

DRAFT BOARD TRAINING

INTRODUCTION

Welcome!

The Directors who serve on the National Center for Healthy Housing's (NCHH) Board are a vital link to the national policy-making and funding communities. As a new Director, we know you want to understand NCHH's history, accomplishments, and plans for the future. This training takes about 30 minutes and highlights key features of the briefing materials that you received by mail. The training modules incorporate information from our website, publications, and videos. We hope the training will ease your transition to the Board and help you understand NCHH's crucial role in the effort to make all homes in America healthy places for children to live and grow.

The training consists of 6 Modules:

1. NCHH Board role and responsibilities;
2. NCHH history, achievements, and current projects;
3. NCHH strategic goals and objectives
4. NCHH funding priorities;
5. NCHH partnerships; and
6. Historical data on health and housing;

Each module includes learning objectives, exercises, and a brief set of follow up questions. Each module is self-contained, so you can work at you own pace. We ask that you complete all the modules and the review questions before the next scheduled Board meeting.

MODULE 1

NCHH BOARD ROLES AND RESPONSIBILITIES

LEARNING OBJECTIVES:

1. Describe at least 3 responsibilities of the Board.
2. Identify the terms of election for Board members and committee members.
3. Identify the Board officers and describe how they are appointed.
4. Identify the Board's attendance requirements and the number of Board members required for a quorum.
5. Describe the committee structure of the Board.
6. Discuss the Board's giving requirements. Give 3 examples where an individual's financial interests must be disclosed to the Board.
7. Describe at least 3 components of the BBB Wise Code of Conduct
8. Identify at least 3 areas of expertise represented by the 2006 NCHH Board members.

Background and Terms of Office

The National Center for Healthy Housing maintains a Board consisting of between 5 and 21 directors. A majority of the directors are appointed by the Board of Directors of NCHH's sister organization, the Alliance for Healthy Homes. The remaining directors are appointed by NCHH's directors (the Board) and are known as "At-large Directors." Directors need not be citizens of the United States or residents of the State of Maryland.

Directors serve for a term of three years, and until their successors are elected and qualified. Any director may resign at any time by notifying the Board in writing. Directors may not receive any compensation for their services; however, the directors' expenses to attend meetings, etc. are covered by NCHH. Beginning with the June 2003 elections and appointments, directors shall serve for no more than four (4) consecutive terms. A director who has served the maximum number of terms may be re-elected or re-appointed one year after leaving the Board. A director may be removed from office at any time, with or without cause, by the Board of Directors that elected or appointed such director

2006 Board Members (link to Board Bios document from shared drive)

At Large members:

Meetings and Procedures

The Board meets in person for two meetings each year, which are typically held in Washington, DC or in Columbia, Maryland. In addition, there are typically two teleconference calls each year. The in-person meetings are scheduled 6-12 months in advance for the convenience of the directors and the teleconference calls are scheduled several months in advance.

The Chair of the Board or the President may call, or upon the request of a majority of the directors, the Secretary shall call, special meetings of the Board of Directors. Written notice of special meetings, signed by the President, or the Secretary, must be served personally or sent to each director by mail or electronic transmission at least seven (7) days before the time designated for such meeting, unless a the intended recipient has given written waiver.

One-third of the directors in office constitute a quorum for Board transaction of business. If a quorum is not present at any meeting, those directors present may adjourn the meeting, without notice other than announcement at the meeting, until a quorum is present.

Except as required by the General Laws of the State of Maryland, the Articles of Incorporation or the Bylaws, any action by a majority of the directors present at a meeting at which a quorum of directors is present is considered the action of the Board of Directors. Any action required or permitted to be taken at a meeting of the directors may be taken without a meeting if a consent in writing, setting forth the action to be taken, is signed by all of the directors.

Roles and Responsibilities

The policies of the Corporation are determined by the directors acting as the Board or as a committee thereof; individual directors do not determine policy.

All Directors provide ad hoc advice to the Board and NCHH management in specific areas related to their expertise (e.g. financial management, fundraising, research and policy, marketing, etc.).

The Board elects the officers of the corporation following the annual meeting of the Board of Directors, or as soon as possible after the meeting. The NCHH by-laws designate the following positions as officers: President, Treasurer, Secretary and Executive Director. The Chair of the Board is appointed by the Board of Directors of the Alliance. Other officers that can be appointed, but are not required, are Vice-president, and Assistant VP, Assistant Secretary, and Assistant Treasurer. Any two or more offices may be held by the same person, except the offices of President and Vice President. Officers serve for a term of 2 years, until the next annual meeting of the Board of Directors and until their successors are elected and qualified, or until their earlier resignation, removal or death. Any officer may resign at any time by notifying the Board of Directors in writing. Acceptance by the directors is not required to make it effective. Any officer may be removed, either with or without cause, by a majority vote of the directors at any regular or special meeting. A vacancy in any office caused by resignation, removal or death may be filled for the unexpired term of the predecessor in office by the directors at any regular or special meeting.

2006 Officers

Chair of Board of Directors: Thomas M. Vernon, Jr., MD

President: Rebecca L. Morley, NCHH Executive Director.

Treasurer: Charles S. Wilkins, Jr

Secretary: Anne Romasco

Acting Treasurer and Secretary: Jonathan Wilson, NCHH Deputy Director.

Prohibited Activities

The Corporation may not undertake activities prohibited to a Section 501(c)(3) corporation exempt from federal income tax. This includes participation or intervening in any political campaign on behalf of, or in opposition to, any candidate for public office by publishing or distributing statements, or in any other way. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation.

Committees

The Board currently has 4 committees: Executive, Nominating, Finance, and Fund Development. The committees typically meet 3-5 times per year by phone. Committee members generally volunteer to serve on a Committee for three years and are nominated by the full Board. Each committee keeps records of its actions and reports them to the Board of Directors and the President. A majority of the members of any committee constitutes a quorum. If a committee has only two (2) members, any action must be by unanimous consent. Otherwise, actions are determined by majority vote at meetings where a quorum is present.

The Executive Committee is responsible for fiscal oversight and audit, review of the executives' performance and salary, and review of NCHH's strategic plans. The 2006 chair has not been designated. Other members include

The Nominating Committee is responsible for identifying and recruiting new directors, building Board capacity, and for assisting in new member orientation. The 2006 chair is Tom Vernon. Other members include: Judith Kurland and Marcheta Gillam.

The Finance Committee is responsible for fiscal oversight and audit and for reviewing budgets and financial reports. The 2006 chair is Charlie Wilkins. Other members include Kelvin Holloway and Don Ryan.

The Fund Development Committee is responsible for strengthening NCHH's capacity to bring in diverse resources. The 2006 chair has not been selected. Other members include Sandra Jibrell, Ann Romasco and Peter Simon.

In addition, NCHH currently has a separate Science Advisory Committee, which provides advice and offers additional scientific depth and breadth in the technical areas of NCHH's work. The Science Advisory Committee typically meets by phone or in person twice a year. NCHH's Scientific Advisory Board includes national experts in pediatric medicine, housing, and lead poisoning prevention

(http://www.centerforhealthyhousing.org/html/scientific_advisory_committee.html).

Contributions, Conflict of Interest, and Charitable Code of Conduct

The Board recently established a 100% giving goal for all Directors. This goal was established to strengthen NCHH's position in seeking funds from private sources, to help NCHH cover its operational costs, and to demonstrate the commitment of individual directors to NCHH's mission. The Board does not specify a minimum contribution amount. Individual directors simply contribute what they can.

Directors, principal officers and members of a committee with Board delegated powers must annually sign a statement which affirms that the person

- a. has received a copy of the conflicts of interest policy,
- b. has read and understands the policy,
- c. has agreed to comply with the policy, and
- d. understands that the Corporation is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

To prevent actual or possible conflicts of interest, an interested person must disclose the existence of his or her financial interest and must be given the opportunity to disclose all material

facts to the directors and members of relevant committees. Any Director, principal officer, or member of a committee who has a direct or indirect financial interest, as defined below, is an interested person. A person has a financial interest if the person has, directly or indirectly, through business, investment or family:

1. An ownership or investment interest in any entity with which the Corporation has a transaction or arrangement, or
2. A compensation arrangement with the Corporation or with any entity or individual with which the Corporation has a transaction or arrangement, or
3. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Corporation is negotiating a transaction or arrangement, or
4. A consulting arrangement with the Corporation.

Compensation includes direct and indirect remuneration as well as gifts or favors that are substantial in nature. A financial interest does not include an investment interest in a diversified mutual fund or similar financial instrument.

Activity 1 Review the Conflict of Interest Statement (link to document) What steps must be taken after disclosure of the financial interest?

When soliciting contributions to NCHH, the Board follows the BBB Wise Giving Alliance voluntary *Standards for Charitable Accountability* to "...assist donors in making sound giving decisions and to foster public confidence in charitable organizations". The standards seek to encourage fair and honest solicitation practices, to promote ethical conduct by charitable organizations and to advance support of philanthropy.

Follow up Questions

1. The majority of NCHH Board members must be elected or appointed by which organization?
 - a. Enterprise Community Partners
 - b. Alliance for Healthy Housing**
 - c. Both organizations
 - d. Neither organization
2. Which committees are currently active?
 - a. Executive
 - b. Nominating
 - c. Finance
 - d. All of the above**
3. Which of the following areas of expertise is not currently represented on the NCHH Board?
 - a. Consumer product safety**
 - b. Housing
 - c. Medicine
 - d. Legal
4. What are the expectations for Board members' financial support for NCHH?
 - a. 100% giving, no dollar amount specified**
 - b. 100% giving, minimum contribution of \$100
 - c. 50% giving, no dollar amount specified
 - d. 50% giving, minimum contribution of \$1000
5. A Board member's financial interest includes investment interests in a diversified mutual fund (T/F)
6. BBB Wise recommends that 65% of the corporation's expenditures be devoted to ongoing program operations (T/F)

MODULE 2

NCHH HISTORY, ACHIEVEMENTS, AND PROGRAM PRIORITIES

Learning Objectives:

1. Describe NCHH's mission and customers.
2. Describe why the NCHH name change was significant.
3. Describe the relationship between NCHH and Healthy Housing Solutions, Enterprise Community Partners, and the Alliance for Healthy Homes.
4. Describe the type of skills that NCHH staff members bring to the organization's mission.
5. Identify at least 4 key services NCHH provides.
6. Identify at least 3 major NCHH research achievements.
7. Identify at least 3 current NCHH initiatives.
8. Identify at least 3 topics covered by the Healthy Homes Training Center's course for practitioners.

About the National Center for Healthy Housing

Our Mission: To develop and promote practical methods to protect children from environmental health hazards in their homes while preserving affordable housing.

The National Center for Healthy Housing (formerly the National Center for Lead-Safe Housing) was founded as a national 501(c)(3) non-profit organization in October 1992 by the Alliance to End Childhood Lead Poisoning (now the Alliance for Healthy Homes) and the Enterprise Foundation (now Enterprise Community Partners) with funding from the Fannie Mae Foundation. Its purpose was to bring together the public health, housing, and environmental communities to combat the Nation's epidemic of childhood lead poisoning. NCHH's name changed in 2001, signifying an expansion of its mission to other sources of environmental health and safety exposures in the home, including for example, mold, radon, allergens and irritants associated with asthma, and injury hazards.

Organizational Structure:

Legally, NCHH was founded as the National Center for Lead Safe Housing as 501(c)(3) "supporting" organization of the Alliance for Healthy Homes (then the Alliance to End Childhood Lead Poisoning) and Enterprise Community Partners (then the Enterprise Foundation). In 2003, NCHH separated from Enterprise leaving the Alliance as its sole supported parent. NCHH and the Alliance are typically referred to as "sister" organizations due to their collaborative working relationship; however, technically, the Alliance is NCHH's parent and as such is required by NCHH's bylaws to elect a majority of NCHH's Board and the NCHH Chair position. NCHH achieves its "public support classification" under section 509(a)(3) through the Alliance. To be considered a public charity 1/3 of an organizations resources must come from public resources. The Alliance maintains a separate Board of Directors (http://www.afhh.org/aboutus/aboutus_board_of_dir.htm).

NCHH has a wholly-owned small business subsidiary, Healthy Housing Solutions, which exists to provide sustainable sources of revenue for NCHH and to expand on NCHH's capabilities for delivery of high quality strategic planning, technical assistance, and training, particularly at the state and local level. Solutions has a large mission support contract with the U.S. Department of

Housing and Urban Development, and it also runs the National Lead Training Center through a contract with the U.S. Centers for Disease Control [<http://www.healthyhousingsolutions.com/index.html>]]. Solutions has an independent Board of Directors. Rebecca Morley represents the shareholder (NCHH) on that Board.

NCHH Staff

NCHH has assembled a team of experts from the field of law, policy, public health, industrial hygiene, affordable housing advocacy, biostatistics, program evaluation, training, environmental engineering, and social work (http://www.centerforhealthyhousing.org/html/staff_list.html).

NCHH's Program Areas

NCHH concentrates its efforts in key functional areas:

1. Research and evaluation
2. Practice (training and technical assistance).
3. Policy

Our work operates along a continuum of research to policy and practice, with information and services tailored to federal, state, and local governments, nonprofit organizations and advocates, home and rental property owners, and contractors. Our work products include peer-reviewed journal articles (link to http://www.centerforhealthyhousing.org/html/projects_research.html), training curricula (link to http://www.centerforhealthyhousing.org/html/projects_technical_assistance.html), assessment tools (link to http://www.centerforhealthyhousing.org/html/healthy_housing_assessment_tool.html), guidance documents (link to http://www.centerforhealthyhousing.org/html/healthy_rebuilding_project_new.html), fact sheets (link to http://www.centerforhealthyhousing.org/Healthy_Housing_CheckList.pdf), model program documents (link to http://www.centerforhealthyhousing.org/html/model_documents.html), and policy symposia (link to http://www.centerforhealthyhousing.org/html/windows_symposium_report.html).

Accomplishments

Activity 1: To see NCHH's 2006 accomplishments, review the "What's New" section on the Home page (http://www.centerforhealthyhousing.org/html/what_s_new.html). Bookmark this webpage for the future.

Activity 2: To see NCHH's impact on the public debate about healthy housing, review the "News Room" section on the home page (http://www.centerforhealthyhousing.org/html/news_room.html). Bookmark this webpage for the future.

Activity 3: Review the 2005 Annual report for accomplishments and ongoing projects http://www.centerforhealthyhousing.org/NCHH_Annual_Report_2005.pdf.

NCHH and Lead

Childhood lead poisoning affects over 300,000 children across the country yet is entirely preventable. Over 24 million homes still have lead hazards. Early efforts to address this problem failed largely because responses had been uncoordinated and deemed impractical. NCHH worked to develop, validate, and promote the nationwide adoption of cost-effective and practical strategies to sharply reduce the number of lead poisoned children. For the first nine years of its existence, NCHH focused on conducting policy-relevant research, training, technical assistance and public education to address lead-based paint hazards in the nation's housing stock while preserving affordable housing. The organization championed an enlightened approach to a problem that had seemed intractable by focusing on the control of childhood exposures to lead, rather than removal of all lead paint from all housing. To this end, NCHH helped to direct a Congressionally mandated federal task force, which released a major report in 1995 that paved the way for subsequent federal standards

(http://www.centerforhealthyhousing.org/html/hud_task_force.html). NCHH was also responsible for the Guidelines on the Evaluation and Control of Lead-Based Paint Hazards in Housing, a 500 page compendium that remains the authoritative document in the field (<http://www.hud.gov/offices/lead/guidelines/hudguidelines/index.cfm>). From 1993-2003, NCHH conducted the Evaluation of the U.S. Department of Housing and Urban Development's Lead-Based Paint Hazard Control Grant Program in nearly 3,000 housing units in 14 jurisdictions which enabled the nation to incorporate innovative lead-safe work practices into housing rehabilitation and maintenance efforts. The Evaluation conclusively established that lower-cost "interim controls" were effective in controlling lead hazards and concluded that interim controls were more effective than previously thought in preventing those hazards from re-occurring. Lead hazard control activities substantially reduced dust lead loadings on floors, window sills, and troughs, and in most cases, loadings remained well below pre-treatment levels for at least six years. More importantly, the activities were also associated with substantial declines in children's blood lead levels (37% two years after treatment). This study remains a definitive study resulting in numerous publications in the peer reviewed literature and significant policy progress. (http://www.centerforhealthyhousing.org/HUD_National_Evaluation_Final_Report.pdf).

As a result of this and other work, children's blood lead levels have declined by over 80% since the early 1990s. NCHH has also conducted numerous studies of local lead poisoning prevention laws, risk assessment methodologies and hazard control technologies and has provided technical assistance to hundreds of local jurisdictions.

NCHH and Healthy Housing

The lessons learned from lead benefit the studies of other housing related health problems. Residential hazards often have common causes and solutions. NCHH is the nation's only organization solely dedicated to developing and promoting practical, scientifically validated methods to protect children from residential environmental health hazards while preserving affordable housing. Its goal is to enable the nation to move beyond the categorical (one hazard at a time) approach of addressing health hazards in housing (especially low-income housing with children) to a more holistic one, where hazards are assessed and controlled in a more comprehensive manner. For example, moisture deteriorates paint, which may elevate lead levels in the home. Moisture also increases mold, mildew and other allergens that aggravate childhood asthma. Major activities in this area include policy symposia (<http://www.centerforhealthyhousing.org/HH.12.17.04.pdf>), healthy homes assessment protocols, the Healthy Homes Training Center and Network with its associated Clearinghouse, numerous demonstrations and evaluations, and the development of field guides and other educational materials.

Activity 4: For an overview on healthy homes issues, review the video (http://www.healthyhomestraining.org/What_Is_HH.htm).

Activity 5: The Healthy Homes Training Center and Network places NCHH in the forefront of dissemination of research and best practices. See the “Essentials for Healthy Homes Practitioners Course” brochure for an overview of the audience and topics for this training (http://www.healthyhomestraining.org/Documents/Practitioners_Brochure.pdf)

Activity 6: To see the range of materials available through the Healthy Homes Clearinghouse, visit the Clearinghouse and search on the topic “Mold” (<http://www.healthyhousing.org/clearinghouse/index.cfm>).

Activity 7: To view practical tools, see 1) Creating a Healthy Home – A Field Guide for Clean-up of Flooded Homes (http://www.centerforhealthyhousing.org/FloodCleanupGuide_screen_.pdf); 2) “Steps for Creating a Healthy Home: Costs for a Typical Two-Story Single-family Home” (<http://www.centerforhealthyhousing.org/NCHHCostSht3.pdf>); and 3) “Healthy Homes Maintenance Checklist” (http://www.centerforhealthyhousing.org/Healthy_Housing_CheckList.pdf)

Follow-up questions:

1. NCHH’s mission includes all but the following.
 - a. To develop and promote practical methods
 - b. To preserve affordable housing
 - c. To protect children from environmental hazards in their homes
 - d. To reduce health-related hazards in schools.**
2. NCHH changed its name in 2001 because the problem of childhood lead poisoning had been solved. (T/F)
3. Healthy Housing Solutions is a wholly-owned *non-profit* subsidiary of NCHH (T/F)
4. Which is not a service that NCHH provides?
 - a. Research and evaluation
 - b. Lobbying for legislation**
 - c. Technical assistance and training
 - d. Policy analysis
5. NCHH’s most significant research accomplishment to date is
 - a. The Evaluation of the HUD Lead-Based Paint Hazard Control Grant Program**
 - b. Creating a Healthy Home: Costs for a Typical Two-Story Single-family Home
 - c. Guidelines on the Evaluation and Control of Lead-Based Paint Hazards in Housing
 - d. The Healthy Homes Clearinghouse
6. As part of NCHH’s public policy work, it
 - a. Promotes the inclusion of public health principles in green building programs
 - b. Supports the implementation of state and local lead laws and regulations
 - c. The use of integrated pest management strategies in affordable housing
 - d. All of the above**
7. Attending the National Healthy Homes Training Center will benefit which of the following:
 - a. Public health nurses

- b. Health and housing advocates
 - c. Home inspectors
 - d. All of the above**
8. What is the difference between a categorical and holistic approach to home-related health hazards?
- a. Categorical approaches treat individual hazards one at a time (e.g., lead, radon)**
 - b. Holistic approaches treat individual hazards one at a time
 - c. Holistic approaches are not cost-effective
 - d. Holistic approaches do not require interdisciplinary cooperation
9. Which of the following is NOT a module in the Healthy Homes Training Center practitioners' course
- a. The House as a System
 - b. How to Hire a Contractor**
 - c. Keep it Dry
 - d. Maintain the House
10. Which of the following is NOT an area of expertise of the NCHH staff?
- a. Pediatric medicine**
 - b. Occupational health
 - c. Housing policy development
 - d. Nursing

MODULE 3

NCHH STRATEGIC GOALS AND OBJECTIVES

Learning Objectives:

1. Describe NCHH's unique strategic position
2. List 3 key criteria for making programmatic decisions.
3. Identify at least 3 housing hazards that are NCHH's top priorities.
4. Name at least 3 key measures of NCHH's successful achievement of strategic goals.
5. Identify at least 3 strategic goals for 2003-2007

Strategic Position:

NCHH is the only scientific and technical organization working at the intersection of health and housing to bring real world solutions to environmental health problems. Our work leads to healthier people, reduced health care costs, and better quality affordable housing.

Strategic Priorities:

NCHH staff and the Board annually review strategic priorities and develop operational plans. It reviews progress toward achieving those objectives semi-annually.

Our programmatic choices are based on the following criteria:

- Burden of disease
- Probability of practical solutions (e.g. likelihood of implementation)
- Funding

For FY 2003-2007, NCHH's overriding strategic goal is to reduce mortality, morbidity and Disability-Adjusted Life Years (DALYs) resulting from health hazards in housing. To achieve this, NCHH seeks to

1. Establish the link between health and housing, the framework for delivery of Healthy Housing, and the tools to measure successful Healthy Housing
2. Produce and disseminate excellent results in lead and other healthy housing projects on time and on budget.
3. Develop the necessary skills, expertise, discipline, culture and capacity of staff and board and relationships with partners
4. Establish fundraising capacity and generate adequate revenue including unrestricted funds
5. Create political will & support for Healthy Housing among key groups.

Our program currently focuses on health outcomes from hazards in housing in the broadest terms, but with a primary focus on the following health issues:

- Lead poisoning
- Asthma / respiratory illnesses

Our current priorities for housing-related hazards research, practical assistance and policy are

- Lead (paint, soil and dust)
- Allergens
- Moisture (plumbing, roof, foundation failures)
- Heating Ventilation and Cooling Systems: Heating failures, Combustion sources, carbon monoxide and nitrous dioxide

As resources and opportunities permit, NCHH will also undertake activities related to

- Disability and unintentional injury
- Cancer
- Neurotoxicity
- Endocrine disruption
- Environmental tobacco smoke
- Injury sources (fire, home slip-trip-fall hazards)
- Building materials
- Pesticides
- Radon
- Asbestos

NCHH measures its progress toward strategic objectives by tracking:

- **Housing Results**, such as increased numbers of homes achieving minimum health standards and increased availability of healthy affordable homes without a reduction in the total number of affordable units;
- **Health Results**, such as the elimination of childhood lead poisoning by 2010, reduced asthma incidence, decreased housing-related health burden, and confirmation of what role, if any, mold plays in housing related illness;
- **Broad Social Results**, such as reduced costs of emergency room visits, doctor visits, medication used, and hospitalization incidence; increased school attendance and school test scores; reduced economic burden of health in homes.

By the end of 2007, NCHH's success in establishing its preeminence as a scientific and technical organization working at the intersection of health and housing will include:

- NCHH recognized as the leading agency in Healthy Housing;
- Increased number of partnerships engaged in Healthy Housing;
- Expanded number of foundations funding Healthy Housing work;
- Increased number of contractors using Healthy Housing practices;
- Increased number of states, cities, and towns with Healthy Housing policies; and
- An increased percentage of housing units following Healthy Housing practices.

Follow up questions:

1. NCHH defines its unique strategic position as being the only national scientific and technical organization at the intersection of health and housing bringing real world solutions to environmental health problems. (T/F)
2. NCHH gives priority to which factors in programmatic decision-making?
 - a. Burden of disease
 - b. Advocacy
 - c. Probability of practical solutions
 - d. All of the Above
3. Which of the following are 2003-2007 strategic goals?
 - a. Establish the link between health and housing, the framework for delivery of Healthy Housing, and the tools to measure successful Healthy Housing
 - b. Produce and disseminate excellent results in lead and other healthy housing projects on time and on budget.
 - c. Create political will & support for Healthy Housing among key groups.
 - d. **All of the above**
4. NCHH **does not** give high priority to research on which of the following?
 - a. **Mercury**
 - b. Lead

- c. Moisture
- d. Ventilation.

2006 Research, Policy, and Training Projects

NCHH has sought FY 2006 funding for **applied research** that establishes the link between health and housing, provides a framework for the delivery of healthy housing services, and develops tools to measure Healthy Housing outcomes. These projects include

1. **Development of a valid home assessment tool for asthma/respiratory disease** (funded through a three year grant from US HUD)
(http://www.centerforhealthyhousing.org/html/projects_research.html#lead%20technical)
2. **Evaluation of how the use of section 7 of the Enterprise Community Partners' Green Communities criteria contributes to improved health.** NCHH's 2006 "*Comparing Green Building Guidelines and Healthy Homes Principles: A Preliminary Investigation*" set the stage for this research by comparing major national green building and indoor air quality guidelines with its own set of recommended healthy housing criteria to assess the extent to which they protect residents from health and safety hazards. Follow-up evaluation activities have been funded in Minnesota through a grant from US EPA; additional funding has been sought from Blue Cross/Blue Shield of Minnesota. NCHH seeks additional funding to conduct evaluations in at least two other cities. [Add link to Green Building Analysis Report]
3. **Creation of a cost-effective strategy for rehabilitating homes that have experienced hurricane-related flooding.** NCHH partnered with Enterprise Community Partners and Neighborhood Housing Services of New Orleans to demonstrate cost-effective best practices for decontaminating homes damaged by Hurricanes Katrina and Rita. A field guide for clean-up of flooded homes was funded through grants from the Little Sisters of the Assumption Family Health Services and Microecologies, Inc.
(http://www.centerforhealthyhousing.org/html/healthy_rebuilding_in_new_orleans.html). The video that demonstrated these best practices was funded through an Arnold P. Gold Foundation grant through Columbia University, a HUD Healthy Homes grant to the Mount Sinai School of Medicine, and a Robert Wood Johnson Foundation grant to Enterprise Community Partners. Spring and summer 2006 flooding in the East Coast and Mid-Atlantic areas has generated new demand for these materials. NCHH has applied for Home Depot support for disaster-related work outside the New Orleans Area.

Activity 1: View the Introduction to the video, *Mold Clean-up Guidance for New Orleans Area Residents Affected by Hurricane Katrina* (http://www.centerforhealthyhousing.org/html/katrina_video.html). Identify three organizations with which you have contacts that should receive copies of this video and the accompanying field guide.

2006 **technical assistance and training** priorities focus on producing and disseminating excellent results.

1. NCHH has expanded its training and assistance through the Healthy Homes Training Center and Network with additional funding from US EPA to strengthen the curriculum on radon mitigation, develop assessment training for public health nurses, and offer new training in Integrated Pest Management for public housing authority staff and residents.
2. NCHH has a new five-year contract with CDC to provide specialized technical assistance to selected Childhood Lead Poisoning Prevention Programs and will conduct up to seven preliminary visits this year.

2006 **policy** priorities focused on creating political support for the healthy homes movement, including

1. Work with the Alliance for Healthy Homes to ensure promulgation of an effective EPA Renovation, Repair, and Repainting Rule.
2. Support Alliance campaign to increase CDC funding for Childhood Lead Poisoning Prevention Programs by \$15 million
3. Support Alliance in promoting the Healthy Homes Legislation
4. Encourage the incorporation of healthy homes in green, energy, and disaster-related programs.

Activity 2: Review NCHH's comments on the proposed clearance requirements in the EPA Renovation, Repair, and Repainting Rule

(http://www.centerforhealthyhousing.org/html/epa_renovation_rule.html).

1. What did NCHH identify as the greatest problems in the proposed EPA Renovation, Repair, and Repainting Rule regarding clearance?
 - a. Failure to make clearance dust testing mandatory.
 - b. Use of an unproven methodology to determine satisfactory post-construction clean up.
 - c. Failure to require disclosure of "white glove" test results.
 - d. **All of the above.**

2. Based on the NCHH recommendation regarding clearance in the proposed EPA Renovation, Repair, and Repainting Rule, which are new research areas that NCHH should consider for future funding?
 - a. Large-scale field tests to determine whether the white glove test produces valid results when carried out by contractors across the country.
 - b. Determination of whether the white glove test correlates with blood lead levels.
 - c. Development of a white glove test for clearance of carpets.
 - d. **a & b, not c**

MODULE 4 NCHH FUNDING PRIORITIES

Learning Objectives:

1. Describe 3 target goals for funding.
2. Name 3 new audiences for NCHH activities.
3. Describe the 3 levels of corporate partnerships associated with the National Healthy Homes Training Center and Network.
4. Describe at least 3 new applied research projects targeted for 2006.
5. Describe at least 2 technical assistance and training projects targeted for 2006.
6. Describe 3 policy priorities for 2006.

Funding Targets:

2006 funding goals give priority to establishing fundraising capacity and generating adequate revenue including unrestricted funds. Two primary goals are to

1. Raise 1.6 million in grants, contracts, and private support including \$450,000 from corporate partnership program, \$900,000 in government grants and contracts, and \$250,000 in private support for disaster-related activities and other strategic initiatives.
2. Adequately staff fund-development activities through Board involvement and use of existing staff.

NCHH continues to target the federal government, city and state health and housing departments, and foundations to support our work.

With the hiring of a new Director of Research, recruitment of new Board members, and strengthening of the Board's Fund Development efforts, NCHH has developed the skills and expertise to expand its foundation and corporate outreach efforts. In 2006, NCHH will intensify its efforts to attract involvement of the media, intermediary organizations such as Enterprise Community Partners and trade associations, and corporations.

In FY 2006, NCHH initiated its corporate partnership program to support the work of the Healthy Homes Training Center and Network. Partnerships will offer corporations the chance to be associated with the delivery of outstanding training, reach key audiences in the health and housing arenas, and sponsor high profile public awareness campaigns. A range of partnership opportunities has been designed to meet donor needs and interests.

- Silver Level: With a \$10,000-\$24,999 annual commitment, the corporate sponsor is recognized in the Healthy Homes Training Center training materials;
- Gold Level: With a \$25,000-\$49,999 annual commitment, the corporate sponsor receives the Silver level benefits, plus recognition on the Healthy Homes Clearinghouse website; and
- Platinum Level: With a \$50,000 and greater annual commitment, the corporate sponsor receives Silver and Gold level benefits plus corporate recognition on the national training video; public awareness campaigns tailored to meet corporate needs and other mutually agreed upon activities.

For the past several years, NCHH has also participated in the Network for Good program for individual contributors (http://www.centerforhealthyhousing.org/html/make_a_difference.html).

Follow up questions.

3. The Corporate sponsors' program applies to funding for all NCHH activities (T/F).

4. In FY 2006, NCHH has intensified its efforts to reach all *but* the following audiences?
 - a. Media
 - b. Intermediary organizations
 - c. Corporations
 - d. **Individuals**

MODULE 5 NCHH PARTNERSHIPS

Learning Objectives:

1. Identify at least 3 federal agencies with which NCHH has grant relationships.
2. Identify at least 3 foundations that have supported NCHH activities.

Purpose of Partnerships:

NCHH partners for research, to create change at the national, state or local level, to leverage resources, and to achieve multi-disciplinary outcomes by working with other sectors such as energy, environment, and health care.

NCHH currently has grants, contracts or subcontracts with the federal Environmental Protection Agency, Dept. of Energy, Dept. of Housing and Urban Development, and the Centers for Disease Control and Prevention to support training and research on assessment, intervention, and evaluation regarding lead poisoning, asthma, moisture control, energy efficiency, radon, and integrated pest management. (<http://www.centerforhealthyhousing.org/html/activities.html>). It has partnered with the states of Maryland, New York, Maine, and Rhode Island and the cities of Boston, Minneapolis, New York City, Rochester, and Syracuse, New York, Phoenix, Manchester CT, and Providence. It has also expanded its university research and training partnerships to include Johns Hopkins University, University of Cincinnati Medical Center, Boston University, Boston Medical Center, East Center University, Harvard University, Case Western Reserve, Columbia University, University of Washington, University of Illinois at Chicago, and the University of Minnesota.

Healthy Housing Solutions, NCHH's for-profit subsidiary, has partnered on strategic planning and policy development, conference and meeting facilitation, and program management with the city of Detroit and the states of Delaware, Georgia, Kansas, and Michigan (<http://www.healthyhousingsolutions.com/html/accomplishments.html>).

Since 2003, NCHH has expanded its partnership with Enterprise Community Partners to include

- Demonstrations (e.g., The Home-Based Child Care Lead Safety Program, winner of the EPA 2006 Childhood Environmental Health Excellence award (<http://www.centerforhealthyhousing.org/html/leap.html>); and Healthy Rebuilding Demonstration Project in New Orleans (http://www.centerforhealthyhousing.org/html/healthy_rebuilding_project_new.html);
- Green Building Design guidelines and evaluation
- Policy analysis (*Healthier Homes, Stronger Families: Public Policy Approaches to Healthy Housing* policy symposium (http://www.centerforhealthyhousing.org/html/healthier_homes_stronger_famil.html) and National Historic Trust – Barriers to Affordable Rehabilitation; and

Over the past 14 years, NCHH and its projects have partnered with or received support from

- Alliance for Healthy Homes;
- W. Alton Jones Foundation;
- Annie E. Casey Foundation;
- Enterprise Community Partners
- Fannie Mae Foundation;
- Freddie Mac Foundation;
- James C. Penny Foundation;

- Jessie B. Cox Charitable Trust;
- Robert Wood Johnson Foundation;
- Orkin, Inc.;
- Catholic Charities;
- Coalition for Childhood Lead Poisoning Prevention; and
- ACORN.

MODULE 6

HISTORICAL DATA ON HEALTH AND HOUSING

Learning Objectives:

1. Identify the number of children with EBLs
 2. Identify 3 populations that are disproportionately at risk for housing-based health threats
 3. List 5 hazards in the home.
 4. List 3 health problems associated with housing.
-
1. <http://www.cdc.gov/nceh/lead/faq/about.htm>
 2. <http://www.hud.gov/offices/lead/techstudies/LeadPaintHousingSurvey.pdf>
 3. http://www.healthyhomestraining.org/Practitioner/1_Overview.pdf, p. 6
 4. NCHH talking points.doc
 5. http://www.healthyhomestraining.org/Practitioner/1_Overview.pdf, p. 10

Why is Healthy Housing Important?

- Many people in the United States live in substandard housing that is unsafe or unhealthful. In fact, five million families live in physically substandard housing or pay more than 50% of their income for rent (American Housing Survey). Lower-socioeconomic status communities usually have limited access to quality housing stock, and therefore they are disproportionately affected by environmental hazards resulting from deteriorated housing. These hazards include structural, electrical, and fire hazards; inadequate heating and sanitation; indoor air pollution; and lead-based paint hazards. A myriad of health problems result from these hazards including injuries, asthma and other respiratory illnesses, and childhood lead poisoning. Children are especially at risk to hazards in the home since they spend nearly 80 percent of their time indoors.

How great is the lead problem today?

- HUD estimates that more than 24 million units have lead-based paint hazards.
- An estimated 310,000 children in the U.S. have elevated blood lead levels. The banning of lead in gasoline and residential use of lead-based paint has led to significant reductions in the number of poisoned children since the 1970s.
- Children from low-income communities are eight times more likely to suffer from lead poisoning. Children from communities of color are five times more likely to suffer from lead poisoning.
- In cities such as Providence, Baltimore, Rochester, Milwaukee, Chicago, Philadelphia, more than one-third of preschool children are poisoned by lead.
- Lead poisoning is not just an urban problem. Home remodelers' failure to use lead safe work practices when renovating older homes contributes to poisoning throughout the country.
- Blood lead levels over 45 micrograms per deciliter are associated with severe health problems, such as seizures and death. The last US death related to lead poisoning was reported in 2001, in New Hampshire.
- Even blood lead levels below 10 micrograms per deciliter (the current CDC level of concern for children) are associated with negative effects on IQ.

How great is the asthma and injury problem today?

- Asthma rates have increased by over 160 percent since 1980¹ and healthcare costs for asthma care are estimated at more than \$6 billion a year.² Additional costs stem from the more than 10 million missed schooldays a year.³
- Because low-income, substandard housing typically poses the greatest risks, the disparities of housing related health hazards are striking. The prevalence of asthma is 40-50% higher among minority children living in U.S. cities.
- Recent studies show a casual relationship between exposure to mice and cockroaches and asthma episodes in children. Rats infested 2.7 million of 97 million occupied housing units (American Housing Survey, 1997).
- Nearly 7 million persons in the United States were disabled for at least one day by unintentional injuries that occurred at home. During the same period, there were 28,400 preventable deaths attributed to unintentional home injuries (CDC, 1997)..

What is the cost of childhood environmentally related disease?

- The total annual costs for environmentally attributable childhood diseases in the U.S.—lead poisoning, asthma, and cancer—is \$54.9 billion. This amount is approximately 3 percent of total health care costs. (Landrigan *et al.*, 2002)

¹ Surveillance for asthma - United States 1960-1995," *Morbidity and Mortality Weekly Report*, April 24, 1998; 47(SS-1).

¹ HHS Targets Efforts on Asthma," Department of Health and Human Services, May 21, 1998.

¹ Asthma: A Concern for Minority Populations," National Institute of Allergy and Infectious Diseases, January, 1997.

¹ Surveillance for asthma - United States 1960-1995," *Morbidity and Mortality Weekly Report*, April 24, 1998; 47(SS-1).

² HHS Targets Efforts on Asthma," Department of Health and Human Services, May 21, 1998.

³ Asthma: A Concern for Minority Populations," National Institute of Allergy and Infectious Diseases, January, 1997.