

April 10, 2023

The Honorable Damon Smith
Regulations Division
Office of General Counsel
U.S. Department of Housing and Urban Development
451 7th Street SW, Room 10276,
Washington, DC 20410-0500

Submitted via Regulations.gov

RE: FR–6250–P–01: Affirmatively Furthering Fair Housing

To General Counsel Smith:

Families USA appreciates the opportunity to comment on the Department of Housing and Urban Development’s (HUD) proposed rule, Affirmatively Furthering Fair Housing (herein after “2023 Proposed Rule”).

Families USA is a leading national, non-partisan voice for health care consumers. We’re dedicated to achieving high-quality, affordable and improved health care coverage for all by promoting value, equity, coverage and giving voice to people’s experiences. For over 40 years our work has centered on health equity, and we aim to ensure that all families face no barriers to living a healthy life because of who they are, where they live, or how they identify. We are committed to addressing determinates of health and we believe one important way to do that is by addressing our nation’s housing crisis. A critical driver of health outcomes, housing is a primary factor in the health and well-being of individuals and families.

We support many of the changes proposed in the 2023 Proposed Rule. However, we strongly encourage HUD to broaden the scope of Equity Plans to require program participants to address the ways in which housing affects health as well as access to health supportive social resources. Additionally, the rule must emphasize the importance of developing affordable housing outside of segregated neighborhoods and address racially concentrated areas of poverty. Finally, we urge HUD to ensure strong oversight that features an authentic community participation process that enables community advocates to raise fair housing issues and requires program participants to address them, including establishing a complaint process that can be used to raise problems with inadequate Equity Plans and resolve them. By addressing the barriers housing presents in other areas of life in fair housing enforcement, Black and Indigenous, LBGTQ+, disabled and other historically disenfranchised and displaced communities will have the opportunity to thrive no matter where they live.

HUD program participants working to affirmatively further fair housing must proactively ensure that the housing options people of color, the disabled, and low-income families have access to do not impede their access to health supportive neighborhood amenities such as high-quality and reliable education, nutrition, transportation and health care. Equity Plan goals must go beyond consideration of local conditions to include housing segregation and analyze and assess the ways housing impacts families’ physical, social, and mental health and wellbeing.

Include specific requirements that program participants incorporate and assess area-health data.

Housing is fundamental to health and wellbeing. Clinical care only contributes to 20 percent of residents' health outcomes, whereas the structural and environmental conditions that shape people's lives—such as access to affordable and stable housing, quality employment, healthy food, and community safety—contribute most significantly to their opportunities to get and stay healthy.¹ Housing safety and quality directly influences the incidence of diseases associated with mold, vermin and lead -such as asthma and other upper respiratory diseases as well as impaired mental and behavioral health. Housing stability and affordability directly influences a family's ability to access healthcare services. People who experience the burden of high housing costs are often forced to delay critical health care in order to afford housing.² Furthermore, inflation and the financial burden of housing is a source of stress that has profound effects on health and wellbeing. People's housing directly impacts other health supportive factors such as educational and job opportunities, reliable transportation, healthy food choices, and health care providers. These factors continue to drive housing and health inequities; which disproportionately impact communities of color and other protected classes.

The final AFFH rule must provide clear requirements and guidelines to jurisdictions on how to assess whether members of protected classes have equal access to healthcare services, healthy neighborhoods, healthy food, parks and greenspaces, and healthy homes; analyze the factors contributing to this disparity; and meaningfully advance solutions as part of community development plans. The final rule should ensure that local planning processes look beyond the prevalence of disease when creating strategies to support the development of healthy communities, and consider equally important factors that shape health, such as safe environmental conditions, access to high-quality and affordable health care, and a vibrant neighborhood for meaningful social connections. Specifically, HUD should provide access to life expectancy data in available data tools. Life expectancy at birth is one of the simplest, yet most important measures 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. To this end, **the rule should include specific requirements that program participants incorporate and assess HUD-provided data, especially health data that is stratified by race, ethnicity, immigration status, disability and gender to better understand and address unjust health and housing outcomes. In support of this requirement, local planning processes should be coordinated with community health improvement plans or community health needs assessments.**

Emphasize the importance of developing affordable housing outside of segregated neighborhoods and address racially concentrated areas of poverty.

The relationship between housing, health, and racial justice is inextricably linked. HUD's proposed rule comes at a critical time as studies have shown that communities most impacted by the COVID-19 crisis

¹ "Explore Health Rankings: County Health Rankings Model." County Health Rankings & Roadmaps. Accessed July 28, 2022.

<https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>.

² (<https://www.npr.org/sections/health-shots/2023/03/10/1160702365/high-inflation-and-housing-costs-force-americans-to-delay-needed-health-care>)

have also been most impacted by historical discrimination through redlining.^{3,4} Racial residential segregation is associated with a plethora of illnesses, such as heart disease, obesity, tuberculosis, reduced life expectancy, depression, and infant mortality.⁵ For decades, racially segregated neighborhoods have experienced neglect and extreme neighborhood disinvestment, marked by a dearth of basic amenities that support health such as healthy food choices, adequate transportation, and health care services. Predominately Black neighborhoods are more likely to be located in food deserts, where access to grocery stores with healthy and affordable foods are limited.⁶ Similarly, lack of primary care providers,⁷ public transportation in affluent communities blocks low-income families from accessing parks, services and other health protective amenities in majority African American neighborhoods.⁸ Racial residential segregation causes and reinforces health inequities. The impact of racial residential segregation on health is severe, it is considered to be a *fundamental cause* of racial differences in health outcomes.⁹ Given the magnitude of its effects, racial residential segregation must be countered. HUD must bolster its efforts to decrease residential segregation by emphasizing the importance of developing affordable housing outside of segregated neighborhoods and address racially concentrated areas of poverty.

Ensure a strong oversight process that features an authentic community engagement process and a requirement for program participants to address issues raised by community advocates, including a complaint process that can be used to raise and resolve problems with inadequate plans.

Advancing health equity and racial justice requires accountability mechanisms and processes that are inclusive and participatory. Individuals and communities impacted by the proposed rule should engage in the assessment process, with an explicit opportunity to share their experiences and perspectives. Failing to include community experience in the oversight process can perpetuate inequities caused by past harmful policies.¹⁰ Elevating community voice and experiences as part of an oversight process can result in improved housing solutions and promote more equitable outcomes. 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.** Furthermore, goal setting processes must include measures to address housing-related barriers to broader needs by working with community members and leaders across issue areas. **HUD should require program participants to take meaningful steps to connect with educators, city lawmakers and corporate representatives to find solutions to interrelated social issues.** To achieve

³ Bertocchi, Graziella, and Arcangelo Dimico. "Covid-19, Race, and Redlining," 2020. <https://doi.org/10.1101/2020.07.11.20148486>.

⁴ Li, Min, and Faxi Yuan. "Historical Redlining and Resident Exposure to Covid-19: A Study of New York City." *Race and Social Problems* 14, no. 2 (2021): 85–100. <https://doi.org/10.1007/s12552-021-09338-z>.

⁵ White K, Borrell LN. Racial/ethnic residential segregation: framing the context of health risk and health disparities. *Health Place*. 2011 Mar;17(2):438–48. doi: 10.1016/j.healthplace.2010.12.002. Epub 2010 Dec 14. PMID: 21236721; PMCID: PMC3056936.

⁶ "Too many Black Americans live in food deserts." McKinsey & Company, September 2021. <https://www.mckinsey.com/featured-insights/sustainable-inclusive-growth/chart-of-the-day/too-many-black-americans-live-in-food-deserts>

⁷ Gaskin DJ, Dinwiddie GY, Chan KS, McCleary RR. Residential segregation and the availability of primary care physicians. *Health Serv Res*. 2012 Dec;47(6):2353–76. doi: 10.1111/j.1475-6773.2012.01417.x. Epub 2012 Apr 23. PMID: 22524264; PMCID: PMC3416972.

⁸ "Highways and Zoning: Tools of Racist Policy." Institute for Transportation and Development Policy, March 2021. <https://www.itdp.org/2021/03/10/highways-and-zoning-tools-of-racist-policy/>

⁹ Williams DR, Collins C. Racial residential segregation: a fundamental cause of racial disparities in health. *Public Health Rep*. 2001 Sep-Oct;116(5):404–16. doi: 10.1093/phr/116.5.404. PMID: 12042604; PMCID: PMC1497358.

¹⁰ "Equitable Enforcement to Achieve Health Equity." ChangeLab Solutions, June 2020.

https://www.changelabsolutions.org/sites/default/files/2020-06/Equitable_Enforcement_to_Achieve_Health_Equity-GUIDE-ACCESSIBLE_FINAL_20200610.pdf

real equity, program participants must be required to collaborate across issue areas and avoid addressing problems within silos.

We commend HUD's commitment to upholding and improving upon the Fair Housing Act and ensuring that HUD program participants take meaningful actions to overcome patterns of segregation, promote fair housing choice, and eliminate disparities in housing opportunity. We appreciate the opportunity to comment on the 2023 Proposed Rule and urge HUD to expand the implementation of the rule to ensure that all factors of people's lives are considered to truly further fair housing.

We thank you for your time and consideration. If there are any further questions, please contact Staci Lofton at slofton@familiesusa.org.

Sincerely,



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Executive Director
Families USA