

The Dialogue

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November 4th - November 21st, 2010

Green & Healthy Homes Initiative

National Dialogue on Green and Healthy Homes

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Help families access healthy communities
by [BSamuels](#) on November 22, 2010 at 07:55PM 5 tags so far 0 comments so far
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Provide incentives to forge traditional and non-traditional partners
by [TKulian](#) on November 22, 2010 at 07:36PM 7 tags so far 1 comment so far
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healthy homes is more than government
by [mccormick](#) on November 22, 2010 at 06:41PM 9 tags so far 3 comments so far
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Educate Realtors / Healthy Homes label
by [lharich](#) on November 22, 2010 at 06:25PM 5 tags so far 2 comments so far
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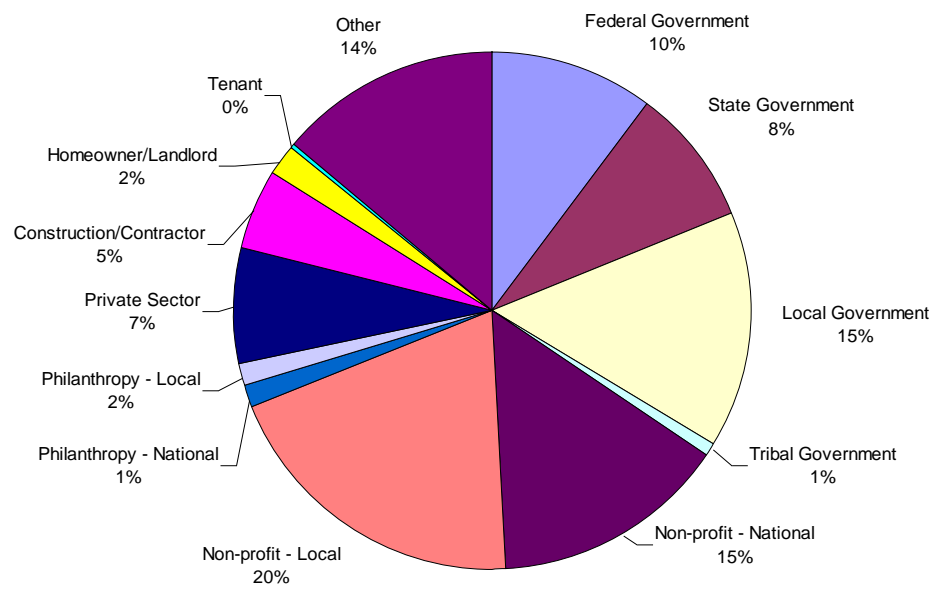
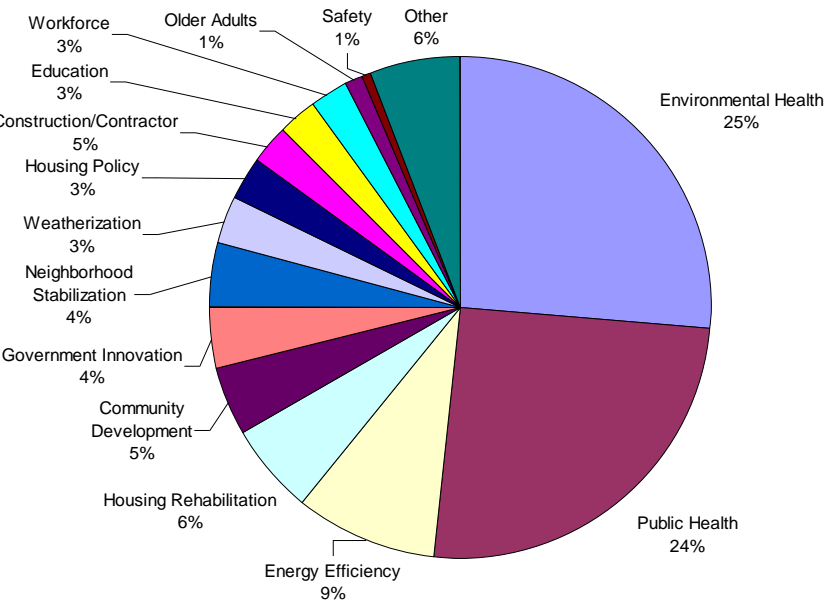
Jump into the dialogue
Here's a question to get you started.

“What tools, resources, or processes should we use to improve the execution of a comprehensive housing intervention?”

Tags [View all tags](#)

- barriers
- best practice
- collaboration
- comprehensive approach

Participant Diversity



Supporting Green & Healthy Homes

- 1. All homes and communities be healthy, safe, and energy efficient as soon as is feasible, by actively pursuing a comprehensive approach to housing.**

- 2. This work should be taken to scale nationally.**

Healthy, Safe & Energy Efficient Housing Standard

- 3. Evaluate adequacy of current housing standards in meeting the nation's health, safety, and energy efficiency needs within 1 year.**

- 4. Collaboratively develop tiered performance standard for healthy, safe, and energy efficient homes.**

Flexible, Integrated, and Sustained Funding

- 5. Group or reallocate funding streams to better align government programs with comprehensive, healthy, safe, and energy efficient home approaches.**

- 6. Engage broad coalition to educate decision makers about advantages of reallocating funding to resolve problems instead of treating symptoms.**

- 7. Develop long-term funding strategy to ensure efforts continue once American Reinvestment and Recovery Act funds expire.**

Levers to Action

- 8. Community coordination at the local level should be a key component.**
- 9. Establish permanent, national online community to foster interaction.**
- 10. Require that homes undergo health, safety, and energy efficiency inspection prior to sale, transfer, or change in purpose, and disclose results.**
- 11. Implement a multi-faceted public awareness and education effort.**
- 12. Federal, state, local, and tribal governments set short- and long-term targets and timelines to make all homes and communities in the U.S. healthy, safe, and energy efficient.**

For More Information

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<http://www.napawash.org/>

Identified Barriers and Opportunities to Make Housing Green and Healthy Through Weatherization

A Report from Green and Healthy Homes Initiative Sites





GHHI Health and Safety Weatherization Report

- Impetus came from feedback from GHHI sites
 - **Weatherization crews found Health and Safety hazards in most of the homes they audited**
 - **Hazards often prevented weatherization from occurring**
 - **Concern expressed from some WAPs that partnerships would slow down their work – stress from ARRA**
- Questionnaire (3 sections) sent to WAPs in all GHHI sites
- Information covered activities from July 2009 to June 2010
- Study conducted July-August 2010

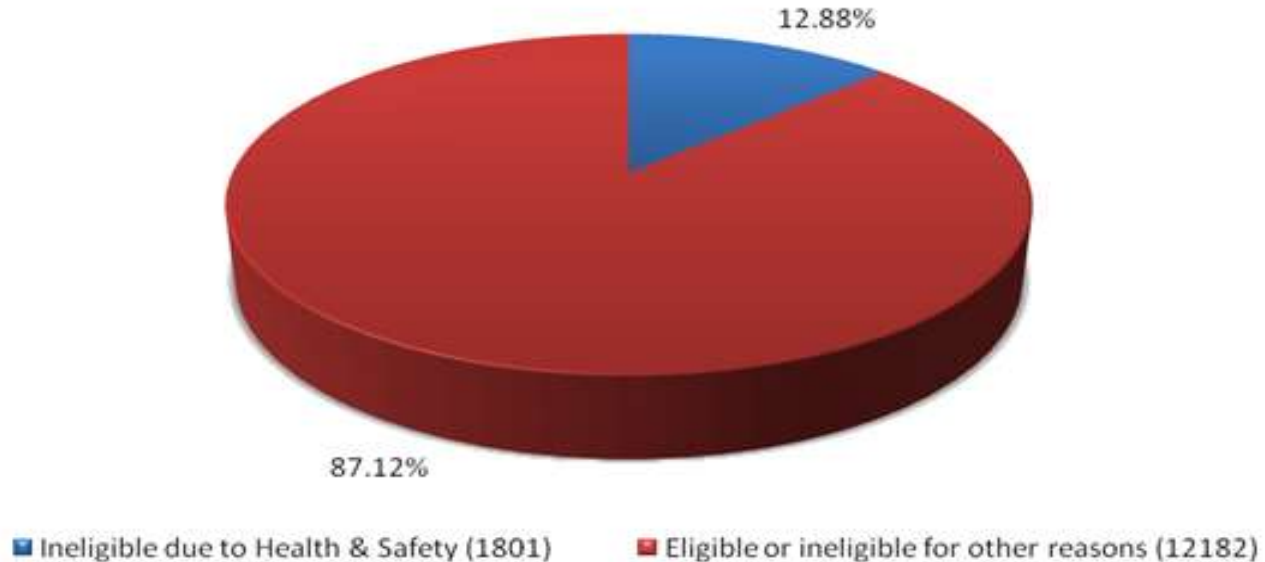
Report released October 2010



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Results – Nationwide 12.88% of audited homes were deferred for weatherization due to health and safety hazards

Total Number of Audited Homes





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Wide Variation Between Cities

Overall Prevalence of Health and Safety Hazards in Audited Homes





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Average Cost to Address Health & Safety Hazards: \$2,172 / unit

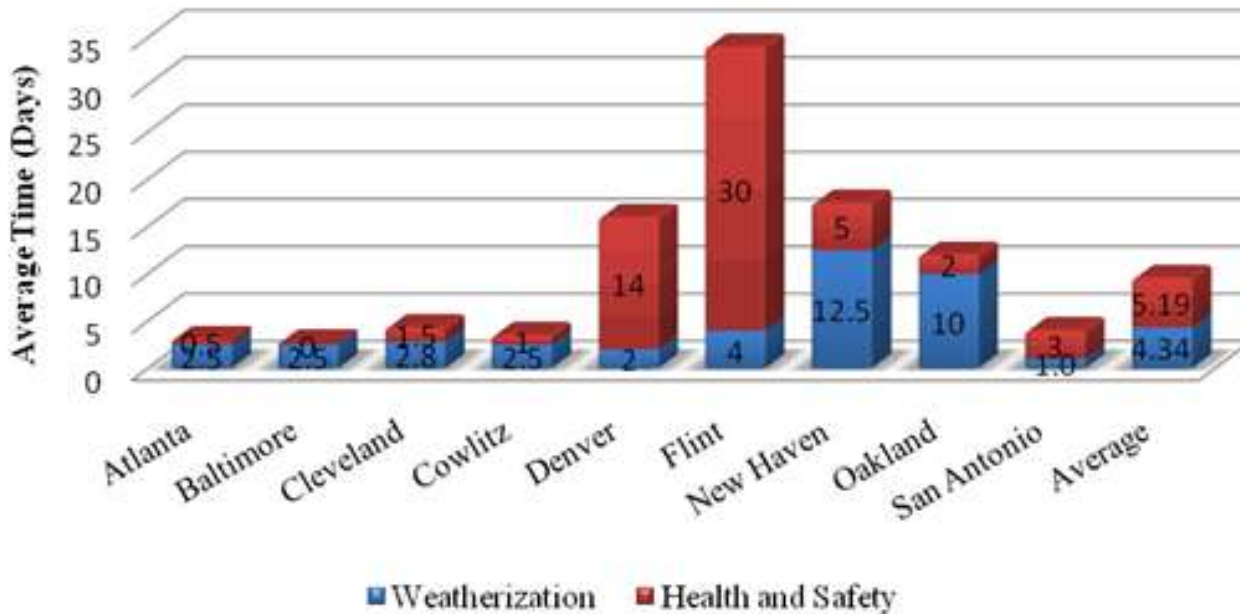
Average Cost to Address Health and Safety





Average Time to Address Health & Safety Hazards: 5.19 days

Time Duration for Weatherization and Health and Safety





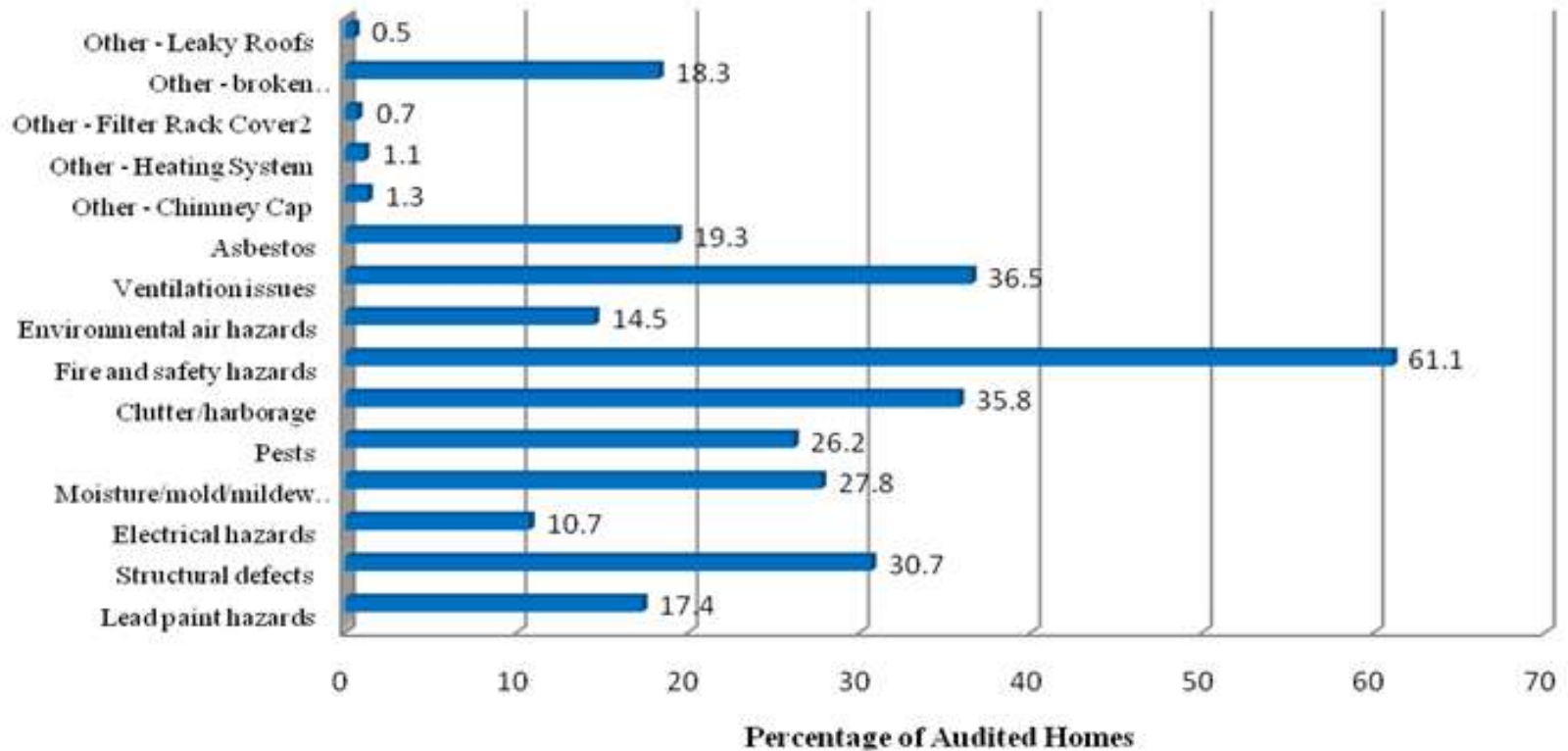
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Hazards seen at least 25% of the time:





Prevalence of Health and Safety Hazards





Selected Barriers to Addressing Healthy and Safety Issues as Identified by GHHI WAP Programs:

- Cost to address health and safety hazards puts many homes over the available WAP Health and Safety funding limit per unit
- Some health and safety hazards are not allowable under current funding restrictions
- Systems and referral networks to address hazards through other partners are not formalized or efficient
- Insufficient capacity to track and manage data related to identified health and safety hazards



Selected Barriers to Addressing Healthy and Safety Issues as Identified by WAP Programs:

- Lack of a comprehensive assessment tool to identify all health and safety hazards in homes
- Programs that could address health and safety issues may be under different eligibility criteria
- Workers are not trained to fully assess and address health and safety hazards along with weatherization
- Lack of identified local, state, private sector, or other funding for addressing health and safety hazards which can be consistently and sustainably leveraged with WAP funds



Key Recommendations:

1. Expand Scope of Eligible Health and Safety Activities supported by WAP funding (which also impact the long term integrity of the WAP intervention)
2. A coordinated partnership of health and safety intervention providers and an efficient referral system to reduce the time to address health and safety hazards
3. Support efforts to identify clear opportunities for co-investment to leverage funding streams, capture savings of an integrative approach, and attract outside support



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4. Implement comprehensive assessment tools incorporating health and safety with weatherization and energy efficiency.
5. Provide key incentives for local programs through federal designation of Green and Healthy Housing Intervention programs and practices.
6. Establish a unified minimum green and healthy housing standard for all federally supported housing interventions.
7. Create shared data platforms and common data metrics to track and manage health and safety hazards found during the auditing process.



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8. Explore allowing complementary interventions, such as mold remediation, to be done by contractors and organizations not under WAP wage restrictions, while preserving a commitment to equity and economic opportunity.
9. Examine possibility of utilizing a budget differential to allocate more than 15% of DOE funds to health and safety hazards in a home.
10. Use the Federal Healthy Homes Working Group to develop uniform income eligibility criteria. Promote additional interagency MOUs.
11. The non-profit and philanthropic community should work with DOE, DOL, CEQ, HUD, and HHS to develop certification standards for green and healthy housing workers, supervisors, contractors, and assessment / inspector specialists.



Action Steps taken:

- Updated WAP Health and Safety Guidance (11-6, released in February of 2011)
- Healthy Housing Opportunities During Weatherization Work study (released March of 2011)
- Information sharing meeting at the Department of Energy of the Interagency Federal Healthy Homes Work Group (March of 2011)
- Weatherization Plus Health: A National Effort for Local Healthy Homes Collaboration



Green & Healthy Homes Initiative

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Green & Healthy Homes Initiative: Summary Findings

June 20, 2011

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Yang (Sophia) Qiu, M.S.



Green & Healthy Homes Initiative

Introduction: GHHI

- Partnership
 - National Coalition to End Childhood Lead Poisoning
 - CDC
 - HUD
 - DOE
 - 28 Foundations

Introduction: GHHI

- **Operational Objectives**
 - Multi-agency & cross-sector collaboration
 - Streamline funding
 - Triage process
 - Comprehensive inspection & service co-delivery
 - Data integration
- **Outcomes**
 - Improve health, increase energy efficiency, invest in community development
- **Ultimate Goals**
 - System of comprehensive housing revitalization

Work to Date

- Winter 2010: 1 site (Cleveland)
- Summer 2010: 9 sites (Atlanta, Baltimore, Chicago, Denver, Detroit, Flint, Oakland, Providence, San Antonio)
- Tasks
 - Asset mapping
 - Identification of data collection resources
 - Development of evaluation framework
 - Assessment of resources and barriers

Findings: Common Challenges

- Different eligibility requirements for GHHI-related services
 - DOE vs. HUD income requirements
- Imbalance of resources
 - Health
 - Energy efficiency
 - Workforce development

Findings: Common Challenges Cont.

- Organizational structure vs. operational model
 - Development and integration of both
- Assessment of partial vs. full GHHI intervention
 - Comparing across households and communities that experience a range of GHHI services
- Data integration
 - Lack of funding & staff capacity
 - Different reporting systems

Findings: Best Practices

- Operations
 - Cross-sector and cross-agency collaboration
- Data collection
 - Involvement from academic & research institutions
- Leading agency
 - Political, financial and community support
- Building upon existing resources
 - Co-delivery of services

Recommendations

- Development of formal referral systems
- Development of integrated data collection systems
- Education of residents with co-delivery of services
 - Sustainability
- Establishment of GHHI standards

Recommendations Cont.

- Evaluation framework
 - Pre-test/post-test design
 - Standard indicators
 - Health
 - Energy efficiency
 - Workforce development
 - Use of resources
- Quantitative & qualitative data collection



Indicators

Individual-level health outcomes	Aggregate-level health outcomes
<ul style="list-style-type: none">• Change in client knowledge and behavior regarding healthy homes-related practices• Change in biomarkers, home-related injuries, asthma scores• Change in school attendance, # of ER visits due to asthma• Change in mental health, quality of life, school performance...etc	<ul style="list-style-type: none">• % change in prevalence of children with EBLLs• % change in prevalence of home-related injuries• % change in asthma incidence



Indicators Cont.

Energy Efficiency (individual and area-level)	Workforce & Community Development (area-level)
<ul style="list-style-type: none">• Change in energy consumption• Change in water and utility bills• Change in # of visits required for inspection and intervention• Change in quality of inspection and interventions	<ul style="list-style-type: none">• # of trainings for comprehensive skills• Placement and graduation rates• # of sustainable jobs created with livable wages• Change in wages



Indicators Cont.

Cost-benefit analysis	Cost-effectiveness analysis
<p data-bbox="92 582 865 716"><i>Compares overall costs and benefits</i></p> <ul data-bbox="92 739 884 1025" style="list-style-type: none"><li data-bbox="92 739 884 868">• Time & money invested per house<li data-bbox="92 891 884 1025">• Benefits in health & energy efficiency outcomes	<p data-bbox="962 582 1734 788"><i>Examines cost of meeting a certain goal, identifies least costly alternative</i></p> <ul data-bbox="962 811 1870 1096" style="list-style-type: none"><li data-bbox="962 811 1870 873">• Tracking of funds and time<li data-bbox="962 896 1870 1096">• Money and time saved compared to non-GHHI housing approaches

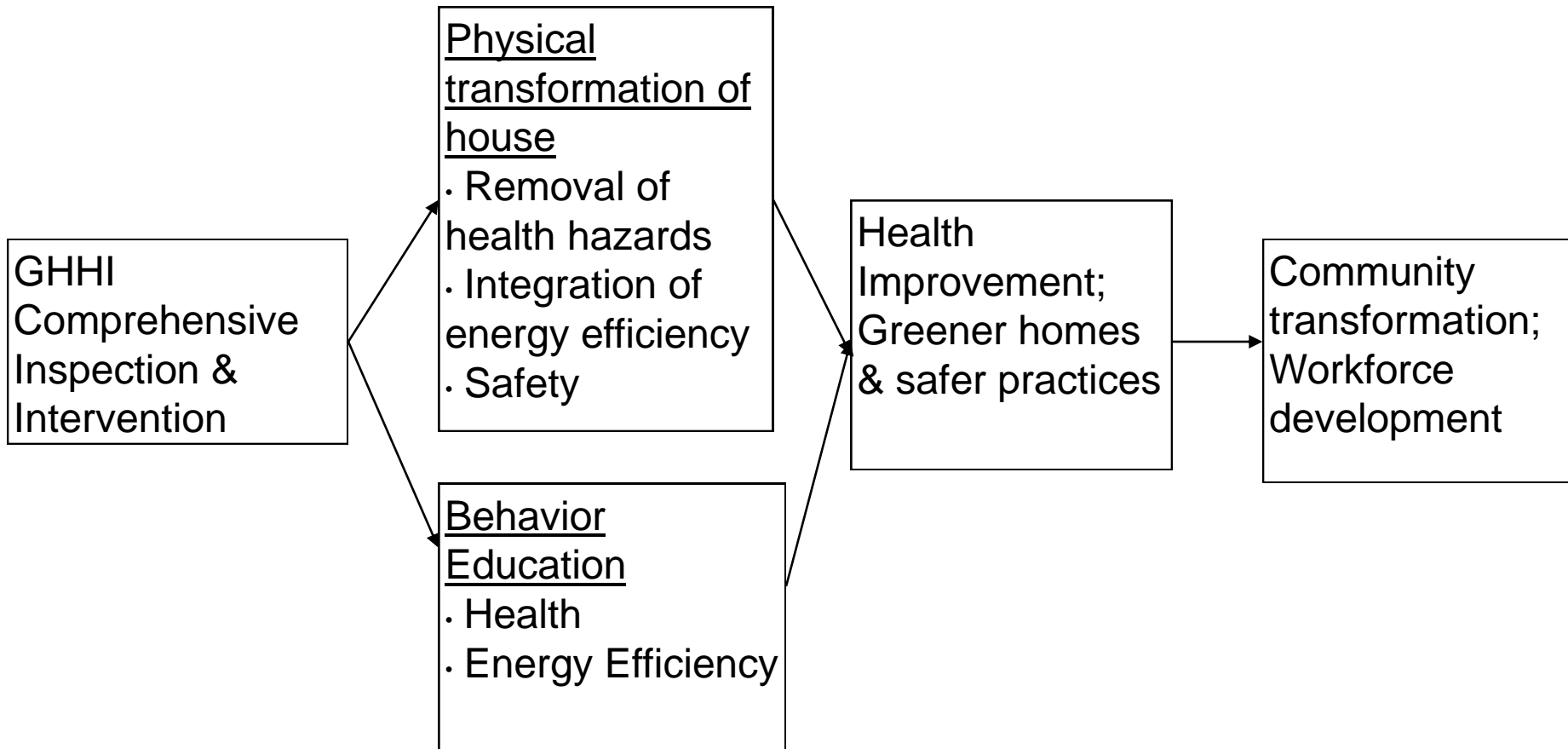
Conclusion

- Local sites
 - Different stages of GHHI coordination and implementation
 - Common challenges
 - Common dedication & passion
- Further study needed on the progress of existing and future GHHI sites

Acknowledgements

- National Coalition to End Childhood Lead Poisoning
- Centers for Disease Control & Prevention
- Department of Housing & Urban Development
- Hosting agencies from each site

Appendix I: GHHI Process



Appendix II: GHHI Logic Model

