A Primer on Qualified Allocation Plans
Linking Public Health & Affordable Housing
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QAP criteria that include health considerations can effectively incentivize the development of healthier homes and neighborhoods for low-income families.

Introduction

Much of our time is spent in and around our homes. Therefore, it is critical that our homes and neighborhoods be safe and healthy. Affordable housing is directly linked to health. Without it, families not only lack stability, but are forced to spend less on other needs such as food and healthcare. By promoting affordable, healthy housing, public health advocates can address a pressing issue for low-income communities.

Created by the Tax Reform Act of 1986, the Low Income Housing Tax Credit (LIHTC) program is now the nation’s largest source of funding for the development of affordable rental housing.\(^1\) While by no means sufficient in itself to meet the need for affordable housing, it is effective in tandem with other affordable housing policies and funding mechanisms. The LIHTC program funds affordable rental housing by providing *tax credits* to developers for *qualified projects*. Obtaining these limited tax credits is a competitive process, so developers are incentivized to tailor their projects to qualify.

The LIHTC program distributes *federal* tax credits, but the program is largely administered at the *state* level. Hence, states have broad discretion to shape the program and distribute tax credits to projects according to local needs and priorities. To this end, states develop *qualified allocation plans* (QAPs) – published documents that outline the state’s criteria and eligibility requirements for LIHTC tax credits. QAPs include a scoring system, and proposed development projects earn points based on how many of the QAP’s itemized criteria they satisfy. Tax credits are subsequently awarded to projects that score
the most points (similar to how many government grants are awarded, based on amount of points). Thus, state QAPs serve as a blueprint for developers when they design their projects, and can significantly shape the development of affordable rental housing. QAP criteria that include health considerations can effectively incentivize the development of healthier homes and neighborhoods for low-income families.

Since the LIHTC program exists to help low-income families, participating in a state’s QAP revision process can be a powerful way to promote healthy homes for these families. This report is intended to help public health advocates and policymakers formulate input into the QAP process, with the objective of developing healthier homes. We describe the rationale for including a wide range of public health-related criteria in QAPs, identify and describe QAP criteria that can have a positive impact on public health, and suggest how public health advocates can get involved in revising their state QAPs.

WHAT IS A TAX CREDIT AND WHY IS IT IMPORTANT?

A tax credit is an amount of money that offsets tax liability. The amount that a business entity or individual owes the government in taxes is the entity’s or individual’s tax liability. This tax liability can be offset (or reduced) by a tax credit. For example, an individual who has a tax liability of $100, but who also has a $25 tax credit, will owe the government $75 in taxes. A tax credit is thus a financial benefit for those receiving it.

WHAT IS A QAP?

While the term “QAP” (which stands for “qualified allocation plan”) may seem foreign to public health advocates, the basic concept is simple. The government awards financial benefits (tax credits) as part of the LIHTC program. In order to decide who receives these benefits each year, states revise and finalize their QAPs. QAPs include minimum requirements that development projects must satisfy in order to qualify for tax credits. A QAP can be thought of, informally, as a score sheet. Based on a state’s needs and goals, its QAP determines which development projects are most worthy of LIHTC tax credits based on the amount of points awarded to each project.
Although states have broad discretion in implementing the LIHTC program and awarding tax credits, federal law sets minimum eligibility requirements. Specifically, projects must satisfy one of the following two affordability requirements for 30 years: either a minimum of 20 percent of the units must be occupied by tenants with incomes at or below 50 percent of the area median income (AMI), or at least 40 percent of the units must be occupied by tenants with incomes at or below 60 percent of AMI. Beyond those threshold requirements, however, states have the authority and flexibility to adjust their QAPs to address their particular, constantly evolving housing needs. To incentivize developers to conform to a state’s changing policy goals, states can alter how points are allocated for certain criteria. State housing finance agencies annually review and revise their QAPs based on local housing needs, and QAPs are subject to public review and comment before being finalized.

Each state receives a fixed allocation of credits based on its population. Because the number of applications generally outnumbers the available credits, developers structure their applications to earn the most points possible under the state QAP. As result, QAPs that contain criteria aimed at promoting health can be an effective mechanism for getting more healthy affordable homes built for low-income families.
Why Public Health Criteria Should be Included in a QAP

Housing profoundly affects health and wellbeing. QAPs can ensure that affordable housing is constructed with public health issues in mind, and health-promoting QAP criteria can result in healthier places to live for low-income residents. QAPs can also make critical services and infrastructure for low-income families a requirement for developments that receive federal tax credits.

In order for a home to be a foundation for health and wellness, it must be affordable, in good condition, and located in a neighborhood where health-promoting resources are available. The absence of even one of these conditions constitutes a major barrier to health. Housing design, housing location, and housing affordability are interrelated factors.

Certain materials used in home construction can protect against indoor and outdoor pollutants that cause respiratory illness and lung cancer. Homes can also be designed to buffer noise, provide access to natural light, and include supportive features such as handrails, window guards, and slip-resistant floors that protect the safety of residents, particularly children and the elderly.

In addition, the location, resources, and condition of the surrounding neighborhood may determine whether residents have access to education and job opportunities, healthy food, and active spaces to play and exercise. Neighborhood social networks can provide friendship, support, and security. Indeed, social cohesion and trust have been linked to lower rates of violence.

A family’s ability to afford their home drives decisions about the food they eat, the type of healthcare they can secure, and the childcare they seek. Nationally, housing remains the largest expenditure for families and individuals and is the most widespread form of personal wealth. Stable affordable quality housing frees up household resources for food and healthcare expenditures; reduces stress-related health conditions such as depression; and reduces the incidence of overcrowding.
QAPs play a critical role in healthier affordable housing. According to a QAP analysis by the Urban Institute, there are “substantial relationships between QAPs and the characteristics of LIHTC units developed.” As a result, QAPs are increasingly attracting more attention from parties interested in public health. As of this writing, the Georgia Health Policy Center is working on a health impact assessment of low-income housing tax credits, which will include an evaluation of how QAP criteria affect housing and how QAPs can optimize their impact on household and community health and wellness.

One preliminary distinction that state QAPs may need to consider is the difference between urban and rural development. Several of the public health criteria discussed in this primer, such as proximity to public transit or services, are far easier to implement in urban environments. This potentially gives developments in urban areas a large advantage in the competition for tax credits. To ensure all communities have access to low-income housing, a certain percentage of credits can be set aside exclusively for developments in rural areas. Georgia’s QAP, for example, explicitly sets aside 30 percent of its available LIHTC tax credits for applications proposing affordable housing developments in rural areas.

Differences between development in urban and rural areas can also be made explicit. For example, Ohio and Arizona award points to developments in rural areas differently from those in urban areas: developments farther from positive (health-promoting) land uses in rural areas can receive the same number of points as developments closer to positive land uses in urban areas. This takes into account the fact that rural areas are inherently less dense than urban areas. When there is less proximity to services in rural areas, criteria might give more weight to projects that include on-site programs and services.
Key Public Health Criteria

To help public health advocates evaluate and recommend changes to a state QAP, we have identified 10 criteria that should be considered. These criteria have the potential to incentivize development of affordable, healthy housing. They can serve as a starting point for public health advocates who are interested in QAPs or healthy housing concepts in general.

Our public health criteria are based on a review of state QAPs and other publications, such as Global Green USA’s 2012 QAP analysis\textsuperscript{e} and ChangeLab Solutions’ \textit{Building in Healthy Infill} report.\textsuperscript{f} The criteria are also based on the collective expertise of ChangeLab Solutions’ interdisciplinary staff, which includes urban planners, lawyers, and policy analysts who specialize in land use and transportation planning, childhood obesity prevention, tobacco control, and food systems.

The way that a QAP scoring system is structured can strongly incentivize developers to prioritize public health considerations. States should also consider conducting their own health impact assessments or evaluations to determine how their QAP criteria can be improved to more effectively promote public health.
Ten Key Public Health Criteria for Healthy Housing

1. Priority for neighborhood revitalization, urban infill, and existing housing rehabilitation
2. Proximity to transit
3. Proximity to essential services
4. Protection from health hazards
5. Smokefree buildings and grounds
6. Long-term affordability
7. Set-asides for high-needs populations
8. Quality and health of design and materials
9. On-site amenities for physical activity and community building
10. On-site programs and social services
CRITERIA #1
Priority for Neighborhood Revitalization, Urban Infill, and Existing Housing Rehabilitation

Explanation
Points are awarded to support investments in underutilized locations and to encourage development in neighborhoods undergoing healthy redevelopment. Points are also awarded for rehabilitation projects on existing affordable housing and foreclosed or unoccupied buildings.

Public Health Impact
Infill development refers to the development of vacant or underutilized parcels within urban centers and rural hubs. Because they are often located close to public transit or near where people work, infill sites generally allow for active transportation options like walking and biking. Active transportation has proven health benefits, and is important for combating obesity and its associated health risks. Infill development that brings new services and amenities into neighborhoods, or provides housing near existing services, increases the viability of active transportation while reducing barriers to vital services. Lessening the need for private automobiles can be particularly beneficial for low-income households, for whom the cost of vehicle ownership can be significant or prohibitive. Prioritizing neighborhood revitalization and urban infill also protects against blight, and encouraging housing rehabilitation supports developers who are looking for old, dilapidated housing to transform into healthy housing.

Examples
Massachusetts’ QAP awards 2 points for developments in areas with revitalization components. An additional 2 points are granted if the development is sponsored by a community-based nonprofit organization certified as a Community Development Corporation. A further 2 points can be awarded for projects in priority development areas as identified by state agencies.

Pennsylvania’s QAP awards 5 points for projects located on brownfields (land previously used for industrial or commercial purposes), residential infill, or adaptive reuse sites (old buildings or land reused for purposes different from what they were originally designed for).

Under Ohio’s QAP, a development receives points if it is within 0.5 miles of significant economic investment (such as new retail, infrastructure, or developments) or located in areas that are part of a revitalization plan.

Michigan’s QAP includes a preservation category. Eligible preservation projects are low-income housing units that are obsolete, in immediate need of repair, or in need of improvements to meet building code and housing authority design requirements.
**CRITERIA #2**

**Proximity to Transit**

**Explanation**
Points are awarded based on a development’s proximity to public transit stops and hubs, walking score (a numeric score based on a location’s number of sidewalks, footpaths, and so on), and/or proximity to bike trails or roads with bike lanes.

**Public Health Impact**
Supporting active transportation by developing walkable and bikeable neighborhoods can help reduce obesity and its associated health risks. Residents of highly walkable neighborhoods, or those who walk to and from public transit, are more likely to meet recommended physical activity levels. Close proximity to public transit also reduces vehicle emissions, which in turn improves air quality. One study found that, in the San Francisco Bay Area, increasing the median minutes of daily walking and bicycling from 4 to 22 minutes has the potential to decrease greenhouse gas emissions by 14 percent and the incidence of cardiovascular disease and diabetes by 14 percent. This underscores the importance of developing affordable, healthy housing near public transit. Close proximity to public transit also helps residents maintain easy access to important services as well as to job centers.

**Examples**
- **Michigan’s LIHTC scoring criteria** awards points on a sliding scale based on a development’s walking score.
- **Connecticut’s** and **Massachusetts’s QAPs** distribute points based on a development’s distance from particular transportation facilities. For example, in Connecticut, developments located within 0.5 miles from a train station or 0.25 miles from other public transportation facilities receive 4 points. And in Massachusetts, developments within 0.5 miles from major public transit receive 6 points (e.g., subway stops, commuter rail stops, key bus route stops, and regional transit transfer stations); and developments within 0.75 miles from these stops receive 3 points.
CRITERIA #3
Proximity to Essential Services

Explanation
Points are awarded based on the number of valuable services nearby (i.e., within a particular radius). Such services may include:

- Childcare centers
- Supermarkets
- Farmers markets
- Pharmacies
- Gyms
- Banks
- Senior care centers
- Schools (extra points may be given for locating near high-performing schools)
- Medical clinics
- Social services
- Job centers
- Retail and commercial facilities
- Libraries

Public Health Impact
Close proximity ensures that residents have easy access to services that are instrumental to their health and wellbeing. For example, easy access to grocery stores improves access to healthy food. Fruit and vegetable consumption is higher among residents with access to a large grocery store, and the presence of supermarkets is associated with a lower prevalence of obesity in neighborhoods. When housing is located near healthy retailers, residents’ diet and health can benefit. Developing housing near new or existing services also increases the viability of active transportation. Reducing the need for private automobiles can be particularly beneficial for low-income households, for whom the cost of vehicle ownership can be significant or prohibitive.

Examples
Massachusetts’ QAP awards up to 14 points for developments in “areas of opportunity,” such as school districts with high-performing schools. (This is determined by the percentage of local 10th grade students who score “advanced” or “proficient” on English, math, and science tests.

Two points are awarded for developments within 2 miles of a college or university, or within 1 mile of a major health care facility. Up to 6 points are awarded for proximity to job centers: 6 points for developments within 5 miles, 4 points for developments within 7 miles, and 2 points for developments within 9 miles.

Ohio’s QAP awards points for proximity to other new developments, such as new retail or job centers, thus connecting proposed development with healthy economic growth in the surrounding community.

California’s QAP awards points for proximity to transit sites, public parks, libraries, and grocery stores.
CRITERIA #4
Protection from Health Hazards

Explanation
Points are deducted for proximity to unhealthy areas and for poor quality of surrounding streets and sidewalks. Health hazards may include:

- Junkyards
- Waste management facilities
- Railroads and freeways
- Solid waste disposal
- Pig or chicken farms
- Processing plants
- Airports
- Industrial sites (excluding inactive industrial sites that are qualified brownfields and that can be safely restored)
- Adult video, theater, or live entertainment
- Liquor and/or tobacco retailers
- High-crime areas

Public Health Impact
Close proximity to environmental health hazards can expose residents to poor air quality and excessive noise and be harmful to residents' physical and mental wellbeing. For example, adverse health effects from traffic-related air pollutants are wide-ranging, and include reduced life expectancy,\textsuperscript{36} higher rates of asthma and other respiratory conditions,\textsuperscript{36} increased risk of insulin resistance in children,\textsuperscript{37} increased risk of developing heart disease,\textsuperscript{38} and increased risk of developing different cancers.\textsuperscript{39}

Proximity to areas that produce significant amounts of noise can also negatively impact health. Noise is a well-recognized source of environmental stress that can raise blood pressure and disturb sleep, and is linked to increased risk of heart disease.\textsuperscript{40} Studies also link high levels of noise with poor school performance,\textsuperscript{41} making the issue of noise impacts critical to residential infill developments.

Density of and proximity to certain non-health promoting businesses can also affect residents' health. For example, density of and proximity to tobacco retailers can influence smoking behaviors;\textsuperscript{42} and increased alcohol outlet density leads to increased alcohol consumption and related harms.\textsuperscript{43}

Examples
Alabama's QAP deducts 5 points if any hazardous facilities are adjacent to a development and deducts 2 points for each hazard within 0.3 miles of the development.\textsuperscript{44}
CRITERIA #5
Smokefree Buildings and Grounds

Explanation
Incentivize or require that all LIHTC developments be 100 percent smokefree. Points can be awarded for implementing a policy that prohibits smoking in all units and common areas, including outdoor spaces around the housing facility, and for providing education materials on tobacco cessation.

Public Health Impact
Smokefree buildings and grounds ensure that residents are not exposed to secondhand smoke and the health risks associated with exposure. The health harms of secondhand smoke are well documented. As many as 7,300 nonsmokers die each year in the U.S. from secondhand smoke.45 Research shows that nonsmokers who live in multi-unit dwellings can be exposed to neighbors' secondhand smoke because secondhand smoke can seep under doorways and through wall cracks.46 Creating smokefree spaces specifically protects youth. Children and young people are particularly influenced by cues suggesting smoking is acceptable.47 Thus, providing a smokefree environment in the place where children live can have long-term public health benefits. A written policy and nonsmoking clause in a lease are essential. It is also important to make available educational information on tobacco treatment.

Examples
Maine’s QAP makes smokefree housing a requirement that must be met in order to be eligible for LIHTC funding. All units and common areas are required to be smokefree, a nonsmoking clause is required to be in the lease, and educational materials on tobacco cessation must be made available to all tenants.48

California’s QAP awards smokefree residences 2 points. Nonsmoking sections of a building count as a smokefree residence as long as at least half of the units in the building are nonsmoking and contiguous.49
CRITERIA #6
Long-Term Affordability

Explanation
Points are awarded for guarantees that units will remain affordable (e.g., rent restricted) for an extended period of time. Points can also be awarded for arranging in advance to sell a development — at a reasonable price and within a certain number of years — to a nonprofit organization, such as a local housing authority, which will in turn sell to the tenants.

Public Health Impact
Incentivizing long-term affordability protects residents from being forced to move out of their homes, thereby preserving a sense of community. Ensuring affordability also provides stability and reduces housing-related stresses. Otherwise, when residents are displaced because they can no longer afford their housing, results may include disruption of social cohesion, overcrowded conditions, extremely long commutes, and even homelessness. According to the Centers for Disease Control and Prevention, displacement exacerbates existing health inequities, disproportionately affecting low-income people, women, children, racial/ethnic minorities, and the elderly. The health effects of loss of housing are substantial and include chronic disease, infectious disease, hunger, injuries, stress, violence, disruption of medical and mental healthcare, and malnutrition.

Examples
Massachusetts’ QAP awards 3 points if units remain affordable for 50 years.

Connecticut’s QAP awards 1 point for developments that are planned to be tenant-owned within 15 years.

California’s QAP awards up to 52 points if units remain affordable for 55 years.
CRITERIA #7
Set-Asides for High-Needs Populations

Explanation
Points are awarded for setting aside a certain percentage of units for specific at-risk groups, including:

- Low-income families
- Individuals with special needs
- Elderly individuals or couples
- Lowest-income tenants
- Homeless households

Points can also be awarded for designing structures that accommodate the needs of households of all sizes and abilities, including large families and older adults. The U.S. has the largest proportion of multigenerational homes (i.e., households with three or more generations) since the 1950s—a housing trend that experts predict will continue to grow over the long term. Tax incentives that encourage renovations for multigenerational housing, therefore, are important to ensure that such households (which often include seniors and a growing immigrant population) have access to affordable, quality housing.

Features that emphasize accessibility and usability by people of all ages and abilities are referred to as universal design.

Public Health Impact
Setting aside residential units for high-needs populations ensures that groups with the highest risk for poor health have access to healthy living environments. This is particularly important for high-risk populations that are susceptible to being displaced because their housing becomes unaffordable. Displacement can lead to disruption of social cohesion, overcrowded conditions, extremely long commutes, and even homelessness. According to the Centers for Disease Control and Prevention, displacement exacerbates existing health inequities, disproportionately affecting low-income people, women, children, communities of color, and the elderly. Set-asides can help protect high-risk populations that are disproportionately impacted by displacement. And designing units that accommodate high-risk populations also helps ensure that these individuals are in homes that are suitable to their needs.

Examples
New Jersey’s QAP awards 5 points to developments where either 25 percent of LIHTC units are large family units; or where 5 percent of LIHTC units are large family units and the development is within 0.5 miles of a transit corridor (rail, light rail, subway, ferry, or major bus route).

New Jersey’s QAP also awards 3 points to developments that rent 5 units or 5 percent of units (whichever is greater) to homeless individuals and families and awards 2 points to developments that allocate the same number of units for disabled residents.

Virginia’s QAP allocates points for developments that serve elderly and physically disabled tenants by providing: cooking ranges that have front controls (1 point); emergency call systems (3 points); bathrooms with a supplemental heat source (1 point); and entrance doors with two eye viewers at different heights (1 point).
CRITERIA #8
Quality and Health of Design and Materials

Explanation
Award points for the use of healthy materials, energy efficient products, and fire prevention features, and for the preservation of existing green and open space. For example, developments could be awarded points for (or be required to do) the following:

- Utilize renewable energy sources (e.g., wind, fuel cells, solar), energy-efficient products (e.g., efficient water faucets and toilets, efficient water heaters and heating and cooling systems), energy-efficient construction materials (e.g., insulation, double-pane windows), greywater (water from the bathroom sink, shower, tub, and/or washing machine, which can be recycled for on-site use, such as toilet flushing or landscape irrigation), and onsite water capture and storage.

- Incorporate asthma-friendly features (e.g., enhanced air filtration).

- Avoid the use of “red list” building materials (e.g., lead-based paint, asbestos, formaldehyde) and instead use low- or no-VOC paint, carpets, and adhesives. New construction located in counties with high radon levels could be required to incorporate radon-resistant building materials and practices.

- Use native flora for landscaping and plant fast-growing deciduous trees to provide shade.

Public Health Impact
Well designed developments that prohibit the use of harmful construction materials ensure that residents are not exposed to certain physiological hazards. Efficient energy sources and sustainable design support the long-term health of the surrounding community and region. Fire prevention features support safety. Landscaping and tree coverage promote mental health and encourage residents to be outside and physically active. Covered bike racks encourage residents to bike as a form of both exercise and active transportation, which can help combat obesity and its associated health risks.

Examples
Pennsylvania’s QAP awards 5 points for developments that incorporate renewable energy systems into their design.

Massachusetts’ QAP awards up to 4 points for developments that support indoor air quality by: installing kitchen exhaust fans ducted to the outside; providing ventilation of living space through bathroom exhaust fans; using only low-VOC or no-VOC paints, coatings, and adhesives; limiting carpets to those designed to eliminate off-gassing; avoiding interior products made with formaldehyde; and providing separate exhaust systems for areas where building maintenance chemicals are stored.

A separate criterion awards up to 4 points for healthy site design, which includes: preserving existing trees; using native plants that are drought tolerant; and planting fast-growing deciduous trees along the south sides of buildings and paved surfaces to provide shade during the summer.

Virginia’s QAP awards 4 points for cooking surfaces equipped with fire prevention features and 2 points for surfaces equipped with fire suppression features.
CRITERIA #9
On-Site Amenities For Physical Activity and Community Building

Explanation
Points are awarded for developments that incorporate physical activity and community-building amenities, including:

- Community room or building
- Trails
- Gym
- Covered bike racks
- Community garden
- Basketball court
- Picnic areas
- Provision of infrastructure that promotes active transportation (e.g., on-site bike storage or showers)

Public Health Impact
Space for physical activity and community building are important for physical and mental health because they encourage regular physical activity and healthy eating. Amenities such as gyms, trails, and picnic areas enable residents to be more physically active. Moreover, research has shown that social cohesion and physical activity are linked: increased social contact among members of a community is conducive to a culture of health. Neighborhood social cohesion is associated with increased levels of physical activity among older adults. Shared spaces make it easier for neighbors to bond with each other while engaging in physical activity that can benefit their health.

Examples
Instead of awarding points, Georgia’s QAP requires all developments to include an on-site community room or building as well as an exterior gathering area such as a gazebo. Alabama’s QAP provides a maximum of 25 points for projects with certain amenities, with a set number of points allocated for the inclusion of specific ones, such as 4 points for a community building or playground; 3 points for a computer room, exercise room, covered bus stop, gazebo, or access gate; and 2 points for a basketball court, picnic area with grills, or a walking trail with benches (at least 0.25 miles long). Illinois’ QAP lists a number of amenities that may earn points, including secured bike parking, garden plots and community garden areas, and sports courts.
CRITERIA #10
On-Site Programs and Social Services

Explanation
Points are awarded for providing on-site services for specific populations such as the disabled, the elderly, the homeless, or low-income individuals or families. Services may include:

- Job training (including computer training, financial services, literacy training, tutoring assistance, and mentoring)
- Quality of life projects (such as on-site before- and after-school programs, licensed childcare, and activities and events for tenants)
- Services for special-needs tenants (such as substance abuse clinics, mental health counselors, peer counselors, and domestic violence counselors)
- Programs that support resident health and stability (such as health and wellness classes, skill-building classes, nutrition classes, and English as a Second Language classes)

In addition, QAPs may require developments to include a physical space for these services in their design plans. Points can also be awarded for partnerships that support health, such as shared-use spaces and facilities, health clinics, community spaces, community gardens, mental health services, and parks and recreation programs.

Public Health Impact
On-site services improve the quality of life for residents and ensure that basic physical and mental health needs are met. This is especially important in high-need areas that lack programs and services for the disabled, the elderly, the homeless, and low-income households. Supportive programs and services transform developments so that they provide more than just housing. They become spaces where residents have direct and immediate access to health-promoting resources. Programs can be combined to support multiple goals. For example, a health clinic, childcare, or after-school program can operate together in the same space.

Examples
New Jersey’s QAP awards 5 points for projects that provide social services to meet the specific needs of a residential community. To qualify, the development must offer at least one of the following: 24/7 crisis response; financial management training; or primary medical, dental, and preventive health care follow-up services and linkage. One additional point can be awarded for on- or off-site educational services, as well as for job training and job search assistance.79
One of the ways individuals and organizations get involved in their state’s QAP revision process is by submitting comments during the public comment period. While this does not guarantee that a proposed change will be adopted, it ensures that a public health perspective is added to the state’s consideration of housing policy.

Delaware: Energy Efficiency

**STAKEHOLDER COMMENT:**
We also encourage [the Delaware State Housing Authority] to partner with Delaware’s utilities to make energy-efficiency programs more accessible to affordable, multifamily developments. A majority of states implement utility-funded energy efficiency programs, often paid for through charges included in customer utility rates. These programs are a significant and growing source of resources for residential energy retrofits that remain largely untapped by the multifamily sector.

**RESPONSE FROM HOUSING AGENCY:**
DSHA will take this into consideration for the 2015 QAP after more research and analysis on Delaware utility programs and how they can be maximized for affordable housing.
**Alabama: Energy Efficiency**

STAKEHOLDER COMMENTS:
Consider adding the following options in this category for points... Four points will be given for providing high efficiency water heaters... Consideration should be given to installing ‘cool roof’ shingles that save energy and last longer.

RESPONSE FROM HOUSING AGENCY:
Staff is open to this idea and will propose adding one point to the 2013 QAP for 100 percent Smokefree buildings.

**Colorado: Smokefree Buildings**

STAKEHOLDER COMMENT:
Add one to three points for projects that implement 100 percent Smokefree policies for their buildings. Studies have indicated that second-hand smoke can negatively impact the health of adults, children, and infants.

RESPONSE FROM HOUSING AGENCY:
Staff is open to this idea and will propose adding one point to the 2013 QAP for 100 percent Smokefree buildings.

Note: As a sign that persistence and engagement matters, the state had flatly denied this request only one year earlier.
How to Get Involved

Public health advocates should add QAP advocacy to their list of policy strategies. Today’s public health challenges require integrated solutions. Gone are the days when housing was overlooked as an integral component of a community’s health. Research has established the importance of quality affordable housing in maintaining physical and mental health. Thus, public health advocates should look to QAPs as an important tool to promote healthy change.

States are empowered to administer and allocate LIHTC tax credits. QAPs are required to be updated yearly; therefore, interested stakeholders can use this opportunity to ensure that the QAP in their state adequately addresses pressing public health concerns. This primer provides a partial overview of how QAP criteria are promoting public health in some states, and how QAPs can be improved by applying a public health lens to the articulation of criteria. Even without making wholesale changes to their QAPs, states can change how points are allocated. This alone can effectively alter incentives for developers as they plan their projects. Traditionally, public health advocates have not seen QAPs as a means to promote public health, but QAPs do represent a potentially powerful tool for developing healthier communities.

Because QAP processes and timelines vary by state, stakeholders should check with their state housing agency to learn how to get involved. It is best to get informed about the process early so as to be prepared when the review process begins. Proposing changes to a state’s QAP can be best thought of as an ongoing process that requires collaboration and coalition building with other stakeholders. (See the following checklist for specific suggestions about reaching out to other stakeholders.)
Any individual or organization can get involved. This checklist provides an outline of critical steps for engaging with the QAP revision process. While the period for public comment is generally short (30 days), an effective strategy may involve months or years of work. As with any policy change effort, it is essential to build coalitions and educate stakeholders.

Understand the Process

☐ Identify the agency responsible for issuing QAPs in your state.

☐ Learn the agency’s timeline for revising the QAP. Some agencies publish a calendar online. However, this information may not be readily apparent on the agency’s website. You may have to search for contact information on the agency website and call or email to confirm the timeline. Be sure to obtain the following information:

  - When the draft QAP will be issued for public comment
  - When the public comment period will end
  - How the public will be notified when the draft QAP is issued
  - Whether there will be more than one public comment period (a state may allow for an additional public comment period after a revised QAP – incorporating comments to the first draft – is introduced)

☐ Learn how to participate and provide comments during the public comment period. Be sure to obtain the following information:

  - Where public hearing(s) will take place
  - The process for submitting written comments to the draft QAP
Reach Out to Other Stakeholders
- Develop a contact list that includes individuals and organizations working in areas such as public health, affordable housing, disability rights, transportation, renewable energy, and redevelopment.
- Work together with other stakeholders to prepare to engage the housing/financing agency in the QAP revision process. Find allies with similar interests, but also connect with stakeholders that may appear to have diverging interests.
- Engage developers. Developers may or may not agree with your position, but they are important players in the LIHTC program. Hearing their perspective, and having them hear yours, can help you shape your proposals and anticipate criticism. To learn which developers are active with QAP applications, visit the state agency’s website for a list of recent applicants and/or awardees, or contact the agency directly if the information is not available online.

Analyze Your State’s QAP
- Review this report to familiarize yourself with our 10 healthy housing criteria; use the examples in this report as guidance.
- Review your state’s most recent final QAP. This will shed light on what you can expect once the new draft QAP is issued. Compare the criteria in the most recent final QAP to criteria recommended in this report.
- Review your state’s draft QAP when it is released. Compare the criteria in the draft QAP to criteria recommended in this report.

Advocate for Change
- Identify the health-promoting QAP criteria you would like to see included in your state’s plan and prepare your case for including them.
- Draft a plan to advocate for changes to the QAP. This may include incorporating new criteria or revising point allocations to emphasize health-promoting housing elements.
- Coordinate with other stakeholders when appropriate.
- Submit public comments to the draft QAP. This may include a collective submission on behalf of a coalition of individuals and/or organizations.
- Monitor the process and review the final QAP once it is issued.
- Engage the agency and understand why proposals were accepted or rejected. This can help you address concerns during the following year’s QAP revision process.
Endnotes


