

A photograph of a woman with a blue turban and glasses, smiling and holding a baby in a light blue shirt. They are outdoors in a park-like setting with trees and other people in the background. The woman is wearing a black and white patterned top and a large white shell necklace. The baby is looking towards the camera.

Community Action for Healthy Homes (CAHH)

2023-2024 Partnership with
UnitedHealthcare



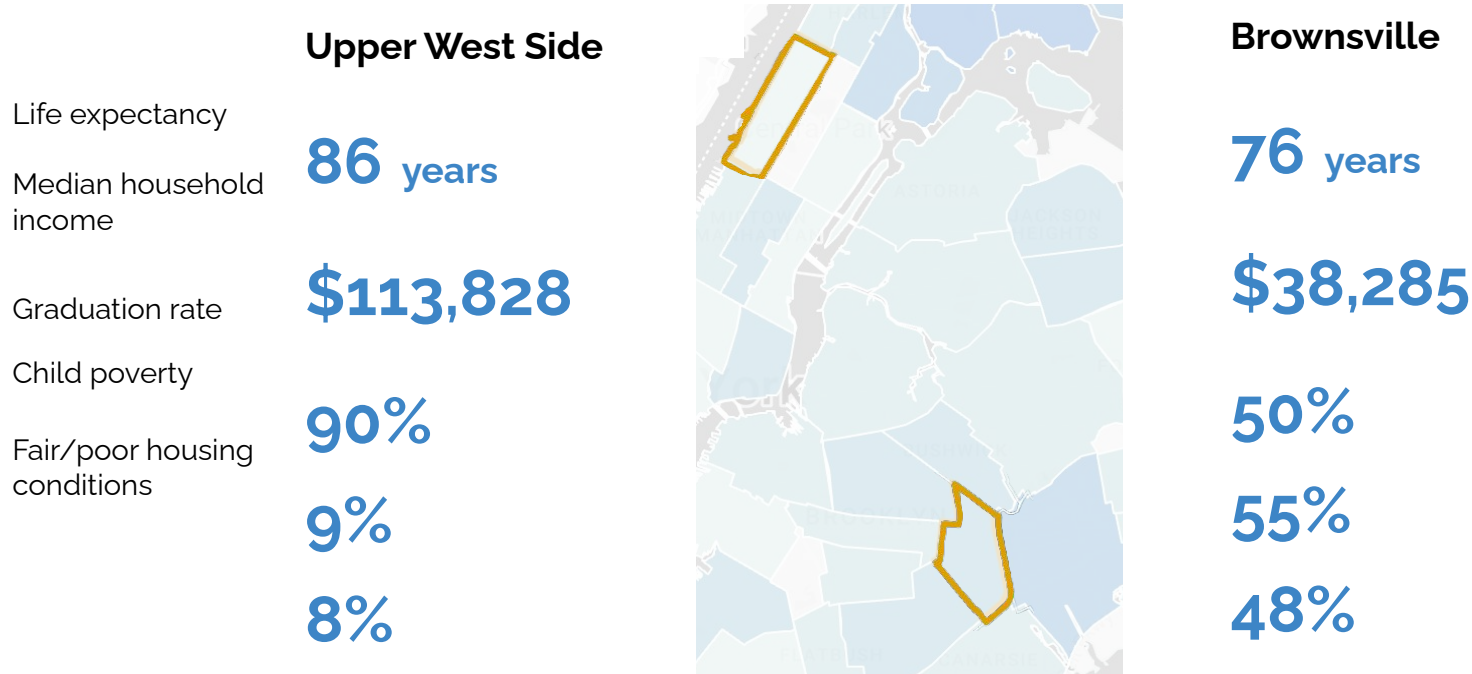
UNITED FOR
BROWNSVILLE

United for Brownsville helps families in one Central Brooklyn neighborhood access opportunities they've always wanted.

United for Brownsville is a nonprofit organization building a neighborhood where every family flourishes. We are data-informed and trust-driven, powered by relationships with resident leaders. At a time when many families are leaving NYC, our projects close service gaps and solve urgent issues so that those living here can realize their hopes and dreams.



Wealthy NYC neighborhoods thrive, while Brownsville struggles to meet basic needs.



Source: Citizens' Committee for Children of NY.

We needed a different way to help families thrive.

Money is already invested in Brownsville—but it is ineffective.

Over 50% of Brownsville receives Medicaid, costing almost \$300M a year, yet Brownsville has the lowest life expectancy in NYC.¹

Trust is broken, so services never reach those who most need them.

The majority of NYC parents want free childcare, but only 18% of those eligible are enrolled in 3-K.²

We find solutions and repair trust by partnering with residents for change.

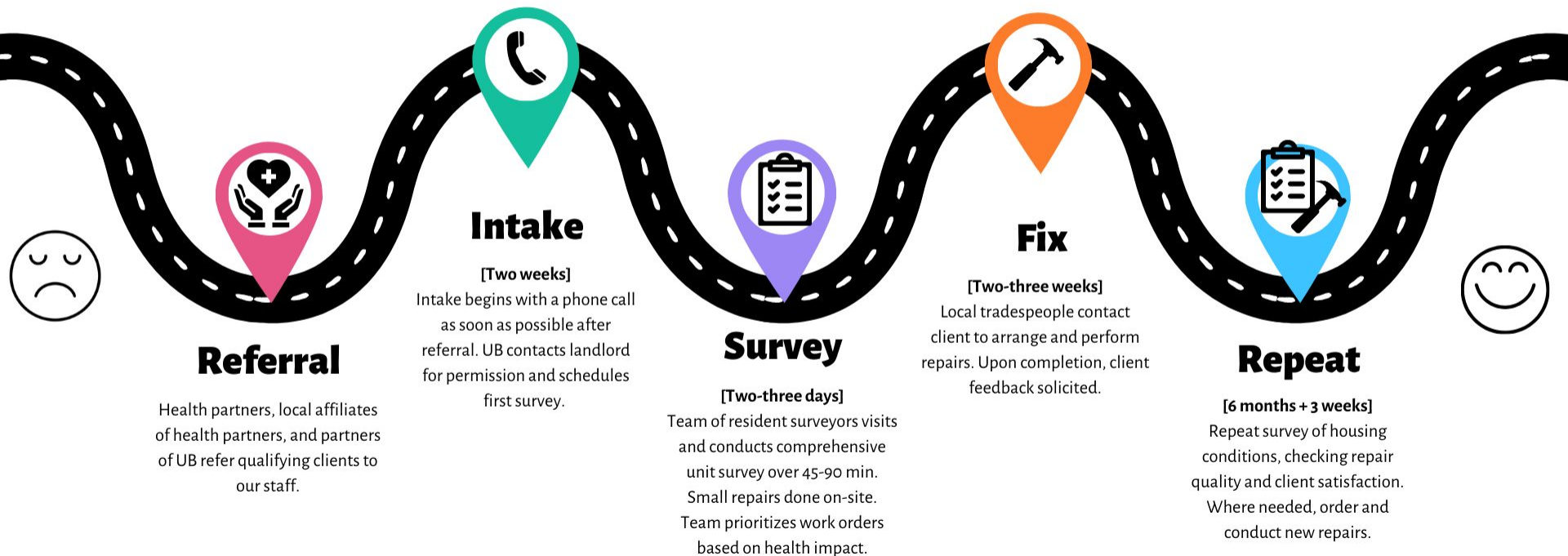


Most Brownsville private housing is 40-150 years old.



- **71% of units have hazards to health and safety.**
- **Foreclosures are the highest in NYC.**



Australia's Healthabitat Program led to 40% fewer hospital admissions from rapid repairs to public housing. In this model, residents and healthcare both win.



**UB piloted CAHH in 2022 to demonstrate the model in NYC.
We partnered with UnitedHealthcare in 2023 to tie the
program to healthcare utilization and payment data.**

	
Dedicated 2.5 FTE staff for program management.	Invested \$400,000 directly to CAHH Provided UHC staff time for support and coordination.
Implemented complete CAHH model.	Provided data analysis of health impact.
Coordinated with Healthabitat and local health partners, vendors, surveyors, etc.	Helped with referrals to CAHH from local UHC health partners.
Bridged connections to other partners, e.g. One Brooklyn Health.	Made connections to healthcare providers.

UHC member homes were about half of all CAHH homes in 2023-2024 and mirrored the overall population.

	All CAHH	UHC members
Residents impacted	429	217
Homes surveyed	130	73
Repairs addressed	828	459
Residents hired for survey team	7	7
Participant satisfaction (1-10)	9.3	9.5

CAHH TOTAL REACH: 2021-2024

	2023-2024	2021-2022	TOTAL
Residents impacted	429	400+	829
Homes surveyed	130	130	260
Repairs addressed	828	500+	1328
Residents hired for survey team	7		
Participant satisfaction (1-10)	9.3		

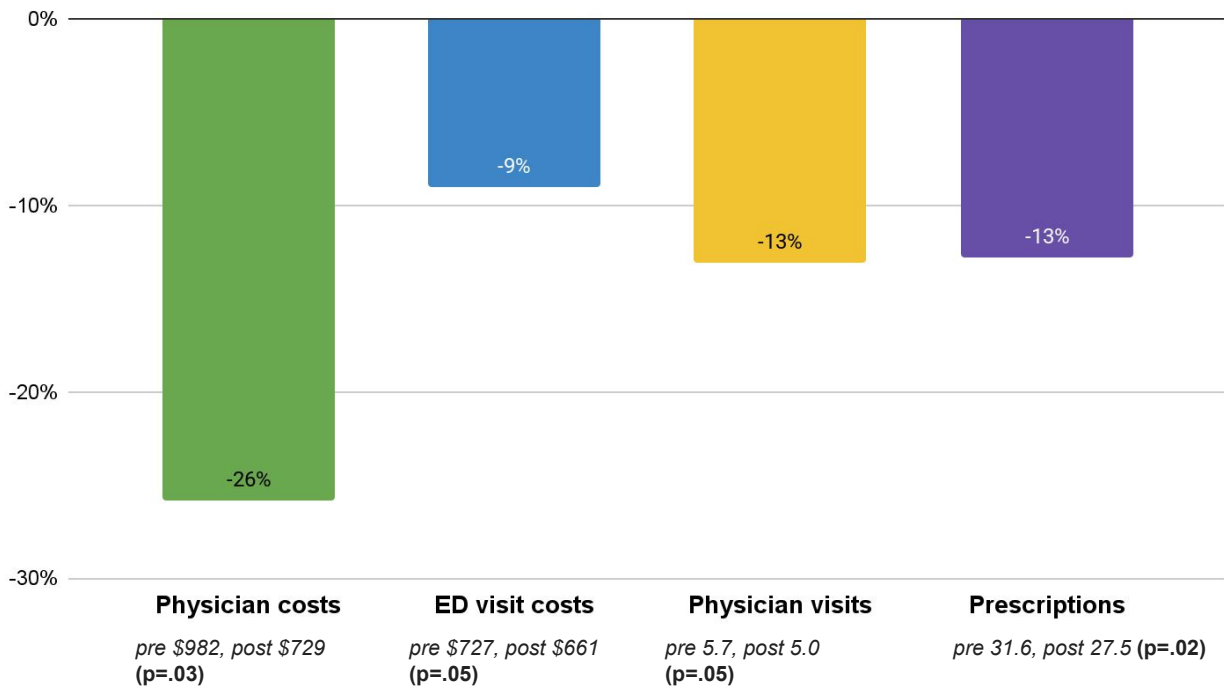
Nearly half of UHC members participating in CAHH self-reported healthcare usage for likely preventable chronic and acute conditions.

	All CAHH	UHC
Self-reported a member of their household or themselves had an asthma related ER visit in 6 months prior to the survey.	33%	55%
Self-reported a trip or fall at home that required medical attention in 6 months prior to the survey.	17%	45%

CAHH is healthcare, with reductions in medical treatment for chronic and acute conditions.

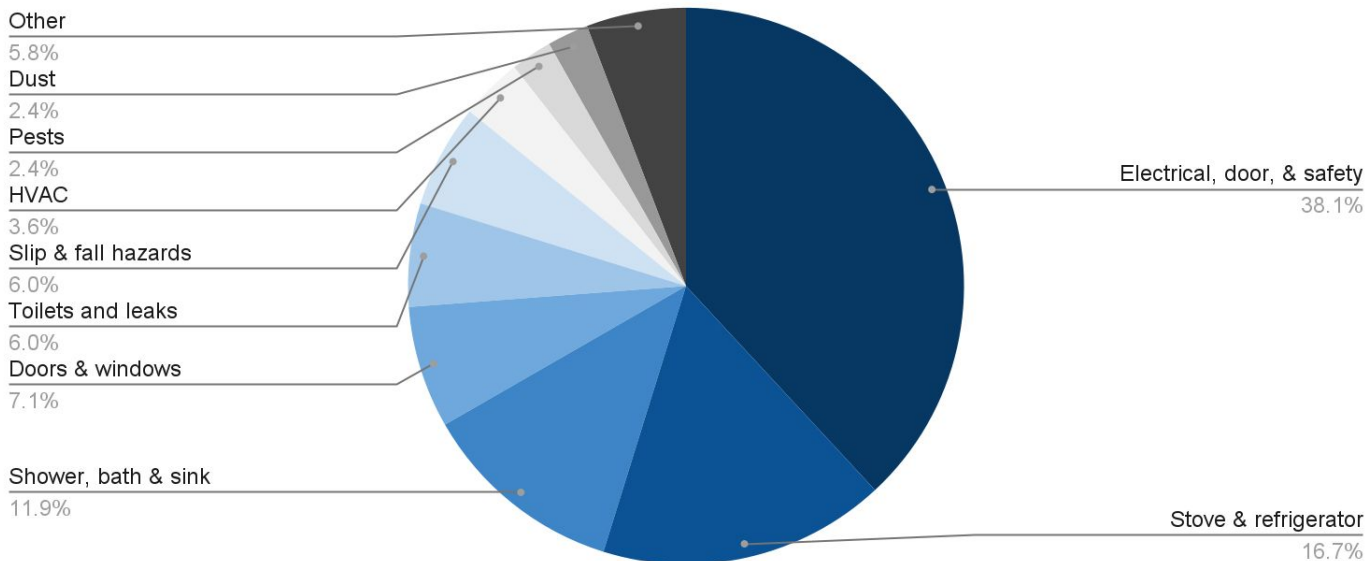
Change in healthcare usage for UHC CAHH clients (2023-2024)

Client averages over 6 months pre and 6 months post intervention; n=70 UHC clients from 54 households.



For an average of \$2,600 in survey and repair costs per home (the cost of one ED visit), CAHH improved residents' lives, allowing storage and preparation of food, usable bathrooms, fire and structural safety, and proper ventilation.

CAHH Repairs by Category 2023-2024



By improving conditions like air quality and removing barriers to daily activities like washing, cleaning, and cooking, CAHH improves health and reduces unnecessary healthcare usage.

The repairs made an impact on my family physically and mentally. My daughter has not been hospitalized for her asthma since CAHH came to do repairs and fixed the mold issue in my home.

- Participant referred by Community Health Network

The home feels more put together and the daycare feels safer/healthier for the kids.

- Owner of an in-home daycare referred by community

I feel very comfortable and safe. I am not worried and concerned anymore. I used to be worried about the lights blinking and the switches not working right. The electrician was very thorough and fixed it all. When folks flush the toilet there's no more leaking that I couldn't find. The plumber also found areas of leaking in the bathtub and kitchen faucet and fixed all of that too.

-Participant referred by One Brooklyn Health



Before



After

Residents trust UB to allow us into their homes. That trust is a bridge to other benefits and services that address health-related social needs and help families flourish.

CAHH survey team members screen for needs beyond the home refer clients to other supports:

- At UB, such as WIC and Early Intervention,
- At the Greg Jackson Center, which houses our offices.
- Or any number of the over 40 healthcare, mental health, educational, and social service providers who collaborate with our organization.

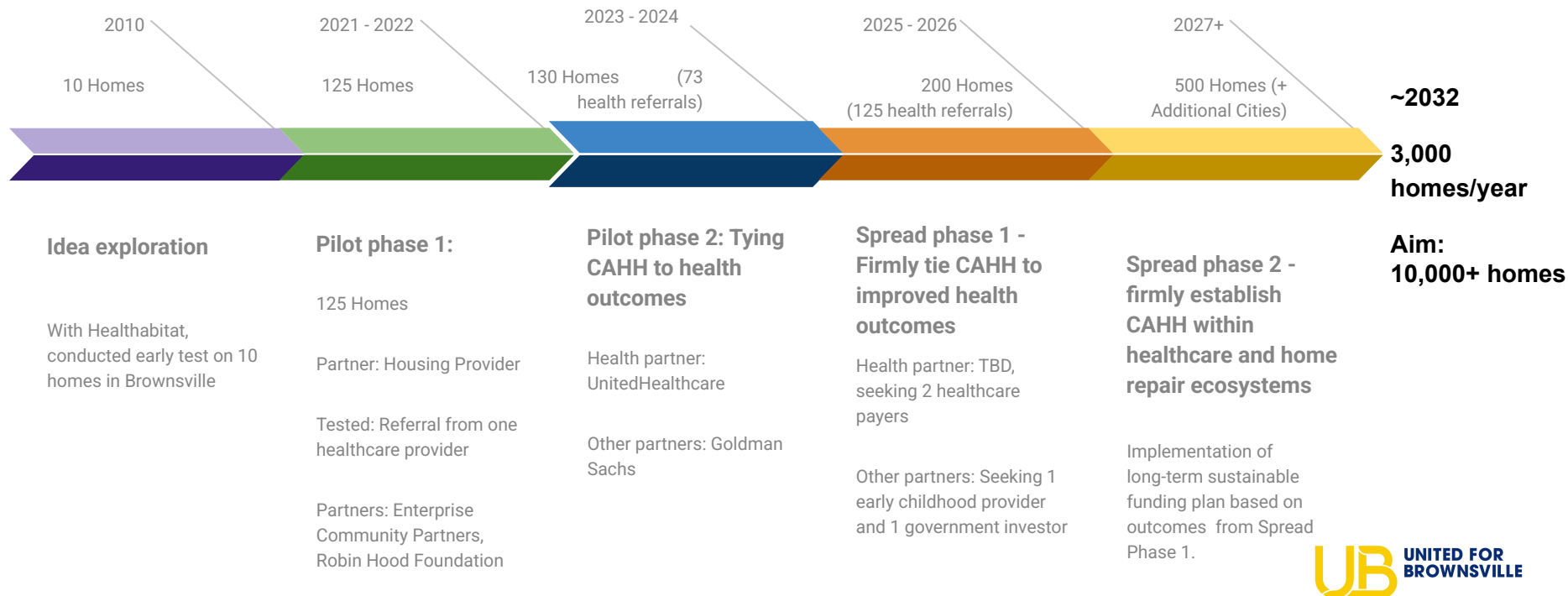


Reimbursement models vary: CAHH staffing includes program managers and frontline team who contact clients, enter and survey homes, and coordinate skilled trades. Repair costs differ by level of need and alignment with our survey, which targets the most cost-effective and impactful fixes.

Low-Cost Home	Medium-Cost Home	High-Cost Home
\$1,500 repairs (inclusive of trades)	\$2,500 repairs	\$4,000 repairs
\$1,400 staff	\$1,600 staff	\$1,600 staff
\$2,900	\$4,100	\$5,600+
Repair Examples: <ul style="list-style-type: none"> • Replace smoke and CO2 detectors • Replace sink plugs • Replace shower heads • Replace light bulbs • Repair/replace light fixtures • Replace electrical outlet plates • Replace toilet rolls • Fix ceiling fans • Clear bathroom / kitchen sink drainage • Replace outlets - update to GFCI • Provide shelves, closable bins for safe food storage • Repair of screens 	Sample Additional Repair Scope: <ul style="list-style-type: none"> • Weatherproof wet area / outdoor outlets • Repair ground connection • Repair stoves • Repair doors • Repair sinks and baths • Repair water shut off valves • Repair holes • Repair walls around sinks • Pest remediation • Adjust temperature for washing people as well as laundry • Provide HEPA filter and/or dehumidifier 	Sample Additional Repair Scope: <ul style="list-style-type: none"> • Mold remediation • Major kitchen upgrades • Install new hot water system • Install new heating system • Structural repairs (walls, ceiling, roofs) • Install ventilation systems • Replace/upgrade electrical box and wiring

Planning for intentional spread and scale

Where we started, and where we are going



Key takeaways

- CAHH **decreases healthcare costs** and **service utilization**.
- A small sample (n=70) showed **statistical significance** in 4 categories. A larger sample size could be achieved by moving beyond the pilot zip code (11212) and **demonstrate impact across additional categories of cost and utilization**.
- Clients responded best to outreach from a **trusted community member**, with residents employed by UB having a higher “yes” rate to referrals than even local healthcare partners. Health referrers were much more likely to get a “false yes” that did not result in an actual survey.
- There are **opportunities to increase the reach of CAHH** and other effective health, benefit, housing, and other interventions — whether run by UB, UHC partners, or others — via cross-referrals.

We're looking for new investors in a transformative program.

- Fund: CAHH needs **\$450,000** per year to sustain its work.
 - \$450,000 will serve 100 homes over a 12 month period and includes program management salaries and other costs, with an estimated average repair cost of \$2,600 and all-in cost (including personnel) of **\$4,500** per unit.
 - Funding beyond \$450,000 would allow CAHH to benefit from economies of scale, resulting in a greater percentage of cost for repairs as compared to program management.
- Connect: Help CAHH spread by introducing us to other payers interested in reducing healthcare usage and improving quality of life for low-income residents.
 - UB is developing a new CAHH **pitch deck** inclusive of this outcome data for potential investors from the business, government, and private foundation sectors.
 - UB is developing a CAHH **white paper** to document the model.

Let's keep partnering to help families flourish with Community Action for Healthy Homes.

David Harrington

Co-Executive Director

dharrington@

brownsvillepartnership.org

Keema

Project Director

swiley@brownsvillepartnership.org

