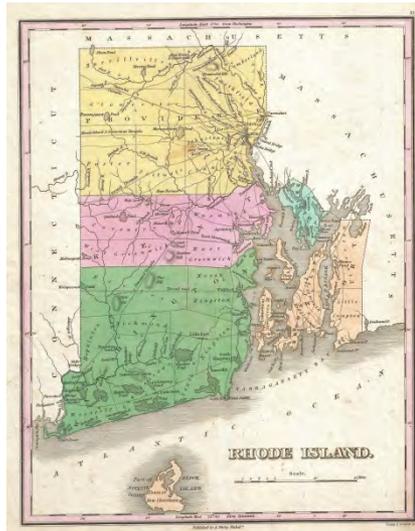


**Materials from the  
2019 Rhode Island Economic Inclusion Forum  
October 23, 2019  
at the Rhode Island Foundation, Providence**



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**2019 RI Economic Inclusion Summit**  
**October 23, RI Foundation, Providence RI**

**AGENDA**

- 8:30 am**            **Registration/Refreshments/Networking**
- 9:00**                **Welcome**  
*Paul Horwitz, Community Affairs Specialist, FDIC*  
*Carmen Diaz-Jusino, Strategic Initiative Officer, RI Foundation*
- 9:15 – 9:45**        **Healthy Homes Introduction**  
*Brenda Clement, Director, HousingWorks RI at RWU*  
*Garry Bliss, Prospect Medical, RIAHH Chair*  
*Carinel LeGrand, RIAHH Program Manager, HousingWorks RI at RWU*
- 9:45 – 10:45**     **Identified Needs in RI**  
*Laura Brion, Executive Director, Childhood Lead Action Project*  
*Julian Drix, Asthma Program Manager, RI DOH, Division of Community, Health & Equity*  
*Kristina Brown, Policy Analyst, HousingWorks RI at RWU*
- 10:45 – 11:00**    **Break**
- 11:00 – Noon**     **Solutions**  
*Jeannine Casselman, Legal Advisor, MLPB (Medical-Legal Partnership/Boston)*  
*Margarita Robledo Guedes, Rhode Island Outcome Broker, Green and Healthy Homes Initiative*  
*Kiersten Sweeney, Senior Social Innovation Specialist, Green & Healthy Homes Initiative*
- Noon – 12:30 pm** **Next Steps**  
*Margarita Robledo Guedes, RI GHHI*  
*Carinel LeGrand, RIAHH/HousingWorks*
- 12:30**              **Adjourn**

# Section I

## Introduction to Healthy Homes

Presented by:

**Brenda Clement**, Executive Director, HousingWorks RI at RWU

**Garry Bliss**, Prospect Medical, RIAHH Chair

**Carinel LeGrand**, RIAHH Program Manager, HousingWorks RI at RWU



# Rhode Island Alliance for Healthy Homes

Based at HousingWorksRI at Roger Williams University

<https://www.housingworksri.org/About/About-HWRI-RIAAHH/About-RIAAHH>



**Mission:** To align, braid and coordinate information, resources and services for improving the health, safety and energy efficiency of all Rhode Island homes.



- Policy Tools
  - Lead Brief
  - Healthy Homes Strategy
- Program Tools
  - One Touch RI
- Collaboration
  - Housing Opportunities Initiative



**HousingWorksRI**



at Roger Williams University

# HEALTHY HOUSING

*Common housing conditions that impact health*



# Definition of Healthy Homes



The US Department of Housing and Urban Development defines a *healthy home* as

“one that is marked not only by the absence of health and safety threats (lead, indoor allergens, radon, carbon monoxide) in the built environment, but also one that nourishes physical, mental, social and environmental well-being.”



How is housing connected to health?





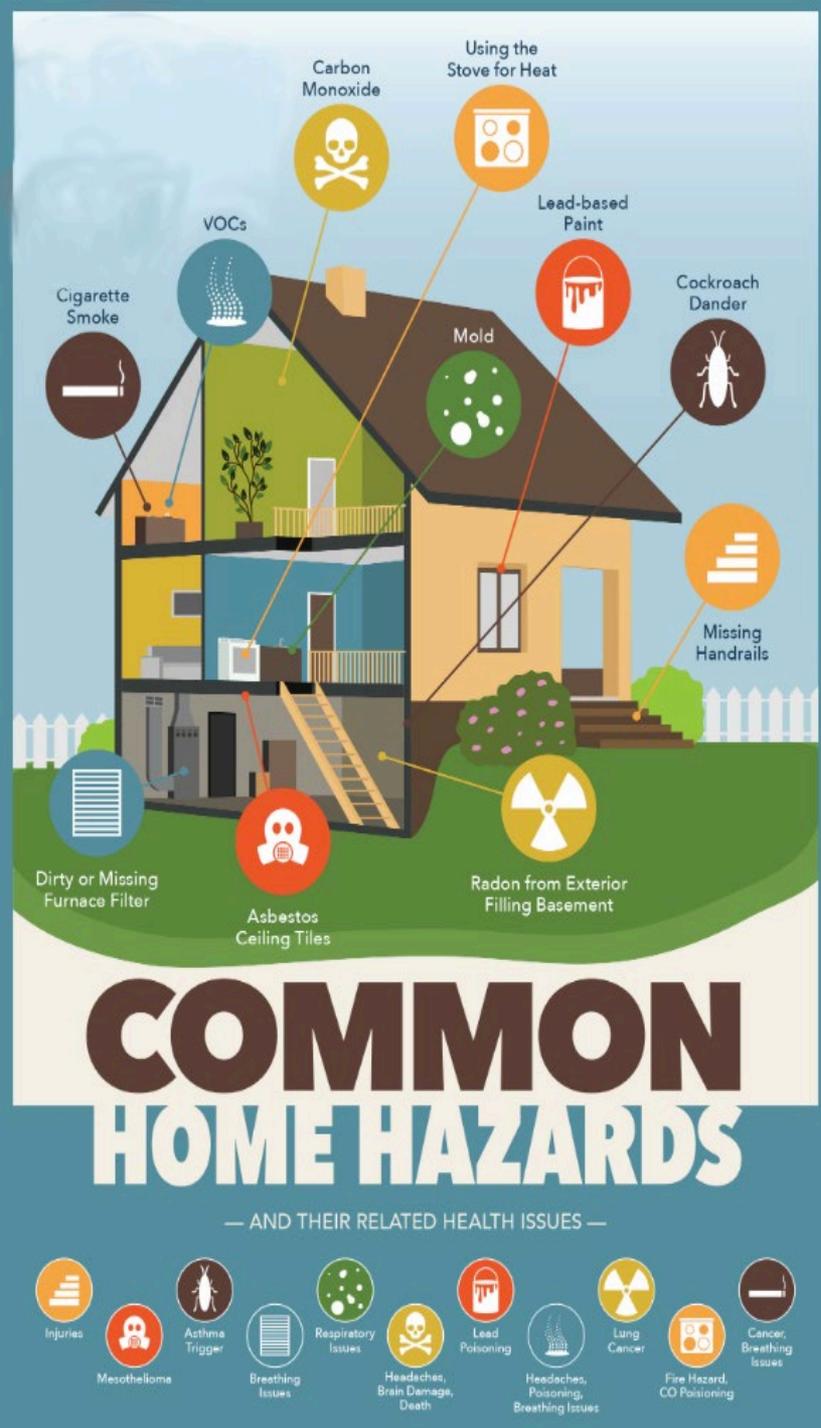
# Existing Conditions in RI



- RI has the third oldest housing stock in the country
- **74%** of our housing was **built before 1980**, which indicates a high probability of lead paint in the majority of our housing stock
  - Children living in RI's core cities are at greater risk of exposure to lead
- **62%** of our housing was **built before 1970**, indicating a high probability of asbestos
- Between 2012 and 2016, RI had the **second highest percentage** of children of all incomes (73%) living in housing built before 1980 in the U.S.
  - Both young children and seniors are at risk for housing-related falls resulting in emergency care

# Health Hazards within the home

- Water intrusion
- Utility deficiencies
- Lead paint
- Radon
- Asbestos
- Pests
- Overcrowding
- Poor construction or deterioration



# Section II

## Identified Needs in RI

Presented by:

**Laura Brion**, Executive Director, Childhood Lead Action Program

**Julian Drix**, Asthma Program Manager, RI DOH, Division of Community, Health & Equity

**Kristina Brown**, Policy Analyst, HousingWorks RI at RWU

# *Lead Poisoning in RI*



Laura Brion

Executive Director

Childhood Lead Action  
Project

[laura@leadsafekids.org](mailto:laura@leadsafekids.org)

@leadsafekidsri

March 13th, 1998  
Providence Journal



Journal Bulletin ANDREW DICKERMAN

**THE PAINT'S THE POINT:** Elizabeth Colon and her son, Samuel, who is recovering from lead paint poisoning incurred from house paint.

## Lifting a burden of heavy metal

■ Mayor Vincent A. Cianci Jr. has appointed a 52-member task force to come up with a plan to prevent lead poisoning.

By KAREN A. DAVIS  
Andrei Bulletin Staff Writer

PROVIDENCE — First-time home buyers Elizabeth and George Colon had ownership and security in mind when they purchased the tidy, peach-colored cottage on Smith Hill in April 1996. The young couple in their 20s busied themselves with decorating, planning for the educational futures of their then-

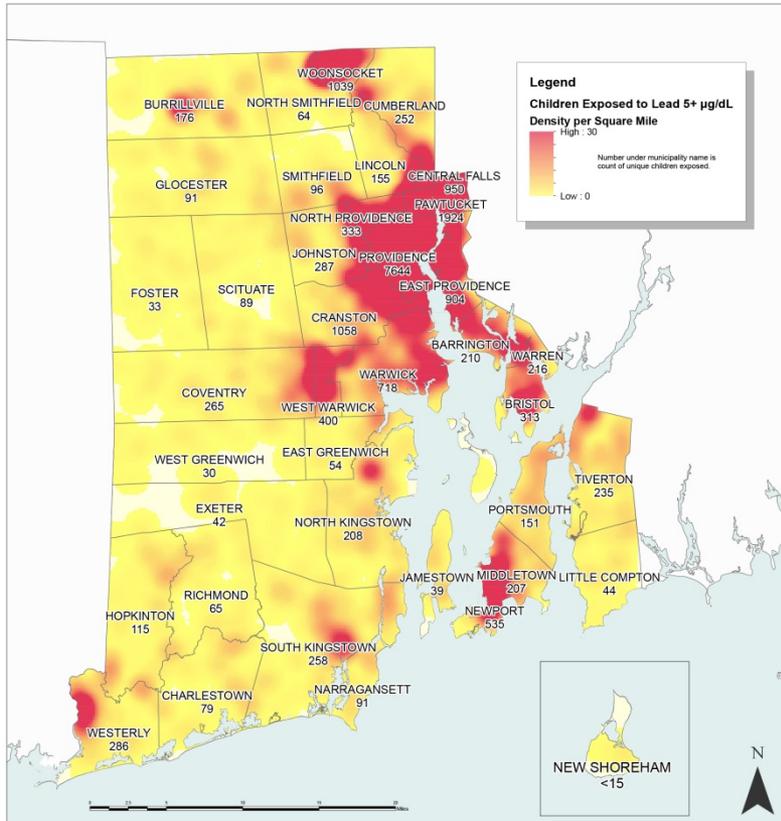
7-year-old son and infant son and saving for the family's future.

Their American dream-in-the-making turned sour four months later, however, after Elizabeth Colon took her infant, Samuel, to the doctor for his one-year checkup and was told the following day that he had a lead level of 36 micrograms of lead per deciliter of blood (ug/dL) — well above the danger level of 10 ug/dL. Health officials say levels of more than 10 ug/dL could lead to permanent learning and behavioral problems, cause developmental delays and lower IQ levels for children under 6.

Turn to LEAD, Page C 2



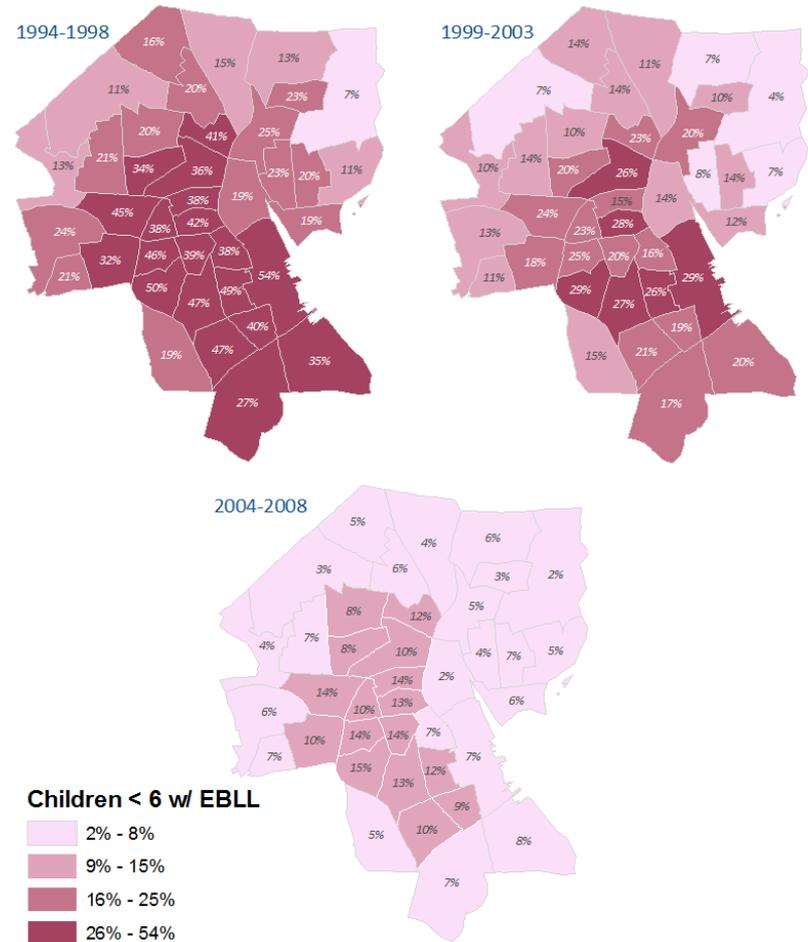
# Children Exposed to Lead (5+ µg/dL) 2005-2009 Rhode Island



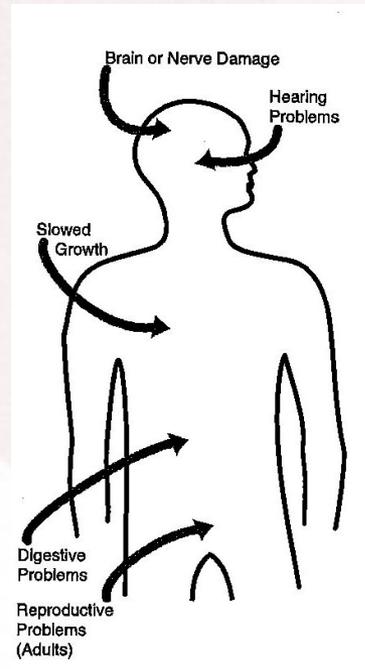
Rhode Island State Plane Feet, NAD83  
 Data Sources: City of Providence  
 Rhode Island Geographic Information System (RIGIS)  
 Rhode Island Department of Health

Map Produced by: The Providence Plan  
 For: Childhood Lead Action Project (CLAP)

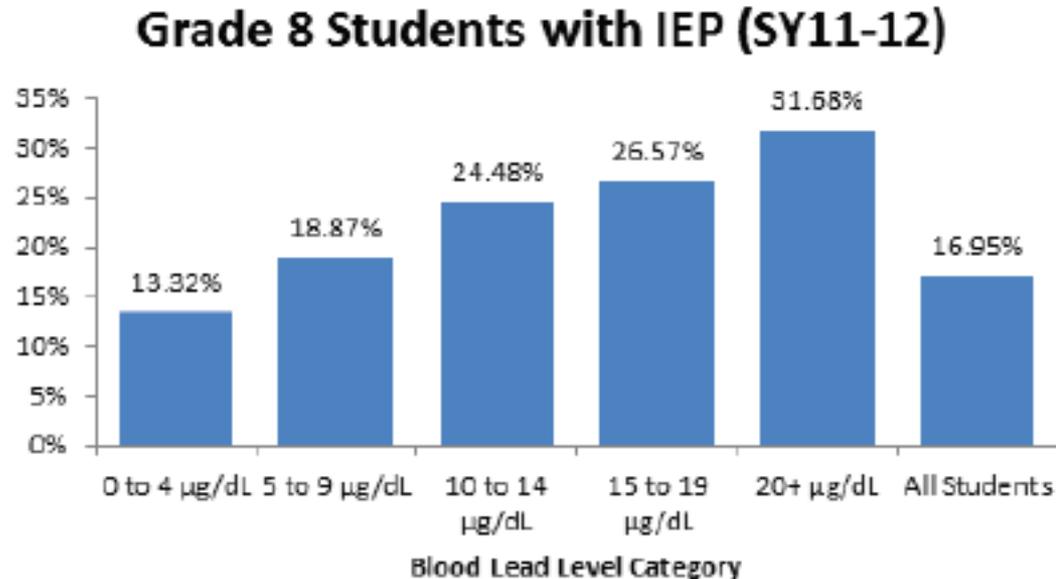
# New Cases of Children Under 6 with Elevated Blood Lead Levels as A Percentage of All Screened Children Under 6, by 5-Year Intervals







# Lead and Education



**Although we cannot be certain which students' IEP services are attributable to lead exposure, we estimate that lead-related IEPs cost the state an additional **\$17 million** for the 2011-12 school year.**

Source: Providence Plan, 2014

# Lead and Violence



Source: Mother Jones, 2013







# Housing, Asthma & Health Equity

**September 25, 2019**

**FDIC Economic Inclusion**

**2019 RI Economic Inclusion Summit**

**Rhode Island Foundation**

# RIDOH Strategic Priorities



## OVERARCHING GOAL

Positively Demonstrate for Rhode Islanders the Purpose and Importance of Public Health

## RI Population Health Plan LEADING PRIORITIES

Address  
Socioeconomic  
and Environmental  
Determinants of Health  
in Rhode Island

Eliminate  
Disparities of Health  
in Rhode Island  
and Promote  
Health Equity

Ensure Access  
to Quality Health  
Services for Rhode  
Islanders, Including Our  
Vulnerable Populations

## CROSS-CUTTING STRATEGIES

*RIDOH Academic Institute:* Strengthen the integration of scholarly activities with public health  
*RIDOH Health Equity Institute:* Promote collective action to achieve the full potential of all RIs

# Social Determinants: Housing



## Housing and Health: An Overview of the Literature

June 7, 2018 | Publisher: Health Affairs/RWJF Health Policy Brief | Publication: Health Affairs/Robert Wood Johnson Foundation

Author(s): Taylor LA



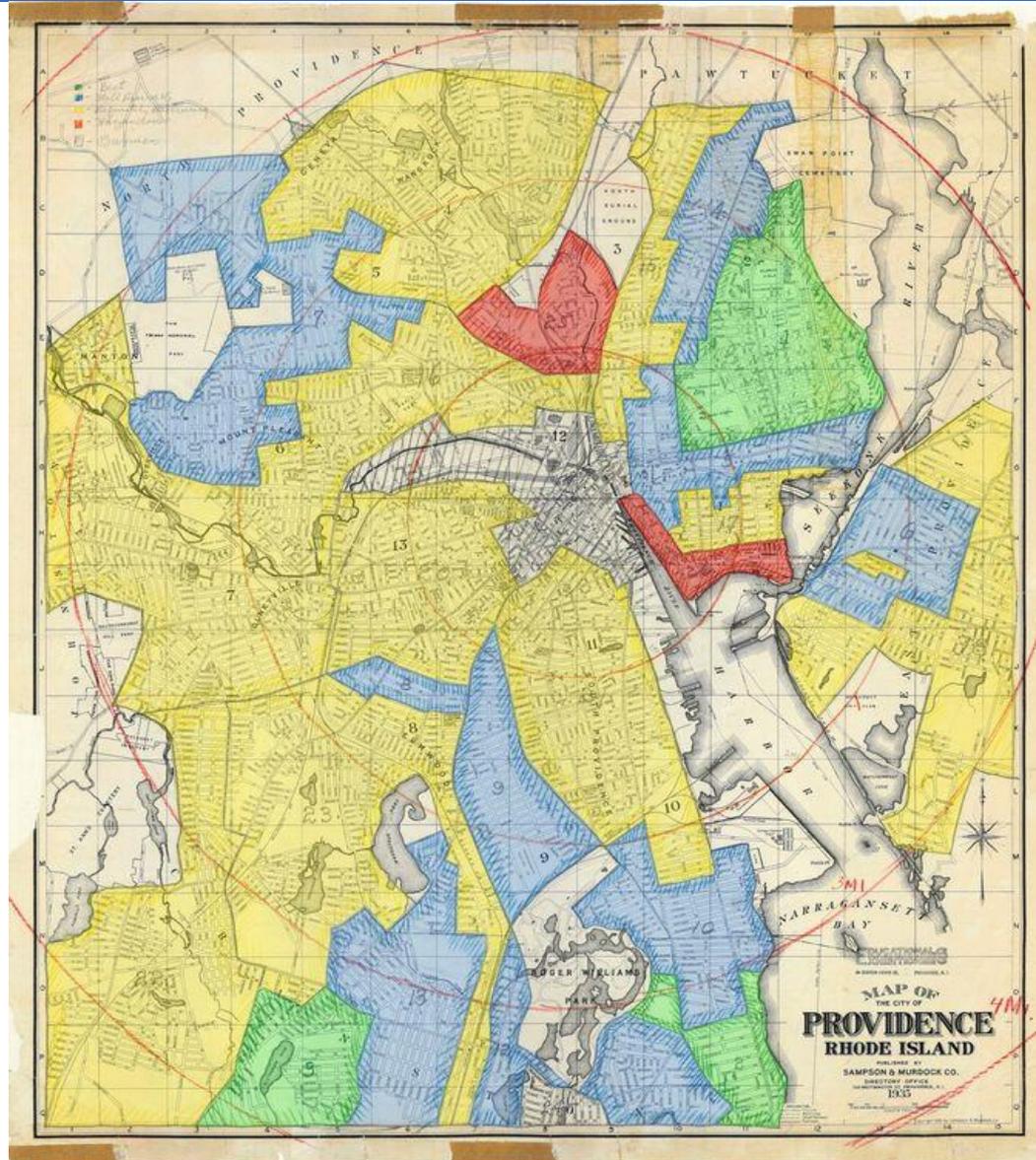
There is strong evidence characterizing housing's relationship to health. Housing stability, quality, safety, and affordability all affect health outcomes, as do physical and social characteristics of neighborhoods.

### Exhibit 1: Four Pathways Connecting Housing And Health



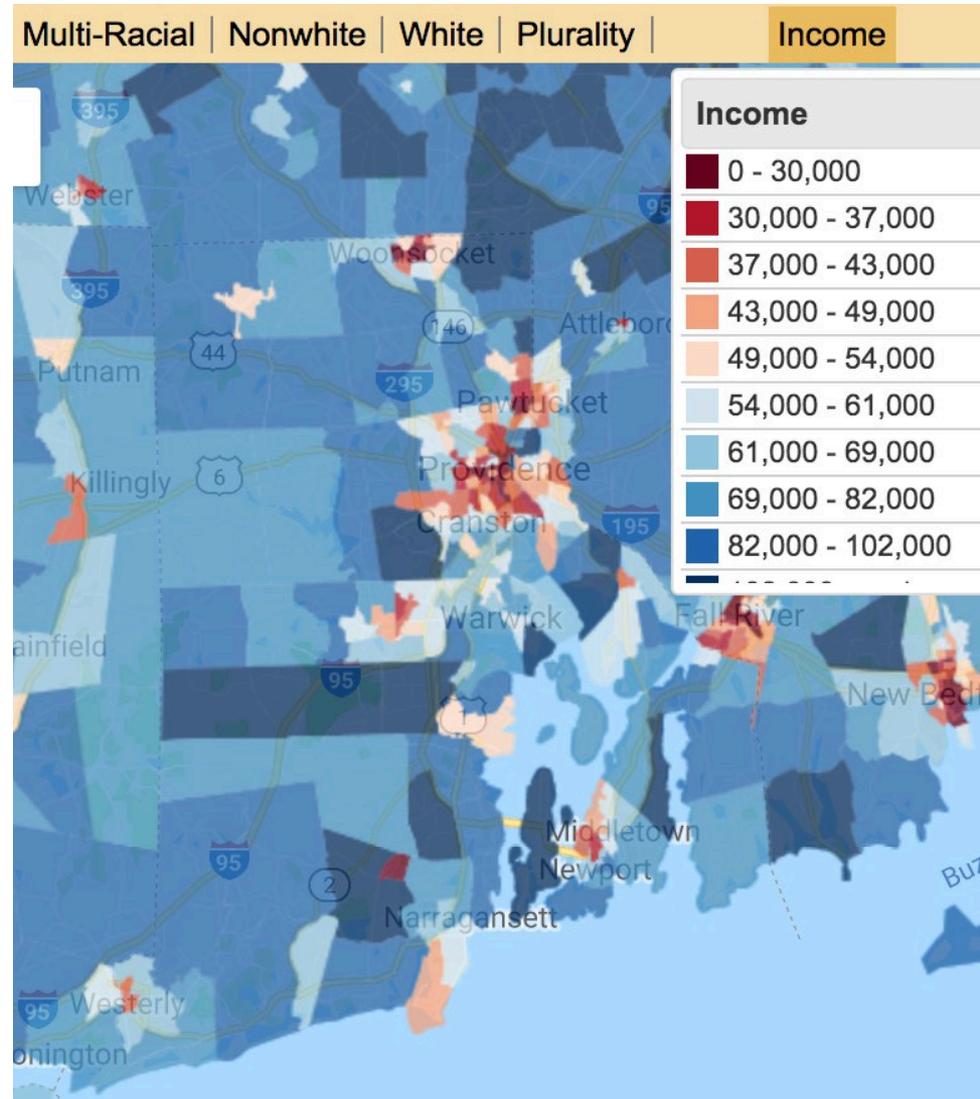
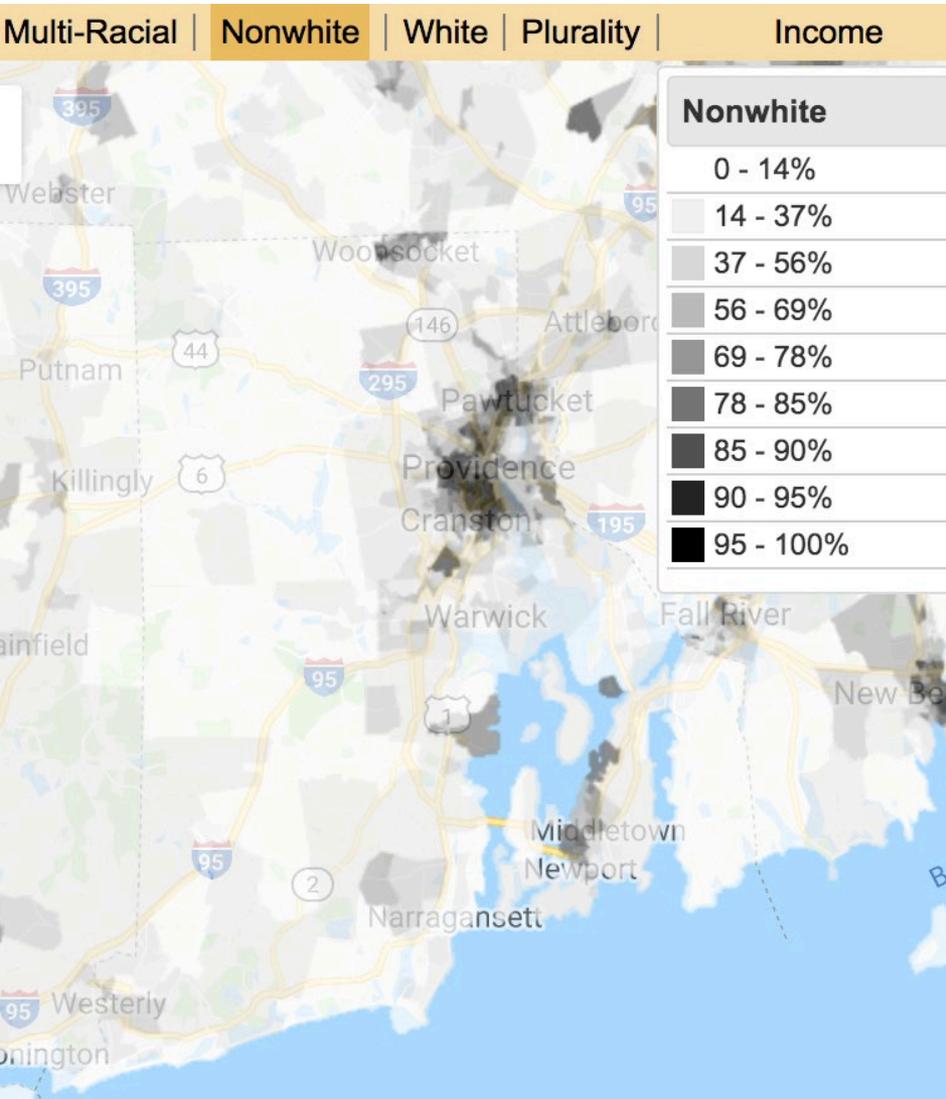
Source: Adapted by the author from Gibson et al. 2011, Sandel et al. 2018, Maqbool et al. 2015, and Braveman et al. 2011.

# Housing History: Redlining



Credit:  
Providence  
Journal

# Place, Race, and Class



# Data: Children with Asthma

Table 24. Asthma Emergency Department Visits for Children Under Age 18, Rhode Island, 2013-2017

CITY/TOWN	ESTIMATED # OF CHILDREN UNDER AGE 18	# OF CHILD EMERGENCY DEPT. VISITS WITH PRIMARY ASTHMA DIAGNOSIS	RATE OF CHILD EMERGENCY DEPT. VISITS WITH PRIMARY ASTHMA DIAGNOSIS, PER 1,000 CHILDREN
Barrington	4,597	105	4.6
Bristol	3,623	54	3.0
Burrillville	3,576	49	2.7
Central Falls	5,644	346	12.3
Charlestown	1,506	19	2.5 <sup>A</sup>
Coventry	7,770	176	4.5
Cranston	16,414	402	4.9
Cumberland	7,535	97	2.6
East Greenwich	3,436	40	2.3
East Providence	9,177	240	5.2
Exeter	1,334	23	3.4 <sup>A</sup>
Foster	986	6	*
Glocester	2,098	24	2.3 <sup>A</sup>
Hopkinton	1,845	23	2.5 <sup>A</sup>
Jamestown	1,043	12	2.3 <sup>A</sup>
Johnston	5,480	140	5.1
Lincoln	4,751	76	3.2
Little Compton	654	7	*
Middletown	3,652	115	6.3
Narragansett	2,269	41	3.6
New Shoreham	163	0	0.0
Newport	4,083	205	10.0
North Kingstown	6,322	89	2.8
North Providence	5,514	210	7.6
North Smithfield	2,456	37	3.0
Pawtucket	16,575	774	9.3
Portsmouth	3,996	55	2.8
Providence	41,634	2,779	13.3
Richmond	1,849	20	2.2 <sup>A</sup>
Scituate	2,272	20	1.8 <sup>A</sup>
Smithfield	3,625	36	2.0
South Kingstown	5,416	87	3.2
Tiverton	2,998	18	1.2
Warren	1,940	54	5.6
Warwick	15,825	367	4.6
West Greenwich	1,477	27	3.7 <sup>A</sup>
West Warwick	5,746	209	7.3
Westerly	4,787	117	4.9
Woonsocket	9,888	539	10.9

## Key points:

- Asthma is the most common chronic condition in children
- Nationally 8.4% of children have asthma
- In Rhode Island, 10.9% of children have asthma, the 9<sup>th</sup> highest prevalence in the nation
- Black children and Hispanic children are more likely to visit the emergency room or be hospitalized due to asthma

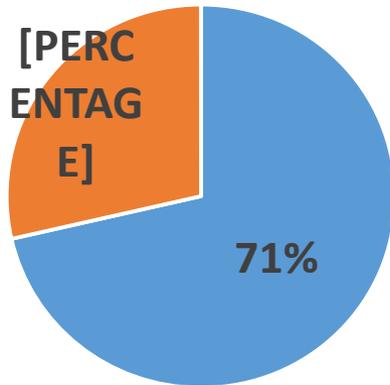
## Emergency department rates (per 1000):

1. Providence: 13.3
2. Central Falls: 12.3
3. Woonsocket: 10.9
4. Newport: 10.0
5. Pawtucket: 9.3

# RI Asthma Data: Health Inequities

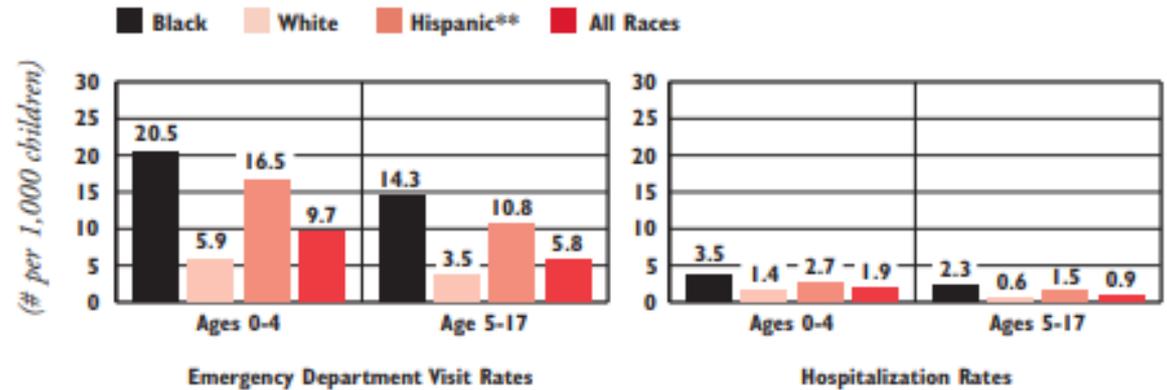


**Insurance coverage:  
RI pediatric asthma  
emergency department visits**



- Medicaid
- Commercial, self-pay or unknown

## Asthma\* Emergency Department and Hospitalization Rates, by Age and Race/Ethnicity, Rhode Island Children, 2013-2017



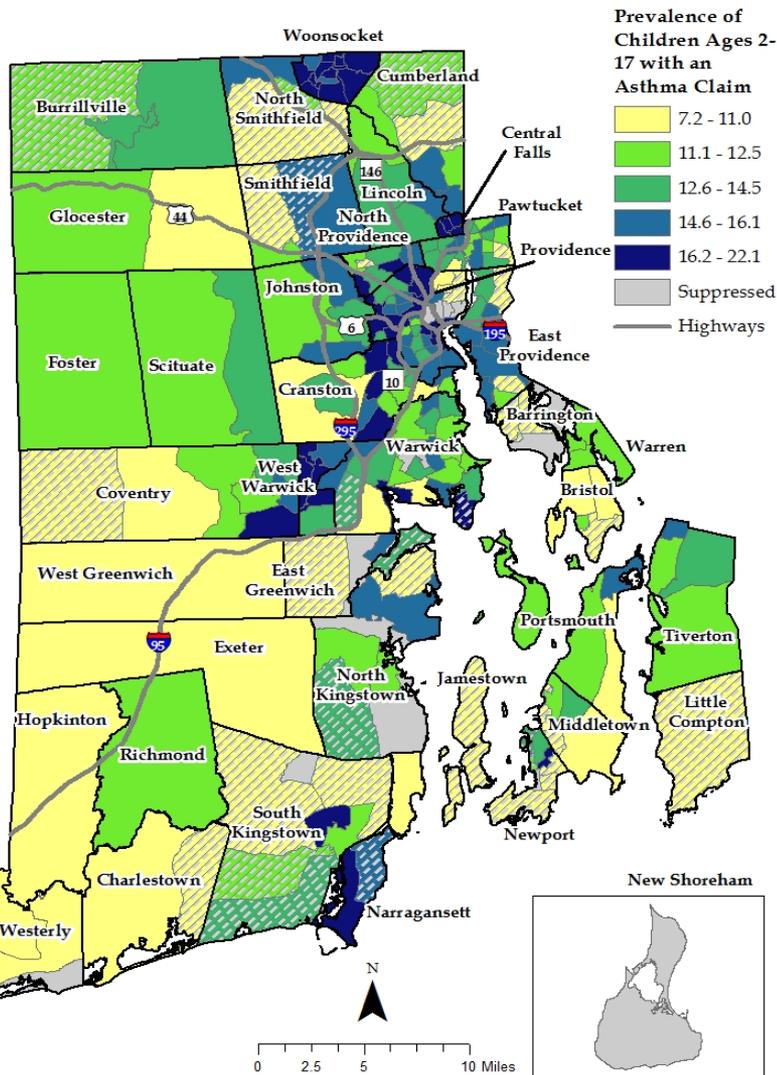
Source: Rhode Island Department of Health, Hospital Discharge Database, 2013-2017; U.S. Census Bureau, Census 2010.  
\*Rates are for primary diagnosis of asthma. \*\*Hispanic children can be of any race.

CITY/TOWN	ESTIMATED # OF CHILDREN UNDER AGE 18	# OF CHILD EMERGENCY DEPT. VISITS WITH PRIMARY ASTHMA DIAGNOSIS	RATE OF CHILD EMERGENCY DEPT. VISITS WITH PRIMARY ASTHMA DIAGNOSIS, PER 1,000 CHILDREN
<i>Four Core Cities</i>	<i>73,741</i>	<i>4,438</i>	<i>12.0</i>
<i>Remainder State</i>	<i>150,215</i>	<i>3,205</i>	<i>4.3</i>
<i>Rhode Island</i>	<i>223,956</i>	<i>7,643</i>	<i>6.8</i>

# Asthma Prevalence

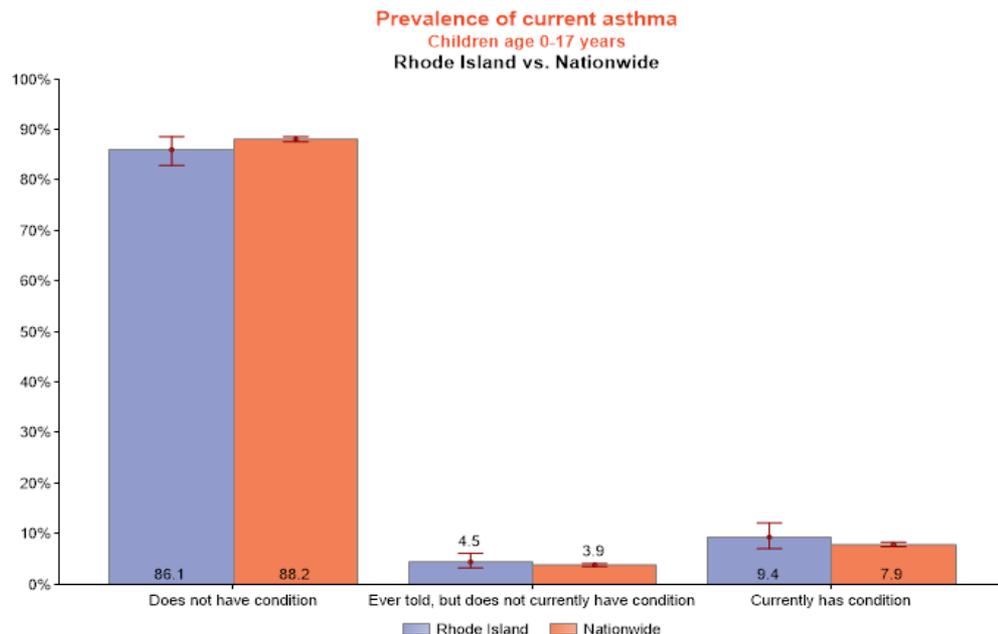


## Medicaid Asthma Prevalence



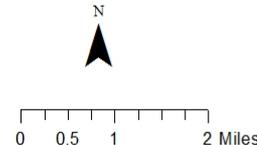
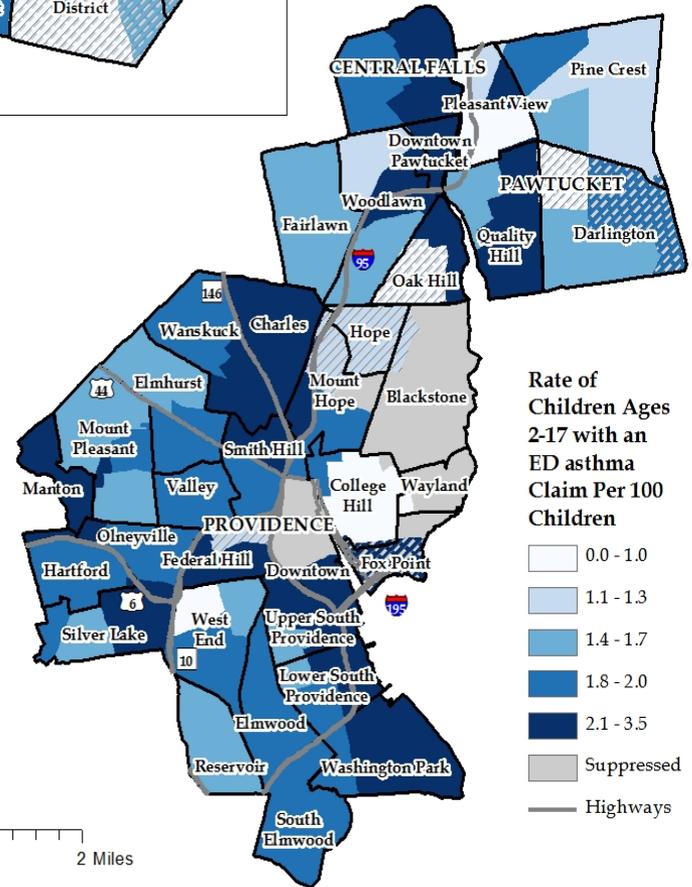
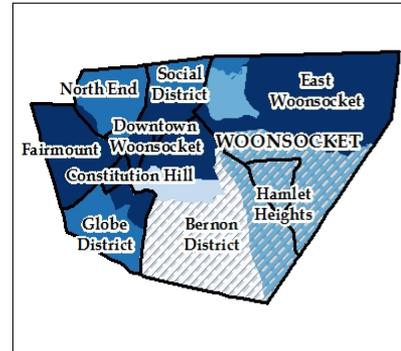
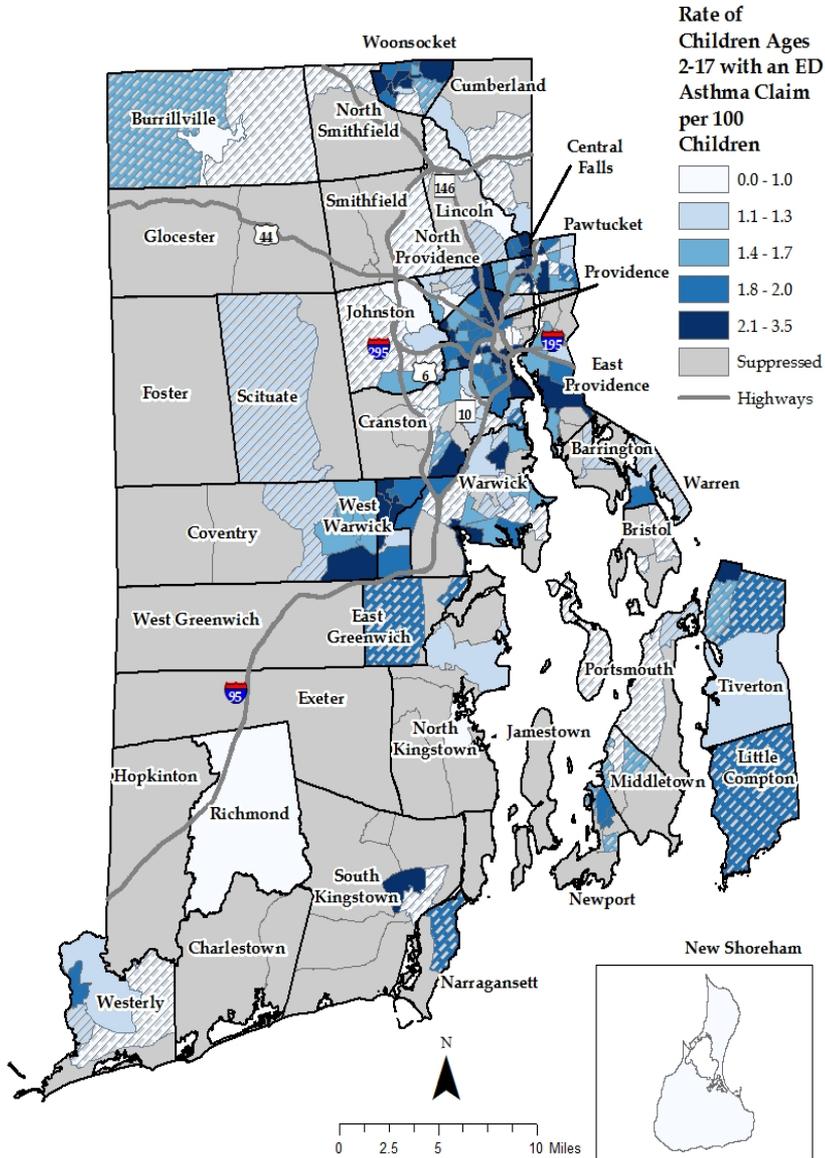
## Comparison: US and RI prevalence

- National pediatric asthma prevalence:
  - 7.9% “current” asthma (7.5 – 8.4)
- RI pediatric asthma prevalence:
  - 9.4% “current” asthma (7.1 – 12.2)
- RI Medicaid pediatric asthma prevalence
  - Median: 12.6-14.5%
  - Highest quintile: 16.2 – 22.1%

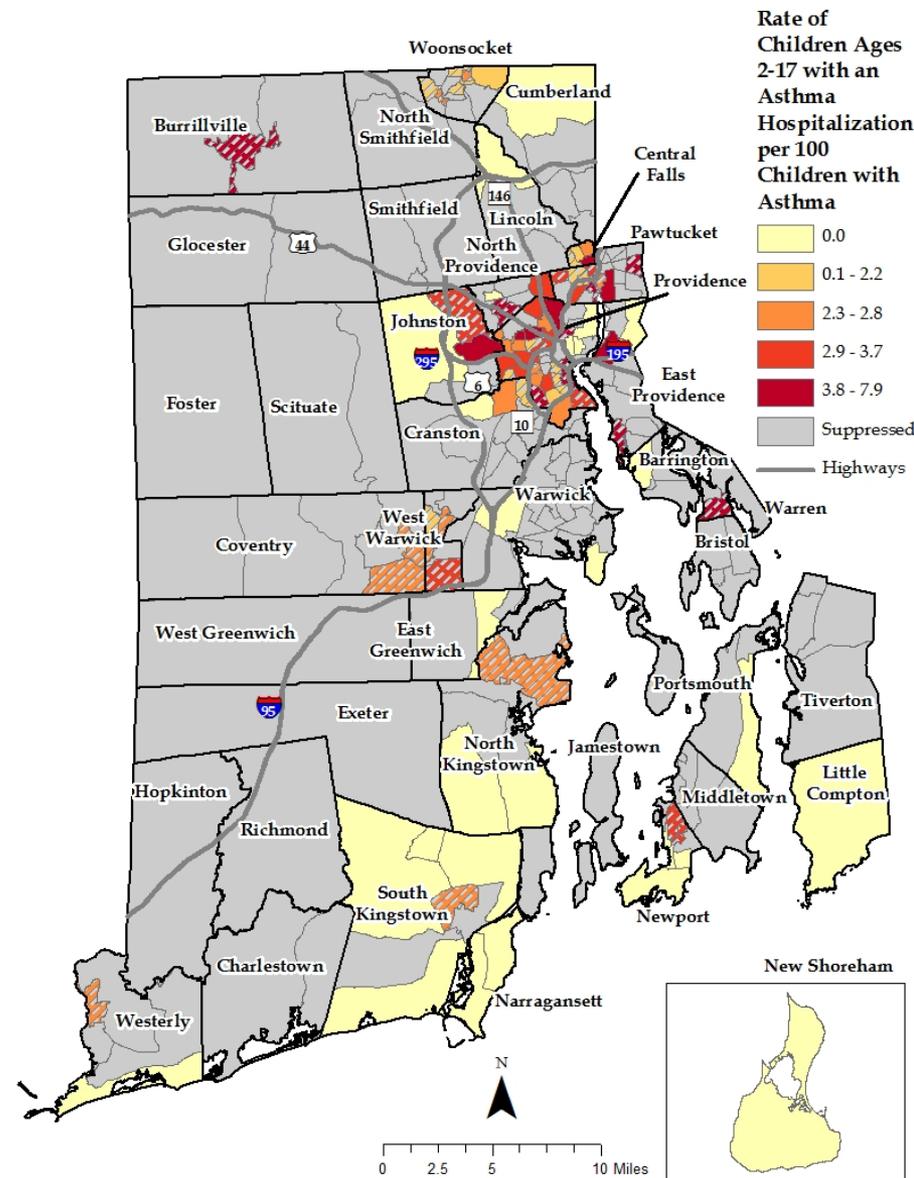
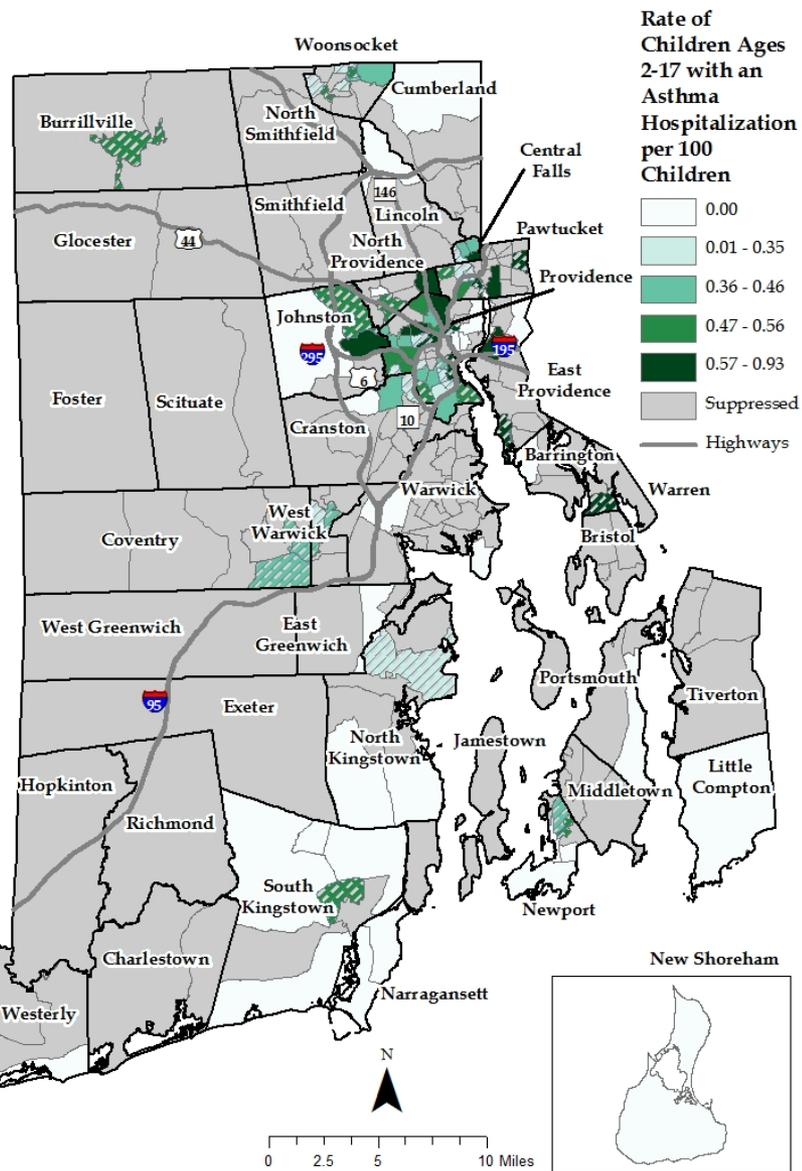


Source: National Survey of Children’s Health

# Medicaid Asthma ED Rates



# Asthma Hospitalization Rates



# Asthma Triggers: Environmental



## Asthma Triggers

Asthma attacks are triggered by **allergens, irritants, and aggravators**. Know and avoid your asthma triggers.



## Controlling Asthma

Asthma cannot be cured, but it can be controlled. You can control your asthma by taking three important steps:

- Know and avoid your **asthma triggers**.
- Take all **asthma medication** as prescribed by your doctor.
- Have an **Asthma Action Plan**.

## Allergens

An allergen is anything that can cause an allergic reaction. Ask your doctor about allergy testing to accurately diagnose allergies. This will help you better manage your asthma. Some allergens that trigger asthma include:

### Dust Mites

Dust mites are found in rooms with carpeting, upholstered furniture, curtains, bedding, and stuffed toys. Encase pillows, mattresses, and box springs in allergy-proof covers. Dust and vacuum often with a HEPA (high efficiency particulate air) vacuum and wash bedding weekly in hot water. Remove stuffed animals and toys (unless they can be washed).



### Pests

Cockroaches and rodents need food and water to live. Store food in sealed containers and clean crumbs, dirty dishes, and other sources of food waste as soon as possible. Fix leaks as soon as possible and use garbage cans with lids.



### Pets and Other Animals

Keep animals with fur or feathers out of bedrooms and bathe them weekly. This includes dogs, cats, hamsters, rabbits, and birds. If possible, remove these animals from your home.



### Pollen

Pollen is seasonal and affects people at different times of the year. Close windows and use air conditioning if possible. Do not hang laundry outside on high-pollen days.



### Mold

Too much moisture can create problems with mold and mildew. This is especially true in bathrooms, kitchens, and basements. Make sure your bathroom exhaust fan is on when showering and do not over-water houseplants. Use a dehumidifier and remember to empty and clean the container regularly.



## Irritants

Asthma irritants are things in the air that can trigger asthma. Some asthma irritants include:

### Smoke

If you smoke, quit smoking. While you are trying to quit, do not smoke in your home or in your car.



### Aerosols

Do not use scented products such as perfume, aftershave, cologne, air fresheners, or strong-smelling cleaning products.



### Air Pollution

During the summer, ozone is a major air pollutant. Listen to weather reports and stay inside when ozone levels are high. Close windows and use air conditioning on these days, if possible.



### Pesticides, Insecticides, and Weed Killers

These chemicals should only be used if all other methods of pest, insect, and weed removal have been tried and did not work. Anyone with asthma should not be around when these products are used and for several hours after they are used.



## Aggravators

Other things that can trigger asthma are known as asthma aggravators. Some common aggravators include:

### Viral Infections that Lead to Cold or Flu

Viruses can live on dry surfaces for several days. Wash your hands frequently or use antibacterial gels. Avoid touching your eyes, nose, and mouth. This is how viruses enter your body.



### Exercise

Exercise is very important. Everyone with asthma can still be active. Some people with asthma can do strenuous exercise, such as distance running. Others with asthma may have to choose activities with built-in rest periods, such as baseball or softball, or less strenuous activities, such as walking or light biking. Swimming and dancing can also include rests. Always warm up before exercising. Take quick relief asthma medication between 15 and 20 minutes before exercising, if recommended by your doctor.



### Cold Air

The airways of someone with asthma can close when they go from an area with warm air to an area with cold air. This usually happens in the winter when someone goes outside. You can warm the air you breathe outside by covering your nose and mouth with a scarf. If possible, stay indoors on very cold days.



[www.healthri.gov/asthma](http://www.healthri.gov/asthma)

# Housing and Asthma



## Common Indoor Asthma Triggers:

- **Mold:** due to poor ventilation, water intrusion, high humidity
- **Pests:** cockroaches, mice, bed bugs
- **Household chemicals:** bleach, cleaners, aerosols, insecticides, scents and fragrances
- **Dust mites**
- **Tobacco Smoke**
- **Pets**

## Risk Factors:

- **Old housing stock**
- **Non owner-occupied rentals**
- **Landlord discrimination due race, ethnicity, immigration status, family status, source of income; fear of landlord retaliation**
- **Energy: heating and cooling**

# Housing Factors



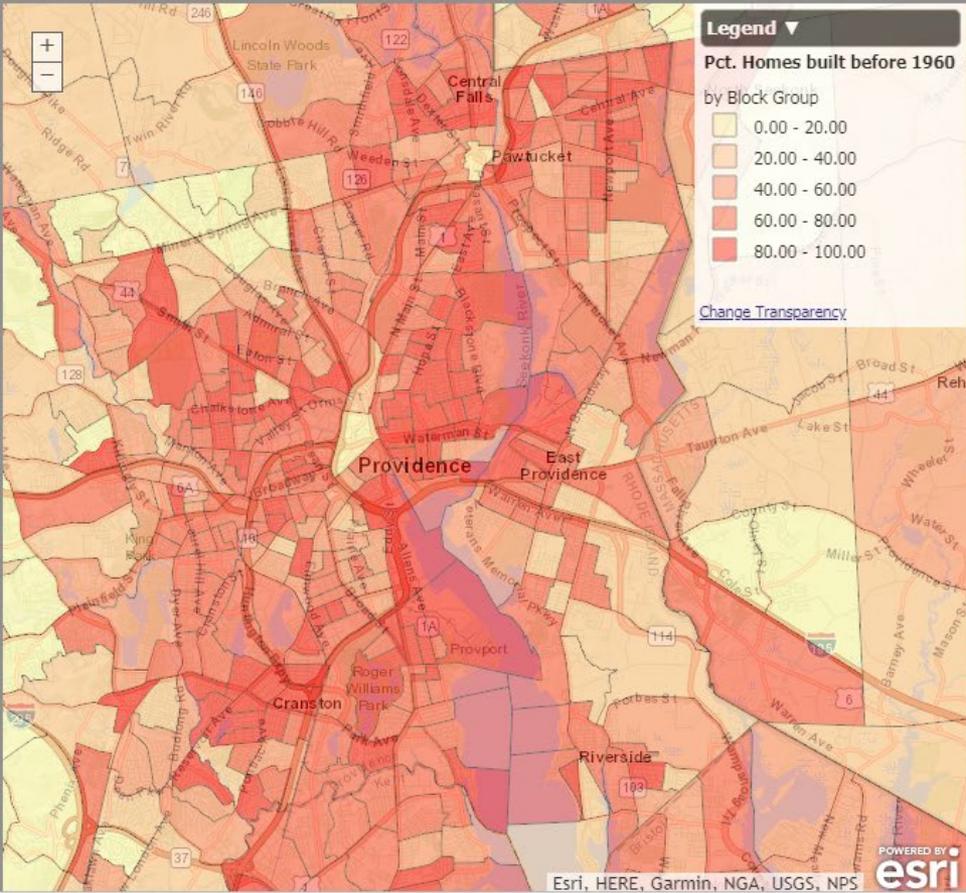
## % Homes Built Before 1960

## % Renter Occupied Housing

EPA EJSCREEN Map Comparisons

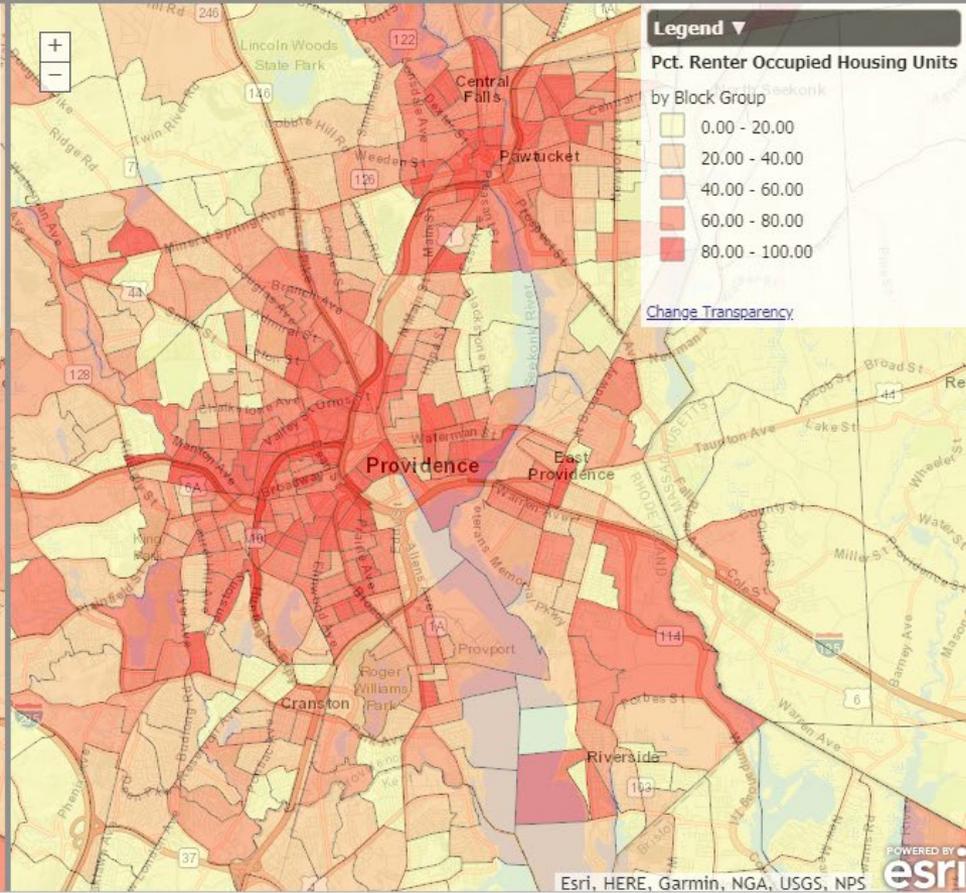
Map Data ▾

Pct. Homes built before 1960 -- 2012-2016 ACS



Map Data ▾

Pct. Renter Occupied Housing Units -- 2012-2016 ACS



# Asthma Program Services



Woonsocket

Central Falls

Pawtucket

Providence

## Free Asthma Services

Families who have children with asthma and live in Providence, Pawtucket, Central Falls, or Woonsocket may qualify for:

- Up to three classes to learn how to manage their child's asthma
- Home visits by a Certified Asthma Educator to help find and fix asthma triggers (things that cause asthma attacks)
- Help coordinating asthma care with primary care providers, school nurses, teachers, and caregivers
- Help getting support for healthy housing, tenant rights, and social services



## Asthma Action Plan

An Asthma Action Plan is a written plan. It lists a person's asthma triggers, medicines, and doses. It also tells what to do in an asthma emergency.



## Asthma at Home

Clean and healthy homes help reduce asthma. Asthma triggers in the home include dust mites, mold, pets, pests, smoke, and chemical cleaners. The Asthma Control Program offers:

- **Breathe Easy at Home (BEAH)** If a landlord will not fix a suspected housing code violation that triggers asthma, BEAH helps doctors contact building code officials. BEAH can also help tenants get legal support.
- **Asthma Home Visits** Families can have up to three visits by a Certified Asthma Educator. The Certified Asthma Educator teaches how to get rid of asthma triggers and better manage asthma.



## Asthma at School

Asthma causes children to miss school, so schools need to be asthma-friendly. Schools in cities with more childhood asthma need this most. Healthy schools are good for all students and staff.

**Project CASE** (Controlling Asthma in Schools Effectively) works with elementary schools to:

- Offer Hasbro's *Draw a Breath* classes for students with asthma
- Give training for school staff about asthma needs at school
- Improve the school's indoor and outdoor spaces, asthma-friendly policies, and indoor air quality
- Promote the use of Asthma Action Plans
- Improve asthma care coordination between school nurses, teachers, healthcare providers, and families

## Asthma and Healthcare

The Asthma Control Program works with healthcare providers, community health centers, and patient-centered medical homes. It helps them offer better asthma care by:

- Encouraging the use of Certified Asthma Educators
- Providing a current Asthma Action Plan for patients
- Teaching families how to use the Asthma Action Plan to manage asthma
- Partnering with community-based public health programs
- Sharing national guidelines that help providers diagnose, monitor, and treat asthma

To see if you qualify, call the Health Information Line: 401-222-5960 / RI Relay 711

Health Information Line: 401-222-5960 / RI Relay 711

[www.healthri.gov/asthma](http://www.healthri.gov/asthma)

# Asthma Services: HARP



For more information, contact:  
[DOH.Asthma@health.ri.gov](mailto:DOH.Asthma@health.ri.gov)  
or call the Health Information Line at:  
401-222-5960 / RI Relay 711

## The Home Asthma Response Program

**(HARP)**



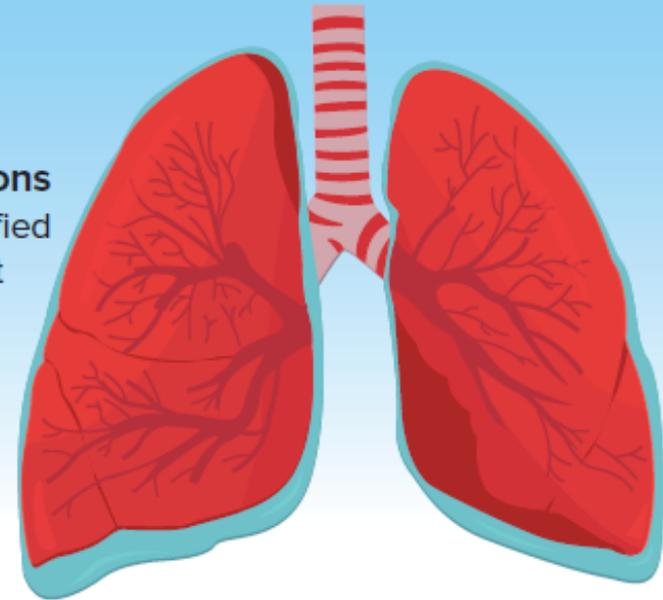
# Asthma Services: HARP



## The Home Asthma Response Program (HARP)

HARP is an evidence-based asthma intervention designed to **reduce preventable asthma emergency department visits and hospitalizations** among high risk pediatric asthma patients. The HARP model utilizes a Certified Asthma Educator (AE-C) and a Community Health Worker (CHW) to conduct three intensive sessions that:

- Assess patients' asthma knowledge and trigger exposure
- Provide intensive asthma self-management education
- Deliver cost-effective supplies to reduce home asthma triggers
- Improve quality and experience of care



If you think your child may be eligible for HARP ask your child's pediatrician to call the Community Asthma Program at Hasbro Children's Hospital at **401-444-8340**. The first call to Hasbro must be from your pediatrician.

# Breathe Easy at Home



Do you live in  
Providence, Pawtucket,  
Central Falls or Woonsocket?

Do you rent your home or  
apartment?

Do you think your  
housing conditions are making  
your child's asthma worse?



Breathe Easy at Home  
may be able to help.

You have a right to safe, healthy housing,  
but are you worried about landlord retaliation?

## What is landlord retaliation?

A landlord who is retaliating is trying to "get even" with a tenant. Landlord retaliation is a spiteful act a landlord makes in response to something you might say or do about a problem in your apartment. **Landlord retaliation is illegal.** Some examples of landlord retaliation include:

- ▶ Raising your rent.
- ▶ Taking away heat or hot water.
- ▶ Refusing to make repairs in your home.
- ▶ Threatening to evict you from your apartment or filing an eviction case in court.

## What are some of your rights as a tenant?

It is illegal for your landlord to retaliate against you when:

- ▶ You ask your landlord to fix something that is wrong with your apartment (such as peeling paint, leaks, insect and mice problems).
- ▶ You contact a building or health inspector, the fire department, or another government agency about unsafe living conditions.
- ▶ You join a tenants' union or similar organization.
- ▶ You participate in the Rhode Island Department of Health's Breathe Easy at Home project. (for more information, see: [www.health.ri.gov/asthma](http://www.health.ri.gov/asthma)).

## When is eviction not retaliation?

Your landlord can still legally evict you if:

- ▶ You owe your landlord rent.
- ▶ You complain about a problem requiring repairs that you caused, or was caused by a member of your family or other person on the premises with your consent.
- ▶ Your apartment or building is condemned.

## Who should you contact if you think your landlord is retaliating against you?

You should contact a lawyer if you feel your landlord has retaliated against you. Free legal services are available to help some tenants who are having problems with their landlords. Services are available in both English and Spanish.

**Rhode Island Center for Justice**  
1 Empire Plaza, Suite 410  
Providence, RI 02903  
401-491-1101 ext. 810  
[www.centerforjustice.org](http://www.centerforjustice.org)

RI Landlord-Tenant Handbook:

[sos.ri.gov/assets/download/documents/state-library/RI-landlord-tenant-handbook.pdf](http://sos.ri.gov/assets/download/documents/state-library/RI-landlord-tenant-handbook.pdf)



# Improvements, not Displacement



**Healthy Communities of Opportunity:**  
An Equity Blueprint to Address America's Housing Challenges

PolicyLink

THE  
KRESGE  
FOUNDATION



## Development without Displacement

RESISTING GENTRIFICATION  
IN THE BAY AREA

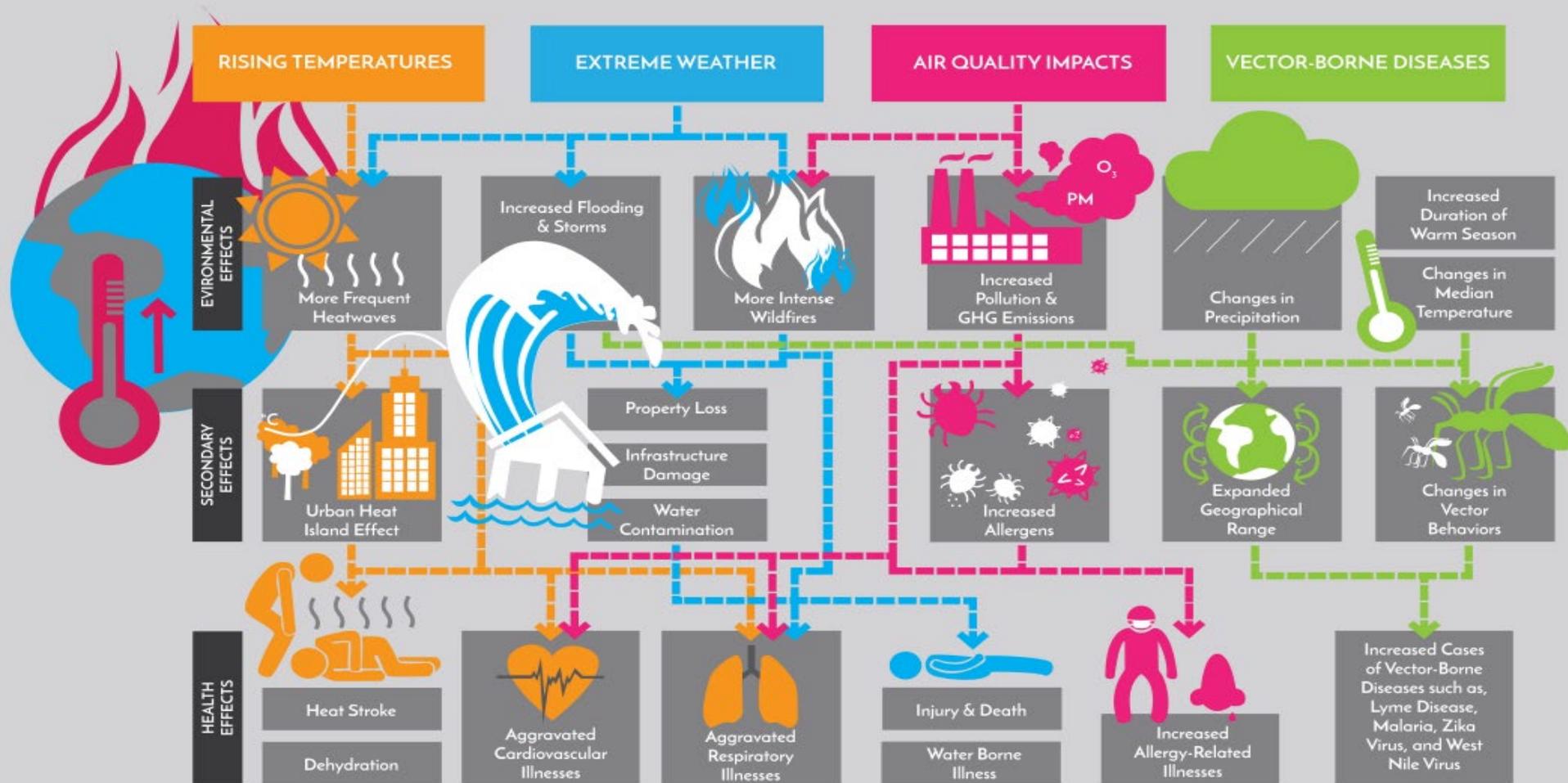


**CAUSA JUSTA**  
UNITY IS POWER • LA UNIÓN HACE LA FUERZA  
**JUST CAUSE**

Written by Causa Justa :: Just Cause  
with health impact research and data and policy analysis contributed  
by the Alameda County Public Health Department, Place Matters Team

# Climate Change and Asthma

## HOW CLIMATE CHANGE AFFECTS YOUR HEALTH





Julian Drix, MPH-C  
Asthma Program Manager  
Rhode Island Department of Health  
[Julian.Drix@health.ri.gov](mailto:Julian.Drix@health.ri.gov)



at Roger Williams University

# Understanding the needs of an aging population in Rhode Island

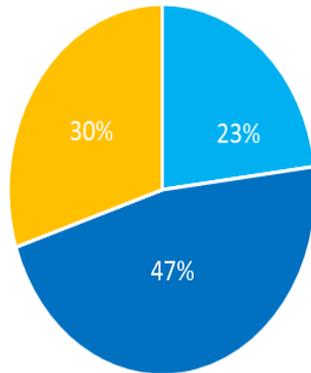
Preliminary findings from the Home Modifications Needs Assessment

Kristina Brown  
Policy Analyst  
HousingWorks RI at RWU  
kbrown@rwu.edu

The FDIC Economic Inclusion  
Conference  
October 23, 2019

# Overview of RI's Aging Population

Rhode Island Population by Age



■ Age 0-19 ■ Age 20-54 ■ Age 55 and over

**30 percent** of all Rhode Island residents are **age 55 or over**

**41 percent** of households with a head of household age 55 or over are **living alone**

Of those households living alone, **51 percent** have household incomes of **less than \$25,000 per year**

**76 percent** have household incomes of **less than \$50,000 per year**

**13 percent** of the 55 and over population identify as a race or ethnicity other than White:

**6% Latino**

**3% Black**

**2% Asian**

**2% Other**

Source: HWRI Analysis of US Census, PUMS, 5YR Est., 2013-2017



# Known Housing Hazards in RI



Rhode Island has the **third oldest housing stock** in the country

- The age of the housing stock indicates higher expenses in maintenance and modifications

**74 percent** of our housing was **built before 1980**, which indicates a high prevalence of **lead paint** in the majority of our housing stock

- Housing built before 1990 does not conform to ADA regulations
- Children living in Rhode Island's core cities are at greater risk of exposure to lead

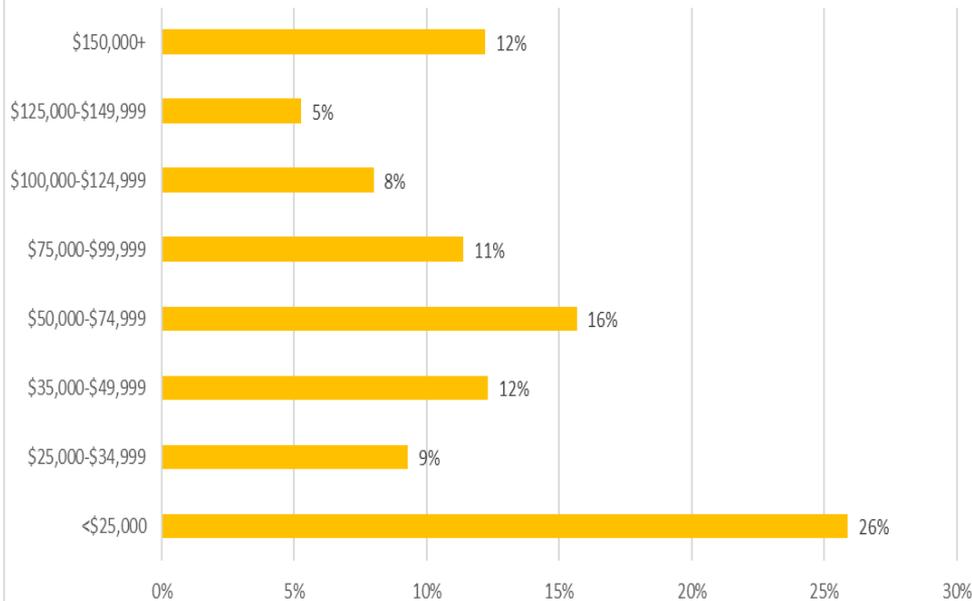
**62 percent** of our housing was **built before 1970** indicating a high probability of **asbestos**

- Asbestos causes many respiratory illnesses and cancer

The majority of our homes were not built with accessibility features, making them hazardous for our aging population and residents with disabilities

# Financial Health Indicators

Household Income Distribution of  
RI Residents age 55 and over



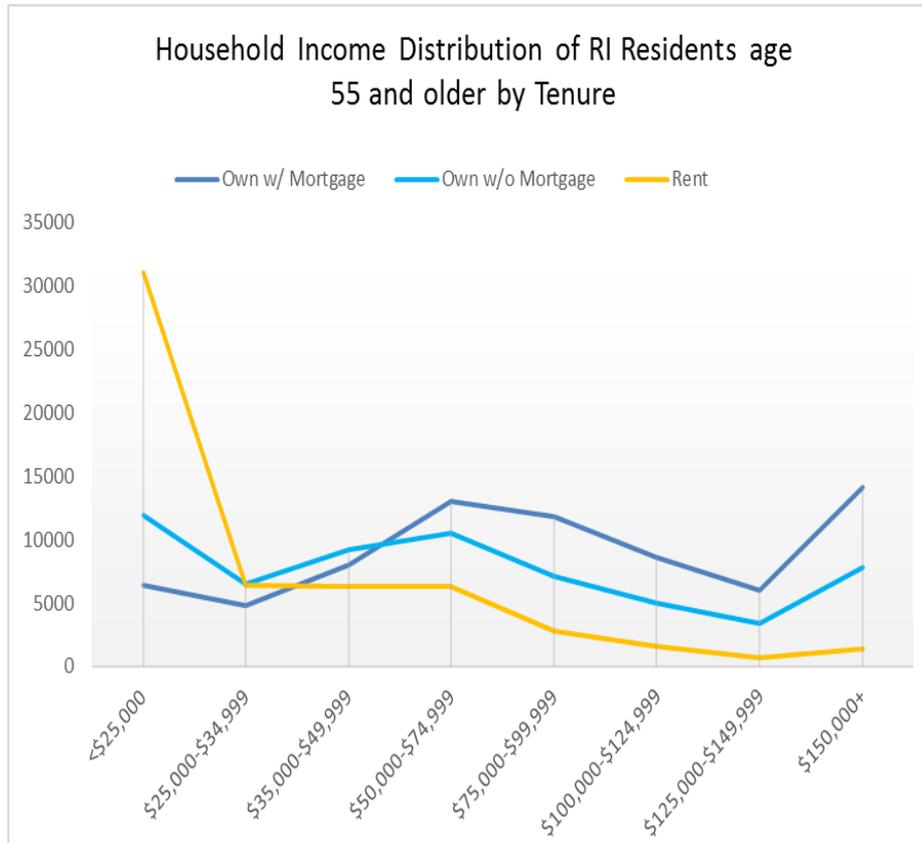
Source: HWRI Analysis of US Census, PUMS, 5YR Est.,  
2013-2017

Nationally, **income disparity is growing** among older households

In Rhode Island, the cost of living keeps rising but incomes remain stagnant

For the **47 percent** of Rhode Island households age 55 and over **earning less than \$50,000 per year**, moving to a new community or down sizing within their own community is not affordable

# Financial Differences by Tenure



Source: HWRI Analysis of US Census, PUMS, 5YR Est., 2013-2017

**28 percent** of households 55 and over are **renters**

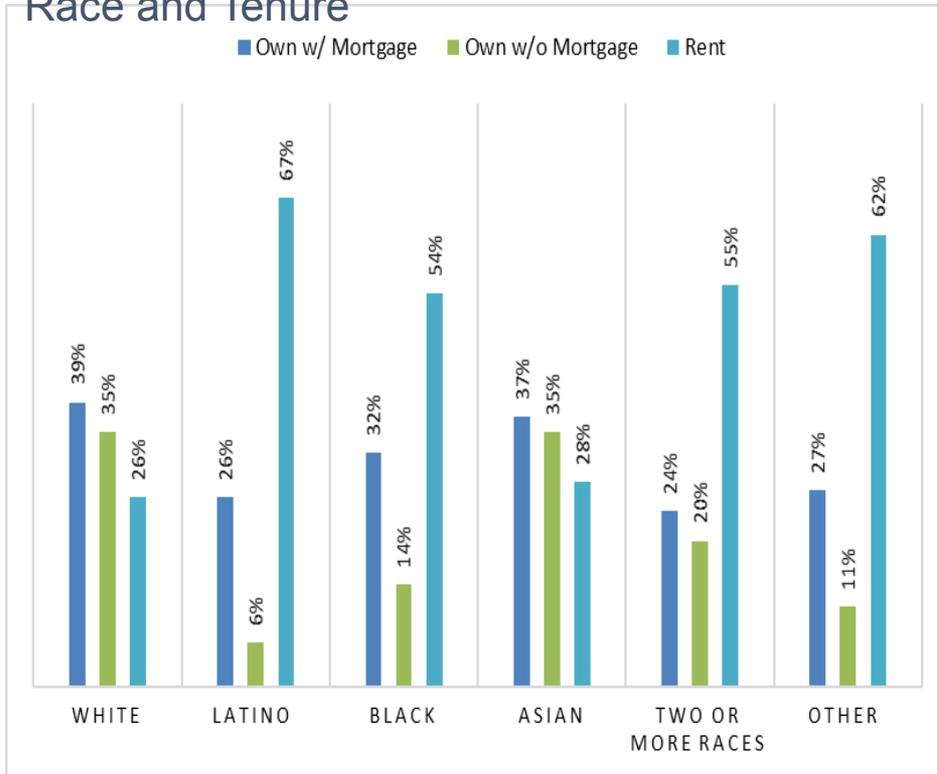
**54 percent** of renter households are **housing cost burdened** and **26 percent** are **severely cost burdened**

**72 percent** of households 55 and over are **homeowners**

**31 percent** of owner households are **housing cost burdened** and **14 percent** are **severely cost burdened**

# Race and Ethnicity by Tenure

Percent of Households age 55 and over by Race and Tenure



Source: HWRI Analysis of US Census, PUMS, 5YR Est., 2013-2017

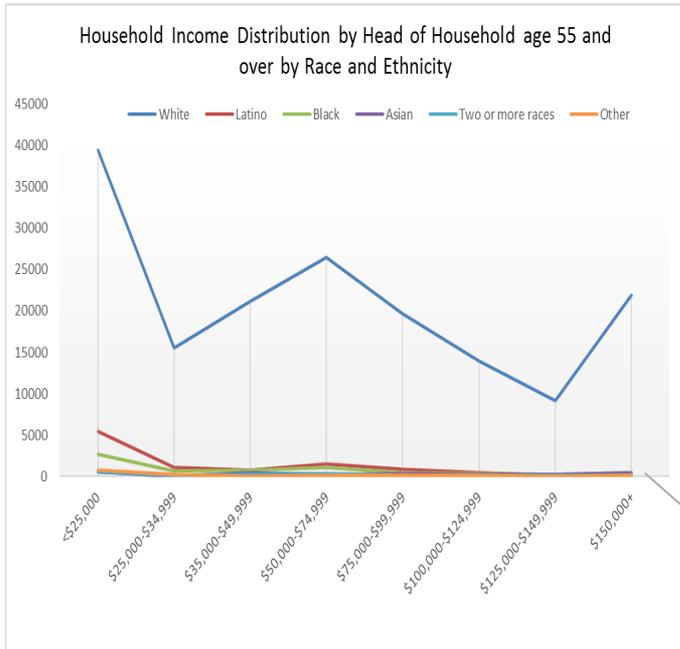
Across race and ethnicity, Rhode Island's older households of color are more likely to be renters, than white and Asian households

The median 2-bedroom rent in Rhode Island for 2018 is **\$1,621** per month

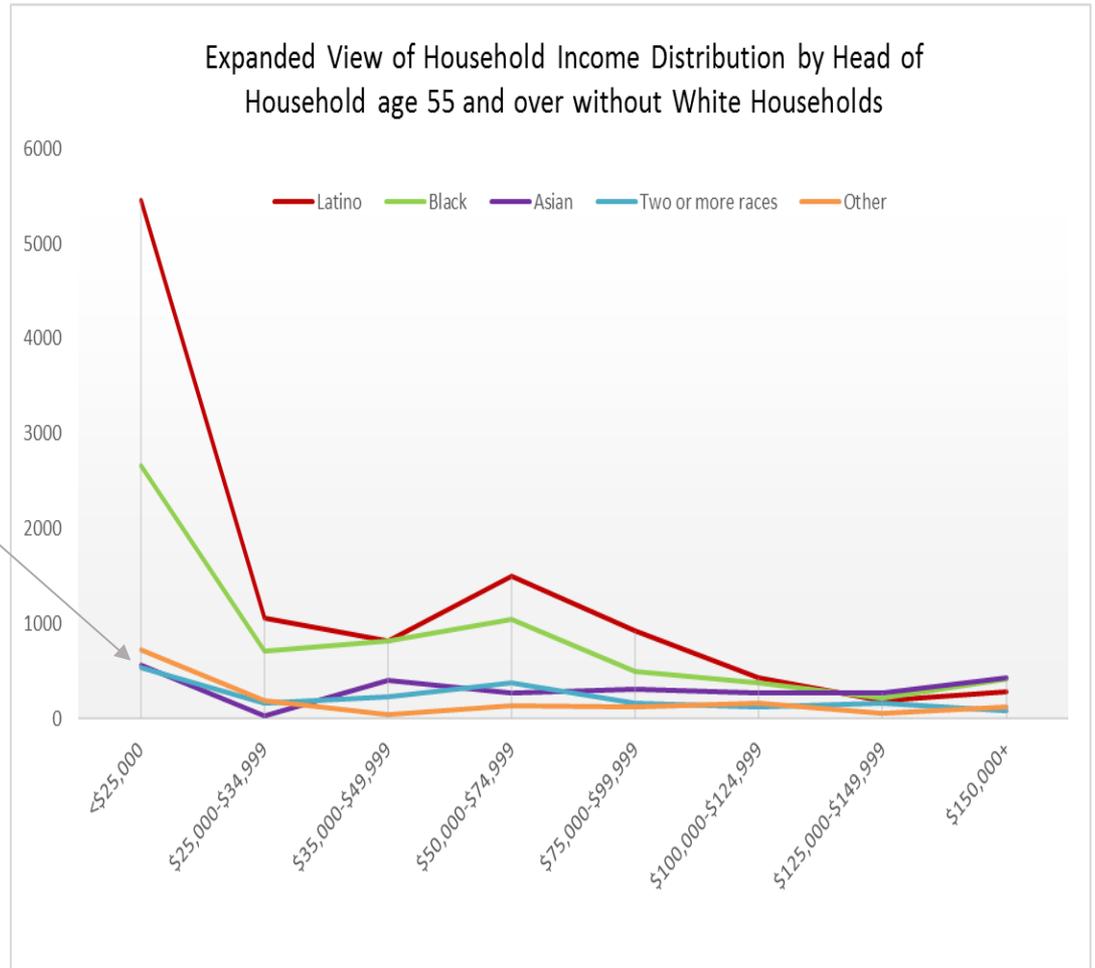
The maximum monthly SSI payment for 2018 is **\$789.92** for an individual and **\$1,204.38** for a couple

These conditions make it more likely for aging renters to be housing insecure

# Household Income by Race and Ethnicity



Source: HWRI Analysis of US Census, PUMS, 5YR Est., 2013-2017





# Conclusions



As the number and share of older households grows to unprecedented levels, inequalities are becoming more visible

Many households in the 50-64 year-old age group have experienced great financial losses due to the Great Recession

Locally, the foreclosure crisis disproportionately impacted communities of color, exacerbating disparity

Our aging households are living longer with fewer resources and growing housing insecurity

Rhode Island's stock of senior and disabled housing is insufficient to meet the needs of our current aging population and falls far short of meeting the need for future seniors

More housing needs to be developed, in every community, that meets both affordability and accessibility needs of an aging population



at Roger Williams University

**For more information, visit:**  
**[www.housingworksri.org](http://www.housingworksri.org)**

Kristina Brown  
Policy Analyst  
HousingWorks RI at RWU  
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The FDIC Economic Inclusion  
Conference  
October 23, 2019

# Section III

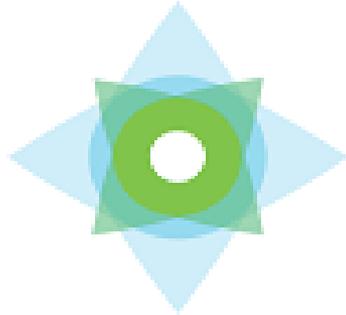
## Solutions

Presented by:

**Jeannine Casselman**, Legal Advisor, MLPB (Medical-Legal Partnership/Boston)

**Margarita Robledo Guedes**, Rhode Island Outcome Broker, Green and Healthy Homes Initiative

**Kiersten Sweeney**, Senior Social Innovation Specialist, Green & Healthy Homes Initiative



# MLPB

ADVANCING HEALTH  
THROUGH JUSTICE

## *Introducing MLPB and its Work to Advance Health Through Justice in Rhode Island and Beyond*

RI Economic Inclusion Forum

October 23, 2019

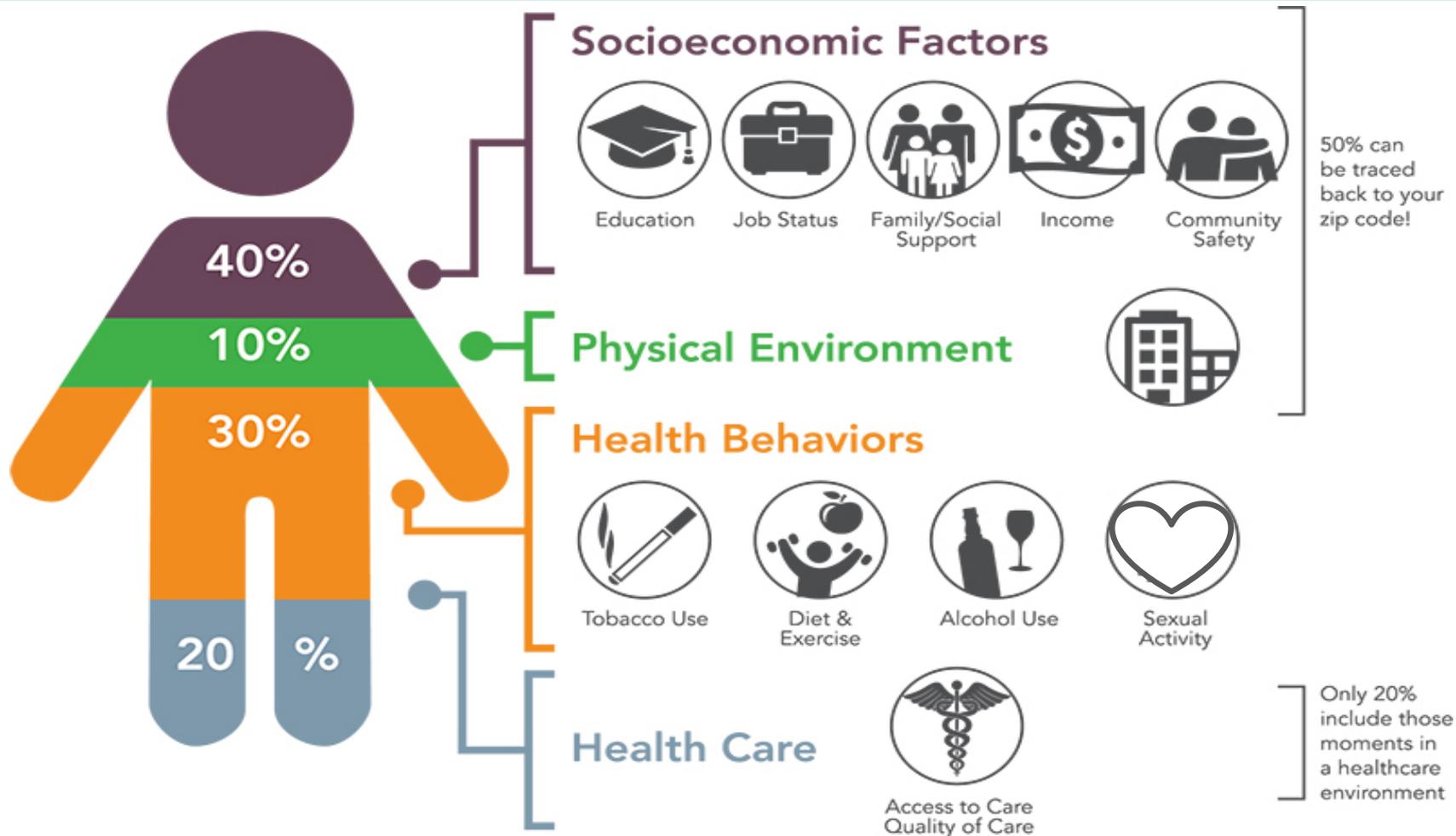
# Our Mission

**MLPB believes in the power of justice to advance health.**

We equip health and human services teams with problem-solving strategies that disrupt the evolution of a person's social, economic or environmental need into a legal — and health — crisis.

Through robust training and technical assistance support, we help workforce partners understand their unique capacities to *unlock access* to a range of health-promoting benefits, services, and legal protections — for which many individuals, families, and populations are eligible.

# Factors in Health outcomes



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

# True or False?

People who can't afford an attorney have the right to be provided with one by the government.



# It depends: Legal Representation Matters

**Criminal proceedings (of any kind)**

**Civil commitment proceedings**

**Termination of parental right proceedings**

**Juvenile delinquency proceedings**

**Certain types of reproductive rights proceedings**

**If it's not on that list, it's not guaranteed!**

# Access to Justice



## The Justice Index 2016

52

50 States, DC, and Puerto Rico  
6,100+ Data Points  
3,000+ Written Citations  
110+ Indicators

## The Attorney Access Index

<1

There is less than one civil legal aid attorney to help every 10,000 Americans living in poverty.

## The Self-Representation Index

48%

Overall score for practices to make justice accessible to people without lawyers.

## The Language Access Index

50%

Half of the jurisdictions have no rule against making non-English speakers pay for a court interpreter.

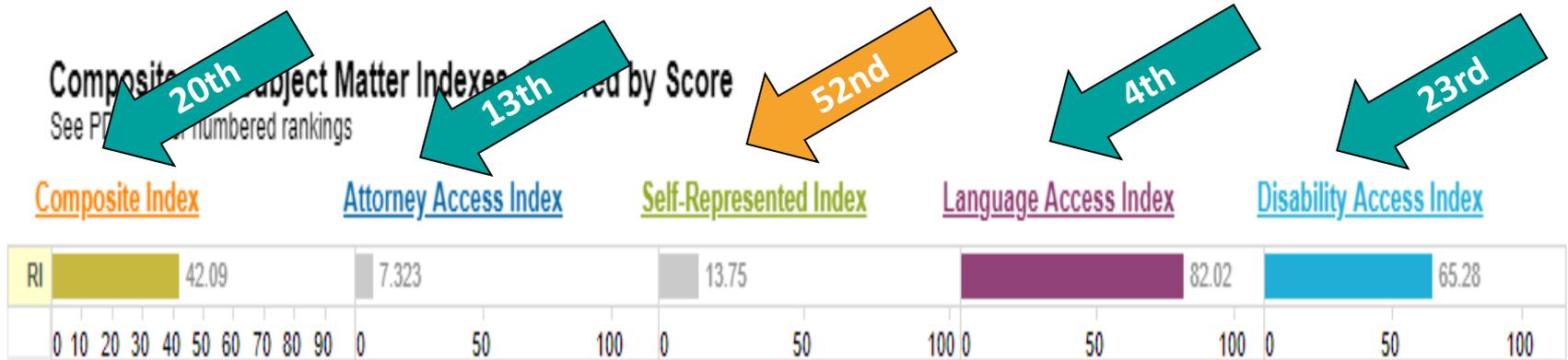
## The Disability Access Index

60%

Highest overall score of any of Justice Index 2016's four categories.

# Access to Justice - RI

RI's composite score



Source: Justice Index 2016: <https://justiceindex.org/2016-findings/findings/#site-navigation>

**Opportunities  
for Eviction Prevention**

**Heading to the  
“Legal Emergency Room”**



**Housing  
stability!**



**Screened for  
barriers to  
concrete support  
in strengths-  
based way**



**Income  
maximized**



**50%+ of  
income spent  
on rent &  
utilities**



**Owes 2  
months rent**



**Landlord  
sends notice**



**Landlord  
files court  
case**



**Constable  
appears  
for forced  
eviction**

**Immediate risk  
of homelessness!**

# DEVELOPMENTAL UNDERSTANDING AND LEGAL COLLABORATION FOR EVERYONE

DULCE is a model for connecting **families with infants**— particularly families struggling with limited resources— to a **local community's system of care and supports** from the moment the children are born that **integrates pediatric, legal and early childhood services**

Randomized control trial (RCT) demonstrated: used to evaluate the model when it was first developed

- Reduced ED utilization
- Better adherence with well-child visits and immunization
- *Greater* access to concrete supports (SNAP benefits, continuous utility services, etc.)
- *Accelerated* access to concrete supports (DULCE families secured concrete supports at ~twice the pace of control families - 6 mos. v. 12 mos.)

Robert Sege, MD, Ph.D et al. Medical-Legal Strategies to Improve Infant Healthcare: A Randomized Trial. *Pediatrics* (July 2015)



[www.CSSP.org](http://www.CSSP.org)  
[info@CSSP.org](mailto:info@CSSP.org)



# Current MLPB Partners



**Boston Medical Center  
Boston University School of  
Medicine**



**The Children's Trust /  
Healthy Families  
Massachusetts**



**Community Care  
Cooperative (C3 ACO)**



**Lahey Clinical Performance  
Network**



**Partners ACO – BWH  
Regional Serv. Org**



**Steward Health Care  
Network (SHCN) and  
Steward Medicaid Care  
Network (SMCN)**



**Cambridge Health Alliance &  
Tufts Public Plans**



**Dana-Farber Cancer Institute**



**Lynn Community Health  
Center**



**Saint Anne's Hospital  
St. Elizabeth's Medical  
Center**



**Care Transformation  
Collaborative – RI**



**Hasbro Children's Hospital  
(Lifespan)**



**Kent Hospital Family Care  
Center (Care New England)**



**Providence Community  
Health Centers**



**Rhode Island Hospital Center  
for Primary Care Clinic  
(Lifespan)**



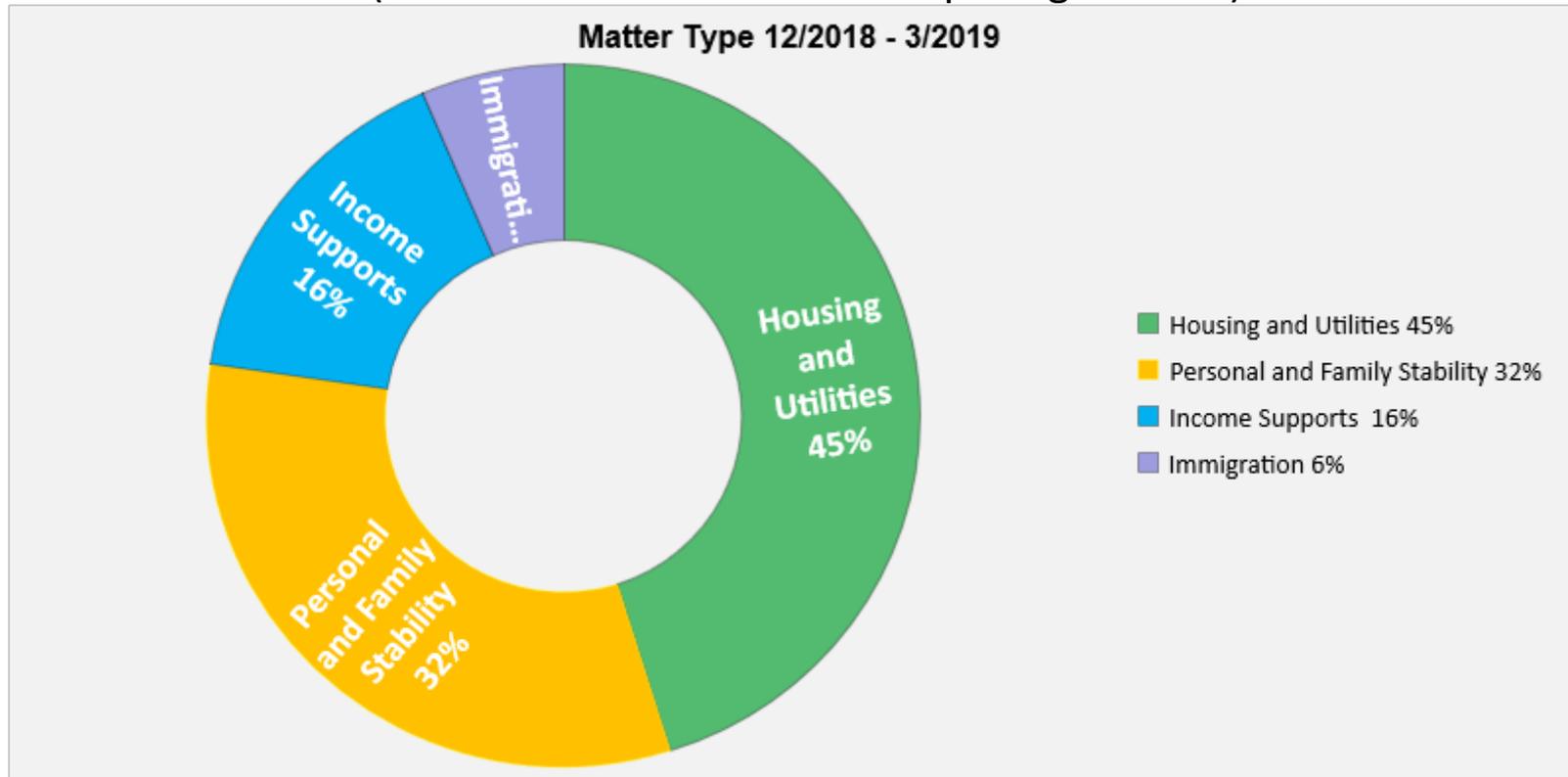
**The Warren Alpert Medical  
School of Brown University**



**Center for the Study of  
Social Policy – DULCE  
National Learning Network**

# Consult Activity Sample

To date, the MLPB Legal Advisor has responded to consults relating to **27 unique individuals** (reflecting **31 distinct legal concerns**) (one consult can involve multiple legal needs):



# Training, tools and technical assistance for Care Teams and Organizations



Comprehensive **SDOH training and IPE** including companion **templates** and **workflows**.



Embedding Legal Advisors into **standing interdisciplinary rounds**; Supplying rapid consults outside of standing meetings; Facilitating safe hand-offs to legal for some acute cases



Advising on human-centered HRSN/SDOH **system design** with organizations



Informing **public policy** dialogues to accelerate progress on meaningful integration of SDOH interventions within health and human services sectors



Advancing the field through **research**

# Copyright Statement

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# Thank You!

Your partnership in problem-solving makes a big difference!

Jeannine Casselman, Esq.  
MLPB Legal Advisor

[jcasselman@mlpboston.org](mailto:jcasselman@mlpboston.org)

[www.mlpboston.org](http://www.mlpboston.org)



Green & Healthy Homes Initiative®

# Investing in Healthy Housing

A Business Case

October 23, 2019

# Healthy housing is a social determinant of health

**Social Determinants of Health** are the conditions in which people are born, grow, work, live, and age and are **mostly responsible for health inequities**<sup>1</sup>

A **healthy home** is one that is designed, built, & maintained to support health<sup>2</sup>

1. World Health Organization: [https://www.who.int/social\\_determinants/sdh\\_definition/en/](https://www.who.int/social_determinants/sdh_definition/en/)

2. Centers for Disease Control: [https://www.cdc.gov/nceh/lead/publications/final\\_companion\\_piece.pdf](https://www.cdc.gov/nceh/lead/publications/final_companion_piece.pdf)

# Healthy housing: the business case

Services that provide safe & healthy housing have a **strong return on investment** but are often **provided in the community** and **not covered by Medicaid**.

*Investment in these services can lead to:*

Better health  
outcomes



Lower health care  
costs



Increased health  
equity

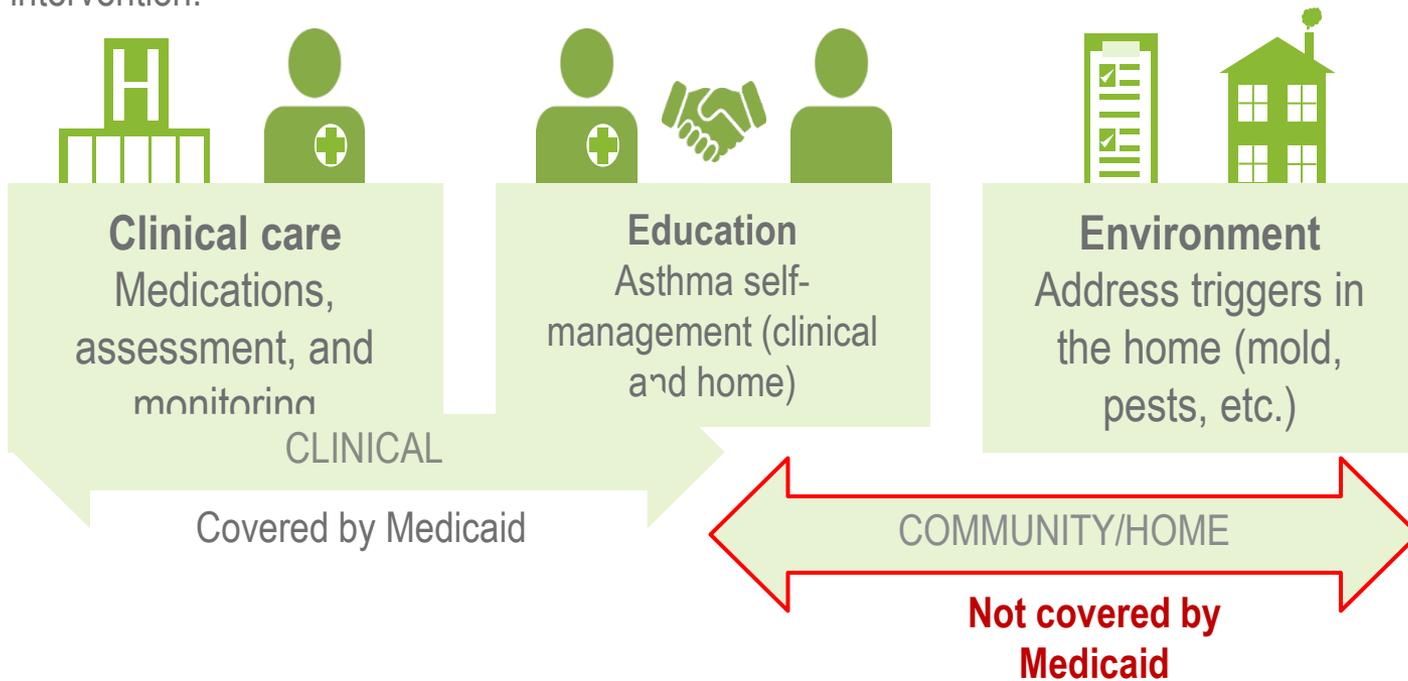


Better quality of  
care



# Healthy housing: the business case

Evidence-based comprehensive asthma intervention:



Despite positive outcomes, the community-based portion of these services is not covered by Medicaid, leaving a funding gap for services

# Healthy housing: the business case

If all parts of the comprehensive asthma intervention are provided, evidence shows that **for every \$1 invested, \$5.30-\$14.00 would be returned**<sup>1</sup>

## **Boston Children's Hospital Community Asthma Initiative Study**

A 2017 controlled study of Boston Children's Hospital comprehensive asthma intervention found **ROI of 1.91 over 5 years when treating 268 patients.**<sup>2</sup>

## **GHHI Healthy Homes Technical Study**

GHHI's controlled study found providing both home visits & home repairs **saved \$2,061 per person per year** and had **5x the savings** of providing only home visiting services.<sup>3</sup>

## **Changing High-Risk Asthma in Memphis through Partnership (CHAMP)**

An evaluation performed by NORC on behalf of CMMI found that CHAMP saw a **cost reduction of \$545 per child per quarter** relative to a comparison group over two years.<sup>4</sup>

<sup>1</sup>Nurmagambetov, T. A., Barnett et al. (2011). Economic value of home-based, multi-trigger, multicomponent interventions with an environmental focus for reducing asthma morbidity: a Community Guide systematic review. *American journal of preventive medicine*, 41(2), S33-S47.

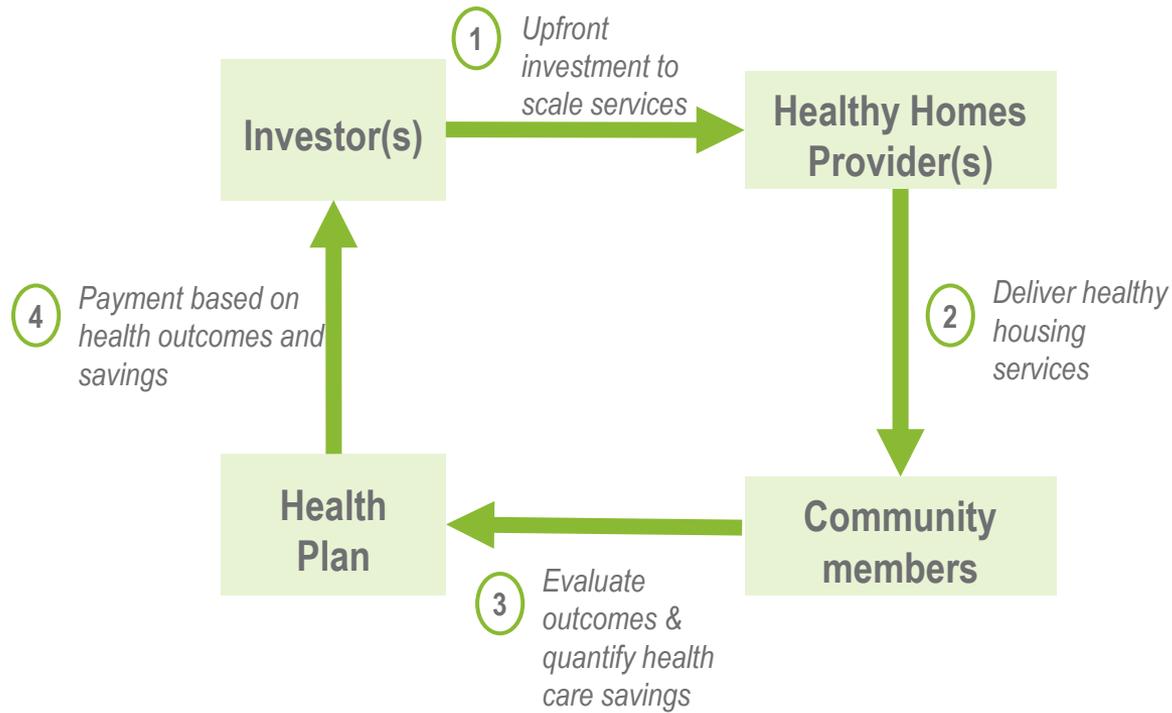
<sup>2</sup>Bhaumik, Urmi, et al. "Boston children's hospital community asthma initiative: Five-year cost analyses of a home visiting program." *Journal of Asthma* 54.2 (2017): 134-142.

<sup>3</sup>Preliminary findings from GHHI study with Hilltop Institute expected to be published in 2020

<sup>4</sup>Moiduddin, A. (2017). HCIA Disease-Specific Evaluation. NORC. <https://innovation.cms.gov/Files/reports/hcia-diseasespecific-thirdannrpt-addendum.pdf>

# Investing in healthy housing: pay for success

Pay for Success **closes funding gaps** and allows providers to **scale evidence-based services**. Investors are **paid back**, potentially with a return, when **positive outcomes are achieved**.



# Investing in healthy housing: pay for success

Pay for Success **closes funding gaps** and allows providers to **scale evidence-based services**. Investors are **paid back**, potentially with a return, when **positive outcomes** are achieved.

*Banks can invest in healthy housing in their communities with the potential for a return*



# Investing in healthy housing: low-cost loans

Banks can provide **low-cost loans** to landlords and homeowners in LMI census tracts for **rehabilitation that addresses health & safety issues**.

<u>Benefits to Bank</u>	
Expand customer base	Homeowners with healthy housing needs may add a new line of business and expand the banks customer base within the community
New community partnerships	Banks could expand their community partnerships to include healthy housing organizations, potentially opening other avenues of business
Ease administrative burden	Nonprofits can provide convenient referrals to the program to ease administrative burden
Receive CRA credit	Many of the loans will likely be eligible for CRA credit
Impact health outcomes directly	Banks can track and share direct impact on health in community

In Providence in 2016, **67% of low-income (<100% AMI) Black or African American applicants for home improvement loans were denied.**<sup>1</sup>

1. Home Mortgage Disclosure Act Filings 2016

# Interested in learning more?

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Senior Innovation Specialist  
Green & Healthy Homes Initiative  
[ksweeney@ghhi.org](mailto:ksweeney@ghhi.org)

Margarita Robledo Guedes  
Outcome Broker Rhode Island  
Green & Healthy Homes Initiative  
[mrobledo@ghhi.org](mailto:mrobledo@ghhi.org)

[www.ghhi.org](http://www.ghhi.org)

# Section IV

## Next Steps

Presented by:

**Margarita Robledo Guedes**, Rhode Island Outcome Broker, Green and Healthy Homes Initiative

**Carinel LeGrand**, RIAHH Program Manager, HousingWorks RI at RWU



Green & Healthy Homes Initiative®

## **GHHI RI Workforce Training Partnership**

October 23, 2019

# GHHI Rhode Island Healthy Housing Training Partnership



## Partners:

- Rhode Island Builders Association, Latino Advisory Board and Green & Healthy Homes Initiative Rhode Island

## Reducing:

- Asthma episodes and preform intervention services for asthma trigger control

## Evaluating:

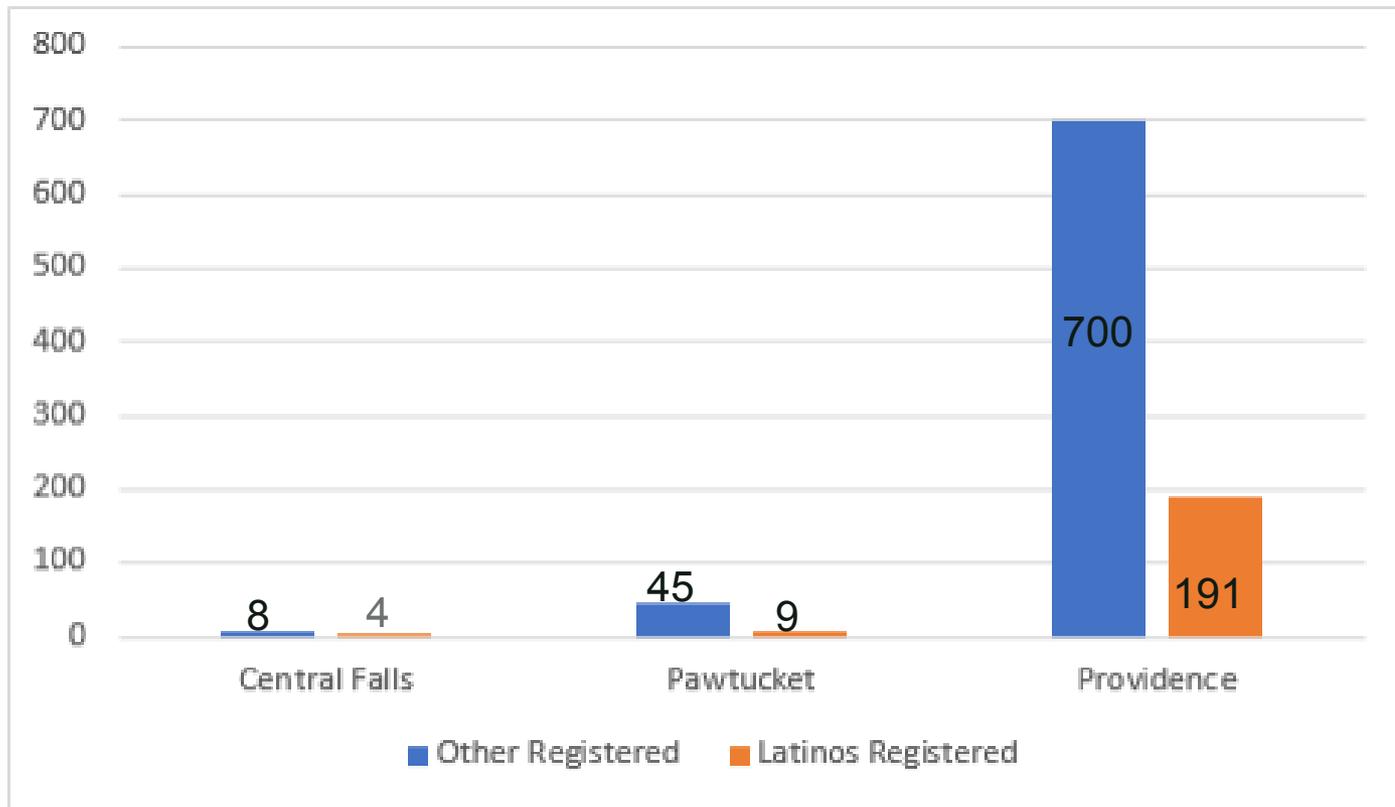
- How to increase the healthy housing workforce capacity for Latino construction owners in the area of healthy housing

## Increasing Capacity:

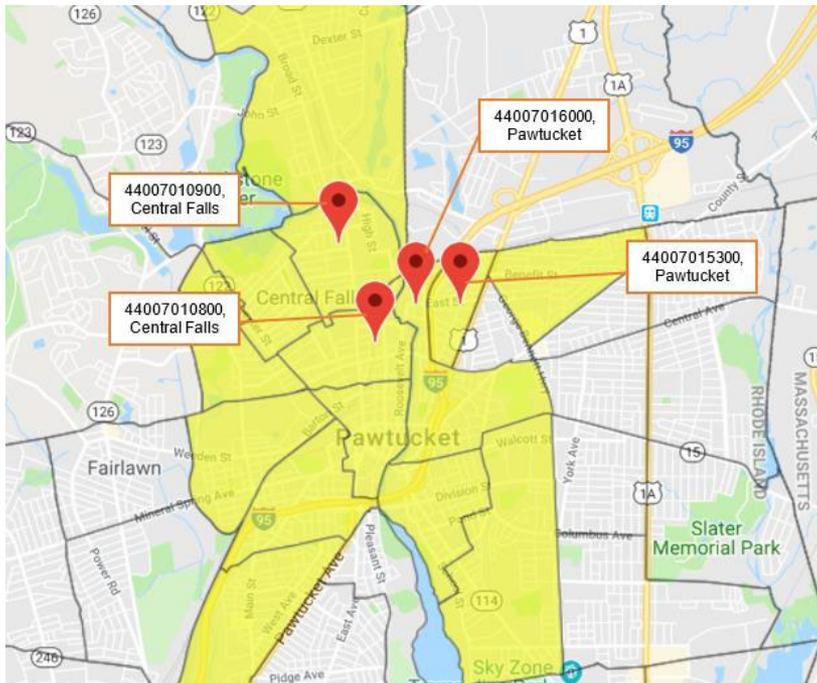
- Complete a total of 50 interventions in target area (Central Falls & Pawtucket) with GHHI's design and integrated delivery model

## Minority Inclusion and Need: Scope of key Core Cities

### RI Current Registered Residential Contractors CF, Pawt & Prov



## Target Area and Need: Prevalence of Asthma City of Central Falls and Pawtucket



The target area has a slightly higher prevalence of asthma among adult populations – 13% mean prevalence vs 12% statewide. (CDC Behavioral Risk Factor Surveillance System Survey, 2013 – data retrieved from PolicyMap).

Childhood asthma diagnoses are also high in these CTs – ranging from 4.5% to 10.3%. (RI Department of Health & DataSpark, 2014 – see 2ndmap).

The area crosses two State House Districts, both of which have significantly higher proportion of kindergarten-age kids with elevated blood lead levels – 21% (in district 56) and 16% (in district 60). Statewide average is 12%. (RI Department of Health Lead Elimination Surveillance System & RIGIS, 2014).

# Healthy Homes Workers Skills Training

## Added Value

- Reduces existing barriers for Latino subcontractors, providing them with tools and knowledge to expand their businesses opportunities through technical training in areas of Health and Safety for the home.
- Construction firms in general will have skilled workers and trained job seekers will have access to employment and additional training resources and services.

## Hurdles

- Needs analysis and consistent funding stream
- Wide range of State and local regulations

# GHHI's Workforce Development Program

## Standards requirements:

- All trainings constitute the core competencies that all hazards control workers should possess to ensure a consistent delivery of high-quality Healthy Homes-Asthma specific services.
- These trainings are in alignment with the Healthy Homes standards administered and required by the US Housing Urban Development, the US Environmental Protection Agency, the Centers for Disease Control and Prevention, and the Green and Healthy Homes Initiative for Healthy Homes Professionals.

## Dates:

- October 4 from 2:00pm to 8:00pm and October 5 from 8:30pm to 5:30 pm

## Training Curriculum for Latino Contractors

	Topic	Length
1.	House as a System	1 hr.
2.	Comprehensive Assessment	1 hr.
3.	Intervention Approach for Asthma Triggers	1 hr.
4.	Asthma Triggers in the Home	3 hrs.
5.	Putting all together – Comprehensive Asthma Triggers Housing Assessment	2 hrs.
6.	Writing a Scope of Work	2 hrs.
7.	The Walk-through Process	2 hrs.
8.	Basic Concepts on QA/QC	2 hrs.
9.	Construction Safety – Personal Protective Equipment	2 hrs.

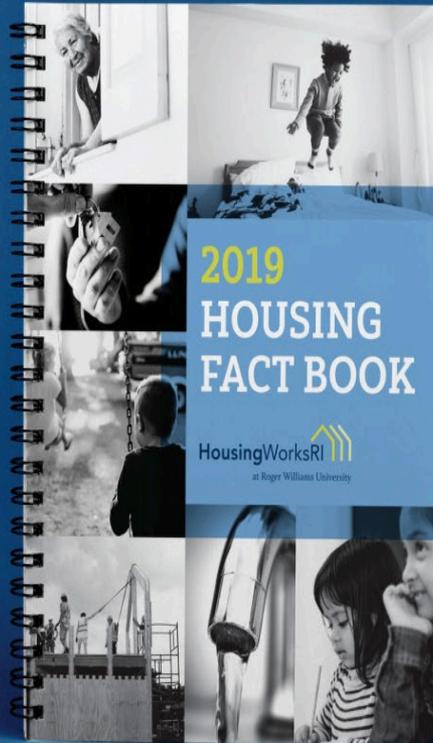


First Rhode Island Training with Latino Contractors.  
Learning About Asthma Triggers and Interventions

# Interested in learning more?

Margarita Robledo Guedes  
Outcome Broker Rhode Island  
Green & Healthy Homes Initiative  
[mrobledo@ghhi.org](mailto:mrobledo@ghhi.org)

Jhonny Leyva  
Heroica Construction  
Chair, Latino Advisory Board, RIBA  
[jhonny@heroicaconstruction.org](mailto:jhonny@heroicaconstruction.org)



Join HousingWorks RI  
as we unveil the  
**2019 Housing Fact Book!**

FRIDAY  
October 25<sup>th</sup>, 2019

## MORNING SESSION

10:00 – 11:30 a.m.

Roger Williams University

1 Empire Street | Providence, RI 02903



## LUNCHEON

12:00 – 1:30 p.m.

*Keynote:* Chris Herbert, Managing Director  
Joint Center for Housing Studies of  
Harvard University

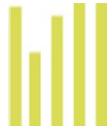
Omni Providence Hotel

1 W Exchange Street | Providence, RI  
02903

## FOR MORE INFORMATION:

CALL: 401.276.4810

[https://www.housingworksri.org/Portals/0/Uploads/Documents/2019%20Pages/HFB2019\\_compressed.pdf](https://www.housingworksri.org/Portals/0/Uploads/Documents/2019%20Pages/HFB2019_compressed.pdf)



# *For more information*



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Program Manager  
Rhode Island Alliance for Healthy Homes  
At HWRI RWU

[www.housingworksri.org/About/About-HWRI-RIAHH/About-RIAHH](http://www.housingworksri.org/About/About-HWRI-RIAHH/About-RIAHH)

[clegrand@rwu.edu](mailto:clegrand@rwu.edu)

## 2019 RI Economic Inclusion Summit

October 23, RI Foundation, Providence RI

### The Speakers

#### **GARRY BLISS**

Garry Bliss Chairs the RI Alliance for Healthy Homes' Steering Committee.

#### **LAURA BRION**

Laura Brion is the Executive Director of the Childhood Lead Action Project in Providence, RI. Founded in 1992, the Childhood Lead Action Project is dedicated to eliminating childhood lead poisoning in Rhode Island through education, parent support and advocacy. Since 2008, Laura has been responsible for engaging community members in lead poisoning prevention activism and outreach; coordinating policy advocacy campaigns on a state and local level; and facilitating lead poisoning prevention trainings for a wide variety of audiences, including government officials, human service providers, parents, tenants, and refugees. She has a Bachelor of Arts in Public Policy from Brown University and received the National Safe and Healthy Housing Coalition's 2014 Dennis Livingston Memorial Award for Exceptional Organizing.

Childhood Lead Action Project  
1192 Westminster St., Providence, RI 02909  
(401) 785-1310, ext. 205

#### **KRISTINA BROWN**

Kristina Brown is a mixed methods researcher trained in qualitative data collection and analysis as well as quantitative analysis. Since joining the HousingWorks RI team in 2015, she has primarily tracked the intersection of Health and Housing. She was the Principal Investigator of a year-long study of the Affordable Care Act and its implications for housing. Her current research builds from her growing expertise in healthcare policy and community development, tracking the growing aging population and their housing needs in relationship to their healthcare needs. She is also the Principal Investigator on a three-year study investigating the impact of Affordable Housing on Health and Economic Wellbeing throughout Rhode Island.

Kristina holds a B.A. in Literature Analysis and a B.F.A in Studio Art from the University of Connecticut, as well as a Certificate in Community Development from Roger Williams University.

Policy Analyst  
HousingWorks RI at RWU

[kbrown@rwu.edu](mailto:kbrown@rwu.edu)

## **JEANNINE CASSELMAN**

Jeannine Casselman is a Legal Advisor at MLPB, supporting MLPB's partnerships in Rhode Island and technical assistance on a national demonstration of an early childhood intervention. She was previously employed by the Rhode Island Center for Law and Public Policy and served as the Program Director for the Rhode Island Medical-Legal Partnership from 2011-2016. Jeannine graduated from Roger Williams University School of Law in 2009 where she focused on public interest law. Jeannine also has a BA from the University of Rochester and an MA from the University of Toronto.

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## **BRENDA CLEMENT**

Brenda is the Director of HousingWorks RI at Roger Williams University. Prior to HousingWorks, Brenda served as Executive Director of Citizens Housing and Planning Association (CHAPA) from 2012-2016 and was responsible for managing and overseeing all aspects of the agency's work. Established in 1967, CHAPA is a non-profit umbrella organization for affordable housing and community development activities in Massachusetts. In 1995, CHAPA created the New England Housing Network which coordinates federal advocacy efforts for affordable housing across the region.

Brenda has over 20 years of experience in the housing and community development field. She previously served as Executive Director of the Housing Action Coalition of Rhode Island, a statewide affordable housing advocacy organization, and as Executive Director of the Housing Network, the Rhode Island trade association for community development corporations. Brenda is also a founding member of the New England Housing Network and served on the Board of the National Low Income Housing Coalition for nine years and just recently completed her term as Chair.

She has a Bachelor of Arts in Political Science/Economics from Providence College and a Juris Doctor from Washington College of Law at American University. She has received many awards and recognition for her work including a Lifetime Achievement Award in 2012 from Rhode Island Housing; a Healthy Housing Award from RI Department of Health in 2011 and a Local Hero Award from Bank of America in 2008.

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## **JULIAN DRIX**

Julian Drix is the Asthma Program Manager at the Rhode Island Department of Health (RIDOH), where he works to promote health equity in asthma by focusing on the socioeconomic and environmental factors that cause health inequities. He joined the field of public health from a community-based environmental justice advocacy background, and believes in applying the power of public health in support of transformative movements for equity and justice. Julian is a MPH candidate at Johns Hopkins Bloomberg School of Public Health with a Bloomberg American Health Initiative Fellowship, and was recognized by the deBeaumont Foundation in the inaugural list of “40 Under 40 in Public Health.”

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## **CARINEL LEGRAND**

The mission of RIAHH is to align, braid and coordinate information, resources and services for improving the health, safety and energy efficiency of all Rhode Island homes. As program manager Carinel is at the center of driving that mission forward. Prior to joining the team at Housing Works Carinel managed Connect for Health through the Lifespan Community Health Institute. A program which works to connect low-income patients of Hasbro Pediatric Primary Care with the basic resources they need to be healthy. A graduate of The Public Administration Program at Roger Williams University Mrs. LeGrand believes health equity is possible for Rhode Island through interdisciplinary advocacy and coordination. She has led a mission driven career through managing several social service programs in the areas of affordable housing, maternal and child home visiting, and income supports. Her passion is to drive progressive programming which empowers the individual and equips Rhode Island policy makers with the information necessary to address the needs of our diverse communities.

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## **KIERSTEN SWEENEY**

Kiersten Sweeney serves as a Social Innovation Specialist in the Green & Healthy Homes Initiative’s DC office. She provides technical assistance to organizations nationwide that are exploring the feasibility of utilizing innovative models, such as Pay for Success (PFS), to deliver outcomes-based preventive services to the populations that need them most. She is passionate about her work at GHHI because the place where you grow up should not determine your health or your future.

Kiersten holds a BA in Sociology from Boston College and an MBA from the Yale School of Management. She has visited 25 countries on 4 continents. She has also taught herself calligraphy and makes all of her own greeting cards.

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## **PAUL HORWITZ**

Paul joined the FDIC's Community Affairs Branch in 1991. Among his *Community Affairs Specialist* responsibilities are:

- activities designed to promote Community Development, foster compliance with Fair Lending, Consumer Credit Protection laws, and increase access to Mainstream Banking
- public outreach and consumer education
- research and analysis
- staff training
- development of analytical tools

Paul has been the *Project Manager* for the Boston Alliance for Economic Inclusion since its formation in 2007.

Prior to his service at the FDIC, his experience included:

- Massachusetts Executive Office of Consumer Affairs and Business Regulation, *Special Assistant to the Secretary*
- Massachusetts Division of Banks, *Chief Director of Consumer Assistance*, and *Principal Bank Examiner/Special Analysis Section*

Paul received his degree in American History from the University of Massachusetts/Amherst.

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