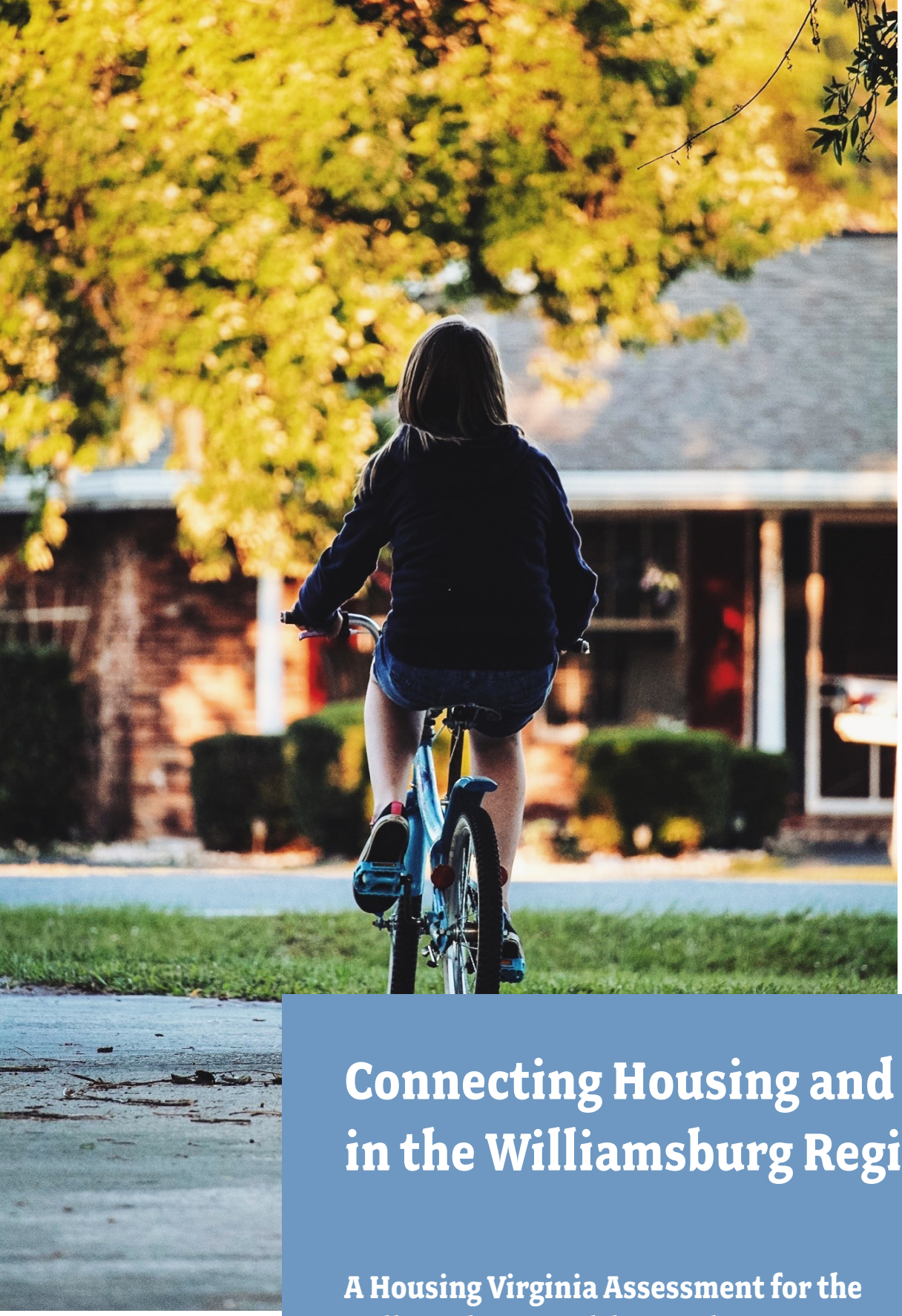

HOUSING VIRGINIA

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Connecting Housing and Health in the Williamsburg Region

A Housing Virginia Assessment for the Williamsburg Health Foundation

HOUSING VIRGINIA

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Executive Summary

This report captures the interconnections between health, housing, and community in the Williamsburg region while exploring possibilities for cultivating neighborhoods that improve the health of all residents across the socioeconomic spectrum and every stage of life. Where we live — both our individual homes and their surroundings — plays a substantial role in our well-being.

Strategies targeting the condition and affordability of housing and the characteristics of surrounding neighborhoods can be thought of as "preventative medicine." Investments both modest and substantial can deliver benefits for current residents that save money in the long term and shape the future of the community for the generations that follow.

Three Key Aspects of Housing Influence Health:

Physical Condition

More injuries occur in the home environment than anywhere else. In older housing, there is greater risk from both accidents and fires. Lead, radon, and carbon monoxide are potentially lethal environmental hazards that are preventable with testing and remidiation. Inadequate ventilation exacerbates the problem of lung irritants, including mold and other allergens, which contribute to increased incidence in respiratory illnesses in children. Forty percent of asthma cases in children can be attributed to these environmental factors.

Surrounding Neighborhood

Perceived lifestyle choices can be influenced considerably by external factors. The pervasiveness of "food deserts" in low-income neighborhoods, where residents have easier access to junk food, alcohol, and cigarettes than to groceries, is the most widely recognized example of the impact of community design on health. Isolation from essential services, lack of parks and recreational spaces, and street networks that imperil pedestrians and cyclists all limit physical activity that decreases the incidence of obesity, diabetes, and heart disease.

Affordability

When households are "cost burdened" (with housing expenses at or exceeding 30 percent of gross income) or circumstances progress to the point of "housing insecurity" (frequent moves, nonpayment, homelessness), individuals' health suffers. Residents may forego necessary medical care and adequate, healthy food while stress exacerbates or contributes to illness.

Demographics Drive Needs: The Greater Williamsburg Region

The City of Williamsburg, York County, and James City County are growing — and growing older. Since the turn of the 21st century, the region's population has increased about 30 percent; many of those new residents are seniors. Seniors over 65 now comprise 17 percent of the total population; nearly all reside in single-family detatched homes, one in five of whom live alone. Over half of senior renters struggle to cover the costs of housing.

The region's high median income can mask worsening poverty, which has increased at a rate more than twice the rate of population growth since 2000. Eight percent of households live at or below the federal poverty level. A shortage of living-wage, full-time jobs and adequate transportation contribute to the struggles of low-income residents. Thirty percent of the region's households have total housing costs exceeding 30 percent of gross income.

When resources are limited, health deteriorates. Thousands of Greater Williamsburg's community members are uninsured or cannot afford the cost of seeing a doctor. Many of them suffer from chronic conditions like asthma, diabetes, and high blood pressure — all of which make emergency care visits more common. Two-thirds are overweight or obese, increasing the chances of developing serious life-threatening diseases. Life expectancy varies geographically from 74 years to 86 years and is lowest in the most impoverished areas.

Where We Can Make a Difference

Home safety and accessibility: Preventing injuries from accidents, protecting residents from potentially devastating hazards like lead poisoning, and treating the structural conditions that contribute to illnesses are essential priorities for all households. For the growing senior population, modifications are necessary to self-sufficiently "age in place."

Community design: Connectivity and walkability can be crucial to a community's health. To foster healthy lifestyles, neighborhoods must provide more than a house to live in and streets to drive somewhere else. Residents need to be able to safely reach a spectrum of necessities and services — most critically, healthy foods — without relying on a privately owned vehicle to do so. Mixed-use communities with trails systems and streets that accommodate pedestrians and cyclists enable routine physical activity, which promotes better health. Families and every generation benefit from flourishing neighborhoods, but they offer distinct advantages to senior citizens who live independently or with family members by enabling social engagement and offering safe transportation alternatives to driving.

Affordable housing: The location of the region's affordable housing often comes at its own high cost. Fewer nearby providers and a lack of reliable transportation options limit access to healthcare. Nearly 6,500 households were spending over *half* of their income on a place to live in 2013, while 11,250 adults reported not seeing a doctor because of the cost. The more cost burdened a household, the lower the life expectancy of its residents: most of Greater Williamsburg's affordable units are in areas with life expectancy rates below the regional median.

Strategies for Change: Next Steps

The difficulties are common, but communities are unique. There are many examples of successful programs for improving the condition and affordability of housing within communities that support long-term good health. The final section of this report identifies some of those. It's up to local leaders and decisionmakers to evaluate priorities, determine what mix of initiatives and investment of resources can most effectively meet their community's needs, and coordinate at a regional scale.

Some of the highest impact strategies can be the least expensive to implement and simultaneously address a spectrum of related issues: community gardens, farmer's markets, and ride-sharing services fall into this category. Other initiatives that do require significant resources show meaningful return on investment over time with their permanent, dramatic impact. One example is the Albemarle Housing Improvement Program's "Safe at Home Campaign," which provides lead abatement, pediatric asthma intervention, accessibility upgrades, and other services.

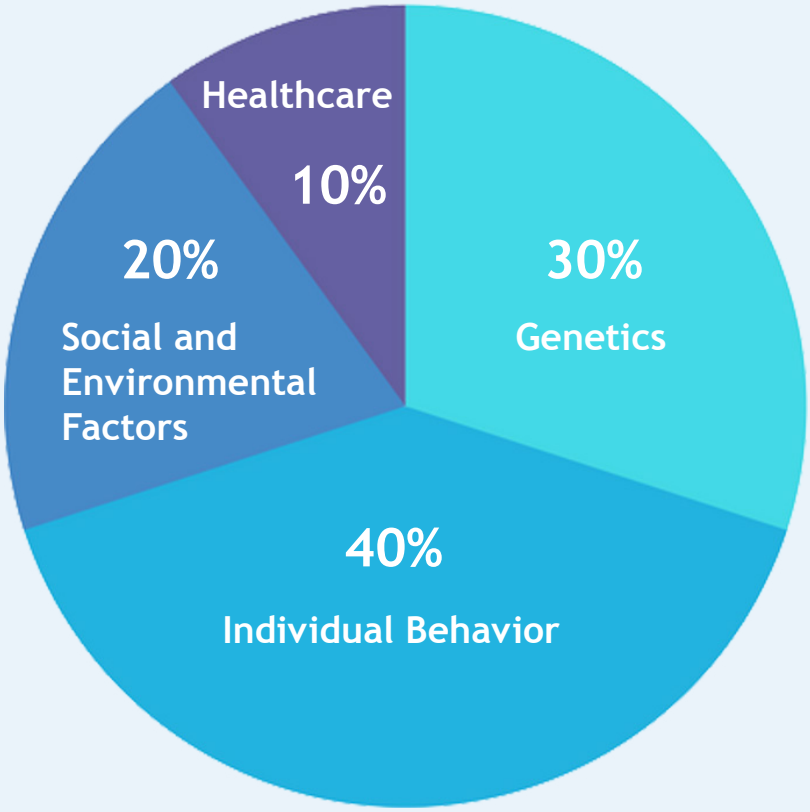
The next step for this initiative is to convene stakeholders of professional practitioners in both the housing and health fields to review and analyze program outcomes and develop effective strategies.

Introduction

"I have my health." We've all used or heard this phrase that implies a measure of chance and serves as a reminder that too often we take good health for granted. Being healthy means having the freedom to do what we want and need, but also to enjoy our lives. Whatever else may fall apart, having your health is necessary for putting it back together.

How do we get and stay healthy? The emphasis is often on personal responsibility for lifestyle choices. However, individual behavior — whether or not to smoke, exercise regularly, eat a balanced diet, consume alcohol in moderation, or engage in risky activities — accounts for only 40 percent of our health and well-being. Luck comes in a close second, with genetics contributing 30 percent. Access to and quality of healthcare is the smallest contributor at 10 percent. What may come as a surprise is that the remaining 20 percent of health and well-being is ascribed to social and environmental factors, which include an individual's physical surroundings and neighborhood.[1]

Contributors to Health and Well-Being



Source: Schroeder, SA (2007). We Can Do Better - Improving the Health of the American People. NEJM. 357:1221-8.

Housing conditions, transportation options, proximity of parks and playgrounds, and accessibility of services are all aspects of our built and natural environments. They have the potential to influence long-term health by either fostering or undermining healthy individual behavior and possibly exacerbating or ameliorating chronic conditions.

Social Determinants of Health

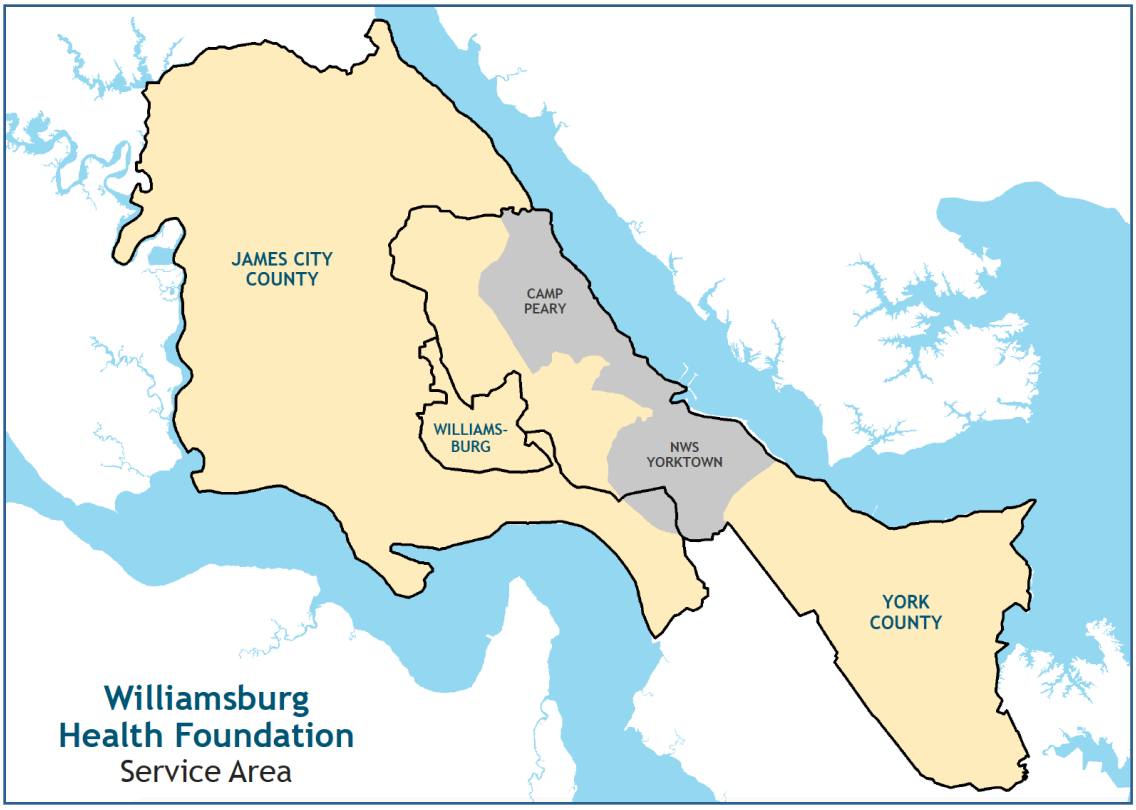
Adapted from Robert Wood Johnson Foundation: "Exploring the Social Determinants of Health" (2011)

For families and individuals living in poverty, housing is often found only in neighborhoods marooned from essential services and lacking alternatives to car dependency. Disproportionately high housing costs funnel limited household resources away from healthcare, and the very condition of residences can be a risk to safety and health because of structural hazards, poor maintenance, dangerous materials, and poor indoor air quality.

As we age, our relationship to where we live changes. We may struggle to maintain our homes, which also pose new hazards. The ability of older adults to "age in place" depends upon housing that adapts to their changing needs and neighborhoods that support independence.

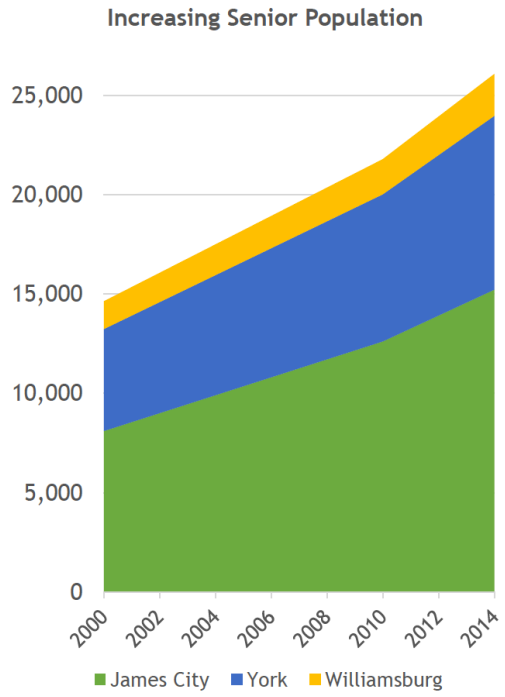
The Williamsburg region continues to grow and change rapidly. Before addressing the intersection of health and where we live as well as what approaches may best respond to the region's needs, it's necessary to consider what changes are driving those needs.

Regional Demographic & Socioeconomic Trends



This report covers the Williamsburg Health Foundation service area of James City County, York County, and the City of Williamsburg. Gray areas on any of the maps represent federal lands occupied by Camp Peary and the Naval Weapons Station Yorktown. The rationale for excluding these areas on the maps is that they are largely non-residential, and including them could portray an inaccurate picture of the data.

When applicable, some data measures for the City of Williamsburg are presented with the student-age population excluded. This is done to limit the effects of post-secondary students on socioeconomic and demographic data trends.



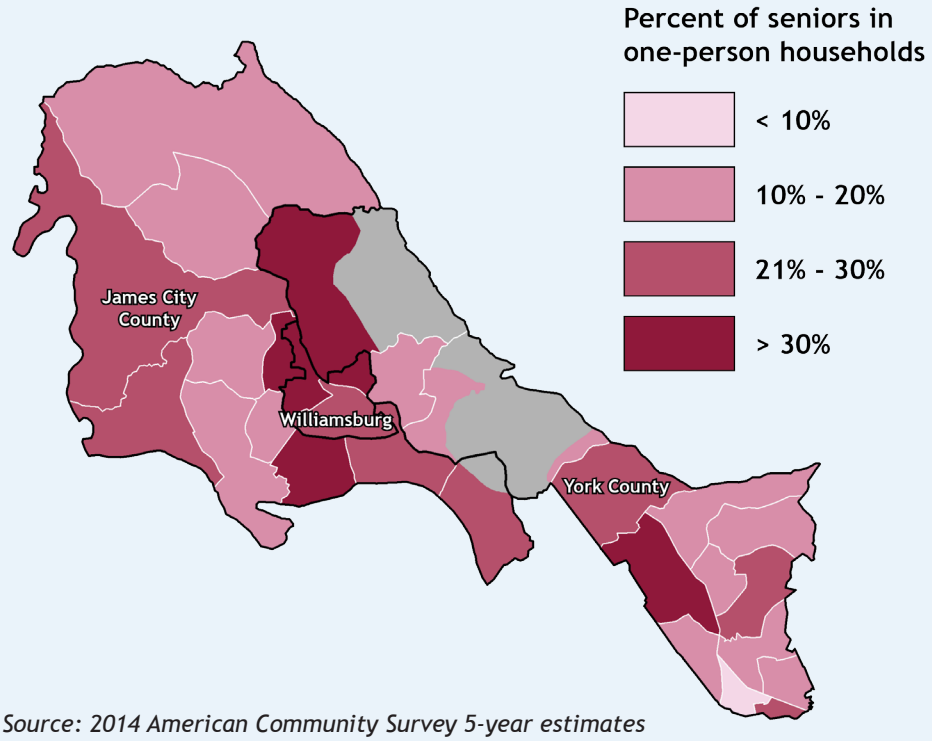
Source: 2000 U.S. Census; 2010 U.S. Census; 2014 American Community Survey 5-year estimates

Between 2000 and 2014, the population of the Greater Williamsburg region jumped over 30 percent to 150,000 residents, a rate of growth well in excess of the state average.

The senior population is a significant component of that growth. The over-65 cohort has grown 78 percent since 2000. By 2014, 17 percent of the region's population was over 65 years of age and slightly more than 2 percent were older than 85. A disproportionate number of senior citizens live in James City County, which has also seen the greatest overall increase in population.

One in five of the area's seniors lives alone, and nearly 60 percent of them are over the age of 75.

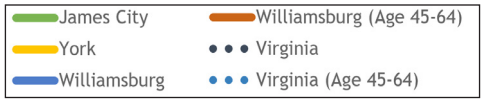
Senior Population Living Alone

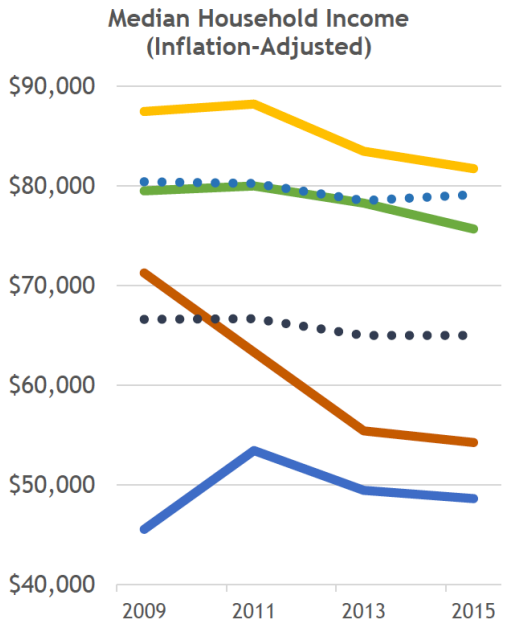


Source: 2014 American Community Survey 5-year estimates

Despite the common perception of the region as affluent, impoverished and struggling individuals and families are a growing segment of the region's communities. The relative share of persons in poverty in Greater Williamsburg increased 72 percent between 2000 and 2013.

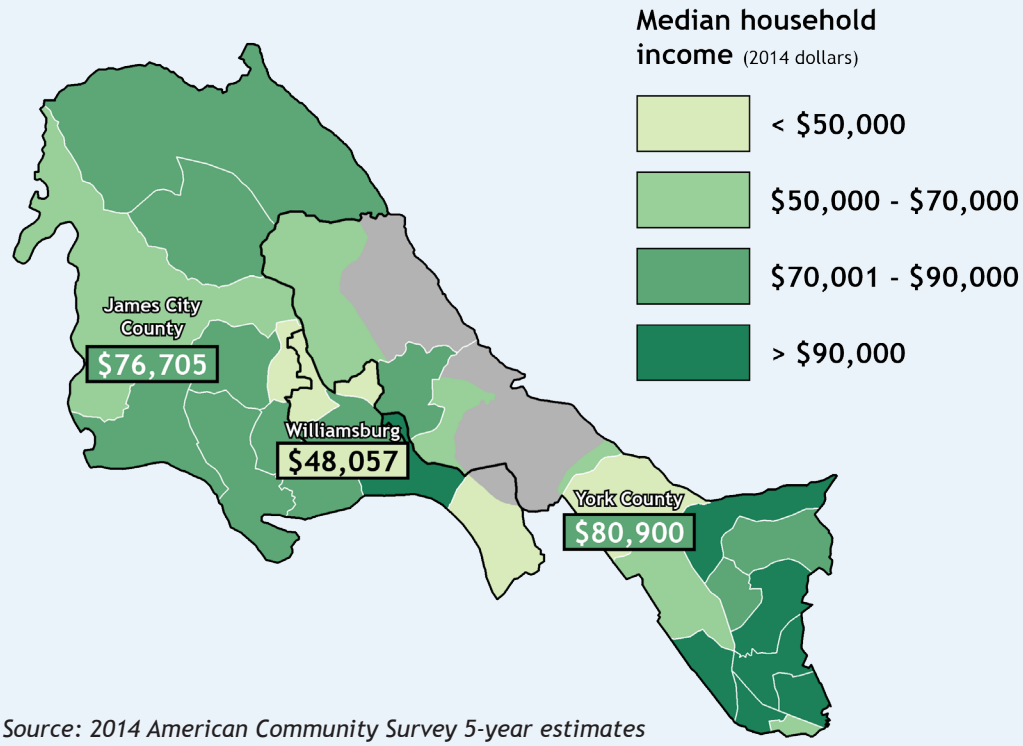
Median incomes for the region, when adjusted for inflation, have remained the same or slightly decreased since 2009. Even incomes for Williamsburg adults in prime working years significantly declined, showing that the data is not skewed by college students with little income.





Source: American Community Survey 5-year estimates (2009, 2011, 2013, 2015)

Household Income



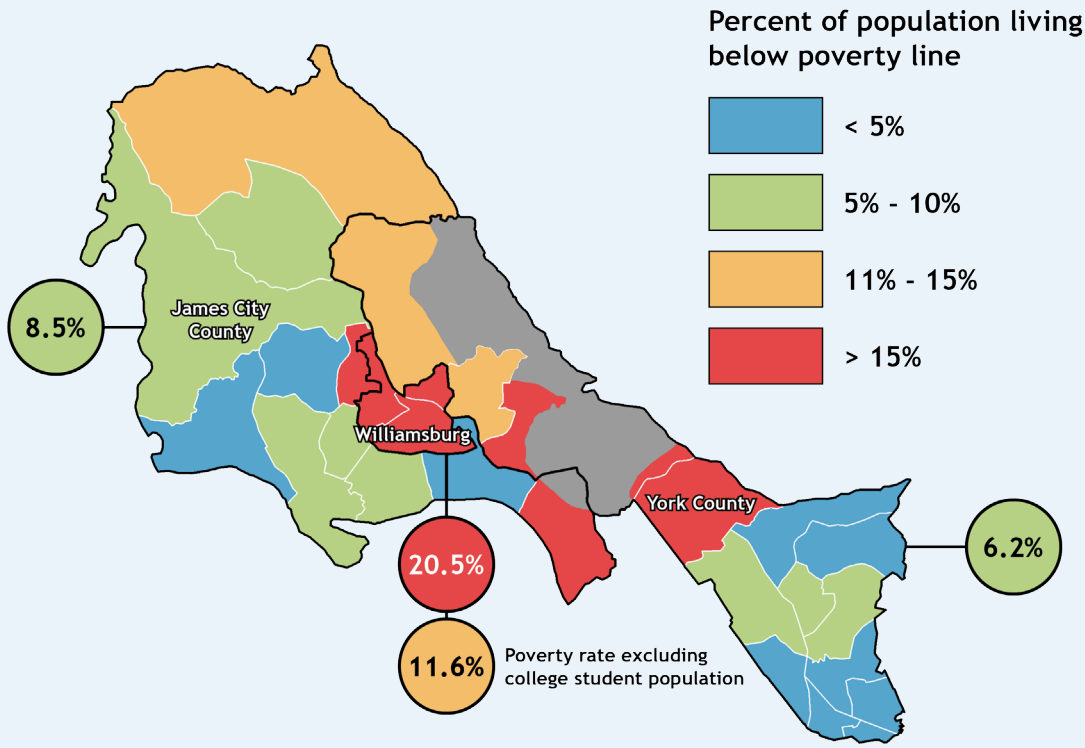
Source: 2014 American Community Survey 5-year estimates

While median household income continues to greatly exceed the national average, one out of every five local households has an annual income below $35,000. These families are just one major financial obstacle (job loss, divorce, or medical emergency) away from a housing crisis.

Today, over 8 percent of all households live at or below the federal poverty rate ($24,250 for a family of four). Controlling for the college student population, Williamsburg still has the greatest proportion of impoverished residents with a poverty rate of 11.6 percent.

Poverty has spread despite a decline in the unemployment rate.[2] This suggests that a shift to more part-time positions and lower wage jobs is limiting opportunity for the working poor and very poor.

Poverty Rate



Source: 2014 American Community Survey 5-year estimates

The Housing & Health Connection

Opportunities for Action

Where we live — our home itself as well as its location — exerts direct and indirect influence on our well-being. The physical condition of a residence, the characteristics of the surrounding neighborhood and community, and whether or not a renter or homeowner struggles to cover housing costs all potentially pose health and safety risks or, conversely, may reinforce good health.

As with all communities, the City of Williamsburg and York and James City Counties can promote aspects of housing and community design that will improve the quality of life for all residents. Leaders already understand how where we live affects our health, and there are numerous examples of how a community can evolve into an even better place to live for everyone. The region has unique advantages and attributes that provide focus and direction for program development and resource allocation.

We have organized our discussion and our strategies into three categories:

Physical Condition of the Home

Community Characteristics

Housing Affordability

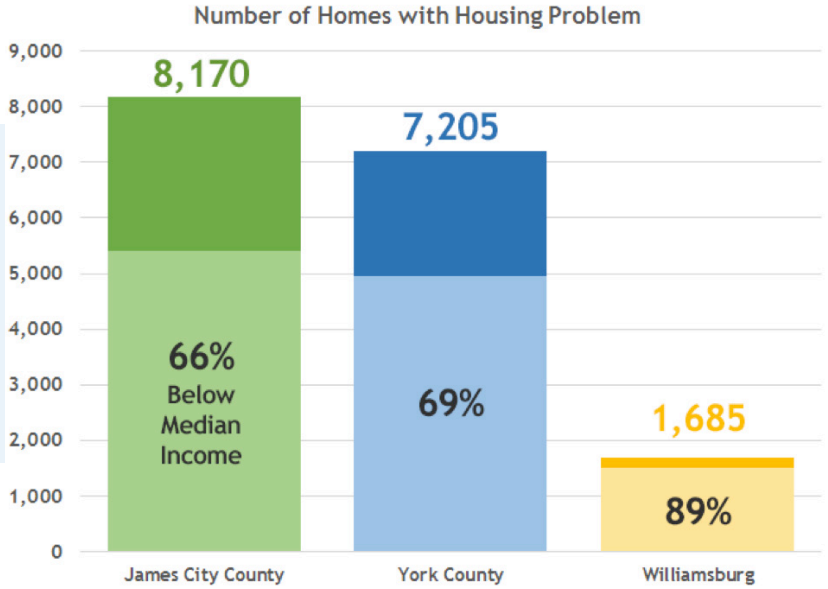
What the Research Tells Us

We know that people get hurt at home more than anywhere else and that our homes sometimes play a role in making us sick. Improving the overall structural stability and physical condition of residences is a necessary first step to preventing injuries from accidents and optimizing self-sufficiency (particularly for the elderly and those with disabilities), reducing exposure to environmental hazards such as lead, and ameliorating factors that contribute to illnesses and chronic conditions.

About 12 million injuries occur in homes every year (mostly from falls), with approximately 18,000 people dying annually from injuries sustained at home.[3] Poorly-maintained older housing increases the chance of harm to residents, particularly to the youngest and oldest family members. One eight-year study found significantly higher rates of injuries from non-fatal structural fires in census tracts having both low-income households *and* older housing (defined as over 40 years old). Causes are both direct (faulty, code non-compliant wiring, or overloading of inadequate electrical systems) and indirect (lack of functioning alarms, extinguishers, or sprinkler systems). Renters have more challenges because they are often powerless to improve the condition of their homes.[4]

As of 2013, over 17,000 households in the region have at least one major housing problem. The vast majority of these households make less than the median income, as shown by the lighter shades in the graph below.

HUD defines a "housing problem" as a housing unit that lacks complete kitchen or plumbing facilities, is overcrowded, or is cost burdened.



Source: 2009-2013 Comprehensive Housing Affordability Strategy (CHAS) dataset, U.S. HUD.

Physiological health also depends on a healthy residence. Exposure to lead, radon, and carbon monoxide are the most potentially severe environmental hazards in the home.

Children who ingest lead — either through lead-based paint (banned in 1978), contaminated dust or soil, or tap water passing through corroded plumbing systems — can build up levels of this neurotoxin high enough to cause permanent cognitive, behavioral, and developmental damage. At extremely high levels lead poisoning can be fatal.

The Department of Housing and Urban Development (HUD) estimates that one quarter of American homes still have unsafe lead levels, and the Centers for Disease Control and Prevention (CDC) estimates that approximately half a million U.S. children between the ages of one and five years of age have blood lead levels above the threshold at which the CDC recommends public health actions.

When nonsmokers develop lung cancer, radon is the most likely cause; it kills as many as 21,000 Americans every year.[5] A naturally-occurring radioactive gas present in most soils, radon enters the home through structural gaps that can be remediated when a simple test confirms that levels are above the Environmental Protection Agency (EPA) standard.

Deaths in the United States from unintentional, non-fire related carbon monoxide poisoning number about 430 every year. Carbon monoxide results from the incomplete combustion of fuel, and typical home heating sources causing death are gas-fueled space heaters, furnaces, portable kerosene heaters, and improperly vented woodstoves.

Poorly-maintained housing causes harm more subtly through inadequate ventilation, water leaks, and the build-up of moisture and mold. Such conditions contribute to increased rates of respiratory infections from colds to pneumonia. Residential exposures to allergens and lung irritants account for 40 percent of asthma cases in children. Frequent illness and chronic asthma which both restricts and debilitates its sufferers have obvious consequences to school and work attendance and performance.

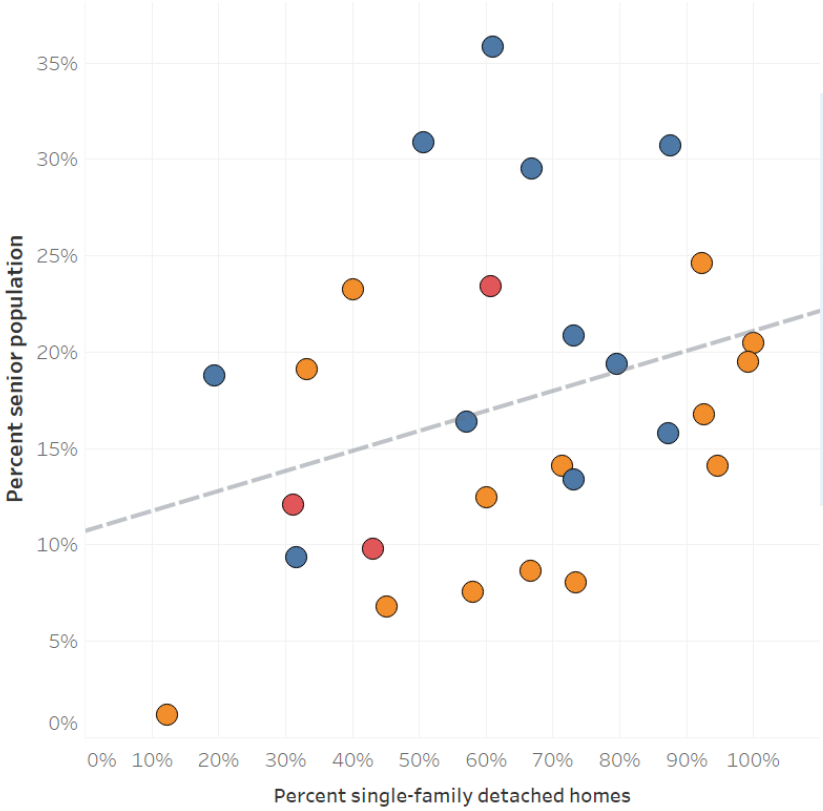
Community Indicators

The Williamsburg region — with its nearly 75 percent homeownership rate and predominance of single-family homes (64 percent of all housing stock) — would not seem to raise red flags about the safety and health of housing. However, about a third of those homes were constructed before 1980. Eighty-three percent of seniors live in single-family detached homes, making Greater Williamsburg's older residents 19 percent more likely to live in single-family detached homes than the general senior population.

Senior households are 19% more likely to live in single-family detached homes.

Aging in place in these homes often requires additional accessibility upgrades.

Senior Population vs. Single-Family Detached Homes



One dot = Census tract

Williamsburg City
James City County
York County

Source: 2014 American Community Survey 5-year estimates

About 20 percent of all senior citizens live alone and well over half of those are older than 75.

These houses were designed for younger people with families and rarely accommodate seniors and people needing mobility supports, other adaptations, and easier maintenance. Modifications such as wider doorways, grab bars, stair lifts, walk-in showers, and ramps can enable successful "aging in place."

The region also includes 450 homes that continue to rely on wood for heat, increasing their risk for fire, particularly if chimneys are not inspected, maintained, and cleaned regularly. Improper venting increases the potential for carbon monoxide exposure and poisoning.

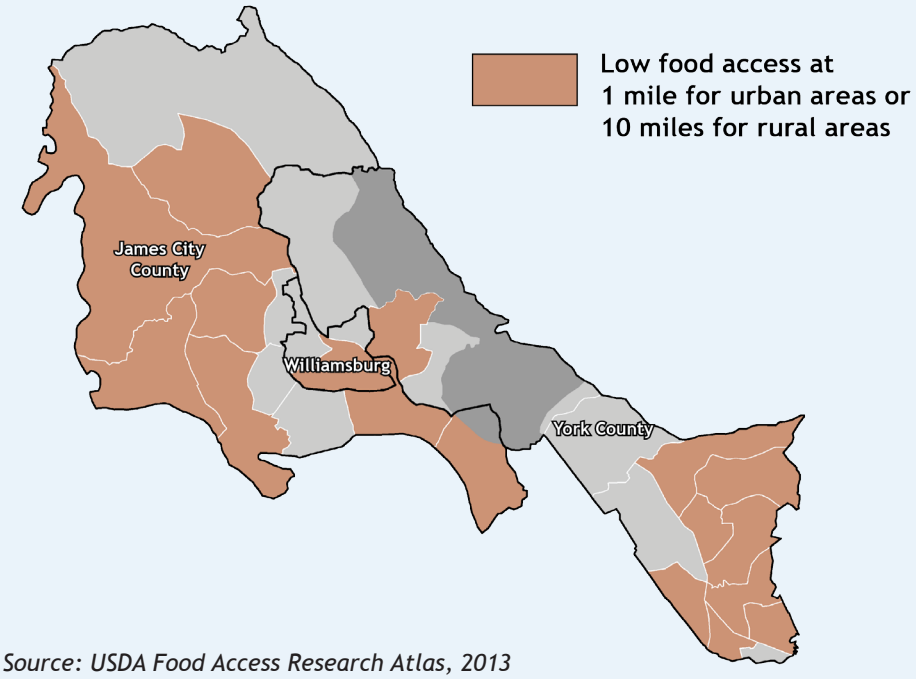
Community Characteristics

What the Research Tells Us

Home extends beyond an apartment or a house and the parcel it sits on. The nature of a neighborhood and how it fits into the broader community plays a critical role in personal health for better or worse. Physical activity, diet, and behaviors such as smoking and alcohol abuse correlate with our daily surroundings and our access to options.

Neighborhoods encourage physical activity and counteract obesity when they include sidewalk and trail networks safely connecting schools, shopping, employment, well-maintained parks, and services within compact, mixed-use communities.[6] "Complete streets" serve pedestrians, cyclists, transit riders, and motorists. They make it easier and safer to get around with designs that reduce traffic speed and volume. The risk of obesity, diabetes, heart disease, cancer, and stroke all decrease with increased regular physical activity.[7]

"Low Access" to Healthy Food



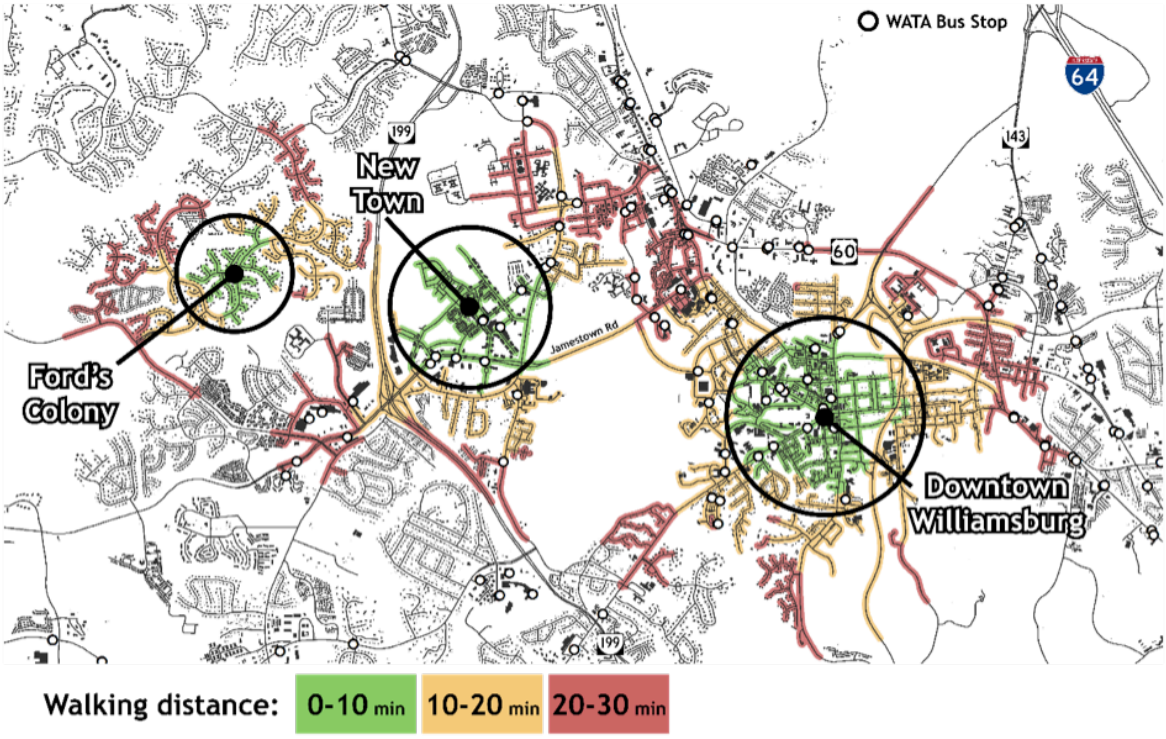
Source: USDA Food Access Research Atlas, 2013

When nearby fast food outlets and convenience stores are plentiful but grocery stores are a time-consuming, cumbersome bus ride away, eating a healthy diet is more of a challenge than a choice. Over the past fifteen years, community leaders have increasingly recognized that low-income neighborhoods are most likely to be so-called "food deserts," and studies have linked them to higher rates of obesity and smoking.[8, 9]

Community Indicators

With most of Greater Williamsburg's neighborhoods qualifying as "least walkable" or "not very walkable," residents have few options besides personal vehicles for safely and easily reaching not only healthy food sources but also work, school, services, healthcare, parks, and recreational facilities.

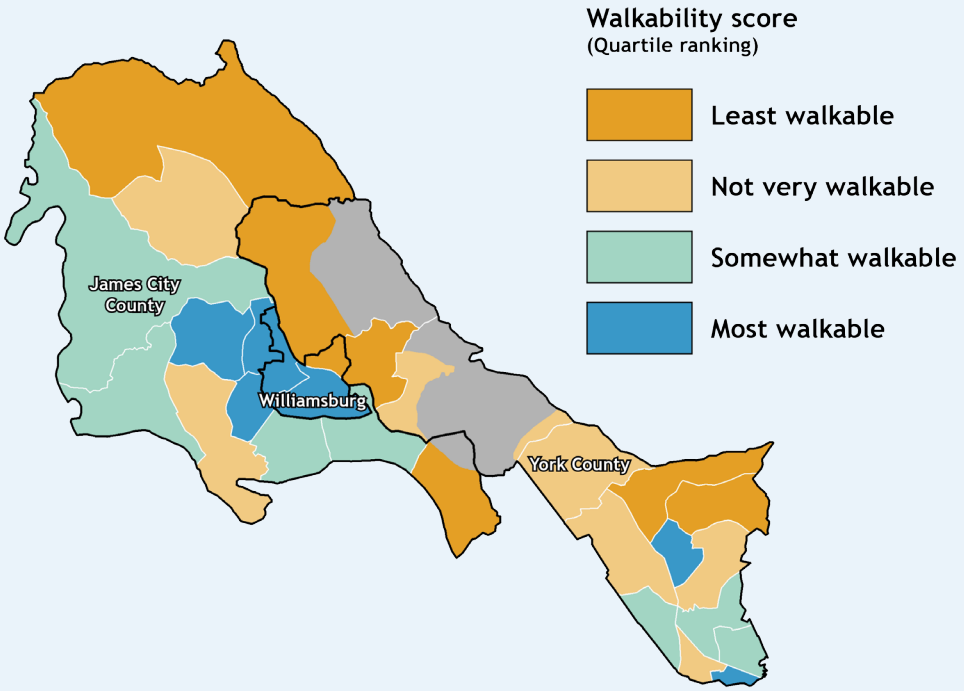
Walkability in the Williamsburg Region



The connectivity and walkability of neighborhoods has consequences for families and individuals of all ages. Nearly 10,000 residents live in low-income census tracts identified as having "low access" to grocery stores and other sources of healthy foods.[10] Employees without access to cars are at a disadvantage when areas lack complete transportation infrastructure; less than 4 percent of residents walk or use transit to get to work.

Quality of life for the region's older residents extends beyond manageable self-care and daily activities at home to autonomy in their communities. For many (if not most) senior citizens, driving is the linchpin of self-sufficiency and social engagement, and its loss may consign them to isolation and dependence on others without alternatives. The current *Williamsburg Community Action Plan on Aging* notes the demand for transportation support and the need for alternative sources of reliable transportation for senior citizens.[11]

Walkable Neighborhoods



Source: VDH Health Opportunities Index

What the Research Tells Us

Community design is deeply enmeshed with the range of housing options and their costs. Too often low-income individuals and families are simply priced out of the neighborhoods that support good health, while hazardous housing conditions and neglected infrastructure are associated with islands of "affordable" rental housing, including public housing, that is isolated from employment and amenities.

When people cannot reliably and easily meet the most basic need of "a roof over their head," the financial strain and instability add to other troubles, including poor health. Struggling to avoid eviction or foreclosure translates into scarce resources diverted from other needs, including adequate food and necessary medical care, particularly prescribed medications and treatments.[12]

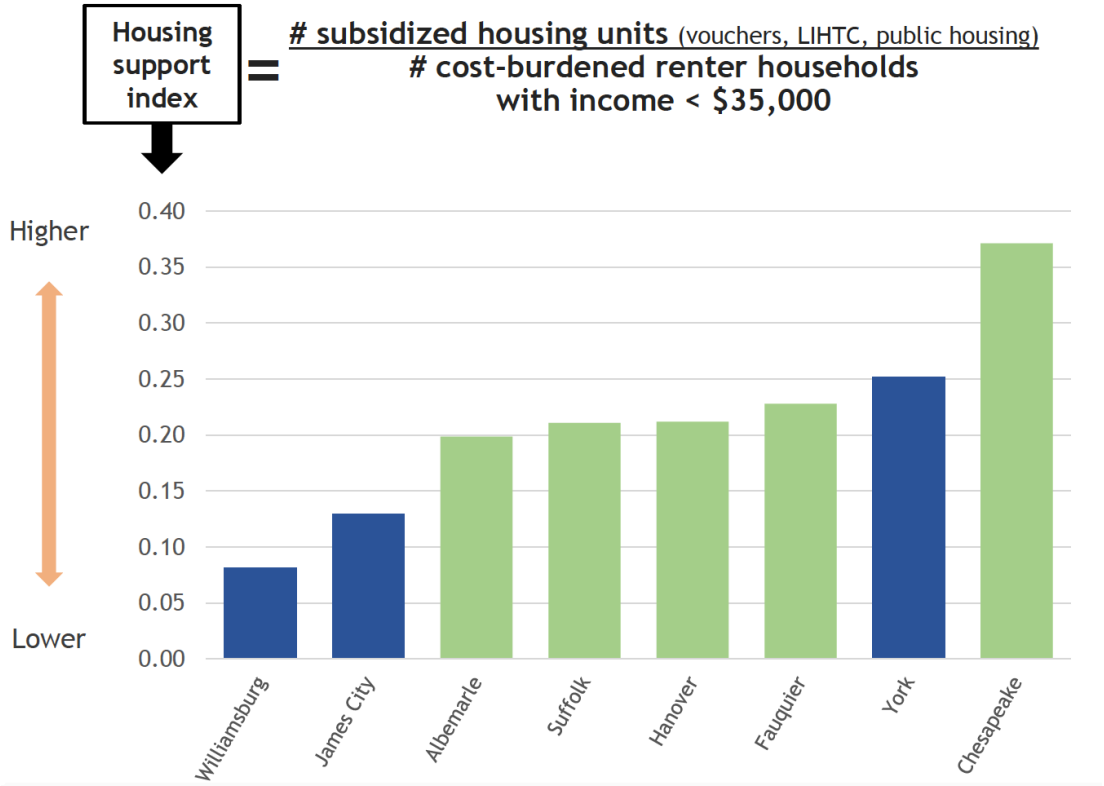
Crowding (including two families sharing one home), frequent moves (twice or more within the previous year), being arrears in rent, and experiencing homelessness within the previous year are all hallmarks of "housing insecurity."[13] Not being able to count on the certainty of one's home manifests as physical and psychological stress associated with hypertension, heart disease, and mood disorders.[14]

Community Indicators

Across the state there is substantial variation among localities when comparing housing needs to available assisted housing. It's a useful yardstick to understand how jurisdictions compare to each other in this regard, and the following chart compares the subject localities to other "peers" in the region and state.

In Williamsburg and James City County, there is a very high need for affordable rental housing compared to available subsidized units. York County is on par with a number of peer jurisdictions, where one assisted unit exists for every four households in need. The City of Chesapeake has the highest index in the region, with more than one assisted unit for every three households in need. This is due to large numbers of vouchers and Low Income Housing Tax Credit (LIHTC) developments.

Measuring Affordable Rental Housing Support and Demand



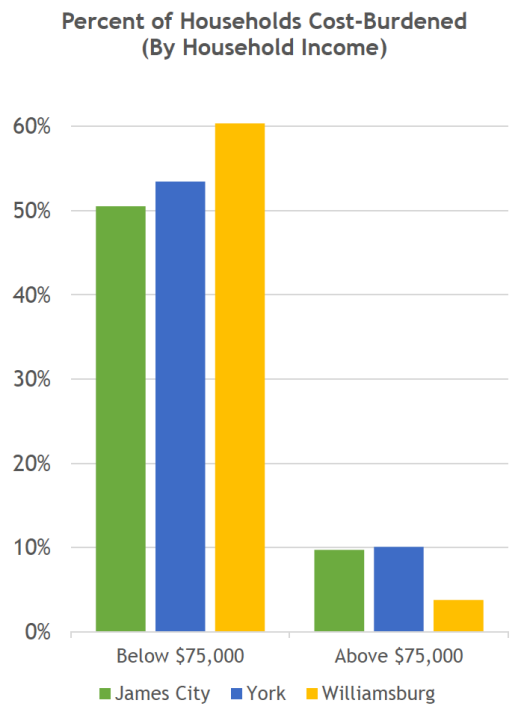
The index calculation for the City of Williamsburg excludes all college students living in group quarters (dormitories). However, the Census figures reported for cost burdened renters could include college students living in private, off-campus housing with little or no reported income. It is not possible to exclude this active student population from the total renter population using available data. Therefore, the index value for Williamsburg could be skewed.

This "housing support index" compares the demand for affordable rental housing with the number of subsidized units in a given locality. For example, an index of 0.10 reflects one affordable rental unit per every ten households in need.

The units include Housing Choice Vouchers, income-restricted Low Income Housing Tax Credit (LIHTC) units, and public housing units. Demand is represented by the number of households with income below $35,000 paying more than 30 percent of their earnings on rent.

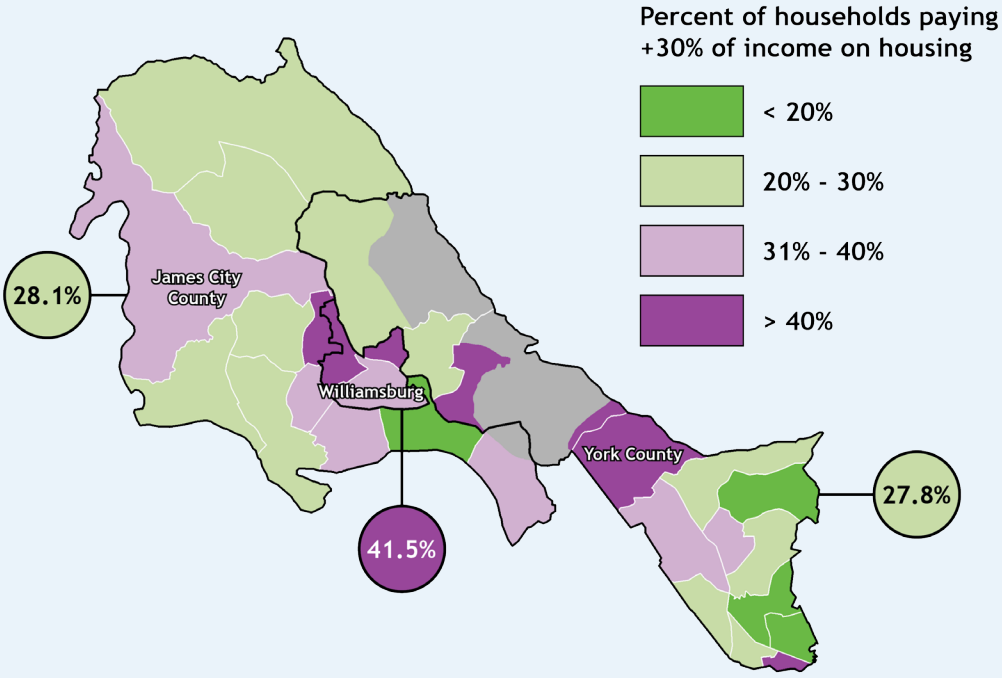
The severity of cost-burdened households varies dramatically across the Williamsburg region with concentrations greater than 40 percent in and around the City of Williamsburg and in York County, while in other areas the rate falls below 20 percent.

While 30 percent of all households across the region are cost-burdened, the rate rises to 56 percent for senior renters, and nearly 6,500 individuals and families spend *over half* of their income on housing.



Source: 2014 American Community Survey 5-year estimates

Housing Cost Burden

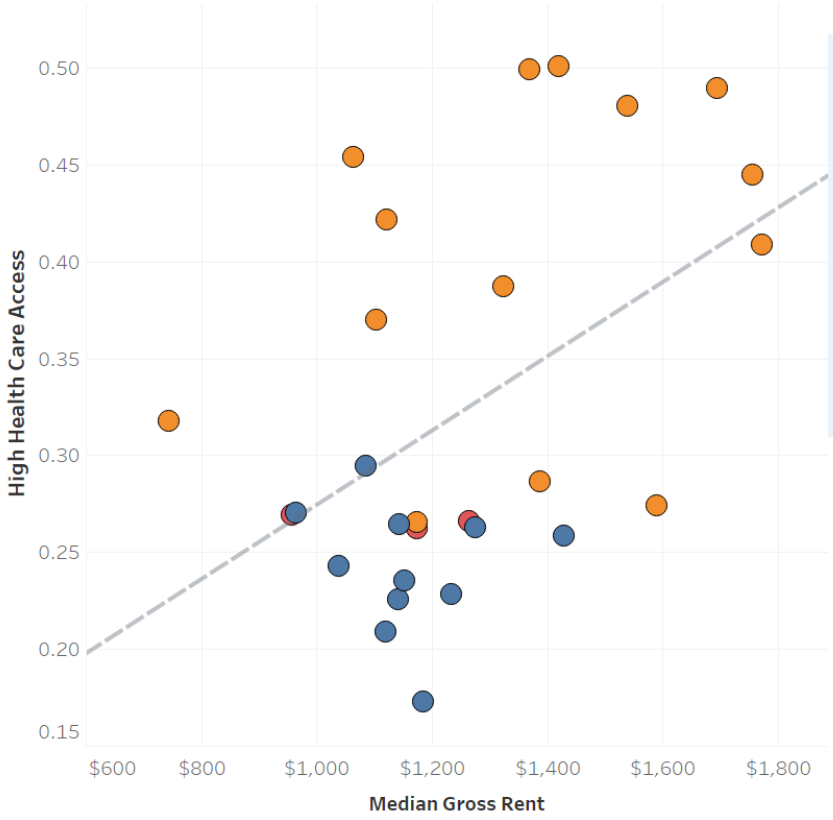


Source: 2014 American Community Survey 5-year estimates

Residents who struggle the most to cover housing expenses pay another cost — the time it takes to reach their place of employment and difficulty in accessing healthcare. Particularly in certain areas of York and James City counties, affordable housing is less likely to exist in proximity to ample job opportunities, so workers are forced to spend more time and money commuting between their jobs and homes they can afford.

The challenge is amplified by limited transportation options, since the most affordable units are in car-dependent areas. These same neighborhoods have the fewest healthcare providers.

Health Care Access vs. Median Rent



Source: 2014 American Community Survey 5-year estimates; VDH Health Opportunities Index

Affordable housing units are more common in neighborhoods with lower access to health-care.

One dot = Census tract

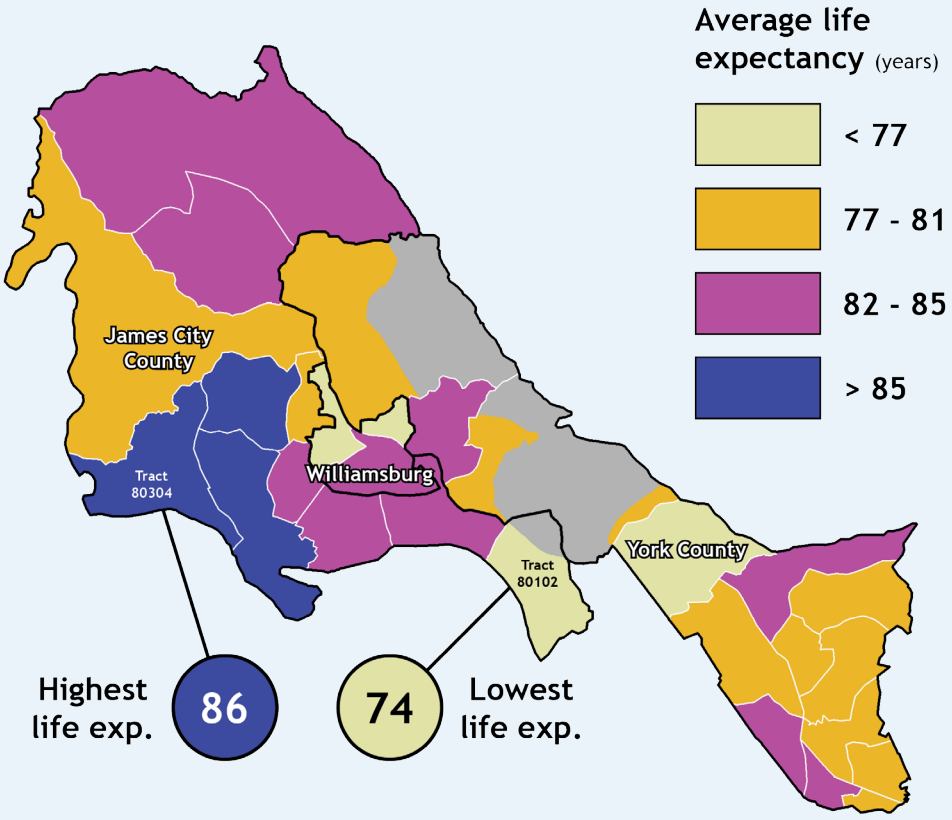
Williamsburg City
James City County
York County

Health Outcomes

For many of the region's residents, decisions about seeking healthcare begin and end with whether or not they can cover the cost of care. Over 11,250 adults reported declining to see a doctor for medical care because of the expense.[15] 14,000 residents throughout the region were uninsured at the time of the study; half would have been eligible for assistance.[16]

Chronic conditions compromise the well-being of many of the region's residents. Fourteen percent of adults indicate that their poor health limits their activities. Two-thirds of the adult population is overweight or obese, while 14 percent of youth get too little physical activity. Nine percent of adults have asthma or chronic obstructive pulmonary disease. Asthma, diabetes, and high blood pressure are among the primary causes of hospitalization that should be treated on a preventative, outpatient basis.[17]

Life Expectancy

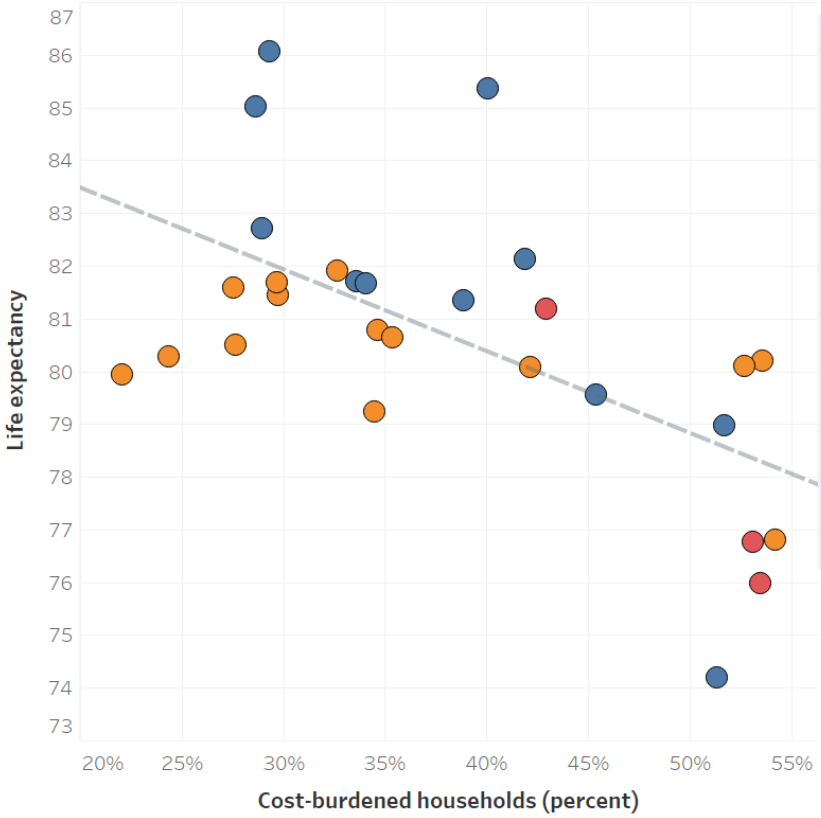


Source: VDH Division of Health Statistics (2014)

Life expectancy varies dramatically across the region, from 74 years in pockets of each locality to 86 years in southern and central James City County. Median life expectancy across the three localities is 80 years.

There is a significant correlation between life expectancy, poverty, and housing cost burden. For most communities in the region's three localities, as the percentage of cost-burdened households increases, life expectancy decreases.

Life Expectancy vs. Housing Cost Burden



Source: 2014 American Community Survey 5-year estimates; VDH Health Opportunities Index

Communities where many households pay 30% or more of their income on housing experience lower life expectancy.

The life expectancy for the poorest 5% of Americans has not increased significantly since 2001.

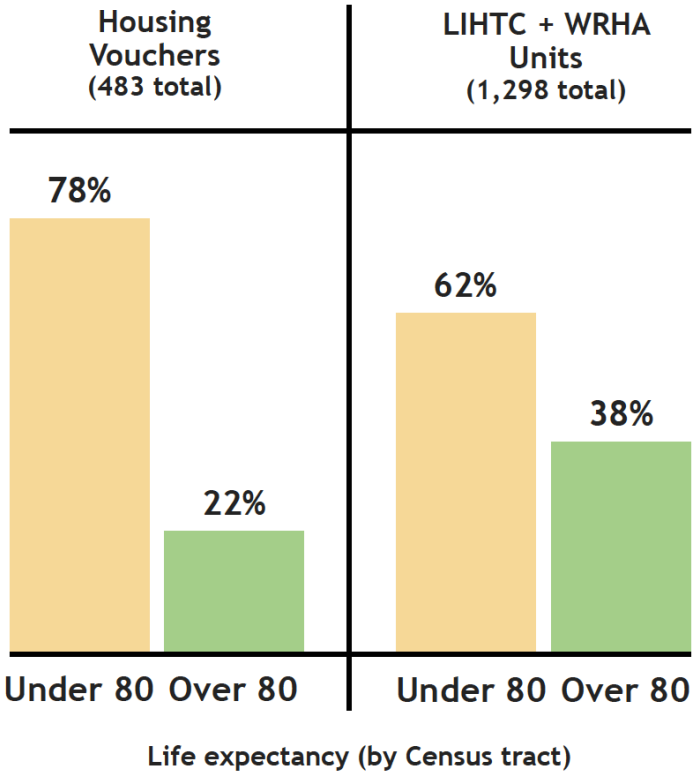
One dot = Census tract

Williamsburg City
James City County
York County

The greatest concentration of the region's affordable housing (defined by use of housing vouchers or presence of Low Income Housing Tax Credit developments) is located in an area of York County where life expectancy is below the median for the region as a whole.

Affordable Housing in Healthy Communities

The majority of affordable rental housing units in the greater Williamsburg area are in neighborhoods with life expectancies **below** the regional median.

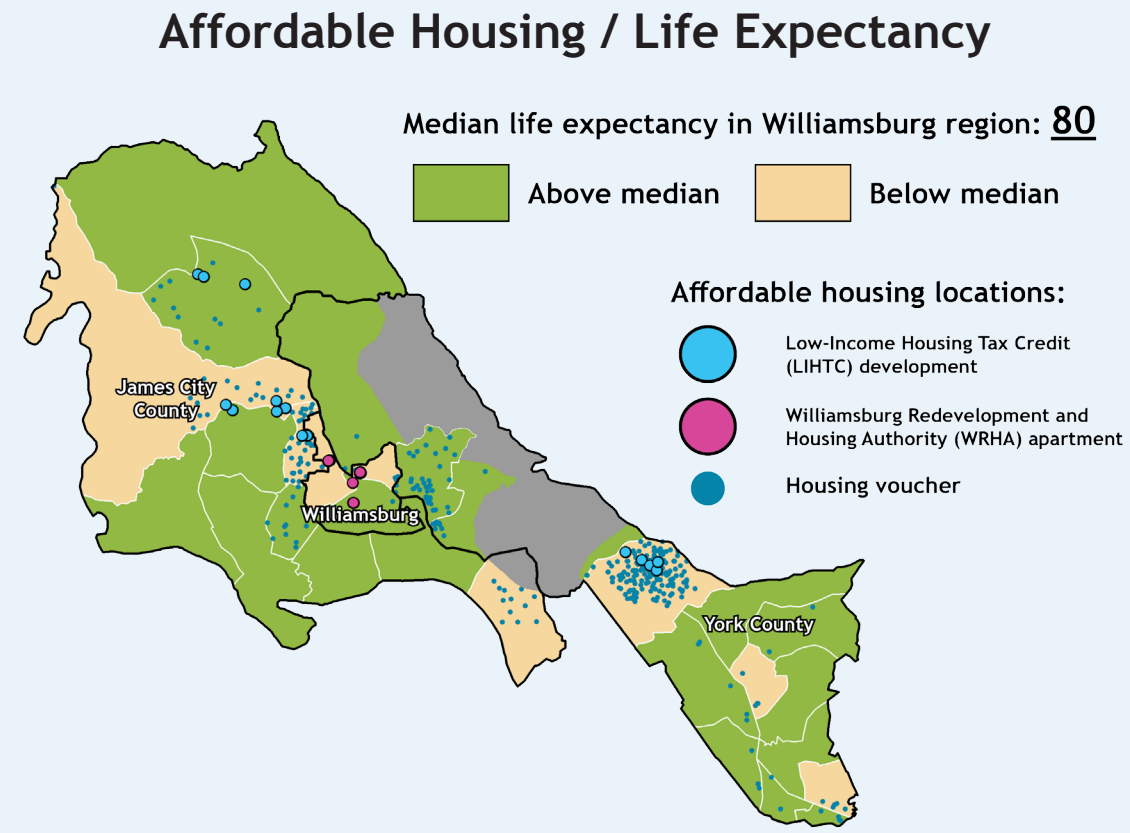


Sources: VDH Division of Health Statistics (2014), VHDA, HUD

Nearly 80 percent of the 483 households using housing vouchers are in neighborhoods with life expectancy below the median of 80 years. More than 60 percent of Low Income Housing Tax Credit and Williamsburg Redevelopment and Housing Authority units are in areas where life expectancy is below the regional median.

This is not a unique circumstance nationally, and it is a stubbornly persistent one: the life expectancy for the poorest 5 percent of Americans has not increased significantly in over 15 years.[18]

The region's least walkable neighborhoods are also those with concentrations of affordable housing and the lowest life expectancy.



Sources: VDH Division of Health Statistics (2014), VHDA, HUD

Strategies for Housing and Health

Localities can improve long-term health outcomes by addressing the complex ways in which housing and neighborhoods influence residents' well-being. While strategies can be organized into the spheres of home safety and health, affordable housing, and community design for planning purposes, in practice they must be integrated as part of a holistic system to have substantial impact at the community level.

Too often leaders know what the problem is and how to fix it, but they lack the resources to implement proven programs. The good news is that many strategies for healthy housing and communities deliver big benefits that save money in the long run or require modest up-front investments with a far more beneficial impact. Some of these — such as lead testing and lead abatement — may exist on a continuum of interventions.

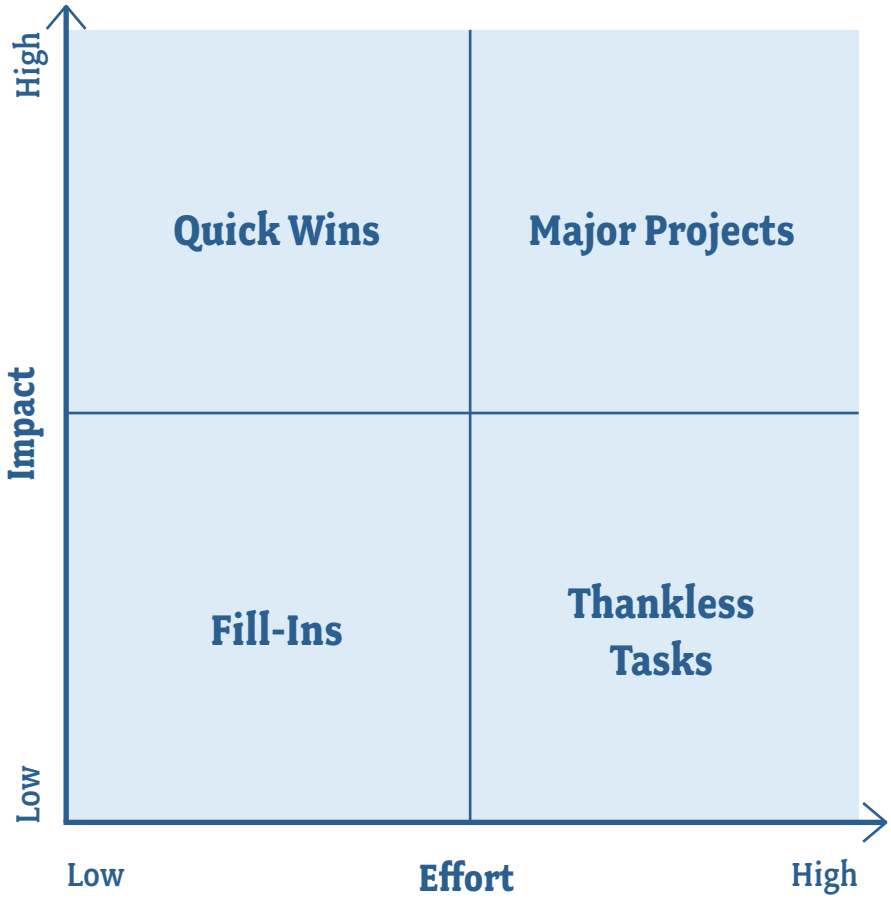
The next few pages list examples of housing and neighborhood strategies that can have a positive impact on the health of community residents. The important next step for most communities is **to begin a process of bringing together housing providers, planners, and all other stakeholders needed to address the intersection of housing and health**.

This type of interdisciplinary planning group needs to begin the work of looking at existing and potential housing and neighborhood development programs in the community and determine the impact that they have on health and well-being.

A useful methodology for doing this is to use an "action priority" matrix to determine the impact that specific programs have and compare that to the level of effort (or the amount of resources) needed to achieve the result. This is a quick and simple way to set priorities for action.

For example, projects that have high impact with limited efforts are the "low-hanging fruit" that should be pursued quickly to get the program off to a timely start. Projects that are high impact but high effort may require significant amounts of planning and resource development.

The "Green & Healthy Homes" model is an existing framework that is in place in a number of communities around the country. A Green & Healthy Homes group is starting up in Richmond. We have also included several short summaries of best practice initiatives from jurisdictions in Virginia and elsewhere.



These are examples of how some housing programs might be categorized.

Lower Cost, Lower Impact Programs*

- Landlord-tenant enforcement
- Home safety assessments
- Community education

Higher Cost, Higher Impact Programs*

- Lead abatement
- Pediatric asthma intervention
- In-home services
- Accessibility improvements
- Weatherization

Lower Cost, Higher Impact Programs*

- Code enforcement
- Noise mitigation
- Smoke-free housing
- Lead testing
- Promote stair use

*A local task force of housing and health practitioners needs to assign these and other programs into the appropriate category.

AHIP Safe at Home Campaign

The Albemarle Housing Improvement Program (AHIP) is a nonprofit that helps low-income households in the Charlottesville area make much-needed housing repairs and upgrades. The Safe at Home Campaign includes two major programs:

1. Emergency Home Repair (water leaks, electrical hazards, etc.)
2. Home Rehabilitation (roof replacement, HVAC upgrades, energy efficiency retrofits, etc.)

By providing assistance that addresses both immediate interventions and long-term solutions, AHIP helps individuals, seniors, families with children, and people with disabilities live in homes that remain safe and affordable. AHIP partners with local governments, fellow housing organizations, social service agencies, and volunteers in a community-driven approach.

Website: www.ahipva.org

Green & Healthy Homes Initiative

As a part of the Coalition to End Childhood Lead Poisoning, the Grean & Healthy Homes Initiative (GHHI) is an organization that works nationwide and to integrate and promote lead abatement, healthy homes, and weatherization efforts. The GHHI helps leverage federal, state, and private grants to deliver innovative programs, help measure outcomes, create sustainable employment opportunities, and create healthy homes that are also affordable.

Some examples of GHHI program successes include:

- Almost eliminating cases of lead poisoning in Maryland (98% reduction)
- Energy efficiency interventions in Baltimore lowering annual utility costs by an average of $403

Website: www.greenandhealthyhomes.org

These are examples of how some housing programs might be categorized.

Lower Cost, Lower Impact Programs*

- Traffic calming
- Safe routes to school
- Walkability scores for home listings
- Health impact assessments

Higher Cost, Higher Impact Programs*

- Accessory Dwelling Units (ADUs)
- Retrofitting neighborhoods
- Public transit expansion
- Sidewalks and greenways
- Senior "Village" models

Lower Cost, Higher Impact Programs*

- Ride-sharing service
- Improved access to recreation
- Community design standards
- Farmer's markets

*A local task force of housing and health practitioners needs to assign these and other programs into the appropriate category.

Healthy Corners Program

DC Central Kitchen administers the Healthy Corners program, which delivers fresh produce and other healthy foods to small neighborhood markets in low-income areas of Washington, DC. The initiative is able to purchase food at bulk pricing and offer it to retailers at a reduced cost, helping consumers save money.

Website: www.dccentralkitchen.org

Home-Delivered Groceries & Produce Pop-Ups

The Home-Delivered Groceries program uses enthusiastic volunteers to deliver a supply of fresh food to seniors who might have trouble reaching a grocery store. Along with fighting the risk of hunger among a vulnerable population, contact with volunteers helps reduce social isolation and encourages independent living.

SF-Marin Food Bank also started Produce Pop-Ups, a program that brings fresh fruits and vegetables to college campuses, libraries, and health clinics. Volunteers give out free produce from a delivery truck, which helps reach high-traffic locations. The Pop-Ups also allow food bank staff to refer people to additional health and social services.

Website: www.sfmfoodbank.org

These are examples of how some housing programs might be categorized.

Lower Cost, Lower Impact Programs*

- Property tax abatement
- Mortgage assistance
- Energy/fuel assistance
- Affordable housing education

Higher Cost, Higher Impact Programs*

- Supportive housing
- Solar retrofits
- Housing trust fund
- Inclusionary housing policy
- Housing vouchers
- Federal Home Loan Bank housing program

Lower Cost, Higher Impact Programs*

- HOME / CDBG funds for housing
- Homelessness prevention
- Weatherization

*A local task force of housing and health practitioners needs to assign these and other programs into the appropriate category.

Community Land Trusts

In neighborhoods where housing prices are rapidly increasing, community land trusts (CLTs) provide an innovative strategy to preserve affordability. The CLT operates a nonprofit that permanently owns residential land but builds and sells homes on the property to low- and moderate-income families. The buyer then pays a nominal lease fee for the land each year.

By taking the value of the land out of the purchase price, CLTs lower the barrier to homeownership. Buyers can put less money down and save on monthly mortgage payments. CLTs also help preserve these homes as perpetually affordable — when a homeowner goes to sell their CLT home to a new buyer, the increase in home equity is split between the seller and the CLT. As a result, the home is more insulated from escalating land values, and part of the equity accrued from the increase in value remains in the home to keep it affordable for future buyers.

CLTs are found across the country. In Virginia, there are two operating CLTs: the Thomas Jefferson CLT in Charlottesville and the Maggie Walker CLT in Richmond. A third CLT, the Huntington CLT in Newport News, is currently in the planning and development process.

HOME Move to Opportunity Program

The Move to Opportunity Program is a program that helps current Housing Choice Voucher holders rent quality housing in neighborhoods of opportunity in the Richmond Metropolitan area. It is funded by the Virginia Department of Housing and Community Development (DHCD) and administered by Housing Opportunities Made Equal (HOME).

HOME trains Housing Choice Voucher families to be responsible tenants, prepares them for their move to their new neighborhood, and continues to provide support for program families and landlords even after placement.

HOME's Landlord Liaison works directly and individually with landlords to help assist with necessary paperwork and ensure that participation in the program is a simple, straightforward, and efficient process.

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This report was made possible with the generous support of

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