

### STEP 3: HCT2020 Childhood Lead Poisoning Action Agenda –Draft 9-25-2015

<b>SHIP Objective:</b> Reduce to less than 3% the prevalence rate of children less than 6 years of age with confirmed blood lead levels at or above the CDC reference value (5 µg/dL).			
<b>Dashboard Indicator:</b>			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
<b>Encourage local, state, and other federal agencies to facilitate data-sharing between health and housing agencies.</b>	Establish data sharing agreement between DPH WIC and L&HHP programs (December, 2016)	WIC, DPH Lead Program, contracts, legal	TBD; WIC staff need to contact DPH L&HHP to determine feasibility
	Enter into an agreement between state housing and DPH to provide data on a regular basis (March, 2016)	DOH, CHFA, HUD, DPH, local PHOs	Have an executed MOU by 3/1/2016
	Promote collaboration between DPH, LHDs, PHAs and state housing agencies with regard to available data (December, 2016 )	DOH, CHFA, local PHOs, CONN-NAHRO, DPH, LHD	Share data on a quarterly basis with listed partners
	DPH will provide high/moderate risk towns with cloud maps indicating lead poisoning concentration by neighborhood	DPH, LHDs	Produce and distribute maps
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
<b>Monitoring/Evaluation Approaches</b>			
<ul style="list-style-type: none"> <li>• Provide quarterly report outs</li> </ul>			

### STEP 3: HCT2020 Childhood Lead Poisoning Action Agenda –Draft 9-25-2015

<b>SHIP Objective:</b> Reduce to less than 3% the prevalence rate of children less than 6 years of age with confirmed blood lead levels at or above the CDC reference value (5 µg/dL).			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
<b>Advance preventive lead-safe housing standards for rental and owner-occupied housing</b>	Educate property owners, residents and LHDs on statutes and regulations pertaining to lead-safe housing (Ongoing)	DPH, LHD, residents, property owners, DCJ	Attendance at meetings, activity reports from LHDs, presentations, etc.
	Support any legislative initiative to adopt International Property Maintenance Code (IPMC) (refer to Healthy Housing SHIP objective)	DSS, DOH, DCF, DPH, DAS, CCM	Testimony submitted
	Develop, offer and advertise lead-related training for rental property owners (January, 2017)	Training providers, rental property owners, property owner's association	To be determined by POA or private industry
	Create and issue DPH Directive regarding lead abatement order from LHD before a referral should be made to housing court (suggest 90 days) (Early 2016)  Conduct training for DoH on civil court filings. Training for LHDs on timely housing court referrals (what is needed, who to refer to, etc.) (Semi-Annual meeting topic) (January, 2017)	LHD, CADH, CEHA, DPH, DCJ, CAMA, CCM	Reduction in number of old cases (2 years or longer), Reduction in number of days to achieve compliance
	Examine existing foster care licensure regulations for any necessary update or improvement to ensure that no foster children are placed in homes with lead hazards (December, 2016)	DCF, DPH L&HHP	DCF staff to respond to DPH on next steps
	Explore how to promote lead-safe housing through renter's insurance incentives and requirements (January, 2016)  Engage Property Owners Association through the General Assembly/Housing Committee to make uniform language protocol for insurance companies regarding verbiage; "no lead paint" versus "lead free", etc. (August, 2016)	DPH, Dept. of Insurance Property Owners Assoc., General Assembly, DPH, consultants, training providers, Legal	Language used by insurance companies is uniform and policy established
	Explore options to enforce 19a-111 regulations when property owners or LHDs do not respond adequately (April 2016)	DPH, LHA, DPH Legal, DPH Government Relations, DCJ	Written summary of findings
	Create and offer "Enforcing the Public Health	CADH, DCJ, LHDs, DPH	Written policies and procedures

**STEP 3: HCT2020 Childhood Lead Poisoning Action Agenda –Draft 9-25-2015**

	Code” training series for DoH and provide them with necessary tools and resources (January, 2016)		for Directors of Health provided through DCJ, presentations and meetings
	Enforce lead disclosure notification requirements during occupant turnover, changes in residency, and tenant issues among CHFA property managers (December 2017)	CHFA, property managers	Notify property managers of disclosure requirements, document efforts, provide summary document of efforts at end of 2017
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
<b>Monitoring/Evaluation Approaches</b>			
•			

### STEP 3: HCT2020 Childhood Lead Poisoning Action Agenda –Draft 9-25-2015

<b>SHIP Objective:</b> Reduce to less than 3% the prevalence rate of children less than 6 years of age with confirmed blood lead levels at or above the CDC reference value (5 µg/dL).			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
<b>Identify financing for lead hazard remediation and lead abatement for residential properties statewide</b>	Review federal legislation and identify opportunities for funding lead abatement or lead hazard remediation (Ongoing)	DOH, CHFA	Availability of new funding source(s)
	CADH engages CDBG officers and ask them to allocate money for public health code compliance violations (December, 2016)	LHD, CDBG, DoH, CCM, COST, LHA	Number of health departments and districts that meet with CDBG officers and identify a source of funding (tracked by LHA?)
	CT Children’s Medical Center Healthy Homes Program will continue to apply for DOH and HUD funding sources to be used for lead abatement/remediation and healthy homes interventions in high-risk communities in CT (July 2016)	DOH, CCMC – HHP	Successful submittal of application and funding provided (for communities)
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
<b>Monitoring/Evaluation Approaches</b>			
<ul style="list-style-type: none"> <li>• Provide quarterly report outs</li> </ul>			

### STEP 3: HCT2020 Childhood Lead Poisoning Action Agenda –Draft 9-25-2015

**SHIP Objective:** Reduce to less than 3% the prevalence rate of children less than 6 years of age with confirmed blood lead levels at or above the CDC reference value (5 µg/dL).

**Dashboard Indicator:**

Strategies	Actions and Timeframes	Partners Responsible	Progress
<p><b>Educate families, service providers, advocates, and public officials on sources of lead in homes and other child-occupied facilities, so that lead hazards are eliminated before children are exposed.</b></p>	<p>DPH WIC program will provide education to parents on reducing the risk of lead absorption (March, 2016)</p>	<p>WIC, DPH Lead Program, LHDs</p>	<p>Increased compliance with lead screening, reduced rates of lead poisoning in WIC enrollees</p>
	<p>The RLTCs will host educational meetings on lead poisoning and testing for pediatricians/ continue work of EPIC on larger scale (July, 2016)</p>	<p>LHDs, DPH, HUD grantees, EPIC, CT AAP, Regional Lead Treatment Centers</p>	<p>Date of meetings, Number of attendees, impact measures based on objectives</p>
	<p>DPH will increase frequencies of communication to licensed workforce (Ongoing)</p>	<p>DPH, training providers, private sector</p>	<p>Produce and share quarterly Lead Line</p>
	<p>LHDs will utilize lead poisoning prevention funds to educate property owner associations and landlords in their towns (July, 2016)</p>	<p>LHDs, DoH, DPH</p>	<p>Contractual measures</p>
	<p>Create an educational video with CT Network (CT-N) and other social media outlets for viewing (Air during NLAM)</p>	<p>CT-N, DPH, DOH</p>	<p>CT-N monitors number of views of video on website, Tweets, FB posts, etc.</p>
	<p>Provide each state legislator with a simple lead information resource that they can easily reference if constituents ask them lead-related questions (May, 2016)</p>	<p>DPH, Commission on Children</p>	<p>Develop and distribute lead information resource</p>
	<p>DOH to continue to provide <i>Protect Your Family From Lead</i> booklet and 1018 form to residents annually (Ongoing)</p> <p>CHFA will develop and provide educational material to tenants and owners of pre-1978 properties in their portfolio known to have lead (December, 2015)</p>	<p>Tenants, parents, property owners DOH, HUD, CHFA, local PHAs</p>	<p>Require signature that property owners and parents receive and understand material Reduce number of childhood lead poisonings in "assisted" units to zero</p>
			<p>zero</p>

**Resources Required (human, partnerships, financial, infrastructure or other)**

-

### STEP 3: HCT2020 Childhood Lead Poisoning Action Agenda –Draft 9-25-2015

<b>SHIP Objective:</b> Reduce to less than 3% the prevalence rate of children less than 6 years of age with confirmed blood lead levels at or above the CDC reference value (5 µg/dL).			
<b>Dashboard Indicator:</b>			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
<b>Encourage partners and agencies to provide families with the information needed to protect their children from potential lead hazards in homes.</b>	Train DCF Regions/investigators/staff on lead poisoning, defective paint, what to look for, what actions to take if observed by DCF  Partner with LHDs to strengthen system for issuing arrest warrants to property owners	DPH, DCF Training Academy LHD, property owners	TBD by DCF
	Clearly articulate and document lead safe requirements established between OEC and DPH for licensing specialists (January, 2016)	OEC, DPH	Make part of OEC new employee training outline
	Promote RRP Rule and lead-safe work practices --Collaborate with local building officials to share permits issued on pre-1978 homes. LHD ensure the contractor is RRP certified; if they are not, f/u with contractor, owner and EPA (Ongoing)	LHD, EPA, building officials (local and state), DPH	Number of permits reviewed, number of agreements received by DPH from LHDs
	Approved Lead Training Providers who offer courses for inspectors, risk assessors and planner project designers incorporate "marketing management plan follow-up" with existing clients as part of the refresher training curriculum (December, 2015)	Trainers, DPH	Memorandum from DPH to all approved training providers
	Incorporate lead risk messaging into with DCF's first contact with family (such as with safe sleep initiative)	DCF medical director, DPH,	TBD by DCF
	DSS will include information on preventing lead poisoning (including product recalls), and lead testing requirements on their member portal (online portal) that is accessed by clients, care coordinators/managers, and MDs (2016)	DSS, DPH	Posted on portal
	<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>		

### STEP 3: HCT2020 Childhood Lead Poisoning Action Agenda –Draft 9-25-2015

<b>SHIP Objective:</b> Reduce to less than 3% the prevalence rate of children less than 6 years of age with confirmed blood lead levels at or above the CDC reference value (5 µg/dL).			
<b>Dashboard Indicator:</b>			
Strategies	Actions and Timeframes	Partners Responsible	Progress
<b>Promote environmental assessments (inspections and risk assessments) to identify and mitigate lead hazards in homes before children demonstrate BLLs above the reference value.</b>	CHFA will follow-up and require and inspection and review of dwelling units with children under the age of 6 if unit has lead paint or presumed lead paint in it	DOH, CHFA, property owners, property manager	Provide inspection report to LHD, DOH, CHFA, owner/land lord
	Ensure that clinical care operators (day care specialists) are following up on licensed facilities known to have lead hazards or no lead inspection conducted in a timely manner (December, 2016)	OEC	Completed protocol
	LHDs investigate BLLs >5 and seek funding sources to eliminate lead hazards	LHDs, tenants, home owners, CADH	Number of units made lead safe
	OEC to send letters to LHDs and DPH L&HHP immediately upon receipt of EBLL		
	Target lead risk assessments and lead hazard screening in neighborhoods with pre-1978 housing already demonstrating reportable EBLLs over a four year period-- share risk maps with all LHDs, ask LHDs to proactively investigate, issue orders for lead abatement when lead hazards are found. (July 2016)  Incorporate targeted lead inspections in units with children under the age of six into lead poisoning prevention funding contracts (July 2016)	DPH, DoH, CADH, Code Enforcement Officials	Number of child-occupied units inspected and abated in 12-month period (units occupied by children under age of six and who have a venous blood lead level below 15ug/dL)
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
<b>Monitoring/Evaluation Approaches</b>			
•			

### STEP 3: HCT2020 Childhood Lead Poisoning Action Agenda –Draft 9-25-2015

<b>SHIP Objective:</b> Reduce to less than 3% the prevalence rate of children less than 6 years of age with confirmed blood lead levels at or above the CDC reference value (5 µg/dL).			
<b>Dashboard Indicator:</b>			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
<b>Develop prevention-based guidelines and document evidence-based practices to reduce environmental exposures from lead in soil, dust, paint, and water before children are exposed to those hazards.</b>	Share the SHIP Action Agenda with stakeholders and partners to engage them in reducing childhood lead poisoning rates statewide (December 2015, semi-annual meetings)	Key stakeholders	Meetings, minutes, revision of SHIP action agenda, progress
	Enhance enforcement and oversight of LHDs to ensure they are fulfilling their role under the public health code (Ongoing)	LHDs, OLHA, DPH	Complaint referrals to OLHA, surveillance system tracking data
	Establish MOU between DCF and DPH to detail process for notifying local officials of homes with outstanding lead-based paint orders (December, 2017)	DCF, DPH, LHD	MOU established
	Establish guidelines to provide/require a lead paint management plan every two years in homes with known intact lead-based paint. If lead hazards are detected expand the action to inspection and abatement/remediation in such units	CHFA, property owners, private industry consultants, local health departments, OEC	Submit report to DOH/CHFA/asset manager; TBD by CHFA
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
<b>Monitoring/Evaluation Approaches</b>			
•			



**STEP 3: HCT2020 Childhood Lead Poisoning Action Agenda –Draft 9-25-2015**

<b>SHIP Objective:</b> Reduce to less than 3% the prevalence rate of children less than 6 years of age with confirmed blood lead levels at or above the CDC reference value (5 µg/dL).			
<b>Dashboard Indicator:</b>			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
<b>Partner with health care professionals to promote and improve compliance with the <i>Requirements and Guidelines for Childhood Lead Screening By Health Care Professionals in Connecticut</i> (April 2013), including ensuring that all children are tested at least annually before turning three years of age. This also includes recommending environmental assessments be conducted by licensed lead consultants in patients' pre-1978 homes.</b>	Through lead poisoning prevention funding LHDs will provide pediatricians with necessary information, contacts, and resources to educate families (July, 2016)	DPH, LHDs	Contractual measures
	The Regional Lead Treatment Centers shall educate pediatricians throughout CT on childhood lead poisoning protocols, billing practices and codes, and other relevant topics annually (July, 2016)	RLTCs, DPH, pediatricians, CT-AAP	Number of pediatricians visited or attended educational conference on lead
	Ensure resources pertaining to licensed lead practitioners are included in messaging to pediatricians so that when referrals are made, the peds are referring to the appropriate entity (July, 2016)	DPH, training providers, private sector, pediatricians	
	DSS will reach out to its network of medical care providers to ensure they are testing children two times (one time between before turning 2, and then again at 2-3 years old)	DSS, CHN providers, Medicaid	Increased number of children tested 2x before turning 3 years of age
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
<b>Monitoring/Evaluation Approaches</b>			
•			

**STEP 3: HCT2020 Childhood Lead Poisoning Action Agenda –Draft 9-25-2015**

<b>SHIP Objective: Reducing childhood lead poisoning</b>			
<b>Dashboard Indicator:</b>			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
<b>Ensure lead data is shared in a timely manner.</b>	CHFA will distribute lead/housing data (TBD) to housing agency owners to discuss trends - have CHFA, DPH and DOH meet to discuss how lead and housing data can be combined and shared with partners (MOUs, content, and confidentiality) (December, 2017)	DPH, LHDs, Housing agencies	Final report is shared with partners
	The DOH will provide data and addresses on their voucher-based programs to DPH on a quarterly basis (September, 2015)	DOH, DPH	Share the data
	Identify current data collection available and organizations that are in need of lead data (and who/what is not currently receiving) (Deadline TBD)	DPH, DOH, DEEP, DESPP, LHD	
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
<b>Monitoring/Evaluation Approaches</b>			
•			

### STEP 3: HCT2020 Childhood Lead Poisoning Action Agenda –Draft 9-25-2015

**APPENDIX:**

**Childhood lead poisoning prevention action steps developed by partners, but did not make the final document due to one of the below explanations. See color coding below.**

*Green: Action step already instituted; Orange: Action step not fully formed; Red: Action step not feasible*

<b>SHIP Objective: Reducing childhood lead poisoning</b>		
<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
DoH to develop relationship with pediatricians, DCF and local schools	CADH, DoH, DCF, Pediatricians, landlords, tenants, schools	Pediatrics report to DPH all lead levels
Housing authorities to require newly leased families to read and receive brochures annually	DOH, LHD, DPH	
DPH L&HHP should offer refresher training to OEC staff	OEC, DPH	
Develop regulation that requires all child daycare centers and group daycare homes in pre-1978 facilities to conduct full comprehensive lead inspection		
Target OB-GYN practitioners to distribute lead education packets to expectant mothers, over a four year period; especially first-time parents	DPH, LHD, OB-GYN offices, Walk-in clinics	Distribute educational information to % of parents seen by practice. 2016: information mailing; 2017: 20% of parents 2018: 40% of parents; 2019: 80% of parents; 2020: 100% of parents
Include non-EBLL children in inspection regulation	Lead consultants, LHD, DPH, home owners	
Ensure/enforce that certified contractors are utilized for work completed in non-EBLL	LHD, property owners	
Develop a PSA with DPH L&HHP	DCF	
HTVN online lead training being developed with CONN-NAHRO	CONN-NAHRO, DPH	
State DPH Childhood Lead Poisoning Prevention statutes to require department to mandate submittal of lead paint management plan implementation by direct report to LHD as follow-up to approved lead abatement plans leaving intact lead behind and new plan each two years	LHD, DPH, CT Legislature, Lead Inspectors, Lead Risk Assessors, Lead Project Planners, Lead Training Providers "2016: 50% of approved management plans form 2014 and earlier have inspection project of current conditions sent to DPH and LHD	2017: 80% of approved management plans from 2015 and 2016, plus 80% of approved management plans from before 2015- reports submitted to DPH and LHD
DPH, CHFA and DOH to create communication strategy for LHDs	DPH, CHFA, DOH	
Encourage voluntary lead risk assessments and lead hazard screening in neighborhoods with pre-1978 housing already demonstrating reportable EBLLs over a four year period-- share	LHD, licensed lead risk assessors, pediatricians	Increase by 10% per year the number of risk assessments performed per school building

### STEP 3: HCT2020 Childhood Lead Poisoning Action Agenda –Draft 9-25-2015

risk maps with all LHDs, ask LHDs to proactively investigate, issue orders for lead abatement when lead hazards are found...		
Orders issued to confirm EBLL	DOH, landlords, tenants	
Identify multi-family home status where a child has an EBLL or where lead paint has been identified (January, 2016)	DPH, OEC, LHD, DCF	Healthy Homes tracking of multifamily designation (add a column to spreadsheet of family day care homes with identified lead paint)
Apply intelligence-sharing technologies to public health issues (developed for use by law enforcement)		
LHD to respond to calls from pediatricians, DCF and parents within 5 days	DOH, DCF, Pediatricians, landlords, tenants, schools	Intake of local health case load documented and reported to state
Make uniform protocols across all LHDs regarding lead inspection requirements prior to obtaining a permit for renovation or demolition	Consultants, LHD, DPH	
Implement a penalty/fine to all pediatricians who do not report BLLs DPH Licensing DPH randomly audit pediatrician offices		
Develop an information sharing database with many different authorized contributors that identify "hot spots" and lead-identified housing units that housing providers can access prior to leasing	DPH, CONN-NAHRO, DOH, LHD	
Look for lead "hot spots" by adding high lead poisoning incidence to list of fires, crime, etc.; potentially same areas		
Create "100 Best Owners/Apartments/Landlords" certification program as a quality and safety seal of approval		
If lead hazards trigger a response in any unit in a multi-family housing complex, the same response action should be applied to all similar untested units in the housing complex, unless a lead inspection demonstrates that no lead hazards are present in the other units and other dwellings per the Lead Poisoning Prevention Control Regulation 19a-111-3 (c) (1) and (2).	DPH, LHD, property owners, property owner associations, renter associations	
Redraft Lead Poisoning Control Regulations	DPH, AG, LHD, private industry, HUD grantees, professional associations	
Sponsor showing of lead-safe America education documentary Mislead at ten regional area schools in 2016	Funding: Schools (PTO/PTA, school boards), local pediatricians, local banks, local realtors Lead paint professionals, LHDs, DPH	10 movie screenings in 2016
DPH offer small stipends to incentivize lead education completed by PTO	DPH, PTO/PTA	

<b>Focus Area 1: Environmental Risk Factors</b>			
<b>Goal 1: Enhance public health by decreasing environmental risk factors.</b>			
<b>Area of Concentration Air Quality Awareness</b>			
<b>SHIP Objective: ENV-5 Increase public awareness of the presence and risk of poor air quality days.</b>			
<b>Dashboard Indicator:</b>			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
<b>Convene a meeting of primary stakeholders recruit responsible partners, subject matter experts and build a coalition.</b>	Organize and hold stakeholders meeting. Complete by 2/1/16.	CTDPH, CTDEEP, CADH, Local Health Departments (especially those who are lead agencies for each of the 7 Asthma regions), Asthma coalition	
<b>Provide public information and data to encourage sound decision making about outdoor activity on poor air quality days.</b>	Inventory and evaluate existing information/messaging and being shared with public. Complete by 12/1/15.  Organize a meeting with meteorologists to evaluate and discuss public messaging. Complete by 1/1/16.  Identify target audiences and create messaging to link CTDEEP's forecasted AQI data and associated adverse health effects. Complete by 3/1/16.	EPA, CTDEEP, CTDPH, CADH, Local Health Departments (especially those who are lead agencies for each of the 7 Asthma regions), Asthma coalition	
<b>Develop a comprehensive, standardized alert processes to alert the public, and specifically reach at-risk populations, in the event of poor air quality.</b>	Inventory how forecasted AQI data is disseminated and identify a baseline of number of direct contacts made. Complete by 11/1/15.  Identify target audiences and best tools to disseminated targeted messages. This effort should explore and identify the benefits and opportunities available through electronic and social media. Complete by 5/1/16.	CTDEEP, CTDPH (Communications, Asthma program), EPA and Regional Asthma leads (who will them share with their respective coalitions)	

**STEP 3: HCT2020 Action Agenda 09-25-2015**

**\*\*\*\*\*D R A F T\*\*\*\*\***

<p><b>Develop and implement a plan for education and outreach about poor air quality days for at-risk populations.</b></p>	<p>Identify at-risk populations and representative organizations. Complete by 12/1/15.</p> <p>Determine which media avenues are best to reach at-risk populations. Complete by 4/1/15.</p> <p>Coordinate putting cross-jurisdictional messages out. Complete by 5/1/16.</p> <p>Develop partnerships with media channels (e.g. connect with health correspondents of each of the major media outlets) to make it a collaborative effort. Complete by 1/1/16.</p> <p>Launch pilot media campaign and evaluate effectiveness. Complete by 8/1/16.</p>	<p>Local Health Departments (especially those who take the lead for the 7 Asthma regions); health collaboratives that are working on CHA-CHIP activities (e.g. PCAG in Greater Bridgeport area); CTDEEP and CTDPH Work with health collaboratives (PCP groups, hospitals, FQHC, LHDs)</p>	
<p><b>Encourage schools and to develop a list of at-risk children and design specific alternative indoor recess activities for those children on “bad air” days.</b></p>	<p>Work with CTDPH and CASBHC to identify children with asthma (to help target outreach efforts) Complete by 2/1/15.</p> <p>Work with school wellness committees to make decisions (evidence-based) to direct indoors. Complete by 8/1/16.</p>	<p>CTDPH, CASBHC, School Nurses-BOE/School Nurses-LHDs, Regional Asthma Coalitions</p>	
<p><b>Establish baseline measurement of at-risk populations’ level of awareness of forecasted poor air quality days.</b></p>	<p>Develop pilot assessment of perceptions and awareness. Complete by 4/1/16.</p> <p>Develop set of analytics to measure social media reach (likes, shares, hits, etc.) Complete by 1/1/16.</p>	<p>CTDEEP, CTDPH (Communications, Asthma program), EPA and Regional Asthma leads (who will them share with their respective coalitions)</p>	
<p><b>Work with at-risk population care providers to develop appropriate responses to forecasted unhealthy air quality days. (day cares, day camps, nursing homes)</b></p>	<p>Work with representative organizations of at-risk populations on the development and implementation appropriate responses to forecasted unhealthy air quality days for specific groups. Complete by 8/1/16.</p>	<p>CTDEEP, CTDPH (Communications, Asthma program), EPA and Regional Asthma leads (who will them share with their respective coalitions)</p>	
<p><b>Resources Required (human, partnerships, financial, infrastructure or other)</b></p> <ul style="list-style-type: none"> <li>• Create partnerships with media outlets.</li> <li>• Develop messaging to characterize adverse health effects associated with exercising/being out in bad AQI day, options, and resources to help/address problems.</li> </ul>			
<p><b>Monitoring/Evaluation Approaches</b></p> <ul style="list-style-type: none"> <li>• Develop analytics to measure</li> <li>• Provide quarterly report outs</li> </ul>			

## Action Agenda Definitions

Term	Definition/Description
<b>Strategies</b>	A strategy describes your approach to getting things done. It is less specific than action steps but tries broadly to answer the question, "How can we get from where we are now to where we want to be?" The best strategies are those which have impact in multiple areas, also known as leverage or "bang for the buck."
<b>Actions and Timeframes</b>	The actions/activities outline the specific, concrete steps you will take to achieve each strategy. It is best to arrange these chronologically by start dates. State the projected dates (start-end) for each activity.
<b>Partners Responsible</b>	Identify by name the key person(s)/group(s)/organization(s) that will be responsible for leading the activity.
<b>Progress</b>	Use this space to indicate progress on each action step as they are implemented.
<b>Resources Needed</b>	The human resources, partnerships, financial, infrastructure or other resources required for successful implementation of the strategies and activities.
<b>Monitoring/ Evaluation Approaches</b>	The approaches you will use to track and monitor progress on strategies and activities (e.g., quarterly reports, participant evaluations from training)

### STEP 3: HCT2020 **DRAFT** Action Agenda

<b>Focus Area 2: Environmental Health</b>			
<b>Goal 2: Enhance public health by decreasing environmental risk factors.</b>			
<b>Area of Concentration: Healthy Housing</b>			
<b>SHIP Objective: ENV 6 – Healthy Housing: Increase the enforcement of minimum housing code standards through the collaboration and support of code enforcement programs.</b>			
<b>Dashboard Indicator: Data reporting of incidents of injury or preventable health risks in identified housing areas.</b>			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>



### STEP 3: HCT2020 **DRAFT** Action Agenda

<p>Adopt a statewide property maintenance code.</p>	<ul style="list-style-type: none"> <li>• Convene a meeting of primary code enforcement agency and organization stakeholders in the adoption of a statewide property maintenance code.             <ul style="list-style-type: none"> <li>○ <i>Due Date:</i> September 15, 2015</li> </ul> </li> <li>• Propose adoption of a statewide maintenance code for CT to the Commissioners of DPH and DAS.             <ul style="list-style-type: none"> <li>○ <i>Due Date:</i> October 31, 2015</li> </ul> </li> <li>• Establish a measurement of “sub-standard housing”; to include properties with code violations which caused or pose a serious risk of causing injury to any person's health or safety; which baseline may be used to highlight injury and illness preventative work needed in those identifiable properties, and the health equity that can be achieved through enhanced code enforcement in these areas, particularly through the adoption of a statewide property maintenance code, which would set a currently non-existent standard of minimum requirements for decent, safe and sanitary housing for all persons.             <ul style="list-style-type: none"> <li>○ <i>Due Date:</i> November 30, 2015</li> </ul> </li> <li>• Propose legislation to enable the adoption of a statewide property maintenance code.             <ul style="list-style-type: none"> <li>○ <i>Due Date:</i> Enabling legislation by end of session 2016; property maintenance code regulation passed by December 1, 2017; property maintenance code regulation in effect by July 1, 2018.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• DCJ, DPH, DAS, DEEP, CAHCEO, CFMA, CBOA, DCP, DESPP, CEHA, CADH.</li> <li>• DCJ, DPH, DAS, DOH, OPM.</li> <li>• DPH, DEEP, DESPP, DOH, DAS (including Office of Education and Data Management - OEDM), DSS. Resource partners further include federal agencies including HUD, EPA, DHHS.</li> </ul> <p>(TBD) Possible responsible partners include, DPH, DAS - Office of the State Building Inspector, Office of the State Fire Marshal, DOH (Dept. of Housing), CT Division of Criminal Justice, DEEP and DESPP.</p>	<ul style="list-style-type: none"> <li>• A draft PMC was created by an unofficial statewide workgroup based on the ICC 2009, and then updated to the 2012 ICC Property Maintenance Code, with consensus from a large group of stakeholders attending for adoption.</li> <li>• The CGA Planning and Development Committee Task Force to Examine Procedural Problems in Addressing Blight at the Municipal Level (P.A. 13-132) proposed adoption of a Property Maintenance Code in CT in 2014.</li> <li>• A meeting was held on 8/17/15 of code enforcement officials and organizations to review the SHIP and the PMC objective in it.</li> <li>• A meeting was held on 9/10/15 of representative code agencies and organizations resulting with full approval of Focus Area 2 Goal 2 SHIP objectives including support of PMC proposal.</li> </ul>
---	---	--	--

### STEP 3: HCT2020 **DRAFT** Action Agenda

<p>Establish incentives for property owners to comply with CT's laws on health and safety cooperatively, such as tax breaks and directing federal, state, and local housing rehabilitation funding to those who comply.</p>	<ul style="list-style-type: none"> <li>• Identify available funding sources for property owners to comply with CT's codes through a "cooperative compliance" model where injury to health is prevented through funded enhanced code enforcement activities.               <ul style="list-style-type: none"> <li>○ <i>Due Date:</i> November 2015</li> </ul> </li>   <li>• Coordinate area inspection programs in a cooperative compliance model, with code enforcement officials as "First Preventers", targeting preventable risks and health inequalities in unsafe and unsanitary housing.               <ul style="list-style-type: none"> <li>○ <i>Due Date:</i> February 29, 2016</li> </ul> </li>   <li>• Increase funding sources for state and municipal health and safety code enforcement agencies as "First Preventers" as needed to adequately staff, comprehensively train and monitor code enforcement activities under a cooperative compliance model.               <ul style="list-style-type: none"> <li>• <i>Due Date:</i> End of CGA 2016 Session</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• CGA, OPM, DOH, DPH, DEEP- Energy Conservation Program, Public Utilities, CT Dept. of Insurance (for possible incentives for cooperative code compliance), CT Division of Criminal Justice, U.S. HUD CDBG Block Grants, U.S. DOJ (public safety funding), Public Utility Companies</li>   <li>• DCJ, DPH, DAS, DOH, DEEP, DESPP, CT Police Chiefs Assoc., CAHCEO, CEHA, CADH, CBOA, CFMA</li>   <li>• CGA, OPM, U.S. HUD CDBG Block Grants, U.S. DOJ</li> </ul>	<ul style="list-style-type: none"> <li>• Existing state and federal programs, private lending has been reported by DPH 12/30/14 <i>A Report on Special Act No. 14-14: An Act Concerning the Location of Funding Sources for the Healthy Homes Initiative.</i></li> </ul>
<p>Develop media or other awareness campaigns to inform property owners and others of the importance of code, and the benefits of cooperative compliance</p>	<ul style="list-style-type: none"> <li>• Hold statewide educational conference on Enhanced Code Enforcement as CT's first prevention of risks of injury and illness for Mayors, First Selectpersons and municipal attorneys and others on housing enforcement               <ul style="list-style-type: none"> <li>○ <i>Due Date:</i> February 2016</li> </ul> </li>   <li>• Launch "First Preventer" campaign for code officials improving public health</li> </ul>	<ul style="list-style-type: none"> <li>• DCJ, DPH, DAS, DOH, DEEP, DESPP, CT Police Chiefs Assoc., CAHCEO, CEHA, CADH, CBOA, CFMA</li>   <li>• DCJ, DPH, DAS, DOH, DEEP, DESPP, CT</li> </ul>	

### STEP 3: HCT2020 **DRAFT** Action Agenda

	<p>and safety through first prevention by cooperative compliance models of environmental housing enforcement</p> <ul style="list-style-type: none"> <li>○ <i>Due Date:</i> April 2016</li> </ul> <ul style="list-style-type: none"> <li>• Launch geographically tailored public awareness campaigns stressing importance of establishing and maintaining healthy housing             <ul style="list-style-type: none"> <li>○ <i>Due Date:</i> April 2016</li> </ul> </li> </ul>	<p>Police Chiefs Assoc., CAHCEO, CEHA, CADH, CBOA, CFMA</p> <ul style="list-style-type: none"> <li>• DPH, DAS, OPM, CT DCJ, DEEP, DESPP – Fire &amp; Explosion Unit, CT Association of Housing Code Enforcement Officials, CT Building Officials Association, CT Professional Fire Chiefs Association, , CT Directors of Health Association, CT Environmental Health Association, CT Fire Marshal’s Association, CAZEO, CCM, CT Police Chiefs Association, Partnership for Stronger Communities, Local Initiatives Support Corporation LISC and other housing advocates.</li> </ul>	
<p><b>Resources Required (human, partnerships, financial, infrastructure or other)</b></p> <ul style="list-style-type: none"> <li>• Require coordination with those Focus groups in the SHIP with statistical data on the cost of preventable illnesses and injuries arising from environmental health factors to support the importance of this objective.</li> <li>• Require adequate funding to create level of preventative programming needed to make the health equity change needed in substandard housing.</li> </ul>			
<p><b>Monitoring/Evaluation Approaches</b></p> <ul style="list-style-type: none"> <li>• Evaluation of substandard housing baseline before and after enhanced enforcement programming through this objective and the strategies assigned to it. Monthly reports are recommended.</li> </ul>			

### STEP 3: HCT2020 **DRAFT** Action Agenda

#### Action Agenda Definitions

Term	Definition/Description
<b>Strategies</b>	A strategy describes your approach to getting things done. It is less specific than action steps but tries broadly to answer the question, "How can we get from where we are now to where we want to be?" The best strategies are those which have impact in multiple areas, also known as leverage or "bang for the buck."
<b>Actions and Timeframes</b>	The actions/activities outline the specific, concrete steps you will take to achieve each strategy. It is best to arrange these chronologically by start dates. State the projected dates (start-end) for each activity.
<b>Partners Responsible</b>	Identify by name the key person(s)/group(s)/organization(s) that will be responsible for leading the activity.
<b>Progress</b>	Use this space to indicate progress on each action step as they are implemented.
<b>Resources Needed</b>	The human resources, partnerships, financial, infrastructure or other resources required for successful implementation of the strategies and activities.
<b>Monitoring/ Evaluation Approaches</b>	The approaches you will use to track and monitor progress on strategies and activities (e.g., quarterly reports, participant evaluations from training)