MULTNOMAH COUNTY
HEALTH DEPARTMENT

Public Health
Prevent. Promote. Protect

MULTNOMAH COUNTY
ENVIRONMENTAL HEALTH

EMPOWERING APPROACHES TO HEALTHY AFFORDABLE HOUSING:
A TOOLKIT FOR CHANGE

2010

Produced by the Multnomah County Environmental Health Division

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INTRODUCTION

The connection between health and housing is a growing concern in public health departments everywhere, and housing is increasingly recognized as an important contributor to health issues. Landlords and management companies are becoming more aware of the need to educate and empower residents to address environmental health issues, concerns, and hazards in their multi-family affordable housing dwellings in order to create more habitable and safe housing, improve community livability, and help community members gain more control over their health, as it relates to where they live.

Multnomah County Health Department, Environmental Health Division, (MCEH) created this toolkit as a resource for those wishing to engage in a different approach to health and housing education; one which recognizes the value in management and residents working in a partnership approach to address issues in housing.

WHAT IS IN THE TOOLKIT?

The toolkit includes the theoretical frameworks upon which MCEH uses, and provides a step by step outline for communities, organizations, agencies and companies interested in pursuing this type of approach.

Throughout the toolkit, you will find examples, samples and stories that will help guide the user through the process. The beginning chapters discuss the importance of developing a framework of operating principles, determining the community you are working with, and provides a series of questions that anyone taking on this work should consider.

You'll find that the process may challenge traditional approaches to education and engagement, but that by operating in a more equitable, empowering, and partnership-based approach you will see significant change.

WHO IS IT FOR?

The toolkit design is primarily for public health educators and resident services coordinators who are working with residents in affordable housing, but the principles can be used by anyone who is interested in working with communities in ways that value empowerment and have a mission of addressing inequities.

HOW TO USE?

The toolkit is designed to walk users through a process in order to effectively determine capacity, operating principles, develop partnerships or enhance existing partnerships, and provides templates for recruitment, workshop curriculum, educational tools and evaluations.

Though the toolkit provides some easy-to-use samples, it is important to remember that much of this work applies principles from various methodologies rather than focusing on one specific method. For example, popular education principles are used as a tool to engage participants within a context of the socio-ecological model, but one might suggest that popular education in its truest form is much more involved than what we see here.

It is also designed to help you facilitate workshops that will begin conversations and allow participants to create action plans. As you learn about the socio-ecological model, you will find that prioritizing issues of concern and creating action plans won't address all the levels of the model, and true community wide change may need much more work focusing on advocacy and broader policy change that is not discussed in this toolkit. (but that is included in the companion policy toolkit)

The toolkit is a template, and users may find that being able to adapt the models for specific communities will be important. For example, playing games that require a lot of movement would not be appropriate if you are working with communities that have limited mobility, or using the written word wouldn't be appropriate for working with communities with low levels of literacy.

WHY DOES THIS WORK?

Using an equity and empowerment based approach to health education is becoming more and more accepted as an evidence-based strategy for working with communities to improve health outcomes.

This work acknowledges the value of partnerships and improved "social capital" in efforts to enhance the quality of housing and engagement of residents and management in creating health affordable housing.

It is also designed to be fun and engaging, and as do your work in this way, you will find it to be very gratifying!

WHY ARE GUIDING VALUES IMPORTANT?

Identifying guiding values, principles, and theories is an essential step when approaching any public health issue. Throughout this toolkit, you will be introduced to conceptual frameworks and definitions that shape the approaches used by Multnomah County Environmental Health (MCEH). Understanding the principles and theories that guide us contributes to success, whether you are working in a community or trying to influence policy.

MCEH's mission is to promote health by preventing disease and injury. We take an "upstream" approach to addressing health inequities, identifying and addressing the root causes of both positive and negative health outcomes and working at an individual, family, community, and policy levels to fulfill the Multnomah County Health Department mission: healthy people in healthy communities.

GUIDING VALUES AND PRINCIPLES FOR MCEH

Multnomah County Health Department, along with many public health organizations across the country, are moving towards an intentional and important shift in language, focusing on defining, understanding, and appropriately using key terms and best practices. Below, we describe our key values and principles. As you read about our values, begin asking yourself: "What are the core values that will guide the work in our organization?"

GUIDING VALUES FOR COMMUNITY EMPOWERMENT

HEALTH EQUITY AND ENVIRONMENTAL JUSTICE

Health disparities are differences between population groups in the presence of disease, health outcomes, or access to care. Disparities include both avoidable and unavoidable differences. An example of an avoidable health disparity is that African America males live x years less than the general population; an unavoidable health disparity is that older people die more often than younger people. **Health inequities** are health disparities that result from a variety of social factors such as income inequality, economic forces, educational quality, environmental conditions, individual health behavior choices, and access to health care. Health inequities are unfair and avoidable.[1]

Our health is determined by how much access we have to the benefits of society and how many burdens we bear. Equity refers to the fair distribution of social and economic benefits and burdens, and inclusive participation in decision-making. Social benefits and burdens are often determined by social policies – how, where, and with whom we invest our collective resources – and affect our health and quality of life.

Central to our health department's values is the importance of eliminating root causes of health inequities. To that end, we seek to develop and implement policies and programs which address root causes of health inequities by striving for both internal change to the organization as well as external change with community members and partners.

Environmental Justice means equal protections from environmental hazards and meaningful participation in decisions that affect the environment where people live, work, learn, practice spirituality, and play. "Environmental justice communities" include low-income communities, communities of

1 World Health Organization : http://www.who.int/social_determinants/en/

color, tribal communities, and other communities traditionally underrepresented in public processes.[2]

Low-income communities and communities of color disproportionately bear the burden of substandard housing and associated negative health effects like increased asthma and lead poisoning. Our commitment to environmental justice and our understanding of the relationship between the environment and health leads us to focus on healthy housing.

EMPOWERMENT THEORY

Throughout the second section of the toolkit, "Empowering Approaches to Healthy Affordable Housing," you'll note we frequently use the word "empowerment." We use a definition of empowerment from Nina Wallerstein, who defines it as "social-action process in which individuals and groups act to gain mastery over their lives in the context of changing their social and political environment." Empowerment has become more important in public health because of three related developments. First, there is increasing evidence that negative social conditions lead to poor health. Second, some researchers have suggested that powerlessness is the common factor among all the negative social conditions and therefore, empowerment is the logical solution. Finally, a number of studies have shown that if we can increase empowerment, we can improve health. Many public health workers feel it's important to work towards empowerment on three levels: individual, organizational, and community.[3] Many also agree that one person cannot empower another, but that we can help to create conditions in which empowerment is possible.

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2 Wallerstein, Nina. Powerlessness, Empowerment, and Health: Implications for Health Promotion Program; *American Journal of Public Health,* January/February 1992; Vol. 6. No. 3

GUIDING VALUES FOR COMMUNITY EMPOWERMENT

POPULAR EDUCATION

Popular education is a philosophy and methodology for teaching and community organizing. With roots going back more than 200 years in Latin American history and shaped by the work of educator/organizers like Paulo Freire and Myles Horton, popular education aims to create a more just and equitable society. Through the use of interactive techniques such as dinámicas (social learning games), sociodramas (social skits), brainstorming, simulations, and problem-posing, popular educators draw out and validate what participants already know and do, connect their personal experience to larger social realities, and then support participants to work collectively to change their reality.[4]

SOCIO-ECOLOGICAL MODEL

The socio-ecological model recognizes the interwoven relationship that exists between the individual and their environment. While individuals are responsible for instituting and maintaining the lifestyle changes necessary to reduce risk and improve health, individual behavior is determined to a large extent by social environment, e.g. community norms and values, regulations, and policies. The most effective approach leading to healthy behaviors is a combination of the efforts at all levels--individual, interpersonal, organizational, community, and public policy.[5] Whereas popular education is a practical framework for instituting and implementing workshops, the socio-ecological model is a practical tool for showcasing frameworks and for changing public policy.

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3 Wiggins, N. (2010). *La Palabra es Salud: A Comparative Study of the Effectiveness of Popular Education vs. Traditional Education for Enhancing Health Knowledge and Skills and Increasing Empowerment Among Parish- Based Community Health Workers (CHWs)* (Doctoral dissertation, Portland State University, 2010). Dissertation Abstracts International, in press.

4 Wiggins, N. & Rios, T. (2007). An Introduction to Popular Education. Community Capacitation Center, Multnomah County Health Dept. All rights reserved.

5 http://www.dhs.state.or.us/publichealth/hpcdp/about.cfm#why

SOCIO-ECOLOGICAL MODEL DEFINITIONS

INDIVIDUAL – Motivating change in individual behavior by increasing knowledge, or influencing attitudes or challenging beliefs.

INTERPERSONAL – Recognizing that groups provide social identity and support, interpersonal interventions target groups, such as family members or peers

ORGANIZATIONAL – Changing the policies, practices, and physical environment of an organization (e.g., a workplace, health care setting, a school/child care, a faith organization, or another type of community organization) to support behavior change

COMMUNITY – Coordinating the efforts of all members of a community (organizations, community leaders, and citizens to bring about change)

PUBLIC POLICY – Developing and enforcing state and local policies that can increase beneficial health behaviors. Developing media campaigns that promote public awareness of the health need and advocacy for change.[5]

6 http://www.livewellcolorado.org/assets/pdf/community-initiatives/communities/west-denver/dph-socio-ecological-model.pdf

IDENTIFYING THE 'COMMUNITY'

Determining the scope of your work is important and critical for evaluating the need to do your work and the readiness of the community whom you wish to work with. By examining how Multnomah County Health Department identified the affordable housing community, you can see what types of questions you may ask to narrow your own scope.

In 2001 Multnomah County Environmental Health embarked on a journey. It was a leap of faith in many ways based on the premise that oftentimes in public health we are seen by communities as doing research "on them," or that we are always focusing our efforts and capacity towards the "hazard of the day." This approach not only is not a best practice for engaging community members in the work, but also doesn't value the needs of the community, from their own determination.

There are many ways to determine the community you are going to work with. If you are a specific organization that focuses, let's say, on transitional housing, you will have already narrowed your scope based on the mission of your organization. If, on the other hand, you are a government agency with a much wider scope, say, "environmental health," it's important that you clearly define some parameters for how you will choose the community that you will work with.

Multnomah County's approach and process is outlined over the next few pages, detailing a multi-year process, using the Center for Disease Control (CDC) and National Association of City and County Health Officials (NACCHO) PACE EH model to assess community needs, which stands for Protocol for Assessing Community Excellence in Environmental Health. It included the formation of a MCEH PACE EH community coalition that built relationships with community members and community based organizations that have lived on long beyond the initial assessment. The Multnomah County PACE EH Community Coalition included over 45 community-based organizations,

citizen activists, environmental health and environmental justice advocates, and local agencies/public officials committed to improving environmental health and environmental justice awareness and solutions in the communities of Multnomah County. The goals of the coalition were to:

- Create and strengthen relationships among individuals and organizations concerned about environmental health and environmental justice.
- Mobilize individuals and local organizations to take an active role in setting an environmental health and environmental justice agenda for their communities.
- Involve communities in planning and decision making about local environmental health and environmental justice issues.
- Integrate data-driven assessments of environmental health and environmental justice concerns with the values and perceptions of communities.
- Promote leadership among environmental health and environmental justice advocates.

COMMUNITY ASSESSMENT PROCESS AND RESULTS

The Multnomah County PACE EH Community Coalition completed an environmental health assessment. Criteria for selection of the geographic area where the first PACE EH Assessment was conducted was designed to identify a community with multiple exposures to environmental health challenges, yet requires minimal resources to address those challenges.

TIP

3 PRIMARY SELECTION CRITERIA

1. ENVIRONMENTAL JUSTICE AREA:

a. Large % of people of color
b. Low-income
c. Disproportionately affected by environmental and health threats
d. People with less political power
e. Exposure to multiple environmental problems

2. PACE EH SUPPORT IS WELCOMED BY THE COMMUNITY

3. AVAILABILITY OF EXISTING DATA ON THAT AREA

PREVIOUS DATA REVIEWED FOR 2004 EJ DATA

- Percent of population below the 100% and 200% of poverty
- Percent of non-white population by census trace
- Cancer risk per million population by census tract
- Potential Brownfield's
- Industries generating hazardous waste
- Superfund sites
- Pre 1950s Housing
- Childhood lead poisoning cases, 1992-2002
- Percent of low birth weight births by census tract, 1996-2000
- Air concentrations of formaldehyde by census tract
- Exposure concentrations for diesel particulate matter
- Exposure concentrations for benzene
- Illegal dumpsites
- Solid waste facilities

THESE FIVE COMMUNITIES WERE IDENTIFIED AS THE GEOGRAPHIC AREAS OF GREATEST IMMEDIATE CONCERN

1. INNER NORTH AND NORTHEAST PORTLAND COMMUNITY (ALBINA)

2. EAST COUNTY/ROCKWOOD (GRESHAM-EAST MULTNOMAH COUNTY AREA)

3. ST JOHNS'/PENINSULA COMMUNITY OF NORTH PORTLAND

4. NORTHEAST CULLY AND OUTER NORTHEAST PORTLAND COMMUNITY

5. LENTS/OUTER SOUTHEAST PORTLAND COMMUNITY

The Assessment Team gathered data and maps documenting the following indicators on communities in Multnomah County. (see graphics on page 13 for data collection process)

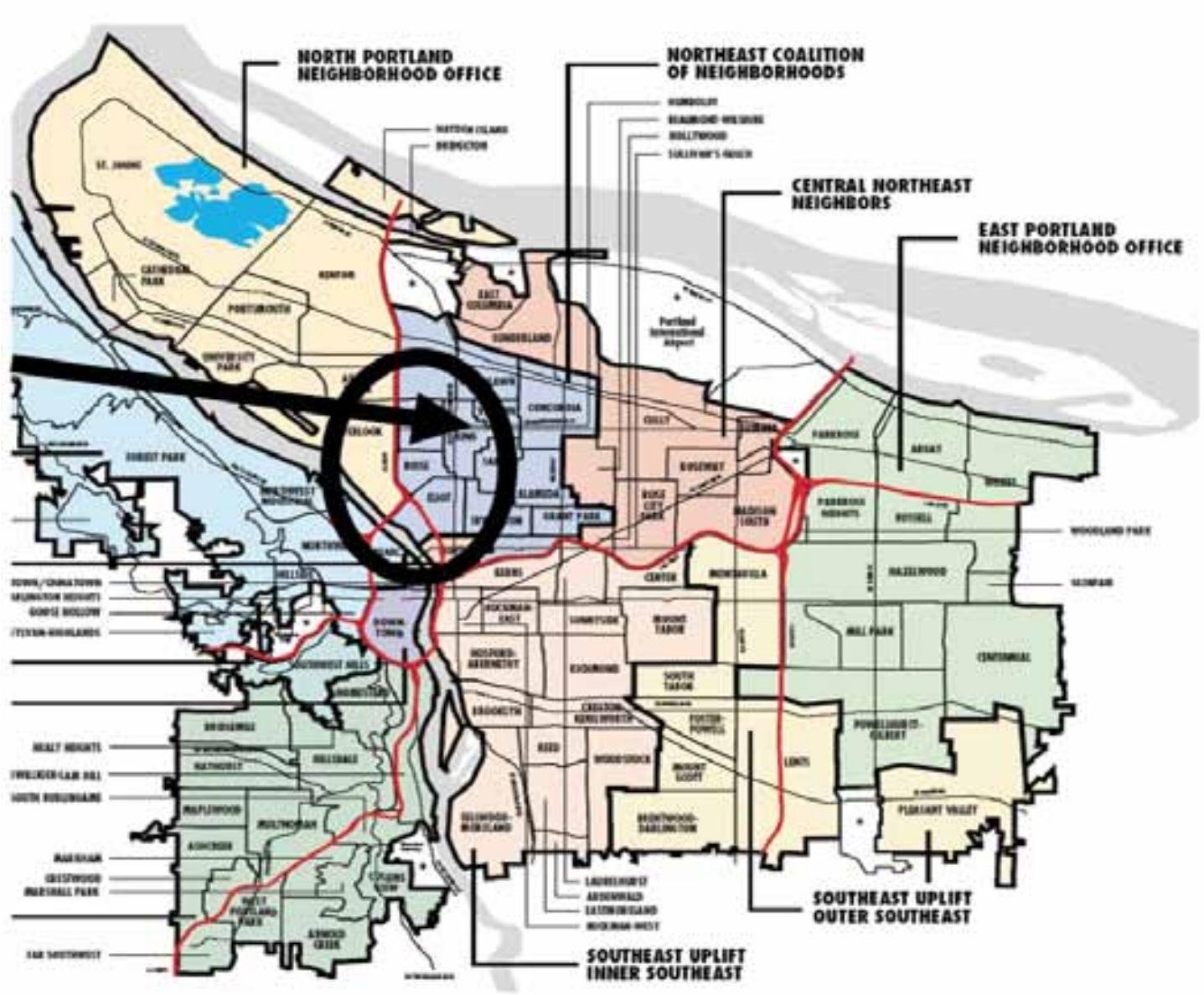
COMMUNITY IDENTIFICATION

Five communities in Multnomah County emerged from the criteria and cross-referencing of indicators and exposure rates as the geographic area of greatest immediate concern.

The Coalition further narrowed the community-based assessment of environmental health issues in the affordable housing community of North and Northeast Portland due to this community coming forward and self-identifying themselves as a group with environmental health issues and needs. The affordable housing communities from five neighborhoods in N/NE Portland (Boise, Eliot, Humboldt, King and Vernon) were used as the specific geographic scope for the assessment.

Using culturally mindful techniques toward meaningful involvement, including coalition meetings in the affected community, faith-based gatherings, viable language translation of all materials and presentations, child care, approval from coalition partners and community members on all decisions, and consistent emphasis on creation of relationships among the citizens and neighborhood leaders, the coalition has stayed true to the importance of environmental justice and the role of community in the problem-identification and

FIVE COMMUNITIES IN MULTNOMAH COUNTY



SURVEY RESULTS

- 28% of residents indicated that their health was fair or poor.
- 37% of residents said they have a problem with mold in their home.
- 65% said they have a problem with trash outside their homes.
- 23% said they believe they have a problem with lead.
- 45% said they had problems with their housing unit that had not been repaired.

solution processes. It was this approach that successfully led to the identification of community concerns.

The success of the PACE Coalition in building strong relationships between community members, community organizations and local government had multiple positive effects on the City of Portland and Multnomah County, which included:

1. Increased civic participation
2. Increased shared understanding of community values, environmental justice, and effective policy development
3. Relevant policies and programs to improve the environment and health of marginalized groups and the community at large
4. Increased access to funding streams from federal agencies and private foundations
5. Decreased health care costs associated with environmental degradation
6. Increased community livability

It was because of the work that was done in the community that Multnomah County Environmental Health was able to begin our journey bridging health and housing. We knew that we were responding to specific community concerns and this has guided our work since this assessment, and is reflected in large part by the success indicators outlined above.

AT A GLANCE:

N/NE PORTLAND COMMUNITY ASSESSMENT METHODS AND FINDINS

ASSESSMENT TOOLS AND MODELS

Community Meetings/Faith-Based Gatherings
Neighborhood Walking Tours
Photovoice
One-On-One Interviews
Grassroots Outreach (door knocking)
Focus Groups
Surveys

EH ISSUES IN N/NE PORTLAND

- Indoor/outdoor air quality issues specific to elevated asthma rates,
- Brownfields and community-redevelopment,
- Land-use and community design issues including gentrification and displacement,
- Lead-poisoning and lead-blood testing of children and infants,
- Trash and lack of trash resources,
- Access to Greenspace
- Community empowerment, community leadership and strategies to address issues of concern;
- Mold, mildew and substandard housing issues in present affordable housing,
- Identification and accountability of existing leadership and government agencies,
- Transportation equity,
- Zoning in and around hazardous landfills, highways, and superfund sites.

BUILDING PARTNERSHIPS

UNDERSTANDING ROLES AND RESPONSIBILITIES

It is critical when you embark in this type of work that you understand the capacity that you have to complete the work. It is also important to ask some difficult questions to recognize what constraints may exist upon your work. For example, if you work for government, what stereotypes about entering communities or community participation exist, particularly in relation to the history government has with certain communities. Or, what expertise may a community organization that has not worked with refugee communities' lack which could impact the success of the engagement. By identifying program constraints, evaluating partnerships, and having clearly defined roles for the educator, partners, residents, and managers, you will see a more effective approach to working with the community and have less difficulty as you implement this work.

BUILDING PARTNERSHIPS:

Working with existing partners: Key Informant Interviews

The PACE EH process, along with housing policy work described in the Housing Policy Section of this toolkit allowed Multnomah County Environmental Health to build collaborative relationships with many housing stakeholders, including community-based advocacy groups, landlords and landlord associations, and housing providers. Remember, it can take time and understanding of your partners' interests, mission and values to create meaningful partnerships.

MCEH, when developing the conceptual framework for the Healthy Affordable Housing Project, met with key stakeholders whom we had developed relationships with through our focused work around housing. We had already engaged these

partners in meaningful ways, including a Healthy Homes Summit, the PACE EH process and the Quality Rental Housing Workgroup (see Policy toolkit).

We asked two key stakeholders (community based advocacy group and a landlord association) a series of questions to better inform our process, provide input and expertise in order to reach our intended audience, and to meet the needs and frame the message of the two constituent groups we were intending to work with: tenants and management.

QUESTIONS TO GUIDE THE PROCESS

1. After reviewing the project process and outcome objectives, is there anything you feel is missing, needs adjustment, or clarification to more clearly articulate the project goals?
2. Can you identify components needed in a work plan for successful implementation of a project that will work jointly with landlords and tenants to address environmental impacts?
3. What is the best approach for both landlords/ management and tenants?
4. In your opinion, what are some key issues facing your constituency?
5. Who do you recommend we bring to the table as additional partners?
6. Are there any property managers you have worked with in the past who may be already primed to participate in this type of project, specifically in the defined community?
7. How do you feel it's best to engage our key informants, like yourself, as we move forward?

Bringing partners to the table

Once you have identified partners and established, through key informant interviews, the best practices for communicating with the intended audience and participants, it's time to bring partners to the table.

This can be a challenge when looking to address significant environmental hazards in housing, as traditional power dynamics impact the ways that both landlords and tenants see their role in contributing to, or addressing, environmental issues that arise. Mold, for example, is often a caused by a combination of tenant behavior and structural issues for which the landlord is responsible.

For MCEH, after attempting to work with a private landlord with limited success, we realized that the important step of affirming roles and responsibilities, and recognizing "readiness" for engaging in a true partnership approach was an important next step in the process. The next section will talk about some of our learned lessons, and provide some measurements for determining whether the partnership is ready to engage in more action-oriented work.

ROLES AND RESPONSIBILITIES

Determining readiness

It is imperative in any relationship to be assured that each partner is willing and able to make the necessary commitment to increase the likelihood of success. The case study of the

Healthy Affordable Housing Project below will help describe what can happen when readiness is not identified and roles and responsibilities not clearly outlined.

MCEH originally worked from a model that relied on the private sector to self-identify involvement. By working with partners that included private sector landlord organizations, community based groups, and government regulatory agencies, we allowed the word to get around and insisted on a landlord/property management company coming forward. This is but one way to do this work. In other situations, it could have worked to start from a community based approach, both finding and organizing residents through community outreach, or by seeking tenant organizations that had already built community and had an established relationship. By allowing the landlord/property management companies to self identify, we were attempting to assure that the project start out from a partnership, non regulatory stance and had the initial and immediate trust of the landlord.

There were several conversations with a local private management company about recruitment of participants for this project. At issue with a small staff, and many tenants, was the time and energy of the Management Company staff to assist with the outreach and recruitment. Because of this, MCHD health educator created all materials, and went door to door to invite participants to the sessions. While generally an accepted practice; without on the ground relationships, there was limited tenant participation, the staff of the management company wasn't 100% bought in, roles weren't defined, and the project suffered accordingly.

Because of the time intensity of doing outreach to residents, it may make sense to be very mindful of using existing resident coordinators, tenant association members, or community leaders to do the recruitment. This

is a learned lesson: Recognizing and utilizing existing social capital is an important consideration when there are limits to the capacity of educators or organizers to build relationships with tenants and landlords

Below we've listed a few of the problems encountered in a model that relies heavily on traditional outreach approaches and does not utilize existing relationships:

1. Time and staff of management company-many private management companies do not have on-site resident coordinators who have established relationships with the tenants, and who serve as a "liaison" between the management company and the tenants, thereby having an established level of trust.
2. Difficulty with recruitment, getting folks engaged, "caring" about issue not self-identified by community. As an "outsider" it's very difficult to know what issues really resonate with the tenants, and creates difficulty in getting participation from residents if they are not already engaged in the housing community.
3. Grant Considerations: Any meaningful process will take time, sometimes more time than you feel you have! If you have timelines and deliverables based on grant obligations, you will need to consider this when making decisions.

It was our experience that it made more sense to partner with a housing provider that had some pre-existing relationships with tenants, and a dedicated staff person who could build upon this relationship in order to help recruit participants, work to develop curriculum that reflected recognized needs and issues of tenants, and had the capacity to play an active role in the participation of the work. This is not to say that

working in the private sector is not possible, but rather, until you have developed relationships, either with tenants or with a committed landlord or management company that values the work, and understands the value of having staff whose job is to develop relationships with tenants and provide services, your work will be much more difficult.

IDENTIFYING ROLES

As with any partnership, it is important that roles are clearly defined. In the MCEH Healthy Affordable Housing Project, this meant clearly articulating what the health educator would be responsible for, and what the resident services coordinator was responsible for. This could be:

1. Recruitment: Who will be responsible for speaking with tenants, posting fliers or other recruitment documents, follow up with participants etc?
2. Curriculum: Who will develop curriculum? What role will the partners have in influencing content? How active a participant should resident services coordinator be?

CASE STUDY

MULTNOMAH COUNTY ENVIRONMENTAL HEALTH AND REACH COMMUNITY DEVELOPMENT CORPORATION

To give an example of how a partnership approach to this work can happen, this chapter will describe the "Affordable Housing Tenant Landlord Project" that Multnomah County Environmental Health and REACH Community Development Corporation partnered on.

REACH CDC's mission is to provide quality affordable housing and opportunities for individuals, families, and communities to thrive. Since 1982, REACH has pioneered affordable housing and supportive programs that address complex challenges facing communities. At each of their housing properties they have resident services coordinators who work with tenants on various levels. Thinking back to the "readiness" and "roles and responsibilities" sections, it was important for MCEH and REACH to agree upon the vision for the work, with shared understanding of what we hoped to accomplish, based on a framework that MCEH had proposed and which REACH supported.

It was important not only to build relationships and understanding with the resident services coordinators who worked on-site with the residents, but also to have buy-in from leadership within the organization. This is incredibly important, as you must have agreed upon outcomes and understanding of the intention of this work for all parties involved.

CASE STUDY

MULTNOMAH COUNTY ENVIRONMENTAL HEALTH AND REACH COMMUNITY DEVELOPMENT CORPORATION

Multnomah County Environmental Health chose to work with a local community development corporation based on the assessment of readiness. This is not to say that private landlords cannot partner to do this work, but rather to suggest that for someone starting this work for the first time, that you will want to gauge readiness, as oulined in earlier chapters. Recognizing the social justice mission of an organization like REACH makes that determination much easier. They are already bought into the idea that a relationship with tenants, and investment in onsite representatives of the organization who's role is to work alongside tenants to improve the quality of their housing has a value in itself. It is that structural organization at an institutional level that will allow this work to be accepted and implemented in a much easier fashion.

The following sections of this chapter provide examples of outlines for workshop curriculum that incorporates principles of popular education and puts into practice the theories and frameworks outlined in the earlier chapters.

THERE ARE SOME COMMON ELEMENTS CENTRAL TO EACH WORKSHOP:

1. **Welcoming**
2. **Ground rules**
3. **Dynamica (games with educational purpose, meant to increase energy, get to know each other etc)**
4. **Dialogue**
5. **Evaluation**

The next few pages contain an example of a curriculum used by Multnomah County Health Department with residents at an affordable housing complex. You'll see how the workshops are building upon the frameworks discussed in chapter 2 and incorporates the activities central to popular education to help facilitate dialogue, build relationships, and identify and prioritize issues. These workshops were specifically focusing on healthy homes, so you'll see that reflected, but you could use this template to discuss many different topics.

SOME KEY THINGS TO CONSIDER WHEN DESIGNING A WORKSHOP

1. Trust-building, dialogue, and action steps should be included in every workshop.
2. You must build in time between workshops both for the participants to have time to think about and apply what they have learned, and so you, as facilitator, have time to build upon what you have heard from the workshop prior.
3. Radiodrama: often it is more effective, depending on the time you have for workshops, for the facilitators to write their own radiodrama. The participants will act out the roles, but the facilitator should do the work ahead of time to create a script that is engaging, helps participants learn and think more deeply about an issue, and can lead to prioritized action items.
4. You will always want to make sure you include in your preparation all the materials you need, a set of ground rules, or what you may call "agreements for building community," food, drinks etc.
5. If there are shared facilitators, be clear about what roles each will play. You will want to designate a scribe, or recorder, when brainstorming.
6. Use motivating tools when you can. In the appendix you can find examples like the 'passport to health' or incentives like green cleaning kits.
7. Always do an evaluation at the end of the workshop. MCEH commonly uses "plus/delta"–what did you like, what would you like to see changed?

SAMPLE WORKSHOP

DAY 1

INTRODUCTION • 10 MINUTES

1. Welcome participants
2. Introduce facilitators and describe reason for workshops
3. Ask participants to introduce themselves
4. Present the objectives and agenda of the day
5. Logistics: bathrooms, snacks and drinks, "make sure you are comfortable"
6. Explain that we will use principles of popular education that includes the idea that we all learn from each other. We all have experiences and knowledge that we bring to this shared space that is valuable. We will have questions, and concerns and we will try as a group to work together to find ways to eliminate barriers and make positive change.
7. Ground rules or agreements for building community

TRUST BUILDING: DYNAMICA • 20 MINUTES

1. Dynamica's are games with educational purposes. There are many reasons to use them: get to know each other more, help people practice a skill, get your blood moving and many others.

BRAINSTORM, THINK, PAIR, AND SHARE • 60 MINUTES

1. Answer the question, "what do we already know or imagine about what makes a health home or a healthy community"
2. Explore through pictures, with each participant making their own collage, drawing a picture etc to explain their vision –there is some space in your passport for writing down some words that describe your picture, or words that come to mind when you hear others talk about theirs.
3. Share their pictures/drawing with the group (capture some of the "themes" on post it paper) ---Ask participants about the themes we have heard, does anyone want to share what they wrote down in their passport?
4. **BREAK 10 MINUTES BEFORE GROUP SHARING**
5. Ask Participants: Now that we have a vision, what are some of the barriers to accomplishing these things?
6. Explain that we will be thinking about ways to address these issues in the next workshop
7. Take home activity: do something on your own, or observe something that you see that contributes to a healthy home or community

EVALUATION: PLUS/DELTA • 5 MINUTES

1. Explain that a main idea of popular education is to always be seeking input to improve teaching, and so we always do an evaluation
2. Brainstorm, capture

DESCRIBE NEXT MEETING, WITH TIME AND DATE • 5 MINUTES

SAMPLE WORKSHOP *DAY 2*

INTRODUCTION • 20 MINUTES

1. Welcome and review of what happened first workshop, ask for clarification, other thoughts about what happened.
2. Introduce facilitator, explain role, project etc again
3. Ask participants to introduce themselves,
4. Present the objectives and agenda for the day.
5. Cover logistics:
6. Review Ground rules or agreements for building community
7. Ask about any follow up from the last meeting ---sharing stories of things they did or observe:
8. How did it go?
9. What worked for you?
10. What didn't work?

TRUST BUILDING: DYNAMICA • 10 MINUTES

1. Explain game.

RADIODRAMA/STORYTELLING/ROLE PLAY • 60 MINUTES

1. This exercise, called a Radiodrama, or radio play, is a way to help us understand the complexity of some of the issues we have already thought about. By acting it out in characters we can think about all the different roles and circumstances that influence an issue. Afterwards we'll be talking about what we heard and what feelings come out of hearing and acting out this issue.
2. 'Act out'
3. **BREAK • 10 MINUTES**
4. Ask participants "what did you hear?"
5. How did it make you feel when you heard that?
6. What could you imagine being done? What could you do? What could the group do? Management?
7. CREATE LIST OF ACTION ITEMS IDENTIFIED BY THE GROUP

EVALUATION: PLUS/DELTA • 5 MINUTES

CONCLUSION • 5 MINUTES

1. Agenda for next workshop
    a. take home activity

INTRODUCTION • 20 MINUTES

1. Welcome and review, thoughts and feedback
2. Introductions
3. Review ground rules
4. Agenda for the day
5. Check-in on take home activity
    a. How did it go?

DYNAMICA • 5 MINUTES

Learning about the issue (at this point, participants will have identified an issue or "theme" that they may want to know more about. In this example, residents were concerned about cockroaches in their residence, but did not know a lot about cockroaches.

PRESENTATION

Presentation that describes what cockroaches are, basics about where they live, what they eat and how to prevent. Introduce ideas of Integrated Pest Management

BREAK • 10 MINUTES

WORLD CAFE

1. Explanation-this activity is about creating action plans for the issues that we want to address as a group, and as individuals. It will help us think of actions that we can all take to make a healthier home and to continue to build on the relationships we have formed through these last few weeks.
2. have timed, small group discussion about action steps for each of the prioritized areas: for example, with cockroaches it may be broken down into actions residents can take, and actions that management can take
3. write down one or two actions steps you are going to take as an individual and two action items you would like to see management take
4. next steps: sharing of action plans.
5. There are several options at this point:
    a. If people are in pretty clear agreement about action items, you can discuss how to begin to implement, setting a time for a next meeting, forming smaller sub committees etc.
    b. If there are a lot of options and opinions about what can be done, you can use prioritization excerices, like a 'dot exercise' where each participant is given a specific number of dots-like 3-and place a dot next to their top three priorities. The priorities with the most dots will be where the group will move towards action.

WORLD CAFE:

As a conversational process, the World Café is an innovative yet simple methodology for hosting conversations about questions that matter. These conversations link and build on each other as people move between groups, cross-pollinate ideas, and discover new insights into the questions or issues that are most important in their life, work, or community. As a process, the World Café can evoke and make visible the collective intelligence of any group, thus increasing people's capacity for effective action in pursuit of common aims.[6]

Conclusion: Typically at this point, the workshops, as designed, have gotten the group to a point where there is a shared vision for what issue or issues they want to address, and they have gotten more comfortable with each other and with the idea that they can individually and collectively address issues in their community.

6 http://www.theworldcafe.com/what.htm

The following pages reflect REACH's report from their work to address cockroaches.

REACH INTEGRATED PEST MANAGEMENT REPORT

The Problem

The Rose Apartments has a documented and chronic pest problem. Building Management has received significant resident complaints about pest sightings in their apartments and common areas including the kitchen and bathrooms. A majority of complaints involved cockroaches.

Historically, REACH has used a traditional approach to managing pest problems: we hired a pest control contractor to provide applications of pesticides in apartments. The manager would have the pest control contractor treat rooms and common areas that needed attention or that had resident complaints. There were no systems in place for tracking roach infestations or inspecting units for roaches. The previous system was based primarily on resident complaints.

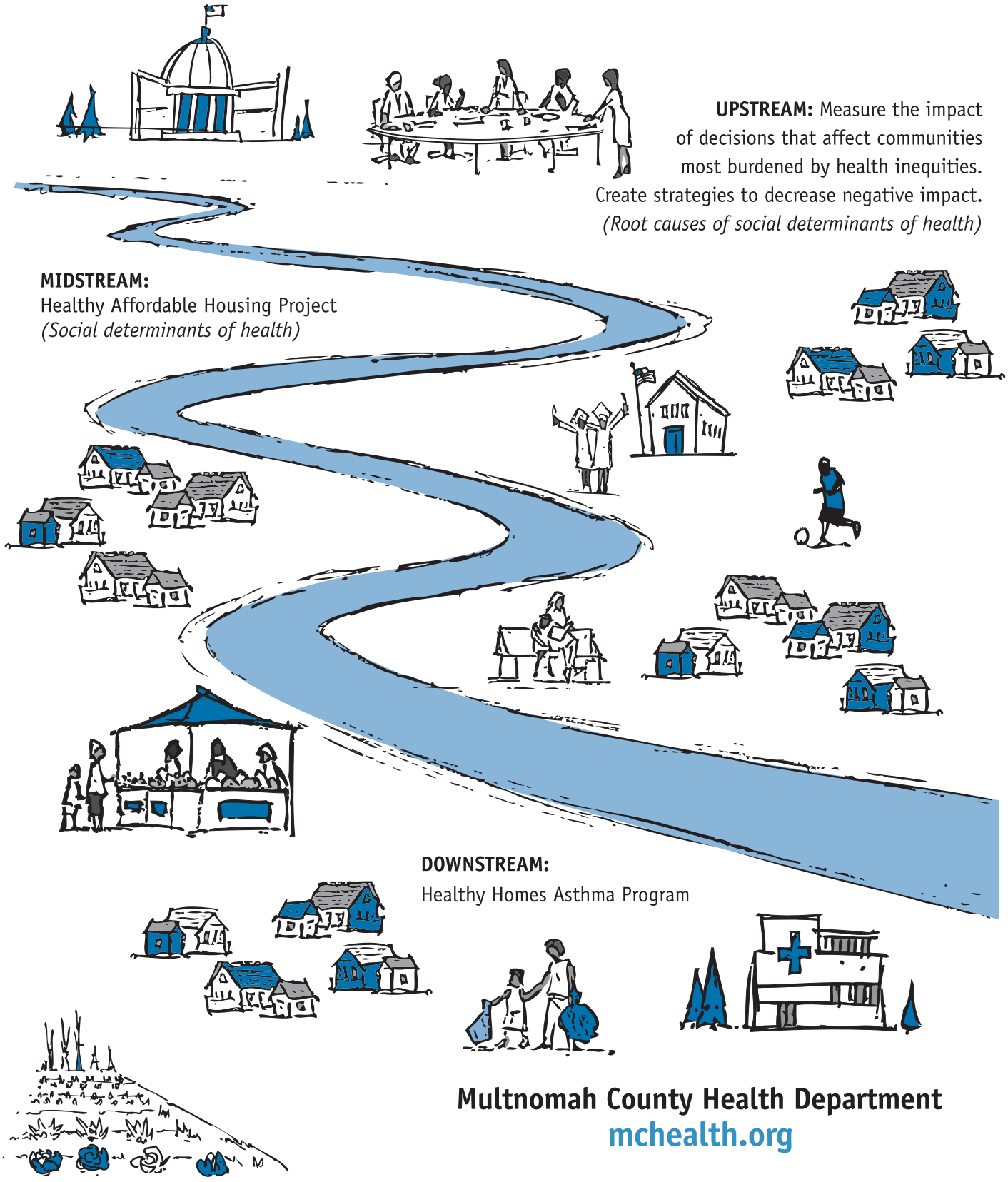
This fall, we were approached by Multnomah County in hopes of creating a Healthy Homes program. At the same time, the Department of Housing and Urban Development (HUD) approached REACH to take part in a program called the Green Initiative. REACH was able to combine these two programs to assist us in setting up a pilot project at the Rose called Integrated Pest Management (IPM) practices.

What is Integrated Pest Management?

Integrated Pest Management (IPM) is a multidisciplinary approach to pest management that requires new teams, new collaborations, data collection, tenant education, and a reallocation of resources.

IPM utilizes a variety of pest control methods rather than relying on just one approach (such as pesticide application). Conditions that introduce pests, sustain their existence, and promote infestations are addressed before chemicals are used. Targeting pests in a variety of ways greatly reduces the dependency on the use of chemical pesticides. Though chemical products and their application may play a role in an IPM program, they are not the focus of the overall plan. Unlike the traditional approach, IPM places a considerable effort on pest exclusion, sanitary practices, and minor structural alterations when necessary. There are four fundamental IPM principles: 1) Monitoring pest populations both to gain a baseline understanding of infestation patterns and to provide ongoing observation; 2) Blocking pest access and entryways; 3) Eliminating food and water; and 4) Selectively applying low-toxicity pesticides to address documented problems. A successful IPM program or policy hinges on the collaborative efforts of all those involved in the management and maintenance of the building and places a particular emphasis on resident participation.

HEALTHY HOMES POLICY FRAMEWORK



Multnomah County Health Department
mchealth.org

IPM IMPLEMENTATION

The Rose will follow the below schedule to implement the IPM program:

DATE	ACTIVITY	DESCRIPTION
November 19th	IPM Orientation meeting for Residents	Residents are informed of the upcoming IPM program that would be taking place in their homes.
November 30th, December 1st	Linda, Molly and Martin (Pest Control Coordinator) visit units	Visit each unit (58 total units). Molly will provide education to residents. Linda will check on housekeeping. Martin places monitoring devices in pre-determined areas and submits work orders where necessary for repairing gaps and cracks. Linda will send out housekeeping issues to residents. Molly will be available for any assistance she can provide to assist with housekeeping issues.
	Martin, Linda visit common areas	Resident Coordinators place monitoring devices in all common areas.
December 3rd, December 4th	Linda and Martin re-visits units	Linda and Martin return to each unit to collect monitoring devices, record data, and replace devices with new ones. If data collected from monitoring devices demonstrates any level of infestation, the unit is scheduled to receive extermination treatment.
	Martin, Linda re-visit common areas	Linda and Martin return to common areas to collect monitoring devices, record data, and replace devices with new ones. If data demonstrates any level of infestation, the area is scheduled to receive extermination treatment.

DATE	ACTIVITY	DESCRIPTION
December 5th - December 15th	Residents prepare their units for treatment or to correct housekeeping issues	Residents will be working on any issues that they have with housekeeping. Linda will have sent out any type of problems that needs to be addressed. Molly will be available to help people with their housekeeping issues by providing advice and tips and possible assistance from agencies if necessary. Work orders will be completed by our maintenance technicians to repair gaps and cracks in units. On December 15th, the units scheduled for treatment will be inspected by Linda to ensure they are ready for the pest control technician.
December 16th	Unit Treatments	Unit treatment includes picking up monitoring devices, recording the data, and replacing the device. Pest Control Contractor places gel bait in the units in high traffic areas. Pest control contractor treats common areas.
December 23rd	Linda and Martin complete Unit Treatment Follow-up and Check all Traps	We will re-visit all units to check-up on residents' well-being In units receiving treatment. Linda and Martin will check up on the status traps and whether the resident has noted any improvements. All 58 units will be checked to monitor the traps and place new traps. Schedule treatment if necessary.
January 12	Unit Monitoring Follow-up	All 58 units will be checked to monitor the traps. Schedule treatment if necessary.

Unit Assessment and Education

After we completed our training and orientation meetings with Resident Services, Property Management and Facilities we began to implement the IPM program throughout the Rose.

The first visit to the resident units was on November 30th and December 1st and was completed by Resident Services Coordinator, Molly McGlone, Property Manager, Linda Sherman and the Pest Control Coordinator, Martin Rebhahn. This visit consisted of tenant education, home assessment and the placing of monitoring devises. Molly and Linda took notes on housekeeping issues and explained the purpose and activities of the visit. The resident education included some housekeeping rules which included:

- Giving instruction to improve housekeeping, such as reducing clutter and moving appliances and furniture
- Discussing garbage storage and removal practices
- Distributing and reviewing the information package

Martin then assessed the condition of the room which consisted of the following steps:

- Asking permission to walk through the apartment to become familiar with the layout and in order to observe potential problem areas
- Asking the resident to identify any areas that might be infested
- Slowly inspecting each room
- Identifying maintenance issues, such as holes in walls and plumbing leaks
- Placing the monitoring traps in the rooms next to the radiator, fridge, under the sink (and the stove if they had a kitchen).

Documentation was completed to ensure that we tracked all findings, observations, and identified maintenance problems on our IPM Tracking Worksheet and our IPM Housekeeping Worksheet. The Housekeeping Worksheet tracked resident housekeeping practices, including level or cleanliness, clutter, and general housekeeping and sanitation practices. In 21 of the 58 units visited, the resident demonstrated some level of housekeeping issue that needed to be addressed.

Seven days after the initial visit, Linda Sherman and Martin Rebhahn returned to each unit and common area to collect the monitoring devices. We tracked each devise for the number of roaches found. All data was recorded on the IPM Tracking Worksheet. When revisiting the units we also continued to provide education to residents by giving them pointers, suggestions and answering any questions that they had. Recording the data on pest activity established a baseline of pest infestation and provided valuable information that helped tailor the pest application strategy. During our first visit we found 398 roaches in a total of 25 apartments. If any unit or area showed a trace of infestation, that unit was scheduled to undergo IPM extermination treatment.

Extermination Treatment

Residents provided with the date and time of extermination. A&A Pest Control came on December 16th to treat the 25 units along with all common areas including the bathrooms, community kitchens and the basement. A&A Pest Control applied the Advion Roach Bait to the unit. Martin Rebhahn followed by vacuuming any live bugs that he found. During these first visits Martin was able to vacuum 26 live roaches. Treatments in the

common areas and basement were similar. At this time new traps were laid to monitor the effectiveness of the treatment.

Follow up Treatment and Housekeeping

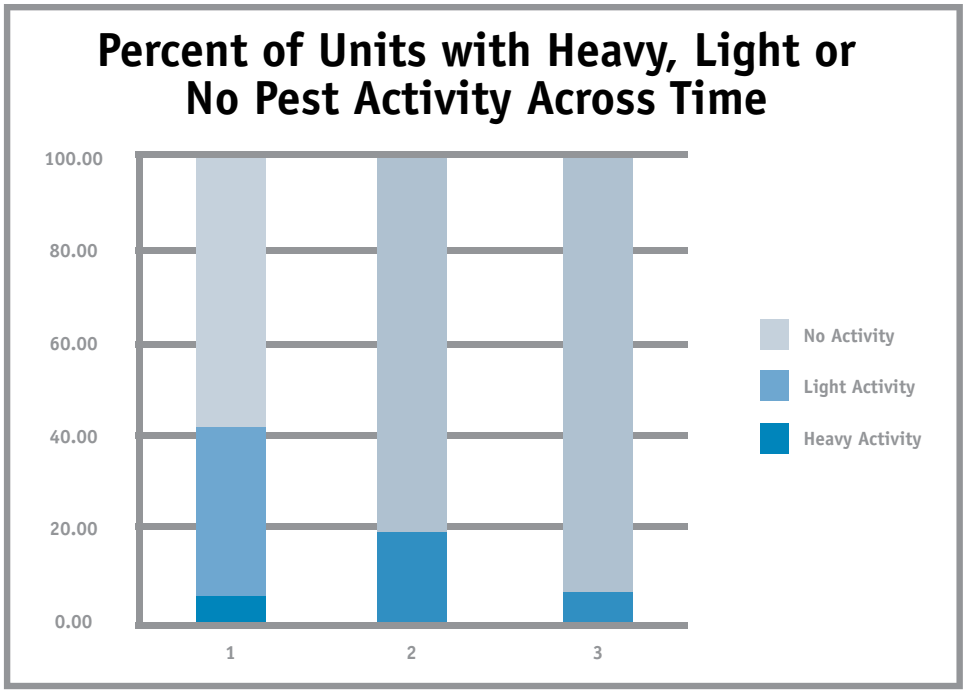
On December 15th a follow up for the 21 units with housekeeping issues was conducted. Of those 21 units, four units continued to have housekeeping issues. In one of those cases the resident needed additional help beyond what the Coordinators could provide or the resident was unable to respond to our demands. In this case we arranged for an outside vendor to help with cleaning the dishes, cleaning the unit and throwing out excess clutter. The other three units were able to correct the housekeeping issues on their own to management satisfaction.

On December 23rd, Martin Rebhahn placed new monitoring traps in all units of the Rose. On December 30th those traps were inspected. During this visit he discovered that there were 98 roaches found in 11 units. These units were scheduled for additional treatments, which were completed on January 11, 2010.

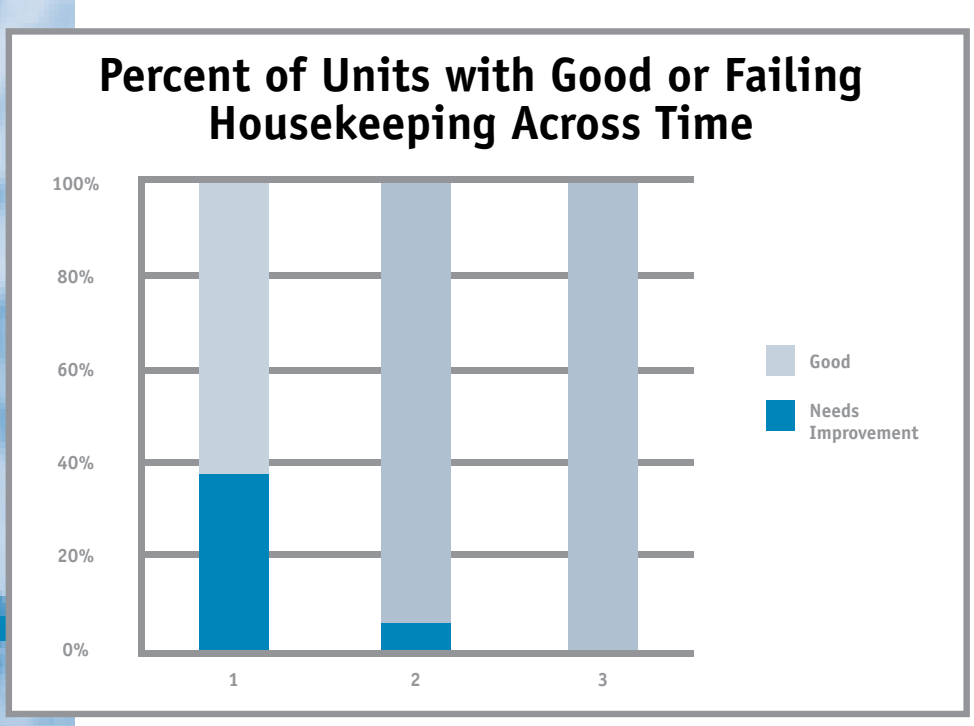
On January 12, 2010 new traps were placed in all of the units. On January 19th those traps were collected and data was recorded. During this collection Martin found 6 roaches in 6 units. Those six units were treated on January 28th.

Analysis of the Rose IPM records indicates how conditions changed over time and the effect that residents and others involved in the program experienced. Below is a discussion of the results.

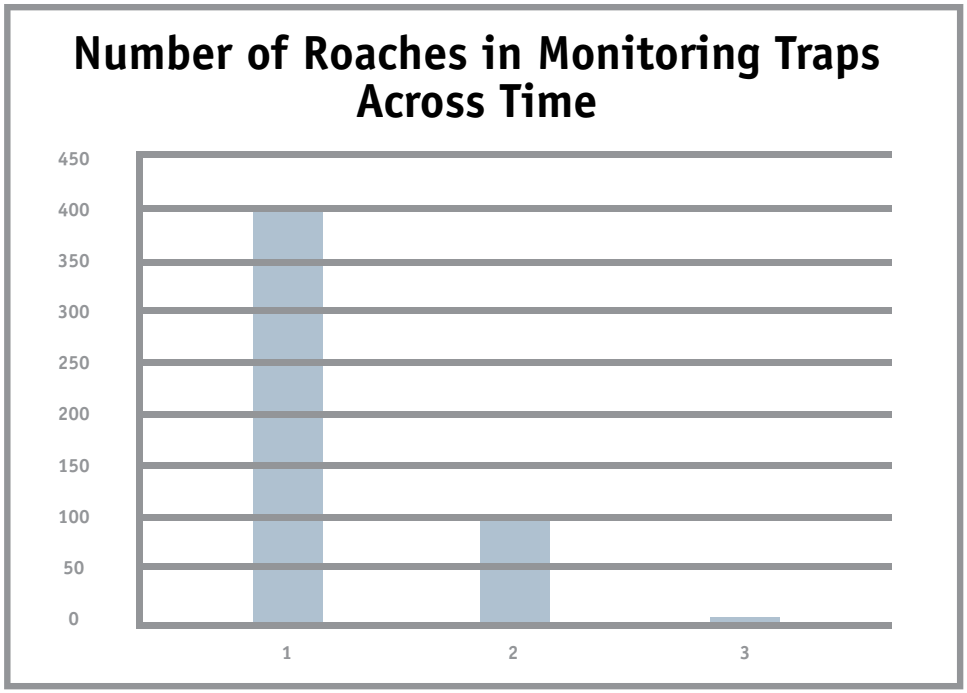
UNIT ACTIVITY: At the first visit, 5% of the units had heavy infestation, 38% had medium to light infestations and 57% showed no pest activity. When unit treatment ended, 0% had heavy infestations, 10% had light infestations and 90% showed no signs of pests. There was consistent improvement indicating that the IPM implementation was successful in reducing the number of units infested.



HOUSEKEEPING: The improvement in housekeeping was an important part of our IPM plan. The percent of units with poor housekeeping went from 36% the first visit, to 7% the second visit to all units showing good housekeeping when we completed our program.



ROACH NUMBERS: The number of roaches was monitored at three stages. Each time the traps were allowed to sit in the units for seven days with the traps being placed in the same areas to control the variables in our comparison. At the first visit we counted 398 roaches, the second it was down to 98 with the final count at 6 roaches.



During the first and last placement of monitoring devises there were three different treatments that took place. The first monitoring took place on December 7th, the second took place on December 30th and the final monitoring took place on January 19th. We saw a decrease in roaches of 98% with our IPM program.

CONCLUSIONS

The IPM program at the Rose apartments was considerably more effective than traditional pest management practices used there in the past. At the conclusion of the project only 10% of the units demonstrated light pest activity, down from 43% at the project's initial stage. We feel confident with getting this number down to no infestations in the near future. The key points of departure from the traditional strategies took place in many aspects of the IPM program: education, monitoring of pest activity, housekeeping improvements and changes in pesticide use and type.

The IPM program at the Rose was deemed hugely successful:

- Pest infestations decreased and were documented;
- The residents and staff expressed satisfaction with the results;
- The program is sustainable now that the initial pest problem is under control; and
- The program is cost effective. Although initial program costs were higher than the traditional pest control costs, the long-term costs are manageable.

Based on the success of this project, REACH hopes to expand IPM practices to more of properties and serve as a model to other housing authorities on best pest management practices. We believe that this model can also be used to fight bed bugs as well, with the necessary changes in pesticide usage. (REACH Report to Directors)

In the end, it was a combination of tenant and management behavior change that addressed the primary concern of both: cockroaches. Through a community based empowerment approach we were able to work with residents to identify the

issue, discuss the issues, identify barriers and create actions and solutions. At the same time, management was instituting a less toxic, healthier Integrated Pest Management Policy which combined resulted in the virtual elimination of a health hazard.

Sometimes, it's also about recognizing those "natural timings" that can help make your work more effective. At the same time we were talking to residents about identification of cockroaches and implementation of tenant and management action plans created by workshop participants, REACH was already having conversations about how to start an IPM program to address the issue. This made the work much easier and tenants not only had a feeling of ownership but also were already bought-in and understood the connections between behavior and cockroaches and knew it was a partnership approach that would be able to address the main issue of cockroaches, but also other concerns about the use of toxics in the community.

This toolkit did not talk about sustainability of this work, but it's important to recognize that this work can lead to a lot of momentum, which is hard to sustain. Having a plan for what's next at the front end of the partnership increases the effectiveness if this work is done long-term. Planning for sustainability may also require thinking ahead about funding, grant writing, and capacity building through enhanced tenant leadership.

You will also really have to continue to think about evaluation

This is one example, and a situation that worked best because of a strong partnership with clearly identified goals, working under a framework of communication and cooperation. The use of popular education and empowering approaches to housing can be a successful model for creating healthier environments in housing, and hopefully this toolkit will provide a template for you to do your work; successfully, intentionally, and cooperatively!