



Rochester's Healthy Home:

An Innovative Hands on Environmental Health Demonstration Project

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History of the Healthy Home

A 2002 Center for Government Research report showing lead poisoning rates of over 30% in some Rochester neighborhoods ignited a spark among lead advocates in the Rochester community. In response, the Coalition

to demonstrate for visitors low cost lead hazard controls, dust wipe testing and risk assessments, lead safe cleaning techniques, and lead safe work practices. The success of the "lead lab" demonstrated that using visual, hands on examples of hazards is an effective way to teach environmental

Home

SWAN

Healthy Home remained effective and relevant to the community's needs, and made referrals

much of this information focuses on specific health hazards (e.g. lead, asthma or fire hazards) without considering all possible issues in a home.

One alternative for HH education that many groups have tried is home visits. Home visit programs can be effective in educating individuals and encouraging action, particularly when program staff can point to specific issues in a home and demonstrate how to address them. These programs, however, can also be very resource intensive and therefore are usually limited in scope, serving a small number of clients. Rochester's Healthy Home was designed to capture the home visit concept of visual, hands on examples that visitors can easily relate to, while increasing reach by reducing the resources required to educate each person. Rather than visiting individual homes, the Healthy Home project supplied the home and invited visitors in. This model also helped to reduce trust barriers that can sometimes stymie with home visiting programs.

Home environmental health is a complex topic. Reducing environmental home health hazards can be complicated by the fact that solutions require coordination between technical and behavioral change, improving landlord tenant relationships, or developing individualized responses. Likewise, unless a holistic approach is taken, solutions to one problem may create or worsen others. For example, residents may try to control pests through more extensive use of chemical cleaners that turn out to trigger their children's asthma. These issues are also often technically complex, involving knowledge ranging from law to toxicology to home construction. Developing educational materials that address complex problems in a holistic yet accessible manner is a challenge.

Healthy Home staff spent several months developing displays designed to address these challenges by providing visitors with holistic strategies to reduce environmental hazards in their specific housing situation. The materials and solutions were designed to focus on the circumstances of

course of action is often prevention. HH tour guides tailored their messages to address barriers that different groups of visitors might face. For example, tours for groups of teen mothers emphasized different issues and actions than tours for property owners and contractors. Likewise, HH tour guides recognized that behavioral changes may depend on social dynamics in the home or culture. For example, it may be difficult for an asthmatic resident, particularly a child, to persuade family members to stop smoking indoors. Tour information was therefore also tailored to individuals or groups based on social situations (e.g., renters or owner occupants) to help visitors find productive actions for their specific circumstance. Suggestions offered through the Healthy Home followed a holistic approach, aimed at reducing hazards without introducing others and, where possible, employic

families to the HH provided visitors with sealed plastic bins for rice storage, mops, mousetraps, buckets, toilet brushes and non toxic cleaners.

In general, the Healthy Home focused on making individualized referrals to community resources equipped to address specific needs. This included organizations offering weatherization and lead hazard control grants, home visiting programs for asthma, and other services. Many of these organizations were represented on the HHAC, and also referred their clients to the Healthy Home. This strong partnership helped connect Rochester residents to effective resources. Likewise, actions suggested during tours focused on low cost strategies, emphasizing that not all actions to reduce hazards have to cost a lot of money.

A typical tour began with a brief discussion about the visitors' specific interests. Tour guides then led visitors through the Home, discussing information on the posters, and answering questions while visitors interacted with the displays. The main areas of the HH are described in Table 1.

Table 1: Main tour rooms and displays in Rochester's Healthy Home

Room	Displays	Environmental Hazards Addressed
Asthma Safe Bedroom	Asthma safe bed, emergency asthma treatments, smoking cessation, child safety crib, cleaning	asthma triggers; child safety; cleaning for dust, lead, and mold
Lead Room	Lead poisoning	Deteriorated lead paint; lead in dust; lead in soil
Basement	Indoor air quality	asbestos; carbon monoxide; radon; furnace
Kitchen	integrated pest management; chemical look alikes; chemical storage; nutrition	chemicals; pests; nutrition

A typical tour began with the "asthma safe bedroom," which included

After the lead room, visitors went into to the “basement/air quality display,” where they learned about mold, radon, asbestos, furnace filters, and carbon monoxide and fire hazards. This room also contained a display demonstrating what visitors should look for in a furnace filter, what a dirty filter looks like, and which types of filters to avoid using. Visitors could also see a radon test kit and carbon monoxide detector. Photographs of mold and asbestos gave visitors a sense of what to look for when checking for these hazards.

Lastly, visitors went through the “kitchen” where guides demonstrated Integrated Pest Management (IPM) techniques, and food and chemical safety (preparation, use and storage). The kitchen also included displays on good nutrition. Tour guides were provided with materials and training to help them give comprehensive tours and answer visitor questions. A full description of the displays is included in our Guide to Replication (Appendix 5); photographs of several displays are in Appendix 6. At the end of the tour, visitors were asked to complete an evaluation and an action sheet that described one or more actions they planned to take to improve the environmental health of their home. Visitors were also asked if they were willing to be contacted to follow up on their planned actions.

Beyond the basic tour information, all features of the Healthy Home encouraged “healthy behaviors.” For example, when visitors used the restroom they saw signs about proper hand washing to help reduce lead, and learned how vent fans help improve indoor air quality. When funding provided snacks for groups, healthy foods such as fruit or vegetables were arranged.

Projects at the Healthy Home

Visitors primarily found the Healthy Home through referrals or recommendations from HHAC members and other community groups (Table 2). Others saw fliers, heard about it in the news or from friends, or visited through work. Healthy Home staff extended invitations to government agency staff, school leaders/educators, health care providers and other professionals. The Healthy Home program manager held semiweekly "open hours" where individuals could visit the home without an appointment, and scheduled tours for other times during the week. Maintaining a schedule helped provide access for multiple groups while ensuring each visitor's needs were adequately tended to. It also allowed the program manager to schedule time as needed for administrative and logistical duties.

Program staff and the core partners constantly sought additional funding to help increase community exposure and attract a wider range of visitors to the Healthy Home through various projects. Although it was typically SWAN or UR that acted as the principal organization for these funding awards, both partners played a major role in most grants. Evaluation services, technical expertise and program support through UR, combined with the community outreach expertise of SWAN staff contributed to the success of these programs. These projects greatly increased visibility in the community, and ultimately attracted more than three times the original target number of visitors to the Healthy Home. Over 3500 visitors took tours at the Healthy Home, and program staff collected 1861 evaluation forms. The rest of this section describes special events hosted by the Healthy Home, and many of the projects supported by additional funding.

Superintendent's Cabinet all hosted meetings at the Healthy Home. The Healthy Home also hosted several informational meetings in preparation for major changes affecting environmental health in the community. When the EPA passed its new Renovation, Repair and Painting Rule to regulate work done on homes built before 1978, Healthy Home partners organized a meeting of lead and housing professionals to discuss how this new law would influence lead work in the community. The discussions revolved around how the RRP rule might interact with Rochester's lead law, and ways to incorporate and raise awareness for the new law. Another special interest meeting hosted by the Healthy Home provided an overview of refugee culture and society for SWAN and city school district staff to help them prepare for an influx of new refugee students in light of a city school closure. UR arranged a "Home Safe Home Party," where a guest speaker from the Just Green Collaborative, a statewide group, talked with residents about green cleaning, how to reduce chemical exposures in the home, and how to make your own safe cleaners.

The Healthy Home also welcomed several "special visitors" who helped to increase the Home's credibility and exposure in the community. Local visitors included Robert Duffy, City of Rochester Mayor; Dr. Joel Seligman, UR president; Jean Claude Brizard, Rochester City School District Superintendent; and Congresswoman Louise Slaughter. The Home also gained national recognition, attracting visitors such as Rebecca Morley, National Center for Healthy Housing, Executive Director; Dr. Warren Friedman, U.S. Department of Housing and Urban Development (HUD), Senior Advisor to the Director of the Office of Healthy Homes and Lead Hazard Control;

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Rochester's Healthy Home hosted a special event for Monroe County Legislators to demonstrate some of the major successes of the project.

Outside the Home, staff, partners, volunteers and interns visited several community health fairs, farmers' market events, and presented at several conferences. HH staff also gave many off site trainings with an "on the road" healthy homes kit for groups that were unable to make it to the Home. This mobile kit was used at health fairs and other community events as well. Healthy Home representatives at UR and SWAN were guests on the "Healthy Friday" show on local public radio. The Healthy Home program manager also worked with a HHAC member to arrange healthy homes presentations at Camp Broncho Power, a local summer camp for children with asthma.

Lead Safety

The importance of reducing lead hazards was a key message of Rochester's Healthy Home. To help enforce this message, Healthy Home staff were actively involved in lead awareness throughout Rochester. The Healthy Home core team were active members of the Coalition to Prevent Lead Poisoning (CPLP) and worked in conjunction with CPLP for several city events.

Events at the HH also strengthened awareness in the community. For example, one of the Home's original partners, RFRI, hosted seven free Lead Safe Work Practices (LSWP) courses at the Home in 2006. These classes were supported by Atrium Environmental Health and Safety Services, and taught 67 contractors how to safely repair or remove surfaces painted with lead based paint.

The HH also served as a base for the City's "Lead Safe Saturdays" program, where volunteers went door to door in some of Rochester's highest risk neighborhoods to raise lead awareness in the community. In 2008 and 2009, the Healthy Home participated in local events recognizing National Lead Poisoning Prevention Week. The Home opened its doors for additional tours, provided materials at other organizations' events, and hosted a press conference on the importance of lead. During this week, youth volunteers invited friends to visit the Healthy Home and take tours with their peers. Other events such as the RRP meeting described above supported Rochester's efforts to reduce childhood lead poisoning.

Refugee Outreach

Rochester has seen an influx of refugees from a number of countries over the past ten years. One of the largest local communities, Burmese refugees, has over 350 families currently living in Rochester. Catholic Family Center (CFC) runs a program to work with Burmese refugees during their first 6 months in the country, helping them obtain jobs and find affordable housing while adjusting to Western culture. Because of limited resources, CFC is unable to remain connected with the families after 6 months. However, it takes far longer than half a year to grow accustomed to local customs, learn a new language, and settle into a society.

One major issue faced by refugees is the differences in housing between western cultures and refugee camps. Such cultural differences can lead to unsafe food handling and storage practices, inadequate cleaning and maintenance of homes, increased pests in the home, and increased risk of exposure to environmental health hazards (particularly lead and unsafe chemicals).

In 2009, the Healthy Home was awarded a \$15,000 grant from Monroe County Department of Public Health to conduct "Lead Education and Outreach for Refugee Families" in Rochester. The Healthy Home program manager worked closely with CFC to design and implement this project. Initial meetings with CFC caseworkers outlined some of the environmental health challenges facing refugees in Rochester, and helped develop a list of topics that the tours should cover. Healthy Home staff also met with property owners who rent to refugee tenants to find out the biggest challenges in renting to tenants of different cultural and language backgrounds. Based on these conversations, the program manager developed a tour

Housing Professionals

The importance of reaching out to housing professionals, particularly property managers and contractors, was clear early on. Most home environmental health hazards tend to be associated with older homes in poor condition, and rental properties tend to be higher risk than owner occupied housing. Because addressing some home environmental health hazards often requires safely making physical changes to a property, it is important for owners to understand the consequences of and solutions for home environmental hazards. Likewise, some hazards can be increased when work is done on a home. Tour guides encouraged tenants to develop a relationship with their property owners, while emphasizing the tenant's role in maintaining a healthy home as well. From the outset, Healthy Home staff reached out in an attempt to attract housing professionals to the home, but found it particularly difficult to attract this group.

In 2009 the department of Environmental Conservation (DEC) Environmental Justice office funded a \$50,000, project, "Leveraging Housing Programs to Create Healthier Homes." The Healthy Home had previously built strong relationships with Neighborworks Rochester, Environmental Education Associates and other programs that serve housing professionals. The initial aim of the project was to develop a referral system through existing housing programs to encourage professionals to visit aim

and used in conjunction with the Healthy Home's "on the road" kit. Rather than invite housing professionals into the Home, the program manager visited full day training courses at other organizations to conduct the training during the class lunch break. Lunch was provided to enable participants to stay the full hour. This training approach was successful, and was later incorporated into a two year contract with MCDOPH to train over 1400 additional individuals after the Healthy Home closed.

Youth

Understanding that one effective means of educating adults is through their children, Healthy Home staff encouraged youth to visit the Healthy Home. This approach also complemented SWAN's commitment to

single use cameras (donated by Eastman Kodak) and asked to take pictures of healthy and hazardous things they saw around their homes and neighborhoods. The kids used their experiences and photos to make posters about home environmental health hazards. Snapshots youth were encouraged to bring their parents to the Healthy Home.

Many of the games used for kids appealed more toward younger kids. One youth intern decided that she wanted to find a way to make the Healthy Home more attractive to high school kids. In 2008, she applied for and received a Youth as Resources (YAR) grant to fund "It's a Health Thing." This \$1,000 award supported the development of a Healthy Home Jeopardy™ game. Interns worked with the Healthy Home program manager to develop fun and appropriate questions, and fit them into a Jeopardy™ template. The project originally included production of a Healthy Home video to go with the game, but this proved too logistically limiting. The game has been widely successful in engaging older kids and adults in learning healthy homes information. Healthy Home staff used the game at health fairs and other events to attract attendants. The game also worked well as a way

at SWAN recognized a need to help clients overcome several other barriers in order to find and maintain gainful employment. She created a full day program to expand beyond job skills, teaching self esteem, hygiene, interpersonal relationships and other skills. However, other important factors, such as family health, also greatly affect an individual's ability to work. For example, asthma in Rochester is a significant contributor to school and work absences.

Reducing asthma symptoms and attacks for the child or parent can therefore help parents maintain employment by improving work attendance. SWAN saw such connections between employment and health as an opportunity to increase exposure to the Healthy Home, as well as help improve the health of its clients. WEP was collocated with the Healthy Home (occupying a separate room on the same floor); WEP trainings took place in the HH's "lead room," and WEP interns took a tour of the Home as part of their full day training.

Other Projects

The Healthy Home was constantly evolving to meet the needs of visitors. In addition to the programs listed above, the Healthy Home also worked to incorporate new displays to address emerging health concerns in the community. For example, Foodlink (a local food bank) partnered with Healthy Home staff to create a "kitchen" display promoting nutrition and obesity prevention. Displays demonstrated healthy foods and appropriate portion sizes. Head lice has also been a growing concern for members of the community. A UR student developed a display addressing health and safety concerns relating to many home remedies and chemicals for lice treatment, such as putting kerosene or pesticides on the child's hair to kill the lice. The display encouraged appropriate use of products proven to be safe for children and effective

against lice. The Healthy Home program manager also developed a bed bug display in 2009 in response to visitors' concerns. She had noticed an increasing number of people asking questions about the pest, and had been hearing more from MCDPH and other sources about the rise in local infestations. Because of the cost and energy required to address bed bugs, the display focused on prevention of infestations. The display also encouraged use of integrated pest management (IPM) and working with a professional to address bed bug problems. Healthy Home staff strongly discouraged the use of strong chemicals in all pest cases, promoting IPM as an alternative.

Impacts

After tours, the program manager asked visitors to fill out evaluations and action plans. The purpose of collecting this information was to track visitors' responses to the Healthy Home displays, and to encourage visitors to take their own actions toward improving environmental health in their own homes. "Action plans" were simple forms on which visitors indicated what action they intended to take as a result of their visit to the HH. HH staff kept a copy of each "action plan" and visitors took a copy with them. These forms also included a list of resources to help complete home health improvements (Appendix 7). Staff then conducted follow up calls with visitors regarding the action plans to determine whether they had taken their planned action(s). Because home visits are so resource intensive, follow ups with visitors had to be conducted via phone or email. Thus, self reports of physical and behavioral changes made in response to the Healthy Home were the primary measure of individual impacts.

When developing the Healthy Home concept, the core team anticipated a visitor rate of about 350 per year. By the time it closed in December 2009, 3,716 visitors had signed in. Community residents were by far the most common type of visitor, covering about one third of the total visitors. Many health care professionals and youth also visited the Home. Table 3 summarizes the types of visitors to the HH.

Sign ins were categorized by the program manager to document the visitors' primary reasons for visiting the home. However, it was also important to understand how visitors identified themselves with respect to an interest in the Healthy Home. For example, while the program manager might have identified an individual as a Health Care Professional in the sign ins, that individual might have also identified themselves as someone who has a child under the age of six and rents an apartment in the City of Rochester. Table 4 summarizes visitors' self identification. Tracking this information gave Healthy Home staff a better sense of overall community impact. For example, knowing that children are particularly at risk for most environmental health concerns, it is important to note that nearly a third of the visitors were parents of a child under six.

Table 3: Type of visitor from sign in sheet (DEC and Refugee special projects listed separately)

Target Audiences	
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*In 2009, the Healthy Home received funding from the New York State Department of Environmental Conservation to focus on bringing housing professionals (particularly property owners, contractors and renovators) to the healthy home.

**In 2009, the Healthy Home received funding from the Monroe County Department of Public Health to train interpreters and bring members of refugee communities through tours in their own languages.

Table 4: Type of visitor from Evaluation Form (multiple answers allowed; excludes refugee data*)

* This question was omitted for refugee visitors to simplify the evaluation process.

**Job trainees were primarily WEP interns.

As previously discussed, the Healthy Home partners understood early on that hands on, interactive learning can be an enormously effective way to teach environmental health information. As a means of better understanding how the displays in

Table 5: Most 'useful' part of the Healthy Home (multiple responses allowed; excludes refugee data*)

	Year 1 (N ₁ = 352)	Year 1 %	Year 2 (N ₂ = 503)	Year 2%	Year 3 (N ₃ = 470)	Year 3 %	Total (N = 1325)	Total %
posters	167	47.4%	164	32.6%	142	30.2%	473	35.7%
display								

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Table 6: Most important

Table 7: Home hazard concerns reported by healthy home visitors

Table 8: Planned actions to reduce home hazards based on Evaluation responses (multiple responses allowed; excludes refugee data*)

	Year 1 (N ₁ =337)	Year 1 %	Year 2 (N ₂ =513)	Year 2 %	Year 3 (N ₃ =424)	Year 3 %	Total (N=1274)	Total %
contact a resource agency	70	20.8%	118	23.0%	149	35.1%	337	26.5%
make physical changes my home	150	44.5%	186	36.3%	156	36.8%	492	38.6%
ask landlord to make changes	82	24.3%	113	22.0%	174	41.0%	369	29.0%
change household cleaning habits	194	57.6%	265	51.7%	219	51.7%	678	53.2%
teach/share information with others	194	57.6%	208	40.5%	175	41.3%	577	45.3%
other	21	6.2%	27	5.3%	21	5.0%	69	5.4%

*For most visitors, action plan type was included in the evaluation, in addition to the actual Action Plan. This allowed visitors to list several types of actions they might take in addition to the single plan. This question was excluded from the refugee evaluation form to simplify the evaluation process.

Likewise, visitors filled out an Action Plan as part of the post tour process, stating one specific action they would take to improve environmental health in their own lives. These specific actions were recorded on a carbon copy – Healthy Home staff kept one on record, while visitors took the other copy home. Staff contacted visitors between a month

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The contact attempt rate for Healthy Home staff varied over the years as well. This was influenced by whether participants left contact information, but also by projects at the Home. In year 3, for instance, the refugee project required intense management by program staff, leaving fewer resources for follow ups.

Table 9: Action success based on follow up calls (excluding refugee data)**

	Year 1 (N ₁ = 119)	Year 1 %	Year 2 (N ₂ = 257)	Year 2 %	Year 3 (N ₃ = 96)	Year 3 %	Total (N = 472)	Total %
YES	95	79.8%	177	68.9%	90	93.8%	362	76.7%
PARTIAL	14	11.8%	20	7.8%	3	3.1%	37	7.8%
NO	10	8.4%	60	23.3%	3	3.1%	73	15.5%

*Largely because of language barriers, staff were unable to follow up directly with refugee visitors.

**These action results depict the distribution of success for completed follow up calls. A response of "yes" meant that the visitor completed an action after visiting the Home. "Partial" means the visitor began an action but did not complete it.

people often already do. Such a change is usually simpler to make than starting new habits altogether.

Table 10: Completed actions by action type

		contact a resource agency	make physical changes in my home	talk to owner of home I rent	change cleaning habits	teach others	Other***	Total
Year 1	N ₁ *	6	33	7	51	18	4	119
	#**	1	27	3	44	16	4	95
	%	16.7%	81.8%	42.9%	86.3%	88.9%	100.0%	79.8%
Year 2	N ₂ *	33	81	10	91	35	7	257

follow ups with refugee visitors, the Healthy Home program manager received positive anecdotal reports from several caseworkers reporting noticeable improvements in the homes they visit.

Data from the Healthy Home primarily focuses on its direct impacts for visitors, but it is important to consider the community impacts realized throughout the course of this program. Possibly the most important of these impacts was the development of the Healthy Home Advisory Council, now the Rochester Healthy Homes Partnership (RHHP). Prior to the Healthy Home, organizations serving to improve public health had little connection to one another. Through the Healthy Home, many of these partners discovered the potential relationships that could help leverage information and resources to create a broader impact on the community.

The Healthy Home supported the building blocks of other community initiatives as well. For example, while learning about lead in soil at the Healthy Home, SWAN staff began thinking about urban gardening and a youth program that had recently begun for their after school program. SWAN's Good Grief Garden was an initiative to provide a stress outlet for youth who had lost a loved one. The students were encouraged to tend a garden at SWAN, which included vegetables and other edible plants. The Healthy Home's lead in soil display triggered an idea for the staff member responsible for the garden, and she initiated the Grow Green program. The project began as a means of teaching students about safe urban gardening using above ground grow boxes. The program addressed food deserts in the city (encouraging fresh, healthy food grown at home), and addressed lead hazard concerns associated with gardening. Grow Green developed into an entrepreneurship program where youth learned to tend plants, create products and manage a business. Through this initiative, SWAN was able to secure funding to

build a greenhouse, in which students grow and sell plants. The group also sells fresh produce at a local farmers' market, and has significantly contributed to the success of the market. In 2010, Wilson Foundation Academy (the city school in which SWAN is based) began using the greenhouse as an outdoor classroom for science, math, and other subjects.

Lessons Learned

The Healthy Home taught its partners and the local community several important lessons relating to three key elements: partnerships, an integrated hands on approach, and a focus on action. These three elements helped the Healthy Home overcome the challenges described above related to education, complexity of required actions, and access to resources. Replication projects and other similar initiatives can greatly benefit from these lessons.

Partnerships

Because of the complex nature of home

Rochester's Healthy Home

(Krieger and Higgins, 2002). The Healthy Home's core team had provided diverse expertise that crossed several community sectors. SWAN had extensive experience developing community based programs, RFRI excelled in housing services, and UR provided technical expertise, technological resources, and a strong background in environmental health.

Likewise, the partners remained committed to each other throughout the program, including at times when this meant conducting work in a less efficient way. Organizational qualities that bolstered this relationship included flexibility in "ownership" of the project, and a realistic view of the capacity and limitations of each organization.

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Rochester's

firm incorporated the lead window displays to assist with hands on activities in their lead classes. Chemical lookalikes, dust mite pillowcases and other small display items have been incorporated into the trainings conducted by UR. Other organizations have used the checklists to provide information for their clients.

As for training other agency staff in teaching healthy homes information, the partners agreed that someone should actively help local organizations acquire and incorporate displays and information. The Monroe County Department of Public Health contracted UR through a Department of Housing and Urban Development (HUD) Lead Hazard Control Grant to conduct healthy homes trainings. The Healthy Home program manager and UR staff used the training PowerPoint to developed a one hour presentation, pairing it with a mobile kit of hands on display items (Appendix 8 – kit; Appendix 9 presentation). The primary goal of this program was to support integration of healthy homes information into existing outreach programs by training and supporting staff members.

Other displays (staff) /TT1 1 Tf 1.815 0y)Talsn

partnerships and other factors before deciding on a model. For example, instead of renting space, hands on displays on home environmental health could be added to a community group's existing office space or located in

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