



**Green & Healthy
Homes Initiative®**

2018 Conference on Health, Environment and Energy

December 4, 2018

GHHI's opportunity for innovation: healthcare through housing



30M families live in unhealthy homes



Homes with environmental hazards are making their residents sick

14.4M missed days of school each year



Asthma is the top reason students miss school

14.2M missed days of work each year



Collateral burden of sick children is missed days of work for parents and caretakers

\$51B+ spent on asthma



\$31B+ spent on slip & fall injuries



\$43B+ spent on lead poisoning



Over \$100B in taxpayer funding is spent each year to address the impact of these hazards

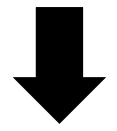
Extremely Low income families spend 20% of monthly income on energy costs VS. 3.5% in other households



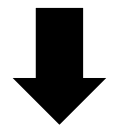


GHHI's innovation: No Wrong Door

Align
services & funding



Braid
relevant resources



Coordinate
service delivery



Philanthropy



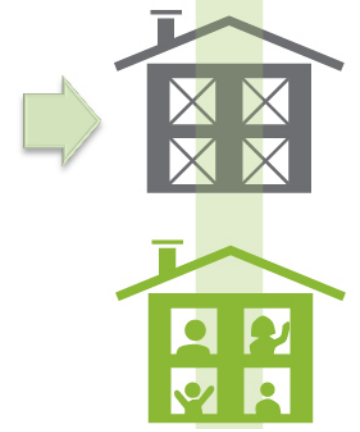
Federal/State/Local



Private Sector

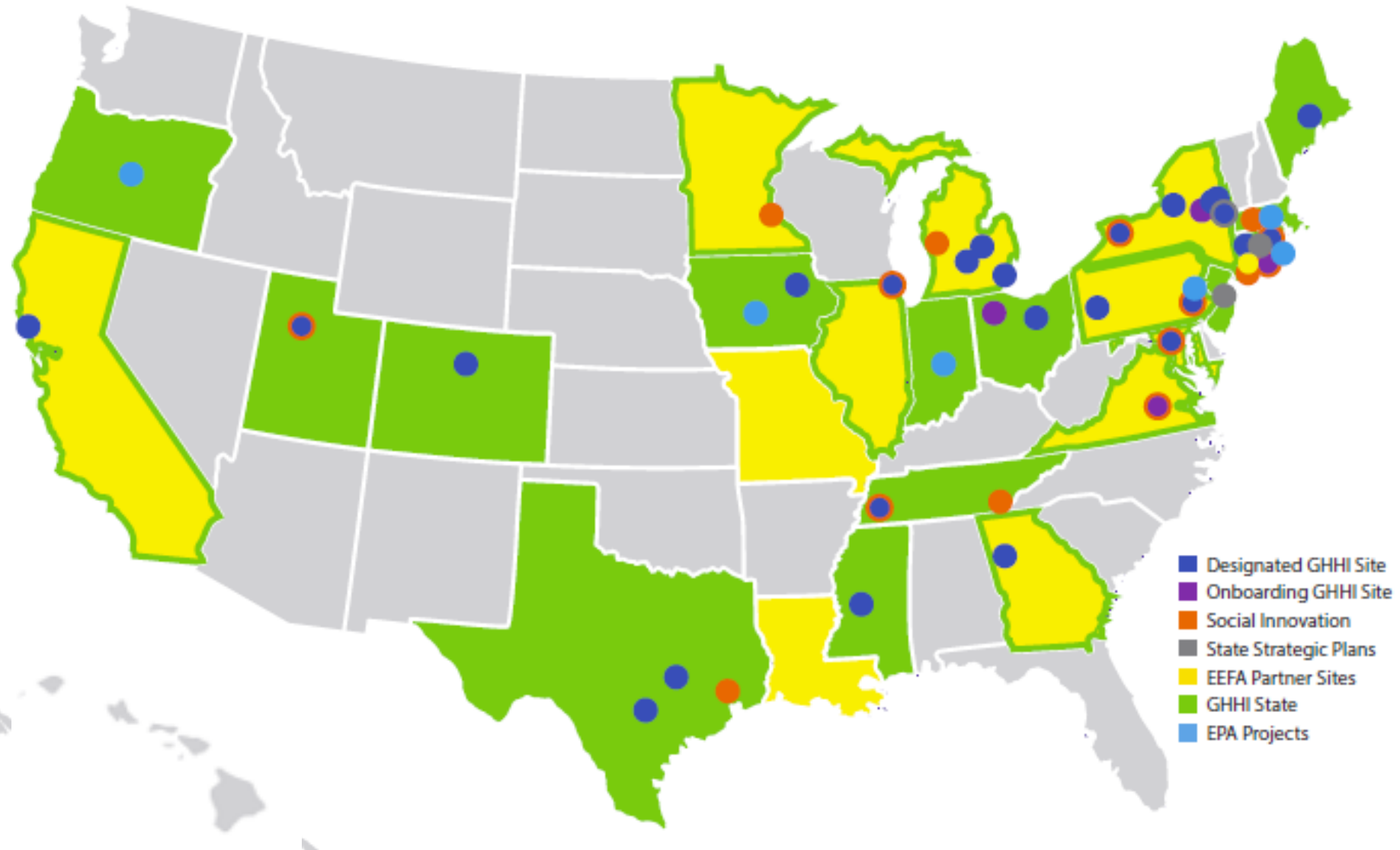


- Single Intake System
- Comprehensive Assessment
- Coordinated Services
- Integrated Interventions
- Cross-Trained Workers
- Shared Data



- ✓ Lead Hazard Reduction
- ✓ Asthma Trigger Control
- ✓ Fall/Injury Prevention
- ✓ Energy Efficiency
- ✓ Weatherization
- ✓ Housing Rehabilitation

Scaling Best Practices and Innovation: GHHI's National Work



Policy Recommendations



Expand Allowable Weatherization Activities in WAP Programs

Bring Weatherization Assistance Program from DOE to HUD

Target Efficiency Investments in Low-Income Multifamily Households

Include Affordable Housing in State Energy Plans

Include Non-Energy Benefits Evaluation in State Energy Efficiency Resource Standards

Expand Coordination of State Efficiency, Housing, Health and Economic Development Plans

Policy Recommendations



Incorporate Health Care Financing to Achieve Health Equity Based Multi-Sector Funding

Partner with Mortgage Guarantors such as Fannie Mae and Freddie Mac

Incorporate Social Impact Financing as a Funding Source & Incentivize Private Sector with Tax Credits

Encourage Utilities to Invest in Efficiency and Weatherization Programs



Health-equity financing in practice: Utilizing Medicaid/CHIP funds for housing improvements

- **MARYLAND**: \$14.4 million in CHIP funds for asthma trigger, lead hazard remediation, and resident education
- **MICHIGAN**: \$119 million in CHIP funds for lead hazard remediation and related services; workforce dev.
- **OHIO** (\$5 million)/**INDIANA** (\$3 million): CHIP funds for lead testing and remediation
- **MISSOURI**: Medicaid funding allowable for Asthma resident education; Environmental assessment services
- **OREGON**: Rule 1115 Waiver allowing for flexible services including asthma home visiting resident education
- **RHODE ISLAND**: Rule 1115 Waiver allowing for lead remediation

Cost-Benefit Analysis of Residential Asthma Interventions Using Medicaid Data

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GHHI Maryland Asthma Interventions

Group	Referrals Contacted	Environmental Assessments	Interventions Completed
Overall	1330	362	270
Tier 1	700	144	144
Tier 2	630	218	126

Program Cost by Level of Intensity

Group	Cost/Person	Number Served	Total Cost
Overall	\$2,718.77	270	\$734,067.73
Tier 1	\$661.52	144	\$95,258.58
Tier 2	\$5,088.55	126	\$636,069.35



Overall Medicaid Costs

Group	Group Total			Per Person				
	Baseline* Total Cost	Follow Up** Total Cost	Change (Total Cost)	Baseline* Cost (Mean)	Follow Up** Cost (Mean)	Change (Mean)	Baseline* Cost (Median)	Follow Up** Cost (Median)
Control	\$1,210,057	\$995,435	-\$214,622	\$5,063	\$4,165	-\$898	\$3,165	\$1,927
Treatment (Overall)	\$1,935,183	\$1,538,921	-\$396,262	\$8,097	\$6,439	-\$1,658	\$3,776	\$2,863
Tier 1	\$1,001,088	\$933,248	-\$67,840	\$7,821	\$7,291	-\$530	\$3,856	\$2,702
Tier 2	\$934,065	\$605,616	-\$328,449	\$8,415	\$5,456	-\$2,959	\$3,747	\$3,279

*Represents money spent in 12 months prior to intervention.

**Represents money spent in 12 months post intervention completion.

Thank You



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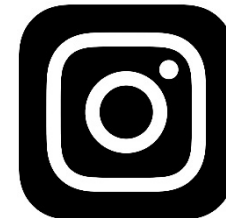
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Questions