



HEALTHY COMMUNITIES TASK FORCE

Meeting Summary

Welcome

Patty Elkis, Director of Planning at the Delaware Valley Regional Planning Commission, welcomed meeting participants. She stressed the importance of housing to the health of individuals and the essential need it fulfills. Housing is an important topic squarely at the intersection of planning and public health. It is also intimately tied to the region's goals of promoting smart growth, protecting the environment, fostering economic growth and opportunity, and providing a multimodal transportation system. DVRPC, in particular, has done work in the areas of housing affordability, analyzed the mismatch of jobs and housing, and looked at how housing affects the ability of people to age in place.

Elkis reminded participants that materials from past meetings are available on the Healthy Communities Task Force webpage (<http://www.dvrpc.org/Committees/HCTF/>).

Elkis thanked DVRPC staff and co-chairs of the Healthy Communities Task Force, Montgomery County Commissioner Valarie Arkoosh, MD, MPH and Christina Miller, MSS, Executive Director of the Health Promotion Council, an affiliate of the Public Health Management Corporation.

Elkis introduced the speakers below.

Presentations and Q&A

Healthy Rowhouse Project

<http://healthyrowhouse.org/>
 @healthyrowhouse

Jill Roberts, Executive Director of the Healthy Rowhouse Project (HRP), provided an overview of her organization's goal to improve the health of Philadelphians and preserve affordable housing by using innovative strategies to improve conditions in Philadelphia's rowhouses. To achieve its goal, HRP will create new self-sustaining financing mechanisms for minor and moderately-priced rowhouse repairs; develop durable, but flexible service deliver models in partnership with existing service providers; and test new home repair models.

HRP gathered existing research and analyzed data on the intersection of health and home repair needs in Philadelphia. Rowhouse compose 70% of Philadelphia's housing stock. Safe and affordable housing is not only critical to public health, but preserving Philadelphia's rowhouse stock also has numerous co-benefits, from preserving the architectural and social fabric of neighborhoods, allowing people to age in place, reducing healthcare costs, and improving school performance.

Philadelphia's Basic System Repair program cannot meet current needs. There are 8,000 households on the waitlist with an average wait time of 4 years. The Basic System Repair is also targeted at low-income households, leaving out moderate income households, whom HRP found also need assistance in order to accomplish repairs. HRP found health-related repair needs exist for both rented and owner-occupied households, requiring different approaches.

HRP found that private lenders don't currently meet financing needs. Home repair loans in Philadelphia are denied 62% of the time. This seems to be a result of sub-optimal credit scores rather than income requirements. HRP is seeking to develop a financing program that meets these needs and is looking to examples like a program in Detroit that provides zero interest rate loans.

HRP is actively looking at service delivery and working with programs like Rebuilding Together and Habitat for Humanity to develop new service delivery models or enhance existing ones. New innovative approaches to service delivery and the work itself are needed to meet the existing and future need.

HRP will host an informational event on 11/29 at the Center for Architecture and Design at 5:30 p.m.

Montgomery County Housing Authority

<http://montcoha.org/>

Joel Johnson, Executive Director of the Montgomery County Housing Authority, discussed his organization's mission and two specific health initiatives. Housing authorities are enabled by Commonwealth law, but serve the local jurisdictions that create them. In the case of the Montgomery County Housing Authority (MCHA), the local jurisdiction is Montgomery County. MCHA and the services it provides are almost entirely funded by the federal government.

The need for affordable housing is great. MCHA operates two programs. The first, Public Housing, includes 616 units operated by the authority. The second, Housing Choice Vouchers, provides vouchers, which can help pay for housing, to 2,400 households. Public Housing has a waitlist of 3,500 households. In the most recent application round for Housing Choice Vouchers, almost 16,000 households applied. Of those, 1,000 were chosen by lottery to be placed on the waitlist and receive vouchers when they became available. The waitlist currently includes over 900.

In partnership with the Montgomery County Health Department, MCHA initiated the Get Fresh program in 2014. Get Fresh provides free organic produce, nutrition education, and cooking demonstrations to public housing residents. The program was later supplemented with on-site raised bed gardens. In addition to produce provided by the program, residents are now growing their own produce, and the gardens have become important social spaces.

In July 2016, MCHA implemented a smoke-free policy in all public housing units. Residents may no longer smoke in their units and must be 25 feet from MCHA buildings. Planning started in 2015 and was bolstered by the U.S. Department of Housing and Urban Development's announced rulemaking that would disallow smoking in public housing units nationwide. Outreach and smoking cessation assistance, including provision of free nicotine replacement products, were important components of implementation.

Camden Coalition of Healthcare Providers

<https://www.camdenhealth.org/>

@camdenhealth

Samuel Katz, Program Manager for Business Planning & Continuous Improvement at the Camden Coalition of Healthcare Providers, gave an overview of the coalition, which has a mission of improving the quality, capacity, coordination, and accessibility of healthcare in the City of Camden with the ultimate goal of mitigating the burden of high cost, high use patients by addressing their healthcare needs in more effective ways.

The Coalition's work is driven by data. Data is used to target patients and populations in need and develop more effective ways of providing services. The Coalition has found that 26% of the patients it

serves are homeless and therefore have difficulty connecting with needed services. In this context, the coalition operates a housing program based on a Housing First model.

Housing First turns the conventional Housing Readiness Model on its head, by providing stable permanent housing first rather than making users move through shelters to transitional housing to eventual placement in permanent housing. Emphasis is placed on housing *with* supportive services, rather than successful completion of treatment regimens before housing is provided.

The Coalition has housed 31 individuals at a cost of about \$1.2 million.

Selected Questions and Answers:

Q: What is the greatest challenge to providing safe housing?

A: Jill Roberts described a general lack of resources. Joel Johnson discussed the need for housing to be accessible to those with disabilities. Sam Katz indicated a general lack of affordable housing.

Q: Can you name other models that are worth emulating?

A: Jill Roberts answered that any program that is working to improve existing housing is working to solve the problem. New housing is out of reach for so many people and any program that gets people into housing is improving health. Any program that is working on affordability is also improving health. Joel Johnson talked about how individual programs and policies, such as MCHA's smoke free policy, are examples of incremental change for the better.

Q: How do local or county regulations hold landlords accountable for providing safe, healthy homes and protect tenants from retaliation?

A: Jill Roberts responded that this is an issue, and there are public policy questions about how to get landlords to do the right thing. How do you incentivize repairs without inducing increased rents? She gave in an example of a program implemented elsewhere that gives physicians the ability to alert building inspectors to suspected issues, allowing residents to maintain a certain level of anonymity.

Q: What is lowest hanging fruit? What's on track?

A: Joel Johnson expressed hope that the smoke-free policy is adopted nationally. Jill Roberts expressed hope that Philadelphia will take action to provide more affordable housing, commenting that the mayor and council are working together on this issue.

Q: What should the public sector folks do?

A: Jill Roberts commented that getting together is an important start. It's important to collaborate to identify needs and connect to resources that can meet those needs. Users/patients/residents/consumers also need to be part of the discussion.

Be Active Break

Facilitated by Kelli McIntyre, MA, *Physical Activity Coordinator, Get Healthy Philly, Philadelphia Department of Public Health*

Facilitated Discussion

What can your community do to encourage housing policies and programs that support better health outcomes?

Moderated by Christina Arlt, *Senior Planner, Office of Smart Growth, DVRPC* and Keri Salerno, *Senior Director, Strategic Development, Health Promotion Council*

The next HCTF meeting is scheduled for February 7, 2017. The topic is Climate Change and Health.