Bringing Health Into Housing

A health impact assessment of the designated housing rule for seniors
and non-elderly disabled individuals

The U.S. Department of Housing and Urban Development, or HUD, is planning to update the designated housing rule for low-income seniors and non-elderly disabled Americans (24 CFR 945) in 2014. HUD’s regulatory changes will clarify and streamline the procedures by which public housing agencies designate housing for these individuals. Under this rule, public housing agencies can allocate a low-income housing development or a portion of it for seniors only, non-elderly disabled only, or a mix of seniors and non-elderly disabled individuals.

The Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts, is working with the Oregon Public Health Institute and the Metropolitan Area Planning Council to conduct a health impact assessment, or HIA, of HUD’s proposed regulatory changes. An HIA brings together scientific data, health expertise, and public input to identify the potential—and often overlooked—health effects of proposed projects, policies, and programs. (See Table)

The Steps of an HIA

The HIA process encourages public input at each step.

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<td>Determine whether an HIA is needed and likely to be useful</td>
<td>In consultation with stakeholders, develop a plan for the HIA, including the identification of potential health risks and benefits</td>
<td>Describe the baseline health of affected communities and assess the potential impacts of the decision</td>
<td>Develop practical solutions that can be implemented within the political, economic, or technical limitations of the project or policy being assessed</td>
<td>Disseminate the findings to decision-makers, affected communities, and other stakeholders</td>
<td>Monitor the changes in health or health risk factors and evaluate the efficacy of the measures that are implemented and the HIA process as a whole</td>
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As many as 127 public housing agencies currently administer the rule that designates more than 60,000 low-income public housing units for occupancy by low-income seniors or non-elderly disabled Americans. Through work with the U.S. Surgeon General’s National Prevention Council and the Centers for Disease Control and Prevention, HUD staff identified this rulemaking as an opportunity to demonstrate the use of an HIA in collaboration with the Health Impact Project.
Background

The availability of adequate and affordable housing in the United States is not sufficient to meet growing demand. For low-income seniors or non-elderly disabled people, housing choices are even more limited because of budget constraints and, in some cases, special needs such as access to supportive services and housing amenities for physical accessibility.

Affordable housing for low-income families comes with a unique set of challenges. These housing units are often situated in areas with higher rates of poverty and crime, fewer opportunities for outdoor activities, and poor access to goods and services important to health, such as clinics and stores that carry healthy foods.

Evidence suggests that improving housing and neighborhood conditions can improve health and has the potential to reduce medical costs as well. HUD’s designated housing rule offers an opportunity to integrate health considerations into decisions that affect the supply and quality of public housing.

Considering health: The value of a health impact assessment

This HIA will:

- Identify the potential health outcomes and associated health care costs from the designated housing rule change.
- Provide HUD with recommended actions to optimize potential health benefits and minimize adverse effects.
- Highlight opportunities to improve health and administrative efficiency while reducing health-related costs.
- Pilot the use of HIAs in the context of HUD’s rulemaking process as an example of implementing the Surgeon General’s National Prevention Strategy, which aims to guide the United States “in the most effective and achievable means for improving health and well-being” by prioritizing prevention and emphasizing evidence-based recommendations. The strategy highlights HIA as an approach to use in pursuit of the National Prevention Strategy’s ultimate outcome: reducing the burden of the leading causes of major illnesses and preventable death.

Input from policymakers, experts in the field, and people who will be affected by a decision is essential to the success and value of an HIA, and occurs throughout the process. An advisory committee will inform the assessment by contributing diverse expertise in housing policy, fair housing, homelessness, housing administration, and issues that may affect older adults or individuals with disabilities. The HIA team will engage decision-makers, public housing residents, housing administrators, providers of supportive services, and the public to identify key issues for analysis, provide data for the assessment, and assist in developing recommendations.

This study will be conducted between August 2013 and August 2014.

For more information about health impact assessments, visit [http://www.healthimpactproject.org/hia](http://www.healthimpactproject.org/hia).

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