Making it Work

Start with People

House as a System

Keep It:

1. Dry
2. Clean
3. Pest-Free
4. Ventilated
5. Safe
6. Contaminant-Free
7. Maintained

Making it Work

Creating a Healthy Homes Program in Your Community

For Healthy Homes projects or initiatives to be successful, the following components need to be in place:

- *Established objectives* – Specific programmatic objectives should be established.
- *Administrative infrastructure* - An administrative infrastructure is needed so that you can get things done (pay bills, etc.).
- *Identified and committed partners* - Partners should be identified and committed to the program. This includes having community based organizations participate in the initial programmatic design, agreeing to share programmatic responsibility, and negotiating a compensation rate. Other partners should include relevant municipal agencies involved in housing, health, and environmental health. These agencies also need to commit their share of resources.
- *Secured funding* - Funding needs to be obtained. This should include securing funds for healthy homes treatment (usually from HUD), for other needed repairs (i.e. for roofs and HVAC systems), for organizing by the community, and for the dissemination information to the community.
- *Sustainability plan* - A plan should be developed to sustain the program beyond the period of time covered by the initial funding source.

If all of these items are in place, it is easier to bring the people who are doing the "on the ground work" into the project. Ideally some of these individuals who are doing the "ground work" will have participated in the initial design and project set-up work and others will assist in fine-tuning some of the items as the project moves forward.

Learning Objectives for this module

- Name two provisions of a code that could be used to cite a hazard in the home.
- Explain why partnership with the community is essential.
- Identify five important players involved in healthy homes issues.
- Explain why data collection and analysis are important in delivering healthy housing services.
- Identify three sources of data and where to find them.
- List two things that you might observe that must be reported and two that are discretionary.

NATIONAL HEALTHY HOMES
TRAINING CENTER™
& NETWORK

Healthy Housing Solutions ᴵⁿᶜ·
www.healthyhousingsolutions.com

MAKING IT WORK **11.1**

While most individuals working with families will not participate in all of the items listed here, it is critical that healthy homes project managers who are in direct contact with the administration, the family, and other involved partners, are aware of all of these components.

Implementing a Healthy Homes Program

Issues to Consider as Part of Start-Up

Once you decide on your program it is important to ask key start-up questions.

- Will this require a job description and change in responsibilities?
- What sort of training program is needed and for whom?
- How will this alter the way we currently do business (extra time for a home assessment or code inspection)?

Funding Sources for Healthy Homes Activities or Programs

Each year, the U.S. Department of Housing and Urban Development sets aside approximately $6-10 million for healthy homes demonstration and research grants. This funding, awarded on a competitive basis, is described at www.hud.gov/offices/lead. Information about other federal funding can be found through their respective websites.

- HUD – annual NOFA for Healthy Homes demonstration grants
- Other HUD funding - CDBG or HOME funds
- Rental licensing fees or taxes
- EPA – environmental justice, regional funds, lead funds
- State and City – code enforcement fines, health funds (e.g., lead)

Other Funding

- Public agencies can provide "seed" money
  - Develop small grant program for organizing
  - Fund city-wide meeting for community groups
  - Include community outreach in grant proposals
- Involve private sector foundations
  - Know how interests coincide with your mission
  - Ask for their input
  - Involve them in development and evaluation of your work

Benefits to Health and Housing Collaboration

Typically, several local agencies enter homes. How might we improve agency efficiency and the quality of services? Should one agency take on all healthy housing functions? Or should it be a collaboration? The solution will vary based on your local capacity, resources, and needs. Regardless, it is important that health and housing professionals COLLABORATE to develop a solution that meets your community's needs.

- Collaboration is a process in which each participant develops full commitment to a common mission.
- A health and housing collaboration can:
  — Promote long-term success
  — Build long-term community capacity
  — Empower members
  — Produce concrete and measurable change

Important Players

- Agencies
- Community-Based Organizations
- Property Owners
- Contractors and Trades People
- Families
- Others?

Agencies

Many city or county programs already have established home intervention points through other programs. A healthy homes assessment could be done at these times, as a piggy back onto existing programs. Also, this may help to conserve resources. There are a variety of opportunity points in which to intervene. Some will maximize prevention, others may focus on an established disease or health problem.

Examples of Opportunity Points:

- Unit turnover-housing department inspections
- Pregnant women/new baby home visit (health department/WIC)
- General code enforcement visit
- Occupant complaint (pests, leaks, maintenance visits, safety hazards)
- Weatherization assessment and work
- CDBG or HOME funded rehab

Community-Based Organizations

Building and maintaining relationships is very important part of this work. Soliciting input can include talking with key members of community organizations, organizing a meeting explicitly for input, or convening a focus group.

- Solicit input on issues of concern
- Attend community functions and benefits
- Consider their interests and priorities
- Involve community members you work with on boards, commissions and advisory panels

Property Owners

- *Involve property owners in the initial program plan.* As a program is being developed, participation from property owners is critical. They will be far more cooperative during the implementation phase if they have had input into the program's design. Their experience at maintaining low-income homes will provide valuable input.

- *Secure participation from cooperative owner*s: establish positive standards. Even if the percentage of cooperative rental property owners in the target neighborhood is small, the property owners that do participate will help set a positive standard for the program. It will be far easier to do the initial work with cooperative rental property owners. They can inform the program of turnovers so work can be done before children occupy the space.

- *Conduct property work at turnover.* It will be much easier, cheaper, safer, and more efficient for property owners to do work at turnover when the unit is vacant because the family has not yet moved in.

- *Require prerequisite work.* Implementing lead paint stabilization or mold remediation in a house with a leaky roof is futile. Property owners must be responsible for doing pre-requisite work such as roof repair, structural repair, or furnace replacement.

- *Offer training.* Maintenance crews for larger properties can be trained to incorporate healthy house work into maintenance and turnover treatments. A rental property owner can decrease his/her liability by following lead safe work practices and creating healthier housing. Plus they can use healthy homes as a marketing opportunity.

- *Stress the importance of maintenance.* The success of any intervention is only as good as long as property owners and the occupants maintain the dwelling. Helping rental property owners and occupants implement a long term maintenance plan will greatly enhance the program's success.

Contractors & Trades People

The participation of contractors from within the targeted communities helps re-circulate funds within that community, maintains the program's affordability, and increases the program's sustainability. This offers increased practicality and decreased cost and resistance.

- *Involve contractors in developing work protocol*s. The committee that developed lead paint regulations for the exterior of San Francisco houses included two painting contractors. Their participation helped develop regulations that were practical to implement thus lowering the painting contractors' resistance to the new rules and greatly increasing the trade's compliance.

- *Offer to train and equip their crews.* Classroom seminars that merely review restrictions, rules, and consequences isn't enough and frequently create resistance and resentment among contractors. A more useful training model uses hands-on demonstrations to present simple, cost-effective work protocols, tools, and material options.

- *Encourage quality of work standards.* When Baltimore passed a law requiring contractors to capture all the lead paint removed from masonry facades, contractors doing the work to the new standards reported that there were contractors underbidding them by ignoring the regulations. Municipal enforcement alone is an ineffective way of maintaining industry work quality. The trades must integrate these protocols into their standard work procedures.

- *Meet regularly to address problems and concerns.* It is vital that people directing a program get continual feedback from the people implementing their work orders. This is particularly important where poor communication or a breakdown in effective work protocols can put both the workers and the family's health in jeopardy. This feedback needs to come from both the participating contractors as well as representatives from the crews doing the on-site work.

- *Help contractors market Healthy Homes interventions to the private market.* Helping participating contractors, particularly community-based contractors, market to the private sector greatly amplifies benefits from the resources invested in the program. Where HUD funds are being used, increasing the participation of community-based contractors and workers is a Section 3 requirement. New and expanding markets are available to contractors who are certified, trained, and equipped to do healthy homes work.

Families

Always have avenues for the family to become involved.

- Provide program materials.
  - Make sure materials are readily available in neighborhood.
  - Consider libraries, community centers, clinics.
  - Consider taking flyers door to door for discussions with residents, where possible.

- Educate at organizational meetings or "kitchen meetings."
  - Present your program at meetings of existing community organizations.
  - Conduct tenant meetings, where feasible.
  - Hold "kitchen meetings."

Challenges of a Health and Housing Collaboration

- Different visions
- May speak "different languages"
- Many players
- Agency culture
- Power inequities
- Bad" history
- Competition for funding
- Lack of resources, or unbalanced distribution of resources

Using Information to Build & Improve Program

Why Collect Information?

- Determine the magnitude of the problem & community characteristics.
  - Health: who is at risk
  - Housing conditions: where and what are the problems
  - Demographics

Data can help you determine the magnitude of the problem and what is known about it. For example, it can help you:

- *Learn more about the community*: Demographics, educational levels, languages, community resources, where people get their news, who speaks for the community, barriers to working with the community.

- *Describe what is known about the problem*:
  - Person: Who is affected? Specific high-risk populations such as children, elderly, pregnant and nursing women, people with existing health conditions.
  - Place: Where is effect seen? Specific geographic areas, such as low-income or underserved neighborhoods, neighborhoods with low owner occupancy, or areas with known housing or environmental problems
  - Time: When does the problem occur? Are there times of the year, or any special conditions (weather, etc.), which affect the problem?
- *Place the problem in context:* This problem affects X number or X% of: people in a population of XX, children, a specific community, elderly. This problem is preventable, treatable, etc… in % of cases.
- *Describe what data exist:* Are there data to help answer the question?
  - Identify programs that already exist but may be housed in other parts of the agency, department, or in another department.
  - Are resources available from another agency?
  - Are there data available to fit your needs?
- *Identify gaps*:
  - Are there gaps in the data which cannot be filled? Do data exist outside the agency? Can other data be used to help fill gaps?

Why Collect Information?

- Establish a baseline to mark changes
- Evaluate your program
  - Monitor trends over time
  - Track progress toward meeting objectives
  - Determine success – meet objectives
- Make decisions about future program direction and strategies

Baseline information: This is the starting point that describes existing conditions. Baseline data can be used to compare data collected at later points for a comparison, and to measure the results of healthy housing activities. Baseline data may relate to a specific problem. For example, does our target area have a rodent infestation problem? Or it might be used to evaluate whether you have achieved your program goals more broadly.

Program evaluation: The data you collect are a key component of program evaluation, which can help you monitor trends over time. For example, data enable:

- Identification of housing associated health risks
- Determination of healthy housing needs
- Identification of community assets and resources that support the local healthy housing activities in promoting healthy housing and improving quality of life

Data helps you track progress by providing a basis for decision-making (help set priorities and refine program based on current needs and resources) and serves as a roadmap to tell you where you are going and when you have arrived.

By measuring progress against baseline information, you can determine your success, which will help build financial and political support for your program by informing and convincing decision-makers.

Gathering Data

Data are available from many sources, both public and private.

- *Demographic data*: are helpful in describing the people and communities you serve, i.e., population size, live births, age, death, gender, net migration, and race. Socioeconomic data describe social aspects of the population and include: education, income, labor force participation, healthcare, and children.

- *Housing data include*: location of housing, housing assistance information (e.g. public and section 8), age of housing, housing complaints, cost of housing, and typical rents / purchase prices.

- *Health data include*: Births, deaths, and illnesses.

- *Environmental data include*: Rodent activity, water and sewer, radon, "nuisance" complaints, pesticide use, community pesticide use, community garden projects, lead in housing, Superfund / brownsfield data, toxic release inventory data, testing data from healthy homes demonstration and/or research projects.

Visual Survey Report

Resident: _____

Alternate Contact: _____

Address: _____

Unit # _____ Unique ID

Resident Phone: _____

Visual Conducted by:
_____
Date:
_____

Make a checkmark (✓) if the problem appears in the room or area. For deteriorated paint and water damage, indicate the extent of the problem (see instructions) Use the extra rows to identify any other hazards you notice. Put an asterisk (∗) above any room(s) where a child sleeps or plays. Circle (◯) where you photograph a problem.

ROOM OR AREA

PROBLEM		Exterior	Porch	Entryway	Living Room	Dining Room	Kitchen	Bedroom 1	Bedroom 2	Bedroom 3	Bathroom 1	Bathroom 2	Basement		
Deteriorated paint	Walls														
	Windows, door, or trim														
	Paint chips on floor														
Soil with no grass or mulch															
Cockroaches															
Rodents															
Holes in wall															
Mold/ Mildew	Obvious source of moisture														
	No obvious source of moisture														
Water Damage: walls wet/newly stained															
Strong musty smell															
Natural gas/sewer gas smell															
Unvented gas oven/dryer/heater															
Worn-out carpeting															
Other:															
Other:															
Other:															
Other:															
Other:															

If renting, received lead hazard disclosure information from landlord?   Yes   No

Follow-up visit scheduled for: Date _____ Time: _____

CEHRC: Community Environmental Health Resource Center   www.cehrc.org
Revised 3/04

Visual Assessment Tools

- Local Tools
  - Lead Poisoning
  - Healthy Homes
  - Code Inspection
- CDC/HUD Housing Inspection Manual
- Community Environmental Health Resource Center (CEHRC) Visual Survey

HUD Housing Quality Standards are required per 24 CFR 582.401 for federal housing. In hard copy, the HUD Housing Quality Standards consist of a 13-page form that considers a wide variety of hazards to residents including safety and environmental. HUD has also developed tools for electronic entry of the information.

The CEHRC Visual Survey is discussed in more detail below.

The Community Environmental Health Resource Center (CEHRC) used to be a resource for grassroots groups working for social justice in low-income communities around the country. While CEHRC (pronounced "search") no longer exists, the forms, instructions, checklists and decision guides for a visual survey that were created are still very useful tools.

Conducting the Visual Survey is the first step in the CEHRC hazard assessment process. The Visual Survey gives Hazard Investigators an initial opportunity to talk to residents about things they have noticed about their home. Looking around the outside and inside of the home, Hazard Investigators can begin to understand the general condition of the home, and target sampling as appropriate. Some hazards will only be assessed through the Visual Survey as visual evidence of a hazard might be sufficient to trigger control measures or other action.

Sampling Results Report

Resident: _____

Address: _____

Unit #: _____ Unique ID _____

Resident Phone: _____

Notes: _____

Record of Contact	First Visit	Second Visit	Meeting to Discuss Results
Hazard Investigator			
Resident or Designee			
Date & time			

Hazard		Hazard Checked	Number of Samples	Results of Sampling		Guideline or Standard	Unit of Measure
				Location	Result		
Average Lead Dust	Floor					≥ 40	Micrograms of lead per square foot of sample area (μg/ft²); home-wide average
	Window Sill					≥ 250	
Maximum Lead Dust	Floor					≥ 40	Micrograms of lead per square foot (μg/ft²); highest level found in the home
	Window Sill					≥ 250	
Lead in Paint						≥ 0.5% by weight	Percentage of lead in paint; maximum level found in the home
Lead in Soil	Play Area					≥ 400	Parts per million of lead in soil (ppm); maximum level in a play area
	Drip Line					≥ 1200	Parts per million of lead in soil: average for drip line and other non-play areas
	Other Area						
Cockroaches						None	Highest infestation category
							Cockroaches per trap per night
Radon						≥ 4	Picocuries of radon per liter of air

Prepared by: _____ Signature: _____ Date: _____

Name (printed)

Test results noted on this report do not necessarily show all possible health hazards in this home. For example, lead test results are from samples collected in some areas, not the inspection of all painted surfaces.

CEHRC: Community Environmental Health Resource Center   www.cehrc.org
Revised 3/04

Instructions for the Visual Survey Report, a Visual Survey Report to be filled out, and Floor Plan and Site Plan models to use when conducting the Visual Survey are available at http://healthyhousingsolutions.com/wp-content/uploads/2014/12/Essentials_Combined_References_Jan2014.pdf. Go to pages 118-125. In many cases, Hazard Investigators will want to take photographs of the home or certain hazards found, to supplement the written report. You should be familiar with how to use the IPMC to relate the identified hazards on the Visual Survey Report form to code violations.

Practitioners can use the CEHRC Visual Survey Report as a trigger for sampling. The CEHRC Sampling Results Report is the report that Hazard Investigators will give to the resident whose home was assessed, along with official lab reports and possibly photographs. The Sampling Results Report contains the results of all hazards that were tested for in the home. It's at-a-glance format allows residents and Hazard Investigators alike to get a sense of the condition of the home as compared to federal and state standards for housing conditions. The Instructions explain, step-by-step, how to fill out the Sampling Results Report.

When giving this report or other results to the resident, Hazard Investigators should take the time to read the results with the resident, explain what they mean, and discuss what future options the resident has for getting identified hazards corrected in a safe manner.

Legal Issues: Confidentiality, Disclosure, and Liability

Confidentiality is both an ethical and legal concern. It can also be a liability issue if you breech the confidentiality of protected information.

**What kinds of data must you disclose?**
When there is a compelling need to protect the health and safety of others, you may be required to disclose confidential data, including personal identifiers.

CONFIDENTIALITY

Community workers and government employees need to balance the privacy rights of people they work with and the obligation to protect the health and safety of others

How many of you are required to disclose certain information that we normally consider confidential?
In Maryland for example, health practitioners (including nurses, social workers, doctors, educators, police officers and human services workers) are required to report conditions that endanger children. Community health workers may be mandated by state law to report conditions that endanger children. Check with your agency for their policy. If you are a public health or housing employee, you may have additional local requirements and internal policy on disclosable information. Workers who are not mandated to report child endangerment should discuss situations of concern with their public health/social service agency.

What kinds of data should be kept confidential?

Federal and state law defines what personal information is considered "private" and should be kept as confidential. This is often based on your agency type, job function, and what purpose sharing information would serve. Each law defines this in its own terms. It may a "personal identifier," "personal health information" or "protected health information."
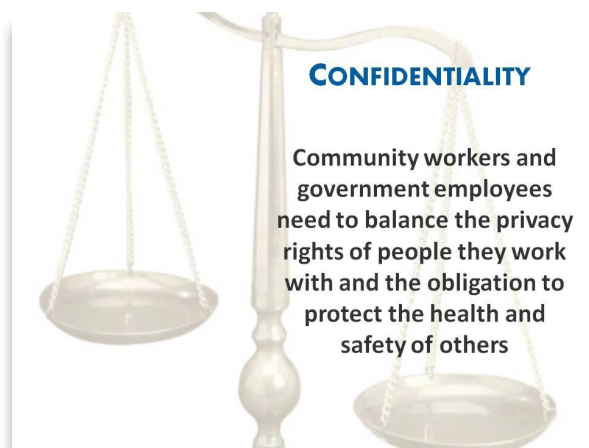
Often, public agencies go above and beyond the law and develop their own privacy policies for confidential information. This may be to reduce negative publicity and/or liability.

Sensitive information is information shared with you by a person or family because of your professional relationship and their trust that you will not divulge this information. This information should, of course, be kept confidential.

WHAT INFORMATION IS CONFIDENTIAL?

Information that is:

- Protected under the law
- Defined as confidential under agency or state policy
- Considered "sensitive" to the home occupants

LIKELY SENSITIVE

- Use of addictive products
- Illegal conduct
- Mental health
- Personal hygiene
- Medication
- Health conditions
- Symptoms
- Citizenship

USUALLY NOT SENSITIVE

- Occupation
- Birth date/age
- Race/ethnicity
- Gender
- Organizational affiliation
- Home address

Often, there is an overlap in what a resident considers sensitive and what is legally protected.

Information usually thought of as sensitive includes use of addictive products, illegal conduct, mental health, sexual practices or personal hygiene.

Most people consider release of such information an invasion of privacy. Information usually not considered sensitive includes occupation, birth date/age, gender or race ethnicity. Home address and citizenship may be considered sensitive information in some contexts.

Mandated Reporting to Child Protective Services

In some cases, you may be mandated BY LAW to report sensitive information and not keep it confidential. You won't have a choice. A "mandated reporter" – usually defined under state law – is a person that is in contact with children as part of their normal job duties. Mandated reporters are required to report suspected child mistreatment immediately when they have "reasonable" cause to believe that a child is being abused or neglected. The take home lesson - have a policy to address this internally, receive training, and keep up to date on changes to the law.

Conditions that endanger children include:

- Young children home alone
- Active physical abuse, or evidence of such
- Drug activity may **not** be considered a condition that endangers

If you are not a mandated reporter, bring these conditions to the attention of your supervisor. Each agency needs to develop policies to respond to these situations.

Discretionary Reporting

Some information is discretionary or not required to be reported by law. As part of the home assessment you will report all of your findings to the occupant of the home so that they can make decisions about improving the conditions. Most importantly, the occupant needs to know if there are immediate hazards that should be corrected as soon as possible.

- To whom do you report?
- What do you report?
- When?

If the occupant is a tenant, reporting to the property owner can be a little tricky. This is where you must make professional decisions about what to report. Potential consequences could include violating the tenant's trust, threatening your ability to get back in the house to finish an assessment or intervention, and in a worst-case scenario— lead to an eviction. If the issue is a safety issue—and only the landlord can fix the problem—you must report it.

Reporting

If there are immediate hazards or potential code violations, both the tenant and the property owner need to know. Also, there may be some conditions that only the owner can fix. Tenants don't always have the financial resources, or the ability under the lease to perform painting or other interventions.

Investigate state and local laws, and be aware of internal policy as well. If there is not an internal policy, encourage your administrators to develop one.

After this, there is information that does not need to be reported to the owner. For example, maybe the occupant's personal habits or hygiene is contributing to unhealthy conditions. Or, they are overcrowding electrical outlets. This information may be SENSITIVE, thus a good rule is to keep if confidential.

REPORTING

Conditions to report to both property owner and tenant

- Lack of smoke alarms
- Sewage intrusion
- Vermin infestation
- Structural defects that may cause an injury
- Peeling/ deteriorated paint in homes older than 1978
- Sample results, if taken (lead, radon)
- Lack of window guards in high rise
- Any other immediate hazards found
- Hot water heater temperature, especially if multifamily

If you do not need sensitive   information to carry out

your work – DON'T ASK (e.g. citizenship).

Consider keeping health and housing data separate.

Consider partnerships with other agencies that may already collect sensitive information that could be kept confidential. You will benefit from their control systems, training, and legal authority to keep and store certain information.

Not all laws designed to protect sensitive information apply to all agencies and "transactions." HIPAA, while used to justify numerous data controls, does not apply to all health-related entities. Check with counsel or the relevant governing agencies.

"RULES OF THUMB"
Information collection and reporting

- Only collect what you need to know for the work
- Partnerships between health, housing and environmental departments may be beneficial
- Make sure you know which laws actually apply to your work and data collection and follow them
- Don't jeopardize an occupant's well-being by not disclosing code violations to the owner
- Don't jeopardize the occupant's trust by disclosing sensitive information

"RULES OF THUMB"
Legal issues and liability

- Follow all laws
- Exercise caution when making recommendations for home treatments; never "wing it"
- Recommend professionals when needed
- Use applicable standards when available

There is a limited amount of research and data for many of the exposure sources seen in residential homes. In some cases, we still do not clearly understand the relationship between exposure and disease, allergic reaction or other etiology or the treatment that addresses the problem.

Liability Exposures for Healthy Homes Practitioners

Expanding the scope of your work to perform healthy homes assessments and interventions may expose you to new risks. You may consider updating your job description, and carrying your own insurance. Healthy housing practitioners may be responsible for assessing and treating various residential environmental health and safety hazards. These include lead-based paint hazards, mold, mildew, pests, vermin, pesticides, radon and physical injury sources.

Again, except for lead and radon, we have few nationally recognized standards or guidelines for achieving safe or acceptable levels of remediation for a number of environmental health and some safety exposures. A lack of standards and accepted guidelines means that there is often no clear legal standard of reasonable care owed to residents and others who might be exposed to the hazards.

Efforts are underway to develop effective testing methods and remediation controls. However, these methods and strategies are still being evaluated to determine how effective they are in eliminating or temporarily controlling the hazards. So practitioners will have to carefully select their approaches to testing and remediating.

Key Messages

- The community must be engaged in achieving HH goals.
- The holistic approach requires coordination and collaboration among all programs sending staff in the home.
- Data are essential to identify the problem, determine the magnitude, develop an intervention and measure success.
- Healthy homes practitioners need to be aware of legal and ethical issues in their own communities.

Learning Objectives

- Name two provisions of a code that could be used to cite a hazard in the home
- Explain why partnership with the community is essential.
- Identify five important players involved in healthy homes issues
- Explain why data collection and analysis are important in delivering healthy housing services.
- Identify three sources of data and where to find them.
- List two things that you might observe that must be reported and two that are discretionary.