

2015 ENTERPRISE GREEN COMMUNITIES CRITERIA

**COG Built Environment and Energy Advisory
and Housing Directors Advisory Committees**

Washington, DC | September 15, 2016

“Job training, crime prevention, education and health care, as well as affordable housing, are all part of the solution. We cannot serious improve the lives of people unless we do all these at one time.”

Jim Rouse | Founder



Enterprise Green Communities is transforming the way America thinks about, designs, builds, and rehabilitates affordable housing.

Green building integrates materials and methods that promote **environmental quality**, **economic vitality**, and **social benefits** through design, construction and operations of the built environment.

The Enterprise Green Communities aligns affordable housing investment strategies with environmentally responsive building practices.

Integrative Design

**Operations, Maintenance
+ Resident Engagement**



**Location +
Neighborhood Fabric**

**Healthy Living
Environment**



Site Improvements

Materials



Water Conservation



Energy Efficiency



2015 CRITERIA: WHAT'S NEW?

- The 2015 Criteria requires that seekers of EGC certification assess, and address, community **health** characteristics and relevant resilience measures during the integrative design process.
- For projects pursuing Certification, **energy and water data** will not simply be collected by Enterprise, but will also be managed by each project owner in a manner that influences project operations.
- Projects pursuing Certification must explore best practices of **TOD**, offering means to connect to community amenities, and **Resilience**, in more meaningful ways than ever before.





PRIORITIZING RESIDENT HEALTH

1.2a Resident Health & Wellbeing: Design for Health

1.2b Resident Health & Wellbeing: Health Action Plan

2.12 Access to Fresh, Local Foods

6.1 Low / No VOC Paints, Coatings, and Primers

6.2 Low / No VOC Adhesives and Sealants

6.7a/b Environmentally Preferable Flooring

6.10 Asthmagen-free Materials

7.11 a/b Beyond ADA: Universal Design

7.12 Active Design: Promoting Physical Activity within the Building

7.13 Active Design: Staircases and Building Circulation

7.14 Interior and Outdoor Activity Spaces for Children and Adults



PRIORITIZING PERFORMANCE

1.1a Goal Setting

1.1b Criteria Documentation

1.1c Designing for Project Performance

4.1 Water Conserving Fixtures

4.2 Advanced Water Conservation

4.3 Leaks & Water Metering

4.4 Efficient Plumbing Layout & Design

4.5 Water Reuse

5.1 Building Performance Standard

a. New Construction, single family and low-rise MF

b. New Construction, mid-rise and high-rise MF

c. Sub and Mod Rehab, single family and low-rise MF

d. Sub and Mod Rehab, mid-rise and high-rise MF

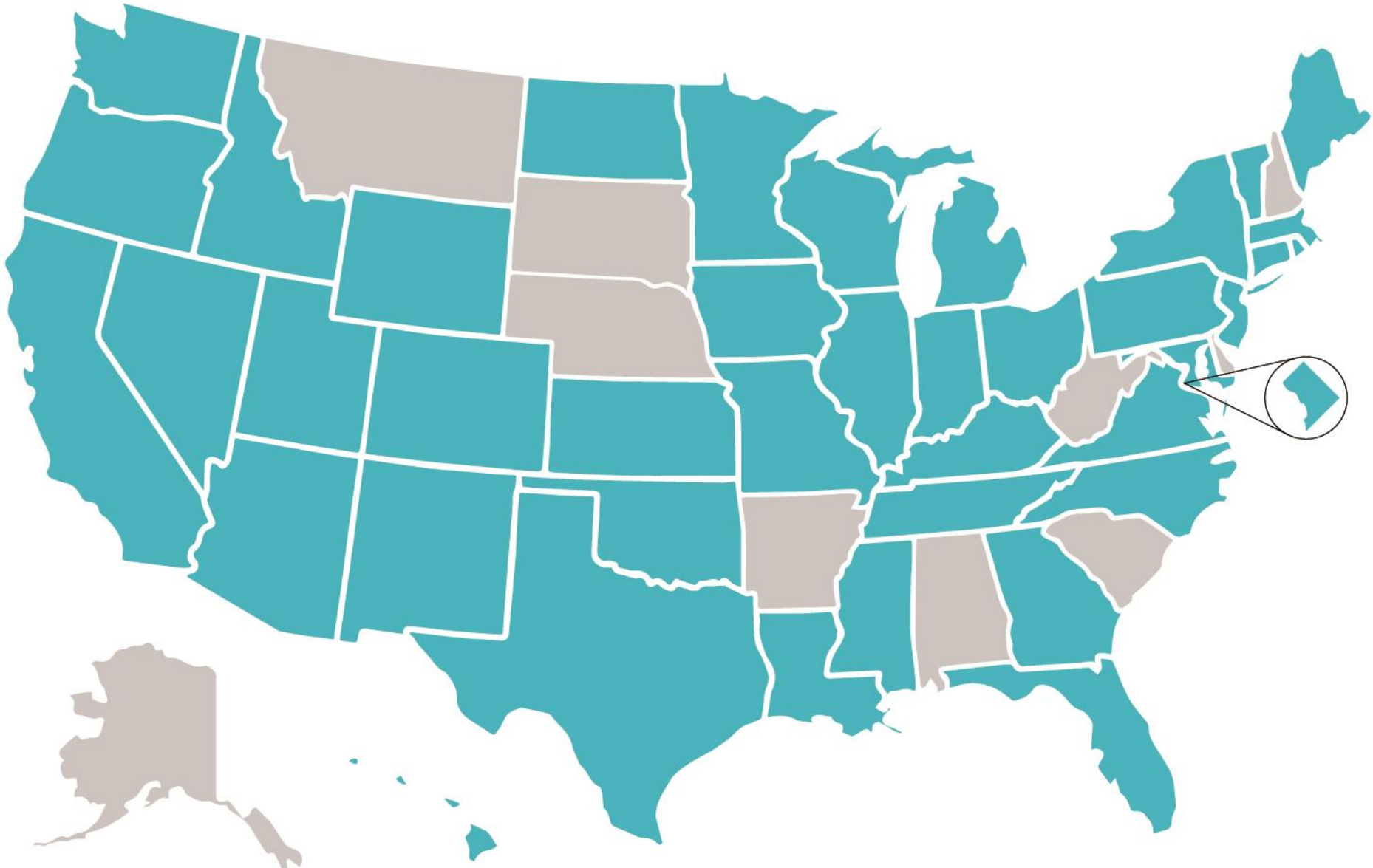
8.1 Building Maintenance Manual (all MF projects)

8.3 Resident Manual

8.4 Resident and Property Manager Orientation

8.5 / 8.6 Project Data Collection and Monitoring System

IMPACTS



RESEARCH

+

EVALUATION

RESEARCH | HEALTH ACTION PLAN PILOTS

HOW CAN YOU INTEGRATE PUBLIC HEALTH PROFESSIONALS INTO YOUR AFFORDABLE HOUSING DEVELOPMENT TIMELINE TO POSITIVELY IMPACT RESIDENT HEALTH?

ORGANIZATIONAL COMMITMENT

embedding health into approach to site design and operations

PARTNERSHIPS

partnerships with public health professionals to maximize health outcomes

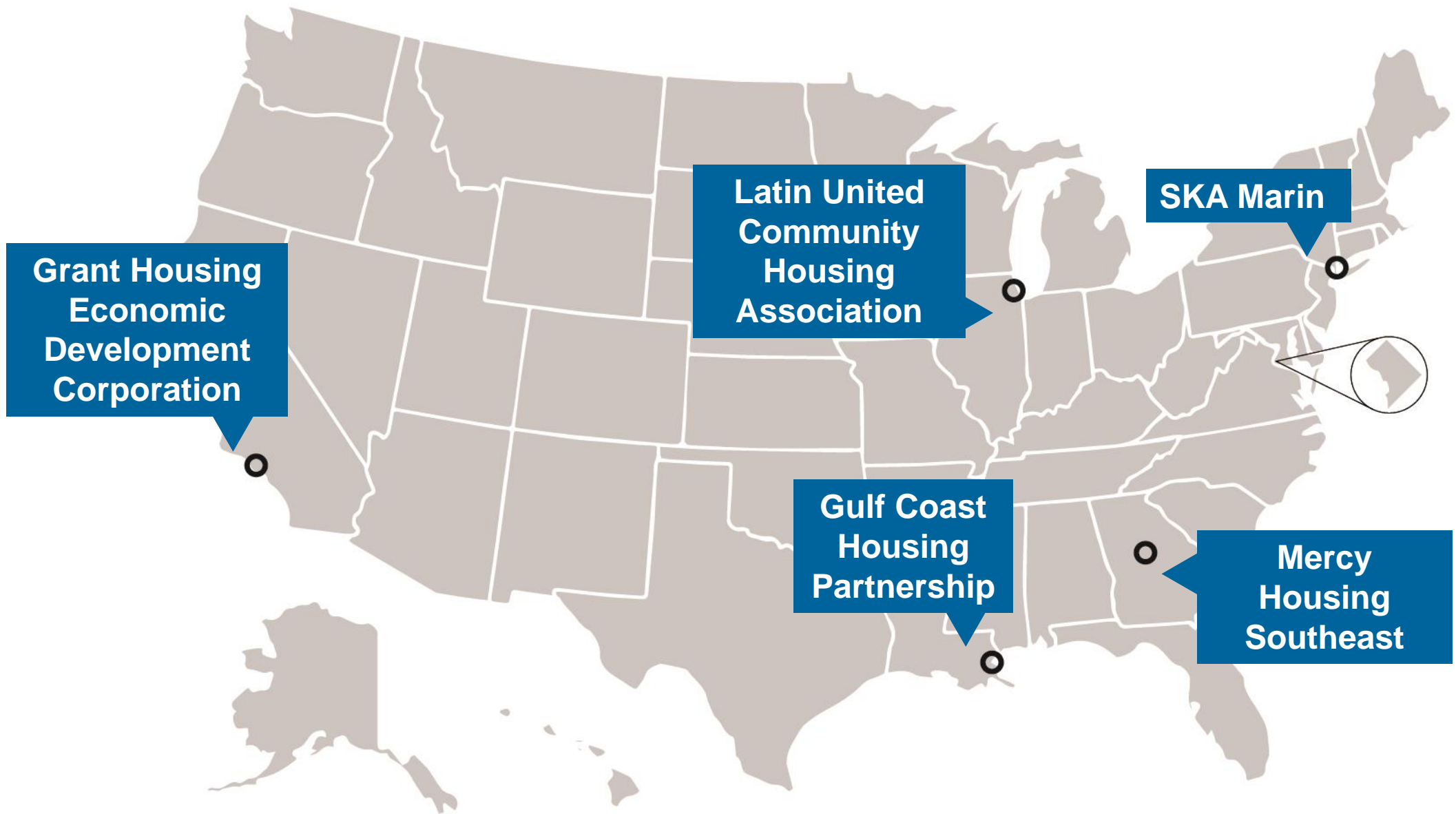
DATA COLLECTION + ANALYSIS

ability to collect, analyze, and interpret data

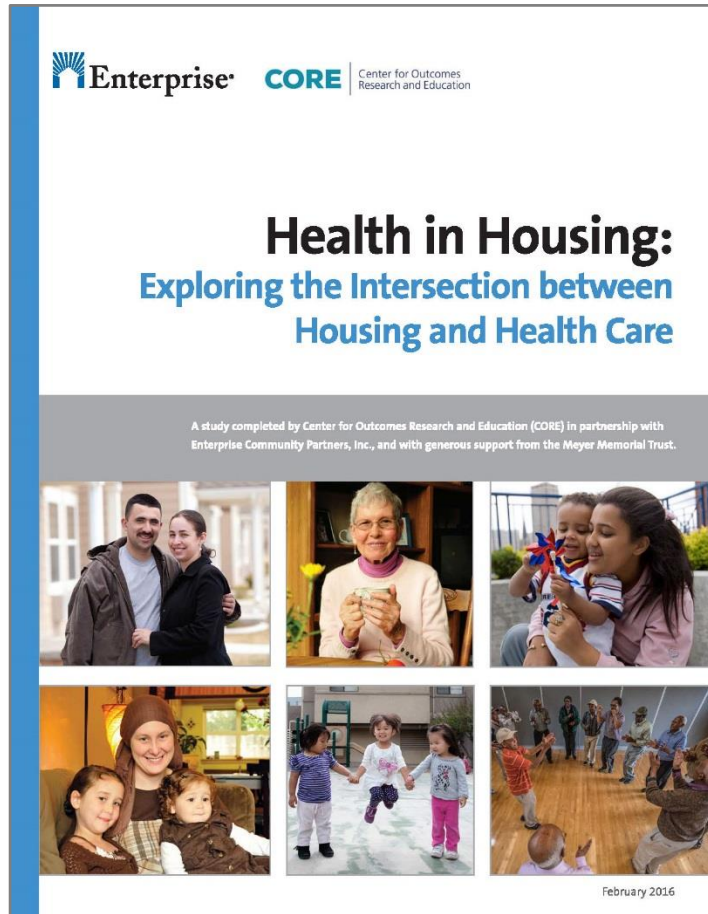
STAKEHOLDER ENGAGEMENT

engaging stakeholders to maximize health outcomes

RESEARCH | HEALTH ACTION PLAN PILOTS



RESEARCH | HEALTH IN HOUSING



Report available online:
enterprisecommunity.org/resources

KEY FINDINGS

1 Costs to health care systems were lower after people moved into affordable housing.

- Total Medicaid expenditures declined by 12 percent.
- Declines in expenditures were seen for all housing types.
- IMPLICATION: *Access to affordable housing will likely drive down costs to the health care system.*

Overall	FAM	PSH	SPD
-12%	-8%	-14%	-16%

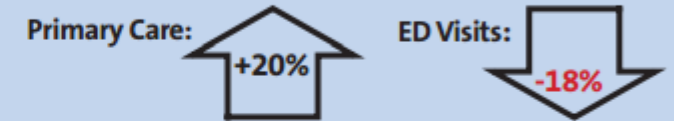
3 Residents reported that access to care and quality of care improved after moving into housing.

- Many residents reported that health care access and quality were better after move-in than before; very few people reported it was worse.
- IMPLICATION: *Expenditure and utilization differences did not come at the expense of access or quality.*

ACCESS to health care after moving to affordable housing	Better	Worse	QUALITY of health care after moving to affordable housing	Better	Worse
	40%	4%		38%	7%

2 Primary care visits went up after move-in; emergency department visits went down.

- Outpatient primary care utilization increased 20 percent in the year after moving in, while ED use fell by 18 percent.
- Similar trends were observed for each housing type.
- IMPLICATION: *Affordable housing helps meet major health reform utilization metrics.*



4 Integrated health services were a key driver of health care outcomes.

- The presence of health services was a driver of lower costs and ED use, despite low awareness among residents. (See Exhibits 1 to 21.)
- IMPLICATION: *Increasing use of these services may result in even greater cost differences.*

Adjusted impact of health services:

EXPENDITURES	-\$115 member/month	ED VISITS	-0.43 visits/year
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RESEARCH | NATIONAL HEALTH STUDY

A background image showing three young children walking hand-in-hand on a paved path outdoors. The child on the left is wearing a blue and white striped shirt. The child in the middle is wearing a white shirt with a pink bow and polka-dot pants. The child on the right is wearing a grey patterned shirt and pink pants. They are all smiling and looking towards the camera.

HYPOTHESIS

1. Green housing renovations will reduce health care utilization of children with asthma.
2. Green housing renovations will improve the general physical and mental health of adults and children

AT A GLANCE...

- 7-year study based in Chicago, New York and San Francisco
- Focus on children with asthma and caregivers
- Compare health and environmental quality before & after green renovations
- Economic analysis of health care utilization (office visits, medications, hospitalizations, etc.) and monetary benefit to health care providers and insurers, including the federal Medicaid program



THANK YOU

Ray Demers | Senior Program Director, Green Communities
rdemers@enterprisecommunity.org
(202) 403 - 8005