THE RENTAL ASSISTANCE DEMONSTRATION PROJECT

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Human Impact Partners
Advancement Project
National People's Action

A HEALTH IMPACT ASSESSMENT


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EXECUTIVE SUMMARY

WHAT IS THE ISSUE?

Today, there are 2.3 million people living in federally-funded public housing projects around the country, over half a million families who receive rental voucher assistance, and over one million people on public housing and rental voucher wait lists. While the demand for housing assistance has increased over time, funding for public housing has decreased substantially. Local public housing authorities around the country, faced with massive budget shortfalls and a deteriorating public housing stock, are unable to accommodate the need for subsidized housing, and various localities have begun to close their wait lists altogether.

In response to these significant challenges, multiple proposals to re-organize the funding and management of public housing and to bring forward additional funds have been debated at the federal level over the past few years. The most recent result of these debates is the Rental Assistance Demonstration (RAD) project, which is a pilot project approved in November 2011 that may lead to a significant re-structuring of America's public housing stock, such that the "public" aspect of public housing may no longer apply. Specifically, RAD could allow private and non-profit entities to take over lease and management responsibilities and would allow for private investment resources to be put directly into public housing. In addition, it is likely that RAD will promote movement from public housing into the private market through rental vouchers. Additional components are described in the sidebar.

Through all of these policy debates, health is seldom discussed. Given that public housing residents have vulnerable health status whose health may further be affected by RAD, and building on a body of evidence connecting housing and health, Human Impact Partners, Advancement Project, and National People's Action conducted a Health Impact Assessment (HIA) on RAD. This executive summary describes the background and findings of the HIA, and proposes recommendations to improve the impacts of RAD such that the health of public housing residents can be protected and promoted.

RAD COMPONENTS

RAD would allow for the following:

- **Investment of private resources into what was formerly solely a public asset**
- **Potential for ownership by a non-profit organization or for-profit organization using tax credits**
- **Restrictions on the properties limiting what the property can be used for and for how long it must remain "affordable"**
- **Potential for increased reliance on vouchers without any new vouchers created**
- **Potential for increased, and stricter, residency standards with new housing managers**
- **No guarantee of one-to-one replacement of hard units if demolition and renovation takes place**
- **Limited discussion of resident organizing and resident organizations**
- **Significant discretion left to HUD Secretary and many aspects dependent on funding**

WHY DOES THIS MATTER?

The potential impacts of RAD are vast; 2.3 million people living in 1.04 million housing units could be impacted if the pilot project is implemented more widely. The initial impact will be less since the project approved the conversion of 60,000 units of public housing. However, RAD is a pilot project, which means it is being implemented to test policies for the public housing system overall. Not only will this project impact the lives of residents of public housing, the principles included in RAD more broadly could impact the lives of individuals living on the edge of economic insecurity. With recent studies reporting that one in six Americans lives in poverty, and as the need for affordable housing is on the rise, proposals that re-structure the public housing stock should be measured in light of the reality that more and more individuals are living on the economic brink and need the stability and affordability that public housing provides.

In recent history, policymakers have focused intense resources on relocating residents out of public housing in attempts to improve their socioeconomic status and to deconcentrate poverty (e.g., Moving to Opportunity, HOPE VI, and the Gautreaux project). In all of these approaches, public agencies and housing advocates have generally not given much attention to the health impacts associated with such significant policy shifts. Current debates focus on the costs and benefits of these various approaches; few of those debates, however, adequately incorporate the health of residents and communities, most of whom are people of color, as part of that cost-benefit analysis.

This lack of attention to the potential health impacts is particularly striking given the vulnerable health status of many public housing residents and the relationship between housing and health. Scientific studies find that public housing residents report: poorer health; increased levels of asthma, hypertension, diabetes, obesity, depression, and smoking; decreased levels of physical activity; and exposure to poor indoor air quality and pests. Public housing residents are not to blame for these conditions. Various social, economic, and environmental factors interact to create poor health in populations: income and employment, neighborhood investment and quality, and access to retail goods and services have all been shown to determine health status and health disparities.

WHAT IS HEALTH IMPACT ASSESSMENT?

Health Impact Assessment (HIA) is a public engagement and decision-support tool that can be used to assess the health impacts of planning and policy proposals, and make recommendations to improve health outcomes associated with those proposals.

The fundamental goal of HIA is to ensure that health and health inequities are considered in decision-making processes using an objective and scientific approach, and engaging affected stakeholders in the process.

Policy decisions that affect health determinants such as housing quality, stability, and affordability must be viewed in the context of health needs. Without the consideration of health impacts, public housing reform efforts may exacerbate existing health vulnerabilities. The amount of discretion in RAD, as well as too few protections for long-term affordability, has raised concerns among low-income and public housing advocates around the country. Infusing private resources into a traditionally-government run program may bring forth additional (and much needed) funding, but may also incorporate the risks associated with private finance, potentially jeopardizing the permanent affordability and stability that public housing provides to its occupants.

To ensure that the evaluation of this pilot project comprehensively considers the health impacts of public housing-related policy decisions and to make recommendations for how to mitigate potential impacts for both the pilot period and the long-term, Human Impact Partners, Advancement Project, National People's Action, and a network of community-based organizations conducted a health analysis, or a "Health Impact Assessment" (HIA) of RAD.

This is the first HIA ever conducted of a federal housing proposal.

WHAT DID WE STUDY?

Human Impact Partners and Advancement Project determined that a HIA was warranted primarily because if RAD continues beyond the pilot period, it has significant potential to affect the health of all public housing residents (over two million individuals) as well as the increasing number of individuals and families in need of subsidized housing across many geographic areas. In addition, RAD could affect existing health disparities given that public housing residents experience poorer health outcomes when compared to the general population. Because methods existed to document the breadth of potential health impacts and numerous organizations were receptive to an analysis of health to be incorporated into housing policy debates, we were able to complete this HIA.

There is no single causal pathway for the relationship between public housing and health – health is impacted by various dimensions of housing, including conditions and quality, affordability, location, and stability. In determining the scope of research, partners for this HIA agreed that impacts on health would be assessed by examining impacts on several mediating factors (or "health determinants"), including: type of management, evictions, and resident organizing; housing affordability, stability, and quality; and social capital. Literature review, evaluations of prior housing relocation programs, focus groups and surveys, and available quantitative data were used to assess impacts on these elements. Given the potential for the policy to impact cities and communities across the United States, partners decided to focus this HIA in several "case study" cities, specifically New York City, Los Angeles, Cincinnati, and Oakland, as a way of grounding the findings and illustrating how components of RAD might impact specific populations.

WHAT DID WE FIND?

Overall, this HIA finds that RAD, as currently written, will have significant impacts on the health of public housing residents and communities, and the impacts are more negative than positive – especially if recommendations proposed in this HIA are not adopted. The areas of impact relate to type of management in public housing, evictions, and resident organizing; housing quality, affordability, and stability; and social capital.

These impacts will be more far-reaching if RAD is expanded beyond the pilot period. As currently written, most of the impacts on the health of public housing residents would be negative, either by introducing new negative impacts, such as decreasing social cohesion/social networks, or by exacerbating already poor health outcomes, such as increasing stress. Some positive impacts may result from RAD, particularly in the areas of crime and violence and housing maintenance.

Due to the lack of economic and social investment in many of these communities and the existing health vulnerabilities of many public housing residents, public housing provides an important safety net and source of stability that protects resident health. This HIA found that various dimensions of RAD would impact health in both direct and immediate, and indirect and long-term ways. The factors at play are various and not mutually exclusive – changes to any one of these factors will necessarily impact other factors that affect physical and mental health. Specific research findings and impact analyses (what we anticipate the impacts of the public housing reform policies to be on health) related to the health determinants studied in this HIA – types of public housing management, evictions, and resident organizing; housing quality, affordability, and stability; and social capital – are described below. Recommendations on how to mitigate negative health impacts follow our findings.

1. RESEARCH FINDINGS

Because RAD primarily targets the management and ownership structures of public housing – and because impacts on evictions and resident organizing; housing quality, affordability, and stability; and social capital are expected to result from changes in those management and ownership structures – we discuss our HIA research findings and impacts related to management first, and then follow with the assessment of the other determinants. Overall, there are many different outcomes that RAD could have – some are positive and some are negative – and they, at times, may seem to conflict. It is important to note the overarching category of impact and understand that HIA often highlights trade-offs between categories of impacts.

Type of Management, Evictions, and Resident Organizing

- Over the past several decades, public housing budgets have decreased by 48% while funding for vouchers has increased by 403%. More and more, the public housing stock in the U.S. is being privately managed.

- Since the 1980s, anti-crime laws have eroded protections for public housing residents and those receiving vouchers. For example, residency standards have resulted in the denial of residency for lower-income populations who are hard to house, including the elderly, large families, people with disabilities, and those who have been arrested or incarcerated, have poor credit histories, or are unable to meet work and/or school requirements.

- There is a dearth of studies evaluating the quality of privately-managed public housing and there is no national or readily available local data on the evictions resulting from implementation of residency requirements.

- Our HIA focus group participants overwhelmingly state that eviction is a main reason why people move out of public housing. These residents state that the risk of eviction, being caught breaking a rule, or a child/visiting friend/family member breaking a rule and risking eviction for the whole family, was stressful in their lives.

- Research shows that resident participation in public housing affairs has resulted in improved physical and living conditions, improved quality of life, greater sense of control, and increased community building. Participation is greatest among those who have resided in public housing longer.

- Historically, public housing residents have been able to organize and advocate through residents' associations. However, mechanisms to ensure that residents have a meaningful voice in decision-making could be stronger.

Housing Quality, Affordability, and Stability

Housing Quality

- Decades of inadequate investment in public housing have translated into many units being in disrepair. A U.S. Housing and Urban Development (HUD) inventory estimated the capital needs as $21 billion for the entire public housing stock.

- Substandard housing conditions cause stress and contribute to a variety of health impacts including respiratory disease, neurological disorders, chronic disease, and mental health.

- Results are conflicting with respect to whether resident relocation via housing mobility or relocation programs has led to health improvements.

Feelings about management are summed up by a focus group participant who stated,

"The stress levels residents face dealing with management is unbearable."

HIA Focus Group Participant

"……'cause it just has been run into the ground and not by just the folks that live there, but by not having money to keep it up. It feels like a project failed and the people in it feel that way, too. I think that's the reason no one takes pride in it anymore."

HIA Focus Group Participant

Housing Affordability

- Lack of income with which to pay for adequate housing can lead to adverse health outcomes associated with homelessness, overcrowding, and/or living in sub-standard housing. Housing insecurity has been associated with stress and there are significant associations between high housing costs and hunger, inadequate childhood nutrition, and poor childhood growth.

- There are numerous obstacles for public housing residents to transition into the private market, including discrimination against and exploitation of voucher holders, difficulty paying for and adjusting to utility bills, and lack of understanding about private markets, rent calculations, and security deposits.

- A recent HUD study found that 7.1 million households were found to have "worst case" housing needs in 2011 – an increase of 42% since 2001. These households are comprised of very low-income renters who either (1) pay more than one-half of their monthly income for rent; or (2) live in severely inadequate conditions, or both. The crisis is exacerbated by the large disparity between available public housing units and the number of households on wait lists, and the fact that fair market rents are significantly higher than what public housing residents can afford.

Housing Stability

- Public housing is found to provide residential stability. Because of this stability, living in public housing during childhood has been associated with increased employment, raised earnings, and reduced welfare use. Also, utilization of preventive health services among those living in public housing equaled or exceeded those of other city residents. This stability also facilitates development of social relationships.

- Studies document high levels of residential instability among voucher users. HUD data indicates that people who live in public housing reside there for nearly twice the length of time than voucher users reside in their housing.

- Participants in this HIA's focus groups cited stress about housing stability and permanence as a major concern.

"I have a great deal of medical expenses. So really, to have to pay $1500 or $1600 or $2200 a month in rent anywhere else… I couldn't afford it. I would be homeless."

HIA Focus Group Participant

"I have lived in public housing for 50 years … grew up here. That's where I intend to die. My choice. I love it."

HIA Focus Group Participant

Social Capital

Social Capital/Support and Stress

- Social support provides a buffer in stressful situations and prevents feelings of isolation. Neighborhoods in which residents feel social cohesiveness toward their neighbors tend to have lower mortality rates compared to neighborhoods lacking strong social bonds.

- Relocation out of public housing generally has negatively impacted social capital and networks by creating physical isolation, diminishing face-to-face interactions, and moving residents away from supports and services.

- Residents of public housing are living with high levels of stress. Most focus group participants in this HIA indicated that they or their neighbors experienced health issues, amongst the most commonly cited was stress associated with housing insecurity.

Racial and Ethnic Segregation and Poverty Concentration

- Living in racially segregated neighborhoods has been associated with higher infant mortality, overall mortality, and crime rates that cause injury and death. The concentration of poverty has been associated with high unemployment rates, high school dropout rates, and crime and violence. These are often reasons cited for demolishing public housing, even though many of these neighborhoods also lack critical social services that may ease these health risks and other consequences.

- Segregation is common in public housing. Nationally, there are three times as many African-Americans and one and a half times as many Latinos living in public housing as compared to the general population.

- Public housing relocation programs have had mixed results with respect to achieving stated goals of racial and ethnic integration and poverty deconcentration. Residents often re-concentrate into segregated and/or poor communities, and there is little improvement in individual income levels.

"Closeness to family and friends are important to our communities."

"I know my entire floor and at least somebody on every floor, [and] I have an investment and connection. All the old folks tell me hello, and they are invested and want to see me grow."

HIA Focus Group Participants

"I don't want to leave where I live; I want them to just take better care of it as if we lived with rich people now."

HIA Focus Group Participant

Crime and Violence

- Crime and violence are overwhelmingly stated as a concern among public housing residents. Crime is often discussed in tandem with comments about the communities in which public housing is located in and the inability of management to intervene.

- Housing relocation programs have, overall, reported positive impacts on crime and violence. Research assessing whether crime is displaced to other communities illustrates that crime decreases overall.

- However, the social cohesion people feel in public housing acts as a buffer to perceived crime, and this perception can have a protective effect for residents with respect to crime.

Stress

- Both the literature and our HIA focus group findings confirm that the residents of public housing are living with stress. Most of our focus groups participants indicated that they or their neighbors experienced some health issues, the most commonly cited being stress associated with crime and housing insecurity.

2. IMPACT ANALYSIS FINDINGS AND SUMMARY TABLE

Predictions of impacts were made based on the research findings included in the report, and on the "determinants of health outcomes" – i.e., type of management, evictions and resident organizing; housing quality, affordability, and stability; and social capital. Throughout the HIA, we demonstrate the connections between these determinants and health outcomes, and where possible we include future impacts on health. Predictions of how RAD will impact health determinants were qualitatively made using findings from the literature, existing conditions data, and focus group and survey results. Given the lack of detail in RAD, the predictions below reflect our best interpretation of the components of RAD.

"I feel stressed at times, cause it feels like things ain't getting better, they are getting worse. Also they are always talking about the projects are gonna be sold so I worry about that."

HIA Focus Group Participant

We predict that changes in the types of management, as currently written, *are likely to lead* to the following impacts:

- Improved housing conditions due to more responsive maintenance practices because of increased funding available from conversions. Health benefits include fewer injuries and improved mental and physical health (e.g., respiratory health). However, if funding is allocated to repair the least distressed housing stock (e.g., failing to prioritize the housing that is most in need of repairs) and/or if renovations are not completed using high-quality standards, health benefits associated with improved maintenance may be limited. Furthermore, if ongoing funds are not committed to maintenance over the long-term, any health benefits may not last.

- Improvements in safety, crime, and violence. As crime and violence decrease, health impacts would include fewer injuries and deaths, as well as decreased stress and stress-related health conditions.

- Increased stress among those who face increased housing costs, have fewer social networks and support, experience housing instability, and/or are evicted.

We predict that changes in the types of management, as currently written, *may lead* to the following impacts

- More tenuous relationships between residents and management, and stress associated with disrespectful treatment by management.

- Decreased strength of resident organizing protections, thereby limiting improvements in the physical conditions of housing, and decreases in quality of life, community building, and social capital.

- Decreased housing stability if financial impacts and time and use restrictions place the long-term permanence of the public housing stock at risk – leading to stress, housing cost burden, and the disruption of social networks and support.

- Increased residency standards and/or requirements that will lead to:

    - Increased evictions due to new rules and one-strike policies.

    - Housing denied to future tenants who cannot meet residency requirements, including those who have been arrested or incarcerated (or have a relative in this situation), have poor credit histories, or who are unable to meet work or school requirements.

    - Decreased social cohesion and support networks through eviction, relocation, and/or displacement.

    - Increased housing cost burden for residents renting at less affordable rates in the private market.

Potential promotion of mobility through tenant-based vouchers *is likely to lead* to the following impacts:

- Improved mental health and perceptions of neighborhood surroundings among adults.
- Housing in less racially segregated and poor communities, though not significantly less.
- Increased housing cost burden and associated health impacts (e.g., having fewer resources for other daily needs, poor quality housing conditions, overcrowding, and homelessness).
- Decreased housing stability and increased threat of eviction when renting through the private market, causing negative health impacts.
- Decreased social cohesion and support networks through the relocation process.
- Decreased ability to organize for better conditions.

There are several important caveats to consider in relation to these impacts:

- Any changes in public housing will have a disproportionate impact on "hard to house" populations – e.g., the elderly, large families, people with disabilities, and those who have been arrested or incarcerated, have poor credit histories, or are unable to meet work or school requirements.
- There is currently no funding for vouchers or additional vouchers being created through RAD. Therefore, mobility-based impacts will occur over the medium-to-long term only if more vouchers are provided.
- The impacts described above will vary over the short-to-long term. Some impacts will take time before manifesting in visible ways, while others may occur immediately. Furthermore, impacts that may initially be positive may change over time, and vice versa.
- **Many of the findings assessed in the report are in part based on evaluating past housing relocation programs, including MTO, HOPE VI, and the Gautreaux project. Research from these programs demonstrates limited positive impacts on health and health determinants.**

  RAD differs significantly from past programs in ways that could further limit positive impacts on health and health determinants. In particular, MTO provided extensive funding for vouchers where none is provided here and under HOPE VI, many public housing complexes were demolished and rebuilt, which is not anticipated in RAD.

The table below summarizes the impacts of RAD on health determinants prioritized in this HIA. Included is information on the direction, magnitude, and severity of impacts, which is defined below, as well as the strength of the evidence and any uncertainties regarding predictions.

HEALTH DETERMINANT	IMPACT	MAGNITUDE (HOW MANY?)	SEVERITY (HOW BAD?)	EVIDENCE STRENGTH	UNCERTAINTIES
Type of Management	~	Minor- Moderate	Low-Moderate	• •	Ability to informally implement stricter residency rules Resident organizing protections Strength of eviction protections Assuming funds target the most distressed housing stock How time and use restrictions will be implemented Unclear the extent to which tenant-based vouchers will be distributed
Eviction	-	Moderate	Moderate	• •	
Resident Organizing	~	Minor	Low	• •	
Housing Quality	+	Moderate-Major	High	• •	
Affordability	-	Moderate-Major	Moderate	• •	
Stability	-	Moderate-Major	Moderate	• •	
Social cohesion/ Social networks	-	Major	Moderate	• •	
Segregation	~	Minor- Moderate	Low-Moderate	•	
Concentration of poverty	~	Minor- Moderate	Low-Moderate	•	
Crime	+	Moderate-Major	High	• •	
Stress	~	Moderate-Major	High	• •	

Explanations:

Impact refers to whether the proposal will improve health (+), harm health (-), or whether results are mixed (~).

Magnitude reflects a qualitative judgment of the size of the anticipated change in health effect (e.g., the increase in the number of cases of disease, injury, adverse events): Negligible, Minor, Moderate, Major.

Severity reflects the nature of the effect on function and life-expectancy and its permanence: High = intense/ severe; Mod = Moderate; Low = not intense or severe.

Strength of Evidence refers to the strength of the research and evidence showing causal relationship between mobility and the health outcome: • = plausible but insufficient evidence; • •= likely but more evidence needed; • • • = causal relationship certain. A causal effect means that the effect is likely to occur, irrespective of the magnitude and severity.

WHAT DO WE RECOMMEND?

As described above, while RAD is likely to lead to some positive health impacts, negative impacts are likely to outweigh any positive impacts – especially without mitigation. Furthermore, there are a number of missed opportunities to improve health via RAD. To address these gaps, based on the research findings and impacts described, we identify a number of recommendations to improve RAD and any long-term policies that may result if it is continued beyond the pilot period. Overall, the goal of these recommendations is to mitigate identified negative impacts such that resident health can be protected and promoted.

Recommendations are written in such a way as to be feasible, actionable, measurable, and able to be monitored. Because of the number of unknowns related to implementation as well as the lack of overall positive health impacts that would result from implementation, we first propose a number of overarching recommendations for decision-makers to consider:

1. Prioritize funding to improving existing public housing stock rather than on relocating residents out of public housing.

2. Keep the "public" in public housing – require that public housing always remain a public asset under public ownership and control, particularly in times of risk such as foreclosure, bankruptcy, or default.

3. Require the preservation of the public housing stock by clarifying long-term sustainability plans for individual Public Housing Authorities (PHAs), developed by PHAs with oversight from and in collaboration with the resident organizations, public housing advocates, and HUD.

4. Designate adequate funding for services, support, and protections for those who are traditionally "hard to house." (e.g., the elderly, large families, people with disabilities, and those who have been arrested or incarcerated, have poor credit histories, or are unable to meet work or school requirements, etc.)

5. Develop an assessment, monitoring, and evaluation program in collaboration with resident organizations and public housing advocates, implemented by an independent third party to track implementation and effects of RAD, and to recommend changes that will need to be made if RAD is continued beyond the pilot period.[1]

6. Set up a Conversion Oversight Committee (COC) made up of existing leaders of PHA resident organizations, public housing advocates, and elected officials. The COC should be charged with reviewing: national residency standards; criteria for selecting which public housing receives RAD conversion status (including special consideration for public housing sites that provide housing for the "hard to house"); and national grievance policies, and should be required to provide twice yearly updates on implementation progress and evaluation program results.

7. Local resident associations should be a part of review and decision-making processes on topics including development and implementation of residency standards; development of disposition plans and relocation compensation and support; development and oversight of grievance policies; site maintenance workplans to address repair needs; new rules implemented within public housing complexes; and distance limits of new housing identified for residents.

The report includes about 35 specific recommendations. Below we highlight eight recommendations targeted directly at impacts predicted in the report related to topics such as ownership, management, eviction, tenant organizing, and social cohesion:

1. Prioritize that owners of converted properties always be a public entity, including in the event of foreclosure, bankruptcy, default, or transfer of contract.

2. Require environmentally sustainable rehabilitation using standards from Leadership in Energy and Environmental Design (LEED) or Enterprise Green Communities and ensure full implementation and enforcement of HUD Section 3 employment requirements.

3. Expand due process protections for public housing residents, such as by developing grievance policies.

4. Require 100% waivers for all units in all project-based pilot sites to ensure that income mixing requirements and the resulting displacement do not apply.

5. Require just cause evictions of residents in efforts to protect against retaliation for complaints made about housing quality.

6. Limit distance of how far residents are relocated based on unique characteristics of the city. For residents who relocate, provide relocation assistance per the Uniform Relocation Assistance Act, including moving costs, transportation costs, and job placement assistance.

7. Ensure the protection, repair, and maintenance of hard housing units, especially the most distressed units and units for "hard to house" residents. Limit the demolition and disposition of public housing units to those units that are beyond repair, as defined by criteria set with oversight from a Conversion Oversight Committee.

8. Require one-for-one replacement of lost or demolished public housing units (i.e., hard units).

WHERE DO WE GO FROM HERE?

Stakeholders from around the country have been meeting with HUD and elected officials to weigh in on RAD and its implementation both before and after it was signed into law in late November 2011. Our goals for this HIA are that:

1. **HUD and other officials responsible for the implementation of RAD directly incorporate specific recommendations included in this HIA in an effort to mitigate identified negative health impacts.**

2. **Stakeholders and decision-makers incorporate discussions of health impacts and health inequities as part of housing policy-making.**

Numerous questions remain to be answered to see whether these goals are met and whether health impacts will be allayed: Will public housing truly remain "public"? What will the conversion process look like? What role will residents and stakeholders play in the process? What support will be provided to residents through such significant policy shifts? What information and data will be tracked and made public about conversions, residency changes, and residents' experiences? Will public housing remain a permanent source of housing for those needing it most? Tracking the answers to these questions over time is essential and will help us understand the extent to which public health can look to public housing as an "intervention" to protect and promote the health of vulnerable populations.

Repeatedly, research has shown the importance of high quality, affordable, and stable housing to individual and community health and well-being – findings that residents and community stakeholders have known both physically and intuitively. For far too long, housing policies have at best minimized, and at worst excluded, discussions of health and how policies may exacerbate or improve health inequities, despite the fact that housing greatly affects health. This HIA was conducted in an attempt to address this major gap. Though there were a number of limitations – including lack of quantitative data on public housing conditions, little information regarding how RAD will actually be implemented, and mixed research with which to compare – we believe we are making an important and necessary contribution to ongoing debates on subsidized housing policy, and in the field of health impact assessment. We hope HUD and other officials draw upon our findings and recommendations to carefully monitor and measure the impact of RAD as well as help determine the future of public housing.