



Healthy Homes Partnership Meeting

A Call to Action in Connecticut:
Finding Common Ground

OVERVIEW OF HOUSING AND HOUSING-RELATED HEALTH ISSUES IN CONNECTICUT

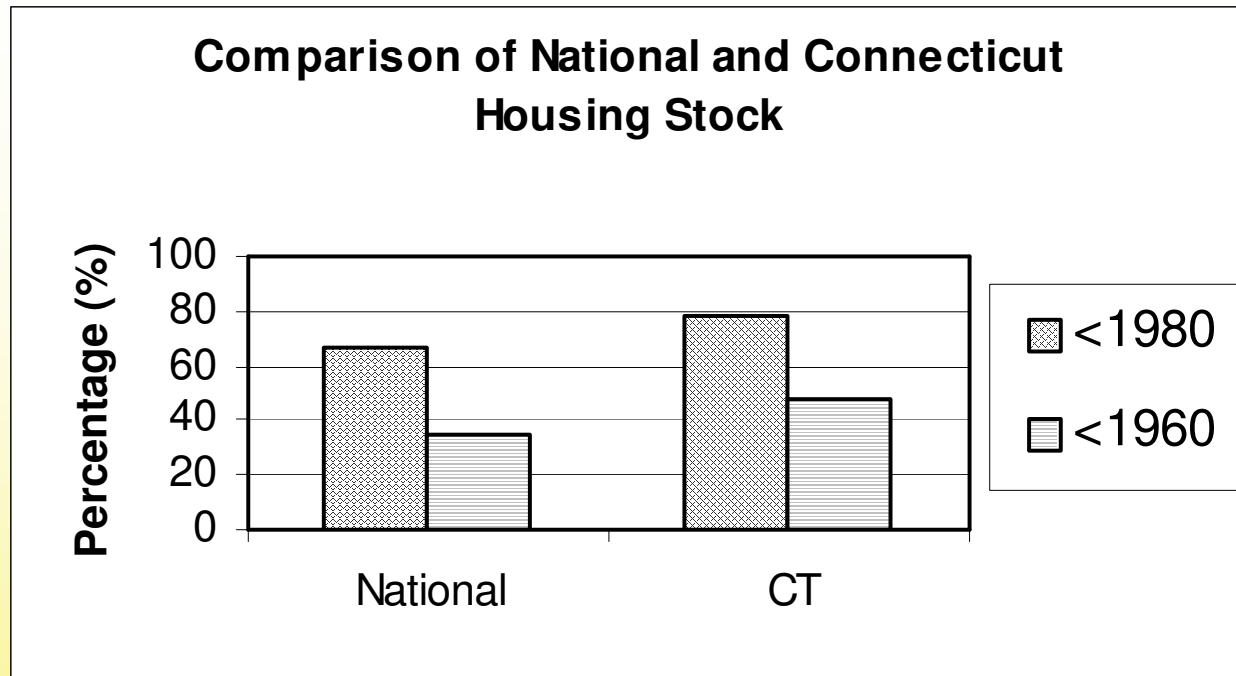




- Total housing units in CT = 1,1445,840
 - Owner Occupied: 68.8%;
 - Renter occupied: 31.2%
- Approximately 88% of Connecticut's population lives in urban areas.



- Striking disparities exist:
 - across town lines,
 - among racial and ethnic groups,
 - between urban and rural populations
- Households with own children < 18 years = 22%
- Households with one or more > 65years = 25.6%



- Nationally: **67.2%** of the housing stock built prior to 1980; **35%** of that housing stock built prior to 1960. The U.S. Census Bureau (2000a)
- Connecticut:, **78.2%** housing stock was built prior to 1980 and **48.2%** was built prior to 1960 (U.S. Census, 2000b).

- 2001: 7.3% of Connecticut residents had incomes below Federal Poverty level.
- 2009: 9.4% had incomes below the poverty level.
- Among CT children under the age of 18 years, 12.1% lived in families with incomes below the Federal poverty level.



ASBESTOS

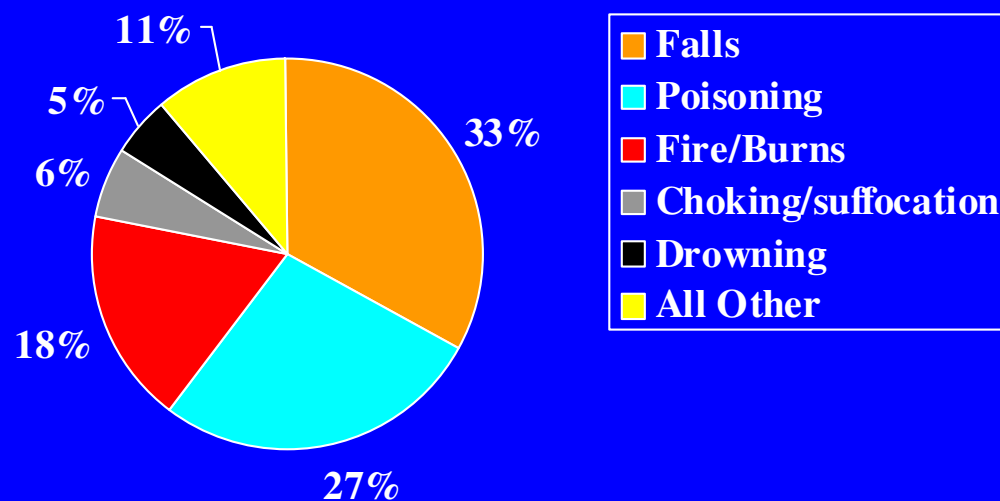
- Regulations apply to all residential facilities, including single family homes (as well as public/institutional, commercial, and industrial facilities).
- Approximately 60% of the abatement notifications received by DPH involve renovation or demolition of residential properties.
- Of demolition notifications (Demolition of facilities where no asbestos is identified, or the quantity present is less than the threshold amounts that require notification of asbestos abatement) received by DPH, approximately 75% involve residential properties.
- July 1, 2009 to June 30, 2010
 - Total asbestos abatement notifications – 3,385
 - Total demolition notifications - 229



UNINTENTIONAL INJURY

- Injuries are the:
 - leading cause of death for Connecticut residents between the ages of 1 and 44 years
 - 5th leading cause for all ages.
- Each year, among Connecticut residents, injuries are responsible for approximately:
 - 1,600 deaths,
 - 18,900 inpatient hospitalizations,
 - 377,500 emergency department visits
- Falls, poisonings, fire/burns, choking/suffocation, and drowning frequently occur in the home environment.

Most Common Causes of Unintentional Injury Deaths in the Home, United States



Runyan, et al. Unintentional injuries in the home in the United States. *American Journal of Preventive Medicine*. Volume 28, Issue 1. January 2005

These five causes are responsible for approximately two thirds of Connecticut's injury-related deaths.



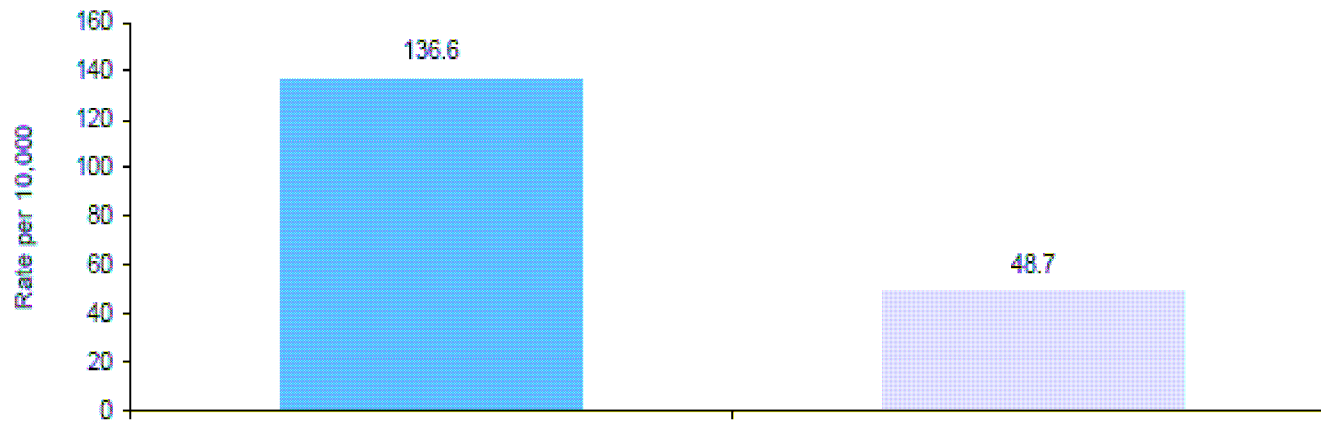
ASTHMA

- The prevalence in asthma in Connecticut increased from **7.8%** in 2000 to **9.3%** in 2006, slightly higher than the U.S. as a whole.
- In 2005, **14.9%** (123,000) of Connecticut children reported ever having been diagnosed with asthma, and **10.5%** (86,000) reported that they currently have asthma.
- Residents of the five large cities - Bridgeport, Hartford, New Haven, Stamford, and Waterbury - when compared to residents from the rest of Connecticut were :
 - nearly 3 times more likely to be hospitalized or visited an emergency department for their asthma
 - 2 times more likely to die due to asthma

Asthma Hospitalization Rates (Primary Diagnosis), 5-year period (2001 - 2005)



Asthma ED Visit Rates (Primary Diagnosis), 5-year period (2001 - 2005)

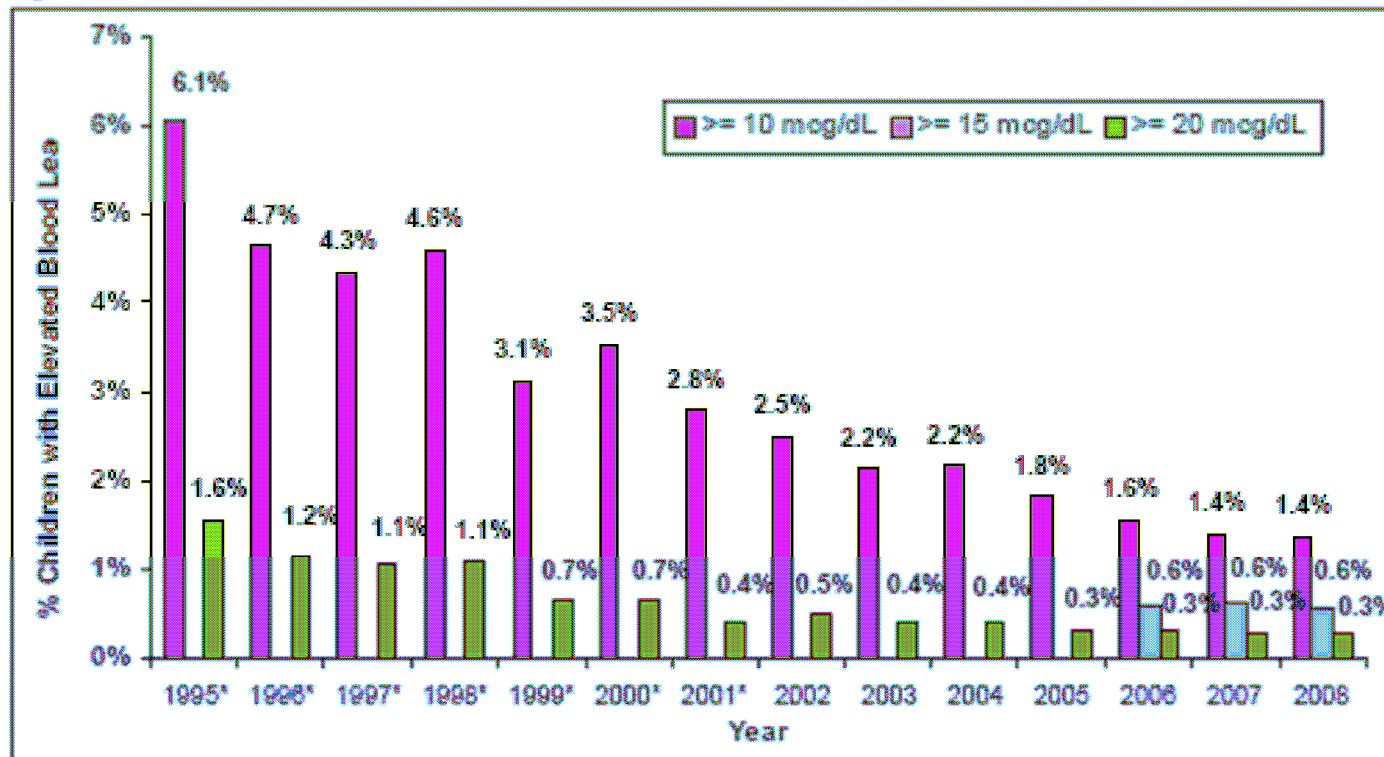




LEAD POISONING

- In 2008, **1,054** children under six had blood lead levels of greater than or equal to 10 μ g/dL.
- Black and Hispanic children in urban areas represent the population at highest risk. .
- Two major sources of lead exposure remain a significant health threat for children:
 - deteriorated lead-based paint in older housing,
 - urban dust and soil that has been contaminated by the previous use of leaded gasoline and the deterioration of exterior lead-based paint on dwellings.
- Connecticut ranks among the top 15 states with the highest levels of at-risk housing

Percent of children under 6 years of age with elevated blood lead, by calendar year and by blood lead levels – Connecticut 1995-2008¹



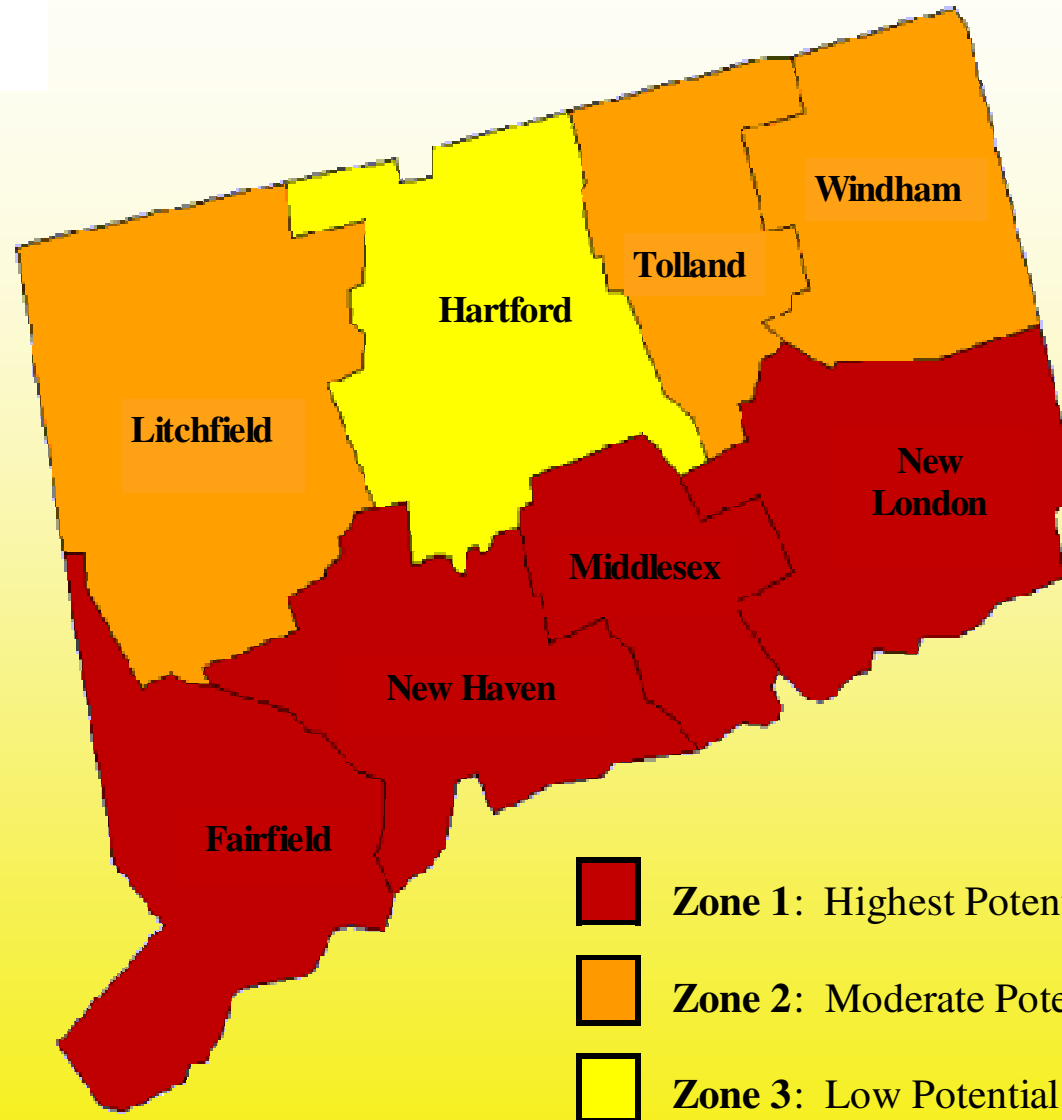
Among children under 6 years of age who had a confirmed blood lead test in 2008, 1.4%, 0.6%, and 0.3% of children were found to have blood lead levels of $\geq 10 \mu\text{g/dL}$, $\geq 15 \mu\text{g/dL}$, and $\geq 20 \mu\text{g/dL}$, respectively. The prevalence of elevated blood lead levels of $\geq 10 \mu\text{g/dL}$ continued to decrease from CY 1995 to CY 2007. However, the prevalences of elevated blood lead levels of $\geq 10 \mu\text{g/dL}$, $\geq 15 \mu\text{g/dL}$ and $\geq 20 \mu\text{g/dL}$ in CY 2008 were unchanged as compared to CY 2007.






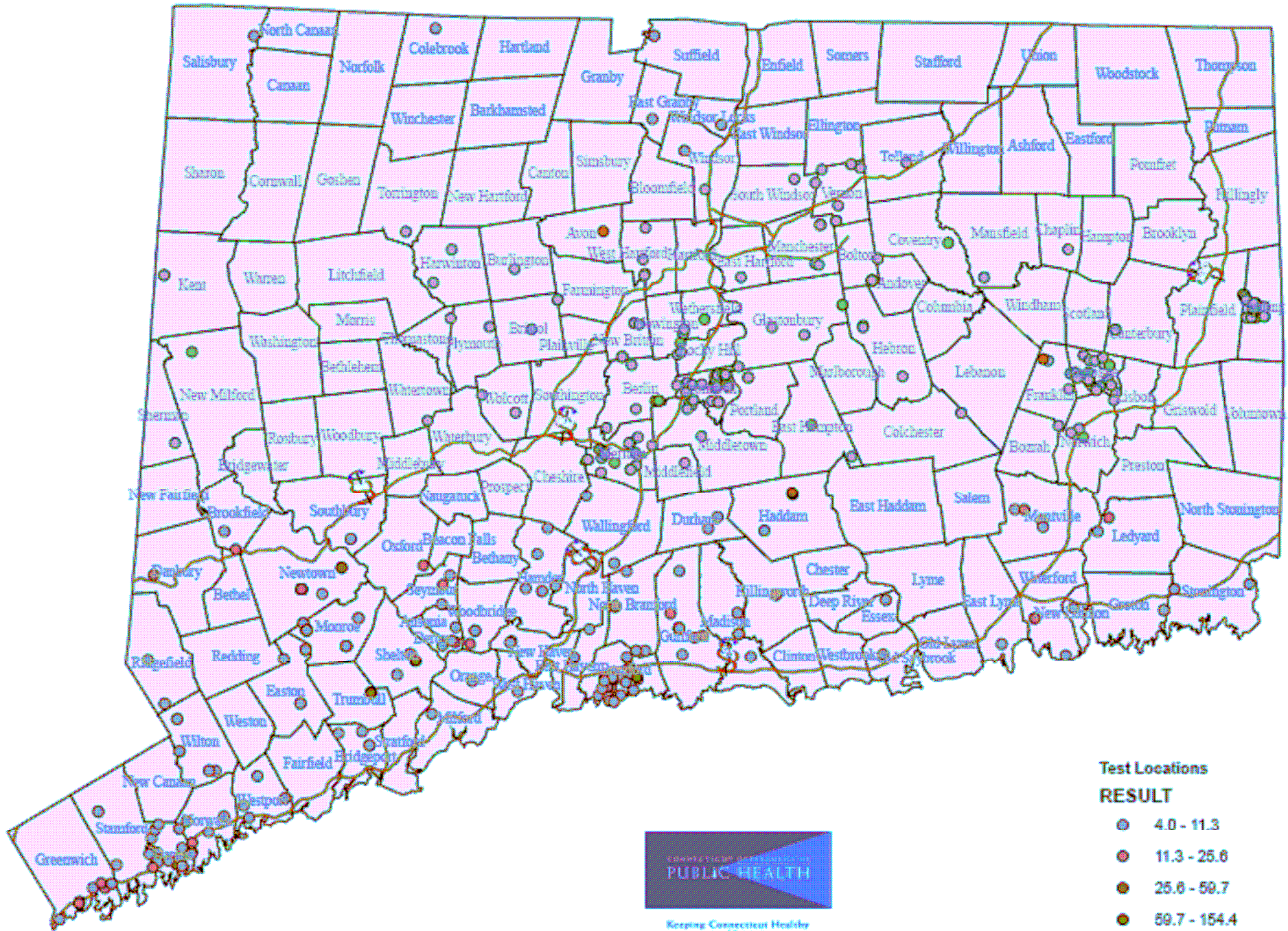
RADON

- The EPA estimates that radon is responsible for more than 22,000 lung cancer deaths per year.
- Program tracking measures (since 2006):
 - Residential homes mitigated: 6,442
 - Child Daycares facilities tested: 2,700
 - 922 public schools in CT have been tested to date
 - 91 schools (327 school rooms) have reduced elevated radon levels with mitigation

CT Radon Potential



-  **Zone 1:** Highest Potential (greater than 4 pCi/L)
-  **Zone 2:** Moderate Potential (from 2 to 4 pCi/L)
-  **Zone 3:** Low Potential (less than 2 pCi/L)



- Test Locations**
- RESULT**
- 4.0 - 11.3
 - 11.3 - 25.6
 - 25.6 - 59.7
 - 59.7 - 154.4
 - 154.5 - 290.4



Keeping Connecticut Healthy
 ct.gov/health
 860-426-6000
 Connecticut's Department of Public Health



DRINKING WATER

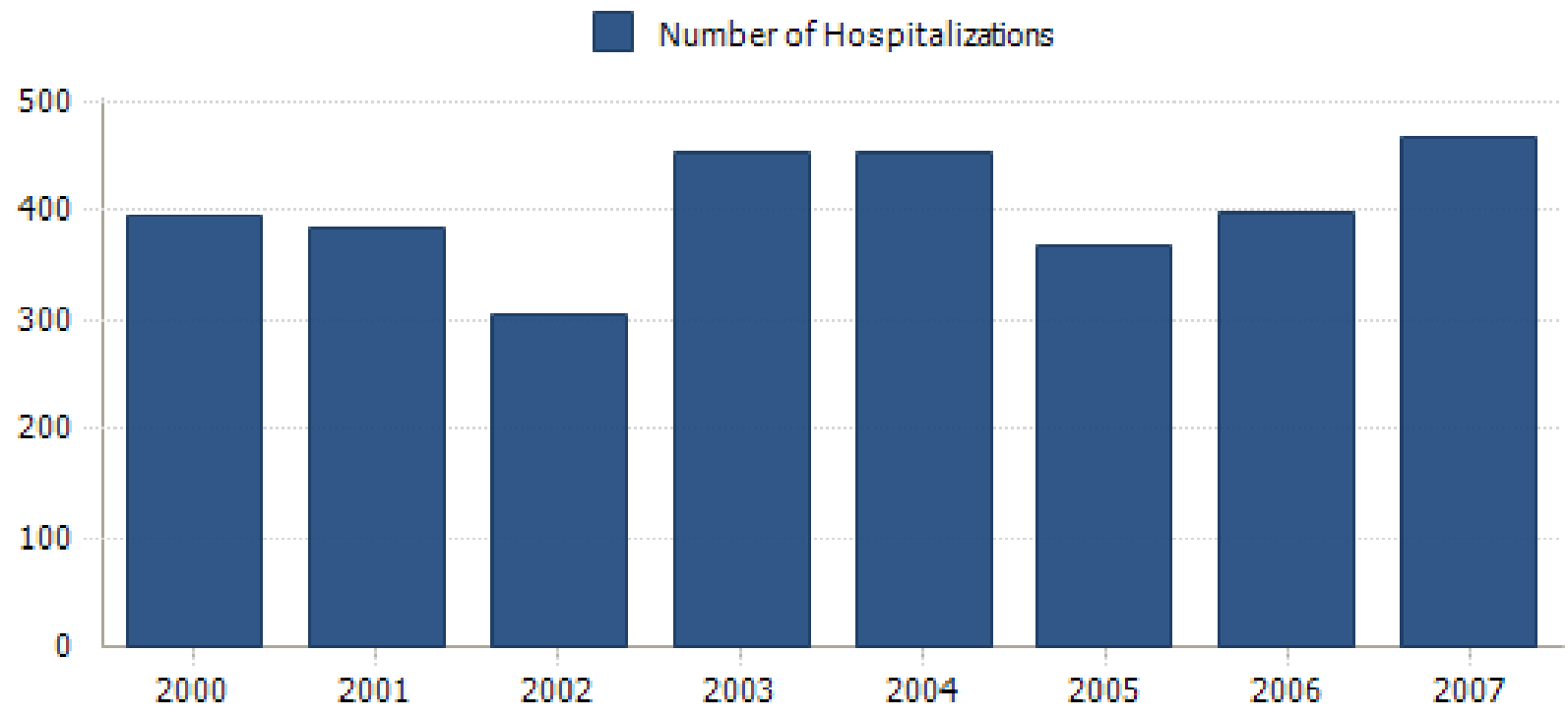
- Approximately 400,000 private wells in Connecticut serving nearly 15% of the CT population
 - Owner is responsible for quality/testing (coliforms, iron, sulfate, nitrates, color, odor, pH, etc)
- 2,600 Community Water Systems serve 85% CT population
 - DPH/DWS Enforces regulations; Monitors potential contaminant situations; Assures water quality

INDOOR ENVIRONMENTAL QUALITY

- People spend 90% of their time inside
- 70% percent of calls received by the DPH are related to Indoor Environmental Quality issues.
- Indoor air pollutants include:
 - insects,
 - rodents,
 - allergens such as pollen and animal dander.
 - dust/dirt, mold,
 - bacteria/viruses,
 - carbon monoxide (CO),
 - chemicals such as mercury, formaldehyde, pesticides and household cleaners,

Annual Number of Emergency Department Visits For Carbon Monoxide Poisoning

Admit Year: 1999,2000,2001,2002,2003,2004,2005,2006,2007,2008,2009,2010

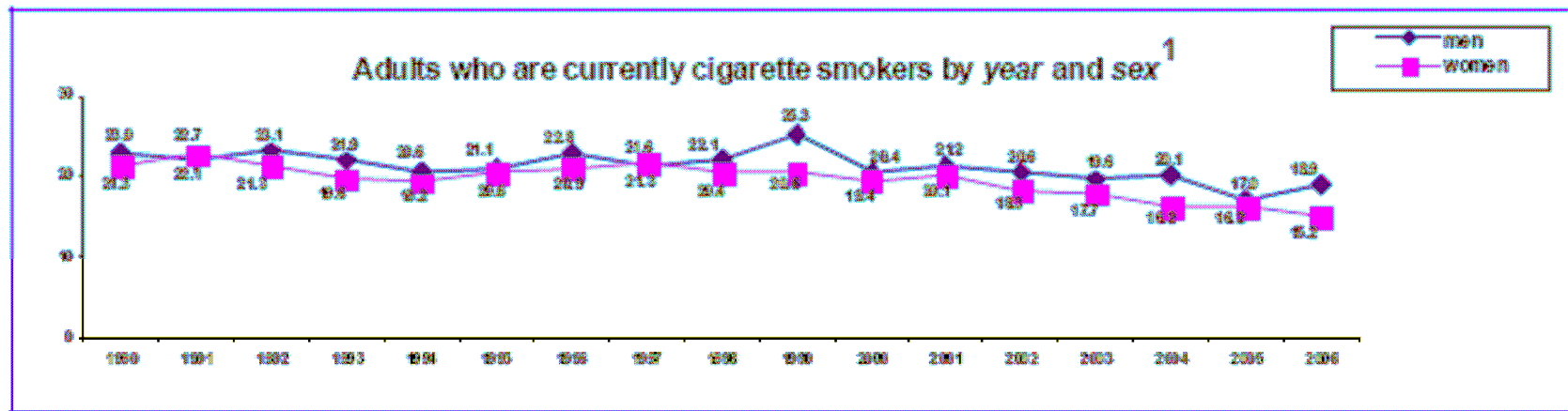




TOBACCO

- Approximately **5,600** people (smokers and non-smokers) in CT die each year from smoking-related causes.
- Approximately **100,000** middle and high school students in Connecticut live with someone who currently smokes cigarettes.

The rate of smoking among adults in Connecticut has fallen significantly between 1995 and 2008; the lowest smoking rates were in 2007 (15.4%), which was significantly lower than any of the rates prior to 2005.





CT Housing Data Book

- Definition of a Healthy Home
- General CT & National Housing Data
- Overview of Each Issue
 - Impact on Health
 - Relevant National & State Data
- State Housing Strategic Plan Executive Summary
- Resources



Part II: the HHI Workgroup



Connecticut Department of Public Health

Healthy Homes Initiative Workgroup Summary

Overview

- Team Members
- Process
- Sharing our vision, mission and strategic plan
- Accomplishments to-date



Healthy Homes Initiative

Workgroup Members

- Asbestos
 - Ronald Skomro
- Asthma
 - Eileen Boulay
 - Elizabeth D. Reynolds
 - Salina Hargrove
- Injury Prevention
 - Marian Storch
- Lead Poisoning Prevention & Control
 - Francesca Provenzano
 - Krista Veneziano
 - Mark Aschenbach
- Environmental and Occupational Assessment
 - Brian Toal
 - Joan Simpson
- Private Well/Recreation Program
 - Ray Jarema
- Radon
 - Allison Sullivan
 - Francesca Provenzano
- Tobacco Use Prevention & Control
 - Errol Roberts

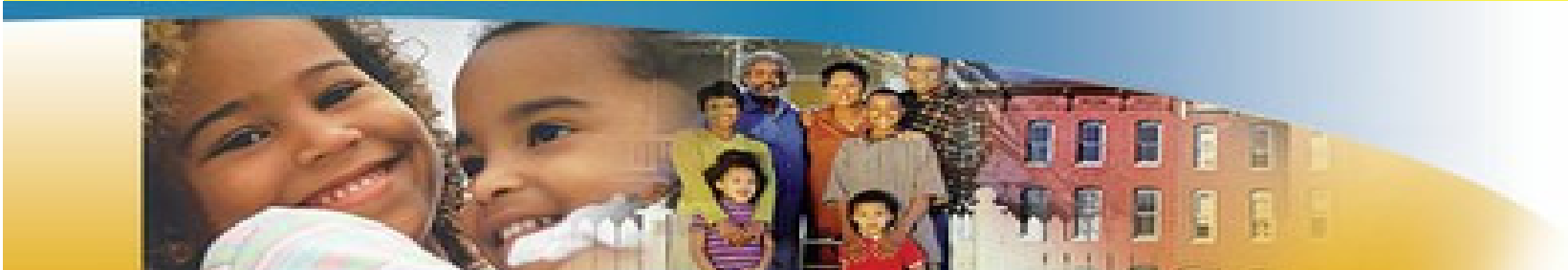
Thank you

- Commissioner Galvin
- Deputy Commissioner Gyle
- Branch Chiefs:
 - Ellen Blaschinski
 - Lisa Davis

The Process: how we arrived here today

2008: Let's get started

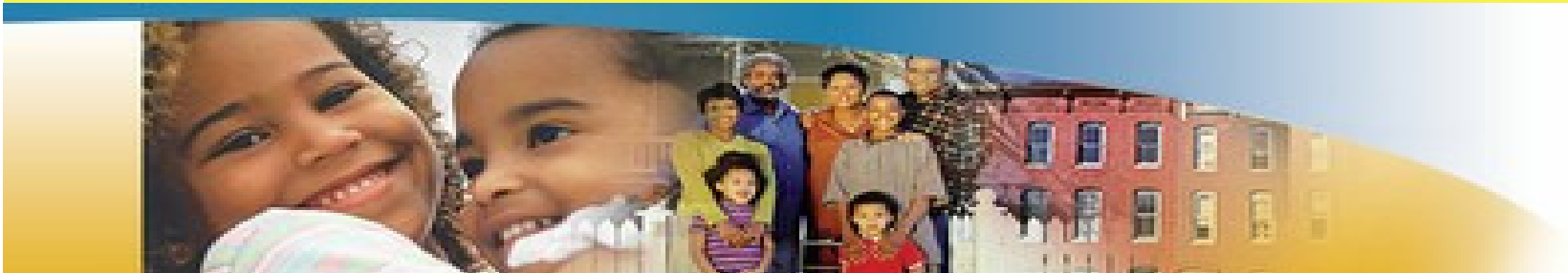
- Recognized the need
- Opportunities for enhancement of services
- Convened partners
- Identified that DPH needed to be a catalyst
- But what did we want?



The Process: how we arrived here today

2009: Let's get organized

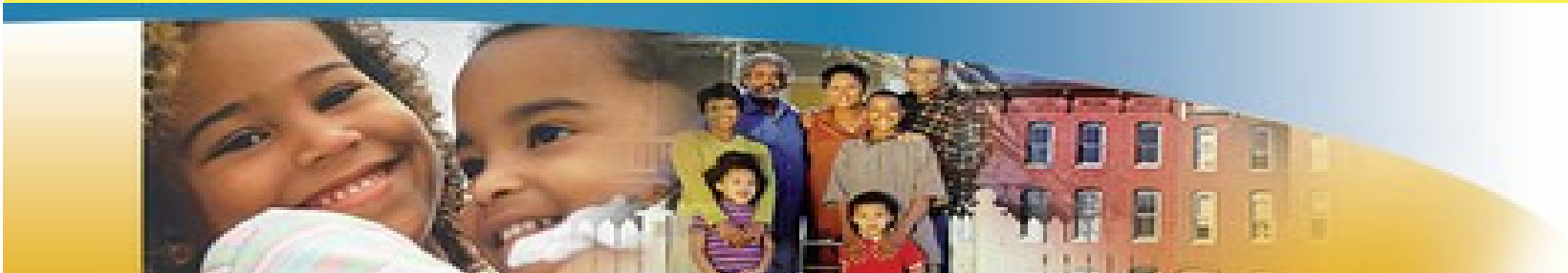
- Identified and convened Department of Public Health workgroup members
- Asked for help from a 3rd party facilitator-ARC/HRIA
- Monthly meetings
 - Identified shared interests, common goals, common activities
 - Consensus process to develop a Strategic Plan



The Process: how we arrived here today

2010: Let's share and grow

- Continued meetings of DPH Healthy Homes Initiative Workgroup
- Created deliverables and outcomes
- Healthy Homes is bigger than DPH
- Expansion to key stakeholders is needed for true success
- Strategic Plan Development and Finalization





The Connecticut Department of Public Health

Healthy Homes Initiative

Our Vision, Mission Statement and
Strategic Plan Goals

The Vision

*Every Connecticut resident lives
in a healthy and safe home
environment.*

The Mission

The mission of the Healthy Homes Team is to develop statewide partnerships and implement comprehensive policies and coordinated program activities that foster a healthy and safe home environment, reduce housing related health disparities, and improve the public's health.

Goal 1: Awareness

Increase awareness of home-based hazards, health-related impacts, remedial strategies, and a preventative approach to healthy homes among targeted audiences.

- **Objective 1 - Promote the connection between health and housing for stakeholders.**
- **Objective 2 - Develop and disseminate educational messages and materials on home-based hazards, prevention approaches, and remedial strategies.**

Goal 2: Policy, Guidelines, Practices

Develop and improve policies, guidelines and practices to achieve a healthy and safe home environment.

- **Objective 1: Define the components of a healthy home.**
- **Objective 2: Develop guidelines and practices.**
- **Objective 3: Develop and enhance policies.**
- **Objective 4: Enhance enforcement of existing codes.**

Goal 3: Establish and increase coordination of services statewide

Establish and increase adoption of coordinated and effective healthy homes programs and efforts across the state.

- **Objective 1 - Increase internal coordination across the DPH programs to promote the healthy homes approach.**
- **Objective 2 - Increase coordination with external agency partners to promote healthy homes.**
- **Objective 3 - Support local agencies in implementing healthy home programs and services.**

Goal 4: Workforce development

Develop a healthy homes workforce who has comprehensive knowledge of home hazards and interventions.

- **Objective 1 - Develop and conduct education and training programs for target professional audiences.**
- **Objective 2 – Promote uniform adoption of best practices and professionalism.**

Goal 5: Evaluation

Evaluate outcomes of the strategic plan goals.

- **Objective 1 - Develop mechanisms for tracking housing conditions, resident behaviors, and program impacts that will assist us in targeting program populations and resources.**

Goal 6: Sustainability

Identify resources to sustain healthy homes programs.

- **Objective 1: Identify sources and acquire funding for sustainable healthy homes programs.**
- **Objective 2: Dedicate staff at state level for healthy homes initiative.**

The Accomplishments

- DPH Program Integration/Coordination
- Technical Capacity Building
- Outreach
- Materials Development
- Technical Assistance
- External Agency Coordination

DPH Program Integration

- Leveraging and coordination
 - Public Health and Human Services Block Grants
 - Contract language, deliverables, inspection form
 - Private well program
 - Utilized public water system data to target geographical areas and outreach to private well owners
 - Included HH in Radon and Lead Programs' grant applications and expenses

Technical Capacity Building

- Training in Bridgeport with assistance from Asthma Regional Council
- Incorporated HH in Lead Inspector refreshers
- Offered the NCHH 2-Day Essentials Course
- Presented HH concepts and principles at the annual Environmental Health Training Program Course at Southern Connecticut State University
- Presented DPH Healthy Homes Initiative accomplishments and plans at the annual meetings of the CT Environmental Health Association and CT Association of Housing Code Enforcement Officials, as well as to local health departments, upon request.
- Developing a Connecticut-specific healthy homes course for housing and health officials

Outreach

Engaging the Community:

- Connecticut Association of Housing Code Enforcement Officials
- New England Lead Coordinating Committee
- Connecticut Environmental Health Association
- Uncas Health District
- City of Bridgeport

Materials Development

- Developed a Healthy Homes Website
- Completed update of the Real Estate Guide for Healthy Homes
- Developed (and are re-developing) a Healthy Homes brochure

Technical Assistance

- The CT DPH applied for and was awarded Asthma Regional Council (ARC) services for a second year of strategic planning through a competitive application process.
 - This work will involve identifying outside agencies and partners to work with in developing an intra-agency action plan for healthy homes.

External Agency Coordination

- The Healthy Homes Team submitted testimony and suggested language to the Connecticut Department of Economic and Community Development (DECD) for modification of the State's Consolidated Plan to include HH components
- Incorporated radon testing into lead-related home intervention visits conducted by local and regional staff
- **TODAY....?**

Today

What common interests do you share that will help us all to:

develop statewide partnerships and implement comprehensive policies and coordinated program activities that foster a healthy and safe home environment, reduce housing related health disparities, and improve the public's health.