~20% of modifiable health outcomes is determined by Medical Care

~80% derive from Social Determinants of Health
Americans spend on average **87%** of their time indoors.

The very young, older adults and people with disabilities spend even more time indoors, primarily at home.
NCSHA Housing Credit Connect 2019:
Achieving Affordability and Healthy Housing Through Project Design

June 14, 2019
Support for this research was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.
HFA SURVEY

Findings from Content Analysis Advisory Team

68% Response Rate
CASE STUDIES

1. GBC
2. Select States
3. Tier 1
4. Tier 2
What HH provisions do states mandate/incentivize in QAPs (including ADs)?
Most Frequently Required in QAP+

- Size of Heating/Cooling: 46
- Acoustical Comfort/Control: 42
- Grab Bars (55+): 42
- Low/No VOCs Paint, etc: 40
- Envtl Remediation: 40
- Bldg Performance in New: 38
- Cameras/Lights Parking: 36
- Building Perf in Rehab: 32
- Reduce Lead Hazards: 28
- O&M Manual, Plan: 28
- Accessibility > ADA,FHAA: 28
- Smoke Detrs. HW, Backup: 28
Most Frequently Incentivized in QAP+

- Proximity to Services: 86
- Access Public Transit: 80
- Supportive Housing: 74
- Access Open Space: 62
- Brownfield/Adaptive Reuse: 62
- Activity Spaces: Kids, Adults: 60
- Building Perf. in Rehab: 36
- Accessibility > ADA, FHA New: 34
- Accessibility > ADA, FHA Rehab: 34
- Building Perf. in New: 32
- Connectivity to Community: 28
Conclude....

- Those HH provisions associated with **mechanical systems** and **energy efficiency** are more likely to be required; and often incentivized.

- Those HH provisions associated with **on-site spaces for health/wellness** programming and with **neighborhood location factors** are rarely required but often incentivized.

- **Accessibility (Universal Design) features** that go beyond federal legislation (ADA, FHAA) are often mandated and incentivized.
Do states include high-priority HH provisions in the QAP+?
Key for Kids (10)

- Asthma + Respiratory Health
- Health Outcomes from Toxic Exposure

Key for Vulnerable Adults (19)

- Asthma + Respiratory Health
- Injury, Accessibility, Safety
- Cardiovascular, Diabetes, Obesity
- Mental Health
- Thermal Comfort
<table>
<thead>
<tr>
<th></th>
<th>Both Key4Kids + Key4VA</th>
<th>Only Key4VA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vent. ASHRAE 62.2, esp. exhausts</td>
<td>22%</td>
<td>Install Grab Bars in 55+</td>
</tr>
<tr>
<td>Mold Prevention: Surfaces</td>
<td>22%</td>
<td>Building Perf. New/Rehab</td>
</tr>
<tr>
<td>Limited Use Carpet</td>
<td>20%</td>
<td>Cameras, Lights in Parking</td>
</tr>
<tr>
<td>Bldg. Ext. Moisture Control</td>
<td>14%</td>
<td>Accessibility &gt; ADA, FHAA</td>
</tr>
<tr>
<td>Mechanical Systems for Mois. Ctrl.</td>
<td>6%</td>
<td>Supportive Housing</td>
</tr>
<tr>
<td>Asthmagen-free Materials.</td>
<td>4%</td>
<td>Visual Acuity in Living Areas</td>
</tr>
<tr>
<td>Mold Prevention: Shower, Tub</td>
<td>2%</td>
<td>Proximity to Services</td>
</tr>
<tr>
<td>Integrated Pest Mgt.</td>
<td>2%</td>
<td>Impact Reducing Flooring</td>
</tr>
<tr>
<td>Only Key4Kids: Lead Remediation</td>
<td>28%</td>
<td>Access to Public Transit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Daylighting Fenestration</td>
</tr>
</tbody>
</table>
Key4Kids: % of States with:

- 62%: 1 or More Required
- 14%: At least 25% Provisions Required
- 10%: None Required but 1+ Incentivized
Key4VA: % of States with ....

- 76%: 1 or More Required
- 46%: At least 25% Provisions Required
- 22%: None Required but 1+ Incentivized
Conclude....

- When states do address Key4VA and Key4Kids in the QAP+, they are more likely to require than simply incentivize these items.

- Key HH provisions related to asthma and respiratory health are not substantially embedded in required or incentivized criteria.

- That there are more Key4VA than Key4Kids provisions incorporated in QAPs, suggests that states are leaning more towards incentivizing/mandating non-respiratory HH provisions such as accessibility and safety.
Do Green Building Certifications (GBCs) compensate for minimal HH provisions in QAPs?
**National GBCs**

- Energy Savings Plus Health
- Enterprise Green Communities
- Energy-Star
- LEED for Homes
- Living Building Challenge
- National Green Building Standard
- Passive House

**State or Regional GBCs**

- Build Green New Mexico
- Earth Advantage
- Earthcraft
- Evergreen
- Florida Green
- Wisconsin Green Built Home
- and 6 others
Mean Number of Key4Kids Provisions* in QAP+ by State Requirement of a GBC

ANOVA F = 1.184 (n.s.)

*Incentivized and Required*
Mean Number of Key4VA Provisions* in QAP+ by State Requirement of a GBC

ANOVA F = 4.06 (p<.05)

- GBC Required (n=21): 7.62
- GBC Incentivized (n=22): 6.18
- No GBC (n=7): 4

*Incentivized and Required
What approaches can HFAs pursue & What can we learn from their practices?
What HFAs consider as their #1 Obstacle to Including or Strengthening HH Provisions in LIHTC

- Additional Construction Cost: 53%
- Push Back from Developers: 18%
- Too Many Priorities Already: 15%
- Remaining Obstacles (each 3% or less): 14%
Most Effective Means to **Add or Strengthen** HH Provisions in LIHTC Program

- **Use GBCs with HH Provisions**: 68%
- **Include HH in State BDC Docs**: 68%
- **Collaborate State Health Agencies**: 41%
- **Use Health-Related Bldg Perf Certific.**: 15%
- **Target to Special Populations**: 9%
• **Becoming sensitized** to incorporating BDC provisions for occupant health; what’s the *tipping point*?

• What resources can be brought to the process to make incorporation of HH provisions viable?

• What research is needed (e.g. cost effectiveness), and on what HH issue?
FOR MORE INFORMATION........

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