

spotlight on
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Healthy Housing: A Pathway Out of Poverty?

Ruth Ann Norton, Coalition to End Childhood Lead Poisoning

This summer, the debt ceiling debate revived the Reagan-era argument that government is the problem, not part of the solution. This focus on reducing the size of government has obscured the cost-saving successes of targeted, collaborative federal anti-poverty programs.

A great example of this approach, and a model for other programs, is the Green & Healthy Homes Initiative (GHHI), which provides a pathway out of poverty while ultimately reducing government spending. It's time to follow the lead of this initiative, and begin focusing on integrated programs that save taxpayer dollars while improving outcomes for family economic security.

Thanks to years of disinvestment in low-income neighborhoods, combined with a fractured system of program delivery and coordination, six million families have been confined to unhealthy and energy inefficient homes. This has resulted in unmanageable financial burdens for families, preventable illnesses and injuries, excessive energy consumption, and has severely destabilized neighborhoods.

Multiple federal agencies fund a variety of health, housing, and workforce initiatives that target pieces of these problems, but these agencies engage in little or no coordination efforts, effectively minimizing the impact of each dollar invested. To be truly successful, federal, non-profit, and local efforts must work together.

GHHI can serve as an ideal model of this approach. It streamlines the process of providing environmental health and safety interventions, while also ensuring that local residents have access to job training and employment opportunities. Created and directed by the Coalition to End Childhood Lead Poisoning, the initiative has support from the U.S. Department of Housing and Urban Development (HUD), the Centers for Disease Control and Prevention (CDC), the Department of Energy, the US Conference of Mayors, and more than 30 national and community foundations. Drawing on these resources, GHHI provides a platform for collaboration and coordination that maximizes the return on investment.

This model replaces stand-alone programs with a comprehensive strategy to improve health, economic, and social outcomes through an integrated housing intervention framework and a focus on local workforce development. Fifteen cities and two Native American tribes are currently designated as GHHI sites, with more than 40 additional cities aspiring to join the movement early next year.

By aligning, braiding, and coordinating the resources of philanthropy, government, and other partners, GHHI is able to improve health outcomes dramatically, especially for children with asthma. In addition, this program stimulates wealth creation for low-income families by lowering health care and energy costs, reducing the number of days of work parents miss to stay home with sick children, and creating higher quality "green" jobs.

Looking beyond a narrow, siloed set of objectives, GHHI serves as an example of effective policy that addresses a series of interconnected needs to have a greater impact than several separate interventions narrowly focused on individual problems.

One way the GHHI model uses an integrated approach is by providing workforce training and sustainable career paths in addition to repairing and improving houses. Unemployment rates in low-income communities are higher than average and there are fewer opportunities for workers with limited skills or training, especially for those who have been involved in the criminal justice system, making these jobs even more valuable.

This model can also address underlying determinants of well-being. For example, these communities often suffer from a lack of access to quality health care services, which results in higher rates of preventable illnesses and injuries for children and seniors. Every year 800,000 asthma-related

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emergency room visits result in \$5 billion in medical costs according to the CDC. Asthma is now the number one medical cause of school absenteeism among children.

A platform that supports system change and allows better management of existing resources in times of declining revenues can create real savings. For example, since its inception, GHHI has demonstrated 25 percent savings in home repair costs; annual average energy reductions of \$350 per household; significant reductions in asthma-related emergency room visits and hospitalizations; and training and placement for more than 500 workers, auditors, and analysts. Estimates from the CDC and HUD anticipate that the initial 3,500 GHHI homes will produce more than \$320 million in energy and health care savings over the next year.

In a time of tight budgets, integrated high impact programs provide an impressive return investment while improving the well-being of the communities they serve. As President Obama said, "Solutions to America's challenges are being developed every day at the grass roots –and government shouldn't be supplanting those efforts, it should be supporting those efforts." We can make this commitment real by aligning limited resources to produce better outcomes for struggling families and communities.

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