Clusters, which are derived from a set of 25 indicators and linked to health risk factors such as income, family structure, and educational attainment. For instance, the A.3 cluster (diverse college-educated families in urban and suburban neighborhoods earning above median income) has a premature mortality rate that is less than half of the D.6 cluster (minority families and seniors with high school education or less working in low-paying service jobs). Yet, under past scoring, 27 percent of family developments had been built in D.6 areas compared to 5 percent in the A.3 areas. In other states, housing finance agencies can engage the state health department to find out how they identify areas with high levels of health inequities, or use national data sets such as 500 Cities, Opportunity360, or CHNA.org.

Having more affordable housing developments located in areas identified as lower-risk demographic clusters would save the lives of up to 200 LIHTC residents each year.

Access to Quality Education

Educational attainment is one of the most critical determinants of lifelong health status. School quality is a major determinant of educational outcomes, and the quality of early learning experiences proves to be a significant predictor of future success and health. On average, elementary schools near LIHTC properties scored significantly lower on the College and Career Ready Performance Index —a measure of school quality developed by the Georgia Department of Education— than schools in other areas, even though research shows that the presence of tax credit properties do not affect school performance.

DCA introduced a new scoring category in the 2014 QAP that focused on encouraging development near higher-performing schools, but it was based only on test scores, difficult to use, and few applicants claimed it. The Georgia Department of Education's College and Career Ready Performance Index would be a better metric for school quality. It would be much easier for applicants to score, and provides a much more comprehensive measurement of school performance and improvement over time, as well as of success at addressing achievement gaps.

Additionally, points could be available for quality-rated child care sites, state funded Pre-K centers, and school turnaround plans for underperforming K-12 schools.

Location, Design, and Management Best Practices

In addition to the opportunity and education sections, we made 36 recommendations for adjustments to the QAP that would potentially improve health, specifically in the areas of active living, healthy eating, air quality, and injury risk. Recommendations included:

- Better guidance for walkability, or pedestrian circulation, on sites and connecting to the surrounding neighborhood.
- Expanded options for meeting residential service requirements to include on-site health promotion and maintenance programming, such as classes on nutrition and healthy cooking, asthma management, smoking cessation, and various types of exercise and personal fitness.
- Reducing potential exposure to asthma triggers by allowing hard flooring in some bedrooms and discouraging sites too close to high-traffic roads.

Throughout the process, we worked closely with DCA and members of the steering committee to develop changes that would benefit all interests. Some of those recommendations made it into the official Draft 2015 QAP, which allowed developers and other housing professionals to comment on ways in which proposed changes would affect their applications. The HIA monitoring and evaluation phase examines the process and short-term impacts of the HIA on decision making and supports a strategy to follow changes in health determinants and outcomes over time.

Change Is a Constant

The school quality criteria list using the College and Career Ready Performance Index standard was included in the Draft 2015 QAP. It received positive feedback for relevance and ease of use. On the other hand, a complementary scoring component that would have penalized applicants for locating their development in the lowest-scoring school attendance zones was removed, due to the number of phased developments (even senior properties) that it would have affected.

Additionally, around one-third of the 36 best practices were adopted into the Draft 2015 QAP, with all but two being retained in the final policy after public comment, and others eventually merging into supporting documentation.

This was a collaborative process in which developers helped to troubleshoot certain practices. Notable changes included a new category of eligible services that included health programs, an extra point for walkable locations, and a health innovation bonus.

The partnership did not end there. The following year, more changes were adopted. With enough time to review the health department's demographic clusters, DCA was able to add them as an alternative to poverty rates. The new criteria appeared in the Draft 2016 QAP, along with expanded revitalization criteria. Additionally, there were multipliers in each category to incentivize development in areas of opportunity or impending revitalization, especially ones with mixed-income development, high-amenity areas, or key investments. Health and housing innovation was further encouraged.

Many stakeholders, including developers and the DCA, were curious how some of the changes would play out. Would just building near a good school really generate measurable improvements in health? So at the end of 2015, GDPH used some of its HIA funding to assess three sites that had received points on some of the health promoting criteria, and hired GHPC to conduct the project. The sites were new-construction tax credit developments, and we reviewed site-specific health needs from local and national public data sources, such as community health needs assessments, County Health Rankings, and the GDPH Demographic Clusters. We were looking to see if there were things that could be added to the criteria that had been overlooked, and to see if developers had to risk compliance with other tax-credit standards to build healthy. Would there, for example, be conflicts between the pedestrian circulation guidelines and their standard building plans? Did developers need more guidance after they had agreed to offer unspecified "healthy services"?

We identified more specific interventions for each property. The recommended interventions, which were completed in 2016, included services to promote healthy behavior or improve access to health care, a community garden, better playground and pedestrian walkway siting, and partnerships with local organizations that promote health and wellness.

In 2016 DCA added a set of healthy housing initiative criteria to the 2017 QAP, which awarded points for coordinated on-site amenities and services that would provide health care screening and services, and promote healthy eating or physical activity. GHPC provided comments on this section, and in 2017 worked with applicants to help them interpret the documentation for the points. In addition to providing the healthy amenity and service, applicants were expected to review local health indicators to select from the three approaches, and to provide some annual evaluation for the first five years. We found that most applicants were unfamiliar with the health data sources, and needed some support to connect with the right health partners. Although nearly everyone involved in affordable housing production intuited their ability to support healthy living for their communities, they were sometimes surprised by the way that specific determinants of health could be affected through design or operations.

In 2017 a new partnership evolved. With the support of the Kresge Foundation, DCA brought on GHPC and Southface, a sustainable development expert, to integrate green and healthy design and services into eight public housing properties being rehabilitated through the Rental Assistance Demonstration (RAD) program using 4 percent housing tax credits. Housing agencies, developers, architects, property managers, and residents will learn how to create healthy communities. An evaluation phase lasting through 2022 will look for measurable changes in behavior, access, health status, medical expenses, and residents' burden of unhealthy days that affect their ability to engage in education or employment.

Any one of these changes would likely lead to improvements in health outcomes and behaviors. Employing a holistic perspective that considers all of these interventions together—each of which makes some contribution to health and quality of life—would be most likely to fully achieve the potential for affordable housing investments to improve health. A fully funded affordable housing program that is tuned to reduce injury and illness could improve wellbeing, increase productivity, and reduce health care costs in Georgia. We'll be there to provide the proof when it does.

Anand Parekh & Caitlin Krutsick: Low-Income Housing Tax Credit Boosts Health Policy

ROLL CALL

Monday, November 27, 2017

Read the opinion piece below as originally published in **Roll Call**.

Despite partisan fights continuing to play out over various pieces of the tax code, the Low-Income Housing Tax Credit, or LIHTC, has enjoyed decades of strong bipartisan support. This $8 billion in annual federal funding provides incentives for investors to develop, construct and rehabilitate affordable rental housing. It has helped finance more than 3 million affordable rental units serving about 7 million low-income households since it was created in 1986.

Both the House-passed tax bill and the plan approved by the Senate Finance Committee continue LIHTC. Robust evidence links LIHTC investments to positive economic growth for communities, social and educational benefits for families and reductions in homelessness.

This week, the Bipartisan Policy Center will release a report summarizing research linking affordable housing, the majority of which is financed through LIHTC, to improvements in health behaviors and outcomes. The evidence is building that housing affordability, the neighborhood's environment and conditions within the home are all important determinants of health. This has stimulated states and affordable housing development agencies to begin looking at ways LIHTC may be used to improve health. Therefore, we strongly support greater federal investment in this important program.

Research suggests that families with high housing cost burdens are unable to spend money on necessary health care services, prescriptions and nutritious food, and therefore often have poorer self-reported health, higher prescription drug nonadherence rates and lower food security than their peers with lower housing costs.

LIHTC credits may also be used to refurbish affordable housing units. Studies have shown that upgrading building materials and improving ventilation positively affects health outcomes for residents, especially for those with asthma or respiratory issues.

The most direct collaboration between the affordable housing community and the health and service communities is through the creation of supportive housing, which combines affordable housing assistance with wraparound services to assist residents experiencing homelessness, joblessness, disability or health problems. One study showed that this combination of housing and services could save an average of $6,000 a year, per person, in health care costs.

Several exciting new data collection efforts are underway that will help provide better evidence for how LIHTC investments are specifically impacting health for individuals, families and communities.

One is a partnership between Columbia University and the New York City Department of Housing Preservation and Development to conduct a longitudinal study tracking a variety of metrics, including health data, which will compare outcomes for individuals who received affordable housing to their peers who were eligible but were not placed in an affordable unit.

They hope to stratify the results such that LIHTC residents could also be compared with residents in affordable housing funded through other means.

The LIHTC's competitive allocation process also provides a unique way to encourage development of affordable housing that takes health into consideration. Each state creates a Qualified Allocation Plan, or QAP, containing certain mandatory criteria all applications must meet to be considered and additional criteria reflecting state priorities that, if met, will result in bonus points awarded to applications. In Georgia, the state utilized a Health Impact Assessment conducted by the Georgia Health Policy Center to evaluate how its LIHTC program was taking public health into account.

The research team made recommendations to the state on how it could alter its QAP to encourage development projects to consider the health of low-income residents, and Georgia's QAP revisions since 2015 now include health priorities. Other states should look to Georgia's model for innovative ways to encourage "health in all policies" by incentivizing LIHTC investments that foster better health.

As Congress considers tax reform legislation, a key debate to watch will be balancing business tax reform with incentives to provide affordable housing. For example, if business developers face lower overall tax burdens, the relative value of receiving the tax credit could be reduced, and there might be less of an incentive to develop or make investments in affordable housing.

If business tax rate reductions come to pass, legislative improvements to LIHTC may be needed to maintain production and preservation of LIHTC units at current levels. The Bipartisan Policy Center's Housing Commission recommended a 50 percent increase to the program at a $1.2 billion annual cost. The administration should follow suit and substantially increase federal support for the LIHTC program to help finance the production and preservation of additional units of affordable rental housing.

Strengthening the connection between LIHTC and positive health impacts can provide a powerful new argument for greater federal investment in this important program. Promoting better integration of health and housing policy should be a desirable bipartisan goal.

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Read the full op-ed here »

KEYWORDS: **115TH CONGRESS**, **ANAND PAREKH**, **CAITLIN KRUTSICK**, **HEALTH CARE**, **LOW-INCOME HOUSING TAX CREDIT**, **SENATE FINANCE COMMITTEE**

Georgia Receives $391,000 Grant from The Kresge Foundation for “Healthy Families” Project

ghpc.gsu.edu/2017/07/georgia-receives-391000-grant-kresge-foundation-healthy-families-project/

July 27, 2017

ATLANTA–The Georgia Department of Community Affairs (DCA), in partnership with Southface and the Georgia Health Policy Center (GHPC), is pleased to announce the support of The Kresge Foundation in a joint venture with local public housing authorities (PHAs) to improve the ability of PHAs to address residents’ health through better quality housing and improved access to services. The Georgia HFA Healthy Families project has been awarded $391,962 to help communities overcome the environmental and social disadvantages that contribute to poor health. The grant period for the project is from July 1, 2017, to June 30, 2020. This effort builds on new and long-time relationships to strengthen the linkages between health and housing.

“The Kresge Foundation is happy to support the Georgia Department of Community Affairs and their partners as they embed a range of services in public housing that will improve educational, health and social outcomes for residents,” said Chris Kabel, Deputy Director of The Kresge Foundation’s Health Program. “We hope that the results they are able to generate through the Healthy Families project will influence how public housing in other states is designed.”

Healthy communities bring together social, economic and environmental goals to strengthen their ability to promote and sustain health, and improve the quality of life for all residents. This initiative focuses on capacity building, knowledge exchange, and outcome tracking across multiple pilot sites in communities around the state. PHAs bring experience in service partnerships, quality development, and green building to the table. DCA’s partnership with GHPC and Southface adds expertise in the public health and building science fields. Each participating PHA team has agreed to fund a Resident Services Coordinator (RSC) position at these sites to implement connections between residents and health services, support outcome tracking, and foster relationships with health-focused organizations.

“Social and health transformation is a team effort,” said DCA Commissioner Camila Knowles. “Pooling resources and streamlining services is the best way to ensure lasting, concrete results.”

In addition, GHPC and Southface will establish a “Health and Housing Learning Academy” to foster the learning and exchange of ideas between PHAs. Leveraging each organization’s expertise, GHPC and Southface will co-develop a curriculum and materials to educate and engage all stakeholders in the design, construction, and operations of the PHA housing stock and communities. This initiative will create a win-win scenario for all constituents – PHAs, developers, residents and the community – resulting in the improved health and well-being of residents; healthy, durable and efficient housing stock; and physically, socially and economically strong communities.

“At Southface, quality of life is at the center of our mission as it speaks to improving the lives of people and communities through sustainability,” said Andrea Pinabell, President at Southface. “We are so excited about this project with The Kresge Foundation, DCA and GHPC as it allows us to

demonstrate how good indoor environmental quality positively affects people in their homes and then scale the information to educate and build awareness as to the linkage between health and built environment.”

The goal of this initiative is not only to undertake health training, exchange, and measurements that will benefit each PHA involved, but also to produce outward facing baseline data, publications, and knowledge sharing at both the state and national level. It is the intent of DCA and its partners to build upon this program and share the building blocks with other PHAs in the state and the health and housing industry nationally to make health and wellness initiatives, and ultimately self-sufficiency, a fundamental part of housing assistance.

“This initiative aligns perfectly with our mission of integrating research, policy, and programs to advance health and well-being,” said Leigh Alderman, Senior Advisor at GHPC. “Research consistently shows a relationship between housing and health, and that housing policy and programs can impact well-being of residents across their lives, and across the lives of their children and grandchildren. This initiative not only aims to ensure health-promoting programs and policies are implemented at the PHA partner sites, it is also designed to contribute to the evidence base on how housing and public health professionals can intentionally build health and well-being into housing policy and programs.”

LOCAL

Otis Redding once lived there. But big changes are coming to his old neighborhood

BY STANLEY DUNLAP
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Macon agencies that deal with housing, education, transportation, health care and employment have joined forces to help revitalize the neighborhood around the Tindall Heights development.

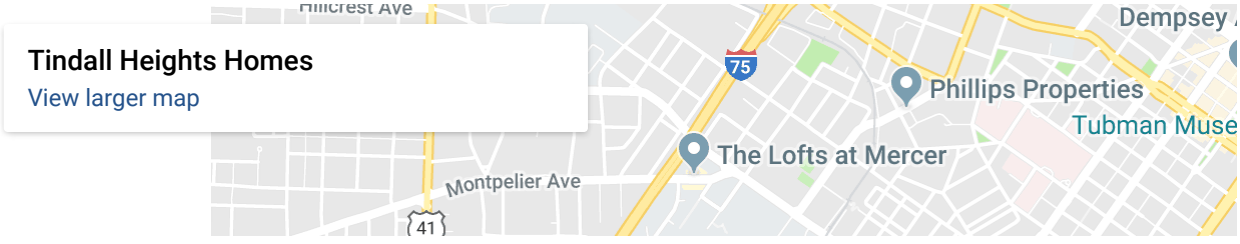
There were more than 300 respondents to surveys conducted in person and through mailings, and that information will be used to adopt strategies to improve the neighborhood, located near the south end of Mercer University's campus.

The surveys tie into an application for the third phase of the Tindall redevelopment, which includes 65 multifamily housing units. Tax credits through the Department of Community Affairs will be awarded this year as part of a competitive process with other proposed developments across the state.

On Saturday, residents who live in the neighborhood surrounding the demolished Tindall Heights development are invited to a gathering in which the survey findings will be unveiled. Residents will be able to offer suggestions again and have an opportunity for fellowship, with food and games.

The Tindall Fields celebration, hosted by the United Way of Central Georgia and the Macon-Bibb County Housing Authority, will be held at 11:30 a.m. at the Buck Melton Community Center, 150 Sessions Drive.

"We're trying to determine what are action-based things that we can implement to be able to have a transformational impact on the lives of those that live in the area," said Anthony Hayes, president and CEO of In-Fill Housing, the nonprofit arm of the Macon-Bibb County Housing Authority. "The goal is not to come up with a thousand things we're trying to solve, but three to four measurable things."



The process started back in January when Mayor Robert Reichert and County Commissioner Bert Bivins helped convene a group of agencies in the particular areas. Among the participants, along with The United Way and housing authority, were the Bibb County Board of Education, Navicent Health, Mercer University, Goodwill Industries of Middle Georgia, the Macon-Bibb County Health Department and the Middle Georgia Regional Commission.

Some of the initiatives could be replicated in other neighborhoods over time.

“It’s one thing to survey the area and find out what they need and another to have the agencies and organizations that can implement the changes,” Hayes said.

One of the concerns that residents raised during a community meeting was access to public transportation, said June Parker, executive director of the housing authority.

“Public transportation was very important,” she said. “It affects their ability to get to their jobs, school, and health care (facilities).”

Redevelopment underway

After opening in 1940 as a segregated public housing development for black families, Tindall Heights became obsolete over the decades. Among the people who once lived in the development was soul legend Otis Redding, who spent much of his childhood there.

The former housing development has been demolished as part of the proposed four-phase redevelopment plan.

Construction has started on the first phase of what will be Tindall Senior Towers. And construction is anticipated to start this fall on the second phase of the new Tindall Fields development — which includes plans for 64 family apartments.

The final two phases will include a total of 130 multifamily units. Once completed, the density of Tindall will be reduced from 412 to 270 residential units.

Former Tindall Heights residents will have an opportunity to live in the new housing development.

“It will be somewhere that people will want to come to live,” Parker said. “It will have state of the art with all the amenities. It will look like similar to Tattnall Place,” the 97-unit, mixed-use development built on the site of the former Oglethorpe Homes.

The first section of Tindall Fields will be eight two-story flats with one-, two- and three-bedroom apartments. They will have amenities such as central heating and air conditioning systems, and there will be handicapped accessible units, both features not offered when Tindall Heights was originally built.

There also are plans for 8.5 acres of commercial development near Tindall Fields.

“We’re really excited about the process,” Mayor Robert Reichert said of the neighborhood survey. “The final step is to get this transformation phase approved by the (County Commission) as part of the urban redevelopment plan.”

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