Municipal Housing Toolkit: The public health perspective

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Housing First for Public Health: Healthy living starts with a place to live

Maslow's hierarchy of needs

Physiological = basic needs
- Health
- Food
- Water
- Sleep
- Clothes
- Shelter
- Sex

https://en.wikipedia.org/wiki/Maslow%27s_hierarchy_of_needs
Different Solutions for Different Situations
• A dedicated account for housing production
• Can be funded by budget allocations, sales of municipal property, development mitigation...
• Needs good infrastructure to administer
• Useful general holding place
• Based on study that market rate housing creates a need for low-income and workforce housing
• New developments over a certain size have to include a certain percentage of restricted affordable housing
• Often a fee-in-lieu option that can fund a Housing Trust
• An organization that holds land to ensure that housing on that land is affordable
• Similar effects as a deed restriction
• Land Trusts can be allocated municipal land or acquire it other ways
• Can work with partners such as Habitat for Humanity
• Zoning can allow for increased development if the development meets affordability requirements
• Allows affordable housing developers to compete with market-rate developers
• Increases certainty over contact zones or other one-off rezoning methods
• Maine allows for Affordable Housing Tax Increment Finance districts
• Can be one parcel or many
• At least 25% of the housing in the district must be affordable at or below 120% of area median income
• Provides for operating expenses or ability to borrow through tax bill reductions
How do you figure out what’s right for Your Community?

- Understand the Tool Kit
- Understand your Community’s Needs and Desires
- Pace Yourself
- Find Allies and Prepare for Unavoidable Conflicts
- Set Goals and Plan Plan Plan Plan
- Public Engagement
Equitable Housing focuses on the health of people and their relationships with their communities and the environment, and views housing as the #1 Social Determinant of Health.
Equitable Housing Goals: diverse, quality, physically accessible, affordable housing choices for a range of incomes with access to services and amenities.
State of Housing in Maine

42,000 households = extremely low income (family of 4 earning < $24,600 or who are spending 30% or more of their income on housing)

72,585 households make between 30%-50% AMI → 37,905 are renters.

99,605 households make between 50%-80% AMI → 33,790 are renters

58,305 households make between 80%-100% AMI → 15,240 are renters

251,610 households make over 100% AMI → 32,005 are renters

32,000 households on affordable housing unit waitlists

17,000 households on housing voucher waitlists
Area Median Income for Family of 4

30-50% AMI ranges from $18,000 - $36,000, $45,000 in York and the Cumberland counties

50-80% AMI ranges from $30,000 - $56,000, $71,000 in York and Cumberland counties

80%-100% AMI ranges from $60,000 - $71,000, $91,000 in York and Cumberland counties.
25% (approx) of the population relocates each year - the children in these households change schools every year.

5,500 evictions statewide, 1,000 in Cumberland Cty.

- Single mothers with children = the majority of evictions
- ME has no eviction data re: household make-up.

4,000-5,000 reported homeless, 2,500 of those homeless students (McKinney-Vento)
The Urgent Need for More Housing Units

20,086 - shortage of rental homes affordable and available for extremely low income renters in Maine. (National Low Income Housing Coalition)

13,578 - shortage of rental homes affordable for those at or below 50% AMI

250 - # of new affordable units built each year in Maine
<table>
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<th>City</th>
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<th>Renters</th>
<th>All residents</th>
<th>Median HH income</th>
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Source: MECEP analysis of US Census Bureau, American Community Survey, 2013-17 5-year data
Housing cost burden by age

In the Greater Portland area, 1 in 4 households under the age of 35 pays 30% or more of its income for housing. These are also households burdened by high college loan repayments. Over half of working families with incomes between $35,000 and $50,000 pay over 30% of their income for housing. (Metro Regional Co ‘19 report)
2019 Maine Tax Legislation to Assist Households

- **More than double the Earned Income Tax Credit.** The Legislature increased Maine’s EITC, from 5 percent of the federal credit to 12 percent, and expanded eligibility to low-income 18- to 24-year-olds without children. More than 100,000 Maine households will benefit.

- **Increase the Property Tax Fairness Credit.** Lawmakers made more households eligible for the credit by expanding eligibility to income up to $65,000, from a previous cap of $54,167. Roughly 36,000 households will receive a larger credit.

- **Increase the Homestead Exemption.** Policymakers increased the Homestead Exemption from $20,000 to $25,000. Roughly 306,000 households will benefit.

These laws will keep more money in the budgets of low to middle income families to pay for food, housing, health care, and their dependents.
The lack of affordable housing has made it harder for people to move or find housing near places of employment. Workers commuting over 30 min to work increased by 33% since 2009.

Traffic has also increased. The Turnpike has seen an 18% increase in cars since 2009.

(Metro Regional Co ‘19 report)
Nationwide, communities, together with many stakeholders, are working to develop creative strategies to create healthy housing initiatives with funding through HUD, DHHS, Medicaid, Medicare, nonprofit, state and local, and other funding.
CASE STUDIES
Lewiston, Maine’s Tree Street Initiative

1st city in the country to receive the Choice Neighborhoods Planning Grant from HUD. 3 core goals:

1) **Housing**: replace distressed public and assisted housing with high-quality mixed-income housing that is well managed and responsive to the needs of the surrounding neighborhood.

2) **People**: improve outcomes of households living in the target housing related to employment and income, health, and children’s education.

3) **Neighborhood**: Create the conditions necessary for public and private reinvestment in distressed neighborhoods to offer the kinds of amenities and assets, including safety, good schools, and commercial activity that are important to families choices about their community.
Creating equitable housing in market rate units by partnering with landlords, housing readiness programs, and housing mentors to remove the barriers to applying for housing (credit score, landlord referral, acceptance of subsidy, criminal record), and creating a supportive housing model for tenants who have or are at-risk for experiencing homelessness or housing displacement backed by a $2,000 guarantee.
Residents fulfill the requirements of their lease agreement, which includes paying their rent on time, attending monthly resident meetings and maintaining designated common areas on the property, they earn "equity credits" toward a cash payment.

Each equity credit earned has an equivalent cash value. For example, the first month's credit has a value of $57.78, 12 months of credits = $715.98, and 24 months of credits = $1,483.73. After 5 years, residents are vested, and the credits can be converted to a cash payment through Cornerstone.
The Vita Health & Wellness District is a one-mile corridor in Stamford, Connecticut, that has positioned itself as a “health-themed neighborhood,” offering mixed-income housing, health care services, community farming, early childhood education programming, and supportive services to residents. Led by the city’s public housing authority Charter Oak Communities and Stamford Hospital, this collaboration of city agencies and community-based organizations has focused on building physical and social capacity in a distressed neighborhood, with an emphasis on leveraging collective investments to yield a positive impact on neighborhood health and well-being.

https://www.urban.org/sites/default/files/publication/91946/stamford_case_study_3_1.pdf
Foundation Communities is a nonprofit affordable housing developer in Texas that serves over 3,000 individuals and families with permanent supportive housing and affordable family units. In 2012, Foundation Communities launched its Health Initiatives project to provide free nutrition, exercise, and chronic disease management classes to its Austin residents. By providing housing and health services in a central location, Foundation Communities aims to promote a Culture of Health, increase its residents’ access to care, and empower them to live healthier lives. This case study highlights how an affordable housing developer can work with a variety of health and community partners to improve the lives of vulnerable individuals and families.

https://www.urban.org/sites/default/files/publication/91956/austin_case_study_2.pdf
The Boston Housing Authority, Boston Public Health Commission, the city’s Inspectional Services Department, the Boston Foundation, and local universities and medical institutions have come together to address asthma and, more recently, to prioritize housing and health needs for pregnant women. By bridging anchor institutions, foundations, and city agencies around health and housing initiatives citywide, Boston has made strides toward providing healthier housing options and integrated health management and referral systems. This case study highlights how a variety of key stakeholders within one city can collaborate to address the health and housing needs of its vulnerable residents.

The Conway Center is a project of a nonprofit housing and services organization, So Others Might Eat, and a federally qualified health center, Unity Health Care, in Washington, DC. This $90 million community development initiative will colocate employment training, health care services, and affordable housing under one roof in Ward 7, an area of DC experiencing high poverty and unemployment, and poor health outcome to improve access to affordable rental housing, increase livable-wage job attainment, and connect residents to high-quality health care services. Although still under construction, this partnership highlights how a shared vision among community-serving organizations and funders can result in a comprehensive strategy for improving resident health and well-being.

https://www.urban.org/sites/default/files/publication/91951/dc_case_study_2.pdf
Emerging Strategies for Integrating Health and Housing Ohio

The Healthy Neighborhoods Healthy Families (HNHF) initiative, seeks to remove barriers to the health and well-being of families in Columbus, Ohio. The initiative facilitates access to affordable housing, quality education, health and wellness programs, safe and accessible neighborhoods, and workforce development opportunities. In 2008, Nationwide partnered with Community Development for All People (CD4AP), a nonprofit community development organization, and launched HNHF Realty Collaborative, a real estate subsidiary to rehabilitate existing housing stock and develop new affordable homes on vacant lots. This case study highlights the role that anchor institutions can play in addressing housing as a social determinant of health and the value of community development corporations in providing on-the-ground housing expertise.

https://www.urban.org/sites/default/files/publication/91961/2001418_columbus_case_study_5.pdf
UnitedHealthcare provides health insurance benefits to more than 40 million people across the country. In the past decade, it has addressed housing as a social determinant of health at the national level through policy leadership and financial investments, and at the state level working with local communities to connect Medicaid participants to stable housing. Through this work, UnitedHealthcare has overcome a myriad of challenges associated with siloed health and housing fields at all levels of policy and implementation. This case study explores how this national health payer has integrated the housing needs of underserved populations into its strategic priorities for investment and programming.

https://www.urban.org/sites/default/files/publication/91966/2001419_uhc_case_study_4.pdf