

RETURN HOME SAFE PROGRAM

FINAL REPORT

EXECUTIVE SUMMARY

The Return Home Safe program is a partnership among Henry Ford Health (HFH), Habitat for Humanity Detroit (HFHD), and Baldwin Society Supporting Older Adults (BSSOA) that addresses housing as a social determinant of health to ensure that patients who are discharged from medical care are returning home to a safe environment. This program specifically focuses on fall prevention and aims to reduce falls, injuries, emergency department visits, hospital readmissions, and cost of care by providing minor home safety repairs and modifications and private duty aide services for low-income older adults in Wayne County, Michigan.

Over 2.6 million older adults aged 65+ live in Michigan, of which 29.3% are likely to fall. One out of five falls among older adults causes a serious injury, including 95% of hip fractures and 51% of head injuries. Other potential consequences include extensive rehabilitation in a long-term care facility, decreased mobility, loss of independence, social isolation, depression, and premature death.

Henry Ford's innovative Mobile Integrated Health (MIH) paramedic team provides care to patients in their home and conducts home safety assessments, making them well-placed to identify patients who are at-risk of falling. Once MIH places a referral into HFH's electronic medical record system EPIC, it is automatically sent directly to Habitat for Humanity Detroit. Habitat then contacts the patient and sends its construction team to evaluate the patient's home and perform high priority home safety repairs/modifications to reduce the risk of falls (i.e. installing grab bars for the shower and toilet, installing/fixing handrails, improving lighting, repairing uneven flooring, etc.). HFHD also makes referrals to BSSOA for short-term support of daily living activities via private duty aides. Habitat tracks all program intervention data, including a 30-day post-repair survey with patients, and sends all data back to HFH as a closed-loop referral, so that HFH can conduct analysis on the program's impact on patient health outcomes.

Eligibility criteria included: 55+ years old, lives in Eastern Wayne County, had a recent discharge, is a fall risk and needs home safety repairs to prevent falls, the home is owner-occupied, the household income does not exceed 80% area median income, and the patient consents to participate.

The Return Home Safe Program successfully served 111 older adults in Eastern Wayne County, Michigan between November 2021 – September 2023 (exceeding the goal of 100 patients). Home safety repair/modification interventions included: 354 grab bars, 335 combo smoke/CO₂ detectors, 203 motion lights, 102 handrails, 96 raised toilet seats, 94 fire extinguishers, and 63 non-slip flooring, plus a variety of interventions tailored to specific home or patient needs (i.e. sanding down a door so that it does not stick and force the patient to pull too hard and fall backward down the stairs). The average cost of home repairs was only \$580.57.

The demographics of the 111 patients served reveal that this program had a major impact among vulnerable populations, improving health equity. 90.1% are people of color and 71.2% shared that an individual with a disability lives in their household. 100% are low-income and 47% are extremely low-income. Patients had lived in their home for an average of 28.6 years (range 1 year to 80 years). In addition to the 111 patients, this program indirectly served a total of 222 household family members, of which 150 were over the age of 65.

There was far less demand for private duty aide services than expected; however, a total of 8 patients received private duty services, totaling 130 hours of services. Services included support with activities of daily living such as housekeeping, toileting, bathing, grooming, linen changing, meal preparation, medication management, acquiring food, shopping, and more.

The Return Home Safe Program made considerable contributions to improving health outcomes. Importantly, comparing the 111 RHS participants pre- and post-intervention, 14 patients (12.6%) had an ED visit for a fall in the 90 days prior to their referral, compared to only 3 patients (2.7%) in the 90-days post-home repair installation. This is a statistically significant decrease ($p=0.005$), and successfully demonstrates reduced patient use of the emergency department for falls following Return Home Safe. There also were decreases in the number of patients who had a hospital admission for a fall: 7 (6.3%) at 90-days prior to the referral compared to only 2 (1.8%) 90-days after repairs were complete. Patient self-reported outcomes also are notable: 95% of patients strongly agreed or agreed with the statement, "This program has reduced my fear of falling at home."

For the three RHS patients who visited the ED for a fall 90 days after the intervention, the average single billing office total charges for their encounters were \$28,359. In sum, for an investment of only of \$580.57 per patient for home safety repairs and modifications, there are considerable savings in cost of care attributed to falls.

Considering that these home safety repairs will help people prevent falls and age in place, there is potential to avoid expensive hospital visits and even assisted living facilities, and instead support intergenerational wealth building through continued homeownership, which is especially impactful for people of color. Thus, RHS is contributing to improved health, housing, and racial equity.

Numerous lessons were learned from our experience implementing Return Home Safe, including: the importance of multi-sector partnerships, dedicated time for planning, an automatic closed-loop referral mechanism, increasing referral volume of eligible patients, continuous quality improvement, focusing on home repairs, removing recent discharge criteria, funding, and sustainability, which are elaborated upon below.

We have been fortunate to present on the Return Home Safe Program at international, national, and statewide conferences (including being the Geriatrics Oral Abstract Winner at the Trauma Quality Improvement Conference!), with significant interest from others wishing to implement a similar program.

Return Home Safe was made possible by generous grant funding from Michigan Health Endowment Fund (\$100,000), Blue Cross Blue Shield of Michigan Foundation (\$15,000), and Health Alliance Plan (\$5,000). We are sincerely grateful for this opportunity to address housing as a social determinant of health in our community.

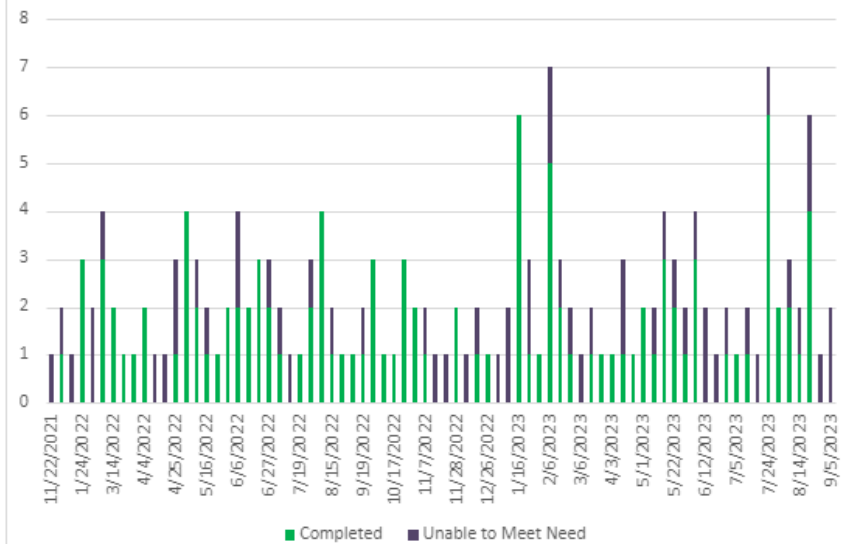
HOME SAFETY REPAIRS OVERVIEW

Home Safety Repairs

Total Clients Referred for Services	168
Households Served	111
Unable to Meet Need	57*

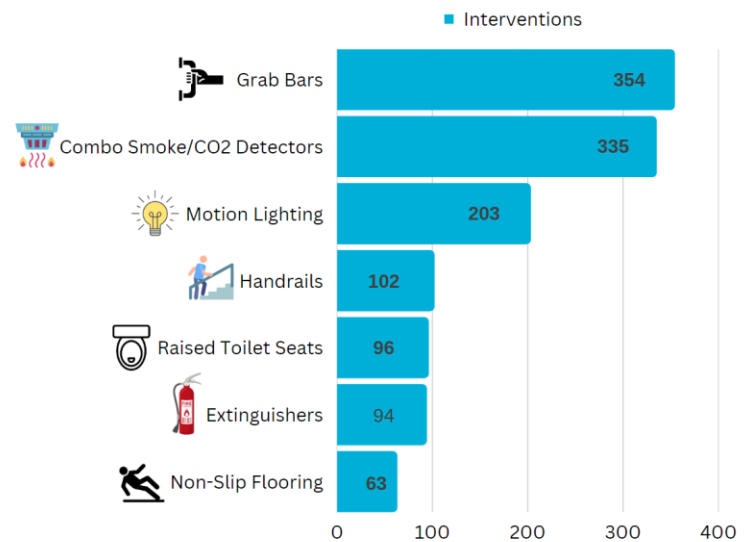
*The main reasons patients were unable to be served include: unable to be contacted, no longer interested, or not meeting Habitat for Humanity Detroit's low-income and homeownership eligibility criteria.

Referral Timeline & Status



Home Repair Interventions	Total Quantity	# of Clients
Grab Bars	354	102
Combo Smoke/ CO2 Detector	335	109
Motion Lights	203	102
Handrails	102	54
Raised Toilet Seat	96	91
Fire Extinguishers	94	94
Non-Slip Flooring	63	58

RHS Project Interventions Overview



Home Repairs Cost Overview

Assessments Completed	113
Projects Completed	111
Average Cost per Project	\$580.57

Home Repair Timeline

# (%) of repairs completed within 30 days of HFHD receiving the referral	84 (75.7%)
Average (median) # of days to complete repairs since HFHD received the referral	22.1 (17) days

DEMOGRAPHICS OF CLIENTS SERVED WITH HOME REPAIRS (N=111)

Area Median Income (AMI)	# of Clients Served
0-10% AMI	3
11-20% AMI	22
21-30% AMI	27
31-40% AMI	21
41-50% AMI	18
51-60% AMI	8
61-70% AMI	9
71-80% AMI	3

100% are low-income (80% AMI or less)
82% are very low-income (50% AMI or less)
47% are extremely low-income (30% AMI or less)

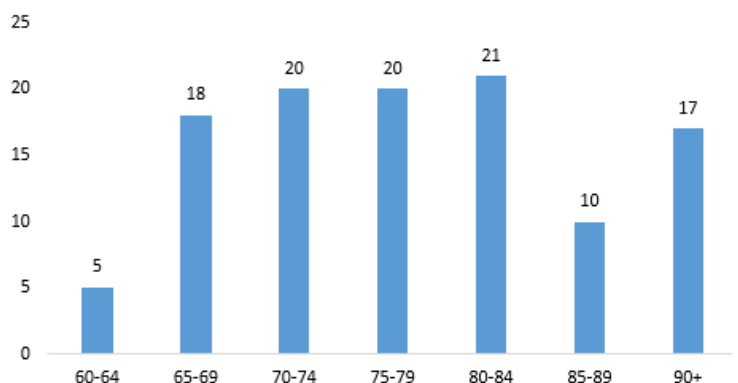
Race	# (%) of Clients Served
Black/African American	91 (82%)
White/Caucasian	15 (13.5%)
Asian	2 (1.8%)
Two or More Races	2 (1.8%)
Other	1 (0.9%)
Ethnicity	
Hispanic/Latino	4 (3.6%)
Middle East/North Africa	2 (1.8%)

90.1% of clients served are people of color

Total Household Size	222
# 65+ Adults in Home	150
# Adults (18-64) in Home	61
# Children (Under 18) in Home	11

Gender	# (%) of Clients Served
Women	77 (69.4%)
Men	34 (30.6%)

Age of Clients Served (N=111)



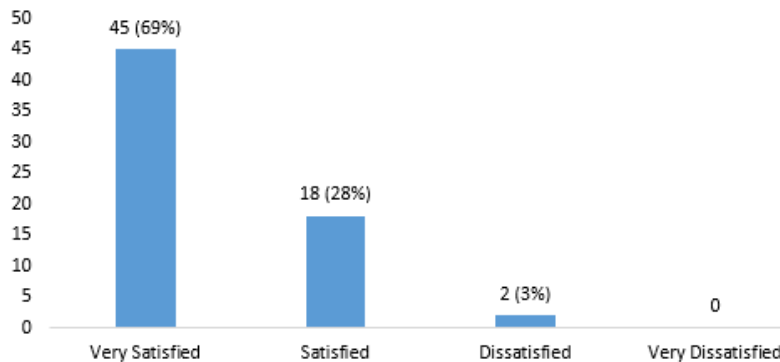
Other Demographics	
Number of households with an individual with a disability	79 (71.2%)
Average number of years lived in the home	28.6 years (Range 1 year – 80 years)
Number of clients who have served in the military	11 (4 Air Force, 7 Army)

CLIENT SATISFACTION & FEEDBACK ON HOME SAFETY REPAIRS

Surveys are conducted by HFHD via phone 30 days after home repairs are completed

Total Post-Surveys Completed	65
Total number of seniors who reported that they received services in a timely manner	60 (93.8%) (N=64)
Total number of seniors who reported that HFHD treated them with dignity and respect	65 (100%)

Level of satisfaction with home safety repairs
(N=65)



Tell me about your experience:	Which repair was most important?	Do you have any suggestions?
<ul style="list-style-type: none"> • "I think this program is great. It helped me feel safe in my home." • "I had to call the contractor to come back out to the house because the handrails split but he came back out and corrected the issue." • "Everyone at Habitat Detroit was friendly and professional and I don't believe this program could get any better!" • "The staff were very nice and the repairs were done quickly." • "Thank you for making my home safe." 	<ul style="list-style-type: none"> • "The outside handrail was most important because that was our only exit way, and it was harder to get my wife out of the house without the railing." • "The smoke detectors because I didn't have any and I knew I needed them. I wasn't able to install them on my own, so I was very happy with the fire detectors being installed." • "I would say the bars in the bathroom. I feel less vulnerable." • "All of it. Putting bars on both sides in the stairways was best. It all makes me feel safe." 	<ul style="list-style-type: none"> • "Try to get more funding for ramps because that is essential for helping people get out of the home to go to their doctor appointments." • "Offer ramps" • "Put in ramps and more lighting throughout the entire house." • "Adding a front ramp service." • "See about adding ramps, but other than that this is a great program." • "Do more home repairs." • "No, thank you for taking care of us."

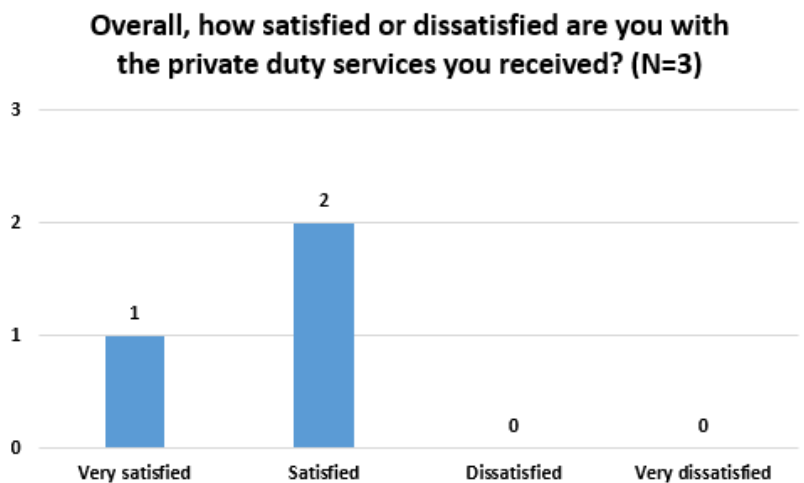
PRIVATE DUTY AIDE SERVICES & FEEDBACK

Baldwin Society Supporting Older Adults coordinated with several private duty aide companies to provide services for Return Home Safe Programs. The majority of patients declined private duty aide services for the following reasons:

1. Did not feel as though they needed the service and could care for themselves.
2. Already receiving homecare services through a provider.
3. Had family members who provided home care for them.
4. Declined services once contacted by the private duty servicer.

Overview – Private Duty Services	
Total Clients Referred for Services	27
Clients who Received Private Duty Services	8
Total Hours of Private Duty Services Provided	130 hours
Average Hours of Private Duty Services Provided	16.25 hours

Private Duty Services	# of Clients
Housekeeping	6
Toileting	4
Bathing	4
Grooming	4
Linen Changing	2
Meal Prep	2
Medication Management	2
Acquiring Food	2
Errands	2
Shopping	1
Feeding	1
Walking	1



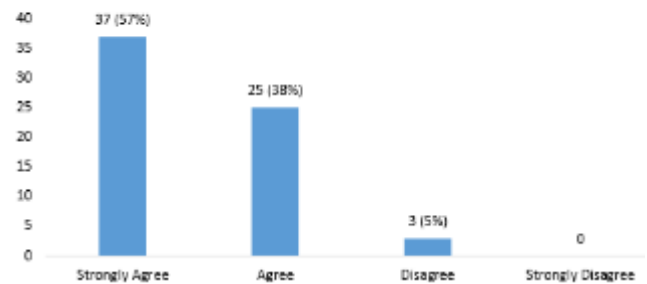
Total Post-Surveys Completed by Clients who Received Private Duty Aide Services	3
100% (3) reported that the private duty service provider treated them with dignity and respect	
Feedback on the overall experience with private duty aide services:	
<p><i>“Very nice people.”</i></p> <p><i>“Very personable, kind, and patient. Hard worker. I even called the lady’s supervisor to give a rave review of her!”</i></p> <p><i>“Helped with bathing and food. Sorry to see it end, I still need the service.”</i></p>	

HEALTH OUTCOMES & IMPACT

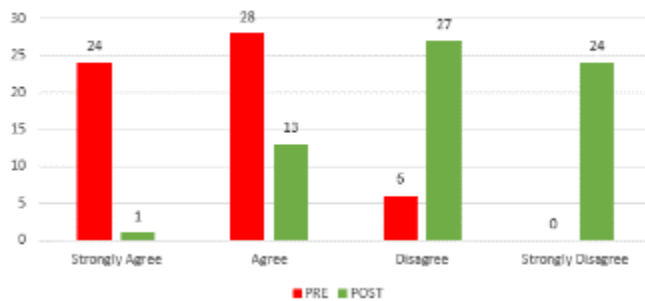
SELF-REPORTED HEALTH OUTCOMES

Importantly, 95% of participants strongly agreed or agreed that the Return Home Safe Program has reduced their fear of falling at home. Participants were also asked to what level they agree or disagree with the statement, “I am afraid of falling in my home.” Among 58 people who answered this same question both during their initial intake and in the 30-day post-repair survey, 50 (86.2%) said that their fear reduced, including 7 patients that considerably changed from ‘strongly agree’ during intake to ‘strongly disagree’ in the post-survey. This trend held true for all responses (95 at intake, 65 in the post-survey).

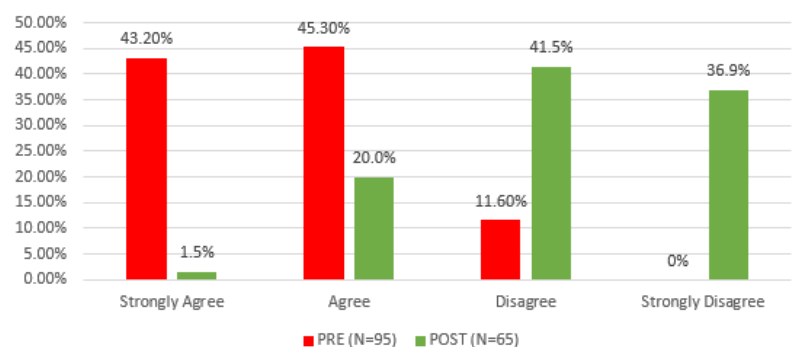
"This program has reduced my fear of falling at home" (N=65)



I am afraid of falling in my home (N=58)



I am afraid of falling in my home (% all responses)



Self-Reported Data on Falls

Total number of people who reported **NOT** falling within the last 30 days
 2 of the 8 people who did report falls fell at locations outside of their home
 5 of the 8 people saw a doctor for their fall, 3 did not since they were not hurt

56 (87.5%)
 (N=64)

3 people reported almost falling, but they grabbed their new railings to successfully prevent the fall:

"No thanks to those rails...came close but grabbed the rails."

"No, almost, but I grabbed my new rail!"

"I almost slipped but I grabbed that bar in the tub."

Total number of people who reported that they knew how to prevent falls at home

65 (100%)

FORMAL HEALTH OUTCOMES ANALYSIS

Health Outcome	RHS Participants		Control Group
	N = 111		N = 402
	90 Days Pre-Referral	90 Days Post-Intervention	90 Days Post-Intervention
Number of patients with 1+ ED visit for any reason	91 (82.0%)	30 (27.0%)	140 (34.8%)
Number of patients with 1+ admission(s) for any reason	89 (80.2%)	27 (24.3%)	185 (46.0%)
Number of patients with 1+ readmission(s) for any reason	27 (24.3%)	9 (8.1%)	53 (13.2%)
Number of patients with 1+ ED visit(s) for a FALL	14 (12.6%)	3 (2.7%)*	18 (4.5%)
Number of patients with 1+ admission(s) for a FALL	6 (5.4%)	2 (1.8%)	11 (2.7%)
Number of patients with 1+ readmission(s) for a FALL	0	0	1 (patient readmitted 3 times for a fall)

*P=0.005

Importantly, comparing the 111 Return Home Safe Participants pre- and post-outcomes, 14 patients (12.6%) had an ED visit for a fall in the 90 days prior to their referral, compared to only 3 patients (2.7%) in the 90-days post-home repair installation. This is a statistically significant decrease at $p=0.005$, and successfully demonstrates reduced patient use of the emergency department for falls following Return Home Safe.

Cost of Care for Patients with an ED visit for a FALL 90-days <u>Post-Intervention</u>	RHS Participants	Control Group
	N = 3	N = 18
Average single billing office (SBO) total charges for patients with an ED visit for a FALL	\$28,359.42 (Range: \$5,468.59-\$51,697.36)	\$40,150.12 (Range: \$3,593.21-\$209,152.89)
Average total charges for patients with an ED visit for a FALL	\$1,269,020.23 (Range: \$103,394.72-\$2,051,747.94)	\$1,208,916.48 (Range: \$4,844.00-\$6,851,965.16)

CLIENT TESTIMONIALS

BEVERLY D.



Beverly is a Return Home Safe Program participant. After assessing priority fall safety issues in her home, she received grab bars and tap lights in her hallway to assist with walking from her bedroom to the bathroom and living room. She also received a raised toilet seat and combo fire/CO₂ detectors throughout her house.

"The grab bars and tap light in my hallway [have] been a blessing to me. Now I feel safer walking through the house, particularly at night."

GARRY S.



Garry is a Return Home Safe Program participant. He received grab bars and tap lights in his hallway, bathroom, and basement stairs. He also received a raised toilet seat and combo fire/CO₂ detectors throughout the house. Before receiving repairs, he was always nervous about going down to his basement and getting out of his tub. He met with Habitat Detroit's Return Home Safe contractor who completed a house assessment, and they identified what repairs would help him feel comfortable in moving around his house.

"I was always worried about getting in and out of my bathtub because of the way it was installed. The hand bars have relieved from that stress and I feel safer."

DONALD & MARGARET F.



Donald is a Return Home Safe Program participant. He and his wife Margaret received grab bars in their bathroom, hallway lights, handrails to the basement and the second floor, a raised toilet seat, smoke detectors, and had a door handle replaced.

"Thank you so much for helping us feel safer at home. I'm concerned about falling so the grab bars, handrails, lights, and other things make me feel 100% safer. It is beautiful to see that people care so much and want to help seniors. We appreciate Habitat and the Return Home Safe Program so much."

LESSONS LEARNED

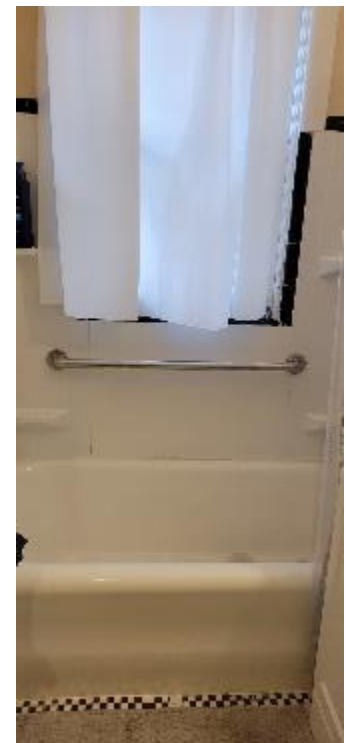
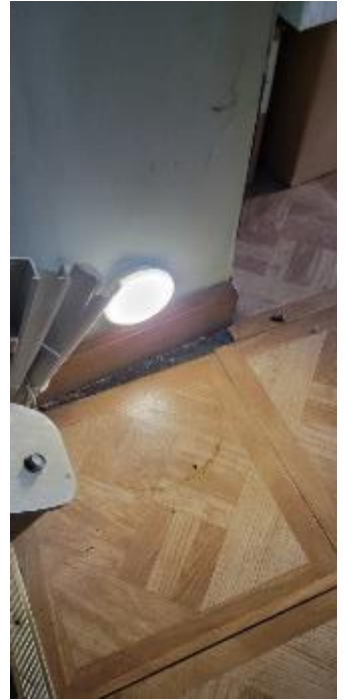
1. **Importance of multi-sector partnerships.** Bringing together health systems and community-based organizations is critical to support better coordination of social services to address social determinant of health needs and improve health outcomes. The strong partnership between HFH, HFHD, and BSSOA was facilitated by aligned missions and methodologies (i.e. patient-centered approach, transparency).
2. **Importance of planning.** The RHS team spent 6 months meeting on a weekly basis to carefully plan all program processes and workflows. This was followed by conducting a soft launch with 2 patients in November 2021 to test processes before fully launching referrals in January 2022. This attention to detail, especially surrounding the data transfer and tracking spreadsheets, was critical to ensure program success.
3. **Automatic closed-loop referral mechanism.** The RHS team built an automatic referral from Henry Ford Health to Habitat for Humanity Detroit which greatly improved efficiency by bypassing traditional mechanisms of referring patients first to HFH case management who then could refer to community organizations. The closed-loop nature of the referral, whereby Habitat sent back all program intervention data to Henry Ford Health, meant that HFH staff knew the outcome of the referral and could also match data back to patient's charts to conduct analysis on the program's impact on patient health outcomes, which proved significant.
4. **Referral volume.** We experienced lower than expected referral volumes of eligible patients to RHS, which led to timeline delays. This was due to several factors including MIH staffing shortages resulting in a lower overall patient volume from which to identify eligible patients. We also learned from the MIH team that the lower referral volume was often also due to patient hesitancy regarding their need for services, reluctance receiving charitable services, and/or concerns about hidden medical fees.
5. **Continuous quality improvement.** The RHS team conducted myriad quality improvement PDSA cycles to improve program processes and especially to address the above challenges to increase the number of referrals placed. To mitigate staffing challenges, the RHS team periodically provided additional training and tip sheets to the MIH team to ensure they were correctly identifying eligible patients, as well as conducted chart reviews to assist the MIH medics to pre-identify eligible patients in advance of the visit. To address patient hesitancy, the team revised the way that the MIH paramedics approach the conversation about the program as well as modified the brochure to highlight that the program services are free to the patient, which helped increase referrals. Later in the program we also expanded our eligibility criteria by gradually expanding our geographic service area to include additional cities, reducing the age criteria, and extending the recent discharge timeline. Other overall program processes that we continuously improved upon included HFHD calling patients twice per week to expedite response speed, providing the HFHD contractor a Habitat shirt and truck decal to improve legitimacy and visibility, and more.
6. **Focus on home repairs.** There was significantly less interest in private duty support than anticipated at program conception (only 8 patients received private duty aide services). Most patients reported already having in-home care and/or sufficient support from family and other caregivers. RHS instead revealed that most are interested in the home safety repairs to prevent falls. Participants also identified a need for additional larger home repairs – especially ramps and to a lesser degree major concrete porch step repairs, which unfortunately exceeded the

budget for this program. We also saw other larger home repair issues, such as a need for roof repairs, window replacements, concrete issues, and plumbing repairs, which unfortunately exceeded RHS program scope, but reveals valuable information about housing needs in the Detroit area for future programming.

7. **Remove recent discharge criteria.** Return Home Safe by definition of its title focused on patients who were recently discharged from the ED or hospital. However, in practice, there were challenges in MIH reaching patients to be able to place a referral within 7 days of a discharge, largely due to administrative delays in scheduling the initial MIH home visit post-discharge. We recommend future iterations of this program be adapted to “Stay Home Safe” to focus on any patients who are at high-risk for falls whether or not they have had a recent discharge – with the aim of preventing ED visits and admissions in the first place through fall prevention home repairs.
8. **Funding.** Grant funding was critical to support this pilot program, and ultimately, we secured \$120,000 in grants from Michigan Health Endowment Fund, Blue Cross Blue Shield Foundation of Michigan, and Health Alliance Plan. Fortunately, actual program costs were less than projected, both due to less demand for private duty aide services and due to HFHD purchasing materials in bulk to lower costs and being successful in streamlining the installation process so that most patients received repairs on the same day of the home assessment (i.e. home repairs ended up only costing \$580.57 vs. \$1,000 projected estimate). However, all three RHS partners (HFH, HHFD, and BSSOA) contributed significant in-kind staff time to ensure that RHS was successful. In the future, including sufficient budget for administrative expenses and programmatic oversight will be necessary.
9. **Sustainability.** Through our additional grant funding from Blue Cross Blue Shield of Michigan Foundation and Health Alliance Plan, we are very pleased to have buy-in and support from insurance payors for RHS, as one of our goals is to share our program outcomes with insurance payors to advocate that these types of home safety repair services be considered as a covered insurance benefit, which would ensure sustainable funding. Interestingly, both HAP and Blue Cross Blue Shield were the top insurance payors among our RHS participants. Given that the home repairs only cost an average of \$580.57 compared to the average single billing office total charges for a fall of \$28,359, the return on investment is significant.

Primary Insurance Payor at Time of Referral	# of RHS Patients (Total 111)
HAP	36
General Medicare	26
Blue Cross Blue Shield	24
Molina	6
Aetna	5
Wellcare	5
Humana	4
Meridian	2
AmeriHealth Caritas	1
Community Care Associates	1
United Healthcare	1

SAMPLE PHOTOS OF COMPLETED HOME SAFETY REPAIRS



DISSEMINATION

1. Parke D. Return Home Safe – Patient Story. Presented at: **Henry Ford Health Social Determinant of Health Council Retreat**. Detroit, MI. September 15, 2023.

During Henry Ford's internal SDOH Council Retreat, Dana Parke shared a compelling story of a high fall-risk patient who received various home safety repairs through Return Home Safe in early 2022 and in the 30-day post-survey reported no falls at home, and over 1.5 years later has had no Emergency Department visits or readmissions, except for a planned surgery. Leadership was extremely impressed with the program, especially the automatic closed-loop referral mechanism and the potential for large impact on health outcomes with minimal cost of home repairs.

2. Parke D, Osterland S, Johnson B, Derkowski T, Adams L, Gillette L, Marzolf T. Return Home Safe: A Collaborative Program to Prevent Falls Among Older Adults by Addressing Housing as a Social Determinant of Health. Presented at: [International Conference on Urban Health](#). Atlanta, GA. November 7, 2023.



Dana Parke presented on RHS at the International Conference on Urban Health. There was much enthusiasm by others wanting to start a similar program, with questions on how to fund and implement this work.

Of note, Nathalie Röbbel, Unit Head of Urban Health at the World Health Organization, shared in her keynote her vision imagining if a doctor could prescribe an indoor environmental specialist to go to patients' homes to discover the cause of respiratory disease and complete home modifications, and then imagining if this service could be covered by insurance, and if the doctor could

know the status of the interventions to then follow the impact on the patient's health outcomes. Dana later spoke with Nathalie to let her know we already are implementing part of her vision with our closed-loop referral for home safety repairs to prevent falls through RHS – she was thrilled!

3. Wright C, Osterland S, Parke D, Johnson B, Derkowski T, Adams L, Gillette L, Abbate Marzolf T. Return Home Safe: A Collaborative Program to Prevent Falls in Older Adults by Providing Home Safety Repairs. Presented at: [American College of Surgeons Trauma Quality Improvement Program Annual Conference](#). Louisville, KY. December 2, 2023.

After learning about RHS during Henry Ford's Trauma Center Reverification visit with the American College of Surgeons, both reviewers praised RHS and asked us to present at the TQIP conference. Christine Wright presented on RHS and was the Geriatrics Oral Abstract Winner! This news also made it into Henry Ford Health's Morning Post daily newsletter, providing great internal recognition. Several organizations (including Ascension [Michigan], Grady Hospital [Georgia], Sutter Memorial Medical Center [California], and University of Vermont Medical Center) have followed-up since TQIP to learn more, wanting to implement a similar program.

Geriatrics Oral Abstract Winner

Return Home Safe: A Collaborative Program to Prevent Falls in Older Adults by Providing Home Safety Repairs

Presented by Christine Wright
Henry Ford Hospital
Detroit, Michigan

...ONE MORE THING

Congratulations to the Acute Care Surgery Trauma Quality Team for successfully representing Henry Ford Hospital at Louisville's 2023 Trauma Quality Improvement Program (TQIP) Conference. Their team was selected to present nine posters and one oral presentation. Christine Wright was the Geriatrics Oral Abstract winner for her presentation on Henry Ford Hospitals' Return Home Safe: A Collaborative Program to Prevent Falls in Older Adults by Providing Home Safety Repairs.



- Johnson B, Osterland S, Parke D. Return Home Safe Program: A Health and Housing Collaboration Leveraging Closed-Loop Referrals to Prevent Falls. Presented at: [MDHHS Social Determinants of Health Summit](#). Virtual. January 23, 2024.



Britney, Stephanie, and Dana collaborated to provide a 1-hour virtual presentation on RHS at the statewide SDOH Summit. We received numerous positive comments in the chat (i.e. "Thank you, great referral system!! Love this presentation!"; "Really wonderful program, thank you for sharing with us today!"), as well as questions regarding the workflow, file transfer, funding source, types of home repairs, and more.

- Johnson B, Osterland S, Parke D, Zuniga J. Connect health and housing using partnerships and data to support fall prevention for older adults. Presented at: [Habitat for Humanity International Affiliate Conference 2024](#). Atlanta, GA. March 6, 2024.

Connect health and housing using partnerships and data to support fall prevention for older adults

2:15 PM-3:45 PM



Britney Johnson
Director of Housing & Communit...
Habitat for Humanity Detroit



Stephanie Osterland
CEO
Habitat for Humanity Detroit



Dana Parke
Program Manager, Clinical & So...
Henry Ford Health



Jerry Zuniga
Housing Preservation Manager
Habitat for Humanity International



This 90-minute conference presentation allowed us to share RHS with other Habitat for Humanity Affiliates across the United States. Numerous affiliates were very interested in adapting our program to scale up similar work across the US, especially given Habitat for Humanity International's Health & Housing Strategy which includes a focus on home repairs to support Aging in Place.

WORKFLOW OVERVIEW

