Iowa Watershed Approach: Year 4 Dubuque Evaluation Activities Report

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As submitted to:

John Tharp, Grant Administrator for the Dubuque Bee Branch Healthy Homes Program, and the U.S. Department of Housing and Urban Development

Authors listed in alphabetical order

Asih Asikin-Garmager, PhD, Associate Director

Valerie R.M. Decker, MA, Assistant Director

Hacer Karamese, MA, Research Assistant

Huan Liu, MA, Research Assistant

Reuben Vyn, PhD, Evaluation Research Specialist

Center for Evaluation and Assessment
The University of Iowa
Iowa City, IA 52242
valerie-decker@uiowa.edu
asih-asikin@uiowa.edu

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Table of Contents

Executive Summary 3
Bee Branch Healthy Homes Resiliency Program 3
The City of Dubuque Bee Branch Creek Restoration Project 3
Bee Branch Healthy Homes Resiliency Program 4
Structural Improvements 4
Home Advocacy Benefits 4
Participant Experience 5
The City of Dubuque Bee Branch Creek Restoration Project 5
Appendices 6
Appendix A- BBHH Program Participant Interviews: Year 4 6
Appendix B- BBHH Program Team Interviews: Year 4 11
Appendix B.I – Bee Brach Healthy Homes Team Member Interview Protocol 20
Appendix C- Dubuque Meeting Summary: Year 4 22

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Executive Summary

The Iowa Watershed Approach (IWA) activities for Dubuque, IA are designed to address specific flooding issues within a community using forgivable loans for individual home improvements and community resource consultations for families as well as infrastructure projects along Bee Branch Creek. This executive summary highlights successes and major takeaways for the IWA work from the City of Dubuque in Year 4 of the grant.

Bee Branch Healthy Homes Resiliency Program

The Bee Branch Healthy Homes (BBHH) resiliency program in Dubuque, IA helps LMI home and property owners increase the flood resilience and safety of their homes by providing forgivable loans and community resource consultations. BBHH is implemented by team members with the City of Dubuque, East Central Intergovernmental Association, and the Visiting Nurses Association (VNA), and primarily supports individuals through the two program components: structural improvements and home advocacy.

Structural improvements: Structural improvements were made to participants' homes to mitigate or prevent the damaging effects of water infiltration. As a result of the work done on Dubuque residents' homes, BBHH team members and participants alike observed a reduction in water inundating homes, as well as improvements in physical health and financial well-being.

Home advocacy: Complementary to the home improvements, social workers from the VNA serve as home advocates, providing support to community members and matching them with other community resources based on their family's needs. The VNA home advocates provide personalized support to participants, tailoring their resource recommendations to the individual needs of each individual or family. BBHH team members and participants agreed that the home advocates provided useful information about resources in their area.

The City of Dubuque Bee Branch Creek Restoration Project

As described in the IWA proposal to HUD, "IWA includes projects to address significant unmet infrastructure needs in Coralville, Dubuque, and Storm Lake." Each urban infrastructure project was selected to reduce flooding impacts in low- or moderate-income (LMI) communities in Iowa. The City of Dubuque Bee Branch Creek Restoration Project was funded to improve sewer capacity and complete the restoration of the Bee Branch Creek. The City of Dubuque demonstrated progress for this collection of projects so that funds from three of the rural watersheds were reallocated to allow for additional work. In an interview, a team member from the City of Dubuque attributed the reduction in water intrusion in houses in the Bee Branch neighborhood to improvements made to the homes and the infrastructure projects completed along Bee Branch Creek. This project is still in progress.

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Introduction

The Iowa Watershed Approach (IWA) activities for Dubuque, IA are designed to address specific flooding issues within a community using forgivable loans for individual home improvements and community resource consultations for families as well as infrastructure projects along Bee Branch Creek. This report includes the findings from the Center for Evaluation and Assessment program evaluation efforts directly related to the IWA work from the City of Dubuque. This report is complementary to the Iowa Watershed Approach: Year 4 Evaluation Activities Report submitted to Larry Weber, IWA principal investigator, the Iowa Economic Development Authority, and US Housing and Urban Development.

Bee Branch Healthy Homes Resiliency Program

The Bee Branch Healthy Homes (BBHH) resiliency program in Dubuque, IA helps low- or moderate-income (LMI) home and property owners increase the flood resilience and safety of their homes by providing forgivable loans. BBHH is implemented by team members with the City of Dubuque, East Central Intergovernmental Association, and the Visiting Nurses Association (VNA), and primarily supports individuals through the two program components: structural improvements and home advocacy. Structural improvements were made to participants' homes to mitigate or prevent the damaging effects of water infiltration. Complementary to the home improvements, social workers from the VNA serve as home advocates, providing support to community members and matching them with other community resources based on their family's needs. In addressing the ways that the BBHH program has provided support to LMI individuals, this section integrates interview data from program participants (Appendix A) and BBHH team members (Appendix B), as well as information gathered from a meeting between CEA, FRT, and City of Dubuque officials (Appendix C).

Structural Improvements

As a result of the work done on Dubuque residents' homes, BBHH team members and participants alike observed a reduction in water inundating homes, as well as improvements in physical health and financial well-being.

Improved safety and health benefits: When considering the impacts of the structural improvements on LMI individuals, the most common response across participants and BBHH team members was the reduction in water infiltration. Team members, for example, reported that fewer participants were having water enter their homes, people were able to use their basements more, participants' health was improving (specifically for those with asthma or allergies), and that the program was able to find ways to make several houses safer (i.e., adding stair rails or replacing unsafe basement stairs). Echoing these comments, participants also described that their homes were safer because of the construction work, and that they anticipated a positive impact on their health. At the city level, one team member cited a weather event where Dubuque had 2.5 inches of rain. He explained that he was anticipating his voicemail would be full of messages from residents with complaints of water in their basements, but instead he said, "I had zero." He attributed the reduction in water intrusion to the improvements made to homes and the infrastructure projects completed along the Bee Branch Creek.

Financial benefits: Participants also described the financial benefits of participating in the program. Participants reported increased property values, decreased utility bills, and the ability to complete projects that otherwise would have taken much longer to finish with a limited income. One team member reiterated this benefit, pointing out that home rehabilitation was provided at no cost to the LMI participants.

Home Advocacy Benefits

The VNA home advocates provide personalized support to participants, tailoring their resource

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recommendations to the individual needs of each individual or family. BBHH team members and participants agreed that the home advocates provided useful information about resources in their area. Specifically, one participant shared that the home advocate helped them get Medicaid for their children, while another proudly announced that they quit smoking with the help of the resources provided by the home advocate. Advocates also provided specific examples of resource referrals that benefitted participants, including childcare at the Northeast Iowa Community College, dental care through the Donated Dental Program, and financial management courses through Iowa State University Extension. Additionally, several participants reported that their home advocate helped them solve other home-related problems.
Reflecting on what the BBHH team provides holistically, one team member said, "Not only are they talking to the residents about the program, but then they're expanding it to any and everything that the homeowner or tenants might need—which could be education, could be transportation, could be a job, could be getting medicine or medical help."

Participant Experience

Whereas most participants reported having a positive overall experience with the BBHH program, others described issues or challenges they encountered in the process. Some participants, for example, reported having unsatisfactory experiences with their contractor and issues with the work done on their home. Problems ranged from a lack of communication and timeliness of the projects to poor quality of workmanship and incomplete projects. Some participants even reported that the contractors asked them for additional money above and beyond the contract.

The City of Dubuque Bee Branch Creek Restoration Project

As described in the IWA proposal to HUD, "IWA includes projects to address significant unmet infrastructure needs in Coralville, Dubuque, and Storm Lake." Each urban infrastructure project was selected to reduce flooding impacts in LMI communities in Iowa. To describe the progress of infrastructure projects, this section integrates progress reports from the named entities and other online resources (cited below).

City of Dubuque Bee Branch Creek Restoration Project

Infrastructure funds Total budget increased to $24.8M during Year 4 **Status:** In progress

The Dubuque Bee Branch Creek watershed project includes infrastructure projects to improve sewer capacity and "complete the restoration of the Bee Branch Creek." [1] On March 31, 2020, Jeff Geerts (IEDA) notified the IWA partners that a portion of IWA grant funds for three rural watersheds would be reallocated for "additional stormwater practices in the Bee Branch watershed of Dubuque where practices have already been engineered and completed environmental review." This amendment reflects a budget increase of $1,768,295 for this restoration project. In a May 2020 email update of Year 4 progress, the City of Dubuque reported that one of their three outstanding projects had been completed (17th Street Storm Sewer Improvements Project), with a second in progress (Upper Bee Branch Railroad Culverts Project) and the third in the bidding process (Kaufmann Avenue Storm Sewer Improvements Project). This third project was made possible with the additional funds from the IWA budget reallocation.

[1] https://iowawatershedapproach.org/resources/ghost/dubuquebee-branch-creek/

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Appendices

Appendix A- BBHH Program Participant Interviews: Year 4

Introduction

This is a summary of interviews with participants in the Bee Branch Healthy Homes (BBHH) program carried out by the Center for Evaluation and Assessment (CEA) during the fall of 2019 and spring of 2020. This was the fourth and fifth of a series of interviews to be conducted every six months with BBHH participants whose home improvement projects were completed at least six months prior to the interview. For a full description of the program, the role of the CEA in evaluating the program, and development of the interview protocol and process, consult the *Summary of Bee Branch Healthy Homes Resiliency Program Participant Interviews* submitted to BBHH Resiliency Coordinator, Sharon Gaul, in May 2018.

Methods

The BBHH home advocates contacted the six program participants in November 2019 and 45 additional program participants in April 2020 for whom construction had been completed in the previous six to 12 months to provide them with information about the opportunity to participate in an interview. A list of interested participants was shared with the CEA including their contact information and availability. The CEA was able to connect with and interview three participants in the second half of November 2019 and 10 participants in the second half of April 2020. Among these 13 participants, nine of them were individual homeowners, three of them were tenants, and one was a landlord.

All interviews were audio recorded and transcribed to ensure accurate representation of the feedback provided by participants. One CEA team member analyzed each of the interview transcripts and wrote the summary below. Because the interviews were conversational and relatively brief, the report summarizes participants' responses by question, but also honors their words by including direct quotes throughout. Additionally, *they* has been used as a singular pronoun in the summary below to improve readability and ensure anonymity of the participants.

Findings

Similar to past reports summarizing the feedback from BBHH program participants, most clients were generally satisfied with the work that was done on their homes and would recommend the program to others. These respondents expressed sincere appreciation for the work that was done on their homes and indicated that the construction projects improved their quality of life, increased their sense of safety, and even provided them with health benefits. However, several participants also described experiencing problems with their contractors, which ranged from a lack of communication and timeliness of the projects to poor quality of workmanship and projects that were left incomplete. A small handful of participants also highlighted the helpfulness of the home advocates and shared individual success stories in response to the resources they provided.

What was the best part of working with the Bee Branch Healthy Homes Resiliency Program?

In reflecting on the "best part" of participating in the BBHH program, particiapnts primarily

described the impact of the various home improvements that were done and the quality and attentiveness of the project staff. Note that some participants gave multiple answers to this question; therefore, the sum of responses is greater than 13.

Home improvements: A large majority of respondents (n=9) indicated that phyical improvements to their home were the best part of the program. These particapants named various projects that were done such as installing new furnaces, windows, driveways, sidewalks, and roofs, as well as other repair work like tuckpointing. Clients described a range of impacts from these improvements. Some noted the financial benefit of the work completed, while others commented on the improved safety of their home. For example, one particiapant explained that their home was "becoming dilapidated over time [and] becoming a health hazard, not just to me but to the neighbors." This person went on to decribe how the home improvements provided them healthier and safer quality of life.

Project staff : Seven particapants spoke highly of the staff that worked with them during the project. The participants explained in different ways that the staff members were easy to work with and friendly. For example, one participant said, "I think the best part was the people." They continued by describing the staff as helpful, cooperative, and that they had the participants' best interest in mind. To that effect, they stated, "They really watched out for what was being done. They listened." Two other particpants further emphaiszed the quality of the staff's communication skills. One of them stated, "They were very good at communicating, I would say upfront. Anytime we had questions, they followed up quickly. Even if I had questions about different programs, they were always very helpful."

Other: One participant did not report anything particularly positivity about their involvement, even though they indicated that the program itself is "good." They explained that they did not have positive experience with the contractors who did not finish their jobs.

What problems if any have you encountered working with the BBHH project?

Similar to feedback from participants in previous interview series, the most frequently cited problems by participants were related to the contractors that were assigned to work on their homes. While the number, type, and severity of the problems they experienced varied, most participants (n=10) did report issues with the contractors and/or the work they performed. Meanwhile, two respondents reported having no problems whatsoever with the program, and one participant did not respond to this question because the construction work was only done on the apartment building in which they live, but not specifically inside their unit. The following themes emerged based on the responses from the 10 participants who reported encountering specific challenges.

Quality of work: Six participants indicated that they were not satisfied with the quality of work that was done by the contractors. Two of them said the construction crew actually caused additional problems while doing the work. For example, one explained that the crew "screwed up my bathroom. They had to tear my whole bathtub out and redo my whole bathroom because they screwed up, and they weren't friendly about it. The Bee Branch had to step in and take over." Another respondent reported that the crew in charge of repairing the sidewalk did not do it "officially," and added that they appeared to be fine with making errors because they were still being "paid for" their "mistakes." Another participant summarized their thoughts about the quality of work completed by stating, "some jobs were done properly, some jobs weren't." Even after the project was complete, one participant indicated that they still had water in the basement.

Communication: Four participants reported some sort of communication issues with their contractors. Two of them indicated that the contractors did not inform them on time about when they would arrive and what kind of preparation needed to take place in advance of beginning construction. Another participant mentioned that the contractor did not "clarify" the contract. When the participant wanted to take time to read the contract, they "felt like [they were] being pressured all the time," as if the contractor were rushing them to "just sign it and get rid of – let's get it done." Another participant reported a similar issue with their contractor when they wanted to learn more about what kind of work they were going to do. Still another commented about how the contractor's workload appeared to negatively affect their ability to get the job done. They said, "the contractor had too many jobs going on all at once that he didn't know [who] was getting what done and to whom." For one participant, instead of communication issues with their contractor, they experienced a lack of communication from their landlord who was not at all engaged in the process.

Timeliness of the work: Four participants indicated that it took more than 6 months to complete the construction, which was supposed to have been finished in 60 days or less. For example, one participant said, "they started something, and they wouldn't come back and finish it for a long time." In fact, three participants mentioned that there was still outstanding work that needed to be finished by the contractors. Two of them said they reached out their contractor multiple times and were still waiting for them to complete the work.

Financial concerns: Two participants described that the contractors asked them for additional money above and beyond the contract. In one case, the participant said that the construction team asked them for money to cover the expenses of the extra work they had to do, which was the result of their own mistakes. The participant indicated that the BBHH program staff resolved the issue and they did not have to pay out of pocket. Another participant indicated that they had issues with borrowing money from the credit union because "Bee Branch put a lien on [their house]."

Other: Some participants had challenges or problems that were unique to their experience. For example, while one participant was reportedly satisfied with the quality of the work done, they were upset that the contractor wanted use "cheaper quality" materials instead of what they wanted. Another participant, who lived in an apartment complex, shared that the construction process was not convenient because they had to share their limited parking space with the construction team. Finally, one participant described at length the issues they had with one sub-contractor, who allegedly stole a box of electrical wiring they had in their home. The participant explained that they confronted the individual who claimed that it was his. Regarding this individual and the situation in general, they said, "it made me very uncomfortable."

In summary, most issues experienced with respect to the BBHH program centered around the contractors. Two participants specifically suggested that the program would likely have be much better if they, as clients, were able to choose the contractors.

In what ways were your interactions with the home advocate helpful?

While not all participants recalled having interactions with a home advocate, those that did described receiving a variety of assistance. For example, five of them indicated that their home advocate provided useful information about the resources available in their area. Four participants reported that their home advocate helped them in solving home-related problems. One participant shared that the home advocate helped them to get Medicaid for their children, while another proudly announced that they had quit smoking with the help of the resources provided by the home advocate.

Ratings of Program Components

The participants were asked to use a five-point scale (where five was the most positive and one was the most negative) to indicate how they felt about four different aspects of the program. As seen in Table 1, which is presented in descending order of average rating, participants rated most aspects of the program very positively, apart from the ease of working with contractors.

Table 1. Ratings of program components

Item	1	2	3	4	5	N/A	Mean	SD
How helpful was it to work with Home Advocates?	0	0	0	3	7	3	4.70	.46
How easy was it to complete the application?	0	0	2	4*	7	0	4.42	.73
How likely would you be to recommend this program to friends or neighbors?	1	1**	0	2*	9	0	4.38	1.20
How easy was it to work with contractors on construction work?	1	1	4	1	5	1	3.67	1.31

**One respondent rated 4.5. This was classified as 4 for this table and 4.5 used for mean and SD calculations.*
*** One respondent rated 2.5. This was classified as 2 for this table and 2.5 used for mean and SD calculations.*

In several instances, participants elaborated on their rating by offering examples or additional clarification. For example, one participant commented that, even though the application process was not hard, it took some time to complete it. Another participant suggested that the application process might be easier if it was online and added that paperwork "just takes [an] extra step." Regarding the ease of working with contractors, one participant who rated this item negatively explained that "trying to get him to do the work was the biggest problem." They added that, because of this, they would not have worked with them if they were given the option. In contrast, another participant who rated working the contractors as "very easy" said, "he even did extra work for us in the basement and didn't charge for it. So, we were just thrilled with him."

As indicated above, the participants' experiences with the contractors varied greatly, which also influenced the extent to which they would recommend this program to others. For example, four of them indicated that they would recommend the program itself, but they would not recommend the contractors that they had. Two participants offered words of caution for those that might consider participating in the program. One said, "I would recommend it to secure their home and waterproof their home but be prepared that nothing goes fast." Meanwhile, the other suggested that future participants fully understand their rights and options as participants in the program in order to get the most out of it. Finally, two participants shared that they already recommended the program to their friends or neighbors, and that they have since applied to the program.

In what ways do you think participating in the BBHH project will have an impact on your life?

The two most significant impacts that participants reported were an increase in their sense of safety and quality of life, as well as the financial benefit of having the work completed on their homes.

Safety and quality of life: Four participants indicated that the project improved their overall quality of life by removing the water in their basement. Five participants also noted that the work done to their homes made them feel much safer. For example, one participant explained the different safety hazards prior to the work being done: "Our chimney was falling down, and the bricks were falling

around our house. And, that was a huge concern for me with the kids." They also described being concerned about the squirrels that were "running up and down the attic floor" and "chewing into the wires." Since the completion of the project they described how their family has felt much safer and comfortable in their home.

Four participants particularly mentioned that the project will positively impact their health. For example, one of them indicated that "the whole thing has really brought a lot of peace of mind for me, knowing that it's healthy for us to live in." Another participant said the program "is just totally asset to the human life that's living here."

Financial: Three participants indicated that the project increased the property value. While one of them said that they will be able to keep the property rented, another said, "if I ever decide to go sell my house, what they have done has definitely increased the value of my home." Two participants anticipated experiencing the financial benefit in the form of decreased utility bills because of the new windows or furnace. Finally, two participants indicated that participating in this program allowed them to accomplish projects that would have otherwise taken them much longer to finish because of their limited income.

The lone participant who did not report any positive impact of the program instead said that the construction work caused "a lot of stress." As noted earlier, they still had water in the basement, which they had to pay out of pocket to fix.

Do you have any other thoughts about the BBHH you would like to share?

In closing, nine participants took the opportunity to offer positive comments about the program. One participant said, "I think it's a great program. I just wish that more people would take more advantage of it." Similarly, participant stated, "I just highly recommend it. We've recommended it to other landlords, homeowners, we're big advocates of it." Even one of the participants who reported having several issues during the process said, "I'd personally like to thank the city of Dubuque and the taxpayers for this." In contrast, one participant reiterated that the program itself good, but that the issue lies with the contractors who are "ripping people off."

Three participants made specific recommendations to the program staff. One of them said, "I wish they could have told all 10 tenants in my building what was going to be going on as they went along. [..] We did hear banging or something, so we'd go look and see they'd be working on the side or working on the roof. That's all we knew." Another participant suggested that the work being done be recorded somehow. To that end, they stated, "I don't know if that's a privacy issue, but I think this should be on camera. At some point I think somebody needs to make [the contractors] own just what they're [responsible] for." Still another participant suggested that the program be advertised more since "not a lot of people know about it." Finally, one participant reiterated the fact that there was still outstanding work that hasn't been done.

Appendix B- BBHH Program Team Interviews: Year 4

Introduction and Methods

The following is a summary of eight interviews with Bee Branch Heathy Homes Resiliency Program (BBHH) team members. The purpose of the interviews was to document the processes of the BBHH and inform program improvements. Interview protocols were designed during Year 1 in collaboration with Sharon Gaul, Resiliency Project Coordinator for the City of Dubuque and were minimally modified subsequent rounds of interviews. All eight interviews were conducted via Zoom videoconferencing by Center for Evaluation and Assessment (CEA) team members during July-August 2020. BBHH staff provided the CEA with contact information to invite eight BBHH team members to take part in an interview and all eight agreed to be interviewed. Interviews were audio recorded, transcribed, and then coded and analyzed by members of the CEA team.

The same general interview protocol was used for all interviews. As in the Year 3 evaluation report, when possible in this report, responses are aggregated to provide anonymity for the respondents. All interviewees were advised, however, that their anonymity could not be guaranteed because of the small number of respondents and potentially unique responses based on their varied roles in the program. The two Home Advocates (HAs) are the only two people who serve the same role in the program, and in all cases their input is recorded as either "both of the HAs" or "one HA" to provide them with some level of anonymity. A few questions were asked only of sub-groups, as indicated in the interview protocol (see Appendix B.I).

Interviewees were invited to review this summary and make corrections or additions before the summary was considered final and submitted to the United States Department of Housing and Urban Development.

Role with the BBHH

Team members for BBHH span three organizations and five roles. In each section below, CEA describes roles and experiences in participant interactions. Role descriptions are described based on participant responses.

Intake Specialist

Intake specialists are primarily responsible for administrative duties, such as income verification and processing applications. After approving applications, intake specialists help set up inspections and prepare bids and contracts. As one intake specialist reported, "An average day for me would be verifying applications, just processing applications, making sure they're eligible for the program. Reaching out to people who may be interested in the program, that kind of thing." The role of the intake specialist has stayed similar to previous years, however, one intake specialist reported taking on more responsibilities and roles from the previous year due to staff changes, "We've had some like staff changes, so with that new responsibilities came and yeah my role has changed a little bit over time. More responsibility, stuff like that." When asked for more details on what responsibilities were added, she reported, "She [previous staff] did like environmentals and change orders. Yeah just little jobs that I didn't do before, I now have." The other intake specialist who recently started last summer reported that, "most of everything's been in place, they had all the kinks worked out. So, it's been pretty easy."

Both intake specialists reported that program participants generally understand their role in the program. For example, one intake specialist said, "Yeah we explain it right from the beginning so they know what to expect. And a lot of times these people have applied over a year ago, so they'll be

calling in between every few months or whatever just to see where they're at in the list and we do a little more chit chatting. A lot of times their neighbors already have had this done so they're kind of familiar with how the process works."

Intake specialists mainly interact with participants over the phone gathering their information and answering any questions about the program. Participants also come into the office with their paperwork to get copies made and drop off qualifying information, however, COVID-19 has dramatically limited these face to face interactions with participants.

When asked to describe any difficult interactions with participants, one intake specialist described occasional reluctance to provide social security information. They also said, "But there hasn't really been any issues or anything. Nothing that we can't overcome." The other intake specialist described a tenant that was being difficult because they didn't like the contractors, but in the end, "All she ever wanted was for someone to sit and listen to her."

Inspector Rehab Specialist

The role of the inspector rehab specialist has stayed the same from the last year. She said she does primarily all of the initial inspections, writes the scope of work, puts them out for bid, meets with contractors for bid tours, and does contractor clearance and Tier II environmentals. She is the person contractors call if they have questions during construction and confirms when the work is completed. She also meets with property owners and answers any questions they might have. As she described herself, "I'm very hands on."

Her typical interactions with participants involve discussing their needs during the inspection process, such as, "Where do they experience the most water coming in, what is affected when it does come in, and walk through the property and talk with them as to what they feel they want addressed or what they're anticipating for us to address." She reported that participants understand her role in the program, "Maybe not at first but by the time we meet a couple of times and the work is underway, I think they have a good understanding of what I'm doing yeah."

The main difficulty with participants she has encountered is discomfort with contractors, "Well we have had a couple of participants who, because we have to take the low bidder, they're maybe being assigned not their first choice of contractor which always makes the jobs more difficult because they're uncomfortable for whatever reason with the contractor who's going to be spending a lot of time at their property and doing work for them." This often means that she needs to be more present during the work and in some cases, it has meant switching out personnel. But for the most part, she reported they can work through it and finish the work.

Staff Supervisor

The administrative staff supervisor role has not changed over the years and he is mostly involved when there are issues going on and attends progress meetings. He doesn't have direct contact with participants, unless there have been issues. For example, one issue came up when a participant complained that the work wasn't being appropriately done. He met with the owner and contractor to resolve the issue and they moved it forward to complete the work.

Grant Administrator/Project Manager

This position has changed slightly from the previous year, as the role was primarily grant administrator but now encompasses project management as well due to staff changes. This role involves working with the rehab inspector on scheduling, bid tours, inspections, and throughout the

construction. On the grant administrator side, he still works with the intake specialists, handles expenses, and does the draws for housing and infrastructure.

He has direct contact with participants mainly through contract signing, "I typically do the contract signing and I try to get out there either to a bid tour or to an inspection and meet them at that time as well. And then certainly when the project is over and the completion, try to reach out and be part of the final walk through."

He reported that participants get an introduction to his role if he meets them, but, "probably after that, I think they forget who I am and they work a lot closer with obviously the contractor and the inspector and I'm kind of just in the background."

When asked about difficult interactions, he reported that the difficulty mainly comes after the project is closed and something wasn't done exactly how the participants wanted. However this isn't a major issue, "I think for the most part, once we approve their application and we get the program rolling and we get out there and we do some work and we're on site and that for the most part we don't have those problems." Other issues involved the length of time it can take to complete a project due to the weather and more recently, COVID-19. He described how difficult COVID has been on their work due to being shut down for eight to ten weeks doing no construction. He reported, "There were quite a few projects that were kind of delayed and we were right in the middle of them, which was unfortunate."

Home Advocates

The HAs said their role has largely been unchanged from last year, however COVID has affected their ability to do in-person home visits. One HA described the challenges that come with not being in the home, such as making it more difficult to actually see any issues with the home to bring up, "From there, I can visually see it, I can bring it up with them, but when I don't see it, it's hard for me to do that." Another HA said, "It was pretty steady up until COVID happened, and then things really slowed down with new clients because, of course, we couldn't do the inspections and all of that for a while, so it was basically touching bases with the other active clients that I had."

Now allowed to conduct home visits if the participant is comfortable, HAs reported wearing PPE, masks, social distancing, and asking health screening questions. They also pass along new information and resources related to COVID to families, "Because the resources just all pretty much changed as far as what their needs were, and some of the families had lost their jobs or they were on a temporary type of layoff and they just needed some guidance as far as what they needed to do and there were all new resources popping up in the community as well. So, it was just helping them get connected to those kinds of things."

Participants generally understand their role in the program, especially after an introductory phone call or a brief explanation. Sometimes participants get confused with the HA association with the Visiting Nurses Association and not the city, but HAs just explain and overall participants seem to have a good understanding.

Difficulties come up when participants have negative experiences with the program or the work isn't done up to their expectations. But for the most part, HAs report mostly positive interactions with participants, "As far as the clients themselves, I really haven't had issues. They've all been very good about meeting with me."

Improvements and Resources

Team members reported how the program was supporting individuals through the two components of the program: structural improvements and home advocacy. As could be expected given the purpose of the grant, structural improvements were fairly consistent in using strategies inside and outside of the home to prevent the accumulation of moisture. On the other hand, there was a breadth of ways that HAs were able to support community members based on their family's needs. In addition, team members identified opportunities for Dubuque to expand services.

Structural Improvements

All interviewees were asked to describe the most common resources that were going into the project homes this year. The following items were mentioned, presented here in order of frequency.

- *Sump pumps in the basement (5)*
- *Gutters, downspouts, and landscaping to move water away from the structure (3):* In their responses, team members specifically mentioned using landscaping, gutters, downspouts, a "French drain system," and sloping sidewalks to move water away from the house. Specifically, they work to move water to the street or an alleyway since houses are built so close together.
- *Drain tile work and drainage systems (3)*: Respondents described interior tile work in basements to address water issues.
- *Tuckpointing (2):* One respondent said, "We have a lot of limestone foundations that haven't been maintained in 75 years or more, so a lot of tuckpointing."
- *New roof (2)*
- *Exhaust fans (1):* This respondent described that the exhaust fans remove moisture and only operate when needed because of built in sensors.
- *Water heaters and furnace (1)*
- *Radon testing and mitigation (1)*

Three respondents described flood prevention measures collectively. Additionally, as the grant budget and parameters allow, two team members described that the team would help to address other outstanding electrical and plumbing issues. One team member characterized the latter saying, "Just basically fixing up things that's been a bit broken for many years with the area they'd live in."

Social Resources

The home advocates were asked to describe what resources participants have been most interested in or need the most. At least one of the HAs mentioned the following list of resources (with 2 in parentheses if mentioned by both HAs):

- *COVID-19 education and resources (2)*: Both HAs described that COVID-19 increased clients' needs for resources (COVID-19 education, rent support, food resources) and opened doors for resources that might not be available otherwise (rent support).
- *Food resources (2):* Both HAs described an increased need for food resources. Specifically, one advocate said that there has been an increased need for these resources with kids being home from school. Also, she said that there have been some programs to distribute food, but "not nearly what it usually is in the summer."
- *Process for filing for unemployment:* One HA described the importance of understanding "what's going on in the community." She described knowing the changes in the process in filing for unemployment due to COVID-19 restrictions so that she can support clients that experience challenges.

- *Dental care:* One HA described helping people find affordable dental care locally.
- *Heating assistance and weatherization:* While one HA said, "We do a lot of heating assistance." She went on to describe the need for and barriers to getting weatherization. This will be discussed more in the Additional Needed Resources section.
- *Assistance for paying bills:* One HA described finding resources to help people pay their bills.

Healthy Homes Workshop
In addition to their usual duties as home advocates, the HA team worked with the Community Partnerships for Protecting Children to facilitate a Healthy Homes Workshop. One advocate described a full-day workshop for 40-50 people who to home visits (i.e., Parents as Teachers, city staff, ECIA). Presentations centered around safety in home visits and HUD Healthy Homes Principles[1]. She said the workshop was "well received" and "people really wanted us to have another one."

Additional Needed Resources

When reflecting on resources that clients seemed to need which are not currently available in Dubuque, five of participants described repairs to the home that did not qualify for the program because they were not directly related to flooding. One HA said that she'll be sure to share any outstanding need with the home inspector so that any qualifying issues can be addressed. The inspector also agreed that they "take on some of those things" but that certain items are not within the scope of the grant. Items that often do not quality were siding, windows (unless they had lead paint on them), doors, and furnaces (unless they had been damaged by flood water). The HAs both described that there is a conflict with the name of the program and the fact that they cannot address Healthy Homes safety issues with the grant funds.

Both HAs described limitations this winter with accessing AmeriCorp Green Iowa weatherization services. One advocate described that the person assigned to Dubuque for this program was reassigned to Des Moines in November 2019 and never replaced. She described that there is a program through the Community Action Agency, but that group has a long waiting list and stricter requirements to participate.

Two team members described that clients are interested in big landscaping projects like retaining walls or berms to address water issues. However, one team member said that projects like that are "hard to maybe sometimes justify because it sits too far away from the house."
Additionally, individual team members described an interest or need for additional funding to support home repairs, securing local dental services, tree trimming, and opportunities to work with neighbors that are outside of the program since the houses are so close together.

Impact on Participants' Lives

These complementary projects are designed to help make clients' structures and community connections more resilient. Across components, team members have observed a reduction in water inundating homes, improved health, and greater community connections. With respect to both components of the program, one team member emphasized the balance between celebrating the improvements they've made with a drive to "do better and continue to figure out more resources …for everybody."

Effectiveness of Structural Improvements

When considering how the structural component of the program has impacted participants' lives,

[1] https://www.hud.gov/program_offices/healthy_homes/healthyhomes

all eight team members characterized the value of this work with seven providing specific examples. The most common response focused on the reduction of water intrusion. Four team members specifically focused on the fact that there was no water or less water in peoples' homes. At the city level, one of these team members cited a rain event the previous week where Dubuque had 2.5 inches of rain. He explained that he was expecting his voicemail to be full of messages with people reporting water in their basements, but he said, "I had zero." He attributed the reduction in water intrusion to the improvements made to individual homes and the infrastructure projects completed along the Bee Branch Creek. Complementary, another team member described that people are using their basement since it is no longer being inundated.

Both HAs described health benefits for clients with the reduction of moisture in their homes. Specifically, one advocate said there were improvements for clients with asthma or allergies. One HA said, "[The clients] noticed a difference overall in their health…I think overall, it has helped." Individual team members described additional benefits. One team member described that there have been improvements to the structure which make the structure safer. She described replaced stairs and added handrails. One team member emphasized the increased resilience of the structures. She said, "All of these things need continuous improvement, but I would say the majority of people enjoy the improvements in their home…." One described that this program is an opportunity for the city to "reengage our community and connect with actual people … An opportunity to create trust." She said that's important given that there is a disconnect between people and the government at this point in time across the country. In addition to these other benefits, one team member highlighted that "it's all free [to the client], so they didn't have to pay for it because a lot of these people are very low income."

A couple of team members specifically described that participants are "pleased with the work being done" or "very appreciative."

Effectiveness of Home Advocacy

When considering how the home advocacy component of the program impacted participants' lives, all eight team members characterized this work as important with five providing specific examples. In the most common response, half of the team members described that this is an opportunity to connect clients with resources they may not have previously known about. Specifically, the HAs described providing resources that people can use in the future, and one HA described the benefit of connecting them with people in the community "so that they know who to call" when an issue arises. In terms of impact, one team member said, "From the ones that I have heard from, it's been a great positive impact. They've taken advantage of services that are available." One team member specifically mentioned that the HAs "can be reached throughout the entire construction process … [and] up to a year after that." He said, "The contact availability for them is really special, and I know that it's helped a tremendous amount of people that are in the program."

The HAs provided some specific examples highlighting the way clients have used resources.

- Childcare that is available for some programs at the Northeast Iowa Community College
- Dental care through the Donated Dental Program
- Money management courses through Iowa State University Extension

Two team members considered the implications of BBHH at the community level. One team member described the benefit of "gathering all those community challenges that the participants might be having" which will allow the community to provide more effective resources. Another said that the HAs were being recognized as a way for the community to support community equity. He said, "Not only are they talking to the residents about the program, but then they're expanding it to

any and everything that the homeowner or tenants might need—which could be education, could be transportation, could be a job, could be getting medicine or medical help."

BBHH Logistical Considerations

In order to provide formative feedback, CEA asked team members to reflect on communication, challenges, and recommendations from the program from each person's perspective. Challenges centered on a difference in perception with respect to communication, insufficient numbers of contractors for the work, and delays (both consistent and related to COVID-19).

Internal communication

As in years past, there was a disconnect between perceptions of communication between the HAs and other team members. All six team members from ECIA and the City of Dubuque characterized positive communication among all team members, and two team members reflected that communication has gotten better with time. On the other hand, the HAs described moderate success with communication but also described some ongoing issues. Related to success, one advocate said that they had resolved previous issues with coordinating scheduling with home visits. However, both advocates expressed a continued desire to connect with other team members about the status or ongoing issues with projects. One advocate said that knowing which clients are having difficulties with the program could help her follow-up or know why someone may not be returning her calls. After the last report/interview there was one meeting held to discuss communication issues which improved communication with scheduling the inspections, but the other communication issues remain.

Five team members (across the city and HAs) reported how staff member changes and COVID-19 have disrupted communication in the past and currently. Three team members described that staff changes have created situations where the team has had to redefine communication. Additionally, in the midst of the interviews, Sharon Gaul, Resilience Coordinator, resigned her position. In an interview after Gaul gave notice, one of the advocates noted that Gaul was the person with the best understanding of the home advocacy role. Additionally, two team members described that COVID-19 has changed the character of communication from in-person to remote forms of communication since the teams have been working from home. Despite this, one team member said, "We're making the best of it, and we've come through [barriers related to COVID-19), and hopefully we'll finish strong here in the last little over a year."

Communication with contractors

Five team members were mostly positive about communication with contractors over the past year. Four team members described that communication with contractors has been effective. Team members described having consistent communication with this group. However, individual respondents also identified two challenges related to contractors for the project. One team member described that often contractors are not reachable, so team members need to follow up to check-in about projects. Another team member said that communication between the team and contractors has been good but that communication between clients and contractors can be difficult. This person described that often clients get frustrated when they do not get a prompt response from the contractor about their project.

Challenges and Recommendations for Program Improvement

When reflecting on challenges with the program and recommendations for improvement, five team members reiterated (sometimes multiple times) the need for more contractors to facilitate this process. When describing this challenge, one team member said, "If we could figure out a way to get

more contractors so that we can have more people working at one time, getting more units done." She said that only having four contractors working on this project makes the process take longer. Another described that they had an event at the beginning to introduce contractors to the project. He said that there were 130 contractors there that night. However, when it comes down to it, very few actually bid. He described several reasons why contractors have chosen not to participate including not liking rehab work, not wanting to work directly with landowners or tenants, issues getting bonded, and busyness given the fact that Dubuque has a lot of work to choose from.

Three team members emphasized challenges related to the timeline of this project. Two cited how the work slowed down because of the COVID-19 restrictions and clients having the virus. Both of these team members described how precarious; one said, "I don't know where we're going to be doing down the road here, if we're going to shut down again or what…" The third team member said that moving projects through the pipeline was time consuming even before the virus. This team member described that they've made the process more efficient through the years, but the amount of work and the weather during construction seasons have made progress slow. One team member wishfully reflected, "…and if we could ever extend the length of the grant…."

Both HAs reiterated communication with the other team members as their primary challenge. In addition to the comments described in the section above related to team changes, one advocate said that other team members may not fully understand their role in the project "because they have a whole different agenda than what we do." One HA recommended having smaller meetings with other team members including the inspector to share updates, perspectives, and ideas. One advocate offered to serve as a liaison for challenging clients.

Two team members expressed recommendations to expand the eligibility area. Both team members described that there are homes that experience flooding that could benefit from the program, but "they're just in the wrong end of the town or just outside of the area that was designated to be in the program."

Individual respondents described challenges or recommendations worth noting. These included clients misunderstanding the role of the program ("This isn't a rehab program where we've come to make the house pretty"), securing additional funding to address Healthy Homes Principles, more flexible income guidelines ("We've had some people come that are just outside the guidelines, and you know, they could use the help"), and maintaining a connection with community members after their property rehabilitation is finished.

Other comments

When asked if they had any other comments about the program, three team members made positive comments about the program. These are provided in full below.

I mean I always say it's been a great program and a great opportunity for the city of Dubuque and the residents. Something that just has never been available for ever and anything like this and happy to see those taken advantage of it

I think it's done a lot of good. I think there's a lot of benefit in keeping these properties dry and the improvements so that we can keep the properties occupied, you know, some of them were really to the point where if the basements got too much more damp they really probably should not have been occupied.

I'm really happy to be part of it. It's been really exciting, we have roughly fifteen months left maybe fourteen and we'll see how we finish out, but I really think that the City of Dubuque is so much better off with this grant and we've helped a lot of people and we really want to finish strong.

One team member reiterated how COVID-19 has impacted the operations for the program. This

person said, “It’s impacted things somewhat, but I don’t think we’ve ever stopped because of it. It certainly has impacted progress.”

Appendix B.I – Bee Brach Healthy Homes Team Member Interview Protocol

As part of the evaluation of the Iowa Watershed Approach Project, the Center for Evaluation and Assessment is conducting interviews with key personnel from Bee Branch and Healthy Homes Resilience Program. The purpose of the interviews is to document the processes of the Healthy Homes Program and inform program improvements.
Your responses will not be reported by name. However, because there are only a small number of team members your anonymity cannot be guaranteed.
Your participation in this interview is voluntary. You may decline to be interviewed, you may decline to answer particular questions, and you may ask that the interview not be used even after we have completed the interview.
The interview will take approximately 30 minutes. You may end the interview at any time. Please let me know if you need to leave or if you'd like to take a break and finish the interview later.
Findings from all interviews will be combined into one summary, and you will be given the opportunity to review the summary and make comments, corrections, or additions before the summary is considered final. When it is finalized, it will be given to the Healthy Homes Program staff for their use in planning and to the project funding institution, HUD, at which point it becomes part of the public record for the project.
In order to make this process smoother and make sure we capture your feedback accurately, we would like to tape record the interview. Is that okay with you?

Role

1. [*All*] How would you describe your role with the Healthy Homes Resiliency Program? [If this person has been interviewed in the past, ask "Since we last spoke, how would you say your role is different now than it was a year ago?"]
2. [*All*] Do you have direct contact with the Healthy Homes participants? [If no, skip to item #7]
3. [*If yes to #2*] Describe for me what a typical interaction with participants might be like for you.
4. [*If yes to #2*] Generally, do you think BBHH participants understand your role in the program? (Follow-up prompt if needed) Describe to me why you feel this way.
5. [*If yes to #2*] Tell me about a participant contact that you would consider particularly difficult.
    a. How did you handle this situation?
    b. Is there anything you would have done differently if you could do it over?
6. [*Home Advocate*] Would you say that home visits are different now than they were a year ago? [if yes] Describe for me the process of a typical home visit.

Recommended Resources

7. [*All*] What are the most common things that the program is doing right now for participants?
8. [*Home Advocate*] During the home visits, as the home advocate, you make referrals for participants to address their needs. Can you tell me which resources participants have been most interested in?
9. [*All*] What resources or home improvements (if any) are there that participants need or could benefit from, that are not currently available in Dubuque?

Improvement of Life for Participants

10. [*All*] How effective do you think the property improvements aspect of the BBHH is in improving the lives of participants?
11. [*All*] How effective do you think the home advocacy aspect of the BBHH is in improving the lives of participants?

BBHH Logistical Considerations

Now we are going to switch gears and talk more about your experiences working with the program team, challenges, and any recommendations you might have to improve the program.

12. [*All*] First, how effective would you consider the communication between yourself and other team members? Your team and contractors?
13. [*All*] Thinking about the whole BBHH in general. What would you say are the biggest challenges, if any, you have encountered in your role in the project?
14. [*All*] My final question is about improving the program. What recommendations, if any, do you have that would help improve the Bee Branch Healthy Homes Resiliency Program?
15. [*All*] Do you have other comments about the program, the process – anything else at all?

Appendix C- Dubuque Meeting Summary: Year 4

Dubuque Bee Branch Healthy Homes and Flood Resilience Team Check in
11/4/19

On November 4, 2019 the Dubuque, Flood Resilience, and Center for Evaluation and Assessment teams got together to share updates and coordinate efforts.

- Teri Goodman emphasized that the social resiliency in Iowa Watershed Approach (IWA) started with Dubuque and their efforts. She said that the "innovation and intellectual property" of this work needs to stay with Dubuque. With that being said, Goodman was still interested in partnering with the University of Iowa (UI) to get additional evaluation and research about Dubuque. Craig Just, Eric Tate, and Goodman spoke with enthusiasm about the possibilities of new studies. And Just emphasized that in applied research, Dubuque needs to be an active partner in defining what the research explores. Sharon Gaul volunteered to be the point person for coordinating between UI and Dubuque for future research endeavors. Goodman said the city attorney could help provide guidance for using Dubuque's data.
- *Social dimension of resilience discussion*: Tate said that social dimensions of flood resilience are new in the flood mitigation world. He described that Housing and Urban Development (HUD) is interested in learning more about this and provided an overview of the Community Development Block Grant Disaster Recovery (CDBG-DR) Cost Effectiveness project and distinction from IWA. Tate said that in this case, HUD is trying to learn from the bottom up, what does resilience mean in these communities?
- Internally, the team sees the value of the home advocates in Bee Branch Healthy Homes (BBHH) project. However, participants do not report on their experiences with the advocates during interviews. Sharon Gaul provided some examples of how the advocates have supported individuals with personal issues or the Marshallese community with more systemic challenges in finding dental care.
- Craig Just floated the community connectivity platform, Signify Community, and the group discussed possibilities for Dubuque if Flood Resilience Team (FRT) of Dubuque could secure funding. He also described that FRT is interested in supporting case manager self-care training to keep case managers in the game. Just said that if these key people are not functioning well, that can really influence the process of recovery.
- *Hoping that a graduate student funded on IWA can do some survey analysis*: Tate asked the Dubuque team to describe the data they have for each household and define success within what they have. Cori Burbach said this could be an opportunity to explore the data to consider how they could operationalize success. Tate said the data, local testimony, and research literature could inform the research and analysis.