BUILDING A FRAMEWORK FOR HEALTHY HOUSING

2008 National Healthy Homes Conference

Building a Statewide Infrastructure for Healthy Homes: The Lead Poisonings Prevention Fund Model

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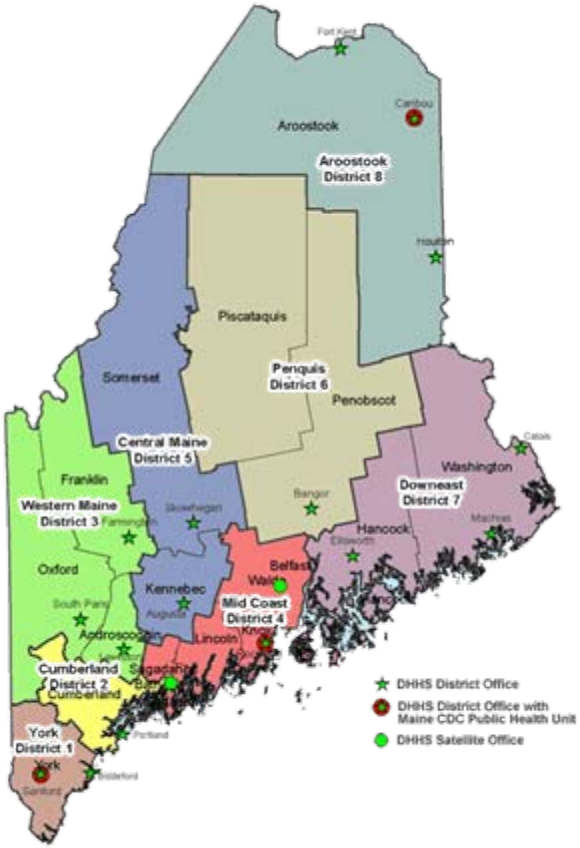
Maine

- 1.3 Million people
- ~ 40 people to a square mile
- Median household income $41,287



Lead Poisoning Prevention Fund

- Passed in 2005
- 25-cent/gallon fee on paint sold in Maine, on manufacturers and distributors.
- $800,000 expected annually.

Lead Poisoning Prevention Fund

- ***Contracts for Community and worker educational outreach programs to identify lead hazards and take precautionary action.***
- Major media campaign
- Targeted mailing campaign to families with children.
- Improvements to Occupational Disease reporting
- Assessment of current uses of lead and the availability of lead free alternatives
- Education of rental property owners.

Goal: Eliminate Lead Poisoning

Strategy:

The quickest path to eliminate lead poisoning is one that integrates lead poisoning into existing health and housing programs and coordinates efforts to achieve healthy, affordable and energy efficient homes.

Housing in Maine

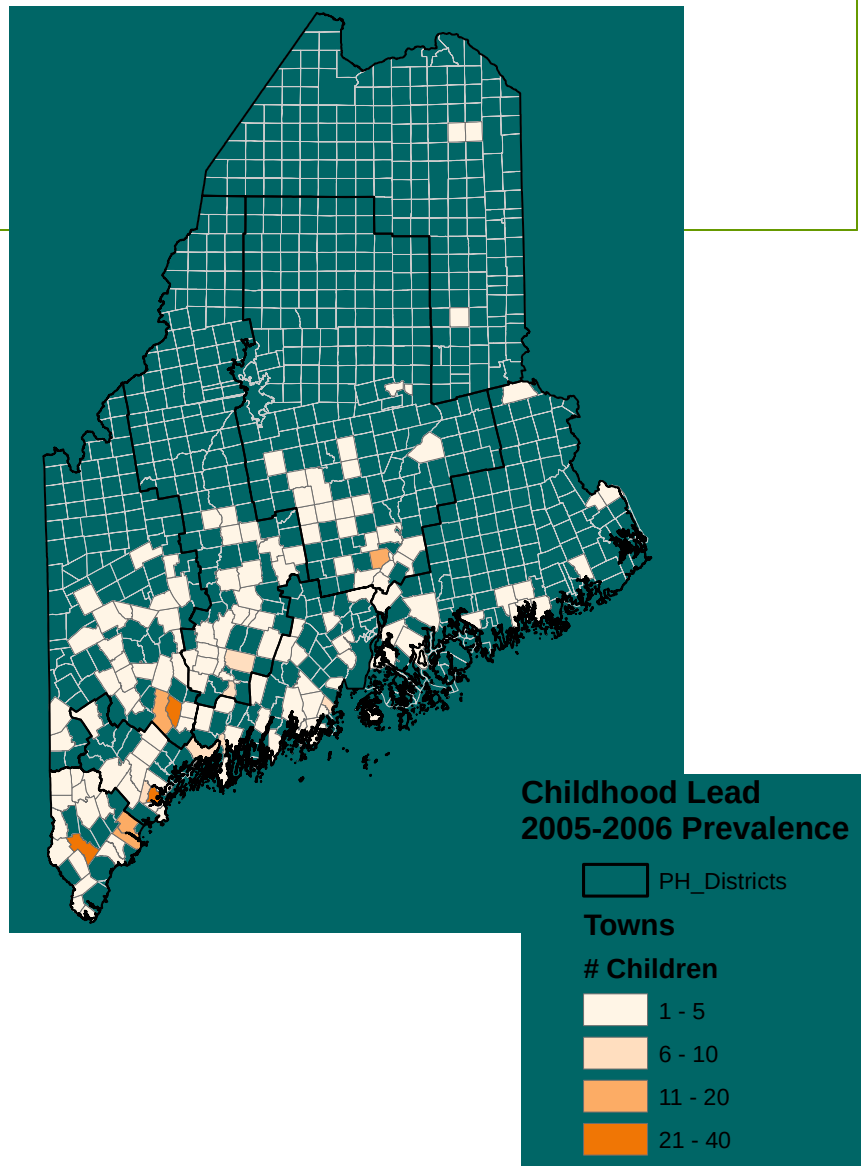
- 650,000 units of housing

Housing Risks in Maine

- 350,000 units estimated to have some lead.
- 205,535 pre 1950

Analyze Lead

- 200 Children elevated a year.
- 5 high density communities account for approximately 1/3 of the cases.
- Still 2/3 across the state.



Reach Across the State

- Partner with 32 Community Health Coalitions/Healthy Maine Partnerships
- Help them come together across 8 Public Health districts

Community Grants

Each Community Health Coalition

- Local point of contact
- Distribute lead information through existing programs and networks.

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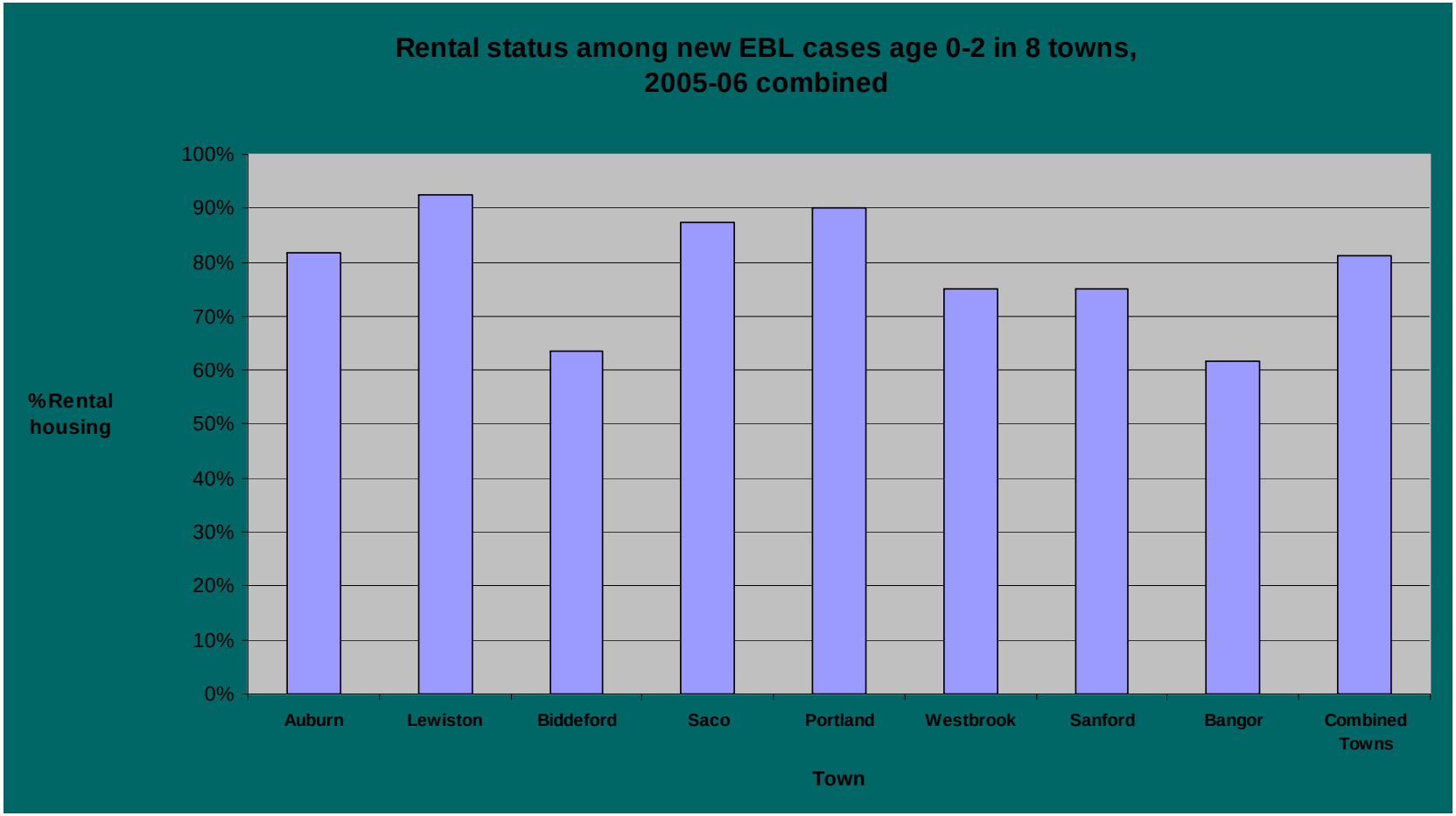
Community Grants

Public Health Districts (all CHC/district)

- Coordinate planning and provide services across the district. Become trained lead resource in the district.
- Convene partners in dialogs of key barriers and opportunities
- Develop a prioritized action plan
- Pilot an education program in response to the barriers and opportunities analysis.

Targeted Action



High Density Grants

- Educate Property Owners and Tenants
- Use targeting mechanisms to identify the rental properties at highest risk of poisoning children. Focus activities in defined area/population.
- Help property owners take precautionary action to prevent lead exposure.
- Track and Evaluate

High Density Grants Bonuses

- Funds to support subcontracts with community based organizations that can reach the target audience - boots on the ground.
- Funds to screen housing for hazards.

Additional Support for Partners

- Detailed data on lead poisoning rates and trends. Mapping of screening and elevations.
- Targeted, professionally designed materials.
- Lead Safe Renovator Trainings and Dust Sampling Technician trainings.
- Access to successful models across Maine and the nation.
- Professional development opportunities

Best Support - Flexibility

Using existing outreach networks and integrating lead work into broader healthy homes, energy efficiency activities, and other community activities.

Not an add on – an add in!

Examples

- Lewiston/Auburn high density work with section 8 landlords to do unit turnover treatments and tenant education.
- Downeast district, half day workshop to look at all “touches” and fit lead in.
- York district, significant nutrition/early childhood program, 8 home visitors – leverage for lead.

How do we touch families, how do we touch homes, how can we make each touch matter?

- Maine Department of Health and Human Services, ME-Centers for Disease Control
- Maine State Housing
- Maine Department of Environmental Protection

Starting the inventory DHHS/ME-CDC

- Maine Women, Infants and Children (WIC): 101 locations across Maine
- Healthy Families Programs 83 home visitors, 16 counties, 5,609 families/yr
- Public Health Nursing, 14 offices, over 8000 visits a year.
- Healthy Maine Partnerships, Smoke Free Housing Coalition has addresses for 16,000 landlords.

Maine State Housing

- Rental Assistance Coupons 935 households.
- Section 8 vouchers 3,797 households
- Weatherization 1,457 houses
- Home Repair 164 properties (multiple units)
- First time homebuyer program

Opportunity – what happens when you look at all your programs

- Maine State Housing is training over 100 energy auditors in the next three months.
- The Maine Department of Environmental Protection can provide a trainer so all auditors get dust wipe technician training and lead hazard evaluation training.
- DEP expected to train less then 10 inspectors and dust wipe technicians. Only a handful of people will call for a lead inspector in the next year – everyone's calling for an energy audit.

A work in progress

- Maine is still exploring and developing our partnerships with communities and our state agencies. We expect to see great things. What we have is a model that:

  Can reach across the state

  Use data to target action

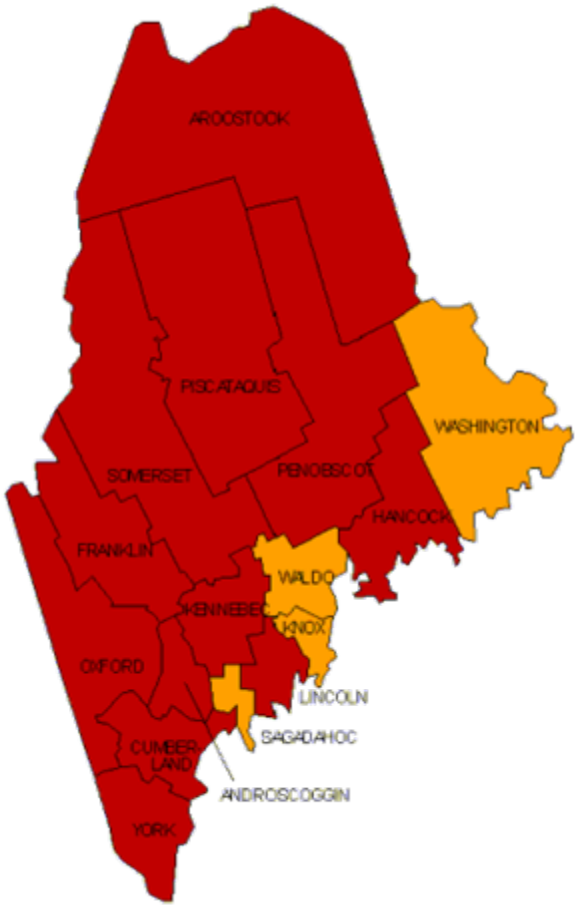
  Make every touch count

Thank you

- Questions?

Radon Risk in Maine

- Red is Zone 1
  Highest Potential for greater than 4 pCi/L
- Orange is Zone 2
  Moderate 2-4 pCi/L
- Yellow Low – we don't have any yellow zones in Maine
  Radon



Additional Healthy Homes Issues

- Carbon Monoxide – only a third of homes in Maine have CO detectors
- Only a third of Maine homes have tested for Radon.
- Falls and poisonings in the home are a significant problems for Mainers (2 of top four injuries).
- Significant Asthma and respiratory health issues, highest childhood Asthma rate in New England.

Housing Energy Use

- Long heating season
- Average Maine family uses 800 gallons of oil during the heating seasons –the price just rose 200%
- 50,000 families applied for LIHEAP, 100,000 are eligible.
- Similar ratio for electric use.

BUILDING A FRAMEWORK FOR HEALTHY HOUSING

Healthy Homes Strategic Planning: Moving to Lead + Asthma and Injury Focus in Baltimore

Madeleine A. Shea, PhD

Assistant Commissioner,

Baltimore City Health Department, Healthy Homes Division

2008 National Healthy Homes Conference ❖ September 15-17, 2008 in Baltimore, MD

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Rationale for Transitioning from Focus on Lead to Healthy Homes

- Declining lead cases
- Unmet needs in asthma prevention and control, and injury prevention
- Staff capacity in inspections, health education and case management
- Opportunity to expand public health services and impact
- New funding and partnership opportunities

Strategic Planning Inputs

- City Priorities
- Data – Key Healthy Homes Issues
- Healthy Homes Assets
- Advisory Board
- National Direction

City Priorities

May 2006 – BCHD Healthy Homes Division created to expand –

Childhood lead poisoning prevention

to also

Reduce Asthma and Injuries

City Priorities

- Mayor Dixon's Vision

Clean

Green

Healthy

Safe

Data Sources – Key Healthy Homes Issues

- Published research
- Housing reports
- Foundation reports
- Other strategic plans (state, Coalition)
- Staff observation
- Key informant interviews
- Newspaper and other press

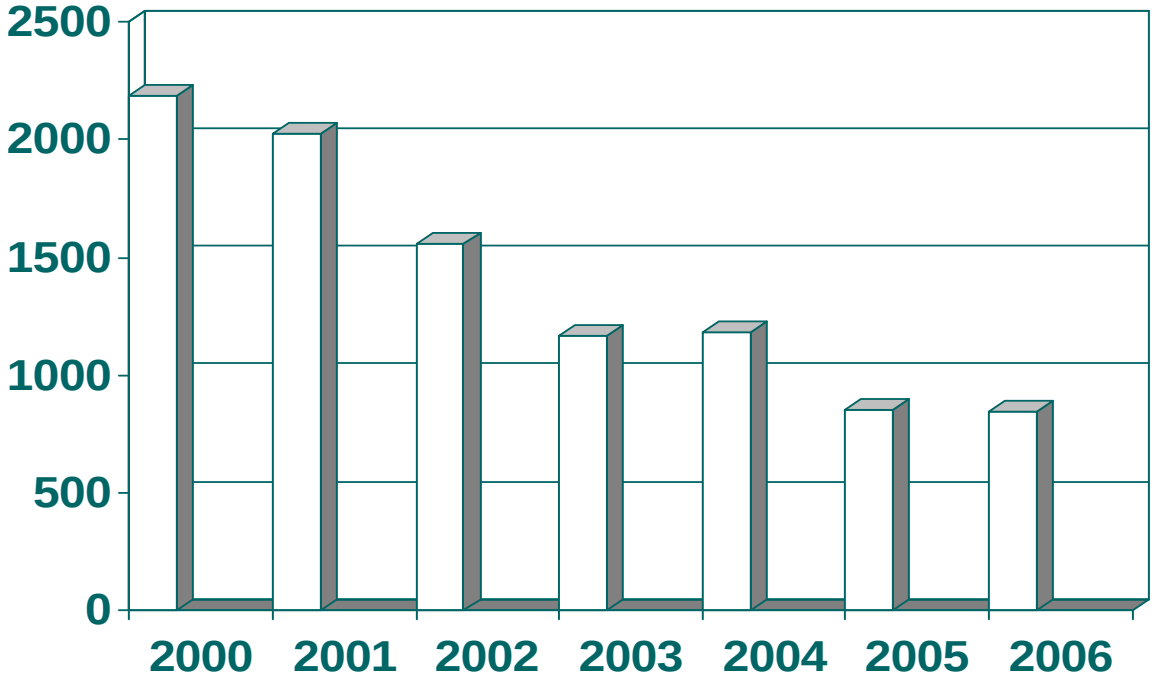
Data – Key Problems

- Baltimore Housing is old and 75% of rental units estimated to have lead
- Studies of low income housing showed:
  - 24% leaking roofs
  - 53% peeling paint
  - 38% mice
  - 31% roaches
  - 46% environmental tobacco smoke

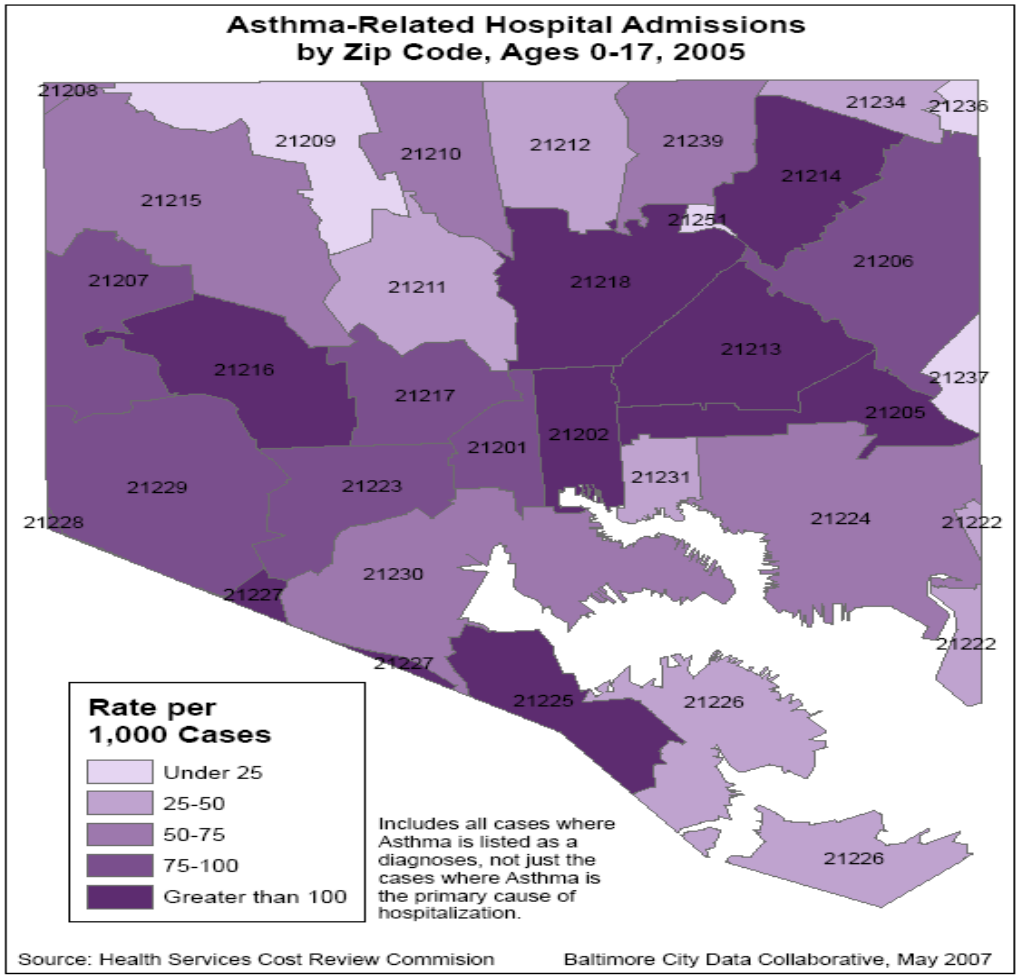
Problems Baltimore Doesn't Have

- Radon
- Water quality (at the source) hazards

Baltimore's Housing Related Health Indicators Dramatic Decline in Lead Exposures



Baltimore's Housing Related Health Indicators
Asthma Related Hospital Admissions, 2005



BUILDING A FRAMEWORK
FOR HEALTHY HOUSING

Baltimore's Housing Related Health Indicators

- 3x asthma ED visits, 2x asthma deaths than state
- 3x fire fatality rates than US
- 89 sudden unexplained infant deaths 2002-2006

Local Studies

- Asthma symptoms in E. Baltimore strongly linked to mouse sensitivity and prevalence
- Smoking in homes more prevalent in Baltimore than other cities
  - families with asthmatics more likely to have indoor smoking
- Depression prevalent among caregivers of children with chronic asthma

Data – Key Problems

- Inspectors and home visitors reported
  - Common use of ovens/stoves for heat
  - Prevalence of pests
  - Prevalence of smoking in homes

Healthy Homes Assets

- Trained, experienced inspectors
- Trained, experienced health educators
- Supportive City leadership
- Strong community relationships

Healthy Homes Assets

- Success in the war on lead poisoning
- Strong laws and regulations to prevent lead poisoning

Healthy Homes Assets

Outstanding academic and research partners and powerful, well organized community partners

- City Agencies – (DHCD, HABC, FD, PD, Health Programs, Quasi Orgs, School System)
- State Agencies (DHMH, MDE, DHCD)
- Universities (public health, nursing, psychiatry, urban planning, community law, social work, forestry, etc.)
- Community Based Orgs (Coalition to End Childhood Lead Poisoning, ACORN, community groups)
- Primary Care Providers
- Federal Agencies (CDC, HUD, EPA)
- National Advocacy and Training Orgs (NCHH, AHH)

Healthy Homes Advisory Board

- Quarterly meetings to advise the Healthy Homes Division on strategies to expand healthy homes in Baltimore
  - Community organizations, clinicians, researchers, community law, planning, housing, developers, etc.

National Direction

- CDC Healthy Homes and Healthy Places Priorities
- HUD Healthy Homes
- EPA
- Green Jobs/Sustainability

RESULTS

- Priorities
  - Lead Poisoning Prevention
  - Asthma Prevention
  - Fire Prevention
  - CO Exposure Prevention
  - Injury Prevention
  - Integrated Pest Management

Healthy Homes Goal 1: Eliminate Lead Poisoning by 2010

- Prevent new exposures
  - Home visiting program collaborations
  - Housing code violation follow up (EA-6-8)
  - Foster care and shelter inspections
- Intervene where children are exposed
  - Identify source of exposure, reduce it, education, case management – EA-6-8
- Increase testing (demand and supply strategies)
- Special targeting of refugees and immigrants

Healthy Homes Goal 2: Reduce the Burden of Asthma

- Train staff to identify asthma triggers and educate families
  - Vector control – mice and roaches
  - Moisture and Mold Control
  - ETS
- Make homes safer.
  - Regulatory approaches (MFD Moisture Plans)

Healthy Homes Goal 3: Reduce Injuries

- Expand scope of home inspections and risk reduction education and referrals
  - CO exposure
  - Fire Safety
  - IPM
  - SIDS
- Make homes safer

What is Next?

- Double the reach of asthma programs
- Legislative/regulatory lessons from lead
- Expand primary prevention
- Partnering to reach lead poisoning elimination goals

For More Information:

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BUILDING A FRAMEWORK FOR HEALTHY HOUSING

Healthy Homes Strategic Planning at the State and Local Level

Michigan Department of Community Health
Healthy Homes Section
Wesley F. Priem

2008 National Healthy Homes Conference ❖ September 15-17, 2008 in Baltimore, MD

Overview of Presentation

- Why Healthy Homes – Our Goals
- Strategic Planning – Key Initial Steps
- “Lead Program Has Moved: See us at the New Healthy Home Location (Transitions)
- We’re So Special – Michigan Innovation Highlights
- Don’t Do’s

Why Healthy Homes – Our Goals

- Follow the Lead of the National HUD Office of Lead and Healthy Homes Model
- Holistic Approach to Address "Unhealthy" Homes

Why Healthy Homes – Our Goals

- Michigan's Specific Goals:
  - Change Family's Knowledge, Attitude and Behaviors
  - Reduce Asthma and Injury Events

Strategic Planning – Key Initial Steps

- Research on Asthma Programs
- Research other Healthy Home Programs – Seattle King County
- Homework on Michigan's Needs
- Homework on Where to Best Locate our Demo Project in Michigan (Partners)

Strategic Planning – Key Initial Steps

Developed Excitement within Section, the Department, and Local Community Partners for the NEW Healthy Homes Approach

Strategic Planning – Key Initial Steps

- Developing Initial Capacity prior to Receiving Funding:
  - Grant Administrator
  - Indoor Air Quality Specialists
  - Knowledge of HUD Policy and Procedures
  - Epidemiologists for Study Design
  - Housing Rehab Specialists
  - Local Medical Professionals

Strategic Planning – Key Initial Steps

- Pre Grant Planning:
  - Employee Work Statements and Contracts
  - Modifying Lead Applications and Participation Agreements
  - Contractor Selection Procedures For Custom Interventions
  - Researching products/services
  - Establishing attainable benchmarks
  - Including low and moderate income families

Strategic Planning – Key Initial Steps

Upon Grant Award, Hiring Key Staff:

- 2 Full-time Positions
- Experienced in Housing/ Environmental Science/Medical/ Social Work

Strategic Planning – Transitions

- Visual Assessment Checklist
- Family Questionnaire
- Product Procurement
- Marketing the Program
- Database Development
- Meetings with Partners
- Becoming members of Supporting Organizations
- Training-asthma, lead, motivational speaking, social behaviors, housing, health systems

Strategic Planning – Transitions

SITE VISIT PACE												
	J	F	M	A	M	J	J	A	S	O	N	D
INITIAL								12				
BASELINE								12				
1-MONTH								12				
3-MONTH								12				
6-MONTH								16				

300 Families*5 Visits (1 phone)=1500 Visits (3 Year Period)
Approximately 64 Visits/Month

We're So Special – Michigan Innovation Highlights

- 86% retention of Healthy Home families - Linda
- Participant referrals-Happy with program
- Personal touch is what turns interest into applicants!
- Developing new partners – Medical, Housing, Code Compliance, Neighborhood Coalitions
- Significant interest in program –Flyers

We're So Special – Michigan Innovation Highlights

Help for Children with *Asthma*

Who is eligible for services?

- Children less than 18 years old with asthma
- Low-moderate income households in *Ingham County*, Michigan

What is the cost?

- FREE

What help is available?

- We will inspect your home and install the following products to reduce asthma triggers and prevent injuries.
- We will provide any education that you may need to help reduce asthma triggers within your home.

Basic Products for EVERY Family	
- Outlet safety plugs	- Carbon monoxide and smoke detectors
- HEPA vacuum	- Cabinet safety locks
- Door mats	- Skid proof bath mat
- Fire extinguisher	- Gun trigger locks
- Mercury-free thermometers	- Trash can with lid
- Plastic food containers	- Smoking cessation kits
- Highlights and flashlights	- Fans
- Green cleaning supplies	- Pillow and mattress covers
- Pesticide and bait	- Foam crack sealant and caulk
- Mini-blind cord wind-ups	- Step stool
- Low-allergen furnace filters	- Child safety gate

Custom Products/Services for all eligible families	
- Bed, pillows and mattresses	- HEPA filter unit
- Moisture control	- Plumbing repairs
- Minor roof repairs	
- Carpet removal	- Pest intrusion prevention
- Floor refinishing	
- Bathroom ventilation installation	- Bush removal and landscaping
- Garbage removal	- Window air-conditioning unit
- Outdoor play equipment improvements	- Dehumidifier
- Gutter line installation	

Getting started is easy!

If you would like a Healthy Homes University Program application mailed to you, just complete the information requested below and return this sheet by mail or fax or e-mail.

Name:	
Address:	
City, State, Zip:	
Phone:	
Referred by:	

If you are interested in referring families, please contact

Courtney Wisinski Linda Stewart Michigan Dept of Community Health Healthy Homes Section P.O. Box 30195 Lansing, MI 48909	Phone: 517.335.8252 Phone: 517.335.8867 Fax: 517.335.8800 E-mail: wisinskic@michigan.gov stewartlin1@michigan.gov

We're So Special – Michigan Innovation Highlights

- Referral from Healthy Home to our existing Lead Hazard Control Program
- 23 homes out of 300
- Next round (if funded) will be higher %

We're So Special – Michigan Innovation Highlights

- One on One
- 4 visits or more if receiving custom interventions
  - Initial and follow-up phone calls
  - "Anytime Anywhere" to accommodate schedules

We're So Special – Michigan Innovation Highlights

- Products:
  - Get you in
  - Keep you in to the end

Individual Needs were part of the design;

Custom Interventions

We're So Special – Michigan Innovation Highlights

We placed high expectations on all participants and many choose to live up to these expectations

TEAM WORK!

Don’t Do’s

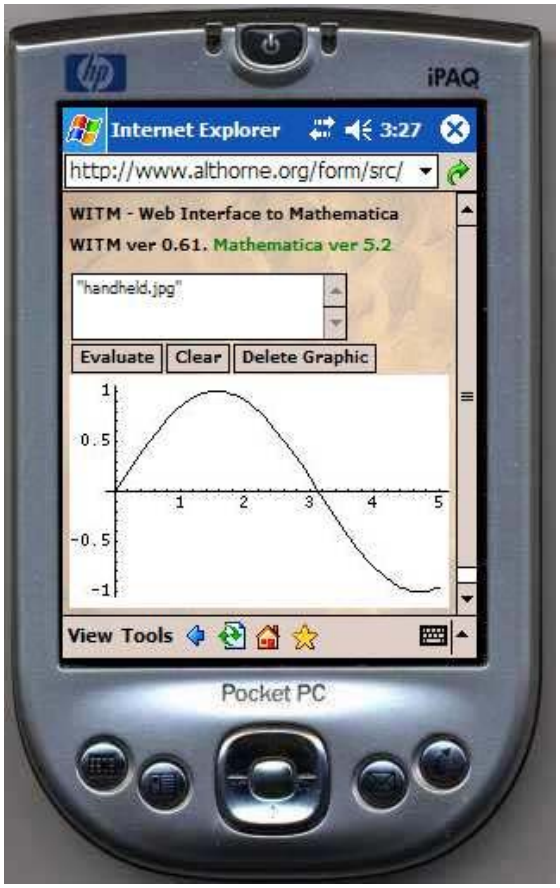
- Tackle more homes then possible due to amount of one on one that is required.
  - Yes we exceeded our benchmarks but it came at a cost to staff.

Don’t Do’s

- Don’t promise anything!
  - That they will receive all products and all up front
  - That you will do their extended family and friend’s homes
  - That they will be entered into the program:

    Paid taxes, income eligibility, health needs

Don’t Do’s



- Duplicate Data gathering and entry
  - Paper copies, excel files, Access database
- Looking into field data entry devices

Results

Investing in Best Practices for Asthma: A Business Case for Education and Environmental Interventions

Today-2:00 pm-Holiday Room 2

Contact Information

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