



# **BUILDING A FRAMEWORK FOR HEALTHY HOUSING**

*2008 National Healthy Homes Conference*

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## **Educating Young Physicians about Healthy Home Environments for Infants and the Elderly**

Dorr Dearborn and Stuart Greenberg,  
Case Western Reserve Univ,  
Environ Health Watch

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Cleveland, Ohio

# CASE HEALTHY HOMES AND PATIENTS PROGRAM

- Swetland Center for Environmental Health  
Dept Environmental Health Sciences
  - Department of Family Medicine  
University Hospitals of Cleveland  
Case Western Reserve University  
School of Medicine

# CASE HEALTHY HOMES AND PATIENTS PROGRAM

- Swetland Center for Environmental Health
  - Department of Family Medicine
    - Environmental Health Watch

# CASE HEALTHY HOMES AND PATIENTS PROGRAM

- Swetland Center for Environmental Health
  - Department of Family Medicine
  - Environmental Health Watch

## Key Partners:

- Cleveland Department of Public Health
- Cuyahoga County Board of Health
- Community Housing Solutions

# Case Healthy Homes And Patients Program

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## PURPOSE:

- To provide hands-on environmental health experience to physicians in training regarding the health and safety aspects of inner city housing
- To provide health and safety home improvements to their clinic patients.

# CHHAP PROGRAM

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- HUD Healthy Homes Demonstration Grant  
HUD funding: \$983,467 for 3 years  
Total funding with leverage/matching: \$1,282,840

# CHHAP PROGRAM

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- HUD Healthy Homes Demonstration Grant  
HUD funding: \$983,467 for 3 years  
Total funding with leverage/matching: \$1,282,840
- Evolution of CHHAP Program-
  - 2005: pilot with med students; private F'dns
  - 2006-2008: Fam Med residents; HUD funding
  - 2007: added elderly to the infant program
  - 2008: adding Pediatrics residents

# CHHAP: GOALS



- Healthy homes assessments and interventions: 50 homes per year
- Family Medicine residents, medical students, and MPH / grad students learn about housing-related health hazards

# CHHAP: BASIC PROGRAM



- Resident Physicians are oriented to Home Environmental Health & Safety Hazards
- Resident Physician accompanies a Home Health Inspector to their clinic family's home for a detailed and extensive inspection.
- Action Plan is devised-
  - Resident Physician: Behavior education (HUD booklet)
  - HH Inspector: Home health & safety items provided  
Home interventions provided / referred
- Resident Physician continues behavior encouragement in clinic visits

# CHHAP: ENROLLMENT



## RECRUITMENT:

- Resident Physician recruits own clinic patients

## ADVANTAGES FOR PATIENT FAMILY:

- Free home inspection for health & safety hazards
- Free health & safety items-
  - HEPA filter vacuum, etc- about \$300 value
- Free home interventions to correct hazards-
  - About \$600 value with referral to other programs if more extensive interventions are needed.

# Intervention Strategy



- Integrate housing and behavioral interventions
- Address multiple housing-related health hazards and injury risks

# Home Health & Safety Hazards: Children and Elderly Most at Risk

- Greater exposure
- Increased vulnerability



# Infant Health and Safety Focus

- Lead poisoning hazards - contaminated dust, soil, deteriorated paint, friction & impact surfaces
- Inhaled allergens and lung irritants - ETS, mold, roaches, rodents, dust mites, pets
- Pesticide exposure - use of spray pesticides
- Combustion appliances - furnace, stove, space heater
- Injury risks - falls, fires, burns, electric shock
- Infant sleep environment - crib, co-sleeping
- Infant toxigenic mold exposure

# Infant Family Inspections



- Occupant interview
- Paint condition assessment
- Dust & soil sampling for lead analysis
- Visual
  - ETS, mold, pests, dust mites, pesticides
  - space heaters, stove used for heating
  - tap water & refrigerator temperature,
  - sleep environment

# Infant Family Health and Safety Items

- HEPA “dirt finder” vacuum, door mats, boot tray, floor “swiffer”
- Fire extinguisher, smoke & CO detectors
- Child gates, window guards, outlet covers, cabinet locks
- Allergen barrier pillow & mattress covers
- Digital fever thermometer, first aid kit, emergency flashlight
- Shelving, storage containers
- Electric heaters • Roach baits



# Infant Family Home Interventions

- **Family** - smoke outside, shoes-off, safe infant sleep environment, no pest sprays
- **Resident Physicians** - at clinic visits, reinforce behavior changes
- **EHW** - health & safety items installation, pest control, lead clean, small repairs/remediation
- **Referral agencies** - lead hazard control, furnace repair, mold remediation

# Safety Items Installed by EHW



# CHHAP: ELDERLY PROGRAM



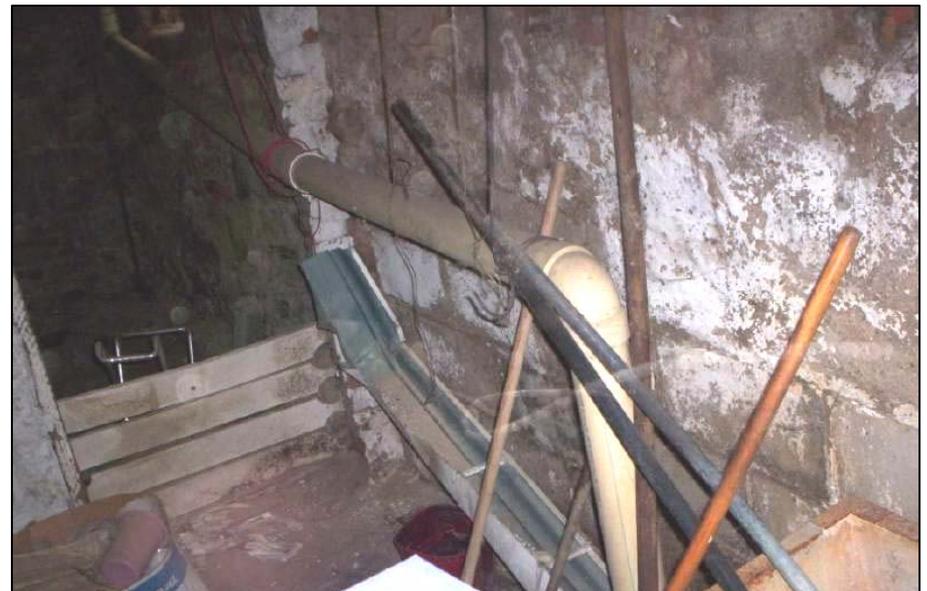
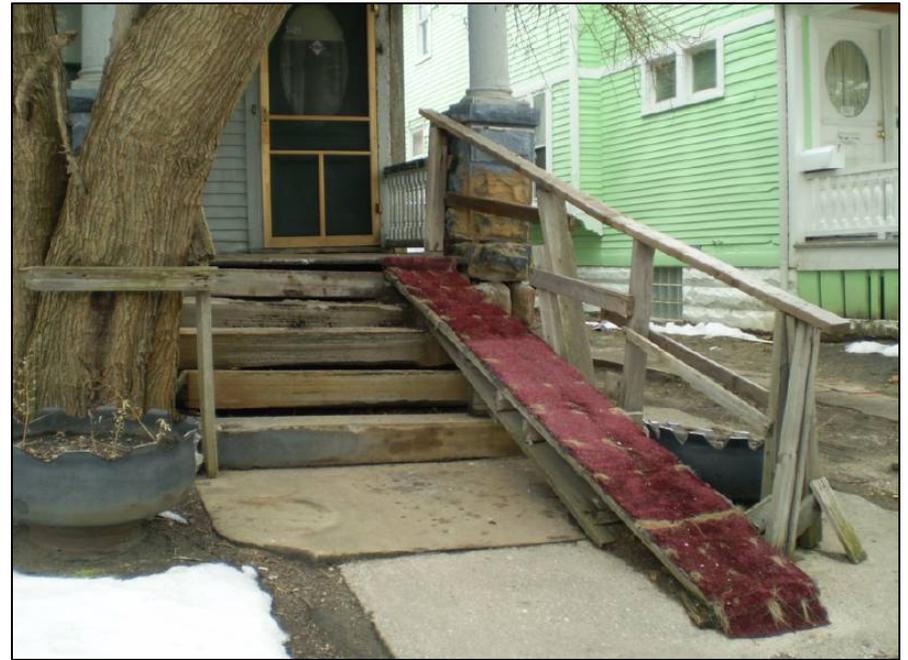
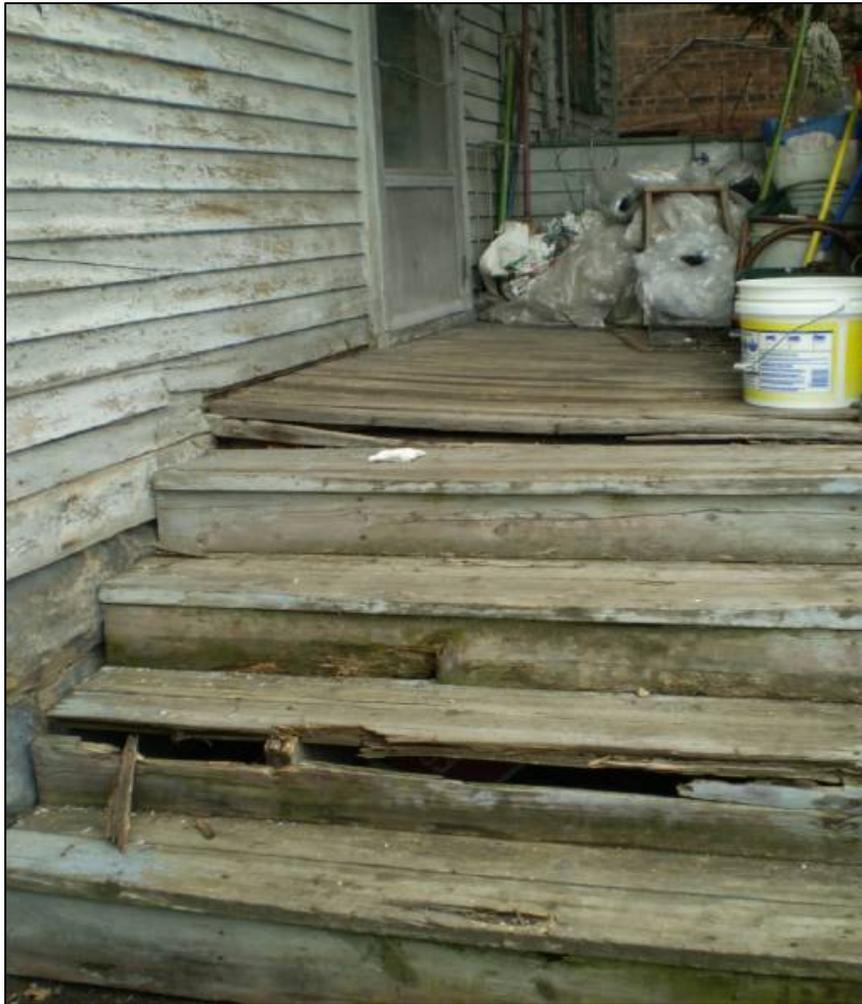
- Additional MAJOR Purpose:
  - make the home environment safe and healthy in order to maximize their time of living independently

# Homes of the Elderly



- Decades of deferred maintenance
  - roof leaks, gutters in disrepair, etc.
- Jury-rigged repairs - plumbing, electrical, ramp, etc.
- Extreme clutter - impeding movement, cleaning and pest control
- Fall hazards - worn carpeting, extension cords, missing hand rails, broken stairs

# Deferred maintenance and jury-rigged repairs



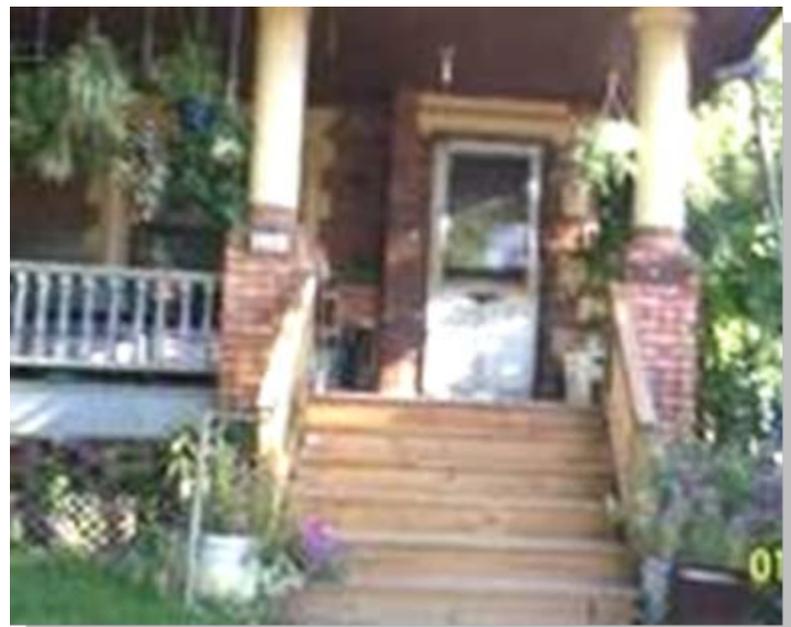
# Health & Safety Items for the Elderly

- HEPA “dirt finder” vacuum, door mat
- Power strips, extension cords
- Night lights, motion-activated lights, touch-on lamp switches, emergency flashlight
- Fire extinguisher, smoke & CO detectors
- Allergen barrier pillow & mattress covers
- Digital fever thermometer, first aid kit
- Electric heaters, fans, air conditioner
- Shelving, storage bins • Cordless phone

# Intervention Focus - Elderly



- Pests and pesticides
- Moisture control
- Fall hazards
  - Front steps, stair railings
  - Lighting - motion detector lights, night lights, touch-on lamps
  - Extension cords
  - Remove or secure throw rugs
- Electrical hazards
  - Too few outlets
  - Worn cords and extensions



# CHHAP PROGRAM OUTCOMES

- PATIENT PARTICIPATION (at 30 months):

	<u>#</u>	<u>% benchmark</u>
- Recruitment	172	104%
- Enrollment	165	105%
- Retention	150	>90%
- PROGRAM ACTIVITIES:

- Home assessments	143	100%
- Interventions	127	99%

# CHHAP PROGRAM OUTCOMES

- PHYSICIAN TRAINING: home visits
  - Resident physicians 83
  - Medical students 32
  - MPH / Grad students 28
  - Social workers 10
  - Physician Feedback:
    - 'useful experience' 100%
    - 'very useful experience' 61%
    - 'changed clinical practice' 79%

# CHHAP PROGRAM EVALUATION



- DIFFICULTIES:
  - Scheduling physicians- surmountable
  - Resources to respond to all physician requests

# CHHAP PROGRAM EVALUATION



- **DIFFICULTIES:**
  - Scheduling physicians- surmountable
  - Resources to respond to all physician requests
- **PLANNED IMPROVEMENTS:**
  - Inclusion of 30 first year Pediatric residents per year
  - Track health & safety outcomes in comparison with a control group

# CHHAP PROGRAM



- **SWETLAND CENTER**

Dorr Dearborn, PhD, MD

Margaret Pizzi, RN

- **FAMILY MEDICINE**

Lyla Blake-Gumbs, MD

- **GERIATRIC MEDICINE**

Peter DeGolia, MD

- **PEDIATRICS**

Joe Zickafoose, MD

- **ENVIRONMENTAL  
HEALTH WATCH**

Stuart Greenberg

Jim LaRue

Akbar Tyler

Mia Gelles

Kim Foreman

Michael Manning



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## **Medical and Public Health Partnerships to Increase Blood Lead Testing of Children at Risk**

Jeff Havlena and Margie Coons

Wisconsin Division of Public Health

Childhood Lead Poisoning Prevention Program

and the University of Wisconsin School of Medicine and Public Health

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# Medical and Public Health Partnerships

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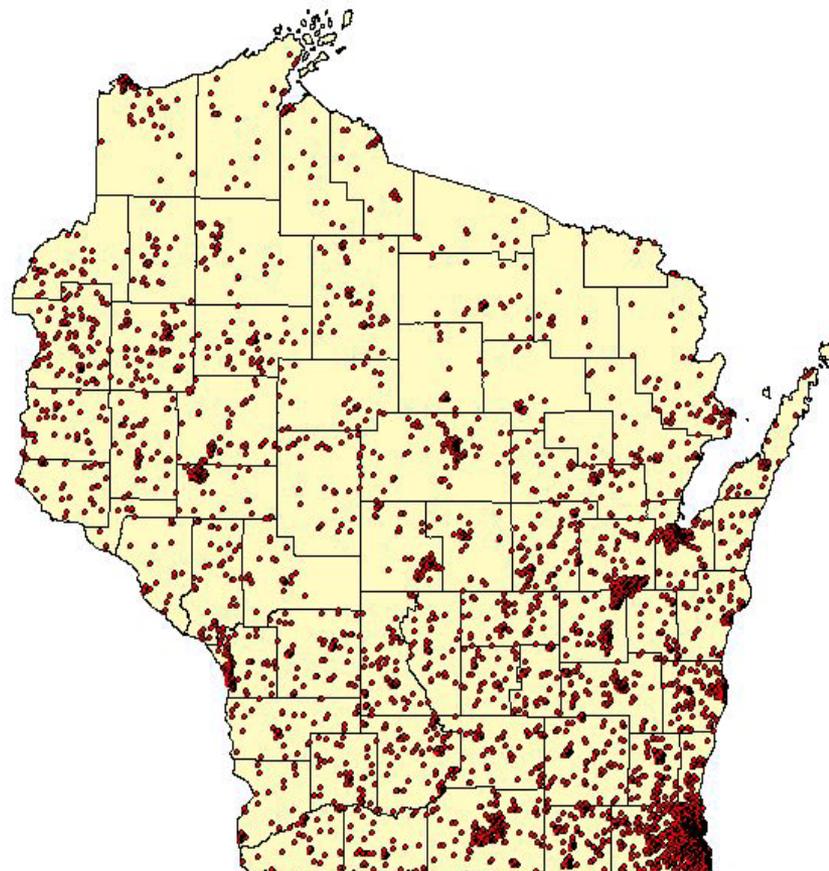
## Childhood Lead Poisoning in Wisconsin

- nearly 40,000 Wisconsin children poisoned since 1996;
- nearly 2,100 known to be poisoned in 2007;
- Wisconsin rates among the highest nationwide;
- often a 'silent' disease with no overt symptoms - requires testing to diagnose;
- Lead poisoning can persist and have long-term impacts;
- impacts can be minimized if identified early enough for effective intervention.



# Medical and Public Health Partnerships

Addresses Associated  
with Lead-Poisoned  
Children 1996-2006



# Medical and Public Health Partnerships

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## Who is at Risk?

- Childhood lead poisoning is primarily associated with lead-based paint in older housing.
  - children living in pre-1950 housing are at elevated risk
  - association with SES: the availability of lead-safe housing enrollment in Medicaid and WIC as surrogate parameter for risk
- Historically:
  - more than 90% of known lead-poisoned children lived in pre-1950 housing;
  - more than 80% were in Medicaid and/or WIC;
  - 28% of children in Medicaid and/or WIC who lived in pre-1950 housing were found to be lead-poisoned.



# Medical and Public Health Partnerships

Not All At-Risk Children are Being Tested  
... and not all lead-poisoned children are being identified

During 2007:

- 61% of one year old Medicaid children received their one year old test;
- 48% received their two year old test;
- 16% of previously untested children received their required test between the ages of three and five
- only about one third of Medicaid children receive their required tests at one AND at two years of age

*Obvious need to improve testing so all lead-poisoned children are identified and receive the appropriate interventions and treatment.*



# Medical and Public Health Partnerships

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- The reasons for these lower-than-required rates of testing include:
  - health care provider is unaware of the testing requirement;
  - child is not perceived to be at risk;
  - child is referred to off-site location for test;
  - parent/guardian mistakenly assures the health care provider that the child had been previously tested elsewhere (e.g., at WIC);
  - health care provider is unable to determine whether their patients have been tested at WIC or elsewhere.



# Medical and Public Health Partnerships

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## Who is Testing At-Risk Children?

- Public health agencies play an important role in assuring Medicaid eligible children are tested
- Began lead testing at WIC in early 1990's
- During 2005, 39% of Medicaid children who received a test were tested by their WIC provider



# Medical and Public Health Partnerships

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Medical providers are at the forefront

- providers often do not know how well they meet the Medicaid testing requirements;
- difficult to track tests done by WIC or other provider sites;
- providers are keenly aware of their performance relative to their peers.



# Medical and Public Health Partnerships

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## Wisconsin's 2010 Childhood Lead Poisoning Elimination Plan

- Plan developed in 2004
- Implementation and Oversight Committee
- Four key focus areas and subcommittees:
  - education
  - correcting lead hazards in housing
  - testing high risk populations
  - resources and funding



# Medical and Public Health Partnerships

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## The Challenge for the Blood Lead Testing Subcommittee:

Assure all high risk children are tested

### How? Requires partnerships with:

- health care providers,
- managed care organizations;
- Medicaid Program;
- WIC Program;
- state and local public health agencies;
- advocacy groups



# Medical and Public Health Partnerships

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## Blood Lead Testing Subcommittee Strategies

- Medicaid Provider Report Cards;
- Distribute lists of untested children;
- Put lead test results on the Wisconsin Immunization Registry (WIR);
- Support testing at WIC;
- HMO Pay-for-Performance Program



# Medical and Public Health Partnerships

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## Medicaid Provider 'Report Cards'

- evaluate conformance with federal Medicaid screening policy
- determine the number of Medicaid children who were seen by a provider and the number who were tested
- if a child was seen but not tested, it represents a missed opportunity
- list of untested children who should be tested
- comparison with peers



# Medical and Public Health Partnerships

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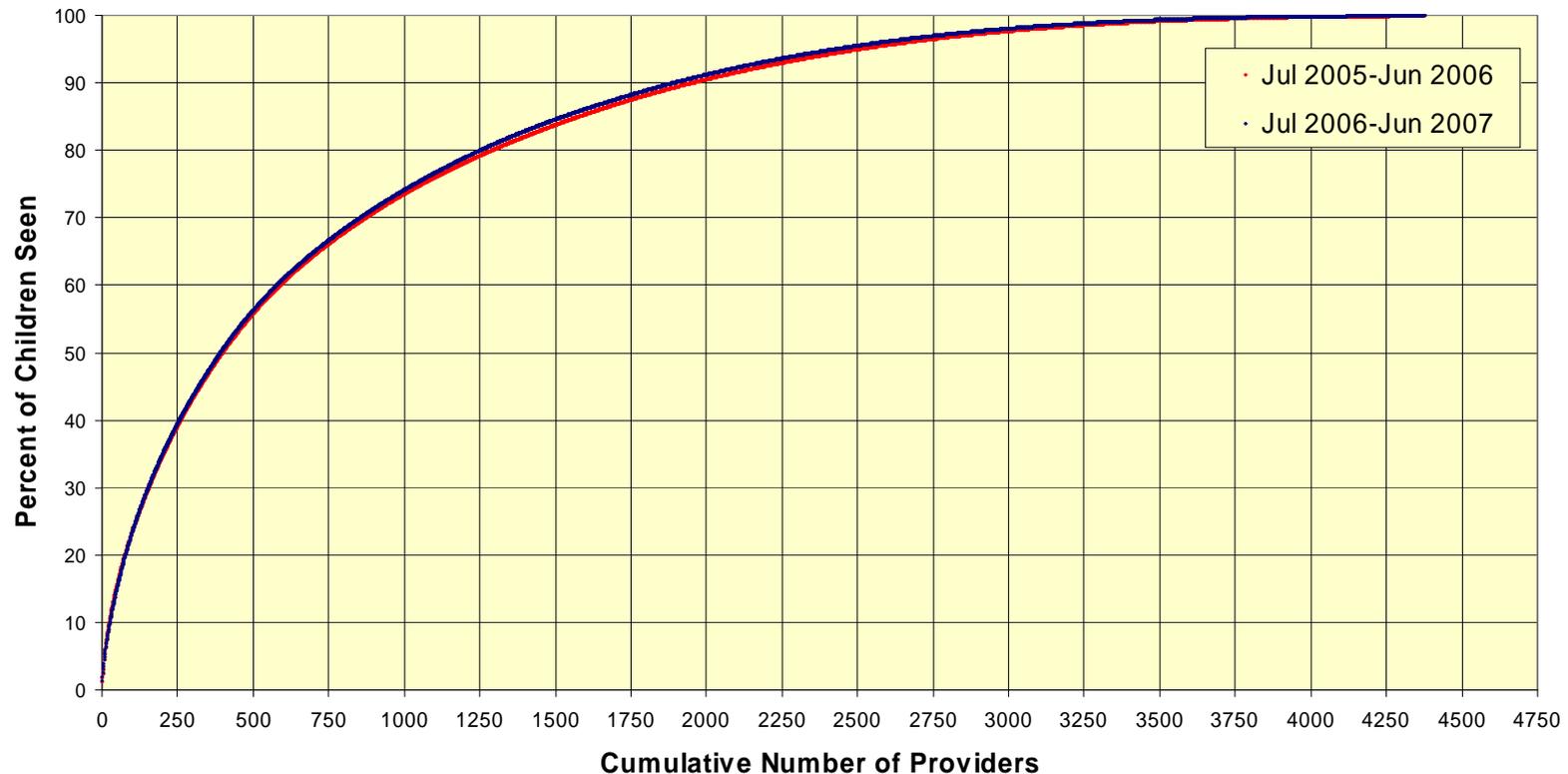
## Medicaid Provider Report Cards

- Developed using:
  - WCLPPP blood-lead testing data
  - Medicaid Encounter and Claims data  
HMO and Fee-for-Service
- Any provider who saw Medicaid children for a range of procedures during the time period for which they submitted a claim for reimbursement



# Medical and Public Health Partnerships

Number of Children Seen by Medicaid Providers



## Blood Lead Testing of Medicaid-Enrolled Children:

Report for Individual Medicaid Providers  
for the period July 1, 2004 through June 30, 2005

**Provider:** SomeProvider  
Some Street  
SomeCity, WI 53204

**ID:** 00000000

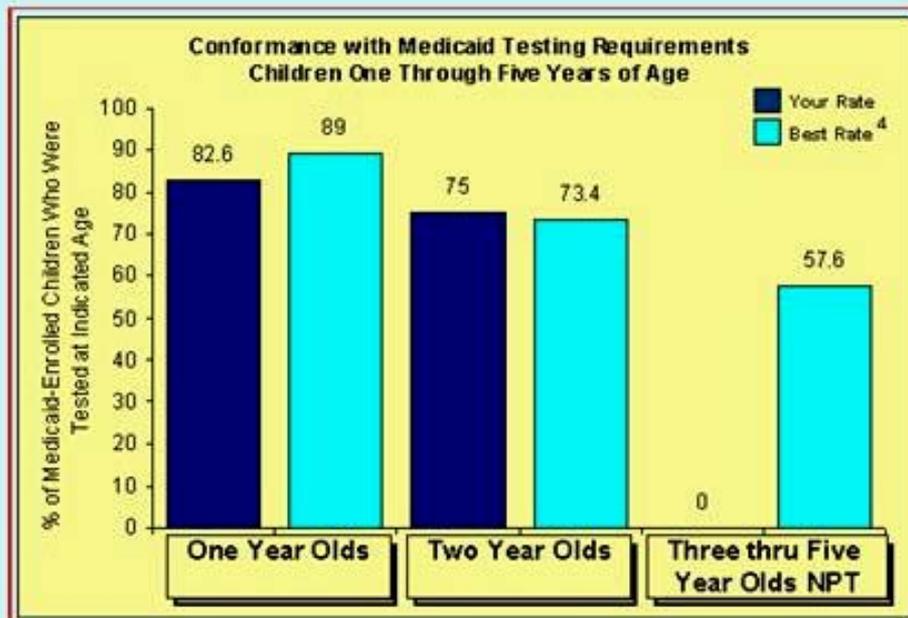
**Your Testing Rate: 76.6%**

### Your Testing Rate Information

Testing Numbers and Rates Among Medicaid-Enrolled Children	One Year Olds	Two Year Olds	Three-thru-Five Year Olds NPT <sup>(3)</sup>
Number Children Seen	46	28	3
Number Children Tested	38	21	0
<b>Testing Rate %<sup>(1)</sup></b>	<b>82.6</b>	<b>75.0</b>	<b>0.0</b>
Number Children Seen <sup>(2)</sup> But Not Tested	8	7	3

#### Explanation:

- 1 Percent of Medicaid children who have been seen by your practice and who received a blood lead test(s) during the indicated age by your practice or elsewhere.
- 2 Number of children who were seen by your practice but were not tested during the indicated age.
- 3 This represents only 3-5 year olds Not Previously Tested (NPT). The total number of 3-5 year olds you saw in SFY 2005 was 50
- 4 Best testing rate of all Medicaid Providers in the State who saw 50 or more children in that age group.



### Did You Know That

- Federal rules require that all children who are enrolled in Medicaid receive a blood lead test at:

- 12 months of age; and
- 24 months of age;
- 3-5 years if not previously tested.

- There were 3,285 children identified with lead poisoning (>=10 mcg/dL) in Wisconsin during 2004.

- 82% of children with lead poisoning in Wisconsin are enrolled in Medicaid

- Nearly two thirds of Medicaid children entering school this Fall have NOT been appropriately tested for lead poisoning.

# Medical and Public Health Partnerships

Children Not Tested for Blood Lead  
Children Seen July 1, 2005 through June 30, 2006

Provider name            ProviderID:  
Provider address 1

One yr Olds

Child's Name	RecipientID	DateOfBirth	Visits	LastVisit	Follow-Up Notes
LastName, Firstname	3962562940	12/16/04	4	04/27/06	
LastName, Firstname	3872783480	06/19/05	1	06/29/06	
LastName, Firstname	3882715840	06/06/05	4	06/13/06	
LastName, Firstname	3932574070	08/09/04	1	12/22/05	
LastName, Firstname	3892779120	09/30/04	1	05/04/06	
LastName, Firstname	3892774020	09/07/05	2	05/16/06	
LastName, Firstname	3892580190	02/17/04	1	03/02/06	
LastName, Firstname	3872777830	06/17/05	2	05/25/06	
LastName, Firstname	3882789710	08/01/05	1	02/20/06	
LastName, Firstname	3962589430	12/27/04	3	01/10/06	
LastName, Firstname	3972514430	01/12/05	1	02/28/06	
LastName, Firstname	8744996970	01/11/05	1	06/13/06	
LastName, Firstname	3962599890	12/30/04	1	03/20/06	
LastName, Firstname	3992509100	04/12/05	1	06/27/06	
LastName, Firstname	3982564690	03/22/05	4	06/13/06	
LastName, Firstname	3882715750	07/05/05	1	01/05/06	
LastName, Firstname	3982532670	03/04/05	2	04/27/06	
LastName, Firstname	3992575560	05/11/05	2	02/20/06	
LastName, Firstname	3982541280	03/08/05	4	04/24/06	



# Medical and Public Health Partnerships

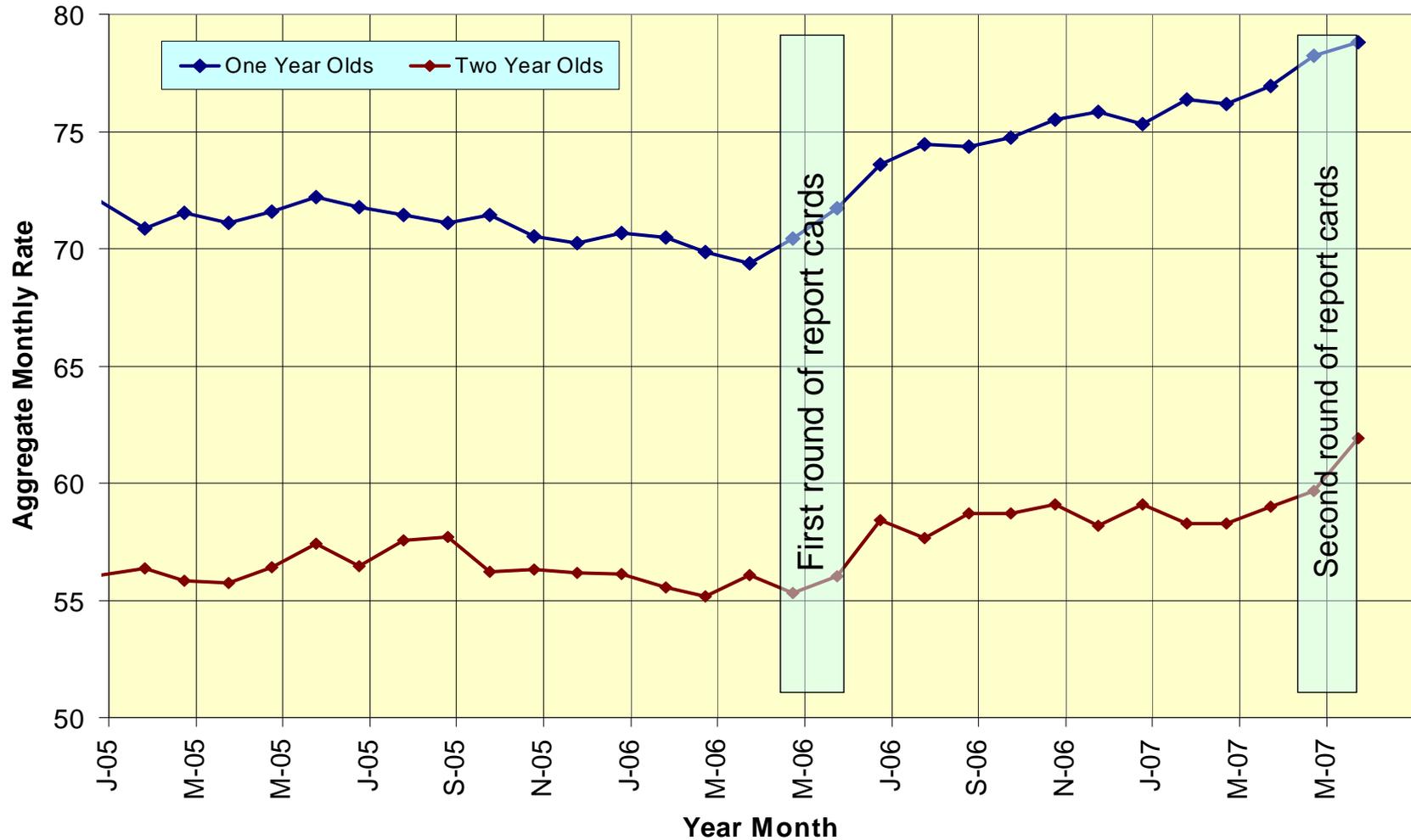
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## Medicaid Provider Report Cards

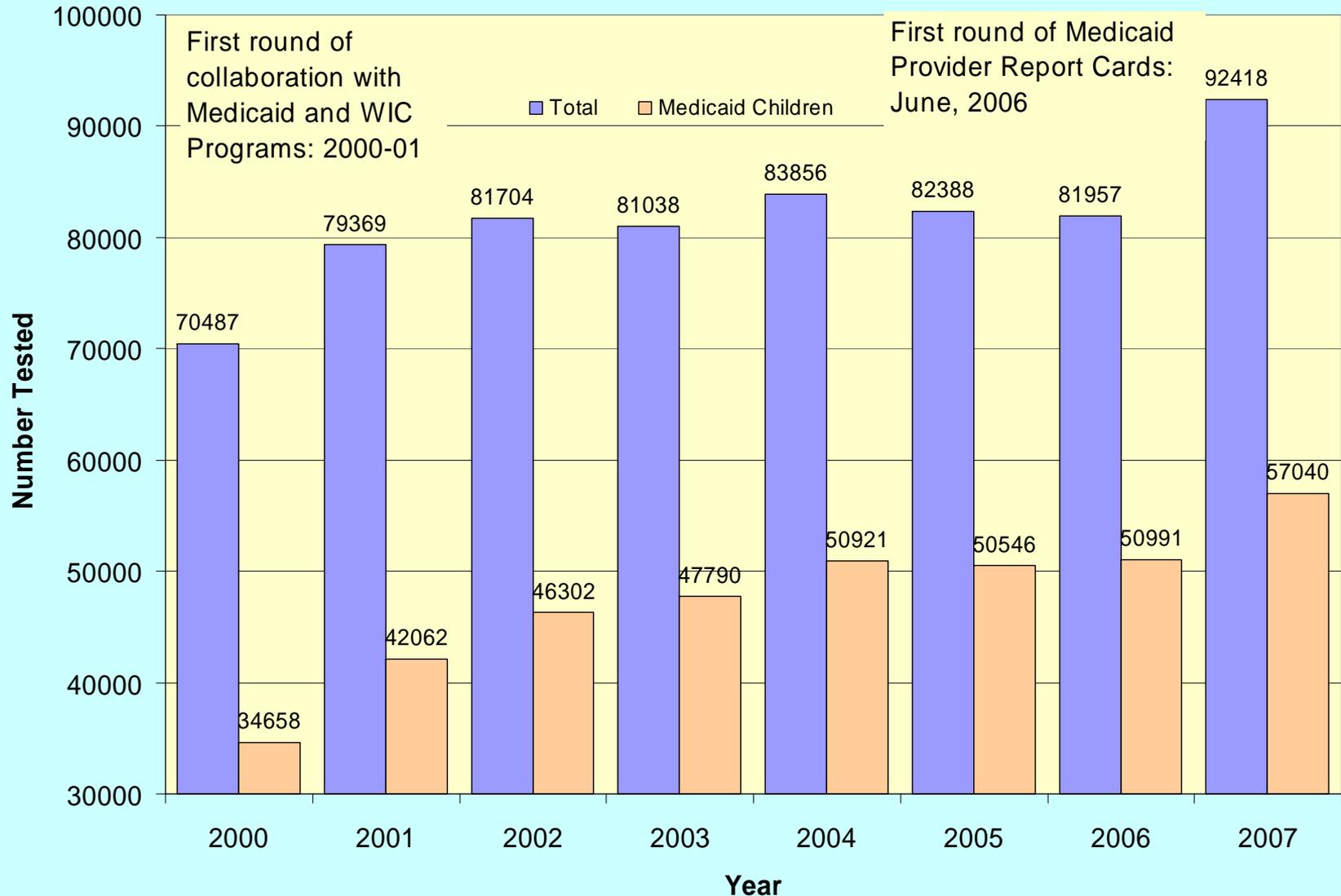
- During May and June, 2006, the WCLPPP distributed nearly 1,000 individualized Blood Lead Testing Reports to those Medicaid providers who saw 50 or more children during the period July 2004 through June 2005.
- A second set of more than 1,700 individualized reports was distributed in May 2007 to providers who saw 25 or more children during the period July 2005 through June 2006.
- A third set of more than 1,700 individualized reports was distributed in June 2008 to providers who saw 25 or more children during the period July 2006 through June 2007.



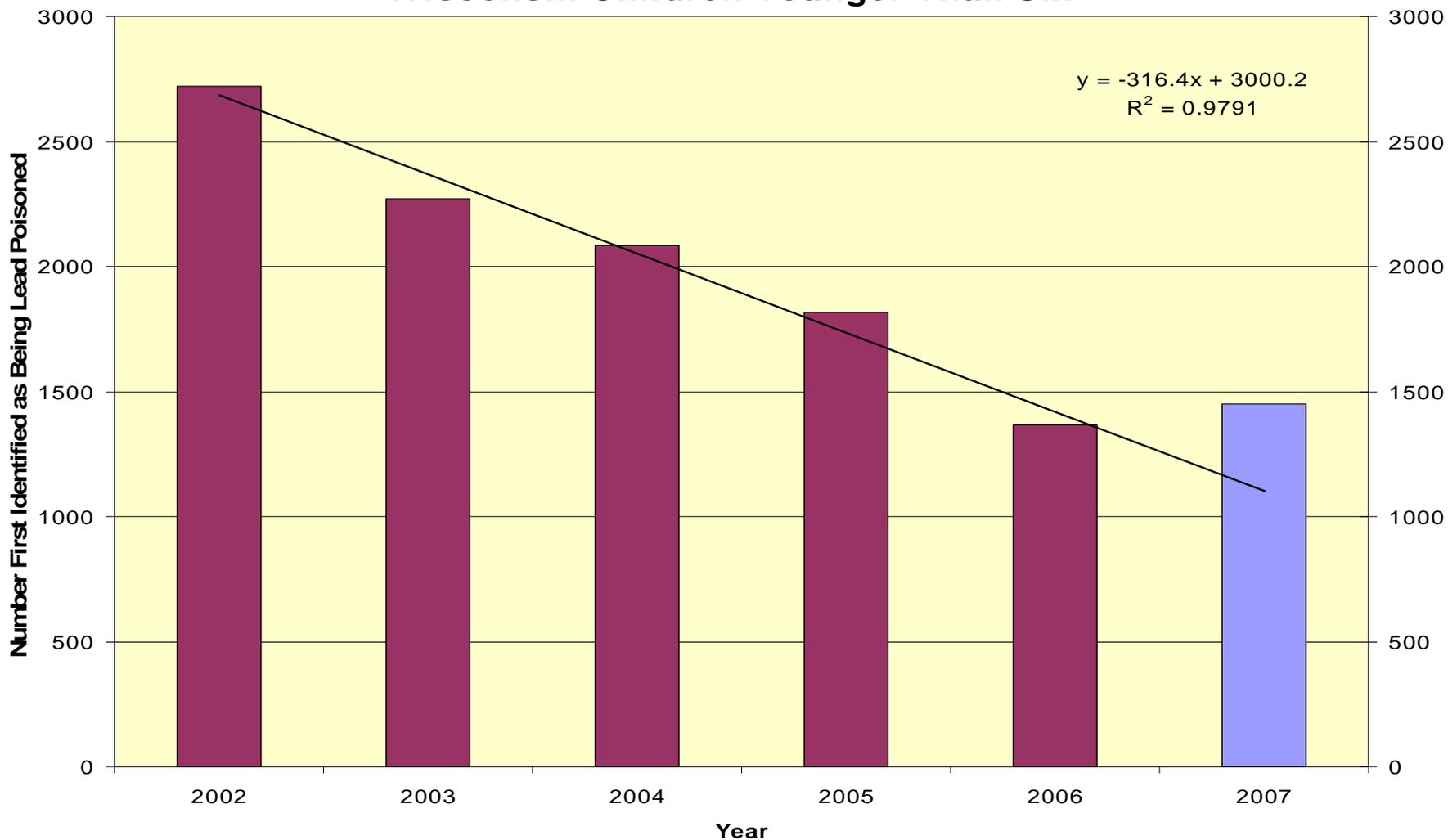
## Monthly Testing Rate of Medicaid Children Seen by Medicaid Providers who Received First-Round Report Cards



## Number Children Tested for Blood Lead Levels During Year



# Number of Newly Poisoned Children Identified During Year Wisconsin Children Younger Than Six





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[PUBLIC INVESTIGATOR: TAKING TIPS, CHASING LEADS, SOLVING PROBLEMS](#)

## Lead-test mandate isn't met

### Blood screening is required for all children who qualify for Medicaid, yet many at-risk kids in Wisconsin are going without

By **RAQUEL RUTLEDGE** and **BEN POSTON**  
[rrutledge@journalsentinel.com](mailto:rrutledge@journalsentinel.com)

*Posted: Jan. 23, 2008*

Madison pediatrician Greg Landry doesn't often test at-risk children for lead poisoning.

*Advertisement*



Neither does Milwaukee physician Donna Pitter or Brian Reeder, a doctor in Sun Prairie.

All are in violation of federal rules that

### Lead Screening



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## DATA ON DEMAND

# Does your doctor test for lead?

*Posted: Jan. 23, 2008*

Search a doctor's name or city to see how well they are complying with federal rules requiring that they test young children who receive Medicaid for lead poisoning.

This database includes 1,729 doctors in Wisconsin who saw a minimum of 25 children on Medicaid between July 1, 2005 and June 30, 2006.

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>Percent of Child Patients Tested</u> ▲	<u>Total Children Seen*</u>	<u>Total Children Tested</u>
CHRISTOPHER DONOHOE MD	3522 W LISBON AVE	MILWAUKEE, WI 53208	93%	286	266

Records 1-1 of 1

Search Again

*\*Total children seen equals the number that under federal rules should have been tested.*

**Source:** Wisconsin Department of Health and Family Services



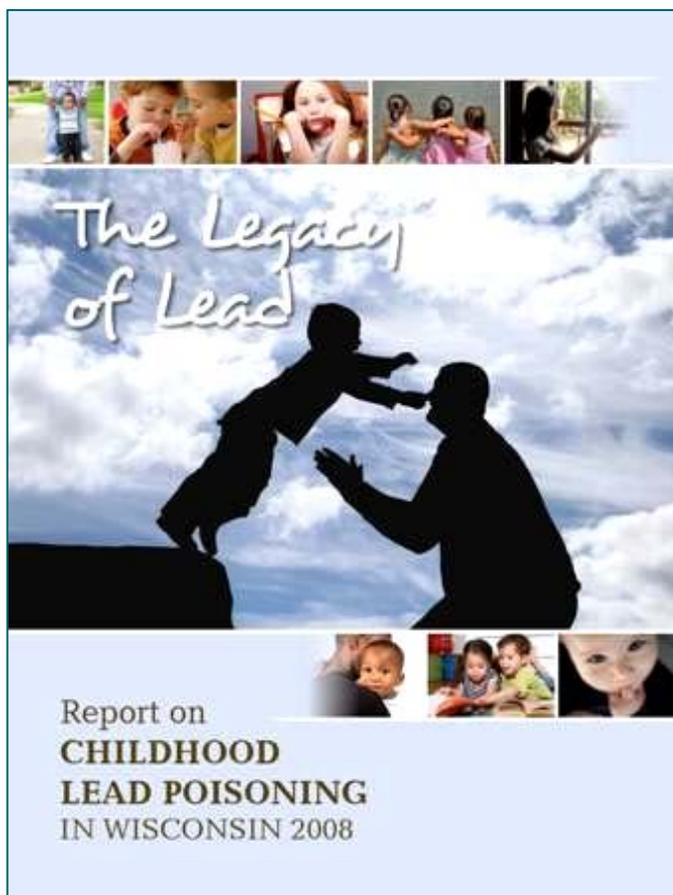
# Medical and Public Health Partnerships

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- By mid-October, 2008, blood lead results will become available via the WI Immunization Registry
- Health care providers will be able to view a child's complete blood lead history to determine the need to test
- CLPPP will update lead test results in the system on a regular basis



# Medical and Public Health Partnerships



Wisconsin Childhood Lead  
Poisoning Prevention Program  
608-266-5817

<http://dhfs.wisconsin.gov/lead>

Jeff Havlena  
608-266-1826

Margie Coons  
608-267-0473

[jeffrey.havlena@wisconsin.gov](mailto:jeffrey.havlena@wisconsin.gov)

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## **Healthy Housing Education for Tenants and Judges**

Steve Fischbach, JD

Peter Simon, MD, MPH

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# Affordable housing in Rhode Island

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- HUD 2007 fair market rent for 2 bedroom apartment in Providence, R.I. \$1,014/mo.
- A family with one full time min. wage job (7.40/hr.) earns \$1,273/mo before taxes



# Providence RI Typical Rental Housing Stock



# Why target tenants?

## Local and state laws protect low-income tenants

- Minimum housing codes
- Enforced by minimum housing officials
- Landlord-tenant laws allow tenants to privately enforce minimum housing laws
- Tenants can ask courts to order landlords to make repairs



# Why Target Tenants?

Other laws and programs protect low-income tenants

- Lead paint laws
- Public utility regulations
- Rent and utility assistance programs
- Weatherization and lead remediation programs
- Churches and other private charities



## WHAT TO DO IF YOUR LANDLORD WON'T MAKE REPAIRS

# Flyer for Tenants



## IS YOUR APARTMENT MAKING YOU SICK?

Poorly maintained housing is the nation's # 1 environmental threat to young children, who spend more than 90% of their time indoors. Children and even adults can become sick from coming into contact with poisons or allergens if your apartment is not regularly cleaned and maintained. Dust, cockroaches, mold, and mildew can trigger asthma attacks; lead paint, asbestos, pesticide fumes and carbon monoxide are poisons that can make people sick.

Tenants and landlords can do things to make apartments healthier places to live. Your landlord is responsible for the maintenance and upkeep of the building—but as a tenant you are responsible to do whatever you can to keep your apartment clean and safe.

Inside this brochure is a chart that lists common health hazards in apartments. For each hazard there is information on what causes the hazard, what you and your landlord can do to lessen the hazard, and where to go for more information. The back of this brochure lists things tenants can do to get their landlords to make apartments safer. Note there are additional laws about lead paint that are not discussed here.

Document problems in your apartment by taking photos and asking your doctor to write a letter requesting that your landlord make repairs. Send the photos and doctors letter to your landlord along with a request from you to make repairs (keep copies of everything you send your landlord). As long as you pay your rent your landlord cannot evict you for making complaints about problems in your apartment.

### If your landlord ignores your letter and does not fix the problem, you may:

- ◆ Call Housing Code enforcement (located at your city or town hall) who may order your landlord to make repairs.
- ◆ Fix the problem yourself and subtract the cost from your rent, but **ONLY** after you inform your landlord in writing that you will do this. You can only deduct \$125 a month unless you are paying to repair an essential service such as plumbing or heat. You cannot deduct the cost of any repairs to problems caused by the tenant or tenant's guests.
- ◆ Notify your landlord in writing that you will move out if the problem is not fixed in 20 days (only if you want to move).
- ◆ Ask a district court judge in writing to allow you to pay your rent to the court and to order your landlord to make repairs.
- ◆ Stop paying rent and if your landlord tries to evict you, tell the judge that your landlord didn't make repairs.

If you decide not to pay your rent, you must save your rent and cannot use that money for other expenses. Otherwise, you can be evicted. **You should always seek legal advice from a lawyer before deciding to withhold rent.**

### If you have further questions contact Rhode Island Legal Services:



#### Providence:

56 Pine Street, Fourth Floor  
Providence, RI 02903  
(401) 274-2652

#### Newport:

50 Washington Square  
Newport, RI 02840  
(401) 846-2264



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## COMMON HEALTH HAZARDS IN RENTAL HOUSING

Hazard	Source of Hazard	Possible Health Effects	Corrective Action Needed	Where to Complain & Get Information
Asbestos	Once used for boiler/pipe insulation, in tile and siding materials, fireproofing material	Cancer of the lung and lining of the lung (mesothelioma), irreversible lung scarring (asbestosis)	Maintenance or removal by a licensed company	Landlord; asbestos program at the RI Department of Health <a href="http://www.health.ri.gov">www.health.ri.gov</a> (not regulated unless 3-family house or greater)
Carbon Monoxide	Odorless gas from burned fuel in furnaces, stoves, unvented heaters and other appliances	Dizziness, headaches, nausea, confusion, disorientation, coma, death	Keep carbon monoxide monitors in working order; properly vent furnaces and appliances; regularly maintain furnace	Landlord; code enforcement; Fire Companies can check carbon monoxide levels
Cockroaches	Moisture, improper storage of food, holes in structure that is low to the ground	Trigger asthma attacks	Properly seal foods; plenty of ventilation; clean food surfaces; seal holes or cracks; place trash in sealed containers; use cockroach bait	Landlord; code enforcement; ask doctor about asthma attacks
Dust Mites	Beds, pillows, furniture, carpets, and on stuffed toys; moisture from poor ventilation	Trigger asthma attacks; helps develop asthma; causes hay fever	Eliminate moisture sources; regularly clean bedding with hot water; wash stuffed toys; vacuum and steam rugs; pull up old rugs, use mattress covers	Ask doctor about asthma; talk to landlord, but may not be a minimum housing code violation
Lead Paint	Peeling lead-based paint in housing, especially if built before 1950; lead dust often caused by opening and closing windows covered in lead paint; lead in soil; lead contamination of water	<b>High lead levels:</b> coma, convulsions, and death; <b>Moderate to high:</b> effects nervous system, hematopoietic system and kidneys; <b>Low levels:</b> learning disabilities, reduced concentration and attentiveness, and behavior problem; decreased hearing acuity; hyperactivity	Lead dust control; chelation therapy (reduce hyperactivity); use filtered water or boil water before use; properly cover/dispose of peeled paint; replace windows covered in lead paint; cover lead-contaminated soil with clean soil	Ask doctor about lead poisoning; find out if the house is safe for lead; have children under 6 years of age tested annually; visit RI Department of Health website <a href="http://www.health.ri.gov/lead">www.health.ri.gov/lead</a>
Mold	Areas of poor ventilation; moisture from showers; water-saturated cellulose products (e.g. insulation and ceiling tile)	Trigger asthma attacks, allergies, skin rashes, fatigue, dizziness, nausea, flu symptoms, fungal infections, respiratory and eye irritation, fever, digestive problems, coughing	Eliminate moisture sources; clean and dry out flooded areas as soon as possible; call professional mold remediation company	Landlord; code enforcement; contact the RI Department of Health for information on mold types and removal: <a href="http://www.health.ri.gov">www.health.ri.gov</a>
Pesticides	Chemicals applied in apartment and/or on lawns; children may track pesticides indoors if they walk through areas treated with pesticides	Dizziness, headaches, vomiting, sweating, fatigue, respiratory and eye irritation; increased risk of cancer and birth defects; learning, developmental, and behavioral problems; trigger asthma attacks.	Use less toxic pesticides; eliminate food and water sources consumed by pests; use trapping (e.g. mouse traps); regularly clean apartment; place trash in sealed containers	Landlord code enforcement (about pests); Environmental Protection Agency (EPA) <a href="http://www.epa.gov">www.epa.gov</a> for information in integrated pest management
Radon	Odorless radioactive gas that moves through soil into buildings through cracks in foundation and pipes	Increases risk of lung cancer	Test for radon gas, may require special radon removal system to be installed.	Landlord; contact RI Department of Health <a href="http://www.health.ri.gov">www.health.ri.gov</a> or US Environmental Protection Agency (EPA) at <a href="http://www.epa.gov">www.epa.gov</a> for information on removal of health hazards
Rodents	Gaps or holes in building and apartment; mice can get through a hole as small as a nickel and rats as small as a half dollar	Trigger asthma attacks; increase asthma symptoms; produce allergic reactions and diseases such as hantavirus and lymphocytic choriomeningitis virus	Integrated pest management: seal off holes and areas where rodents enter building; set traps; place trash in sealed containers; minimize access to food and shelter; use less-toxic pesticides	Landlord; municipal public works department; visit RI Department of Health <a href="http://www.health.ri.gov">www.health.ri.gov</a>



# Tenants' Housing Rights

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## General advice given to tenants:

- Right to up-to-code apartment.
- Take photos of problems needing repair.
- Notify landlord in writing about problems needing repair.
- Call code enforcement.
- Repair and deduct (up to \$125/month)



# Tenants' Housing Rights, cont.

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- Tenant can withhold rent, but must hold on to money to avoid eviction
- Temporary restraining order or other affirmative court action to have landlord ordered to fix conditions
- Landlords cannot retaliate against tenants who make complaints about substandard conditions



# Challenges and Impacts

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- Tenants afraid of retaliation by landlords
- Tenants would rather move than endure substandard conditions
- Low income tenants have limited housing choices
- Tenants lack access to legal resources



# Challenges and Impacts

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- Tenants given tools to advocate for themselves
- Questions to ask doctors
- Getting letters from doctors
- How to document substandard conditions
- Where to go for legal assistance



# Why target Judges?

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- Responsible for enforcing state landlord-tenant act
- Landlord-tenant act provides remedies for tenants and landlords seeking to improve housing conditions
- Judges uninformed about health consequences of common housing conditions
- Landlord-tenant act remedies underutilized by tenants and landlords



# Providing the Training

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- Trainers included a doctor and lawyer
- Doctor spoke about health effects of common hazards in home
- Lawyer spoke about laws judges could enforce to obtain health outcomes for tenants



# Training Content

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## Common Hazards and Health Conditions

- Allergies & Asthma
- Lead
- Mold
- Carbon Monoxide
- Roach and Mice Infestation



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# Glossary of Healthy Housing Terms

Term <sup>1</sup>	Definition <sup>1</sup> (Specific to Rhode Island when applicable)
Dwelling	Any enclosed space which is wholly or partially used or intended to be used for living or sleeping by human occupants
EIBLL	Environmental Intervention Blood Lead Level. Synonymous with Significant Lead Poisoning.
Elevated Blood Lead Level	One blood lead test result between 10-19 µg/dL.
Environmental Protection Agency (EPA)	The US Environmental Protection Agency, federal agency whose mission is to protect human health and the environment. The EPA website <a href="http://www.epa.gov">www.epa.gov</a> contains information on healthy housing issues (e.g., indoor air quality, lead paint, pesticides, etc.)
Environmental Tobacco Smoke (ETS)	Environmental tobacco smoke. Smoke emitted from a burning cigarette, pipe or cigar, and the smoke exhaled from the smoker.
Essentials for Healthy Homes Practitioners Course	Two-day course for health and housing professionals to help them more effectively assess hazards in the home. Offered since 2005 by the National Healthy Homes Training Center and Network, <a href="http://www.centerforhealthyhousing.org">www.centerforhealthyhousing.org</a> .
Healthy Housing	Housing that is dry, clean, pest-free, ventilated, safe, without contaminants, and is well maintained.



# Challenges and Impact

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- Most of caseload involves evictions for non-payment of rent
- Judges are not advocates—must interpret the law
- Judges gained knowledge of relation between substandard housing conditions and health
- Judges more likely to order repairs to dwellings when health is at issue
- Note: Same training provided to legal aid attorneys





# **BUILDING A FRAMEWORK FOR HEALTHY HOUSING**

*2008 National Healthy Homes Conference*

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**We are on our way to  
Healthy Housing  
THANKS!**

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# Contact information

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