



BUILDING A FRAMEWORK FOR HEALTHY HOUSING

2008 National Healthy Homes Conference

Wisconsin Healthy Home Outreach and Intervention Initiative

Wisconsin Dept of Health Services

Division of Public Health

Bureau of Environmental and Occupational Health

About the Healthy Homes Grant

- This is a 3 year grant funded by the CDC
- Awarded to the WI Division of Public Health, Bureau of Environmental & Occupational Health
- Approximately \$125,500
- Piloted in 3 communities



Wisconsin Healthy Home Outreach and Intervention Initiative

- Purpose: To decrease risk factors in the home that lead to injury, illness and death in underserved populations.



Components

1. Home Intervention
2. Clinical Intervention
3. Building Project Sustainability



1. Home Intervention

- Build capacity of existing local outreach staff
- Assess home health hazards
- Educate on known risk factors within the home
- Provide low-cost interventions



1. Home Intervention: *Assessment Categories*

- Indoor air quality
- Asthma triggers
- Drinking water source
- Household injuries
- Child safety
- Sanitation/cleanliness
- Hazardous materials (mercury, asbestos)
- Weatherization issues





Healthy Home Environmental Assessment Tool
Menominee Tribe

Name: _____ Date: _____
 Address: _____ Telephone: _____
 City: _____ Zip: _____
 Age of Occupants: _____
 Age of Home: _____ Pre-1980? Yes ___ No ___ Ownership: Own ___ Rent ___
 Property Owner: _____ Telephone: _____

Assessment Performed By: _____

Existing patient? ___ Self-referral? ___ Clinician referral? ___

INTERVENTION PRODUCTS

| Risk Factor | # Needed | # Provided | # Installed | Refer Out? |
|---|----------|------------|-------------|------------|
| <input type="checkbox"/> Smoke alarms needed? Tested? | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Replacement batteries needed? | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Outside slip guards for steps needed? | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Non-slip mats for tubs needed? | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Outlet covers needed? | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Cabinet safety latches needed? | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Firearm trigger locks needed? | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Child safety gates at stairwells needed? | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> CO detector needed? Tested? | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Digital thermometer needed? | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Window blind cord wraps needed? | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Fire extinguisher in home? | _____ | _____ | _____ | _____ |

ASSESSMENT/INFORMATION SERVICES

| Risk Factor | Service | Date Performed/Refer out |
|---|------------------------------------|--------------------------|
| <input type="checkbox"/> Smokers in the home? | Smoking cessation info. offered | _____ |
| <input type="checkbox"/> Anyone diagnosed with asthma or chronic breathing problems? Ages of those affected? | Asthma management info. offered | _____ |
| <input type="checkbox"/> Chipping or peeling paint or anyone diagnosed with elevated lead levels in home? Ages of those affected? | Lead risk assessment | _____ |
| <input type="checkbox"/> Water Damage evident? | IAQ Inspection | _____ |
| <input type="checkbox"/> Water supply? Public ___ Private ___ | Water sample collection | _____ |
| <input type="checkbox"/> Unused pharmaceuticals stored in home | Medication Disposed | _____ |
| <input type="checkbox"/> Radon test desired? | Radon test performed | _____ |
| <input type="checkbox"/> Mold present? Where? | Mold Inspection | _____ |
| <input type="checkbox"/> Mercury thermometer or thermostat in home? | Chemical disposal guidance needed? | _____ |
| <input type="checkbox"/> Hazardous chemicals stored in home? | Chemical disposal guidance needed? | _____ |
| <input type="checkbox"/> Weatherization issue? | Refer to Energy Assistance | _____ |
| <input type="checkbox"/> Overall injury issues (furniture anchored, unlit stairwells) | Education | _____ |
| <input type="checkbox"/> Overall cleanliness issues (rodents, pet dander and dust) | Education | _____ |

Local Referrals

Check the appropriate referral and home health threat

_____ Ride Safe and Sleep Safe Programs – CHNS – 715-799-5438

___ Smoke Alarm
 ___ Child Car Seats

_____ Menominee County Health and Human Services, 715-799-3861
 Energy Assistance- Myrna Caldwell

___ Windows
 ___ Furnace
 ___ Wood burning stove
 ___ Other

_____ Environmental Services, 715-799-6152

___ Asbestos
 ___ Radon
 ___ Hazardous chemicals/pharmaceuticals
 ___ Lead
 ___ Mold
 ___ Sample water supply
 ___ Other

_____ Menominee Tribal Clinic – Healthy Heart Program, 715-799-5447

___ Smoking Cessation

_____ Menominee Tribal Clinic- Asthma Management, 715-799-5429

___ Asthma
 ___ Chronic Breathing problems

_____ Menominee Tribal Police Department, 715-799-3321

___ Trigger Locks

Other: _____



Healthy Homes Environmental Assessment Tool

Name: _____ **Assessment Date:** _____ **Follow-up Date:** _____
Address: _____ **Telephone Number:** _____ **Age of Home:** _____
City: _____ **Zip:** _____ **Property Owner Name:** _____ **Telephone #:** _____
Type of Dwelling (Check one): 1-Story Home ___ 2-Story Home ___ Duplex ___ Multi-level apartment ___ Other: _____
Own Home? ___ **Rent?** ___ **Ages of Occupants:** _____ **Owner Age 55?** Yes ___ No ___
Anyone diagnosed with asthma or lead poisoning? ___ Yes ___ No ___ **Have Insurance on Home/Rental unit** Yes ___ No ___
Existing patient ___ **Self referral** ___ **Clinician referral** ___

| <i>Overall House/All Rooms</i> | | | | |
|--------------------------------|--|--|---|------|
| Area of Assessment | Assessment Result | Correction of Hazard (Check all that apply) | Health Teaching (Check all that apply) | Comm |
| 1. Smoke Alarms: | <u> </u> <i>Problem Identified</i> ___ Not Installed ___ Batteries missing/ dead/unit not working ___ Not correctly placed <u> </u> <i>No Problem Identified</i> <u> </u> <i>Does Not Apply</i> <u> </u> <i>Unable to Assess</i> | ___ Smoke Detectors given ___ Batteries given <u> </u> Referred to Elderly Services <u> </u> Referred to Oneida Housing <u> </u> Referred to Land Management ___ install ___ # of smoke alarms ___ replace batteries ___ place smoke alarms correctly | ___ Smoke alarms handout ___ Other: _____ _____ _____ _____ ___ None | |
| 2. Fire Escape Plan | <u> </u> <i>Problem Identified</i> ___ Plan not established ___ No meeting placed identified ___ Plan not practiced <u> </u> <i>No Problem Identified</i> <u> </u> <i>Does Not Apply</i> <u> </u> <i>Unable to Assess</i> | ___ Established plan ___ Identified meeting place ___ Practiced plan annually | ___ Fire Escape Plan handout ___ How to develop plan (2 exits from each room) ___ Possible meeting places ___ Identify date to practice that is easy to remember ___ Other: _____ ___ None | |

1. Home Intervention: *Interventions*

- CO/Smoke alarms & batteries
- Fire extinguishers
- Childproofing products
- Non-slip mats for bathtubs
- Well water sampling
- Radon test kits
- Mattress covers



1. Home Intervention: *Retail Partners*

- Getting started: How to get a retail partner
- Retail partners: Menards & K-Mart
- Process to get retailers
- Barriers



2. Clinical Intervention (Year 2-3)

- Build capacity of health care providers and patients to identify household hazards
- Increase access to local assessment and intervention services
 - Referral network
 - Online education and resources
 - Educational poster and self-referral postcard



3. Building Project Sustainability

- Create a feedback loop between health clinicians and outreach staff
- Build local connections & capacity for intervention services
- Leverage existing expertise



3. Building Project Sustainability: *Referrals*

- Identified by pilot communities
- Listed on assessment form
- Referrals left with client
- Type of referral agencies
 - Clinic/tribal services vs outside agencies
 - Elder services, Land Management, Housing, Weatherization



3 Pilot Communities



Menominee Tribal
Nation

Oneida Tribe of Indians
of Wisconsin

Sixteenth Street
Community Health
Center





Sixteenth Street

COMMUNITY HEALTH CENTER

High quality
family-based
health care

www.sschc.org



BUILDING A FRAMEWORK
FOR HEALTHY HOUSING

2008 National Healthy Homes Conference

Sixteenth Street Community Health Center, Milwaukee

- Center provides medical and dental care, behavioral health services, social services & health education to low income residents on south side of Milwaukee
- Serves over 17,000 people a year
- Health disparities: lead poisoning, asthma
- Initial target group: asthma patients



Menominee Tribal Nation



“Soar to Good Health”

www.mtclinic.net



**BUILDING A FRAMEWORK
FOR HEALTHY HOUSING**

2008 National Healthy Homes Conference

Menominee Tribal Nation

- Tribal Clinic provides comprehensive health services in the area of medical, dental, and community health services .
- Serves over 4,000 eligible Native Americans.
- Initial target group: Well baby visits



Oneida Tribe of Indians of Wisconsin (www.oneidanation.org)

Proud and Progressive



Oneida Tribe of Indians of Wisconsin

- Oneida Community Health Center provides comprehensive outpatient and inpatient medical services to Tribal members living on or near the reservation.
- Serves 6,200 Tribal members
- Initial target group: Elderly



About the Partners

Similarities

- Established org structure including community health workers
- Low-income neighborhoods
- Existing clients and home visits

Differences

- Staff capacity
- Reason for initial home assessment
- Assessment form
- Follow-up
- Referrals



Photos



Accomplishments

- Total of eight staff working on project from all three pilot communities
- Approximately 90 home assessments completed
- >300 interventions/referrals provided



Barriers and Challenges

Barriers at the State level:

- Data Collection
- What is sufficient follow-up?
- Role clarification with referrals and intervention installation and follow up
- No one way to skin a cat – three communities, and each wants to do it their way.



Continued: Barriers Within the Communities

- Staff time constraints
- Staff turnover
- Referral capacity (ie. housing not being able to follow up)
- Engaging clients and client time
- Housing issues outside what can be addressed with this grant



Conclusion

Environmental, community and clinical health professionals can collaborate to identify, prioritize, and mitigate important environmental risk factors in the home.



Thank you:

- Centers for Disease Control and Prevention
- University of Wisconsin-Madison
- Sixteenth Street Community Health Center
- Menominee Nation
- Oneida Tribe of Indians of Wisconsin
- Menards
- K-Mart



Questions?

Brooke Thompson, MPH
Healthy Homes Program Manager
WI Dept of Health Services, Division of Public Health
Bureau of Environmental and Occupational Health
1 W Wilson St, Box 2659
Madison, WI 53701-2659
Brooke.Thompson@wisconsin.gov
(608) 261-9325





BUILDING A FRAMEWORK FOR HEALTHY HOUSING

2008 National Healthy Homes Conference

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

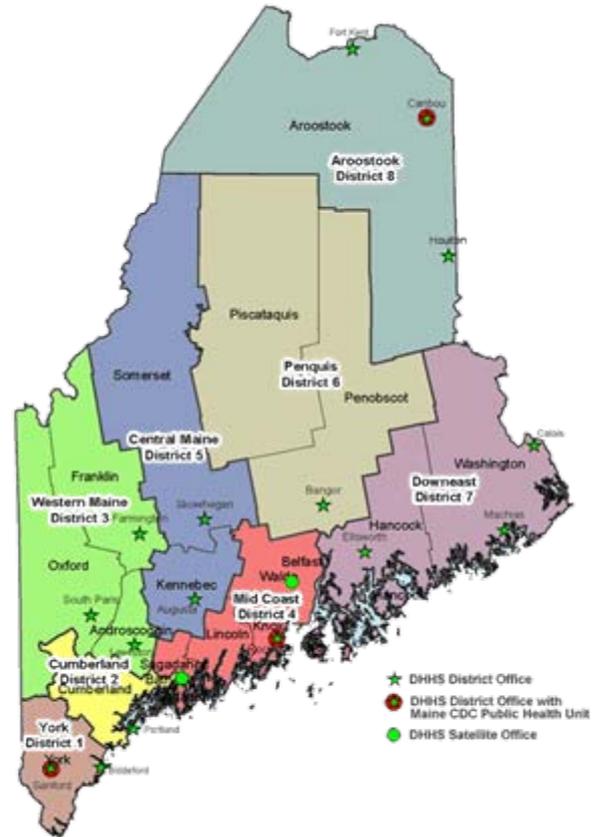
Naomi Mermin, Project Director
Lead Poisoning Prevention Fund
Environmental and Occupational Health Programs
Maine Centers for Disease Control

Naomi.Mermin@maine.gov

287-6272 or 775-1927

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



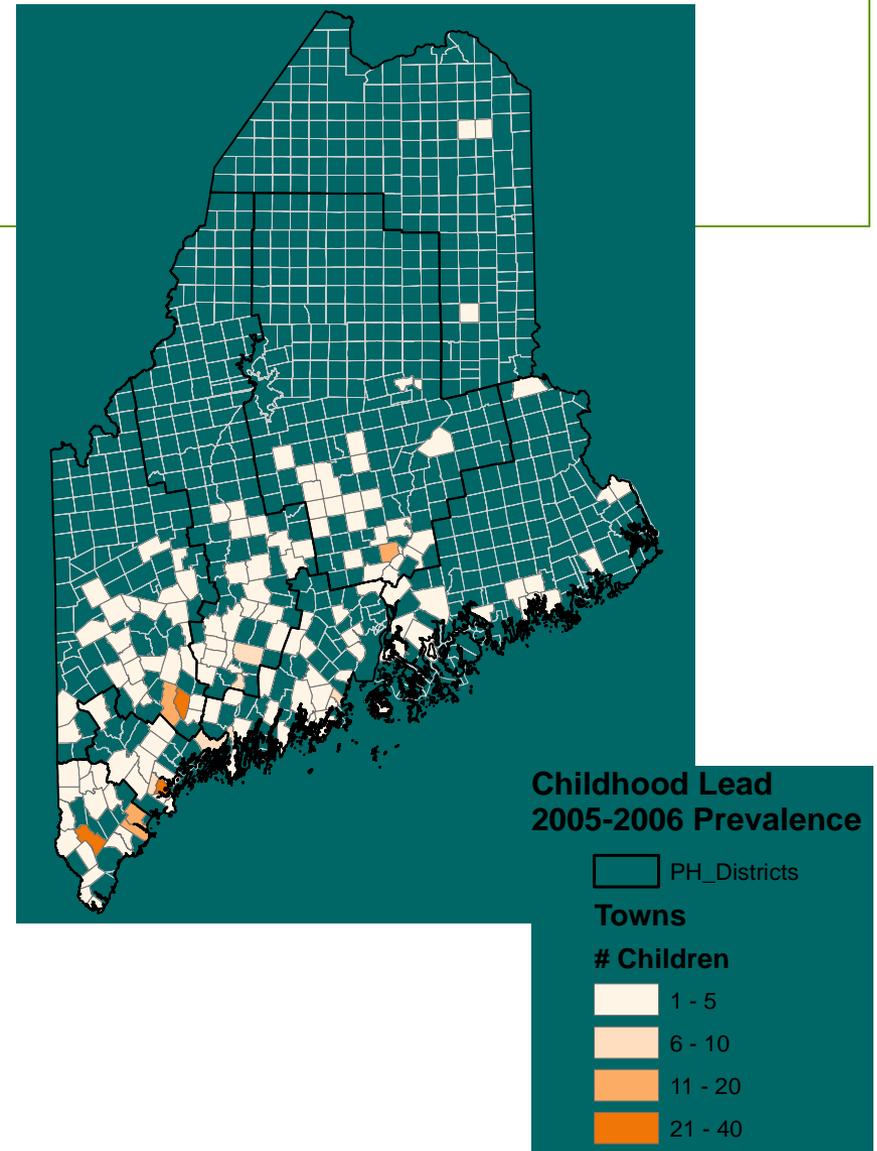
Housing Risks in Maine

- 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.

▪



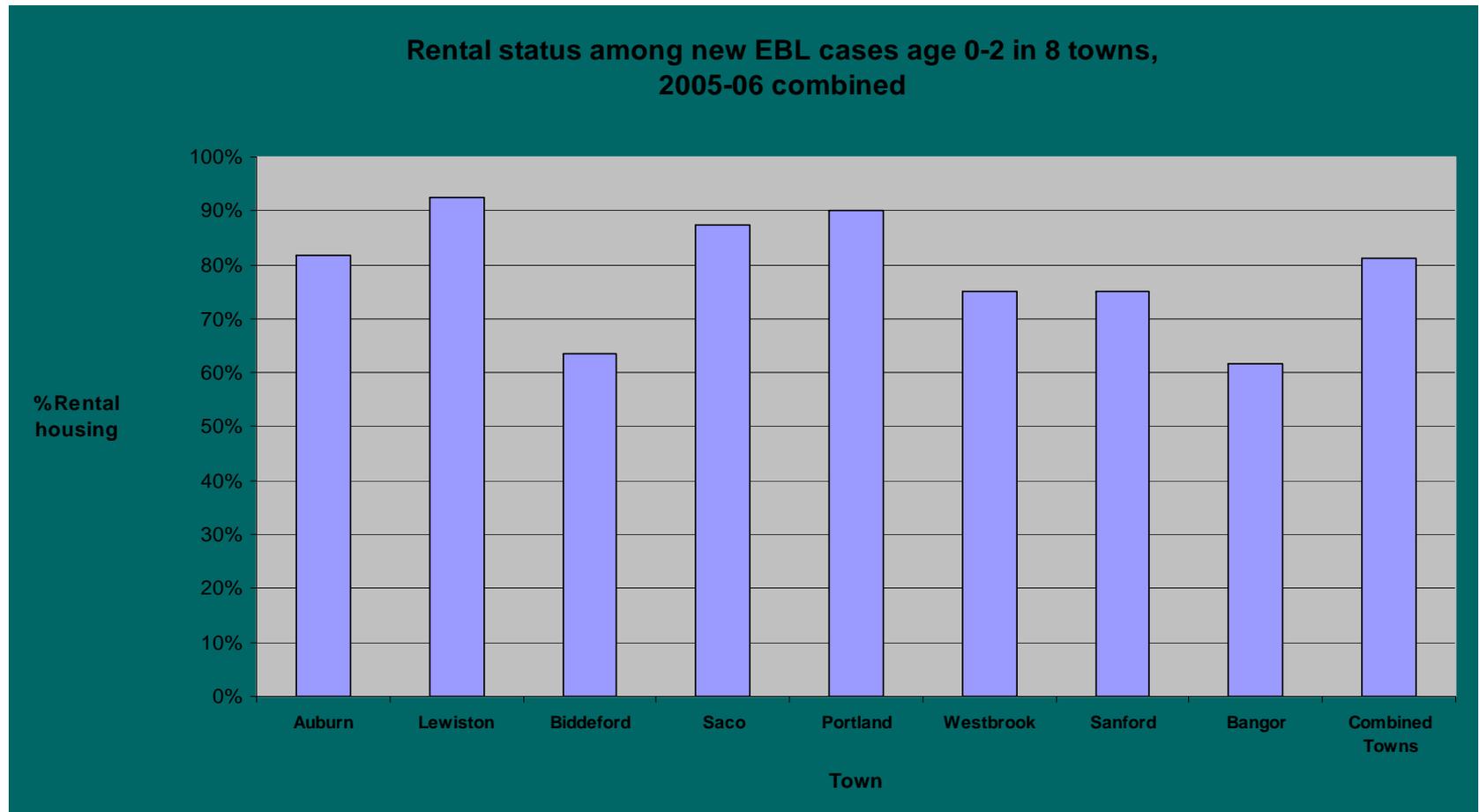
Community Grants

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 than 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



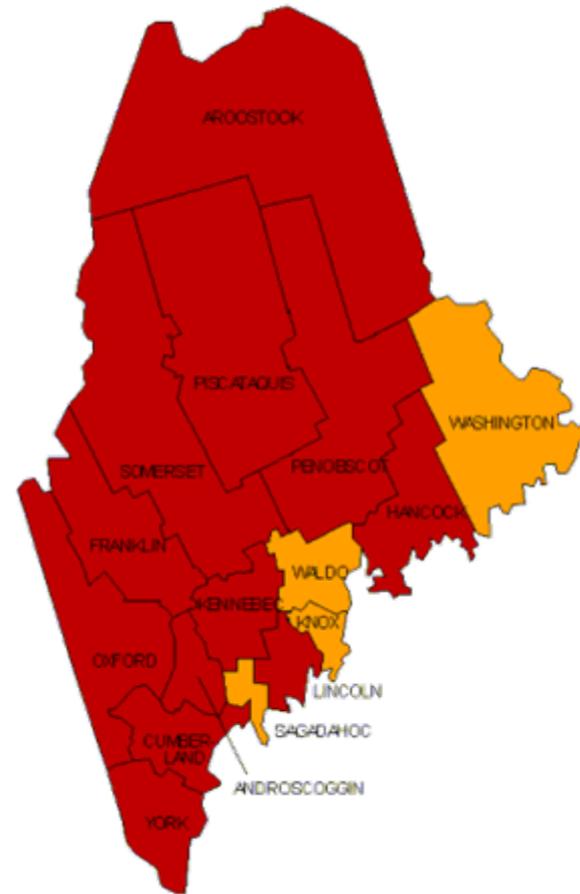
Thank you

- 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.

