QUALITY OF HOUSING

Overview

The close connection between stable housing and health has been well known for more than a century—Florence Nightingale once wrote, "The connection between health and the dwelling of the population is one of the most important that exists." But today there is renewed interest in discovering the complex pathways connecting housing factors, neighborhood factors, social factors, adverse health outcomes, and disproportionate disease burden in poor and ethnic minority communities—particularly with respect to increasing rates of chronic diseases such as asthma, obesity, and diabetes. The physical dwelling itself is strongly linked to health outcomes, chronic disease and behavioral health. In addition to the conditions of the dwelling, the home's surroundings – the "built environment" around it, and its zip code can all impact health. Neighborhood characteristics and attributes are also found to influence health outcomes and disparities. This paper explores the public health connections between the quality of housing, its location, and its community with the physical and behavioral health outcomes of the occupants. Overall, it explores the role that "place" has in health.

What is quality housing?

Quality housing considers not only the physical attributes or conditions of a home, but also its surrounding environment and community. Living in poor housing conditions can cause stress, as well as bring about or exacerbate chronic disease conditions, psychological and behavioral issues, and even increase risk of death. Living in a community with limited access to health care and social service supports, healthy foods, good schools, parks and outdoor spaces, jobs, and safety are important considerations when determining quality of housing.[1, 2] Lastly, the community itself, and its demographic make-up, also have implications for overall housing quality.[3,4]

Research indicates that neighborhoods affect community and individual health through many pathways, including food security (for example, access to affordable markets with fresh produce); proximity to crucial services such as health care, parks, and open space; the social environment, including social capital, cohesion, economic opportunities, and crime rates; and the physical environment, including air quality, traffic density, and housing quality. [5] These factors can be as critical to health outcomes as are access to medical insurance or health care, if not more so. For example, in Colorado some 30 percent of communities lack healthy food retail options, and many don't have safe sidewalks, parks, or recreational facilities.[6]

Many times, low-income individuals and families must choose between quality housing and affordable housing. Exposure to poor quality housing has been found to widen the already existing health disparities. Often individuals and families have no option but to live in neighborhoods with high rates of

[1] Paula Braveman, et.al., "Exploring the Social Determinants of Health," *Robert Wood Johnson Foundation Issue Brief #7* (2011): 1-11, http://www.rwjf.org/en/library/research/2011/05/housing-and-health.html
[2] "Connecting Public Housing and Health: A Health Impact Assessment of HUD's Designated Housing Rule: Final report," *The Pew Charitable Trusts and Robert Wood Johnson Foundation, Health Impact Project* (2015): 1-149, http://www.pewtrusts.org/~/media/assets/2015/06/connecting-public-housing-and-health.pdf.
[3] Diana Becker Cutts, et al., "US Housing Insecurity and the Health of Very Young Children," *American Journal of Public Health* 101, no. 8 (2011): 1508-1514, https://www.ncbi.nlm.nih.gov/pubmed/21680929
[4] Jill Breysse, et al., "A Systematic Review of Health Impact Assessments on Housing Decisions and Guidance for Future Practice," *The National Center for Healthy Housing, National Housing Conference, The Pew Charitable Trusts, and Robert Wood Johnson Foundation, Health Impact Project* (2016): 1-113, http://www.nchh.org/Portals/0/Contents/Guidance-for-Conducting-HIAs-on-Housing-Decisions.pdf.
[5] Cheryl Forchuk, Kevin Dickins, and Deborah J. Corring, "Social Determinants of Health: Housing and Income," *Healthcare Quarterly* 18, Special Issue (2016): 27-31, https://www.ncbi.nlm.nih.gov/pubmed/26854545
[6] "Healthy Communities," *LiveWell Colorado*, 2016, https://livewellcolorado.org/healthy-communities/

unemployment, crime, and widespread deterioration. These conditions can bring about feelings of insecurity and fear, and heighten stress levels, developing or adding to existing health issues, including mental health conditions and substance use.[7]

The Impacts of Housing Quality on Health

In a literature review and report to the Children's Health Workgroup, participants of a workshop hosted by the National Center for Healthy Housing documented multiple studies showing that home-based exposure to noise; heating, cooling, and ventilation issues; injury hazards; and chemical and biological hazards can have significant impacts on the health and well-being of children who live such housing.[8] The authors identified several causal relationships between poor quality housing and children's health issues, including:

- Poor indoor air quality and asthma and other respiratory diseases.
- Insufficient heating and ventilation and physical injuries related to exposure to temperature extremes, and acute and chronic illnesses related to exposure to air pollutants.
- Lead exposure and learning and behavioral problems, as well as hypertension.
- Rodent and pest infestation and rashes, bites, vector-borne diseases, and asthma.
- Physical hazards, including exposed heating sources, wiring, unprotected windows and physical injury and mental and/or physical harm from burglaries.
- Excessive noise and stress, anxiety, and impacts on cognitive function.
- Lack of light, specifically daylight, and poor sense of psychological well-being, learning, and motivation; physical injuries caused by falls; feelings of isolation, apprehension, and fear; and cancer (exposure to light at night may be associated with cancer due to suppression of melatonin secretion).

Krieger and Higgens found similarly significant physical and behavioral health impacts on residents of poor quality housing in a study published by the American Journal of Public Health in 2002.[9]

Health and Location Determinants

The physical attributes of an address influence health outcomes. The availability of social and health supportive services, proximity to air and land pollution, noise and traffic sources, as well as access to employment opportunity, healthy foods, and public transportation vary by location. There has been considerable research showing that the burden of illness disproportionately impacts individuals in lower socioeconomic strata and minority populations.[10] Such neighborhoods are less likely to have stable businesses that provide employment opportunities, grocery stores, open space and parks, and public transit, among other attributes. These are all recognized as important for a healthy, stable neighborhood that can meet resident needs and support positive health benefits, including healthy body weight, higher consumption of fruits and vegetables, increased physical activity, emotional well-being, and social

[7] Craig K. Ewart and Sonia Suchday, "Discovering How Urban Poverty and Violence Affect Health: Development and Validation of a Neighborhood Stress Index," *Health Psychology* 21, no. 3 (2002): 254-262, https://dx.doi.org/10.1037//0278-6133.21.3.254

[8] Patrick Breysse, et.al., "The Relationship between Housing and Health: Children at Risk," *Environmental Health Perspectives* 112, no. 15 (2004): 1583-1588, doi: 10.1289/ehp.7157

[9] James Krieger, MD, MPH, and Donna L. Higgins, PhD, "Housing and Health: Time Again for Public Health Action," *American Journal of Public Health* 92, no. 5 (2002): 758-768, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447157/

[10] Shobha Srinivasan, PhD, Liam R. O'Fallon, MA, and Allen Dearry, "Creating Healthy Communities, Healthy Homes, Healthy People: Initiating a Research Agenda on the Built Environment and Public Health," *American Journal of Public Health* 93, no. 9 (2003): 1446-1450, https://www.ncbi.nlm.nih.gov/pubmed/12948961

capital.[11]There are several core elements of a neighborhood that research has demonstrated can negatively impact residents, as taken from J. Breysse et al.[12]:

- **Limited access to affordable healthy food.** The cost of food has been found to be the most significant predictor of dietary choices among people with low incomes. A lack of supermarkets in low-income areas also limits the selection of foods available to residents.
- **Limited transportation options to get to work.** When affordable housing is located far from jobs and requires significant transportation expenses, the actual affordability of the housing is diminished. Savings from housing that is located more than 12 to 15 miles from a job are generally outweighed by the increase in transportation expenditures. Even in markets where housing and transportation cost less, the cost burden may still be high for individuals with very low incomes.
- **Lack of parks and open space.** People who live in close proximity to parks tend to have higher levels of physical activity compared with those who do not live near green spaces. Urban parks can also provide places for people to experience a sense of community, which increases neighborhood cohesion. Neighborhoods with lower socioeconomic status, however, may have fewer parks, and playground equipment may be lacking or in disrepair.
- **Exposure to environmental hazards.** Living in close proximity to environmentally burdensome infrastructure such as highways, power plants, factories, or waste sites can increase exposure to air, noise, and water pollution, which has serious impacts on several health outcomes.
- **Blight.** Dilapidated built environments contribute to social disorder and weakened social ties, vandalism, crime, drug abuse, traffic violations, and littering. Vacant lots can make residents fearful, fracture the space between neighbors, and overshadow positive aspects of the community, and may impact physical and mental health through injury, buildup of trash, attraction of pests, and impacts on anxiety and stigma.

Health and Community Determinants

Community and neighborhood "cultures" affect the health of adults and children through several mechanisms, many of which are a result of the built environment. Rates of poverty, crime, and residential turnover are important factors in a community's character that negatively impact residents' physical and mental health. For example, J. Breysse, et. al. found several key features of unhealthy neighborhoods: [13]

- **Neighborhood segregation.** Frequently, affordable housing is concentrated in ethnically or economically segregated neighborhoods, which have fewer institutional assets such as quality schools, libraries, public transit, and healthcare facilities, and more environmentally burdensome infrastructure such as highways, power plants, factories, and waste sites.

- **Social inclusion and capital.** Socially isolated people die at two to three times the rate of people with a network of relationships and sources of emotional and instrumental support. Locating affordable housing in areas that remove families and individuals from their social networks and isolate them socially could challenge their ability to manage stress and reduce related illness. For residents in designated affordable housing, the social environment—the connections, relationships, and interactions among occupants—can have a substantial impact on health and quality of life. Strong social support networks and social participation can improve functional skills and quality of life and can help seniors live longer. Conversely, stressors such as crime, violence, and social isolation can negatively affect mental and physical health[14].

[11] J. Breysse, et.al., "A Systematic Review of Health Impact", 2016
[12] Ibid.
[13] Ibid.
[14] "Connecting Public Housing and Health," The Pew Charitable Trusts and Robert Wood Johnson Foundation, 9.

- **Political participation.** Resident organization and power, though difficult to quantify, is an essential component of health outcomes associated with the quality of neighborhoods and housing. The ability of individuals to control their living circumstances creates power, which is associated with mental health and well-being. Residents' participation in decision-making about their communities can also generate social capital by promoting greater interaction among neighbors and increased pride in the community.

- **Concentrated poverty.** When families move from neighborhoods with high concentrations of poverty (e.g., more than 40%) to areas of lower poverty or mixed income, they experience significant benefits, including:
    - Less exposure to violence and victimization from crime, resulting in reduced stress and related disorders.
    - Improved asthma.
    - Decreased accidents and injuries.
    - Decreased behavioral problems.
    - Decreased anxiety and depression.
    - Improved school performance, including increased IQ, math, and reading test scores and decreased dropout rates.
    - Decreased risk behaviors, such as cigarette smoking and dependency, potentially more so among girls.

The State of Quality Housing in Colorado

The County Health Rankings & Roadmaps program, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, has compiled county-level data regarding what it classifies as "severe housing problems." These are defined as households with at least one or more of the following four problems:

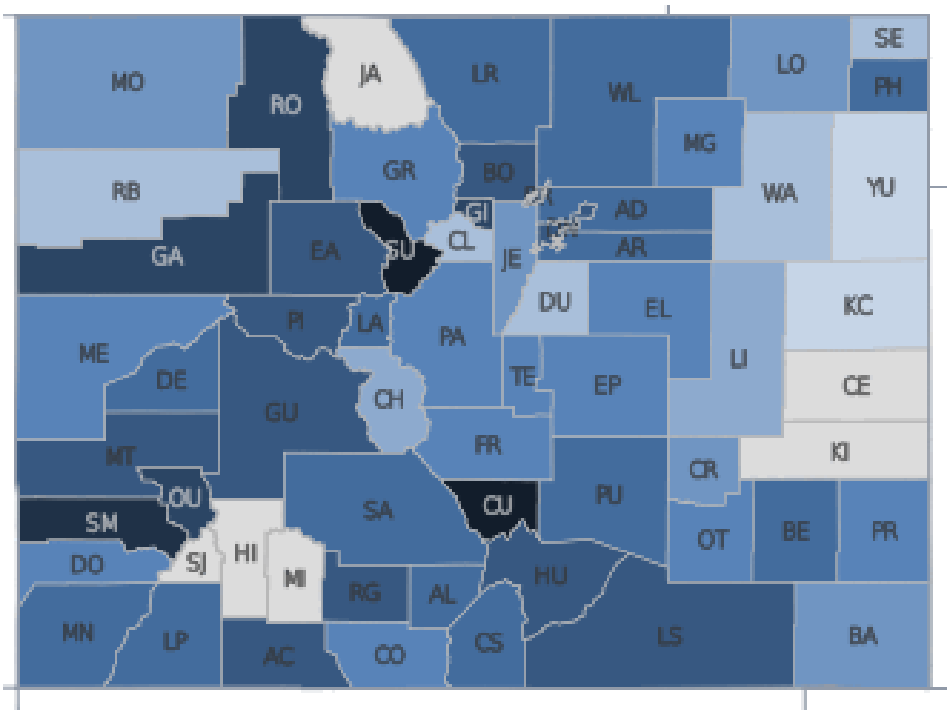
1. The housing unit lacks complete kitchen facilities. (Defined as "a unit which lacks a sink with running water, a range or a refrigerator.")
2. The housing unit lacks complete plumbing facilities. (Defined as "lacking hot and cold piped water, a flush toilet, or a bathtub/shower.")
3. The household is severely overcrowded. (Defined as "more than 1.5 persons per room.")
4. The household is severely cost burdened. (Defined as "monthly housing costs, including utilities, that exceed 50% of monthly income.") and the denominator is the number of total households in a county.[15]

Below is a map from the program's website showing Colorado's counties with the best and worst ratings for severe housing problems, as well as a table of estimated number of households with problems, and the percentage of households with problems (the numerator is the number of households in a county with at least one of the above housing problems and the denominator is the number of total households in a county) for each of Colorado's counties.[16]

[15] "County Health Rankings & Roadmaps: Building a Culture of Health, County by County," *Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute*, 2017, http://www.countyhealthrankings.org/app/colorado/2017/measure/factors/136/policies

[16] Ibid

Figure 1: Colorado counties with best and worst ratings for severe housing problems.



Source: 2017, County Health Rankings & Roadmaps,
http://www.countyhealthrankings.org/app/colorado/2017/measure/factors/136/policies

Table 1: Number and percentage of severe housing problems for all Colorado counties.

Place	# Households with Severe Problems	% Severe Housing Problems
Adams	28,180	18%
Alamosa	1,100	19%
Arapahoe	40,105	18%
Archuleta	990	20%
Baca	225	14%
Bent	320	17%
Boulder	24,355	20%
Broomfield	3,070	14%
Chaffee	1,000	13%
Cheyenne	60	7%
Clear Creek	410	10%
Conejos	520	17%
Costilla	245	18%
Crowley	175	15%
Custer	545	27%
Delta	2,255	18%
Denver	54,400	20%
Dolores	125	16%
Douglas	11,200	11%
Eagle	3,680	20%
El Paso	38,605	16%
Elbert	1,335	16%
Fremont	2,650	16%
Garfield	4,555	23%
Gilpin	555	22%
Grand	795	15%
Gunnison	1,280	20%
Hinsdale	50	13%
Huerfano	620	20%
Jackson	95	15%
Jefferson	32,400	15%
Kiowa	75	13%
Kit Carson	245	8%
La Plata	3,640	17%
Lake	545	18%
Larimer	22,050	18%
Las Animas	1,185	20%
Lincoln	235	13%

Logan	1,060	13%
Mesa	9,765	17%
Mineral	29	7%
Moffat	690	14%
Montezuma	1,900	18%
Montrose	3,315	20%
Morgan	1,760	17%
Otero	1,170	16%
Ouray	410	21%
Park	1,110	16%
Phillips	310	19%
Pitkin	1,565	21%
Prowers	795	16%
Pueblo	11,000	18%
Rio Blanco	275	10%
Rio Grande	920	19%
Routt	2,025	21%
Saguache	480	18%
San Juan	85	27%
San Miguel	760	23%
Sedgwick	100	11%
Summit	2,780	25%
Teller	1,595	17%
Washington	205	10%
Weld	17,015	19%

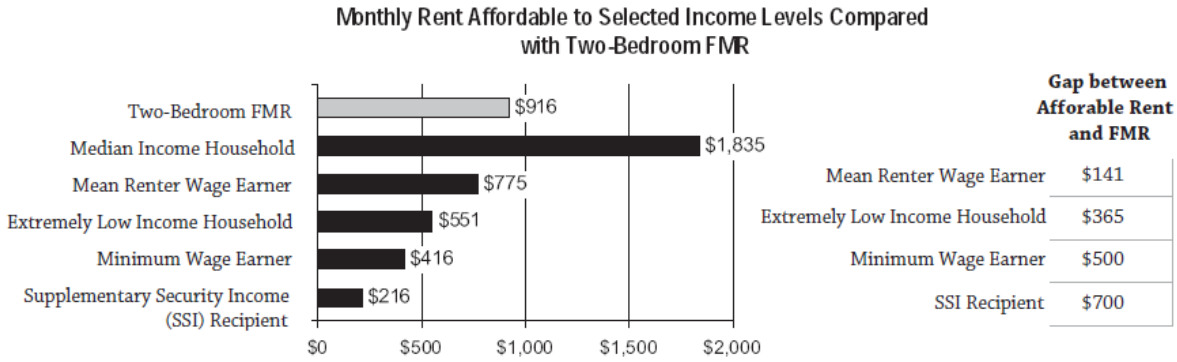
Source: 2017, County Health Rankings & Roadmaps, http://www.countyhealthrankings.org/app/colorado/2017/measure/factors/136/policies

Affordable Quality Housing

Access to affordable quality housing is a growing problem in Colorado. The Fair Market Rent (FMR) for a two-bedroom apartment in Colorado is $916. A household must earn $3,052 monthly or $36,623 annually to afford to live in this two-bedroom apartment and pay no more than 30 percent of income for rent and utilities. At Colorado's minimum wage of $8 an hour, a worker must work 88 hours a week - every week of the year – to afford this rent. Or, there must be 2.2 minimum wage earners working 40 hours a week year-round to afford this rent. The estimated average wage for a renter in Colorado is $14.90 per hour. To afford this same two-bedroom apartment, this wage earner must work 47 hours a week, every week of the year; or the household must have at least 1.2 workers working 40 hours per week year-round. The table below shows the gap between affordable rent (no more than 30% of income) and various levels of wages/income.[17]

[17] "2014 Out-of-Reach Colorado Profile", Housing Colorado, 2014

Figure 2: The gap between fair market rent and incomes of various populations in Colorado.



Source: "2014 Out-of-Reach Colorado Profile", Housing Colorado, 2014.

Quality Housing in Rural Colorado

The lack of affordable housing is a key issue for all of Colorado, including mountain and rural communities. The Colorado Municipal League and Housing Colorado partnered on a study in 2014 to look specifically at the issues facing rural areas and potential solutions for the development of more affordable housing.[18] They gathered information from across Colorado to study common themes and barriers, and what communities can do to help their lower-income residents. They identified several issues that pose barriers to development of quality affordable housing in rural Colorado, including: land availability, lack of resources, community perceptions of "low income" housing, and complexity of scale. For example, in an urban area, the development of a 100-unit housing complex is relatively easy and offers developers economy of scale in construction and operations. Yet that size of development in a small rural community can overshadow existing housing in the community, which can lead to resistance to these types of projects.[19]

Improving Access to Affordable, High-Quality Housing

The following are examples of innovative projects to increase access to affordable, high-quality housing, including efforts around supportive housing, employing Community Health Workers to improve the health of residents of affordable housing, measuring "neighborhood stress" and other approaches.

National Examples

The CSH Quality Dimensions of Supportive Housing

Over its 20-year history, the Corporation for Supportive Housing (CSH), based in New York City with offices in 20 cities across the U.S., has worked to promote the development of high-quality supportive housing across the country. In 2009, CSH developed a set of resources describing quality in supportive housing — the Dimensions of Quality Supportive Housing (DOQ). They recently published the second edition of the DOQ, based on lessons learned over many years working with communities to identify the aspects of high-quality supportive housing projects and best practices in the field. The DOQ notes that all successful supportive housing projects are:

[18] "Affordable Housing in Small Communities: Deciphering the Problem and Finding Solutions", *Colorado Municipal League and Colorado Housing*, Denver, CO: July 2014
[19] Ibid

- **Tenant-Centered**—Every aspect of housing focuses on meeting tenants' needs.
- **Accessible**—Tenants of all backgrounds and abilities can enter housing quickly and easily.
- **Coordinated**—All supportive housing partners work to achieve shared goals.
- **Integrated**—Housing provides tenants with choices and community connections.
- **Sustainable**—Housing operates successfully for the long term.[20]

CSH uses the DOQ to work with supportive housing tenants, providers, funders and stakeholders to achieve five core supportive housing outcomes for supportive housing tenants, as shown in Figure 3 below.

Figure 3: CSH DOQ core outcomes for tenants of supportive housing.

Source: Dimensions of Quality Supportive Housing, 2013, CSH

CHW-based Healthy Homes Program

In the State of Washington, the Seattle and King County Public Health Department launched a program called Healthy Homes. The program uses community health workers (CHWs) armed with an environmental checklist to assess a variety of health hazards such as second-hand smoke, pets, pest infestations, mold, poor functioning HVAC systems, a lack of screens on windows, etc. CHWs make five visits per year to each home and provide clients with education about how to make their homes safer, assist with minor repairs, and give them printed action plans they can use to work with landlords. This advocacy on behalf of tenants is an important aspect of the program, as it has resulted in landlords more often responding to issues than if the tenants alone registered complaints.[21] Additionally, Healthy Homes often enlists county public health nurses in efforts to help evaluate housing conditions of patients and offer education on options and resources available to remedy dangerous or harmful issues such as fall

[20] "Dimensions of Quality Supportive Housing", *CSH*, 2013, http://www.csh.org/wp-content/uploads/2013/07/CSH_Dimensions_of_Quality_Supportive_Housing_guidebook.pdf
[21] James W. Krieger et al., "The Seattle-King County Healthy Homes Project: A Randomized, Controlled Trial of a Community Health Worker Intervention to Decrease Exposure to Indoor Asthma Triggers", *American Journal of Public Health* 95 (2005)

hazards, infant and toddler safety issues, and indoor air quality.[22]

The City Stress Inventory

Health problems faced by the urban poor have been attributed partially to psychosocial effects of environmental stress. However, testing such models requires an ability to measure neighborhood characteristics that make life stressful. Ewart and Suchday studied the validity of a tool - The City Stress Inventory (CSI) - to assess perceived neighborhood disorder and exposure to violence.[23] The CSI was developed by Project Heart, a series of community-based studies in Baltimore that investigated the relationships between emotional stress and cardiovascular risk in urban youth in the late 1980s-early 1990s. In their study of the CSI, Ewart and Suchday found that it was a valuable tool for testing whether certain city environments can impair the health of young people by inducing chronic psychosocial stress. High CSI test scores were associated with higher chronic levels of depression and anger, as well as with attitudes of interpersonal distrust (hostility) and low self-esteem that increase vulnerability to stress and related disorders. In particular, the study found that the CSI measures of neighborhood disorder and exposure to violence predicted how the students in their study responded emotionally to a real-life situation of having to debate an unfamiliar peer at school.[24] Tools such as the CSI can be important for both researchers and for housing advocates to help document the impacts of poor quality housing and neighborhoods on residents and advocate for public and private organizations to support positive changes.

Building Healthy Communities

Recently there have been calls for public health agencies to reconnect to urban planning entities in ways that emphasize the impact of place on health and that address fundamental causes of poor health, such as poverty, social inequality, and discrimination. Community developers have realized that poor health limits individuals' and communities' economic potential and have begun to integrate into their work such neighborhood health issues as access to fresh food and open space. For example, several promising programs that support affordable quality housing and healthy, vibrant neighborhoods include the following

Promise Zones – HUD

In 2014, President Obama designated five particularly challenged communities as Promise Zones: San Antonio, Texas; Philadelphia; Los Angeles; Southeastern Kentucky; and the Choctaw Nation of Oklahoma. The idea behind Promise Zones was to change failed federal community development approaches of the past, and instead help local leaders design their own, holistic solutions. The designation term is 10 years, during which participants receive a variety of benefits and services, such as:

- An opportunity to engage five AmeriCorps VISTA members in the Promise Zone's work.
- A federal liaison assigned to help designees navigate federal programs.
- Preferences for certain competitive federal grant programs and technical assistance from participating federal agencies.
- Promise Zone tax incentives, if enacted by Congress.

Since the initial designees were selected, a total of 22 Promise Zones have been selected through three rounds of national competition. HUD oversees 14 urban Promise Zones, and the U.S. Department of

[22] Krieger, and Higgins, "Housing and Health: Time Again for Public Health Action", 2002
[23] Ewart and Suchday, "Discovering How Urban Poverty and Violence Affect Health: Development and Validation of a Neighborhood Stress Index", *Health Psychology, Inc*. 21 (2002)
[24] Ibid

Agriculture (USDA) oversees eight rural and tribal Promise Zones.[25] One issue has been that HUD has had difficulty collecting data from the Promise Zone designees to fully evaluate the success of the program. No clear guidance was provided to direct designees on what data to collect or how to collect it in a way that would allow for a uniform evaluation of the program's impact on each community. HUD is working with designees[26] to create more standardized ways of collecting information to measure program outcomes.

Harlem Children's Zone

In New York, The Harlem Children's Zone (HCZ) Project has created a multi-dimensional, place-based approach to developing a healthy neighborhood and supporting the healthy development of children from birth to adulthood.[27] For nearly 20 years, HCZ has focused on children within a 100-block area in Central Harlem, where high rates of poverty and unemployment, chronic disease and infant mortality rates exceeded rates for many other areas in the City. HCZ uses a broad range of family, social service, and health programs to improve the educational, economic, and health outcomes of children in the community. For example, their programs include training and education of expectant parents, full-day pre-K, community centers that offer after-school and weekend programming, nutrition education, recreation options, and food services offering healthy meals. In 2016, among its many programs, HCZ's Healthy Harlem initiative engaged more than 9,000 children of all ages in regular physical activity and health and nutrition education. Additionally, the program saw approximately 3,000 adults participate in fitness and cooking classes, support groups, and monthly farmer's markets. HCZ designed Healthy Harlem to make nutrition and physical fitness fun and accessible to all families through tools such as inexpensive classes on easy-to-maintain healthy habits at home, offering appealing fitness activities such as Zumba and salsa classes, and providing childcare so they can carve out time to take care of themselves.[28]

Colorado Examples

LiveWell Colorado

LiveWell Colorado is a non-profit organization created with a mission to "increase access to healthy eating and active living by removing barriers that inequitably and disproportionately affect low-income communities and people of color."[29] LiveWell has been a champion of advancing what it terms, "Healthy Eating & Active Living (HEAL)" policies throughout Colorado.[30] One of the core initiatives of LiveWell Colorado is the HEAL Cities & Towns Campaign, launched in 2013. Today there are 46 HEAL Cities and Towns across the State, each with a unique approach to building better communities through local engagement and support. The program incorporates four levels of distinction participants can earn: Eager, Active, Fit and Elite. To qualify for Elite status, a city must have adopted or implemented at least five HEAL policies that increase access to healthy food, add safe sidewalks and pedestrian/bike lanes, develop parks and recreational facilities that can easily be accessed by low-income individuals and communities. In 2016, several HEAL cities and towns earned Elite status, including Commerce City, Cortez and Arvada

[25] Assessing HUD Plans for Evaluating Urban Promise Zones and HUD Grant Programs Participating in Promise Zones, April 19, 2017. Office of the Inspector General, Office of Evaluation, Washington, DC Report Number: 2016-OE-0010; https://www.hudoig.gov/sites/default/files/documents/2016-OE-0010.pdf

[26] Ibid
[27] Harry J. Heiman and Samantha Artiga, "Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity", *Kaiser Family Foundation*, November 2015
[28] Ibid
[29] "About", LiveWell Colorado, 2017, https://livewellcolorado.org/about/
[30] "Healthy Communities", LiveWell Colroado, 2017, https://livewellcolorado.org/healthy-communities/heal-cities-towns-campaign/

in Colorado.

Urban Land Institute Building Healthy Places Colorado Initiative

The ULI Healthy Places Colorado Initiative builds on a multifaceted national program, which has actively promoted projects designed to improve the health of communities. The goal of the ULI Colorado Healthy Places Committee is "to integrate best practices in sustainable design, development and land use to create livable, economically thriving places with a small carbon footprint."[31] The Committee's work consists of four primary components:

1. **Research and Publications** to help demonstrate and inform the building of healthier places in the state of Colorado.
2. **Building Healthy Places Workshops** to provide technical assistance to Colorado communities by engaging a group of volunteer experts to work with local community members and leaders in identifying opportunities to increase physical activity through the built environment.
3. **ULI in Leadership Roles** within our local community to promote this mission.
4. **Events** to provide education on how building healthy places is profitable, economical, and important. ULI hosts a series of events each month.

One key project that the ULI has been instrumental in leading is a redevelopment effort along a 2.2-mile section of Federal Boulevard running from I-70 in Denver through Adams County to 72nd Street in Westminster.[32] Since 2015, ULI has convened stakeholders along this corridor to define solutions to the lack of safe facilities for walking and biking, limited access to healthy food choices, unsafe road speeds and resulting accidents/fatalities, poor access to jobs and economic opportunity, and poor quality housing for a lower-income community. While 370,000 people live within five miles of the corridor, the 12,000 people who live right in the corridor experience higher-than-average rates of obesity and Type 2 diabetes. In January 2016, ULI hosted workshops with national and local experts to work with local partners including Adams County, The Colorado Health Foundation, the City and County of Denver, Regis University, Tri County Health, and the City of Westminster. A Developer Forum hosted by ULI helped public officials, non-profits and developers identify opportunities for healthy development. In April 2017, at a meeting of the Federal Boulevard Healthy Corridor Working Group, participants worked to finalize plans to create an Inter-Governmental Agreement (IGA) to improve the Federal Boulevard right-of-way for multi-modal access, safety, beauty, access to parks, trails and open space, and connectivity across Federal. The group will present these principles to the Colorado Department of Transportation in a unified effort to engage CDOT support and funding for improvements.

Windsor Meadows

In 2012, the Windsor Housing Authority (WHA), in partnership with the town of Windsor and the Loveland Housing Authority, garnered tax-credit financing from the Colorado Housing and Finance Authority (CHFA) to build 44 workforce housing rental units, which it called *Windsor Meadows*. The units opened in December 2013 and were full by the end of February 2014. The project has been an excellent example of how partnerships across local municipalities, housing organizations, developers and communities can achieve affordable quality housing for families earning low- to moderate-incomes.[33]

[31] "Building Healthy Places Committee", Urban Land Institute, 2017, http://colorado.uli.org/get-involved/committee-chairs/sustainable-communities-committee/
[32] Charles Godfrey, "Federal Boulevard Healthy Corridors Developer Forum", *Urban Land Institute,* April 13, 2017, http://colorado.uli.org/building-healthy-places/federal-boulevard-healthy-corridors-developer-forum/
[33] "Affordable Housing in Small Communities", 2014

Affordable Housing Guide for Local Officials

The Division of Housing at the Colorado Department of Local Affairs (DOLA) has created an excellent toolkit for local officials across the State to use as a guide for designing and developing affordable housing.[34] The Guide includes comprehensive information addressing the need for affordable housing in all communities, housing programs and funding available to local communities, the specific authorities local governments have regarding housing and housing development, land use policies and strategies, reducing regulatory barriers, and what it takes to create successful neighborhoods.

Conclusion

From around Colorado, and across the nation, a variety of strategies and programs have been implemented in an effort to increase access to affordable, quality housing. These programs often work in collaboration with tenants, landlords, community members, and local governments to impact housing policies and promote the growth of quality housing in neighborhoods, particularly those neighborhoods with higher poverty rates. This work is particularly important as research has shown that the type of neighborhood a person lives in has a large effect on both the community's health, and the individual's health by influencing such factors as where they buy groceries, where they go to exercise and/or relax, and even where they work.[35] Ultimately, by working to improve the quality of individual's and family's living environments, these programs are may achieve improved health outcomes as well.

[34] "Affordable Housing Guide for Local Officials", *Colorado Department of Local Affairs*, 2017
[35] Forchuk, Dickins, and Corring, "Social Determinants of Health: Housing and Income," 2016