OUR GOAL

Improve the health of Philadelphians and preserve critical affordable housing by using innovative strategies to improve conditions in thousands of rowhouses each year.
Healthy Rowhouse Project –
an Initiative of the Center for Architecture

Funders: Oak & Barra Foundations
Director: Jill Roberts
Consultant Team: Bolender Architects, Capital Access, May 8 Consulting, Reinvestment Fund
Timeline: 3 Years 2016 - 2019
Goals of the Healthy Rowhouse Project

- Gather and analyze data on the intersection of health and home repair needs
- Create new self-sustaining financing mechanisms
- Create durable but flexible service delivery models
- Test new home repair models
### Why Healthy Rowhouse Project?

<table>
<thead>
<tr>
<th>Improve health</th>
<th>Preserve the city’s iconic housing stock</th>
<th>Become a more resilient city</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create neighborhood jobs</td>
<td>Allow seniors to age in place</td>
<td>Stop abandonment</td>
</tr>
<tr>
<td>Revitalize neighborhoods</td>
<td>Slow the decline of home ownership</td>
<td></td>
</tr>
<tr>
<td>Improve school performance</td>
<td>Lower healthcare costs</td>
<td>Prevent displacement</td>
</tr>
</tbody>
</table>

![Healthy Rowhouse Project Logo](Logo.png)
Philadelphia's Basic Systems Repair Program cannot meet the needs of moderate income households with health repair needs…

<table>
<thead>
<tr>
<th>Households on wait list:</th>
<th>Maximum repair cost:</th>
<th>Eligibility: Up to 150% of poverty or $36,450 for a family of four</th>
<th>Length of wait:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8,000</td>
<td>$17,500</td>
<td></td>
<td>Up to 4 years</td>
</tr>
</tbody>
</table>

Generally held belief: Once a family reaches 300% of poverty they have a reasonable chance of obtaining financing.
Leaks are the Most Common Health Repair Need in Philadelphia

The most common source of leaks is the Roof (61%)

49% of heating issues are from Equipment Failure vs only 10% from cost of heating

Source: American Housing Survey, 2013
Homeowners have more Health-Related Home Repairs Needs than Renters

American Housing Survey, 2013
Health-Related Home Repair Needs are Prevalent Across the Income Spectrum in Philadelphia

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Percentage</th>
<th>Number of Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Low Income</td>
<td>39%</td>
<td>$24,300</td>
</tr>
<tr>
<td>Low Income</td>
<td>13%</td>
<td>$24,300-$36,450</td>
</tr>
<tr>
<td>Moderate Income</td>
<td>24%</td>
<td>$36,450-$72,900</td>
</tr>
<tr>
<td>High Income</td>
<td>23%</td>
<td>Above $72,900</td>
</tr>
</tbody>
</table>

*American Housing Survey, 2013*
54% of Rowhouses Needing Health-Related Home Repairs can be Addressed for Approx $10,000

NOTE: Excludes 29,700 households that did not disclose their tenure
Private Lending Does Not Meet the Needs of Philadelphia’s Home Repair Market

<table>
<thead>
<tr>
<th></th>
<th>Home Purchase</th>
<th>Housing Refinance</th>
<th>Home Repair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philadelphia Applications:</td>
<td>55,300</td>
<td>100,000</td>
<td>24,197</td>
</tr>
<tr>
<td>Philadelphia Denial Rate:</td>
<td>11%</td>
<td>24%</td>
<td><strong>62%</strong></td>
</tr>
<tr>
<td>National Denial Rate:</td>
<td>13%</td>
<td>17%</td>
<td>37%</td>
</tr>
</tbody>
</table>

Source: Home Mortgage Disclosure Act Filings, 2012 to 2014
Most Philadelphians Seeking Home Repair Loans apply for Loans under $20,000 – and are most likely to be denied

<table>
<thead>
<tr>
<th>Loan Amount</th>
<th>Under $10,000</th>
<th>$10k to $20,000</th>
<th>Over $20,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications</td>
<td>11,867</td>
<td>3,308</td>
<td>9,022</td>
</tr>
<tr>
<td>Percentage Denied</td>
<td>76%</td>
<td>58%</td>
<td>45%</td>
</tr>
<tr>
<td>Average income</td>
<td>$38,000</td>
<td>$58,000</td>
<td>$68,000</td>
</tr>
<tr>
<td>Percentage Originated</td>
<td>20%</td>
<td>32%</td>
<td>41%</td>
</tr>
<tr>
<td>Average Income</td>
<td>$46,000</td>
<td>$73,000</td>
<td>$89,000</td>
</tr>
</tbody>
</table>

*Source: Home Mortgage Disclosure Act Filings, 2012 to 2014*
About Half Of All Homes with Minor and Moderate Health-Related Home Repair Needs Earn above $36,450

- 25% Income $36,450 - $72,900
- 27% Income above $72,900
- 36% Income below $24,300
- 12% Income $24,200 - $36,450

52% Minor Repairs

NOTE: Excludes 5,600 households that did not disclose their income

American Housing Survey, 2013
Half of Philadelphians Have Credit Scores Below 660 that Do Not Allow Them to Obtain a Loan on the Private Market

- 660+ 52%
- <660 48%

Of Philadelphians with Credit Scores Below 660, 56% Have Scores Above 560

- 630-659 7%
- 561-629 20%
- 540-560 5%
- <540: no credit 16%
So What’s Next?

- Healthy Rowhouse Project is working to figure out how to serve the population currently not being served by programs like Basic Systems Repair Program
- Speaking with Professionals in:
  - City Government
  - Healthcare
  - Health and Housing Policy
  - Preservation
  - Planning
  - Affordable Housing
  - Finance
  - Community Development

...we know we can figure this out
Please Join Us!
Tuesday, November 29th ~ 5:30 PM - 7 PM
Center for Architecture & Design ~ 1218 Arch Street

Fix Houses. Improve Health.

Join Healthy Rowhouse Project, Mayor Kenney and Council President Clarke as we discuss a plan for preserving Philadelphia's rowhouses and improving the health of the Philadelphians who live there. Find out how we can put public and private capital to work creating healthy homes.

RSVP: communications@healthyrowhouse.org
OUR GOAL

Improve the health of Philadelphians and preserve critically needed affordable housing by using innovative strategies to improve housing conditions in thousands of rowhouses each year.

THE HOUSING CHALLENGE

Philadelphia’s stock of rowhouses is an extraordinary asset that allows the city to offer homeownership to more low- to moderate-income homeowners than virtually any city in the country. Yet these rowhouses are deteriorating faster than their owners can repair them.

- 70% of all housing units in the city are rowhouses.
- 75% of these houses are over 50 years old.
- 78% of Philadelphians over age 60 own their own homes.
- 40% of all renters live in single-family homes.
- 38% of owner occupied homes in 2012 were owned by households earning less than $35,000.

THE HEALTH CHALLENGE

Substandard housing conditions due to deferred maintenance are literally making the people who live in these rowhouses sick. Mold, mildew, and pests create and perpetuate health conditions like asthma in our most vulnerable populations. Poor housing quality is a strong predictor of emotional and behavioral problems in children.

- 40% of asthma episodes are due to asthma triggers in the home, representing $5 billion lost annually in preventable medical costs.
- 200% Asthma hospitalization rates for children have more than doubled since 2000.

THE HOUSING AND HEALTH SOLUTION

Housing policy is health care policy. By repairing homes, dozens of studies have shown that we can dramatically improve the health of the families and individuals living there. At the same time, we can preserve affordable housing that we could never afford to build today.

- $3500 Average investment made per house by Philadelphia Department of Public Health’s 2013-2014 pilot with St. Christopher’s Hospital to make home repairs and remove asthma triggers

CAUSED

- 70% Drop in asthma hospitalizations
- 53% Drop in missed school days

Jill Roberts, Executive Director
1218 Arch Street
1st Floor
Philadelphia, PA 19107
215-569-3186

HealthyRowhouse.org
info@healthyrowhouse.org
In order to preserve Philadelphia’s rowhouses and improve residents’ health, the Healthy Rowhouse Project seeks to:

1. Create a bold housing and public health policy for Philadelphia that prioritizes the delivery of improvements to rowhouses affordable to lower income residents.

2. Increase the resources available to lower income property owners to improve occupant health and the viability of their properties and neighborhoods, as well as to ensure a fair balance of public housing dollars between new construction and rehabilitation of existing occupied homes.

3. Establish viable financing mechanisms to bring home repairs and rehabilitation to scale, repairing 5,000 owner- and renter-occupied homes per year. These financing tools will be based upon successful models in other cities and will include deferred loans, due upon sale or transfer of the home, and low-interest loans.

4. Protect tenants’ legal rights to healthy living conditions and encourage responsible rental practices through a systematic enforcement approach that promotes investment, rather than displacement.

5. Develop capacity within health care and social service providers to refer residents who are harmed by their housing conditions to resources that can reduce the health hazards within their homes.

6. Evaluate each Healthy Rowhouse Project program for its success in improving the health of occupants and in preserving Philadelphia’s rowhouses for future generations.

The following organizations support the goals of the Healthy Rowhouse Project:

- AIA Philadelphia
- Building Industry Association of Philadelphia
- Clarifi
- Clean Air Council
- Community Design Collaborative
- Delaware Valley Green Building Council
- Department of Architecture + Interiors, Drexel University
- Design Advocacy Group
- Einstein Medical Center Philadelphia
- Habitat for Humanity Philadelphia
- Health Federation of Philadelphia
- Housing Alliance of Pennsylvania
- LISC Philadelphia
- Maternity Care Coalition
- National Nursing Centers Consortium
- New Kensington CDC
- PennFuture
- Philadelphia Association of CDC’s
- Philadelphia Center for Architecture
- Philadelphia Corporation for Aging
- Philadelphia Higher Education Network for Neighborhood Development
- Pennsylvania Horticultural Society
- Project HOME
- Rebuilding Together Philadelphia
- ULI Philadelphia
- United Community Clinic
- University of Pennsylvania Center for Public Health Initiatives
- Urban Affairs Coalition

Healthy Rowhouse Project Strategic Vision Team
- Peter Angelides, Econsult Solutions
- Karen Black, May 8 Consulting
- Kiki Bolender, Bolender Architects
- Emaleigh Doley, Germantown United CDC
- Scott Page, Interface Studio
Public Housing & Health

Presented by the

Montgomery County Housing Authority
to

DVRPC’s
Healthy Communities Taskforce

November 10, 2016
Brief Overview

• Housing Authorities are typically enabled under State law

• Serve local jurisdictions (Cities, Municipalities, Counties, etc)

• Administer Federal Funds, tenant rent and other privately generated revenue

• Typically must comply with all federal, state and local regulations, laws and ordinances
Brief Overview (cont’d)

• Typical Appointing Entity = Unit of Local Government

• In Montgomery County, the County Commissioners appoint the 5 member Board of Directors (including 1 Resident Representative)

• 40 FTE Staff. Stationed in Norristown and the six Public Housing Sites across the County
Funds and Programs

- Federal Funds rec’d in 2016 approximately $30M which support two programs that assist 3,000+ income-qualified households

  - **Public Housing (616 units)** - *Waiting List = 3,500+
    
    Rental Units owned and operated by the MCHA – participants pay 30% of household income towards rent

  - **Housing Choice Vouchers (2,400)** - *WL = 900+*
    
    subsidies that support income qualified households within *privately owned* rental units – participants pay 30% of household income towards rent

* - MCHA accepted HCV applications for 8 days in November, 2015 and rec’d almost 16,000. A lottery yielded 1,000.
Get Fresh

Partnership with MontCo’s Health Department began in 2014

Goal: Focus on Healthy Eating within MCHA’s Public Housing, specifically elderly & disabled populations by:

• Providing free MontCo grown organic produce to our Public Housing high-rise residents;

• Nutritional educations sessions;

• Cooking Demonstrations;

• Provide raised-bed gardens on site.
Get Fresh (cont’d)

Generally well received, approximately 25% of the high rise tenants participated (about 85 ‘regulars’)

**Benefits:**

- Residents now growing produce (save $);
- Positive Social dynamic;
- De facto ‘Community Garden’ on the grounds of Public Housing.
Smoke-Free Policy

Brief Background:
• In 2008 Pennsylvania passed the *Clean Indoor Air Act* prohibiting smoking in most indoor public spaces.

• Starting September 1, 2008 the MCHA began to prohibit smoking in the common areas of our Public Housing portfolio, including:
  • Community Rooms;
  • Lobbies;
  • Laundry Rooms;
  • Hallways;
  • Stair towers;
  • Offices;
  • Restrooms;
  • **BUT** tenants were still allowed to smoke in their residential units.
Smoke-Free (cont’d)

Of the 600+ Public Housing Tenants almost 30% smoked

Challenges:

- Numerous complaints from non-smokers;
- Approximately 25% higher cost to ‘flip’ a smokers unit;
- Increased fire-risk.
Smoke-Free (cont’d)

Implementation Timeline:

• **2015** – began exploring policy alternatives, lead by Montgomery County Commissioners, specifically Commissioner Vice-Chair Dr. Valerie Arkoosh;

• **4Q 2015** – HUD announces intent to ban smoking in Public Housing nation-wide, possibly by 2018;

• **March 2016** – MCHA Board Adopts Policy effective 7/1/16;

• **Spring 2016** – Outreach and cessation education to residents;

• **July 1, 2016** – Policy Enforcement begins.
New public-housing smoke ban

Montco joins Philadelphia and Chesco in barring smoking inside buildings.

By Laura McCrystal
STAFF WRITER

The Montgomery County Housing Authority has become the latest public housing agency to ban smoking.

Starting July 1, the ban affects its 616 units countywide, executive director Joel Johnson said at a county commissioners meeting Thursday. The policy prohibits smoking indoors but will allow residents to smoke outside at least 25 feet away from buildings.

It mirrors bans in Philadelphia and Chester County, and a broader effort in public housing nationwide. In November, the U.S. Department of Housing and Urban Development said it would require all federally subsidized housing authorities to implement nonsmoking policies in the next several years.

Johnson outlined the policy during a meeting at which the commissioners passed an ordinance banning smoking at county parks, trails, and historic sites. Commissioners said each move was a step to promote health and protect residents from secondhand smoke.

Johnson said the housing authority had received enormous numbers of complaints about smoke spreading through hallways and into ventilation systems. About 30 percent of its residents are smokers, he said. The agency’s board adopted the policy in March and is offering free smoking cessation classes to residents.

Commissioner Valerie Arkoosh said she spoke with the housing authority about a potential ban last year. Residents “were pleading with me, actually, to try to make their building smoke-free,” she said.

Shirley O’Donnell, president of the residents council at Marshall W. Lee Towers in Conshohocken, said she can smell smoke as soon as she enters the elevator in her building. She said it was difficult for a nonsmoker to live in an apartment between two people who smoke in their units.

“I feel sorry for the smokers, I know it’s going to be hard for them,” she said.

The ban on smoking in county parks also prohibits e-cigarettes from all parks and trails. Officials say the ordinance will promote health and reduce litter. Arkoosh said that ordinance, which takes effect immediately, was consistent with the purpose of county parks: to encourage residents “to get outside and be healthy.”

lmccrystal@phillynews.com 610-313-8116 @LMcCrystal
Smoke-Free (cont’d)

• Policy prohibited all forms of smoking: cigarettes, cigars, pipes, waterpipe tobacco, e-cigs

• Prohibited smoking in all indoor areas \textit{and} within 25 feet of any MCHA-owned building

• Formal lease addendum

• ‘3-Strike’ progressive discipline, \textit{could} lead to eviction
Smoke-Free (cont’d)

8-week Cessation counseling sessions include:

• Small-group counseling lead by professional Cessation Counselors;

• *Free* Nicotine replacement products;

• Peer Support.
Smoke-Free (cont’d)

Early Cessation Results

• Approximately 180 smokers portfolio-wide

• 38 signed up for the courses

• 28 attended regularly

• 11 self-reported being smoke-free following the course

• The remaining 17 self-reported reduced smoking by 50% or more
Smoke Free (cont’d)

Compliance

• Through 10/31, approximately 96% of smokers complying with the new policy

• Approximately half-dozen residents involved with progressive discipline

• Through 10/31, ZERO evictions related to policy violations
Contact

Joel A. Johnson, AICP, P.H.M.
Executive Director
Montgomery County Housing Authority
104 W. Main Street, Suite 1
Norristown, PA 19401
610-275-5720, X-315
PA Voice Relay (800) 654-5988
joel.johnson@montcoha.org
Housing First in Camden

Samuel Katz, Program Manager for Strategy & Information

Delaware Valley Regional Planning Commission’s Healthy Communities Task Force

November 10, 2016

@camdenhealth
Overview of Camden Coalition

• Membership organization with 25-member board; incorporated non-profit
• About 85 full-time and part-time staff
• $10 million annual budget: Mix of foundation & federal grants, technical assistance & care coordination contracts, & hospital support
- Board of Directors
- Executive Committee
- Quality Committee
- Finance Committee
- HIE Committee
- Strategic Planning Committee
- CEO Roundtable
- Care Coordination Meeting
- Governmental Affairs Committee
- Community Advisory Council

CCHP/ACO Governance & Engagement
5% of the population accounts for 50% of the cost

Countries ranked by amount spent on health expenditures

2009 United States falls in the middle (out of top 26 countries)

Source: American Healthcare Paradox
Camden Hospital Cost Curve

10% of patients = 74% of receipts

1% of patients = 30% of receipts
Outlier patients in the long tail of data
What problem are we trying to solve?
What’s the problem we’re solving?
Healthcare hotspotting is the strategic use of data to target evidence-based services to patients with complex health and social needs who show patterns of high utilization.

These patients are experiencing a mismatch between their needs and the services available.
Theory of change
Structure of the Coalition

**Operations:**
- Health Information Exchange
- Research/Data/Evaluation
- Finance/Admin

**Programming:**
- Care management for socially & medically complex patients
- Clinical Redesign
- Cross-Site Learning
- Legal/Policy/Advocacy
Patient Engagement: Triage
Patient Engagement: Home Visit
Patient Engagement: Accompaniment
93% of our enrolled clients are taking 5+ medications

90% have 4 or more chronic conditions

30% have self-reported depression and/or anxiety

26% are homeless during enrollment
Why Housing First at the Camden Coalition?

• Identified the need
• Experienced barriers
• Aligns with our mission and vision
• Health care interventions don’t work when individuals aren’t housed
Traditional Response to Homelessness
Underlying theory and values:
• Transitional placements provide for stabilization and learning.
• Individual change is required through treatment.
• Consumers must ‘earn’ permanent housing
Housing As Healthcare
Housing First Model

- Homeless
- Shelter placement
- Transitional housing
- Permanent housing

Level of independence

Housing + Flexible support services

Tsemberis slide, 2010

Ongoing, flexible supports
Success of Pathways to Housing

Dr. Tsemberis and the Pathways Program were able to demonstrate **85-90% housing retention**, as compared to **60% or less** in other models of supportive housing.
A Camden Partnership
- We Assess:
  - Chronicity
  - Utilization
  - Vulnerability

- We Ensure:
  - Housing options
  - No one is mandated into services

Maintaining Fidelity
Components of a High Fidelity Model

PSH

Choice of Housing

Flexible, Voluntary Services

Separation of Housing and Services

Access to Housing

Decent, Safe, and Affordable

Rights of Tenancy

Integration
Pilot Housing First Program Evaluation

Process
• PSH (with additional ACT items) fidelity scale to administrators, managers, care providers
• Halfway point and after 50 clients are housed
• May add document review and analysis
• Key informant interviews to gain more insight into implementation

Outcomes
• e.g. housing retention, community based service utilization, health, quality of life, social support, crisis service utilization, access to income
• Currently developing instrument and protocol for follow-up surveys (every 3 months? 6 months)
• In-depth interviews rolling basis beginning with first client at 1 year
• Administrative data (e.g. hospital and criminal justice)
Miguel
Patient Story: Miguel

Medical Diagnoses:
- Hepatitis C
- Congestive Heart Failure
- Hypertension

Social Indicators:
- Unemployed/no income
- Homeless
- Social isolation
- Active drug use

Hospital Utilization in 9 months prior to enrollment:
- 3 emergency visits
- 7 inpatient stays
- 61 days in the hospital
Driving Diagnosis

• COPD exacerbation
• Acute Asthma Exacerbation
• Hypertension
• GERD

Social Indicators

• Experiencing homelessness (1+ year in shelter)
• Limited Income ($210/month)
• History of incarceration
• Limited Social Support
• Generalized Anxiety Disorder, Major Depressive Disorder
• In remission from Substance Disorder Dependence from Alcohol

Hospital Utilization

• Frequent ED Visits
• Frequent Inpatient Admissions to local hospitals
Peter’s Hospital Utilization

Hospital EKG

Emergency Department Visit 18 total

Hospital Admission 15 total (10 thirty-day readmissions)

Enrolled in Care Management Intervention (Feb. 2015)

Moved Out of Shelter and into Interim Housing 9/21/2015

Moved into Housing First Apartment 11/23/2015

Cumulative Hospital Charges / Receipts

$643k charges

$62k receipts
Driving Diagnosis

• CHF, cardiomyopathy
• Major Depressive Disorder, PTSD
• Substance-Related Disorder Abuse: Alcohol (in remission), Cocaine, Cannabis
• Substance-Related Disorder Dependence: Nicotine

Social Indicators

• Significant History of Childhood Trauma
• Housing Instability
• Minimal Social Support
• Substance Use

Hospital Utilization

• Frequent ED Visits
• Inpatient Admissions to Cooper, Lourdes, Kennedy, and Temple
• Total monthly cost
  • DCA Housing Assistance = $589
  • Alfred’s payment with utilities = $306

Alfred before
$147,000 across the County’s hospitals over 4 years

Alfred now
4-year cost for housing
$28,000

Projected savings
$119,000 over 4 years
Reducing **Inpatient** and **Emergency** Visits per Patient-Day for the First 27 Housing First Clients by 39%

**Methodology:** The “density” of hospital visits is the number of inpatient and emergency visits divided by the number of days on which the patient was at risk for a hospital visit. While a patient is admitted they cannot have a second admission, so the length of stay is subtracted from the total days at risk. Patients are at risk of multiple emergency visits on a given day, so only the rare multi-day emergency visits and observation stays have their length of stay subtracted from days at risk. Jail stays are also subtracted from days at risk.
3 Average number of patients housed per month

31 Total number of patients housed currently
What Does It Cost?
First Year Expenses (excluding rent)

Costed

$665,019

Real Expenses

$1,177,837
Year 2 Projected Costs (assuming 50 housed)

$1,125,165
# Initial PFS Cohort Analysis

<table>
<thead>
<tr>
<th>Cost driver</th>
<th>Average service usage</th>
<th>Average unit cost</th>
<th>Annual Service Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency shelter days</td>
<td>Unknown</td>
<td>$60</td>
<td>--</td>
</tr>
<tr>
<td>Emergency Room visits</td>
<td>10.6842</td>
<td>$602</td>
<td>$6,435</td>
</tr>
<tr>
<td>Hospitalizations</td>
<td>2.8235</td>
<td>$9,462</td>
<td>$26,715</td>
</tr>
<tr>
<td>Ambulance trips</td>
<td>Unknown</td>
<td>$704</td>
<td>--</td>
</tr>
<tr>
<td>Detox visits</td>
<td>Unknown</td>
<td>$150</td>
<td>--</td>
</tr>
<tr>
<td>Jail bed days</td>
<td>12.92</td>
<td>$150</td>
<td>$1,938</td>
</tr>
<tr>
<td>Number of arrests</td>
<td>0.91</td>
<td>$270</td>
<td>$246</td>
</tr>
<tr>
<td>Prison days</td>
<td>10.9</td>
<td>$150.21</td>
<td>$1,637.31</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>$36,971</strong></td>
</tr>
</tbody>
</table>
Thank you!
<table>
<thead>
<tr>
<th>What can be done to encourage housing policies and programs that support better health outcomes?</th>
<th>What organizations/partners could be involved?</th>
<th>How much would it cost? How could it be funded?</th>
<th>What’s the estimated timeline for implementation?</th>
<th>What’s the first step that needs to happen to make this idea a reality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form a residents association</td>
<td>Housing Authorities, residents, foundations</td>
<td>Foundations</td>
<td>2-4 years</td>
<td>Rally the residents/meeting with all residents</td>
</tr>
<tr>
<td>Break down silos</td>
<td>Government, for-profit landlords, hospitals, social workers, non-profits</td>
<td></td>
<td>Now! Begin gathering evidence</td>
<td>Make the point (\rightarrow) show this can be effective (e.g. cost savings)</td>
</tr>
<tr>
<td>Integrate housing into social services (e.g. Medicaid)</td>
<td>Government (Medicaid), hospitals, non-profits (e.g., Habitat for Humanity)</td>
<td></td>
<td>5-10 years</td>
<td></td>
</tr>
<tr>
<td>More widespread Tobacco Free policies</td>
<td>Health experts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improving housing trust fund</td>
<td>LRI/DIA/WCRP</td>
<td>Less than nursing homes and hospitals</td>
<td>When city council passes it</td>
<td>Money from city council</td>
</tr>
<tr>
<td>Consider people in nursing homes homeless</td>
<td>HUD</td>
<td>Not sure</td>
<td>As soon as possible</td>
<td></td>
</tr>
<tr>
<td>Bed bugs removal</td>
<td>CLS/LRI</td>
<td>Not sure</td>
<td>NOW</td>
<td>Make money available</td>
</tr>
<tr>
<td>Fitness Nourishment, Air, Water, WELL Certification System</td>
<td>Built Environment Organizations</td>
<td>Certifications. Demonstration projects through foundations</td>
<td>Construction cycle</td>
<td>Integrated stakeholder meeting</td>
</tr>
<tr>
<td>Prioritize efficient location (transit/walk/bike access) in housing development and scattered site selection</td>
<td>Housing authorities, non-profit agencies, transit agencies, tenants, transit/walk/bike advocacy</td>
<td>Staff time (not much). Some construction of sidewalks, bike rack installation, etc. Small savings to residents and paratransit</td>
<td>Ongoing (housing stock turns over slowly but should apply to new development and move decisions)</td>
<td>Agencies have meetings</td>
</tr>
</tbody>
</table>

Pre-step: staff/leadership reconsider windshield perspective, stop defaulting to car transport
### What can be done to encourage housing policies and programs that support better health outcomes?

<table>
<thead>
<tr>
<th>What organizations/partners could be involved?</th>
<th>How much would it cost? How could it be funded?</th>
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<th>What’s the first step that needs to happen to make this idea a reality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPO or city/county planning agency. Smart Growth Advocates. Health/public health professionals. Landlords. Housing non-profits, housing authorities, licensing agencies, real estate associations, developers, college res life offices</td>
<td>&lt;$50,000 (Could charge nominal fee for training participants)</td>
<td>6 months – 1 year to develop curriculum and start holding trainings</td>
<td>Get in an agency’s work program, hold kick off meeting to get buy-in from potential participants</td>
</tr>
<tr>
<td>Public education → data reporting, State, city, federal, Some providers, Taxable grants, 12 years</td>
<td>Bring organizations together → build consensus</td>
<td></td>
<td></td>
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<tr>
<td>Everyone!</td>
<td></td>
<td></td>
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<tr>
<td>Who has data on housing needs and barriers (e.g., American Housing Survey)</td>
<td></td>
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<tr>
<td>Local, state, and federal government agencies</td>
<td></td>
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<tr>
<td>What can be done to encourage housing policies and programs that support better health outcomes?</td>
<td>What organizations/partners could be involved?</td>
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<tr>
<td>Diverse stakeholder advisory group to bring down “silos” includes residents and homeowners</td>
<td>Health, L&amp;I, homeowners, tenants, landlords, private and public agencies</td>
<td>Meetings – Cost? Space + food 2-4 times/month</td>
<td></td>
</tr>
<tr>
<td>Develop comprehensive housing policies with health and safety components</td>
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<tr>
<td>Enforce code. Incentivize homeowners and landlords</td>
<td></td>
<td></td>
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<tr>
<td>Low/no interest loans for healthy home repairs</td>
<td>Financial institutions, municipal governments, H&amp;CD community</td>
<td>Variable</td>
<td></td>
</tr>
<tr>
<td>Voucher program modifications to encourage newer housing in diverse locations to take part</td>
<td>Developers, municipalities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residents Association</td>
<td>Residents Association, TURN, Philly Socialists, Centers for Independent Living</td>
<td>Variable. Start with small funding. Fact sheets and information</td>
<td></td>
</tr>
<tr>
<td>Supporting transition from Psych hospital to stable housing with care management</td>
<td>Certified care specialists, MHA of Southeastern PA</td>
<td></td>
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</table>
What can be done to encourage housing policies and programs that support better health outcomes?

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<tr>
<td>PCA, PAIPM, Liberty, Vector, COMHAZ, HUD</td>
<td>$1.5 m = 1500 homes funded by a tax on mattress sales</td>
<td>By 2018</td>
<td>City Council</td>
</tr>
<tr>
<td>L&amp;I and PD40 enforce existing regs</td>
<td>fines</td>
<td>By June</td>
<td>Reinterpret PMC Code Interpretations</td>
</tr>
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<td>Housing Court to work on compliance by home owners</td>
<td>fines</td>
<td>By 2018</td>
<td>City Council</td>
</tr>
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