

Safe and Healthy Housing Funders' Roundtable

February 3, 2010

Troy, MI



National Center for
Healthy Housing

THE KRESGE FOUNDATION



Record of the Proceedings

Summit Sponsors

We wish to thank The Kresge Foundation for its generous support of the Funders Roundtable.

Meeting Location

The Roundtable was held at The Kresge Foundation's, Platinum level LEED-certified headquarters. The state-of-the-art facilities serve as a model of sustainable design and integrate a 19th century farmhouse and barn with a new contemporary two-level, 19,500-square-foot, glass and steel building.

Planning Committee and Facilitation

We gratefully acknowledge the contributions of the following individuals for serving on the Roundtable Planning Committee:

Rebecca Morley, National Center for Healthy Housing
David Fukuzawa, Kresge Foundation
Phillip Dodge, National Center for Healthy Housing
Tamra Fountaine, Kresge Foundation
Michelle Harvey, National Center for Healthy Housing
Deanna Yow, Kresge Foundation

Site Visit and Healthy Homes Driving Tour

We gratefully acknowledge the contributions of Mary Sue Schottenfels of CLEARCorps/Detroit and Lyke Thompson, Ph.D., of the Wayne State University Center for Urban Studies for organizing and leading the Healthy Homes Driving Tour.

Additional Thanks

For her outstanding facilitation of the roundtable, we also wish to thank Stephanie Pollack, Associate Director of the Dukakis Center at Northeastern University.

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Low-income families, older adults, and people of color continue to bear a disproportionate burden of unhealthy housing conditions, including lead-based paint, pesticide misuse, broken heating systems, rodents, leaking water pipes, inoperable smoke alarms, and asthma triggers such as mold and roaches. These dangerous and unhealthy housing conditions not only cause millions of illnesses and injuries, but they cost billions of dollars in health care treatments and lost productivity.

On February 3, 2010, the Kresge Foundation and the National Center for Healthy Housing (NCHH) convened the Safe and Healthy Housing Funders Roundtable in Troy, MI. The Roundtable brought together leaders from the philanthropic community and experts in housing, public health, and environmental policy. The purpose of the meeting was to explore the best policies, programs, and practices to create healthier housing for America's families.

Mr. Rip Rapson, Executive Director of the Kresge Foundation, welcomed meeting participants to the Kresge Foundation. Mr. Rapson thanked David Fukuzawa (Kresge's Program Director) for his work on this event and formally acknowledged several members of David's team (Stacey Barbas, Martha Vela Acosta, Tamra Fountaine, Phyllis Meadows) as well as other Kresge staff, including Senior Program Director, Laura Trudeau and Senior Program Officer, Wendy Jackson of the Detroit Team, and Jessica Boehland of the Environment Team.

Kresge expressed their excitement regarding hosting this conversation of funders with the same cross-section of interests. This is an important time to talk about how community development, health, environmental, and housing issues affect children and families. Finding solutions to education, community, and environmental reform are important, and Kresge has integrated with groups like the Skillman and Knight Foundations and the families they support, in order to help the community think differently about these issues.

Ms. Rebecca Morley, Executive Director of the National Center for Healthy Housing, after introducing herself to the group, thanked the Kresge Foundation for supporting the meeting. Ms. Morley then introduced Ms. Stephanie Pollack, the meeting facilitator.

Ms. Stephanie Pollack, Associate Director of the Dukakis Center at Northeastern University, facilitated the Funders' Roundtable. Ms. Pollack began with having each of the roundtable participants introduce themselves. See Appendix 1 for a list of Roundtable Attendees.

Ms. Pollack then outlined the structure of the meeting. The meeting would be primarily a discussion session for the roundtable participants. The objectives were to share information, insights, and to generate new ideas on ways for funders to collaborate and work together to create healthy housing in their communities and across the country. The practitioners around the perimeter of the room would later have an opportunity to introduce themselves and make comments. Rebecca Morley would begin the dialogue with both a description of the National Healthy Housing Policy Summit and an introduction of the National Safe and Healthy Housing Coalition. Following this presentation, three conversations would occur. First, federal agency representatives will present their Healthy Homes Plans. Following these talks, there would be two roundtable discussions made on the following topics: *Integrating Energy Efficiency, Affordability, and Health*, and *The Role of Healthy Places in Health and Health Care*. These presentations would be used to guide roundtable discussions focusing on actions that have already been taken by the presenters' organizations and on areas of continued need. Ms. Pollack covered logistics & ground rules. Any unaddressed comments or concerns were to be noted on the yellow pads strategically located around the roundtable.

Rebecca Morley began, and again introduced herself to the group with a “thank you” to participants for joining the meeting. She noted that her way of introducing herself would be the pattern for others to follow. Roundtable introductions would begin with each individual sharing with the group ways in which their organization came into healthy housing work, a description of relevant work that their organization has contributed, as well as a listing of key needs required to move forward.

The National Center for Healthy Housing was founded in 1992, as the National Center for Lead Safe Housing by Enterprise Community Partners to meet needs in lead poisoning prevention and practical strategies for healthy homes. In 1999, the National Center for Lead Safe Housing became the National Center for Healthy Housing, focusing on the seven healthy homes principles. Ms. Morley noted that six million people in the United States are living in substandard housing conditions. While that number may seem relatively low to some, diseases that are linked to the places people live account for about 80 percent of the healthcare resources in this country.

These discoveries bring us together on today; to discuss ways in which our industries of affordable housing, community development, health and energy can work together to generate solutions to our common problems.

The goal of the National Healthy Housing Policy Summit (www.nchh.org/Policy/Policy-Summit.aspx), which included more than one hundred participants and about forty non-profit organizations, was to create policy recommendations that participating groups would support. The initial fifty-five priorities were consolidated and reduced to ten major ones. Following the Summit, the National Safe and Healthy Housing Coalition (www.nchh.org/Policy/National-Safe-and-Healthy-Housing-Coalition.aspx) was formed, which allows national organizations from all major disciplines to get behind a shared agenda.

There are several ways that the Federal Agencies and the philanthropic organizations can get involved with this work. Those needs include: 1.) Developing national standards. While healthy housing covers many disciplines, it lacks national standards. 2.) No one in particular really “owns” the outstanding issues. Data on housing conditions and health are scattered. Funding for policy work is needed. Costs of unhealthy housing are transferred to and born by the healthcare industry. Building and housing codes are fragmented. Because they are locally enforced, some codes are strict, but some times, codes are absent altogether. 3.) “Green building” doesn’t seem to give enough thought to making homes both green and healthy.

Ms. Pollack then turned the floor over to the Federal Agency Partners.

Dr. Mary Jean Brown, of the U.S. Centers for Disease Control and Prevention (CDC), introduced herself as having been in the lead business since 1992. She has worked with the CDC for over six of those years. Dr. Brown has had the privilege of seeing the prevalence of lead poisoning in children decrease significantly. Dr. Brown pointed out that 10,000 people perform lead poisoning prevention work every single day. This talented group of individuals has a multitude of skills and this “army” should not be disbanded. Eternal vigilance is needed for a holistic approach to healthy housing. Currently, these workers are limited to taking care of the particular problem that they are paid to address. An outstanding issue is the need for these workers to address all of the healthy housing issues in the homes that they visit. For example, a worker may treat a child for lead poisoning, while the lead hazards inside of the house remain. Another example is the presence of both mold and mildew, but the worker would only be compensated to address asthma in a child. The CDC has taken on work in this area in the form of training, demonstrations, and development of guidance materials. With limited resources, the CDC has begun to move forward with this training. To-date, CDC has only been able to fund six of the 62 applications received for healthy housing programs.

The CDC 2011 Congressional line item is now Healthy Homes (formerly Childhood Lead Poisoning). This significant change allows other areas, not limited to lead poisoning, to be funded through the NOFA in 2011. To further assist in this work, CDC is interested in applied research; including what interventions work, don't work, etc. An example of those interventions can be found in a panel report has been published by the National Center for Healthy Housing, here: www.nchh.org/LinkClick.aspx?fileticket=2lvaEDNBIdU%3d&tabid=229.

Ms. Kathy Seikel, of the U.S. Environmental Protection Agency's Office of Children's Health Protection presented next. EPA established the Office of Children's Health Protection (OCHP) in May 1997, to make the protection of children's health a fundamental goal of public health and environmental protection in the United States. Since 1970, EPA has been working for a cleaner, healthier environment for the American people. While the EPA was first established around regulation, for the last ten years, there has been a new focus on how built environment affects health, especially when those environments are in underserved communities. Although the OCHP is fairly new, children have always been a major consideration in EPA policies and regulations. EPA has recently joined the interagency Healthy Homes Workgroup. Current EPA departmental offices include lead, air, water, toxic substances and pesticides. In the past each department has had a separate focus on their own issues, but recently, the departments have begun working together to collaborate across programs. Relevant programs include: Healthy Schools, Community Action for Renewed Environment Grant Program, Brown Fields Grant Program, and Environmental Justice Grant program. TSCA Reform is also a key priority.

In addition, the EPA is helping to draft an interagency strategy on healthy housing. HUD, EPA, Health and Human Services (the Surgeon General's office), the Department of Energy and the U.S. Department of Agriculture (USDA) have come together to focus on healthy housing. The interagency strategy is being developed, and the draft is expected to be released by the end of February. Outstanding key needs include:

1. Funding flexibility that allows community needs to be met, rather than programs who meet needs based on funding.
2. Housing and building codes are local, varied, and sporadically enforced. Setting and branding a recognizable national standard is an important step.
3. Partnerships-good opportunity for funders to strategically meet. This meeting is a great opportunity for the federal agencies to work with the foundation world.
4. Additionally, EPA can work better with weatherization folks at the Department of Energy to combine and align efforts to make homes healthy and energy efficient.

Mr. Matthew Ammon, Deputy Director of the Office of Healthy Homes and Lead Hazard Control of the U.S. Department of Housing and Urban Development, pointed out that the federal agencies do in fact, work well together, have strong partnerships with one another, and have been able to make a lot of progress in the healthy homes arena. An overarching problem lies in the observation that the government regulates food, water, waste disposal, environment, drugs, safety and seatbelts; seemingly everything but healthy housing. There is no Title X for Healthy Housing. Therefore, an opportunity to partner, fund and develop programs, research and mainstream healthy housing principles has presented itself.

As the blueprint, HUD is using both the Strategic Plan for Healthy Homes (www.hud.gov/offices/lead/library/hhi/hh_strategic_plan.pdf), and the Surgeon General Call to Action to Promote Healthy Homes (www.hhs.gov/news/press/2009pres/06/20090609a.html). The new Federal Healthy Homes Working Group will merge these new documents as their guidelines in moving forward. While a lot of the necessary funding is not available, there are still actions that can be taken. HUD already has lead based paint hazard control programs, healthy housing demonstration projects, and healthy housing research programs underway. Consequently, a transition needs to occur, and there have been shifts in focus. HUD has been working to design programs that provide grantees with the funding flexibility to be able to resolve environmental indoor hazards.

There still is a capacity of unmet needs among the “army” of grantees, as they need to be better informed and better equipped to do their work. People and Place goals, in addition to health outcomes have been built into HUD’s strategic plan. This includes the combination of green and healthy housing. Given this progress, there are still some unmet needs. Clarity of “healthy homes” definitions, strategies, and concepts is needed for federal, state and local level policy makers, that they can enforce standards.

Ms. Pollack then gave the floor to Mr. Timothy Block.

Mr. Timothy Block, Program Director for the Home Depot Foundation, stated that the Foundation has been involved in healthy housing from the beginning. Their retail stores have a practical approach to affordable housing and the environment. For Home Depot customers, energy efficiency is important, as well as indoor air quality, and other issues. The Foundation’s goal is to increase the amount disposable income of the families they serve, by decreasing the funds spent on doctor visits for unhealthy housing issues, such as asthma, etc. These efforts have allowed the Home Depot Foundation to move to the forefront of healthy housing support. For example, grant making and funding efforts are not just about supporting “green” projects, but both green and healthy. The Home Depot Foundation funds Enterprise Community Development Partners, Low-Income Support Coalition, and many other regional non-profit organizations, in order to expand on the green and healthy housing studies and models.

Unmet needs include the sense of urgency that healthy housing should be incorporated with the framework of healthy housing policy involved with Sustainable Communities.

Mr. Scot Spencer, Manager of Baltimore Relations for the Annie E. Casey Foundation, observed that the roundtable funders all had varied pathways into healthy housing work. For example, Casey’s work in this field began inside of their education portfolio. Casey’s work had always been centered on disadvantaged kids and families. The need to collaborate with environmental health experts only developed through learning about the detrimental impacts of lead on children and their ability to learn. Last year, a point of opportunity occurred when stimulus funding became available for weatherization activities.

Kresge, Annie Casey, and other national and local funders have been working in 10 sites around the country to increase green and healthy housing investment. The idea is to demonstrate the outcomes of both environmental health interventions inside of the home, as well as weatherization work outside of the home; all in a way to collect enough data and information to share with policy makers, to help develop policy. In their work on the 10 sites around the country, green and healthy interventions have proved helpful. Low-income families who do not have primary health care sources, tend to use emergency hospital care the most. Emergency room care is the most expensive form of healthcare in the United States. Green and healthy housing interventions create outcomes that decrease health care costs. One critical need includes the education of policy makers. Equally, and perhaps more importantly, the community at large has to buy into the initiative and view it as critical enough to demand policy change from their local officials.

Mr. Spencer then turned the floor over to Ms. Ruth Ann Norton to further expound on green and healthy initiatives and associated outstanding needs.

Ms. Ruth Ann Norton, Executive Director for the Coalition to End Childhood Lead Poisoning, spoke briefly about the impending opportunity to leverage and create or re-craft a new national housing standard. She recalled HUD Secretary Donovan stressing that HUD has made this important. Investment in this area by philanthropic community has sparked White House interest. Ms. Norton concluded by adding that further education is necessary, and preliminary data does, in fact, show improvement in efficiencies and time savings by integrating green and healthy housing interventions.

Ms. Pollack invited the roundtable participants to put together a list of needs.

Roundtable Discussion: Part I

List of Categorical Needs

- Funding Flexibility
 - Government funding combined with Philanthropic dollars
 - Healthcare dollars that can work together with Housing dollars

- Building Blocks for healthy housing
 - Codes
 - Standards
 - Important that building standards that focus on areas of agreement between scientific community
 - Definitional needs
 - Scale
 - Existing programs need to be redefined and expanded
 - New programs created
 - Lessons learned from lead poisoning
 - Both “people” and “place” goals are needed
- Applied research and better data
- Comprehensive health prevention strategy in order to address root causes
- “Silo busting”
 - Between government and non-government entities
 - Between government agencies
- Multi-disciplinary education of current and future practitioners
- Social determinants (where people live, work, learn and play) to expand advocacy
 - Prevention strategy would create broader advocacy base
 - Don’t pit schools against homes, but integrate them under a common understanding
 - Integration of people goals and place goals
- Local Constituency
 - Build self-advocacy among communities, families and residents
 - Organization of public information
- Integration of funding outside of government funds
 - Not ignoring, but aligning resources outside of federal government funds
- Intentional framing of goals and outcome that create sustainable places for people to live
- “Ownership” and accountability
- Mainstream and Main Street healthy housing agenda and idea
 - Educate general public about healthy housing issues through outreach
 - Grow economy and opportunity among consumers, as no one is immune from adverse health affects in housing
 - Idea is more marketable when it possesses universal appeal
 - Assist low-income and disadvantaged families and communities without losing everyone else, including those of higher income brackets
 - Jobs/Entrepreneurial development
- Creation of appropriate financing mechanisms
 - FHA's Energy Efficient Mortgage program and the DOE's Recovery Through Retrofit programs can be used as models, of what to do and what can be done better
- Clearinghouse
 - Centralized location to access healthy housing work and best practices
- Time for investments, strategies, etc. to work

- While these ideas and strategies won't be implemented and fully-operational overnight, given the proper amount of detailed attention, they will create lasting and durable mechanisms.
- Hold government and other involved parties accountable
- Collaboration and coordination
- Public housing can be a starting point to create a healthy housing community
 - A ready based environment could capture the outcomes of chronic health factors (such as smoking, lack of physical exercise, poor nutrition etc.)
 - Public and private neighborhood housing “places” (sites) can be successful models
 - will create vocal constituents and momentum
- Creation of a task force
 - to ensure/enforce mechanisms, initiatives, and follow-up action steps
 - to change eligibility requirements for programs and make financing flexible
 - Logic model should be created focus on particular areas, methods, roles and responsibilities
- Conversations needs a “natural” location; with recognition that there is an evangelistic component to “preach” the healthy housing message to various silos that touch all areas of Healthy Housing

After the roundtable participants completed the above list of needs, Ms. Pollack suggested the introduction of the conference attendees who were seated around the perimeter of the roundtable. Appendix 2 includes a list of the practitioners in attendance.

After the group took a short break, Dr. Mary Jean Brown encouraged meeting participants to obtain a copy of the Surgeon General’s Call to Action for Healthy Housing. It contains interesting statistics, good ideas, and can be accessed by following this link:

www.surgeongeneral.gov/topics/healthyhomes/calltoactiontopromotehealthyhomes.pdf

Ms. Pollack then introduced Ms. Joan Cleary to the group.

Ms. Joan Cleary, Vice President of the Blue Cross and Blue Shield of Minnesota Foundation, described the background of the philanthropic arm of BCBS; which was founded in 1986. The Blue Cross and Blue Shield of Minnesota Foundation is the state’s largest grant making foundation and exclusively dedicates assets to improving health in Minnesota, awarding more than \$25 million since it’s inception. The foundation’s purpose is to look beyond health care today for ideas that create healthier communities tomorrow.

Five years ago, the Foundation’s Board approved a long-term strategic focus on the social determinants of health. Housing emerged as one of these key determinants of health, in addition to early childhood development, social connectivity, and environmental conditions. From the need to create a more equitable and healthy community, a set of criteria were developed. Criteria needed to be relevant, significant, evaluable, replicable, and possess community partnership opportunities.

As a health foundation, the majority of the organization’s work is done through grant making, policy support, awareness building, leadership recognition. For the last four years, grant making activities through the *Growing Up Healthy: Kids & Communities* initiatives have produced partnerships that focus on social and environmental determinants of health of children ages 3–5. In many of these projects, housing is a centerpiece and healthy housing principles play a major role. The foundation has also supported the National Center for Healthy Housing in their evaluation of Viking Terrace, a green community in Worthington, Minnesota. The research provided by NCHH showed significant health impacts of green and elderly renovations. The policy work of the foundation includes an agreement with the Minnesota Housing Partnership to form a bipartisan housing caucus. Housing is high on the federal policy agenda, and healthy housing concepts have an opportunity to shine. Additional healthy housing policy work included a grant of \$10,000 in support of a green healthy housing charrette in Mankato, MN. Lastly, the foundation focuses on leadership recognition and collaborative development by lifting up other organizations involved in this

work. Ms. Cleary concluded her presentation by sharing a video presentation of 2009 Upstream Health Leadership Award, which can be found at:

www.bcbsmnfoundation.org/pages-mediacenter-tier3-Videos?oid=9253.

Mr. David Fukuzawa, Program Director for the Kresge Foundation, presented next. He discussed Kresge's Health sector's tri-programmatic approach. The three strategies include: healthy environments, caring communities, and emerging and promises practices in health. The "healthy environments" piece supports strategies that engage communities in the promotion of healthy surroundings for children and families. Support is directed to issues such as air quality, safety, and eliminating exposure to hazardous environmental conditions in homes, schools and neighborhoods. Review of the built and natural environment, conversations with the CDC, and other factors guided this work, concentrated in three areas.

One concentration involves making outdoor places safe for children through support of collaborative efforts to protect children from violence or fear of violence. The second is protecting children from exposure to air pollution and other environmental hazards. Since the housing environment can potentially contribute to these issues, prevention methods would limit chronic diseases.

Finally, promoting healthy homes, schools, and neighborhoods is a priority. The Kresge Foundation formed a "*Getting the Lead Out Initiative*", a two-year, national effort to advance the elimination of lead poisoning among vulnerable children. Mr. Fukuzawa noted that 60% of children in the Detroit Public School System's Special Education program have BLL of five or higher, which contributed to the low standardized test score problem. Unmet needs simply include continuance of this dialogue in order to push the initiative.

Ms. Pollack introduced an opportunity for further discussion, by posing the question "Now that we have indicated the needs, where are the current best opportunities for philanthropy?" to the group.

Roundtable Discussion: Part II

Best Opportunities for Philanthropy ~ Ideas

- Healthcare can invest in Community Health Initiatives or preventive health measures (encouragement of physical exercise, access to fresh and healthy foods; lowering obesity, getting rid of toxics, rodents, smoke in the home) that concentrate on healthy environments
 - Use health assessments and
 - Educate community health workers and other practitioners who enter homes
- Build a virtual community that expands the general view "being healthy". This virtual community can take a look at healthy housing, green and healthy concepts, etc., by using blogs, evidence, and case studies in order to intersect funders, policy makers, federal agencies, and non-profits.
 - This will be a common foundation that will create common language that can expand the way we look at healthy homes.
 - This will help frame concepts and allow acceptance of new ideas in a way that makes sense to all, as housing conditions includes where people live, work, learn and play.
- Foundations can support the advocacy efforts to inform policymakers; including community level support.
- Foundation leaders can use their work to leverage and influence the work of other affinity groups to build vocal constituency.
- Funding opportunities may be available for those who can integrate healthy housing with information dissemination through technology and literacy.
 - The Knight Foundation is interested in informing communities and funds the activities that allow people to be well informed. The foundation is supporting the Detroit Connected Community Initiative to provide high-speed Internet access in two large, low-income Detroit neighborhoods, utilizing WiMAX and Wi-Fi technology.

- Proven evidence indicates that access to information may be a neighborhood and community stabilizer.
- Foundations can support organizing at the Federal level by funding advocates, local and state activists and policy makers; helping them knit across levels of government, rather than “bust silos” and offering support to horizontal thinking in a vertical work.
- Foundations can use connections with the senior adult community for educational resources. Housing is becoming a larger community in the “Healthy Aging” initiative.
- Funders can support awareness activities.
 - Meeting proceedings and outcomes could be disseminated to other affinity groups and other tangentially related groups in order to “get the word out,” and help them to recognize healthy housing relationship to their current work.
- Philanthropy can call a convening and invite the public
 - Can also convene researchers and practitioners to build agreement, create standards and identify best practices which will inform advocacy
- Funders can lead innovation
 - By supporting “messengers”
 - Clinicians carry a lot of status and credibility in the healthcare industry.
 - Faith based community can be important network for this kind of work, and funders can support organizing work.
 - By forging partnerships with private sector and institutions
- Community foundations should be involved in healthy housing and healthy places
 - Funders can support geographic units of service
 - Philanthropy could encourage healthy housing and healthy place integration into education reform, youth development etc.
- Federal agencies and foundations can create partnership and form a national marketing campaign to raise consumer awareness
- Philanthropy could support development of template or scorecard for presenting data
 - Template would be customized by community organizations, which could be disseminated through them to the community.
 - Data can be communicated to health maintenance organizations, Medicaid, etc. to create awareness
- Funders can connect with groups like National League of Cities, National Conference of Mayors, National Association of City and County Health Officials, and/or other groups that concentrate on code reform, energy efficiency, climate control, weatherization, etc. to show lines of similarity between their work and the work of healthy housing.
- Government and funders can work together to highlight the work of non-profit groups: case studies, success stories, and strategies.
- Funders could possibly be linked together with data collectors.
 - Federal agencies provide data, but perhaps foundation support can be restricted and/or linked as an incentive to share that data.

The group took a break for lunch, and boarded a shuttle bus for a guided tour of the City of Detroit, led by CLEARCorps/Detroit. The tour provided a real-world example of healthy housing challenges and detailed how CLEARCorps and other community organizations are addressing these challenges. The tour went through the North End, New Center/Wayne State, Piquette Square, Island View, and Kettering neighborhoods before ending at the offices of CLEARCorps/Detroit.

Roundtable Discussion: Part III
Wrap Up and Next Steps
11148 Harper Avenue, Detroit, MI 48213

Ms. Pollack convened the wrap up discussion by posing to the funders two questions, “Who else should be brought into this discussion?”, and “What are concrete next steps for funders and practitioners?” The group responded with various ideas.

1. Who else should be brought into this discussion?
 - a. Community foundations should be involved, as well as funders whose tangentially related work doesn’t typically focus on healthy housing, such as the Neighborhood Funders Group and the Environmental Grantmakers Association.
 - b. Survey additional affinity groups to well-cover philanthropy
 - c. Invited Foundations that were unable to attend today’s meeting
 - i. Heinz Foundation
 - ii. W.K. Kellogg Foundation
 - iii. Oak Hill Fund
 - d. Third party payers, health care institutions and insurance companies
 - e. Banking industry, including credit unions
 - f. Mortgage companies
 - g. Property management companies and property owners
2. What are concrete next steps for funders and practitioners?
 - a. Researchers and practitioners can focus on one to three healthy housing priorities (such as asthma or lead poisoning) and clearly state expectations of funders
 - i. Can relate concept papers and funding requests to areas of focus that funders’ may already be involved
 - ii. Researchers and practitioners should discuss issues in a clear and compelling manner
 - b. Funders can show related organizations how the healthy housing issues affect them, highlighting how their investment dollars can make a difference
 - c. Funders could play a convening role
 - i. Build communities of practice
 - ii. Putting people in touch with one another so an interactive discussion can take place
 - d. Funders already involved in this work can take advantage of established relationships with federal agencies

Meeting was adjourned by Ms. Pollack at 3:15pm.

Appendix 1: List of Roundtable Attendees

Mr. David Fukuzawa Kresge Foundation	Ms. Rebecca Morley National Center for Healthy Housing
Ms. Joan Cleary Blue Cross Blue Shield of Minnesota Foundation	Ms. Kathy Gerwig Kaiser Permanente
Dr. Stephanie McGency Grantmakers for Children, Youth, & Families	Ms. Elaine Arkin Robert Wood Johnson Foundation
Ms. Tonya Allen Skillman Foundation	Mr. Neal Hegarty C.S. Mott Foundation
Dr. Faith Mitchell Grantmakers in Health	Ms. Kathy Seikel U.S. Environmental Protection Agency
Ms. Sandra Jibrell Board Member, National Center for Healthy Housing	Dr. Mary Jean Brown U.S. Centers for Disease Control and Prevention
Mr. Matthew Ammon U.S. Department of Housing and Urban Development	Mr. Scot Spencer Annie E. Casey Foundation
Ms. Jessica Boehland Kresge Foundation	Mr. Timothy Block Home Depot Foundation
Ms. Brenda Price John S. and James L. Knight Foundation	Ms. Carol Farquhar Grantmakers in Aging
Dr. Wilhelmine Miller George Washington University School of Public Health and Health Services	Ms. Stephanie Pollack Facilitator

Appendix 2: List of Practitioners in Attendance

Michael Brown Flint Area Reinvestment Office	Mark Valedeck Genesee County Health Department
Steven Walker Genesee County Community Action Resource Department	Wesley Priem Healthy Homes Section, Michigan Department of Community Health
Pamela Shaheen, PhD University of Michigan, School of Public Health	Michelle Harvey National Center for Healthy Housing
Phillip Dodge National Center for Healthy Housing	Cynthia Shaw Kresge Foundation
Wendy Jackson Kresge Foundation	Tamra Fountaine Kresge Foundation
Mark Allen Alameda County Lead Poisoning Prevention Program	Maricela Foster Alameda County Lead Poisoning Prevention Program
Lyke Thompson, PhD Wayne State University	Jason Caya, raising awareness Flint Area Reinvestment Office
Martha S. Vela-Acosta Kresge Foundation	Mary Sue Schottenfels CLEARCorps/Detroit
Rachel Wells CLEARCorps/Detroit	Linda Kite Healthy Homes Collaborative
Stacey Barbás Kresge Foundation	Ruth Ann Norton Coalition to End Childhood Lead Poisoning

Table 1: Summary of Healthy Housing Needs and Possible Program Activities

Needs	Possible Program Activities
<p>1. “One-Touch” Service Delivery Policies and Programs</p> <ul style="list-style-type: none"> • Government funding combined with philanthropic dollars • Healthcare dollars that can work together with housing dollars • “Silo busting” between government and non-government entities and between government agencies • Multi-disciplinary education of current and future practitioners • Integration and alignment of resources outside of federal government funds • “Preach” the healthy housing message to various silos that touch all areas of Healthy Housing 	<ul style="list-style-type: none"> • Build a virtual community that expands the general view of “being healthy” using blogs, evidence, and case studies in order to intersect funders, policy makers, federal agencies, and non-profits. • Leverage and influence the work of other affinity groups to build vocal constituency. • Support organizing at the Federal level by funding advocates, local and state activists and policy makers; helping them knit across levels of government, rather than “bust silos” and offering support to horizontal thinking in a vertical work • Support partnership building with groups such as the National League of Cities, National Conference of Mayors, National Association of City and County Health Officials, and/or other groups that concentrate on code reform, energy efficiency, climate control, weatherization, etc. to show lines of similarity between their work and the work of healthy housing. • Highlight the work of non-profit groups: case studies, success stories, and strategies.
<p>2. Scale -Up Programs</p> <ul style="list-style-type: none"> • Redefine and expand existing programs 	<ul style="list-style-type: none"> • Create new programs to fill gaps • Capture lessons learned from lead poisoning • Create appropriate financing mechanisms (models include FHA's Energy Efficient Mortgage program & the Recovery through Retrofit programs)

<p>3. Applied Research/ Building Blocks for Healthy Housing</p>	<ul style="list-style-type: none"> ● Convene researchers and practitioners to build agreement, create standards and identify best practices, which will inform advocacy ● Develop model Healthy Homes codes and standards (focused on areas of agreement between scientific community) ● Create consensus definitions of healthy housing ● Link data collection efforts
<p>4. Community-Level Approaches</p> <ul style="list-style-type: none"> ● Develop comprehensive health prevention strategies to address root causes ● Focus on social determinants of health (where people live, work, learn and play) to expand advocacy ● Integrate people goals and place goals and frame goals and outcomes toward creating sustainable places for people to live ● Public housing can be a starting point to create a healthy housing community <ul style="list-style-type: none"> ○ Capture the outcomes of chronic health factors (such as smoking, lack of physical exercise, poor nutrition etc.) 	<ul style="list-style-type: none"> ● Invest in Community Health Initiatives or preventive health measures (encouragement of physical exercise, access to fresh and healthy foods; lowering obesity, getting rid of toxics, rodents, smoke in the home) that concentrate on healthy environments <ul style="list-style-type: none"> ● Support Health Impact Assessments ● Connect Healthy Housing with “Healthy Aging” initiatives. ● support geographic units of service ● Encourage healthy housing and healthy place integration into education reform, youth development etc.
<p>5. Capacity Building</p> <ul style="list-style-type: none"> ● Build self-advocacy among communities, families and residents ● Jobs/Entrepreneurial development ● Public and private neighborhood housing “places” (sites) can be successful models and will create vocal constituents and momentum 	<ul style="list-style-type: none"> ● Educate community health workers and other practitioners who enter homes ● Educate clinicians. ● Support partnerships with faith-based communities. ● Support partnership building with private sector and institutions ● Support development of template or scorecard for presenting community-level data <ul style="list-style-type: none"> ○ Template would be customized by community organizations, which could be disseminated through them to the community. ○ Data can be communicated to health maintenance organizations, Medicaid, etc. to create awareness

<p>6. Consumer Outreach (Building Demand)</p> <ul style="list-style-type: none"> • “Mainstream and Main Street” healthy housing agenda and ideas • Educate general public about healthy housing issues through outreach • Grow economy and opportunity among consumers, as no one is immune from adverse health affects in housing • Assist low-income and disadvantaged families and communities and those of higher income brackets (idea is more marketable when it possesses universal appeal) 	<ul style="list-style-type: none"> • Clearinghouse – Create a centralized location to access healthy housing work and best practices • Create partnership and form a national marketing campaign to raise consumer awareness
<p>7. Accountability</p> <ul style="list-style-type: none"> • Hold government and other involved parties accountable 	<ul style="list-style-type: none"> • Create a task force to ensure/enforce mechanisms, initiatives, and follow-up action steps to change eligibility requirements for programs and make financing flexible • Create a logic model focused on particular areas, methods, roles and responsibilities • Support advocacy efforts to inform policymakers; including community level support.