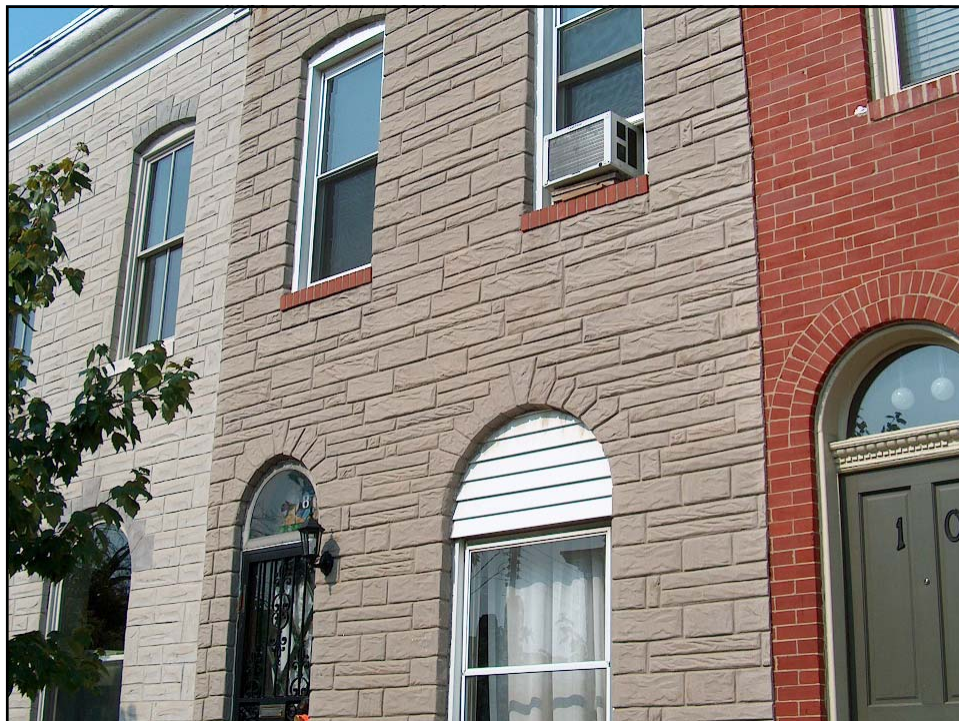




## Baltimore's Approach to Transitioning from a Focus on Lead to Healthy Homes





#### BALTIMORE

- 87 square miles; 650,000 people
- 55,000 children under 6
- 65% African American
- Median family income – \$37,000
- Limited affordable, healthy housing
- Goal - Clean, Green, Healthy



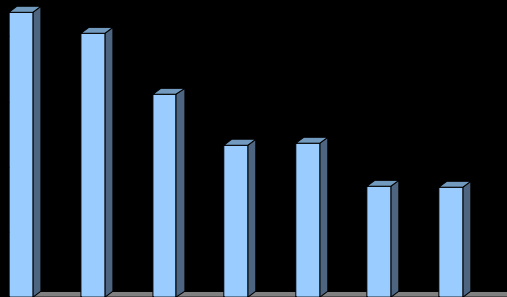
#### BALTIMORE'S HOUSING:

- 50 years old on average (US is 30 yrs)
- 75% of rental units estimated to have lead
- Studies of low income housing show:
  - 24% leaking roofs
  - 53% peeling paint
  - 38% mouse droppings
  - 31% roaches present

## Rationale for Transitioning from Focus on Lead to Healthy Homes

- Declining lead cases
- Unmet needs in asthma prevention and control, and injury prevention
- Staff capacity in inspections, health education and case management
- Opportunity to expand public health services and impact
- New funding and partnership opportunities

## Childhood lead exposure



The number of lead-poisoned children under age 6 in Baltimore decreased from 2,189 in the year 2000 to 843 in 2006.

## Healthy Homes Goal 1: Eliminate Lead Poisoning

- Prevent new exposures
  - Home visiting program collaborations
  - Housing code violation follow up (EA-6-8)
  - Foster care and shelter inspections
- Intervene where children are exposed
  - Identify source of exposure, reduce it, education, case management – EA-6-8
- Increase testing (demand and supply strategies)
- Special targeting of refugees and immigrants

## Mandated Blood Lead Testing

- Every child living in Baltimore City must have blood lead testing at 12 and 24 months of age.
- Screening for risk factors for lead exposure using a risk assessment questionnaire is required from 6 months to 6 years of age to be in compliance with EPSDT and is recommended by the AAP.
- In addition, any child with a risk factor identified at other times should have blood

## Healthy Homes Goal 2: Reduce the Burden of Asthma

- Train staff to identify asthma triggers and educate families
  - Vector control – mice and roaches
  - Moisture and Mold Control
  - CO exposure
  - ETS
- Make homes safer.
  - Regulatory approaches (MFD Moisture Plans)

## Healthy Homes Goal 3: Reduce Injuries

- Expand scope of home inspections and risk reduction education and referrals
  - CO exposure
  - Fire Safety
  - IPM
  - SIDS
- Make homes safer

## Create an Integrative Approach to Healthy Homes

- Comprehensive healthy homes education
  - Pesticides, formaldehyde, VOCs, ETS, clutter, nutrition, infant safe sleep
- Optimize internal operations – data systems, referral systems, inspections and health education
- Increase the impact of existing home visiting, health and housing programs and codes.
- Expand resources to make

## Healthy Homes Collaborators

Agencies – (DHCD, HABC, FD, PD, Health Programs, Quasi Orgs, School System)

- State Agencies (DHMH, MDE, DHCD)
- Universities (public health, nursing, psychiatry, urban planning, community law, social work, forestry, etc.)
- Primary Care Providers
- Federal Agencies (CDC, HUD, EPA)
- Community Based Orgs (Coalition to End Childhood Lead Poisoning, ACORN, community groups, etc)
- National Advocacy and Training Orgs (NCHH, AHH)

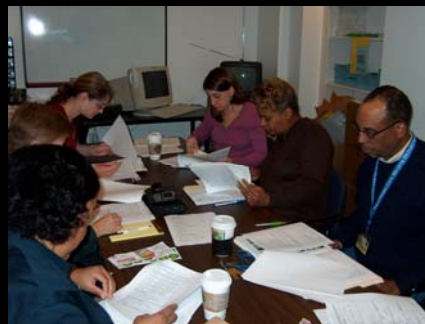
## Healthy Homes Demonstration Project

- Goal: To develop, implement and evaluate a model to expand an urban childhood lead poisoning prevention program into a comprehensive Healthy Homes program
- Goal: 50 initial home assessments
  - 3 month follow-up
- Primary focuses: lead, integrated pest management, safety, fire, carbon monoxide, sudden infant death syndrome.



## Steps to Transitioning

- Developed program
- Piloted Program
- Implemented Program



## Development of Program

- Identify major housing/health issues in Baltimore
- Review other successful HH programs
- Consultation with partners
  - HH Advisory Board
- Funding opportunities
- Draft protocol; assessment forms; educational and resource material

## Piloting the Program

- Created pilot team
  - Comprised of medical, environmental and managerial staff
  - Bi-weekly meetings
- Drafted and piloted assessment forms; protocol and educational materials
- 10 pilot comprehensive healthy homes visits
  - Preliminary results



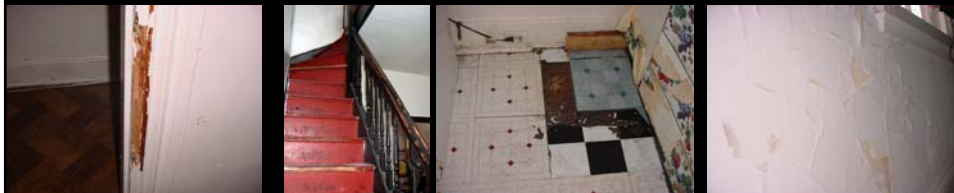
## Implementing

- All staff training
  - All day training in HH protocol; assessment forms; educational booklet
  - Interactive home visit and team building exercise
- Healthy homes supplies kit: IPM supplies; caulk; nightlight; trashcan voucher; electrical outlet covers
- Referrals, referrals, referrals!!!

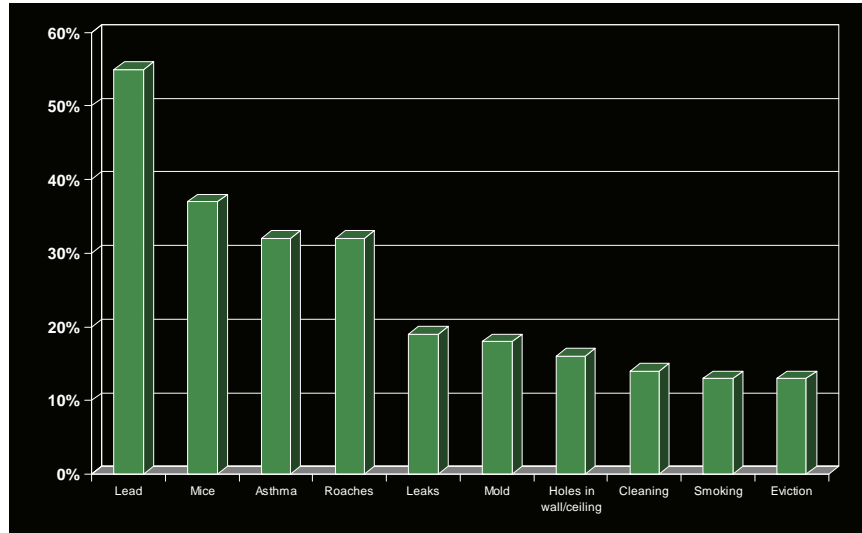


## What have we found?

- Kitchens without a trash can: 28%
- Households reporting any pest problem: 79.5%
- 44% with no working smoke alarms
- Asthma reported: 43%
- No working heat: 17%
- Indoor smoking: 36%



## What are families biggest concerns?



## Evaluation

- Adopt and adapt evidence based practices
- Evaluate, continuously improve, and fine tune processes and outcomes
- Share results with affected communities and create opportunities for community leadership and advocacy

## Preliminary Thoughts on the Impact of Transition

- Increased Costs
  - Dramatic increase in training needs
  - Increased need for supplies
  - New staff needed to coordinate new resource and referral demands
- Staff Response – Mixed
- “Community” Response - Positive
- Increased Funding Opportunities



## Healthy Homes Challenges

- Taking programs to scale
- Lack of public investment in housing for poor people
- Categorical funding
- Lack of capacity to fix and maintain homes in healthy way

## Outlook for Healthy Homes

- Summer 2008 – Surgeon General Call to Action on Healthy Homes
- CDC and HUD “Healthy Homes” focus
- Opportunities to demonstrate cost effective approaches to public health
  - CDC Demonstration Project - Pilot comprehensive inspection, assessment and referral system
- Opportunities to make existing public investments work better for people (i.e. public housing)
- Opportunities to build new public health partnerships (planning

## Questions?

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