

Healthy Homes Grantees in Region II, New York/New Jersey

Name of Grantee: Medical and Health Research Association of NYC, Inc.

Name of Project: Bedford-Stuyvesant Healthy Homes Initiative

Amount Awarded: \$ 500,000

Year of Grant: 2001

Contact Info:

Diane Gover, Medical and Health Research Association, Inc., 212-285-0220

Project Partners: New York City Department of Health (DOH), New York City Department of Housing Preservation and Development (BPD), Hunter College, Neighborhood Housing Services of Bedford-Stuyvesant, Inc. (NHS), and the Medical and Health Research Association of New York City, Inc.

Summary of Project Activities:

The purpose of the Bedford Stuyvesant Healthy Homes Initiative - a pilot demonstration project for which 19 months of HUD funding (6/1/00 - 12/31/01) has already been secured - is to develop, implement and evaluate a low-cost approach to assessing and remediating four types of childhood health and safety hazards found in the home: lead-based paint, allergen, mold and injury hazards. The project involves: (a) selecting and enrolling eligible dwelling units; (b) conducting an initial home assessment - consisting of a visual assessment and environmental sampling - to detect the presence of environmental hazards; (c) providing training to participating owners and tenants on hazard identification, associated health effects, and simple, low-cost remediation/maintenance strategies; (d) working with participants to create and implement practical strategies for addressing identified hazards and providing basic repair and maintenance supplies; and (e) conducting a post-remediation environmental assessment. An extensive evaluation will be conducted to assess the extent of participation, the efficacy of visual assessment (as compared to environmental sampling) in identifying hazards; training effectiveness and remediation effectiveness.

Current funding is allowing us to build the extensive infrastructure necessary for conducting and evaluating the aforementioned activities. The proposed enhancement will allow us to maximize existing resources - community/government/academic partnerships; trained staff, owners and tenants; sampling, remediation, evaluation and other forms and protocols; and access to dwelling units - to produce a more comprehensive and, potentially, more effective intervention. The specific enhancements are summarized below:

- (a) Increase the number of participating dwelling units from 70 to 90 to allow for attrition and loss to follow up
- (b) Increase the number of dwelling units to undergo environmental sampling from 25 to 90 to permit meaningful statistical analyses
- (c) Conduct environmental sampling for airborne mold to better characterize exposure pathways (i.e., building surfaces, dust, air)

(d) Increase the extent of dust sampling for allergens and mold in each unit (i.e., instead of one sample/unit, four samples/unit will be collected) to better characterize their presence

(e) Assess the utility of roach traps in measuring roach infestation

(f) Develop a hand-held computer application to facilitate data collection and management

(g) Provide HEPA vacuums to owners and tenants to enhance the sustainability of interventions

(h) Provide additional training to owners on safe, lead-based paint maintenance practices

(i) Launch a community-wide educational campaign - conduct community workshops, implement a housing-related curriculum in neighborhood elementary schools, and provide additional instruction on hazard identification and remediation through a mobile van designed to resemble a New York City apartment - to reach additional building owners, tenants and children and their families in the target community.

The proposed enhancement will build on an existing collaboration among the New York City Department of Health (DOH), New York City Department of Housing Preservation and Development (BPD), Hunter College, Neighborhood Housing Services of Bedford-Stuyvesant, Inc. (NHS), Bridge Street Development Corporation (BSDC) and the Medical and Health Research Association of New York City, Inc. Each partner will continue to contribute unique and needed expertise, enriched by the experience gained during the project start-up period. Recruitment of dwelling units requires NHS and BSDC - our community arms - and the housing violation and lead poisoning databases to which BPD and DOH have access. NHS, BSDC and BPD are providing staff to conduct the home environmental assessments, along with the construction knowledge so essential for the remediation activities. Hunter and DOH possess the expertise needed to develop and implement environmental sampling and remediation strategies; both partners are supplying the staff to conduct sampling in the targeted homes. The training of owners and tenants will be conducted by Hunter, BPD and NHS; Hunter has considerable teaching experience related to in-home environmental health hazards, and BPD and NHS have, for many years, provided training in home remediation and maintenance. Finally, Hunter possesses the community-based research expertise necessary for the development and implementation of the evaluation plan, including creating the data collection tools, developing a database management system and analyzing data.

The intervention targets Bedford-Stuyvesant, a Brooklyn community characterized by considerable poverty, a deteriorating housing stock, and high rates of childhood illness and injury associated with home environmental hazards. Nearly 47%, or 4,062, of the Bedford-Stuyvesant households in which children under the age of six reside are below the federal poverty level. Of the 37,667 households in Bedford-Stuyvesant, 28,375 (75.3%) make less than 80% of the NYC median income, and 22,054 (58.5%) earn less than 50% of the median. The majority of households in which one or

more children under six years of age reside (85.3%) live in housing built before 1960, the year that New York City prohibited the use of lead-based paint in the interior of residential dwellings. The health of Bedford-Stuyvesant's children is suffering too - there were 460 hospitalizations due to asthma in children aged 0 - 4 in 1999; the lead poisoning case rate was 3.0 per 1,000 in 1999, the second highest such rate among the city's 30 health center districts; and injury hospitalizations among Bedford-Stuyvesant children aged 0 - 4 numbered 119 in 1999. Although a variety of public health and housing resources are dedicated to this community, the problems faced by its residents far exceed available assistance.

The intended beneficiaries of the project include, of course, the tenants and owners of the targeted dwelling units and all those reached by the community-wide educational campaign. However, the benefits will extend beyond these individuals. The capacity of participating property owners to address housing-based hazards will be strengthened, and, thus, we would expect these owners to undertake hazard reduction activities in units not specifically targeted by the intervention. The project is also providing economic opportunities in Bedford-Stuyvesant, many of the project staff are Bedford-Stuyvesant residents, contracts have been developed with our community-based partners and an account with a local hardware store has been established.

In addition to providing opportunities for education, job training and economic development in low-income communities, the project embraces several other HUD objectives in that:

- 1) multiple, housing-based hazards associated with childhood illness and injury will be remediated;
- 2) the interventions are low-cost, practical and flexible;
- 3) public and private resources will be mobilized in support of this program; and
- 4) local capacity will be built to ensure the sustainability of housing-based, hazard control efforts.

Product Outcomes/Outputs:

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