NACCHO
National Association of County & City Health Officials

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2017 Model Practices

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Model Practice Title

Please provide the name or title of your practice: *

Practical Empowerment: Healthy Homes on the Front Lines

Practice Categories

Model and Promising Practices are stored in an online searchable database. Applications may align with more than one practice category. Please select all the practice areas that apply.: *

- ☐ Access to Care
- ☐ Advocacy and Policy Making
- ☐ Animal Control
- ☑ Coalitions and Partnerships
- ☐ Communications/Public Relations
- ☑ Community Involvement
- ☑ Cultural Competence
- ☐ Emergency Preparedness
- ☑ Environmental Health
- ☑ Food Safety
- ☐ Global Climate Change
- ☑ Health Equity
- ☐ HIV/STI
- ☐ Immunization
- ☐ Infectious Disease
- ☐ Informatics
- ☐ Information Technology
- ☐ Injury and Violence Prevention
- ☑ Marketing and Promotion
- ☑ Maternal-Child and Adolescent Health
- ☑ Organizational Practices
- ☐ Other Infrastructure and Systems
- ☑ Organizational Practices
- ☐ Primary Care
- ☑ Quality Improvement
- ☐ Research and Evaluation
- ☐ Tobacco
- ☑ Vector Control
- ☐ Water Quality
- ☐ Workforce
- ☐ Conference Theme: Bridging Clinical Medicine and Population Health

Other::

Is this practice evidence based, if so please explain. :

Winnable Battles

To keep pace with emerging public health challenges and to address the leading causes of death and disability, CDC initiated an effort called Winnable Battles to achieve measurable impact quickly.Winnable Battles are public health priorities with large-scale impact on health and known effective strategies to address them. Does this practice address any CDC's seven Winnable Battles? If so, please choose from the following:: *

- ☐ Food Safety
- ☐ HIV in the U.S.
- ☐ Nutrition, Physical Activity, and Obesity
- ☐ Tobacco
- ☐ Healthcare-associated Infections
- ☐ Motor Vehicle Injuries
- ☐ Teen Pregnancy
- ☑ None

Overview: Provide a brief summary of the practice in this section (750 Word Maximum)

Your summary must address all the questions below:

- Brief description of LHD- location, demographics of population served in your community
- Describe public health issue
- Goals and objectives of the proposed practice
- How was the practice implemented/activities
- Results/Outcomes (list process milestones and intended/actual outcomes and impacts.
  - Were all of the objectives met?
  - What specific factors led to the success of this practice?
- Public Health impact of practice
- Website for your program, or LHD.

750 Word Maximum

Please use this portion to respond to the questions in the overview section. : *

Brief description of LHD-location, demographics of population served in your community Kansas City, Missouri Health Department (KCMOHD) serves a diverse urban community nestled on the Missouri-Kansas border in the heart of the Midwest with a total population of 459,787 people (59.5% White, 29.9% Black, 2.5% Asian, less than 1% American Indian/Alaska Native and Native Hawaiian/Other Pacific Islander, and 10% Hispanic/Latino; 2010 U.S. Census Data). Describe Public Health Issue The public health issue addressed was the need to educate homeless people who were being transitioned into permanent housing how to select housing that would be healthy. We have also begun training classes with the local public housing authority to address the needs of their population. Goals and Objectives of the proposed practice: The goal was simply education of a population that had not been impacted before by outreach efforts. Homeless people moving into permanent housing are not given knowledge of what to look for when selecting housing that is healthy, such as housing that is basically sound, in good working order, pest-free, contaminant-free and safe. Nor are they apprised of their basic rights when signing a lease for that housing. The objective of the program was to fill in those gaps in their knowledge and produce educated housing consumers who would not fall prey to unscrupulous landlords. Public housing attendees were given similar knowledge, with a food safety component added and the legal information changed to reflect roles and responsibilities. How was practice implemented/activities In September, 2012 Project reStart, a local Homeless Agency here in the Kansas City, Missouri area was approached by staff from the KCMOHD and Children's Mercy Hospital to begin classes in Healthy Homes for their families who were making the transition to permanent housing. Initially, the classes were virtually a clone of the Healthy Homes caseworker one day class split into one hour blocks and spread out over a period of 8 months. Each class was given both a pre- and post-exam to gauge the knowledge gained during the class as well as to determine what other topics might be of interest to the audience. Over the course of several iterations of the class, several modules were reduced, combined or removed and a legal rights module was added. Presently, the class features six modules: Introduction to Healthy Homes, Carbon Monoxide, Fire Safety, Legal Rights and Tenant Responsibilities, Pest-Free, and Review. The healthy homes principles are interwoven throughout each of these classes on a consistent basis. Classes at the Housing Authority of Kansas City (HAKC) were begun in November, 2016, with one session completed thus far. Results/Outcomes (list process milestones and intended/actual outcomes and impacts. Were all the objectives met? The classes are taught on an ongoing basis at reStart and have been more or less pared down to meet the needs of the audience. Evaluations of the classes consistently rate them as "good" or "excellent". Pre- and post-exam results show that learning is being accomplished during the class. What specific factors led to the success of this practice? Listening to what our audience wanted. Had we not, the audience would not have been as engaged in discussions, and would not have participated as eagerly as they do. By hearing what they needed to know instead of making assumptions, we learned. In addition, having seasoned training staff who knew how to direct discussions and keep presentations interesting was critical. Public Health impact of practice The public health impact of providing education prior to re-homing increases the probability of success maintaining permanent housing. Website for your program, or LHD. www.kcmo.gov/health/

Responsiveness and Innovation

A Model Practice must be responsive to a particular local public health problem or concern. An innovative practice must be (1) **new to the field of public health (and not just new to your health department)** OR **(2) a creative use of an existing tool or practice**, including but not limited to use of an Advanced Practice Centers (APC) development tool, The Guide to Community Preventive Services, Healthy People 2020 (HP 2020), Mobilizing for Action through Planning and Partnerships (MAPP), Protocol for Assessing Community Excellence in Environmental Health (PACE EH). Examples of an inventive use of an existing tool or practice are: tailoring to meet the needs of a specific population, adapting from a different discipline, or improving the content.

- Statement of the problem/public health issue
- What target population is affected by problem (please include relevant demographics)
    - What is the target population size?
    - What percentage did you reach?
- What has been done in the past to address the problem?
- Why is the current/proposed practice better?
- Is current practice innovative? How so/explain?
    - Is it new to the field of public health
      OR
    - Is it a creative use of existing tool or practice:
      What tool or practice did you use in an original way to create your practice? (e.g., APC development tool, The Guide to Community Preventive Services, HP 2020, MAPP, PACE EH, a tool from NACCHO's Toolbox etc.)
- Is the current practice evidence-based? If yes, provide references (Examples of evidence-based guidelines include the Guide to Community Preventive Services, MMWR Recommendations and Reports, National Guideline Clearinghouses, and the USPSTF Recommendations.)

2000 Word Maximum

Please state the Responsiveness and Innovation of your practice (2000 Word Maximum) : *

Statement of the problem/public health issue The detrimental health effects of homelessness are well documented; including increased incidents of communicable diseases and worsening of chronic conditions, as well as food insecurity, exposure to the elements and personal safety. Many agencies have worked to re-home the homeless, but to our knowledge, no one has attempted to educate them in the principles of selecting and living in a healthy home. Within the Housing Authority of Kansas City (HAKC), classes are given on cleaning and general housekeeping, but so far nothing on general healthy homes principles, especially in the area of pest control. What target population is affected by the problem (please include relevant demographics) What is the target population size? Per the Homeless Services Coalition of Greater Kansas City, the present homeless population of the metro area is 1446 (2015). Of these, 421 are in transitional housing shelters. The Housing Authority has approximately 1900 units of public housing, there are 6 family developments and 3 senior developments and there are scattered site houses that make up the public housing inventory. What percentage did you reach? Project reStart currently houses 191 people in transitional housing, all of whom are in family units. This represents 45% of the total population in transitional housing in the Kansas City metro area. Our average class size is 6-10 individuals, which represents members of 6-10 different families, other members of whom are either working, tending to children, seeking work or other activities. At present, at HAKC, we have performed one training session at one location, but are in the process of scheduling more. What has been done in the past to address the problem? As far as addressing this specific audience/demographic; nothing. Most previous healthy homes educational efforts have been aimed at professionals or at the "train the trainer" level. As far as we are aware, this is the first effort ever to provide education to an audience that is in desperate need of it. The same is true for public housing Why is the current/proposed practice better? Because this is doing something as opposed to doing nothing. While there are, of course, exceptions to the rule, most of these people do not have a great deal of experience when it comes to dealing with long term planning, having spent most of their times on the street living from day to day. Therefore, they have to be taught that a leaky pipe can have long term consequences. They are also unfamiliar with their rights and responsibilities as tenants and can easily get involved in situations that are very detrimental to their well-being and can even lead to a return to the street if they find themselves unable to extricate themselves any other way. Public housing tenants face a different set of issues, having solved the permanent housing problem, but still need assistance in maintaining a healthy home. Is the current practice innovative? How so/explain? Is it a creative use of an existing tool or practice When we first began, we essentially cloned the Healthy Homes Community Health Worker class. It was useful as a starting point, but did not provide everything our audience sought, nor did it hold their interest. Our present class is innovative in that we are reaching out to an audience that really needs the information. It is also innovative in that we listened to that audience and tailored our presentation to what they felt would help them the most in navigating their return to permanent housing. The public housing class has been further modified to include a tenants roles and responsibilities and a food safety component, which will soon be added to the original program at reStart. Is the current practice evidence-based? If yes, provide references No-We are still compiling results from pre- and post- tests. However, evaluations by attendees have been universally positive.

LHD and Community Collaboration

The LHD should have a role in the practice's development and/or implementation. Additionally, the practice should demonstrate broad-based involvement and participation of community partners (e.g., government, local residents, business, healthcare, and academia). If the practice is internal to the LHD, it should demonstrate cooperation and participation within the agency (i.e., other LHD staff) and other outside entities, if relevant. An effective implementation strategy includes outlined, actionable steps that are taken to complete the goals and objectives and put the practice into action within the community.

- Goal(s) and objectives of practice
- What did you do to achieve the goals and objectives?
    - Steps taken to implement the program
- Any criteria for who was selected to receive the practice (if applicable)?
- What was the timeframe for the practice
- Were other stakeholders involved? What was their role in the planning and implementation process?
    - What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s)
- Any start up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Otherwise, provide an estimate of start-up costs/ budget breakdown.

5000 words maximum

Enter the LHD and Community Collaboration related to your practice (5000 words maximum): *

Goals and objectives of the practice The goal was simply education of a population that had not been impacted before by outreach efforts. Homeless people moving into permanent housing are not given knowledge of what to look for when selecting housing that is healthy, such as housing that is basically sound, in good working order, pest-free, contaminant-free and safe. Nor are they apprised of their basic rights when signing a lease for that housing. The objective of the program was to fill in those gaps in their knowledge and produce educated housing consumers who would not fall prey to unscrupulous landlords. Our new outreach into the public housing authority allows us to further fufill the objective of bringing healthy homes information to those who need it the most. What did you do to achieve the goals and objectives? Steps taken to implement the program In September, 2012 Project reStart, a local Homeless Agency here in the Kansas City, Missouri area was approached by staff from the KCMOHD and Children's Mercy Hospital to begin classes in Healthy Homes for their families who were making the transition to permanent housing. Initially, the classes were virtually a clone of the Healthy Homes caseworker one day class split into one hour blocks and spread out over a period of 8 months. Each class was given both a pre- and post-exam to gauge the knowledge gained during the class as well as to determine what other topics might be of interest to the audience. Over the course of several iterations of the class, several modules were reduced, combined or removed and a legal rights module was added. Presently, the class features six modules: Introduction to Healthy Homes, Carbon Monoxide, Fire Safety, Legal Rights and Tenant Responsibilities, Pest-Free, and Review. The healthy homes principles are interwoven throughout each of these classes on a consistent basis. In moving into the public housing authority, we determined that the legal rights portion could be abriged somewhat due to the residents' already having obtained housing as well as the oversight of said housing. We changed that portion into a tenants' Roles and Responsibilities and added a Food Safety section as well. Any criteria for who was selected to receive the practice (if applicable)? The only criteria was that attendees of the classes were residents of Project reStart's transitional housing program. The initial attendees from the HAKC were residents who were relocating from an older development to a new one. We intend to expand our coverage to all residents following train the trainer sessions with housing authority staff. What was the timeframe for the practice? Initially, the classes ran for 8 one-hour modules done on a monthly basis; that was edited down to 6 modules following feedback from attendees. Were other stakeholders involved? What was their role in the planning and implementation process? Children's Mercy Hospital's Department of Environmental Health was also involved heavily in the planning, writing and presenting of the classes, both in the initial phases, and in the modification of the classes following feedback from attendees. In addition, they have been responsible for compiling results from the exams taken from the classes as a way of assessing how well the material is being taught. The classes are taught on a team basis, with usually one person from KCMOHD and one from Children's Mercy providing instruction on any given class. What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s). Meetings are held between members of the teaching team from both KCMOHD and Children's Mercy to assess how the classes are going, any changes that need to be made and possible areas of expansion. We also have meetings with the staff at Project reStart to determine if they have any input. We will, in the future, be meeting with staff from HAKC to determine cirriculum needs. Any start up or in-kind costs and funding services associated with this practice? No

Evaluation

Evaluation assesses the value of the practice and the potential worth it has to other LHDs and the populations they serve. It is also an effective means to assess the credibility of the practice. Evaluation helps public health practice maintain standards and improve practice. Two types of evaluation are **process** and **outcome**. Process evaluation assesses the effectiveness of the steps taken to achieve the desired practice outcomes. Outcome evaluation summarizes the results of the practice efforts. Results may be long-term, such as an improvement in health status, or short-term, such as an improvement in knowledge/awareness, a policy change, an increase in numbers reached, etc. Results may be quantitative (empirical data such as percentages or numerical counts) and/or qualitative (e.g., focus group results, in-depth interviews, or anecdotal evidence).

- What did you find out? To what extent were your objectives achieved? Please re-state your objectives.
- Did you evaluate your practice?
    - List any primary data sources, who collected the data, and how (if applicable)
    - List any secondary data sources used (if applicable)
    - List performance measures used. Include process and outcome measures as appropriate.
    - Describe how results were analyzed
    - Were any modifications made to the practice as a result of the data findings?

2000 Words Maximum

Please enter the evaluation results of your practice (2000 Words Maximum): *

What did you find out? To what extent were your objectives achieved? Please re-state your objectives. The objective of the program was to provide knowledge of how to live in a healthier home to people who hadn't lived in a home in a long time, if ever. To that extent, our goal was very much achieved. We have provided basic knowledge to people coming in off the street who are, for all intents and purposes, moving into an entirely new world. During the course of teaching these classes, many of the attendees have expressed amazement at knowledge that more fortunate and knowledgeable people take for granted. Because we have been able to share this, we feel we have been able to make lives better for the 100+ families that we have touched since we began the program. Did you evaluate your practice? List any primary data sources, who collected the data, and how (if applicable) We have collected pre-and post-exam test results from each class and entered them into a database at Children's Mercy. List any secondary data sources used (if applicable) None used List performance measures used. Include process and outcome measures as appropriate. The different scores between pre- and post-exam scores, feedback from attendees, instructors, HAKC and reStart staff. Describe how results were analyzed Simple averages Were any modifications made to the practice as a result of the data findings? Of the data findings, no; of the comments, we did modify content to meet our audiences' needs.

Sustainability

Sustainability is determined by the availability of adequate resources. In addition, the practice should be designed so that the stakeholders are invested in its maintenance and to ensure it is sustained after initial development (*NACCHO acknowledges that fiscal challenges may limit the feasibility of a practice's continuation*.)

- Lessons learned in relation to practice
- Lessons learned in relation to partner collaboration (if applicable)
- Did you do a cost/benefit analysis? If so, describe.
- Is there sufficient stakeholder commitment to sustain the practice?
    - Describe sustainability plans

1500 Words Maximum

Please enter the sustainability of your practice (2000 Words Maximum): *

Lessons learned in relation to practice Don't be afraid to modify the lessons Speak the language of the audience Listen to the audience and encourage discussion Lessons learned in relation to partner collaboration Firmly commit to a scheduled class and schedule other things around it Did you do a cost/benefit analysis? No Is there sufficient stakeholder commitment to sustain the practice? Describe sustainability plans Since this is virtually a no-cost program, the only real issue is finding volunteers to teach the program. At this time, we are in the process of seeking volunteers from staff here at KCMOHD and at Children's Mercy to continue the program. If that becomes a problem, we will simply give our slide presentations to Project reStart and instruct the staff there so they can present the program themselves. At the Housing Authority of Kansas City, there is a training staff in place and we have plans to train them to make the presentations so the information can be spread across the entire enterprise.

Additional Information

How did you hear about the Model Practices Program:: *

- ☐ I am a previous Model Practices applicant
- ☐ At a Conference
- ☐ NACCHO Website
- ☐ Public Health Dispatch
- ☑ Colleague in my LHD
- ☐ Model Practices brochure
- ☐ NACCHO Exhibit Booth
- ☐ NACCHO Connect
- ☐ Colleague from another public health agency
- ☐ E-Mail from NACCHO
- ☐ NACCHO Exchange