DESERT HEALTHCARE DISTRICT & FOUNDATION

DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE
Program Committee Meeting
June 08, 2021
5:00 P.M.

In lieu of attending the meeting in person, members of the public will be able to participate by webinar by using the following Zoom link:
https://us02web.zoom.us/j/83978840094?pwd=OWc4TmxHSU9MeVQzb1MxZm5uanc4QT09
Password: 016239
Participants will need to download the Zoom app on their mobile devices. Members of the public may also be able to participate by telephone, using the follow dial in information:
Dial in #:(669) 900-6833 To Listen and Address the Board when called upon:
Webinar ID: 839 7884 0094

Page(s)		AGENDA	*Item Type*
	I.	**Call to Order –** Director Evett PerezGil, Committee Chairperson	
1-2	**II.**	**Approval of Agenda**	**Action**
	III.	**Meeting Minutes**	
3-6		1. May 11, 2021	**Action**
	IV.	**Public Comments** At this time, comments from the audience may be made on items not listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. The Committee has a policy of limiting speakers to not more than three minutes. The Committee cannot take action on items not listed on the agenda. Public input may be offered on an agenda item when it comes up for discussion and/or action.	
	V.	**Old Business**	
		1. Funding Requests Update	Information
7		2. Grant Payment Schedule	Information
		3. COVID-19 Grant Funding	Information
		a. March 2020 – May 2021	
	VI.	**Program Updates**	
		1. Community Health Needs Assessment and Health Improvement Plan	Information
		a. Strategic Planning Retreat – 09/09 & 09/11	

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VII. Grant Funding Requests **Action**

8-39

1. Consideration to forward to the Board, **IN CONCEPT,** for approval:
    a. Grant #1188 Coachella Valley Housing Catalyst Fund: A Bold Housing Investment Solution, Lift to Rise & Riverside County Housing Authority; **reserve $1 million from the District's FY 20/21 grant budget to the Coachella Valley Housing Catalyst Fund for allocation over two years. The CEO and Legal Counsel will negotiate and execute a service/grant agreement.**

VIII. Committee Member Comments

IX. Adjournment

Next Scheduled Meeting July 13, 2021

DESERT HEALTHCARE DISTRICT & FOUNDATION

DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
May 11, 2021

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
Chair Evett PerezGil Vice-President Karen Borja Director Carmina Zavala	Conrado E. Bárzaga, MD, Chief Executive Officer Chris Christensen, Chief Administration Officer Donna Craig, Chief Program Officer Alejandro Espinoza, Program Officer and Director of Outreach Meghan Kane, Programs and Research Analyst Erica Huskey, Administrative and Programs Assistant Andrea S. Hayles, Clerk of the Board	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 5:10 p.m. by Chair PerezGil.	
II. Approval of Agenda	Chair PerezGil asked for a motion to approve the agenda.	**Moved and seconded by Director Zavala and Vice-President Borja to approve the agenda.** **Motion passed unanimously.**
III. Meeting Minutes **1. April 13, 2021**	Chair PerezGil asked for a motion to approve the April 13, 2021 meeting minutes. Vice-President Borja briefly led the meeting due to Chair PerezGil's technical difficulties.	**Moved and seconded by Vice-President Borja and Director Zavala to approve the April 11, 2021 meeting minutes.** **Motion passed unanimously.**
IV. Public Comment	There were no public comments.	
V. Old Business **1. Funding Requests Schedule** **2. Grant Payment Schedule**	Donna Craig, Chief Program Officer, explained the Cal State San Bernardino funding request of $78k for summer clinical interns related to vaccinations. Staff is awaiting additional information from the agency assessment conducted by the Center for Non-Profit Advancement for the Transgender Health and Wellness Center's funding request. Staff engaged in a site	

	visit with the City of Coachella for the swimming pool funding request. The City is revising its application to include the swimming pools ADA compliance for vulnerable populations and incorporating programs, such as adaptive swimming and exercises for all ages.	
VI. Program Updates **1. Community Health Needs Assessment and Health Improvement Plan**	Meghan Kane, Programs and Research Analyst explained that staff continues to review the community health needs assessment and health improvement plan to ensure all data is incorporated. Since the Board will not convene a strategic planning retreat in June, it is important to align timelines for community engagement over the summer months. Vice-President Borja inquired about the Spanish translations to the community with Dr. Bárzaga, CEO describing the exploration of translating the documents and the Spanish translation for presenting the data from the needs assessment.	
VII. Grant Funding Requests **1. Consideration to forward to the Board for approval:** **a. Grant #1280 DAP Health: DAP Health Expands Access to Healthcare – $100,000**	Donna Craig, Chief Program Officer, detailed the $100k grant request from DAP Heath, formerly Desert AIDS Project, to support the startup of the behavioral health service expansion, which includes psychotherapy with self-referrals and screenings and advancing	**Moved and seconded by Director Zavala and Vice-President Borja to approve Grant #1280 DAP Health: DAP Health Expands Access to Healthcare - $100,000 and forward to the Board for approval.** **Motion passed unanimously.**

	and expanding the psychiatric components of the program. Director PerezGil inquired about the 3 months wait for the clinician to examine patients with Jill Gover, Ph.D., Behavioral Health Manager, Licensed Clinical Psychologist, DAP Health, providing an overview on the process for credentials and onboarding that requires approval from several different insurance panels, a potential 3–6-month process before billing, and the current staffing will continue to see patients at 2-3 patients per hour in 12 hours.	
VIII. Old Business **1. AB 2019 Health Care Districts – Fact Sheet**	Vice-President Borja inquired on AB 2019 as it pertains to the District's policies and bylaws. Donna Craig, Chief Program Officer, explained that the legislation is included on the District's website with the grant policy to remind grantees of AB 2019, such as no solicitations or endorsements until a letter of intent is received and processed. Dr. Bárzaga, CEO, described the discussions at the prior Board meeting with Director Rogers and the District's grantmaking process and remind the grantees of the legislation with the District ensuring compliance with the law, including transparency and fairness. The process that is established with	

	the law is to grant funding based on transparency, the letter of intent submission, and the fit of the project in the strategic goals of the District but does prevent the District from granting favors.	
IX. Committee Members Comments	Vice-President Borja inquired if the meeting will be permanently moved to 5 p.m. Director Zavala explained that it would be helpful to move the meetings to 5 p.m. for work purposes, including possibly another date.	
X. Adjournment	Chair PerezGil adjourned the meeting at 5:40 p.m.	***Audio recording available on the website at*** ***http://dhcd.org/Agendas-and-Documents***

ATTEST: _____

Evett PerezGil, Chair/Director
Program Committee

Minutes respectfully submitted by Andrea S. Hayles, Clerk of the Board

DESERT HEALTHCARE DISTRICT
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE
May 31, 2021
TWELVE MONTHS ENDED JUNE 30, 2021

Grant ID Nos.		Name	Approved Grants - Prior Yrs	6/30/2020 Bal Fwd	Current Yr 2020-2021	Total Paid Prior Yrs July-June	Total Paid Current Yr July-June	Open BALANCE
2014-MOU-BOD-11/21/13		Memo of Understanding CVAG CV Link Support	**$ 10,000,000**	$ 8,330,000		$ 1,670,000		$ 6,660,000
2018-974-BOD-09-25-18		HARC - 2019 Coachella Valley Community Health Survey - 2 Yr	$ 399,979	$ 39,999		$ 39,998		$ -
2019-985-BOD-03-26-19		Coachella Valley Volunteers in Medicine - Primary Healthcare & Support Services - 1 Yr	$ 121,500	$ 12,150		$ 12,150		$ -
2019-986-BOD-05-28-19		Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr	$ 200,000	$ 20,000		$ 20,000		$ -
2019-997-BOD-05-28-19		Martha's Village & Kitchen - Homeless Housing With Wrap Around Services - 1 Yr	$ 200,896	$ 20,090		$ 20,090		$ -
2019-989-BOD-05-28-19		Pegasus Riding Academy - Cover the Hard Costs of Pegasus Clients - 1 Yr	$ 109,534	$ 10,954		$ 10,954		$ -
2019-994-BOD-05-28-19		One Future Coachella Valley - Mental Health College & Career Pathway Development - 2 Yr	$ 700,000	$ 385,000		$ 236,250		$ 148,750
2019-1000-BOD-05-28-19		Voices for Children - Court Appointed Special Advocate Program - 1 Yr	$ 24,000	$ 2,400		$ 2,400		$ -
2019-1017-BOD-09-24-19		Jewish Family Services - Case Management Services for Homeless Prevention - 1 Yr	$ 90,000	$ 9,000		$ 8,855		$ 145
	3	Unexpended funds Grant #1017				$ -		$ (145)
2019-1023-BOD-10-22-19		CVRM - Transportation for Seniors & Homeless Hospital Discharge Referrals - 1 Yr	$ 216,200	$ 118,910		$ 113,586		$ 5,324
	3	Unexpended funds Grant #1023				$ -		$ (5,324)
2019-1021-BOD-11-26-19		Neuro Vitality Center - Community Based Adult Services Program - 6 Months	$ 143,787	$ 79,083		$ 50,323		$ 28,760
	1	Unexpended funds Grant #1021				$ -		$ (28,760)
2020-1045-BOD-03-24-20		FIND Food Bank - Ending Hunger Today, Tomorrow, and for a Lifetime - 1 Yr	$ 401,380	$ 311,069		$ 270,933		$ 40,136
2020-1129-BOD-05-26-20		Coachella Valley Volunteers In Medicine - Response to COVID-19	$ 149,727	$ 149,727		$ 149,727		$ -
2020-1085-BOD-05-26-20		Olive Crest Treatment Center - General Support for Mental Health Services	$ 50,000	$ 27,500		$ 22,500		$ 5,000
2020-1057-BOD-05-26-20		Desert Cancer Foundation - Patient Assistance Program	$ 150,000	$ 82,500		$ 67,500		$ 15,000
2020-1124-BOD-06-23-20		Regents of UCR - COVID-19 Testing & Health Education for Eastern Valley - 5 Months	$ 149,976	$ 149,976		$ 149,976		$ -
2020-1134-BOD-07-28-20	1	Desert Healthcare Foundation - Addressing Healthcare Needs of Black Communities			$ 600,000		$ 600,000	$ -
2020-1139-BOD-09-22-20	1	CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr			$ 50,000		$ 22,500	$ 27,500
2020-1135-BOD-11-24-20	5	Hope Through Housing Foundation - Family Resilience - 1 Yr			$ 20,000		$ 9,000	$ 11,000
2020-1149-BOD-12-15-20	1	Voices for Children - Court Appointed Special Advocate Program - 1 Yr			$ 40,000		$ 18,000	$ 22,000
2021-1136-BOD-01-26-21	1	Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr			$ 119,432		$ 53,744	$ 65,688
2021-1147-BOD-01-26-21	4	Alzheimer's Association - Critical Program Support - 1 Yr			$ 33,264		$ 14,969	$ 18,295
2021-1162-BOD-01-26-21	2	Joslyn Center - Wellness Center Program Support - 1 Yr			$ 109,130		$ 49,108	$ 60,022
2021-1170-BOD-02-23-21	2	Jewish Family Services - Mental Health Counseling for Underserved Residents - 1 yr			$ 80,000		$ 36,000	$ 44,000
2021-BOD-02-23-21	5	COVID-19 Recovery Grants in Collaboration with Regional Access Project Foundation			$ 100,000		$ 90,000	$ 10,000
2021-1141-BOD-03-23-21	3	Martha's Village & Kitchen - Homeless Housing With Wrap Around Services - 1 Yr			$ 210,905		$ 94,907	$ 115,998
2021-1171-BOD-03-23-21	1	Blood Bank of San Bernardino and Riverside Counties - Bloodmobiles for Coachella Valley			$ 150,000		$ 67,500	$ 82,500
2021-1174-BOD-03-23-21	4	Mizell Center - Geriatric Case Management Program			$ 100,000		$ 45,000	$ 55,000
2021-1266-BOD-04-27-21	3	Galilee Center - Our Lady of Guadalupe Shelter - 1 yr			$ 150,000		$ 67,500	$ 82,500
2021-1277-BOD-04-27-21	5	Lift To Rise - United Lift Rental Assistance 2021 - 8 Months			$ 300,000		$ -	$ 300,000
2021-1280-BOD-05-25-21	1	Desert AIDS Project - DAP Health Expands Access to Healthcare - 1yr			$ 100,000		$ -	$ 100,000
TOTAL GRANTS			**$ 13,106,979**	**$ 9,748,358**	**$ 2,162,731**	**$ 2,845,242**	**$ 1,168,228**	**$ 7,863,389**

Amts available/remaining for Grant/Programs - FY 2020-21:								
Amount budgeted 2020-2021				$ 4,000,000			G/L Balance:	**5/31/2021**
Amount granted through May 31, 2021:				$ (2,162,731)			2131	$ 1,203,389
Mini Grants:		1132, 1163, 1178, 1190		$ (20,000)			2281	$ 6,660,000
Financial Audits of Non-Profits		8/15/20		$ (5,000)				
Net adj - Grants not used:		1017, 1021, 1023		$ 34,229			**Total**	**$ 7,863,389**
Matching external grant contributions				$ -				**$ (0)**
Balance available for Grants/Programs				**$ 1,846,498**				
	Strategic Focus Areas FY20-21:		**Grant Budget**	**Granted YTD**	**Available**			
	1	Healthcare Infrastructure and Services	$ 1,500,000	$ (1,030,672)	$ 469,328			
	2	Behavioral Health/Mental Health	$ 500,000	$ (189,130)	$ 310,870			
	3	Homelessness	$ 500,000	$ (360,436)	$ 139,564			
	4	Vital Human Services to People with Chronic Conditions	$ 1,000,000	$ (138,264)	$ 861,736			
	5	Economic Protection, Recovery and Food Security	$ 500,000	$ (435,000)	$ 65,000			
		Balance available for Grants/Programs	**$ 4,000,000**	**$ (2,153,502)**	**$ 1,846,498**			

DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: June 8, 2021
To: Program Committee
Subject: Grant #1188 – Lift To Rise: *Coachella Valley Housing Catalyst Fund*

Staff recommendation: In response to a grant application submitted by Lift To Rise requesting a funding contribution to a collective fund (CV Housing Catalyst Fund), consideration to approve**, in concept**, a reservation of $1 million from the District's FY 20/21 grant budget to the CV Housing Catalyst Fund and to be allocated over two years, with some contingencies AND to authorize the CEO and Legal Counsel to negotiate and execute the service/grant agreement.

Background:
At the September 2020 meeting, the Board directed staff to provide a presentation on affordable housing.

At the November 5, 2020 board workshop, staff presented a report on "The Intersection of Housing and Health – Understanding Social Determinants of Health and Housing as a Key Social Determinant of Health". At the same event, Lift to Rise introduced the "Coachella Valley Housing Catalyst Fund – A Bold Housing Investment Solution, Lift to Rise & Riverside County". Staff was directed to explore potential funding mechanisms for such initiative.

At the December 8, 2020 Program and Finance & Administration Committee meetings, Lift to Rise and Riverside County Housing Authority presented an overview of the CV Housing Catalyst Fund.

At the January 19, 2021 Strategic Planning Committee meeting, the CEO presented a white paper titled "The Intersection of Housing and Health – Understanding Social Determinants of Health and Housing as a Key Social Determinant of Health"*. The paper provided valuable information about Housing as a Social Determinant of Health and the potential impact affordable housing may have on improving health outcomes and reducing the cost of care. The CEO also explained the background of the housing catalyst fund.

Legal Counsel reviewed the implications of the various types of investment or funding mechanisms into the Housing Fund to determine what would be the safest vehicle for a public agency to use taxpayer's dollars. It was determined that a request for a standard

grant was the best course.

In April 2021, a letter of interest (LOI) was submitted by Lift to Rise to the Desert Healthcare District, originally requesting a $2.5 million investment into the CV Housing Catalyst Fund. Subsequently, a full grant application was submitted in May 2021.

Suggested contingencies: to maximize the efficacy of affordable housing on the social determinants of health, staff is recommending the incorporation of a Health Action Plan (HAP) in the pre-development process for the "shovel-ready" project sites.

This process pairs affordable housing developers with public health professionals** to prioritize the **health needs** of their residents in design, construction, and operations of their development through data analysis and community engagement. Affordable housing developers can use this flexible process as a stand-alone practice.

The HAP provides affordable housing developers a means for integrating health into the development process, ideally during pre-development phase of housing development, prior to finalizing the site design and ideally continuing through the project life cycle (design, construction, operations).***

Fiscal Impact: $1 million from the FY 20/21 grant budget

*See attachment "The Intersection of Housing and Health – Understanding Social Determinants of Health and Housing as a Key Social Determinant of Health"

**See attachment of sample scope of work template for public health services in Health Action Plan

***See attachment of Potential Health Strategies and Resources on the Impact and Steps and Strategies of the Health Action Plan

Full Grant Application Summary

Lift To Rise, Grant #1188

About the Organization

Lift To Rise
73710 Fred Waring Dr. Ste 100
Palm Desert, CA 92260
Tel: (760) 636-0426
http://www.lifttorise.org

Primary Contact:

Heather Vaikona
Tel: (760) 348-8013
heather@lifttorise.org

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
2019	Economic Protection Plan + Rental Assistance	$600,000	Grant	4/2/2020	
2020	United Lift Rental Assistance 2021	$300,000	Grant	4/28/2021	

Program/Project Information

Project Title: Coachella Valley Housing Catalyst Fund
Start Date: 4/3/2021 **End Date:** 4/3/2021
Term: 24 months
Total Project Budget: $22,500,000
Requested Amount: $2,500,000

Executive Summary:

The Coachella Valley's lack of affordable housing is exacerbating a growing economic and quality-of-life divide fueled by the alarming rise of rent burden - a marginalizing phenomenon reshaping resident stability and opportunity across our region.

- We seek to reduce Coachella Valley rent-burdened households by 30% over the next 10 years-improving the quality of life of nearly 40,000 residents-by producing the 10,000 units of affordable housing necessary to achieve this goal.

- To accomplish this, we must shift our focus from a project-by-project approach to Valley-wide, 10-year regional pipeline production strategy with annual benchmarks, to accelerate annual affordable housing production from our current abysmal 38 units per year to approximately 1,000 units per year.

- Our goal is to dramatically transform the local landscape for low-income families by increasing the supply of safe, stable, and affordable housing. This strategy demands that we bring new resources and investment to the region and align land use policy to catalyze housing development at scale.

Due to the relative affordability of land, we have an unprecedented opportunity to intervene in our housing systems, activate our housing pipeline, and leverage resources for maximum population-level impact. As a unique and highly visible region that is deeply connected to the rest of the state through our tourism and agricultural regions, our work is positioned to make a statewide impact, to act as a pilot to share our lessons learned throughout the state. Over the next year, we are focused on operating across these critical dimensions of housing intervention to solve our housing market failures.

As one essential dimension of this work, our partners have unanimously identified the critical need to create a regional housing fund that will enable us to support community-valued projects that are currently financially infeasible given existing housing finance constraints.

With this critical investment from the Desert Healthcare District, CVHCF is poised to be a significant vehicle to attract resources to catalytic projects that are valued but which otherwise would face financial barriers to project completion. This can create a new paradigm for housing development that improves the lives of our low-income families, and to generate important lessons for housing development across the state.

Program/project Background and Community Need:
For half of Coachella Valley residents — the very same ones who sustain this beautiful place — life is a constant struggle to make ends meet. Almost 60 percent of households pay more than 30% of their income on rent, with little left over to cover food, health care and basic necessities.

Substandard or unaffordable housing is one of the strongest predictors of health problems. Affordable housing is linked to:

- A reduction in food insecurity
- Lower baseline symptoms of aggression, depression and anxiety from preschool to early adulthood
- Increased family spending on child enrichment
- Decreases in family economic stress and poor health
- Decreased domestic violence and alcoholism
- A 40% increase in spending on food for low-income families with children
- Fewer forced moves and improved math and reading scores for children

We need a radical shift in how we envision, finance, construct, and develop affordable housing if we are to ensure sufficient supply for residents in dire need of affordable housing.

From its inception, Lift To Rise has created community-driven processes as a means to shift systems toward more democratic processes and better outcomes for Coachella Valley residents. In extensive community listening at the inception of our work, with

more than 1,300 resident participants, residents cited housing affordability, stability, and security as their primary central concern and most prominent form of vulnerability in their lives.

Strategic Plan Alignment:
Economic Protection, Recovery, and Food Security / Promoting community collaborations and regional work around these efforts

Program/project description:
Affordable housing is a primary social determinant of health. Over the next 10 years, the Catalyst Fund will support 10,000 homes for low income families, reducing the number of cost-burdened households by approximately a third. In Coachella Valley, numerous affordable housing projects are stalled due to a lack of flexible, favorably priced capital. The Catalyst Fund is designed to address this, unlocking the potential for the Valley to address its housing need. Over the 10 to 15-year life of the Fund, we expect 50-100 early-stage planning grants, and loans will be made and repaid.

The District's $2.5 million grant will provide seed capital to support the fund's start up. It will be matched immediately by other grant sources and will be deployed into a pipeline of shovel ready projects. The District's grant, along with matching support, will create a $5 million risk-absorbing layer of capital, known as "credit enhancement." Credit enhancement provides safety against the risk of loss for private capital. This credit enhancement layer can be leveraged 3 to 1 with CDFI or other capital, resulting in a $20 million initial capital pool – enough to launch the fund.

As additional credit enhancement is raised from State and philanthropic sources, more private capital can be leveraged, allowing the fund eventually to grow over time to the needed size of $100 million. In addition, local jurisdictions have pledged support in the form of housing subsidies.

Description of the target population (s):
Low-income renters
Majority communities of color
Female Head of Households
Families with young children
Single Parents
Formerly Homeless

Geographic Area(s) Served:
Cathedral City; Coachella; Desert Hot Springs; Indio; Indian Wells; La Quinta; Oasis; Palm Desert; Palm Springs; Rancho Mirage

Age Group:
(0-5) Infants
(06-17) Children
(18-24) Youth
(25-64) Adults
(65+) Seniors

Total Number of District Residents Served:
8,000

Program/Project Goals and Evaluation

Goal #1: Establish a $5M Credit Enhancement Pool The structure of the CVHCF is to attract a pool of $100M that can be used to quickly finance affordable housing projects. The fund will include a variety of types of capital from diverse sources, such as Community Development Financial Institutions, Financial Institutions, and Foundations. As loans are made and paid back, those funds will revolve to support new projects in the community. Our goal of $10M will be reached over time as attracting capital will be an on-going process. The Credit Enhancements established with this fund help mitigate risk and unlock capital for affordable housing projects identified through our community-driven pipeline. The $2.5M commitment from the Desert Health Care District will be fully matched by other sources to create the $5M pool. This additional layer of collateral security immediately improves the credit worthiness of pipeline projects, making the Fund that much more attractive to investors concerned about mitigating risk. It also enables projects to move forward more quickly and increases the feasibility of project readiness. This capital absorption strategy is highly effective in catalyzing projects with a high potential for community impact. Additionally, this early investment from a key funding partner will help us leverage additional sources going forward.	**Evaluation #1:** Lift to Rise has a formal partnership with Community Development Financial Institutions (CDFIs) the Low Income Investment Fund (LIIF) and Rural Communities Assistance Corporation (RCAC). The groups will work together to identify and attract investment capital from a diverse range of sources with favorable terms. This will include hiring a Fund Manager who will work out of Lift to Rise's Palm Desert offices and will oversee Fund activities. LIIF will also underwrite and service the loans and will deploy capital to affordable housing projects throughout the region. In addition, LIIF will utilize its broad experience in financing Early Childhood Education (ECE) facilities to promote incorporating ECE into affordable housing units. RCAC will deploy capital in rural communities throughout our region – especially agricultural communities. RCAC has special expertise in financing Polanco mobile home parks, which are home to many farmworker families. Lift to Rise will work with each entity and our other collaborators participating in our Housing Collaborative Action Network (CAN) to identify projects, secure funding, convene partners, and evaluate progress.
Goal #2: Identify 3-5 initial pipeline projects Through our community-driven pipeline of project, we will identify and finance 3-5 projects seeking early-stage capital and grants to get projects moving. It is our expectation that this first 'batch' of projects will signal the values and goal of the Fund,	**Evaluation #2:** The Fund Manager is responsible for tracking data about the projects receiving financing, their development progress and their repayment track record. The Fund Manager will report twice annually on fund's progress to an oversight advisory committee, which will provide strategic

from anti-racism to encouraging affordable housing in high opportunity places.	guidance to it. The Fund is directing investment into an already established pipeline of regional projects sourced from the community through Lift to Rise's Housing CAN. CAN members represent a wide array of regional development professionals, public policy experts, community-based leaders, and others who contribute to the pipeline. The pipeline is also shared among members and reviewed regularly at CAN meetings, which is also how we will monitor our progress to meeting this goal. The pipeline has already been established with several "shovel-ready" projects that qualify as candidates to receive financing through the Fund.
Goal #3: In two years, reach our short-term goal of 2,000 new units of affordable housing throughout the region.	**Evaluation #3:** In an effort to ensure we are on the right trajectory towards our long-term goal of creating 10,000 units of affordable housing in 10 years (Goal #4), we have established this two-year benchmark of 2,000 units of affordable housing. Our ability to meet this benchmark suggests that our goal of 1,000 units per year is feasible and also provides an opportunity to assess our progress and make any necessary adjustments that keep us on-track. Our Housing CAN is also important in tracking our progress of this goal, as CAN members review and assess the pipeline regularly and track the progress of each project we are financing. We also work closely with regional housing authorities and nonprofit affordable housing developers who are also excellent resources for monitoring housing opportunities and forecasting our ability to meet our goals. Reports on the number of units supported and the dollars deployed will be provided by the Fund Manager.
Goal #4: Over 10 years, reach our long-term goal of creating 10,000 new units of affordable housing throughout the region.	**Evaluation #4:** This is the goal of our overall Housing Action Plan, which was developed with the input of more than 50 regional partners. Favorable outcomes begin with good planning, expertise, and data-driven guidance. This is also how we will track our progress. Regular

	engagement with our Housing CAN members will provide opportunities to assess our progress, adjust to real-world conditions, and hold ourselves accountable to the community-determined goals. At our two-year benchmark, we will conduct formal evaluations of our progress and report findings to the public and greater nonprofit community development industry. Data will also play an important role in evaluating our progress. Lift to Rise has a formal partnership with the Price Center for Social Innovation who has created a data-driven needs assessment of the regional housing market. They are also working with Lift to Rise to establish an online platform that creates a high-quality and policy-relevant neighborhood-level data to inform policymaking and help build a rich, authentic, and evidence-based narrative of life in Coachella Valley. We will continue to track data to ensure that we are creating meaningful impact that benefits Coachella Valley residents.
Goal #5: Over 10 years, reach our long-term goal of reducing by 30% the number of low-income families with high housing cost burdens	**Evaluation #5:** This goal works in tandem with our 10-year goal of creating 10,000 units of affordable housing. By virtue of creating additional housing, residents will have less rent burden and more income to spend on things other than rent. We will deploy similar means to track the progress of this goal, including monitoring through our Housing CAN and data-driven outcomes that will tell the story of our progress towards this goal.

Proposed Program / Project Evaluation Plan

As the research partner for Lift to Rise, the Price Center for Social Innovation helps assess community needs, develops and tests community interventions, and evaluates the overarching impact and effectiveness of the collaborative's work. This research provides valuable, nuanced insight into the multiplicity of vulnerabilities, barriers, and challenges that residents face in the Coachella Valley and is readily available through our Neighborhood Data for Social Change platform. Tailored for the Coachella Valley, the web portal provides local residents with high-quality and policy-relevant neighborhood-level data to inform policymaking and help build a rich, authentic, and evidence-based narrative of life in Coachella Valley. This data helps us identify need and trends in housing, affordability, and related issues. It is also reviewed regularly by

Housing CAN members to inform our work going forward. Data driven outcomes are a cornerstone of our work.

Working with our partners, the Fund will track quantitative data including demographics, income, and similar factors. Additionally, we will track our impact by recording the number of housing units built/preserved, the number of people housed, the number of permanent and temporary jobs created by the projects, and other points. This is important information to investors who seek a social return on their investment and may also be required to provide this for compliance purposes. For example, certain financial institutions are required to demonstrate this type of impact to comply with the Community Reinvestment Act (CRA).

Qualitative data will be collected through client testimonials, surveys, focus groups, and feedback loops through our CAN members. Because we are committed to data driven results, we will continue sharing our outcomes with the public and the industry.

Organizational Capacity and Sustainability

Organizational Capacity

As we approach the launch of the CVHCF, Lift to Rise has grown its capacity and staffing to support this trajectory. We have recently hired a new Director of Finance and Director of Development, joining our Deputy Director and President/CEO to create a strong senior leadership team. Additionally, working with CVHCF partner Low Income Investment Fund (LIIF), we are jointly hiring a Fund Manager who will be located at the Lift to Rise offices in Palm Desert and who will oversee managing all aspects of the Fund. Further, LIIF and RCAC, two highly rated national CDFI partners, will underwrite and service all loans. LIIF, which will serve as Fund Manager, has a 35 year track record of community investments, having deployed more than $2 billion in capital for projects like those in Coachella Valley. LIIF has a "A" rating from Standard and Poors, and maintains the highest quality portfolio management disciplines, in service to the mission of poverty alleviation.

Organizational Sustainability:

The CVHCF is a major focus of our 10-year plan to dramatically transform how affordable housing is identified, considered, financed, and built in the region. In order to meet our goal of an additional 10,000 affordable units in 10 years, we are instituting a region-wide housing pipeline strategy that approaches affordable housing development on a holistic level, instead of a project-by-project basis. CVHCF pipeline are sourced and evaluated through our Housing CAN, which includes representation from all sectors throughout the region. The creation of one fund, shared throughout the region, managed by top-tier CDFIs, and administered by Lift to Rise means there is a targeted focus for financing affordable housing development that creates efficiency and large scale community impact. A guarantee pool mitigates risk to move project to completion. This strategy is central to Lift to Rise's goals over the next decade

Diversity, Equity, and Inclusion

How is diversity, equity, and inclusion addressed?

Lift To Rise's organizational mission is centered around diversity, equity and inclusion.

These values are essential to efforts to advance health, housing and economic justice. We believe that when organizations have leaders in decision-making roles who mirror the identities, values, and interests of the communities they serve, there is a greater likelihood of the organization more effectively contributing to improved community outcomes. Our board and staff operate from a shared equity plan which includes individual and shared race, equity and implicit bias training and coaching. We invest substantial resource and time into this work and are supported by the Annie E Casey Foundation's leadership development team as an organization and individually as staff with specific coaching to deepen our understanding and practice of centering racial equity in our leadership and work.

What is preventing the organization from addressing diversity, equity, and inclusion?

Partnerships:

Key Partners:

In 2014, a small group of community-based partners—including FIND Food Bank, United Way of the Desert, the Regional Access Project Foundation, the Desert Healthcare District, and the Riverside County Economic Development Agency— came together to pursue a "Collective Impact" approach to address the underlying causes driving our common challenge: the economic disparity and housing insecurity faced by local residents and manifesting in low incomes, food insecurity, poor health outcomes, and insufficient transportation, health, and housing infrastructure. We aimed to address the multiple forces of instability across the Valley, and to overcome long-standing silos that prevent collective engagement.

In 2018, Lift to Rise emerged from this collaboration to form an independent organization still dedicated to addressing issues collectively. We have always understood that to adequately address the complicated issues facing Coachella Valley families it was imperative that we engage with a diverse and robust cross-sector of partners, including residents, community leaders, philanthropy, nonprofits, governments, and others. This is why we utilize our Collaborative Action Network Models to guide our work. The Housing CAN includes members who invest their expertise and time to ensure that our work remains laser-focused on meeting our 10-year goal of 10,000 units of affordable housing. Today, more than 50 organizations have joined in this work. They include:

Riverside County
City of Coachella
City of Indio
City of Indian Wells
City of Palm Desert
City of Rancho Mirage
Cathedral City
City of Palm Springs
City of Desert Hot Springs
The Coachella Valley Association of Governments
The Center for Community Investment
USC Sol Price Center for Community Innovation
Milken Institute

CDFI Partners: The Low Income Investment Fund (LIIF) and Rural Community Assistance Corporation
A growing list of local, state, and national funders
and many other

Line Item Budget
Operational Costs

PROGRAM OPERATIONS		Total Program/Project Budget	Funds from Other Sources Detail on sheet 3	Amount Requested from DHCD
Total Staffing Costs				
Equipment (itemize)				
1	N/A			0
2				0
3				0
4				0
Supplies (itemize)				
1	N/A			0
2				0
3				0
4				0
Printing/Duplication				0
Mailing/Postage				0
Travel/Mileage				0
Education/Training				0
Office/Rent/Mortgage				0
Telephone/Fax/Internet				0
Utilities				0
Insurance				0
Other facility costs not described above (itemize)				
1				0
2				0
3				0
4				0
Other program costs not described above (itemize)				
1	Operational Costs	2500000	2500000	0
2	Fund Investments	20000000	17500000	2500000
3				0
4				0
Total Program Budget (2 Year Period)		**22,500,000.00**	**20,000,000.00**	**2,500,000.00**
Budget Narrative	This budget reflects a pool of revolving loan capital over a two-year period. Lift to Riseis pursuing public support from the State of California FY22 Budget. The requested $2.5M from the Desert Health Care District will be added to that pool along with $20M in CDFI capital and other anticipated investments to reach a total pool of $50M by the end of the two-year period. Because this is a revolving pool of investment capital, we will begin deploying capital to "shovel-ready" affordable housing pipeline projects immediately upon the Fund's launch in June with the capital we've already secured and while we attract additional investments with our CDFI partners Low Income Investment Fund (LIIF) and Rural Communities Assistance Corporation (RCAC). Similar to CDFI loan pools, this fund is structured to be dynamic in attracting further investment on an on-going basis. Investments will also recycle, meaning when these loans are repaid, we will re-deploy the capital to new projects. Finally, Lift to Rise has already raised the estimated $1M in operational costs associated with running this fund for this time period.			

Line Item Budget
Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Program	Actual Program Salary	Amount of Salary Paid by DHCD Grant
Employee Position/Title					
1	N/A				
2					
3					
4					
5					
6					
7					
8					
Total Employee Benefits					
Enter this amount in Section 1;Staffing Costs				Total ›	0
Budget Narrative					
Budget Narrative					

Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
Company and Staff Title					
1					
2					
3					
4					
5					
Enter this amount in Section 1;Staffing Costs				Total ›	0
Budget Narrative					

Line Item Budget
Other Program Funds

Other funding received (actual or projected) SPECIFIC to this program/project			Amount
Fees			
Donations			
Grants (List Organizations)			
	1	CDFI Capital Funding	$20M
	2		
	3		
	4		
Fundraising (describe nature of fundraiser)			
	1	Operating Costs	$2.5M
	2		
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)			
	1		
	2		
	3		
Total funding in addition to DHCD request			$22.5M
Budget Narrative	This budget reflects a pool of revolving loan capital over a two-year period. Lift to Rise is pursuing public support from the State of California FY22 Budget. The requested $2.5M from the Desert Health Care District will be added to that pool along with $20M in CDFI capital and other anticipated investments to reach a total pool of $50M by the end of the two-year period. Because this is a revolving pool of investment capital, we will begin deploying capital to "shovel-ready" affordable housing pipeline projects immediately upon the Fund's launch in June with the capital we've already secured and while we attract additional investments with our CDFI partners Low Income Investment Fund (LIIF) and Rural Communities Assistance Corporation (RCAC). Similar to CDFI loan pools, this fund is structured to be dynamic in attracting further investment on an on-going basis. Investments will also recycle, meaning when these loans are repaid, we will re-deploy the capital to new projects. Finally, Lift to Rise has already raised the estimated $1M in operational costs associated with running this fund for this time period.		

DESERT HEALTHCARE
DISTRICT & FOUNDATION

THE INTERSECTION OF HOUSING AND HEALTH

Understanding Social Determinants of Health and Housing as a Key Social Determinant of Health

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INTRODUCTION

At least since the time of Hippocrates' essay "Air, Water and Places," written in 400 B.C.E., humans have been aware of the many connections between health and the environment.[1]

There is broad acceptance of the notion that health starts in our homes, schools, workplaces, neighborhoods, and communities. This is what we call "place". Understanding the relationship between how population groups experience "place" and the impact of "place" on health is fundamental to the social determinants of health. There is strong evidence characterizing place's relationship to health.[2] The stability, quality, safety, and affordability of where we live clearly affect our health outcomes, as do the physical and social characteristics of that place. Where we live can determine one's experience with asthma, diabetes, high blood pressure, depression, anxiety, and addictions, and how one can access healthcare for such conditions.

A variety of health systems are embracing the idea that investing in a better place for their clients may result in better health and lower cost of care. Some are currently financing affordable housing through different investment tools. In 2018, Kaiser Permanente announced a $200M impact investment to address the housing crisis [3], primarily in Oakland, California, but also in other Kaiser Permanente markets. Similarly, Sutter Health announced a $30 million campaign to end homelessness in three Sacramento-area counties. Various innovative models in health and housing can be found nationwide [4], they share a common belief that greater collaboration across communities, community development, housing, and health is needed to improve health outcomes and reduce the cost of healthcare.

This newfound wisdom originates from a better understanding of housing as a social determinant of health, or the relationship between place and health.

This paper was written by Desert Healthcare District (DHCD) staff upon extensive literature review (see reference list). It aims to provide valuable information about *Housing as a Social Determinant of Health* and the potential impact affordable housing may have on improving health outcomes and reducing the cost of care, as the District may consider future proposals to support related efforts in Coachella Valley. It also highlights important policy considerations.

THE SOCIAL DETERMINANTS OF HEALTH

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.[5] Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place".[6] In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live. [7]

Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

History

Starting in the early 2000s, the World Health Organization (WHO) facilitated the academic and political work on social determinants in a way that provided a deep understanding of health disparities from a global perspective. In 2008, the WHO Commission on Social Determinants of Health published a report entitled "Closing the Gap in a Generation", which aimed at understanding, from a social justice perspective, how health inequity could be remedied, and what actions could combat factors that exacerbated injustices.[8]

In the United States, the Office of Disease Prevention and Health Promotion, of the U.S. Department of Health and Human Services, which sets data-driven priorities to improve health and well-being nationwide, began to introduce Social Determinants of Health (SDH) through its Healthy People program.

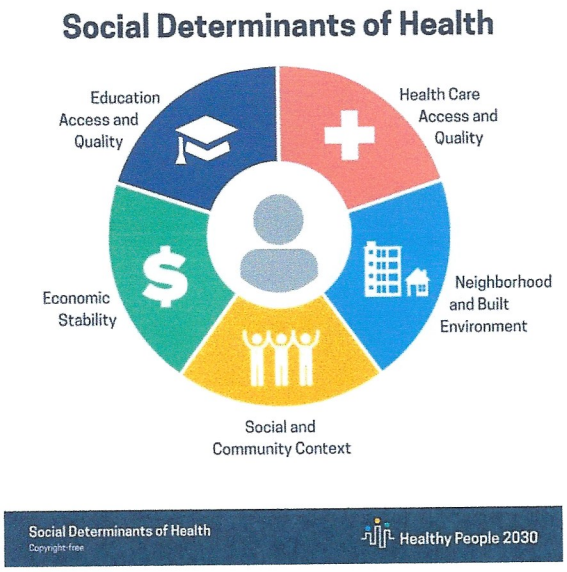

Figure 1. Social Determinants of Health. Healthy People 2030.

Healthy People was created in 1979 in response to an emerging consensus among scientists and health authorities that national health priorities should emphasize disease prevention. These priorities are revised and updated every ten years. The topic of Social Determinants of Health was introduced in 2010, in the "Healthy People 2020". Also, in 2010 the Affordable Care Act (ACA) embodying the ideas put in place by the WHO, included a goal to bridge the gap between community-based health and healthcare as a medical treatment, clearly signaling that a larger consideration of social determinants of health was emerging in policy.[9]

Healthy People 2020 confirmed the importance of addressing the social determinants of health by including "***Create social and physical environments that promote good health for all***" as one of the four overarching goals for the decade. [10]

Ten years later, Healthy People 2030 includes Social Determinants of Health as one of its five overarching goals: "***Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all***".[11] This new version adds two important words: *economic* and *well-being*.

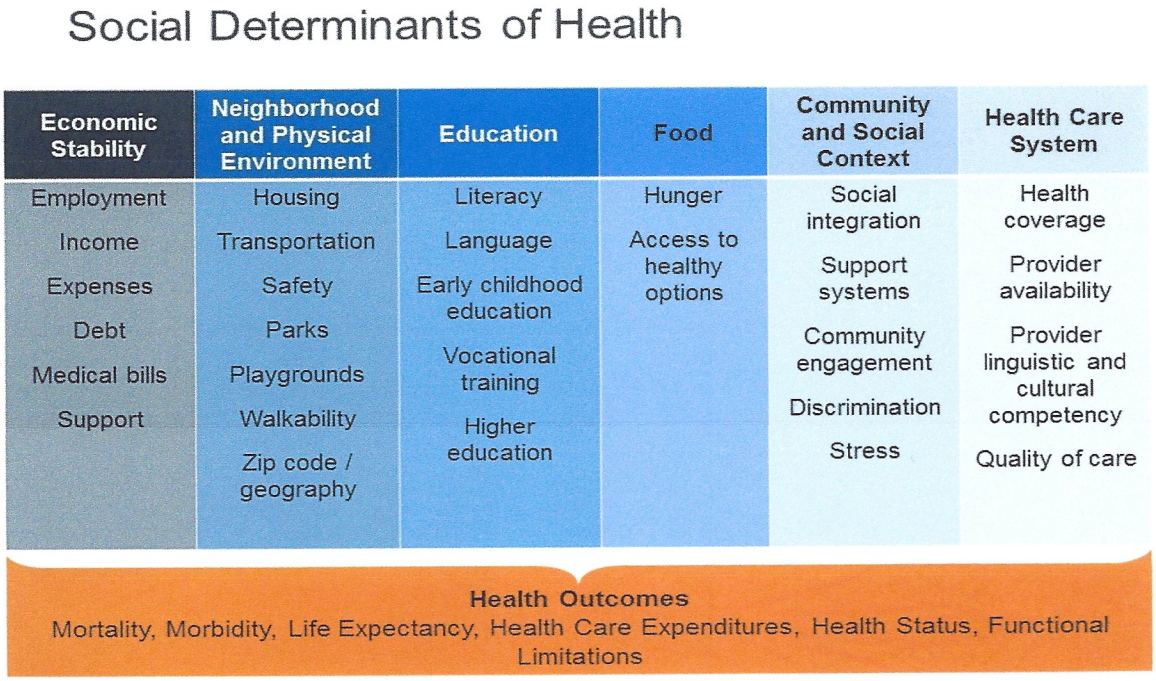

Figure 2. Social Determinants of Health. Henry J. Kaiser Family Foundation.

Health care reform, and especially the accountable care movement, is increasingly driving health systems to think upstream to avoid expensive downstream utilization. Rooted in these emerging policies, studies to further document the relationship between social determinants of health and health outcomes have been conducted. Many studies have focused on housing as a Social Determinant of Health; they have resulted in strong evidence characterizing housing's relationship to health.[12] This has resulted in healthcare organizations like Kaiser Permanente investing in affordable housing.

Let's examine this relationship between housing and health.

HOUSING AS A SOCIAL DETERMINANT OF HEALTH

The impact of housing on health has become a centerpiece in health policy discussions. Housing is one of the best-researched social determinants of health, and selected housing interventions for low-income people have been found to improve health outcomes and decrease health care costs.[13] It is important for the DHCD to seek to better understand the health and housing evidence to determine where it might intervene effectively. DHCD staff reviewed the literature and provides herein high-level information for future policy decisions.

Dimensions of Housing

To better comprehend housing as a social determinant of health, this document identifies some of the dimensions of housing, including ***stability, quality, safety,*** and ***affordability,*** which with the physical and social characteristics of ***neighborhoods*** affect health outcomes and healthcare costs.

Stability

Housing instability can be experienced in different forms, being behind on rent, facing eviction or facing foreclosure, making multiple moves, and/or having a history of being homeless.

People who experience housing instability (people who are not chronically homeless but face housing instability in the form of moving frequently, falling behind on rent, or couch surfing) are more likely to experience poor health in comparison to people who are stably housed.[14]

Housing instability is also associated with health problems among youth, including increased risks of teen pregnancy, early drug use, and depression.[15,16] Housing instability can affect health outcomes, because even the simple act of storing medication become difficult or impossible, which can decrease the effectiveness of health care.

Housing instability can result in home foreclosure. Losing someone's home adversely affects health and mental health through channels operating at multiple levels: at the individual level, the stress of personally experiencing foreclosure is associated with worsened mental health and adverse health behaviors, which are in turn linked to poorer health status; at the community level, increasing degradation of the neighborhood environment has indirect, cross-level adverse effects on health and mental health.[17]

At the extreme spectrum of housing instability, people who are chronically homeless face substantially higher morbidity in terms of both physical and mental health and of increased mortality.[18,19] The life expectancy of a homeless person is several years shorter, depending on the age and sex of an analyzed homeless group.[20] Older homeless adults living in shelters have high rates of geriatric conditions, which may increase their risk for acute care use and nursing home placement.[21] According to Kaiser Health News, the average age of death for homeless people in Los Angeles, CA is 48 for women and 51 for men.[22] In contrast, life expectancy for women in California in 2016 was 83 and 79 for men — among the best longevity statistics in the nation.

Unstable housing can result in disruptions to employment, social networks, education, and access to social service benefits. Many people experience traumas on the streets or in shelters, which has long-standing adverse impacts on psychological well-being.[23]

These and other challenges can result in persistently high health care expenditures due to emergency department and inpatient hospital use.[24] Children who experienced homelessness only while in utero are more likely to be hospitalized or suffer worse health, compared to their peers, in addition, longer periods of homelessness among children generally are associated with worse health outcomes.[25]

In contrast, access to affordable housing likely drives down costs to the health care system and helps meet major health reform utilization metrics. Oregon, which has been a pioneer of the Accountable Care Organization (ACO) model, studied the impact of affordable housing on access to care and the cost of care. The aforementioned study of Oregon's ACO had the following key findings related to affordable housing: Within a population of nearly 10,000 people ***costs to health care systems were reduced by 12% after people moved into affordable housing***; ***primary care visits increased by 20% after move-in and emergency department visits declined by 18%***; and residents reported that ***access to care and quality of care improved after moving into affordable housing***. [26]

The health impacts of other means of stabilizing housing, including rental and foreclosure assistance, have also been rigorously studied in relation to mental health outcomes.[27,28] Equally positive, studies consistently show that housing the homeless improves health outcomes. In one of several randomized controlled trials of interventions to address homelessness, long-term housing subsidies had positive impacts on measures of psychological distress and intimate partner violence. Particularly among chronically homeless people, having a safe place to stay can both improve health and decrease health care costs. [29]

Quality and Safety

Housing quality refers to the physical condition of a person's home as well as the quality of the social and physical environment in which the home is located.[30] One cannot separate quality and safety.

A number of environmental factors within homes are correlated with poor health. It is well known that exposure to lead irreversibly damages the brains and nervous systems of children.[31] Substandard housing conditions such as water leaks, poor ventilation, dirty carpets, and pest infestation have been associated with poor health outcomes, most notably those related to asthma.[32]

But substandard housing, such as that some members of our Eastern Coachella Valley residents experience also exposes our residents to extreme temperatures. Exposure to high or low temperatures is correlated with adverse health events, including cardiovascular events—particularly among the elderly.[33]

Another aspect of quality and safety that affects families in Coachella Valley is residential crowding, which has also been linked to infectious disease and psychological distress.[34]

Affordability

According to the U.S. Housing and Urban Development (HUD), housing programs in the United States have long measured housing affordability in terms of percentage of income. In the 1940s, the maximum affordable rent for federally subsidized housing was set at 20 percent of income, which rose to 25 percent of income in 1969 and 30 percent of income in 1981. Over time, the 30 percent threshold also became the standard for owner-occupied housing, and it remains the indicator of affordability for housing in the United States.

Keeping housing costs below 30 percent of income is intended to ensure that households have enough money to pay for other non-discretionary costs; therefore, ***households that spend more than 30 percent of income on housing costs are considered to be housing cost-burdened.***[35] ***Severe rent burden is defined as paying more than 50 percent of one's income on rent.***

When families have to spend a large part of their income on housing, they may not have enough money to pay for things like healthy food or health care. Housing costs that are more than a household can reasonably afford can lead to foreclosure or eviction. The housing cost burden is linked to increased stress, mental health problems, and an increased risk of disease. Expanding policies that make housing more affordable can help reduce the proportion of families that spend more than 30 percent of their income on housing. This is why Healthy People 2030 sets the objective to "reduce the proportion of families that spend more than 30 percent of income on housing" as its Social Determinant of Health Objective SDOH-04. [36]

In Coachella Valley -and the U.S. in general, a large and growing number of people face serious difficulty finding affordable housing in a broad range of communities because of the dual problems of a shortage of units, and a lack of income to afford what is available.

Lack of affordable housing and insufficient income is recognized as the leading cause of homelessness. [37]

According to HUD's 2020 Homeless Point-In-Time (PIT) Count, there were more than 567,000 homeless individuals in the U.S. More than one quarter (151,000) of them in California.[38] The number of homeless individuals across the state has continued to increase each year. The Riverside County Continuum of Care 2020 PIT Count shows that in Coachella Valley, there has been a steady increase in homeless populations, from 399 in 2016 to 627 in 2020. It also has found an alarming increase in homeless families with children, both sheltered (+22%) and unsheltered (+200%).[39]

Low-income families with difficulty paying their rent or mortgage or their utility bills are less likely to have a usual source of medical care and more likely to postpone needed treatment than those who enjoy more-affordable housing. [40]

The Neighborhood

The neighborhoods we live in shape our behaviors and influence our health. Research on the influence of physical surroundings on health has been ongoing since John Snow investigated the Broad Street pump that alerted the community about the risk of cholera in 1849 London. In the

modern era, researchers have found that the availability of resources such as public transportation to one's job, grocery stores with nutritious foods, and safe spaces to exercise are all correlated with improved health outcomes. [41, 42] Living in close proximity to high-volume roads, in contrast, is a danger to health and can result in increased rates of respiratory diseases such as asthma and bronchitis and increased use of health care.[43] In one study of neighborhood blight remediation, even walking past a vacant lot that had been "greened" decreased heart rate significantly, in comparison to walking past a non-greened vacant lot. The same authors also found that abandoned building and lot remediation significantly reduced firearm violence. Researchers evaluating the creation of a Safe Routes to School program in Texas found that the addition of sidewalks, bike lanes, and safe crossings reduced pedestrian and bicyclist injuries by 43 percent among children ages 5–19. [44]

Less visible but potentially even more important are neighborhoods' social characteristics, including measures of segregation, crime, and social capital. Sociologists have conducted crucial research that describes the health impacts of social and institutional dynamics of communities. Researchers have documented the impact of neighborhood segregation on health, suggesting that segregation widens health disparities by determining access to schools, jobs, and health care; influencing health behaviors; and increasing crime rates in neighborhoods of color. [45]

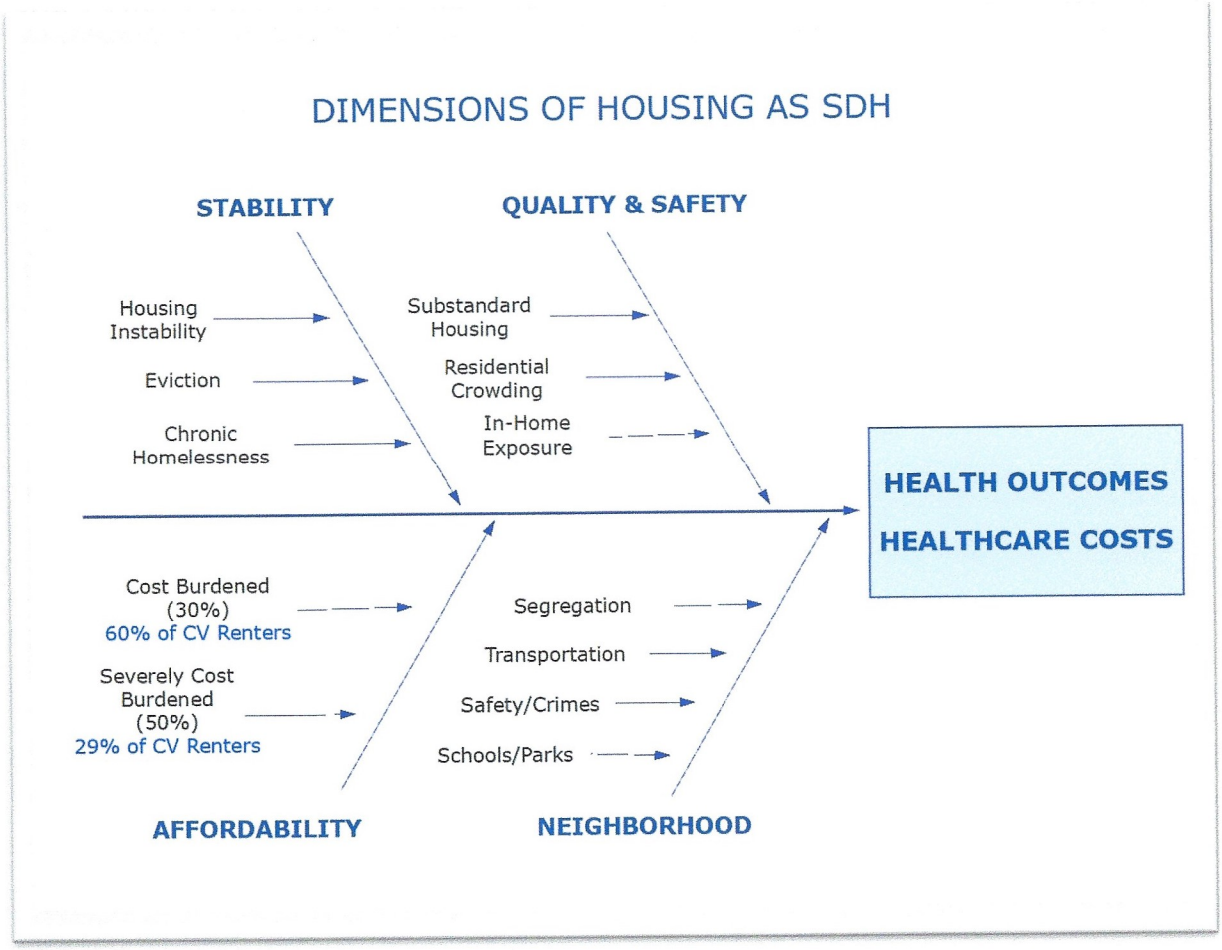

Figure 3. Housing as Social Determinant of Health.

KEY POLICY IMPLICATIONS

The review of the literature suggests the following key policy implications.

1- States, localities, managed care organizations, and health districts should invest resources in housing solutions that research shows can improve health outcomes and reduce health expenditures for vulnerable individuals.

2- Health services must be integral to affordable housing developments: States, Counties, Municipalities, policymakers, hospital systems, and payers should explore devoting Medicaid and other public and private resources to health-related services and resources such as resident services coordinators to reduce the cost of care and improve health outcomes.

3- In support of more upstream investments into the social determinants of health, community health needs assessments should regularly include affordable housing in their assessments and community health improvement plans.

CONCLUSION

Over the last few years, the impact of housing on health has become a centerpiece in health policy discussions. Housing is one of the best-researched social determinants of health, and selected housing interventions for low-income people have been found to improve health outcomes and decrease health care costs.

The District has taken a leadership role in many Coachella Valley-wide collective efforts, including funding the development of CV-Link. It has also funded efforts to improve and expand access to healthcare, serving medically underserved populations, reducing the shortage of healthcare workers, addressing health disparities, improving behavioral health, and confronting public health issues. A recent example of such efforts is the District's Homelessness Initiative. In conjunction with the efforts conducted by the Coachella Valley Association of Governments (CVAG), the District has allocated funding of up to $3 million in matching grants to local cities in the Coachella Valley. Addressing Housing as a Social Determinant of Health would be an important upstream step to prevent homelessness.

It is however essential for the DHCD to understand and balance being fiscally prudent with supporting affordable housing to improve health outcomes. It is of utmost importance to determine where it might intervene effectively, and how to accomplish such an important task with limited resources and competing needs and priorities.

Equally important is to determine the role and authority of the District in supporting other efforts to impact the Social Determinants of Health and support the Healthy People 2030 Goals and Objectives through its own Community Health Improvement Plan.

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Table 1: Potential Health Strategies and Resources

Health Campaign	Injury and accessibility	Asthma and respiratory health	Chronic diseases (obesity, diabetes, cardiovascular diseases)	Cancer and toxin exposure	Mental health, trauma, and healing
Potential types of strategies	Physical accessibility of the site and building	Indoor air quality, humidity, and temperature (central air, AC, ventilation)	Proximity to essential goods and services	Material selection	Views of nature
	Safety and access points for mobility (walking, biking, trans-it)	Controlling for mold	Proximity and access to public transportation	Exposure to toxins through site selection and products used	Noise levels
	Access to health and community services and supports	Use of toxic / carcinogenic products	Indoor air quality, humidity, and temperature (central air, AC, ventilation)	Indoor and outdoor water quality testing and control	Opportunity for social connection
	Fall prevention features (stair gates, win-dow guards, handrails, grab bars, flooring, and improved lighting)	Smoke-free policies	Access to safe, affordable places to be active	Indoor air quality, humidity, and temperature (central air, AC, ventilation)	Natural light
	Access to affordable transportation services	Pests mitigation	Smoke-free policies	Access to safe, affordable places to be active	Promotion real and perceived safety
	Appropriate lighting for household tasks and movement	Site selection	Proximity and access to affordable, healthy food	Proximity and access to affordable, healthy food	Flexible spaces
	Methods of wayfinding	Material selection	Walkability, pathways, stairs	Smoke-free policies	Integration of art, culture, and history
Additional resources for strategy selection	Aging in Place Design Guidelines, Enterprise Community Partners	Community Guide Asthma, Center for Disease Control and Prevention	Community Guide Obesity, Diabetes, Physical Activity, Center for Disease Control and Prevention	Making Healthy Choices, Building Clean	Community Guide: Mental Health, Center for Disease Control and Prevention
	Active Design: Affordable Designs for Affordable Housing, Center for Active Design	Smoke-free policies in multi-unit housing, American Lung Association	Active Design Guidelines, Center for Active Design	Radon, Environmental Protection Agency	Trauma Informed Community Building, The Bridge
	Principles of Universal Design, NC State University	Integrated Pest Management: A Guide for Affordable Housing, Stop Pests	Community Activities to Promote Physical Activity, Center for Disease Control and Prevention	Chemical exposures in recently renovated low-income homes, Environmental International	Trauma Informed Community Building and Engagement, Urban Institute

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Sample Scope of Work Template for Public Health Services in Health Action Plan

Template Purpose:

The public health professional role in the health action plan process should be filled by a partner with expertise in public or community health. They may include consultants, faculty or graduate students of university public health programs, local health department staff, public health institutes and/or community-based public health organizations. The scope of work should be adapted to the needs of the developer in completing the Health Action Plan and Implementation Plan. The scope of work may include collecting and analyzing public health data on the community, engaging community stakeholders, developing the health action plan, finding evidence-based strategies to incorporate into building design and operations to positively impact health, and developing and executing the implementation and monitoring plan. Below you will find a sample scope of work for the public health professional engaged by an affordable housing development organization participating in the health action plan process. Discussions and customizations of the below are encouraged to ensure that the contracted scope of work meets the needs and abilities of all involved parties.

Background:

In an effort to improve the health and well-being of the residents living in [Project Name], [Organization Name], in partnership with Enterprise Community Partners, will be performing a Health Action Plan as part of the planning and design phase of development. The Health Action Plan is an innovative process to intentionally integrate resident health needs into the design and development of affordable housing. The process involves:

- A commitment by the developer to embed health into the project life cycle, including the design, construction, and operation of the development.
- A partnership with a public health professional with expertise in public health and/or community health to assist with the data collection, community engagement, and implementation and monitoring plans.
- The collection and analysis of community health data to learn the health needs of potential residents.
- Engagement with community stakeholders to help prioritize health needs and to receive input on strategies for addressing these needs.
- Identifying design and intervention strategies that can be implemented within the project's design, construction, or operations to address the prioritized community health needs.
- Selecting strategies that will be implemented and identifying how they will be implemented.
- Monitoring the impact of these strategies on resident health.

Qualification of Public Health Professional:

[Name of public health professional], the public health professional, has subject matter expertise in public health and building science concepts related to health and a working knowledge of the affordable housing industry and development process. The public health professional provided examples of project success when applying their subject matter expertise to the affordable housing industry and

documented processes for evaluation of their own work. Additionally, the public health professional has sound judgment and a track record of conscientious and timely communication with clients.

Scope of Work

For [Name of Project], [Name of public health professional] will:

- ☐ Participate in 3-4 planning meetings with [Name of Developer].
  - ☐ 1st meeting: Discuss development details, target community, timeline, engagement process, and existing partnerships.
  - ☐ 2nd meeting: Discuss public health data identified and work out framing for stakeholder/resident engagement.
  - ☐ 3rd meeting: Analyze results of public health data in combination with local stakeholder engagement and develop strategies for impact.
  - ☐ 4th meeting: Review and refine the health action plan matrix, implementation plan, and monitoring strategies.
- ☐ Collect and analyze publicly available health data to identify the health needs of those who will be impacted by the planned housing development or rehabilitation.
- ☐ Facilitate local stakeholder and resident engagement to prioritize the health needs identified through data collection and to gather qualitative data on the way community members would like the housing development to address their health needs.
- ☐ Assist development team in identifying evidence-based design, operational, programmatic, or technology solutions to address prioritized resident health factors.
  - ☐ Advise development team on how to prioritize resident health by recommending materials, methods, and appropriate technologies that align with project scope and budget.
  - ☐ Assist development team in identifying local partners to work with in the health solution strategies to address resident health needs.
- ☐ Develop a monitoring and evaluation plan to measure the impact of the design, programmatic, and technology solutions that will be used to address resident health. The plan must consider the organizational capacity of the development and operations team. Enterprise will provide assistance through tools created in collaboration with Success Measures.
- ☐ Prepare final written documentation of engagement, results, and process based on criterion 1.2b in the Enterprise Green Communities Criteria and outlined in the Health Action Plan template. This includes:
  - ☐ A completed Health Action Plan Matrix that includes a description of:
    - Key health issues identified by the HAP process
    - Potential interventions that could be a part of the construction, operations, or programming of the development that could protect and promote the health issues identified
    - Which interventions were selected, the rationale for selecting/not selecting an intervention, and details on how the intervention will be implemented.

- ☐ A written description of how engaging public health professionals and community stakeholders informed the list of key health issues.
- ☐ A list of public health and community health stakeholders involved.