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Illinois Housing Development Authority
ATTN: Strategic Planning and Reporting/QAP Feedback
111 East Wacker Drive, Suite 1000
Chicago, IL 60601

Re: ICAAP Comments – IDHA’s Proposed 2022-2023 Low-Income Housing Tax Credit Qualified Allocation Plan

Dear Illinois Housing Development Authority:

We are writing to submit these comments regarding the proposed 2022 Low-Income Housing Tax Credit Qualified Allocation Plan (QAP) and the Racial Equity Impact Assessment. The Illinois Chapter, American Academy of Pediatrics (ICAAP) is a statewide not-for-profit organization of more than 2,000 pediatricians and is based in Chicago, Illinois. ICAAP’s mission is to promote and advocate for optimal child, youth, and family well-being and quality healthcare.

Over the last several years, ICAAP has worked together with numerous health care and housing organizations to prevent and mitigate child health risks associated with housing insecurity through our Chicago initiative, [First Steps: Improving Child Health and Housing](#). ICAAP also founded and is the primary organizer of the [Collaborative on Child Homelessness – Illinois](#), a multi-sector coalition comprising more than 50 organizations and community experts whose families have experienced housing insecurity. The Collaborative’s mission is to improve health outcomes for young children, families, and pregnant persons experiencing housing insecurity by increasing capacity and fair access to housing through a deliberate racial equity and justice lens.

Our work in both initiatives focuses on very-low-income family households, specifically children birth to six years of age and pregnant individuals because of the developmental vulnerabilities of children, as demonstrated by Adverse Childhood Experiences (ACEs) studies.

ICAAP strongly recommends that the 2022-2023 Low-Income Housing Tax Credit QAP prioritize **family units** because thousands of Illinois children do not have access to stable housing and the health risks faced by young children and pregnant individuals associated with housing insecurity are known to be substantial and severe.

Racial Equity

ICAAP supports the Illinois Housing Development Authority's racial equity policy priority in the Draft Qualified Allocation Plan. Illinois' QAP proactively addresses the social and economic inequities in Illinois by increasing opportunities for wealth-building as well as prioritizing projects for improving resident outcomes. Research shows that for children younger than thirteen years of age, optimal health and economic outcomes are achieved with resource-rich communities.

With regard to Illinois children and racial equity, the [2021 Illinois Kids Count](#) reported 35 percent of Black children, 20 percent of Latinx children, and 9 percent of White (not Latinx) children were living below poverty in 2018. Additionally, families experiencing homelessness in Illinois are disproportionately Black and other people of color. For example, the 2021 Longitudinal System Analysis produced from the Chicago Homelessness Management Information System (HMIS) reported 74 percent of single households compared to 83 percent of family households experiencing homelessness identified as Black in 2020. The racial/ethnic disparities among children and families experiencing homelessness must be considered in IHDA's QAP.

Using a racial equity lens, the size of affordable family units must reflect the needs of Black and Latinx households. The city of Chicago's 2020 [Inclusionary Housing Task Force Staff Report](#) found the average size of a Black household is 2.7 members and the average size of a Latinx household is 3.7 members. Given the history of systemic racism and discrimination and the long-term health impacts of housing insecurity on young children and pregnant individuals, Illinois families must be prioritized for affordable housing.

3-Bedroom Units

To meet the needs of Illinois families experiencing homelessness, the Illinois Housing Development Authority's QAP must alter their Scoring Matrix. While the Scoring Matrix reflects the importance of various child health scoring assets including educational facilities and licensed childcare services, it does not value the development of family housing or units that are a minimum of three bedrooms. The Unit Mix score only allocates 2 out of the total 100 points for buildings with 50 percent of their units as family housing, or units that consist of three-bedroom or more. This extremely low point allocation for developing affordable family housing is reflective of the QAP's lack of consideration for children and families' health and wellbeing. Developing affordable housing for families in Illinois must be valued as more than two percent of the state's 2022-2023 QAP scoring system.

Statistics

Families comprise more than one-third of the overall homeless population nationwide. The [2021 Out of Reach: The High Cost of Housing](#) report from the National Low Income Housing Coalition found in the United States that a family of four with poverty-level income can afford a monthly rent of no more than \$663, which approximately amounts to 30 percent of their total income spent on housing. Yet, Illinois' 2021 Fair Market Rent reports \$1,150 for a two-bedroom rental unit. This reported discrepancy is nearly two times the amount that a family of four living on poverty-level income could afford in Illinois.

The [Illinois State Board of Education](#) reported 49,596 Illinois students who were homeless in the 2020 End of Year Homeless Count. This includes families who are literally homeless as well as those temporarily staying with others in "doubled-up" living conditions. The [2021 Illinois Kids Count](#) reported almost 20 percent of children under the age of six and 16 percent of children between the ages

of 12 to 17 are living below the poverty level. This four percent difference between child age groups supports ICAAP's focus on children ages birth to six and the corresponding health effects of child poverty.

Health Risks to Children

Housing is an important social influencer of health. Recent research emphasizes the myriad ways in which housing insecurity negatively impacts the developing brain of young children and increases the likelihood of chronic disease. When children experiencing homelessness reach school age, the early experience of homelessness continues to place them at risk for attention problems, decreased working memory, and higher rates of school failure. Housing insecurity exacerbates adverse childhood experiences. As adults, a history of childhood housing insecurity is associated with chronic conditions including asthma, coronary heart disease, stroke, and type 2 diabetes.

Stable housing is imperative for families, including pregnant persons. During pregnancy, individuals are more likely to suffer bleeding and premature labor than pregnant persons who have the same socioeconomic status. Infants born to individuals experiencing homelessness during pregnancy are more likely to be born prematurely and with low birth weights, to require a ventilator upon birth, and to require admission to an intensive care unit than those born to pregnant individuals who are stably housed. Extreme stress during pregnancy may cause infants to undergo changes to the brain that impair their ability to react to stress for the rest of their lives.

Public Investment

A recent study on government spending to reduce infant mortality showed that increasing budgets for housing and healthy environments reduced infant mortality more than increasing spending on health care, hospitals, and other categories of spending.

We would be happy to offer further information about the health harms of housing insecurity on young children, families, and pregnant persons. We have included for your review an addendum to these comments, ICAAP's *Critical Facts – Why Young Children and Pregnant Persons Should be Prioritized for Housing*.

We would also welcome the opportunity to participate in any Illinois Housing Department Authority stakeholder meetings to discuss the importance of stable housing for families.

If you need any additional information, please do not hesitate to contact Mary Elsner, ICAAP Director, Health Equity Initiatives at melsner@illinoisaaap.com and Nancy, Heil, MD, FAAP at nancyjo336@gmail.com.

Thank you for your consideration.

Sincerely,



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