



Open Work Group Meeting (Expanded)
March 4, 2020, 9:00 AM to 12:00 Noon
MassHousing, One Beacon Street, 4th Floor
Boston, MA 02108

Consolidated Resource

This document contains the Agenda for the Open Work Group Session, and the four presentations given at it.

If you plan to print it, the entire *Resource* is 90 pages.



Open Work Group Meeting
March 4, 2020, 9:00 AM to 12:00 Noon
MassHousing, One Beacon Street, 4th Floor
Boston, MA 02108

Agenda

- 8:30 – 9:00** **Registration, Refreshments, Networking**
- 9:00 – 9:10** **Welcome, *Paul Horwitz*, Community Affairs Specialist, FDIC**
- 9:10 – 9:50** **Connecting the Dots Between Housing Instability, Health, and Economic Inclusion**
- Samantha Morton*, CEO, MLPB (f/k/a Medical-Legal Partnership | Boston)
- 9:50 – 10:05** **Break**
- 10:05 – 11:15** **The *Healthy Homes* Approach: Identified Needs and Solutions in Massachusetts**
- Jessica Collins*, Executive Director, Public Health Institute of Western MA
- Sarita Hudson*, Director of Programs and Development, Public Health Institute of Western MA
- Kiersten Sweeney*, Social Innovation Specialist, Green & Healthy Homes Initiative
- 11:15 – 11:55** *Deanna Ramsden*, Product Eligibility Senior Analyst, MassHousing
- Next Steps: *What More is Needed? What Opportunities can BAEI Members Explore?***
- 11:55 – Noon** *All Presenters*
- Wrap Up, Adjourn**

*Connecting the Dots
between Housing
Instability, Health, and
Economic Inclusion*

FDIC / Boston Alliance for
Economic Inclusion

Wednesday, Mar. 4, 2020

9am 12n

MassHousing

1 Beacon St.

Samantha Morton
CEO MLPB





MLPB
ADVANCING HEALTH
THROUGH JUSTICE

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

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

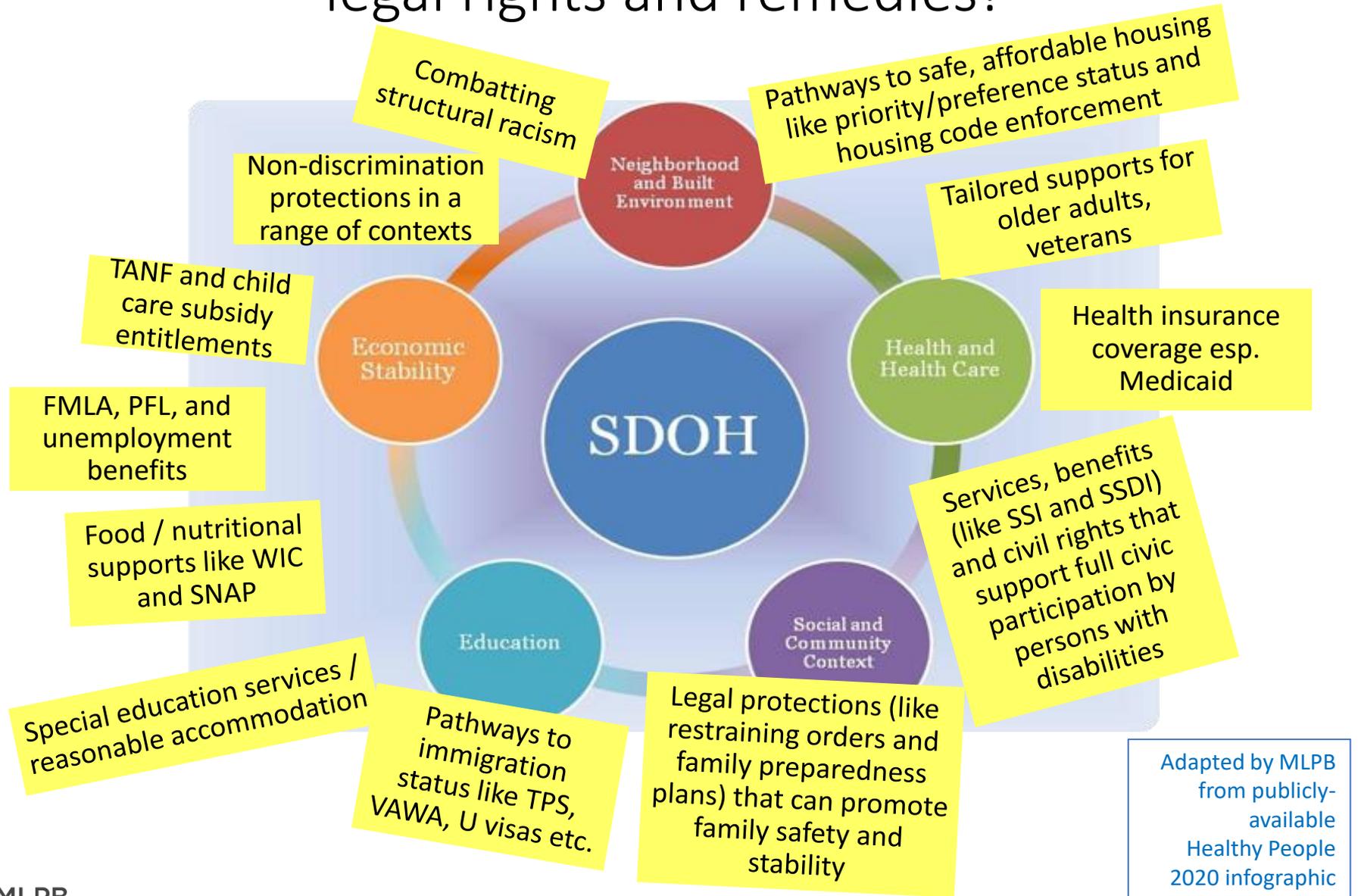
Through robust training and technical assistance, we help workforce partners understand their unique capacities to *unlock access* to health-promoting benefits, services, and legal protections — thereby advancing health equity for people and populations.

Social, Economic and Environmental Dimensions of Health (a/k/a SDOH)



Source:
Healthy People 2020

Many households and populations have legal rights and remedies!



Adapted by MLPB
from publicly-
available
Healthy People
2020 infographic

Escalation from a Social Need to a Legal Need: *Housing Instability*

**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!

Objectives

Recognize

Connections between housing and health.

Identify

Key legal rights that can promote access to healthy homes.

Describe

Ways in which barriers to healthy homes are also barriers to economic inclusion – and steps we can take to reduce barriers!

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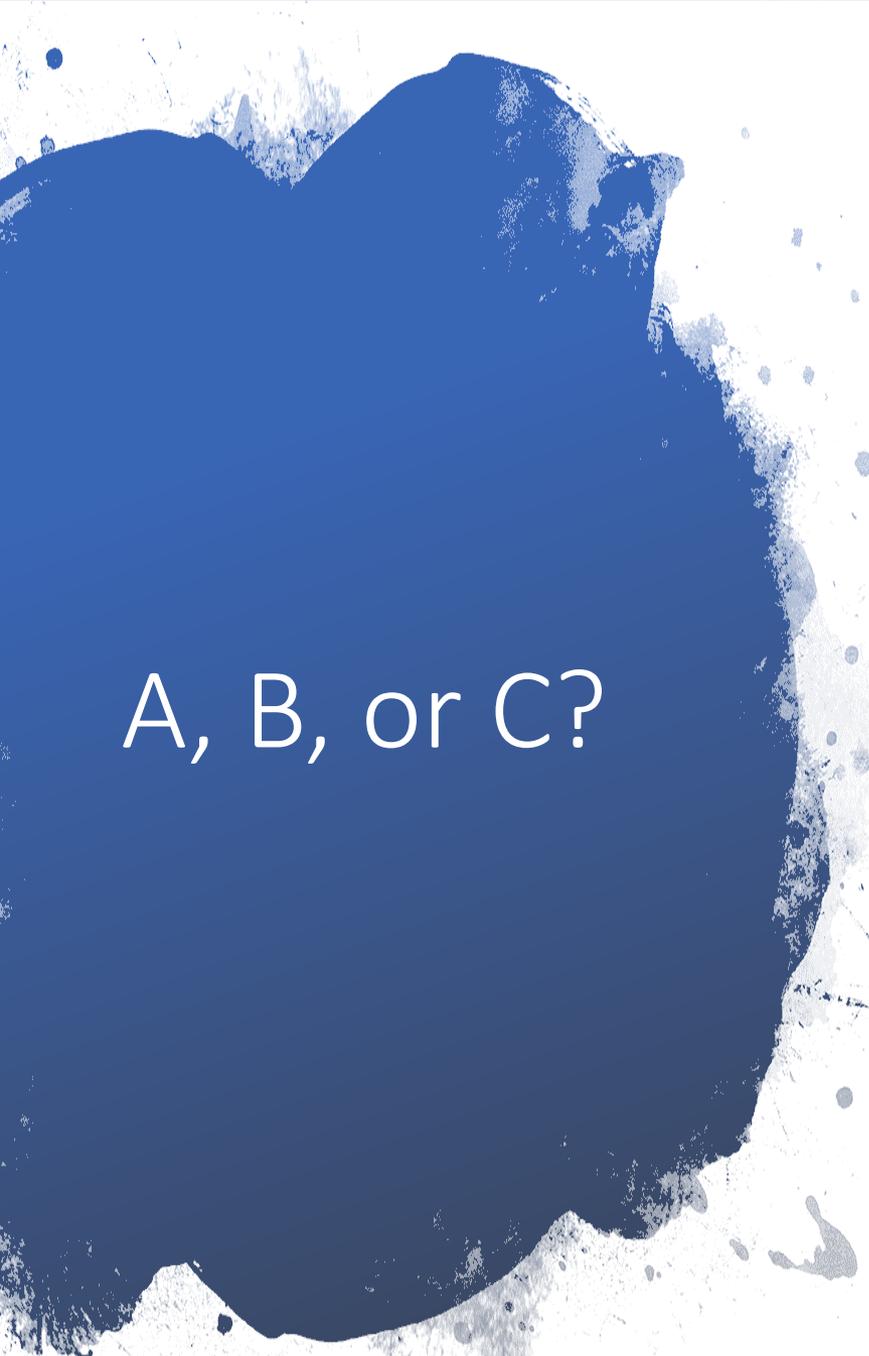
Describe

Ways in which barriers to healthy homes are also barriers to economic inclusion – and steps we can take to reduce barriers!

Links between Housing Quality & Health?

- | | | |
|------------------------------------------------------------|---|-------------------------------------------|
| 1. Overcrowding | → | 1. Infectious diseases |
| 2. Rodent or cockroach infestation, leaks, mold, carpeting | → | 2. Asthma |
| 3. <i>Exposed wires and uncovered radiators</i> | → | 3. Injuries, fires |
| 4. Insufficient heat | → | 4. Sickle cell episodes |
| 5. Peeling and lead paint | → | 5. Lead poisoning |
| 6. Unaffordable rent and utilities | → | 6. Heat or Eat, malnutrition, poor growth |

STRESS



A, B, or C?

Massachusetts's housing stock is:

- A. Among the oldest in the country:
Paul Revere was Boston's first
Public Health Commissioner,
starting in 1799!
- B. About average, given the combo
of colonial era dwellings, and the
urban renewal experiments of the
60's
- C. Newer than you'd think:
gentrification in once-blighted
neighborhoods has triggered
enough new housing
development to put
Massachusetts in the top quartile
of new housing nationwide.

Massachusetts's housing stock is:

**A. Among the oldest in the country:
Paul Revere was Boston's first
Public Health Commissioner,
starting in 1799!**

We have second oldest stock
in the country after NY!

B. About average, given the combo of
colonial era dwellings, and the
urban renewal experiments of the
60's

C. Newer than you'd think:
gentrification in once-blighted
neighborhoods has triggered
enough new housing development
to put Massachusetts in the top
quartile of new housing nationwide.



Which of the following statements is true?

A. Residential racial segregation was the result of intentional actions by the government, banks, and insurance companies

B. Public health experts are in increasing agreement that zip code is a better predictor of long term health outcomes than genetic code

C. Local professionally tested fair housing studies in the aughts indicated that black and Latino people experience discrimination in the rental market 50% of the time.

D. Disproportionate incarceration of black men and similar eviction rates of black women with children perpetuate and propagate economic inequity in American cities.

E. All of the above



E. All of the above

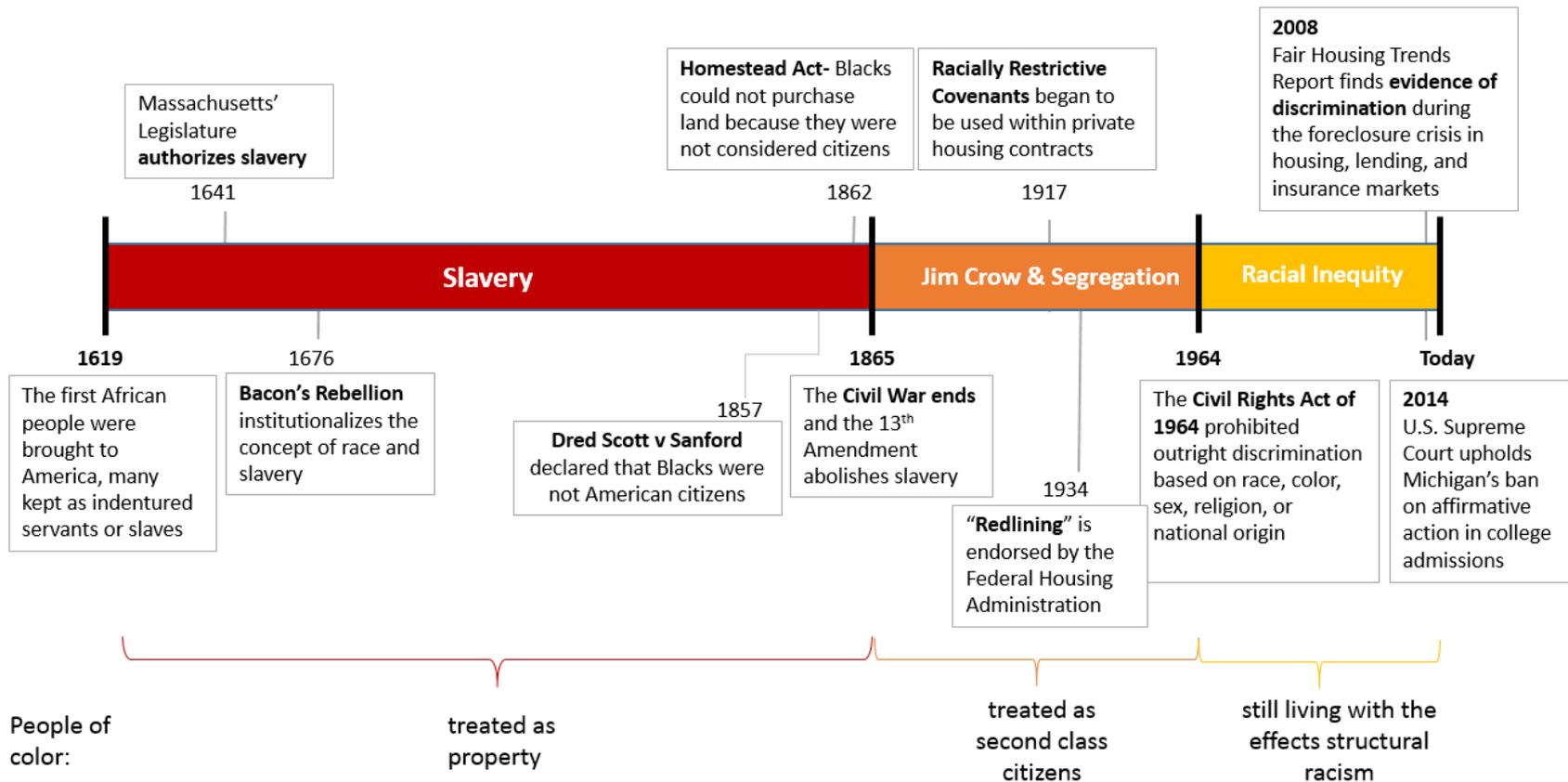


Image from: http://www.opportunitywashtenaw.org/uploads/6/0/7/3/60739657/race_history_timeline.png

“In this country, where you live predicts a lot about your fate”
 – Anthony Iton, JD, MD, MPH, Public Health Director, Alameda County, CA



Sixty to Zero in one diagnosis...

For formerly middle-income people

A single parent and their child, a widower

The search for affordable housing becomes an instant crisis in the wake of catastrophic illness whether patient or caregiver

Objectives

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Connections between housing and health.

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Key legal rights that can promote access to healthy homes.

Describe

Ways in which barriers to healthy homes are also barriers to economic inclusion – and steps we can take to reduce barriers!



True or
False?

It is your landlord's responsibility to address conditions of disrepair in your rental housing, and that includes all kinds of infestations (roaches, mice, bedbugs, etc.)



True.

Healthy Housing: Rights & Responsibilities

Examples of SSC violations:

- Chronic Dampness (which causes mold)
- Pests
- Overcrowding
- Low/High Heat
- Housekeeping/Hoarding - “clean and sanitary condition”
- Not “Weather-tight”



State Sanitary Code (SSC) enforcement

- **Board of Health**

- Sets minimum standards for healthy housing, which apply to both landlords and tenants (or homeowners)!
- Local law enforcement agency with responsibility for citing SSC violations and pursuing citations in court if violations are not corrected

- **Other enforcers:**

MCAD (MA Commission Against Discrimination)

Attorney General's Office

Section 8 and MRVP Voucher Administrators



True or False?

Your landlord can change the locks on your apartment if you haven't paid your rent in 90 days, but only if she leaves you a voicemail with at least 48 hours notice.



False.

- A tenant cannot be evicted through voicemail.
- Landlords must send specific written notices and then obtain a court order.



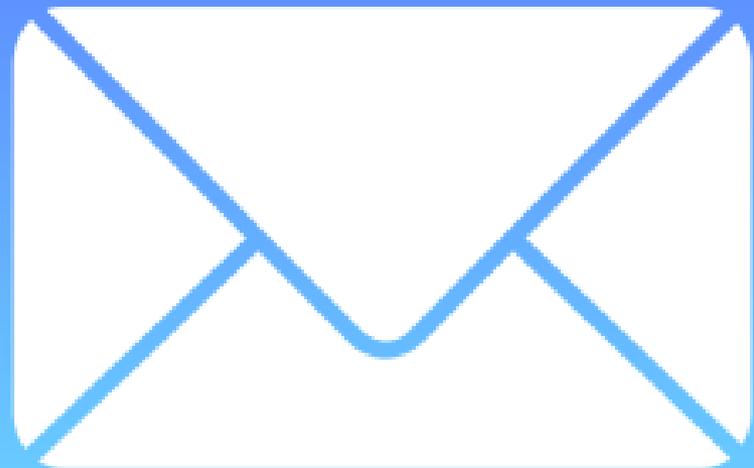
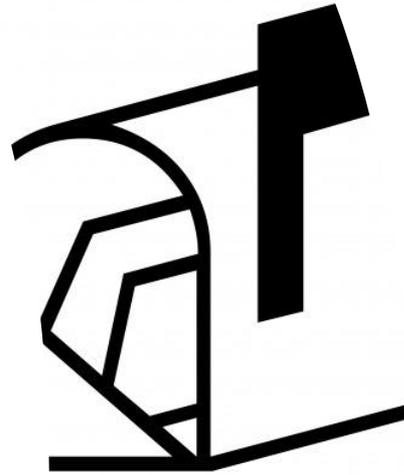
True or False?

The bank can foreclose on your home automatically if you've missed 3 monthly mortgage payments.



False.

- The bank must follow many rules, including giving several types of notice (including opportunity to pay amount owed).



Rights to fair housing and non-discrimination in MA

It is illegal for someone to discriminate against you based on your:

Race

Color

Religious Creed

National Origin

Sex

Gender Identity

Sexual Orientation

Age

Genetic Information
Ancestry

Family Status

Handicap (Physical
or Mental)

Marital Status

Veteran or
Member of the
Armed Forces

Receipt of public
assistance (welfare,
SSI, EAEDC, etc.)

Receipt of a
housing subsidy



Family status

A landlord can't refuse to rent to a family with small children, or to unmarried partners. Landlord has to treat all family configurations equally.

Lead paint

Even if a landlord is acting in good faith, they can not refuse to rent to a family just because they have lead paint in the unit because this is family status discrimination.



“All Tenants Have a Right to Be Free from Harassment and Intimidation”

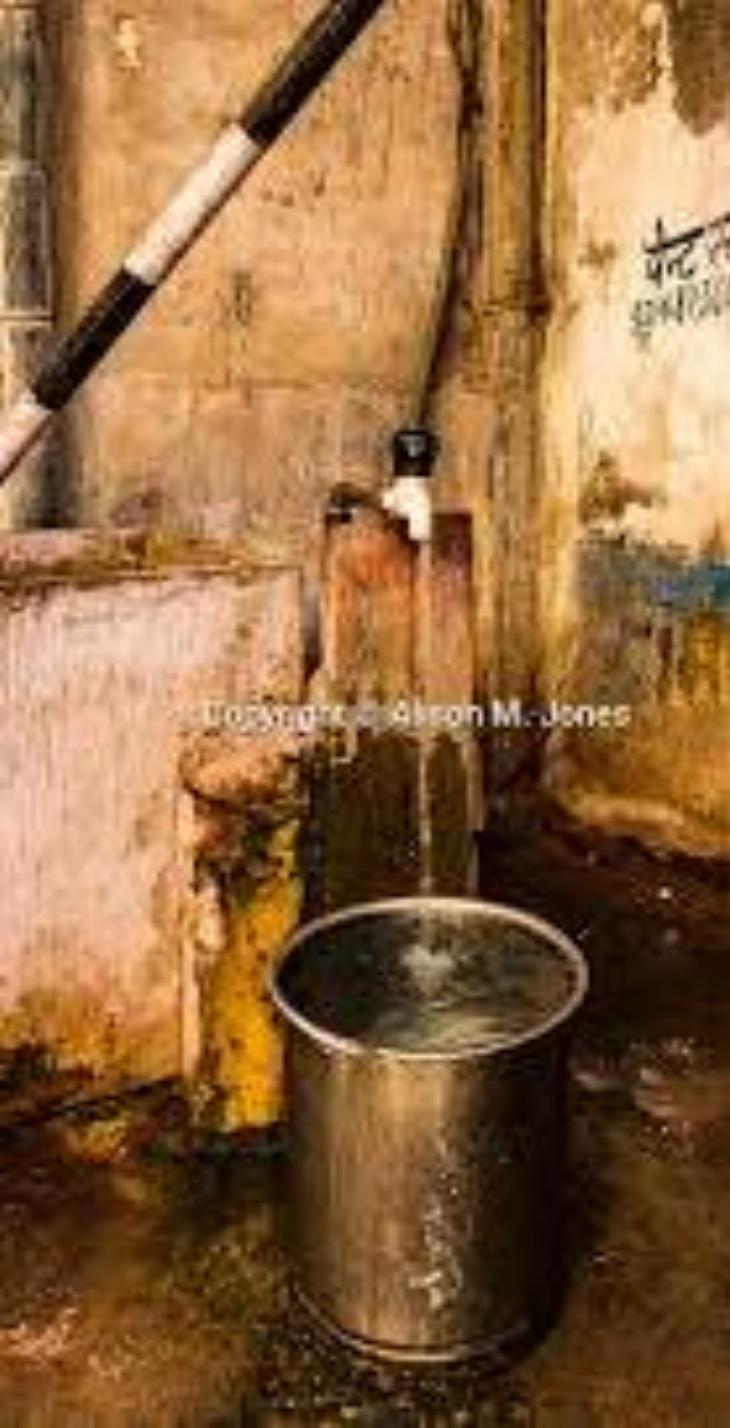
Threats to report tenants to immigration authorities in response to tenants asserting their rights, or intimidating them with regard to higher rents, moving out, etc., are unlawful.

<https://www.mass.gov/files/documents/2018/04/24/Advisory%20on%20Harassment%20in%20Housing%20%284-11-18%29.pdf>



Retaliation is
against the
law.

- A landlord **may not raise rent** if a tenant reports violations of the SSC or other housing laws.
- Indeed, retaliation may be a direct defense to an eviction case.



So if landlords are legally required to keep people's units in safe and healthy condition, why isn't that the end of the conversation?

Why doesn't everyone get what they're legally entitled to?



The Pressures of Scarcity

- Key barrier to landlord compliance -

It's a landlord's market!

- Key barriers to systematic enforcement
 - Limited enforcement agency resources
 - Competing enforcement agency priorities

2019 • 19-1

New England Public Policy Center Policy Reports

The Growing Shortage of Affordable Housing for the Extremely Low Income in Massachusetts

By Nicholas Chiumenti

 Full Text Document (pdf) Appendix (pdf) Data (xlsx)

more

Listen to the Connecticut Economic Resource Center's CERconomy podcast interview with the New England Public Policy Center Director [Jeffrey Thompson](#), where he discusses the findings of this report.

High housing costs in Massachusetts place significant financial pressure on the state's residents, and a lack of affordable housing can decrease the region's competitiveness. Affordability is of special concern for the state's extremely low-income (ELI) renter households; in 2016 79 percent were rent burdened. Due to high housing costs, ELI households often have to forgo spending on health care, food, childcare, or other necessities. A single financial shock can cause this group to fall behind on rent, leading to eviction or even homelessness.

<https://www.bostonfed.org/publications/new-england-public-policy-center-policy-report/2019/growing-shortage-affordable-housing-extremely-low-income-massachusetts.aspx>



Statement of MetroHousing | Boston Regarding the Growing Shortage of Affordable Housing in MA

“It appears that nowhere in Massachusetts is there enough housing that is available and affordable to [extremely low-income] households. The **statewide gap exceeds 141,000 units**. And, another signal that we are moving backwards is the rise of family homelessness. Twenty years ago there were 1,000 families subsisting in shelters; today there are 3,500 families.

We are failing those most in need, and we must intentionally take steps to build houses for this population.”

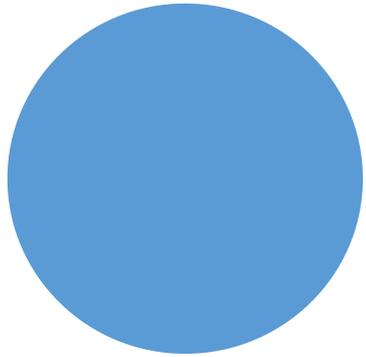
–April 3, 2019 (*emphasis added*)

<https://www.metrohousingboston.org/e-li-report/>

Tenants
challenging poor
housing conditions
who can't afford
an attorney have
the right to be
provided one by
the government.

True or
False?





False



Legal matters
where
representation
is largely
guaranteed

- Criminal proceedings
- 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!***

The U.S. has a supply-demand gap (gulf!) when it comes to justice.

- There is less than 1 civil legal aid attorney to help every 10,000 Americans living in poverty.

-The Justice Index 2016 (<https://justiceindex.org/2016-findings/>), a project of the National Center for Access to Justice at Fordham University)

- And this means that many **thousands of families are not accessing housing that they want and need**, and **experiencing unacceptable, health-harming delays in access.**

Objectives

Recognize

The consequences of housing instability – especially unhealthy housing conditions – for child and family health and well-being.

Identify

Key legal rights that can promote access to healthy homes.

Describe

Ways in which barriers to healthy homes are also barriers to economic inclusion – and steps we can take to reduce barriers!

Housing as a Hub for Health, Community Services, and Upward Mobility

The Brookings Institution (2018 - Stuart Butler & Marcela Cabello)

https://www.brookings.edu/wp-content/uploads/2018/03/es_20180315_housing-as-a-hub_final.pdf

Three hospitals team up on \$3m plan to help low-income families pay the rent

By [Priyanka Dayal McCluskey](#) Globe Staff. Updated August 6, 2019, 11:00 p.m.



Brigham and Women's Hospital. TIMOTHY TAI FOR THE BOSTON GLOBE.

<https://www.bostonglobe.com/business/2019/08/06/three-hospitals-team-plan-help-low-income-families-pay-rent/kbHuTxB2mj09tH9LW62yFN/story.html>

MASSACHUSETTS PRINCIPLES FOR HEALTHY AND AFFORDABLE HOUSING

We, as the [MA] health sector, recognize that the challenge of unaffordable and unstable housing has reached epidemic proportions. We are health care providers, hospitals, health centers, public health leaders, consumer advocates, and social service providers. We believe that quality, affordable housing for all is a foundation for healthy, equitable, and vibrant communities.

We are committed to using our institutional resources to be part of the solution. Because we know the health sector alone cannot solve this problem, we ask others to join us. In particular, we call on [MA] policymakers to take concerted action to ensure that all residents can access quality, affordable housing as an essential resource for health.

https://mapublichealth.org/wp-content/uploads/2019/10/MA_principles_healthy_affordable_housing.pdf

Homes RI Framework

The shared vision of Homes RI is that all Rhode Islanders live in healthy, affordable, sustainable homes in thriving communities.

The common agenda of Homes RI is to increase and preserve the supply of safe, healthy and affordable homes throughout Rhode Island. We also seek to equitably reduce the housing cost burden for low and moderate-income residents.

For more information see:

<https://homesri.org/about>

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



DULCE
An initiative
of CSSP



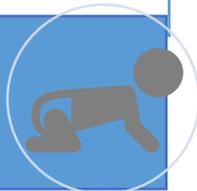
**Center for the
Study of
Social Policy**
Ideas into Action

www.CSSP.org | info@CSSP.org | 202.371.1565

Why the Three Sectors?

- **Accountable** for building a local system for young children and their families
- **Immersed** in the community's supports to address SDOH
- Able to drive **evidence-informed** practices and programs
- **Organized** to influence policy and practice

Early Childhood



- **Universal reach**
- **Longitudinal relationships** with families
- Well-versed in the use of standard protocols to improve **quality of care**

Health



- Well-versed in **family rights and system responsibilities**
- Professional orientation toward **problem-solving and advocacy**
- **Policy lens and expertise**

Legal



*Connecting
the Dots
Between Legal
Problem-
Solving and
Early
Childhood
Sector Goals*

**LEGAL PARTNERING FOR
CHILD AND FAMILY HEALTH**

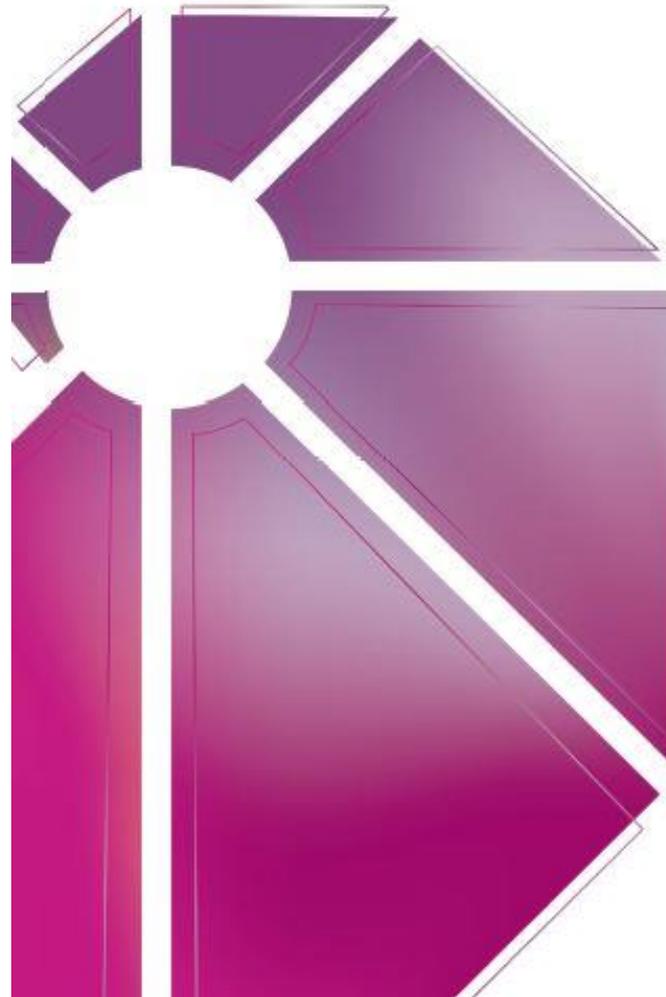
An Opportunity and Call to Action for Early Childhood Systems

Samantha J. Horton
CEO, MLPB

with

Stephanie Doyle
Senior Associate,
Center for the Study
of Social Policy

SEPTEMBER 2019







Thank you!
We're all in this
together.



Questions? Discussion

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Springfield Healthy Homes Asthma Program

FDIC

March 3, 2020



Revitalize
Community Development Corporation



Pulmonary Rehabilitation





Partners

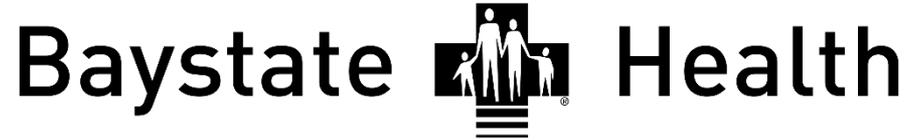
BeHealthy Partnership™

Baystate Health Care Alliance in Partnership with Health New England





Funders



Springfield Area # 1 Asthma Capital

Out of the 100 Cities AAFA Ranked, the Top 20 Most Challenging Places to Live With Asthma Are:



1. Springfield, Massachusetts

Known as "The City of Firsts" for being the birthplace of many innovations, Springfield is also first on our list as the top Asthma Capital for 2018. The area has the highest number of asthma-related emergency room visits in the U.S., as well as a high rate of asthma prevalence overall. High pollen counts are also a big factor for Springfield's residents with asthma, especially those with [allergic asthma](#).

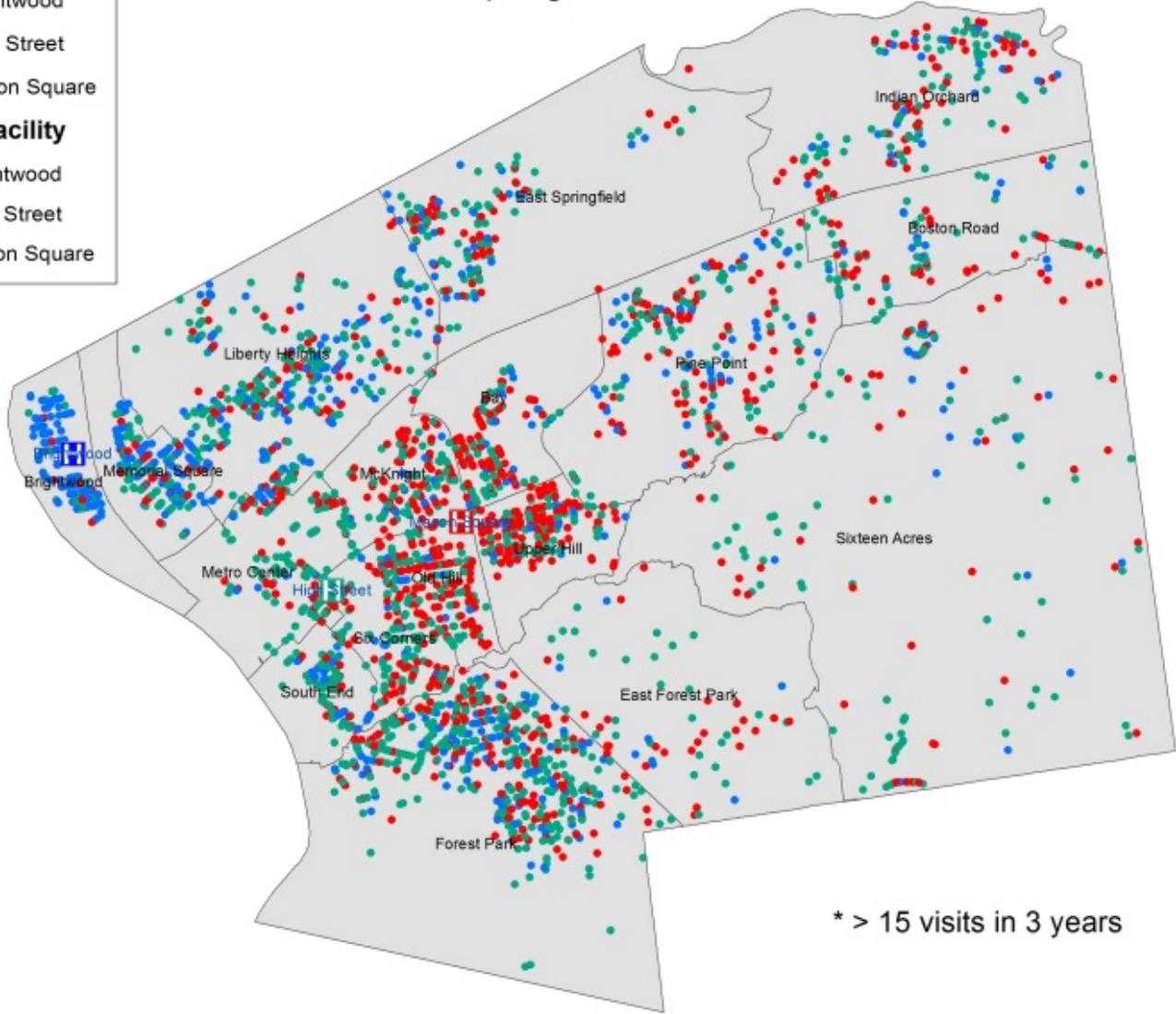
High Utilization* Adult Patients by Facility Springfield

CHC Location

-  Brightwood
-  High Street
-  Mason Square

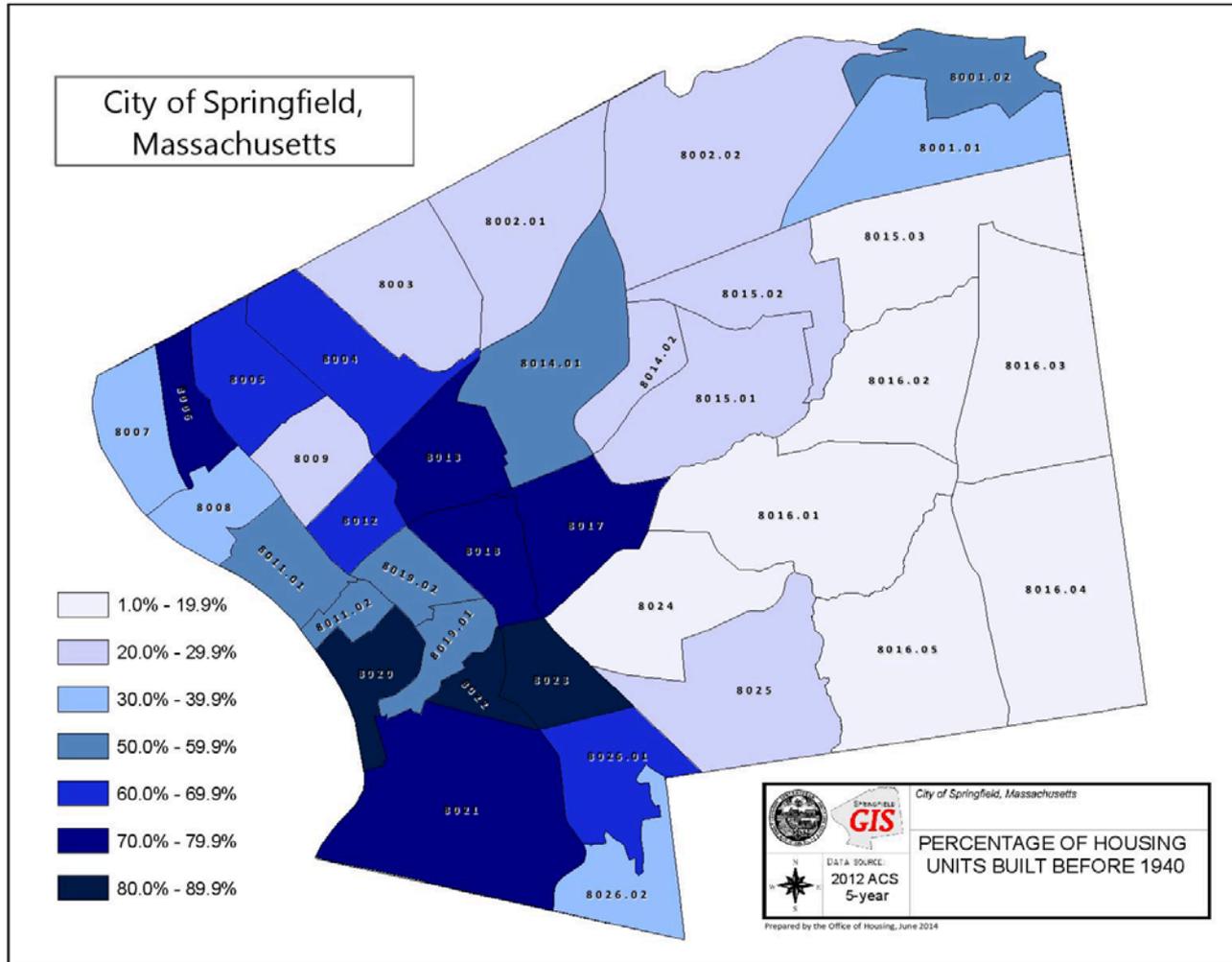
Patient Facility

-  Brightwood
-  High Street
-  Mason Square



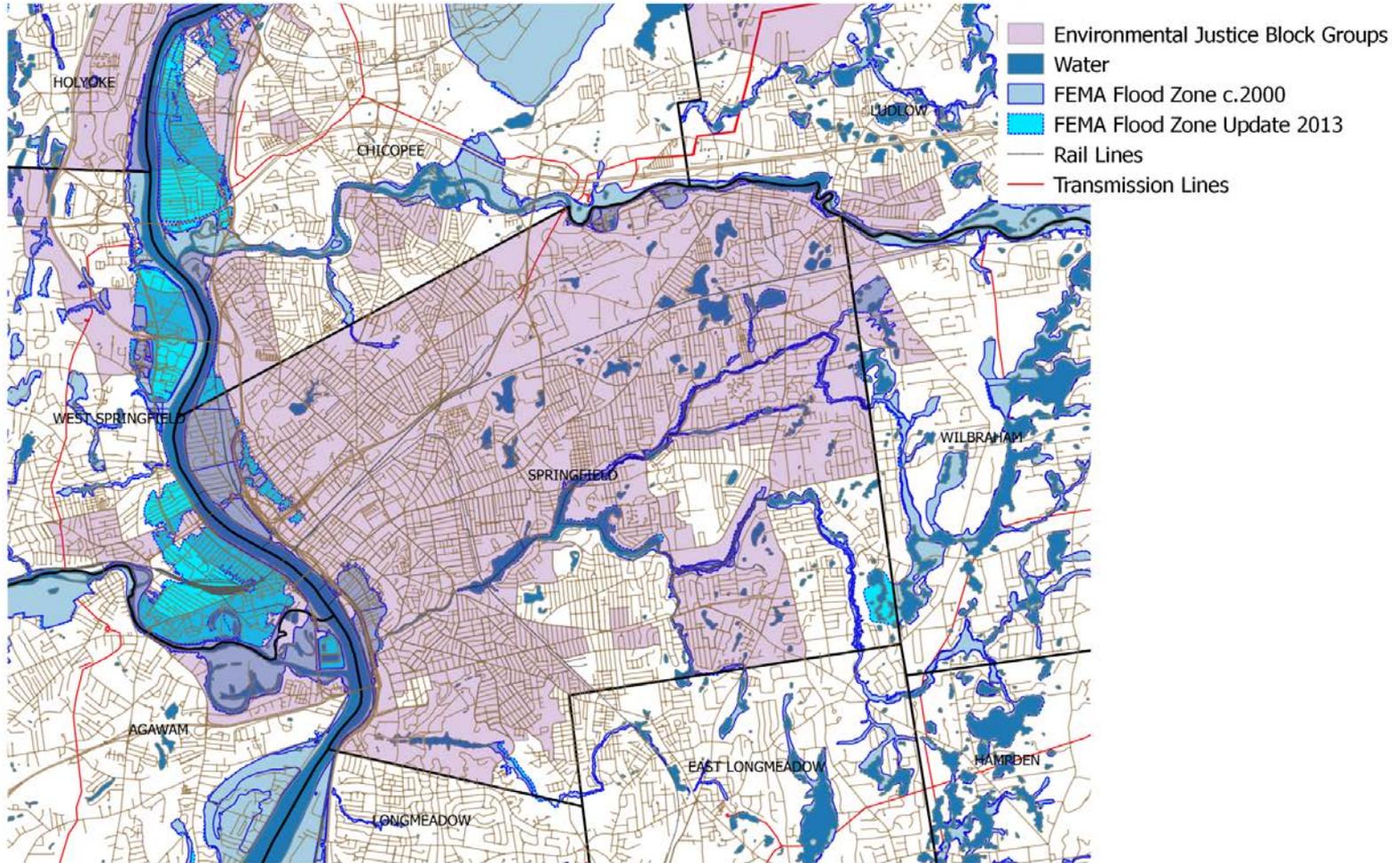
* > 15 visits in 3 years

Old Housing Stock in Springfield



Percentage of Housing Units Built Before 1940

Environmental Justice Neighborhoods



Positive Impact on Families



Revitalize CDC video

<https://www.youtube.com/watch?v=EEEGLGuaYSg>

Intervention Overview

Home Visit 1

- Enrollment, Consent/Releases
- Baseline Health Data

• **Home Visit 2**

- Medication Review and Inhaler Check list
- Health Education

• **Home Visit 3**

- Home Assessment
- Health Education

• **Home Visit 4 or as needed**

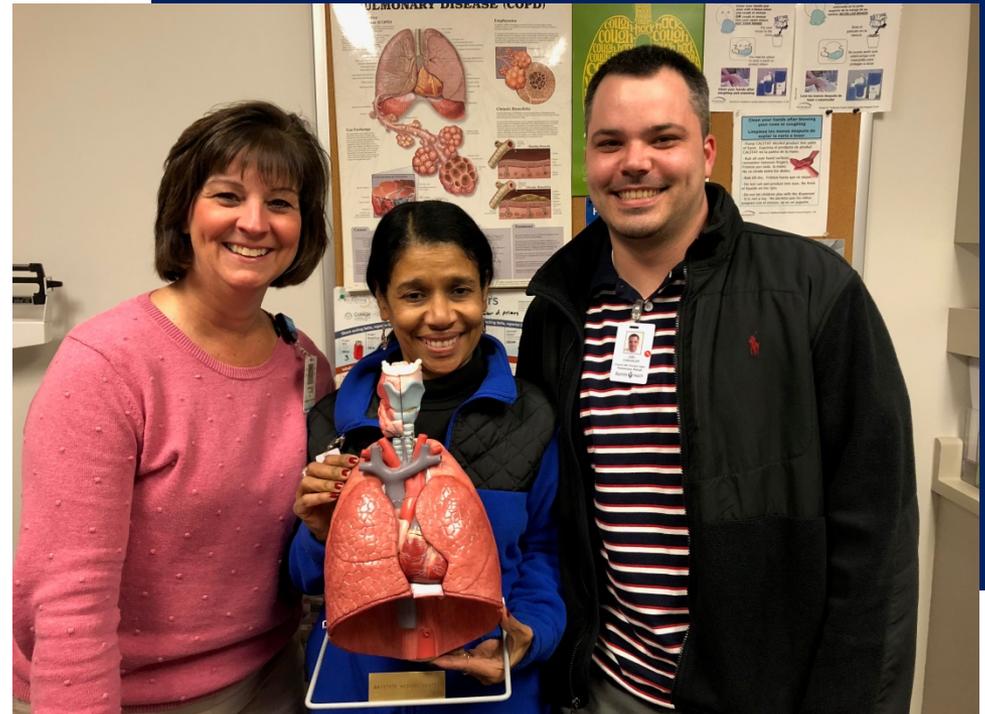
- Home Repair, if needed
- Home Education

• **Final Visit**

- Quality Control
- Client Satisfaction/Post Health Data

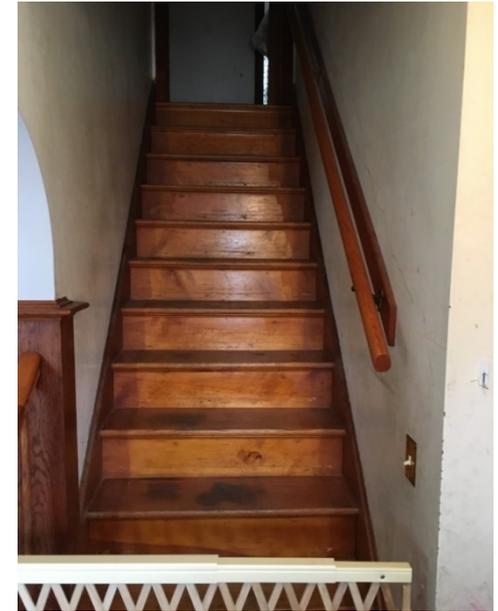
• **Follow-up Calls (3/6/9 month)**

Enrollment & Home Visiting



***Michele Hart, RN, BSN, Pulmonary Nurse Clinician,
Gricelides Saex, Community Health Worker
Joel Chandler, Community Health Worker***

Housing Assessment & Services



Revitalize
Community Development Corporation



HELPING PEOPLE. CHANGING LIVES.

SPRINGFIELD PARTNERS
for Community Action

Program & Data Management



Sarita Hudson, MTS, Director, Programs and Development
Victoria Ramos, MPH, Research Associate



PUBLIC HEALTH INSTITUTE
OF WESTERN MASSACHUSETTS
PARTNERS FOR HEALTH EQUITY



Green & Healthy Homes Initiative®

Program Evaluation

MEASURE
SUCCESS



*Sylvia Brandt, PhD
Associate Professor, Center for
Public Policy and Administration*

Case Study: Bancroft

Client: 6 year old with 1 ED visit

Triggers

- Cold weather/Heat, Allergies, Dust, Exercise

Actions

- Medication Management
 - Proper use of inhaler
 - Reached out to PCP to have an Asthma Action Plan completed for school
- Trigger Education
 - Safe cleaning with green cleaning products
 - Medication Adherence (Allergy and Asthma Medication)
 - Pre-treat prior to physical activity to avoid exercise induced asthma
- Supplies
 - Bedding
 - Green Cleaning
- Repairs- Asthma
 - Exhaust fan installed in bathroom
 - Vent ducts cleaned
- Repairs- Other Health and Safety
 - Smoke/CO2 detectors
- Referrals
 - Weatherization- Springfield Partners for Community Action



Case Study: Sumner

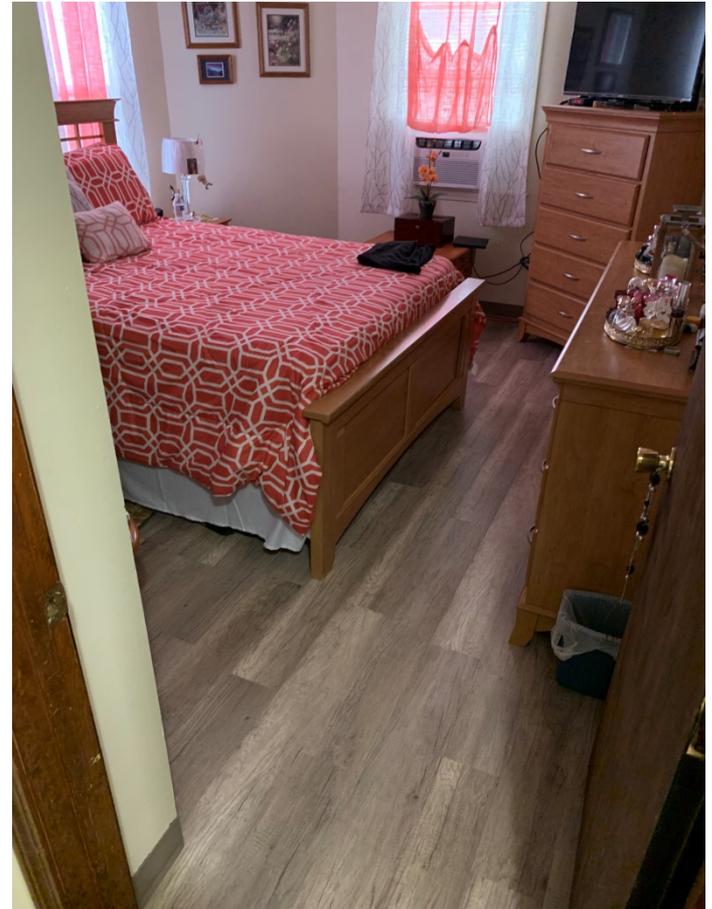
Client: 64 year old with 1 ED visit

Triggers

- Cleaners, Fragrance, Dust

Actions

- Medication Management
 - Proper use and cleaning of Inhaler with spacer
 - Education of consistent use of controller medication
- Trigger Education
 - Safe cleaning with green cleaning products
 - Medication Adherence
 - Vacuuming remaining carpet frequently to remove dust triggers
- Supplies
 - Bedding
 - Green Cleaning Products
 - HEPA Vacuum
 - Mop/Bucket
- Repairs- Asthma
 - Carpet removal
 - Dehumidifier
- Repairs- Other Health and Safety
 - Smoke/CO2 detectors



Case Study: Midway

Client : 12 year old with 1 ED visit

Triggers

- Pets, Cleaners/fragrances, Mold, Dust/dust mites, Pests, Cold Air, Exercise

Actions

- Medication Management
 - Rescue vs controller medications; consistency of use
 - Proper use of inhaler
- Trigger Education
 - Pets (Dog /Hamster)
 - Safe Cleaning
- Supplies
 - Bedding
 - Green cleaning products
- Repairs- Asthma
 - Carpeting in child's bedroom replaced with laminate flooring
 - Repair Bathroom Fan
 - Dehumidifier
- Repairs- Other Health and Safety
 - Smoke detectors installed in bedrooms and living room



Case Study: Newport

Client: 16 year old with 1 ED visit

Triggers

- Cleaners/Fragrances, Cockroaches, Dust/Dust mites, Pets, Mold, Exercise, Cold Air, Pollen, Tobacco Smoke

Actions

- Medication Management
 - Proper use of inhaler
- Trigger Education
 - Pet – found a new home for the pet
 - Safe cleaning
 - Pests
- Supplies
 - Bedding
 - Food storage containers/Covered trash can
 - Green cleaning products
- Repairs- Asthma
 - IPM-Pests
 - Dehumidifier
- Repairs- Other Health and Safety
 - Repair front steps

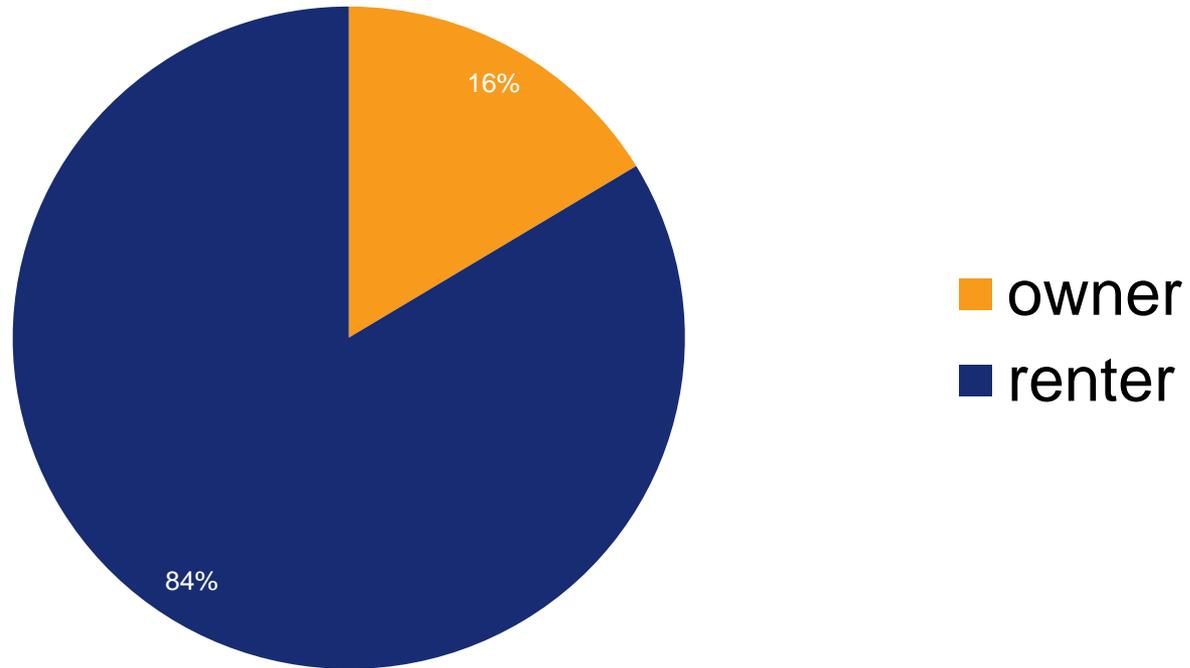


Client Satisfaction

- 100% would recommend the service.
- *I liked it a lot because there were things I did not know with regards to the inhaler and now I manage it better without the need to go to the ER.*
- *They help you to understand asthma, medications and how to use them. They teach you about what triggers asthma and how to prevent asthma attacks.*
- *[What worked well was] explaining the cleaning stuff and the cure they offer.*

Challenges of Rental Housing

Renter vs. Homeowner (Enrolled)



EPA Environmental Merit Award 2019





Contact:

Sarita Hudson, Director of Programs and Development

Public Health Institute of Western MA

shudson@publichealthwm.org

www.publichealthwm.org

www.SpringfieldHealthyHomes.org



Green & Healthy Homes Initiative®

Investing in Healthy Housing in MA

December 11, 2019



Breaking the link
between unhealthy
homes and unhealthy
families

The health issue

Asthma is a prevalent condition that negatively impacts health and quality of life while incurring high costs to the US health care system



Photo by Green & Healthy Homes Initiative

12.9%

of children in Massachusetts have asthma
(one of highest asthma prevalence rates in the US)¹

24%

of adults with asthma were unable to go to work for at least one day due to asthma in the past 12 months²

41%

of children with asthma were unable to go to school for at least one day due to asthma in the past 12 months³

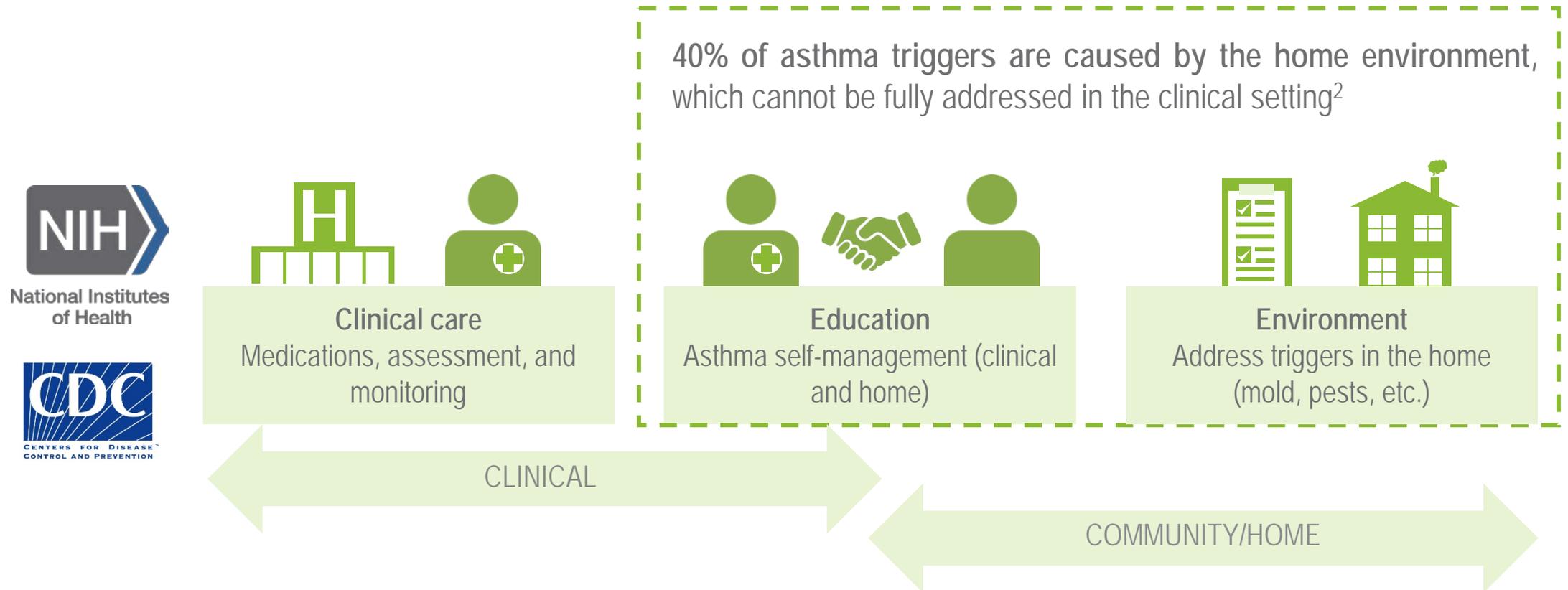
\$104M

in total charges for asthma hospitalizations in 2013 (82.5% increase since 2002)⁴

^{1,2,3,4} <https://www.mass.gov/service-details/statistics-about-asthma>

A solution

Evidence has shown that comprehensive asthma interventions¹ improve health and quality of life while reducing health care utilization and costs



1. <https://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines>
 2. Lanphear et al. (2001). Residential exposures associated with asthma in US children. Pediatrics.

A solution

There are incredible programs in Massachusetts currently providing evidence-based services to improve the health and well-being of communities

Springfield Healthy Home Asthma Program

- City of Springfield
- 67% increase in asthma control
- 100% client satisfaction in pilot

UMMMC & City of Worcester Healthy Homes & AsthmaLink

- City of Worcester
- ED visits decreased by 50%
- 54% less use of rescue meds

Montachusett Opportunity Council Green & Healthy Homes

- Fitchburg, Clinton, Gardner
- 63% increase in asthma control
- Leverage \$3 for every \$1 invested

A solution

Addressing the root causes of asthma improves health outcomes



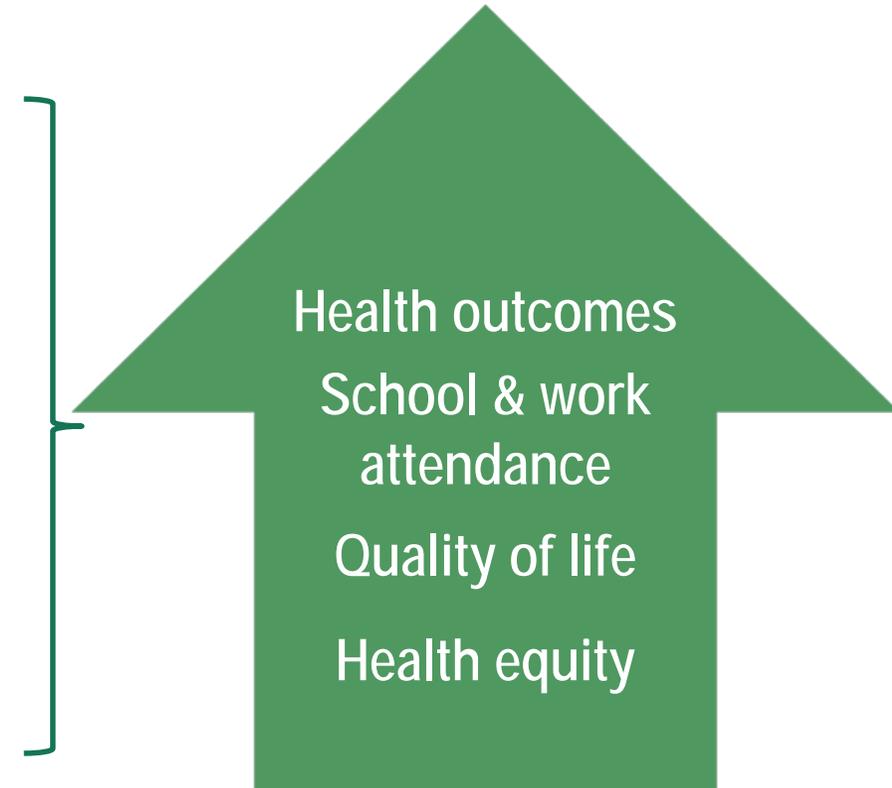
Implementation of comprehensive asthma interventions reduces acute care visits by .57 per person per year¹



Comprehensive asthma interventions reduce emergency department visits by 76% and hospitalizations by 37%²



Asthma home visits can increase office visits by 48% and improve controller medication adherence from 22% to 65%³



¹ Crocker, Deidre D., et al. "Effectiveness 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 (2011)

² Jowers et al. "Disease management program improves asthma outcomes." American Journal of Managed Care. (2000)

³ Allison, D Richard, et al. "A Single Home Visit Improves Patient Adherence and Reduces Exacerbations in Patients with Severe Asthma and COPD." CHEST Journal (October 2016)

A solution

If all parts of the comprehensive asthma intervention were provided, evidence suggests that for every \$1 invested, \$5.30-\$14.00 would be returned¹

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.²

Springfield Healthy Homes Asthma Program (SHHAP)

GHHI's analysis of Health New England data found SHHAP was expected to save an average of \$9,135 per enrolled member over 10 years³

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.⁴

¹Nurmagambetov, 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.

²Bhaumik, 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.

³Cost savings are an approximation derived from Milliman's actuarial analysis

⁴Preliminary findings from GHHI study with Hilltop Institute expected to be published in 2020

The challenge

Despite strong evidence that comprehensive healthy housing interventions work, key services are **not covered by Medicaid**, leaving programs underfunded and inaccessible

Current need in MA

66% of children with asthma were classified as uncontrolled¹

2nd oldest housing stock in the country (average age of 54 yrs)²

2,709 children in MA have elevated blood lead levels³

GAP

Current funding

HUD Lead Grants

Community Development Block Grant

Philanthropy

State Bonds

Health Policy Commission

Other funders

1. MA Department of Health

2. National Association of Home Builders, "Age of Housing Stock by State", (August 2018).

3. MA Department of Public Health, Environmental Public Health Tracking

The opportunity

There is a huge opportunity for banks to have a **significant health and economic impact** on their communities while expanding their customer base and product offerings



Low-cost loans to landlords and homeowners in low-income census tracts for home **rehabilitation** that addresses **health & safety issues**



Direct **outcomes-based investment** to **scale proven healthy housing services** in the community

The opportunity



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

Benefits of Bank's Investment:



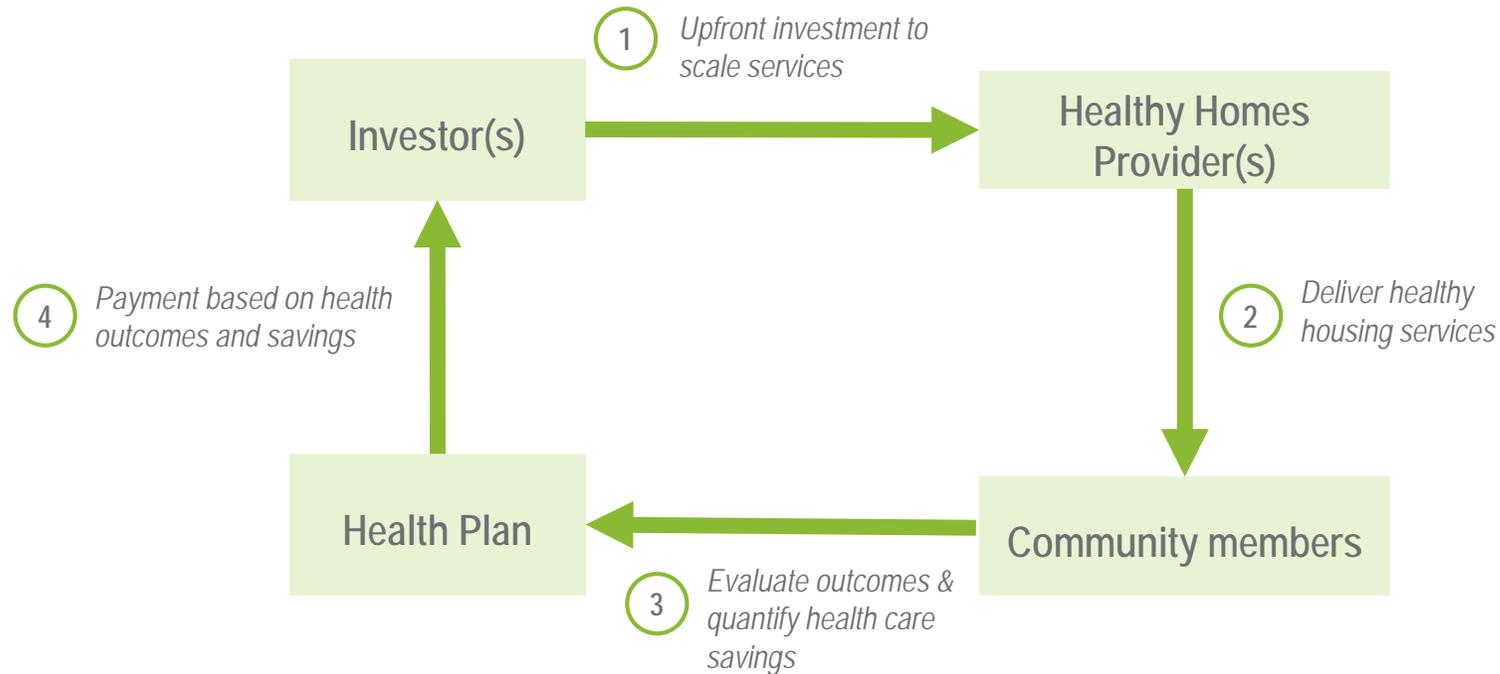
In Boston in 2016, 46% of low-income (<100% AMI) Black or African American applicants for home improvement loans were denied compared to 30% of low-income white applicants.¹

1. Home Mortgage Disclosure Act Filings 2016

The opportunity



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.



Interested in learning more?

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Get the Lead Out Program

2020



HOW DID THE GET THE LEAD OUT PROGRAM GET STARTED?

For almost 40 years, MassHousing has administered the Get the Lead Out Program for the Commonwealth of Massachusetts providing assistance to low and moderate income families with low interest rate loans to help them delead their homes.

1980

Initial Lead Paint abatement financing program through MassHousing pre-dating state appropriations.

1990

The Massachusetts Legislature earmarked **\$5 million** in funds from the conversion of the Savings Bank Life Insurance (SBLI) industry for lead paint abatement (c.499 of the Acts of 1990).

1992

The Get the Lead Out Program began operating.

1995

The legislature created a line item for this program (7004-1996) merging Bond Funds and the SBLI Funds creating the 0% deferred loan.

1998

Language was added to the line item to make it a revolving loan program.

2002

Marks the last allocation from state budget.

2003

Lead paint line item was cut from the state budget causing funding issues for the program.

2016

New guideline changes were approved opening up the doors to all homeowners looking for assistance in deleading their homes moving the funds at a record rate.



WHO ARE OUR PARTNERS?

The Get the Lead Out Program is made up of many Partners

- **MassHousing** administers the GTLO program for **DHCD**, working with
- **DPH/CLPPP**
- Approved **Lenders**
- Approved **Local Rehab Agencies**

Lending Partners

- **18 Lenders** across the Commonwealth **3** of which are ***CDFI's**

Local Rehab Agencies

- **34 LRA's** in **28 cities** across the Commonwealth made up of Non-Profits, CDFI's and Municipalities

*Community Development Financial Institution (CDFI) can act as the lender and the local rehab agency for the Get the Lead Out Program.



WHO HAVE WE SERVED?

Since the inception of the Get the Lead Out Program, MassHousing has provided **4509** Lead Paint loans for a total of - **\$81M** to homeowners across the Commonwealth.

Of these borrowers:

4395 Owner Occupied

97 Investors

17 Non Profit Agencies

Located in:

265 Cities and Towns in

12 Counties

With Incomes of:

2697 with incomes less than 80% AMI

1812 with incomes between 80-100%AMI

For Properties:

2134 Single Family and Condos

2375 Multi-Families



WHAT DOES THE GET THE LEAD OUT PROGRAM OFFER?

0% Deferred Loans

- Owner occupied 1-4 family properties
- Loan amount ranges from \$30,000 - \$45,000 based on property type
- Child under the age of 6 or are under court order to delead
- *Meet income limits -100% of AMI based on area
- No closing costs or fees to the borrower
- Flexible underwriting guidelines
- Preventive deleading loans available
- High loan approval rate

0% Amortized for Non-Profits/3% Amortized for Investors

- 1-4 family properties
- Loan amount ranges from \$30,000 - \$45,000 based on property type
- No borrower income required (must rent to *income eligible tenants)
- All closing costs and fees can be rolled into the loan
- 5 to 15 year term

Income is based on HUD AMI. This is adjusted every year when new income limits are released. If the income limits go down, we do not adjust the incomes for that year but keep them the same.



WHAT IS MASSHOUSING'S ROLE?

- **Administer and market** the program.
- **Grant exceptions** for underwriting issues and extensions for more time to complete.
- **Ensure 100% approval rate** for Lead Paint loans that have a child living in the property under the age of six, and/or a court order or code enforcement in place.
- **Fund and purchase ALL Lead Paint loans** with no risk to the Lender or LRA.
- **Continued support** to the LRA and Lender throughout the entire process.



PARTNER BENEFITS

- Serve low and moderate income borrowers for CRA consideration.
- Exhibit a commitment to existing customers and the communities served.
- MassHousing pays \$1,000 to the Lender and \$1,500 to the LRA for each loan closed.
- Use these funds in conjunction with other programs which provide funds for Rehab, i.e. CDBG, HOME and MassHousing Mortgage with Rehab.

BORROWER BENEFITS

- A low cost, no monthly payment, loan option for homeowners in a crisis situation with a lead paint poisoned child or child under the age of six who is living in a home with lead paint.
- Flexible underwriting and high approval rate.
- Often the only sustainable homeowner financing option available.
- All Loans are purchased and serviced MassHousing.



CONTACT INFORMATION

For questions about the Get the Lead Out Program

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