

National Healthy Homes Training Center and Network

Making it Work



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Creating a Healthy Homes Program in Your Community

Successful healthy home projects need:

- Established objectives
- Administrative infrastructure
- Identified and committed partners
 - Community
 - Municipal agencies
- Secured funding
- A sustainability plan



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For Healthy Homes projects or initiatives to be successful, these components need to be in place:

- Specific programmatic objectives
- An administrative infrastructure (so you can get things done, pay bills, etc)
- Partners should be identified and committed to the program. This includes having community based organizations participate in the initial programmatic design, agree to share programmatic responsibility and negotiate a compensation rate. Other partners should include relevant municipal agencies including Housing and Health and environmental health. These agencies also need to commit their share of resources.
- Funding needs to be obtained. This should include securing funds for healthy homes treatment (usually from HUD), funding for other needed repairs (i.e. for roofs and HVAC systems), funding for organizing by the community, and funding to disseminate information to the community.
- A plan should be developed to sustain the program beyond the period of time covered by the initial funding source.

If all of these items are in place, it is easier to bring the people who are doing the “on the ground work” into the project. Ideally some of these individuals who are doing the “ground work” will have participated in the initial design and project set-up work and others will assist in fine-tuning some of the items as the project moves forward.

While most individuals working with families will not participate in all of the items listed on this page, it is critical that healthy homes project managers who are in direct contact with the administration, the family, and other involved partners, are aware of all of these components.

Implementing a Healthy Homes Program in Your Agency

Issues to consider as part of start up:

- Will this require a job description and change in responsibilities?
- What sort of training program is needed and for whom?
- How will this alter the way we currently do business (extra time for a home assessment or code inspection)?



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Once you decide on your program it is important to ask key start up questions.

Funding Sources for Healthy Homes Activities or Programs

- HUD- annual NOFA for Healthy Homes demonstration grants
- Other HUD funding- CDBG or HOME funds
- Rental licensing fees or taxes
- EPA – environmental justice, regional funds, lead funds
- State & City - code enforcement fines, health funds (e.g., lead)



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Each year, the U.S. Department of Housing and Urban Development sets aside approximately \$6-10 million for healthy homes demonstration and research grants. This funding, awarded on a competitive basis, is described at www.hud.gov/offices/lead. Information about other federal funding can be found through their respective websites.

Other Funding

- Public agencies can provide “seed” money
 - Develop small grant program for organizing
 - Fund city-wide meeting for community groups
 - Include community outreach in grant proposals
- Involve private sector foundations
 - Know how interests coincide with your mission
 - Ask for their input
 - Involve them in development and evaluation of your work



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Public agencies can help provide funding to organize around an issue.

For example:

- Funding a small grant program to fund local community organizing around healthy homes solutions.
- Funding city-wide meeting for community groups to network and develop ideas for healthy homes programs.
- Make funding for community outreach a part of all healthy homes grant proposals.

Involve **private sector foundations**

- Know how interests coincide with your mission.
- Ask for their input.
- Involve them in development and evaluation of your work.

Benefits to Health and Housing Collaboration

- Collaboration is a *process in which each participant develops full commitment to a common mission.*
- A health and housing collaboration can:
 - Promote long-term success
 - Build long-term community capacity
 - Empower members
 - Produce concrete and measurable change



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Typically, several local agencies enter homes. How might we improve agency efficiency and the quality of services? Should one agency take on all healthy housing functions? Or should it be a collaboration? The solution will vary based on your local capacity, resources, and needs. Regardless, it is important that health and housing professionals COLLABORATE to develop a solution that meets your community's needs.

Important Players

- Agencies
- Community-Based Organizations
- Property Owners
- Contractors and trades people
- Families
- Others?



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Agencies

- Other local agencies regularly enter homes!
 - Unit turnover- housing department inspections
 - Pregnant women/new baby home visit (health department/WIC)
 - General code enforcement visit
 - Occupant complaint (pests, leaks, maintenance visits, safety hazards)
 - Weatherization assessment and work
 - CDBG or HOME funded rehab
- Consider coordinating services at single home visit.



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Many city or county programs already have established home intervention points through other programs. A healthy homes assessment could be done at these times, as a piggy back onto existing programs. Also, this may help to conserve resources.

There are a variety of opportunity points in which to intervene. Some will maximize prevention, others may focus on an established disease or health problem.

Community-Based Organizations

- Solicit input on issues of concern
- Attend community functions and benefits
- Consider their interests and priorities
- Involve community members you work with on boards, commissions and advisory panels



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Building and maintaining relationships is very important part of this work. Soliciting input can include talking with key members of community organizations, organizing a meeting explicitly for input, or convening a focus group.

Property Owners

- Involve in initial program plan
- Secure participation from cooperative owners: establish positive standards
- Conduct property work at turnover
- Require prerequisite work
- Offer training
- Stress the importance of maintenance



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Involve property owners in the initial program plan.

As a program is being developed participation from property owners is critical. They will be far more cooperative during the implementation phase if they have had input into the program's design. Their experience at maintaining low-income homes will provide valuable input.

Secure participation from cooperative owners: establish positive standards.

Even if the percentage of cooperative rental property owners in the target neighborhood is small, the property owners that do participate will help set a positive standard for the program. It will be far easier to do the initial work with cooperative rental property owners. They can inform the program of turnovers so work can be done before children occupy the space.

Conduct property work at turnover.

It will be much easier, cheaper, safer, and more efficient for property owners to do work at turnover when the unit is vacant because the family has not yet moved in.

Require prerequisite work.

Implementing lead paint stabilization or mold remediation in a house with a leaky roof is futile. Property owners must be responsible for doing pre-requisite work such as roof repair, structural repair, or furnace replacement.

Offer training.

Maintenance crews for larger properties can be trained to incorporate healthy house work into maintenance and turnover treatments. A rental property owner can decrease his/her liability by following lead safe work practices and creating healthier housing. Plus they can use healthy homes as a marketing opportunity.

Stress the importance of maintenance.

The success of any intervention is only as good as long as property owners and the occupants maintain the dwelling. Helping rental property owners and occupants implement a long term maintenance plan will greatly enhance the program's success.

Contractors & Trades People

- Involve in developing work protocols or regulations
- Offer to train and equip their crews
- Encourage quality of work standards
- Meet regularly to address problems and concerns
- Help contractors market Healthy Homes interventions to the private market



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The participation of contractors from within the targeted communities helps re-circulate funds within that community, maintains the program's affordability, and increases the program's sustainability. This offers increased practicality and decreased cost and resistance.

Involve contractors in developing work protocols.

The committee that developed lead paint regulations for the exterior of San Francisco houses included two painting contractors. Their participation helped develop regulations that were practical to implement thus lowering the painting contractors' resistance to the new rules and greatly increasing the trade's compliance.

Offer to train and equip their crews.

Classroom seminars that merely review restrictions, rules, and consequences isn't enough and frequently create resistance and resentment among contractors. A more useful training model uses hands-on demonstrations to present simple, cost-effective work protocols, tool, and material options.

Encourage quality of work standards.

When Baltimore passed a law requiring contractors to capture all the lead paint removed from masonry facades, contractors doing the work to the new standards reported that there were contractors underbidding them by ignoring the regulations. Municipal enforcement alone is an ineffective way of maintaining industry work quality. The trades must integrate these protocols into their standard work procedures.

Meet regularly to address problems and concerns.

It is vital that people directing a program get continual feedback from the people implementing their work orders. This is particularly important where poor communication or a breakdown in effective work protocols can put both the workers and the family's health in jeopardy. This feedback needs to come from both the participating contractors as well as representatives from the crews doing the on-site work.

Help contractors market Healthy Homes interventions to the private market.

Helping participating contractors, particularly community-based contractors, market to the private sector greatly amplifies benefits from the resources invested in the program. Where HUD funds are being used, increasing the participation of community-based contractors and workers is a Section 3 requirement. New and expanding markets are available to contractors who are certified, trained, and equipped to do healthy homes work.

Families

- Always have avenues for the family to become involved!
- Provide program materials
- Educate at organizational meetings or “kitchen meetings”



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Always have avenues for the family to become involved.

Provide program materials.

- Make sure materials are readily available in neighborhood.
- Consider libraries, community centers, clinics.
- Consider taking flyers door to door for discussions with residents, where possible.

Educate at organizational meetings or “kitchen meetings.”

- Present your program at meetings of existing community organizations.
- Conduct tenant meetings, where feasible.
- Hold “kitchen meetings.”

Challenges of a Health and Housing Collaboration

- Different visions
- May speak “different languages”
- Many players
- Agency culture
- Power inequities
- “Bad” history
- Competition for funding
- Lack of resources, or unbalanced distribution of resources



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Using Information to Build & Improve Program



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Why Collect Information?

- Determine the magnitude of the problem & community characteristics
 - Health: who is at risk
 - Housing conditions: where and what are the problems
 - Demographics



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Data can help you determine the magnitude of the problem and what is known about it. For example, it can help you:

Learn more about the community: Demographics, educational levels, languages, community resources, where people get their news, who speaks for the community, barriers to working with the community.

Describe what is known about the problem.

Person: *Who is affected?* Specific high-risk populations such as children, elderly, pregnant and nursing women, people with existing health conditions.

Place: *Where is effect seen?* Specific geographic areas, such as low-income or underserved neighborhoods, neighborhoods with low owner occupancy, or areas with known housing or environmental problems

Time: *When does the problem occur?* Are there times of the year, or any special conditions (weather, etc.), which affect the problem?

Place the problem in context: This problem affects *X number* or *X%* of: *people* in a population of *XX*, *children*, *a specific community*, *elderly*. This problem is *preventable*, *treatable*, etc... in % of cases.

Describe what data exist. Are there data to help answer the question?

Identify programs that already exist but may be housed in other parts of the agency, department, or in another department.

Are resources available from another agency?

Are there data available to fit your needs?

Identify gaps.

Are there gaps in the data which cannot be filled? Do data exist outside the agency? Can other data be used to help fill gaps?

Why Collect Information?

- Establish a baseline to mark changes
- Evaluate your program
 - Monitor trends over time
 - Track progress toward meeting objectives
 - Determine success – meet objectives
- Make decisions about future program direction and strategies



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Baseline information: This is the starting point that describes existing conditions.

Baseline data can be used to compare data collected at later points for a comparison, and to measure the results of healthy housing activities. Baseline data may relate to a specific problem. For example, does our target area have rodent infestation problem? Or it might be used to evaluate whether you have achieved your program goals more broadly.

Program evaluation: The data you collect are a key component of program evaluation, which can help you monitor trends over time. For example, data enable:

- Identification of housing associated health risks,
- Determination of healthy housing needs,
- Identification of community assets and resources that support the local healthy housing activities in promoting healthy housing and improving quality of life.

Data helps you **track progress** by providing a basis for decision-making (help set priorities and refine program based on current needs and resources) and serves as a roadmap to tell you where you are going and when you have arrived.

By measuring progress against baseline information, you can determine your success, which will help build financial and political support for your program by informing and convincing decision-makers.

Gathering Data

- Sources of Existing Data
 - Demographic/
Socioeconomic
 - Housing
 - Health
 - Environment



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Data are available from many sources, both public and private.

Demographic data: are helpful in describing the people and communities you serve, i.e., population size, live births, age, death, gender, net migration, and race. Socioeconomic data describe social aspects of the population and include: education, income, labor force participation, healthcare, and children.

Housing data include: location of housing, housing assistance information (e.g. public and section 8), age of housing, housing complaints, cost of housing, and typical rents / purchase prices.

Health data include: Births, deaths, and illnesses.

Environmental data include: Rodent activity, water and sewer, radon, “nuisance” complaints, pesticide use, community pesticide use, community garden projects, lead in housing, Superfund / brownfields data, toxic release inventory data, testing data from healthy homes demonstration and/or research projects.

Visual Assessment Tools

- Local Tools
 - Lead Poisoning
 - Healthy Homes
 - Code Inspection
- CDC/HUD Housing Inspection Manual
- Community Environmental Health Resource Center (CEHRC) Visual Survey



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HUD Housing Quality Standards are required per 24 CFR 582.401 for federal housing. In hard copy, the HUD Housing Quality Standards consist of a 13-page form that considers a wide variety of hazards to residents including safety and environmental. HUD has also developed tools for electronic entry of the information.

The CEHRC Visual Survey is discussed in more detail on the next slide.

Exercise #9

- Conduct a Visual Survey and Assessment of Potential Code Violations
- Use CEHRC Visual Survey as Template
- Use IPMC as Model Code
- Similar to Visual Survey Exercise for Credential Exam



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The CEHRC Visual Survey is discussed in more detail on the next slide.

Visual Survey Report

Resident: _____
 Alternate Contact: _____
 Address: _____
 Unit # _____ Unique ID _____
 Resident Phone: _____


Visual Conducted by: _____
 Date: _____

Make a checkmark (✓) if the problem appears in the room or area. For deteriorated paint and water damage, indicate the extent of the problem (see instructions) Use the extra rows to identify any other hazards you notice. Put an asterisk (*) above any room(s) where a child sleeps or plays. Circle (○) where you photograph a problem.

PROBLEM		ROOM OR AREA												
		Exterior	Porch	Entryway	Living Room	Dining Room	Kitchen	Bedroom 1	Bedroom 2	Bedroom 3	Bathroom 1	Bathroom 2	Basement	
Deteriorated paint	Walls													
	Windows, door, or trim													
	Paint chips on floor													
Soil with no grass or mulch														
Cockroaches														
Rodents														
Holes in wall														
Mold:	Obvious source of moisture													
Mildew:	No obvious source of moisture													
Water Damage: walls wet/dry/stained														
Strong musty smell														
Natural gas/low gas smell														
Unvented gas oven/dryer/heater														
Worn-out carpeting														
Other:														
Other:														
Other:														
Other:														
Other:														

If renting, received lead hazard disclosure information from landlord? Yes No
 Follow-up visit scheduled for: Date _____ Time: _____

CEHRC: Community Environmental Health Resource Center
 Revised 2/11 www.cefrc.org



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The Community Environmental Health Resource Center (CEHRC) is a resource to grassroots groups working for social justice in low-income communities around the country. CEHRC (pronounced "search") helps community-based organizations develop their capacity to document environmental health hazards in substandard housing and to pursue effective organizing and advocacy strategies for corrective and preventive action. The groups have access to hazard assessment tools and training in their use, technical assistance, strategy advice, mechanisms for peer to peer support, and sub-grants.

CEHRC is a part of the Alliance for Healthy Homes. For more information on CEHRC, go to www.cefrc.org. CEHRC has forms, instructions, checklists and decision guides for a visual survey as well as assessment tools for specific hazards. CEHRC offers training to prepare students to complete the documents.

Conducting the Visual Survey is the first step in the CEHRC hazard assessment process. The Visual Survey gives Hazard Investigators an initial opportunity to talk to residents about things they have noticed about their home. Looking around the outside and inside of the home, Hazard Investigators can begin to understand the general condition of the home, and target sampling as appropriate. Some hazards will only be assessed through the Visual Survey as visual evidence of a hazard might be sufficient to trigger control measures or other action.

CEHRC's Visual Survey is easy to follow. At www.cefrc.org, you will find [Instructions](#), a [Visual Survey Report](#) to be filled out, and [Floor Plan](#) and [Site Plan](#) models to use when conducting the Visual. In many cases, Hazard Investigators will want to take photographs of the home or certain hazards found, to supplement the written report.

Visual Survey Report

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 Alternate Contact: _____
 Address: _____
 Unit # _____ Unique ID _____
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	Paint chips on floor													
Soil with no grass or mulch														
Cockroaches														
Rodents														
Holes in wall														
Mold:	Obvious source of moisture													
	No obvious source of moisture													
Water Damage: walls noticeably stained														
Strong musty smell														
Natural gas/lowe gas smell														
Unvented gas oven/dryer/heater														
Worn-out carpeting														
Other:														
Other:														
Other:														
Other:														
Other:														

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Step 2: Identify the Potential Code Violations in Photos

Area of Home	Nature of Violation / Code Sections Potentially Violated	Nature of Violation		Responsible Person	
		Definite	Potential	Owner	Occupant
Exterior					
Porch					
Entryway					
Living Room					
Dining Room					
Kitchen					
Bedroom 1					
Bedroom 2					
Bedroom 3					
Bathroom 1					
Bathroom 2					
Basement					
Other:					
Other:					



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Have the students spend a few minutes filling out this form based on the CEHRC form. They should use the IPMC. You could split them into small groups and assign some their local code and give others the IPMC.

When you review the answers, open the IPMC – Page 9 in the Reference Tab Code Section – and go through each of the sections asking them to identify where they saw a violation, how sure they were that there was a violation (definite v. potential) and who is responsible for correcting it (owner v. occupant v. both). They will need to complete this form for the Visual Survey Exercises if they are pursuing the Healthy Homes Specialist Credential. They have the option to completing the exercise immediately after turning in the exam.

Essentials for Healthy Homes Practitioners
Exercise #9 – Practice Visual Assessment & Identify Potential Violations

Step 3: Evaluate CEHRC Visual Survey


Three Strengths:

- 1.
- 2.
- 3.

Three Weaknesses:

- 1.
- 2.
- 3.

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This is the last page of the Visual Survey Exercise for the Healthy Homes Specialist Credential. Have the students think about the weaknesses and strengths of the CEHRC Visual Survey. The CEHRC Visual Survey is designed to capture a great deal of information on one page. But it misses some problems, especially safety problems. And it is not closely tied to code violations.

Sampling Results Report

Record of Contact	First Visit	Second Visit	Meeting to Discuss Results
Hazard Investigator			
Resident or Designee			
Date & time			

Resident: _____

Address: _____

Unit #: _____ Unique ID _____

Resident Phone: _____

Notes: _____

Hazard		Hazard Checked	Number of Samples	Results of Sampling		Guideline or Standard	Unit of Measure
				Location	Result		
Average Lead Dust	Floor					≥ 40	Micrograms of lead per square foot of sample area (µg/ft ²); home-wide average
	Window Sill					≥ 250	
Maximum Lead Dust	Floor					≥ 40	Micrograms of lead per square foot (µg/ft ²); highest level found in the home
	Window Sill					≥ 250	
Lead in Paint						≥ 0.5% by weight	Percentage of lead in paint; maximum level found in the home
Lead in Soil	Play Area					≥ 400	Parts per million of lead in soil (ppm); maximum level in a play area
	Drip Line					≥ 1200	Parts per million of lead in soil; average for drip line and other non-play areas
	Other Area						
Cockroaches						None	Highest infestation category
							Codroaches per trap per night
Radon						≥ 4	Picoouries of radon per liter of air

Prepared by: _____ Name (printed)

Signature: _____

Date: _____

Test results noted on this report do not necessarily show all possible health hazards in this home. For example, lead test results are from samples collected in 10222 areas, not the inspection of all painted surfaces.

CEHRC: Community Environmental Health Resource Center www.cehrc.org

CEHRC uses the Visual Survey Report as a trigger for sampling.

The CEHRC Sampling Results Report is the report that Hazard Investigators will give to the resident whose home was assessed, along with official lab reports and possibly photographs. The Sampling Results Report contains the results of all hazards that were tested for in the home. Its at-a-glance format allows residents and Hazard Investigators alike to get a sense of the condition of the home as compared to federal and state standards for housing conditions. The Instructions explain, step-by-step, how to fill out the Sampling Results Report.

When giving this report or other results to the resident, Hazard Investigators should take the time to read the results with the resident, and explain what they mean, and what future options the resident has for getting identified hazards corrected in a safe manner.

Go to www.cehrc.org for more information.

Legal Issues: Confidentiality, Disclosure, and Liability



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Confidentiality

Community workers and government employees need to balance the privacy rights of people they work with and the obligation to protect the health and safety of others



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Confidentiality is both an ethical and legal concern. It can also be a liability issue if you breach the confidentiality of protected information.

What kinds of data must you disclose?

When there is a compelling need to protect the health and safety of others, you may be required to disclose confidential data, including personal identifiers.

How many of you are required to disclose certain information that we normally consider confidential?

In Maryland for example, health practitioners (including nurses, social workers, doctors, educators, police officers and human services workers) are required to report conditions that endanger children.

Community health workers may be mandated by state law to report conditions that endanger children. Check with your agency for their policy. If you are a public health or housing employee, you may have additional local requirements and internal policy on disclosable information.

Workers who are not mandated to report child endangerment should discuss situations of concern with their public health/social service agency.

What Information is Confidential?

- Information that is protected under law
- Information that you have defined as such under agency or state policy
- Information considered “sensitive” by the home occupants



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What kinds of data should be kept confidential?

Federal and state law defines what personal information is considered “private” and should be kept as confidential. This is often based on your agency type, job function, and what purpose sharing information would serve. Each law defines this in its own terms. It may be a “personal identifier,” “personal health information” or “protected health information.”

Often, public agencies go above and beyond the law and develop their own privacy policies for confidential information. This may be to reduce negative publicity and/or liability.

Sensitive information is information shared with you by a person or family because of your professional relationship and their trust that you will not divulge this information. This information should, of course, be kept confidential.

Likely Sensitive

- Use of addictive products
- Illegal conduct
- Mental health
- Personal hygiene
- Medication
- Health conditions
- Symptoms
- Citizenship



Usually Not Sensitive

- Occupation
- Birth date/age
- Race/ethnicity
- Gender
- Organizational affiliation
- Home address



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Often, there is an overlap in what a resident considers sensitive and what is legally protected.

Information usually thought of as sensitive includes use of addictive products, illegal conduct, mental health, sexual practices or personal hygiene. Most people consider release of such information an invasion of privacy. Information usually not considered sensitive includes occupation, birth date/age, gender or race ethnicity. Home address and citizenship may be considered sensitive information in some contexts.

In some cases, you may be mandated BY LAW to report sensitive information and not keep it confidential. You won't have a choice.

Mandated Reporting to Child Protective Services

Conditions that endanger children include:

- Young children home alone
- Active physical abuse, or evidence of such
- Drug activity may **not** be considered a condition that endangers

If you are not a mandated reporter, bring these conditions to the attention of your supervisor. Each agency needs to develop policies to respond to these situations.



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A “mandated reporter” – usually defined under state law – is a person that is in contact with children as part of their normal job duties.

Mandated reporters are required to report suspected child mistreatment **immediately** when they have “reasonable” cause to believe that a child is being abused or neglected.

The take home lesson – have a policy to address this internally, get training, and keep up to date on changes to the law.

Discretionary Reporting



- To whom do you report?
- What do you report?
- When?



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Some information is discretionary or not required to be reported by law. As part of the home assessment you will report all of your findings to the occupant of the home so that they can make decisions about improving the conditions. Most importantly, the occupant needs to know if there are immediate hazards that should be corrected as soon as possible.

If the occupant is a tenant, reporting to the property owner can be a little tricky. This is where you must make professional decisions about what to report. Potential consequences could include violating the tenant's trust, threatening your ability to get back in the house to finish an assessment or intervention, and in a worst-case scenario – lead to an eviction.

If the issue is a safety issue – and only the landlord can fix the problem – you must report it.

Conditions to Report to Both Property Owner and Tenant

- Lack of smoke alarms
- Structural defects that may cause an injury
- Sewage intrusion
- Peeling/ deteriorated paint in homes older than 1978
- Sample results, if taken (lead, radon)
- Vermin infestation
- Lack of window guards in high rise
- Any other immediate hazards found
- Hot water heater temperature, esp. if multifamily



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If there are immediate hazards or potential code violations, both the tenant and the property owner need to know. Also, there may be some conditions that only the owner can fix. Tenants don't always have the financial resources, or the ability under the lease to perform painting or other interventions.

Investigate state and local laws, and be aware of internal policy as well. If there is not an internal policy, encourage your administrators to develop one.

After this, there is information that does not need to be reported to the owner. For example, maybe the occupant's personal habits or hygiene is contributing to unhealthy conditions. Or, they are overcrowding electrical outlets. This information may be SENSITIVE, thus a good rule is to keep it confidential.

“Rules of Thumb” for Information Collection and Reporting

1. Only collect what you need to know for the work
2. Partnerships between health, housing, and environmental departments may be beneficial
3. Make sure you know which laws actually apply to your work and data collection and follow them
4. Don't jeopardize an occupant's well-being by not disclosing code violations to the owner
5. Don't jeopardize the occupant's trust by disclosing sensitive information



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If you do not need sensitive information to carry out your work – DON'T ASK (e.g. citizenship).

Consider keeping health and housing data separate.

Consider partnerships with other agencies that may already collect sensitive information that could be kept confidential. You will benefit from their control systems, training, and legal authority to keep and store certain information.

Not all laws designed to protect sensitive information apply to all agencies and “transactions.” HIPAA, while used to justify numerous data controls, does not apply to all health-related entities. Check with counsel or the relevant governing agencies.

“Rules of Thumb” for Legal Issues and Liability

- Follow all laws
- Exercise caution when making recommendations for home treatments; never “wing it”
- Recommend professionals when needed
- Use applicable standards when available



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There is a limited amount of research and data for many of the exposure sources seen in residential homes. In some cases, we still do not clearly understand the relationship between exposure and disease, allergic reaction or other etiology or the treatment that addresses the problem.

Liability Exposures for Healthy Homes Practitioners

There are still many murky areas in this field:



- Multiple sources and types of exposures
- Limited research and data available
- Lack of clear standards and guidelines
- What are effective testing methods and controls?



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Expanding the scope of your work to perform healthy homes assessments and interventions may expose you to new risks. You may consider updating the your job description, and carrying your own insurance.

Healthy housing practitioners may be responsible for assessing and treating various residential environmental health and safety hazards. These include lead-based paint hazards, mold, mildew, pests, vermin, pesticides, radon and physical injury sources. Again, except for lead and radon, we have few nationally recognized standards or guidelines for achieving safe or acceptable levels of remediation for a number of environmental health and some safety exposures. A lack of standards and accepted guidelines means that there is often no clear legal standard of reasonable care owed to residents and others who might be exposed to the hazards.

Efforts are underway to develop effective testing methods and remediation controls. However, these methods and strategies are still being evaluated to determine how effective they are in eliminating or temporarily controlling the hazards. So practitioners will have to carefully select their approaches to testing and remediating.

Key Messages

- The community must be engaged in achieving HH goals.
- The holistic approach requires coordination and collaboration among all programs sending staff in the home.
- Data are essential to identify the problem, determine the magnitude, develop an intervention and measure success.
- Healthy homes practitioners need to be aware of legal and ethical issues in their own communities.



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Learning Objectives

- Name two provisions of a code that could be used to cite a hazard in the home
- Explain why partnership with the community is essential.
- Identify five important players involved in healthy homes issues
- Explain why data collection and analysis are important in delivering healthy housing services.
- Identify three sources of data and where to find them.
- List two things that you might observe that must be reported and two that are discretionary.

