



**Affirmatively Furthering Fair Housing as a
Tool to Further Health Equity**

ACTION GUIDE

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Introduction

In recent decades, the healthcare field has increasingly acknowledged the importance of social determinants of health, or the conditions in which people are born and live, while improving health outcomes. The emphasis on factors such as economic stability, education access and quality, neighborhood and housing conditions, social and community access, and healthcare access elevates the understanding that place matters and that not every neighborhood offers the same opportunities for people to thrive. Because of our nation's entrenched history of housing discrimination and residential segregation, people of color are less likely to live in places that provide the optimal conditions to lead a healthy life.

The Fair Housing Act, passed in 1968, provides an important tool that can be used by health practitioners to dismantle these patterns: the [Affirmatively Furthering Fair Housing \(AFFH\)](#) mandate. As health practitioners look to tackle the health inequities linked to segregation and race, AFFH provides an important opportunity to engage with leaders in the housing and community development field who similarly are looking to dismantle barriers to housing choice and ensure that every neighborhood is a place of opportunity.

The Fair Housing Act's AFFH mandate requires every entity that receives federal funding for a housing or community development purpose (e.g., local and state governments and housing authorities) to use those funds and operate all their programs in a manner that affirmatively furthers fair housing opportunities. Their work starts with the creation of a plan that uses data to understand the barriers to fair housing and lays out the strategies to overcome them. When used appropriately, the Fair Housing Act's AFFH provision can:

- Reduce racial and gender wealth and homeownership gaps;
- Increase the supply of quality accessible and affordable housing;
- Improve educational, health, environmental, and other outcomes;
- Increase economic opportunities; and
- Benefit thousands of communities and millions of people.

Healthcare practitioners can engage in the AFFH process in their jurisdictions and use the equity lens that AFFH provides to better inform their strategies to create inclusive, thriving communities. The following guide provides healthcare entities with a foundational knowledge of AFFH, illustrates the connections between fair housing and health outcomes, and outlines practical steps they can take to align their work with fair housing stakeholders to facilitate community health improvement partnerships and investments. The guide also provides fair housing stakeholders with an overview of community health needs assessments and outlines strategic steps to engage and build relationships with healthcare entities. It includes recommendations from practitioners, case studies, evidence-based approaches, and promising practices.

Background

In early 2023, the National Fair Housing Alliance® (NFHA™) engaged Health Management Associates (HMA) to develop a guide for health systems and other healthcare organizations on how to affirmatively further fair housing. Initially, NFHA was interested in exploring the parallels between the goals of AFFH and the goals of Community Health Needs Assessments (CHNAs) that, like the equity plans required in AFFH, inform where resources should be allocated to best meet the needs of the community. HMA conducted a series of focus groups and key informant interviews with national experts and professionals in the healthcare, fair housing, and community development sectors to gather input. A number of other strategies emerged for stakeholders to take collective action to achieve the shared goal of building more equitable communities. Opportunities include aligning planning processes using AFFH to inform more equitable investments in housing and communities and catalyzing new partnerships to advance collective action to redress the legacy of redlining and racial discrimination in housing and community development.

“A healthy living environment should ensure the equitable distribution of resources, services, facilities, and institutions that give people access to information, education, employment, housing, and health care.”

[Stanford Social Innovation Review](#)

Overview of Affirmatively Furthering Fair Housing

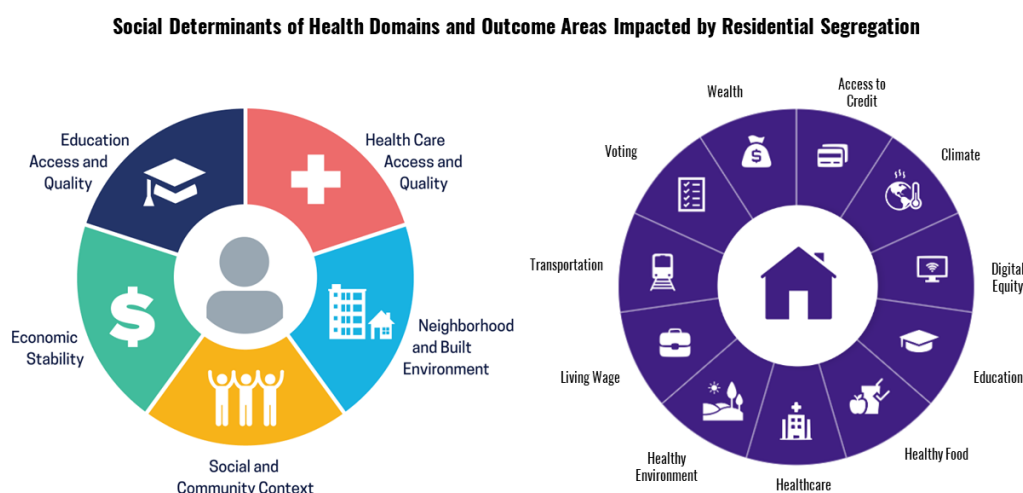
In 1968, Congress passed the [Fair Housing Act](#) landmark legislation with two goals: 1) end housing discrimination based on race, national origin, and other characteristics, and 2) eliminate residential segregation and the lasting harm it has caused. The second part of the act requires the Department of Housing and Urban Development (HUD) and recipients of HUD funding, such as cities, counties, states, and public housing authorities, to take meaningful actions to combat discrimination, overcome patterns of segregation, and foster inclusive communities free from barriers that restrict access to opportunity based on race, national origin, and other protected characteristics.¹

Many of the disparities that existed 56 years ago when the AFFH mandate became law persist today. We know, for example, that people of color are more likely to live in a food desert. Research shows that areas where Black people are the majority population are more than twice as likely to lack a grocery store as neighborhoods where mostly White people live. People of color are also more likely to be impacted by environmental injustice and twice as likely as White

¹ US Department of Housing and Urban Development. Affirmatively Furthering Fair Housing (AFFH). Available at: <https://www.hud.gov/AFFH#:~:text=The%20Fair%20Housing%20Act%20requires,segregation%20and%20foster%20inclusive%20communities>. Accessed December 14, 2023.

people to live in communities without potable water or proper sanitation.^{2,3} Further, because of biased policies, Black people disproportionately live in more heavily polluted areas and are three times more likely to die from pollution-related causes than their White counterparts. Chronic disease, premature mortality, limited access to healthcare services, and environmental health are all highly correlated with where a person lives,⁴ and research shows that the poorer outcomes are in places where government-sanctioned, race-based redlining policies shaped bank lending.⁵ Individuals in segregated neighborhoods face higher levels of stress and greater barriers to education, employment, healthy food, safe roads and sidewalks, clean water and air, and green spaces, all of which affect health outcomes.

Figure 1. Effects of Segregation on SDOH and Healthcare Outcomes



Sources: US Department of Health and Human Services and the National Fair Housing Alliance

How AFFH Works

Although AFFH has provided a framework for jurisdictions to remedy the harms of housing discrimination and segregation for 56 years, enforcement mechanisms were absent until HUD issued a rule in 2015 to strengthen the mandate. The Trump Administration rolled back that

² Tabuchi H, Popovich N. People of Color Breathe More Hazardous Air. The Sources Are Everywhere. *The NY Times*. Updated September 7, 2021. Available at:

<https://www.nytimes.com/2021/04/28/climate/air-pollution-minorities.html>. Accessed December 14, 2023.

³ Dig Deep and US Water Alliance. *Closing the Water Access Gap in the United States: A National Action Plan*. Available at:

https://static1.squarespace.com/static/5e80f1a64ed7dc3408525fb9/t/6092ddcc499e1b6a6a07ba3a/1620237782228/Dig-Deep_Closing-the-Water-Access-Gap-in-the-United-States_DIGITAL_compressed.pdf. Accessed December 14, 2023.

⁴ Taylor A. The Connection between Housing, Health, and Racial Equity. Urban Institute. May 12, 2021. Available at:

<https://housingmatters.urban.org/articles/connection-between-housing-health-and-racial-equity#:~:text=How%20housing%20segregation%20affects%20health,with%20the%20development%20of%20obesity>. Accessed December 14, 2023.

⁵ Trulia. 50 Years After the Fair Housing Act – Inequality Lingers. April 19, 2018. Available at:

<https://www.trulia.com/research/50-years-fair-housing/>. Accessed December 14, 2023.

regulation in 2020, but on February 9, 2023, HUD released a new proposed rule, which emphasizes that AFFH grantees must take actions to further fair housing. Among other features, the new draft rule:⁶

- Asks jurisdictions to look at the connection between where people live and their access to jobs, transportation, high-performing schools, and a healthy environment and consider ways to create more equitable access to those resources for residents of all neighborhoods;
- Centers the voices and lived experiences of community stakeholders in the fair housing planning process;
- Creates a process that is data-driven, with HUD providing a panoply of information and tools, while also incorporating local data and knowledge; and
- Requires jurisdictions to set specific fair housing goals, with metrics and timelines.

Under the new proposed rule, cities, counties, states, housing authorities, and others receiving federal funds must complete an equity plan every five years to analyze the fair housing landscape in their communities and advance the requirements of AFFH. At present, jurisdictions are required to complete a similar document, called an Analysis of Impediments to Fair Housing Choice (AI) and briefly, before the rule was rescinded in 2020, an Assessment of Fair Housing (AFH). Developing an equity plan involves compiling data on housing and community needs, assessing policies and practices that affect housing choice, detailing barriers to housing, and identifying action steps that jurisdictions and stakeholders can take to foster inclusive communities. For a summary of the proposed AFFH rule, see NFHA's overview.⁷

The upcoming passage of the final AFFH rule provides an opportunity to align efforts to address housing and community inequities and related efforts to health disparities. This guide seeks to highlight and support existing efforts and to catalyze new partnerships among housing groups and health organizations to develop holistic approaches to improve health in communities.

Core Concepts and Terms

Health Equity

Health equity is the first pillar of the Centers for Medicare & Medicaid Services (CMS) Strategic Plan to respond to health-related social needs (HRSN, defined below). CMS defines health equity as the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain optimal health regardless of race, ethnicity, disability, sexual orientation,

⁶ US Department of Housing and Urban Development. Notice of Proposed Rulemaking: Affirmatively Furthering Fair Housing. *Federal Register*. February 9, 2023. Available at: <https://www.federalregister.gov/documents/2023/02/09/2023-00625/affirmatively-furthering-fair-housing>. Accessed December 14, 2023.

⁷ National Fair Housing Alliance. Overview of HUD's Proposed New AFFH Regulation. March 2023. Available at <https://nationalfairhousing.org/wp-content/uploads/2023/03/Overview-of-Proposed-New-AFFH-Rule-FINAL.pdf>. Accessed December 14, 2023.

gender identity, socioeconomic status, geography, preferred language, and other factors that affect access to care and health outcomes.⁸

The graphic below, created by the Robert Wood Johnson Foundation, Figure 2 illustrates the difference between equality and equity. In short, equity provides people with access to what they need to be healthy. Because circumstances vary from person to person, any equity-centered solution considers a range of solutions to ensure accessibility. Embedding and meeting those diverse needs moves us toward achieving equity.

Figure 2. The Difference Between Equality and Equity

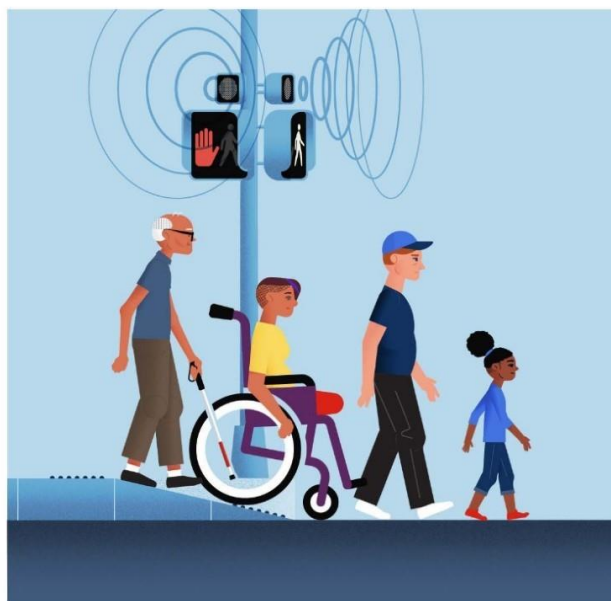
EQUALITY:

Everyone gets the same – regardless if it’s needed or right for them.



EQUITY:

Everyone gets what they need – understanding the barriers, circumstances, and conditions.



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Health Related Social Needs (HRSN)

CMS’s strategic plan prioritizes addressing health-related social needs (HRSN) to effectively improve the health and quality of healthcare. Although HRSN fall outside of medical care, they have a direct impact on a person’s health conditions and outcomes. Examples of HRSN are lack of stable and healthy housing and food insecurity.

Equity Plans, Analyses of Impediments (AIs) and AFHs

As noted previously, equity plans, analyses of impediments (AIs) to fair housing choice, and assessments of fair housing (AFHs) are all documents that jurisdictions have been required to develop as part of affirmatively furthering fair housing when receiving federal funds. Under the

⁸ Centers for Medicare & Medicaid Services. CMS Strategic Plan. Updated December 5, 2023. Available at: <https://www.cms.gov/about-cms/what-we-do/cms-strategic-plan>. Accessed December 14, 2023.

2015 AFFH regulation, jurisdictions were expected to conduct a more extensive analysis of local fair housing concerns—the AIs, subsequently known as AFHs. Now, the proposed AFFH rule will require jurisdictions to complete Equity Plans with input from the community. These plans should not only analyze fair housing data and issues, but also describe how fair housing barriers will be addressed, and fair housing goals will be pursued. This guide refers to AIs, AFHs, and Equity Plans in reference to documents that jurisdictions will create or have already created to analyze and address key fair housing issues.

Overview of Stakeholder Engagement Process

To explore areas of alignment between fair housing processes and health planning processes, as well as community improvement activities and investments, NFHA and HMA met with a cross-section of stakeholders. The initial stakeholder engagement plan included three focus groups and five key informant interviews. NFHA and HMA together identified an initial list of national experts in the fields of fair housing, community development, and healthcare. HMA also recommended additional experts to include in the stakeholder engagement process. (See Appendix D for more on the stakeholder engagement process.)

During HMA's focus groups, most community health leaders indicated that they were unfamiliar with the AI or Equity Plans, fair housing organizations, and the goals of AFFH. Given the opportunity to synergize their efforts, healthcare organizations should be aware of the timeline of their local jurisdictions' fair housing planning process and make plans to engage at the outset. Table 1 outlines the high-level themes that emerged during the focus group discussions.

Table 1. What We Heard from Focus Groups

Common Themes	Principle
Many partnerships have resulted in effective and innovative ways to achieve more equitable outcomes at the intersection of health and housing.	Cross-sector collaboration
Larger health systems invest in multi-sectoral collaboratives focused on housing and community development in the footprint of their campuses. Integrated payer/provider systems have built-in advantages.	Anchor network strategies
It is important to catalyze institutional change in support of greater access, equity, diversity, and inclusion to be responsive to the needs of communities. This goal can be achieved by leveraging expertise and capacity, ensuring accountability measures are in place, engaging community members in planning processes, educating partners on the importance of equity, leveraging existing data and available resources, and bringing relevant organizations/stakeholders into conversations.	Catalyzing efforts Responsive to Diversity
Health and housing planning processes should foster community connection and should be grounded in health equity and racial justice.	Racial equity

In-Person Meeting

On November 8, 2023, NFHA and HMA convened a Health and Housing Equity Workshop with participants from the stakeholder engagement process in Baltimore, MD to gather feedback on the draft version of this guide. The group discussed the purpose of the project, the process for developing the guide, and shared feedback on opportunities to align fair housing and health strategies to build more equitable communities. The group engaged in a robust discussion to shape a revised guide. Key themes that emerged from the in-person meeting were:

- The importance of ensuring content is applicable to both fair housing and healthcare audiences;

- The opportunity to capitalize on the new AFFH rule and its impact to educate and engage stakeholders on alignment;
- The need to showcase the community accountability and engagement aspects of health and housing planning processes and opportunities for wider participation and greater inclusion;
- The differences in motivations of stakeholders in each sector and the need to call out the key players who can carry this intersectional work forward; and
- The value of examples, with concrete outcomes, that are creating change at the systems level to visualize how health and housing alignment can achieve big results in communities.

The workshop ended with a renewed commitment among participants to continue the work to align the fair housing and health sectors, along with recommendations for a practical and valuable action guide.

Table 2. Workshop Participants

In-Person Meeting Participants	Charles Rutheiser	Annie E. Casey Foundation
	Alyia Gaskins	Melville Charitable Trust
	Angela Mingo	Nationwide Children's Hospital
	Dan Pontius	Baltimore Metropolitan Council
	David Zuckerman	Healthcare Anchor Network
	Destiny Simone-Ramjohn	Care First
	George Kleb	Bon Secours
	George Thomas	Toledo Fair Housing Center
	Jaime Dircksen	Trinity Health
	Julio Cano Villalobos	Corewell Health
	Kate Gallagher	Healthcare Anchor Network
	Mario Guel	Building Healthy Places
	Nora Bloch	Center for Community Investment
	Sandra Serna	Virginia Department of Health

Section I: Health Strategies that Benefit from Alignment with AFFH Efforts

As HMA engaged with stakeholders to understand the benefits of aligning fair housing and health, a key finding was that the AFFH process is similar in many ways to community health improvement planning. These commonalities include community involvement in planning, building partnerships, collecting data, and following up on identified action steps. Moreover, the proposed AFFH rule provides an opportunity for healthcare and fair housing stakeholders to collaborate more to address disparities. In the AFFH process, HUD introduced the term “community assets,” which means “programs, infrastructure, and facilities that provide opportunity and a desirable environment.” A healthy environment is included as an example.

In discussing AFFH as a tool to further equity in communities, stakeholders raised several opportunities where healthcare practitioners could use AFFH to coordinate their efforts to pursue health equity with cities, states, counties, and other jurisdictions. In the sections below, we outline these opportunities, providing overall definitions, models of each component in practice, and actionable strategies, including examples of evidence-based practices, promising practices, and, most importantly, community-defined practices. These actionable approaches are intended to serve as examples, not a finite list of opportunities.

Strategy #1: Community Health Assessments and Improvement Planning Processes

A community health needs assessment (CHNA) or community health assessment (CHA) provides state and local health departments, nonprofit hospitals and health plans, community-based health and social service organizations, and community members with comprehensive information about a particular community’s health status, assets and needs. A community health improvement process uses CHA data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement, which are often outlined in the form of a community health improvement plan (CHP). The CHP is critical for developing policies and defining actions toward promoting health. Both assessments serve as a guide to determine where resources should be allocated to best meet the needs of the community. Together, the AFFH, CHNA, CHP, and broader health planning processes provide a unique opportunity to construct an intersectional approach to addressing fair housing issues and their health implications.

To maintain their tax-exempt status with the IRS, non-profit hospitals and health plans are required to provide a benefit to the health of the community they serve (commonly known as Community Benefit). As part of this requirement, healthcare organizations must conduct a CHNA every three years and adopt an implementation strategy to meet the community needs identified through the assessment. The National Association of County and City Health Officials (NACCHO) encourages local health departments, nonprofit hospitals, and community health centers to collaborate on community health assessments. The collaboration fulfills IRS

requirements for both hospitals (Section 990 Schedule H) and health centers (section 330), as well as accreditation requirements for local health departments under the Public Health Accreditation Board (PHAB). Conducting a collaborative assessment minimizes duplication of effort and community burden, while better aligning efforts that impact population health.

The CHNAs are directed from various departments, such as community health improvement, population health integration, marketing, community affairs, finance, and monitoring and evaluation. CHNAs can include such leaders as hospital and public health directors, community program managers, marketing staff, budgeting staff, outreach coordinators and researchers.

To conduct a CHNA, the entity/entities must:

- Define the community it serves, which should be in the primary service area;
- Assess the health needs of the community;
- Solicit input received from community members and community leaders, including those with public health knowledge;
- Document the CHNA in a written report; and
- Make the CHNA report widely available to the public.

In addition to CHNAs, local, state, and Tribal public health departments also participate in community health improvement planning. A Community Health Improvement Plan (CHIP) is a systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process. Governmental health and human service agencies use the plan, in collaboration with community partners, to set priorities and target resources. Both the CHNA and the CHIP planning processes involve systematic qualitative and quantitative data collection and analysis, multi-sector collaboration that supports shared ownership of community health improvement, and community engagement. Community engagement is essential to health planning processes (AI, CHNA, and CHIP) and is a way to embed community accountability.

Details about the CHNA process and requirements are available on the IRS webpage.⁹ More information regarding the CHIP planning components and NACCHO's statement of policy on CHNA collaboration (including health departments, hospitals, and health centers), is available on the National Association of County and City Housing Organizations' website.¹⁰ Please also refer to appendix of this report for a crosswalk of CHNA and fair housing requirements.

⁹ IRS. Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(r)(3). Updated July 13, 2023. Available at: <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>.

¹⁰ National Association of County and City Housing Organizations. CHA/CHIP Trainings and Tools. 2023. Available at: <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/factsheets-and-general-resources>. Accessed December 15, 2023.

Project Spotlights

Chicago's Collaborative CHNA

In 2019, the Alliance for Health Equity completed a CHNA for Chicago and Suburban Cook County in partnership with 35 hospitals, public health departments, and the Illinois Public Health Institute. The collaborative report built on previous assessments and allowed partners to identify strategic priorities that they could collectively address to improve community health. The CHNA outlined direct pathways for housing's effect on health, including housing stability, quality and safety, affordability, and neighborhood (the environmental and social characteristics of where people live). Community input indicated that the social characteristics of neighborhoods, including segregation, crime, and social capital, had a huge impact on their health. Research shows that structural issues such as neighborhood segregation were associated with adverse health outcomes and broadened healthcare disparities shaped by inequitable access to quality schools, jobs, and healthcare. The CHNA gathered input from community residents who were underrepresented in traditional assessments, as well as healthcare and social service providers. Data collection included community input surveys, resident focus groups, learning map sessions, and two stakeholder assessments led by partner health departments.

Major themes that arose from community input included:

- Segregation reduces the racial and ethnic diversity in a community and results in concentrations of poverty;
- Gentrification pushes low-income families out of communities;
- Safe, quality housing is often unaffordable and affordable housing is often unsafe or poor quality; and
- Housing code enforcement is lacking in many communities.

Following the CHNA, community-based organizations and community residents became members of implementation committees and workgroups. The CHNA steering committee identified housing as a key community health issue and created a housing and health workgroup to focus on the implementation of priorities.

Baltimore County's CHNA and Baltimore Regional AI

The process to develop an AI for the Baltimore region in 2020 provides another example of the opportunities for collaboration among healthcare and fair housing stakeholders to lead community engagement efforts. The Baltimore Metropolitan Council developed a Regional Stakeholder Work Group to engage stakeholders. This workgroup was composed of the Baltimore City Health Department and the Bon Secours Baltimore Health System, along with other local agencies. These agencies, as well as Ann Arundel County's Department of Health

and Mental Health Agency, were among the 660 stakeholders that were consulted during community engagement efforts.¹¹

Data collection focused on the many metrics that affect health outcomes, such as community health access, healthy neighborhood indicators, transportation, employment, and, of course, housing needs. The AI identifies several action items related to health outcomes. These suggested activities included developing partnerships with area hospitals and healthcare providers to expand affordable housing and support services for populations with complex healthcare needs and cross-sector collaboration to provide stable, affordable, and healthy housing in opportunity areas to improve participants' health outcomes and quality of life. Because some of these measures are identified in the CHNA, an opportunity for deeper collaboration is evident.

Strategy #2: Anchor Network Strategies and Place-Based Investments

Anchor institutions are nonprofit or public institutions—including hospitals, universities, local governments, and place-based foundations—that are firmly rooted in their locales. These institutions have an embedded social or public-facing mission and, unlike for-profit enterprises, have a long-term interest in ensuring ensure that their surrounding communities are safe, vibrant, healthy, and stable. In recent years, many anchor institutions have shifted their strategies to both advance their missions and reduce health and wealth disparities in their surrounding communities. These institutions take an Anchor Mission approach; that is, a commitment to intentionally apply their economic power in partnership with the community to mutually benefit the long-term well-being of both.

Health systems that adopt the Anchor Mission approach recognize that equitable health outcomes for communities cannot be meaningfully addressed without addressing the underlying economic and racial disparities that drive them. Fully realizing their potential as locally rooted community assets means aligning operations more powerfully and strategically to achieve healthcare's expanded mission of improving community health. Healthcare anchors are large employers that can hire local residents for quality jobs within their organization. They are purchasers of goods and services that can ensure local, diverse businesses are part of their supply chain. They are investors in the local community that can direct funding toward community assets such as affordable housing. Each of these activities, when done well, contributes to stronger, healthier, more inclusive local economies.

The Healthcare Anchor Network (HAN) is an example of an organization that works to accelerate the adoption of these principles by creating space for anchors to connect with one another, learn best practices, and advance mission strategies in their respective communities. Three core strategies that HAN recommends strategies for advancing the Anchor Mission are as follows:

¹¹ Root Policy Research. *Final Report: 2020 Analysis of Impediments to Fair Housing Choice in the Baltimore Region*. June 22, 2020. Available at: https://www.baltometro.org/sites/default/files/bmc_documents/general/community/analysis-to-impediments/2020_RegionalAI_final.pdf. Accessed December 15, 2023.

- Effect workforce strategies that advance inclusive, local job creation and career development;
- Effect purchasing strategies that support diverse and locally owned vendors and help to incubate new community enterprises to fill supply chain gaps and drive local economic growth; and
- Use place-based investments (PBI) to target positive social and environmental impacts in specific communities and geographies of need, while achieving a modest financial return or at least preserving the principal of those investments.

A coalition of healthcare organizations has created the Raising the Bar framework, which provides a resource for anchor organizations to implement approaches to directly achieve health equity within each organization and in partnership with the surrounding community. The framework outlines the different roles employers, partners, providers, and advocacy organizations can play to truly improve health in communities. More information about the framework and how it can be implemented is available on the Raising the Bar website.¹²

Anchor healthcare organizations' contributions to housing efforts include:¹³

- Strategic grants: Grants from healthcare institutions can lay critical groundwork for housing investments by paying for feasibility studies, market assessments, funding community engagement or credit enhancement, such as loan loss reserves, that can unlock capital investment from other sources.
- Place-based investments: Health institutions can participate in place-based investments in many ways, including allocating a portion of their long-term reserves to place-based investing. Different from grants where there is no expectation of financial return, place-based investments can be a sustainable source of funding that helps to fill financing gaps in the marketplace by providing affordable and flexible capital for community projects. Health institutions can invest directly or through intermediaries in deals, projects, or enterprises that advance community priorities.
- Real estate: Health institutions can donate, lease for a nominal long-term rate (such as \$1/ year for 30 years), or sell surplus property at below-market prices to affordable housing developers. In addition, health institutions can support affordable housing projects by paying long-term leases for clinics, community health worker offices, or other health services provided in housing developments.
- Relationships: Health systems can leverage their relationships in the community to convene cross-sector stakeholders and introduce new partners to organize around housing needs and community priorities.

¹² Raising the Bar. Healthcare Can Help Make Equity a Reality. Available at: <https://rtbhealthcare.org/>. Accessed December 15, 2023.

¹³ Center for Community Investment. From Silos to Collaborations: Building a Health Partner Investment Strategy. 2023. Available at: <https://centerforcommunityinvestment.org/resource/silos-to-collaborations/>. Accessed December 15, 2023.

- **Advocacy:** Health systems can utilize their institutions' influential standing and government relations resources to positively impact government funding and policy choices on housing issues.

Project Spotlights

Many healthcare systems and health insurance companies directly invest in affordable housing and community development. A few examples follow:

Intermountain Healthcare's impact investments focus on three social determinants of health: housing stability, employment, and financial wellness, which were chosen based on independent research on HRSNs in Utah and findings from the CHNA. Intermountain invested in the Utah Housing Preservation Fund, which purchases naturally occurring affordable housing (NOAH) facing a high risk of transition to market rate, rehabs property to safe and healthy standards, and operates the properties at rates affordable to Utahns living at less than 80 percent of the area median income (AMI). The Utah Non-Profit Housing Corporation created the Preservation Fund in March 2020, alongside a group of private institutions, including Intermountain Healthcare, the Clark and Christine Ivory Foundation, and Zions Bank. These financial partners provided \$20 million to launch the fund, \$4 million of which Intermountain contributed. The fund purchased its initial portfolio from Housing Connect, Salt Lake County's housing authority.

Boston Medical Center participates in a citywide collaborative, coordinated by the Boston Public Health Commission, which conducts a joint CHNA-CHIP for multiple health systems. The group's housing action plan has three objectives: 1) support efforts to increase the supply of affordable, safe, healthy housing; 2) reduce housing insecurity and homelessness; and 3) support efforts to increase pathways to stabilization and home ownership with a specific goal of ensuring that the CHNA-CHIP Collaborative is represented in key housing coalitions and decision-making bodies. Boston Medical Center (BMC) has provided grants to support the Greater Boston Community Land Trust Network: a network of seven community land trusts (CLT) to expand their model for converting private market properties into permanently affordable housing through advocacy for housing policies that would increase affordable housing funds. BMC leverages its clout as a major local institution to attract other influencers and anchors, including banks, in support of CLTs.

As part of its housing commitments, BMC has also provided \$200,000 over two years to support modest upgrades at Boston Housing Authority (BHA) properties. This has helped to better meet tenants' HRSN. Boston's grants and investments for housing totaling \$6.5 million satisfy the requirements of the Massachusetts Department of Public Health for a determination of need (DON), which mandates that 5 percent of the expansion's expenses go toward community health.

UMass Memorial Health (UMMH) demonstrates the power of relatively small grants and loans to create housing opportunities in Worcester, MA. For example, UMMH's Community Investing Program provided a three-year, \$400,000 revolving line of credit for a not-for-profit Community

Development Corporation (CDC) to purchase vacant or blighted properties and rehabilitate them for first-time homeowners. The credit line has a 2 percent interest rate, and UMMH takes a collateral position on the property purchased using the investment. UMMH contributed \$500,000 to the Finally Home Fund which is developing homes for 103 people who are chronically homeless. Local banks invested \$6 million, conditioned on the Finally Home Fund to help reduce the risk to each bank. UMMH has also partnered with the Worcester Housing Authority on HUD-funded lead abatement programs.

Nationwide Children’s Hospital (Nationwide) runs a Healthy Neighborhoods Healthy Homes Initiative (HNHF) in Columbus, OH, that transformed a disinvested area surrounding the hospital through new hiring practices and guaranteed loans for housing development. “As of 2018, Healthy Homes had brought investments of over \$50 million to a 52-block area in the Columbus South Side, helping to build or improve over 450 homes. The hospital cultivated a range of partnerships across the area—with groups like the City of Columbus, United Way, the county land bank, the local Affordable Housing Trust, and several for-profit companies.”¹⁴

Nationwide optimized its investment through its partnership with the Center for Community Investment (CCI)’s Accelerating Investments for Healthy Communities program, which provided a framework for capital absorption, resources, expertise, and relationships important to community transformation. The effort in Columbus’s South Side neighborhood was so successful that Nationwide replicated it in another community, Linden, a few miles north. Nationwide started by building community trust. It then adjusted its strategy to meet the community’s needs and quickly added support from other stakeholders. By mid-2021, HNHF announced the creation of the Linden Healthy Homes Fund, a \$4.2 million effort to build and rehabilitate affordable rental housing for south Linden residents.

Mercy Care, part of the Trinity Health system, had a vision for expanding its clinic to serve 3,000 more patients a year and recognized the severe housing shortage in the surrounding, rapidly gentrifying, historic Sweet Auburn district of Atlanta, GA. Mercy Care bought and developed four acres of adjacent and underused land to provide affordable and senior housing for residents in McAuley Station, allowing easier access to clinical services and transportation. The first phase will provide 170 affordable and workforce apartments, with an expected completion in spring 2024. Phase two of the development will consist of 78 units of affordable senior housing and increased access to Mercy Care’s medical services. This \$50 million multi-phase development was funded through grants, tax credits, and loans, including a \$3.8 million impact investment at 2 percent interest from Trinity Health’s community investment fund.

¹⁴ Center for Community Investment. Helping Communities Achieve Their Visions. Available at: <https://centerforcommunityinvestment.org/>. Accessed December 15, 2023.

These priorities repeatedly surface as issues that jurisdictions and their partners look to address when developing their plans to further housing equity and more equitably resourced communities.

Strategy #3: Health Equity Zones

In response to persistent health inequities in communities of color, areas with limited access to healthcare, and low-income communities, several states have implemented Health Equity Zones through their health departments. At its root, the Health Equity Zones Initiative challenges the structures, policies, and systems that perpetuate health inequities and works to build collaborative networks in communities to advance health and racial equity. These efforts are in line with the efforts of fair housing advocates and jurisdictions conducting equity plans to fulfill their fair housing obligations under AFFH.

The [Health Equity Zone \(HEZ\) initiative](#) originated as a state-level response to Rhode Island's persistent health inequities and addresses the role of environmental, social, and economic factors in the health of communities. The initiative is operated by the state's Department of Health (RIDOH) and directs state dollars to community collaboratives in specific geographic areas to address SDOH and eliminate health disparities. HEZs were purposefully designed to engage the entire community in the creation of solutions to address local priorities and stand as a place-based community-led approach to improving health outcomes. This approach is operating in states across the country to implement highly localized approaches that address health equity, engaging with community-based organizations (CBOs) to strengthen their existing efforts to address health inequities and to build their capacity to partner across systems to create long-term durable change that will lead to health improvements for underserved communities.

Project Spotlight

Chicago HEZ builds off the Rhode Island model. Developed by the Chicago Department of Public Health (CDPH), Chicago developed an approach that is culturally appropriate and responsive to each of the city's 77 communities. The Healthy Chicago Equity Zones (HCEZ) initiative deployed hyper-local strategies to confront the social and environmental factors

“Health equity zones are community-based infrastructure systems designed for public health investments in neighborhoods to ensure every neighborhood has an equitable and just opportunity for health and well-being.” -PHIMC

contributing to health and racial inequity with the goal of closing Chicago's racial life expectancy gap. In June 2021, six Equity Zones were created, and the 77 communities were divided into regions. A regional lead organization was identified for each zone, and each region worked with 12–16 community lead partner organizations to deploy the local strategies. Community partners included organizations that focus on providing workforce development solutions and strength-based social services to disadvantaged populations;

community development corporations that provide health, education, housing, and economic

development services in the community; two hospitals/ medical centers; and community organizers.

The initiative has succeeded in reaching residents of Black and Brown communities since its launch in 2021 and has shifted its focus to address broader health equity goals by conducting community assessments and developing action plans for priority interventions. This approach creates an opportunity for participating hospitals, housing, and community development organizations to align planning processes to achieve shared goals and for collective action.

In October 2023, the Maryland Community Health Resources Commission issued a call for proposals for the [Health Equity Resource Communities \(HERC\) initiative](#). The HERC grant program will provide \$42 million in new funding (five-year grants) to reduce health disparities and improve health outcomes in underserved communities. The grant funding was approved in 2021 under the Maryland Health Equity Resource Act and has five strategic goals: 1) reduce health disparities, 2) improve health outcomes, 3) improve access to primary care, 4) promote primary and secondary prevention services, and 5) reduce health care costs and hospital admissions and readmissions. Additionally, HERC grants will emphasize long-term interventions to address SDOH such as housing, transportation, employment, and food security.

The principles tackled by HEZs and the HERC grant program are aligned with the objectives of affirmatively furthering fair housing, ensuring that disinvested neighborhoods, often communities of color, are well-resourced and healthy.

Strategy #4: Targeted Strategies for Underserved Communities

Beginning in May 2020, jurisdictions across the country recognized the effects of structural racism on health, and public health departments began to declare that racism is a public health crisis. Just as AFFH aims to dismantle residential segregation and ensure every neighborhood offers its residents the opportunity to thrive, such declarations aim to dismantle racial health inequities, and targeted strategies are required to implement racial equity provisions.

President Biden’s executive order to strengthen racial equity and support for underserved communities emphasizes the vast costs of systemic racism and persistent poverty across the country. The order mandates that federal and state agencies “pursue a comprehensive approach to advancing equity for all, including people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality.” In addition, the order notes that affirmatively advancing equity, civil rights, racial justice, and equal opportunity is the responsibility of our whole government. Because advancing equity requires a systematic approach to embedding fairness in decision-making processes, executive departments and agencies must recognize and work to redress inequities in their

policies and programs that serve as barriers to equal opportunity.¹⁵ The desired outcome is to create opportunities through targeted strategies to improve communities that have been historically harmed and underserved, which benefits everyone. Although this mandate applies to government agencies, non-profit organizations, health centers and hospitals across the country are taking a stand against racial injustice, developing strategies, and committing to act.

Project Spotlight

Philadelphia, PA: In 2022, 13 southeastern Pennsylvania hospitals and health systems announced a [collective commitment](#) to combat racism, inequality, and discrimination in all its forms. The goal of this partnership was to ensure that healthcare organizations across the region were aligned in fostering a diverse, equitable environment and addressing healthcare disparities. Each participant committed to fostering diverse, inclusive environments through targeted strategies such as hiring and promoting leaders of color, establishing relationships with community partners to address chronic health conditions, improving access to primary and specialty care, and increasing the collection of data to understand—and ultimately better meet—the health needs of the community.

Columbus, OH: During the summer of 2020, the City of Columbus (an NFHA *Keys Unlock Dreams Initiative* city) declared that racism is a public health crisis and the city council vowed to put legislation behind the declaration and to put forth changes that would dismantle racism. In 2021, the council passed an ordinance to address housing income discrimination and protect renters from being denied housing based on their income, including the amount they receive through Social Security, child support, housing choice vouchers, and other means of payment. The [Housing for All legislative package](#) provides options and protections for tenants seeking affordable housing in the city. Following the passage of the legislation, the Council engaged a provider to assist with a community education effort for tenants and landlords on their rights and responsibilities. As a result, the Columbus Urban League was able to support more than 532 families against disparate housing practices through educational workshops, seminars, and landlord/tenant mediation.

Richmond, VA: The Richmond City Council adopted a declaration against racism and committed to acknowledging disparities and injustice and centering racial justice work. The council acknowledged past harms that have occurred in Richmond because of systemic racism and the enormous toll on the health of Black communities. The Virginia Director of Health Equity outlined calls to action to deepen the state’s health equity and racial justice work, including:

- Naming and respecting the collective trauma residents continue to experience and working to confront racism in the work of the health department

¹⁵ The White House. Fact Sheet: President Biden Signs Executive Order to Strengthen Racial Equity and Support for Underserved Communities Across the Federal Government. February 16, 2023. Available at: <https://www.whitehouse.gov/briefing-room/statements-releases/2023/02/16/fact-sheet-president-biden-signs-executive-order-to-strengthen-racial-equity-and-support-for-underserved-communities-across-the-federal-government/>. Accessed December 15, 2023.

- Exploring the ways the health department reinforced inequities and continuing to work with partners and community members to rethink their approach to equity work
- Becoming an agency that radically imagines, plans and implements systems changes to remove obstacles, ensure resilience, and highlight joy in communities of color

Richmond is the first locality in Virginia to declare racism a public health crisis. Along with the declaration, the City Council has committed to reviewing policies through an anti-racist lens, requiring anti-racism training for city officials and employees, and creating a task force to establish a police oversight and accountability board.¹⁶

The [REPAIR Framework for Community-Institution Solidarity in Racial Healing](#) can be used by leaders in the healthcare, community development, and philanthropic sectors to work with community development corporations to determine the most effective ways to rectify past harms done to historically marginalized and under-resourced communities in ways that are both tangible and sustainable. The tool provides guidance for institutions to more effectively partner with communities of color to build trust, accountability, and a shared vision of racial healing.

These are just a few examples of how organizations are collaborating and advancing a public health approach that addresses institutional and systemic racism. These types of investments offer a great opportunity for communities directly affected by racism to create the approach for getting resources to the people who need them most—because they know best what they need to thrive. It also is an opportunity to engage community residents in health and housing planning processes and align health and housing goals.

Strategy #5: Medicaid Health Plans addressing population health

To be responsive to CMS's requirements to address HRSN, states develop strategies and approaches for the Medicaid program to directly address longstanding health inequities. This effort requires engagement from CBOs and housing and food insecurity stakeholders to develop strategies that more effectively address the holistic needs of Medicaid participants.

While health care institutions continue to make investments to advance health equity at the community level, the policy landscape is also lending itself to systems level change as CMS uses flexibilities to push Medicaid plans to align and address health-related social needs. In January 2023, CMS [released new guidance](#) for states that choose, in lieu of service or setting (ILOS) authority through their Medicaid managed care plans, to provide alternative services, such as housing and nutrition support. This new guidance follows CMS approval of several innovative pilots through Section 1115 waiver proposals to transform Medicaid to address health-related social needs, mainly housing instability. As part of a broader focus on social

¹⁶ Richmond and Henrico Public Health Districts. Richmond Declares Racism a Public Health Crisis. July 28, 2021. Available at: <https://www.vdh.virginia.gov/richmond-city/2021/07/28/richmond-declares-racism-a-public-health-crisis/#:~:text=On%20Monday%2C%20July%2026%2C%20Richmond,racism%20a%20public%20health%20crisis>. Accessed December 15, 2023.

determinants of health, CMS now requires that hospitals screen patients for HRSN through its Inpatient Quality Reporting (IQR) program.¹⁷ Consistent with findings from many CHNAs, screenings will reveal housing insecurity as a top social need for patients in many communities.

Thus, referrals for housing support could rise at a time when the current supply of affordable housing is far short of demand. Faced with increased pressure to address patients' social needs, hospitals can serve as strong partners in advocating for public sector funding that ensures that the supply of housing meets demand and that patients can get the support they need. Furthermore, in 2024, CMS will require the health risk assessments Medicare Advantage special needs plans (SNPs) to include questions related to food security, housing stability, and transportation access. Approximately 5.7 million Medicare beneficiaries who have complex healthcare needs or are dually eligible for Medicaid, are enrolled in SNPs.¹⁸ Accreditation bodies and states also are making social risk screening and navigation an expectation across all low-income populations.

Project Spotlight

Oregon's Section 1115 waiver is significant in its focus on health equity, as the state will provide up to six months of food and housing support, including rental assistance for high-need groups, as well as medically necessary home equipment to individuals with high-risk clinical needs in regions with extreme weather events. Under Arizona's new Housing and Health Opportunities waiver, providers will be reimbursed for up to six months of medically necessary transitional housing and services that support housing stability such as tenant rights education, eviction prevention, and medically necessary home modifications.¹⁹ Thanks to recent CMS guidance, states also are seeking to use Medicaid dollars for housing supports for justice-involved individuals upon release, to support their reentry into communities.²⁰ At present, California is the only state with waiver approval, but several others have submitted waiver expansions to cover the justice-involved population.²¹

State contracts with managed care plans: States increasingly address health equity through their contracts with managed care plans another potential target for collective health and

¹⁷ Centers for Medicare & Medicaid Services. Quality ID #487: Screening for Social Drivers of Health. Available at: https://qpp.cms.gov/docs/QPP_quality_measure_specifications/COM-Measures/2023_Measure_487_MIPSCQM.pdf. Accessed December 15, 2023.

¹⁸ Gottlieb LM, DeSilvey SC, Fichtenberg C, Bernheim S, Peltz A. Developing National Social Care Standards. *Health Affairs Forefront*. February 22, 2023. doi: 10.1377/forefront.20230221.857308

¹⁹ Guth M. Section 1115 Waiver Watch: Approvals to Address Health-Related Social Needs. Kaiser Family Foundation. November 15, 2023. Available at: <https://www.kff.org/medicaid/issue-brief/section-1115-waiver-watch-approvals-to-address-health-related-social-needs/>. Accessed December 15, 2023.

²⁰ Centers for Medicare & Medicaid Services. HHS Releases New Guidance to Encourage States to Apply for New Medicaid Reentry Section 1115 Demonstration Opportunity to Increase Health Care for People Leaving Carceral Facilities. April 17, 2023. Available at: <https://www.cms.gov/newsroom/press-releases/hhs-releases-new-guidance-encourage-states-apply-new-medicicaid-reentry-section-1115-demonstration>. Accessed December 15, 2023.

²¹ Kaiser Family Foundation. Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State. December 14, 2023. Available at: <https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/>. Accessed December 15, 2023.

housing action.²² States are applying various approaches to requiring plans to address their members' HRSNs, including: care coordination/care management requirements; use of ICD-10 Z codes; value-added services in lieu of services; engaging providers in SDOH activities; and accounting for social risk factors in payment methodologies. For example, California requires care managers to screen for HRSNs, refer individuals to community health workers or community-based services to address identified needs, and track referrals to ensure fulfillment. Furthermore, plans must refer unhoused and justice-involved individuals to enhanced care management. Louisiana's new managed care contracts require MCOs to develop a Health Equity Plan that includes requirements centered on reimbursing network providers for responding to HRSN.

With continued innovation at the state and federal level, Medicaid agencies and health plans will still need to strengthen and expand collaboration with community partners, including jurisdictions engaged in AFFH activities. The additional flexibilities provide a unique opportunity for healthcare institutions that typically only address their members' physical health within the confines of a doctor's office, to recognize the critical HRSNs that affect an individual's ability to lead a healthy lifestyle. Together with their housing partners, healthcare institutions not only can address the chronic healthcare needs of members, but also "foster 'connective tissue'—the infrastructure of data systems, trust-building structures, embedded intermediaries, financial reporting systems, and other shared elements needed for collaboration."²³ This strategy can then produce financially sustainable and demonstrable results for all stakeholders.

Section II: Health and Fair Housing Intersecting Topics: Infrastructure Investments

Several topics surfaced as areas that fair housing advocates, local jurisdictions and agencies, health systems, and public health practitioners are seeking to address in pursuit of equitable communities. The sections below outline key issues and ways entities can collaborate to invest in the infrastructure that guarantees places where people can thrive.

²² [By 2021, almost half of responding state Medicaid agencies that contract with Managed Care Organizations \(MCOs\) had incorporated health-related social needs screening provisions into their contracts.](#)

²³ Butler M. Stuart. Optimizing Investment in Housing as a Social Determinant of Health. JAMA Health Forum. September 15, 2022. <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2796572>

Opportunity Area #1: Zoning

Local zoning ordinances have long been used in ways that have perpetuated social segregation and exclusion of Black and Brown communities and constrained housing choice by limiting housing availability. This same lever can now be used to increase access to affordable housing, promote transit-oriented development, reduce community exposure to environmental hazards, promote social connectedness, and increase community safety, to name a few. Jurisdictions can leverage zoning changes to address both health, community and housing needs to align and strengthen efforts to achieve equity.

Exclusionary zoning has contributed to racial and health disparities in segregated neighborhoods for generations and is one of the mechanisms that the Fair Housing Act aims to redress.²⁴ Communities use zoning laws to shape housing supply, density, and land use—features of the built-in environment that affect health outcomes. In 2015, the American Planning Association (APA) created the Comprehensive Plan Standards for Sustaining Places to assist local planners with advancing health equity in their local comprehensive plans.²⁵ The APA supports cities across the country with a technical assistance manual that features health equity language that cities can adopt in their comprehensive plans. To encourage cross-sector collaboration, public health officials can use APA’s manual as a guide to state and local activities that can improve health conditions through community design. More recently in 2023, the APA released its [Inclusive Healthy Places Action Guide for Planners](#), which helps planners and local public health professionals evaluate and shape public spaces to advance inclusivity and health equity. The guide operationalizes the [Inclusive Healthy Places \(IHP\) Framework](#) developed by Gehl and the Robert Wood Johnson Foundation.

[Complete Streets](#) design principles,²⁶ released in 2020, incorporate zoning levers. “The elements vary based on community need and context but often include sidewalks, bicycle lanes, special bus lanes, accessible public transportation stops, and frequent and safe crossing opportunities.” These principles incorporate neighborhood infrastructure, transportation, and environmental changes that are linked to community health outcomes, such as decreased vehicle emissions to reduce asthma rates and decreased mortality rates because of safer streets. As more jurisdictions look to make zoning changes that will reduce racial segregation, it is vital that these changes are based on community input, benefit the entire community, and take concrete steps to improve community health. Jurisdictions also can combat zoning issues by referencing [CityHealth’s](#) evidence-based policies that reduce or remove systemic barriers to

²⁴ Alliance for Housing Justice. Equitable Zoning Reform: Tackling Exclusionary Zoning. 2022. Available at: <https://www.allianceforhousingjustice.org/equitable-zoning>. Accessed December 15, 2023.

²⁵ Lindberg R, Narayan MM. Land Use and Community Planning Strategies Can Promote Health Equity. *Pew Trust Magazine*. November 11, 2021. Available at: <https://www.pewtrusts.org/en/trust/archive/fall-2021/land-use-and-community-planning-strategies-can-promote-health-equity>. Accessed December 15, 2023.

²⁶ US Department of Transportation. Complete Streets. Updated August 24, 2015. Available at: <https://www.transportation.gov/mission/health/complete-streets>. Accessed December 15, 2023.

health equity and include complete streets as one of 12 health-related policies that have the greatest likelihood of improving community health.

Project Spotlight

Zoning in Baltimore City: Zoning can affect community HRSNs other than housing supply, density, and land use, and thus presents an opportunity for healthcare entities to participate and help influence their local zoning processes. Baltimore City rewrote its comprehensive zoning code ordinance 10 years ago to limit the density of alcohol outlets in an effort to reduce violent crime.²⁷ Using a health impact assessment, a tool that healthcare organizations can make accessible to community organizations, Baltimore stakeholders developed the rationale, evidence, and mechanisms for using alcohol outlet related policy to create healthier and safer communities. Public health research relevant in any major metropolitan area shows strong evidence that decreasing alcohol outlet density will lead to decreases in local violent crime. Baltimore had an excess concentration of alcohol outlets per capita, and though state restrictions on the issuance of new licenses within the city were preventing new outlets from opening, a reduction in the number of the existing stores was achieved through zoning. Although Baltimore was prohibited from issuing, revoking, or amending liquor licenses, zoning provided the city with the power to regulate where alcohol outlets were located—an important tool for reducing the community violence and stress that drove health disparities. Specifically, lowering alcohol outlet density in Baltimore City by one quintile was associated with 51 fewer homicides per year, saving \$63.7 million and 764 life years.²⁸

In parallel with the health impact assessments, AFFH plans often incorporate zoning recommendations and strategies to further fair housing and dismantle segregation. For example, the 2020 Baltimore AI included a comprehensive chapter on how zoning barriers affect housing choice and offers remedies for each jurisdiction in the AI. After completing its zoning and land use review, the AI recommends jurisdictions take the following actions: allow a range of housing types, especially those that promote and produce affordable housing and housing for special populations, mitigate requirements that raise housing costs, and provide incentives for residential development.²⁹

Zoning in California: Another example comes from Paramount, CA. The city’s 2016 AFH identified the need to promote housing accessibility for all protected classes. To achieve this goal, the city proposed to “[a]mend the Zoning Ordinance to permit ‘second units’ by right in all residential zones” and “[a]mend the City’s Zoning Ordinance...to include licensed residential care

²⁷ Thornton RLJ, Greiner A, Jennings J. Will Limiting the Number of Beer/Wine/Liquor Outlets in Baltimore City Create Healthier Residential Neighborhoods? *The Abell Report*. 2013;26(2-A). Available at: <https://abell.org/wp-content/uploads/2022/02/arn2A113.pdf>. Accessed December 15, 2023.

²⁸ Trangenstein PJ, Eck RH, Lu Y, et al. The Violence Prevention Potential of Reducing Alcohol Outlet Access in Baltimore, Maryland. *Journal of Studies on Alcohol and Drugs*. 2020;81(1):24–33. doi: 10.15288/jsad.2020.81.24.

²⁹ [Final Report 2020 Analysis of Impediments to Fair Housing Choice in the Baltimore Region](#).

facilities serving six or fewer persons as a permitted use by right in all residential zones,” and provided the framework for these changes to be tracked for accountability.³⁰

Opportunity #2: Transportation Planning & Investments

Historically, transportation systems and physical infrastructure have reinforced and contributed to racial disparities. Not only have they made it difficult for people of color to access services and opportunities via highways, roads, bridges, sidewalks, and public transit, but new highway infrastructure and railways have historically displaced and divided neighborhoods of color in most metropolitan areas in the United States.

Redlining and racial zoning have amplified the segregation of communities of color, and we must understand and recognize the ways that transportation planning, urban design, and land use planning have been used to further marginalize and oppress certain population groups and contribute to the public health crisis. Because people with low incomes are disproportionately burdened by the rising costs of transportation, increasing sustainable transportation in communities is an important equity tool. An average American household spends approximately 18 percent of its income on transportation; however, low-income families (often communities of color) spend as much as 33 percent and are left without affordable transport options, such as walking, cycling, and public transit, to get to places of employment or access social and healthcare services.³¹ The historic \$1 trillion bipartisan infrastructure law that Congress passed in 2021 aims in part, to address racism enshrined in historical transportation and urban planning. It includes \$20 billion for a program that will reconnect neighborhoods that have been cut off from investments and aims to target 40 percent of the benefits of climate and clean infrastructure investments to marginalized and underserved communities.

Project Spotlight

Baltimore transportation investments: The [Baltimore Greenway Trails Network](#) (BGTN) works through extensive outreach with various city and neighborhood stakeholders including communities in trail corridor gaps, elected and business leaders, community advocates who have developed innovative funding and trail building plans and collaborate with public agencies to incorporate trail development plans into their capital projects. The BGTN envisions a 35-mile network of urban trails that will link diverse neighborhoods, outdoor spaces, and cultural services and resources across Baltimore City. The goal of the trail network is to provide equitable and healthy access to open spaces and reliable transportation for all Baltimore residents and visitors. The coalition includes more than 90 partner organizations and was inspired by the 1904 Olmsted Plan for Baltimore.

³⁰ Paramount, CA AFH <https://www.paramountcity.com/home/showpublisheddocument/9529/638175105571370000>

³¹ FTA-HUD. Better Coordination of Transportation and Housing Programs to Promote Affordable Housing Near Transit. Report to Congress. 2008. Available online at http://www.huduser.org/Publications/pdf/better_coordination.pdf. Accessed December 15, 2023.

Atlanta transportation investments: The [Atlanta Regional Commission](#) developed a regional bicycle and pedestrian plan and a vision for a more walkable, bikeable, and livable metropolis. The plan, **Walk. Bike. Thrive!** introduces a framework that will prioritize regional investments and provide tools and resources to help local jurisdictions offer community residents safer and more comfortable places to bike and walk. The Plan includes funding for the completion of the regional trail network and other regionally focused pedestrian, bicycle, trail, and transit access projects. Total funding for bicycle and pedestrian infrastructure is projected to be \$5.2 billion through 2050. A group called the [Regional Trails Roundtable](#), consisting of local planning staff and trail advocates from across the state, meets to share updates on planned or constructed trails in their communities and discuss safety, equity, and funding opportunities. The Regional Trails Roundtable provides the opportunity for partners and interested stakeholders to collaborate across jurisdictions and to share best practices in trail planning and implementation.

Opportunity #3: Environmental Justice

Historically, Black, Latino, Indigenous, and other persons of color disproportionately bear the brunt of harmful environmental health factors and other impacts of climate change. At the core of the apartheid culture in the United States that manifests these health outcomes is residential segregation, which remains locked in place throughout the country because of persistent, discriminatory housing policies and practices.

Residential segregation is the driver of poor health outcomes for underserved populations across the country. Persistent, discriminatory housing policies and practices serve to institutionalize racism in ways that have a long-term impact on the health and wellness of communities. The Fair Housing Act was passed with the express purpose of dismantling this segregation, and it remains a powerful tool in the ongoing struggle to achieve a more equitable society. Accordingly, tackling climate change and achieving environmental justice will require considering the impact of residential segregation in driving these outcomes and instituting policies throughout the housing market that promote racial and ethnic residential integration.

Having access to clean water and air that is free from hazardous fumes is critical to quality of life and health. These environmental factors affect each of us depending on where we live—our neighborhood and, in some cases, our home itself. These environmental characteristics have just as significant an impact, or even more, on people’s lives as the other factors examined in previous Fair Housing Trends Reports, such as quality schools,

Emerging environmental forces in fair housing:

- Air quality
- Lead and chemical exposures
- Water access and quality
- Extreme heat and heat islands
- Flooding, sea level rise and land loss

healthy food, reliable transportation, and jobs that pay living wages.³²

Research documents that people of color living in communities of color in the United States have long known that they bear the greatest burden from pollution and other harmful substances in the environment and are the most likely people to lack access to clean water and basic sanitation. Exposure to lead is another environmental hazard with disparate impacts. Black and Hispanic children in urban areas are at the highest risk for lead poisoning caused by exposure to lead-based paint. According to a 2007 CDC study of children ages one to five, 11.2 percent of Black children and four percent of Latino children were suffering the effects of lead poisoning, compared with 2.3 percent of White children.³³ Another study compared redlined neighborhoods with those deemed “most desirable” by the federal Homeowners’ Loan Corporation (HOLC) and found that the redlined areas were an average of five degrees hotter. In some cities, the differential was much greater. In Portland, OR, for example, the differential was nearly 13 degrees. In Denver, CO, the difference was greater than 12 degrees; in Minneapolis, nearly 11 degrees and in Columbus, Georgia, it was more than 10 degrees. Philadelphia, PA, Indianapolis, IN, East Hartford, CT, and other cities also experienced large temperature differences.³⁴ These disparities are the result of decisions to place polluting infrastructure and facilities in or near communities of color. An examination of exposure to air pollution, lead poisoning, and water contamination, as well as access to clean water and sanitation, illustrates these concerns and their connection to fair housing.

There has been a large influx of federal funds allocated to address climate and environmental issues in the past two years. These investments include sources such as the Bipartisan Infrastructure Law and the Greenhouse Gas Reduction Fund. Because these funds can be used for housing and community development purposes, program participants implementing those funds do have a requirement to affirmatively further fair housing.

Because of this requirement, health and fair housing partners have an opportunity to partner and align efforts to support environmental justice efforts in their communities. These partnerships with organizations and community members build stronger opportunities to build long-term sustainable changes that will improve health and wellness for affected communities.

Project Spotlight

Groundwork USA: One organization helping residents understand their neighborhoods’ history and envision their future is Groundwork USA. In Richmond, Va., working through the

³² National Fair Housing Alliance. *Fair Housing in Jeopardy: Trump Administration Undermines Critical Tools for Achieving Racial Equity*. 2020. Available at: <https://nationalfairhousing.org/wp-content/uploads/2021/10/NFHA-2020-Fair-Housing-Trends-Report.pdf>. Accessed December 15, 2020.

³³ Wengrovitz AM, Brown MJ. Recommendations for Blood Lead Screening of Medicaid-Eligible Children Aged 1–5 Years: An Updated Approach to Targeting a Group at High Risk. *Morbidity and Mortality Weekly Report*. US Centers for Disease Control and Prevention. 2009;58(RR09):1–11.

³⁴ Anderson M. Racist Housing Practices from the 1930s Linked to Hotter Neighborhoods Today. NPR. January 14, 2020. Available at: <https://www.npr.org/2020/01/14/795961381/racist-housing-practices-from-the-1930s-linked-to-hotter-neighborhoods-today>. Accessed December 10, 2023.

organization's Climate Safe Neighborhoods initiative, local youth are going door to door to educate their neighbors. Their tools include a redlining map, a heat map, a tree canopy map, and an impervious pavement map, all printed on transparent paper so residents can overlay the maps on one another to understand the interplay of the forces at work in their communities, both historically and currently. That is the first step in the process of helping residents to engage in policy decisions that affect their communities.

Groundwork USA's Cate Mingoya, director of capacity building, says the exercise has been extremely effective. "It's brought together folks that have been skeptical of elements of the environmental justice movement . . . with people who have been fighting for this their entire lives," she said. This simple but powerful educational approach is one that fair housing advocates should consider, as well as partnerships with organizations like these, who understand the lasting impacts of systemic discrimination and their implications for the problems we face today.

For additional examples and recommendations on ways to address environmental justice issues, see the 2020 Fair Housing Trends Report prepared by NFHA and included in Appendix A: Resource Guide.³⁵

Conclusion: A Call to Action

Aligning fair housing and healthcare community health planning, investments, and strategies will accelerate health benefits for communities and quickly bring more planning efforts into action. Community members have provided input and recommendations through these community processes for many years, not always seeing improved health conditions or improved health outcomes. It is our responsibility to leverage our community health, healthcare, and AFFH data to drive toward the elimination of racism and improved health outcomes.

If you are already working to build the bridge between health and AFFH, continue to do the work you are doing, and share your work to help build the knowledge base on how to effectively implement these partnerships. If you have not started aligning efforts in your community with healthcare organizations and AFFH, find an action item that will work for you and your community, and start. Lastly, learn more about AFFH and share that knowledge with others to facilitate partnerships and collaborations.

³⁵ National Fair Housing Alliance. *Fair Housing in Jeopardy: Trump Administration Undermines Critical Tools for Achieving Racial Equity*. 2020. Available at: <https://nationalfairhousing.org/wp-content/uploads/2021/10/NFHA-2020-Fair-Housing-Trends-Report.pdf>. Accessed December 15, 2020.

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Photo taken during in-person conference on November 8, 2023, Baltimore, MD.

Action Steps for Housing Agencies and Health Entities

Action Steps	Fair Housing Organization	Healthcare Entity (hospital, health system, health center)	Health Department (local, state, tribal)
Community Health Assessments & Improvement Planning Processes			
1) Use community assessment data to identify opportunities to align with fair housing objectives and to design and implement comprehensive programs/ services that are responsive to the housing and social related needs of communities.		X	X
2) Review AIs or Equity Plans (from the AFFH process) in your service areas to identify key strategies for equitable housing opportunity and key barriers to fair housing.		X	X
3) Use community assessment data to support strategic responses to changes in federal or state legislation and policy initiatives.		X	X
4) Meet with fair housing and community development organizations and agencies in your community to explore how to work together on aligned goals to increase equitable outcomes.		X	X

Anchor Network Strategies, Place Based Investments, and Infrastructure Investments

<p>1) Discuss with local healthcare providers their commitments to the community as Anchor Institutions, and how housing fits into their vision for community health. Inquire about Anchor Strategies relevant to housing, including place-based investing, strategic grantmaking, real estate, or policy advocacy.</p>	<p>X</p>		
<p>2) Engage in the Equity Plan, AI, or AFH development process for the jurisdiction in which the health system is located to understand barriers to equity and shape fair housing goals.</p>	<p>X</p>	<p>X</p>	
<p>3) Discuss strategies for screening patients for Health-Related Social Needs and providing referrals to community resources.</p>		<p>X</p>	
<p>4) For those health systems new to the housing space, showcase what's possible by sharing examples of how healthcare Anchors are helping address the shortage of safe, affordable housing locally or in other areas, as provided by Healthcare Anchor Network and Center for Community Investment</p>	<p>X</p>	<p>X</p>	
<p>5) Consider a variety of strategies to improve the conditions that shape health, including affordable housing financing (loans, CDFIs, grants, tax credits), community partnerships to drive collective action, providing real estate for affordable housing developments, and expanding access to data to address racial and health equity.</p>	<p>X</p>	<p>X</p>	

Health Equity Zones

1) State governments in places with HEZs should encourage and incentivize local public health partners who are implementing engagement in the AFFH process to develop joint strategies and approaches to address equity concerns at the local level.			X
2) Local public health departments implementing HEZs should participate in the process to complete AFFH obligations locally.			X
3) Local public health departments implementing HEZs should consider data, barriers and strategies lifted in existing AFFH plans as they develop solutions for health equity.			X

Targeted Strategies for Underserved Communities

1) Participate in forthcoming AFFH Equity Plan development in local jurisdictions where you are working to ensure incorporation of public health considerations facing people of color in your area.	X	X	X
2) Collaborate on strategies and approaches that directly address racism in housing, including housing quality, housing access, and the allocation of resources for both affordable housing development and other outcomes.	X	X	X
3) Consult existing Analyses of Impediments or AFH plans in your jurisdictions to understand barriers to fair housing choice and incorporate those into efforts to combat racism as a public health issue.	X	X	X

Medicaid Health Plans Addressing Population Health

1) Identify if the state you reside in is developing strategies to address health related social needs within the Medicaid program and engage in stakeholder engagement processes.	X	X	X
2) Consult AIs, AFHs and any AFFH considerations and work to incorporate issues raised in those documents to provide input and feedback for any pending proposals to ensure that community needs are being addressed.	X		
3) Identify if there are opportunities for your organization to provide services or support for those being served in the Medicaid program.	X	X	X

Zoning

1) Explore how Health Impact Assessments and Health Equity Impact Assessments– a tool to understand the potential impacts of zoning change options – can be overlayed with AIs, AFHs, and Equity Plans to understand how numerous barriers to housing choice interact and compound on one another.	X	X	X
2) Identify the health improvement priorities of the focus communities (safety, crime, housing supply or affordability, transit/transportation, air quality, heat, etc.)	X	X	X
3) Using a Health Impact Assessment tool, assess how zoning changes can impact the problem and partner with local stakeholders to change local zoning ordinances accordingly	X	X	X

Transportation Planning & Investments

1) Identify the locations of major jobs and resources and assess whether current transit systems enable people in disinvested communities to get to jobs and resources.	X		X
2) Work with partners who align federal investments in transportation with land-use planning to create more equitable and sustainable communities.	X		X
3) Visit the projects portal of your state Department of Transportation to find out about construction roadwork projects that are planned or underway in your community.	X		X

Environmental Justice

1) Local agencies developing AFHs should work in collaboration with their colleagues in state and local environmental protection agencies to advocate to block federal projects that harm lakes, streams, rivers, and water systems within community borders.	X	X	X
2) Fair housing groups should seek alliances with environmental justice organizations to help make the connections between the two fields and develop local solutions that advance both. Those local efforts should engage community members and place their visions for their communities at the center of any policy discussions.	X		
3) Other agencies whose programs involve housing and community development and/or touch on important environmental issues should develop and require racial equity analyses as part of their programs.			X

Appendix A: Resource Guide

Organization	Focus Area	Relevance to Fair Housing
<u>Center for Community Investment</u>	Community Health	<ul style="list-style-type: none"> • Focuses on how health systems can leverage capital and real estate to improve community health such as investing/financing affordable housing and provides examples of partnerships
<u>Center for Community Investment/NeighborWorks</u>	Community Development	<ul style="list-style-type: none"> • Provides community development organizations with tools and guidance on how to partner with health institutions on upstream investments in affordable housing • Mentions CHNAs on p. 28 as a way for community development organizations to understand healthcare systems' capacity and motivations
<u>Center for Community Investment</u>	Hospital & Affordable Housing Partnerships	<ul style="list-style-type: none"> • *One of our focus group participating organizations (Nationwide Hospital in Columbus, OH) • Hospital entered into partnership and brought investments of more than \$50 million to a 52-block area in the South Side

		<p>neighborhood, helping to build or improve 450-plus homes.</p> <ul style="list-style-type: none"> • Hospital cultivated a wide range of partnerships across the area—with groups like the city, United Way, the county land bank, the local Affordable Housing Trust, and several for-profit companies.
<p><u>Illinois Public Health Institute</u></p>	<p>CHNA for Chicago and Suburban Cook County 2019</p>	<ul style="list-style-type: none"> • Housing identified as key community health issue by CHNA steering committee • Focus group discussion on housing • Housing and health workgroup focused on implementation priorities
<p><u>Center for Community Investment (Written for American Hospital Association)</u></p>	<p>Hospitals Investing in Housing</p>	<ul style="list-style-type: none"> • Discusses how hospitals are addressing social determinants through investments in affordable housing. It also outlines an innovative framework, the capital absorption framework, which the Center for Community Investment (CCI) developed and is now using to help healthcare organizations assess their local community investment system. • Mentions CHNAs on p. 8: “While not all of the participating hospitals prioritized housing in their CHNAs, their status as nonprofit hospitals provide a

		<p>platform to address community health needs.”</p> <ul style="list-style-type: none"> • Said they would spend next 2 years following this work exploring successful initiatives.
Root Policy Research	Fair Housing Assessment for Baltimore 2020	<ul style="list-style-type: none"> • See crosswalk for overlap with CHNA
Build Healthy Places Network	Community Engagement	<ul style="list-style-type: none"> • More focused on community process than content • This tool is intended to support stakeholders who may be new to public policy and are interested in building capacity for equitable and sustainable policy solutions - outlines steps that can be embedded into local policy processes to design with intention, equity, healing, and health.
Build Healthy Places Network – The REPAIR Framework	Community Development	<ul style="list-style-type: none"> • This tool outlines how institutions can implement long-term, sustainable community-institution solidarity for racial healing.
Led by Human Impact Partners with other organizations' sign on	AFFH & Public Health	<ul style="list-style-type: none"> • Outlines how the new AFFH rule will help address longstanding health and racial inequities and comments on opportunities to

		<p>strengthen the proposed rule to improve health and equity.</p> <ul style="list-style-type: none"> • Focus on community assets, assessment and data, community engagement, cross-sectoral partnerships, fair housing goals and strategies
Policy Link	AFFH/Equity	<ul style="list-style-type: none"> • Public comment guide to support communities across the country pursuing housing justice to shape the proposed AFFH rule. • NFHA pointed to this as a good model for guide, particularly the comment guide by sector beginning on p. 30.
Healthy Chicago Equity Zones	Public Health	<ul style="list-style-type: none"> • The Healthy Chicago Equity Zones initiative deploys hyper-local strategies to confront the social and environmental factors that contribute to health and racial inequity, with the goal of closing Chicago's racial life expectancy gap.
Health Equity Zones – Rhode Island	Public Health	<ul style="list-style-type: none"> • RIDOH has connected HEZs interested in addressing housing as an SDOH health with the stakeholders involved in drafting a housing bond for the state ballot. • Communities of practice can focus on housing.

		<ul style="list-style-type: none"> • Opportunities to incorporate housing needs in community assessment.
<p><u>Introduction to Multi-Sector Intersections and Collaborations to Advance Health Equity</u></p>	Public Health	<ul style="list-style-type: none"> • Offers illustrations of the intersection of public health with other governmental sectors and provides guidance on ways in which public health can collaborate with other sectors to promote optimal health for all people.
<p><u>In Focus: Hospitals Invest in Building Stronger, Healthier Communities</u></p>	Community Health	<ul style="list-style-type: none"> • Highlights efforts by ProMedica, Bon Secours, Dignity Health, and Trinity Health to invest in community health. • Details health systems' concerns regarding return of investment and demonstration of improved outcomes.
<p><u>Land Use and Community Planning Strategies Can Promote Health Equity</u></p>	Zoning/Land Use	<ul style="list-style-type: none"> • While the comp plans tackle a broad vision for long-range planning, local governments can use effective zoning laws and general planning standards to influence elements of the built environment that promote well-being. Effective rules and guidelines for land use, building placement, density, architectural and landscape design, parking,

		<p>and street maintenance all can make a difference.</p> <ul style="list-style-type: none"> • The Urban Institute determined that comprehensive zoning code reform, in conjunction with a comprehensive plan update, can lead to better outcomes that reflect a local government's policy goals.
<p><u>The Making of Boston's AFFH Ordinance - A Brief Oral History</u></p>	<p>Zoning/Land Use</p>	<ul style="list-style-type: none"> • Case study on effective planning that incorporated racial equity lens
<p><u>Center for Community Investment</u></p>	<p>Community Development</p>	<ul style="list-style-type: none"> • A guide to investing upstream for community health
<p><u>National Fair Housing Alliance: 2020 Trends Report</u></p>	<p>AFFH/ Equity/ Community Development</p>	<ul style="list-style-type: none"> • This report outlines disparities related to COVID-19 as well as fair housing and includes: • Implications for fair housing on health outcomes • Environmental justice • Fair housing trends data • Technology and other emerging forces in fair housing
<p><u>Raising the Bar (Healthcare's Transforming Role)</u></p>	<p>Healthcare/ Health Equity</p>	<ul style="list-style-type: none"> • Supported by the Robert Wood Johnson Foundation. • <i>Raising the Bar</i> provides an actionable framework for the entire healthcare sector to embed equity and excellence throughout its work and help achieve optimal health for all.

Appendix B: Crosswalk – CHNA and AFFH Requirements and Processes

	Community Benefit/ CHNA Planning Process	Affirmatively Furthering
<p>General rules/ guidelines</p>	<ul style="list-style-type: none"> • ACA + IRS rule require hospitals to assess community health needs and adopt an implementation strategy • Must define the community it serves • Require input from public health and community members and representatives • Encourage (but do not require) collaboration with other partners, a focus on health equity, access and public health issues impacting the community • Require hospital board approval • Make the CHNA report and implementation strategy widely available to the public (This must be done by making the CHNA report widely available on a Web site and by making a paper copy of the CHNA report available for public inspection upon request and without charge at the hospital facility. Prior CHNA reports must remain widely available to the public, both on a Web site and in paper, until the hospital facility has made two subsequent CHNA reports widely available to the public.) • Looks at both community needs and assets, which leads to a more targeted and effective community-change work • In assessing the community's health needs, solicit and take into account input received from 	<p>Key objectives of Affirmatively Furthering Fair Housing:</p> <ul style="list-style-type: none"> • Analyze and eliminate housing discrimination in the jurisdiction • Promote fair housing choice for all people • Provide opportunities for inclusive patterns of housing occupancy regardless of race, color, religion, sex, familial status, disability and national origin • Promote housing that is structurally accessible and inhabitable for all people, particularly individuals with disabilities • Foster compliance with the nondiscrimination provisions of the Fair Housing Act. • Although the grantee's AFFH obligation arises in connection with the receipt of federal funding, its AFFH obligation is not restricted to the design and operation of HUD-funded programs at the state or local level. The AFFH obligation extends to all housing and housing-related activities in the grantee's jurisdictional area whether publicly or privately funded. • Grantees required to conduct: <ul style="list-style-type: none"> ○ Analysis of Impediments to Fair Housing Choice, actions to eliminate identified impediments, maintenance of AFFH records

Sources of Input

persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health.

- Document the CHNA in a written report (CHNA report) that is adopted for the hospital facility by an authorized body of the hospital facility.

- A hospital must both solicit and take into account input received from all of the following sources in identifying and prioritizing significant health needs and in identifying resources potentially available to address those health needs:
- At least one state, local, Tribal, or regional governmental public health department (or equivalent department or agency), or a State Office of Rural Health described in Section 338J of the Public Health Services Act, with knowledge, information, or expertise relevant to the health needs of the community.
- Members of medically underserved, low-income, and minority populations in the community served by the hospital facility, or individuals or organizations serving or representing the interests of these populations.
- Written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy

Additional sources of input:

- In addition to the three required sources, a hospital facility may solicit and take into account input received from a broad range of people located in or serving its community. This includes, but is not limited to:

The consolidated plan contains data and other information on:

- Affordable housing needs for different categories of residents
- Homeless needs
- Public housing needs
- Lead-based paint removal needs
- Housing market analysis (housing market characteristics in terms of supply, demand, condition, type, and housing cost)
- Barriers to affordable housing (an explanation of how the cost of housing or the incentives to develop, maintain, or improve affordable housing are affected by public policies, particularly those of the local jurisdiction). Policies include tax policy, land use controls, zoning ordinances, building codes, fees and charges, growth limits, and other policies that affect the return on residential investment.
- Citizen comments relating to fair housing issues
- Areas of minority concentration
- Identification of special needs populations or those with a disproportionate need for housing
- Identification of housing needs of people with disabilities

	<ul style="list-style-type: none"> • Health care consumers and consumer advocates • Nonprofit and community-based organizations • Academic experts • Local government officials • Local school districts • Healthcare providers and community health centers • Health insurance and managed care organizations, • Private businesses, and • Labor and workforce representatives. • Although a hospital facility is not required to solicit input from additional persons, it must take into account input received from any person in the form of written comments on the most recently conducted CHNA or most recently adopted implementation strategy. 	
<p>Community Involvement in planning</p>	<ul style="list-style-type: none"> • Intended to be a fluid process with the community involved in the process: • Were they involved in the assessment? Who was left out that should be included? Who was involved in implementation? How were needs prioritized? What and who was left out Does the assessment square with community perception of unmet need? What and how were data gathered, analyzed and presented to the community? Are there missing pieces or relationships that you can bring to the table that are crucial to success? • Community input must come from medically underserved (those at risk for not getting access to care or at a disadvantage to health equity issues), low-income, minority populations in the communities served. Hospitals have to describe 	<ul style="list-style-type: none"> • Giving underserved communities a greater say in the actions program participants will take to address fair housing issues • Requires program participants to consult with a broad range of community members, to hold meetings in diverse settings, ensure that individuals with disabilities and their advocates have equal access to those meetings, and partner with local community-based organizations and stakeholders to engage with • Greater focus on HUD's review of program participants' goals that will contribute to positive fair housing outcomes. • Creating a direct link between Equity Plan's fair housing goals and the planning processes • Implementing a more transparent process for program participants' development and HUD's review of Equity Plans.

	<p>in their CHNA who they talked to and organizations they consulted.</p>	<ul style="list-style-type: none"> • In addition to HUD-provided data, program participants' use of local data and local knowledge, including that gathered through the community engagement process, will assist program participants with conducting these analyses. • Includes opening dialogues and engaging with individuals experiencing homelessness, survivors of domestic violence, people with criminal records, persons identifying as Lesbian, Gay, Bisexual, Transgender, Queer + (LGBTQ+), individuals with disabilities, and others who often have no established forum in which to inform local policymakers about their issues and needs. • Lead to collaboration with other government entities as well as private sector • In addition, HUD will require program participants to hold multiple • community meetings, at different times of day, and in different locations throughout the jurisdiction to account for the needs of shift workers, families requiring childcare, and individuals with disabilities, among others. • Ensuring that all members of a community have a say in the identification of fair housing issues and deciding how available resources are allocated is the first step toward advancing equity for everyone. • The community engagement process is intended to be a robust discussion across all sectors of the community so that program participants can make informed choices about how to overcome existing fair housing issues, such as barriers to fair housing choice, and make equitable funding decisions
<p>Types of partnerships</p>	<ul style="list-style-type: none"> • Public health departments must also work with partners around a CHNA for public health accreditation. It is great for local hospitals to 	<ul style="list-style-type: none"> • Requiring program participants to engage with a broad cross-section of the community, which could include advocates, clergy, community organizations, local universities, resident advisory boards, healthcare

	<p>work together with health departments around this</p> <ul style="list-style-type: none"> • Local United Way organizations are excellent partners to do collaborative CHNAs • State universities have skills and resources to contribute • Local county commissioners/ municipal governments/ county governments • Health Care Associations & Community Action Programs have a mandate to conduct some type of assessment • Collaborations with other local hospitals that cover a particular region (although, the IRS is specific about each hospital submitting their own report) 	<p>professionals and other service providers, and fair housing groups.</p>
<p>Costs</p>	<ul style="list-style-type: none"> • The idea with tax exemption is that hospitals are using some of their revenue they bring in, and reinvesting it back into the community, rather than paying taxes. Hospitals need to include this in their budgets, and not all hospitals budget the same amount of money for community benefit. 	<ul style="list-style-type: none"> • As a result of increased emphasis on affirmatively furthering fair housing within the planning process, there may be increased compliance costs for some program participants, whereas for others the improved process and goal setting, combined with HUD's provision of foundational data, is likely to decrease compliance costs. Program participants currently are required to engage in outreach and collect data in order to support their certifications that they are affirmatively furthering fair housing. As more fully addressed in the regulatory impact analysis that accompanies this rule, HUD estimates that compliance with these additional planning requirements would collectively cost program participants a total of \$5.2 million to \$27 million per year, once the Equity Plan cycle is fully implemented, a sum that is offset by the societal benefits accruing to fair housing goals that decrease segregation and the lack of equal access to housing and related opportunities throughout society.

Data collection

- Best practice when doing CHNA is to use a combination of primary and secondary data. Secondary data are often quantitative in nature and refer to data collected by someone other than the primary user. Common secondary data sources for CHNA include censuses, other government agencies (e.g., USDA, CDC), large projects or organizations (County Health Rankings, Opportunity Insights), and academic research centers (e.g., Institute for Health Metrics and Evaluation), among others. Primary data are data collected by the user. In CHNA, primary data collection methods often include community surveys, focus groups, in-depth interviews, community dialogues or conversations, among others. In some cases, secondary data can be difficult to find regarding a certain issue or topic you're interested in or can be difficult to find at a granular level that describes the community you're interested in assessing. In these cases, primary data alongside available secondary data can paint a fuller picture. Additionally, primary data are imperative to hearing about the conditions in a community from its residents and those with lived experience.

The generic data items are:

- Public policies, practices, and procedures involving housing and housing-related activities
- Zoning and land use policies, tax assessment/abatement practices
- The nature and extent of fair housing complaints/suits or other data that may evidence a state or entitlement jurisdiction's achievement of fair housing choice
- Demographic patterns
- Home Mortgage Disclosure Act (HMDA) data
- Results of testing
- Results of Fair Housing Initiative Program (FHIP) grants
- Patterns of occupancy in Section 8, Public and Assisted Housing, and private rental housing

Appendix C: Stakeholder Engagement Process

HMA divided stakeholders into three focus groups based on participants' expertise and organization: housing, community development, healthcare. After the focus groups were completed, we conducted five additional individual informant interviews to help fill any gaps identified. HMA developed interview guides for each focus group and key informant interview and provided participants with the questions beforehand. HMA also played a short video explaining Affirmatively Furthering Fair Housing before the focus groups and interviews began. The focus groups and interviews were recorded, with participants' permission and HMA told participants that responses used to inform the guide would be anonymized. After all the focus groups and informant interviews took place, HMA and NFHA reconvened to discuss next steps and thought it would be valuable to hold another focus groups with individuals in the Greater Baltimore area, as the city is of particular interest to NFHA, and HMA learned of exciting work occurring there through the focus group participants and interviewees. The figures below detail the timelines and names of all organizations that were represented in the interviews and focus groups.

Figure 1. Timeline

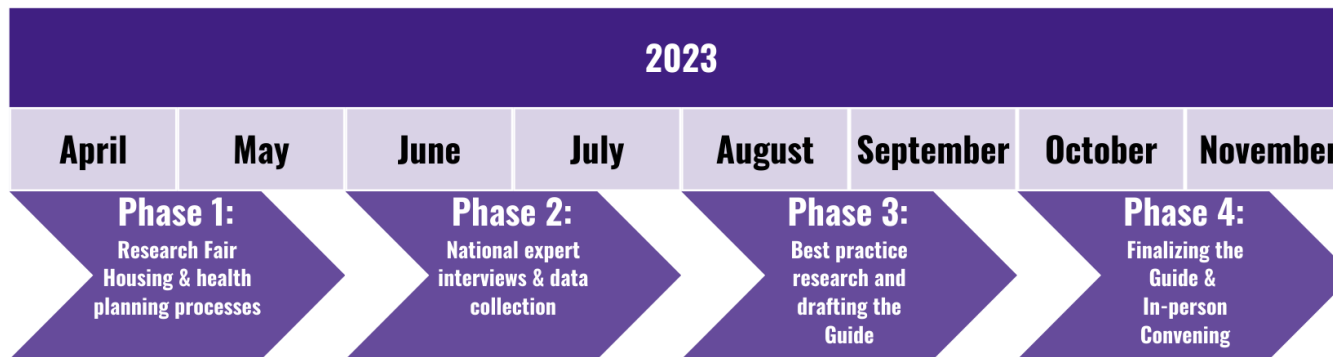


Table 1. Key Informant Interviews and Focus Groups

Engagement type	Organizations	Sector represented	
Focus Groups (4)	The Works (Memphis) Yachad City of Milwaukee Center for Community Investment (CCI)	Community Development	
	Trinity Health Providence Corewell Health Office of Health Equity, VDOH	Healthcare	
	Baltimore Metropolitan Council Toledo Fair Housing Center Legal Defense Fund	Housing	
	Baltimore Metropolitan Council Health Care for the Homeless Bon Secours Episcopal Housing Corporation	Baltimore Organizations	
	Key Informant Interviews (6)	Independent Sector Nationwide Children’s Hospital Policy Link Building Healthy Places	Health, Public Policy, Community Development

Penn Medicine