

# The Housing Prescription

A Curriculum for Improving Community Health via  
Housing Planning & Policy

**A Facilitator and Resource Guide**

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This guide supports a PowerPoint presentation document of the same name available at [www.policylink.org](http://www.policylink.org). The presentation is for guiding group action on equitable healthy housing planning, and this guide brings resources and process direction to the facilitator of the planning.

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# CURRICULUM INTRODUCTION

This curriculum is intended as a tool for stakeholders in the housing field and their allied partners who are working to address housing and health disparities through the creation of housing plans—at community, municipal, regional, or state levels. [This supports the PowerPoint document of the same name.](#)

While the primary audience of the curriculum is housing planners responsible for developing and submitting a range of housing plans (from Assessments of Fair Housing, Consolidated Plans, Specific Plans, General Plans, Housing Elements or Housing Blueprints), it is meant to also be a resource for a range of other stakeholders including health care providers, public health agencies, community organizations, environmental justice leaders, and affordable housing developers.

The overarching organizing principles of this effort are that:

- 1) where you live determines your life opportunities, and planning for healthier places can direct policy and resources to manifest better outcomes;
- 2) more effective action on housing-related health problems will require not only more interaction between governmental agencies with various health, environmental quality, housing and community planning responsibilities, but with grassroots constituencies and advocates who are empowered with knowledge of and access to high quality information and the tools; and
- 3) low-income communities and communities of color that are disproportionately affected by exposure to toxics, unhealthy neighborhoods, evictions and displacement, and housing cost burdens can act with other partners to improve their homes, communities, and housing security.

The complex interplay of housing, race, and place has had a profound impact on shaping the health of communities of color throughout our country's history. Today, people of color are more likely to live in substandard housing that exposes them to health threatening conditions.

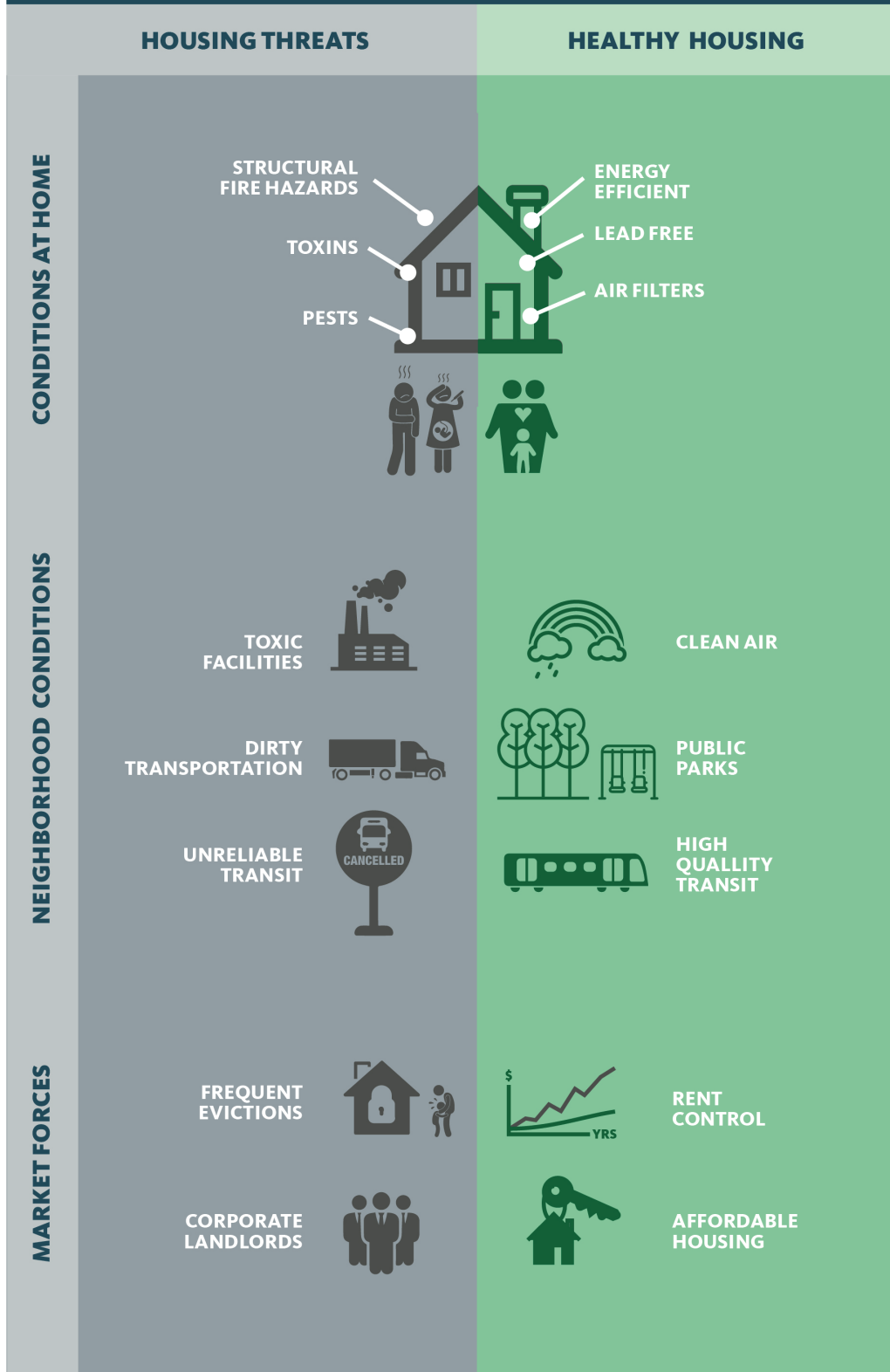
Pushed to the margins, low-income, racially segregated communities are not only host to substandard housing, but are disproportionately impacted by an aggregation of neighborhood factors that have negative health impacts—from exposure to air, soil, and water toxins to the traumatic effects of crime and violence.

The curriculum is based in the recognition of the central importance of housing and neighborhood opportunity to the social determinants of health. Homes, neighborhoods, air and water quality have significant implications for population health, but have not been widely considered in housing planning, and have rarely brought a racial equity lens to the planning and implementation table. Some of the major social determinant factors that this curriculum will address include: exposure to toxics/crime/physical stressors; access to secure, adequate, affordable housing; socioeconomic status; access to fresh and healthy foods; educational attainment; and racial and social isolation. A focus on social determinants looks for solutions beyond medical care and the treatment of diseases and chronic conditions, and towards prevention strategies and the equitable development of communities.

This narrative document supports a PowerPoint presentation that can be used to guide stakeholders through the steps of an effective equitable healthy housing planning process. This curriculum guide is annotated with the corresponding slide numbers of the PowerPoint. The Appendix includes group activities to guide analytical and results-focused processes. This guide provides background resources

that are hyperlinked within the document, and can be offered to members of the housing planning table to deepen their orientation to promising practices and racial equity frameworks.

# MOVING TO HEALTHY HOUSING



## SLIDE 1: THE HOUSING PRESCRIPTION

**INSTRUCTIONS FOR USE:** The following Facilitator’s Guide accompanies a PowerPoint presentation of the same name, and annotates the slides for both content and aligned resources.

The coordinator of the housing planning process should review this entire curriculum to apprise yourself of the content, activities, and process.

The content can be utilized to guide four meetings of a cross-sector housing planning team:

- Meeting #1: an introductory meeting that utilizes the Introduction and Module 1: “Setting the Table” to set the context of the endeavor, ensure you have the right stakeholders, and to build relationships among the participants;
- Meeting #2: a meeting to determine what data you need to inform your planning that utilizes Module 2;
- Meeting #3: a prioritizing and results-setting meeting that utilizes Module 3; and
- Meeting #4: an implementation planning meeting that utilizes Module 4.

*\*The instructions for the facilitator are in italics.*

## SLIDE 2: INTRODUCTION: EQUITABLE HEALTHY HOUSING MATTERS FOR LIFE OUTCOMES

This curriculum is meant to help housing stakeholders engage public health, health systems, and environmental justice leaders to maximize the health benefits that can result from such plans. By focusing on health risks related to housing, diverse stakeholders can more consistently address health outcomes through housing strategies.

Studies show that medical care accounts for only 10 percent of overall health results, with upstream factors like housing, environmental, behavioral, and social elements most profoundly shaping health outcomes.

Health equity proponents are increasingly participating in housing policy planning; conversely the housing policy and the planning field are more frequently engaging the environmental justice, health care systems, and public health worlds.

This is happening because of the growing consensus that there are huge health risk factors tied to housing and neighborhoods, and the recognition that where people live strongly impacts health.

## SLIDE 3: DEFINING EQUITABLE HEALTHY HOUSING

- Healthy Housing
- Healthy Communities of Opportunity
- Health Equity

Let's go over a few key terms to make sure that we are on the same page:

- **Healthy housing** is a home free from toxins and threats from the internal and external built environment such as unsafe streets, violence, poor air quality, industrial chemical exposures, allergens, mold, or pests. Healthy housing is affordable, and it does not divert household income away from other necessities including healthy food, medical care, and educational opportunities. It is located in healthy and well-resourced neighborhoods.
- **Healthy communities of opportunity** are characterized by a combined physical, mental, and socioeconomic environment that supports community members in making healthy choices, achieving educational and economic success, and engaging in robust social and cultural networks. Healthy communities are connected to opportunity, and are places where residents and families have meaningful avenues to participate, prosper, and achieve their full potential.
- **Health equity** is achieved when everyone, regardless of race, neighborhood, or financial status, can experience the highest level of health. Health equity is tied not only to physical health, but also mental, economic, and social well-being. Health equity is not simply the absence of disease, but rather is measured by overall wellness and quality of life. Health equity requires that all lives are valued equally, and includes focused and ongoing efforts to remedy differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust.

This curriculum builds on the advancement of policy and practice since the Surgeon General issued a Call to Action to Promote Healthy Homes in 2009.



## SLIDE 4: CONTEXT FOR EQUITABLE, HEALTHY HOUSING

The complex interplay of housing, race, and place has had a profound impact of shaping the health of communities of color throughout our country's history. From the wholesale displacement of Native Americans that made settlement of the United States possible to the residential location and lending restrictions enforced against African Americans, Asians, and Latinos—people of color have been forced into substandard housing in reservations, urban ghettos, internment camps, and sharecropper and farmworker shacks. Today, people of color are more likely to live in substandard housing that exposes them to health threatening lead paint, asbestos, mold, toxic gases, faulty plumbing and electrical systems, pest infestations, inadequate heating and cooling systems, contaminated water, and dangerous structural problems. One study found that African Americans were 1.7 times more likely than the rest of the population to live in homes with severe physical problems.<sup>1</sup>

Pushed to the margins, these low-income, racially segregated communities are not only host to substandard housing but are disproportionately impacted by an aggregation of neighborhood factors such as proximity to landfills, freeways, industrial areas, and other toxins and pollutants. A [report](#) by the Center for Effective Government found that people of color are nearly twice as likely as white residents to live in close proximity to an industrial facility. These facilities contribute to air pollution, safety [issues](#), and health [concerns](#). Even when laws are in place to protect people from these health threats, communities of color experience unequal enforcement of environmental laws.

While exposure to these risks in the home and community has a direct impact on health, there is another set of factors driving poor health outcomes for low income people and communities of color. In communities across the nation, patterns of racial exclusion and disadvantage have not only persisted but expanded. While talent and potential exist in every zip code, opportunity does not. Consider zip code 63106, a distressed neighborhood in northern St. Louis where 96 percent of residents are Black and 52.5 percent of families live in poverty—more than three times the national poverty rate. A child born and raised here is expected to live only 69 years—10 years below the national average, attend schools deemed so substandard that the state took them over in 2013, and have few opportunities for livable wage work since manufacturing jobs fled in the 1970s and 80s. Drive 20 minutes southwest and you reach Clayton (zip code 63105), an affluent and predominately White St. Louis suburb, where residents live on average 16 years longer, their children attend schools in one of the best districts in Missouri, and a diverse economy offers family-sustaining jobs.

This is modern-day segregation. Though laws prohibit overt discriminatory policies, the decades old patterns of racial segregation overlap almost completely with patterns of poverty and disinvestment today, leaving many low-income people of color cut off from the essential community assets—good schools, healthy environments, job opportunities—that would allow them to thrive. Over fifty million Americans live in distressed zip codes where nearly a quarter of adults have no high school degree, over half of adults are not working, and the median income is only two-thirds of the state level. Over 14 million people—including over 4 million children—live in communities of disinvested racially concentrated poverty, and millions of others face rising housing cost burdens that force them to move, forgo basic needs, or become homeless—stresses that place significant burdens on health.

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<sup>1</sup> James Krieger and Donna L. Higgins, "Housing and Health: Time Again for Public Health Action," in *Urban Health: Readings in the Social, Built, and Physical Environments of U.S. Cities*, edited by H. Patricia Hynes and Russ Lopez (Burlington, Mass.: Jones and Bartlett Publishers, 2009), 106

The major links between health and housing—housing quality, affordability, physical and social neighborhood attributes, and housing as a platform for economic opportunity—strongly indicate that improved housing and neighborhood environments could lead to significant reductions in health disparities. These improvements will require a deep, prolonged cross-sectoral and multi-disciplinary engagement in which housing planners and other housing stakeholders can make significant contributions.

## SLIDE 5: WHAT DOES EQUITABLE HEALTHY HOUSING POLICY LOOK LIKE?

**Equitable healthy housing** must be more than affordable; it must be high quality, free of toxics, physically accessible, diverse, and connect residents to the jobs, schools, services, and community assets that will enable them to access opportunity, and be able to thrive in a healthy environment.

Many waves of reforms and historical roots have addressed housing challenges in America:

- Philanthropy, public health, and tenement reforms around the rapidly industrializing cities of America in the late 19<sup>th</sup> and early 20<sup>th</sup> century;
- The Civil Rights Movement and the Fair Housing Act that pushed back against segregation, Jim Crow, redlining, and racial covenants;
- Significant investment over the last decade in health and housing practitioners and policy advocates to lift up the foundational and lynchpin role of equitable healthy housing to other life opportunities; and
- An era of federal interagency innovation from 2009 to 2015 that focused on health, housing and economic opportunity, including the Sustainable Communities Initiative, Affirmatively Furthering Fair Housing rule, CDC Healthy Communities Program, CHOICE, PROMISE Neighborhoods, Healthy Food Financing Initiative, and, through the Affordable Care Act, addressing housing as foundational to health;
- Housing authority and school district partnerships to focus on educational success for the children that live in their homes.

These efforts demonstrated that when the nation targets support where it is needed most—when we create the circumstances that allow those who have been left behind to participate and contribute fully—everyone wins. The corollary is also true: When we ignore the challenges faced by the most vulnerable among us, those challenges, magnified many times over, become a drag on economic growth, prosperity, and national well-being.

## SLIDE 6: WHY EQUITABLE HEALTHY HOUSING PLANNING?

1. The unsafe, unhealthy and even toxic conditions that exist within dilapidated apartments and houses are a **direct function of the broader economic, political and social determinants of poor housing**, and cannot be solved in isolation from them.
2. **Housing plans typically address areas of and resources for new construction** for affordable and market rate housing, **fair housing and discrimination**, zoning concerns for **changing uses**, and neighborhood redevelopment of areas that are disinvested or no longer support their former uses. Housing plans considered alone **tend to focus more on the buildings in a community rather than the health of the people who live there**. Housing plans often do not analyze the health consequences of the location of housing, and low-income housing units are frequently adjacent to toxic sites, bus depots, highways, or other pollutions sources. And, they often fail to acknowledge and address the lack of access to economic opportunity and health-supporting neighborhood amenities and services being made available to people of color and low-income communities. **As a result, the lack of basic health-supporting infrastructure** like safe parks, quality schools, appropriate pedestrian infrastructure, accessible health care facilities, and sometimes even things as basic as safe, affordable water and wastewater **services go unresolved**.
3. **While fair housing plans address the people** facing discrimination and barriers to housing choice, **few plans systematically address the toxic exposures residents face in homes and neighborhoods**. Fair housing plans historically have not focused enough on *health outcomes* that result from housing planning or investment.
4. **The housing affordability crisis that grips many American cities also poses critical challenges to health**. A health toll results from having to spend a substantial portion of income on housing, with not enough money remaining to cover the cost of healthy foods, education, and preventive health services.

## SLIDE 7: THE FOUNDATION FOR EQUITABLE HEALTHY HOUSING

Achieving equitable healthy housing requires a holistic three-pronged approach that considers the physical conditions of the home and neighborhood as well as the landscape of opportunity and social characteristics of the community.

- **Physical conditions in the home** (e.g., mold, indoor air, pests, asbestos, lead dangers, water quality, other dangers of dilapidated housing units and buildings.). Young children and older adults are especially vulnerable to negative health conditions in their dwelling.
- **Characteristics of the neighborhood** (e.g., nearby toxics, differentially poor air quality, walkability, safety, etc.). Many of the most pressing environmental hazards are not specific to the housing units but to the immediate world outside, usually highly correlated with race and income.
- **The social determinants of health**—Including but not limited to the consequences of racially concentrated poverty, housing cost burden, and access to healthy food, transportation, and quality education and jobs.

## SLIDE 7: KEY COMPONENTS OF EQUITABLE HEALTHY HOUSING

Three types of exposures characterize most common housing related health risks:

1. Conditions Within the Home (e.g., lead, mold, pests);
2. Neighborhood Conditions (e.g., proximity to hazardous exposures, air pollution, water quality, soil contamination);
3. Housing Affordability & Access to Opportunity (e.g., housing affordability, access to healthy food, transit options, good schools, family-supporting jobs, recreation activities, community safety).

Assembling the range of available data requires time to curate and analyze the information, but the universe is finite and there are many helpful tools and strategies available to conduct such research.

Examples (these will be covered in more depth in the chapter of this curriculum on Data Resources):

### Inside the home

- Toxins
- Lead
- Mold
- Asbestos
- Rodents and pests
- Tobacco Smoke
- Safety hazards (electrical, structural)
- Security
- Visitability and Universal Design

### Neighborhood Conditions

- Air Pollution Exposure Index (National-Scale Air Toxics Assessment)
- Air quality
- Tap water/groundwater quality
- Soil contamination
- Proximity to pollutants
- Crime/Violence
- Traffic accidents: unsafe or missing sidewalks and unsafe roadways, lack of street lighting
- Excessive alcohol availability (addiction, drunk driving, domestic violence)
- Tree-lined and Shaded Streetscapes
- Park level of service (acres of parks per 1,000 residents)
- Park access (population density of blocks within 0.5 miles of a park)
- Lack of safe spaces for play and recreation
- Walkable streets
- Compact Development
- Mixed-used neighborhoods
- Transit facilities
- Access to civic and public space
- Access to recreation facilities

## Social Determinants of Health

- Percentage of housing cost burdened households
- Food insecurity
- Overcrowded (more than 1 person per room)
- Severely overcrowded (more than 1.5 person per room)
- Residential density, housing diversity (County Assessor's Office)
- Caregiver report of fair/poor child health
- Caregiver report of child development risk
- Percent living in Limited Supermarket Access Areas (LSAs)
- Percent Population by Federal Poverty Level and Food Environment
- Adult Overweight and Obesity by Geography, Race/Ethnicity (Centers for Disease Control and Prevention)
- Adult Diabetes Rates by Geography, Race/Ethnicity (CDC)
- Adult Asthma Rates by Geography, Race/Ethnicity (CDC)
- Share of Adults who have had a Heart Attack by Geography, Race/Ethnicity (CDC)
- Health Insurance Rates by Geography, Race/Ethnicity (CDC)
- Neighborhood school quality
- Employment density (2010 Census Longitudinal Employer-Household dynamics)
- Lack of access to healthy food

## SLIDE 8: STRATEGIES TO DELIVER EQUITABLE HEALTHY HOUSING

*Through effective planning and long-term partnerships between housing, health, and community advocates, key remedies can be built into plan*

Safe, healthy, high-quality, affordable housing in a non-toxic environment is not only a basic need for families, it is also a key determinant in whether they have a fair chance to live healthy lives and reach their full potential as members of society. Recent progress across various fields promise integration of health equity into public planning processes:

- Starting in 2018, jurisdictions in California will be required to consider Environmental Justice in their planning activities, institutionalizing the assessment and resolution of health risks faced by disadvantaged communities.
- The healthy housing movement has made great strides in recent years, with recognition from local, state, and federal offices that where people live, learn, work, and play all impact health.
- The National Prevention, Health Promotion, and Public Health Council, created under the Obama Administration, has called for increased access to safe and affordable housing as a key strategy to reduce adverse health outcomes.
- Under the Affirmatively Furthering Fair Housing rule, HUD grantees now risk losing funding if they fail to conduct a meaningful community engagement process, including consultation with public and private agencies that provide health services.
- The Affordable Care Act requires that nonprofit hospitals and public health systems conduct Community-Based Health Needs Assessments (CHNAs), wherein community members scan and identify health disparities, and develop solutions and recommended priorities. CHNAs are required every three years with significant community input. By identifying the role that

housing departments, neighborhoods, and transportation agencies can play within the health needs assessments undertaken by public sector health departments, healthcare delivery systems, and nonprofit hospitals—healthy housing, housing security, and better health outcomes can be advanced.

These expansive approaches that touch across fields suggest a return to the historical nexus between health and public planning, infused with a new data-driven spirit of transparency, inclusion, and democracy.

*Review Appendix 2.1 “Resources: Principles and Casemaking for Equitable Healthy Housing” and share them with the stakeholders who will work together in this effort to orient them to the field of practice.*

## SLIDE 9: MOST COMMONLY USED HOUSING PLANNING PROCESSES

There is growing consensus that huge health risk factors are tied to housing and neighborhoods, and recognition that where people live strongly impacts health.

Measures to secure equitable healthy housing can be incorporated into an array of planning processes that jurisdictions are obliged to undertake:

1. **Fair Housing Assessments** –One promising new development is the 2015 rule for Affirmatively Furthering Fair Housing (AFFH) which provides a strong framework for addressing a range of issues impacting equitable access to opportunity. Under HUD’s Affirmatively Furthering Fair Housing (AFFH) rule, almost 5000 grantees—including states, municipalities, and Public Housing Authorities are required to conduct an Assessment of Fair Housing to analyze the local housing landscape and identify barriers to fair housing and access to opportunity. The rule requires “meaningful community participation,” which includes soliciting, considering, and incorporating the views and recommendations of the community; and for the first time in federal guidance, it requires assessments of health disparities for housing planning.
2. **Consolidated Plans** – Five-year investment plans that follow the Fair Housing Assessments and identify how federal resources will be directed to address the identified priorities. These five-year plans are updated and ratified annually.
3. **General Housing Planning Processes:** Housing Elements of City or County General or Comprehensive Plans, Specific Plans or Neighborhood Plans – these are plans initiated or required by cities, counties, and states to address growing cost burdens and displacement, jobs-housing balance, specific neighborhoods’ redevelopment, and long term growth plans of cities and towns. Requirements for housing elements vary widely from state to state. Lately, a number of jurisdictions have been generating Housing Equity Plans to create local policy agendas to address problems of affordability and displacement.

For more information on **Fair Housing and Consolidated Plans**, see:

-A [Citizen Participation Plan](#).

-“[The eCon Planning Suite: Citizen Participation and Consultation Toolkit](#),” HUD Office of Community Planning and Development.

For **Master, General, and Comprehensive Plans**: Traditionally, city and regional planners engage in master planning to unify public policy across a range of planning areas including housing, transportation, utilities, land use, community facilities, parks, and other local planning processes. General Plans are long range planning documents that each local jurisdiction is required to prepare and periodically update. They are intended to guide land use decisions for future development and redevelopment projects.

California is at the forefront of states addressing health in planning in several interesting ways. The state requires localities to develop General Plans with seven mandatory “elements”— housing, land use, noise, circulation, open space, conservation, and safety—with discretion to add elements focusing on local needs. Several jurisdictions, including the [Cities of Richmond](#) and [East Palo Alto](#), and the County of [Santa Clara](#), have incorporated Health Elements into their General Plans. A new state law, SB 1000, going into effect in 2018, will require that localities analyze and propose policies to address environmental justice concerns, either through a separate element or via integration throughout the general plan. In the San Joaquin Valley, cities and counties are required to include data and analysis, objectives, and feasible implementation strategies to improve air quality; and SB 244 improves planning processes to address safe water, wastewater, and emergency services for disadvantaged unincorporated communities.

The American Planning Association has a [toolkit](#) for integrating health elements into comprehensive plans.

## SLIDE 10: WHAT ARE RELATED PLANNING ACTIVITIES OF THE HEALTH SECTOR?

What kinds of activities are being undertaken by agencies in the health care, health finance, and public health sectors that could align with housing plans through this collaboration?

- **Community Health Needs Assessment-** The Affordable Care Act (ACA) mandates that health care institutions that are tax exempt complete a Community Health Needs Assessment every three years. Most hospitals across the U.S. are tax-exempt, and are obligated to return “community benefit” that is at least equal to the value of their tax-exemption. This is a huge opportunity for healthy housing advocates, planners, and community developers to align healthy housing outcomes across systems.
- **Prevention planning-** Health care leaders are recognizing the imperative to retool the financing of health care, moving from the fee-for-service model that incentivizes conducting procedures and filling beds to one that rewards health care systems for keeping people healthy and out of acute care settings. This movement from “volume to value” has important implications, not only for how health care is financed, but for how health is viewed in the context of community well-being.
- **Public health environmental monitoring-**Public health systems have statutory charges to monitor critical community measures of health. This monitoring includes building code enforcement, asthma, lead, radon, physical environment of home, drinking water compliance, air pollution, and noise abatement.

All of these systems will realize improved outcomes when collaborating on housing improvement plans.

## SLIDE 11: WHY BRING HEALTH AND HOUSING LEADERS TOGETHER? TO WHAT END?

*Ask participants to review this list and offer other potential rationale*

Share data

- Develop systems knowledge between the leaders and sectors
- Redirect downstream health spending, away from acute care and toward upstream prevention
- Align systems & resources to address most vulnerable people & communities
- Target policy & resources through local housing plans to improve health and safety
- Realize reduced toxic exposures and housing cost burdens
- Make houses and apartments healthier
- Forge partnerships to improve health of vulnerable populations.
- Better integrate health and social services with affordable housing.
- Better connect low income people and communities of color to opportunity.



## SLIDE 12: HEALTHY HOUSING CURRICULUM OUTLINE

*We recommend running through the entire curriculum as an overview at the start of your housing planning process so that the task force can see the arc of activities involved. Then use each chapter in sequence as you approach that set of activities to guide the group.*

This curriculum is organized around four sections:

Module I, **Setting the Table**, describes the steps and considerations for designing an inclusive process that accommodates the varying needs and lifestyles of diverse residents.

Module II, **Getting the Right Data: Assessing Risks and Disparities**, examines the wealth of data resources available that can be strategically employed to make the case for smart investments in healthy housing.

Module III, **Prioritizing Results: Setting an Agenda for Action**, covers a variety of approaches to getting an authentic reflection of a community's healthy housing concerns.

Module IV, **Implementing the Plan: Aligning Policy, Program, Resources, Responsible Actors**, is about putting all the work together and implementing plans, policies & programmatic strategies to maximize healthy housing goals.

## MODULE 1: SETTING THE TABLE

*Review this entire module before reaching out to invite your key stakeholders. Work with Public Health, Office of Community Engagement, and known equity leaders to identify the right equity-facing leadership for participation*

### SLIDE 13: MODULE 1: SETTING THE TABLE

*When you reach out to invite your Equitable Healthy Housing table members, and they accept, ask each one to volunteer to review one of these resources before the first meeting. You will utilize the information and group knowledge to design your community engagement process.*

- PolicyLink [Community Engagement Guide for Sustainable Communities](#).
- Colorado Department of Public Health and Environment [Authentic Community Engagement to Advance Health Equity](#).
- Center for Urban Pedagogy, [What is Affordable Housing?](#), a guide for lay people.
- [Resource Center for Community Health Assessments and Community Health Improvement Plans](#): From the National Association of County and City Health Officials (NACCHO), this website includes customizable tools and resources to assess community health needs.
- Green for All's Clean Power Plan Section on [Community Engagement](#).
- King County, Washington [Community Engagement Guide](#).
- Institute for Local Government "[Building Healthy & Vibrant Communities: Achieving Results through Community Engagement](#)."
- [Unnatural Causes](#): This 7-part PBS documentary is a powerful resource for helping viewers make the connections between inequality and health.

## Slide 14: **KEY STEPS FOR COMMUNITY ENGAGEMENT**

- Identify stakeholders and practitioners in community and field leadership, and reach out to recruit their contributions to healthy housing planning and results. Explain how their efforts will relate to the governmental and institutional housing planning processes, why their contributions are critical, and the level of commitment you are seeking.
- Ask them to review a resource from Slide 13 prior to the first meeting.
- Co-Design: How will community be authentically engaged? Ask participants to share insights from the Community Engagement resource that they reviewed. Gather ideas for engagement and build them into a shared process.
- Structure substantive community opportunities to inform the process and play decision making roles.
- Who is missing? Do successive outreach.
- Structure substantive voice and decision-making for affected communities.
- Identify resources to support participation of community based organizations.
- Acknowledge race: use disaggregated data, center community leadership.
- Use multimedia storytelling to convey diverse perspectives and priorities of community.
- Engage community in systems design leading for better coordination of health and housing initiatives.
- Involve health care systems leaders and other stakeholders who focus on social determinants and preventive health in policy advocacy.
- Assign roles for community in implementation.

## SLIDE 15: MULTIPLE STAKEHOLDERS CREATE A STRONG TABLE

*Ask participants to review the graphic on this slide. Instruct them to think of key stakeholders within these categories who are important to the process. Ask what questions they have about any stakeholders on this list. Ask them to identify what roles they can play, and document them for the group. Ask who is missing and needs to be added.*

**See:** [“Affirmatively Furthering Fair Housing Rule, Assessment of Fair Housing: Potential Roles for Stakeholders in the AFH Process”](#) to inform the types of roles different stakeholders can play.

## SLIDE 16: BRIDGING STAKEHOLDERS

*Once you have recruited health systems leaders to participate in equitable healthy housing planning and advocacy, utilize these questions to build collective understanding and engage potential collaboration.*

- **County public health leaders** –what are they responsible for that relates to housing, and other social determinants? what data do they collect?
- **Health systems leaders**—what are community health needs assessment requirements and how might housing plans help them meet their preventive health goals?
- **Health institutions**—How can planning and implementation leverage the power of health leaders for stronger equitable healthy housing outcomes?
- **Environmental regulators** – What are the roles of regulators in public health outcomes? What data do they collect? Are there communities experiencing significant and/or cumulative toxic exposure? Are there policies, practices or programs that housing agencies can implement to reduce toxic exposure, address disproportionate burdens, or better protect vulnerable populations?
- **Housing leaders** – What are the roles of their agencies? Who do they serve?
- **Community leaders** –What communities do they represent? What do they value about their neighborhoods, and what are their top concerns?

## SLIDE 17: CREATE A LEADERSHIP STRUCTURE

**Create a steering committee** of key leaders who will participate throughout and help guide the process.

**Ensure that racial diversity** of housing-insecure communities is reflected in steering committee.

**Build in diversity of expertise and experience** so that you are working with the best information possible. This should include both agency and community stakeholder representatives who bring expertise and experience on the range of equity and healthy housing issues impacting your community.

### **Appoint co-chairs to facilitate the process**

While you will start with a Steering Committee, expect to develop committees to address specific priorities as the process unfolds.

**Build committee structures as necessary** to get planning work done.

## SLIDE 18: SETTING UP FOR SUCCESS FROM FIRST MEETING

*Discuss ways to accomplish each step and record recommendations on flip chart.*

- Lay the foundation for equity: *Either prepare yourself, or ask an equity leader on the committee to present an overview of housing and health disparities and what equity outcomes would look like. Use resources from [The National Equity Atlas](#) to present a high-level profile for your community.*
- Understand the trajectory of inside and outside roles: *Ask members to identify their roles in moving their agencies or leadership forward (inside strategies); or in advancing political change through organizing, mobilization, political pressure on legislative or administrative leaders (outside strategies). Identify the strength, importance, and challenges in each role.*
- Bridge the players: *Ask each player to identify top 3 priorities for their success in this effort. Set up [world café style rounds](#) to share those priorities. Ask participants to write down unfamiliar terms or language they hear in these discussions. Collate terms on flip chart.*
- Know the timeline: *See example on Slide 18 that shows milestones, dates, who is responsible, key decisions.*
- Share community engagement design/process leadership: *Invite recommendations/revisions to process that build on diverse cultures of stakeholder participants. Have members who reviewed community engagement resources share key takeaways from their reviews. Utilize the information and group knowledge to design/inform your community engagement process.*
- Bring creativity and cultural design: *Invite civic artists or cultural organizations to help develop creative design processes.*
- Own results: *Seek commitments to population-level results (to be developed in Module 3).*
- Take on implementation roles: *Ask participants to stay committed through results delivery.*

## SLIDE 19: ESTABLISH PROCESS FLOW & KEY DATES

*Co-develop milestones, dates, who is responsible, and key decisions. Create a public document that can be revisited at various points in the planning process so stakeholders see where they are, where they are headed, and that they know key decision points for action.*

*This example comes from a New Orleans Assessment of Fair Housing planning process conducted in 2016.*

## SLIDE 20: IDENTIFYING CHALLENGES YOU WANT TO SOLVE FOR

*Brainstorm key factors in community health and housing challenges. You will need distinct community, health sector, and public agency input.*

Questions to ask:

1. What is the type and location of housing that poses the greatest risk of serious in-home exposures? What are the major toxins threatening health?
2. Where are the geographic areas where the level of serious neighborhood exposure is highest? What type of exposure are occurring?
3. Where do people face serious affordability burdens? Who are the people most impacted?
4. Where do residents lack access to high quality schools, transportation, well paid jobs, health care, and other community services that create opportunity?

*Make a list of the answers to these questions to inform the data-gathering exercise you will conduct in Module 2.*

## SLIDE 21: BREAKOUT SESSION

*Break into small groups of 4-6 participants. Utilize the case studies from Appendix I, Module 1, to review successful healthy housing action in five communities. Ask participants to share and discuss how these examples relate to activities in their community, and how such processes might enhance the work of this group. Ask them to report their reflections back to the larger group. After the report back, ask participants to recommend any next steps.*

## MODULE 2: GETTING THE RIGHT DATA, ASSESSING RISKS & DISPARITIES

*Review this module to organize your table to help get the data that will inform your planning. Use the PowerPoint and key concepts in this curriculum to introduce them to the approach to data analysis. All the participants will have roles to play.*

### SLIDE 22: MODULE 2: GETTING THE RIGHT DATA, ASSESSING RISKS & DISPARITIES

Getting high-quality, usable, current information about the social determinants of health, environmental conditions, and health outcomes that are related to housing calls for an eclectic, open-ended approach. Advocates and city officials alike will need to pull data from a wide range of sources and draw on the expertise and on-the-ground experience of a many different types of people and organizations. Even though US housing policy has always been based in the goal of eliminating dilapidated, dangerous and unsanitary conditions, the processes by which public expenditures are made or development is regulated have typically not put health in the center of the picture. Even code enforcement makes do with far less health information than is desirable. These days, the public will, the data, and the technology are in place to change that.

The need, often unmet in conventional housing plans, is to identify and raise the visibility of housing-related health problems in compelling and statistically reliable ways. It is also essential to identify the relevant parties responsible for remediation. There are both long-term and short-range strategies for employing this kind of information. For housing planning processes such as Consolidated Plans, General or Comprehensive Plans, or the Affirmatively Furthering Fair Housing analyses, this involves data that can characterize current needs, conditions and resources as well as the ability to project many years into the future. A primary purpose of the data is to guide local development priorities, policies, and budgets. For more immediate actions such as organizing to address urgent environmental crises or persistent unresolved housing-related health disparities, the data needs to be direct, compelling, and targeted for the purposes of launching a healthy homes campaign and strategy.

Throughout this curriculum there are examples of both kinds of activity: long-range planning and immediate campaigns, and they will call for different approaches to analyzing and organizing information, presenting the data to stakeholders, and incorporating data into the planning or decision-making process. In general terms, though, the core steps in focusing policymakers' attention on empirical evidence of environmental risks and systemic problems can be described as follows:

- Effectively framing the data internally/externally (quality and reliability, relevance, accessibility of presentation)
- Documenting key risks and disparities for planning/action:
- Identifying populations affected by each risk
- Compiling evidence of risks in relationship to legal standards, planning goals and guidelines, overall population averages, and other ways of comparing disadvantaged communities to larger population

- Connecting health risks to responses that can be made through housing-related policy strategies

The balance of this section will sort through the different types of information and ways to acquire it and use it effectively.

## SLIDE 23: WHICH HEALTH ISSUES CAN/SHOULD BE ADDRESSED IN HOUSING PLANS AND POLICIES?

**The various types and levels of health issues which can/should be addressed in housing plans and policies.** In general, as we have noted in this curriculum, health-related information comes in three broad categories:

- **Physical conditions in the home** (e.g., mold, indoor air, pests, asbestos, lead dangers, water quality, other dangers of dilapidated housing units and buildings.). Young children and older adults are especially vulnerable to negative health conditions in their dwelling.
- **Characteristics of the neighborhood or community** (e.g., nearby toxic releases, differentially poor air quality, walkability, safety.).

Each of these types of information serves a different purpose, and may be brought into various housing planning processes at different points. Take indoor air-related conditions as an example. For public housing units, there may be records of evidence of mold –or of efforts to remove it -- generated only when there are complaints, and even then, the evidence may be sketchy, incomplete or hard to access. For units in the private market, evidence may only be generated or made public when inspections are triggered by complaints, sales, remodeling, disasters, or perhaps by the medical emergencies or chronic conditions of tenants. There can be models or projections of the extent of a problem based on sampling of records, large-scale survey, and other evidence, of course, but complete and current records of the conditions of housing can be hard to come by.

Given this, adaptability is a key virtue when looking for ways to document conditions in unhealthy homes or neighborhoods. Where data is generated for one public purpose, such as regulating polluters or tracking hospital visits, the data may also be useful for informing other purposes, such as assessing a proposed housing development. Community leaders and progressive planners have become more adept at finding the best uses of existing information. The most sophisticated of these efforts, such as the Green and Healthy Homes Initiative in Baltimore, have created detailed partnerships with every possible agency whose data can shed light on their priorities of reducing hazards and increasing energy efficiency. In the remainder of this section we will work through the considerations in identifying and organizing the most effective information for different purposes, since multiple factors contribute to negative health outcomes. An extensive list of resources available online and several exemplary case profiles are included at the end of the research and data section.



## SLIDE 24: KEY HEALTH CHALLENGES AND RELATED DATA CHART

*Ask your participants to name key vulnerabilities in each of the three categories*

*In home*

*In communities*

*Social determinants*

*Ask them to identify the things they think have the greatest population level impacts.*

## SLIDE 25: WHAT TYPE OF DATA DO YOU NEED?

*Walk your participants through the categories of data.*

- **Nationally standardized information on housing costs and conditions and socioeconomic status:** often provided or mandated by HUD for federally-required housing plans, allowing for common measures and direct comparisons across communities. When HUD directs every city to measure and report on housing need, conditions or socioeconomic context, the requirements are set at the lowest common denominator: standardized information sources that all jurisdictions can access. Sometimes HUD has created and made available new, customized national databases about cities and neighborhoods, especially about HUD's subsidized units or about spatial representations of socioeconomic conditions. The AFFH process discussed throughout this curriculum has been the most recent example of this.

The American Housing Survey, a significant national database created by the Census Bureau, has data on leaks, pest infestation, heating, electrical, and plumbing. The proliferation of "big-data" real estate data systems and websites (Zillow, Redfin, etc.) has added to the range of nationally comparable information about housing, and while this tends to be mainly about sales and prices, some of the sites are incorporating neighborhood amenities that are directly related to health, such as Redfin deploying WalkScore, TransitScore and OpportunityScore.

- **Locally-specific information on housing costs and conditions:** more detailed and directly relevant to your context, but not easy to compare across jurisdictions. Most housing data in the public sector is generated locally, and the variation across the country in how the information is assembled and made available is enormous. Data on individual property parcels and housing units is critical, of course, for the most direct analysis of environmental health problems, but statistics about blocks, neighborhoods and districts can be very important as well, depending on the issues in question.

Fortunately, many cities have nonprofit or university-based data hubs, or neighborhood indicator partnerships, which not only collect, analyze and disseminate extraordinary amounts of small area and parcel-level data, but are often set up to guide community users through the process of acquiring the information.

- **Locally-specific information about environmental health conditions.** The bulk of data about health-related housing conditions is collected and made available by a set of local and state agencies, sometimes following extensive federal guidelines, other times less so. The capacity and willingness of these agencies to make the data readily accessible varies widely. In our Appendix and Resource lists, we refer to a number of these sources and the case studies placed

throughout this document, which describe the model practices of agencies and health care systems, and the community groups that have worked with their data. Also, several foundations have supported the creation of national databases about states and counties that have greatly augmented the public systems. A brief summary list of the main sources would include the following:

1. State health departments and research institutions that compile hospital discharge data and other treatment/incidence measures
2. Regulatory agencies for air, pesticides, water monitoring
3. Health systems with patient data relevant to housing, especially health problems that would be exacerbated by unhealthy conditions
4. County public health departments
5. The County Health Rankings and Roadmaps Program.

There are other key data providers and aggregators, many of them specific to a particular health issue.

## SLIDE 26: WHAT MAKES GOOD ENVIRONMENTAL HEALTH DATA FOR HOUSING POLICY? WHAT ARE THE CHALLENGES TO GETTING AND USING IT?

Generating and analyzing reliable data about environmental health and housing, and telling a coherent story with it, can be a complex technical task, but the broad criteria for useful information are conceptually simple. Since advocates and planners working in this field are often working with information that was designed at other times for other purposes, it is useful to keep in mind what will make the data helpful. Sometimes more data has been collected by agencies than has been made public or practically accessible, and a job of advocates and progressive officials is to figuratively open the gates and make it more available. Other times, the data is available, but is aggregated at the wrong scale or for a less than helpful time period, or is not connected with other relevant measures, and the goal is to reshape it to be more useful.

Five criteria are almost always central to these efforts, and the tricks of the trade involve making the most of available sources as well designing any original data collection to be as relevant as possible.

- **Geography and scale:** finding spatial information on conditions and incidence of health problems for households, parcels and relevant small areas. Some data are collected at the immediate household level, such as for individuals and families, housing units, and property parcels, but much more population health information is reported for larger areas: blocks, census tracts, neighborhoods, larger communities, cities, planning districts for various agencies, counties and metropolitan regions. As a result, it is often a challenge to match the subject directly with the geographic scale that would be most relevant.
- **Measurement over time:** being able to track evidence and impacts on populations at multiple points in time in order to document change. Documenting growth, decline, progress or worsening of conditions and outcomes is central to advocacy, planning and enforcement.

- **Cumulative impact of multiple environmental burdens over time** as opposed to only serial measures of separate phenomena. The concept of cumulative impact—the combined consequences of burdens and risks—is central to the practice of environmental justice and important to bring into these types of policy deliberations, even when the formal processes are organized to take up only one issue at a time.
- **Disaggregating by race and ethnicity** proximity to hazards and health outcomes in order to assess environmental justice and civil rights issues is critical.
- **Finding local data on specific hazards tied to housing:** With the exception of lead, data related to most environmental conditions indicative of health problems are often not part of the standard housing planning process nor tracked for all housing units.

Leaders in the field and in public health research have taken on these gaps and challenges and many of their strategies and “work-arounds” could be applied in many more communities.

*Ask your participants about data they collect or know of related to the vulnerabilities they identified in Slide 24. Develop a list of available data to utilize for your planning. Identify missing sources and assign further research to members able to find such data.*

## SLIDE 27: RESOURCES FOR DOCUMENTING COMMUNITY CONDITIONS

As noted above, the best information for most purposes is generated locally, or at least brings new understanding of local conditions to light. Three very different types of information – and providers of data – can be brought to bear in situations where community groups are seeking to document and analyze community health issues pertaining to housing, or to push local governments to do so.

- **Local neighborhood indicators projects** are often the best repositories and user-friendly providers of spatial data relevant to environmental health and housing as well as social and economic conditions. Additionally, they can “cross-walk” among multiple sources at several levels of geography from parcel to block, neighborhood and city. See the website and publications of the *National Neighborhood Indicators Partnership* and its members.
- A growing number of **community mapping projects** deploy local residents to document and measure the health and safety characteristics of properties in their community. These can range from sophisticated electronic mobile mapping technologies to simple paper maps and cameras, and are valuable tools for organizing and informing residents as well as collecting new information or “ground-truthing” other data sources. Effective community mapping projects allow community members to identify community challenges as well as community assets. They document physical characteristics of the neighborhood as well as social and cultural characteristics. Which areas are perceived as safe, which are not? Are there businesses, infrastructure, or other land uses that are affecting community health? Where are sources of exposure to toxins? Are there clusters of homes dealing with similar problems (old paint, slum lords, illegal dumping, drug trafficking, dangerous traffic patterns, etc.)? Where do different groups of residents gather? Are spaces being used for unexpected purposes? Are there organizations, service providers, businesses, or community groups that are helping to address community challenges?

- A number of new national research endeavors are producing **small area estimates for a wide range of health outcomes and behaviors**, applying results from large-scale surveys onto local areas such as census tracts, so that estimates of the prevalence of health conditions are available for the first time at the neighborhood level. See the *500 Cities Project* of the CDC and the Robert Wood Johnson Foundation, for example.

## SLIDE 28: PRESENTING THE DATA TO STAKEHOLDERS; INCORPORATING DATA INTO THE PLANNING PROCESS

Effectively framing the data about housing-related health risks for internal organizing and external presentations needs to address the quality and reliability of information, its relevance, and accessibility. Such presentations should:

- Document key risks and disparities for planning/action
- Identify populations affected by each risk
- Compile evidence of risks in relationship to legal standards, planning goals and guidelines, overall population averages, and other ways of comparing disadvantaged communities to larger population
- Connect health risks to responses that can be made through housing-related policy strategies

## SLIDES 29-33 Selected sources of data, mapping and analysis of health and housing conditions, followed by illustrative maps from several of these sources and profiles of three exemplary resources

National Health Behaviors and Outcomes Data:

- [CDC's Behavioral Risk Factor Surveillance System \(BRFSS\)](#). The most prominent national survey of health-related risk behaviors, chronic health conditions, and use of preventive services.
- [500 Cities Project](#) – A new project which estimates BRFSS health behaviors and outcomes data for small areas such as census tracts).
- The CDC Foundation, and Robert Wood Johnson Foundation) [Community Health Status Indicators](#) (from CDC).
- [National Center for Health Statistics](#) manages three population surveys, several vital statistics data bases and various other sources.

National Housing Data Sources

- [HUD AFFH Data and Mapping Tool](#).
- [2013 American Housing Survey Fact Sheet](#)- National Center for Healthy Housing.

National Data on Various Dimensions of Opportunity

- [Opportunity Index](#).

Environmental Justice Data

- [EJ Screen](#) (from US Environmental Protection Agency.) “EJSCREEN is an environmental justice mapping and screening tool that provides EPA with a nationally consistent dataset and approach for combining environmental and demographic indicators. EJSCREEN users choose a geographic area; the tool then provides demographic and environmental information for that area.”

- [CalEnviroScreen 3.0](#). The official screening methodology to identify California communities that are disproportionately burdened by multiple sources of pollution.

State/Local Sources for data on health outcomes and various social determinants

- [National Neighborhood Indicators Partnership](#). Local member groups in NNIP have different types of local health data for use by community groups, and NNIP overall provides various resources and publications.
- [Baltimore Neighborhood Indicators Project](#). (an NNIP member.) See, for example, data sources on blood lead levels, among other environmental health topics.
- [Green and Healthy Homes Initiative](#), also based in Baltimore, leads the national effort to integrate lead hazard control, healthy homes, and weatherization and energy efficiency work.
- [Regional Opportunity Index, University of California Davis Center for Regional Change](#). Detailed index of both “people-based” and “place-based measures” of assets as well as challenges for all communities in California, increasingly being used for environmental justice and housing planning.
- [Healthy Communities Data & Indicators Project](#). Project of the California Department of Public Health. See the list, with links, titled “What is a Healthy Community and its Indicators?”
- [California Health Interview Survey](#). Statewide survey, with selected oversampling. See list of topics, typically including questions on asthma and numerous chronic conditions, health care access measures, and social determinants. The managers of this and many other such surveys have formed the [National Network of State and Local Health Surveys](#).

Private or Nonprofit Spatial Data: maps, tools, and resources

- [Community Commons](#)
- [Redfin WalkScore + TransitScore+OpportunityScore](#)

## SLIDE 34: BREAKOUT SESSION

*Break into small groups of 4-6 participants. Utilize the case studies from Appendix I, Module 2, to review successful healthy housing action in five communities. Ask participants to discuss how these examples relate to data gathering, and how such data gathering might enhance the work of this group. Ask them to report their reflections and recommendations back to the larger group. After the report back, ask participants to recommend any next steps.*

## MODULE 3: PRIORITIZING RESULTS, SETTING AN ACTION AGENDA

*Once you have “set your table” and have begun to collect your data, the next step is establishing your priorities and agenda for action.*

### SLIDE 35: INTRODUCTION TO MODULE 3 - PRIORITIZING RESULTS, SETTING AN ACTION AGENDA<sup>2</sup>

*This module will focus on building participants’ capacity to prioritize transformative results and develop effective healthy housing strategies that can be embedded in a variety of housing plans and can guide resource allocation and policy decisions in local housing and land use plans.*

### SLIDE 36: KEY STEPS

This module will cover six steps and will give participants an opportunity to engage in a set of activities that allow them to practice what they are learning. While these are presented as discrete linear steps, in practice, you will likely find yourself revisiting earlier steps to refine and adjust as you go. This is particularly true with data. While we are describing the data analysis as one step, in practice you should be incorporating data and community knowledge throughout the prioritizing process.

1. Define your community
2. Review the data
3. Identify the community’s health aspirations: declare your result
4. Select indicators
5. Choose strategies
6. Track your progress

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<sup>2</sup> This module draws on the Results-Based Accountability™ (RBA) framework developed by Mark Friedman. For a more detailed overview of this framework see: Friedman, Mark. *Trying Hard is Not Good Enough*. PARSE Publishing. 2015.

## SLIDE 37: DEFINE YOUR COMMUNITY

As you begin your work to define how you would like your plan to contribute to desired health equity results and create an action plan to achieve these results, it is important to start by defining your community of focus. In most instances, your planning process itself defines your community of focus. Whether it be a particular neighborhood in a specific plan, or a city or county in a consolidated plan, there are clear geographic boundaries and a defined population of residents who live within those boundaries. Furthermore, in some instances planning processes themselves already ask plan developers to consider the needs of specific sub populations—low income households, families, seniors, veterans, etc.—as they make choices about how to allocate funding resources for housing and related community development projects.

However, as you work to set your healthy housing priorities it is worth revisiting how your community is defined, both in terms of geography and in terms of the population. For example, if you are a planner interested in better incorporating health equity into your city level housing plan, your initial review of health data may have found that elevated air pollution is most pronounced around a particular transportation corridor or industrial area. Older, lower quality housing stock may be concentrated in specific neighborhoods in the community. While it may still make sense to keep your focus city wide, working with your community stakeholders you may decide that a narrower geography for your healthy housing efforts will allow you to tackle the most pressing health concerns.

Similarly, you should be thinking about whether it makes sense to hone in on specific populations as you develop your healthy housing priorities. Does the data tell you anything about which populations are experiencing housing related health challenges? Are you working to improve the health of all residents in your city? Are you going to focus on the most vulnerable populations? Are you going to focus on children under five living in pre-1978 homes?<sup>3</sup> While making life healthier for everyone is a laudable goal, it is important to recognize that in many instances, accomplishing this requires a focus on more specific communities that are particularly vulnerable (this was explored in the section on data analysis).

Clearly defining the geographic boundaries of your community, and the population on which you will prioritize within that boundary, will allow you to more effectively identify health equity priorities and strategies to be incorporated into the housing plan.

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<sup>3</sup> Homes constructed prior to 1978 are more likely to have lead-based paint.

## SLIDE 38: REVIEW THE DATA

Once you have defined your community it is time to go back and review the data in more detail. The previous module explored a number of rich data sources to serve as a starting point for understanding the way in which health and housing are connected in the community where you are working. Now it is time to dig deeper to really understand the impacts of health disparities in the community, and how to improve health outcomes.

*What health problems are impacting the community?*

As you review and analyze the data the first question you are trying to answer is what are the health inequities residents are experiencing? Are they being exposed to environmental pollution in the home, in the neighborhood, in both? If you have set your table right, and have used these questions to help orient your data search, you should begin to get a picture of the major patterns and problems in the neighborhood, city or region where you are focusing your work. Does one problem jump out or are multiple issues and patterns in play and are they connected? Whatever your answer, understanding the problems in the community will allow you to go deeper and start to explore how these health problems affect community members differently.

*Are there subpopulations that are uniquely impacted?*

As you look at your data it is critical that you disaggregate it to understand how specific vulnerable populations are impacted. If your plan will not focus on specific subpopulations, it is still important to disaggregate data so that you can understand how diverse members of the community may be affected differently and propose solutions that actually meet their unique needs.

In some instances, disaggregated data is not available, but public health research can provide insight into how the problems that are present might affect different populations. For example, you may find that air pollution is a significant problem in your planning area. Though this data is not in itself disaggregated, there is a large body of public health research that demonstrates air pollution is particularly harmful to children and the elderly. Your community may be located near a bus depot, freeway, or airport, transportation sources that cause higher levels of air pollution. Some environmental pollutants are uniquely harmful to women in their childbearing years. Low income households and households of color will be most vulnerable to overcrowding, health risks associated with substandard housing and a whole host of environmental problems. Looking at the data and exploring what research says about the health risks in the community can help you identify the populations that are most vulnerable. Research and data can also point to solutions that can lead to equitable health outcomes.

*How does the community experience these problems?*

Quantitative data and published research are a good starting point, but alone, they are rarely sufficient to fully understand what is happening in a community. This is where having a strong set of partners and fully engaged community residents are invaluable. Before moving forward with your housing plan development, take time to share the data with community members resident associations, educators, promoters, and other health workers, service providers, and local community organizers. Offer these community stakeholders an opportunity to reflect and bring their own expertise to the discussion. Does the data support their experience? Is there something surprising or missing? What is the community narrative about health? For example, community residents may have a strong collective understanding that a particular business, activity, housing project, or toxic site in the neighborhood is



making them sick, even when they have no quantitative data to document their claim. This information combined with any data you have been able to gather provides a fuller picture of what may be affecting health conditions in the community. Community mapping projects (described in the previous module) can be particularly useful in this process as they allow residents to identify both the health challenges and assets that exist in the community.

*What factors are contributing to the problems you have identified?*

What are the underlying reasons that the problem, or problems, you have identified exist? For example, if you have identified high rates of respiratory illness (asthma, bronchitis, COPD, etc.) among black children as the health challenge, work with your stakeholders to review that data and community knowledge about what is contributing to the problem in the neighborhood. You might find that there is a transportation corridor that is used by heavy polluting vehicles adjacent to a neighborhood or development that is home to a large number of children of color. Trucks may be idling in particular neighborhoods as they wait to get loaded/unloaded. Black families may be concentrated in older neighborhoods with poorer quality housing. There may be a facility releasing air pollution. Black adults may be disproportionately employed in industries that expose them to chemical irritants that they are tracking into their homes causing second hand exposure to their entire household. These things may all be happening at once.

All of these negative health conditions are in themselves complex and are the result of a variety of contributing factors. It is important to try to pick through these factors to understand what is impacting them. Are the problems you are seeing being driven by underlying issues? Are related factors contributing to multiple problems? How do they connect back to housing issues? Are people living next to busy corridors or polluting facilities because there is no affordable housing in other parts of the community? Are city permitting processes concentrating polluting industries in the neighborhood? Are old homes poorly maintained because there is no proactive code enforcement and tenants are scared to report health violations from problematic landlords? Or are they owner occupied but the owners lack the financial resources to make necessary repairs?

Taking the time to understand what is contributing to the problems you identify is essential in forming your strategy and plan of action.

## SLIDE 39: IDENTIFY THE COMMUNITY'S HEALTH ASPIRATIONS: DECLARE YOUR RESULTS

Now it is time to make decisions about how you will focus your work. Perhaps the most important part of this is deciding on the health equity outcome(s) you want to achieve. What is the result you are working towards? Doing this with your community partners and other stakeholders is critical for success. In the planning world, it is easy to skip over this step and move straight to problem solving. This happens frequently in government institutions and leads to “decide and defend” processes that leave community residents with little trust of their government agencies. A policy maker or agency staff member identifies a problem, comes up with what might be a reasonable and thoughtful solution, and then presents it to the public with only superficial opportunities to change what will happen. While there are lots of reasons processes like this are prone to falling apart, one of the fundamental ones is that community members haven't had a chance to articulate what they actually want, what problems are keeping them from getting what they want, and what solutions they believe will address these problems. The lack of front end stakeholder participation can leave community partners and agency staff working at cross purposes, prioritizing and working to solve different problems. This makes it incredibly hard to move work forward and to achieve health equity.

To avoid this, include stakeholders from the start and take the time to be clear about what you want to accomplish. Your data has provided you with the baseline of where the community is today. Now it is time to work with your stakeholders to clarify what the community health aspirations are for the future. What would it look like to be successful? Ultimately, your goal is to facilitate a dialogue that builds agreement on a simple unifying statement that articulates a desired set of conditions or quality of life for the community. Your statement should be short and easy to understand and will serve as your north star as you select your activities and craft your plan. Depending on the specific circumstances of the community on which your housing plan focuses, you may decide to focus on one health result or you may determine that for your plan to have the desired impact, it will need to pursue multiple results simultaneously. The key is to create clear statements that tell the story of what you want to achieve and provide a way to focus the public and agency stakeholders involved in your planning processes on a shared aspiration(s).

### **Examples of results statements:**

Low income children in West Oakland are healthy.

Residents of Seattle live in affordable, toxic free homes.

Black families in New Orleans live in healthy neighborhoods that have access to economic opportunity.

## Slide 40: **GROUP EXERCISE TO IDENTIFY RESULTS**

The following exercise will allow participants to familiarize themselves with the process of developing results statements as a way to focus your healthy housing work. The exercise is also included in the appendix as a tool to utilize as you work with community stakeholders to set priorities for your planning process.

### **Group Exercise: Selecting Results**

**Resources:** 3 facilitators, 3 note-takers, flip charts and or large white board, markers

**Instructions:** On a board or flip chart paper create three large columns labeled: “People,” “Homes,” and “Neighborhood (s)” or “Community”. You can change these words as is appropriate for your group. For example, People could be replaced with Children, Families, or Seniors.

**Full group** (15-20 minutes):

Give participants markers and ask them to write in what they would like to achieve for each of these three categories. Their responses should be short 2-3 words and should not contain verbs. For example, under people they may write “asthma free,” or “healthy children.” Give the group 5-10 minutes to write and another 5-10 minutes to review what has been written.

**Small group** (20 minutes, may take longer with a larger group):

Divide the group into three small groups-one focused on each of the three columns. Ask them to work together to pare down what has been written and to come up with three summary statements each. Group One will create three statements that begin: “We want people that are \_\_\_\_\_.” Group Two will complete three statements that begin: “We want homes that are \_\_\_\_\_.” The final group will create three completed statements that begin: “We want a neighborhood(s) that is \_\_\_\_\_.”

**Full group** (30 minutes, may take longer with a larger group):

Allow participants to report back on their work. As a group work to review what has been presented. As appropriate, make revisions that allow the ideas presented to work together, and pare down what has been presented to one or two succinct statements that articulate the group aspirations.

## SLIDE 41: SELECT INDICATORS

You have identified a problem, or set of problems. You have identified the factors that are contributing to the problem. You have chosen a result on which to focus your work. Now it is time to think about how you would know if you were successful. What would change? In the example we discussed previously, your indicator of success might be lower asthma hospitalization rates among black children. Or it might be fewer asthma related school absences among black children. Both of these indicators could be effective but each of them tells a complex story that is affected by a variety of different factors, some of which may be related to the work you are undertaking and some of which may be related to other factors.

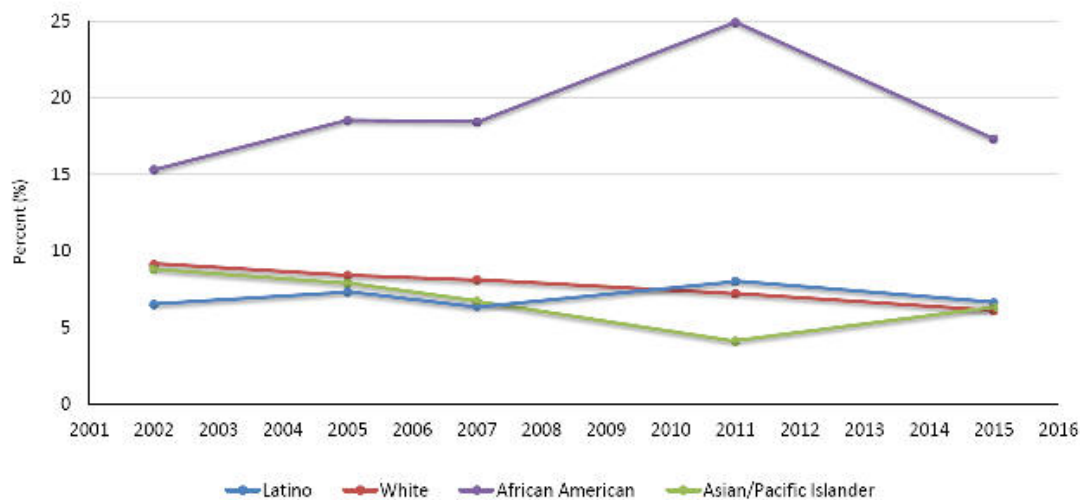
Indicators are broad tools to measure progress. As such, many of the potential indicators of success in the health equity and housing fields are the result of multiple factors. Fewer asthma related school absences among black children could be an indicator of improvements in the neighborhood or home environment but could also be the result of expanded access to preventive health care, medication, and or health education. This is fine. Indicators are important because they help you think about how you will measure your success and track your progress. They are a way for you to quantify what you achieve and assess whether or not your strategies are working.

Depending on the result you have declared, there may be multiple indicators to track your progress. As you select indicators it is important to consider the following questions: Is this indicator easily understood? Does it provide a meaningful picture of what is happening? Is the data necessary to track it available or can it be easily/affordably gathered? If data is not available, is there something you can use as a proxy that will signal to you that progress is, or is not being made. For the best indicators, the answer to all of these questions will be yes.

## SLIDE 42: REVIEWING THE TRENDLINE

Once you have selected your indicator, or indicators, one helpful exercise can be to chart a trend line that describes what is currently happening with your indicators. This will help you understand how the problem you are trying to tackle is changing over time and will allow you to make some choices about how you would like to see the trend line change in a positive direction. Here is an example of a trend line looking at asthma rates for children in Los Angeles County. In this example, the trend line is already going in a positive direction, however there is still a significant disparity between asthma prevalence for black and white children. If successful, your work might decrease or eliminate this gap. Your job will be to set a benchmark and timeframe for yourself that is ambitious, but that is also achievable given the funding and capacity of your agency and your partners.

### Current Asthma Trend among Los Angeles County Children (0-17 years) by Race/Ethnicity, LACHS 2002-2015



**Source:** 2015, 2011, 2007, 2005, and 2002 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/mch/AsthmaCoalition/statsreports.htm>

While some data exists for this particular example, in some instances quantitative data may not be readily available. If this is the case, it is still useful to work with your stakeholders and community partners to try to draw out a chart that illustrates how they understand the indicator to be moving. If you have done community surveys they may also provide some insight into this.

## SLIDE 43: CHOOSE STRATEGIES

This is the point where you start to make choices about what you will actually do to achieve your desired result. While there are many useful questions to help guide your decision making about which strategies to choose, considering the following three sets of questions will help you select effective strategies.

**What is Effective?** The first set of questions you should answer are all about identifying what works. What strategies do data, expertise and experience indicate will address the factors you identified in your data analysis and trend line review? What has the potential to have impact at scale? What strategies will tackle root causes and create meaningful change that can be sustained? What strategies will provide secondary benefits?

**What is Actionable?** This set of questions is really about the capacity and resources of your organization and the partners you will need to succeed. What strategies do you already have sufficient time, resources, and capacity to take on, and for which strategies can you build capacity and resources over time? What additional organizations do you need to include to achieve your result? Which strategies have widespread buy in from partners?

**What is Realistic?** The final set of questions you should be thinking about is what is realistic given the social and political context you are working in? Are there short-term victories you can achieve to build momentum and continue to engage a broad cross section of community stakeholders? Will stakeholders and the public be receptive to this strategy? Can you get policymakers on board? Are there strong allies or opponents? How do you anticipate the context changing over time?

Here is a brief overview of a tool that can help you evaluate your strategies as well as instructions for a group activity to help evaluate proposed strategies. We encourage you to go through this exercise with your stakeholders as a way to assess and select healthy housing strategies to include in your plan.

### **Group Exercise: Choosing Strategies**

**Resources:** Facilitator and note taker, flip charts and or large white board, markers, completed results statement, chart with the group's trend line, a list of selected indicators, and one copy of the Choosing Strategies Worksheet for each participant.

**Full group** (15-20 minutes):

Working as a group, brainstorm strategies that will make progress to the result. As a group work to narrow your list to no more than 10 potential strategies.

**Small group** (30-45 minutes, may take longer with a larger group):

Divide participants into groups of 5-10 and assign each group 1-3 strategies to discuss. Give each participant a copy of the Choosing Strategies Worksheet, a flip chart, and markers. Ask the group to choose one proposed strategy to start with, and have them answer the following questions and record their responses on the flip chart paper.

1. What impact will this strategy have and how will it bring you closer to your desired result?
2. How does the proposed strategy address the factors contributing to the current conditions?
3. Who are the partners necessary to advance this strategy successfully?

Once they have answered these questions for the first strategy they should work together to complete the Choosing Strategies Worksheet. They should complete these steps for each of the strategies they have been assigned and should spend a few minutes reflecting on what their take away is having gone through the exercise. Emphasize to partners that the worksheet is intended to be a starting point to think about whether a particular strategy is right for the work you are undertaking. It is not intended to be a precise tool but rather a way to assess potential.

**Full group** (45 minutes, may take longer with a larger group):

Ask participants to post their work on the wall, and give the group 5-10 minutes to walk around the room and review each other's work. Bring the full group back together, and allow participants to report back on their work limiting their remarks to two minutes or less. Having gone through the exercise, what is their overall assessment of the strategies they discussed? Would they recommend these strategies? Why or why not? After the report back, work with the group to reevaluate the list of strategies. Are there strategies that the group would like to remove? Are there strategies that were not assessed that should be considered? Work together to refine your list of strategies and narrow it down to those that are best suited to make progress towards the desired result.

## SLIDE 44: TRACK PROGRESS

While indicators tell you whether you're making progress toward your result, it is important to also choose benchmarks that help you assess your performance along the way. There are many complex ways to think about this, but most benchmarks measure quantity, quality, or impact. Answering four questions can tell you a tremendous amount about the progress you are, or are not, making: How much did we do? How well did we do it? What changed as a result of our work? Is anyone better off?<sup>4</sup>

In the example we have been discussing, about respiratory illness among black children, you may have decided to focus your strategy on funding a city agency, or community partner to develop and operate a program to eliminate household asthma and allergy triggers. Your benchmarks might then consider, how many home audits were conducted in low income black households? To assess quality, you may look at the kinds of interventions that were provided as part of these audits. Were parents given educational resources to help them address existing household triggers? Were they provided with services that allow them to address problems like deferred maintenance, pest problems, dust, or chemical exposure in the home? To assess impact, you might review whether you have made progress in improving the quality of the housing stock in a particular neighborhood in which you're working or whether asthma hospitalization rates for black children have gone down in your neighborhood. Although this example is focused on a service oriented strategy, it is important to note that assessing progress is just as important if your strategy is policy focused. For example, if your strategy requires a city to establish a proactive code enforcement policy that focuses on high-risk communities, your benchmarks might include things like: tracking how many of the relevant policy makers have been convinced to support this policy reform, assessing whether important community stakeholders have been included in the process of developing the proposed policy solution and are ready to support it. Once the policy is passed you will want to be very attentive to implementation and to tracking whether it is actually making any difference. How is the law being implemented? Are homes being repaired, is asthma hospitalization data getting better?

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<sup>4</sup> For a longer discussion on performance measures please review chapter 4 of Friedman, Mark. *Trying Hard is Not Good Enough*. PARSE Publishing. 2015.



## SLIDES 45-46: RESULTS BASED ACCOUNTABILITY RESOURCES

### Results Based Accountability Resources:

- <https://clearimpact.com/resources/publications/results-based-accountability-guide/>

### Baseline Indicators

- [Vital Signs](#) (Baltimore Neighborhood Indicators Alliance)
- [Mapping Inequality: Redlining in New Deal America](#)
- [Community Health Status Indicators](#)
- [National Equity Atlas](#):

### Planning Tools

- [Centers for Disease Control and Prevention Health Planning Tools](#): A wealth of health planning resources for practitioners and the public looking to integrate health into a variety of settings (community planning, transportation, parks and trails, and the built environment).
- [King County Equity Impact Review Tool](#): A helpful tool for understanding the positive and negative potential equity impacts from a given policy or program.
- National Center for Health Housing's [1,000 Communities – taking action for healthy housing](#): a curated learning network for jurisdictions nationwide to share an array of tools, best practices, and resources for making healthy housing interventions

## MODULE 4: IMPLEMENTATION: ALIGNING POLICY, PROGRAM, RESOURCES, RESPONSIBLE ACTORS

*At this stage, you are ready to move toward implementation of your strategy. This module will outline the steps that need to be taken to gain implementation.*

### SLIDE 47: INTRODUCTION TO MODULE 4 – Implementation: Aligning Policy, Program, Resources, and Decision Makers

*Specifically, you will consider:*

- *Who is responsible for implementing the strategies and what do they need to be successful?*
- *What is the timeline for implementation?*
- *What is the communications plan to support implementation?*
- *What resources are necessary for implementation?*
- *Advocacy, follow up, and enforcement*

*An example of how this process can be applied is included in the appendix at the end of the curriculum.*

### SLIDE 48: WHO WILL BE RESPONSIBLE FOR IMPLEMENTATION?

Once you have identified your strategies, it is critical to determine who will be responsible for implementation. In a well-crafted planning process, many of those who will ultimately implement your strategy will have been stakeholders participating throughout the process.

As a starting point, consider which agencies have jurisdiction or authority over the geographic target area that has been selected as well as which agencies have jurisdiction or authority over the issues you are trying to tackle. Is it a public agency or a private entity? These could include local, state, or federal government bodies; regulatory agencies, boards, commissions, private entities, or community institutions. For example:

- **Local or regional governments**, such as cities and counties. Specifically, the office of the executive branch, such as mayors or county administrators or local legislative bodies, such as city councils or county supervisors
- **Housing and transportation agencies and planning departments**– such as Housing Authorities, community development departments, metropolitan planning organizations, transportation authorities, transit agencies, and city and county planning departments all affect how issues of housing, transportation and land-use intersect and can be important players in either perpetuating inequitable and unhealthy housing outcomes or advancing equitable healthy housing.
- **Environmental agencies** not primarily focused on housing could also provide a pathway for implementation of your desired outcome. Local, state, or federal environmental agencies that regulate water, air, agriculture, chemicals, toxic materials, parks, and natural resources can play important roles in implementation. These agencies will be of particular importance to strategies that focus on tackling toxic exposure at the neighborhood or household level.

- **Utility providers and/or special districts**—whether public or private—play a critical role in providing water, wastewater, energy, parks, and emergency services in many communities. Depending on your strategy, they may have an important role to play in implementation.
- **Health institutions, service providers, and community based health organizations** including public health agencies, health care providers, and community health workers each have unique roles in addressing individual and community level health problems.
- **Non-profit organizations and community advocates** working on issues related to your strategy can also be important to implementation. Whether their role is building public will through advocacy, organizing and educating community, implementing programs, providing services, or something else, these organizations are critical to successful implementation of most strategies.
- **Private and nonprofit developers, land lords, and property management firms** are ultimately responsible for the construction and maintenance of housing. Many potential strategies will require them to change how they do things.

Depending on the strategy you have chosen, implementation may be the responsibility of a small group of individuals in one of these agencies or may involve a large set of actors operating in many different institutions and the community. For example, if the strategy you have prioritized focuses on reducing neighborhood exposure to mobile source air toxins (toxins from cars and goods movement) you may have a diverse set of players responsible for implementing different aspects of your strategy. Housing planners may be working to update building codes and neighborhood zoning to better protect children and other sensitive populations. Advocates may be working to pass an ordinance that limits truck idling in the neighborhood, tightens regulations on goods movement, or prohibits new residential development adjacent to busy transportation corridors. Public health institutions, health care providers, and community health workers may be responsible for conducting a comprehensive community education plan. Developers may be responsible for implementing new building standards to reduce exposure to traffic pollution in the home. Environmental regulators may be working to increase air pollution monitoring and enforcement or may be working to develop new regulations to mitigate mobile source pollution.

Regardless of whether implementation requires five people to act or fifty, your success will depend on these actors. With this in mind, it is important to consider and address questions of role, capacity, and buy-in on the front end. Specifically, you should work to answer the following:

1. Who will be primarily responsible for implementing our strategy?
2. What role or actions will each responsible entity have to undertake?
3. Will they be receptive to undertaking this work?
4. If not, what needs to be done to create buy-in or force action, and who are the players who will have to carry this effort?
5. Do those responsible for implementation already have authority to do this or does existing policy or practice need to change? If the latter is true, how will this change happen to support implementation of the strategy?
6. What technical capacity is required for implementation? What existing capacity is available and what will require training, coaching, technical assistance, or other professional support?

## SLIDE 49: SELECT THE APPROPRIATE METHODS

Once you have determined the decision-making body with appropriate jurisdiction, identify the process and method best-suited to advance your strategy. What part of the strategy can be addressed within the planning process being undertaken? What parts of the strategy will need to be imbedded in other processes or require others to act? For example, requirements for the use of building materials free of toxic substances, mandates for the remediation of health threats (such as lead or mold) in existing housing, or brownfield clean-up will each require multiple entities for successful implementation. While housing plans can and should include specific actions to address these issues, the best strategies will require other actors to be working in an aligned manner.

Local governments also have a variety of other methods that can be applied to address environmental health hazards in both new and existing housing, and hazards in surrounding neighborhoods as well. These include land use tools – i.e. specific plans, code amendments, zoning, building code enforcement, regulations, permits, and studies including codifying green building principles. Other methods to consider:

- **Land use tools**—Zoning can be an important tool for separating toxic industries from residential areas, or allowing community-serving uses that create healthier neighborhoods.
- **Budget appropriations or bonds**—both can be critical sources of revenue to address toxic remediation, home quality, affordability, and more.
- **Incentives**—which could take a variety of forms. For example, local governments have the capacity to waive fees or other code requirements to encourage certain conduct. Consider proposing incentives such as allowing greater density in a building to incentivize measures that promote healthy environments. Incentives could also include providing funds to cover the cost of abatement measures. Energy savings could also be captured and redirected to pay for incentives.
- **Penalties**—including fines and limits on operations that could be imposed by either housing or environmental health agencies to enforce existing standards and gain compliance.
- **Voluntary goals and standards**—such as public/private partnerships for environmental remediation; LEED design criteria; and other healthy housing volunteer standards.
- **Health plans**—including Community Health Needs Assessments required by nonprofit hospitals and by health systems, prioritize community health issues and propose strategies to remediate them.

Keep in mind there is an additional distinction between various types of methods available to address the health issue you are working on. Your proposal may be aspirational (i.e., it articulates an optimal outcome and sets new standards), or it may seek to gain compliance with existing standards not presently being enforced. An example of an aspirational strategy is gaining the adoption of new requirements mandating air filters for buildings being constructed near freeways. An example of a compliance standard is getting a local government to fine property owners for failing to remove lead paint as already required by existing law. The methods you use will vary depending on what you are trying to accomplish.

## Slide 50: 3 GROUP EXERCISES

### Group Exercise —

### Equitable Healthy Housing Implementation

[SEE WORKSHEET “Equitable Healthy Housing Implementation Template” IN APPENDIX 2.IV]

*Divide participants into small groups. Each group will work together to complete the attached worksheet. Select the regulation/systems change strategy to be undertaken. Next, identify what level of government (local, state, federal) or agency has jurisdiction, the population you seek to assist and what the optimal results would be. Identify key actors who can help advance this effort (refer to the lists above). List the sequence of steps that will be taken and estimate the time needed to achieve them. Utilize the worksheet to continue to track progress.*

### Group Exercise —

### Applying Implementation to a Specific Environmental Threat

[SEE WORKSHEET “Applying Implementation to a Specific Environmental Threat: Lead Abatement in APPENDIX 2.VI]

*To demonstrate the principles that have been articulated about implementation, utilize the exercise to address the context of an environmental threat of exposure to lead—commonly occurring in low income neighborhoods and communities of color. This curriculum can take participants through the process of structuring implementation of lead abatement strategies, or it can be adapted to another specific threat your team will be solving for.*

### Group Exercise—

### Advocacy Role Play

[SEE WORKSHEET “Advocacy Role-Play Exercise: Talking with a Policymaker” IN APPENDIX 2.V]

*Have small groups choose one of their system change strategies and utilize the worksheet to assign roles, and build the case with lawmakers for your change strategy.*

## SLIDE 51: **TAKING STEPS TO IMPLEMENT YOUR STRATEGY**

*Prioritize actions from group worksheets and identify the key steps to advance your strategy towards results.*

1. Identify key decision makers with authority to move your strategy.
2. Research formal public processes and schedules where action is required:
  - city council sessions
  - commission meetings
  - public hearings
3. Identify your levers for private sector actions
  - meetings with CEOs
  - shareholder meetings
  - meetings of board of directors
4. Plan media campaigns to advance your efforts
5. Utilize public actions, demonstrations, rallies, and protests
6. Organize advocacy in decision-making forums by civic leaders and stakeholders

## SLIDE 52: **TIMELINE**

Make sure to develop a clear timeline for your efforts and take into account pertinent deadlines that may apply. What are the timelines imposed by your own planning process? Does implementation have to happen by a particular date to comply with relevant laws? What are the timelines that other agencies/stakeholders responsible for implementation are working on? How will you reconcile differences? If you need legislative action to implement part of your strategy, what is the timeline of the appropriate legislative body, and can you be prepared to meet those deadlines?

While existing timelines are important, in setting your timeline for implementation, it is also important to consider other things including:

- **Urgency**-While equitable health housing solutions should all be viewed with some urgency, new data or new public attention to a particular issue may require you to adopt a very aggressive timeline that includes immediate action. For example, the discovery of widespread contamination of soil in a neighborhood may require immediate rehousing of sensitive populations even as a longer-term solution is developed. Your timeline should be developed with attention to questions of urgency, and sequencing should reflect stakeholder and community priorities with a particular focus on the most vulnerable members of the community.
- **Community participation**-parts of your strategy will likely require community participation and engagement. It is important that your timeline be developed in a way that allows people to participate instead of making the public feel like they are being excluded. For example, if you are developing a new set of regulations scheduling the public comment period/hearing to coincide with significant holidays will make stakeholders feel intentionally excluded. Similarly, adopting timelines that are very aggressive cause valuable partners and community members to feel excluded. Remember that for many stakeholders the work of implementation will have to happen on top of what may already be a full workload for family, community, or work responsibilities.
- **Sequencing and impact**-we talked about the importance of sequencing within the context of urgency but there are broader questions of sequencing that should be considered when developing your timeline. Are there parts of your strategy that have to happen in a sequential manner? For example, do you have to raise a particular amount of money before you can launch a program to do in-home asthma audits? Do you have to hire and train staff before implementing a proactive housing inspection program?

Working with your stakeholders and those responsible for implementation to develop a clear and agreed upon timeline will not only contribute to your success but it will allow for a sense of shared accountability. While it is not unusual to have to adjust timelines, ignoring them or repeatedly changing them makes it difficult to maintain momentum and contributes to a loss of credibility.

## SLIDE 53: COMMUNICATIONS

Although it is often overlooked, having a strong communications plan in place is a critical part of implementation. In most cases, this plan should not be primarily about public relations, though that certainly may be an element of it. Your communications plan should identify who needs to know what at every step of your process and should lay out steps for making sure that high quality information is conveyed to the right stakeholders and the public at the right time. Some questions to consider:

- What are your communications goals? In most cases, communication to support implementation will have multiple goals. You will likely have communications needs that are focused on keeping all the stakeholders responsible for implementation in alignment. You may also have goals around building public support, and educating affected community residents, businesses or other stakeholders.
- Who is your audience? Defining your audience is critical to accomplishing our communications goals. Start by asking, who do we need to be communicating with and what kind of information do they need? You will likely need to communicate with other actors responsible for implementation and will need good systems in place to do that. Do you need a system that allows you to share data as you collect it? Do you need small team meetings or large public ones? Whatever you need, make sure that you are building it into your plan. You will likely also need a way to communicate with the public so that they know about the changes you are making and take action when necessary. As you think about your audience you should consider who are the stakeholders you already have on board and who are reluctant or oppositional stakeholders?
- What kind of information do you need to communication? Once you've identified your audiences you should map out the kinds of information that you need to get to each of them. If building public support is critical, you should think about how you will build the case for taking action (i.e., improved health outcomes; a business case, including shifting to preventive health care using value-based approaches as opposed to those that are volume-based; the economic impact of upgrading existing housing instead of building new units, the increased earning capacity of children who grow up without being exposed to toxic substances). Equally important will be documenting the threat of *not* acting—including health consequences, additional costs to the healthcare system, impediments to development and growth, costs to individuals, families, communities, societies.
- How will you make information accessible? As discussed in “Setting the Table,” communicating in a manner that is accessible will be critical to your success. Once you've identified your audiences you need to think about how you make information accessible to them. For example, if you are launching a new proactive housing inspection program you will need to be communicating about the program to both renters and landlords, and their communications needs will vary tremendously. You may need to prepare information in multiple languages and work with a variety of different messengers. Tenant rights organizations, immigrant advocates, and other service providers will likely have much better penetration rates with vulnerable renters than government representatives. Business, real estate, or land lord associations may be best equipped to reach landlords and property management companies.

In addition to these broader questions your communications plan should consider what materials you need to produce, what activities you need to take on, and how your communications work will align with your broader set of activities and timeline.



## SLIDE 54: RESOURCES FOR IMPLEMENTATION

Moving the plan forward will require resources. Note that the appropriate resources are not always financial, but could include the support of partners, special skills, research, etc., such as:

- **ADVOCATES** - To make a compelling case on behalf of your proposed strategy you will need advocates that can convey the issues to multiple audiences--to the impacted populations, to decision makers, to the press. Advocates may need to be bilingual/multilingual, familiar with impacted neighborhoods. Advocates may also need special training – such as media training, and assistance with maximizing the use of social media
- **ORGANIZERS** - Community organizers may be needed to connect with residents and foster their involvement. Community organizers can also mobilize support for your proposal
- **DATA and RESEARCH** – earlier in the curriculum, the process of compiling data was discussed. Now you will need to consider how to utilize the data as part of the ongoing process to gain implementation of your strategy. Reports, graphic illustrations, and other displays can be beneficial to convince decision makers, and can be used to support negotiations or testimony at public hearings. Consider both popular education models and more technical visuals. Photos and videos are also an effective way to document the problem and garner support for your proposal.
- **CHAMPIONS** are another vital resource– i.e., elected officials who can shepherd policy proposals from introduction through implementation. Also, consider identifying champions from fields such as Fair Housing, or from health advocacy groups and health care institutions to encourage healthier outcomes.
- **TECHNICAL EXPERTS**- This may include (but is not limited to):
  - a. Communications experts to help frame the narrative about the need for your proposed strategy or provide guidance about how to interact with the media and utilize social media
  - b. Attorneys/legal research – to identify legal methods that can be utilized to implement your strategy, or legal tools that can be applied to require jurisdictions to act
  - c. Trainers to help build staff capacity necessary for implementation
- **SUPPLIES AND EQUIPMENT** – implementing your strategy may require you to secure new supplies and equipment. This could include supplies like lead testing kits, portable air monitors, soil sampling equipment, etc. It may also include things like new data sharing software to allow more effective cross-agency collaboration.
- **FUNDING** – to cover the cost of staffing, consultants, outreach to community members, etc. Potential funding sources, including grants may also be linked to particular methods or available for specific purposes (i.e., brownfield remediation, lead abatement, healthy housing, etc.). These resources may allow you to pursue a strategy more aggressively, or to expand its reach. Funding may also be available from health care systems (e.g., Trinity, Dignity, Kaiser, local hospitals, etc.), or other health related sources such as the community benefits efforts that are being undertaken by hospitals and health care providers, and innovative approaches to tapping funds from health care systems, such as Medicaid Waivers.

## SLIDE 55: FOLLOW UP, ENFORCING & ADJUSTING

To ensure that the plan is being implemented and is working effectively, consult the tools you prepared to select your desired health equity strategy at the outset, such as trend lines and benchmarks. It may be necessary to obtain updated data; consider using the following measures:

- A. Conducting inspections, such as lead sample testing of housing units, or of neighborhoods slated for remediation. Inspections can ensure that the housing is up to code and the unit does not pose health and safety dangers.
- B. Conducting audits of properties inside the target area pre- and post- remediation.
- C. Conducting audits of new housing developments to ensure compliance with required standards.

Undertake another round of outreach to those at risk, who may not be aware of the measures that have been adopted. Use results of inspections along with other data in order to:

- a. Inform those living in impacted structures or neighborhoods; notify them of health risks; invite them to participate in the process, and provide them with healthy homes principles- See Chart/Box on NCHH Healthy Homes Principles in Appendix 2.I
- b. Inform landlords, property owners, business operators; notify them of consequences of not complying, such as penalties (stick); and opportunities for assistance, such as incentives (carrot)

If need be, adjust the strategy based on results of monitoring, audits and feedback from community residents and stakeholders.

## SLIDE 56: OVERCOMING INACTION

Even after implementation of your strategy, there may be a need for further effort to ensure that it is working the way it was intended to work. Implementation measures may be mired in the bureaucracy, or stalled by turnover in agencies or elected office. Political will might have waned, or new issues may be taking attention away from the environmental hazard. There could also be resistance to corrective measures which could complicate enforcement. Explore other methods to gain full implementation and enforcement. And note---these types of measures may need to be undertaken by external partners and allies. Civic leaders, including the healthcare sector could be another source of support for keeping the focus on implementation. Additional action steps could include:

1. Pressure campaigns
2. Media campaigns
3. Community Benefits Agreements
4. Litigation

## SLIDE 57: SUCCESS FACTORS

Successful implementation of your strategies is not necessarily a linear process. It may require that a motion be introduced and adopted by a local government body, or that a rule enacted by a different regulatory agency. It may be that a single individual can decide to adjust a policy or practice. The process could move quickly, or get bogged down by politics or powerful opponents. It may take multiple tries for your campaign to succeed. Patience, tenacity and a positive attitude are invaluable qualities. Work hard to keep your coalition of collaborators together and focused on the shared results.

## SLIDE 58: KEY RESOURCES

*Review these resources to inform your implementation plans.*

- Denver Housing Authority's Mariposa Healthy Living Toolkit: highlights priorities for implementation.
- City of New Orleans Assessment of Fair Housing. Showcase AFFH report. Including plan to adopt rental registry ordinance, health and safety standards and regular resources for rental housing, and repairs/maintenance assistance to low-income property owners.
- City of Seattle Equitable Development Implementation Plan: lays out implementation blueprint.
- Equitable Access Implementation Playbook: the American Institutes for Research resource.
- A Roadmap Toward Equity: Housing Solutions for Oakland, California: and related Implementation plan from the Oakland Housing Cabinet with policy priorities and responsible parties.

## SLIDE 59: BREAKOUT SESSION

*Lead a group exercise to review your overall plan and set a process to move it through approvals.*

*-Cohere the plan, results, timeline, responsible parties into a formal format*

*-Engage in a public comment period.*

*-Address public comments into revised plan, move plan through formal channels of adoption, and assign work groups to implement the work!*

**Assessments of Fair Housing** require comment periods, addressing of comments, approval by Mayor and Housing Authority board, submission to HUD, and HUD approval or revisions.

**Consolidated Plans and annual updates** require comment periods, addressing of comments, adoption/approval by municipal governing body or housing authority board, submission to HUD, and HUD approval or revisions.

**General Plans and Housing Elements** require approval by Planning Commission, City/County Council/Supervisors, and state department of housing and community development if required by law.

## SLIDE 60: CELEBRATE PROGRESS FOR HEALTHY COMMUNITIES OF OPPORTUNITY

*Celebrate!!*

# APPENDIX 1: CASE STUDIES TO INSPIRE YOUR LOCAL PLANNING AND IMPLEMENTATION

The following case profiles can serve as discussion-guides to support the Healthy Homes planning Curriculum modules. Utilize case profiles to assign to small working group activities.

## Module 1: 'Setting the Table' Case Examples

1. *East Bay Asian Local Development Corporation: Addressing Neighborhood Health in West Oakland*
2. *Rutland Medical Center mitigates home asthma triggers*
3. *Isles Inc Abating Lead in Trenton Homes*
4. *New York Healthy Homes Initiative*
5. *Keeping Residents with Disabilities Housed in Portland, Oregon*

Ask workgroups to answer these questions:

- ***After reviewing this case profile, which aspects of the case action bear relevance to your community challenges?***
- ***What actions could your group take to move forward some similar effective outcomes?***

## Module 2: 'Utilizing Local Data to Identify Needs' Case Examples

6. *Environmental Justice Priorities in National City*
7. *Chicanos Por La Causa*
8. *Mariposa Healthy Living Initiative- Denver Housing Authority*
9. *Massachusetts Get Out the Lead Loan Program*
10. *Clean Up Green Up in Los Angeles*

Ask workgroups to answer these questions:

- ***After reviewing these case profiles, what did you learn about how communities used data to address their community challenges?***
- ***What data actions could your group take to move forward some similar effective outcomes?***

## MODULE ONE CASE STUDIES

### CASE PROFILE #1 Addressing Neighborhood Health in West Oakland

The East Bay Asian Local Development Corporation (EBALDC) located in Oakland, CA., “set the table” in 2011 to build on their successes in developing and managing over 2000 affordable homes and commercial properties to double down on improving healthy housing and environmental neighborhood conditions. EBALDC launched the San Pablo Area Revitalization Corridor (SPARC) to engage key stakeholders from the community housing and health sectors; develop a leadership and collaborative strategy and structure to address positive healthy housing outcomes for the low-income communities in West Oakland where poverty rates are high and residents face 20-year shorter life expectancies than neighbors a mile away. EBALDC set out to address the specific needs of individual neighborhoods by connecting the essential elements of health and wellbeing through their Healthy Neighborhoods Approach.

EBALDC has served as the coordinator and “backbone” manager of this initiative, which brings together diverse stakeholders that constitute its steering committee, including: Alameda County Public Health Department; City of Oakland Community Development and Housing Department; City of Oakland Planning Department; East Bay Housing Organizations (an affordable housing advocacy organization); Federal Reserve Bank of San Francisco; Healthy Communities a (faith-based service provider); LifeLong Medical Community Health Center; People’s Grocery; Mary’s Center (senior services and early childhood education provider); and two neighborhood residents.

Collective impact involves data driven strategic thinking about neighborhood improvement, and aligned individual, organizational and collective activity to achieve change. The neighborhood is approximately 80 percent renters. Crime data helps identify hotspots for drugs, violence, and prostitution, and helped locate these hotspots in relationship to liquor stores up and down the corridor. Local hospital data identifies neighborhood population health characteristics. Resident surveys and photo booths identified hypertension as a top health issue. In 2014, SPARC formed an advisory committee to focus on community health metrics to guide decision-making as the neighborhood, its needs and opportunities, and SPARC itself, evolve.

Over five years, SPARC has acquired and rehabbed the California Hotel, an insolvent SRO; developed and financed a new community health food store on San Pablo Avenue; cleaned up blight through providing small grants to community associations for improving environmental conditions; improved the safety and walkability of San Pablo avenue for older adults; expanded health and social services in low-income housing projects to improve health outcomes through addressing diabetes, hypertension, blood screening, and access to exercise. And they have played a leadership role in moving city and county policy, housing and infrastructure bond issuances, and acquiring existing buildings to mitigate the serious housing cost escalation and displacement facing residents across the entire region.

## **Case Example #2: Rutland Regional Medical Center mitigates home asthma triggers in rural Vermont**

The Rutland Regional Medical Center (RRMC) serving Western Vermont utilized the required Community Health Needs Assessment (CHNA) in 2015 to implement a new strategic plan that incorporated healthy housing to reduce health disparities in their health care service area. They used the CHNA to align policies, program resources, and work with other responsible actors, core features in the healthy homes curriculum.

Rutland Regional Medical Center CHNA set a table with health, housing, social service, and education sectors, and through discussions and analysis of health data, identified a growing series of negative health outcomes in their service area--most notably in high levels of childhood asthma and COPD. Unhealthy housing conditions and other environmental threats emerged as major contributing factors that needed to be addressed. RRMC needed to increase its knowledge of housing resources and approaches.

RRMC contacted Neighborworks of Western Vermont (NWWVT) to develop a healthy homes modification strategy. RRMC and NWWVT work together to identify patients who need these modifications. NWWVT conducts home audits to identify necessary modifications, and assists the patient or their landlord in accessing grant or loan funds and trusted contractors to carry the out the modifications.

Through this process, RRMC has developed a robust healthy housing plan to tackle healthy housing challenges in small towns and rural communities throughout their service area.  
Source: National Community Reinvestment Coalition

### **Case Example #3: Abating lead in Trenton homes, schools and water systems**

**Isles Inc.**, is a community development and environmental organization located in Trenton, New Jersey which uses research and data to assess major health and environmental risks to develop strategies and initiatives that reduce health disparities in Trenton. Isles' mission is to foster self-reliant residents and healthy communities in Trenton, a majority African-American city.

Isles' research, policy, and practice leveraged the state to change policy and dedicated resources for results. Isles saw the data and research showing that over 30% of youth had elevated lead blood levels (EBL) and that one out of five children in Trenton schools had asthma, which contributed to school absenteeism. They were able to utilize the data to make a compelling case that a healthy homes strategy was needed. Using an integrated approach to health, safety, and energy efficiency, Isles has been able to repair over 260 homes to date, investing millions of dollars into the local economy. The average per healthy housing renovation and energy efficiency improvement cost is \$7,000 per home.

They have also used data and research to inform and impact state policy. Using New Jersey Department of Health (DOH) data, Isles and their partners from housing and health sectors were able to show that 13 cities in New Jersey had extreme levels of lead poisoning (exceeding levels of children in Flint, MI). The strategy was to show that most lead in children's blood comes from lead paint and soil, and address it as a public health crisis in a comprehensive manner. Using the data, research, and awareness, Isles and their partners lead a campaign that successfully directed \$20 million to the state lead hazard control fund to make more homes safe in New Jersey. This funding allocation was signed by Governor Christie, who had previously vetoed funding for lead hazard control.

Additionally, Isles and others were able to get legislation passed requiring all schools to test water for lead and make the results public. This is a powerful outcome for making data available to show how health disparities impact young children, primarily children of color. Isles persuaded NJ DOH to analyze and convey NJ lead screening data in a manner that enables others to see at a glance the number of children who were starting Kindergarten in a district with high levels of lead.

Data and research have driven Isles' work in improving healthy homes and reducing health disparities. There are important lessons from Isles' experience and successes for other communities and stakeholders. The data is compelling and it has positioned Isles and others to remediate and create a healthier environment for vulnerable individuals, notably low-income kids. Building awareness through data showing health disparities can help mobilize community leaders and stakeholders to do more. Local activists in Trenton, including Isles, recently gained support of the Trenton administration on a multi-year aspirational campaign to remove lead from the ecosystem by 2025, called the *Get the Lead Out Campaign*. Source: Home is the Most Dangerous Place. Isles 2017 paper.

## Case Example #4: New York State Healthy Neighborhoods Program

The [New York State Healthy Neighborhoods Program \(HNP\)](#) is a clear example of effectively using data to deepen program impact. HNP focuses on reducing asthma and lead poisoning incidents in homes in 18 counties in New York State and New York City, where high risk populations live—primarily in communities of color and low-income communities.

HNP utilizes home-based environmental interventions to reduce asthma triggers and other in-home health risks. Residents are identified through a combination of canvassing, referrals, and data-informed selections. Selected households are provided an inspector and outreach worker to identify the specific health and safety hazards. The outreach worker provides education, referrals and products to the residents, to help reduce or correct health hazards. The program offers an optional revisit three to six months after the initial visit, with a fifth of the homes revisited within a 3 to 6 month period to see if corrective action has taken place. The outreach worker can also recommend additional steps to correct health hazards and where to find resources.

HNP uses housing, health, and socioeconomic indicators from census data and a variety of other sources to identify high-risk areas. These areas then become the focus of their canvassing and partner referrals, which are two of their primary strategies for identifying program recipients. HNP also uses data to identify high-risk populations, in this case Medicaid recipients with poorly managed asthma. By targeting high-risk neighborhoods and high-risk individuals, HNP is able to focus their work where it will have the biggest impact.

HNP has also incorporated an extensive and effective data collection process as part of their service delivery. They conduct assessments and collect data from each of the families that participates in their program. This data allows them to track and evaluate their work over time.

Home-based environmental interventions have been found to be effective in reducing asthma triggers and conditions and HNP's success reaffirms this finding. The strength of the HNP program is that it uses data and assessments to deliver tailored interventions to improve the health outcomes for families in the 18 locations where HNP operates.

**Source:** National Center for Healthy Housing and Journal of Public Health Management & Practice: [March/April 2017 - Volume 23 - Issue 2 - p 219–228](#)



## **Case Example #5: Keeping Residents with Disabilities Securely Housed in Portland, Oregon**

The genesis of Housing with Services started when Cedar Sinai Park, a major health care provider in In Portland, Oregon, acquired four rental properties serving vulnerable adults. An assessment of the residents discovered high levels of physical and mental challenges. The organization convened a summit in 2011 of 20 social service organizations, housing and community development organizations, health care providers, and several residents, who agreed to pursue a “care collaboration model” to better serve the vulnerable residents. A partnership of nine organizations was formed in 2012, to improve the health and wellness of the 1,408 younger children and older adults with disabilities who lived in 11 residential properties in Portland. The group prioritized strategies that helped residents stay independent and take advantage of available health, social, and behavioral services. The major indicators identified by the residents and providers focused on reduced emergency room visits, eviction prevention, better prescription management, and eating healthier food.

The net result of the partnering organizations was the creation of Housing with Services (HWS), a care navigation system that draws from physical health, mental health, and social work professionals as well as property based resident service providers offering onsite assistance.

The residents are gaining access to a unique set of services. CareOregon is paying for the physical health care and mental health care navigators for the HWS, a critical feature in serving a vulnerable population. The early analysis shows significant progress in fewer emergency room visits, lower eviction rates, and more stable housing for people with disabilities.

**Source:** NeighborWorks America

## MODULE TWO CASE STUDIES

### **Case Example #6: Separating Residential and Toxic Uses: Environmental Justice planning for Healthy Housing in National City**

A campaign by community activists to overcome severe air pollution health risks in their neighborhoods led not only to the first Environmental Justice Element of a local General Plan in California, but to the passage of a state law which now requires all cities and counties to take EJ issues into account when they update their plans.

Residents of National City, California, south of San Diego, worked with the Environmental Health Coalition, to address residents being sickened by the fumes from auto body shops, metalworking shops and other heavy industrial firms near their housing. They moved from advocating for case-by-case remediation to seeking city policies that would prevent incompatible land uses and bad zoning, adopt stricter guidelines about location of future industrial uses, and reroute trucking away from residential areas and school sites. The city also adopted an “amortization ordinance” to phase out many of the incompatible industries over time and funded its largest affordable housing development in many years. The EJ element in National City serves as a model for cities and counties that will soon begin complying with SB 1000, the state law which identifies healthy housing as one of five critical areas for local general plans to address, either through a separate element or through policies integrated throughout the plan.

**Source:** California Environmental Justice Alliance and PlaceWorks: *Planning for Healthy Communities: Environmental Justice in General Plans* (2017)

## **Case Example #7: Housing as a Health Intervention: Chicanos Por La Causa & Maryvale Community Services Health Center in Phoenix**

The Maryvale Community Health Services Center of Chicanos Por La Causa (CPLC) in partnership with United Health Care (UHC), one of the largest health insurance companies in the U.S., offers an example of how to implement a healthy housing plan through engaging diverse actors including the health insurance industry; knowing what resources are needed; developing an innovative strategy based on a community connected center; and taking action through acquiring 500 units of housing to serve vulnerable populations through reducing housing insecurity and other social determinants of health.

CPLC, UHC, community residents, and other public health and partners proposed the development of a comprehensive action strategy and plan to improve healthy housing outcomes for the most vulnerable residents in Phoenix, Arizona. This proposal became the Maryvale Community Health Services Center; CPLC and UHC acquired and redeveloped 500 units of service enriched housing in the Maryvale neighborhood of Phoenix. Maryvale is a low-income neighborhood in Phoenix. United Health Care provided a \$22 million dollar low interest loan to CPLC. 20% of the units were offered to UHC clients at reduced rents, with market-rate rents from the remaining apartments helping to subsidize those units and also fund supportive health services. The UHC financing arrangement enabled CPLC to acquire existing apartment complexes without the use of traditional affordable housing financing tools. The cross-subsidizing creates greater flexibility to target occupancy of the units to vulnerable individuals that are experiencing inadequate or unstable housing.

The central hub—or “Community Connect Center”—with a single point-of-entry, addresses not only health, but other social determinants including the financial stability of the residents. The Community Connect Center enables clients/residents to move along a continuum from dependence to self-sufficiency. CPLC views health in a broader context than typical health care delivery systems.

The Community Connect Center deploys Community Health Care Workers and Housing Navigators to develop an individualized service plan for each client supported by the Department of Health and Human Services in Phoenix. The resident is connected to an array of services, including housing for those clients who have identified housing insecurities. Maryvale Community Services Center provides social services as well as medical and behavioral health services to residents who live in the complex as well as other low-income clients that CPLC serves.

CPLC has used a social determinant frame of health in a comprehensive way to integrate health, services, housing insecurity, employment, and financial stability to improve the long-term health of vulnerable families and population. Maryvale Community Services Health Center serves as a model for both improving the environmental health factors and aligning key policies, programs, and resources.

**Source:** Implementing Models in Health and Housing- Mercy Housing Fund and Low-Income Investment Fund.

## Case Example #8: Denver Housing Authority Partners with Community to Advance Healthy Neighborhoods

The Denver Housing Authority has been an industry leader in taking on the broader environmental health issues related to housing and infrastructure that exist throughout Denver, including neighborhood-level disparities in health risks (e.g., poor air quality, brownfields siting, overcrowding) as well as health assets (e.g., access to parks, green space, and grocery stores). In parts of Denver, the pending expansion of Interstate Route 70 will add to the air pollutant burdens already disproportionately shouldered by residents of low-income neighborhoods. In the Elyria-Swansea neighborhood, children living by the highway have 40% higher rates of asthma hospitalization than children living in the city as a whole.

The health risks caused by the freeway are compounded by neighborhood pollution from freight and industry as well as a lack of sidewalks, unclean and unsafe parks, and other issues. To overcome systemic neighborhood disadvantage, the Denver Housing Authority undertook collaborative planning strategies to guide individual projects as well as to address the neighborhood-based nature of many public health problems.

As part of a HOPE VI redevelopment of the Mariposa public housing, residents participated in planning processes before and during design and construction. With the help of a health impact assessment, which was completed in 2010, the Housing Authority and community identified a set of quantifiable indicators to measure health outcomes that became part of a healthy living index (HLI (based on San Francisco's Healthy Development Measurement Tool) — helped measure physical and mental health at the individual and community levels. Limiting displacement was seen as a primary health intervention. The recently completed phased redevelopment created more units of housing (increasing residents served from 252 to 1,500); helped people stay in their community; provided residents jobs working on the development; and built health components into the outcomes. Their Healthy Living Tool guides DHA's health initiatives and inform the agency's future design and development decisions. The lessons learned in Mariposa will now drive the Sun Valley development by the Housing Authority to realize similar health outcomes in another nearby neighborhood—working to create community-specific and citywide contributions to closing health disparities.

## Case Example #9: Massachusetts Get the Lead Out Loan Program

Massachusetts state government is a good example of how a state can implement a plan to address a major environmental health challenge of an older housing stock with high levels of lead paint. The Massachusetts Get the Lead Out Loan Program grew out of a plan by the state that engaged diverse state agencies, nonprofits, and private investors; resources that combined financing tools; a financing strategy that would benefit homeowners and investors; a dissemination strategy through local government and nonprofits; and providing affordable loans for encouraging lead abatement targeting low and moderate-income homeowners, nonprofits, and communities.

The Massachusetts Get the Lead Out Loan Program was created by The Massachusetts Department of Public Health and Department of Housing and Community Development. They teamed up with MassHousing to offer affordable financing designed to remove hazardous lead paint from houses. 0 percent deferred interest rates are offered to homeowners; 3 percent interest rates to investor owned properties, and 0 percent interest rates to non-profits who rent to income eligible tenants. MassHousing offers low interest loans between 5 to 15 years based on the loan amount and the borrower qualifications with all loans being amortized. There are no closing costs with the loans. Maximum loan size is \$30,000 for a single-family house; \$35,000 for two-family; \$40,000 for a three-family house; and \$45,000 for a four-family house. The loans are administered through a local agency which can be either a public agency or a community development corporation (CDC).

The Massachusetts Get the Lead Out Loan Program incorporates some of the key features of implementing a plan, including bringing diverse partners and resources to improve the health of housing. The strategy and tools represented by this program could become part of a larger and more comprehensive healthy housing and communities strategy.

**Source:** National Center for Healthy Housing Resources

## Case Example #10: Clean Up and Green Up Los Angeles Collaborative for Environmental Health and Justice-

The Clean Up and Green Up Initiative sponsored by the Los Angeles Collaborative for Environmental Health and Justice is an exciting example of how to effectively implement and align a plan that involves diverse actors from the grassroots community, researchers, and funders; accesses different resources; develops a clear strategy based on land use restrictions and ordinances; and a plan for taking action by gaining the support of the Los Angeles City Council; and resources to support the implementation through a pilot program and an ombudsman.

Several grassroots organizations teamed up with the Liberty Hill Foundation and several research organizations in 2009 to create the Los Angeles Collaborative for Environmental Health and Justice to address both the public health and economic well-being challenges that a number of poor communities in Los Angeles face. The initial focus was on three toxic “hotspot” neighborhoods that are predominately Latino: Boyle Heights on the Eastside; Wilmington near the Los Angeles Harbor; and Pacoima Sun-Valley in the Eastern San Fernando Valley. These neighborhoods were characterized by high levels of industrial toxics that can cause asthma, cancer, heart disease, and other chronic conditions. There was a high concentration of junkyards, auto body shops, oil refineries, truck depots, rail yards, and proximity to interstate freeways. The net result is a dangerous health environment, especially for young children and older adults.

As the result of a strong grassroots campaign by Clean Up and Green Up, in 2016 the Los Angeles City Council unanimously passed special land-use restrictions and an ordinance covering some of the most polluted neighborhoods in Los Angeles; the measure requires higher rated air filters in all new developments within one thousand feet of a freeway to reduce asthma and other chronic respiratory conditions. The ordinance was called *Clean Up and Green Up* and it creates three special districts representing the three neighborhoods mentioned earlier. New and expanding businesses in the green zone special districts will be subject to stringent development standards and restrictions such as setbacks, landscaping requirements, and buffers between their business and the neighborhood to reduce pollutants. The new standards will be rolled out as a pilot program applying to 1000 businesses in the three neighborhoods. A City Hall Ombudsman position will be created to help business owners navigate environmental requirements. There is growing interest in other communities in California to see how Los Angeles implements the Clean Up Green Up Initiative.

Clean Up and Green Up represents a promising approach that incorporates the key priorities of the Healthy Housing Curriculum designed to for improving healthy housing and other environmental conditions at the neighborhood and regional levels.

**Source:** Los Angeles Times

## Appendix 2: Resources, Worksheets, Handouts and Group Exercises

### I. Resources: Principles and Casemaking for Equitable Healthy Housing

*These 3 resources should be used at first meeting of stakeholders to orient them to the field.*

#### **Resource: National Center for Healthy Housing**

The [National Center for Healthy Housing \(NCHH\)](#) offers an array of healthy housing resources specifically at the *home level*, including: healthy housing advocacy, research, and capacity building designed to reduce health disparities nationwide leading to more equitable opportunities. NCHH developed a 2013 fact sheet on basic statistics for healthy housing. NCHH's primary focus is at the individual home and residence level, especially those dwellings that are substandard and unhealthy. Three of NCHH's major technical and capacity resources are: healthy home principles; national healthy housing standards; and the National Center for Healthy Housing Training Center. Bringing disaggregated race and ethnicity analysis to their resources will be critical step for equity results.

#### **Healthy Housing Principles include:**

1. Dry—prevents pests and mold from occurring which are asthma triggers.
2. Clean—reduced likelihood of pest infestations and exposure to contaminants.
3. Pest-free—since pests create conditions for asthma and other respiratory conditions.
4. Safe—prevent injuries to children and older adults from falls and burns from equipment and lack of safety features.
5. Contaminant free—exposure to radon, second hand smoke, asbestos particles and carbon monoxide are higher in the house than outside.
6. Ventilated—good air supply improves respiratory health.
7. Maintained--poorly maintained houses increase the likelihood of lead dust, moisture, and pests.
8. Thermally controlled—residents are susceptible to health problems when the air is too hot or cold over a prolonged period of time.

#### **National Healthy Housing Standard categories include:**

1. Duties of owners and occupants
2. Structures, facilities, plumbing, and space requirements
3. Safety and personal security

4. Lighting and electrical systems
5. Thermal comfort, ventilation, and energy efficiency
6. Moisture control, solid waste, and pest management
7. Chemical and radiological agents

**National Center for Healthy Housing Training Center and Network** has trained over 21,000 individuals representing environmental health practitioners, public health nurses, housing professionals, community outreach workers, and community-based organization leaders. They also offer Healthy Housing Certificate and the training courses are available through their partners and online.

## **Resource-The Surgeon General's Call to Action to Promote Healthy Homes**

The Surgeon General issued a far reaching call to action on healthy homes in 2009, to address unhealthy and unsafe housing that affects the health of millions of Americans, especially the most vulnerable populations. This call to action can be an important resource for encouraging health care providers, housing advocates, planners, and other public-sector leaders and managers to advocate for the importance of healthy housing. A few of the major highlights from the Surgeon General's report are:

1. A healthy home is sited, designed, built, renovated, and maintained in ways that support the health of the resident.
2. Many factors influence health and safety in homes, including structural and safety aspects of the home (i.e., how the home is designed, constructed, and maintained; its physical characteristics; and the presence or absence of safety devices); quality of indoor air and water; the presence or absence of chemicals; resident behavior; and the house's immediate surroundings. The link between these housing features and illness and injury is clear and compelling. Homes' structural and safety features can increase risk for injuries, elevate blood lead levels, and exacerbate other conditions. Poor indoor air quality contributes to cancers, cardiovascular disease, asthma, and other illnesses. Poor water quality can lead to gastrointestinal illness and a range of other conditions, including neurological effects and cancer. Some chemicals in and around the home can contribute to acute poisonings and other toxic effects.
3. Efficient plumbing and bathing fixtures, drought-tolerant landscaping, and water-conserving irrigation systems help green homes use, on average, 50% less water than used by standard homes. Construction of a green home generates 50% to 90% less construction waste that usually ends up in landfills.
4. Siting homes to maximize the benefits of sunlight can help reduce energy consumption and increase entry of natural light. Selection of construction



materials and interior finish products with zero or low emissions can improve indoor air quality. Examples of nontoxic materials may include wheat-derived strawboard; natural linoleum made from jute and linseed oil; paints with few or no volatile organic compounds; and toxin-free insulation made from soybeans, recycled paper, or even old denim. Incorporating effective and efficient natural or mechanical ventilation systems may also reduce indoor air pollutants.

5. Government agencies, other research organizations, and scientists should develop and support a portfolio of rigorous healthy homes research. They need to build interdisciplinary teams that are well versed in the conduct of community-based research and the use of sophisticated statistical techniques. Examples of actions these agencies and organizations can take include the following: Conduct research to identify additional housing factors that can harm, or promote and protect people's health. Promote efforts to understand the causal sequences of events leading to specific injuries. Conduct research to advance our understanding of building practices and health and safety measures that improve resident health, such as the health consequences of energy-efficient buildings and smart technologies. Conduct research to determine safe levels of household chemicals for different types of housing and different subpopulations. Determine the impact of related, simultaneously implemented housing remediation on multiple health outcomes. Improve the design and statistical methods used to evaluate healthy homes intervention studies. Develop and implement a healthy homes monitoring and tracking system.

## **Pew Charitable Trust- 10 Findings and Policies to Prevent and Respond to Childhood Lead Exposure**

In the aftermath of the unfortunate and well publicized lead contamination crisis in Flint, Michigan, the [Pew Charitable Trust Health Impact Project](#) convened a team of researchers to assess the impact of childhood lead poisoning to conduct a cost-benefit analysis of key policies and programs that respond to reducing childhood lead poisoning. Their report was issued on August 30, 2017. Some of the major findings and recommendations that are applicable to healthy homes include:

### **Findings**

1. Removing leaded drinking water service lines from the homes of children born in 2018 would protect more than 350,000 children and yield \$2.7 billion in future benefits, or about \$1.33 per dollar invested.
2. Eradicating Lead paint hazards from older homes of children from low-income families would provide \$3.5 billion in future benefits, or approximately \$1.39 per dollar invested, and protect more than 311,000 children.
3. Ensuring that contractors comply with the Environmental Protection Agency's rule that requires lead-safe renovation, repair, and painting practices would protect about 211,000 children born in 2018 and provide future benefits of \$4.5 billion, or about \$3.10 per dollar spent.
4. Providing targeted evidence-based academic and behavioral interventions to the roughly 1.8 million children with a history of lead exposure could increase their lifetime family incomes and likelihood of graduating from high school and college and decrease their potential for teen parenthood and criminal conviction.

### **Policy Recommendations-**

1. Reduce lead in drinking water in homes built before 1986 and other places children frequent.
2. Remove lead paint hazards from low-income housing built before 1960.
3. Increase enforcement of the federal renovation, repair, and painting rule.
4. Clean up contaminated soil.
5. Improve blood testing among children at high risk of exposure and find and remediate the sources of their exposure.
6. Ensure access to developmental and neuropsychological assessments and appropriate high-quality programs for children with EBLL.
7. Improve public access to local data.
8. Fill gaps in research to better target state and local prevention and response.

## II. Group Exercise: Selecting Results

*This exercise should accompany Module 3.*

**Resources:** 3 facilitators, 3 note-takers, flip charts and or large white board, markers  
**Instructions:** On a board or flip chart paper create three large columns labeled: “People,” “Homes,” and “Neighborhood (s)” or “Community”. You can change these words as is appropriate for your group. For example, People could be replaced with Children, Families, or Seniors.

**Full group** (15-20 minutes):

Give participants markers and ask them to write in what they would like to achieve for each of these three categories. Their responses should be short 2-3 words and should not contain verbs. For example, under people they may write “asthma free,” or “healthy children.” Give the group 5-10 minutes to write and another 5-10 minutes to review what has been written.

**Small group** (20 minutes, may take longer with a larger group):

Divide the group into three small groups-one focused on each of the three columns. Ask them to work together to pare down what has been written and to come up with three summary statements each. Group One will create three statements that begin: “We want people that are \_\_\_\_\_.” Group Two will complete three statements that begin: “We want homes that are \_\_\_\_\_.” The final group will create three completed statements that begin: “We want a neighborhood(s) that is \_\_\_\_\_.”

**Full group** (30 minutes, may take longer with a larger group):

Allow participants to report back on their work. As a group, work to review what has been presented. As appropriate, make revisions that allow the ideas presented to work together, and pare down what has been presented to one or two succinct statements that articulate the group aspirations.

### III. Group Exercise: Choosing Strategies

*This exercise should be utilized with Module 3.*

**Resources:** Facilitator and note taker, flip charts and or large white board, markers, completed results statement, chart with the group's trend line, a list of selected indicators, and one copy of the Choosing Strategies Worksheet for each participant.

**Full group** (15-20 minutes):

Working as a group, brainstorm strategies that will make progress to the result. As a group work to narrow your list to no more than 10 potential strategies.

**Small group** (30-45 minutes, may take longer with a larger group):

Divide participants into groups of 5-10 and assign each group 1-3 strategies to discuss. Given each participant a copy of the Choosing Strategies Worksheet, a flip chart and markers. Ask the group to choose one proposed strategy to start with and have them answer the following questions and record their responses on the flip chart paper.

1. What impact will this strategy have and how will it bring you closer to your desired result?
2. How does the proposed strategy address the factors contributing to the current conditions?
3. Who are the partners necessary to advance this strategy successfully?

Once they have answered these questions for the first strategy they should work together to complete the Choosing Strategies Worksheet. They should complete these steps for each of the strategies they have been assigned and should spend a few minutes reflecting on what their take away is having gone through the exercise. Emphasize to partners that the worksheet is intended to be a starting point to think about whether a particular strategy is right for the work you are undertaking. It is not intended to be a precise tool but rather a way to assess potential.

**Full group** (45 minutes, may take longer with a larger group):

Ask participants to post their work on the wall and give the group 5-10 minutes to walk around the room and review each other's work. Bring the full group back together and allow participants to report back on their work limiting their remarks to two minutes or less. Having gone through the exercise, what is their overall assessment of the strategies they discussed? Would they recommend these strategies? Why or why not? After the report back work with the group to reevaluate the list of strategies. Are there strategies that the group would like to remove? Are there strategies that were not assessed that should be considered? Work together to refine your list of strategies and narrow it down to those that are best suited to make progress towards the desired result.

## IV. Choosing Strategies Worksheet

*This exercise should be utilized with Module 3.*

Criteria for Evaluating Strategies						
<b>Effective</b>		Strongly Disagree- > Strongly Agree				
	There is strong evidence that indicates this strategy will contribute to the achievement of the declared result.	1	2	3	4	5
	This strategy has the potential to have impact at scale.	1	2	3	4	5
	The strategy addresses root causes and contributing factors.	1	2	3	4	5
	Those most affected by the identified problems played a central role in developing and selecting this strategy.	1	2	3	4	5
	Strategy is informed by a clear understanding of how identified problems affect different sub-populations.	1	2	3	4	5
	The strategy will provide secondary benefits to the community.	1	2	3	4	5
<b>Actionable</b>	This strategy can be implemented with existing resources and capacity.	1	2	3	4	5
	Necessary capacity and resources to implement this strategy can be built over time.	1	2	3	4	5
	The organizations necessary for the success of this strategy are bought in and are prepared to collaborate.	1	2	3	4	5
<b>Realistic</b>	Stakeholders and public are receptive to this strategy.	1	2	3	4	5
	Policymakers can be brought onboard.	1	2	3	4	5
	There are politically strong allies who support this strategy and a viable plan to overcome opposition.	1	2	3	4	5
	This strategy provides opportunities to secure interim/short term wins.	1	2	3	4	5

## V. Healthy Housing Implementation Template

*This exercise should be utilized with Module 4.*

**Instructions:** For each proposed action, regulation/systems change strategy, identify what level of government (local, state, federal) or agency has jurisdiction, the population you intend to assist and what the optimal results would be. Identify key actors who can help advance this effort. List the sequence of steps that will be taken and estimate the time needed.

Action – Regulation or System Change	Jurisdiction	Target Population	Desired Impact	Key Actors	Timeline
1. EXAMPLE Proactive Code Enforcement of all rental units over 10-years old	City & County	Highest poverty neighborhoods in first 3 years	<i>Lead and asthma mitigation measures for 500 households</i>	Code Enforcement, Public Health, HHS, County Supervisors	Legislation in 9 months; code enforcement system in 18 months.
2. EXAMPLE: Renter Protection ordinance	City	15,000 Renters in unregulated housing units in 2-500 unit buildings	<i>50% reduction in evictions, 25% reduction in displacement of tenants of color</i>	City council, city administrator, city attorney, tenants rights orgs, unions	12 months: 3 mon ordinance introduction; 3 months audit of existing programs; 6 months = new ordinance & pgm
3.					
4.					
5.					

## VI. Advocacy Role-Play Exercise: Talking with a Policymaker

*This exercise should be utilized with Module 4.*

Steps:

- Describe the process.
- Create groups. Assign some members of the group to the coalition working to represent healthy housing. Give each member the following handout titled, “Playing a Coalition Member”. Assign one person to represent a policymaker. Give that person the second handout “Playing the Policymaker”.
- Each group needs to decide on what roles are needed and who will play each one. The person who plays the policymaker should not tell anyone what type of policymaker they intend to be—whether they will be supportive, undecided, or oppose the issue that is being presented during the meeting.
- Preparing for the role-play (~15 minutes), the main steps are:
  - Introductions
  - Make the Argument (Keep It Simple) / Listen Well / Respond
  - Try to Get Closure / Identify Next Steps
- After the role-play take around 5 minutes to talk about how it went. What worked well? What would you do different?

## Talking with a Policymaker Role-Play: *Playing a Coalition Member*

*Hand these instructions to all those participating in the coalition group.*

### Passing a Local Proactive Rental Inspection Ordinance

Scenario:

You are a coalition approaching your city council or county board of supervisors to talk with them about how poor housing conditions are contributing to serious health problems—lead poisoning, asthma, allergies, injuries, etc.—in the community. You want the policymaker to support an ordinance that would establish a proactive rental inspection ordinance. If passed, a new program would be created to regularly inspect rental units and ensure that they are safe and habitable.

- You have data that illustrates how housing conditions are contributing to health problems across your community.
- You have compiled data showing a link between existing health problems and educational and economic outcomes for individuals and the community.
- You have examples of similar programs that have worked in other places.

Exercise Instructions:

(~15 minutes) Plan your discussion with the policymaker:

- Who should you bring to the meeting?
- Who will lead the discussion / handle introductions at the beginning / keep things moving?
- Develop a simple message – what do you want, and why is this issue important?
- Think about why the policymaker may not want to support this issue. Think about what might persuade them, and how you can ask for a commitment of support.
- Figure out who will make what points, and when.
- Think about how you'll end the conversation.

Do the role-play (5-10 minutes)

- **Introductions**
- **Make the Argument (Keep It Simple) / Listen Well / Respond**
- **Try to Get Closure / Identify Next Steps**

Once you have finished, the policymaker and the coalition members should briefly reflect on the role-play. (~5 minutes)



## Talking with a Policymaker Role-Play: *Playing a Policymaker*

*Hand these instructions to the person representing the policymaker.*

### **Passing a Local Proactive Rental Inspection Ordinance**

You are a legislator—city or county—about to meet with constituents from your district about community health problems resulting from poor housing conditions and their desire for you to support an ordinance to establish a Proactive Rental Inspection program that would regularly inspect rental units to ensure that they are healthy and habitable. Think about the potential pros and cons for you, of supporting this proposal.

Pick a “type” of policymaker to play from this list of possibilities; don’t tell anyone in the group which type of policymaker you choose:

- The rushed policymaker – You’ve got to leave for an important appointment in just a few minutes. You’re in a big hurry, and you want the group to state their point quickly.
  - The highly supportive policymaker – You support this issue. You need information and visible support from the community for the policy to help you make a strong case.
  - The supportive policymaker – You generally support this issue, but you need to be pushed to provide specifics about what you’ll do to move the policy. You have many priorities and may not follow through if the group does not identify specific next steps and follow up with you later.
  - The undecided policymaker, the fence-sitter – You have some reservations about this policy and need to be convinced. Think now about what your reservations are so you’ll be ready in the role-play to raise these issues.
  - The opposition policymaker – You think this policy is a bad idea. Think now about what your reservations are so you’ll be ready in the role-play to raise these issues.
- 

### Role-Play Instructions:

- Take some time to prepare.
- Do the role-play (5-10 minutes)
- Once you have finished, the policymaker and the coalition members should briefly reflect on the role-play. (~5 minutes)

## VII. Group Exercise: Applying Implementation to A Specific Environmental Threat: Lead Abatement

To demonstrate the principles that have been articulated previously about implementation, consider how the curriculum could be utilized within the context of an environmental threat occurring commonly in low income neighborhoods and communities of color: exposure to lead. Below is a version of the curriculum which could take participants from both the housing field, and the health field through the process of gaining implementation of lead abatement strategies.

**AUDIENCE:** Housing practitioners, advocates, agency staff, lenders, CDFIs, CDCs, Philanthropy, Residents, health systems & public health leaders

**TOPICS/ISSUES TO BE ADDRESSED:** Actions that can be taken to rehabilitate existing housing or build new housing in a manner and in locations that will be free of environmental threats.

**LEARNING OBJECTIVES:** Participants will be able to:

- Analyze and select the most urgent environmental threats to the housing stock in their communities.
- Identify a target population and geographic area where housing is at risk of or already being harmed by environmental hazards.
- Select and obtain data that substantiate/validate the targets selected, including testing lead levels of residents by public health and medical providers.
- Develop a strategy to remediate the health hazards to housing, and/or prevent new occurrences.
- Build coalitions to work toward the strategies that include representation from community advocates and stakeholders, and the health care sector.
- Determine the entities or agencies with appropriate jurisdiction over the geographic target area and the issues being considered:
  - Environmental regulatory agencies (local, regional, state, federal)
  - Housing agencies
  - City council or other municipal government bodies
  - Federal housing agencies
  - Federal Environmental agencies
  - Public Health departments
- Choose the most effective methods within the health and housing field to implement the strategies, such as:
  - New collaborative programs designed by both sectors
  - Augmenting existing housing plans (Consolidated Plans, Community Plans, AFFH Assessments) with Community Health Needs Assessments (CHCA) role for health sector

- o Enforcement of existing regulations including building codes, and environmental regulations (supported by advocacy voice of health sector)
- o Ordinances
- o Zoning changes
- o Initiatives supported by philanthropy and health care systems
- o Media campaigns
- List resources – including funding, champions and mobilization
- Pinpoint implementation methods
- Recognize need to monitor and measure success through indicators and performance metrics
- Prepare to make modifications as needed

**PURPOSE:** *Equip participants in the housing and health fields with an understanding of how they can undertake action to remediate and prevent threats to housing posed by environmental hazards and toxics; assist them in developing plans that they can execute that will fulfill their objective*

Topic One:

- a. **Justification:** Why take action? Participants will research impact – i.e. how many units in the jurisdiction contain lead hazards (paint, water, dust, soil); Participants will examine severe health threats posed by lead exposure, especially for children (list health threats). Participants will research % of population at risk – children, people of color, low income people, people with disabilities, and older adults.
- b. **Benefit:** health benefit resulting from protection from threats, including improved health, behavioral and educational outcomes; housing benefits include preservation of \_# of units, maintaining affordability of \_\_# of units. This comes from the community priorities and indicators developed to measure the outcomes from the priorities and strategies discussed in the previous section.
- c. **Equity Benefit:** low income children and children of color are at greatest risk, most likely to live in substandard units that have not been remediated and have other unhealthy and toxic features.

Topic Two:

**Applying the Research:** Participants will walk through relevant research platforms.

They will map their target geographies, citing variables such as the age of the housing stock, whether it is rental housing or owner-occupied, whether it is near a hazardous environmental land use (i.e. factory). Participants will graph the health challenges being experienced by residents of targeted areas: by age, race, gender, and disability

Topic Three:

**Identify Targets:** how to use research to identify geographic targets. Is there overlap? Are distinctions needed (identify specifics, i.e. pre-1978 housing with lead paint, housing next to manufacturing plants,

lots identified as Brownfields). How to use research to identify target population – seniors, children, immigrants, low-income residents, and people with disabilities.

Topic Four:

*Key Components: Set objectives and aim for what can be accomplished in your field of practice*

### **KEY STEPS FOR HOUSING PRACTITIONERS AND ADVOCATES:**

- Determine an Objective/Outcome: i.e., remove lead paint (including paint, dust, water, soil) from \_\_\_# of residential units in the targeted geographic area. Or, build \_\_\_# new units in an area previously contaminated, following remediation
- Specify Targets: i.e.
  - Target: pre-1978 Units with a major focus on pre-1950 houses.
  - Target: geographic area with the greatest percentage of pre-1978 housing, or with contaminated soil
  - Target: geographic area with greatest population of at-risk children
- Brainstorm Funding: EPA, HUD, DOE, health care systems, local permit fees, fines, energy efficiency savings; Tax Credits? Developer Fees? Philanthropy? Social Impact Funds? Other?
- Identify Strategies such as:
  - **Housing Assessments** - investigation and monitoring.
  - **Remediation** – clean up soil, water; removal of paint, dust; replace windows utilizing lead safe work practices.
  - **Enforcement** – penalties; fines; revocation of building and occupancy permits; receivership to conduct remediation (using rent escrow and liens to recover costs); relocation assistance – required if property must be vacated
  - **Prevention** – building code standard requiring proof of compliance with lead standard before certificate of occupancy or other permits issued; compliance also required as condition of eligibility for HUD financing; make compliance with lead standards a condition for eligibility for financing and for insurance
  - **Incentives** –provide property owners with funds to conduct clean-up or replacement (include upgrades to energy efficiency, environmentally sustainable materials that are non-toxic and do not off-gas) -- connect eligibility to maintaining affordability

### **KEY STEPS FOR HEALTH PRACTITIONERS AND ADVOCATES**

- Determine Objective/Outcome: i.e., zero children with lead poisoning within the jurisdiction within a specified period of time, such as 2022. Prevent future lead exposure and other negative conditions such as mold, pests, poisons, Radon, carbon monoxide, lack of safety features. etc.
- Target: residents of housing within identified geographic areas; at risk children
- Funding: CDC, HUD, health care systems, ACA, Medicaid, Philanthropy, Others

- Possible Strategies including:
  - **Testing:** lead level screening required for all school aged children when they start school and monitored over time.
  - **Prevention:** Coordination between health departments, medical professionals, housing agencies and building & safety agencies, such as cross-reporting and sharing data.
  - **Education:** Disseminate data about the risk of lead and health consequences, using web-based platforms and social media; map locations of contaminated land, older housing, etc.; map residential areas where children at-risk are living. Inform parents.
  - **Focused Outreach** to specific populations, such as:
    1. Landlords- about risk, consequences, resources
    2. Schools – about risks, assessment, treatment
    3. Medical professionals – about assessing high-risk patients, and reporting to code enforcers
    4. Code enforcers – about geographic locations at risk
    5. Home inspectors and realtors – about risk, liability, resources for correcting
    6. Lenders, insurance companies – about financing and risk assessment to encourage remediation
    7. Parents, PTAs and parent leadership groups

### **BREAKOUT SESSION: Role Play Scenario**

Utilize “Role Play Scenario” from Appendix 2, worksheet #V. Participants will act out roles as decision makers, supporters, affected residents, property owners and opponents. After developing arguments in their respective roles and doing the role play, they will meet to debrief and critique the session and discuss what they learned from the experience.