



## **Advancing Healthy Homes & Healthy Communities A City and Countywide Summit<sup>1</sup>**

**June 19, 2014**

### **Identifying and implementing public health and social service interventions that would make homes safer for children and families**

#### **THE PROBLEM**

Over the past several decades, an increasingly large body of scientific evidence has established the link between housing conditions and health. Poor housing conditions can result in dangerous and costly diseases and injuries that are all preventable. The home is also the place where many toxins can be remediated and where broader responses can improve the long-term quality of life for children and families.<sup>2</sup>

Agencies such as the Chicago Department of Public Health and Cook County Department of Public Health are charged with promoting healthy home environments to reduce disease and illness among the children and families of Chicago and suburban Cook County. Their tasks include promoting respiratory health, preventing lead poisoning, improving in-home safety and providing dry living spaces free of pests and contaminants. The issues they face include determining where the most serious problems lie, devising the right interventions to correct those problems, and ensuring that the problems don't return, once remedied.

The current method of reporting unhealthy housing conditions—tenants or neighbors filing complaints and housing inspectors responding—provides an unreliable measure of the overall problem of poor housing conditions. CDPH has been collecting data through a rudimentary healthy homes survey, based on a CDC-developed survey tool, conducted by home health inspectors with the help of tenants and landlords. Approximately 500 surveys have been entered into CDPH's database with another 500-1,000 awaiting data entry. However, this data's usefulness is limited due to staffing constraints and outdated database management software.

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<sup>1</sup> Convened by Loyola University Chicago in partnership with the City of Chicago Department of Public Health, the Cook County Department of Public Health and the University of Illinois Chicago.

<sup>2</sup> Loyola University Chicago, Advancing Healthy Homes/Healthy Communities – Tackling Environmental Disparities: Concept Paper, *available at* [http://luc.edu/media/lucedu/chrc/pdfs/HealthyHomes\\_concept\\_paper\\_Feb2012\\_Final.pdf](http://luc.edu/media/lucedu/chrc/pdfs/HealthyHomes_concept_paper_Feb2012_Final.pdf).

## **WORKING GROUP OBJECTIVE**

The task of this working group is to identify short- and long-term objectives to meet the goal of identifying and implementing public health and social service interventions that would make homes safer for children and families. If appropriate, there should be at least one objective related to research. For each objective, list critical actions required to achieve it. For each action, identify the necessary partners and their roles, and time permitting, benchmarks and a timeline for completion.

## **BARRIERS**

The following are some of the barriers to implementing healthy homes interventions:

1. Costs to addressing health and safety hazards
2. Inconsistent housing standards
  - a. Negotiating the many communities – and housing codes, rules and regulations in each municipality that make up suburban Cook County - make addressing housing standards complex.
3. Lack of knowledge among families about the impact of indoor environmental hazards/toxins
4. Lack of knowledge among service providers about the impact of indoor environmental hazards/toxins
5. Lack of knowledge among service providers about how or where to refer families in need of interventions to correct housing risks
6. Lack of resources to support the housing improvements that would make housing healthier
7. Too much information and the challenge to families being able to take in all the information
8. High standards for housing are likely to have a detrimental impact on affordable housing.

## **SOME POSSIBLE ACTIONS**

**Create a health record for housing units.** This way recurring problems can be identified and prior interventions can be evaluated. This would also provide important information to potential buyers, and help homeowners survey their homes based on previously reported issues.

**Develop a shared database and healthy housing registry.** This work should be incorporated with GIS data and satellite imaging to help social scientists, advocates, and policymakers identify social and geographic patterns and trends.

**Develop quality-of-life measures to evaluate the health of homes.** Currently, the dominant measure used to evaluate healthy homes work is health care cost savings, which is an inadequate

measure of the impact of healthy housing and ignores many other human and social costs of unhealthy housing.

**Develop a Health Impact Assessment (HIA).** HIAs help policy makers bring together health expertise, scientific data and public input to identify potential health effects of proposed new policies. HIAs aim to offer practice recommendations for how to minimize risks and capitalize on opportunities that improve health. They are just beginning to be used for housing-related health concerns, but have been used successfully regarding energy efficiency and transportation issues.

**Employ community health workers to conduct home-based interventions.** Intervention visits cover such things as home environmental assessment, education regarding hazards and the use of products that reduce exposure, reduction in environmental tobacco smoke exposure, integrated pest management, mold and moisture control, minor repairs and intensive household cleaning.

**Integrate interventions into existing home-visiting programs.** Integrating healthy homes assessments into schools' early childhood home-visiting programs or other social service home-visiting programs can help identify health risks and implement interventions.

**Create partnerships between the healthcare system and the public sector.** In Boston, for example, a referral system to municipal building inspectors allows health care providers to request housing assessments for patients presenting symptoms that are exacerbated by unhealthy housing (such as asthma).

**Provide training on healthy homes principles for health care providers and building professionals.**

## **MODEL PRACTICES USED IN OTHER JURISDICTIONS**

*Promoting Healthy Homes for WIC-Enrolled Families:* In San Francisco, families enrolled in WIC receive education on environmental hazards and tenants rights, home assessments to identify and prevent home-based hazards, assistance in remediating identified hazards, and dissemination of information about available resources.

*Affordable Care Act's Medicaid §1115 Waivers:* The Secretary of Health and Human Services has the authority to approve experimental, pilot, or demonstration programs that promote the objectives of the Medicaid and CHIP programs. The purpose is to provide States with flexibility to design and improve their programs. In general, §1115 waivers are approved for a five-year period and can be renewed, typically for an additional three years. Programs must be "budget neutral" to the federal government, which means that during the course of the project federal

Medicaid expenditures would not be more than federal spending would have been without the waiver.

*Harlem's Children's Zone Asthma Initiative:* Children with asthma or asthma-like symptoms living in Harlem were invited to participate in an intensive intervention program that addressed home-based hazards. The program was incorporated into an existing community-building initiative designed to improve children's education, provide families with safe and affordable housing and improve residents' parenting skills.

*The Seattle–King County Healthy Homes Project:* The project began as a randomized, controlled trial of an outreach/education intervention to improve asthma-related issues by reducing exposure to allergens and irritants in the home. A "Community Asthma Nurse" provides patient education, training in self-management, the development of a patient-specific asthma action plan, and case management/review. The program also provides in-home outreach, education and resources to address asthma triggers. Another portion of the project was funded separately through HUD and added structural remediation of housing for conditions that increase exposure to asthma triggers. An average of \$3,000 per unit was spent, supplemented by funds from weatherization and other local housing programs.