

## Governor Lamont's Lead Poisoning Prevention Initiative

Lead Work Group Meeting 9/21/2022

In Attendance:

- Commissioner Manisha Juthani
- DCA (DPH)
- Lori Mathieu (DPH)
- Laura Fournier
- Howard Smith
- Patrick McCormack
- Dr. Luis Diez-Morales
- Sue Dubb
- Claire Botnick (DPH)
- Chloe-Anne Bobrowski
- Daniel Aubin (DPH)
- Lisa Kessler
- Chris Corcoran
- Michael Santoro
- Rep. Jonathan Steinberg
- Owen Rood
- Margaret Flinter (CHC)
- Jessica Kristy
- Erin Nozetz (Pediatrician – Yale)
- Jennifer T. Haile (Pediatrician)
- Aisling McGuckin
- Ebony Jackson-shaheed
- Rafael Ramos – New Haven Health
- Morgan Dufour

Note Takers:

- Chris Silver
- Olivia Hine
- Jesus Blanco-Vazquez

Lori Mathieu:

- Starting of Meeting with her introduction and introduces Commissioner Juthani

Commissioner Juthani

- Rafael – New Haven Health

- 60,000 dwelling units in the City of New Haven
- 85% of the housing was built prior to 1978
- The amendment of our local ordinances, purchasing equipment, helped build contract capacity and established community partnerships.
- Challenges
  - Language Barriers
- Contractor Capacity
  - Not enough
- Created Positions
- Created a Dashboard for timeline of regulations
- Updated all Lead Letters for consolation with corporation
- Purchased new and additional equipment
  - Tablets
  - Vehicles
- Community outreach to provide educational information to parents and building managers
- Collect Data
- Referral and shared resources
- EPA's Renovate, Repair, and Paint (RRP) training for New Haven Residents
  - Required for anybody working in homes prior to 1978 where they are distributing more than six square feet of paint inside or 20 square feet of paint inside
- Lead worker training
  - required for anybody who's going to work for a licensed lead abatement contractor
- Supervisor training
- New Haven Lead Task Force
  - Reviews, advises, and advocates for policy and program to reduce and prevent
  - This group is made up people with a lot of experience when it comes to lead indoor treatment in terms of medical and policy and law.
- Strengthened relationships with other city agencies and community organizations to prevent lead poisoning in children
- New Haven Lead Taskforce
  - Reviews, advises, and advocates for policy and programs to reduce and prevent lead poisoning
- HUD Program
  - Funding in the amount of \$5.6 Million was awarded to the City of New Haven
- Future Goals
  - Digitize all files regarding Lead
  - Create a referral dashboard to receive, assign, and track referrals from community partners and city agencies
- Morgan Dufour – New Haven Health
  - Presented New Haven Blood Lead Dashboard

- Statistics about cases that New Haven keeps and has up for public view for their own accountability and so that if anybody from the public has any questions
- Questions
  - Rep Steinberg
    - What resources are required to maintain Dashboard
      - Simple one-person administrative role to update information
  - Commissioner Juthani
    - How to leverage efforts to other Health Departments
      - Dashboard is transferable to other Health Departments
  - Matheui
    - FTE – Full Time Equivalent – Does it take full-time personnel to maintain
      - Took about a month full time to create dashboard and now takes minutes a day to maintain
  - Ebony – Tracking
  - Aisling
    - How are the cases identified and is it public facing
      - Only thing visible to public are the numbers - Totals
      - Internally it shows more detailed information
  - Lori Matheau
    - How many how many inquiries do you receive from the public?
      - Have not released it yet, but will on Lead Social Awareness Month
  - Erin Nozetz- Did she ask a question????
    - Asked if Raphael and Morgan wanted to add anything
      - Emphasize that their presentation hopefully gave some ideas showed some challenges and how they solved them. Also, provide a model for other municipalities to develop their Lead Prevention Task Forces.
- Chris Corcoran – Healthy Homes Initiative
  - Healthy Homes: Collaborating to make homes Lead Safe and Healthy
    - Objectives
      - Integrate referrals to Healthy Homes into your Program
      - How Healthy Homes can support your program
    - Program Overview
      - Established in 2003, with over 3,650 housing lead safe and healthy
      - Partnership with CT Department of Housing since 2015
      - Served more than 4,000 families
      - Supported more than \$34 Million in Federal and State investment, \$29 Million in matching funds from Municipal partners
    - Service Area
      - Now serves Connecticut Statewide
    - A Healthy Home is:
      - Quality

- Stable
- Affordable
- Healthy Homes Collaborations
  - HUD Opportunities to Co-Fund
    - Municipalities with no funding
    - Cities and Towns with CDBG Funding
  - DOH Opportunities to Co-Fund
    - HUD Grantees
    - Municipalities with no funding
    - Cities and Towns with CDBG funding
  - Regional Lead Treatment Centers
    - CT Children's: Hartford Regional Lead Treatment Center
    - Yale New Haven: New Haven Regional Lead Treatment Center
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  - Healthy Homes Core Services
    - Assess Homes for housing related health risks – Free Service
      - Lead, Mold, Asbestos, Radon, Trips/Falls
    - Refer families to appropriate service providers – Free Service
    - Develop scope of work & coordinate bid – Free Service
    - Resident Engagement, relocation coordination – Free Service
    - All services available in Spanish
  - Program Details
    - Grant Program with a 3-Year Forgiveness
    - Program Covers Costs from Inspection to Clearance
    - Bi-Lingual Client Education and Relocation Planning
    - Significant Funding Available
      - Single Family Home up to \$22,000
      - Three Family Home up to \$60,000
- Questions
  - Commissioner
    - Fall prevention, the assessment could be done for trips and fall prevention, the initial assessment is that something that for older people that you know where maybe it's not lead related, but that you actually do that type of assessment, free of charge?
    -
  - Mathieu
    - How do you promote the services for Healthy Homes
      - How to get back in the field with everything being digital it can be difficult.
  - Sue Dubb

- Is that funding limited to just say one parent and a child or is it a whole family that can be relocated located because they're pretty large families?
  - that's one of the challenges that we're facing again during COVID as we're seeing some families taking other families when maybe there's a you know, case and also you need to have someone come stay with you. We're very clear that on the application, when the application is prevented, presented, whoever's living in the unit that time is eligible.
- Follow-Up – What is the turn around time for the parent and child
- Ebony
  - Any additional funding for Individuals that their property surpasses the Abatement Cap
    - that's where I would want to be coordinating with your local hasn't let us control program. And so you may have, let's just say 10,000 unit, there's a number so you have \$30,000 And then I can bring into 45,000. So somewhere up to 75,000. Beyond that, no, because my my, my department of housing grant money would go against the HUD money, but as you know, I can't match the HUD. So it would be it wouldn't be possible for me to do anything beyond that. But if we find it, you know, put it through the projects that we do co fund for example, with my colleagues on Waterbury, you know, the money is, you know, it's pretty significant.
  - Three year stipulation
- Dr. Erin Nozetz – Lead Ideas

Lead Milestone/Concern/Initiative	Challenges	Possible solutions
-Second lead screening at 56% -POC screening of 3.5 mcg/dL or >	<u>Test is being ordered:</u> -POC testing (cost for kit and expertise in its use) and reliability -Lab access -Level of parental concern/understanding and buy-in <u>Test is not being ordered:</u> -Pediatrician misinformation, incorrect practice	-POC testing for all -Parent empowerment (in office and community) -EPIC talks to Pediatric practices -Video for parents with QR code -Initiative through the AAP -Parent representatives/leadership roles in the community

<p>Venous level of 3.5 or &gt;</p>	<p>-Are towns equipped to track these children and respond in a timely manner?          -What is the specific response? First-contact, educational materials, actual inspection          -Are inspectors available and trained to empower families?          -How to enforce abatement in a rental property? Grant constraints are real.          -Landlord support          -Trained contractors          -Section 8 housing</p>	<p>-Team of inspectors and lead outreach workers          -Training programs (tiered) for abatement work          -Landlord representation with good understanding of the law and the ability to enforce it          -Partner with LCI/Healthy Homes to ensure subsidized housing is          -Standardized form that inspectors complete, families keep a copy that goes over where the lead is located, next best steps, how to clean and keep children safe</p>
<p>Central state tracking system for levels 3.5 and &gt;</p>	<p>Who will be monitoring it?          What is the follow-up?          What if a family can't be reached?</p>	<p>-Similar solution to contact tracing          -Training individuals and interfacing with the towns</p>

- First Challenge is the Test being ordered at all
- Teacher trainings
- Screen pregnant woman
  - Not consistently screening
  - What do we do when they test positive?
- Chelation
  - Where does the family live during and after chelation?
    - Lead safe house
    - Ronald McDonald house
    - VNA and town
  - Medication adherence
  - Inspection needs to happen within days with close follow up