



April 11, 2023

Regulations Division
Office of General Counsel
Department of Housing and Urban Development
451 7th Street SW, Room 10276
Washington, DC 20410-0500
Google docs

Re: Docket No. FR-6250-P-01, Affirmatively Furthering Fair Housing

To Whom it May Concern,

As organizations charged with protecting the public's health, we are writing to applaud the U.S. Department of Housing and Urban Development for your work developing the proposed Affirmatively Furthering Fair Housing (AFFH) rule, and to offer our suggestions to improve the final rule's impact on public health justice. Our sector sees the impacts of inadequate and discriminatory housing every day. We see residents skipping their prescriptions or meals to make rent. We work with families that are unhoused because of their skin color, immigration status, or past contact with the criminal legal system. We struggle to provide services to clients that are unreachable because they can no longer afford their neighborhood. The proposed AFFH rule is one step towards addressing these impacts, achieving healthy communities for all, and preventing illness well before residents see the inside of a doctor's office.

Our work and research tell us that stable, thriving neighborhoods support health—and that in fact, eighty percent of what shapes our health occurs outside the doctor's office.¹ We should all be able to live in socially, economically, and politically thriving neighborhoods with access to the resources and relationships that help us stay healthy. But the overtly racist policies of the past, like racially restrictive covenants, have left us a legacy of deeply divided and unequal cities, and higher-resourced, Whiter neighborhoods have often continued to exclude people who are Black, Indigenous, and people of color (BIPOC).² And while many BIPOC neighborhoods have created strong social, economic, and political networks, racist practices like redlining or ongoing

mortgage discrimination have also shut many of these communities out from beneficial development and resources. Successive waves of displacement and gentrification have also fractured connections and displaced residents further from the resources on which they rely.³ These fair housing issues have resulted in significant disparities in life expectancy and illness between neighborhoods or among cities.

We appreciate HUD's work developing a strong AFFH proposal, and believe that the rule will help address long-standing health and racial inequities. We are also strongly supportive of the proposed rule's acknowledgment of the connections between fair housing and health outcomes. We do see some opportunities to strengthen the proposed rule to improve health and equity:

1. Community Assets: *Expand the definition of community assets to include public health systems and social and political networks*

We are encouraged to see that HUD is already defining community assets to include many of the things that shape individual and collective health, such as high quality schools, community-based supportive services, and health care services. This could be strengthened by including public health infrastructure. COVID underscored the fact that places with robust public health systems help keep us safe when we need it most, and we know that these systems also help residents overcome everyday health challenges. Additionally, we would like to see explicit consideration of social and political networks as community assets. While these networks can be harder to quantify, research suggests that connected neighborhoods that encourage supporting relationships can improve our health by reducing stress, increasing our ability to collectively address problems and build political power, and allowing us to help each other during emergencies.⁴ Gentrification and displacement can fracture these connections.

2. Assessment and Data: *Include health data and broader housing conditions in analysis requirements*

HUD should encourage program participants to consider health data and priorities in their analysis. Specifically, HUD could provide access to life expectancy data in your data tools. Life expectancy at birth is arguably the simplest and most important measure of whether residents have the opportunity to thrive, and should be a consideration as participants consider the investments that are needed to foster high-opportunity neighborhoods. HUD could also encourage participants to consider the data and community defined health priorities in local [community health assessments and community health improvement plans](#).

HUD should also widen the scope of analysis (and response) to include assessment of broader housing conditions such as the lack of permanently affordable, dignified rental housing, eviction rates, unstable housing, and discrimination patterns– informed by data analysis and community engagement. Subject to data availability, these analyses should be stratified by race/ethnicity, immigration status, disability, and gender so that we can understand and effectively address unjust housing outcomes.

3. Community Engagement: *Prioritize engagement with public health organizations, renters, organized tenants, and racial justice groups*

The rule should specify that participants prioritize engagement with renters, organized tenants, and racial justice groups. The proposed rule should also be amended to specifically include outreach to local health departments, social service agencies, housing safety inspectors, and reproductive justice advocates. HUD should encourage participants to consult with public health departments to identify communities with worse health outcomes that could be prioritized for resources, identify key community needs, and align AFFH activities with health efforts such as community health assessments and community health improvement plans.

4. Cross-sectoral partnerships: *Encourage partnerships with public health and health agencies*

HUD should incentivize collaboration with public health partners through additional funding opportunities made available only to cross-sectoral partnerships. HUD should also encourage the Department of Health and Human Services to play an active role in encouraging its funding recipients to coordinate with the AFFH process.

5. Fair Housing Goals, Strategies, and Actions: *Require responsiveness to displacement, inadequate housing conditions, and the lack of deeply affordable housing*

Following expanded assessment of broader housing conditions as described above, HUD should require participants to be responsive to displacement and inadequate housing conditions as identified. Specifically HUD should support implementation of renter standards including:

- Enforcing habitability standards while preventing displacement or loss of affordable housing, including [proactive rental inspection](#);

- Access to legal assistance to revindicate tenant rights, including right to counsel in eviction proceedings;
- Promoting “Ban the Box” policies and prohibiting of so-called “Crime-Free” ordinances and policies that criminalize tenants and restrict access to people arrested or convicted of a crime;
- Ending source of income discrimination;
- Implementing just cause eviction protection;
- Ensuring anti-gouging/rent stabilization protections;
- Protecting tenants’ right to organize in all properties.

HUD should also require participants to be responsive to the chronic lack of deeply affordable, stable housing by prioritizing the creation and preservation of permanently affordable, public and community controlled, non-speculative housing. While being sensitive to avoiding replicating redlining patterns, HUD should encourage participants to prioritize affordable housing investments near health-care services, grocery stores, quality schools, public transportation, economic opportunity, and safe parks. HUD should also support participants in limiting or mitigating the risks of affordable housing development in proximity to toxic facilities; in areas at risk of climate change-related disasters; and in areas of elevated air, soil, or water quality risks.

Public health justice is achieved when everyone, regardless of race, neighborhood, or class, has a fair opportunity for physical, mental, economic, and social wellbeing. We appreciate HUD’s strong efforts to affirmatively further fair housing, dismantle racism, and ensure we can all live in neighborhoods and homes that support our health. We look forward to working with you to sharpen the proposed AFFH rule and move our country closer to health and justice for all.

A handwritten signature in blue ink, appearing to read 'Will Dominie', with a stylized, flowing script.

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A handwritten signature in black ink, reading "J. Nadine Gracia". The signature is fluid and cursive, with the first initial "J" being particularly large and stylized.

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A handwritten signature in blue ink, reading "Maddie Ribble". The signature is cursive and elegant, with the first letter "M" being large and prominent.

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Endnotes

1. County Health Rankings & Roadmaps. Social and Economic Factors. Available at: <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors>
2. Margery Austin Turner and Solomon Greene. Causes and Consequences of Separate and Unequal Neighborhoods. Urban Institute. Available at: <https://web.archive.org/web/20211118162413/https://www.urban.org/racial-equity-analytics-lab/structural-racism-explainer-collection/causes-and-consequences-separate-and-unequal-neighborhoods>; Daanika Gordon (2022). Policing the Racial Divide. NYU Press. Available at: <https://web.archive.org/web/20220802224131/https://nyupress.org/9781479814046/policing-the-racial-divide/>.
3. Margery Austin Turner and Solomon Greene (2021). Causes and Consequences of Separate and Unequal Neighborhoods. Urban Institute. Available at: <https://web.archive.org/web/20211118162413/https://www.urban.org/racial-equity-analytics-lab/structural-racism-explainer-collection/causes-and-consequences-separate-and-unequal-neighborhoods>; Mindy Fullilove (2016). Root Shock: How Tearing Up City Neighborhoods Hurts America, And What We Can Do About It. Available at: https://web.archive.org/web/20201102105847/https://www.researchgate.net/publication/323951664_Root_Shock_How_Tearing_Up_City_Neighborhoods_Hurts_America_And_What_We_Can_Do_About_It.
4. Manual Pastor, Jennifer Ito, and Madeline Wander(2020). Leading Locally: A Community Power-Building Approach to Structural Change. USC Dornsife Equity Research Institute. Available at: <https://www.lead-local.org/findings>; Marjory Givens, et al. Power: the Most Fundamental Cause of Health Inequity? (2018). Health Affairs. Available at: <https://www.healthaffairs.org/doi/10.1377/forefront.20180129.731387/full/>; Anthony Iton, Robert Ross, and Pritpal Tamber (2022). Building Community Power To Dismantle Policy-Based Structural Inequity In Population Health. Health Affairs. Available at: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2022.00540>