

Healthy Homes Needs and Resource Assessment Report – New England

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TMF

THE MEDICAL FOUNDATION

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BACKGROUND

Many public health issues are related to exposures to hazards in the home environment such as childhood lead poisoning from lead paint; asthma incidents from mold, dust and pests; lung cancer from radon and secondhand smoke; poisonings from carbon monoxide or chemicals in household products; and injuries from burns or falls. It is also established that low income populations are disproportionately impacted and at the greatest risk for asthma, poisonings, cancer, and unintentional injuries that arise from biological, physical, and chemical exposures within the home environment. For this reason it is important to identify and address all potential home hazards in an integrated way through existing public health infrastructure.

However, from a public health response standpoint, the governmental and non-governmental programs that address home-based environmental hazards (e.g asthma, lead, tobacco, radon, injuries, weatherization, etc.) traditionally function separately. Each hazard-based program operates with its own mission, mandates, data, target populations, interventions, staff, budgets, and partnerships. Many of the departments or agencies that address these single issue hazards also operate under specific legal frameworks and receive categorical funding. Not only does this approach result in duplication of efforts and services among agencies, it does not provide a holistic service to the public.

Understandably, environmental health hazards and mitigation actions can be very complex and have required specific expertise in developing public health programs. However, as more is learned about the conditions that contribute to many home-related health hazards, it is evident that there is a need for a more integrated and coordinated programmatic response.

More recently federal and state policy makers, agency officials, community-based organizations, and community residents have recognized the need for addressing housing conditions in a more comprehensive fashion. Integration of multiple hazards in assessments, interventions, and public awareness and education campaigns is necessary for improvement in public health outcomes and efficiencies in services.

INTRODUCTION

The New England Asthma Regional Council (ARC) is a coalition of public agencies, private organizations, and researchers working to address the environmental contributors to asthma. ARC works to reduce the disproportionate impact of asthma on populations at greatest risk through collaborations of health, housing, education, and environmental organizations. Part of ARC's new action plan includes promoting an integrated and broad-based healthy homes agenda.

In 2008, ARC received a grant from the Jessie B. Cox Trust to assess and assist the New England states with efforts that address healthy homes using a holistic, coordinated approach. The broad vision of ARC's Healthy Homes Promotion Project (H2P2) is to promote healthier housing across New England, focusing on the environmental health and safety of low income populations.

For the assessment phase, ARC conducted a regional needs and resource assessment by interviewing directors and program managers of public health agencies, housing and energy service agencies, hospital-based environmental hazard programs, and advocacy and non-governmental organizations involved in healthy homes promotional activities. The interviews provided an understanding of current practices, innovations, perspectives, barriers to establishing more robust healthy homes programs, and where ARC and its partners can be of further assistance to the states in creating more comprehensive healthy homes programs.

The information gathered will be used to inform ARC's future activities and priorities as the Council acts to bring different players in the region together, build partnerships, and support coordinated activities. We would like to acknowledge that there are numerous agencies and groups working on many aspects of healthy homes across New England. We were not able to identify or assess the needs of every program, but we hope to continue to learn of ongoing and emerging initiatives and serve to track and promote these efforts in the coming years.

METHODOLOGY

The assessment process involved conducting confidential interviews with directors and program managers of public health agencies that are responsible for addressing environmental hazards such as lead, asthma, radon, carbon monoxide, fire, chemical exposure, second-hand smoke, and asbestos. We also interviewed agency directors and program managers from housing and energy service agencies and hospital-based environmental hazard programs. To get a broader perspective we also interviewed advocacy and non-governmental organizations that are involved in healthy homes promotional activities.

In the initial phase of the assessment, nine interviews were conducted in May 2008 with leaders across the six New England states involved in programs addressing environmental hazards in the home (state health and environmental agencies in Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, and Connecticut). In the fall, the assessment was expanded to include an additional three to six interviewees per state. Additionally, two interview questions were added to determine the types of tools, interventions, and data used within the programs. In the end, we interviewed or received correspondence from four to seven key informants in each state for a total of 32 interviewees throughout New England.

Interviews were conducted by phone and lasted 30-45 minutes each. One interviewee provided a written assessment and a few interviewees provided answers in additional written correspondence. The interviews were conducted using a semi-structured interview guide (see Appendix A). Interview question topics included: healthy homes-related programs the agency is currently planning or implementing; the extent to which the program uses a collaborative approach by working with other agencies or organizations; identification of any other comprehensive healthy homes programs in the state; interviewees' perspectives on the benefits and challenges to future coordinated healthy homes programs; and ways ARC can assist their agency in moving forward to create comprehensive healthy homes programs. Interviewees also were asked to provide additional persons for ARC to contact.

It is important to acknowledge that various research methods have their limitations. This project included a limited number of interviews which provided valuable insights into a particular group's thoughts, feelings, and perspectives. However, results are not statistically representative of a larger population due to non-random recruiting techniques and a small sample size. Consequently, findings should be considered descriptive and directional, but not definitive.

FINDINGS

Perspective on a Coordinated Healthy Homes Approach

The majority of the interviewees expressed a strong interest in pursuing a more coordinated healthy homes program within their state agencies. In fact, many of the interviewees believed that a coordinated approach is absolutely critical at this time and that there are many opportunities to increase the efficiency and effectiveness of their individual programs by integrating with other programs that address home hazards. Interviewees want to create programs that are data driven, strategic, and responsive to community needs. Some viewpoints expressed by the interviewees include:

- Coordination is the most effective way of preventing asthma, lead poisoning and a range of environmental hazards;
- Different agencies and departments bring varied perspectives and approaches to reaching diverse audiences about home hazards. Some use regulation and enforcement, while others rely more on education and outreach to leverage change. Combining these intervention methods could lead to a more strategic approach and better outcomes;
- It is best for families when all of the hazards can be taken care of at one time; and
- When different subject expertise is brought to the table there is greater understanding of the complexities of the issues and the need for coordination.

Barriers and Challenges to Developing Coordinated Healthy Homes Programs

The perceived barriers and challenges facing New England agencies are universal in nature. Not surprising in this economic climate, funding, personnel, and time are considered the largest barriers to moving forward with efforts to coordinate healthy home programs. More specifically, the barriers are classified into resource, legal, technical, and organizational/cultural.

❖ Resource Barriers

The majority of interviewees stated that funding and capacity are the most significant barriers to creating sustained, integrated healthy homes programs.

Categorical funding limits an integrated healthy homes approach. There are separate and specialized federal funding streams that limit the ability of programs to address multiple health hazards. For instance, the Centers for Disease Control and Prevention funds are specifically for Lead poisoning prevention. Allocating and tracking Lead monies appropriately in a coordinated program would be very challenging.

Funding sources are unsustainable. Most healthy homes start-up programs ended when the specific grants ended. There is a need for a sustained funding source. Some interviewees think that a state-based funding source might be more sustainable than federal sources.

Reduced funds limit capacity. Most agencies are experiencing staff reductions or hiring freezes as a result of budget cuts. With reduced funding, staff persons feel limited in their ability to collaborate among departments because their focus needs to be on mandatory and regulatory issues. Interviewees and their colleagues feel hampered in carrying out their current missions, let alone an expanded mission. For instance, the Lead programs have insufficient funds to address the needs of all families that have children with blood Lead levels values within newly lowered action levels.

Lack of time for activities that would support the development of a healthy homes program. Interviewees cite lack of time or capacity for initiating a strategic planning process, working with community-based organizations, and inter- and intra-departmental collaboration. Conversely, one interviewee stated that the lack of resources played a key role in increasing coordination o achieve their goals. Additionally, many interviewees note that their time is consumed with managing federal and state grants, or providing state oversight of local programs, leaving little time for new program development.

❖ Legal Barriers

Several significant legal barriers to increasing coordination and effectiveness of home interventions were identified by interviewees.

Privacy laws prevent coordination on cases. Interviewees identify legal issues around sharing information for childhood Lead poisoning and asthma cases that prevent better coordination on home intervention work. Specifically, these laws include the U.S. Department of Education's Family Educational Rights and Privacy Act (FERPA), and the Health Information Privacy Act (HIPAA).

Inspectors are required to take legal action. Inspectors are trained to take legal action when Lead or asbestos are identified during inspections. For this reason it is challenging to train and request inspectors to conduct voluntary, integrated home hazard assessments.

Asthma interventions do not have legal backing. Interviewees point out that asthma triggers and other home hazards do not have the same legal enforcement leverage that the identification of Lead paint has. This makes getting compliance with multiple hazard interventions more difficult.

Housing and sanitation codes need to be strengthened and enforced. Some interviewees are daunted by addressing an array of additional housing issues when there is a lack of enforcement on basic building or sanitation code requirements. Some states felt that they needed to strengthen their housing code in order to better address home hazards.

❖ **Technical Barriers**

Few specialists can provide comprehensive home assessments. As environmental problems have become more complex, professionals have become more specialized, leaving few generalists to provide a more holistic perspective. In general, inspectors are not trained to recognize and respond to all home hazard issues.

❖ **Organizational/Community Barriers**

Several other types of challenges were raised related to the culture and management of an agency/organization and the broader community.

Determining the structure of a healthy homes program is challenging. Determining where a healthy homes program would be located, what agency would be the lead, and what agency and community organizations would be partners are challenges to developing a new program.

Uniting partners under a common mission while maintaining program goals is challenging. Interviewees felt challenged by bringing together logical partners that have different missions and goals. They want to maintain the integrity of existing programs and goals while uniting several programs under a common mission.

Ownership and Buy-In. Different departments or agencies may want ownership of a healthy homes program leading to a competitive atmosphere that may strain necessary partnerships and collaboration. Additionally, there may not be buy-in or full support either at the management level or at the implementation level for integrating programs. Staff persons often see a coordinated approach as more work.

The general public does not understand the relationship between substandard housing and health. Agency and advocacy groups wanted to do a better job of educating the public and felt that healthy housing efforts would be better supported if the general public understood the connections between housing and health.

Coalitions are underutilized. It is clear that successful healthy home efforts involved successful partnerships with community-based organizations. Where coordinated efforts are not yet underway, interviewees know that their departments are not connecting enough with their local partners.

Keys to Successful Coordinated Healthy Homes Efforts

Where there are successful interdepartmental collaborations around home hazards it is the result of several factors, including strong leadership at the top, a commitment to the process of change, taking the time necessary to collaborate, working side-by-side, and having strong working relationships with other departments and community-based organizations, identifying efficiencies to coordination, and the physical proximity of departments.

- ❖ **Leadership** is the most notable feature of successful efforts around coordinating program activities for healthy homes. Interviewees felt that they needed direction and support from top management in order to initiate new efforts. It is also important for upper management to create a vision and foster a collaborative environment where coordination is expected.
- ❖ **A commitment to the process of change** is a key element to successful efforts. The work to transition single hazard programs into a more coordinated program requires a planning process with multiple stakeholders that is time consuming. The only way to assure success is to be fully committed to the goal and the steps necessary to get there.
- ❖ **Strong working relationships with other departments and community-based organizations** are cited as critical to the success of established healthy homes programs. Healthy, long-standing working relationships provide a foundation for collaboration on new initiatives.
- ❖ **Taking the time necessary to collaborate** with different partners is important to building the strong relationships and capacity for a more robust program.
- ❖ **Identifying efficiencies to coordination.** Agencies want to move in this new direction and want assistance in "making the case" for a healthy homes approach.
- ❖ **Physical Proximity of Departments** in some cases is an important factor in how and why departments are able to coordinate their activities. Interviewees also identified cases of moving or restructuring departments to facilitate new program activities.

Coordinated Program Innovations

During this assessment process, several innovative efforts at coordinating multiple hazard assessment, interventions, or public education campaigns were identified. These include:

- ❖ **Integration of Multiple Home Hazards**
 - **Maine Centers for Disease Control (CDC), Department of Environmental Protection, Housing** and other organizations are in the process of developing a plan to integrate their organizational resources and institute a healthy homes program. The Maine CDC has begun this process by pooling its organizational resources so that environmental toxicology, environmental public health tracking, childhood lead poisoning prevention, and radon programs are co-located in their Division of Environmental Health.
 - **Massachusetts Department of Public Health's Bureau of Environmental Health** disseminates a variety of healthy home information and pamphlets through the Childhood Lead Poisoning Prevention Program, and also through the Environmental Health Education and Outreach program.
 - **Connecticut Department of Public Health** recently brought together several departments and partners to begin discussions of program integration and is considering a strategic planning process for a coordinated healthy homes program.

- **New Hampshire's Department of Health and Human Services'** Lead program received assistance from the National Center for Healthy Homes to conduct a healthy homes program strategic planning process. The collaboration included injury prevention, asthma, fire safety, Department of Environmental Services, weatherization, housing finance programs or agencies and non-profit organizations. At the time of this assessment the plan was under internal review. A transition is planned for after 2010.
- **Rhode Island** started the process of coordinating their individually-based home hazard programs in 2005 with a **Healthy Housing Collaborative**. The Collaborative is composed of various health and housing agencies, community groups, non-profits, and others who meet quarterly to work on healthy housing issues. The Collaborative issued a report in 2007 on why Rhode Island should pursue healthy housing and subsequently developed a healthy housing strategy and structure. The Department of Health has established a Healthy Homes Program and receives funding from the Centers for Disease Control and Prevention.
- **Vermont's Department of Public Health** has initiated a strategic planning process to create a comprehensive healthy homes program. Planned activities would include inspection for each problem by cross-training inspectors to identify a variety of environmental triggers in the homes.
- **Boston (MA) Public Health Commission** has a Healthy Homes program that addresses asthma, safety, and tobacco smoke. They have a robust referral system and are working to integrate more healthy home aspects in their work.
- The **Hartford (CT) Regional Lead Treatment Center and Healthy Homes Program at St. Francis Hospital** changed their program name to healthy homes several years ago and started to include asthma and injury work into their the model for assisting lead poisoned children. Loss of funding has limited the program, but the three-year effort provides important lessons in integrating interventions to address multiple home hazards.
- **Maine Housing Authority** has a (DOE-funded) weatherization program, a home repair program, and a training and certification program for home energy auditors. Each program has an education component, and they provide a home hazard checklist at every home visit.
- **Maine Indoor Air Quality Council (IAQC)** distributed healthy homes magnets with 10 tips for a healthy home and contacts for the state lead, radon, and poison control programs through home inspectors. They also created a checklist for indoor air quality issues for new construction and are completing a companion for IAQ issues for common home renovations.
- The **Lung Association of New England** has developed the "Own Your Air Campaign" that addresses both indoor and outdoor air quality.
- **Vermont's ENVISION program** primarily addresses indoor air quality in schools, however it is also tracking students' home environments through the school nurse. They are identifying children who are at risk of developing or who have developed asthma or Lead poisoning. ENVISION is one piece of the larger plan to develop a more comprehensive healthy homes program.

❖ **Advocacy and Private Enterprise Innovation**

- **The Way Home, Manchester, NH**, a housing advocacy organization, has a security deposit loan program that helps low income tenants secure housing. This deposit is used as leverage to require landlords to address health and safety issues before the tenant moves in.
- **Neighborworks, Manchester, NH**, a housing service organization, has played a key role in engaging neighborhood residents, businesses, and city government in revitalizing Manchester. They identify and present building code violations and non-enforcement activities regularly to the Alderman for action.

- **RISE (RI)**, an engineering company provides on-site home energy analyses for National Grid. According to a source from Rhode Island, the local company also notes other problems (i.e. rats) and refers sites to the appropriate agency. This is a good example of a private-public partnership to increase healthy homes.

❖ **Research Innovation**

- A team including the **Asthma Regional Council, Vermont Housing and Conservation Board, Boston Medical Center, Boston Public Health Commission, Boston Housing Authority, and Boston Urban Asthma Coalition** conducted a Department of Housing and Urban Development Healthy Homes Demonstration Project from 2003 to 2006 that focused on policy, training, outreach and adoption of healthy housing principles and practices throughout New England.
- **Rhode Island Department of Public Health** is asking their lead centers, head start agencies, and home visitors who visit high risk newborns to collect additional environmental information about the home.

❖ **Unique Funding Sources**

- **Manchester, NH** has the benefit of using consolidated sewer overflow money to hire a person in the health department to conduct home visits for a variety of children's health issues.

❖ **New Partnerships and Audiences**

- With HUD funding, the **Connecticut Lead Action for Medicaid Primary Prevention (LAMPP)** program partnered with their local agricultural extension agency and community-based organizations in Hartford to develop and deliver healthy homes training programs.
- In New Hampshire, weatherization specialists, nurses, code inspectors, and home visitors were trained in the National Institute for Healthy Housing's Essentials of Health Homes module.
- Additionally, in New Hampshire, the asthma and lead programs worked with the housing finance authority to establish guidelines to rehabilitate public housing with federal rehabilitation funds.

❖ **Policy/Legislative**

- **Maine** is upgrading building codes and standards to include indoor air quality issues.
- **Smoke-free Housing Coalition of Maine** is studying the economic value of providing smoke-free housing contracts.
- In **Massachusetts**, a new law in 2009 will mandate proper disposal of medications. The Merrimack Region is active locally on this issue to prevent water contamination.
- The **Vermont Housing and Conservation Board** is working with a congressional delegation to get funding for healthy homes.
- In **Vermont** a task force is looking at rental property habitability and looking at unifying codes to foster more inspections of various factors. There will be a statewide inspection program to generate data on a variety of issues.
- In **New Hampshire** smoke-free housing proposals from builders applying for state building and renovation contracts are given extra points on the application.

Ideas and Opportunities to Foster Healthy Homes Programs

Several interviewees shared their ideas to foster healthy homes programs. This included the following:

❖ **New or potential funding sources**

- Develop a state-based funding structure like the model of food and lodging inspection programs where inspectors can be based in district offices;
- Use carbon market funds for healthy homes activities;
- Charge landlords a licensing fee to support healthy homes inspections;
- Bill Medicaid for home inspections, where possible;
- Institute a licensing fee or a tax on paint or gasoline;
- Pursue environmental justice grants to educate tenants and property owners to take the right actions; and
- Use Lead money to evaluate Lead abatement impacts on other healthy homes issues, such as the effect of lead window replacement on improving moisture control in the home.

❖ **Partnerships and Collaboration**

- Develop stronger connections/partnerships with medical organizations. Perhaps approach the American Association of Pediatrics to work with state agencies on healthy homes issues;
- Develop more collaborative grant applications;
- Train home energy auditors to address health, safety, and pest control. Have auditors collect additional information for referrals to appropriate agencies;
- Use municipal and district health departments' regulatory authority to address home health issues;
- Develop stronger connections with the green building movement; and
- Establish a collaborative to purchase HEPA vacuums and a non-governmental organization to provide them for New England states.

❖ **Programmatic**

- Integrate pesticides from agriculture and gardening into healthy homes work; and
- Integrate transportation pollutions and planning into healthy homes work.

Ways in which ARC can Assist New England States in Developing Healthy Homes Programs

Interviewees identified many ways that ARC can assist them in developing Healthy Homes programs, including:

1. Provide Examples of Best Practices in Coordinated Healthy Homes Programs

Interviewees wanted to know what a holistic healthy homes program would look like, why it is important, and how other programs are being developed and managed.

2. Provide opportunities to foster Networking and Regional Collaboration

Interviewees wanted ways to increase communication with their colleagues in other agencies and states. More specifically, they asked for:

- Regional healthy homes meetings and/or conferences
- A centralized listing of activities in the region

3. Develop Standardized Methods

Interviewees wanted ARC to:

- Develop and disseminate a single healthy homes message

- Recommend standard data collection protocols
- Standardize protocols for home assessments
- Provide a standard home inspection form

4. Provide Trainings and Educational Programs on:

- healthy homes for pediatricians, community groups, peer training
- how to translate knowledge of healthy homes programs into practice
- successful grant writing

5. Provide Technical and other Assistance on:

- program evaluation and reporting
- how to engage decision makers and physicians
- facilitating group processes

6. Identify and Disseminate Funding Opportunities and Sources.

Interviewees wanted assistance in identifying existing and potentially new funding sources. Some wanted ARC to act as a “United Way” in disseminating larger funding sources.

7. Research and Information Collection.

Interviewees saw ARC in a unique position to collect information, conduct research, and disseminate findings. Interviewees wanted to:

- Determine the cost of healthy home interventions for New England (besides Lead abatement).
- Expand and disseminate ARC’s Business Case for Education and Environmental Interventions and other return on investment studies to gain health insurance reimbursement for environmental home assessments in other New England states.

CONCLUSION

This assessment has been an extremely valuable process for ARC to undertake. The candid discussions we were able to have with leaders across New England have given us a tremendous understanding of the group’s perspectives on moving their state programs toward a coordinated healthy homes approach, the exciting innovations that are already underway, the resource constraints and challenges the agencies and advocates face, and how ARC can be of assistance.

Among those interviewed, there is a strong interest in finding ways to integrate single-hazard focused programs in a manner that is more efficient for government agencies and more effective at protecting the public from multiple hazards. Most interviewees feel that this approach is critical at this time. There is also a clear need to provide government agencies and local agencies with assistance in strategic (program) planning to develop a more coordinated healthy homes approach. In settings, where strategic planning is taking or has taken place, questions still remain on how to implement aspects of the strategic plan.

Without exception there are major resource constraints faced by public health and housing agencies across New England. Many find it difficult to move in a new direction when there is a lack of financial and human resources to meet their current missions and program goals. In addition, numerous funding and legal barriers exist, such as federal funding constraints and privacy laws that could be addressed more effectively with regional coordination.

Despite the many challenges and barriers identified, there are many inspiring and innovative healthy homes efforts occurring across New England. Driven by the vision and leadership of senior management and dedicated staff, a commitment to the change process, strategic planning, and strong collaborative working relationships with other departments and/or community-based partners, these innovations will serve as models for others.

Over the next few months, ARC looks forward to reviewing and prioritizing this information and developing ways to assist partners across New England as they develop healthy homes efforts.

For more information about ARC's Healthy Homes Promotion Project please contact Eileen Gunn, Project Director at 617 279-2240 x 537 or egunn@tmfnet.org.

APPENDIX A: Interview Guide

State/Region: _____

Interviewee Name: _____

Organization: _____

Position/Title: _____

The Asthma Regional Council (ARC) of New England is launching a new Healthy Homes Promotion Initiative. ARC has received a grant from the Jesse Cox Charitable Trust to assess and assist the New England states with efforts that address healthy homes using a holistic, coordinated approach. The goal is to improve public health and asthma in particular, by addressing the many aspects of the home environment that can either support or detract from supporting healthy families.

In this first phase we are identifying efforts in the New England area that address health hazards in the homes, and particularly those efforts that use a collaborative approach, where organizations are working with other partners in the healthy housing arena. (e.g., if there are programs where lead and asthma-related organizations work together to address the home environment in a coordinated way, or where asthma programs collaborate with home injury prevention, toxics use reduction, or carbon monoxide/radon/lead poisoning programs).

We are conducting interviews with leaders across New England engaged in particular or holistic healthy homes programs. Findings from these interviews will help us understand current practices and where ARC and its partners can be of further assistance to each state and/or locality.

We appreciate you taking time out of your busy schedule to tell us about the healthy homes programming in your state or locality and what assistance ARC could provide to help move these efforts forward. We will not be connecting any comments by name in the report we write. However, if there is anything that you would like to say or write that is strictly confidential, please let me know and we will ensure that these comments can not be identified or they will not be disclosed in the report we write.

1. Can you tell me about the current programs or initiatives your organization or agency is planning or currently implementing to address environmental health hazards in the home? [**SKIP TO QUESTION 6 IF YOUR PROGRAM IS NOT ADDRESSING ENVIRONMENTAL HEALTH HAZARDS IN THE HOME.**]
 - a. What aspects of the home environment are being addressed by this program? [lead, mold, asthma triggers, radon, weatherization, fire hazards, secondhand smoke, pest control, chemicals, injuries, water quality]
 - b. What data, if any, is used by your program to target your outreach or interventions? (community health assessments, surveillance, hospital visits, referrals, asthma cases, lead poisoning cases, housing data)

- c. What tools and methods are used by your program to promote healthy homes? (home-based education or assessments, inspections, testing, repairs, data collection, enforcement, policy, environmental interventions, public forums, educational materials, web materials)

[PLEASE ANSWER Q2-Q6 FOR EACH PROGRAM/INITIATIVE MENTIONED]

- 2. What stage of development is this effort? [Planning stage? Implementation stage?]
 - a. What are the main goals of the program?
 - b. Who is the target audience for this effort?
 - i. Is this a statewide effort or is it aimed at a particular community?
 - c. What activities specifically have been planned/implemented so far?
 - d. What are the plans for the next year? Next three years?
- 3. What other organizations or agencies are involved in this effort?
 - a. What are the roles of these various partners?
 - i. What type of organizations are these? [non-profit state organizations, state government agencies, local government agencies, community-based organizations]
 - b. Would you describe this project as using a collaborative approach, meaning across home-intervention program and service areas? Why/why not?
 - c. What organizations or agencies have taken the lead in this effort?
 - i. Who are the key leaders in these organizations? [PLEASE PROVIDE CONTACT INFORMATION]
- 4. **[IF PROJECT USES COORDINATED APPROACH, PLEASE ANSWER Q4 QUESTIONS; IF NOT- SKIP TO Q5]** In your opinion, what have been the benefits to collaborating with various organizational partners on this effort?
 - a. What has helped support this collaboration? Are there certain things—people, resources, political climate, etc.—that has made working collaboratively easier?
 - b. What have been some of the challenges the program has faced? [*Are the programs siloed in their funding sources so it makes it difficult to fund across programs? Are program managers and staff resistant to working in other arenas? Is the administration supportive of collaborations?*]
 - c. What are the barriers that organizations face that make it hard for them to work collaboratively with other like-minded organizations?

5. [PLEASE ANSWER Q5 QUESTIONS IF PROJECT DOES NOT USE A COORDINATED APPROACH] What do you think about the idea of working on healthy homes initiatives in a more coordinated way – partnering with like-minded organizations or agencies also working on public environmental health housing issues?
 - a. What would help support this type of collaboration? Are there certain things—people, resources, political climate, etc.—that has made working collaboratively easier?
 - b. What are some of the challenges that organizations face that would make it hard for them to work collaboratively with other like-minded organizations?
6. To your knowledge, are there any other healthy housing efforts that you know about that are being addressed in a coordinated way—or should be addressed in a coordinated way?
 - a. What aspects of the home environment are being addressed by this program?
 - b. What are its goals?
 - c. What organizations are involved?
 - i. Who are the key leaders in this collaboration? [PLEASE PROVIDE CONTACT]
7. If not already mentioned, are there any factors or issues related to the organizational, funding or political landscape in the state around health or housing that may make it easier or harder to work on these issues collaboratively, across various organizations and agencies? What specifically?
8. To your knowledge, are there any other organizations at the state or local level that work on healthy housing issues—that we haven’t discussed yet—that you think should be approached and/or would be open to working collaboratively with other like-minded organizations or agencies?
 - a. Could you tell me a bit about this organization? [Mission, current projects, main issue areas, leadership structure, partners, etc.]
9. The Asthma Regional Council is undertaking an initiative to assist states in addressing healthy housing issues using a coordinated approach, where organizations across the healthy housing arena work together on healthy homes programming. In your opinion, how can ARC help support collaborative programs in your state?
 - a. Are there specific things that ARC can provide to help you or other organizations create or implement coordinated healthy housing programs in your state? What specifically?
 - b. How helpful would it be for organizations if ARC provided: Technical assistance on planning or implementing programs using a collaborative approach? Opportunities for networking with like-minded organizations and agencies? Educational programs? Trainings? Facilitation services?
 - i. Are there any other ways that ARC could help organizations in their efforts?

10. We hope to conduct several interviews with others who work on healthy housing issues in your state. Do you have any suggestions of other people we should talk to?

Name:

Contact Info:

Organization name:

Description of program or current efforts

Thank you very much for your time and insights. Before we wrap-up, do you have any other comments you'd like to mention on this issue that we didn't discuss during our conversation? We would be happy to share our New England Healthy Homes assessment with you when it has been completed. Feel free to contact Eileen Gunn, at the Asthma Regional Council should you have any questions (617) 279-2240 x537.