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A City and Countywide Summit to Advance Healthy Homes & Healthy Communities in Chicago and Cook County, Illinois

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A CITY AND COUNTYWIDE SUMMIT TO ADVANCE HEALTHY HOMES & HEALTHY COMMUNITIES

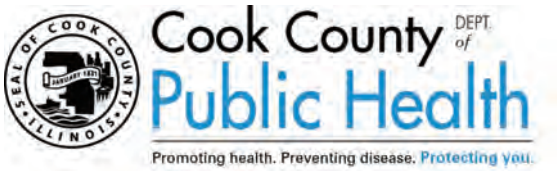
in Chicago and Cook County, Illinois

June 19, 2014
Summit Proceedings

www.LUC.edu/healthyhomes







UIC UNIVERSITY OF ILLINOIS AT CHICAGO Environmental and Occupational Health Sciences Division
SCHOOL OF PUBLIC HEALTH



Preparing people to lead extraordinary lives

ADDRESSING THE BURDEN OF UNHEALTHY HOUSING IN OUR COMMUNITIES

The home serves many purposes besides a place of residency. The home is where we begin and finish our day, where families and their children live, play, and grow for years, and where people have a sense of comfort and safety. Unfortunately, the home is a place where many known and unknown environmental toxins cause health hazards that affect residents on a daily basis. Indoor environmental hazards in the home harm millions of children and families each year. Scientists have long recognized that indoor toxic hazards can pose far greater risks to children's health than outdoor exposures because of the concentrated levels in enclosed, poorly ventilated spaces.

The following outlines the initial efforts of a collaborative effort to develop an initial blueprint to adequately respond to these challenges in Chicago and Cook County. Participants include representatives from local, county, state, and federal agencies; community groups, private industry, and academia; and public health, housing, and child advocates. Implementing this blueprint will help to ensure that our children and families have homes that support good health and good living.

A publication of the Advancing Healthy Homes and Healthy Communities collaborative initiative at Loyola University Chicago

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www.hellobellestudio.com

A CITY AND COUNTYWIDE SUMMIT TO ADVANCE HEALTHY HOMES & HEALTHY COMMUNITIES

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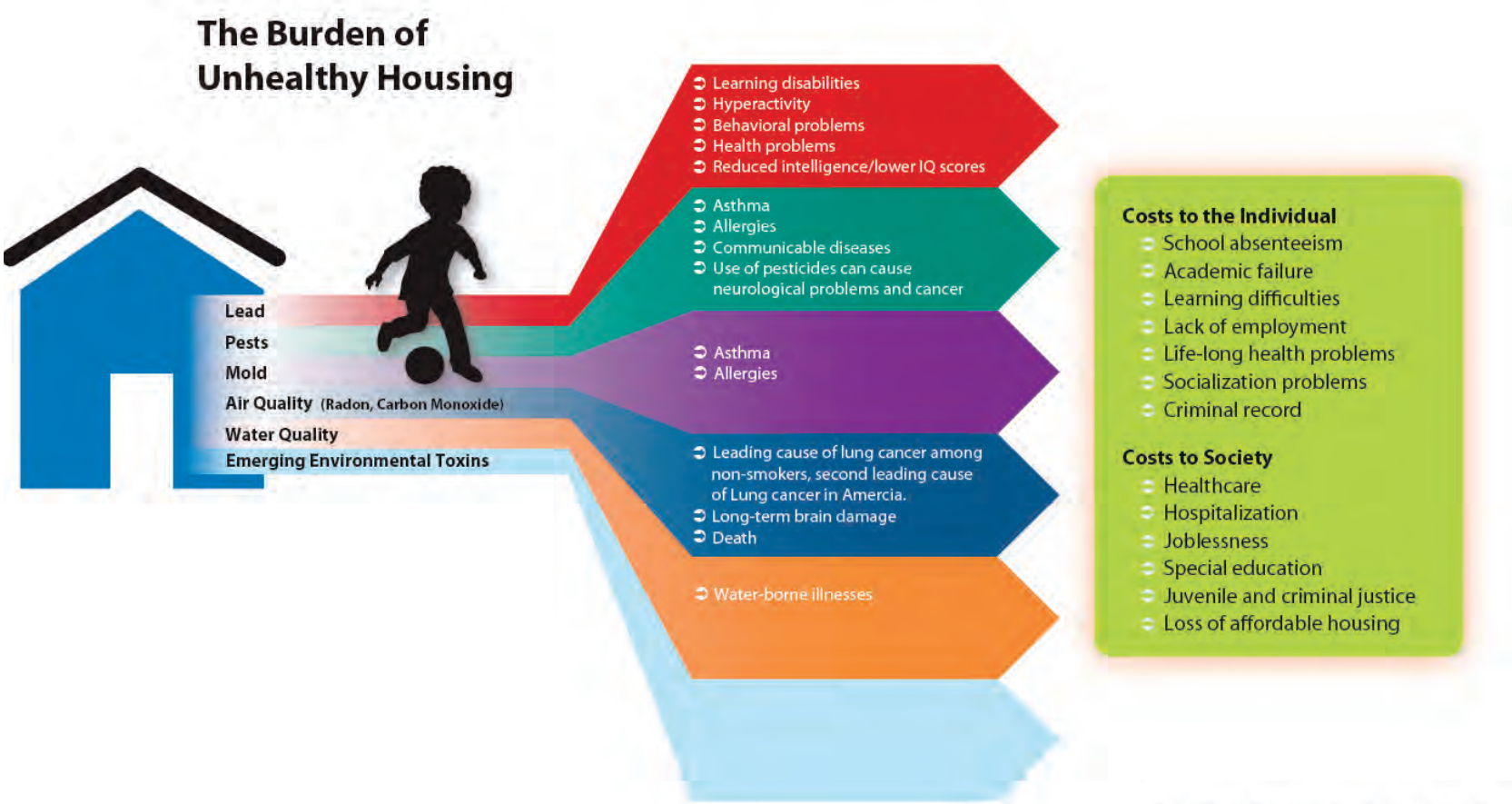
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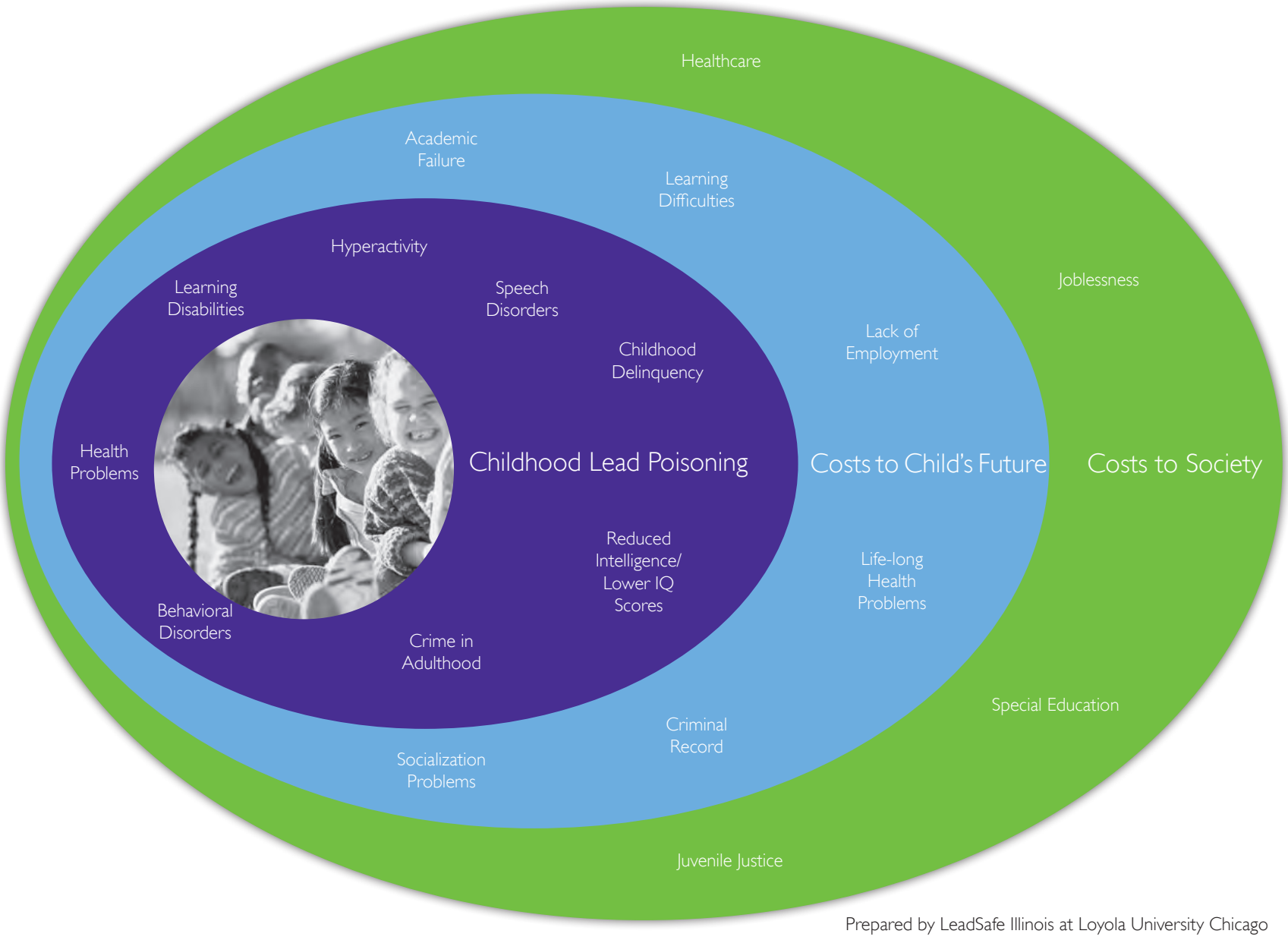
V. RESOURCES

http://luc.edu/healthyhomes/resources/
Includes copies of presentations, briefing papers, multimedia, and other resources from the day



Prepared by Lead Safe Illinois at Loyola University Chicago
Civitas ChildLaw Center and Policy Institute

The Ripple Effects of Childhood Lead Poisoning



Prepared by LeadSafe Illinois at Loyola University Chicago
Civitas ChildLaw Center and Policy Institute

EXECUTIVE SUMMARY

The home is where we begin and finish our day, where families live, play, and grow, and where we should have a sense of comfort and safety. Unfortunately, the home is also where children and adults are exposed to many known and unknown environmental toxins that pose daily health hazards.

In Chicago and suburban Cook County, 1.2 million children are at risk of serious health problems, including asthma, lead poisoning, learning disabilities, behavioral and mental health problems, long-term brain damage and cancer, because of residential environmental hazards. Recent evidence shows that health hazards in housing in the Chicagoland area are worsening. These hazards include lead, particulate matter, mold, pest allergens, environmental tobacco smoke, radon, carbon monoxide and moisture. Children are at heightened risk because of their underdeveloped nervous and immune systems, size and physiology. Children's curiosity makes them more prone to hazardous exposures as they explore their living environments.

Exposure to these toxins can contribute to school absenteeism, learning difficulties, academic failure, unemployment, lifelong health problems, socialization issues and crime. Society incurs increased costs related to health care, hospitalization, joblessness, special education, and the juvenile and adult criminal justice systems.

Unhealthy homes also are often older, and concentrated in low-income neighborhoods (where children make up an estimated 27 percent of residents who are living in poverty) and communities of color. These problems and disparities could be eliminated through appropriate attention and resources. And they must be if we are committed to children being raised in safe and healthy homes.

Tackling health issues related to housing requires a comprehensive approach – different types of experts must find common language to explore and identify creative solutions to these persistent, difficult problems. The work of the Illinois Lead Safe Housing Task Force, spearheaded by Loyola University Chicago Civitas ChildLaw Center's Policy Institute, set the initial framework by which Loyola University began to address a broader cohort of environmental toxins. The Task Force, an alliance of individuals and public, private and not-for-profit community based groups committed to ending childhood lead poisoning, advocated for policy reform, promoted public awareness, and fostered collaborations. Its accomplishments, among others, included Illinois' first prevention focused lead poisoning laws.

"It makes no sense to treat children in the hospital and then release them to the home that made them sick in the first place. Our two biggest sectors in crisis are housing and health; both are linked and both must be fixed."

DAVID E. JACOBS, PH.D.
University of Illinois at Chicago School of Public Health
and National Center for Healthy Housing

In response to threats to children's health posed by environmental toxins, including lead, four interdisciplinary Loyola University Chicago entities – the Civitas ChildLaw Center, the Center for Human Rights of Children, the Institute for Environmental Sustainability, the Center for Urban Research and Learning – established the "Advancing Healthy Homes and Healthy Communities – Tackling Environmental Disparities" initiative in 2012. The Initiative is a community-university-public-private



sector collaboration to eradicate environmental toxins in our homes and communities. Its efforts include research and scholarship, community mapping, outreach and education, and advocacy.

As part of this Initiative, Loyola University Chicago, in collaboration with the City of Chicago Department of Public Health, the Cook County Department of Public Health, and the University of Illinois at Chicago, convened a daylong summit on June 19, 2014, to develop a blueprint for the City and County to advance a healthy homes agenda. Participating were more than 150 policy makers, child advocates, housing and legal advocates, community representatives, tenant organizers, realtors and the insurance industry; affordable housing developers, researchers and social service and health professionals

The goals of the daylong Summit were to raise awareness and increase understanding of the breadth of the issues; identify current research needs; connect people, programs, neighborhoods and information; and draft a blueprint for a strategic plan to create healthy homes in Chicago and Cook County. The strategic plan will be developed and implemented by the City and County. The overarching goal is to protect children and families in Chicago and suburban Cook County by guaranteeing healthy, safe places for them to live.

Leaders at the local and federal levels of government opened the Summit, addressing the importance of the work and their commitment to helping to move forward the agenda. In a stirring keynote address, Ron Sims, former Deputy Secretary for the US Department of Housing and Urban Development, drew on his local and federal experiences to underline the threat environmental toxins pose to children and families, and the urgent need to find comprehensive solutions to problems that families often cannot solve on their own.

"A home is more than just a structure. It embodies something that should be nourished and supported and designed to succeed," Sims explained. And "communities are only as strong as their weakest members." Too many homes fail because of toxic contamination. This failure particularly affects children and

ripples through many segments of society – including schools, the economy, healthcare and the justice systems. "If the environment of children can be improved, far fewer will end up in the legal system or health care system as adults."

The daylong Summit included a plenary session setting the framework for discussion and afternoon strategic planning work group sessions. In afternoon breakout sessions, participants focused on one of four key issue areas:

1. Identifying sustainable solutions to make housing healthy;
2. Fostering compliance with healthy housing practices;
3. Identifying and implementing public health and social service interventions that would make homes safer for children and families; and
4. Encouraging decision makers to address the burdens of environmental toxins in housing.

The day's discussions resulted in a comprehensive set of short- and long-term objectives and goals divided into awareness and education, policy and legislation, program development, advocacy and research.

Seven overarching themes emerged from the day's discussions:

1. The need to develop a uniform system of policies, laws and programs that can ensure healthy homes;
2. The importance of incorporating healthy homes standards into local building codes, including provisions for enforcement;
3. The need to promote better communication and coordination between government agencies and departments;
4. The role of research and gathering and mapping data regarding environmental hazards in housing;
5. The importance of interdisciplinary collaboration and solutions that require a comprehensive approach to housing and the health of individuals and communities; and
6. The importance of strengthening understanding and awareness of environmental toxins and their impact on housing and health among policy makers, property owners, and families; and
7. The urgency of action needed.

DEFINITION OF HEALTHY HOUSING

The National Center for Healthy Housing and the US Department of Housing and Urban Development list these Healthy Homes principles:

Dry Homes:

Damp homes encourage mold and pests, both of which are associated with asthma and other respiratory diseases. Threats to a dry home include poorly maintained rainwater and groundwater systems, plumbing leaks, insufficient insulation, condensation and construction moisture.

Clean Homes:

A clean home reduces exposure to contaminants and pest infestations that trigger asthma and allergies. Threats to a clean home result from dust brought in to the home from outside, dust (especially lead dust) resulting from conditions in the home and dust mites. In-house dust can be caused by chemical contaminants, lack of smooth and cleanable surfaces, pest droppings and urine, deteriorating lead paint, pesticides and consumer chemicals and other allergens.

Ventilated Homes:

A ventilated home helps maintain respiratory health by reducing risks associated with carbon monoxide, mold, allergens, moisture, radon and second-hand smoke.

Pest-Free Homes:

A pest-free home reduces asthma symptoms and other health problems in children. However, improper pest control can exacerbate health problems because pesticide residue can contribute to neurological damage and increase the risk of cancer.

Contaminant-Free Homes:

A contaminant-free home eliminates hazards from lead, radon, pesticides, asbestos, volatile organic compounds, and second-hand tobacco smoke.

Maintained Homes:

Threats to a well-maintained home include moisture, pest problems and deteriorated lead paint.

Safe Homes:

A safe home reduces the risk of injuries to children. Falls are the most frequent cause of residential childhood injuries, followed by accidents involving objects in the home, burns and poisonings.

Participants also identified several challenges that impede healthy housing, including:

- Public health approaches often focus on a single toxin, for example, lead, or a single illness, such as asthma, rather than addressing root causes that impact a range of toxins and/or illnesses.
- To the extent that funding is available to renovate and remediate residences, the criteria for spending that money is very specific and the sources are siloed. For example, funding may be targeted to control lead-based paint hazards; other dollars may only be used for weatherization; and other funds can only be used on the exterior of homes.
- The capacity of inspectors and contractors to assess and remediate hazards is not sufficient.
- Housing and health standards at all levels of government are not rigorous enough.
- Inadequate funding makes it difficult, if not impossible in some places, to make inspections, test potential hazards, and enforce standards.
- Successful neighborhood- and community-level models for healthy housing are not being replicated.
- The concept of "healthy homes" is narrow and must be broadened to encompass "healthy communities."

The Summit in June was the beginning of a determined effort to raise the awareness of stakeholders throughout the City and Cook County – including residents, property owners, real estate-related businesses, policy makers and regulators – of the risks of home-based environmental hazards, and to engage them in an effort to make all homes healthier. Working groups built around the four key areas (sustainability, compliance, interventions, and awareness) will continue to meet to exchange ideas, sort through the identified objectives and goals outlined in the breakout sessions, analyze best practices and form strategies around consensus-driven objectives.

"A home is more than just a structure. It embodies something that should be nourished and supported and designed to succeed."

RON SIMS,
Deputy Secretary,
US Department of Housing and Urban Development

The goal of making housing healthy, while daunting, is achievable. It will require a willingness to tackle tough issues, a sense of urgency, and a commitment to collaboration. Sims urged Summit participants to take on the challenge, asserting that Chicago and Cook County could provide a model for the rest of the country to emulate. The stakes, he said, make it well worth doing.

"Changing a life is an incredible, unmitigated, unrestrained act of love," Sims said. "This conference could improve the quality of life not for one, not for two, not for three, but for thousands of people."

For the full Summit report, including summaries of presentations, themes, recommendations for moving forward, and resources, click here.

INTRODUCTION AND SUMMARY OF PLENARY SESSION

INTRODUCTION

"Communities are as strong as their weakest members. If the environment of children can be improved, they won't wind up in the legal system or healthcare system as adults." With these words, Ron Sims, former Deputy Secretary for the US Department of Housing and Urban Development, and the 12-year elected Executive of King County, Washington State, set the tone for Loyola University's Summit on Advancing Healthy Homes & Healthy Communities.[1]

In a stirring address to over 150 Summit participants representing government agencies, nonprofits, community organizations, faith-based groups, and universities, Mr. Sims drew on his local and federal experiences to underline the threat environmental toxins pose to children and families, and the need to find comprehensive solutions to problems that families often cannot solve on their own.

"Parents make promises to love and care for their children," Mr. Sims said. But some cannot keep those promises because "not every home is safe."

"A home is more than just a structure. It embodies something that should be nourished and supported and designed to succeed," he said. But too many homes fail because of toxic contamination, a failure that particularly affects children and ripples through many segments of society— including schools, the economy, healthcare and the criminal justice system.

Mr. Sims argued that the goal of making housing healthy, while daunting, is achievable. It will require a willingness to tackle tough issues, a sense of urgency, and a commitment to collaboration. He urged the Summit participants to take it on, arguing that Chicago and Cook County could provide a model for the rest of the US to emulate. The stakes, he said, make it well worth doing.

"Changing a life is an incredible, unmitigated, unrestrained act of love," Mr. Sims said. "This conference could improve the quality of life not for one, not for two, not for three, but for thousands of people."

The Summit stems from work by the Illinois Lead Safe Housing Task Force and the Loyola University Civitas Childlaw Center's Policy Institute to address childhood lead poisoning and lead safe housing. In response to the risks that additional environmental toxins pose to children and families, four Loyola University Chicago entities – the Civitas ChildLaw Center, the Center for Human Rights of Children, the Institute for Environmental Sustainability, the Center for Urban Research and Learning, developed the "Advancing Healthy Homes/ Healthy Communities – Tackling Environmental Disparities" initiative.

The Summit, a kickoff event for the Initiative, is intended to trigger an intensive effort to address the residential environmental hazards that put 1.2 million children in Chicago and suburban Cook County at risk of serious health problems, including asthma, lead poisoning, learning disabilities, behavioral and mental health problems, long-term brain damage and cancer. These hazards include lead, particulate matter, mold, pest allergens, environmental tobacco smoke,

[1] The Summit was 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.

"Changing a life is an incredible, unmitigated, unrestrained act of love," Sims said. "This conference could improve the quality of life not for one, not for two, not for three, but for thousands of people."

RON SIMS
former Deputy Secretary for the Department of Housing and Urban Development

radon, carbon monoxide, moisture and others. Children are at heightened risk because of their still-developing nervous, immune, and other systems and because they are more likely than adults to intake contaminants in air, house dust, soil, food and water. Children's size, physiology and curiosity make them even more prone to hazardous exposures.

Exposure to these hazards can contribute to school absenteeism, learning difficulties, academic failure, unemployment, lifelong health problems, socialization issues and crime. Not only are these outcomes harmful to the individual, but to society as a whole: exposure to these hazards increases costs surrounding healthcare, joblessness, special education, and juvenile and criminal justice systems. Unhealthy homes also are often older and concentrated in, lower-income neighborhoods (where children make up an estimated 27 percent of residents who are living in poverty) and communities of color. These problems and disparities could be eliminated through appropriate attention and resources.

Leaders at the local and federal levels of government participated in the Summit, stressing the importance of the work and their commitment to helping to move forward the agenda. Attendees heard opening remarks from Matt Ammon, Acting Director of Healthy Homes for the US Department of Housing and Urban Development; Susan Hedman, US Environmental Protection Agency's Region V Administrator; Terry Mason, the Chief Medical Officer for the Cook County Department of Public Health; and Cortland Lohff, the Medical Director for the Chicago Department of Public Health. Bechara Choucair, the Commissioner of the Chicago Department of Public Health, closed the program, thanking all those who had devoted their day to the working conference and stressing the importance of tackling these issues together.

Plenary session presenters in the morning session discussed the urgent need to make homes and communities healthy. Each spoke from a unique perspective—that of a public official, a pediatrician, a data analyst and a researcher. Clear themes emerged, including (1) an understanding of who is most vulnerable to the damage done by unhealthy home environments; (2) the need for more and better data and analysis; (3) the relationship between health and housing and the importance of a comprehensive, interdisciplinary approach to fixing the two sectors; and (4) the need to take action.

Following the plenary session, participants met in working groups to tackle one of four issue areas. These were: *Identifying and Implementing Public Health and Social Service Interventions*



Ron Sims
former Deputy Secretary for the US Department of Housing and Urban Development

that would Make Homes Safer for Children and Families, Fostering Compliance with Healthy Housing Practices: Reshaping the Regulatory Landscape, Sustainable Solutions: Devoting More Resources to Making Housing Healthy, and Encouraging Decision Makers to Address Healthy Housing Issues. In each workshop, two or three presenters representing various perspectives on the issue area laid the groundwork for the afternoon discussion, identifying key considerations and proposing approaches they have used to address the issue. Each working group included approximately 20-30 participants (see the Appendices for a list of Summit attendees and the briefing papers for each working group). The groups considered and discussed the proposed ideas and other approaches, and identified discrete objectives and goals they considered important for further exploration and consideration. These objectives and goals were organized into subcategories of awareness and education; advocacy; program development; policy, systems and legislation; and areas for further research.



Helen Binns, MD, MPH
Professor in Pediatrics-Academic General Pediatrics and Primary Care and Preventive Medicine, Nutritional Evaluation and Lead Evaluation Clinics at Ann & Robert H. Lurie Children's Hospital of Chicago.

The resulting discussions are recapped in the "Summaries of Breakout Sessions" section of this document. A number of overlapping objectives and goals were identified in some of the breakout groups, illustrating the importance of tackling the problem from a range of perspectives, disciplines, and approaches.

The outline below summarizes the plenary-session presentations, highlighting the four main themes.

1. UNDERSTANDING THOSE MOST VULNERABLE TO UNHEALTHY HOUSING

Low-income families in general, and children in particular, face the greatest health risks from unhealthy home environments. Dr. Helen Binns, the Director of the Nutritional Evaluation and Lead Evaluation Clinics at Lurie Children's Hospital, discussed the particular impact on children.

Both Dr. Binns and Ron Sims introduced the concept of "epigenetics," changes in genetic expression, frequently caused by environmental forces. Both speakers stressed that research in the field reinforces the belief that children are the most vulnerable in an unhealthy environment. "Genes change and adapt to conditions; lead and radon change people," Mr. Sims said. "Children's genetics are altered through neglect. We sentence the unknowing to a life different from those in a healthy home."

Dr. Binns presented a sobering picture of the risks that unhealthy homes pose to children—risks that begin before birth and extend into adolescence and adulthood for many youngsters. Environmental factors can affect children in utero and have the potential to make harmful changes to their very genetic structure.[2]

Children are particularly vulnerable because of their stage of life. Young children spend most of their time indoors—on the floor, touching, mouthing and tasting nearly everything in their path. It is estimated that infants put food, their hands or objects in their mouths about 28 times every waking hour.

Considering body size, an infant's air intake is twice that of a resting adult's. A young child may eat three to four times as much food as an adult, relative to their size. As a result, toxins that children ingest form a higher concentration than would the same exposure for an adult.

[2] Dr. Binns' presentation, "How Indoor Environmental Hazards Harm Children and their Families" at http://luc.edu/media/lucedu/hhhci/pdf/Binns presentation Health Effects.pptx

Dr. Binns identified key indoor environmental toxins and hazards – any of which can create an unhealthy home – that pose risk to children. She then described how these conditions cause or contribute to asthma, lead poisoning, and childhood injuries. The toxins include:

- Lead
- Mold
- Secondhand tobacco smoke
- Insects and other pests
- Poisonous chemicals, such as cleaning agents
- Carbon monoxide from improper or inadequate exhaust ventilation
- Proximity to heat, such as a stove top, or fire
- Proximity to water that could drown a child, such as a pool
- Unsafe housing conditions, such as exposed electrical outlets or hot water pipes, objects around the house that could trip a child, small objects that a child could swallow, or easily accessed windows through which a child could fall

Asthma

Many of these conditions contribute to the rise in cases of asthma, one of the most prevalent chronic medical conditions in childhood. Asthma sufferers' airways are hypersensitive to environmental triggers such as allergens that arise from the presence of mold, tobacco smoke, pests or pets. Once triggered, their airways swell and fill with secretions, the muscles around the airways may contract and spasm and the airways can collapse, leaving sufferers short of breath and, in extreme cases, at risk of dying.

The risk of contracting asthma begins in the womb, and falls most heavily on children of women who smoke, are under severe stress, eat an unhealthy diet or are exposed to environmental toxins while pregnant.

People in Chicago are hospitalized for asthma at twice the national rate.[3] The highest prevalence of asthma is among females, African Americans, and those living in poverty, particularly in children. Among these populations in particular, the disease causes significant stress on the healthcare system.

Because people also spend so much time indoors (an average of about 90% of the time), indoor environmental toxins are a greater risk than outdoor ones.

While tobacco use both before and after birth is clearly associated with asthma, secondhand smoke also poses dangers. It is associated with a number of harmful health effects such as respiratory infections, decreased pulmonary function, ear infections, tooth decay, and increased risk of Sudden Infant Death Syndrome (SIDS). In addition, the homes of smokers are at greater risk of fire. Children of smokers are more likely to become smokers themselves, continuing through generations the impact of these conditions.

In addition to the rise of health problems and increased health costs, asthma impacts a child's ability to attend school, or an adult's ability to show up at work, thus increasing costs to the individual and to society.

Lead poisoning

Lead, long known to be associated with negative health effects, continues to be a problem. It has been linked to learning disabilities, hyperactivity, behavioral problems, health problems, and reduced intelligence/lower IQ scores. There are almost 20,000 children aged six and under in Chicago and Cook County with blood lead levels that have been linked to health problems. Those most at risk for these effects are children of low-income families who tend to live in housing units built before 1978 when lead paint was banned. There is no known safe level of lead exposure.

Injury

Children also are vulnerable to injuries related to unhealthy homes. Injury is the leading cause of child death, and of all child injuries treated in emergency rooms, 40 percent happen at home. Falls, fires, burns, drowning and carbon monoxide are the leading causes of in-home injuries.

Dr. Binns discussed the importance of raising awareness and

[3] *See* http://news.medill.northwestern.edu/chicago/news.aspx?id=166467 for more information.



David E. Jacobs, PhD, CIH
Director of Research, National Center for Healthy Housing and Adjunct Associate Professor, University of Illinois at Chicago School of Public Health

educating families not only about the risks of various toxins on children's health, but the critical relationship of home maintenance to health. To illustrate, she described a program that was intended to reinforce the importance of educating residents about the risks of unhealthy homes. Teen mothers were offered classes on safety, and each received a safety kit that included a smoke detector, cabinet safety latches, electrical outlet covers, a small parts tester, bathtub spout cover, home safety checklist and an emergency phone number for poison control. A study of the program found that the teen mothers used the materials provided to them and used them correctly. However, they had no understanding of the bigger picture of risk. For example, spout covers and outlet covers were used next to clear hazards such as exposed electrical wires and water pipes. Programs that aim to raise awareness about safety should not make assumptions about the public's knowledge, and instead need to provide a holistic description of safe home practices.

2. THE NEED FOR MORE AND BETTER DATA ANALYSIS

Ron Sims introduced the importance of data collection in setting policy. He described his tenure as executive of King County in Seattle, and how his administration mined public data to understand problems and seek solutions. County data drove home the connections between lack of open space and crime, shortage of parks and childhood obesity, poor living conditions and school behavior problems, and the layout of urban parks and seniors' perceptions of safety. Planners argue that such spaces promote positive social ties and reduce aggressive behavior, among other benefits.[4]

His county's data analysis also revealed that residents were treated differently based on their income, race or ethnicity. The county was able to make predictions about the condition of an individual simply by knowing his or her home ZIP Code—because neighborhoods that lack parkland are associated with higher obesity rates, and diabetics in poor neighborhoods are more likely to eventually undergo amputation, for example.

In reviewing what we already know about Chicago and suburban Cook County, Dr. David Jacobs, Research Director for the National Center for Healthy Housing and Adjunct Professor at the University of Illinois Chicago School of Public Health, noted that Chicago and Cook County are falling behind in measures of healthy housing stock.[5] In the 2013 report, "The National State of

[4] https://www.planning.org/cityparks/briefingpapers/saferneighborhoods.htm
[5] Dr. Jacobs' presentation , "Healthy Housing in the Chicago Area," is available at http://luc.edu/media/lucedu/hhhci/pdf/Jacobs presentation GIS.pptx

the Nation's Healthy Housing," completed by the National Center for Healthy Housing, the Chicago metropolitan area ranked 29th out of 45 large urban areas. Its previous ranking was 11th, suggesting that the region's Chicago's healthy housing stock is deteriorating.

The study showed that Chicago Metro area improved in several healthy housing indicators, but deteriorated in others. Improvement was seen in reduced numbers of:

- Signs of rats
- Room heaters without flues
- Siding problems
- Incomplete plumbing
- Exposed wiring
- Water leaks from inside

Chicago deteriorated, however, in:

- Water leaks from outside
- Heating and plumbing equipment breakdown
- Inadequate kitchen facilities
- Problems with broken plaster or peeling paint
- Sewage disposal problems
- Foundation problems

Because housing plays such an essential role in both supporting good health and preventing disease and injuries, those areas with poor-quality housing face significant health challenges. Dr. Jacobs concluded, "Our two biggest sectors in crisis are housing and health; both are linked and both must be fixed."

David Treering, a geographic information specialist at the Institute of Environmental Sustainability at Loyola University Chicago, picked up on Mr. Sims' emphasis on the importance of mapping.

Mr. Treering outlined the purpose and advantage of mapping data describing the health status of homes. Mapping can reveal not only where risk factors are most prevalent, but also where they converge, while putting them into the context of known facts about housing units and their residents. He challenged the group to work toward a fully integrated health and housing database.[6]

Brainstorming with partners, including the Chicago and Cook County Departments of Public Health, researchers from University of Illinois Chicago and Loyola University, and individuals from the private sector, Mr. Treering developed a list of data that is available through the City or County and therefore could be collected and mapped. The data list encompassed three categories: Socioeconomic and demographic data, physical building and environmental quality data, and public health outcome and intervention data. Within those categories, Mr. Treering and his partners identified several factors:

- Socioeconomic
  - Poverty and income
  - Health insurance
  - Occupancy status (rent/own)
  - Foreclosures and vacancy
- Physical environment
  - Building age and type
  - Building code violations
  - 311 service calls
  - Radon test levels
  - Building and renovation permits
  - Substandard housing problems
- Public health
  - Lead inspections

[6] David Treering's presentation, "GIS Mapping Analysis: An Overview of the Problem Locally in Chicago and Cook County" is available at http://luc.edu/media/lucedu/hhhci/pdf/Treering presentation GIS.pptx

- Elevated blood lead level
- Asthma prevalence
- Lung cancer
- Poison control center calls
- Fire and carbon monoxide injuries



Cortland Lohff, MD
Medical Director for Environmental Health,
Chicago Department of Public Health

Mr. Treering stated that deeper analysis of the available data could yield a clearer picture of the overlap between public health concerns and physical environment concerns, while helping to define the populations most at risk from unhealthy homes. He noted, however, that much more data could be brought into the analysis, including data on building code violations and complaints, repairs and renovations, and emergency medical services and fire reports from suburban municipalities; public health data on asthma surveillance and poison control; and information on current and past remediation and intervention programs.

3. THE IMPORTANCE OF INTERDISCIPLINARY SOLUTIONS AND LINKING HEALTH AND HOUSING

Mr. Sims argued that solutions must come from collaborations. Tackling health issues such as obesity, he said, would require a comprehensive neighborhood approach to solve—taking into account not only preventive health measures, but factors such as access to transit. He further noted that different fields of expertise must find common language to discover creative solutions to persistent, difficult problems.

He urged Summit participants to organize and seek better solutions with partners. "Figure out who else you can bring to the table and work together for an outcome," he said. "It's not easy, but it must be done." He noted that urban areas around the country are seeking innovative and creative ways to address the challenge of linking health and housing and making homes healthy, and that success in Chicago and suburban Cook County would be an example for the rest of the nation to follow.

Dr. Jacobs identified two major challenges to making homes healthier. The first was the fragmented nature of housing regulation and inspection—efforts are often siloed in many different departments with no standardized system for communication. The second was that health-related investments don't affect home values the way other improvements do, unnecessarily limiting financial resources devoted to creating and maintaining healthy housing.

Dr. Jacobs reported encouraging news from a 2014 study conducted by the University of Illinois at Chicago, the Center for Neighborhood Technology, the Brinshore Michaels Development, and the National Center for Healthy Housing. The study compared the health status of public housing residents who move from poor-quality public housing to new green healthy housing before and after the move and also comparing them to another group of residents who did not move. The study found the residents who moved sustained statistically significant improvements in their physical and mental health, including fewer incidences of asthma, hay fever, headaches, sinusitis, angina and respiratory allergies.[7]

Dr. Jacobs also noted a 2011 study focused on asthma, "The Breathe-Easy Home: The Impact of Asthma-Friendly Home Construction on Clinical Outcomes and Trigger Exposure." After a year in the new housing, residents in the study reported more symptom-free days, fewer urgent asthma-related clinical visits, and 41% fewer visits to the emergency room.[8]

[7] http://nchh.org/Research/MovingintoGreenHealthyHousingTheYield.aspx
[8] http://www.ncbi.nlm.nih.gov/pubmed/21148715

Dr. Jacobs recommended concerted action to address the challenges of housing and public health together, rather than separately, and to find ways to stimulate increased investment in healthy housing. He argued, "It makes no sense to treat children in the hospital and then release them to the home that made them sick in the first place."

4. THE NEED TO TAKE ACTION

Each of the presenters stressed in different ways that there is urgent need to address healthy housing issues. Following the plenary session, participants met in working breakout groups focused on one of four topics: Identifying sustainable solutions to make housing healthy; Fostering compliance with healthy housing practices; Identifying and implementing public health and social service interventions; and Encouraging decision makers to address healthy housing issues. The working groups received background information, identified challenges, and brainstormed ideas to their topic area. After the breakout sessions concluded, the participants reconvened and Summit organizers described next steps.

Organizers view the Summit as the beginning of a determined effort to make Chicago and suburban Cook County stakeholders—including residents, property owners, real estate-related businesses, policy makers and regulators—aware of the risks of home-based environmental hazards and to engage in a concerted campaign to make all homes healthier. Working groups built around the four key areas (sustainability, compliance, interventions, and awareness) will continue to meet to sort through the objectives and goals outlined in the breakout sessions, and to exchange ideas, analyze best practices and form strategies around consensus-driven objectives.

The ultimate goal is a clear one, Dr. Jacobs said, "Everyone should live in a healthy home."

IDENTIFYING AND IMPLEMENTING PUBLIC HEALTH AND SOCIAL SERVICE INTERVENTIONS

Facilitator
Anne Figert, Associate Professor, Department of Sociology, Loyola University Chicago

Presenters
Jessica Ramsay, Supervisor of Program Initiatives, Sinai Urban Health Institute; Loreen Targos, Board of Directors, Metropolitan Tenants Organization; Stephanie Altman, Assistant Director, Healthcare Justice, Sargent Shriver National Center on Poverty Law

SUMMARY OF THE ISSUE AND CHARGE

Scientific evidence has established the link between housing conditions and health. Poor housing conditions can result in dangerous and costly diseases and injuries. Removing toxins and remediating unsafe conditions can improve the short- and long-term quality of life for children and families.

The Chicago and Cook County departments of public health are responsible for promoting healthy homes in Chicago and suburban Cook County. Efforts include promoting respiratory health and dry living spaces free of pests and contaminants, preventing lead poisoning, and improving in-home safety. Challenges they face include determining where the most serious problems are found, devising the right interventions to correct them, and ensuring that the problems don't recur once remedied.

The Interventions working group was asked to list challenges, objectives and goals on the path to identifying and implementing public health and social service interventions that would make homes healthier and safer.

PRESENTERS' OVERVIEW

Two of the presenters, Jessica Ramsey, Supervisor of Program Initiatives at Sinai Urban Health Institute, and Loreen Targos, board member at Metropolitan Tenants Organization (MTO), offered examples of different interventions their organizations have undertaken to advance healthy homes. Stephanie Altman, Assistant Director of Health Care Justice at the Sargent Shriver National Center on Poverty Law, provided background information on alternative funding sources to pay for interventions to support healthy housing.

Local interventions intended to make homes healthier can serve as models for new programs. In 2011, Sinai partnered with the Chicago Housing Authority (CHA) to try to reduce asthma in public housing. Under the program, community health workers were hired and trained to do home assessments, initially in six West Side public housing developments. The community health workers would visit a home five or six times over the course of a year and conduct thorough home assessments on three of those visits. They looked for asthma triggers such as roaches and rodents, tobacco smoke, mold, and dust, and also noted cracks and leaks that could increase the risk of triggers later on. The partners developed a successful process for referring asthma-related issues identified by the community health workers and residents to the CHA property management team. Through the process, 86 percent of the issues were resolved.

In addition to the home assessments, community health workers provided comprehensive asthma education throughout the year-long intervention—including information about asthma,

medication purpose and proper use, and trigger-avoidance strategies—and worked on building a relationship with each participant's primary care physician.

Sinai also works with the MTO to address issues in units outside of public housing.

Another example of collaborative local intervention is Safe and Healthy Homes: A Primary Prevention Partnership, which involved MTO, Lurie Children's Hospital and the Illinois chapter of the American Academy of Pediatrics. The goal of the partnership was to prevent lead poisoning in children, not just respond once detected. MTO enlisted health clinics in Chicago and provided them with information about lead and other healthy-homes issues. The clinics referred families to MTO for investigation to determine the likelihood of lead in the home. If warranted, MTO made referrals to the Chicago Department of Public Health for inspection. Ninety-seven percent of the participants lived in buildings constructed before 1978, when the sale of residential paint with lead was banned in the US, and 88 percent were renters.

The program was voluntary. A number of challenges to participation were identified. Although MTO sought to encourage participation, many clinics did not send referrals. In addition, some tenants' feared they would face reprisals from landlords if they requested inspections. A lack of bilingual staff or translators also presented obstacles. MTO had the greatest success with clinics that included literature from the program in their formal intake process.

MTO mailed information to 3,700 households, conducted phone surveys with 1,000, conducted 169 home visits and made 180 referrals to CDPH. Tenants who received a home inspection/home visit were the most likely to obtain concrete positive results aside from simply learning more about lead poisoning. Program benefits included an inspection by the Health Department when City inspectors found lead hazards. As a result, many of the hazards were abated in homes.

Other examples of local intervention are the rental inspection programs that exist in municipalities around the US Rental units are registered and periodically inspected for health and building code compliance. While landlords may initially resist such programs, research indicates growing support for them. Such a program in Chicago and suburban Cook County would remove the burden from tenants to request inspections, something they often resist doing for fear of retribution from the property owner.[1]

There are some emerging options for health-related funding for housing issues, particularly through Medicaid. The federal government is very interested in braiding health and housing dollars and has begun to develop joint efforts between the Department of Housing and Urban Development (HUD) and the Department of Health and Human Services (HHS). The Corporation for Supportive Housing (CSH) has worked with several states to ensure that housing providers apply for and all available federal funding. CSH has created toolkits that states can use to maximize federal dollars. The Shriver Center has been working with CSH on this issue in Illinois.[2]

One way to increase funding and secure money for healthy homes is through the Medicaid 1115 waiver, which frees states from some restrictions on how Medicaid dollars should be spent and lets them use Medicaid funds for experimental programs. New York, Texas and Florida have been using Medicaid 1115 waivers for housing. Illinois has submitted an application for a waiver and work groups are meeting to determine how the waiver should be used. Possibilities include support for managed care, supportive housing, and children's behavioral and mental health. The 1115 waiver also could be used to pay for community health workers, assessments, housing modifications and rental subsidies.[3]

Pay for Success social impact financing is another potential approach to bringing resources to fund interventions.[4]

IDENTIFIED CHALLENGES TO CONSIDER MOVING FORWARD

The group identified several challenges that must be considered when putting interventions into place that respond to the needs of children and families. For example, practitioners from different fields and government departments are siloed and often speak a different language, even when they are doing similar things. Furthermore, the mere existence of multiple agencies and local governments can present administrative barriers to solutions. The fact that there are more than 130 municipalities in Cook County illustrates that administrative and jurisdictional complexity.

[1] *See* also "Fostering Compliance with Healthy Housing Practices: Reshaping the Regulatory Landscape" in this document.
[2] *See* this document for more information: http://www.csh.org/wp-content/uploads/2012/06/ILCrosswalk.pdf.
[3] For more information on the 1115 Medicaid waiver and the status of Illinois' efforts, *see* https://www2.illinois.gov/gov/healthcarereform/Pages/1115Waiver.aspx.
[4] *See* also "Sustainable Solutions: Devoting More Resources to Making Housing Healthy" in this document.

Some local and federal dollars support lead remediation, including lead poisoning prevention dollars that the Cook County Department of Public Health allocates each year for remediation in Chicago and suburban Cook County municipalities, but there is no widely available source of funding to support more broadly based healthy-homes initiatives. While building code provisions address lead, most are not prevention-focused. Most Illinois laws require a response only after a child has been lead-poisoned, rather than focusing on addressing hazards to prevent harm. Furthermore, other environmental toxins that can lead to asthma, such as mold or infestation of pests, are not covered by codes, nor do they have comparable funding for remediation and prevention.

Making residents aware of home-based environmental toxins and the risks they pose is critical to making homes healthier. However, cultural and linguistic challenges can impede efforts to communicate with residents about these issues.



For many low-income residents, the desire to have units inspected and hazards identified is reduced by the hardship and costs of moving to new housing, especially when limited options and resources mean moving to other substandard housing. The housing shortage in general, and the lack of quality affordable units in particular, exacerbate the problem of unhealthy homes in Cook County.

OBJECTIVES AND GOALS

The working group suggested the following objectives and goals are worthy of further consideration. They focus on the areas of awareness and education; advocacy; program development; policy, systems and legislation; and areas for further research.

Short-term Objectives

Awareness and education

- Focus on potential for exposure to environmental hazards in housing even before a child is born, including the risks to pregnant women being exposed to lead contaminants.
- Include a focus on contaminants that often are brought into the home from outside as well as found inside (for example, certain makeup and spices may contain lead).

Policy, systems and legislation

- Create a web-based repository of successful intervention programs to help identify gaps in services and opportunities for innovation.
- Include inspections of owner-occupied, as well as rental, properties.
- Explore funding opportunities within the Affordable Care Act to support interventions.
- Relationships between health and housing departments at the state and local levels should be facilitated and sustained. A Medicaid 1115 waiver could provide a means for doing this.
- Add healthy homes principles and referral sources to the state-wide training system for early childhood home visitors so they can visually identify healthy homes challenges and talk to parents about prevention, remediation and environmental risks.

Program development

- Given the successes of the Sinai Urban Health Institute asthma initiative, scale and replicate Sinai's success in other communities.

Research

- Research and recommend models for rental registration and inspection programs for municipalities in Cook County.

- Research and identify successful programs to help identify gaps and opportunities, and use as basis for creating the repository noted under Policy, systems and legislation.

Long-term Objectives

Awareness and education

- Although not enough residents and property owners take sufficient precautions, most people understand that lead in the home is a serious issue. Many individuals do not, however, understand the concept of healthy homes. Find ways to transfer the lessons learned from lead abatement to healthy homes.
- Generate media coverage at the community level; improve public education. [5]

Program development

- Promote successful models of clinical-community linkages that bring together healthy housing services and clinical providers to meet the needs of their patients or residents.
    - Landlords should be brought into the process; relationships between government agencies and landlords should be collaborative rather than adversarial.
    - Tenants and community groups should also be engaged in the process of shaping policy and legislation.
- Identify community health worker models, with special attention to models that have proven successful in diverse communities.

Short-term Goals

Advocacy

- Build a coalition of support for residential housing quality assurance.
- Continue collaborations among broad range of stakeholders to explore issues, promote the concept of healthy homes, and advance policies and practices that support healthy homes.

Awareness and education

- Increase media coverage, promote public awareness and develop educational tools about available interventions and access to them.

Long-term Goals

Policy, systems, and legislation

- Develop communication strategies to foster improved information sharing between fields and among regulatory agencies.
- Implement successful models, programs and policies that link healthy housing services and clinical providers, especially those using community health workers.
- Develop a uniform system of policies, laws and programs that ensure healthy homes. This goal will require:
    - Mobilizing and involving community leaders.
    - Conducting outreach to all stakeholders (landlords, residents, community leaders).
    - Making information available in existing systems of care and family support.
    - Promoting community ownership of the healthy homes movement.
    - Coordinated data collection and evaluation at every stage of implementation.

[5] *See* also "Encouraging Decision Makers to address Healthy Housing Issues" in this document.

FOSTERING COMPLIANCE WITH HEALTHY HOUSING PRACTICES: RESHAPING THE REGULATORY LANDSCAPE

Facilitator
Lisa Jacobs, Program Manager, Models for Change Initiatives, Loyola University Chicago School of Law

Presenters
Emily Coffey, Loyola University Chicago School of Law; Anne Pearson, Vice President, Programs, ChangeLab Solutions; Michael Scobey, Assistant Director, Advocacy and Local Issues, Illinois Association of Realtors

SUMMARY OF THE ISSUE AND CHARGE

The regulatory environment that oversees housing in Chicago and suburban Cook County is complicated by a number of factors. Enforcement tends to be reactive (i.e., sanctioning noncompliance) rather than proactive (i.e., rewarding maintenance and improvement), and can be fragmented because of the number of local government agencies involved. Property owners may find processes unnecessarily time consuming. Some laws are inadequately enforced (due to broad discretion), and, while issues such as lead contamination more often are addressed, other housing problems that lead to important chronic health and safety issues, such as housing-related asthma triggers, are not.

In most cases, it is left to landlords to rectify unhealthy conditions, even when they refuse or cannot afford to do so. Tenants often do not have the ability to seek legal remedies or make major repairs themselves. Instead, they must rely on regulatory agencies, but rarely contact them. When they do, the agencies often are not responsive. Inspectors are typically not adequately trained to recognize healthy housing problems in the units they visit.

The working group focused on Fostering Compliance was challenged to identify short- and long-term objectives for improving compliance with healthy housing practices. Participants were asked to consider possible actions based on programs underway or under consideration in other parts of the country, including: reaching out to and educating landlords and tenants; increasing community involvement; inspecting rental units proactively; registering landlords; certifying properties as healthy; coordinating federal, state, and local government; developing enforcement mechanisms; reporting and tracking data; and giving tenants a legal recourse.

PRESENTERS' OVERVIEW

Emily Coffey, a recent Loyola University Chicago School of Law graduate, laid the groundwork for the afternoon discussion by reviewing the existing local, state and federal regulatory scheme addressing indoor environmental toxins. Anne Pearson, Vice President of Programs, ChangeLab Solutions, presented the group with information on mechanisms for regulating code enforcement. Michael Scobey, Assistant Director of Advocacy and Local Issues at the Illinois Association of Realtors, provided the group with suggestions for fostering compliance among property owners rather than focusing solely on legal enforcement for all property owners.



Lead, radon, mold and pests/pesticides are the indoor environmental hazards regulated to some degree by local, state and federal officials, with lead the most well-developed. Regulations may fall under a municipality's building code, public health code, housing code, or some combination. These laws regulate the structural integrity of buildings and some aim to address health consequences of indoor hazards. Often, however, different departments are tasked with addressing one hazard but not others, and some hazards do not have an agency directly assigned to them, leaving the harm unresolved. Most regulations lack a specific mandate or sufficient funding, and there is not enough coordination among the different departments tasked with enforcement to address many of these hazards.

In most circumstances, someone must be harmed before inspectors are called in. Largely, the onus is on the tenant to call an emergency hotline to report a hazardous condition to authorities, and many tenants are reluctant to do this because they fear retaliation by their landlords. Except when it comes to lead, enforcement is discretionary. The responsibility for repairing or resolving the problem falls on landlords, and tenants have limited legal recourse, and few resources to pursue legal action.

To address these structural issues, local governments around the country are exploring options for regulating code enforcement. One of the most notable is proactive rental inspections (PRI).

Traditionally, code enforcement has been a complaint-based system. PRI programs provide preventive code enforcement through which a jurisdiction sends enforcement officers out periodically to try to identify potential problems before harm has been done.[1] For example:

- Los Angeles launched its Systematic Code Enforcement Program[2] in 1998, requiring multi-family rental properties with two or more occupied units to be inspected on a scheduled basis (currently every three years). The program is funded through an annual fee of about $43 on every unit. Violators can be penalized, and tenants can file complaints between scheduled inspections. The Los Angeles program has resulted in an estimated 99 percent compliance from landlords after inspectors point out violations; the program also includes a tenant outreach component.

- The PRI program in Sacramento, California[3] has been effective in identifying code violations. However, experience has shown that it requires a more sustainable source of funding than the fees collected for violations.

- Greensboro, N.C., initiated a PRI program[4] in 2004 through which units were inspected every five years. Reinspection fees levied after failing an initial inspection were set quite high, to encourage compliance. Note: after the program went into effect, the state passed legislation that preempted the local law and Greensboro lost authority to conduct the inspections.

PRI programs can be structured in a variety of ways. Before establishing a PRI program, municipalities should consider these questions:

- Do we have legal authority?

- How will we identify rental units?

[1] ChangeLab's "Guide to Proactive Rental Inspection Programs" is available at http://changelabsolutions.org/sites/default/files/Proactive-Rental-Inspection-Programs_Guide_FINAL_20140204.pdf.
[2] *See* also http://lahd.lacity.org/lahdinternet/CEUSCEP/tabid/395/language/en-US/Default.aspx.
[3] *See* also http://portal.cityofsacramento.org/Community-Development/Code-Compliance/Programs/Rental-Housing.
[4] *See* also http://ghc.illkd.com/wp-content/uploads/2008/04/enhancinghousingquality.pdf.

- Which units should be inspected?
- How often will inspections take place?
- Will we allow self-certification?
- What will be the scope of inspections?
- How will we give notice?
- What will enforcement look like?
- How will the program be funded?

While acknowledging that voluntary compliance, as opposed to mandatory compliance, involves trade-offs, property owners argue that an approach built on voluntary compliance is the best option for making homes healthier. Examples of incentives to encourage compliance could include; offering relief from certain regulations to landlords who are in compliance; providing compliant landlords with property tax breaks and other forms of tax relief; offering expedited permitting, fee reductions or assistance for first-time home buyers; and expanding educational programs for landlords and property owners about healthy housing. The Illinois Association of Realtors assisted in drafting a model local ordinancethat is complaint-driven and not based on mandatory inspections, but contains legislative standards that acknowledge that municipalities have a compelling interest in inspecting dwelling units for health and safety.

IDENTIFIED CHALLENGES TO CONSIDER MOVING FORWARD

While considering suggestions for future efforts, the working group identified challenges that must be taken into account and addressed when moving forward. For example, limited resources mean inspections need to be targeted and decisions must be made about which properties to inspect. The US Department of Housing and Urban Development (HUD) Healthy Home Rating system requires inspectors to assess 29 hazards, a process that takes 90 minutes—too long for the local public health departments' current capabilities. By comparison, a lead inspection focuses on one item and takes much less time. Some computer-based inspections systems are now available that can standardize and speed up the inspection process. Most housing inspections are based on a visual assessment that is likely to miss important housing conditions, such as radon or asthma triggers, that cause chronic health problems.

Large rental buildings are more likely to be inspected regularly, in part because the management companies are often accessible. But condominium units, smaller rental units and single-family homes tend to be overlooked, often because the owner is unknown or hard to locate.

Licensing or registration of rental units could be burdensome to implement, but some jurisdictions (such as Washington, D.C.) have successfully registered rental properties and used the registration fees to help fund periodic inspections.

Mandatory inspection and certification may be expensive. Municipalities or local health or building departments may not be able to pay for adequate regulation and enforcement.

OBJECTIVES AND GOALS

The working group suggested the following objectives and goals are worthy of further consideration. They focus on awareness and education; program development; policy, systems and legislation; and research needs.

Short-term Objectives

Awareness and education

- Use data from government sources to identify problem areas (e.g., from the 311 call center for city services).[5]
- Document how preventive efforts lead to positive health outcomes, particularly in poor neighborhoods.[6]
- Add healthy home standards to inspections that take place when homes are bought and sold.

[5] *See* "GIS Mapping Analysis: An Overview of the Problem Locally in Chicago and Cook County" at http://luc.edu/media/lucedu/hhhci/pdf/Treering presentation GIS.pptx for more ideas.
[6] *See*, for example, discussion of the collaboration between the Metropolitan Tenants Organization and Sinai Urban Health Institute in "Identifying and implementing public health and social service interventions that would make homes safer for children and families" in this document.

- Increase awareness of inspectors and renovators about healthy homes issues.

- Consider use of community home health educators and housing organizers to work with residents to identify and mitigate home-based health hazards as they learn techniques to control asthma.[7]

Policy, systems, and legislation

- Prioritize what types of housing should be regulated and the focus of these inspections.

- Find a workable "carrot-and-stick" approach that combines enforcement with rewards for property owners who observe healthy home standards.

- Make inspections "multifaceted:" Inspections should be carried out by inspectors trained and prepared to inspect the broad range of indoor environmental toxins, and responsibilities now scattered among building departments, public health departments, and housing agencies, should be combined.

- To keep enforcement costs manageable, prioritize inspectors' work. Focus on known "bad landlords," and repeat offenders. Conduct targeted inspections on a cyclical basis.

Long-term Objectives

Awareness and education

- Develop multi-disciplinary partnerships. For example, schools of public health, county health departments, federally qualified health centers and HUD have overlapping interests and could benefit from sharing information and resources.
    - One such model is Boston Breathe Easy at Home, a web-based referral system that allows doctors, nurses or other health professionals to refer patients with asthma for a home inspection conducted by the Boston Inspectional Services Department, whose workers are trained to detect in-home asthma triggers.[8]

Policy, systems and legislation

- Establish a regulatory system that includes standards, inspections and consequences. (One participant noted that even hairdressers are regulated.)

- Develop an effective way to identify absentee landlords so that all properties can be registered and certified.

Short-term Goals

Policy, systems and legislation

- Give landlords who house low- or moderate- income renters incentives or tax breaks if they keep their property safe.

- Enforce permits for renovation and demolition.

- Define the parameters of healthy housing by using the National Healthy Housing Standard[9] or another model.

- Break down departmental silos and educate inspectors across disciplines.

Program development

- Develop a pilot program in a Chicago and suburban Cook county neighborhood. Think creatively about new funding sources. For example, a Medicaid 1115 waiver could help pay for healthy home inspections, especially if it could be shown that inspections lead to better health outcomes.[10]

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[7] This is a model developed by the Metropolitan Tenants Organization and Sinai Urban Health Initiative which could be expanded.
[8] *See* http://www.cityofboston.gov/isd/housing/bmc.asp.
[9] *See* http://www.nchh.org/Portals/0/Contents/NHHS_Full_Doc.pdf.
[10] *See* also Identifying and Implementing Public Health and Social Service Interventions in this document.

- Develop a method of conducting random healthy home inspections.

Research

- Determine the difference in time to conduct a comprehensive healthy home inspection using the national Healthy Housing Standard compared to a single-hazard inspection and whether it is more efficient and cost effective to inspect multiple hazards at one time rather than piecemeal.

- Collect data about health hazards found during inspections. Do hazards tend to occur singly or in clusters? Are certain hazards likely to be accompanied by others in the same unit? Are hazards more likely to occur in properties with absentee landlords than those where landlords are present?

- Assess tenants' health at the time of an inspection, and again after remediation; track over time.

- Use GIS (geographic information system) data to map violations.

- Research effective program models in other parts of the country, including New York City and Kansas City.

Long-term Goals

The working group endorsed exploring development of a registry of rental units and their owners as a long-term goal. Compiling a list of rental units and contact information about owners could benefit regulators, who would be able to reach owners when problems arose, and the owners themselves, who would receive information from inspectors that could help them prevent problems. A registry would achieve the goal of surveillance of housing conditions, consistent, for example, with surveillance of individuals who are lead poisoned – we should track not only those who become ill but also the housing conditions that made them ill in the first place. The group also identified significant challenges, including how such a registry could be maintained with accurate information.

The group identified a second long-term goal—to promote better communication and coordination between government departments. For example, the Chicago Housing Authority conducts a visual inspection before certifying a Section 8 property to comply with Housing Quality Standards. It is then up to the Chicago Department of Public Health to inspect for lead contamination in compliance with IDPH lead standards. The standards should be consistent and not require separate inspections. This could be achieved by requiring compliance with the National Healthy Housing Standard.

SUSTAINABLE SOLUTIONS: DEVOTING MORE RESOURCES TO MAKING HOUSING HEALTHY

Facilitator
Joe Zanoni, Research Assistant Professor, Environmental and Occupational Health Science, University of Illinois Chicago

Presenters
Peter Levavi, Senior Vice President, Brinshaw Development; Yianice Hernandez, Director, Green Communities, Enterprise Community Partners; and Tim Pennell, Associate, Third Sector Capitol Partners

SUMMARY OF THE ISSUE AND CHARGE

Maintaining housing units and keeping up with repairs is an ongoing challenge. In many cases, repairs are deferred or ignored altogether because property owners—who are generally responsible for taking care of problems—lack sufficient financial resources or incentives to make them, especially when it comes to making health investments in housing.

Nearly any environmental hazard in a home can be remediated. Some interventions cost little or nothing, while others can cost thousands of dollars. Some interventions can actually reduce maintenance costs.

The Sustainable Solutions working group was charged with identifying creative ways to leverage funding to make housing healthy and to reframe healthy housing interventions as investments rather than expenditures. Benefits from these investments could include:

- Reduced need for health care, with concomitant reduction in health care spending
- Upgraded affordable housing
- Stabilized distressed neighborhoods
- Improved school performance
- Reduced crime and juvenile delinquency

The participants were asked to take into account the barriers to healthy housing, including the costs and investment required, lack of shared resources, duplication of effort, and grant programs' tendency to favor existing government infrastructure. There were also asked to consider potential funding streams as well as programs and approaches used in other areas of the country.

PRESENTERS' OVERVIEW

Peter Levavi, of Brinshore Development, described his firm's approach to funding affordable housing developments. Tim Pennell of Third Sector Capital Partners, Inc., discussed Pay for Success, an innovative approach to funding critical public services. Yianice Hernandez, director of the Green Communities initiative for Enterprise Community Partners, an organization with a 30-year history of involvement with affordable housing, discussed her work researching the benefits of and implementing green housing practices.

As a developer of affordable housing, Brinshore Development devotes much of its attention to minority contracting, economic

development, community amenities, retail, green design and sustainable design. Brinshore has four objectives for its projects:

1. Reduce energy consumption over the long term.
2. Alleviate flooding problems.
3. Introduce innovative technology where appropriate.
4. Improve indoor air and environmental quality.

Developers such as Brinshore find that the goal of making homes healthy can be impeded by cost and the lack of funding specifically earmarked for that purpose. Further, it can be difficult to keep homes healthy if residents and tenants don't understand hazards and the importance of maintenance. For that reason, Brinshore offers a manual, a video, training and some assistance to residents in units it has developed.

Pay for Success projects could be a means for addressing the cost of healthy homes. Pay for Success (PFS) is an approach to funding critical public services that aims to deliver better results by addressing social problems at an early stage and using taxpayer dollars to pay only for demonstrated success.[1] Under the PFS model, governments and service providers identify programs that have the potential to solve high-priority social problems, backed by strong evidence. Private and philanthropic investors cover the cost of those programs up front and can earn a return when such interventions achieve their targeted results. In addition, banks can satisfy Community Reinvestment Act[2] requirements by investing in PFS initiatives. An increasing number of cities, counties and states are exploring PFS models to support programs intended to reduce homelessness, improve child welfare, lower rates of recidivism, improve public health, expand access to early childhood education and address other social issues.

Healthy housing is a clear and appropriate area for PFS funding because it offers the prospect of reducing costs in many other sectors. For example, youth from healthy homes are less likely to drain government-funded systems such as community health care or juvenile justice, and reducing the need for medical interventions can help the government save on resources.[3]

As efforts to make affordable housing "green" attract more attention and resources, there may be opportunities to introduce healthy homes objectives as well. The "Incremental Cost, Measurable Savings" study (released in 2009 and updated in 2012) showed the cost-effectiveness of meeting the Enterprise Community Partners' Green Communities Criteria, which provide comprehensive guidelines for all types of construction projects. Twenty states work with Enterprise to incentivize green housing.

The Green Communities Criteria provide affordable housing developers with a cost-effective and holistic road map to create high quality and healthy housing, from design to construction to operations and maintenance. They align with Leadership in Energy & Environmental Design (LEED) guidelines put forth by the US Green Building Council. The Healthy Living Environment section of the criteria integrates rigorous standards for indoor air quality with a focus on increasing residents' comfort, health, safety and durability.

In New York, San Francisco and Chicago, Enterprise is launching a groundbreaking study to demonstrate the health benefits of integrating healthy building practices into the rehabilitation of affordable housing. Healthier living spaces are important for medical reasons, but showing that they reduce use of health services, reduce use of sick days, or increase time in school would demonstrate economic payback as well.

IDENTIFIED CHALLENGES TO CONSIDER MOVING FORWARD

While considering suggestions for future efforts, the working group identified challenges that must be taken into account and addressed when moving forward. They noted that, to gain policy makers' support for healthy housing initiatives, advocates need to demonstrate both short- and long-term positive results. To do this, the health-related effects of remediation need to be documented, which requires robust data systems and support for research.

Another challenge is that while there has been a trend toward locating affordable housing away from city center, developers cannot think solely about placement; they also need to consider water conservation, energy efficiency and clean air. They also must balance competing priorities when building in cities while striving to hold down costs, particularly as resources dwindle. And they are not convinced that meeting health-related

[1] *See* http://www.payforsuccess.org/.
[2] The Community Reinvestment Act , passed by Congress in 1977, provides a framework to encourage commercial banks and savings associations to help meet the needs of borrowers in all segments of their communities, including low- and moderate-income neighborhoods.
[3] An example of a case study on a launched Pay for Success project can be found here: http://www.thirdsectorcap.org/massachusetts-juvenile-justice-pfs/.

requirements saves them money, because these issues have not been well researched and little evidence exists to support cost-savings claims. In addition, under current policies, any savings that do result do not flow back to the housing sector.

Families need good jobs and sufficient income. It is unrealistic to expect people to make home maintenance a priority when they lack sufficient resources for everyday needs.

OBJECTIVES AND GOALS

The working group suggested the following objectives and goals would be worthy of further consideration. They focus on the areas of awareness and education; advocacy; program development; policy, systems and legislation; and areas for further research.

Short-term Objectives

Awareness and education

- Educate residents and property owners on home maintenance, health-related issues, and available resources.

Policy, systems, and legislation

- Take advantage of Medicaid 1115[4] waivers as a way of funding innovative healthy homes initiatives as part of the state's plan to integrate public health prevention activities into their Medicaid state plans.

Long-term Objectives

Awareness and education

- Simplify processes and coordinate the efforts of disparate organizations. For example, review the model offered by One Touch Boston[5], an initiative intended to help low-income families, property owners and housing developers navigate public health programs, health care services and housing programs.

Policy, systems, and legislation

- Determine best practices for lowering costs in healthy housing.
- Convince smaller municipalities to adopt healthy housing codes. For example, The Cook County Department of Public Health has partnered with the South Suburban Mayors and Managers Association to work with suburban municipalities and owners of multi-unit buildings to advance smoke-free housing policies.
- Investigate senior housing programs to find funders for healthy home programs.
- Tax or fine owners of unhealthy housing to provide more money for redevelopment.
- Encourage compliance with the National Healthy Housing Standard with adequate resources.
- Offer credits for healthy housing that could be shared or sold.

Short-term Goals

Advocacy

- Create partnerships based on shared priorities. For example, both lead poisoning prevention programs and early childhood home visiting programs focus on the health and development of children under six. Developing training systems for practitioners about how healthy homes initiatives support their desired outcomes for children would create wider professional support for

[4] Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to waive certain federal program requirements and instead approve experimental, pilot, or demonstration projects that promote the objectives of the Medicaid and CHIP programs. The purpose of these demonstrations, which give States additional flexibility to design and improve their programs, is to demonstrate and evaluate policy approaches, including providing services not typically covered by Medicaid such as supportive housing, and using innovative service delivery systems that improve care, increase efficiency, and reduce costs. For more information on Illinois' efforts to seek an 1115 waiver, *see* https://www2.illinois.gov/gov/healthcarereform/Pages/1115Waiver.aspx.

[5] http://www.nchh.org/Portals/0/Contents/Boston_One_Touch_Final_022708.pdf.

the issues and be a tool for ensuring that educational messages are provided to parents in these programs.

Policy, systems, and legislation

- Identify and promote sample policies and practices that allow public health and health care providers to link to community based supports for asthma and other types of respiratory disease. In many cases, the home-based interventions supplied by community-based organizations have been found to increase medical treatment compliance and improve the housing conditions that contribute to burden of disease.

- Conduct a social impact bond or Pay for Success pilot project focused on healthy homes.

Research

- Conduct a cost-benefit analysis of healthy housing; determine return on investment for Chicago and Cook County.

Long-term Goals

Education and awareness

- Increase awareness of the fact that healthy homes improve quality of life.

Policy, systems, and legislation

- Investigate cap-and-trade programs for CO^2 and other emissions, to determine if that model could be applied through a public health platform.

ENCOURAGING DECISION-MAKERS TO ADDRESS HEALTHY HOUSING ISSUES

Facilitator
Marilyn Krogh, Associate Professor, Sociology,
Loyola University Chicago

Presenters
Harry Osterman, 48th Ward Alderman; Joan Vitale, Special Initiatives Director, Voices for Illinois Children; Susy Schultz, Executive Director, Community Media Workshop

SUMMARY OF THE ISSUE AND CHARGE

Millions of homes in the United States have moderate to severe physical housing problems. Health threats to children and families in the home and community are often unrecognized. Informing them is necessary, but not sufficient, to solve the problem. Those who have the power and responsibility to make housing healthy must become aware of the impact of environmental toxins and inadequate housing on neighborhoods and commit to eradicating these problems.

There is a need to educate decision makers in both public and private sectors, including legislators, philanthropists, bankers, real estate agents, and insurers, housing and public health officials and others about the importance of making housing safe. They need to know:

- Environmental toxins cause real damage to children, their families and their communities.
- The costs to the community of unhealthy housing are significant.
- Because of its large urban population and sizable low-income population, a large number of Cook County children are being harmed by environmental toxins.
- Significant and tangible benefits follow when homes are healthy, including improved chances of school success, reduced crime and delinquency, and lower healthcare expenditures.
- This problem is solvable.

The working group on raising decision-maker awareness was charged with identifying messages and thinking about how best to frame them in order to engage the range of stakeholders.

PRESENTERS' OVERVIEW

Harry Osterman is alderman of the 48th Ward on Chicago's North Side. While he was a State Representative for the 14th District (serving Andersonville, Edgewater, and Rogers Park) from 2000-2011, Alderman Osterman spearheaded legislation to prevent children from becoming lead-poisoned. Joan Vitale is director of special initiatives for Voices for Illinois Children, a statewide advocacy group focusing on child and family issues. The group attempts to educate, inform and advocate on all issues, across the state. Susy Schultz is executive director of the Community Media Workshop (CMW) and adjunct professor

of journalism at Columbia College Chicago. All three presenters discussed communicating about healthy-homes issues and building relationships with legislators.

Effective storytelling is an important means of communicating with all stakeholders. For example, stories on individuals fixing their own situations, and local efforts to fix specific problems, can be particularly helpful with political leaders. In a time of limited resources, messaging efforts must be well-organized and disciplined. Stories that convey the risks of unhealthy homes, and the benefits of healthy ones, would be very effective with all constituencies. Further, in the heat of battle, legislators can keep their focus by holding onto those stories and images. They provide leaders with something to counter opposition or dissenting opinions.

While clear, relatable stories can demonstrate advocates' passion, adroit use of data can support the main policy objectives and proposals. Relevant facts, clearly explained, are very persuasive.

Another key communication strategy is to build partnerships and coalitions, as well as personal relationships with legislators. Such partnerships and relationships take time to develop and require regular attention. Identifying leaders' community ties—church, business or family, for example—can form a framework for building relationships with them. In influencing political leaders, it is critical to involve their constituents. In order to pass legislation, a champion is always needed to pick up the torch for an issue.

The news media can play an important role in communicating to all audiences. Advocates can tap into the Illinois News Connection,[1] a network of independent public interest news services, and Chicago's 170-outlet ethnic media network, most of which use press releases in their reporting. Advocates should also use social media, a particularly useful tool for organizing. First and foremost to all these considerations, however, is developing a comprehensive and effective communication strategy.

IDENTIFIED CHALLENGES TO MOVING FORWARD

While considering suggestions for future efforts, the working group identified challenges that must be taken into account and addressed when moving forward. The group noted that proposals often cost money and advocates can be forced to compete for resources with many other causes that also impact children and families. That competition can also become a battle for elected leaders' time and attention. The group also noted that, while coalitions are important, they require time, energy and patience to build and maintain.

OBJECTIVES AND GOALS

The working group suggested the following objectives and goals would be worthy of further consideration. They focus on the areas of awareness and education; advocacy; program development; policy, systems and legislation; and areas for further research.

Short-term Objectives

Advocacy

- Send a one-page summary of the Summit to aldermen and legislators, and let them know when the Summit report is available.

Awareness and education

- Brainstorm stories about the impact of unhealthy housing.
- Educate real estate agents on healthy homes issues, particularly in vulnerable neighborhoods.
- Create and distribute a fact sheet on the costs of unhealthy homes.

The group also identified several policy, systems, and legislative efforts they'd like to see put into place, including,

- Seek reimbursement from Medicaid or insurers for asthma assessment (likely requires Medicaid waiver).
- Seek funding via existing federal consolidated plan and

[1] *See* http://publicnewsservice.org/statepages/index.php?abbr=inc for more information.

community development block grant processes.
- Leverage tax-increment financing funds for healthy homes repairs.

Research

- Conduct locally-oriented cost-benefit analyses of healthy housing to be used in advocating with decision-makers and the media.
- Survey current knowledge based about healthy homes.
- Compile available data about indoor environmental toxins to share.
- Identify and learn from existing campaigns in other jurisdictions.

Long-term Objectives

Awareness and education

- Disseminate information about healthy homes to public places – schools, legislative ward and district offices, building departments, housing departments.

Program development

- Housing Authorities should adopt no-smoking policies, or work with tenants to develop smoke-free areas. Educating tenants, figuring out where tenants can smoke, and possibly developing floors or wings that are smoke-free will help with compliance.

Research

- Conduct research on effective messaging.
- Study the effects of smoking bans in public housing.
- Study the effects of mold on inhabitants.
- Research best practices for achieving compliance with healthy homes principles.

The group also identified several policy, systems, and legislative efforts they'd like to see put into place, including,

- Incorporate healthy homes standards into local building and housing codes.
- Pass a legislative platform of healthy homes policies, including provisions for enforcement.

Short-term Goals

Advocacy

- Identify key stakeholders.
- Identify community-based advocates and train them on advocacy and lobbying.

Awareness and education

- Create a centralized healthy homes database.
- Build healthy homes principles into new home buyer and renter education program.

Long-term Goals

Awareness and education

- Develop public awareness campaign.
- Develop website with information on indoor environmental toxins, resources, and successful intervention models.
- Add healthy homes criteria to existing lead inspection and enforcement programs.

Potential partners

The group suggested potential partners who could help raise awareness and advocate for policy change, including:

- Corporations involved in health care, housing and environmental issues.

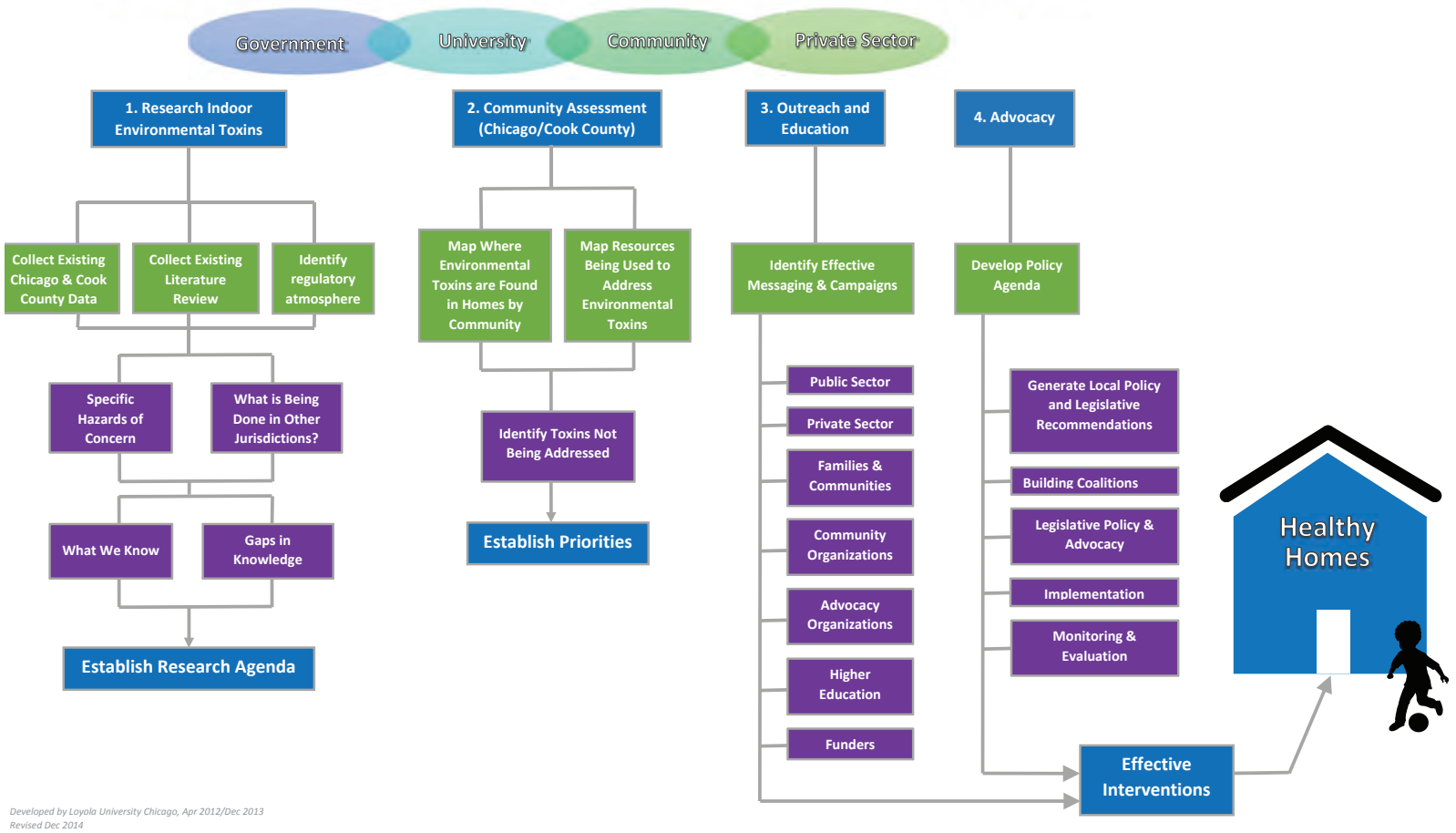
- Hospitals, physician groups and associations of medical practitioners.
- Advocacy organizations such as the March of Dimes, the American Lung Association and the American Heart Association.
- Education organizations such as Chicago Public Schools, other area public and private schools, and teachers unions.
- Media and communications companies.
- Churches, synagogues, mosques and other religious organizations.
- Real estate agents; banks and financial institutions.
- Colleges and universities, with particular emphasis on medical schools and schools of public health.

CLOSING SESSION

At the end of the day, Summit participants reconvened to hear summaries of the breakout sessions. In addition, Bechara Choucair, Commissioner of the Chicago Department of Public Health, spoke and emphasized the importance of the multidisciplinary group coming together to tackle the challenges of making homes free of indoor environmental toxins. Katherine Kaufka Walts, Director of Loyola University's Center for the Human Rights of Children, and Anita Weinberg, Director of the School of Law's ChildLaw Policy Institute, ended the Summit by thanking all those who had participated for their hard work, commitment, and passion to finding solutions to making homes healthy, and set out the plans for the next stage of the Initiative, including compiling proceedings from the Summit into a report. The report will be widely distributed to the Summit participants and others.

The objectives and goals identified during the Summit will be used as a blueprint for both the City and County departments of public health to develop strategic plans to address indoor environmental toxins. Summit participants will be invited to participate in groups to help identify the organizations, agencies, universities, and individuals who have the expertise and/or interest in pursuing research, education, program, policy, legislation or advocacy and to begin to undertake the work.

ADVANCING HEALTHY HOMES AND HEALTHY COMMUNITIES PARTNERSHIP



Developed by Loyola University Chicago, Apr 2012/Dec 2013
Revised Dec 2014



Summit Agenda

Advancing Healthy Homes & Healthy Communities

June 19, 2014

8:30 am – 9:00 am	**Registration and Continental Breakfast**
9:00 am – 9:30 am	**Welcome and Opening Remarks**
3-5 min max each)	John Pelissero, Provost, Loyola University Chicago Cort Lohff, Medical Director, Chicago Department of Public Health Terry Mason, COO, Cook County Department of Public Health Centers for Disease Control and Prevention (invited) Matthew Ammon, Acting Director, Healthy Homes, US Department of Housing and Urban Development Susan Hedman, Region V Administrator, US Environmental Protection Agency
9:30 am – 11:30 am	**Keynote Address and Presenters**

Keynote Speaker: Ronald Sims, former Deputy Secretary,
U.S. Department of Housing and Urban Development

Why Care About Healthy Housing and Healthy Communities?

Followed by Question and Answer period

Presentations:

How Indoor Environmental Hazards Harm Children and their Families

Helen Binns, MD, MPH, Professor in Pediatrics-Academic General Pediatrics and Primary Care and Preventive Medicine; Nutritional Evaluation and Lead Evaluation Clinics at Ann & Robert H. Lurie Children's Hospital of Chicago

An Overview of the Problem Locally through GIS Mapping Analysis

David Treering, GIS Specialist, Loyola University of Chicago and
David E. Jacobs, PhD, CIH, Director of Research, National Center for Healthy Housing and Adjunct Associate Professor, University of Illinois at Chicago School of Public Health

Question and Answer period

11:30 am – 11:45 Break and Move into Concurrent Working Sessions (with box lunches)

The purpose of the concurrent working sessions is to begin a discussion on a blueprint(s) for the City of Chicago and Cook County to address indoor environmental toxins and healthy housing.

11:45 – 3:00 Concurrent Working Sessions (each session all afternoon)

Concurrent working sessions beginning with presentations to frame the issues and inform the discussion

Healthy Housing Initiatives: Increasing Public Health and Social Service Interventions Aimed at Children and Families

Focus of presenters:
- *Review of existing public health and social interventions (including education)*
- *Identification of new initiatives*

Presenters:
- Jessica Ramsey, Supervisor of Program Initiatives, Sinai Urban Health Institute
- Loreen Targos, Board of Directors, Metropolitan Tenants Organization
- Stephanie Altman, Assistant Director, Healthcare Justice, Sargent Shriver National Center on Poverty Law

Where Do We Go From Here: Current Laws and Enforcement Practices, and Future Approaches

Focus of presenters:
- Current laws, local enforcement mechanisms, challenges
- Identification of different approaches

Presenters:
- Emily Coffey, Loyola University School of Law
- Anne Pearson, Vice President, Programs, ChangeLab Solutions
- Michael Scobey, Assistant Director, Advocacy and Local Issues, Illinois Association of Realtors

Sustainable Solutions: Identification of ways to leverage dollars

Focus of presenters:
- The impact of building and rehabbing on establishing healthy homes and the ways in which federal, state and private programs are addressing green and healthy housing
- Identify emerging trends and strategies that promote affordable housing and communities that are healthy, safe, and sustainable.

Presenters:
- Peter Levavi, Senior Vice President, Brinshaw Development
- Yianice Hernandez, Enterprise Community Partners
- Tim Pennell, Third Sector Capital Partners

Putting Healthy Homes on Decision Makers' Radar Screen

Focus of presenters:

- The different types of information needed by different decision makers: philanthropists, legislators, media.
- Identify key messages to convey and how the message is shaped so that the various interest groups are engaged.

Presenters:

- Harry Osterman, 48th Ward Alderman
- Susy Schultz, Executive Director, Community Media Workshop
- Joan Vitale, Special Initiatives Director, Voices for Illinois Children

3:00 – 3:45 **Where Do We Go From Here: Summary of Breakout Action Plans**

Remarks:

Bechara Choucair, Commissioner, Chicago Department of Public Health

Discussion Facilitators:

Katherine Kafka-Walts, Center for Human Rights of Children, Loyola University Chicago
Anita Weinberg, Civitas ChildLaw Policy Institute, Loyola University Chicago

LOYOLA UNIVERSITY CHICAGO

Preparing people to lead extraordinary lives

Advancing Healthy Homes & Healthy Communities

Thursday, June 19, 2014
Loyola University Chicago, 25 E. Pearson St., Chicago, IL 60611

Speakers, Panelists, and Facilitators

Plenary Session (in order of speaking), 9am-11:30am

John Pelissero, PhD, is Provost and Chief Academic Officer at Loyola University Chicago. He is also a Professor of Political Science at Loyola, where he has been a member of the faculty for 29 years. He served as Chairperson of the Department of Political Science from 1999-2002. He became the university's Associate Provost for Curriculum Development in 2003. From 2005-2010 he was Vice Provost in the Division of Academic Affairs. He was named Provost in May 2010. Dr. Pelissero earned his B.A. in Political Science from Marquette University in 1975. He holds an M.A. (Political Science) and M.P.A. from the University of Oklahoma. He received his Ph.D. in Political Science from the University of Oklahoma in 1983 and served on the faculty of Texas A&M University from 1983 until 1985. He specializes in urban politics, state politics and intergovernmental relations, and he has conducted extensive research on Chicago and its politics for more than a decade. Dr. Pelissero is also a commentator for national and local media and organizations on higher education, city and state politics, campaigns and elections.

Cort Lohff, MD, MPH is Medical Director of the Division of Environmental Health at the Chicago Department of Public Health. He previously served as State Epidemiologist and Chief of the Infectious Disease Section at the Vermont Department of Public Health, Assistant State Epidemiologist and Chief at the Center for Acute Disease Epidemiology at Iowa Department of Public Health, and Preventive Medicine Resident at the New York State Department of Health/University at Albany School of Public Health. Dr. Lohff has worked as an Adjunct Assistant Professor at the University of Iowa School of Public Health, and as a Clinical Professor at Des Moines University's Osteopathic Medical Center. He has written numerous publications on infectious and non-infectious disease outbreak investigations.

Terry Mason, MD is the Chief Medical Officer (CMO) of the Cook County Health and Hospitals System, overseeing hospital quality and safety, coordination of clinical care and graduate medical education. Prior to his role as CMO, Dr. Mason was appointed the Chicago Public Health Commissioner by Mayor Richard M. Daley. He received his Bachelors of Science degree from Loyola University and went on to obtain his medical degree from the University of Illinois College Of Medicine. After medical school he completed a general surgery residency at the University of Illinois and a urology residency at Michael Reese Hospital. Dr. Mason is a nationally renowned health educator and is well known for pioneering the use of brachytherapy and for his expertise in the treatment of erectile dysfunction. Dr. Mason recently served as Interim Chief Executive Officer of the Cook County Health and Hospitals system (CCHHS), overseeing the day-to-day operations of the third largest public health delivery system in the county.

Matthew Ammon is the Acting Director of the Office of Lead Hazard Control and Healthy Homes at the U.S. Department of Housing and Urban Development. He has worked at HUD for 19 years to eliminate childhood lead poisoning and to address housing conditions that threaten the health of residents. He has spearheaded the Department's role in efforts to reduce housing-related environmental hazards, and led the development of robust grant programs to support local efforts to address environmental hazards in the home. To that end, these grant programs have been instrumental in creating technical capacity around the country, and have resulted in a decrease of 75 percent nationwide in the prevalence of elevated blood lead levels among children ages 1-6.

Mr. Ammon has been instrumental in leading the Department in a new direction through the Healthy Homes Strategic Plan, developed by the Office of Healthy Homes. In addition, he was the primary author of *Advancing Healthy Housing – A Strategy for Action*, which outlines goals and priorities in healthy housing for the next three to five years through the work of the federal interagency Healthy Homes Work Group. Mr. Ammon's contributions are also seen on the Federal Radon Action Plan, the Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities, the Surgeon General's Call to Action to Promote Healthy Housing, and the National Prevention Council's National Prevention Strategy.

Susan Hedman was appointed on Earth Day 2010 by President Barack Obama to be Region 5 Administrator for US Environmental Protection Agency (EPA). She directs EPA's operations in the six-state Great Lakes region, which includes Illinois, Indiana, Ohio, Michigan, Wisconsin and Minnesota, as well as 35 federally-recognized tribal governments. One of her most important roles is that of Great Lakes National Program Manager, in which she oversees restoration and protection of the largest freshwater system in the world. She leads a team of over one thousand scientists, engineers, lawyers, environmental specialists and administrative staff in the Region 5 Office.

Ron Sims is a civic volunteer active in health, education, environmental and social equity issues. Appointed by Governor Jay Inslee, Mr. Sims serves as the chair of the Washington Health Benefit Exchange Board. The board is responsible for the implementation of the Affordable Care Act in Washington State.

Mr. Sims served as the Deputy Secretary for the U.S. Department of Housing and Urban Development from 2009 to 2011. As the second most senior official at HUD, Sims managed the day-to-day operations of an agency with 8,500 employees and an operating budget of nearly $40 billion.

Prior to his appointment at HUD, Mr. Sims served for 12 years as the elected Executive of Martin Luther King, Jr. County in Washington State, the 13th largest county in the nation with 1.8 million residents and 39 cities including the cities of Seattle, Bellevue and Redmond. As County Executive, Mr. Sims was nationally recognized for his work on the integration of environmental, social equity and public health policies that produced groundbreaking work on climate change, health care reform, affordable housing, mass transit, environmental protection, land use, and equity and social justice.

Mr. Sims is on the Board of Regents of Washington State University. He also is on the Board of Directors of the Washington Health Alliance, a nonprofit organization he helped found where employers, physicians, hospitals, patients, health plan providers and others from throughout the region come together to improve health care quality. Mr. Sims serves on the Puget Sound Leadership Council, a seven-member citizen group that governs the Puget Sound Partnership, a state agency coordinating with federal, state, local, tribal and private resources in restoring the ecological health of Washington State's largest estuary.

Helen Binns, MD, is Professor of Pediatrics and Preventive Medicine, Feinberg School of Medicine, Northwestern University. She directs the Lead Evaluation and Wellness & Weight Management Programs at Ann & Robert H. Lurie Children's Hospital of Chicago. She also directs the Pediatric Practice Research Group (a 28-year-old Chicago-regional practice-based research network) and the Center on Obesity Prevention and Management at Lurie Children's Hospital. She completed medical school at Northwestern University, a pediatric residency and Ambulatory Pediatrics Fellowship at Children's Memorial Hospital (now Lurie Children's) and obtained a Master's in Public Health degree in epidemiology at University of Illinois at Chicago. She is past chairperson of the American Academy of Pediatrics Council on Environmental Health.

David Treering, MS, is the Geographic Information Systems Specialist (GIS) at Loyola University Chicago's Institute of Environmental Sustainability, where he has worked since 2005. Mr. Treering specializes in data manipulation, spatial analysis, web-based software development and information visualization. He holds a BS in Geography from Northern Arizona University, a Certificate in GIS from DePaul University and an MS in Software Engineering from Loyola University Chicago.

David E. Jacobs, PhD, CIH, is an adjunct professor at the University of Illinois at Chicago School of Public Health. He is also the research director at the National Center for Healthy Housing and the Director of the World Health Organization Collaborating Center on Healthy Housing Research and Training. He has published numerous peer-reviewed papers on healthy homes, the relationship between lead paint and window replacement, intervention efficacy and hazard detection and many other papers. He has testified before Congress on several occasions. He is the scientific editor of a recent WHO book on the Population Attributable Fraction of Disease related to inadequate housing. He is the principal author of the President's Task Force report on childhood lead poisoning 2000. Dr. Jacobs helped design the Evaluation of the HUD Lead Hazard Control grant program and is the Principal Investigator on a study of housing ventilation in a randomized controlled trial. He is the principal author of the 1999 Report to Congress that launched the nation's Healthy Homes Initiative. Dr. Jacobs previously worked at the U.S. Department of Housing and Urban Development as Director of the Office of Healthy Homes and Lead Hazard Control, where he was responsible for policy development, grants management, enforcement, public education and training, and research.

Concurrent Working Session (in alphabetical order) 11:45am- 3pm

Stephanie Altman, JD is the Assistant Director of Health Care Justice at the Sargent Shriver National Center on Poverty Law. Ms. Altman specializes in Medicaid, Medicare, and health insurance issues. She represents children and adults in individual and class actions related to health care equity and also advocates for quality, accessible health care through administrative and legislative avenues. Ms. Altman earned her law degree from Loyola University School of Law and a BA from Grinnell College. She received the 2011 Loretta Lacey Child Health Advocacy Award from the Illinois Maternal Child Health Coalition, the Esther R. Rothstein Award in 2010 from the Lawyers Trust Fund of Illinois and the Child Health Advocates Award in 2005 from the American Academy of Pediatrics. She was named a Trial Lawyer of the Year Finalist in 2006 by Trial Lawyers for Public Justice.

Bechara Choucair, MD is the Commissioner of the Chicago Department of Public Health. He is working to re-shape the department to meet the public health challenges of the 21st century. Born in Beirut, Lebanon, Dr. Choucair earned a Bachelor of Sciences degree in Chemistry (with distinction) and a Medical Diploma from American University of Beirut. From 1997-2000 he did his Family Practice Residency at the Baylor College of Medicine in Houston, Texas. In 2009 he earned his Master's Degree in Health Care Management from the University of Texas at Dallas. Prior to working with the Chicago Department of Public Health, Dr. Choucair served as Medical Director of Crusader Community Health, Executive Director of Heartland International Health Center, and Vice-chair of Community Medicine, Department of Family & Community Medicine, Feinberg School of Medicine at Northwestern University.

Emily Coffey, JD is a recent graduate of Loyola University Chicago School of Law. During law school, she was an active member of the Health Justice Project where she represented children and families living in unsafe and unhealthy housing and conducted policy research related to healthy housing. Ms. Coffey worked as an intern at the Lawyers' Committee for Better Housing and at CARPLS (Coordinated Advice and Referral Program for Legal Services). She also interned at the Sargent Shriver National Center on Poverty Law and the Illinois Human Rights Commission. Before law school, Ms. Coffey worked at CARPLS as a supportive services coordinator for the Homelessness Prevention and Rapid Rehousing Program.

Anne Figert, PhD (*facilitator)* is an Associate Professor of Sociology at Loyola University Chicago. Her research interests include health, medicine, sociology of science, and gender. She has been actively involved in community based research with HIV/Aids. She received her PhD Degree in Sociology and Master's Degree in Sociology from Indiana University at Bloomington. She has been with Loyola University Chicago since 1991.

Yianice Hernandez is the deputy director of Green Communities at Enterprise Community Partners, where she oversees the research and evaluation of economic, environmental, and health benefits of green affordable housing. In addition, Ms. Hernandez manages the development of tools and resources that share best practices and directs the ongoing performance tracking of Green Communities developments. She administered the research for the 2009 Incremental Cost, Measurable Savings: Enterprise Green Communities Criteria report, the first-of-its-kind study showing the cost effectiveness of meeting the Enterprise Green Communities Criteria. Prior to her time at Enterprise, she was a member of the construction project management team of Common Ground Community, one of the largest nonprofit supportive housing development organizations in New York City. She holds a bachelor's degree in Sociology from Pace University and a master's degree in nonprofit administration from the University of Notre Dame.

Lisa Jacobs, JD (*facilitator)* is the Program Manager for the Models for Change Initiative, which is funded by the John D. and Catherine T. MacArthur Foundation and managed by Loyola University Chicago School of Law. She is an attorney with 15 years of experience in courts and system administration. Prior to joining the Models for Change Initiative, Ms. Jacobs was the Director of Judicial Education for the Illinois Supreme Court, and Juvenile Justice Specialist for the state of Illinois. She was appointed by Illinois Governor Pat Quinn to the Juvenile Justice Commission on which she serves as Vice-Chair, and as Chair of the commission's Planning and Grants Committee.

Katherine Kaufka Walts, JD is the Director of the Center for the Human Rights of Children at Loyola University Chicago. The Center represents, coordinates, and stimulates efforts of the Loyola University community to understand and protect the human rights of children utilizing an interdisciplinary approach. Prior to joining Loyola, Ms. Kaufka Walts served as the Executive Director of the International Organization for Adolescents (IOFA) where she developed several projects in the US and abroad advancing the rights of children and youth. Prior to IOFA, Ms. Kaufka Walts managed the Counter-Human Trafficking project at the National Immigrant Justice Center. Ms. Kaufka Walts has provided expert testimony to local, national, and international governmental bodies. Her international work includes project development, training, and consultation in the Dominican Republic, Latvia, Ethiopia, and Kosovo.

Marilyn Krogh, PhD (*facilitator)* is an Associate Professor of Sociology at Loyola University Chicago. Her primary research interests are inequality in labor markets and urban sociology, and her secondary interests are in religion and the scholarship of teaching and learning. During her graduate work at the University of Chicago, Dr. Krogh was a member of the Urban Poverty and Family Structure Study. Dr. Krogh is also the Director of the interdisciplinary Urban Studies program at Loyola.

Peter Levavi, JD is Senior Vice President of Brinshore Development, where he is responsible for coordinating the firm's mixed income and public housing redevelopment activities. Prior to work at Brinshore, Mr. Levavi served as Vice President at LR Development Company in Chicago, where he worked on HOPE VI and Tax Credit financed projects. He has also worked as Director of Professional Education at the University of Illinois at Chicago's Great Cities Institute, as a facilitator of the Community First Leadership Program and Housing and Community Development Program, an intensive training program for upper-level management from the U.S. Department of Housing and Urban Development, and a professor of Development Finance in the graduate-level College of Urban Planning and Policy Affairs. Mr. Levavi serves as an active member of the Urban Land Institute, Lambda Alpha International – the Honorary Society for the Advancement of Land Economics, the Metropolitan Planning Council and the National Association of Housing and Redevelopment Officials (NAHRO). He is an adjunct professor at DePaul University, and is a practicing attorney and real estate broker. Mr. Levavi earned a B.S. from Cornell University, a diploma from the London School of Economics, a J.D. from Harvard Law School and a M.P.P. from Harvard University's Kennedy School of Government.

Harry Osterman is Alderman of the 48th Ward. As a community activist and former President of the Edgewater Community Council, Alderman Osterman has worked on a broad range of community issues. Alderman Osterman was previously the State Representative for the 14th District, serving the Andersonville, Edgewater, and Rogers Park neighborhoods. As a State Representative, he tirelessly fought for legislation to improve the quality of life in his district and served as Vice Chairman of the Human Services Committee. As State Representative, he was a leader in protecting children from the harmful effects of lead poisoning, including sponsoring and passing the state's first prevention focused legislation which required children's products be lead free, increased warning labels and awareness about the dangers of lead paint, and increased inspections of homes for lead poisoning. Most recently as alderman, he spearheaded an ordinance to address bed bugs.

Anne Pearson, JD is Vice President of Programs at ChangeLab Solutions, where she manages tobacco control and healthy housing programs. She has worked in the field of public health for many years, first as senior legal counsel for policy in the New York City health department's bureau of tobacco control and most recently as a policy advisor with the Seattle and King County health department. Before working with local health departments, Ms. Pearson was chief of the health and reproductive rights section in the civil rights bureau of the New York State Attorney General's Office and practiced poverty law. Ms. Pearson, graduate of New York University School of Law, has taught public health law at Seattle University School of Law.

Tim Pennell, MBA is an Associate in Third Sector's Boston office. Mr. Pennell provides support for Third Sector's business development initiatives, including development of partnership strategy and management of partner relationships. He is active in the delivery of consulting engagements, coordination of procurement responses, and implementation of marketing activities. Prior to Third Sector, Mr. Pennell served as Development Manager for Winston-Salem Symphony in Winston-Salem, NC where he managed individual giving, grants, and special events. Mr. Pennell graduated magna cum laude from Vanderbilt University with a B.S. in Human & Organizational Development and a second major in Music, and holds an M.B.A. with honors from Boston University.

Jessica Ramsay, MPH is the Supervisor of Program Initiatives at Sinai Urban Health Institute (SUHI) in Chicago. She currently supervises Helping Children Breathe and Thrive in Chicago's Public Housing: A Healthy Homes Partnership, a HUD-funded project that uses Community Health Workers, in two different Chicago housing projects to provide asthma education to children with asthma and their caregivers. Prior to joining SUHI, Ms. Ramsay worked as a bilingual Lung Health Educator on the Healthy Lungs Initiative through the Respiratory Health Association of Metropolitan Chicago, providing both one on one and group asthma education and smoking cessation counseling to patients in the Cook County inpatient and outpatient clinics. She has done a significant amount of work in Chicago's underserved communities. Ms. Ramsay received her Masters of Public Health in Community Health from University of Illinois at Chicago.

Susy Schultz is Executive Director of the Community Media Workshop and an adjunct professor in the journalism department at Columbia College Chicago. She has worked for newspapers, a wire service, websites and magazines covering politics, health care, business and parenting for the Chicago Sun-Times, The Chicago Reporter, Chicago Tribune, New York Times Syndicate and Chicago Parent as well as serves as a frequent guest on radio and television shows. While editor of Chicago Parent, she served as lead editor on an extensive investigation of lead poisoning in the City. Ms. Schultz has also worked in government, academia and the foundation world, including serving as public information officer for a federal agency and for the Chicago Department of Public Health. She also was communications director of the Chicago Foundation for Women.

Michael Scobey is Assistant Director of Advocacy and Local Issues at the Illinois Association of Realtors (IAR). He supervises and coordinates the IAR Issue Advocacy Program, which includes the coordination and management of Issue Advocacy campaigns, inside research, outside research and polling, legal analyses of local government proposals and public relations/education projects. He is responsible for the production of educational and advocacy pieces related to the local government affairs program. He also oversees the local Governmental Affairs Director (GAD) program, which includes serving as a liaison to the local GADs and other staff on issue development and prioritization and overall campaign design. Mr. Scobey represented IAR on the Illinois Lead Safe Housing Task Force and worked with advocates to pass prevention driven legislation focused on eliminating childhood lead poisoning.

Loreen Targos is on the Board of Directors of the Metropolitan Tenants Organization (MTO). Prior to joining the MTO Board, Ms. Targos was the Healthy Homes Organizer for MTO, one of the first staff members to focus on healthy homes issues. Her project, Safe and Healthy Homes: A Primary Prevention Partnership, involved MTO, Children's Memorial Hospital, and the Illinois Chapter of the American Academy of Pediatrics. Ms. Targos is currently completing her Master's in Public Health at the University of Illinois Chicago.

Joan Vitale is Director of Special Initiatives at Voices for Illinois Children. Ms. Vitale oversees the creation and support of Voices Leadership Committees — groups of civic leaders, community and business leaders, and concerned citizens who are passionate about improving children's lives. Ms. Vitale previously directed the parent-education component of Voices' nationally known Start Early: Learning Begins at Birth campaign, which provided young, at-risk parents with information about nurturing and stimulating the crucial brain development that occurs in a baby's first years. The Start Early campaign used an award-winning original video and parenting magazine. Her work included providing training to more than 400 service organizations around the state in using the Start Early materials. Prior to joining Voices in 1997, Ms. Vitale was director of the Child & Parent Center at the Pennsylvania Hospital in Philadelphia, where she managed support programs for more than 300 families. She also participates on a variety of statewide and local boards.

Anita Weinberg, JD, MSW is a Clinical Professor of Law and Director of the ChildLaw Policy Institute at Loyola University Chicago School of Law. She has worked on behalf of children and families for over 35 years as an attorney and as a social worker. Prior to teaching at Loyola, she served as director of Policy and Planning for the Department of Children and Family Services Office of Inspector General; as an Assistant Cook County Public Guardian, and as a staff attorney with the Legal Assistance Foundation of Chicago where she represented parents and children in the juvenile court, in class action litigation, and in legislative advocacy. Professor Weinberg involves students in interdisciplinary projects in the areas of child welfare, juvenile justice and children's health. She and students have been intensively involved in efforts to eliminate childhood lead poisoning in Chicago. She has co-authored amendments to the Illinois Juvenile Court Act and the Illinois Lead Poisoning Prevention Act. Professor Weinberg has testified before congressional and state legislative committees on child welfare and health related issues.

Joe Zanoni, PhD *(facilitator)* is a Research Assistant Professor of Environmental & Occupational Health Science at the University of Illinois at Chicago. Mr. Zanoni has over 30 years of experience in education. His research interests include community based participatory research, qualitative research methods including critical discourse analysis. He received his Doctorate Degree from the University of Illinois at Chicago.

Advancing Healthy Homes & Healthy Communities
A City and Countywide Summit[1]

June 19, 2014

Sustainable Solutions: Devoting more resources to making housing healthy

THE PROBLEM

Advocates know housing cannot be made healthier without more resources. Local governments need to spend tax dollars on effective regulation and enforcement (discussed in "Fostering compliance with healthy housing practices"). But a significant amount must be spent on property maintenance and remediation of problems, a cost that is largely borne by property owners.

Maintenance is constantly required and is universally needed. According to the 2009 American Housing Survey, in Chicago, major repairs are needed for approximately 390,400 rental units, while 396,800 units require minor repairs. A main reason for delay or failure to make repairs is lack of financial resources or incentives to make the repairs.

There are effective interventions for all home-based environmental hazards—some cost little or nothing, some can cost thousands of dollars. Some interventions, such as a smoking ban, will actually reduce maintenance costs. Other hazards have varying remediation costs. For example, radon mitigation costs about $1,000 and asthma interventions can cost as little as $500. Lead hazard removal can cost an average of $6,000 to $10,000 depending on the extent of the hazard.

The challenge for this Working Group is to identify creative ways to leverage dollars to make housing healthy while recasting healthy housing interventions as investments, rather than as expenditures. Benefits from these investments could include:

- Reduced need for, and spending on, health care
- Upgraded affordable housing
- Stabilized distressed neighborhoods
- Improved school performance
- Reduced juvenile delinquency

[1] 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.

Working Group Objective

The task of this working group is to identify short- and long-term objectives to meet the goal of devoting more resources to making housing healthy in Chicago and suburban Cook County. 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

Four key barriers to enacting an effective healthy homes strategy are:

1. The investment required;
2. Focus on the costs involved in abating and mitigating rather than the benefits and cost-saving;
3. Lack of sharing of program resources (for example, having separate departments responsible for inspecting for lead but not mold);
4. Many federal and state grant programs favor the existing infrastructure, programming and resources of city and county agencies, as opposed to community-based and advocacy organizations.

Some Possible Actions

Following are some solutions underway or under consideration in other jurisdictions.

Funding streams available

Community Reinvestment Act credits: The federal Community Reinvestment Act requires banks to provide credit to low- and moderate-income neighborhoods in which they operate. These loans often are for affordable housing rehabilitation and construction, including "the abatement or remediation of, or other actions to correct, environmental hazards that are present in the housing."

Community Development Financial Institution (CDFI) Funds: CDFI funds come from monetary awards and the allocation of tax credits. They are used to promote access to capital and local economic growth in urban and rural low-income communities.

Social Impact Bonds (SIBs): SIBs are a partnership between a nonprofit, government entity, and investor. Government entities determine the issues they will address, and contract with a bond-issuing organization (e.g. foundations, banks, corporations), and a nonprofit service provider seeking funding for an innovative solution to a problem. The nonprofit receives funding from the bond-issuing organization and, if predetermined goals are met, the bond-issuing organization's investment is reimbursed.

Tax Increment Financing (TIF): Municipalities create TIF districts with a specified life span. During that span, marginal increases in property tax revenue are stored in a municipally controlled fund that can be used to make improvements within the district. When the district expires, all property tax revenues are again available for general purposes, with improved properties likely contributing more revenue than before.

HUD Block Grants: The Community Development Block Grant (CDBG), the HOME Investment Partnerships Program, and the Neighborhood Stabilization Program (NSP) deliver funds to preselected communities, including Chicago. A Consolidated Plan that spans 3-5 years governs use of the funds. The current plan seeks to provide decent housing and suitable living environments, including assisting in rehabilitation of deteriorating housing units.

Federal Housing Administration and HUD Insured Loans: Title I Home Improvement Loans are available for minor to moderate repairs (up to $12,000 per unit or $25,000 for a single-family home). This loan is not bundled with a mortgage or dependent on borrowers' equity. 203(k) loans, authorized by the National Housing Act, also provide mortgage loans to finance rehabilitation of properties with up to four dwelling units when repairs will cost at least $5,000.

Insurance opportunities

Health Insurance Investments: UnitedHealth Group is investing $150 million to build low-income housing in a dozen states. The company derives tax credits and, in the long run, the company's payouts caused by unhealthy housing are expected to decrease.

Home Insurance: Homeowner's insurance typically covers damages from unexpected causes, but typically not repairs or remediation that do not result from such a cause. For example, insurers may pay for repairs when flooding or burst pipes cause mold to thrive, but not if mold is caused by poor upkeep or natural decay.

Actions underway in other jurisdictions

Penalties for Non-Compliance with Healthy Homes: Some jurisdictions have fined property owners heavily to fund their rental inspection and abatement programs. However, over-reliance on fines can cause budget problems if compliance is widespread and prompt.

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. For example, Rhode Island's Medicaid program, administered through its Department of Human Services (DHS), provides a funding mechanism for window replacement and necessary spot treatments for lead poisoned children. Rhode Island's Comprehensive Lead Center (CLC) provides replacement or refurbishment of lead hazards based on an assessment and inspection report, the family's intent to remain in the unit and the general condition of the unit. CLC will not mitigate hazards in units that are generally uninhabitable and not in compliance with the building code. After the windows are replaced, DHS places a lien on the property, allowing for a reimbursement when the property is sold.

Affordable Care Act's Community Transformation Grant Program: The U.S. Centers for Disease Control and Prevention award grants to state and local government agencies and nonprofit organizations to prevent chronic health hazards, including asthma and lung cancer. The program is intended to establish and maintain a nationwide tracking network to obtain integrated health and environmental data and use that data to support healthy communities. In 2012, the IDPH was awarded $4,781,121 and Chicago Public Schools was awarded $4,398,118 for this purpose.

Other potential actions

Dedicated Funds: Dedicated funds such as low-income housing trust funds, bond issues for home improvements, or income from fees or fines, can increase both housing safety and affordable housing.

Public-Private Sector Partnerships: Programs could build on shared-cost models, using both public and private dollars. Banks could provide low-interest loans to property owners taking initiative to improve the safety of their housing, or private foundations and businesses could offer resources to assist in lead abatement and mitigation.

Tax Strategies: State income tax or local property tax credits could encourage and reward owners who improve the safety of their housing. Additionally, tax breaks could be offered to individuals and companies who participate in, donate to, or provide services for improving housing safety.

Advancing Healthy Homes & Healthy Communities
A City and Countywide Summit[1]

June 19, 2014

Fostering compliance with healthy housing practices: Reshaping the regulatory landscape

The Problem

The health of homes and communities depends upon a coordinated and well-developed regulatory scheme that supports tenants and property owners, the government agencies charged with implementation and enforcement, and the multiple professions connected to housing, such as contractors, real estate agents and insurers. The Chicago and suburban Cook County regulatory landscape must more effectively address home-based factors that are a major source of health hazards and chronic ailments, particularly in low-income households.

Although multiple laws target indoor environmental hazards that create unhealthy conditions in homes and communities, the current regulatory scheme is disjointed and lacking in robust, formal, unified policies that specifically address healthy homes. Challenges posed by the current regulatory scheme include:

- The majority of laws are not preventative in nature and address hazards after the harm has occurred and the cost of repair can be very high**.**
- Most laws pertaining to healthy homes allow for discretionary enforcement, or lack enforcement.
- In many cases, it is unclear which government departments, including public health, environment and building and zoning, are responsible for enforcing existing laws and responding to the issue of unhealthy homes.
- The burden is placed on landlords to repair or abate conditions even when they are unwilling or financially unable to comply. Tenants rarely have the ability or right to seek legal remedies or make needed large repairs.

Working Group Objective

The task of this working group is to identify short- and long-term objectives to meet the goal of fostering compliance with healthy housing practices in Chicago and suburban Cook County. 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.

[1] 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.

Barriers

The following factors potentially create barriers to development and implementation of an effective regulatory scheme to ensure healthy homes in Chicago and suburban Cook County:

- Proactive rental inspections, data collection systems and remediation can be expensive.
- The city and county have limited inspection staff and funding for hazard mitigation.
- Indoor environmental hazards may not be a main priority for city and county departments and agencies, the court system and the public.
- The city and county response to, and regulation of, indoor environmental hazards is often uncoordinated and divided among multiple departments, and requires multiple inspections to evaluate and cure hazards.
- Since there is no comprehensive tracking system, data on the scope, breadth, impact and location of problems is unreliable.
- Repair costs may be passed onto tenants through rent increases, reducing the affordable housing supply.
- The public perceives healthy homes as an environmental issue, not a community health issue.
- There is not enough knowledge or data about the effectiveness of model approaches, including efforts to foster compliance among property owners.
- Owners of low-income buildings and other stakeholders may be resistant.

Some Possible Actions

Following are some solutions underway or under consideration in other jurisdictions.

Education and outreach: Consumers must be educated about indoor environmental hazards and long-term health risks associated with exposure. Housing providers and tenants need to know about available programs, guidance and mandated requirements in order to comply. Further, landlords require education on small-business management and best practices to remedy unhealthy housing conditions.

Community involvement: Community task forces and "block by block" campaigns address community health by placing education and accountability in the hands of community members. Any new policies addressing community health should incorporate the input of educated community members.

Proactive rental inspections: Inspecting rental units prior to the start of a lease term, at turnover to new tenants, or every specified few years, can spur compliance with healthy homes policies before hazards pose a threat to tenants. A city official could conduct inspections, or property owners could be given a choice of licensed professionals. At a minimum, government-funded

housing programs could inspect for all indoor environmental hazards before approving rental agreements.[2]

Landlord licensing: Landlords could be required to obtain a municipal license. Requiring such licenses would allow municipalities to maintain an accurate list of all rental property, which they could then monitor for healthy housing issues. Municipalities could also require landlords to comply with certain rules, such as healthy homes regulations and business training, to be eligible for a license. License or registration fees could help pay for such a program.

Certification of properties as healthy: Creating a certification process/rating system would describe past violations and compliance connected to a property, allowing prospective tenants to determine the health of a home before moving in and creating incentives to make prompt repairs. For example, the U.S. Green Building Council (USGBC) developed the LEED (Leadership in Energy and Environmental Design) rating system, which includes indoor environmental toxins. The LEED rating system is being expanded from commercial and public buildings to residences and communities. The USGBC recently created LEED for Neighborhood Development (LEED-ND), which incorporates principles related to smart growth, new urbanism and green building. Illinois was the first state to approve a LEED-ND incentive with the Green Neighborhoods Act of 2007, which provides grants to developers for up to 1.5 percent of their costs for building LEED-certified communities. There are two LEED-ND pilot projects in Chicago now.

Coordinated response between departments: Designating or creating a department responsible for promulgating rules, administering and enforcing healthy homes policies and clearly delineating roles of partner governmental agencies could promote successful implementation and fulfillment of responsibilities.

Interprofessional inspection: Interprofessional inspection teams, comprised of city inspectors, health services providers, organizers and legal services providers, could work with tenants to identify unhealthy conditions and address the problems caused by the conditions.

No home should harm health twice: City and county departments could track buildings and communities and require follow-up visits, inspections and repairs. Resources could be made available to assist with repairs, and penalties could be adopted to deter noncompliance.

Uniform inspection practices and accountability: Requiring inspectors in all departments to undergo continuing education and follow a uniform set of practices—such as moving furniture and appliances away from walls and carrying high-wattage flashlights—could help ensure that all properties are properly and thoroughly inspected.

Healthy homes consumer support hotline and social media outlets: Hotlines and social media sites could create forums for asking questions, receiving technical assistance to mitigate hazards, registering complaints and requesting inspections. Detailed response tracking would provide data to evaluate programs.

[2] For example, the Chicago Housing Authority requires inspection of a perspective rental unit prior to signing a Housing Assistance Payment contract; however, this does not include a lead hazard inspection and units with indoor environmental hazards are often approved for use by voucher holders.

Enforcement mechanisms: The creation of a *rental escrow program* could strengthen the implied warranty of habitability, which assures that every rental unit is fit for living, and provides support for tenants seeking compliance with healthy homes policies. *Liens,* which are legal claims of an individual upon the property of another person to secure the payment of a debt or the satisfaction of an obligation, could be placed on properties in which severe violations are found, forcing property owners to make renovations without delay.

Healthy homes court: A special *healthy homes court* could be created to settle disputes related to indoor environmental hazards.

Private right of action and remedies for tenants: Few policies provide tenants with enforceable rights related to healthy housing. Providing tenants with a private right of action allows a tenant to rectify the situation, for example, through a lawsuit against a property owner when the landlord does not comply with healthy housing laws regardless of whether or not a government agency is delayed or focuses efforts elsewhere.

Specific indoor environmental hazards in the law: Current laws do not establish sanctions for explicit indoor environmental hazards, such as mold. These laws would provide tenants and property owners with specific rights that are easier to assert than generalized laws such as the warranty of habitability and landlord's duty to maintain.

Maintenance of affordable housing: When units cannot be brought into compliance without imposing costs upon tenants, relocation programs and supportive services could prevent further harm to health.

Reporting requirements and uniform data tracking: Data related to the location and extent of indoor environmental hazards must be maintained and evaluated to delineate problems and assess the effect of responses. In addition, health professionals could also be required to track and report diagnoses associated with indoor environmental hazards, such as asthma and dermatitis.

Fostering compliance with healthy housing practices: The current regulatory landscape governing healthy homes and healthy communities[1]

The charts on the following page illustrate the current laws and regulations governing indoor environmental health hazards. Each chart concerns a distinct jurisdiction: City of Chicago, Cook County, Unincorporated Cook County, or Illinois. The x-axis on each chart lists specific indoor environmental health hazards, while the y-axis lists factors of concern, such as whether there is a law on-point, whether any law creates a private right of action for tenants in unhealthy housing, among other aspects. Taken together, the charts describe laws or regulations that directly address indoor environmental hazards in Chicago and Cook County.

In addition to regulations that address specific indoor environmental health hazards, there are several laws that affect healthy homes and communities without referencing a particular substandard housing condition or indoor environmental hazard. For example, under the implied warranty of habitability, all dwellings in Chicago, Cook County, Unincorporated Cook County, and Illinois must be fit for living.[2] While the implied warranty of habitability does not name specific indoor environmental health hazards, it requires all residential property to be in compliance with local building and health codes for the duration of a renter's tenancy. In addition, the Fair Housing Act, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, Illinois Retaliatory Eviction Act, and public nuisance laws also address housing conditions.

[1] This chart was created by law, medical, and public health students enrolled in the Health Justice Project at Loyola University Chicago School of Law during spring 2014, including Emily Coffey, Alexandra Goss, Carlos Minaya, and Paige Steffen, under the supervision of Professor Emily Benfer, Professor Dhrubajyoti Bhattacharya, and Allyson Gold. The students built upon research completed during summer and fall 2013 by Loyola University Chicago School of Law student, Amanda Crews Slezak. Ms. Slezak received a stipend from Loyola University Chicago's Strategic Planning Initiative to undertake the work. Ms. Slezak's work product is available through Professor Anita Weinberg, Director of the ChildLaw Policy Institute, Loyola University Chicago School of Law.

[2] *Jack Spring, Inc. v. Little,* 280 N.E.2d 208 (Ill. 1972).

CHICAGO POLICIES REGARDING INDOOR ENVRONMENTAL HAZARDS

	Mold	Lead	Air Quality and Carbon Monoxide	Pests	Radon	Pesticides
Law or Resolution Specifically Addressing Hazard in Name		X		X		
At Least one Law Prohibits Presence of Hazard		X				
Law is Preventative (e.g. Requires Testing for Presence of Hazard Prior to Move-in)						
Allowable Level of Exposure to Hazard Defined		X		X		
Laws Address Hazard After Tenant Exposure		X		X		
Discretionary Enforcement Under One or More Provisions of the Law		X		X		
Mandatory Inspection to Identify Hazard						
Mandatory Inspection in Some Cases						
Private Right of Action		X				
Assigned Department		Chicago Dept. of Public Health		Chicago Dept. of Buildings and Chicago Dept. of Public Health		
Property Owner Pays for Repairs		X		X		
Sanctions/Fines Available for Non-Compliance		X		X		

COOK COUNTY POLICIES REGARDING INDOOR ENVRONMENTAL HAZARDS

Law or Resolution Specifically Addressing Hazard in Name			X	X		
At Least one Law Prohibits Presence of Hazard			X			
Law is Preventative (e.g. Requires Testing for Presence of Hazard Prior to Move-in)						
Allowable Level of Exposure to Hazard Defined						
Laws Address Hazard After Tenant Exposure				X		
Discretionary Enforcement Under One or More Provisions of the Law			X	X		
Mandatory Inspection to Identify Hazard						
Mandatory Inspection in Some Cases				X		
Private Right of Action						
Assigned Department			Cook County Department of Public Health	Department of Property Maintenance		
Property Owner Pays for Repairs				X		
Sanctions/Fines Available for Non-Compliance			X			

UNINCORPORATED COOK COUNTY POLICIES REGARDING INDOOR ENVRONMENTAL HAZARDS

Law or Resolution Specifically Addressing Hazard in Name	X		X	X		
At Least one Law Prohibits Presence of Hazard	X		X			
Law is Preventative (e.g. Requires Testing for Presence of Hazard Prior to Move-in)						
Allowable Level of Exposure to Hazard Defined						
Laws Address Hazard After Tenant Exposure	X			X		
Discretionary Enforcement Under One or More Provisions of the Law	X		X	X		
Mandatory Inspection to Identify Hazard						
Mandatory Inspection in Some Cases				X		
Private Right of Action						
Assigned Department	Cook County Dept. of Public Health		Cook County Dept. of Public Health	Dept. of Property Maintenance		
Property Owner Pays for Repairs	X			X		
Sanctions/Fines Available for Non-Compliance	X		X			

ILLINOIS POLICIES REGARDING INDOOR ENVRONMENTAL HAZARDS

Law or Resolution Specifically Addressing Hazard in Name	X	X	X		X	X
At Least one Law Prohibits Presence of Hazard		X	X		X	X
Law is Preventative (e.g. Requires Testing for Presence of Hazard Prior to Move-in)						
Allowable Level of Exposure to Hazard Defined		X	X		X	
Laws Address Hazard After Tenant Exposure		X				
Discretionary Enforcement Under One or More Provisions of the Law		X	X		X	X
Mandatory Inspection to Identify Hazard						
Mandatory Inspection in Some Cases		X				
Private Right of Action						
Assigned Department	IL Dept. of Public Health	IL Dept. of Public Health	IL Board of Health		IL Emergency Management Agency	IL Dept. of Public Health; Governor's Structural Pest Control Advisory Council
Property Owner Pays for Repairs		X				
Sanctions/Fines Available for Non-Compliance		X	X		X	X

Advancing Healthy Homes & Healthy Communities
A City and Countywide Summit[1]

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.[2]

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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[1] 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.
[2] 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.

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.

Advancing Healthy Homes & Healthy Communities
A City and Countywide Summit[1]

June 19, 2014

Encouraging decision makers to address healthy housing issues

The Problem

Millions of homes in the United States have moderate to severe physical housing problems. Often these include environmental hazards - lead, mold, dust, radon, carbon monoxide, among others. Environmental threats to children and families in the home and community are often silent, and many people are simply unaware that their housing or neighborhood may be making them sick. Informing them is necessary, but not sufficient, to solve the problem. We need those who have the power and responsibility to make housing healthy to become aware of the impact of indoor environmental hazards and commit to eradicating them.

There is a need to educate decision-makers in both public and private sectors, including legislators, government leaders, philanthropists, bankers, real estate agents, and insurers, about the importance of making housing safe. They need to know:

- Indoor environmental hazards cause real damage to children, their families and their communities.
- The costs to the community of environmental toxins are significant.
- Because of sizable low-income populations, Chicago and suburban Cook County have a large number of children being harmed by indoor environmental hazards.
- There are significant and tangible benefits to making homes healthy (improving chances of school success, reducing crime and delinquency, cutting healthcare expenditures).
- This problem is solvable.

Working Group Objective

The task of this working group is to identify short- and long-term objectives to meet the goal of encouraging decision makers to address healthy housing issues in Chicago and Cook County. 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.

[1] 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.

Barriers

The following are some of the identified barriers to encouraging decision-makers to take action on healthy housing issues:

- There is a lack of a unified and simple message about the effects of residential environmental hazards and the benefits of remediating them. Such a message would help the public and decision makers better understand the problem.
- There is no regulatory definition of what a healthy home is.
- Many people believe that the problem is so daunting and costly it cannot be solved.
- Proactively making housing safe may be expensive.
- Policies and funding are geared toward responding only after a child's health has been affected, rather than toward proactively making housing safe.
- There is the incorrect perception that only poor-quality housing can be unhealthy.
- There is not one umbrella program that can tackle this issue as a whole.

Some Possible Actions

Developing a public, shared database and healthy housing registry. Recurring problems could be identified, prior interventions could be evaluated, and chronic violators' records would be open for all to see. This would also provide important information to potential buyers, and help renters or buyers evaluate their prospective residences.

Using data for research and to build political will. Data from a registry could be incorporated with GIS data and satellite imaging to help social scientists, advocates, and policymakers identify social and geographic patterns and trends. Information about those patterns and trends can be used to influence policy, program and resource decisions. For example, mapping could be used to show legislators and government officials where problems are most common, and whose constituents are hurt most.

Publicly listing environmental toxin violations. Whether from the registry or from other data sources, this data would get the attention of property owners, property managers, real estate agents, insurers, philanthropists and consumers.

Using photography. Several projects have been centered on neighborhood photo collections. Participants have taken photos of peeling paint and used them to paint a vivid picture for legislators and decision makers.

Increasing consumer demand. A campaign might be directed at homebuyers to educate them about questions to ask, and what to inspect before purchasing a home. A campaign might also be directed toward insurance companies or toward banks to convince them to require testing for indoor environmental toxins before insuring a property or approving a mortgage.

Improving accountability. City council or state legislative hearings might serve the dual purpose of holding governmental agencies accountable and publicizing the dangers of environmental toxins.

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Advancing Healthy Homes & Healthy Communities

Thursday, June 19, 2014
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