



**National Center for  
Healthy Housing**

## Strategic Plan 2014–2017

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## Executive Summary

In October 1992, the Enterprise Foundation (now Enterprise Community Partners) and the Alliance to End Childhood Lead Poisoning (Alliance) founded the National Center for Healthy Housing to provide the scientific underpinnings for the childhood lead poisoning prevention movement.

In the 20 years since our founding, we have grown into a highly regarded credible change agent that has successfully integrated healthy housing advocacy, research, training, and capacity building under one roof. The diversity of our funders and range of projects illustrates the broad applicability of our work. We are truly the go-to “think and do” tank for practitioners and policy makers looking for accessible information and technical assistance on healthy housing. We developed scientifically valid policies and with our partner, the Alliance, rallied the needed support to protect children. Our prior annual reports catalogue our achievements, such as our scientific evaluations of housing upgrades that improve health, a national network of healthy housing trainers, practitioners, and advocates, and most importantly, reductions in housing-related diseases, such as childhood lead poisoning.<sup>i</sup>

“Make no little plans; they have no magic to stir men’s blood and probably themselves will not be realized. Make big plans; aim high in hope and work, remembering that a noble, logical diagram once recorded will never die, but long after we are gone will be a living thing, asserting itself with every growing insistency.”

— *Daniel Burnham, architect*

This document is forward looking—where we hope to go and how we will get there. With whom we will travel is equally important. Our partners, staff, and board are our strengths, and we will nurture those relationships—expanding our reach, effectiveness, and influence.

Our goal is to create system change—a transformation of policies, beliefs, and practices that will guide the nation for years to come. We lead a cadre of knowledgeable advocates and practitioners who share our values and together anchor the healthy housing movement. We seek to shift from inaction and reaction to unhealthy living conditions toward prevention of these conditions and the affirmative creation of better places for children to grow up and for adults to age.

In this plan, we have set very ambitious goals. We will sustain our efforts in our focus area of children and housing, while beginning exploration of two emerging areas—older adults and neighborhoods, which reflect our growing understanding of the intersections between place and health.

Although the current economic climate adds to the challenge of funding our work, it also drives the demand for innovation and transformational change. NCHH’s long-standing connection with key decision-makers and advocates in housing and public health policy represents a potential vehicle for influencing other major sectors such as health care, education, and community development. Never has there been a greater need to align economic incentives with the protection of health across the lifespan.

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<sup>i</sup> <http://nchh.org/Portals/0/Contents/NCHH%20Timeline.pdf>

Together with our supporters and allies, we will seize this opportunity to protect our children and improve the quality of American housing and neighborhoods.

# NATIONAL CENTER FOR HEALTHY HOUSING STRATEGIC PLAN 2014–2017:

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## Our Vision

- All people are safe and healthy in the places they live.

## Our Purpose and Philosophy

NCHH's purpose is to secure healthy homes for all. Our philosophy is that through partnerships, research, and advocacy we can reduce health disparities in low-income communities and communities of color.

## Our Value Added

NCHH's unique value is:

- Convening and leading the healthy housing movement.
- Conducting practical research and translating and disseminating credible, respected information.
- Garnering broad cross-sectoral support for better housing.
- Advocating for and with populations that have traditionally been marginalized.

## Our Impact

In three to five years, as a result of our work, we want to see in place:

- Better housing and better health.
- A reduction in housing-related health disparities.
- Increased expectations and accountability for decent, safe, and healthy housing.

## Our Tools

### ***Partnerships***

Our partnerships are a fundamental ingredient to our success. Our achievements are shared with a diverse set of national, state, and local collaborators who share our commitment to healthy homes and neighborhoods. Our National Healthy Homes Training Center network partners are helping us to create a workforce of professionals who are prepared to address the nation's healthy housing issues. Our collaborative project with Rebuilding Together, the Healthy Housing Challenge, crystallizes the concept of healthy housing by translating it into a series of specific housing repairs that are affordable and feasible. We anticipate identifying several new partners in the implementation of this strategic plan,

particularly in our emerging focus areas of healthy neighborhoods and older adults. We will prioritize deepening our collaborations with a handful of strategic partners.

## ***Community-Based Research***

Science undergirds all of NCHH's work—our policy recommendations, our guides and tools for practitioners, and our communications with the public, all rely on objective, high-quality and innovative research and its translation into practical steps. We design our research with the end users in mind, whether they're policymakers, practitioners, or the public. To be included in our research portfolio, a study must answer relevant questions for both the community and the broader field of healthy housing.

Although not every research project undertaken by NCHH will be "Community Based" or "Participatory Research," *per se*, NCHH is committed to a collaborative approach in all of its research from start to finish. NCHH seeks an equitable engagement of all partners in all phases of its research including: the identification of the research objectives, the organization and management of the project, and the interpretation and dissemination of its findings. Most, if not all, of NCHH's research will be designed to be directly responsive to community priorities and perspectives keeping in mind that the definition of community may vary from project to project. Community may mean "the healthy homes community" of practitioners and advocates. Or, it may mean the members of a housing development or a neighborhood, or it may mean community leaders from multiple neighborhoods if the project emerges at such a geographic scale. NCHH will work through existing partnerships in the community when such partnerships exist. NCHH researchers and community members will work together with a dedication to humility, honesty, and respect.

## ***Advocacy***

At the heart of our work is the belief that having a safe, decent, and healthy home environment is a basic human right. Part of what makes NCHH unique is our ability to advance system level change, enabling us to contribute to the narrowing of health disparities that arise from unhealthy housing. We must enhance our expectations of safe and decent housing and hold those who finance and manage housing accountable for quality. To that end, the National Safe and Healthy Housing Coalition will continue to advocate for federal programs and policies that support the healthy housing movement. We will ensure alignment between NCHH's policy agenda and the advocacy goals of our National Safe and Healthy Housing Coalition. We will also increase our participation in allied Coalitions to reflect our desire to engage with high level decision-makers in the housing and health spaces.

We will look for ways to expand our Grassroots Advocacy Network so that every state has at least one active organization advocating for improving health and reducing health disparities, through better quality and affordable housing. NCHH will ensure that these advocates have the tools and information they need to be successful. We plan to reshape our Grassroots Advocacy Network in two ways. We will focus the objectives of our grassroots program toward achieving the policy goals included in our strategic plan to increase the likelihood of achieving our advocacy goals and leverage the benefits that accrue from many organizations at multiple levels working on a shared agenda.

## **Our Focus Areas**

If NCHH tried to work on every housing and health problem, we would solve none. In our first strategic plan in 2003, as well as subsequent plans, we have taken a portfolio approach—investing in a variety of areas to identify the most promising strategies and activities. After a decade of investing, we are ready

to be more selective in our work, hone in on the places where we can make a unique impact, and focus with precision on getting discernible results in those areas. We prioritize our activities by asking:

1. Is it a ***scientifically important children’s environmental health challenge***, not being sufficiently addressed by others, with the potential for systems level change?
2. Is it the ***kind of work NCHH is best at***, a situation where science, convening, training, or practical solutions are needed?
3. Do we already have, or can we attract, ***the resources needed*** to solve the problem—in terms of talent, influence, and funding?

We used the three criteria to scan a wide range of emerging issues where more of NCHH’s attention might be needed in the near future. This led us to maintain NCHH’s primary focus on its *sustaining goal area of children and housing*.

Research and input from our stakeholders suggest that there are at least two areas for near-term exploration and likely long-term expansion for future work. These *emerging goal areas* of older adults and healthy neighborhoods take into consideration NCHH’s skills and expertise, as well as people and places that could benefit from NCHH’s help and involvement.

In some instances, we’ve shifted our work into our “sweet spot” that is the nexus between health and housing. For example, our future work on health impact assessment (HIA) will center on housing and community development, rather than the many other contexts in which HIA is used (e.g., transportation). In other cases, we look to other experienced partners and agencies for leadership—such as those working on the quality of schools, workplaces, and child care centers. We will maintain a supportive role for these organizations, while keeping our focus on the places people *live*.

NCHH will remain focused on the United States as a priority for its work, but will contribute to the healthy housing work of the World Health Organization, and stay abreast of research and practices from abroad that will advance our U.S. efforts.

## **SUSTAINING GOALS: CHILDREN AND HOUSING**

### **GOAL 1: IDENTIFY PRACTICAL AND PROVEN STEPS FOR CREATING SAFE AND HEALTHY HOMES FOR CHILDREN**

#### **Rationale:**

- Low-income and minority communities—already burdened with greater rates of disease, limited access to health care, and other health disparities—are also the populations living with the worst living conditions. Studies have shown that negative aspects of the built environment tend to interact with and magnify health disparities, compounding already distressing conditions.
- A legacy of hazards remain in American homes (e.g., lead, asbestos, pesticides), and new chemicals are being added to homes (e.g., phthalates, nanoparticles, volatile organic compounds, and others) that have not been adequately studied.
- A number of research studies have documented the negative effects of poor quality housing, which include childhood lead poisoning, asthma, and other respiratory illnesses, cardiovascular health problems, increased stress, and poorer overall physical and mental health status.<sup>i</sup>

- An Institute of Medicine panel found that children who live in homes or attend schools with moisture and mold problems have twice the risk for asthma and other respiratory problems.<sup>ii</sup>

### **Challenge:**

- There is a lack of return on investment information for some healthy homes activities.
- Incentives are misaligned; i.e., the direct costs of implementing healthy homes are not balanced with financial benefits to the individual property or the housing sector as a whole.
- Available information/resources are insufficient to effect change among those who finance housing including local and state policymakers.

### **NCHH's Solution:**

- Conduct and translate scientific research about hazards in the home environment into practical and proven steps.
- Evaluate the costs and benefits of practical healthy housing upgrades.
- Continue to engage and involve communities in the design, implementation, and dissemination of research findings.

### **First-Year Objectives:**

1. Conduct and publish a review of emerging housing-related health exposures for children.
2. Begin research on low-cost radon mitigation strategies.
3. Evaluate current participatory research partners and activities and opportunities for strengthening them.
4. Coordinate Enterprise Community Partners' green and healthy housing study to identify the costs and benefits of green rehabilitation for asthmatic children in three cities.
5. Launch the Healthy Housing Challenge in nine communities to raise awareness of housing-related health problems and the practical repairs that can prevent them. Through the Challenge, translate healthy homes principles into a host of specific actionable steps.
6. Complete the Return-on-Investment (ROI) study to demonstrate health benefits of energy upgrades.
7. Create a package of healthy homes items to be included in state public and private energy assistance programs.

## **GOAL 2: ADVOCATE FOR EVIDENCE-BASED HEALTHY HOMES PRACTICES AND PROGRAMS**

### **Rationale:**

- Advances in science over the past decade have demonstrated the effectiveness of a range of interventions to reduce risk factors in housing. This knowledge justifies action now to implement a range of low-cost repairs to make high-risk homes healthier and safer.
- The system for regulating hazards in housing is weak and fragmented.
- Lead poisoning does irreparable harm to young children's brains, causes developmental and behavioral problems, and reduces children's IQ. More than 500,000 children have blood lead levels of 5 micrograms per deciliter of blood, adversely affecting their ability to do well in school and later life.
- For every \$1 invested in residential lead hazard control, there is a return of \$17.<sup>ii</sup>

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<sup>ii</sup> Gould et al. Early Childhood Lead Exposure: Benefits of Prevention Far Outweigh Costs of Abatement. July 14, 2009.

- Community education for asthma self-management and control of environmental asthma triggers are vital components of effective asthma management.<sup>iii</sup>
- The integration of healthy homes principles into related programs such as weatherization and community development are opportunities for substantially scaling up the quantity of affordable healthy homes.
- The private sector, including banks, developers, architects, builders, home insurers, and home inspectors have a stake in healthier housing. With the right information, they can be key partners in creating system level change.

### **Challenge:**

- There is a lack of a coordinated grassroots advocacy movement; environmental, social justice, and housing groups are not focused on housing quality.
- Congress has eliminated and reduced funding for several federal programs that serve as the backbone of healthy homes efforts. These include the elimination of CDC's Healthy Homes and Lead Poisoning Prevention Program for state and local health departments, the reduction of funding for the Weatherization Assistance Program, the elimination of EPA's radon program, and the reduction of funding for HUD's Healthy Homes program.
- Federal policy and jurisprudence generally treat housing as a local issue.
- The absence of healthy housing codes limits the ability of the construction industry and code officials to implement building practices that support health.
- Code officials and builders are resistant to additional regulation that adds costs.

### **NCHH's Solution:**

- Advocate with allied organizations for federal policies that prevent housing-related injury and illness.
- Organize and support local advocate's participation in setting and influencing federal policy.
- In collaboration with local partners, identify and highlight effective and portable practices and programs.
- Promote the adoption of a National Healthy Housing Standard and build local support for stronger, more effective housing code enforcement.
- Continue to collaborate with affordable housing developers and energy efficiency programs to put proven healthy housing principles into practice.

### **First-Year Objectives:**

1. Advocate for restoration or replacement of CDC funding for state and local work to prevent children's exposure to lead and other environmental health hazards in ways that ensure a sustainable increase in the supply of lead-safe housing.
2. Advocate for U.S. chemical policy reform to keep harmful chemicals out of housing.<sup>iii</sup>
3. Comment on federal formaldehyde regulations.
4. Release State of Healthy Housing documenting and ranking housing conditions in 48 metropolitan areas.
5. Release model healthy housing standard policy for rental housing units, including multifamily properties.

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<sup>iii</sup> The Safer Chemicals Act has been introduced in the last two Congressional sessions. Although the Act promises to overhaul the outdated Toxic Substances Control Act to reflect the more progressive chemical policies now being enacted in Europe, the regulation of chemicals in building materials remains absent from the proposed law. NCHH will work with other environmental groups (e.g., the Children's Environmental Health Network, Sierra Club, and the Healthy Building Network) to build support for expanding and enacting this legislation.

6. Identify strategic partners and collaborate to aid adoption of the National Healthy Housing Standard.

### **GOAL 3: INCREASE HEALTH CARE FINANCING OF SAFE AND HEALTHY HOMES**

#### **Rationale:**

- The benefits of creating and maintaining healthy housing accrue to the health care sector through prevented or reduced illness and injury. The Affordable Care Act (ACA) makes a commitment to factors outside of the health care system to improve health and reduce health care costs.
- The ACA requires all “new” private health plans to offer, without cost sharing, “evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.”
- The ACA clarifies nonprofit hospitals’ responsibilities to provide benefits to the communities they serve. These activities address the root causes of poor health in areas such as education, employment, income, housing, community design, family and social support, community safety, and the environment (HHS, 2011a; IOM, 2011). Community building activities are proactive strategic investments in prevention to reduce the need for costly medical intervention by addressing the “upstream” causes of poor health status and premature death.
- The ACA expanded federal investment in evidence-based home visiting programs for high-risk families has increased dramatically. Congress has directed these programs to explore and embrace healthy homes principles as part of home visiting.

#### **Challenge:**

- Efforts to control national health care costs have historically ignored social determinants of health.
- There is no common national policy regarding the reimbursement of healthcare providers for healthy homes activities. For example, a recent NCHH survey shows that only 12 of 22 states receive reimbursement for case management of lead poisoned children, and no states receive reimbursement for the prevention of childhood lead poisoning.
- Healthy homes proponents need information about how to work with the health care sector to secure favorable reimbursement and investment in prevention.
- The healthy housing and home visiting workforces are limited by its size and training to perform activities to prevent environmental risks.

#### **NCHH Solutions:**

- Guide health care investments into the places people live to prevent and reduce disease.
- Strengthen credentials of healthy homes practitioners, home visiting nurses, and others who interface with high-risk housing.
- Support and highlight elements of successful models (e.g., use of health impact bonds, hospital community benefits) that may be widely adopted and provide technical assistance to enable the adoption of these approaches.

#### **First-Year Objectives:**

1. Update NCHH brief on Health Care Reform and the provision of healthy homes services to reflect the latest information about ACA opportunities.<sup>iv</sup>

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<sup>iv</sup> <http://www.nchh.org/LinkClick.aspx?fileticket=kMMh5Z%2bZgvQ%3d&tabid=538>



2. Secure grant (e.g., MacArthur Foundation) to examine the Medicaid savings for asthmatic children associated with green rehabilitation of affordable housing.
3. Advocate with home visiting providers, model developers and intermediaries to advance the integration of proven healthy home practices into home visiting programs.
4. Engage early childhood development experts and advocates with healthy housing policy.

## **EMERGING GOALS: OLDER ADULTS AND HEALTHY NEIGHBORHOODS**

**Older Adults:** As our population ages, the demands on our housing also change. The changing demography of the United States necessitates new research, policy, and practice for housing older adults. Although this vast area of inquiry could include service delivery (e.g., supportive services) and health promotion (e.g., physical activity), NCHH expects to focus its attention on the physical aspects of the places low-income older adults live. Identify and fill gaps in the scientific understanding of environmental health and safety risks in the home environments of older adults.

**Healthy Neighborhoods:** A home that has been made safe and healthy can quickly fall into disrepair if surrounding neighborhood suffers from neglect. Many organizations are working on issues of “healthy communities” including for example, improving access to healthy foods and to health care services, walkability, etc. A growing number are focusing on the connection between public health and community development policies. In line with our past experience in housing, we expect to focus on the physical and material aspects of neighborhoods and the policies that drive those characteristics. We will apply new tools such as health impact assessment, and work with new audiences, such as architects and planners. Data visualization and transparency will be a key component of the work in this portfolio to serve community activism and facilitate consumer choice.

### **GOAL 4: IDENTIFY PRACTICAL AND PROVEN STEPS FOR CREATING SAFE AND HEALTHY HOMES FOR OLDER ADULTS**

#### **Rationale:**

- The number of people 85 and older will grow from 4.2 million in 2000 to 9 million in 2030 to 19 million in 2050.
- Chronic obstructive pulmonary disease (COPD) remains a major worldwide public health problem and it is currently the fourth leading cause of death in the US. COPD affects 10 percent of the general population. Because increasing age is strongly associated with an increasing prevalence, COPD requiring medical attention usually occurs late in life, and it is expected to become the third-leading cause of death and disability worldwide by the year 2020.
- Asthma rates are also pronounced in the elderly and related to particulate matter.
- Falls in the home are the most common cause of nonfatal injuries and hospital admissions for trauma, especially among the elderly. According to the American Academy of Orthopedic Surgeons, “Most hip fractures occur as a result of a fall and most falls and injuries occur in the home. Many are preventable by recognizing the dangers and taking steps to correct known home hazards.”
- Although older adults face a higher prevalence of chronic illness, *a priori* they can still benefit from implementation of appropriate evidence-based environmental and home hazard interventions.

- The seven principles of healthy housing can be readily applied to housing where older adults reside.

#### Challenge:

- Impacting health outcomes for older adults is more challenging than for children since older adults have a legacy of exposures and experiences that may or may not be counteracted by better housing.
- Practical and proven interventions are needed for different types of housing and for varying older adult populations.

#### NCHH Solution:

- Develop, in collaboration with partners, an action plan for advancing the field of healthy housing for older adults.
- Identify and fill gaps in the scientific understanding of environmental health and safety risks in the home environments of older adults.
- Provide practical, evidence-based information to entities delivering housing for older adults.

#### First-Year Objectives:

1. Identify funding opportunities for research and policy work in the area of older adult health and housing.
2. Interview and identify strategic partners.
3. Build internal capacity through staff and board to provide leadership for this emerging area of work.
4. Conduct a review of residential environmental health and safety risks and associated interventions for older adults.
5. Develop training for housing practitioners to incorporate health and safety into housing for older adults, while building upon the seven proven steps to healthy housing for families with young children.

### **GOAL 5: INCREASE HEALTH EQUITY THROUGH ENLIGHTENED HOUSING AND COMMUNITY DEVELOPMENT DECISIONS**

#### Rationale:

- There is irrefutable evidence that homes and neighborhoods are inextricably linked. Distressed neighborhoods lead to distressed housing and vice-versa. Land use decisions impact the places people live and their quality of life. Increasingly, government agencies are seeing community development as a vehicle for other important objects (e.g., carbon emissions reductions). The HOPE VI program, Community Transformation Grants, and Choice Neighborhoods take an interdisciplinary approach to community development involving public, private, and nonprofit institutions.
- Housing discrimination has limited the ability of many low-income and minority families to move to healthy neighborhoods. Stigmatization related to where one lives marginalizes people's educational and economic achievement. The concentration of substandard housing in less

"You can predict the life expectancy of a child by the ZIP code in which they grow up. This is wrong."

— Shaun Donovan, Secretary,  
U.S. Department of Housing and  
Urban Development

advantaged neighborhoods further compounds racial and ethnic as well as socioeconomic disparities in health.<sup>iv</sup>

### **The Challenge:**

- Elucidating the associations between the built environment and health disparities has proven to be an enormous challenge to the scientific community, requiring the development of new research paradigms, hypotheses, and methodologies. Traditional studies have often lumped many important components of the built environment into a blanket socioeconomic status variable. But this approach makes it nearly impossible to tease out specific housing and community characteristics related to disease.
- Research endeavors in this area require expertise in sociology, psychology, demography, urban planning, and architecture.
- Research efforts are reaching beyond the boundaries of the scientific community, embracing rapid translation of research into effective intervention and active collaboration with community members as central concepts in their research protocols.

### **NCHH Solutions:**

- Fill knowledge gaps in the connection between neighborhoods, housing, and health.
- Promote open government to expose business compliance with housing regulations.
- Disseminate tools and resources to assist decision-makers with incorporating health into housing and community development decisions.
- Make housing and neighborhood condition data more readily accessible to consumers and advocates.

### **First-Year Objectives:**

1. Develop and promote the Healthy Communities Index (in partnership with Healthy Housing Solutions).
2. Develop guidance for states and localities on targeting housing and community development funds for housing repairs and code enforcement.
3. Develop guidance for how to use Health Impact Assessments to guide housing and community development decisions.
4. Promote the adoption of the House Facts data standard to make code enforcement data more transparent and accessible.

## **Our Capabilities and Resource Plan**

- To achieve our goals in the current economic climate, NCHH will need to be even more efficient and more focused. New resources and talent will need to be developed to ensure we maintain our role as a thought leader and change agent.
- Our complementary marketing and fund development plan outlines our plans to improve our brand and to increase our resources and internal capacity to raise the funds necessary to implement our exciting new vision and plan.
- NCHH and its subsidiary, Healthy Housing Solutions, have the same purpose. Solutions' work is funded primarily (though not exclusively) through federal small business set-aside contracts, and NCHH funding comes primarily from private donors and government grants and contracts.
- From a program perspective, our current team has substantial expertise in children's environmental health, federal policy, housing policy, research design, research coordination, strategic planning, federal grants and contract administration, and statistics. Our program needs

include expertise in our two emerging focus areas: older adults and healthy neighborhoods. In addition, we will need expertise in cost-benefit analysis, toxics policy (with and without passage of the Safer Chemicals Act), health care finance, and community-based participatory research. Bringing these talents to the Board and through other volunteers are approaches we will explore in addition to complementing our staff with new talent.

## Conclusion: A Critical Moment in Time

We are undertaking this next stage of our work at a critical moment in time. We see the following changes in the landscape:

- Fewer federal dollars for environmental public health and housing services
- Weak regulatory system for preventing home environmental exposures
- Inadequate framing of healthy housing as a priority public health and housing issue
- Misaligned incentives between those investing in housing and the education and health care systems that benefit from those investments
- Health care industry interested in addressing the root causes of disease

Through our commitment to science and advocacy, we can make continued progress toward improving the quality of U.S. housing. It is a matter of importance and urgency and with the support of our funders and the commitment of our staff; we are confident that we can continue and amplify our work to protect our children today and for tomorrow.

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<sup>i</sup> Report on the WHO Technical Meeting On Quantifying Disease From Inadequate Housing, Bonn Germany, November 28-30, 2005, World Health Organization Regional Office for Europe, April 2006.

<sup>ii</sup> Damp Indoor Spaces and Health. Institute of Medicine. 2004.

<sup>iii</sup> U.S. Department of Health and Human Services, National Heart, Lung and Blood Institute, National Asthma Education and Prevention Program. Expert Panel Report 3: *Guidelines for the Diagnosis and Management of Asthma*. 2007.

<sup>iv</sup> Robert Wood Johnson Foundation. Commission to Build a Healthier America. 2008. Where We Live Matters for Our Health: The Links Between Housing and Health <http://www.commissiononhealth.org/PDF/e6244e9e-f630-4285-9ad7-16016dd7e493/Issue%20Brief%202%20Sept%2008%20-%20Housing%20and%20Health.pdf>