SUCCESS STORY: GHHI PHILADELPHIA

ASK THE EXPERTS: ENERGY EFFICIENCY

GHHI VISITS CAPITOL HILL

INNOVATIVE FUNDING OPPORTUNITIES
As we enter the last quarter of 2014, Green & Healthy Homes Initiative (GHHI) is seeing the realization of long held opportunities come to life that support our work with health care organizations and government through social impact financing, also known as Pay for Success (PFS). At the same time, GHHI’s national scaling and advancement of its work at the ground level has found broad support from government, foundations and the private sector. This new and diverse funding is helping us build a strong foundation to sustain effective programs that increase the nation’s stock of healthy, safe and energy efficient housing in low income communities across the nation.

To that end, we are pleased to announce a three-year award from the JPB Foundation to support GHHI’s national work in scaling, building partnerships, refining standards and influencing the creation of 300,000 green and healthy homes in occupied low income homes by 2017. In addition, we were one of eight awardees—and the only healthy homes organization—selected by the Corporation for National and Community Service to advance and evaluate emerging models that align payment for social services with verified social outcomes. This $1.011 million award to GHHI and its collaboration partner, the Calvert Foundation, will assess the feasibility of asthma-related PFS projects benefitting low-income children who suffer from the disease. These two grants will help GHHI continue expanding our work nationally to cities, counties and states, and advance standards that ensure the creation of healthy, safe and energy efficient homes. We are well on our way to achieving our strategic goal of engaging 60 GHHI sites by 2017, and identifying and helping launch at least five Pay for Success programs through health care partners and strong service providers.

This past spring, GHHI also received support from the Energy Foundation to engage in the national Energy Efficiency for All partnership, a joint venture of the National Housing Trust, Natural Resources Defense Council, Energy Foundation, Elevate Energy and New Ecology. Through this work GHHI is helping to support the advancement of energy efficiency investments in nine states across the country, while spotlighting the broad societal and health benefits of energy efficiency. To this partnership, we are bringing expertise on effective collaborations, integrating health with energy and examining the benefits of energy efficiency investments on the health, economic and social outcomes for families and communities.

We are also growing our impact. Since our last publication we have been pleased to welcome two new GHHI sites: Lewiston Auburn (Maine) and Lansing (Michigan). We are looking forward to onboarding at least four additional sites by the end of this year. I also want to congratulate our Baltimore and Providence sites for making significant advancements to broaden local impact. GHHI Baltimore was awarded a state Customer Investment Fund (CIF) grant, allowing for the expansion of services to deliver green and healthy home interventions to low income residents to surrounding counties. And I am thrilled to report that GHHI has for the first time expanded to a state-wide model in Rhode Island, announced in September, in partnership with US Senator Whitehouse, and Congressmen David Cicilline and Jim Langevin. The Rhode Island work is supported by the Rhode Island Foundation and the Office of Attorney General Peter Kilmartin.

Finally, we were inspired and grateful to connect with so many colleagues in Washington, D.C. at the September convening of the GHHI Executive Leadership Institute. This year, we kicked off the Institute with a Congressional briefing attended by 125 people, including a large number of Congressional staffers. Our 21 participating sites had an opportunity to visit their individual state representatives, and GHHI presented public service awards to Senators Barbara Mikulski and Thad Cochran for their significant contributions to advancing public health outcomes. I sincerely appreciate the engagement and energy offered by all of those in attendance and I hope that everyone left feeling re-energized in our GHHI work. Special thanks to Buffalo Mayor Byron Brown, Salt Lake County Mayor Ben McAdams and our excellent guest speakers for their generous contributions to the Institute proceedings.

We have a lot of exciting, rewarding work ahead of us. On behalf of GHHI, thank you for joining with us in the real work to advance our mutual mission to implement and sustain a national commitment to the creation of healthy, safe and energy efficient homes for all families.

Ruth Ann Norton

GHHI Success Stories

Helping families succeed with a safe, green and healthy home is core to the Green & Healthy Homes Initiative’s mission. We love to share these amazing success stories with our GHHI sites and partners to show the transformative impact the GHHI model has on the health, social and economical outcomes of the families we serve.

If you would like to feature your GHHI site’s success stories in this magazine or on our website, please contact Sarah Kinling at 443-687-7342 or skinling@ghhi.org.
Success Story: GHHI Philadelphia Intervention Alleviates Asthma

By GHHI Philadelphia Staff

Melissa Ruiz saved for years to purchase her modest row home in North Philadelphia, three and a half years ago. A single mom, Melissa worked hard to maintain her home and care for her children, including a daughter with severe asthma. Several months ago, things started to fall apart. The plumbing, roof and electrical systems in her aging home failed one-by-one, and led to conditions that exacerbated her daughter’s asthma and threatened her entire family’s health.

A faulty pipe in the basement leaked so heavily that Melissa had to shut off the water leading to the kitchen sink; her family washed dishes in a bucket filled in her second floor bathtub. The leak caused mold and damage to the walls in the basement, allowing pests to infest her home. She used chemicals like pesticides and strong cleaning solutions in an effort to rid her home of the infestation—chemicals that could trigger her daughter’s asthma. Meanwhile, a pipe in the bathroom leaked and caused mold and moisture to build up inside the wall next to her daughter’s bedroom. Drafty windows and poor insulation caused Melissa’s utility bills to climb. As the need for expensive home repairs increased, she wondered how much longer she could afford to stay in the home she’d worked so hard to attain.

All the while, her daughter’s asthma worsened. The teen experienced severe asthma symptoms every day. She had trouble exercising and noticed her symptoms seemed worse at night when she was spending time in her bedroom. After a trip to the Emergency Department at St. Christopher’s Hospital for Children following an acute asthma attack, Melissa’s family was referred to the Philadelphia Department of Public Health (PDPH) Healthy Homes Healthy Kids (HHHK) Program in collaboration with Green & Healthy Homes Initiative Philadelphia (GHHI Philadelphia).

HHHK serves families of St. Christo-pher’s patients with severe asthma. Most children in the program have been hospitalized or treated by the Emergency Department several times over the previous year, like Melissa’s daughter, and are living with asthma triggers like mold, moisture, pests, dust, chemicals and tobacco smoke in the home. A medical provider refers the patient to the program, and periodically receives updates from PDPH staff about the results of home visits and the progress of the case. Over three or four home visits, bilingual/bicultural staff help families learn to adopt new behaviors to recognize and remove asthma triggers from the home. Applying the GHHI model, the program uses HUD and City funds that are leveraged with partner funding from other housing programs to repair the structural issues that lead to poor indoor air quality, energy inefficiency and other health and safety hazards.

Since, 2012, the Healthy Homes Healthy Kids (HHHK) program has remediated 177 homes of children with severe asthma in Philadelphia. After the interventions, these families reported significant reductions in asthma-related hospitalizations, ED visits, missed days of school and unplanned doctor visits.

In Melissa’s home, HHHK partnered with the Philadelphia Office of Housing and Community Development’s Basic Systems Repair Program to address plumbing leaks, as well as some faulty electrical wiring that was discovered during a comprehensive environmental assessment and home inspection. The program also engaged the Philadelphia Gas Works rate payer-funded weatherization program to insulate Melissa’s basement, repair or replace some of her windows and air seal her home. HHHK collaborated with pest management professionals at the Department of Health Vector Control Unit to tackle the pest infestation using Integrated Pest Management techniques. Lastly, HHHK used HUD Office of Lead Hazard Control and Healthy Homes and City funds to replace faulty rain gutters (which could continue to cause moisture problems), repair water damage and remediate mold hazards in the basement and the asthmatic child’s bedroom from previous plumbing leaks. HHHK staff worked with Melissa to reduce use of chemicals and VOCs that could trigger her daughter’s asthma, and designed a personalized Environmental Action Plan to help her maintain the repairs to her home over time.

“The program really helped us,” Melissa said. “They helped us fix our home and make it healthier and safer for my daughter and my whole family.” Her daughter is experiencing less frequent and less severe asthma symptoms. She is using her asthma rescue medication less often for acute asthma episodes, and has not been hospitalized or back to the Emergency Department for her asthma since the housing interventions were completed. Melissa also reports that her utility bills have decreased.

The Ruiz home is now safe, green and healthy!
By Michael McKnight, GHHI Senior Program Officer

The U.S. Department of Housing and Urban Development (HUD) has been a supporter of the Green & Healthy Homes Initiative (GHHI) since its launch. HUD, along with the Council on Foundations, helped with the designation of the initial cities in 2009 and provided direct support for GHHI’s technical assistance to its inaugural fourteen sites through the Transformation Initiative. Upon seeing the success of the GHHI model across the country and recognizing the opportunities that are created when public-private partnerships are established, HUD became an active promoter of the GHHI model through its grant programs.

In the FY2010 competitive grant program from HUD’s Office of Healthy Homes and Lead Hazard Control (now called the Office of Lead Hazard Control and Healthy Homes, or OLHCHH) one of the objectives listed was to, “promote integration of this grant program with housing rehabilitation, property maintenance, weatherization, green and healthy homes initiatives, housing-related health hazard interventions and energy conservation activities and programs.” OLHCHH’s FY2011 and FY2012 competitive lead grant programs encouraged applicants to measure the “degree to which lead hazard control work will be done in conjunction with other housing-improvement activities (i.e., rehabilitation, weatherization, correction of code violations, green and healthy home initiatives and other similar work).”

In early 2012, OLHCHH began speaking on The Safe and Healthy Homes Investment Partnership (SHHIP), a proposed federal certification that would recognize local governments and nonprofit partners that are “working together to provide citizen centered building based interventions.” HUD stated that SHHIP was based on best practices pioneered by GHHI and similar models. Through a certification, OLHCHH sought to incentivize communities to implement these models.

In lieu of a separate certification, the OLHCHH campaigned to include the elements of SHHIP within the Notice of Funds Availability (NOFA) “priorities” for HUD’s grant programs. Because SHHIP and GHHI are so closely aligned, this meant that GHHI and similar work could be used by applicants in response to the NOFA to received points related to NOFA priorities. HUD established NOFA priorities that individual department programs can utilize as part of their applications. Two points can be assigned for NOFA priorities, and in competitive programs where a half point could be the difference between a community getting millions in HUD support or not getting funded, these NOFA priority points are critical.

The four agency wide priorities are: 1) Promote health and housing stability of vulnerable populations; 2) Promote economic development and economic resilience; 3) Affirmatively furthering fair housing; and 4) Increase the health and safety of homes and embed comprehensive energy efficiency and healthy housing criteria across HUD programs.

This fourth policy is in alignment with the overall tenant of GHHI practice; namely, “Programs that coordinate home health, safety and energy efficiency assessments and interventions create better outcomes for residents and may achieve significant cost savings over individual program interventions. Further, it is HUD’s experience that coordinated interventions can enhance and positively leverage each program’s intervention. Points awarded for this NOFA priority will encourage coordination between the various programs and help break down barriers and stand-alone approaches.”

Additional direction from HUD also aligns with the GHHI model and language, “Applicants should demonstrate how their programs will coordinate housing services across the housing, health and energy disciplines including the use of common assessment tools, cross training of staff in multiple competencies, standardization of intake forms and processes. Applicants are encouraged to coordinate the delivery of housing repair/rehabilitation with community, hospital or public health programs that utilize community health workers, Promotores(as), health educators or other similar positions that assess the indoor quality of home environments for conditions that may impact resident health, for example, in the coordination of rehabilitation activities with programs that assess the home environments of asthmatic children for asthma triggers.”

It is exciting to see the practices GHHI developed on the ground being promoted across HUD through these new NOFA Priority Points.
Ask the Experts: Energy Efficiency for Your Home

By GHHI Energy Efficiency Experts:
Garet Huffer, Environmental Health Technician
Hector Moreno, Environmental Health & Safety Manager
Alex Sawyer, Housing Intervention Director

Green & Healthy Homes Initiative is run by leading experts on lead safety, environmental health, home safety issues, energy efficiency, pest control and more. If you have a question for the experts, please email info@ghhi.org or visit www.ghhi.org and click on “Ask the Experts.”

What temperature would you recommend setting your thermostat to when no one is in the home during the day, both in the winter and summer?
Comfortable indoor temperatures are 68° in the winter and 77° in the summer. While you’re away for more than a few hours, set the thermostat 2°-3° cooler in the winter and warmer in the summer. If you are away on vacation in the winter, leave the thermostat at 60°, to avoid frozen pipes. While away on summer vacation, leave the thermostat at 80° to avoid increased humidity, which can cause mold growth and warp the wood in the home.

My home has a lot of windows and it gets cold in the winter. Is covering the window in plastic the cheapest way to keep heat in?
Sealing your windows with plastic can cause mold growth or wood rot if moisture is trapped underneath. The cheapest and safest method for “winterizing” is to use weather stripping, like foam tape or a metal-v strip, on the top and bottom of the window where it meets the sash. The draft you feel is not from the windows alone, it’s a sign of poor insulation. You should also check the exterior and interior of your home and seal any gaps, cracks or holes with caulk or foam sealant. Though more expensive, you should also consider hiring a contractor to install insulation in your walls, basement and attic—the results are immediate—a warmer home and a lower energy bill.

How can I get fresh air into my home in the winter other than opening a window?
Your air is fresh as long as you have a good HVAC system, change your air filters regularly, install proper mechanical ventilation in your bathroom and kitchen, do not smoke in or near the home and keep your home clean with a HEPA vacuum and VOC-free cleaners. Keeping all of the interior doors inside your home open will also help the air to flow freely from room to room. Assuming you leave your house once or twice a day, you’d be amazed how much “fresh air” can flow through an open door, even if only for a few seconds.

Is there a certain kWh figure that is considered to be energy efficient?
Every home is different. The size and age of your home, as well as the appliances inside are all contributing factors to the energy use. To find out how energy efficient your home is, hire a contractor to conduct a home energy audit. They will be able to identify ways to improve energy efficiency in your home, like upgrading to energy efficient appliances, switching to LED light bulbs, investing in insulation, installing a programmable thermostat or simply turning down the temperature on your water heater.

How much energy does unplugging electronics like televisions and phone chargers really save?
When your electronics are powered off but still plugged into the electrical outlet, energy is still being consumed. These “energy vampires” can become expensive, especially for a family with a lot of handheld devices, gaming consoles and multiple televisions. Unplugging items after each use may seem tedious, but the savings can add up. The average home would save $150 a year by doing so. For entertainment centers or other areas where you have a lot of plugs, use a smart power strip. This way you can “unplug” electronics with the flick of a switch.

From left to right: Garet Huffer, Environmental Health Technician; Alex Sawyer, Housing Intervention Director; and Hector Moreno, Environmental Health & Safety Manager
On September 17, 2014, partners from 21 current and onboarding GHHI sites converged in Washington, DC for a congressional briefing and meetings with congressional representatives, serving as the official kick off for the 5th Annual GHHI Executive Leadership Institute. GHHI President & CEO Ruth Ann Norton discussed the GHHI model and how housing can be used as a platform for improving public health to a packed house of congressional staffers and community partners. Joining Ruth Ann at the podium were Ed Blake, Executive Director of Salt Lake Valley Habitat for Humanity, Cara Matteliano, Vice President of Community Impact for the Community Foundation of Greater Buffalo, Buffalo Mayor Byron Brown and GHHI Baltimore client Shawana Ramirez.

GHHI Baltimore partners present Maryland Senator Barbara Mikulski with the GHHI Distinguished Public Servant Award. She chairs the Appropriations Committee and is a member of the Health, Education, Labor and Pensions Committee. In this capacity, she has supported programs that improve environmental health in the home and increased funding for public health efforts to reduce the rate of asthma and lead poisoning. From left to right: Dale Dirks, President of Health & Medicine Council; Ken Strong, Deputy Commissioner of Division of Green, Healthy and Sustainable Homes for Baltimore Housing; Senator Barbara Mikulski; Shawana Ramirez, GHHI Baltimore Client; Ruth Ann Norton, GHHI President & CEO; Olivia Farrow, Director, Office of Human Services at Baltimore City Mayor’s Office; and Shannon Mace-Heller, Director, Office of Policy & Planning at Baltimore City Health Department.

Buffalo Mayor Byron Brown highlighted GHHI Buffalo’s progress in aligning, braiding and coordinating resources to improve housing and safeguard children’s health. Since 2011, GHHI Buffalo has leveraged more than $7 million in funds for coordinated interventions and has made 373 homes safe, healthy and energy efficient.

Shawana Ramirez, a GHHI Baltimore client, spoke at the congressional briefing on her GHHI experience. A single mother of three, her youngest son Josue had severe asthma and visited the emergency department so often that she had to leave her job as a Baltimore City police officer. After GHHI completed a comprehensive home intervention for health and safety hazards, including asthma trigger reduction and maintenance education, Ms. Ramirez reports that Josue has not been back to the emergency department and his asthma is under control. She is now able to work full time and Josue has perfect school attendance and loves playing basketball.

GHHI Jackson partners present Mississippi Senator Thad Cochran with the GHHI Distinguished Public Servant Award. During his time in congress, he has built a reputation for working to advance no-nonsense legislation and good public policy that is punctuated by his successful efforts to deliver on programs that improve the lives of his constituents. From left to right Gus McCoy, Chief Administrative Officer for the City of Jackson; Dr. Marniel Payton, Assistant Dean for Research in the College of Public Service and Director of the Center of Excellence in Minority Health and Health Disparities at Jackson State University; Senator Thad Cochran; Ruth Ann Norton, GHHI President & CEO; and Catherine Lee, GHHI Jackson Outcome Broker.

Shawana Ramirez, a GHHI Baltimore client, spoke at the congressional briefing on her GHHI experience. A single mother of three, her youngest son Josue had severe asthma and visited the emergency department so often that she had to leave her job as a Baltimore City police officer. After GHHI completed a comprehensive home intervention for health and safety hazards, including asthma trigger reduction and maintenance education, Ms. Ramirez reports that Josue has not been back to the emergency department and his asthma is under control. She is now able to work full time and Josue has perfect school attendance and loves playing basketball.
GHHI held its 5th Annual Executive Leadership Institute in Washington, DC. More than 80 attendees shared their ideas, successes and challenges over three days of panel discussions, breakout sessions and networking events. The 2014 Institute focused on incorporating social finance and “pay for success” models in GHHI work to ensure sustainability and increased investment. The Institute also looked at reimbursement approaches to bring health care investment to healthy homes assessments, education and interventions. Attendees also discussed potential solutions for quantifying and modeling savings from GHHI work, from various sectors including education, health and energy.

Salin Geevarghese, Deputy Assistant Secretary for International and Philanthropic Innovation at the U.S. Department of Housing and Urban Development (HUD) led a panel discussion titled “Rethinking Healthy Homes Partnerships in Financing: An Interactive, Cross-Sector Dialog.” The panel also featured Matt Ammon, Director of HUD’s Office of Lead Hazard Control and Healthy Homes; Eileen Neely, Director of Capital Innovation at Living Cities; and Melissa Bradley, Chief Strategy Officer at Corporation for National Community Service.

Dave Wilkinson, White House Senior Policy Advisor for Social Finance and Innovation, complemented the morning session on social impact financing with federal government perspectives on Pay for Success initiatives. With 28 months left in the current administration, he ensured the group that advancing pay for success would be a focus of the White House.

Thanks to a $1.011 million grant from Corporation for National and Community Service’s Social Innovation Fund, GHHI will conduct a nationwide, open competition for healthcare organizations and nonprofit service providers that are constructing asthma-related Pay for Success projects, beginning in 2015.

GHHI President & CEO Ruth Ann Norton presented the GHHI Advocate Award to HUD’s Office of Lead Hazard Control and Healthy Homes for its support of the GHHI model and its programs, as well as being a true advocate for fighting childhood lead poisoning and using housing as a platform for public health. Director Matt Ammon accepted the award.

Ed Barrett, Lewiston City Administrator and Dana Leeper, Health Promotion Coordinator for Childhood Lead Poisoning Prevention at Healthy Androscoggin, participate in a breakout session. “As one of the [GHHI’s] new sites, the conference was a great opportunity to learn from others and to energize and focus our efforts as we move our program forward. We left with lots of new ideas and suggestions that we look forward to sharing with our partners and implementing in our community,” said Barrett. Leeper agreed. “The conference provided us the opportunity to learn best steps from other GHHI sites and allowed us to brainstorm how we can make Lewiston Auburn, Maine a successful site,” she said.
New Funding Opportunities for GHHI Sites: Paying for Success

By Eric Letsinger, GHHI Executive Vice President

GHHI sites nationwide are aggressively seeking funding sources to support unit production and ongoing operations. The good news is that viable opportunities are emerging. Though they require new pursuit tactics including improved program outcomes evidence and sustained engagement in local healthcare delivery model transformations.

Social Impact Bonds and State Innovation Funds represent two arenas for GHHI sites that require a willingness to play a long game as each opportunity unfolds. By playing an active role in the early shaping of these emerging fields today, sites can position themselves well for future benefits.

Social Impact Bonds (SIB)

SIBs leverage private investment for upfront capital on the promise of reimbursement from public or private sources if the innovation proves successful. A SIB deal involves four partner roles: 1) an investment entity to invest in a social challenge, 2) a service provider to deliver the intervention that predictably reduces known costs while increasing outcomes, 3) a third-party data validator to affirm savings and outputs and 4) a saver/payer, which is the entity (public or private) that will realize the savings resulting from the intervention and return the principle plus interest to the investors. Once the deal is secured among all players, the investor transfers funds to the service provider to deliver the service, which as a result of the service, reduces the expenses of the saver/payer. This is measured and affirmed by the third-party validator. The saver/payer then shares the predicted savings back to the financier as a return on investment.

SIB investment funds are growing as the number of actual and pending SIB projects increases. While the global market for socially responsible investing is $14 trillion1 in professionally managed assets, $89 billion2 in professionally managed assets are targeting ‘impact and community investments’ in the US. J.P. Morgan and the Global Impact Investing Network predict that impact investments will constitute five to 10 percent of portfolios within 10 years.3 In 2013, President Obama included $300 million in his federal budget to bolster SIBs (known federally as “Pay for Success”) nationally.

SIBs hold great promise for GHHI sites with strong evidence of positive, repeatable outcomes. As an example, GHHI Baltimore is currently partnering with a global social investment entity and an integrated healthcare system on an asthma-related SIB project designed to reduce emergency room and hospitalization costs as a result of GHHI’s proven, home-based interventions.

State Innovations Funds (SIF)

The Centers for Medicare & Medicaid Innovation’s (CMMI) State Innovation Models (SIM) Initiative provided $300 million to develop and test state-based models for multi-payer payment and health care delivery system transformation with the aim of improving health system performance. Projects target people enrolled in Medicare, Medicaid and the Children’s Health Insurance Program and develop new payment and service delivery models in accordance with the requirements of section 1115A of the Social Security Act.

As an example, Maryland received Model Design funding in February of 2013 to develop the Community-Integrated Medical Home model, which integrates patient-centered medical care with community-based service providers like GHHI, while enhancing the capacity of local hospitals and managed care organizations to improve the health of their communities as a whole. GHHI’s President and CEO, Ruth Ann Norton, participated in the state’s inclusive engagement process to develop programmatic standards, administrative structures, plans for the integration of community health with medical care, local capacities for health planning and hot-spotting of areas with inefficient health services.

The more frequently patients can be effectively served in “upstream” and lower-cost settings of care (e.g., primary care clinic, patient’s home, school or workplace), the more accessible and cost-effective the care is likely to be. Through the SIM initiative, Maryland is facilitating the transformation of its health care delivery system into one that promotes health as well as it responds to illness and reduces unnecessary health care utilization. Maryland should be hearing soon about CMMI’s award to test the state’s model.

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New Funding Opportunities for GHHI Sites: Paying for Success

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This year CMS also approved Maryland’s ground-breaking proposal to modernize its payer hospital payment system. The model shifts away from traditional fee-for-service payment towards global budgets that tie growth in per capita hospital spending to growth in the state’s overall economy. In addition to hitting aggressive quality targets, this model must save at least $330 million in Medicare spending over the next five years. The first of its kind, this new payment model has significant implications for the entire health care delivery system. By moving away from volume-based payment, it financially rewards rather than penalizes hospitals when they prevent avoidable hospitalizations and readmissions.

Hospital care contributes to almost 40 percent of the total cost of care in Maryland. Therefore, the realignment of hospital financial incentives represents a significant first step toward active hospital participation in the development of prevention-oriented health care capable of bending the health care cost curve through improved population health. A system’s ability to do so through improved population health is greatly amplified when it is well integrated with, and leverages, the resources available in the broader community where patients live and work.

Hospitals, however, have limited control over the level of illness in the population and the need for admission. To succeed, hospitals and managed care organizations are seeking opportunities to partner with community-based service providers, like GHHI, thus paving the way for collaborative, cost-reducing, health improving initiatives like GHHI’s asthma-related SIB project in Baltimore.

The great news is: 1) the GHHI model works, and 2) healthcare industry reforms are providing a new platform for evidence-based financing opportunities. There is a strong—and growing—body of evidence that the GHHI housing intervention model drives positive health outcomes for individuals, families and communities while also delivering significant, attractive cost-savings to hospitals, managed care organizations and state health budgets. As new opportunities like Social Impact Bonds and State Innovation Funds emerge and unfold nationally, the GHHI community is well poised to play a leadership role in ensuring that our collective mission of breaking the link between unhealthy housing and healthy families is measurably advanced by leveraging and participating in these innovative initiatives.

2 Ibid, page 11.
Brown University Students Collaborate on GHHi Research Project

By Jeremy Wortzel and Radhika Rajan, 2014 GHHi Rhode Island Student Research Coordinators

For the past two years, GHHi Rhode Island Outcome Broker Mark Kravatz has worked with students from Brown University to develop a unique student-run research program focused on identifying, organizing and open sourcing Rhode Island’s healthy housing informational assets and gaps. Known as the GHHi Rhode Island Research Institute, it operates during summer and winter school recesses. Since 2012, 62 students have participated in healthy housing literature reviews, including a healthy housing service directory of 135 Rhode Island organizations that provide housing rehabilitation, training and/or funding to healthy-housing related causes.

The Opportunity

In 2012, several students visited GHHi Rhode Island as part of winter break projects hosted by the Swearer Center of Community Service at Brown. As part of the project, students toured local environmentally-based nonprofits. During his presentation, Kravatz invited the students to volunteer and be a part of the growing GHHi movement in Rhode Island. Freshman Jeremy Wortzel (now a Brown junior) quickly scheduled a meeting to learn about ways that he could help.

One of the community challenges that Kravatz presented to Wortzel was that he found it difficult to research and authenticate the quality of the enormous amount of healthy housing related information available on the internet. Wortzel saw the value in collecting and creating a structure to deliver more organized access to healthy housing resources, research and data to help families and professionals more efficiently access the plethora of healthy housing information. He recruited dozens of Brown University students to the cause, forming the GHHi Rhode Island Research Institute.

“Summer time, home-bound, college students are an often untapped community resource,” Wortzel explained. “These are passionate students who can contribute to a local community and learn about very important environmental health concerns that are faced in Rhode Island.”

Gaining Momentum

The first session of the Institute was held in summer 2013. Students completed a 750-page healthy housing information compendium—a massive literature review of information related to HUD’s Healthy Homes Rating System and its categorization of 29 home-based hazards.

After a successful summer launch, the students formed a club at Brown University: the Healthy Housing Hub. The club ensures the future recruitment, planning and success of the Institute. In the future, the Healthy Housing Hub hopes to develop a speaker series and organize informational community events.

Several students took on volunteer leadership roles and worked tirelessly to facilitate a larger workload for summer 2014. Brown juniors Vananh Tran and Reem Abdul-Haq developed an 11-week course syllabus and formatted data collecting templates for the interns, while Brown University senior and GHHi Rhode Island intern Radhika Rajan coordinated day-to-day logistics for the research associates.

The 2014 summer project reviewed Rhode Island’s healthy housing services infrastructure. Thirty-four students collected and analyzed detailed information about housing-related resources, including organizations, housing authorities and training programs that are available to Rhode Island families.

“We hope that the information gathered by these student researchers may become an invaluable resource for policy makers and industry leaders in Rhode Island and beyond,” said Rajan.

“The GHHi Rhode Island Summer Research Institute model is one of the finest examples of a student-managed project I have witnessed in my career,” said Kravatz. “I look forward to supporting these student leaders as they begin their work to spread this effective model to other GHHi sites.”

A winter webinar is planned to share the process of establishing student programs at other GHHi sites. To learn more, contact Mark Kravatz at mkravatz@ghhi.org.
Using Legislation to Produce Change and Protect Families

By Shakêta Denson, GHHI Family Advocacy Attorney

In the national battle against childhood lead poisoning, Maryland has exhibited strong leadership with a collection of laws that help to create healthy homes. With new laws comes both education and prevention. Advocating for similar laws in your community can help move the needle on lowering childhood lead poisoning rates.

The Maryland Reduction of Lead Risk in Housing Law (Maryland Annotated Code, Environmental Article §6-801-852) passed in 1994 protects many families from the dangers of lead paint. This ground-breaking Law requires property owners of residential rental properties built before 1950 (“affected properties”) to register annually with Maryland Department of the Environment (MDE), perform specific cleaning and paint stabilizing measures, pass a lead dust inspection and obtain a risk reduction certificate at any change in occupancy and provide informational brochures and tenant’s rights pamphlets to the resident. In response to a Notice of Defect or a Notice of Elevated Blood Lead Level of a poisoned child, the owner must also conduct lead remediation measures and lead inspection certification. The Law imposes severe penalties if these requirements are not met.

With the implementation of these laws, attorneys and advocates across the state are able to hold rental property owners accountable. Having a robust set of housing laws makes it possible to affect change one house at a time and produce impactful results statewide.

The standard for housing codes in Maryland is different from county to county, but the Risk Reduction Laws are uniform, allowing advocates to initiate Rent Escrow actions, get rent abated and have Failure to Pay Rent cases dismissed for not meeting the requirements of risk reduction inspection certification. The authority to enforce these laws means that property owners are required to do the repairs using certified workers, under threat of no rent being paid and termination of their Use and Occupancy permits.

It’s important to note that it is not enough to have housing codes—jurisdictions also need laws that support them, requiring safe work practices so families are not harmed by the quality, or lack thereof, of the work done by contractors and that families are temporarily relocated while lead hazard reduction work is being undertaken. The goal is to protect families and not leave them in a worse position for using the housing laws designed to protect them.

The Baltimore City District Court, Rent Court Division, hears an average of 16,000 cases a month for Failure to Pay Rent actions by rental property owners. Before the implementation of the Risk Reduction Laws, property owners were not required to report their lead paint certificate status on filing forms. Now they are required to report their registration and certification information on all pleadings under penalty of perjury. Failure to report such information results in actions being dismissed from court until the property is brought into compliance. This prevents a property owner from accessing the court system and benefiting from his failure to abide by the laws; it incentivizes him or her to meet all necessary standards.

Because lead paint was not banned nationally until 1977, GHHI and other community partners in Maryland have fought to expand the Risk Reduction Laws to include pre-1978 properties. After an intense effort, effective Jan. 1, 2015, the Risk Reduction Laws will expand. The law will redefine the term “affected property” to include ALL residential rental properties built before 1978. Those properties, previously excluded from compliance requirements, will now have to register with MDE and obtain a risk reduction certificate. A dust test requirement at the end of any triggering Environmental Protection Agency (EPA) Renovation, Repair and Painting (RRP) renovation work done in covered properties will now be monitored and enforced by MDE.

These three changes are important because they aim at the addressing one of the last remaining sets of children who are frequently found with elevated lead levels—children in owner occupied homes and rental homes built after 1950 but before 1978. They also bring Maryland in line with all Federal RRP and Title X lead paint standards that require special treatment and lead safe practices in houses built prior to 1978.

Perhaps one of the biggest benefits of laws to support housing intervention is the education that comes along with new laws being enacted. After the Risk Reduction laws were passed, it became mandatory for owners to provide tenants with lead poisoning prevention and tenant’s rights information. Efforts were made across the state to inform rental property owners of the new standards they were required to abide by. Hundreds of property owners received education in safe work practices, lead poisoning, its effects and primary prevention. Through education and requiring property owners to meet certain standards before renting a property, and then penalizing them when they fail to meet those standards, we created a safer housing stock and help affect change in housing code enforcement across the state that has produced a 98% decline in childhood lead poisoning.

GHHI sites across the country have the opportunity to affect this change in their communities and create a new lead prevention component. The biggest hurdle is moving past doubt that these laws will ever be passed in your jurisdiction. Not only were the laws passed in Maryland, but they were also improved over the years through new legislation to enhance their effectiveness. A good legislative strategic plan, sound national research and local data and networking with local government officials are the keys to success.
About the Green & Healthy Homes Initiative

The Green & Healthy Homes Initiative (GHHI), formerly the Coalition to End Childhood Lead Poisoning, replaces stand-alone programs with a comprehensive strategy to improve health, economic and social outcomes for children, families and seniors through a proven integrated housing intervention framework. GHHI is supported by the U.S. Department of Housing and Urban Development, the Centers for Disease Control and Prevention, the U.S. Department of Energy, and national and local philanthropies.

Currently, 17 sites have received GHHI designation: Atlanta, Baltimore, Buffalo, Chicago, Cleveland, Denver, Detroit, Dubuque, Flint, Jackson, Lansing, Lewiston Auburn, New Haven, Philadelphia, Rhode Island, Salt Lake and San Antonio. GHHI’s goal is to engage 60 sites by 2017.

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