## Executive Summary

This Health Impact Assessment (HIA) examines the potential health impacts that could result from implementation of the Community Investment Tax Credit (CITC) program, which will provide Community Development Corporations (CDCs) with access to additional funding opportunities in the State of Massachusetts. The assessment was conducted to determine what activities are performed by CDCs, the characteristics of the populations that they serve, and consequently, how changes in CDC activities due to the CITC could impact the health of the people and areas that they serve.

The HIA findings are intended to inform elements of the CITC program - which is administered by the Massachusetts Department of Housing and Community Development - including the annual notices for funding, the tax credit allocation process, and the measures that will be used to evaluate the program’s impact.

Additionally, early in this HIA, it was identified that the activities performed by CDCs are closely linked to the determinants of health in the communities they serve, such as where people live, where they work, and where they gather. So, a secondary goal of the HIA was to understand how community development activities as a whole affect health. This understanding will provide useful and actionable information that can be used locally by the CDCs as they conduct and promote their work, and can be incorporated at regional, state, and national levels as part of the wider dialogue about the health impacts of community development.

## Community Development Activities

This HIA found that CDCs perform a multitude of activities depending on their mission, capacity, and constituency. Using the definition of community development provided in the CITC legislation and stakeholder feedback, the types of activities advanced by the CDCs were organized into four categories.

These categories were used to illustrate the steps through which community development activities influence health outcomes and chronic conditions such as obesity, stress, mental health, cardiovascular disease, respiratory disease, and injuries. The links between each category of activities and health are called pathways. Graphic representations of these pathways can be found on the following pages.
THE LINKS BETWEEN PHYSICAL DEVELOPMENT AND COMMUNITY PLANNING ACTIVITIES AND HEALTH

These activities deal planning and construction of physical space, and include activities such as affordable housing development, commercial real-estate development, and the preservation of open spaces in a community.

THE LINKS BETWEEN ECONOMIC DEVELOPMENT ACTIVITIES AND HEALTH

These activities promote the development, maintenance, and growth of small businesses through microloans, technical assistance, and training programs.

Δ = change in
The Links Between Asset Development Activities and Health

These activities include building individual skills that increase the independence, stability of housing, employability, and financial abilities of individuals and families within the community.

The Links Between Community Organizing, Building, and Empowerment Activities and Health

These activities invest in the strength and cohesiveness of a community by bringing people together, building connections between them, and strengthening community input and engagement in the political process.
**Assessment**

Using input from CDC staff and Board Members, which include area residents, a framework was developed to understand how activities under the four categories would most likely be impacted by the CITC program. After determining that no activities would be reduced, the HIA focused on how CDC activities would continue at current levels or be enhanced in response to the tax credits.

**Summary of CITC Impact**

The following table summarizes the activities that are predicted to be enhanced by the CITC program and the health outcomes tied to those activities that this HIA predicts will change with the increases in those activities. Stakeholder feedback throughout this HIA suggests that the activities that will likely be enhanced fall under the categories of Asset Development and Community Organizing, Building, and Empowerment.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Health Impacts</th>
<th>Strength of Evidence*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident Services</td>
<td>These services increase housing stability by providing support such as:</td>
<td>↓ Cardiovascular disease, ↓ Domestic violence, ↓ Childhood obesity, ↑ Medical care</td>
<td>Moderate–High</td>
</tr>
<tr>
<td></td>
<td>· Rental assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>· Fuel assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>· Home energy upgrades</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>· Weatherization programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property Maintenance</td>
<td>These services promote housing stability that improve or maintain housing quality, such as:</td>
<td>↓ Lead and other poisonings, ↓ Injuries, ↓ Respiratory disease, ↓ Infectious disease</td>
<td>Moderate–High</td>
</tr>
<tr>
<td></td>
<td>· Home repair services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>· Home repair loans</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>· De-leading loans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Organizing, Outreach and Engagement</td>
<td>These activities invest in the strength and cohesiveness of a community by bringing people together, building connections between them, and strengthening community input and engagement in the political process</td>
<td>↓ Domestic violence, ↓ Crime and violence, ↓ Substance abuse, ↑ Mental health, ↑ Medical care</td>
<td>High</td>
</tr>
<tr>
<td>Leadership Development</td>
<td>These activities aim to develop local leaders from within the community</td>
<td>↓ Cardiovascular disease, ↓ Cancer, ↑ Mental health</td>
<td>Moderate–High</td>
</tr>
<tr>
<td>Youth Development and Empowerment</td>
<td>These activities aim to develop youth and engage them in their communities through activities such as:</td>
<td>↓ Cardiovascular disease, ↓ STIs, ↓ Cancer, ↓ Substance abuse, ↓ Crime and violence, ↑ Mental health</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>· Youth volunteer groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>· Summer camps</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>· Job training programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>· Leadership development</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Strength of evidence was rated on a four-point scale based on a combination of the strength and consistency of the literature as well as the strength of the stakeholder feedback.

Among populations served:

↑ Prevalence likely to increase
↓ Prevalence likely to decrease
+ Condition likely to be positively impacted
- Condition likely to be negatively impacted
Recommendations

This HIA provides recommendations to maximize the consideration of health determinants and the possible health outcomes that could result from the program. The following are key recommendations for the administration of the CITC program.

• Include Community Organizing and Leadership Development activities in the regulatory definition of community development in order to recognize CDCs’ current and desired future work to deeply engage the residents and businesses that they serve.

• In future Notices of Funding Availability, modify the Community Investment Plan description to incorporate prompts for the inclusion of local health data and outreach to health care and public health organizations as stakeholders in the CDC service area.

• Consider the use of an existing surveillance tool for monitoring and evaluation of the CITC program. Include the tracking of health related activities in the monitoring program, such as programming to increase healthy behaviors, support service programs that address mental health, and programming to support elder residents.

This HIA also provides recommendations for CDCs and others performing or supporting community development work through the CITC program. These recommendations provide guidance and action steps for incorporating health into community development work, engaging with health care and community health organizations as community partners, and communicating the relationship between community development work and health determinants. Major recommendations include:

• Promote the relationship between community development work and health outcomes as part of communications and fundraising.

• As part of Community Organizing activities, consider the use of evidence-based programs and approaches that are shown to increase positive health behaviors as well as community cohesion.

• Make connections with state, municipal, and community level organizations working in the field of public health.

• Make connections with Community Health Workers (CHWs) as part of the stakeholder base and Asset Building and Community Organizing activities.

• Ensure that Physical Development activities are health promoting (see call-out below).

• Track additional metrics related to community health in order to understand the impacts of CITC supported activities and contribute to the evidence base concerning how these activities influence health outcomes like cardiovascular disease, substance abuse, and mental health.

A resource to assist in considering impacts and approaches for physical development projects is the Healthy Neighborhoods Equity Fund (HNEF) Health Impact Assessment (HIA), which examined the potential health impacts that could result from Transit Oriented Development projects. Although the HNEF HIA aims to inform the health related metrics of the proposed fund, the assessment methods and findings can be used to understand the social and economic impacts that could result from development projects. The HIA also highlights best practices that can be used to enhance positive or mitigate negative health impacts of a proposed project. More information about the HNEF HIA can be accessed here: [WWW.MAPC.ORG/HNEF](http://WWW.MAPC.ORG/HNEF)
Conclusion

The purpose of the CITC is “to enable local residents and stakeholders to work with and through community development corporations to partner with nonprofit, public, and private entities to improve economic opportunities for low and moderate income households and other residents in urban, rural, and suburban communities across the Commonwealth.” Based on this HIA, it is apparent that work has occurred over the past decade by CDCs to improve economic and housing choices for these households. However, it is just as apparent that the activities which are supportive of these choices and provide long term stability, like tenant services and community empowerment, have not received the level or consistency of support as has physical development work.

This HIA finds that the CITC has the potential to change this scenario. While physical and economic development will likely continue at the current pace, activities that empower low- and moderate-income populations may grow. By bringing these activities into balance, the CITC could reduce inequality, promote health equity, and improve health outcomes among those who face the most difficult personal and family circumstances in the Commonwealth.

Authors
Noémie Sportiche, Ben Wood, Brittany Chen, Peter James, Kate Ito, Rachel Banay, Chris Kuschel, and Barry Keppard.

Contributors
Massachusetts Department of Public Health (MDPH): Margaret Round (BEH), Andrea Pinzon-Marquardt (BCHAP), James Buszkiewicz (BCHAP), Christine Gorwood (BEH), and Jan Sullivan (BEH).
Health Resources in Action (HRiA): Laurie Stillman, Allyson Auerbach, and Abby Atkins.
Metropolitan Area Planning Council (MAPC): Bill Wang and Clayton Martin.

Acknowledgements
We would like to thank Arthur Jemison, Mark Siegenthaler, and Karen Bresnahan at the Department of Housing and Community Development; Joe Kriesberg, John Fitterer, and Don Bianchi from the Massachusetts Association of Community Development Corporations; the staff from the MACDC member and associate member Community Development Corporations; Lea Susan Ojamaa from MDPH; Marc Draisen, Joel Barrera, Mariana Arcaya, and Eric Halvorsen from MAPC.

For more information go to
www.hria.org/citechia

This report is supported by a grant from the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts. The views expressed are those of the author(s) and do not necessarily reflect the views of The Pew Charitable Trusts or the Robert Wood Johnson Foundation.