"Affirmatively Furthering Fair Housing": A Platform for Public Health Advocates

The US Department of Housing and Urban Development's (HUD's) new "Affirmatively Furthering Fair Housing" planning process was unveiled last summer and is starting in a few communities later this year. This program is a potential platform for public health advocates to promote community health investment and expand access to healthier communities. The final rule will require thousands of jurisdictions and public housing agencies that receive HUD funds, as well as all 50 states, to go through a structured planning process every five years that explores the extent of racial and economic segregation in the community and region, and examines in detail the disparities in access to opportunity available to different neighborhoods. The process is intended to be accompanied by a robust community engagement process that can include stakeholders and advocates from the public health sector, and will lead to the development of concrete goals and strategies in the jurisdiction's Consolidated Plan and Public Housing Agency Plan.[1]

"Affirmatively Furthering Fair Housing" (also known as "AFFH") is timely. There is growing consensus that racial and ethnic health inequalities are in large part produced by residential segregation, which sorts populations into neighborhoods and communities that often vary widely when it comes to the distribution of health risks and resources. People of color constitute a disproportionate share of the 77 million people in the United States living in high-poverty neighborhoods (i.e., census tracts where 30% of more of the population lives in poverty). People who live in high-poverty neighborhoods face limited opportunities for economic mobility because they have poorer access to jobs, fewer opportunities to build financial assets, and scant opportunities to enroll their children in high-quality schools. They face higher rates of environmental exposure such as lead and industrial waste; are less likely to have geographic or financial access to high-quality, nutritious foods; have less access to safe parks and recreational facilities; and face higher rates of crime and violence. Even health care is harder to access in high-poverty communities, which are more likely than advantaged communities to be health professional shortage areas. As a result, there are significant disparities in life expectancy between neighborhoods in the same city, often just a few miles apart. For example, life expectancy differs by more than 25 years between different zip codes in New Orleans, Louisiana, and nearly 30 years between different census tracts in Baltimore, Maryland, and Albuquerque, New Mexico.[2]

Of course, racial residential segregation is not primarily a function of individual choice. Segregation results from a combination of historical policies and practices, such as racially restrictive housing covenants, post-WWII housing finance programs, and deliberate economic marginalization (e.g., "redlining") of communities sanctioned by local, state, and federal governments, as well as ongoing exclusionary zoning, federal and state housing policy, and housing and mortgage lending discrimination, which has been extensively documented by audit studies. As such, segregation is socially engineered through policy and practice, but can be undone through thoughtful policy.

Leaders in public health and health equity movements increasingly recognize that "place" is a critically important determinant of health and have embraced a wide range of place-based solutions that typically aim to stimulate investment in high-poverty communities, or enact policies—such as those related to land use, transportation, and the environment—that reduce the concentration of health risks while increasing access to health-enhancing resources. An excellent example of this can be found in the growing partnership between public health and the community development sector, which involves a range of fields including real estate, city planning, social work, housing, and finance, with leadership from community development corporations and community development finance institutions.[3] These efforts, however, have attracted an overwhelming share of resources and attention while movements for housing mobility and expanded housing choice have been slower to take root in public health circles.

The lack of attention in public health to tackling the root problem of segregation may inadvertently reinforce the notion that residential segregation is acceptable if modest investments are made in poor communities. Rather, meaningful, comprehensive, community-based investments and housing mobility strategies must be employed simultaneously to truly ensure

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that residents of all communities have a fair opportunity to achieve good health and well-being. While comprehensive neighborhood health interventions remain a crucial long-term strategy, for young children experiencing negative health impacts associated with neighborhoods of concentrated poverty, programs to help their families move to low-poverty, high-opportunity neighborhoods may be the most direct and cost-effective path to improved health outcomes.

Both public and environmental health perspectives are embedded in the new "Affirmatively Furthering Fair Housing" rule and its accompanying reporting forms, community engagement process, and guidebook. The new HUD rule embraces the legal principle that fair housing encompasses the community benefits and harms that are related to housing location, and requires

> government interagency coordination to address multiple needs including housing, schools, criminal justice, transit, access to health care, etc., to reduce disparities in access to opportunity in segregated areas.[4]

In the area of environmental health, for example,

> The geographic relationship of environmental health hazards to housing is an important component of fair housing choice. When environmental health hazards are concentrated in particular areas, neighborhood health and safety may be compromised and patterns of segregation entrenched. Relevant factors to consider include the type and number of hazards, the degree of concentration or dispersion, and health effects such as asthma, cancer clusters, obesity, etc. Additionally, industrial siting policies and incentives for the location of housing may be relevant to this factor.[4]

Similarly, the new "Assessment of Fair Housing" tool requires jurisdictions to describe "which racial/ethnic, national origin or family status groups have the least access to environmentally healthy neighborhoods" and to "discuss any overarching patterns of access to opportunity and exposure to adverse community factors based on race/ethnicity, national origin or familial status," including "location of environmental health hazards."[5]

To assist in this analysis, HUD provides planners with maps and data in an "Environmental Health Index" that measures exposure based on US Environmental Protection Agency estimates of air quality carcinogenic, respiratory, and neurologic toxins by neighborhood. Participants in the planning process are also encouraged to include "other indicators of environmental health, based on local data and local knowledge. Environment-related policies may include the siting of highways, industrial plants, or waste sites."[5]

Perhaps most importantly for public health practitioners, the new rule includes an enhanced community participation requirement. Program participants must consult with a wide variety of public and private agencies, specifically including those that provide health services. The community engagement process is intended to begin at least six months before the Assessment of Fair Housing submission is due. If public health officials and advocates get involved at the beginning of this process, their voices and data are much more likely to be heard and included.

As the "Affirmatively Furthering Fair Housing" planning process plays out across the country over the next six to seven years, public health advocates should consider how the new mandate can help more low-income families of color access high opportunity, healthier communities—and at the same time bring their public health expertise to the question of what specific public health interventions can promote healthier outcomes in high-poverty neighborhoods for future generations of children. AJPH

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