



Focus Area 2: Environmental Risk Factors and Health			
Goal 2: Enhance public health by decreasing environmental risk factors.			
Area of Concentration: Lead			
SHIP Objective ENV-1: Reduce to less than 2.9% 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: 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).			
Strategies	Actions and Timeframes	Partners Responsible	Progress
Encourage local, state, and other federal agencies to facilitate data-sharing between health and housing agencies and ensure lead data is shared in a timely manner.	a. 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	
	b. DPH will provide high/moderate risk towns with cloud maps indicating lead poisoning concentration by neighborhood Ongoing	DPH, LHDs	
	c. The DOH will provide data and addresses on their voucher-based programs to DPH on a quarterly basis Ongoing	DOH, DPH	
Increase preventive lead-safe housing standards enforcement for rental and owner-occupied housing	a. Support any legislative initiative to adopt International Property Maintenance Code (IPMC) (refer to Healthy Housing SHIP objective)	DCJ, DSS, DOH, DCF, DPH, DAS, CCM	
	b. Conduct a variety of training programs for Directors of Health in collaboration with the State's Attorney's Office for the housing court (Semi-Annual meeting topic) January 2017	LHD, CADH, CEHA, DPH, DCJ, CAMA, CCM	
	c. Explore how to promote lead-safe housing through renter's insurance incentives and requirements June 2017	DPH, Dept. of Insurance Property Owners Assoc., General Assembly, consultants, training providers, Legal	
	d. 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.		



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Strategies	Actions and Timeframes	Partners Responsible	Progress
	e. Share the SHIP Action Agenda with stakeholders and partners to engage them in reducing childhood lead poisoning rates statewide Ongoing	SHIP Lead Action Team, all partners	
	f. 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	
Identify financing for lead hazard remediation and lead abatement for residential properties statewide <i>*see Healthy Housing Strategy 2</i>	a. Review federal legislation and identify opportunities for funding lead abatement or lead hazard remediation Ongoing	DOH, CHFA	
	b. Engage CDBG officers and ask them to allocate money for public health code compliance violations December 2016	CADH, LHD, CDBG, DOH, CCM, COST, LHA	
	c. CT Children’s Medical Center Healthy Homes Program (CCMC HHP) 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 Ongoing	DOH, CCMC HHP	
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.	a. DPH WIC program will provide education to parents on reducing the risk of lead absorption March 2017	WIC, DPH Lead Program, LHDs	
	b. The RLTCs will host educational meetings on lead poisoning and testing for pediatricians and continue work of EPIC on larger scale Ongoing	LHDs, DPH, HUD grantees, EPIC, CT AAP, Regional Lead Treatment Centers (RLTCs)	



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	c. DPH will increase frequencies of communication to licensed workforce Ongoing	DPH, training providers, private sector	
	d. LHDs will utilize lead poisoning prevention funds to educate rental property owners and property owner associations in their towns 2017	LHDs, DOH, DPH	
	e. Provide each state legislator with a simple lead information resource that they can easily reference if constituents ask them lead-related questions May, 2016	DPH, Commission on Children	
	f. Encourage partners and agencies to provide families with the information needed to protect their children from potential lead hazards in homes.	DPH, LHDs, CADH	
	g. Train DCF Regions/investigators/staff on lead poisoning, defective paint, what to look for, what actions to take if observed by DCF 2017	DPH, DCF Training Academy LHD, property owners	
	h. Clearly articulate and document lead safe requirements established between OEC and DPH for licensing specialists September, 2016	OEC, DPH	
	i. Promote the attachment of lead management plans to property records by LHDs. 2017	Licensed Workforce, DPH, LHDs, CADH	



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	j. 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 December 2016	DSS, DPH	
	k. Partner with health care professionals to promote and improve compliance with the Requirements and Guidelines for Childhood Lead Screening adopted in April 2013, including ensuring that all children are tested at least annually before turning three years of age. Ongoing	CT DPH, RLTCs, CT AAP	
	l. The Regional Lead Treatment Centers shall educate pediatricians throughout CT on childhood lead poisoning protocols, billing practices and codes, and other relevant topics annually September 2017	RLTCs, DPH, pediatricians, CT-AAP	
	m. 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) 2017	DSS, CHN providers, Medicaid	
Promote environmental assessments (inspections and risk assessments) to identify and mitigate lead hazards in homes	a. Explore using LHD prevention funding to perform visual inspections (and dust wipes) and provide education for all BLLs >= 5. 2017	DPH, LHD	



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before children demonstrate BLLs above the reference value.	b. OEC to send violation letters to child care operators/providers, sent after a toxic level of lead in paint or a lead hazard (e.g. lead in dust or soil) has been identified, in accordance with established written protocol	OEC	
	c. Ensure that child care specialists implement the established written protocol September, 2016	OEC	
	d. Ensure that child care operators/providers are following up with identified lead issues in a timely manner September, 2016	OEC	
	e. LHDs investigate BLLs >=5 and seek funding sources to eliminate lead hazards 2017	LHDs, tenants, home owners, CADH	
	f. Incorporate targeted lead inspections in units with children under the age of six into lead poisoning prevention funding contracts July 2017	DPH, DoH, CADH, Code Enforcement Officials	
	Recommend environmental assessments be conducted by licensed lead consultants in patients' pre-1978 homes.		

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Area of Concentration: Outdoor Air Quality			
SHIP Objective ENV-5: Increase public awareness of the presence and risk of poor air quality days. (DEVELOPMENTAL)			
Dashboard Indicator: Public awareness of the presence and risk of poor air quality day			

Strategies	Actions and Timeframes	Partners Responsible	Progress
Build a coalition of key stakeholders to work toward this objective.	<ul style="list-style-type: none"> a. Reach out to partners identified to gauge interest in participating in coalition. Fall 2016. b. Schedule a meeting of interested stakeholders by January 2017. c. Meet regularly to build relationships and learn more about what is happening around air quality and health in CT. 	ECHO, Lung Association, CT DPH, CT DEEP, CADH, Local Health Departments, Asthma Coalitions, and others identified as work continues.	
Research and develop methods to keep a comprehensive inventory of current activities in CT which promote awareness of air quality among key stakeholders and at risk populations.	<ul style="list-style-type: none"> a. Hold first meeting and begin developing strategy for data collection and maintenance <i>by 1/1/17</i>. b. Attend already existing coalition meetings of other stakeholders to capture additional data. <i>Complete by 4/1/17</i>. c. Develop inventory and method for updating data. <i>Complete by 6/2017</i>. 	ECHO, Lung Association, CT DPH, CT DEEP, CADH, Local Health Departments, Asthma Coalitions, and others identified as work continues.	
Gather data about public perspective and knowledge of air quality and its impact on health through work on the DPH BRFSS and potential partnership with Data Haven.	<ul style="list-style-type: none"> a. Connect with DPH about the option for including an additional question on the BRFSS. <i>Complete by 9/2016</i> b. Connect with Data Haven about the option of data collection. Fall of 2016 c. Inventory and evaluate existing questions on these issues others states around the country. Complete by 11/2016 d. Follow up with DPH with options for BRFSS questions and other follow up. Complete by 12/2016 	ECHO, Lung Association, CT DPH, Data Haven	



ENVIRONMENTAL HEALTH --- 2017 Action Agenda

March 2017

<p>Work with at-risk population care providers to develop appropriate responses to forecasted unhealthy air quality days (especially day cares and summer day camps).</p>	<p>a. Work with representative organizations of at-risk populations to determine what they currently do to address the risk associated with forecasted unhealthy air quality days. <i>Complete by 2/1/2017</i></p> <p>b. Develop resources/standard method (with input from these organizations and stakeholders) to promote awareness on the importance of taking appropriate precautions on days with forecasted poor air quality. <i>Complete by 5/2017 in advance of summer 2017</i></p>	<p>Lung Association, ECHO, CT DEEP, CTDPH (Communications, Asthma program), EPA and Regional Asthma leads, Municipal Youth Recreation Programs, Camps Directors, CT Green Leaf Schools Program</p>	
<p>Resources Required (human, partnerships, financial, infrastructure or other)</p> <ul style="list-style-type: none">•			
<p>Monitoring/Evaluation Approaches</p> <ul style="list-style-type: none">• Provide quarterly report outs			



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Area of Concentration: Healthy Homes	
SHIP Objective ENV 6:	Increase the enforcement of minimum housing code standards through the collaboration and support of code enforcement programs. (DEVELOPMENTAL)
Dashboard Indicator:	Healthy Homes Assessments, Lead and Asthma Data

Strategies	Actions and Timeframes	Partners Responsible	Progress
<p>Adopt a statewide property maintenance code.</p> <p>Notes: 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.</p> <p>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.</p>	<p>a. Re-convene Convene a meeting of primary code enforcement agency and interested organization stakeholders to review the ICC 2015 International Property Maintenance Code (PMC) for possible adoption in the State of CT as a in the adoption of a statewide property maintenance code. Due Date: September -- December 30, 2016</p>	<p>DCJ, DPH, DAS, DEEP, CAHCEO, CFMA, CBOA, DCP, DESPP, CEHA, CADH.</p>	
	<p>b. Propose adoption of a statewide existing maintenance code for CT in two venues: 1. Formally submit the ICC 2015 PMC to the Codes and Standards Committee of the State of CT, Dept. of Administrative Services per CT Public Act 16-215 for adoption as part of the CT State Building Code, subject to amendment as to local authority to administer and enforce the code. Due Date: October 31, 2015 Codes and Standards proposal period, currently scheduled for October –December, 2016 2, Propose legislation to the CT General Assembly for adoption of the ICC 2015 PMC for a statewide existing property maintenance code. Due Date: CGA Legislative session 2017</p>	<p>SHIP ADVISORY COUNCIL,</p>	



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Dashboard Indicator:		Healthy Homes Assessments, Lead and Asthma Data	
Strategies	Actions and Timeframes	Partners Responsible	Progress
	<p>c. 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; Due Date: December 2016.</p>	DPH and local health department’s healthy homes, lead and asthma data.	
<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> <p><i>Note: Existing state and federal programs, private lending has been reported by DPH 12/30/14 A Report on Special Act No. 14-14: An Act Concerning the Location of Funding Sources for the Healthy Homes Initiative.</i></p>	<p>a. Continue to 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. Due Date: Fall 2016 for existing funding sources and CGA Legislative Session 2017 for any possible new funding sources.</p> <ol style="list-style-type: none"> 1. Pilot – Waterbury Lead and Asthma Coalition Energy Conservation 2. Pilot – Hoarding hazards intervention 3. Pilot – Sober Houses New London 	Eversource, City of Waterbury, New Opportunities, Capital for Change, CT Dept. of Housing, CT Division of Criminal Justice, SHIP Advisory Council and Coalition, Hoarding Working Group, City of New London, DHMAS	
	<p>b. 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. Due Date: February 29, 2016</p>	Eversource, City of Waterbury, New Opportunities, Capital for Change, CT Dept. of Housing, CT Division of Criminal Justice, SHIP Coalition	



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Strategies	Actions and Timeframes	Partners Responsible	Progress
	<p>c. 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.</p> <p>Due Date: End of CGA 2017 Session</p>	<p>Potential partners: CGA, OPM, U.S. HUD CDBG Block Grants, U.S. DOJ, EPA, DEEP, Dept. of Housing,</p>	
	<p>d. 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</p> <p>Due Date: February 2017</p>	<p>CT Conference of Municipalities, CT Municipal Attorneys Association and the Division of Criminal Justice, Office of the Chief State's Attorney along with DCJ, DPH, DAS, DOH, DEEP, DESPP, CT Police Chiefs Assoc., CAHCEO, CEHA, CADH, CBOA, CFMA</p>	
	<p>e. Launch "First Preventer" campaign for code officials improving public health and safety through first prevention by cooperative compliance models of environmental housing enforcement.</p> <p>Due Date: April 2017</p>	<p>Potential partners: DCJ, DPH, DAS, DOH, DEEP, DESPP, CT Police Chiefs Assoc., CAHCEO, CEHA, CADH, CBOA, CFMA</p>	



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Strategies	Actions and Timeframes	Partners Responsible	Progress
Develop media or other awareness campaigns to inform property owners and others of the importance of code, and the benefits of cooperative compliance	a. Launch geographically tailored public awareness campaigns stressing importance of establishing and maintaining healthy housing. Due Date: April 2017	Potential partners: DPH, DAS, OPM, CT DCJ, DEEP, DESPP – Fire & Explosion Unit, CT Association of Housing Code Enforcement Officials, CT Building Officials Association, CT Professional Fire Chiefs Association, CADH, CEHA, CT Fire Marshal’s Association, CAZEO, CCM, CT Police Chiefs Association, Partnership for Stronger Communities, Local Initiatives Support Corporation, and other housing advocates	
Resources Required (human, partnerships, financial, infrastructure or other)			
<ul style="list-style-type: none"> Funding is required as noted above. 			
Monitoring/Evaluation Approaches			
<ul style="list-style-type: none"> Lead poisoning, asthma hospitalization and ER visits and Healthy Homes reassessments data on selected areas (TBD). 			