PROMOTING RURAL HEALTHY HOUSING
THE WEBINAR WILL BEGIN PROMPTLY AT 2PM (ET)
Housing Assistance Council

Let's Build Something Together

Building Rural Communities since 1971
Promoting Rural Healthy Housing

Practices for Rural Healthy Housing Developers

Presented by Housing Assistance Council
Building Rural Communities since 1971
Today’s Speakers

Andy Saavedra, Program Director
Rural LISC

Sarah Goodwin, Policy Analyst
National Center for Healthy Housing
Today’s Speakers

Lila Fleishman, Housing & Healthcare Coordinator
Human Resource Development Council, IX

Carla Potts, Deputy Director
North East Community Acton Corporation
We Believe in Rural America
Rural LISC works with and through grass root partners located in rural communities and regions. We are the connector and cross pollinator for our partners, linking them to national opportunities, to each other and aggregating resources they might not otherwise access without our network.
The Rural Landscape

20 percent of our country’s population resides in rural places. That’s 60 million people who live and work in rural communities.

From the standpoint of a competitive America, everyone must leverage the extraordinary talent and assets of the vast part of the nation that is rural.
As of 2020 we have created $380 Million in total development.

Working with a network of 88 partners across 45 states and Puerto Rico allows us to bring scale to rural investments and outcomes.
The LISC Rural Promise

In 2020 our OneLISC organization launched the LISC Rural Promise, a call to elevate impact in rural America by 20 percent over the next three years.

We believe this kind of equity is an imperative for our country to thrive.
With the help of HUD SECTION 4 funds, Rural LISC predominantly provides the following services:

One-on-one services including: training and technical assistance as requested by individual CDCs; assistance in packaging and securing financing for affordable single- and multi-family homes, and commercial and community facilities; intensive help to groups operating in disaster areas; and assistance with other special challenges including hands-on assistance to groups working in persistent poverty areas;
Training, including an annual seminar and webinar trainings on topics selected in consultation with CDC representatives;

Bridging the communication divide across all rural communities through provision of regular information on relevant initiatives and innovations, financing, training opportunities, and other pertinent forms of data and assistance.
Our Programmatic Priorities

- Capacity Building
- Catalyzing Economic Development
- Small Business Development
- District Development
- Disaster Recovery
- Housing Initiatives
- Lending
- Native American Initiative
- Rural eNews and Annual Seminar
Healthy Housing Grants

Rural LISC’s Healthy Housing Grants are:

- Available to All Partners; One Year Grants
- Limited Funding; Average Grant is $15,000
- Funded by Private (Wells Fargo) or Government Funds
- Type of Grant Purpose/Use
  - New Construction; Rehabilitation of Existing Structures
  - Manufacturing Housing
  - Housing Counseling; Providing Healthy Environments
Healthy Housing 101

Sarah Goodwin
Policy Analyst
National Center for Healthy Housing
Why does housing matter?
Why does housing matter?

Americans spend 70% of their time at home.

National Human Activity Pattern Survey
How does housing matter?
How does housing matter?

Housing affects health in multiple ways:

Location
Physical neighborhood attributes affect health by facilitating (or impairing) walkability/bikeability, proximity to traffic, outdoor air quality, and access to public transportation, parks and fresh fruits and vegetables.

Affordability
Unaffordable housing costs affect health by reducing the income that a household has available for nutritious food and necessary health care expenses, as well by causing stress, residential instability, and crowding.

Demographics
Social and community attributes, such as social cohesion, segregation and the concentration of poverty, also have an impact on health.

Quality
Housing quality can impact physiological health (e.g., lead, radon, mold, extreme temperatures), psychological health (e.g., noise, inadequate light), and safety (e.g., falls, fires).

National Center for HEALTHY HOUSING
Housing conditions and health

- Fire safety
- Radon
- Pests
- Ventilation
- Lead
- Temp/humidity
- Mold/moisture
- ETS
- Other contaminants
- Carbon monoxide
- Structural issues
- Cleaning and clutter
Housing conditions and health

- Asthma, allergies, and other respiratory illnesses
- Lead poisoning
- Falls/injuries (including falls, fire injuries)
- Cancer
- Cardiovascular events
- Poisonings
- Death
- Mental health

(and many other quality-of-life outcomes)
Exhibit 2: Greater Cincinnati Census Tracts with Rates of Asthma-Related Emergency Department Visits or Hospitalizations, 2009-2012, and 11,371 Asthma-Related Housing Code Violations, 2008-2012

Beck et al, 2014
How big is the problem?

35 million, or 40%, of U.S. homes have at least one health or safety hazard.
How big is the problem?

For example, in the U.S. each year...

- **25.1 million** people have asthma
- **270,000** children have elevated blood lead levels
- **31,000** older adults die from unintentional falls
- **21,000** people die from radon-related lung cancer
- **400** people die from unintentional CO poisoning
### What can we do about it?

<table>
<thead>
<tr>
<th>Housing Regulation</th>
<th>Inexpensive Repairs</th>
<th>Ongoing Maintenance</th>
<th>Small Behavior Changes</th>
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<tbody>
<tr>
<td><strong>Federal</strong></td>
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<td></td>
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<tr>
<td>• Title X</td>
<td>• Fall and injury hazards</td>
<td>• Smoke and CO detectors</td>
<td>• Smoke-free housing</td>
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<tr>
<td>• Renovation, Repair, and</td>
<td>• Plumbing leaks</td>
<td>• Check for signs of pests</td>
<td>• Safe cleaning methods</td>
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<tr>
<td>Painting Rule</td>
<td>• Install or repair</td>
<td>• Inspect and clean vents</td>
<td>• Keep food and dishes</td>
</tr>
<tr>
<td>• Lead disclosure law</td>
<td>exhaust fans</td>
<td>• Look for peeling paint</td>
<td>clean and contained</td>
</tr>
<tr>
<td><strong>State and Local</strong></td>
<td>• Pest exclusion</td>
<td></td>
<td>• Use exhaust fans</td>
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<tr>
<td>• Housing and property</td>
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<td></td>
<td></td>
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<tr>
<td>maintenance codes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Permitting processes</td>
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And many more examples...
For more, visit nchh.org/resources/

Search the NCHH Resource Library

Keyword

Search

BUILD THE MOVEMENT

CONSUMER EDUCATION

DATA

FINANCING & FUNDING

POLICY

RESEARCH

STANDARDS & ASSESSMENTS

WORKFORCE

1,000 COMMUNITIES

National Center for HEALTHY HOUSING
Specific tools and resources:

- **NCHH:**

- **HUD:**
  - Healthy Homes Training Center: [https://www.hud.gov/program_offices/healthy_homes/hhtc](https://www.hud.gov/program_offices/healthy_homes/hhtc)
Healthy housing and COVID-19

What effects and needs are we seeing?

• Many services that take place in the home are paused or moved to virtual platforms
• Local governments are focused on emergency response
• People are spending more time at home in potentially hazardous conditions
• Concerns about safe cleaning and disinfecting
• Concerns about property managers and others who routinely enter homes regularly

For resources, visit https://bit.ly/NCHH_Pandemics
- Mission: affordable housing and economic development
- 2.5 FTE
- Service Area:
  SW corner of Massachusetts, NW corner of Connecticut,
  Eastern Columbia County, New York
- Characterized by high vacation and second home housing
  market (2.5 hours from both NYC and Boston) and an
  increasingly service base economy
- Primary service area: 16 towns in SW Mass.
  town populations: 500 – 7,000; population declining and aging
• 45-unit LIHTC, 1, 2 3-bdr; 8-acre site with 4 acres developed, 4 acres permanently conserved
• LOCATION: infill, walkable to jobs, public transportation, shopping, community college, RR Street Youth Project, health and support services, public library, Town Hall, 2 parks, multiple cultural venues
• BROWNFIELD redevelopment; permanently preserved OPEN SPACE with 1-acre restored native riverfront park
• ENERGY EFFICIENCY – Net Zero ready, super insulated, mini-split electric heat and cooling, natural gas central hot water
• HEALTH - low VOC paint, carpets, flooring, continuous air circulation, indoor/outdoor space
• UNIVERSAL ACCESS with special populations integrated
- Double walls, blown-in cellulose insulation
- Triple-glazed windows

“breathable” vapor barrier
- 49-unit LIHTC (incl. 5 market-rate units), 1, 2, 3-bdr; 9-acre site; 2 acres developed and 7 acres permanently conserved
- LOCATION: infill, walkable to jobs, public transportation, grocery stores, shopping, community college, health and support services, senior center, public library, Town Hall, fairgrounds, multiple cultural venues
- ENERGY EFFICIENCY – Net Zero ready, super insulated, mini-split electric heat and cooling, natural gas central hot water
- HEALTH - low VOC paint, carpets, flooring, continuous air circulation
- UNIVERSAL ACCESS using topography, with special populations integrated
Healthy Homes

NECAC’S program: What we have done
Rural LISC Funding

- NECAC leverages Rural LISC funding with our Weatherization Program as well as many of other rehabilitation programs
Every home is provided a weatherization energy audit along with the healthy homes audit. From there we determine the scope of work.
Once the scope of work is determined to make the home healthier and more energy efficient, NECAC looks at what funds will be leveraged to improve the home. NECAC completed 28 homes with the last Rural LISC funding.
Lives Impacted

Client had COPD and lived in an older home; Work done: Mold remediation including a new roof; mechanical ventilation. Client said: “My health has improved since you did work; I haven’t had to go to ER because of my breathing”
Lives Impacted

Elderly couple; many health issues including COPD; Work: Mechanical ventilation; replace heating and cooling; windows and doors; Client: Work made tremendous difference; noticed feeling much better; easier to breathe
Lives Impacted

Elderly woman living alone; health issues; selling possessions to eat exacerbated health issues; work: replaced heating/cooling because of cracked heat exchanger; insulation; windows/doors; health improved-
Housing is Healthcare

HRDC, District IX
Bozeman, MT
July 22, 2020
Lila Fleishman, Housing and Healthcare Coordinator
Why is housing healthcare?

- People experiencing homelessness have much higher rates of illness (communicable, chronic and behavioral)
- Living outside or in a congregate shelter is not only very stressful this also creates or exacerbates health problems
- Healthcare services are more effective when a patient is stably housed
- Stable housing is a key “social determinate of health”
- For many there’s not enough low-income housing for others there are multiple barriers to maintaining housing, there is not one size fits all solution
homelessness should be rare, brief and not reoccurring

The FUSE Initiative dives into local data to explore the relationship between homelessness and health outcomes with the goal of implementing evidence-based solutions including Permanent Supportive Housing

A key outcome of this initiative is to better build a case that housing is healthcare and attract nontraditional funding resources for housing solutions from the healthcare sector and beyond

We aim to better understand the problem so we can build more impactful solutions
Frequent User System Engagement

- Corporation for Supportive Housing created the FUSE model to break the primary utilization cycle of high cost crisis services in communities by increasing housing stability for vulnerable people through evidence-based strategies.
- FUSE is being implemented across the country.
- FUSE uses data-driven problem solving, policy and systems reform and targeted housing services.
- A key outcome of FUSE is Permanent Supportive Housing (PSH).
- Bozeman, MT began a FUSE initiative in 2019.
The CSH FUSE Roadmap

Planning
- Cross-System Engagement
- Supportive Housing Resource Identification
- Multi-System Data Match

Pilot Implementation
- Assertive In-Reach to Identify Participants
- Connect Participants to Supportive Housing
- Measure Results

Scaling
- Expand model to house additional clients

Criminal Justice System
- Reductions in jail usage and jail days
- Decreases in recidivism

Medical & Mental Health
- Reductions in psychiatric inpatient hospitalizations
- Decreases in ED visits

Homeless Response System
- Reductions in shelter usage
- Housing retention rates of more than 85%

Cost Saving Across Systems

Credit: Corporation for Supportive Housing
Permanently Supportive Housing (PSH) is an evidence-based intervention for chronic homelessness that offers affordable non-time limited housing with optional flexible support services. PSH is intended to help those in our community that “but for” supportive housing are unable to maintain stable housing.
Bozeman FUSE: Year 1
building community partnerships and data match

**FUSE conveners:** Montana Healthcare Foundation & Corporation for Supportive Housing

**FUSE local partners:** HRDC & Coordinated Entry system, Gallatin County Detention Center, Bozeman Health, City of Bozeman, Community Health Partners, Western Montana Mental Health Center, faith-based community representatives

**FUSE data match partners:** HRDC, Bozeman Health, Gallatin County Detention Center

Contracts for data match

- HRDC & Detention Center- Coordinated Entry MOU
- HRDC & Bozeman Health – Business Associate Agreement and Limited data sharing agreement
- HRDC completed data match, analyzed trends & deidentified

Sharing data with team

- Need agreements between Bozeman Health and any partners for viewing deidentified data, no option for identified data
- Outreach to individuals
  - Bozeman Health
Gallatin Detention Center
2+ incarcerations
1004

Health & Justice: 45

Bozeman Health
4+ visits to Emergency Department
915

Engage with all systems:
23

Housing & Justice: 57

Health & Housing: 26

HRDC Warming Center & Coordinated Entry
416

FUSE Bozeman, MT
June 1, 2018- May 31, 2019  Individuals:
2157
Overlap two systems : 128
### FUSE Bozeman, MT
June 1, 2018 - May 31, 2019

<table>
<thead>
<tr>
<th>23 Frequent Users</th>
<th>Avg. Age</th>
<th>Avg. incarcerations</th>
<th>Bed Days in jail</th>
<th>Warming Center nights avg. per person</th>
<th>VISPDAT score</th>
<th>Avg. # Emergency Dept. Visits per person</th>
<th>Avg. # of IP Admits per person</th>
<th>Avg. # Inpatient Days per person</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>43</td>
<td>4.3</td>
<td>35.7</td>
<td>37.9</td>
<td>9.5</td>
<td>8.7</td>
<td>2.2</td>
<td>6.8</td>
</tr>
</tbody>
</table>

**Costs**

- Total cost for all 23: $627,364
- Per person average: $27,277

**Trends**

- rarely veteran
- majority White with few Native American/Alaskan Natives
- majority male
- nearly all on Medicaid
- more than half chronically homeless status
Connecting people to housing

In year 2 of FUSE we will be connecting people to housing, expanding local partnerships to effectively offer supportive services and creating a sustainable funding model to keep the pilot running.

Meanwhile, HRDC has been continuing to build new and preserve existing affordable housing in Bozeman.

The first PSH sites as a result of this program will be reserved units in preservation projects and HRDC’s Housing First Village.
Housing First Village

Housing First Village is vision of a community collaboration to build a trauma-informed PSH tiny home village for people formerly experiencing homelessness.

Partners include HRDC, the local faith-based community, Montana State University school of Architecture and the FUSE partners in addition to Fannie Mae Sustainable Communities and the Urban Institute.

HRDC closed on a site June 26, 2020 and will start construction of phase 1 by 2021.
Questions
THANK YOU!

Presented by
Housing Assistance Council
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