



Connecting Housing and Health in the Potomac Health Foundation Service Area

2021



HousingForward
VIRGINIA



Potomac Health
Foundation

About Potomac Health Foundation

Based in Woodbridge, Virginia, Potomac Health Foundation seeks to improve the health and well-being of residents in its service area by making grants to non-profit organizations that seek to improve the health of the community by increasing access to health care for the medically underserved. Potomac Health Foundation values the lived experiences of community members to inform their work towards more equitable access to health care. The Potomac Health Foundation service area covers portions of eastern Prince William County, northern Stafford County, and southern Fairfax County.

Potomac Health Foundation is a private, independent foundation that is governed by an all-volunteer Board of Directors and employs three full-time staff members.

About HousingForward Virginia

This report was written by HousingForward Virginia. HousingForward Virginia is the Commonwealth's trusted resource for affordable housing data and actionable insights. Advocates, planners, developers, and mission-aligned organizations rely on us to help them build connections and advance their work. With our support, they're able to better identify needs, influence decision makers, and ultimately increase access to affordable housing for all.

HousingForward Virginia is a 501(c)3 nonprofit organization based in Richmond, Virginia. For more information, visit HousingForwardVA.org.

Executive Summary

Housing and health must be connected.

The interconnectedness of health and housing is on full display as the COVID-19 pandemic continues to impact everyday Americans. While this may seem like a new issue, having a safe and stable place to call home has always been a key factor in maintaining and improving one's health. Where you live has major implications towards your health, and addressing the issues within and around your home can serve as a lifesaving prescription.

The region should proactively address this important connection.

Potomac Health Foundation (PHF) has long-worked to improve access to acute healthcare services and now looks to support new pathways and partnerships to address health care needs beyond the confines of medical facilities. As the areas around Washington, D.C. continue to see high demand for housing and rapid population growth, the impacts are traveling south on Interstate 95 to the PHF service area.

Issues like traffic congestion and high cost housing already impact many residents, but many people may not understand the long-term impacts that these issues are having on their health. This study brings forward the intersection of health and housing by examining the most pressing issues in the PHF service area that are impacting the well-being of its residents:

- + *High costs of housing and transportation,*
- + *Sprawling built-environment,*
- + *Growing immigrant population,*
- + *Rapidly aging population, and*
- + *Racial disparities in income and housing.*

While the region is relatively healthy, major disparities prevent all households from thriving.

Overall, households in the PHF service area remain healthy when compared to state averages. Unfortunately, most specific health outcome data is not dissectable by race and income. A nuanced look at broader measures of housing affordability and community resiliency reveal lower incomes and higher poverty than the surrounding area, a major deficit in the Black homeownership rate, higher instances of housing cost-burden and instability, and a limited supply of truly affordable homes. All of these factors stunt the region's ability to become healthier.

This information provides momentum for meaningful action.

Many of the findings in this report will likely not come as surprises to local practitioners in the housing and health sectors. However, by unifying these two issues and presenting important takeaways together, we hope it serves as a bridge between each industry. Using this report as a catalyst, we will work with PHF to spur the following before the end of 2021:

- + *Housing and healthcare providers develop long term, improved communication between their sectors.*
- + *New partnerships are formed to address specific opportunities where housing and health improvements leverage each other.*
- + *A broad range of stakeholders, including policy makers and elected officials, gain new information and resources enabling them to address this issue.*
- + *A pilot partnership, formed around a specific new initiative, is formed to address this issue.*

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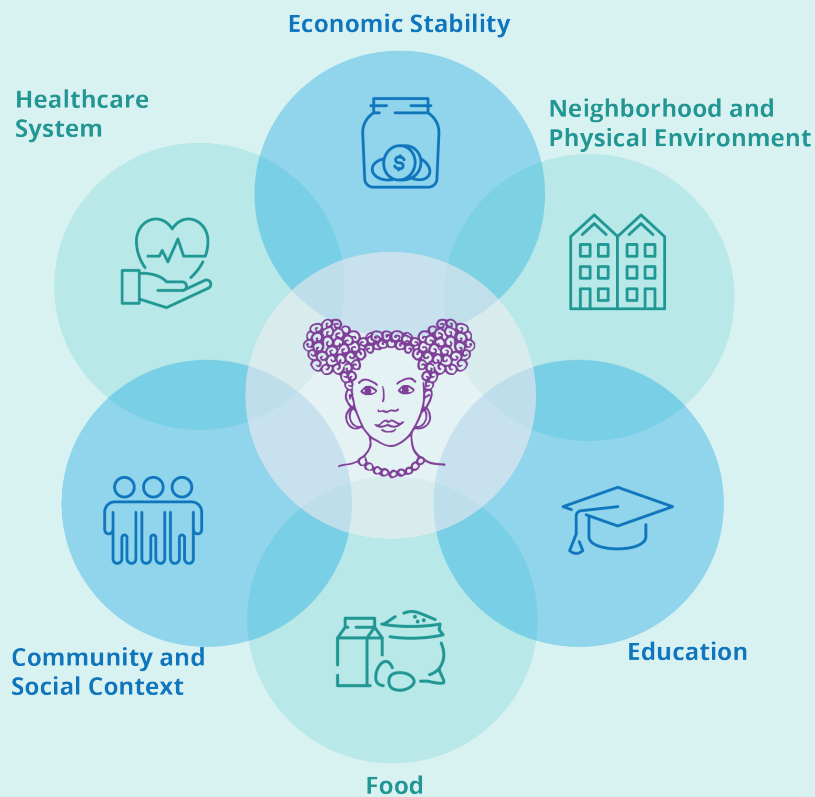
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1 | Introduction

When we think about maintaining and improving our health, we often think about obvious healthy decisions, like how much we exercise, what we eat, and how often we visit our doctor. But our health goes beyond our bodies and our behavior. How much money we earn, our education, our jobs, our networks, and where we live all have a direct impact on our health. These social determinants of health are just as critical to being physically, mentally, and emotionally healthy as a balanced diet or regularly seeing a doctor.

The COVID-19 pandemic further underscores the importance of one key social determinant of health: a safe and stable home in which to quarantine. However, the quality of that home and its physical surroundings can either serve to improve or worsen our long-term health outcomes. Housing drives health outcomes and plays a major role in a person's access to basic needs like healthcare, transportation, food, income, and social resources. Generally, housing is both a person's greatest expenditure and largest asset, therefore contributing to its overall significance in a person's life.

What Are the Social Determinants of Health?



Social determinants are the economic and social conditions that affect health outcomes and are the underlying contributing factor to health inequities. Some examples of these determinants include educational attainment, employment, the environment, and housing. While specific conditions vary, a wide body of research indicates these determinants can account for up to 50% of the variation in a population's health outcomes.¹

1 U.S. Department of Health and Human Services. (n.d.). [Social Determinants of Health](#).

Where Health and Housing Intersect

Housing and health trends, within the Commonwealth and nationally, continue to expose the correlation between housing-related issues and quality of life. Still, the true impact of housing requires an understanding of how four major pathways influence health outcomes. These four pathways include housing stability, safety and quality, affordability, and neighborhood characteristics. Each intersects with one another to tell a compelling story on how present conditions in different communities across the nation impact human lives, and where we can intervene effectively to produce healthier housing.

HOUSING STABILITY

Housing instability encompasses many challenges, such as homelessness, frequent moving, couch surfing, and falling behind on rent or mortgage. People who experience any form of housing instability have an increased chance of chronic illness, mortality, and impacted mental health.



SAFETY AND QUALITY

Many home conditions, such as lead exposure, are directly linked to irreversible brain damage in children. The physical condition and quality of home such as proper ventilation, home deterioration, pest infestation, and availability of plumbing have been associated with childhood and adult asthma, preventable infections, and developmental disabilities.

Overcrowding is also a contributor to housing safety and has been linked to different infectious diseases and psychological illnesses. In the midst of the COVID-19 pandemic, where social distancing and access to space is necessary, overcrowding can easily lead to the transmission of the deadly virus.

NEIGHBORHOOD

Factors outside the home, like the availability of public transportation, access to healthy food options, and access to green space, impact health. Living close to point source pollution such as sewage plants, high volume roads, and factories can result in increased rates of respiratory diseases. Another aspect of the neighborhood pathway that may be less visible, but equally as important as other factors is a neighborhood's social characteristics. Measures of crime, segregation, and social capital can all widen health disparities, because these factors play a key role in access to good schools, jobs, and health care.





AFFORDABILITY

Intentional spending on housing is important to evaluate whether or not someone's home is cost burdened. Having a home that is cost burdened means that 30 percent or more of a person's or family's income is spent on housing. Those who spend more on housing are spending less on other necessities such as food, health, or education. As a result, cost burdened families or individuals are more likely to lack a sufficient supply of food and access to adequate healthcare.

The services provided at a quality healthcare facility can be easily undone when a patient returns home to an unsafe and unstable home. Housing and health have a direct relationship that is better served when we look at the two in tandem. By addressing these pathways, an individual may have more money saved to afford quality healthcare, greenspace to improve their physical and mental health, or a safe place in which to recover after being sick.

2 | Engagement

COVID-19 has prevented in-depth engagement with community residents.

The ongoing COVID-19 pandemic has put a strain on the ability of organizations to engage directly with residents and other stakeholders. With social distancing rules and the risk of infection, gathering individuals in an enclosed space to discuss their housing and health challenges was unfortunately off the table.

The pandemic has put a strain on health care providers and housing providers.

Worse yet, the pandemic has taken its toll on providers. The needs of new and existing clients have been exacerbated by the pandemic, leading to increased demand for services and new types of service delivery that many organizations were not prepared for. This strain has made engagement with health and housing experts in the service area difficult and bringing together both fields near impossible throughout the pandemic. From ensuring that clients remain healthy and receive vaccinations, the priority of experts has been rightfully focused on the immediate needs of their clients and community members.

Engagement is still important.

Still, Potomac Health Foundation finds it important to contextualize the issues that residents face with on-the-ground expertise. Given the circumstances, HousingForward Virginia focused its efforts on direct conversations with local experts and two virtual town halls.

In total, we spoke to a dozen individuals who provided important feedback on this study and the needs of residents in the Potomac Health Foundation service area. As a result of these discussions, the initial draft of this study was completely revamped to be focused on viable solutions to address the well-known challenges that experts and residents have faced for years.

Two virtual town halls were held on May 25th and 27th of 2021 via Zoom and open to the general public. Across the two virtual town halls, 22 individuals attended.

Although attendance was relatively low, the feedback gained from participants was crucial to this study. Participants and experts noted the following considerations that are necessary when addressing the housing and health needs of residents in Greater Prince William County:

Virtual Town Hall Demographics - 2021	
Total Participants	22
Gender	
Male	14%
Female	86%
Non-binary/other	0%
Race/Ethnicity	
White (non-Hispanic/Latin American)	50%
Black/African American (non-Hispanic/Latin American)	32%
Asian	1%
Hispanic/Latin American (any race)	14%
Multiple	<1%
Other	<1%

Age	
Under 25	<1%
25 to 39 years	32%
40 to 54 years	23%
55 to 64 years	27%
65 years or older	14%

Cultural consciousness | Latin American residents are an increasingly important community to the area that have been disproportionately impacted by COVID-19. However, Hesitancy among immigrant populations to get involved in public health goes beyond COVID-19. It will be important to design and implement outreach that is wholly inclusive of the Latin American community, a community where nuances exist depending on country of origin.

Displacement concerns | Rising property values and increasing demand are placing upward pressure on home prices and rents in the area. Participants were particularly concerned about the potential displacement of low- and moderate-income families if these trends continue.

Increasing special needs | The demand for permanent supportive housing in the area continues to be unmet. High rents and the need for wraparound services funding are making it difficult to provide quality housing to those residents that need it the most.

Backyard battles | Not-in-my-backyard (“NIMBY”) attitudes are a big challenge in the area that are preventing affordable housing and mixed-use development. However, some participants noted that there is an increasing interest in 20-minute neighborhoods, communities where residents have easy access to work, food, school, and leisure without a personal vehicle.

VIRTUAL TOWN HALL: AFFORDABLE HOUSING

June 23, 2021

Along with the two town halls hosted by Housing-Forward, Prince William County Supervisors Kenny Boddye and Margaret Franklin organized a virtual event on affordable housing in late June. The panel discussion took a big-picture look at affordable and workforce housing, existing housing programs in the county and proposed policy updates that could increase access to appropriate, affordable housing in Prince William County.

Here’s what residents said:

Many community members raised questions and concerns over the decrease in housing production, causing a strained housing supply and increased costs. These members would like the county to explore more diverse affordable housing options including

creating and supporting affordable dwelling unit ordinances and having more oversight and control over apartment costs.

Additionally, having housing that addresses the varying financial needs of individuals is important: low income housing, moderate housing, workforce housing, and transitional housing. Some community members mentioned the importance of supportive housing and having access to a continuum of care for individuals who may need additional services that are reentering society (returning citizens) or are part of an aging population.

Lastly, community members want to be able to access information more and have more educational opportunities to learn about affordable housing, affordable dwelling units, and first-time homebuyer classes in the county and surrounding areas.

3 | Issues and Solutions

The Potomac Health Foundation service area encompasses eastern Prince William County and adjacent communities to the north and south in Fairfax and Stafford. Largely centered along Interstate 95, residents in the service area are impacted by issues at the national level, all the way down to unique issues within specific neighborhoods. From the “graying” of America to the dominance of car-centric land use policies, the service area is not alone in the issues it faces. The good news, however, is that this provides us with various solutions to address these issues.

Based on available data and the experiences of both housing and health experts in the area, there are five major issues that are having profound impacts on residents in the service area:

1. *High Cost of Housing and Transportation*
2. *Sprawling Built Environment*
3. *Growing Immigrant Population*
4. *Rapidly Aging Population*
5. *Racial and Ethnic Disparities*

The following sections provide an overview of these issues and why they are important to consider when thinking about the housing and health of residents. When possible, data was collected and analyzed at the census tract level to provide the most accurate snapshot of the Potomac Health Foundation service area. In other instances, when certain data were not available at the community level, county-level data were used to reflect the closest approximation of the service area.

The service area was approximated to include 67 census tracts with the gray area on the map reflecting the Prince William Forest Park and Merrimac Farm Wildlife Management Area, which are largely non-residential.

After each issue, there are a series of examples in which other organizations and institutions across Virginia have sought to address that particular issue. These examples are offered as inspiration for Potomac Health Foundation and its partners to consider when seeking to address the challenges that face their community.

Figure 3.0.1
Potomac Health Foundation Service Area



3.1 | High Cost of Housing and Transportation

Why It Matters

When a community can't provide ample affordable housing options for all its residents, many households are forced to dedicate significant shares of their income to rent or mortgage payments. Paying more than 30 percent of gross household income on basic housing costs is known as cost-burden. Households with housing cost-burdens are less able to save, spend money in the local economy, and pay for necessities—including healthcare, prescriptions, and other important needs.

While the COVID-19 pandemic has allowed many people to work from home, many low and moderate income households still had to travel into work. The cost of transportation further leaves many households without money to meet those basic needs.

Cost-burden is a useful proxy to determine how affordable a community's housing is for its residents. Using estimates from the Census Bureau and HUD, we can measure cost burden by tenure, income, and race/ethnicity. These disaggregations allow us to better understand how housing needs intersect race and class.

What the Data Shows

In the PHF service area, roughly one in three of all households are cost burdened. Renters (52%) are much more likely than owners (26%) to be cost burdened—a trend similar to that found across the region and state.

The share of households experiencing cost burden is not equally distributed across income, nor race and ethnicity. Nine in ten extremely low-income (<30% AMI) households are cost burdened, and more than half of all households earning less than 80% AMI are cost burdened. While there are still significant percentages of upper-income households (above 80% AMI) with cost burden, these families and individuals have much more disposable income, and are therefore much less likely to experience financial hardships affecting their health.

Cost burden is also disproportionately prevalent across race and ethnicity. While only 24% of white households in the PHF service area are cost burdened, all other races are at least 10 points more likely to be cost burdened. Hispanic households have the highest rate of cost-burden at 45%, followed by Asian and Black households at 40% and 39%, respectively.

Figure 3.1.1

Percent of owners and renters with housing cost burden

Source: 2013-2017 Comprehensive Housing Affordability Strategy dataset, via HUD.

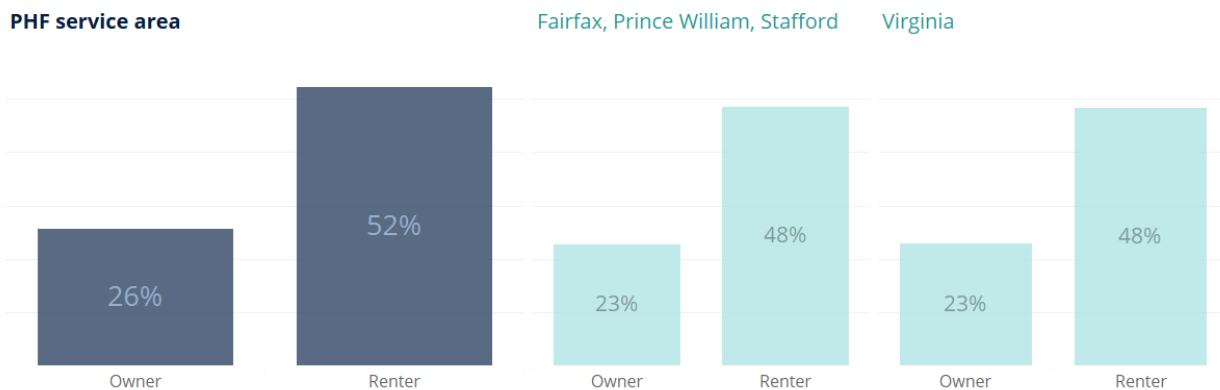
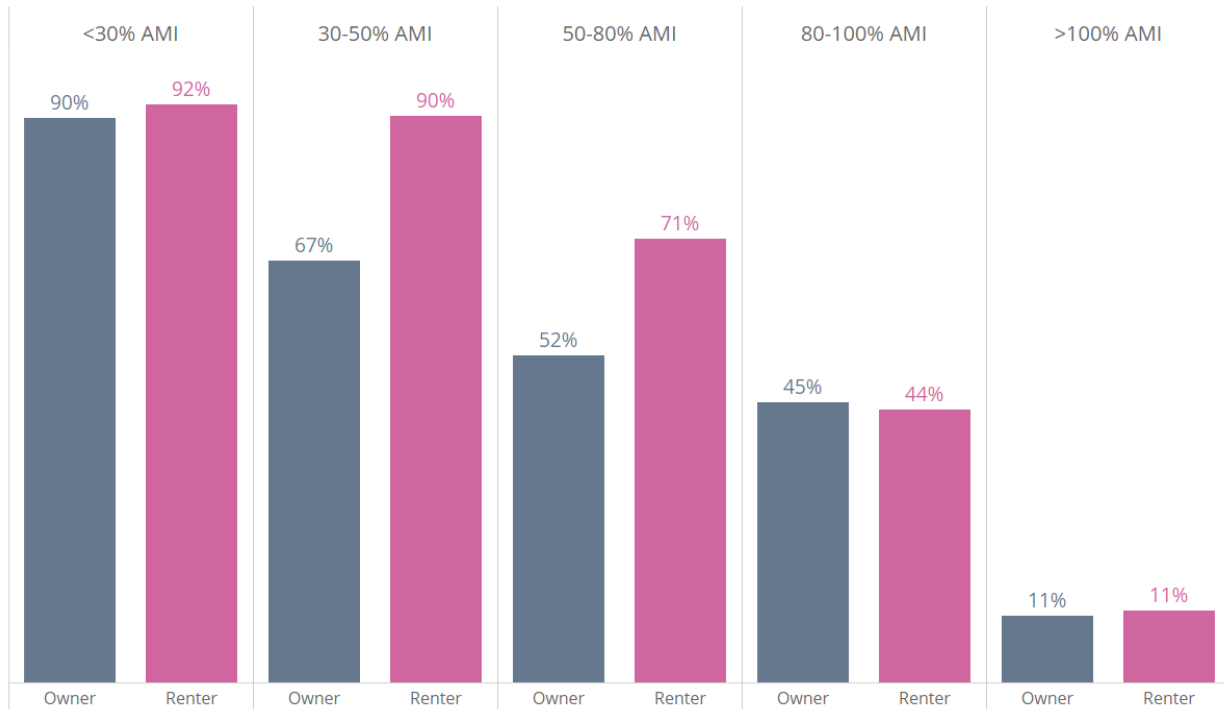


Figure 3.1.2

Cost burden by income and tenure

Source: 2013-2017 Comprehensive Housing Affordability Strategy dataset, via HUD.



Rents in the service area have been rapidly increasing, especially in the western part of Woodbridge and in the Dumfries area where rents have increased by over 15% from 2014 to 2021. In 2021, Zillow estimated that the lowest typical rent in the area surrounding Potomac Health Foundation was on average about \$1,768. In order to afford a rental in the area, a household would need to make just over \$70,000 to just cover rent, an income well above what low-income families in the area make.

In the same timeframe, renter incomes have generally kept pace by increasing by 18% from 2014 to 2019. But it is important to note that incomes are very different between racial and ethnic groups in Prince William County, and there has been a rise in renters with high incomes.¹ The inability of wages to keep pace with rising housing costs contributes greatly to cost burden.

It's also much harder to buy a home in Prince William County now than it was several years ago. The median sales price for a single-family home, townhome, or

condo in the second quarter of 2021 was \$481,327—more than 60% what it was in early 2014. The high cost of homeownership locks many potential buyers out, which continues to increase demand for apartments, as well as push families to less expensive areas of the region, which are further away from jobs and amenities. This contributes to longer commutes and more traffic.

Transportation is often a household's second-largest expense after housing and is unique for everyone depending on their location. The Center for Neighborhood Technology provides a measure of transportation costs by taking into account the built environment and regional variations in households. Based on this information, CNT estimates that a typical moderate income household (\$73,859) in Prince William County spends 18% of their income on transportation costs.²

This means that even a household that spends just 30% of their income on housing will roughly spend 20% more on transportation costs, leaving only 50% of their income towards food, healthcare, child care, and other necessities.

1 Misra, Tanvi. (2017). "The Rise of the Rich Renter." Bloomberg CityLab. October 5, 2017.

2 Center for Neighborhood Technology. (2021).

Figure 3.1.3
Cost burden by race and ethnicity

Source: 2013-2017 Comprehensive Housing Affordability Strategy dataset, via HUD.

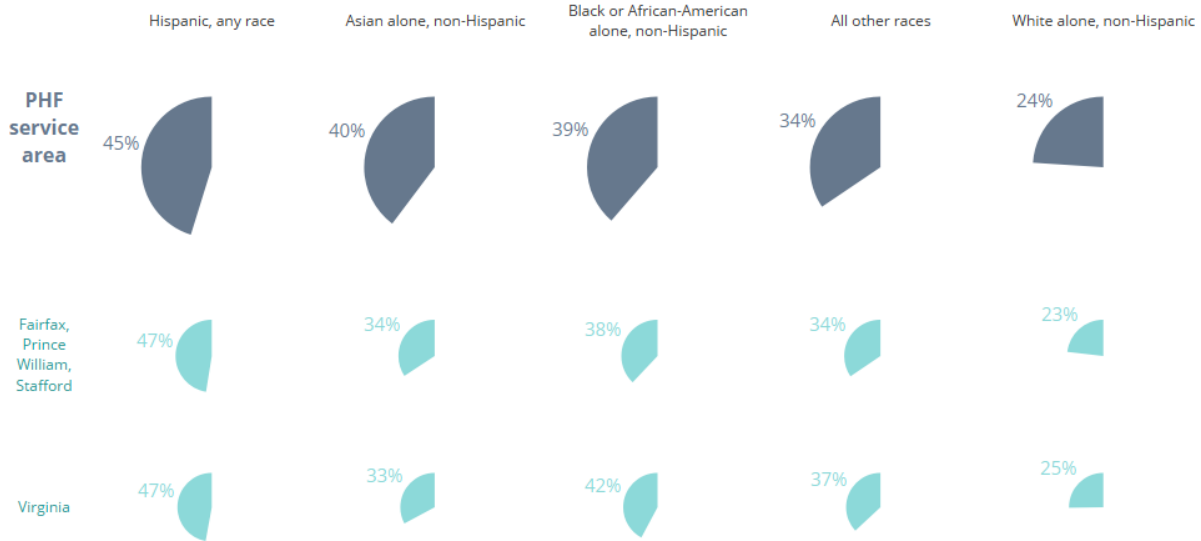
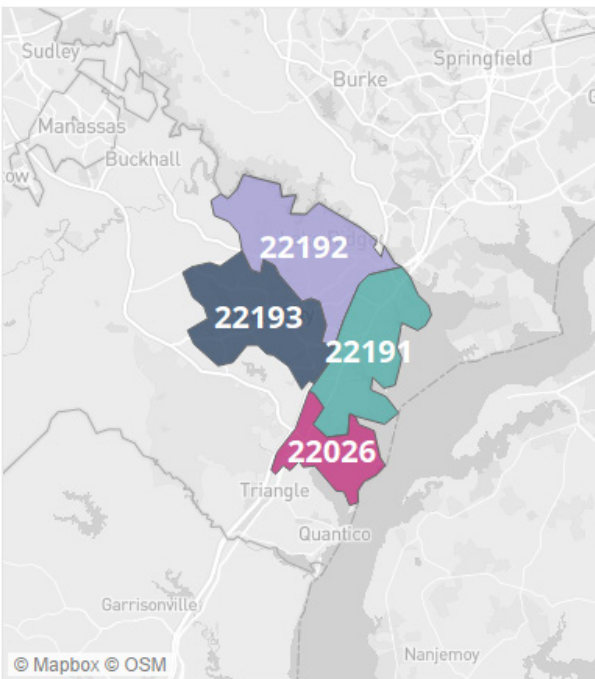


Figure 3.1.4
Observed rents in major ZIP codes

Source: Zillow Observed Rent Index (ZORI), 2021. Smoothed, seasonally adjusted

ZIP Codes in the service area



Percent change in typical observed rent

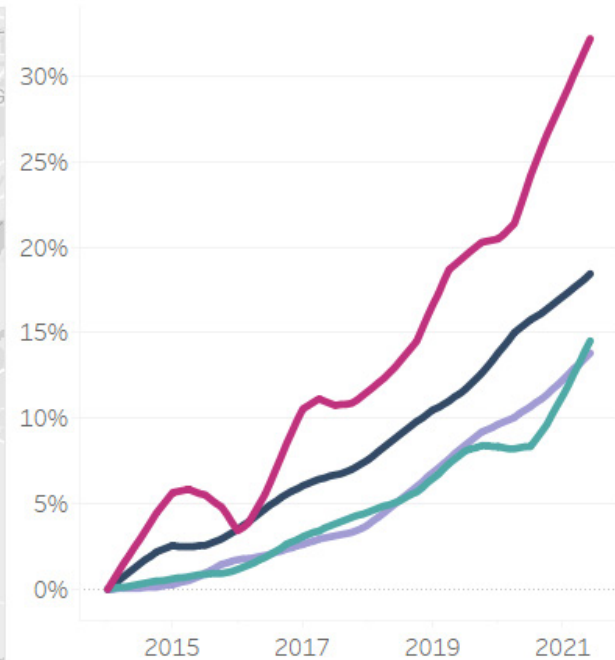


Figure 3.1.5
Average typical observed rents in surrounding ZIP codes

Source: Zillow Observed Rent Index (ZORI), 2021. Smoothed, seasonally adjusted

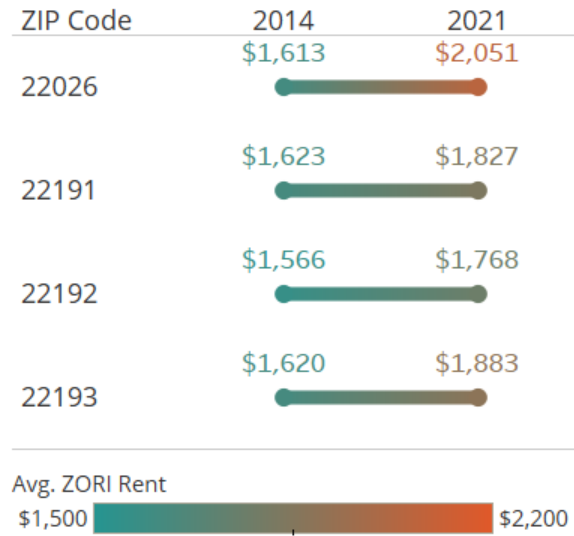
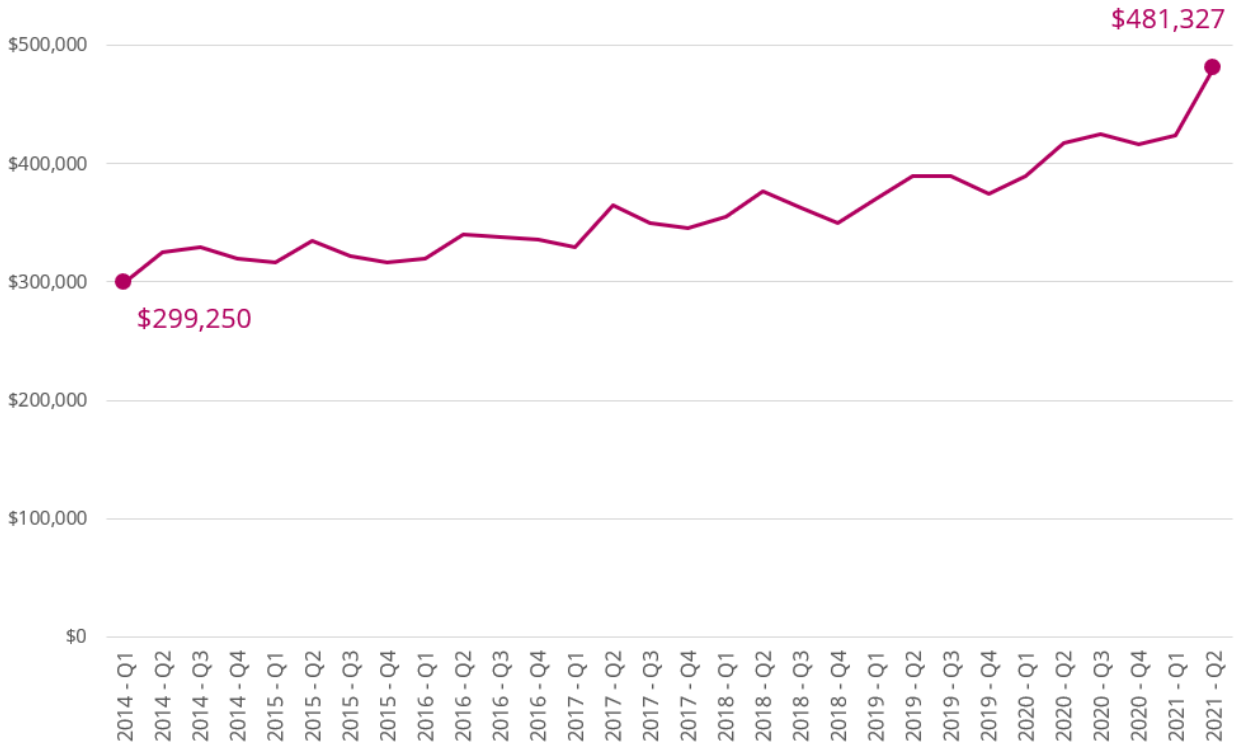


Figure 3.1.6
Median home sales price in Prince William County

Source: Virginia REALTORS®



Improving Affordability

COMMUNITY LAND TRUSTS

A community land trust (CLT) is a nonprofit corporation that acquires and manages land for affordable housing development. Community land trusts sell homes to low- and moderate-income families at an affordable, below-market rate but retain ownership of the land.

By taking the value of the land out of the purchase price, CLTs lower the barrier to homeownership. Buyers can put less money down and save on monthly mortgage payments. CLTs also help preserve these homes as perpetually affordable — when a homeowner goes to sell their CLT home to a new buyer, the increase in home equity is split between the seller and the CLT. As a result, the home is more insulated from escalating land values, and part of the equity accrued from the increase in value remains in the home to keep it affordable for future buyers.

CLTs enter into a shared-equity agreement with the homeowner, who leases the land for a nominal fee. The original buyers agree to perpetuate property affordability by reselling at below-market rates to other lower income buyers. CLTs are found across the country. CLTs exist in the Richmond region, Charlottesville and now Statewide.

Localities in the PHF service area could partner with an existing CLT to develop affordable homeownership in all service areas. A CLT still requires that land be available to build housing and that the cost of housing be reduced, through subsidy, so that the housing can be sold at affordable levels.

VIRGINIA RENT RELIEF PROGRAM

The [Virginia Rent Relief Program](#) is a response to the impacts of the COVID-19 pandemic on housing stability for Virginia residents. The RRP provides financial assistance for rent (and previously mortgage payments) that are past due from April 1, 2020 and beyond for households who demonstrate economic hardship due to the pandemic.

The RRP program was initially funded by the CARES Act, and administered by the Virginia Department of Housing and Community Development. DHCD allocated funds to local public and nonprofit entities across the state to roll out assistance. In the fall of 2020, Virginia Housing began a landlord-initiated program to allow property owners and managers a pathway to deliver RMRP assistance to tenants.

This program acknowledges the economic hardships of the COVID-19 pandemic and the importance of a stable home in ensuring those hardships are not exacerbated by the loss of a home. By having a stable home, individuals are able to quarantine safely and effectively when sick. As of May 2021, the RRP has assisted over 35,000 households, a majority of them being extremely low income.

Local rental assistance programs also exist to serve residents within specific communities. Arlington County has a Housing Grants Program that provides rental assistance to low-income residents. This program specifically targets renters who are 65 years or older, living with a total or permanent disability, working families with children under 18, and patients of County-operated/supported mental health programs.

VIRGINIA BEACH WORKFORCE HOUSING PROGRAM

In 2008, the City of Virginia Beach developed its [Workforce Housing Program](#) to address the increasing number of unaffordable homeownership opportunities for those people performing essential jobs in their community, like firefighters, teachers, and government workers.

The program incentivizes developers to build workforce housing units by offering a density bonus within a market-rate development. In other words, developers are allowed to build more units on land that is typically zoned for lower density, which when combined with market-rate and affordable units could mean greater profit for a developer.

While offering more affordable rents for rentals, for-sale units are also offered special financing that allows for lower monthly mortgage payments. In addition, the City puts a restriction on the resale of the home in order to preserve affordability permanently.

By holding a second deed of trust for the home by paying for 25% of the home, the City is able to offer the home at a much more affordable rate, but also gets a portion of the equity that is accrued in the home.

With enough funding, localities can invest in not only their housing stock but the future of their communities. Investing in workforce housing ensures that essential workers can continue to live in the same places that they work, reducing both their housing and transportation costs.



Houses along the shore of Lake Holly, Virginia Beach. Photo via Adobe Stock.

3.2 | Sprawling Built Environment

Why it Matters

A family's neighborhood and surrounding environment significantly influence their health. Where their home is located determines access to jobs, healthy food, and green spaces. When communities are designed around car travel, roads, parking lots, and car-centric shopping dominate the landscape. In turn, communities wherein all the basic necessities of life are located within twenty minutes or less are rare.

Traffic is a daily challenge for anyone attempting a commute or basic errand in Northern Virginia. Long commutes between home and the workplace not only contribute to congestion and air pollution, but also to obesity and other negative health outcomes for drivers, such as stress and anxiety. Syncing housing, economic development, and health strategies to reduce vehicular travel is one pathway for healthier communities.

Communities that don't require a vehicle for every trip promote better health. When residents have low barriers to walking, biking, and other physical activity, they are more likely to have better physical and mental health outcomes. The risk of obesity, diabetes, heart disease, cancer, and stroke all decrease with increased regular physical activity. Simply put, homes that are connected to amenities by sidewalks and safe streets have healthier residents.

Healthy food options are also necessary to sustain healthy lifestyles. But sprawling car-centric communities often focus on fast food options for commuters and grocery stores are not easily accessed for individuals without personal vehicles. When households have access to high-quality, fresh food options in local supermarkets and grocery stores, they can avoid less healthy options such as fast food. Better diets have obvious health benefits, such as lower risk of obesity, that lead to longer lives.

COMMUTING

What the Data Shows

Based on 2018 data from the Census Bureau, only 30,039 workers both live and work in the PHF service area (Fig. 3.2.1). This amounts to just 21% of all residents and 36% of all jobs in the area. Over 113,000 workers in the area commute out to jobs elsewhere. Three in four workers in the service area must travel 10 miles or more each way to their jobs, with nearly all headed to the north. Nearly one in three workers commute to jobs in Fairfax County.

Figure 3.2.1
Inflow and outflow job counts in the service area, 2018

Source: U.S. Census Bureau LEHD Origin-Destination Employment Statistics.



WALKABILITY

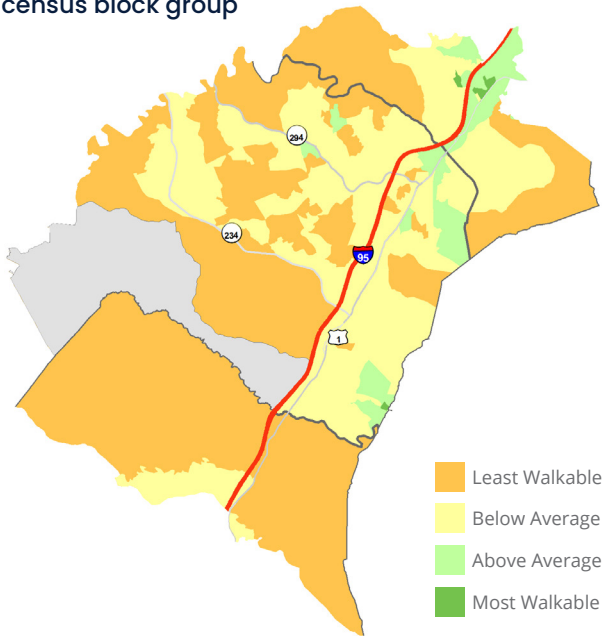
What the Data Shows

Measuring the walkability of a neighborhood takes multiple factors into account: diversity of land uses, density of homes and other amenities, access to public transit, and others. The Environmental Protection Agency maintains a National Walkability Index that uses publicly available data to assign walkability scores to block groups.

When looking at this index for the PHF service area, it is clear that much of the region is very hard to navigate without a personal vehicle. With only a few exceptions near Woodbridge and Lorton, much of the service area is ranked "below average" or "least walkable" (Fig. 3.2.2). This status quo is the result of decades of automobile-oriented development.

Figure 3.2.2
National Walkability Index by
census block group

Source: EPA



FOOD ACCESS

What the Data Shows

According to the USDA Food Access Research Atlas, 17 of the 66 census tracts in the PHF service area are “low-income and low-access” food deserts (Fig 3.2.3). Under this definition, these tracts meet one of three low-income criteria and at least 33% of the total population is more than half a mile from a supermarket.³

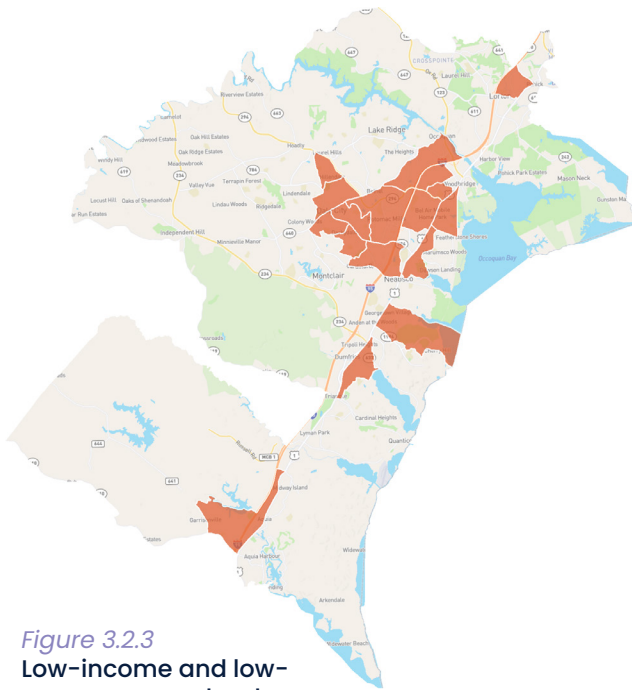
Just over 111,000 persons live in these communities—31% of the total population in the service area. Nearly all of the tracts are just south of Woodbridge, around Potomac Mills, demonstrating that a simple abundance of retail food options does not create equal opportunities for all. Three other tracts are further south along I-95, and one other is in Lorton. All but two food desert tracts are in Prince William County.

These food deserts are another example of racial inequities in the region’s built environment. Just 19% of all white residents in the service area live in food deserts, compared to 49% of Hispanic/Latino residents, 34% of Black residents, and 30% of Asian residents. These disparities amplify existing health inequalities.

The poverty rate in these 17 food deserts is approximately 11.5%, compared to 5.1% in all other parts of the service area. Just over half of all persons in poverty across the entire service area live in one of these food deserts.

Figure 3.2.3
Low-income and low-
access census tracts
 (“food deserts”)

Source: USDA Food Access
Research Atlas.



³ USDA defines a low-income tract as one where either a) the poverty rate is greater than 20%, b) the median family income is less than or equal to 80% of the statewide median family income, or c) in a metropolitan area, the median family income is less than or equal to 80% of the metropolitan area’s median family income.

Improving the Built Environment

LOCAL INITIATIVES SUPPORT CORPORATION (LISC) HEALTHY FUTURE FUND

LISC, a nonprofit community development financial institution (CDFI), recognizes the lack of affordable health care in low-income neighborhoods. In order to address this deficit, they partnered with Morgan Stanley and the Kresge Foundation to develop the \$200 million [Health Futures Fund \(HFF\)](#).

Through the fund, LISC finances the development of Federally Qualified Health Centers (FQHCs) and affordable housing in underserved areas. The fund provides equity, loans, grants, and technical assistance in order to develop health centers and affordable housing concurrently to support:

- *New community health centers in underserved neighborhoods*
- *New low-income housing with incorporated health services*
- *Social services linking health and housing*

HEALTHY CHESAPEAKE GARDEN2TABLE

[Healthy Chesapeake](#), a nonprofit committed to building, supporting, and sustaining a healthier Chesapeake. Two key focus areas of Healthy Chesapeake are improving access and utilization to health services resources, and addressing food insecurity and healthy eating habits to reduce chronic disease and improve quality of life.

Their Garden2Table program seeks to increase healthy food access through individual and community gardens developed within neighborhoods. In addition to providing fresh food, their three community gardens at Broadlawn Public Housing, Cambridge Square, and Messiah United Methodist Church contribute to better mental and physical health among community members. The program also offers a mobile cooking lab and mobile farmers market to bring healthy food and cooking to communities.

The Garden2Table program bridges the divide between where people live and where healthy food options exist by bringing food production directly to residents, enhancing both individual homes and neighborhoods.



One of Health Chesapeake's production gardens for its Garden2Table program.
Photo via Healthy Chesapeake.

3.3 | Growing Immigrant Population

Why It Matters

Several barriers may present themselves to immigrant populations in accessing healthcare, chief among them being documentation and language.⁴ Large immigrant populations may also suggest an undocumented population, which may further present a challenge to healthcare access.⁵

According to the Washington Post, from October 2014 to December 2020, the D.C. Metro Area has received the most unaccompanied minors from Central America per capita than any other part of the country.⁶ Many of whom are teenagers are crossing the border to escape violence and poverty in their own countries in hopes to be reunited with family members here and simply find safety and opportunity.

The influx of unaccompanied minors to the area presents challenges to local health and human services that may be understaffed, but also puts pressure on households that are welcoming relatives or friends into their home to keep them safe. Hispanic households not only often work in professions that require close contact with others, but they also tend to live in overcrowded housing due to multigenerational households.⁷ This means that families are often unable to isolate sick individuals, a point made more important as the COVID-19 pandemic continues.

Too many people within an enclosed space contributes greatly to the transmission of disease. We can measure overcrowding by determining the ratio of persons in a household to the number of rooms in their housing unit. While exact definitions vary, the Census Bureau uses a standard of more than one person per room (>1.0) to identify overcrowding.

Overcrowding is a symptom of limited affordable housing options. Families are often forced into smaller homes to combine incomes and meet housing costs, especially in high-value markets. This prevents family members from being able to isolate themselves from others when sick. In multigenerational households, this issue can be exacerbated by the presence of elderly family members.

COVID-19 has made this connection glaringly apparent: In a study of several hundred pregnant women during the spring and summer of 2020, Columbia University researchers found overcrowded households are “strongly associated” with increased transmission of the SARS-CoV-2 virus.⁸

For healthcare access, English-language proficiency is an important factor if services are not provided in a variety of languages. Otherwise, limited English proficiency can serve as a barrier to healthcare and community health education programs.⁹ In addition, different cultures have different customs and societal norms that if not taken into account can result in distrust or harm in communities.

4 Gellat, Julia and Koball, Heather. (2014). [Immigrant Access to Health and Human Services](#). [Research Report]. Urban Institute.

5 Gelatt, J. (2016), [Immigration Status and the Healthcare Access and Health of Children of Immigrants](#). Social Science Quarterly, 97: 540-554.

6 Miroff, Nick, Andrew Ba Tran, and Leslie Shapiro. (2020). [“Hundreds of minors are crossing the border each day without their parents. Who are they?”](#) Washington Post. March 11, 2020.

7 Airgood-Obrycki, Whitney. (2020). [“High-proximity jobs and household vulnerabilities.”](#) Joint Center for Housing Studies of Harvard University. June 8, 2020.

8 Emeruwa UN, Ona S, Shaman JL, et al. [Associations Between Built Environment, Neighborhood Socioeconomic Status, and SARS-CoV-2 Infection Among Pregnant Women in New York City](#). JAMA. 2020;324(4):390-392. doi:10.1001/jama.2020.11370

9 Shi L, Lebrun LA, Tsai J. [The influence of English proficiency on access to care](#). Ethn Health. 2009 Dec;14(6):625-42. doi: 10.1080/13557850903248639. PMID: 19953393.

What the Data Shows

The diversity of the PHF service area is further reflected in its immigrant population. One in four residents is a foreign-born individual, which exceeds the percentage of the DC Metro area as a whole (Fig. 3.3.1). These residents represent diverse cultures largely from Latin America, Asia, and Africa.

In the PHF service area, 41% of the total population 5 years and older speaks English less than “Very Well” (Fig. 3.3.2). This equates to roughly 47,000 people, where 63% are Spanish-speaking and 13% speak an Asian language. A great number of Latin Americans are concentrated in eastern Prince William County in proximity to Potomac Health Foundation, while the number of foreign-born tends to increase as you head to the north of the service area along I-95 and US-1 (Fig. 3.3.3).

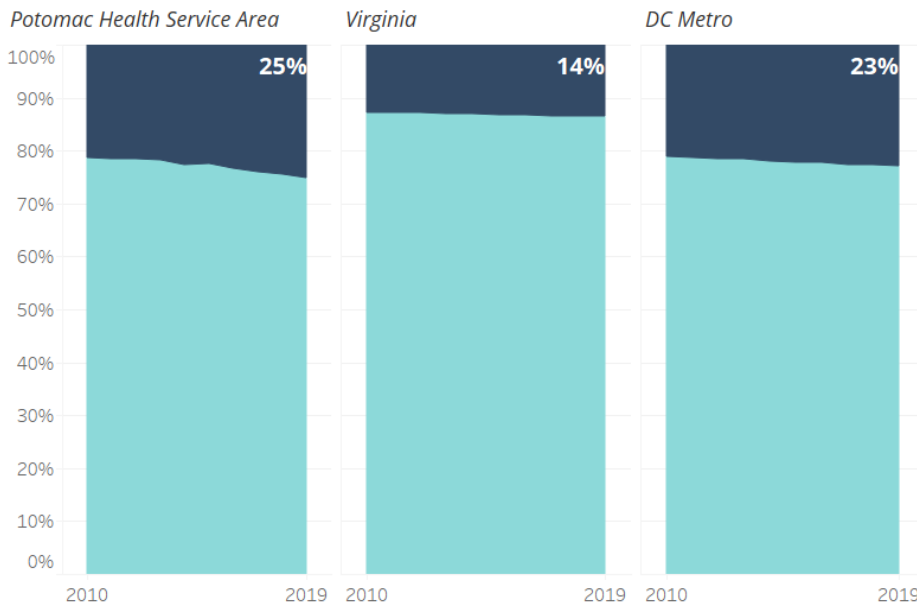


Figure 3.3.1
Percent change in foreign-born population

Source: U.S. Census Bureau, ACS 5-year Estimates 2010-2019, Table B05012

The PHF service area's foreign-born population is not only larger than that of Virginia's and the DC Metro area's, but also has grown at a faster rate.

Nativity
■ Foreign-Born ■ Native

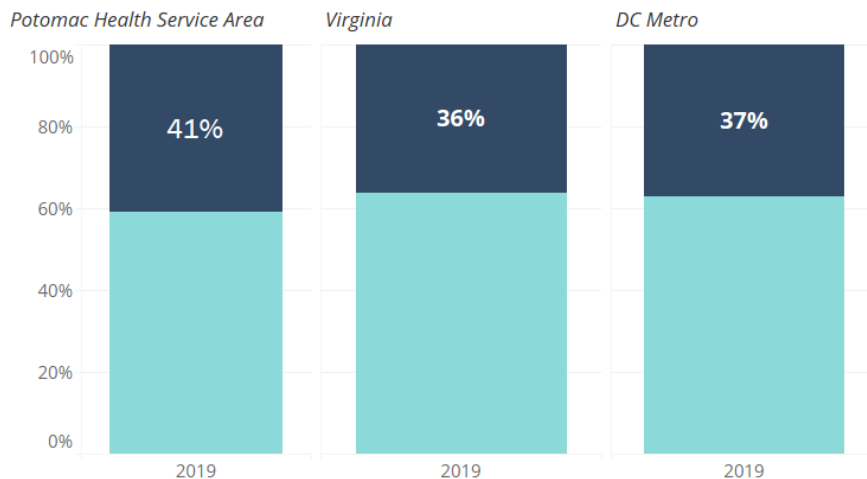


Figure 3.3.2
Percent of population that speaks English less than “Very Well”

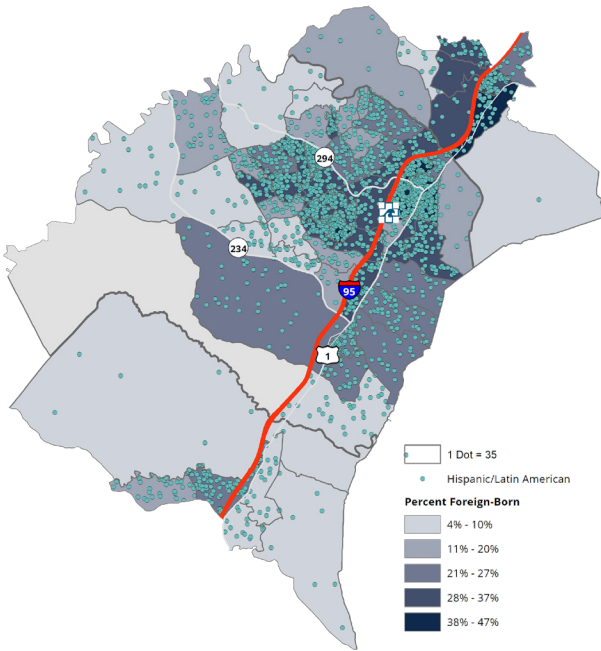
Source: ACS 5-year Estimates 2019, Table B16004.

The service area has a larger percentage of people 5 years and older who speak English less than “Very Well” than in the Commonwealth at large.

English Skill
■ Speaks English Less than "Very Well" ■ Speaks English "Very Well"

Figure 3.3.3
Foreign-born population and Hispanic/Latin American population density

Source: ACS 5-year Estimates 2018, Table B05012 & Table S1602.

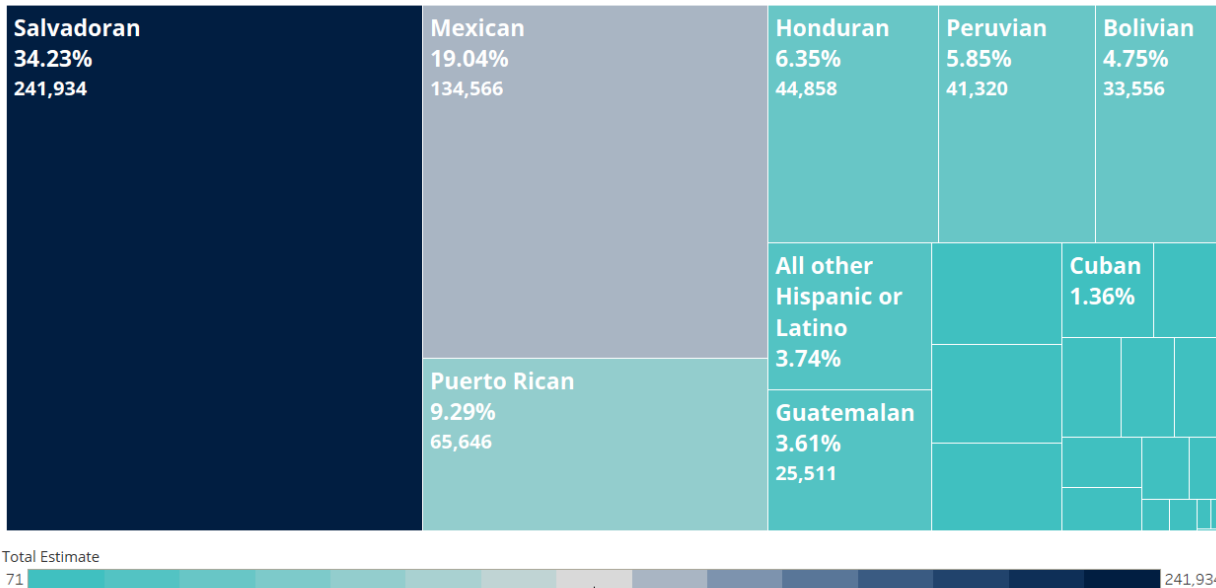


But Latin American households in the service area are not all the same. Country of origin is how many households identify and this influences how a household may prefer to be engaged with or their trust with institutions. Using language that takes into the nuances that exist between countries and cultures is important when considering the housing and health needs of those different households. In the service area, Latin American households are mostly from El Salvador (35%), followed by Mexico (15%).

One in three Latin Americans in the service area is from El Salvador, while nearly one in five is from Mexico.

Figure 3.3.4
Hispanic/Latin American by Country of Origin in the Service Area

Source: ACS 5-year Estimates 2018, Table B05012 & Table S1602.

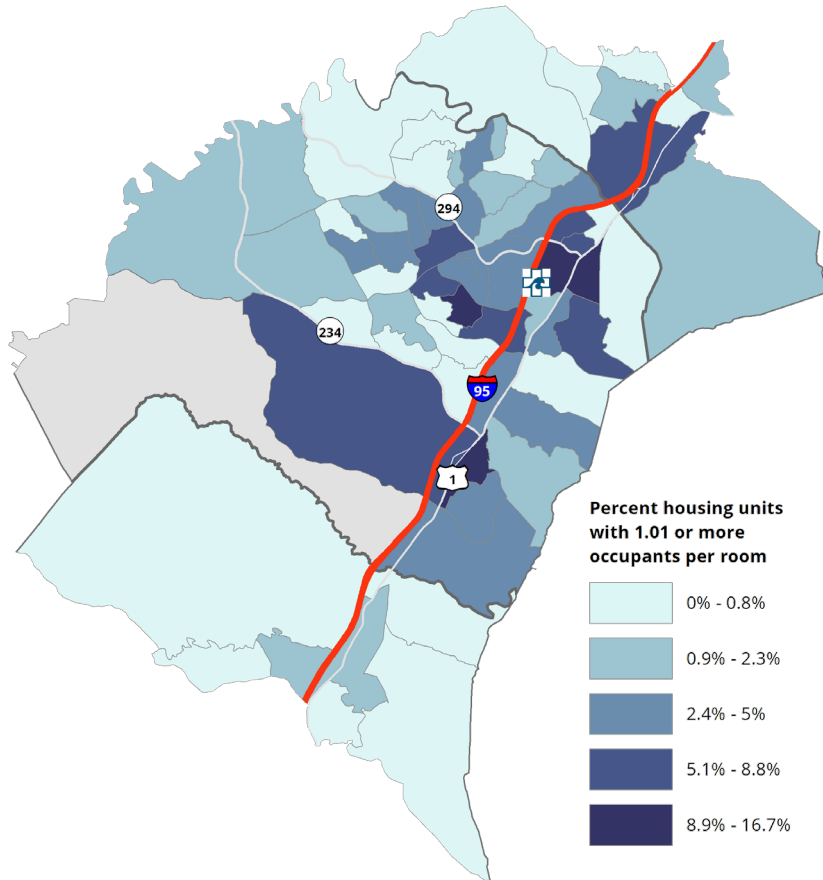


In the service area, there are 3,692 housing units that have more than one person-per-room. Although only 3% of occupied housing units are within the service area, any degree of overcrowding within a geographic area can lead to greater transmission of disease.¹⁰

Overcrowding within the service area occurs predominantly along the I-95 and Route 1 corridors. These are areas wherein there are more apartment units and manufactured housing communities, but also where many Latin American households are located. Advocates emphasized that not only are many Latin American households multigenerational, but household sizes are often large due to unrelated families sharing a home. This information coupled with a higher COVID-19 infection rate may speak to this overcrowding issue, as well as the fact that many Latin Americans are front line workers, unable to socially distance.

Figure 3.3.5
Overcrowding (More than one person per room) within the service area

Source: ACS 5-year Estimates 2018, Table B05014.



¹⁰ [WHO Housing and Health Guidelines](#). Geneva: World Health Organization; 2018. 3, Household crowding.

Improving Health and Housing Access for Immigrants

SACRED HEART CENTER RICHMOND

Sacred Heart Center (SHC) is a nonprofit organization based in South Richmond focused on serving low and moderate income Latinos in the Richmond area. Largely supported by foundation, individual, and business donations, SHC offers programming that provides the Latino community with pathways towards social and economic integration, family success, and community leadership.

SHC offers legal services, English-Spanish language classes, child care, a food pantry, and health services, among other programming that seeks to ensure that the Latino community remains safe and healthy. The Community Hub provides a central location for the local Latino community to receive assistance from a trusted organization.

Among its health and wellness programming, SHC offers:

- *Bilingual help with applications for FAMIS/Medicaid for children or pregnant women or assistance with renewing coverage.*
- *Counseling for adults and families through a partnership with Commonwealth Catholic Charities*
- *Free bilingual medical clinic in partnership with Bon Secours Care-A-Van.*
- *Grupo CAMINOS, a support group for families of family members with disabilities.*
- *Free case management for families.*

While not focused on housing, SHC provides vital services and helps to build relationships and trust with the Latino community. Supporting and/or helping to found similar organizations in Greater Prince William County could help to address the disparities faced by many Latinos in the area.

EAST END MOBILE HOME PARK

The East End Mobile Home Park, located in Manassas City, Virginia, became a public health issue when its sewage systems continually leaked into storm drains and into public water supply. In order to address the sewage issue, the city elected to purchase the park. The purchase of the park by the city would have closed the park, causing 300 people (59 families) to be displaced, many of whom were Latin American.

The city planned to seek support from Catholics for Housing (CFH) to help the residents of East End Mobile Home Park find affordable housing. Residents of the mobile park banded together and petitioned for CFH to become their property owner instead of the city of Manassas and on October 16, 2017, the Manassas City council had a unanimous vote that allowed East End Mobile Home Park to be purchased by Catholics for Housing for \$1.4 million. With this new agreement, CFH became responsible for fixing and maintaining the sewer system.

CULTIVATE HEALTH

In the Denver, Colorado neighborhood of Regis, the Latino population has continued to grow rapidly. But income and health inequities within the community motivated Regis University to not sit idly, but to make a difference in the community where they are located.

In 2014, Regis University won a \$1 million grant from the Colorado Health Foundation to [promote healthy living and improve their connection to the community](#). The grant brought together the institution with a private development team to not only construct apartments for individuals and families making less than 60% of area median income, but also commercial retail space and a community garden.

Regis University also offers classes through its Center for Food Systems and Community Health to community residents in the community garden and plans to operate the Regis Neighborhood Health Clinic with faculty and students.

3.4 | Rapidly Aging Population

Why It Matters

America is steadily growing older and older as thousands of Baby-Boomers are reaching the 65 year old milestone. According to AARP, 10,000 people turn 65 every day and by 2050, one in five people in the U.S. will be a senior.¹¹ This change in demographics has major implications for housing and health care as many seniors may lose their ability to live independently.

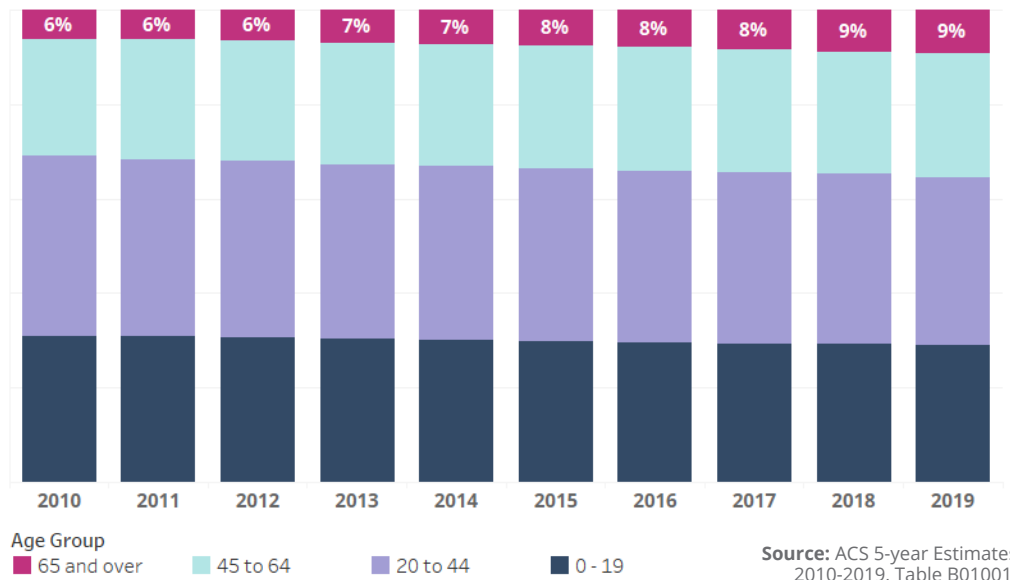
Many seniors desire to age-in-place, but oftentimes their homes are not in a condition to meet their needs as they age. Addressing physical obstacles within the home and transportation needs are high priorities for seniors, especially those who live alone in single-family homes.

What the Data Shows

The Potomac Health Foundation service area comprised 357,101 residents in 2018, a 17% increase from 2010 (Fig. 3.4.1). This far exceeds the growth in the DC Metro area (7%) and state-level (13%) over that same period. The greatest increases in the PHF service area occurred among the 65 years old and over age group, which experienced an increase of 69% from 2010 to 2018.

The working age population is a significant proportion of that growth, many of which will be approaching senior age in the coming decades. The 45-64 year old and 65 and over age cohorts saw the greatest increases by 21% and 69%, respectively.

Figure 3.4.1
Age Distribution in the Potomac Health Foundation service area



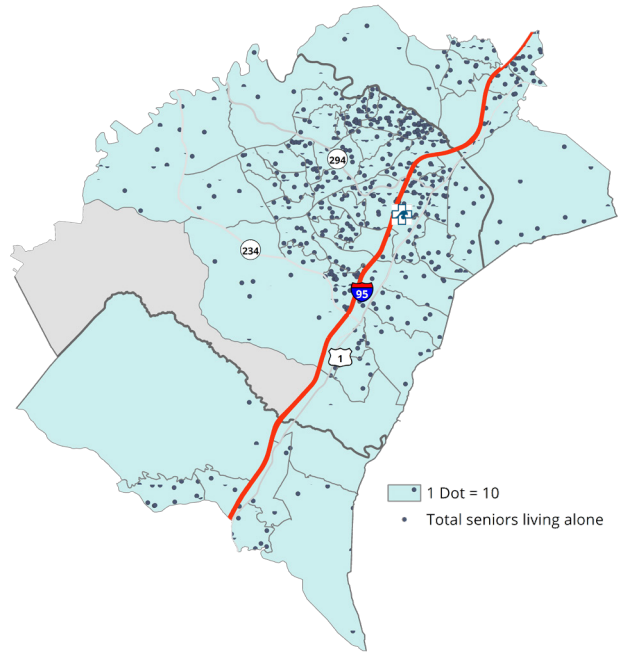
The elderly population has grown by 78% since 2010, from about 19,000 to 33,000 in 10 years.

¹¹ AARP. (n.d.). [The Aging Readiness & Competitiveness Report: United States](#). AARP.

With the majority of Prince William’s population located within the PHF service area, Prince William County’s projections serve as a proxy for the projected growth of the service area (Fig. 3.4.2). Within Prince William County, the senior population growth will have major implications for the need for senior-related health programs in the service area. With roughly one in four residents in the service area being between 45 and 64 in 2018, the demand for these programs will rise.

Within the PHF service area, 13% of occupied housing units are headed by a senior and 94% of those senior-headed households live in single-family homes. There is a small proportion of seniors living alone in the service area (5%), many of whom live along the I-95 corridor (Fig. 3.4.3).

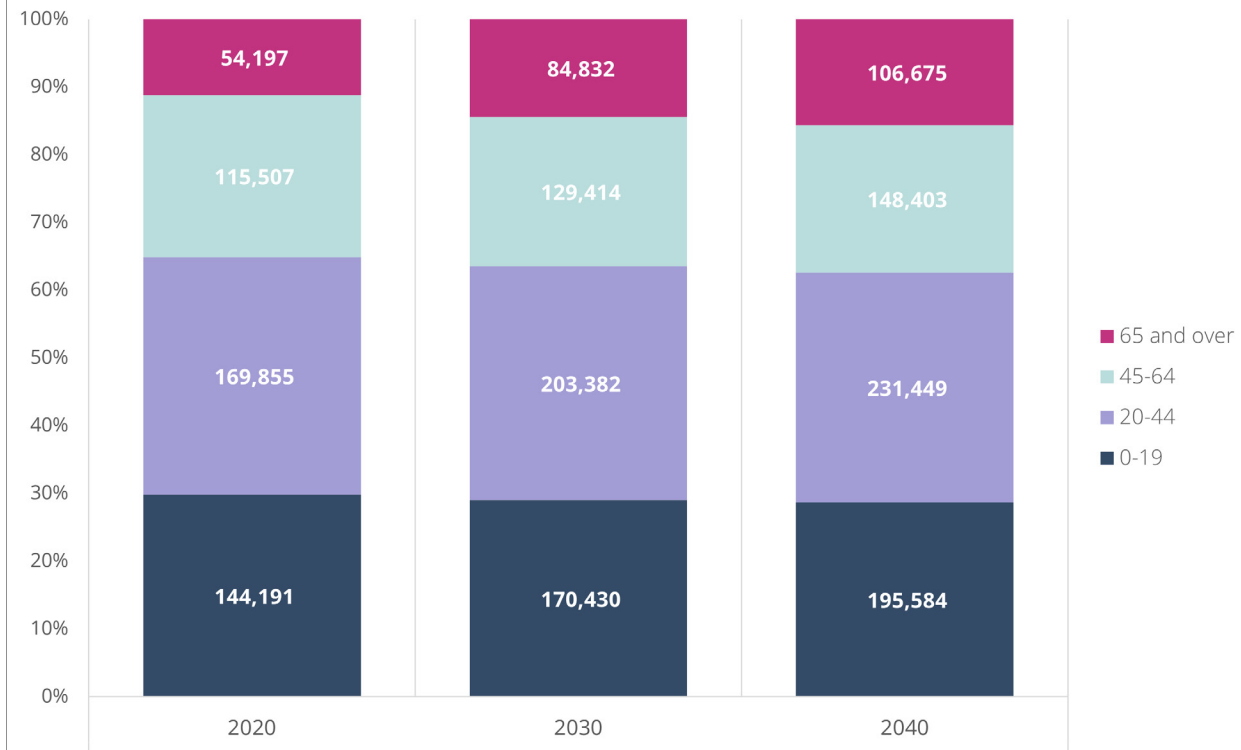
Figure 3.4.3
Seniors living alone within the service area



Source: ACS 5-year Estimates 2018, Table B11010.

Figure 3.4.2
Age distribution projections for Prince William County

Source: UVA Weldon Cooper Center, 2017, Population Projections by Age and Sex for Virginia and its Localities, 2020-2040.



Improving Senior Health and Housing

AHIP SAFE AT HOME CAMPAIGN

The [Albemarle Housing Improvement Program \(AHIP\)](#) is a nonprofit that helps low-income households in the Charlottesville area make much needed housing repairs and upgrades. The Safe at Home Campaign includes two major programs:

1. *Emergency Home Repair (water leaks, electrical hazard, etc.)*
2. *Home Rehabilitation (roof replacement, HVAC and plumbing upgrades, etc.)*

By providing assistance that addresses both immediate interventions and long-term solutions, AHIP helps individuals, seniors, families with children, and people with disabilities live in homes that remain safe and affordable. AHIP partners with local governments, fellow housing organizations, social service agencies, and volunteers in a community-driven approach.

CULPEPPER GARDEN

Affordable housing options for low-income seniors is a growing need as the population continues to age. Supporting the development of new independent and assisted senior living facilities is one way that this growing need can be met. Developers often have to utilize a mix of resources, including federal, state, and private, to deeply subsidize low-income housing that includes services.

[Culpepper Garden](#) includes two independent senior living facilities with 267 apartments and one assisted living facility with 73 apartments in Arlington, Virginia. Housing options like these ensure that no senior experiences homelessness, but also ensure that they receive the services needed to live a healthy life.

At Culpepper Garden III, the assisted living facility, licensed nurses are on staff and residents are helped with scheduling and travel to physician's appointments. When it opened in 2000, it was the first of its kind in the United States to combine both affordable housing and assisted living services.

Across all three of their properties, residents pay rent based on their individual income. They must be 62 years of age or older and not exceed the Low Income Housing Tax Credit Program income limits, which for April 1 2020 were as follows:

- *\$52,920 - one person*
- *\$60,480 - two persons*
- *\$68,480 - three persons*

ACCESSORY DWELLING UNIT ORDINANCES

Accessory Dwelling Units (ADUs) can offer seniors the ability to downsize without the expense of moving far from family or losing their home. Many localities in Virginia do not allow for the construction of a second, smaller home on existing detached housing lots, but there has been increasing interest in ADUs as a major option for seniors looking to age-in-place.

With an ADU, a senior can have several options to help them have a better quality of life as they age. They could move into a smaller, lower maintenance space, while renting out the main house for additional income; they could rent the ADU to help contribute towards their retirement; they could have a caregiver live in the ADU; or they could have family live in the main house.

Modern ADUs can be designed with mobility and energy efficiency in mind, making it both more comfortable and affordable for seniors who may be on fixed incomes.

3.5 | Racial and Ethnic Disparities

Why It Matters

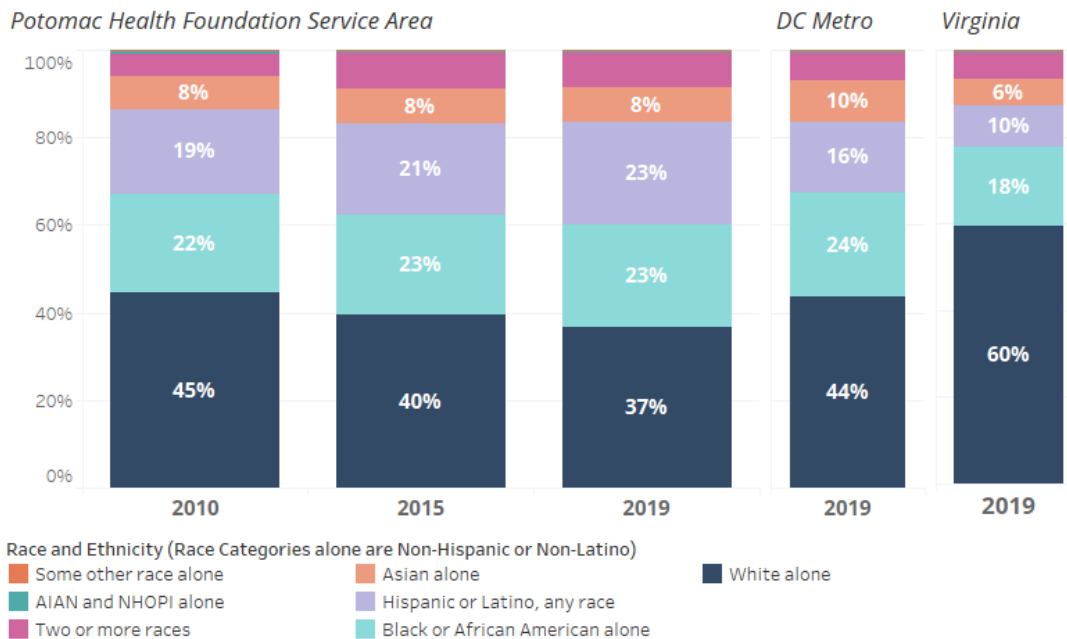
Decades of policy, actions, and attitudes have led to highly disproportionate health outcomes for communities and persons of color. As noted by the Brookings Institute, Black families are disproportionately affected by substandard housing conditions such as lead paint, overcrowding, and faulty plumbing.¹² These inequities in housing are further exacerbated by the location of predominantly Black neighborhoods away from resources such as high-paying jobs, green space, hospitals and clinics, and healthy food. In 2018, a study by UNIDOS US found that Latin Americans were twice as likely to live in substandard housing when compared to non-Latin Americans.¹³ In addition, Latinas and Black women are at the highest risk of eviction.

From the legacies of slavery and Jim Crow to segregation and urban renewal, racist policies across centuries have contributed to these persistent inequities. Injustices such as the under-appraisal of homes in predominantly Black neighborhoods has prevented the building of equity that is critical to passing on wealth to children.¹⁴ In the case of the D.C. Metro area, the Brookings Institute found that the median home value in predominantly Black neighborhoods was \$48,490 less than in a neighborhood where no Black residents lived.¹⁵

Redlining, the practice of denying mortgages to residents in minority neighborhoods throughout the mid-20th century, created concrete barriers to homeownership for minorities, especially Black Americans. Although redlining no longer occurs, the effects have

Figure 3.5.1
Race and Ethnicity in the service area

Source: ACS 5-Year Estimates 2019, Table B03002.



The service area is becoming more and more diverse over time and is more diverse than the Commonwealth and D.C. Metro area as a whole.

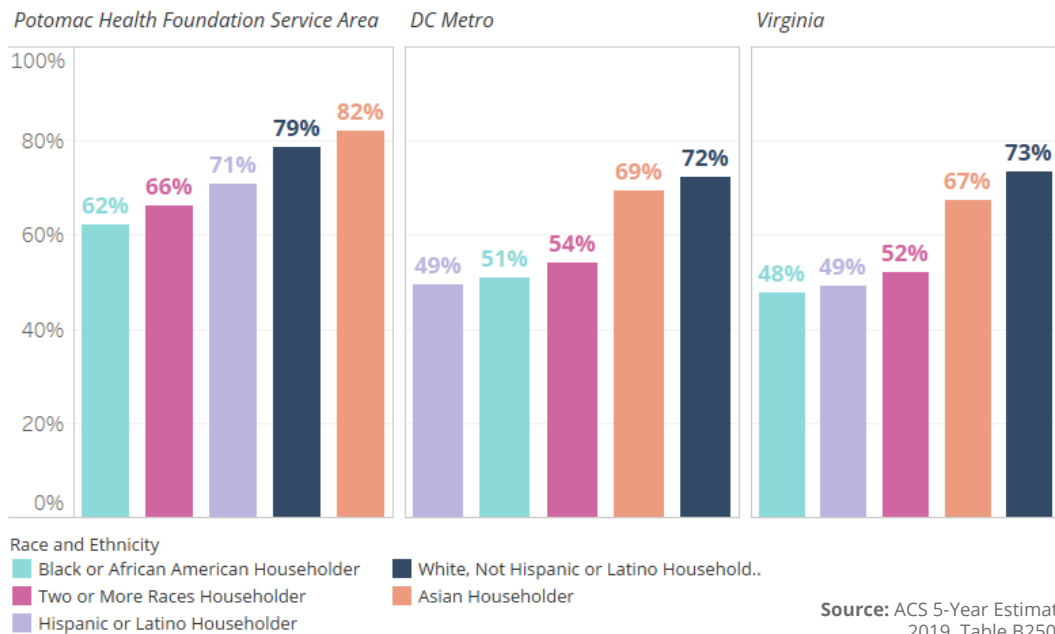
12 Matthew, Dayna Bowen, Edward Rodrigue, and Richard V. Reeves. (2016). "Time for justice: Tackling race inequalities in health and housing." [Report]. October, 19, 2016. Brookings Institute.

13 UNIDOS US. (2018) "Latino Housing Quality in 2017: A Snapshot of the American Housing Survey." December 2018. UNIDOS US.

14 Zonta, Michela. (2019). "Racial Disparities in Home Appreciation." [Report]. July 15, 2019. Center for American Progress.

15 Perry, Andrew M., Jonathan Rothwell, and David Harshbarger. (2018). "The devaluation of assets in Black neighborhoods: The case of residential property." [Report]. November 27, 2018. Brookings Institute.

Figure 3.5.2
Homeownership rates by race and ethnicity



The service area has overall high homeownership rates when compared to the D.C. Metro area and the Commonwealth, but major disparities exist between White and Asian households and their Black or African American counterparts.

reverberated across generations to prevent Black Americans from accumulating the wealth that comes from homeownership, unlike their white counterparts.

Policies and practices such as these have had, and continue to have, serious impacts on communities of color, their housing, and their health. Understanding and addressing the root causes of these inequities is critical to ensuring that they do not persist.

What the Data Shows

The PHF service area is diverse and contains a larger proportion of Black and Hispanic/Latin American residents than the DC Metro Area as a whole (Fig. 3.5.1). Nearly one in four residents in the service area is Black, while just over one in five identify as Hispanic/Latin American. The diversity of the PHF service area requires thoughtful consideration when addressing health and housing issues.

The homeownership rate in the PHF service area is 72%, notably higher than the DC Metro (63%) and Virginia as a whole (66%). This rate is comparable to other higher-income suburban localities across the commonwealth, and can be in part explained

by relatively high wages and significant share of single-family homes that comprise the area’s housing stock.

However, homeownership disparities exist within the PHF service area, as they do across the state and across the country. Roughly four in five white non-Hispanic/non-Latin American and Asian households in the service area are homeowners—higher than the DC Metro and state averages. Black households within the service area have only a 62% homeownership rate, leaving the gap between Black and Asian, as well as white, non-Hispanic/non-Latin American, households at roughly 20 points (Fig. 3.5.2). Also of note is the much higher than average homeownership rate among Hispanic/Latin American households in the PHF area (71%).

These disparities correlate with a wide gap in incomes across Prince William County. White, non-Hispanic households in Prince William County have a median household income of \$121,615, while Black households make almost 20% less at \$102,178. An even wider gap exists for Hispanic/Latin American

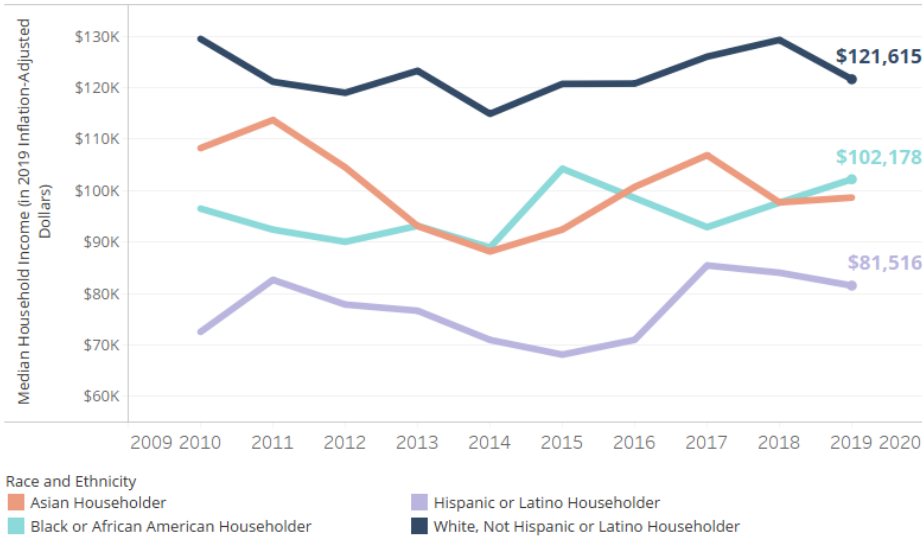
households whose median household income is the lowest among the major racial and ethnic groups of the county at \$81,516.

Renters in Prince William County, who are overwhelmingly minorities, face similar income gaps. Renters make 40% less than homeowners in the service area. But while renter incomes have stagnated, the median

household income of homeowners has declined by roughly \$8,600 from 2010 to 2019. Whether this is a result of lower income households coming down I-95 or the decline of well-paying jobs in the service area is difficult to discern, but it is important to understand the importance of good jobs to quality housing and better health.

Figure 3.5.3
Income Disparity in Prince William County

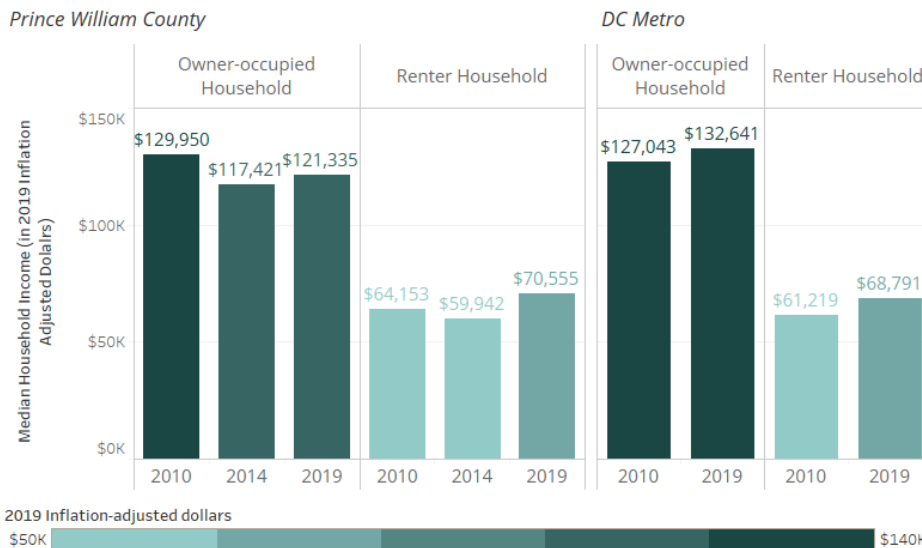
Source: ACS 1-Year Estimates, 2009-2020, Table B19013



White households generally make more than non-White households in Prince William County. This is especially the case between White, non-Hispanic and Hispanic or Latin American households where White households make 50% more.

Figure 3.5.4
Renter income disparity in Prince William County

Source: ACS 1-Year Estimates, 2010-2019, Table B25119.



While renters in Prince William County generally make more than other renters in the D.C. Metro area, there is a wide disparity in income between homeowners and renters.

Narrowing the Racial Divide

DOWN PAYMENT ASSISTANCE

Decades of discrimination have stunted wealth building for Black Americans and other persons of color. One symptom of this is the limited ability non-white homebuyers have to cover down payments on their first home. To overcome this gap, many lenders and housing providers offer down payment assistance (DPA) in multiple forms, including grants.

There are already several DPA options available to buyers in the PHF area, including grants from Virginia Housing. However, each program has its own eligibility requirements and maximum disbursements. Across the nation, many communities are exploring new DPA options that are intentionally designed to address the racial wealth gap and increase Black homeownership. Such programs would provide greater amounts, have more flexible standards, and leverage trusted community institutions.

HOMEOWNERSHIP BRIDGE LEASE-TO-OWN PROGRAM

In 2020, the Maggie Walker Community Land Trust (MWCLT) initiated a pilot program to help potential homebuyers making less than 50% of Area Median Income. Rather than buying a home outright with a mortgage, potential homebuyers enter into a 12-month lease with MWCLT, where a portion of the rent is placed into an escrow account.

The lessee works on their credit and builds their savings with a housing counselor. The escrow account is used to assist with a down payment on a mortgage. MWCLT sells the home to the buyer at a deeply affordable price and keeps the home in the community land trust in order to ensure that the home remains affordable to future buyers.

The pilot program focuses on the Church Hill neighborhood where gentrification has been rapidly occurring over the past decade. With this program, MWCLT hopes to ensure that Black residents in Church Hill and the city can afford the opportunity to be a homeowner and stay within their community.

HEALTHY COMMUNITIES COALITION PDX

The Health Communities Coalition (HCC) was formed in 2015 by a diverse group of nonprofits, activists, residents, and businesses to ensure that development in Portland, Oregon centers on racial equity. Most recently, HCC collaborated with public officials and a private developer to create a community benefits agreement (CBA) for a 32-acre development site called the Broadway Corridor.

CBAs are contracts between developers and community-based organizations that ensure existing residents benefit from new development and invest in their neighborhoods. What makes the Broadway Corridor CBA unique is not only the broad coalition of the HCC, but that the project is not a large-scale public works project, but a public-private partnership that is largely funded by private entities.

[The Broadway Corridor CBA](#) was finalized in September 2020 and stipulates that the development will result in 8,800 new jobs (30% targeting people of color and 15% women) and an inclusionary housing policy, wherein 30% of on-site housing will be affordable (through the Portland Housing Authority and a 10% set-aside at 60% AMI for private developers).

While it will take time to ensure that the project meets these goals, the Broadway Corridor CBA shows the importance and influence of broad coalitions to advocate on behalf of existing communities to further equity goals.

4 | Moving Forward

Communities can improve immediate- and long-term health outcomes by addressing one or a combination of the four intersections of health and housing. While these intersections are organized separately into stability, safety and quality, neighborhoods, and affordability, it is vital to take a holistic approach in order to have long-term, sustainable impact.

Health and housing solutions are not mutually exclusive, but can be implemented in tandem to address a combination of issues that individuals, families, and communities face. There are multiple examples of proven health and housing programs that simply require resources and support to get off the ground.

The following examples illustrate the wealth of strategies available to address the health and housing outcomes of individuals, families, and communities:

STABILITY	<ul style="list-style-type: none"> • <i>Landlord-tenant enforcement</i> • <i>In-home services</i> • <i>Supportive housing</i> 	<ul style="list-style-type: none"> • <i>Homelessness prevention</i> • <i>Eviction diversion</i> • <i>Legal aid support</i>
SAFETY AND QUALITY	<ul style="list-style-type: none"> • <i>Home safety assessments</i> • <i>Lead testing/abatement</i> • <i>Pediatric asthma intervention</i> • <i>Weatherization</i> 	<ul style="list-style-type: none"> • <i>Code enforcement</i> • <i>Noise mitigation</i> • <i>Smoke-free housing</i> • <i>Accessibility improvements</i>
NEIGHBORHOOD	<ul style="list-style-type: none"> • <i>Community education</i> • <i>Traffic claiming</i> • <i>Safe routes to school</i> • <i>Walkability scores</i> • <i>Health impact assessments</i> • <i>Community design standards</i> 	<ul style="list-style-type: none"> • <i>Accessory dwelling units (ADUs)</i> • <i>Public transit expansion</i> • <i>Sidewalks, greenways, outdoor recreation</i> • <i>Senior "Village" model</i> • <i>Farmer's markets</i>
AFFORDABILITY	<ul style="list-style-type: none"> • <i>Property tax abatements</i> • <i>Mortgage/rental assistance</i> • <i>Energy/fuel assistance</i> • <i>Affordable housing education</i> • <i>Solar retrofits</i> 	<ul style="list-style-type: none"> • <i>HOME/CDBG funding for housing</i> • <i>Housing trust fund</i> • <i>Inclusionary zoning</i> • <i>Housing vouchers</i> • <i>Federal Home Loan Bank housing program</i>

Here's what's next:

1: RELEASE AND PROMOTE THIS REPORT THROUGHOUT THE POTOMAC HEALTH FOUNDATION SERVICE AREA.

To accomplish this, HousingForward Virginia will assist PHF with:

- *Developing a one-page infographic summary of the report*
- *Drafting letters to the editor to summarize findings and demonstrate need for action on health and housing issues*
- *Promoting findings on social media and other platforms*

2: LEVERAGE THE COMMUNITY HEALTH COALITION OF GREATER PRINCE WILLIAM TO FORM A WORKING GROUP THAT WILL BEGIN TO DESIGN A PILOT INITIATIVE.

Members of this working group will be a diverse collection of housing and health practitioners.

3: THE WORKING GROUP WILL EVALUATE BEST PRACTICES IN MORE DETAIL AND REVIEW RELEVANT CURRENT INITIATIVES IN THE SERVICE AREA.

This work will help determine potential gaps in services and how to best fill them.

4: THE WORKING GROUP WILL DESIGN AND PROPOSE A NEW PILOT PROGRAM THAT PROMOTES HEALTH VIA HOUSING.

To ensure success, the pilot will follow three major principles:

- *The program will be practical and achievable by taking advantage of existing networks, funding, and entities when possible.*
- *The program will be time limited to avoid mission creep.*
- *The program will be measurable so that practitioners, funders, and policymakers can evaluate effectiveness.*

Additionally, HousingForward Virginia, the Potomac Health Foundation, and the Community Health Coalition of Greater Prince William are exploring a potential housing summit to bring stakeholders together. The event would offer opportunities to understand community needs in more depth, find consensus on solutions, and expand connections between different sectors. This event may happen as early as fall 2021, if funding becomes available.