



2015 Annual Report

Better Housing. Better Health.

National Center for
HEALTHY HOUSING

National Center for Healthy Housing
2014 – 2015 Annual Report
New Horizons, New Opportunities, and New Landscapes



The National Center for Healthy Housing (NCHH) is the preeminent national nonprofit dedicated to securing healthy homes for all through the integration of health and housing science and policy. Since 1992, NCHH has served as a highly regarded and credible change agent, successfully integrating healthy housing advocacy, research, and capacity building under one roof to reduce health disparities nationwide.

NCHH is a 501(c)(3) nonprofit corporation based in Columbia, Maryland.

Operational Highlights: New Leadership

NCHH is excited to announce that Nancy Rockett Eldridge has been selected to serve as executive director.

For the past 16 years, Ms. Eldridge has served as the chief executive officer of the Cathedral Square Corporation, a Vermont-based nonprofit, increasing the number of CSC's affordable housing communities to 28 and expanding its focus to include the health of Vermont's aging population. Eldridge is the founder of the Support and Services at Home (SASH) initiative, a team effort to help Medicare beneficiaries remain at home and get the services they need-when they need them.



Vermont has a history of serving as a laboratory for innovative ideas. SASH is a powerful example of an idea brought to scale statewide with impressive outcomes. SASH is a collaboration between over 65 organizations and the state's Blueprint for Health. It is that partnership that has produced significant savings while improving access to care and improved health.

NCHH was created by Enterprise Community Partners in 1992 and has offices in Columbia, MD, and

Washington, DC. NCHH unites healthy housing advocacy, research, and capacity building under one roof to improve health and reduce health disparities nationwide.

For more than 20 years, NCHH has strived to identify the practical proven steps for creating safe and healthy homes for children. From this focus, two new commitments have emerged: ensuring that healthy housing is healthy for seniors as well as children and increasing health equity through better informed housing and community development decisions. "Consequently, we are thrilled that Nancy Eldridge has agreed to become our third-ever executive director," says Marcheta Gillam, chair of the NCHH Board of Directors. A senior housing attorney with the Legal Aid Society of Greater Cincinnati, Ms. Gillam well appreciates the system-level changes needed to narrow the human health disparities that arise from unhealthy housing.

Ms. Eldridge holds a master's degree in urban and environmental policy from Tufts University. She brings a new perspective to NCHH's work. In addition to continuing to support the improvement of substandard housing, Ms. Eldridge views the thousands of high-quality affordable housing developments across the country as a valuable asset in healthcare reform and essential to healthy neighborhoods.

"Home is where seniors want to be," Eldridge said. "And that is also where healthy behaviors are shaped at all ages. Models like SASH have proven that by embedding health services in the home we can reduce healthcare spending, while meeting the preferences of Americans young and old. Healthy housing models are popping up across the country and need support to grow. The potential is enormous."

We are excited about the leadership and experience that Ms. Eldridge brings to the table. The future is bright for NCHH!

Highlights in Research

Evaluating the Integration of Healthy Homes and Energy Conservation Services

In 2009-10, oil prices were more than double today's levels and the Federal government was investing heavily in home energy conservation measures. The green jobs, green energy movement offered an opportunity for people in the healthy housing community to expand conversations with energy conservation proponents about the value of integrating health protective activities into their work. Energy conservation, improved ventilation, and other healthy homes activities should be integrated into one package to maximize the comfort and indoor environmental quality for residents and ultimately improve their health.

The concept of [Weatherization Plus Health](#) drew interest and support from many quarters, but under pressure to deliver as many energy efficient units as possible, some also saw the program as a distraction. Now, six years later, those conversations are bearing more fruit. With energy prices low, people in the energy conservation field are finding that residents are often more interested in the health benefits of a package of energy conservation and health measures than in the energy savings. NCHH is pleased with the role we have played in advancing this discussion.

NCHH's research team has been a leader in investigating the health benefits of energy conservation. In 2014, we published the results of the [Watts-to-Wellbeing study](#) which documented how low-income energy conservation efforts can improve overall resident health and be associated with reductions in the blood pressure and sinus infections ([Energy Efficiency \(2014\)](#)). We also partnered with the King County (WA) Housing Authority and demonstrated that [combining weatherization and healthy home interventions with in-home education from community health workers](#) significantly improved childhood asthma control ([American Journal of Public Health \(2014\)](#)). Our researchers are now embarking on a new study in Maryland of the health effects of advanced energy/health measures.

In 2015, NCHH completed our most recent study in this area. In partnership with the University of Illinois, and with the support of the US Department of Housing and Urban Development, we investigated the [effects of the 2010 residential ventilation standard \(ASHRAE 62.2-2010\)](#) compared to the 1989 standard (ASHRAE 62-1989) when implemented in combination with low-income weatherization. The study found that the average air flow rate was nearly twice as high in homes with ASHRAE 2010 than ASHRAE 1989. In homes where ASHRAE 2010 was installed, measures of indoor air quality (formaldehyde, volatile organic compounds, and carbon dioxide) all improved, while in the 1989 group, only formaldehyde levels improved. Relative humidity, which can facilitate dust mite growth and moisture problems at higher levels, was nearly twice as low in the ASHRAE 2010 homes than in the ASHRAE 1989 homes. Children in each group had fewer headaches, and lower rates of eczema and skin allergies after weatherization, while adults reported improvements in psychological distress. We concluded that weatherization and other home repair programs should use the newer ASHRAE standard to create better indoor environmental quality and improved health outcomes. We will be disseminating these results at the HUD Healthy Homes Conference in San Antonio (June 2016) and we anticipate that the results will be published in a peer-reviewed journal in the coming year.

Highlights in Policy

Over the last year, NCHH and the National Safe and Healthy Housing Coalition (NSHCC) mobilized members of Congress to act as critical champions for healthy housing and lead poisoning prevention. These members of Congress spoke out repeatedly in support of healthy housing issues in the media, on the Senate and House floors, and in committee. They offered numerous amendments to appropriations bills to ensure strong federal resources and added report language to appropriations bills to strengthen housing quality measures by HUD. Members mentioned NSHCC constituents by name in the Congressional record and talked about their important healthy housing programs.

Other Research Highlights

+ NCHH evaluated [Illinois's Comprehensive Lead Education and Reduction through Window Replacement](#) program. We found that dust lead levels (a significant source of childhood lead exposure) substantially declined in the program homes. We estimated a NET benefit of \$2.5 million, showing that the pilot program should be expanded.

+ NCHH studied the [effects of green housing renovations on health](#) and wellness at a public housing development serving primarily older adults in Mankato, MN. We found that following renovations there were 16% percent fewer reported falls and resident mental health improved. In addition, energy use decreased by 44%. The findings support following green renovation practices such the Enterprise Green Communities Criteria.

To educate members of Congress about healthy housing issues, NCHH held hill briefings, drafted and urged members of Congress to circulate and sign letters of support for these issues, and provided numerous opportunities for NSHHC members to connect with their elected officials in person and via phone, email, and letters. The first of NCHH's three hill briefings for Congressional staff was held on March 16, 2015 with three families from Rhode Island and Virginia impacted by lead poisoning and asthma due to home health hazards. The Director of the Environmental Health Section of the Georgia Department of Public Health also presented at this briefing.



NCHH Policy Director Julie Kruse, Mrs. Erma Taylor, Kelleigh Eastman, Surgeon General Dr. Joycelyn Elders, and NCHH Director of Programs and Impact Amanda Reddy at the Capitol.

Two additional briefings were held on July 22, 2015, one for Senate staff and one for House staff. For these briefings, NCHH assembled a panel including Congresswoman Louise Slaughter; former Surgeon General Dr. Joycelyn Elders; Kelleigh Eastman, Erma Taylor, and Amanda Reddy, NCHH's Director of Programs and Impact. At the briefings, Ms. Eastman, a Baltimore City Health Department Baltimore Corps fellow shared the story of how she was lead poisoned as a child, but thanks to state-mandated lead poisoning surveillance was identified, treated, and provided with follow-up medical and educational services. She later received her master's in public health at Johns Hopkins and interned in the Senate. Erma Taylor spoke about the health improvements experienced by three generations of her family after their home in Falls Church, VA was repaired by the NCHH and Rebuilding Together Healthy Housing Challenge. Finally, Amanda Reddy discussed the impact of home health hazards on asthma and efforts to promote Medicaid reimbursement for home-based asthma and lead poisoning services.

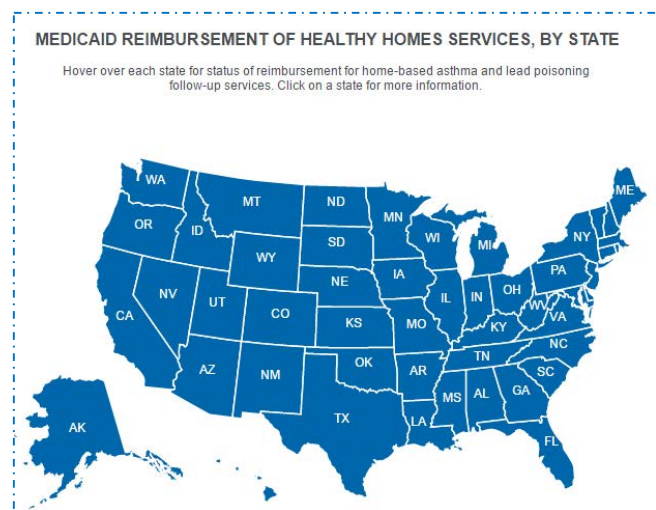
In late 2014 and throughout 2015, the NSHHC advocated for full restoration of funding for CDC lead poisoning prevention and other environmental health hazards and support for healthy homes work under HUD's Office of Lead Hazard Control and Healthy Homes. In March and April 2015, the NSHHC engaged many of the 43 members of Congress who called for funding increases of \$15 million and \$10 million for CDC and HUD healthy homes and lead programs, respectively, for FY16. In July 2015, eleven Senators signed a Dear Colleague letter supporting the Prevention Fund and CDC's lead poisoning prevention and healthy homes program, citing program successes by two National Safe and Healthy Housing Coalition members.

This education and outreach yielded significant policy outcomes. In December 2014, Congress approved an FY15 budget with continued funding of \$15.5 million for the CDC program and \$110 million for the HUD program. In such a difficult budget environment, this was a very good outcome for both programs. Throughout 2015, members of Congress from both parties worked to extend these funding levels to FY16. These efforts led to tremendous success when, at the end of 2015, Congress increased funding for CDC's Healthy Homes and Lead Poisoning Prevention Program to \$17 million in FY16, and maintained \$110 million in funding for HUD's Office of Lead Hazard Control and Healthy Homes.

Programmatic Highlights

Demystifying the Healthcare Financing Landscape

As part of its *Housing as Healthcare* campaign to increase healthcare financing of healthy housing interventions, NCHH has been working to research and document opportunities to pay for healthy homes services through the healthcare system. In 2014, the Center conducted a [nationwide survey](#) to identify states where healthcare financing for lead poisoning follow-up or home-based asthma services was already in place or pending. This was the first time in more than a decade that Medicaid coverage of lead poisoning follow-up services had been examined systematically across all 50 states and the first time this information was systematically collected for home-based asthma services. In 2014 and 2015, NCHH built on information gathered in this survey to identify specific examples where healthy homes activities are currently being financed through nonprofit hospitals and public or private insurance and described the steps involved in getting financing into place. The survey results were disseminated in [two reports](#), a [clickable map with state-specific responses](#), and in over 30 invited presentations across the country in 2015.



In September 2015, NCHH published an initial series of [case studies](#) detailing lessons learned from four states and an additional six state-specific case studies will be published in April 2016, along with a white paper summarizing lessons learned across all ten states. These case studies are being used to motivate and inspire work in other states, but have also become useful tools for advancing healthcare financing within each of the featured states. For example, the [California case study](#) documenting current success stories in the state was used as a foundational document for a regional summit focused on expanding access to services and even inspired the development of a [companion policy paper](#) by a California-based partner.

NCHH also launched a new [Healthcare Financing Resource Library](#), housing over 100 unique resources relating to healthcare financing of healthy homes services. With all of the emerging opportunities to finance healthy homes services through the healthcare system, it can be overwhelming to know where to start. The [resource library](#) provides an overview of key financing strategies, examples of home-based lead and asthma programs that are currently being financed through nonprofit hospitals and public or private insurance, and links to resources that are available to help state and local agencies, or other stakeholders, explore options for healthcare financing of healthy homes in their own communities.

Three of the resources are new technical briefs developed by Center staff to provide an [introduction to Medicaid financing](#), describe the [hospital community benefit](#) process, and illustrate how [one state lead program was leveraging existing Medicaid authority](#) to pay for services provided to the state's Medicaid population. Through these and other initiatives, we have been working to document the healthcare financing landscape, identify pathways to reimbursement or other financing models, and equip payers, state and local agencies, and other stakeholders to explore and implement options for healthcare financing of healthy homes services.

As a result of these ongoing activities, NCHH expects to increase healthcare investment in housing, reduce the prevalence of housing-related illness and injury, and reduce housing-related health disparities. Ultimately, NCHH envisions a future in which 100% of the U.S. population will have regular and unquestionable access to comprehensive services to prevent and reduce housing illness and injury. The *Housing as Healthcare* campaign is the critical next step in realizing this vision and our work to demystify the healthcare financing landscape is the first step in that campaign.



A visualization of NCHH's 2015 projects by frequency of primary topic.

Consolidated Statements of Activities & Changes in Net Assets
(Fiscal year ended September 30, 2015 and 2014)

NATIONAL CENTER FOR HEALTHY HOUSING, INC. AND SUBSIDIARY
Consolidated Statements of Activities
Years Ended September 30, 2015 and 2014

	<u>2015</u>		
	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
Support and Revenue			
Grants and contracts	\$ 4,891,725	\$ -0-	\$ 4,891,725
Contributions	57,090	543,554	600,644
Interest income	309	-0-	309
Other revenue	16,058	-0-	16,058
	<u>4,965,182</u>	<u>543,554</u>	<u>5,508,736</u>
Net assets released from restriction	<u>425,266</u>	<u>(425,266)</u>	<u>-0-</u>
Total Support and Revenue	<u>5,390,448</u>	<u>118,288</u>	<u>5,508,736</u>
Expenses			
Program	5,126,346	-0-	5,126,346
General and administrative	18,787	-0-	18,787
Fundraising	71,780	-0-	71,780
Total Expenses	<u>5,216,913</u>	<u>-0-</u>	<u>5,216,913</u>
Change in Net Assets Before Provision for Income Taxes	173,535	118,288	291,823
Provision for Income Taxes	<u>146,300</u>	<u>-0-</u>	<u>146,300</u>
Change in Net Assets	27,235	118,288	145,523
Net Assets - Beginning of Year	<u>591,018</u>	<u>1,124,834</u>	<u>1,715,852</u>
Net Assets - End of Year	<u>\$ 618,253</u>	<u>\$ 1,243,122</u>	<u>\$ 1,861,375</u>

	<u>2014</u>			
	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>	<u>Increase (Decrease)</u>
	\$ 3,574,212	\$ -0-	\$ 3,574,212	\$ 1,317,513
	133,721	1,425,000	1,558,721	(958,077)
Support and Revenue	636	-0-	636	(327)
Grants and contracts	2,860	-0-	2,860	13,198
Contributions	3,711,429	1,425,000	5,136,429	372,307
Interest income				
Other revenue	460,236	(460,236)	-0-	-0-
	<u>4,171,665</u>	<u>964,764</u>	<u>5,136,429</u>	<u>372,307</u>
Net assets released from restriction				
Total Support and Revenue	4,087,316	-0-	4,087,316	1,039,030
Expenses	2,820	-0-	2,820	15,967
Program	88,104	-0-	88,104	(16,324)
General and administrative				
Fundraising	4,178,240	-0-	4,178,240	1,038,673
Total Expenses	(6,575)	964,764	958,189	(666,366)
Change in Net Assets Before Provision for Income Taxes	76,408	-0-	76,408	69,892
Provision for Income Taxes	(82,983)	964,764	881,781	<u>\$ (736,258)</u>
Change in Net Assets	<u>674,001</u>	<u>160,070</u>	<u>834,071</u>	
Net Assets - Beginning of Year	<u>\$ 591,018</u>	<u>\$ 1,124,834</u>	<u>\$ 1,715,852</u>	
Net Assets - End of Year				

**These statements are for NCHH and our wholly owned subsidiary, Healthy Housing Solutions, Inc.*

NCHH Leadership

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Thank You

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American Public Health Association	Archstone Foundation
The Cadmus Group	Community Services Consortium
Energy Coordinating Agency	Enterprise Community Partners Inc.
U.S. Environmental Protection Agency	Fidelity Charitable Gift Fund
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MacArthur Foundation	National Fair Housing Alliance
NeighborWorks America	New Opportunities, Inc.
New York State Department of Health	New York State Department of Health/Health Research Inc.
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