

PRRAC

Poverty & Race Research Action Council

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Regulations Division
Office of General Counsel
Department of Housing and Urban Development
451 Seventh Street, S.W, Room 10276
Washington, D.C. 20410-0001

Re: [Docket No. FR-5555-N-01]
Safe and Healthy Homes Investment Partnerships: Request for Comments

We write in response to the September 14, 2011 notice soliciting public comment on a HUD proposal that would establish criteria for designating a community as a Safe and Healthy Homes Investment Partnership (SHIPP). This designation would affect eligibility to receive bonus points in future HUD Notices of Funding Availability.

These comments are submitted to offer the perspective of legal services and civil rights advocates who have worked for more effective initiatives to affirmatively further fair housing. In that regard, our comments specifically address the critical but frequently forgotten racial and ethnic disparities in health outcomes that are traceable to racial and economic segregation, and the failure to create housing opportunities for low income minority families that offer improved health and safety prospects.

We wish to commend HUD for its growing attention to the nexus between housing and health outcomes, and the recognition that HUD must work across program and departmental silos to leverage its programs to improve health outcomes for low income families. We urge you to not miss the opportunity to do so through the vehicle offered by the incentive of the SHHIP certification.

We have initially identified three key issues missing from HUD's proposed SHIPP certification model:

First, the notice does not specifically describe or reference any role for existing housing programs that should be required to be involved -- most notably the Voucher and Public Housing programs;

Second, the SHIPP notice makes no specific mention of environmental justice issues related to racial and ethnic disparities in health outcomes resulting from neighborhood characteristics or the condition of the built environment;

Third, despite efforts to address HUD's own "silo" issues, the certification model does not adequately assure that within each certified community the plan will

include participation of all of the entities essential to coordinate the health programs with those responsible for housing and property maintenance (i.e., connecting “bodies” and “buildings” programs).

We believe that these points respond to three of the specific issues framed by HUD in its request for comments, namely the composition of the partnership; the additional service disciplines that should be included; and the standards for issuing a certification and decertifying a community.

1. Partners and services disciplines that should be required for certification:

a. HUD should require that local Public Housing Agencies (PHAs) be participants for SHIPP certification.

In doing so, HUD could additionally require that the PHA must agree to review and enhance their Housing Quality Standard inspections of housing voucher units to take into account and to address safe and healthy homes issues, *including neighborhood safety and environment conditions such as a prevalence of abandoned properties*. Similarly, PHAs (and their contractors and developers) should be required to incorporate Green and Healthy Housing methodologies in their development and rehabilitation projects and make safety and health opportunities a priority in all demolition and replacement housing initiatives.

b. HUD should minimally require as a condition to certification that the service disciplines participating in the SHIPP partnership include a voluntary housing voucher relocation/mobility program (whether through the PHA or a separate non-profit organization) for families living in areas with high risks for adverse health outcomes.

The best health prescription for some families – especially in the short run – is to move to healthier housing in a healthier neighborhood.¹ We believe that using voluntary housing mobility as a public health intervention can be an effective approach for the most at-risk children and can work in tandem with ongoing strategies to improve the quality of the environment in high poverty neighborhoods.² In short, HUD programs should not be administered in a way that constrains families to unsafe or unhealthy housing by failing to offer them the opportunity to live in safer and healthier neighborhoods.

Leading public health scholars recognize that neighborhoods play a crucial role in determining health outcomes.³ Recent research from a national five-city

¹ Kruckenberg and Tegeler, *A Prescription for a New Neighborhood? Housing Vouchers as a Public Health Intervention*, Poverty and Race Research Action Council Policy Brief (July 2010) http://www.prrac.org/pdf/prescription_for_a_new_neighborhood.pdf

² This approach also respects the aspirations of those low income minority families who affirmatively want to move to less racially isolated and healthier neighborhoods with improved job opportunities and higher quality schools.

³ See Dolores Acevedo-Garcia, Theresa L. Osypuk, Nancy McArdle & David R. Williams, *Toward A Policy-Relevant Analysis Of Geographic And Racial/Ethnic Disparities In Child Health*, 27 HEALTH AFFAIRS 321, 322 (2008); Gail Christopher, *Public Health and Housing Mobility*, in KEEPING THE PROMISE: PRESERVING AND ENHANCING HOUSING MOBILITY IN THE SECTION 8 HOUSING CHOICE VOUCHER PROGRAM (Poverty & Race Research Action Council 2005)

experimental housing mobility program (“Moving to Opportunity” or “MTO”) shows that many participating low income families experienced improved physical and mental health outcomes when they moved to substantially lower poverty areas. In particular, the MTO results showed that parents of children with asthma who moved to homes in higher opportunity neighborhoods rated their children’s asthma as improved post-move, regardless of other risk factors.⁴

The creation of a set-aside voucher program aimed at children with neighborhood related conditions would be an important step towards addressing health disparities and towards providing families with a healthy home and community in which to raise their children. Even in the absence of a special allocation of vouchers (similar to HOPWA vouchers) from HUD, there is much that communities can do at the local level to better target existing resources to improve health outcomes. For example, the Housing Authority of Baltimore City provides vouchers for families with children with elevated lead levels, and the Coalition to End Childhood Lead Poisoning offers counseling and housing search assistance to help families move.

- c. SHIPP certification should be dependent upon inclusion of regional partners who are actively involved in developing new or acquired housing in already healthy, high opportunity and low poverty communities.**

Many communities applying for SHIPP designation are likely to be older communities with large amounts of pre-1978 housing and established lead abatement and weatherization programs. Consequently, HUD must assure that the certification process by awarding bonus points to such communities does not lead to the unintended consequence of making it more difficult to get HUD funding for development or occupancy of healthy housing in high opportunity communities with newer housing stock.

HUD could avoid this outcome by requiring SHHIP partnerships to be regional in scope, including more than one jurisdiction, or at a minimum, requiring inclusion of non-profit organizations that operate regionally. Ideally, there would be a programmatic linkage between the SHIPP program and HUD’s Sustainable Communities Initiative.

- d. The SHHIP Partnership should require participation by both health and housing program entities.**

The SHIPP model described in the notice does not require that *both* the "buildings" and "bodies" agencies (code enforcement and health departments) be part of the local SHHIP initiative. (As proposed it requires only one or the other). Since these functions are often divided between cities and counties, HUD should require communities to evaluate and address the division of responsibilities in their area and to require the participation of all need entities or, at a minimum, prepare a plan and agreements to assure coordination of functions.⁵

⁴ David R. Williams, Social Determinants: Taking the Social Context of Asthma Seriously, 123 PEDIATRICS 174, 175 (March 2009).

⁵ An example of the sharing of health information with housing program administration is found in the Part

In addition, HUD should require as a condition to certification that the participants (city or county) describe the existing enforcement mechanisms that relate to identifying and remediating building/property maintenance code violations through routine (primary prevention) inspections as well as in response to cases identified by the agency responsible for removal of health hazards identified in connection with health interventions. For older housing, the communities should be required to commit to inspections on initial occupancy and on turnover to assure health and safety standards.

2. Standards for SHHIP Certification:

a. Require Evaluation of Racial and Ethnic Disparities in Health Outcomes to be Identified in the Jurisdiction's Analysis of Impediments to Fair Housing.

The SHIPP notice makes no mention of environmental justice issues related to racial and ethnic disparities in health outcomes due to neighborhood characteristics and the condition of the built environment. As a condition to obtaining the SHHIP certification, HUD should require that the participating jurisdictions covered in the certification have specifically included in their local Analysis of Impediments to Fair Housing an identification of racial and ethnic disparities related to the variations in health outcomes and locations of housing at risk in comparison to residential patterns. Preferably this would be carried out at least at the Tract or Block Group level. Jurisdictions should be required to target the locations of HUD funding investments to evaluate and address health disparities using measures that require reporting by race and ethnicity.

b. SHHIP certification should be dependent upon an express commitment to implement within the community HUD's Environmental Justice strategy in new or acquired housing by targeting neighborhoods offering healthy environments.

As HUD's recent draft notice on Environment Justice strategy points out, HUD site and neighborhood standards already caution against or prohibit "construction and, sometimes, rehabilitation, of facilities in neighborhoods that are 'seriously detrimental to family life or in which substandard dwellings or other undesirable elements predominate.'" To be cost-effective and result in the maximum improvement in health outcomes, the coordinated housing rehabilitation and other interventions included in SHIPP should be focused on sustainable, viable neighborhoods where the surrounding conditions are not so severe that they overwhelm the impact of the intervention on individual housing units. For example, it is not sensible or cost effective to perform coordinated rehabilitation (with weatherization, lead abatement, pest management, etc.) on houses located in areas where they are surrounded by abandoned houses and where the housing market is not working. SHHIP partnerships should be required to focus the coordinated rehabilitation on houses located in areas that are otherwise healthy,

35, Subpart M HUD lead poisoning requirements for the voucher program which encourages a two-way street of information between local health officials and the PHA administering the Housing Choice Voucher program.

free of unaddressed environmental hazards, with access to good schools, grocery stores, wheelchair accessible sidewalks and buildings, and parks and recreation. When local needs require some reliance on environmentally challenged neighborhoods, a commitment must be made to provide a comprehensive plan for inspections and enforcement of property maintenance and environmental standards, identifying the complaint, inspection and enforcement resources that will be assured.

c. SHIPP interventions should consider the goal of mitigating health disparities in minority neighborhoods.

In some neighborhoods, the scale of the intervention and funding available will not be sufficient to overcome surrounding environmental health hazards, but there are many minority neighborhoods that have well functioning housing markets and need a lesser degree of shoring up. Those neighborhoods, like other opportunity neighborhoods, must not be left at a competitive disadvantage by virtue of the SHIPP certification process.

In closing, we wish to again recognize the effort being made by HUD to reach across departmental silos to address health, education and other broader outcomes. The reduction in lead poisoning over the past 20 years is a major public health victory and we support the expansion of holistic approaches like the Green and Healthy Homes Initiative (GHHI) as an example of addressing health risks *within the home* in a coordinated way. Now that HUD is appropriately reaching beyond lead poisoning to address asthma and other health risks associated with housing conditions, it must similarly *reach beyond the interior of the home* and focus on the determinants of health in the surrounding environment. The growing public health documentation of the health risks associated with high poverty, racially isolated neighborhoods compels this broader focus. Moreover, it inevitably raises the question whether a change of “place” could lead to a significant improvement for the children and vulnerable adults affected by these social and environmental determinants of health.

We urge you to coordinate your efforts to further fair housing with your efforts to implement effective environmental justice strategies through the leverage offered by the SHHIP initiative.

Sincerely,



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