



Building for Health: Pathways to Partnership

A presentation for
DPH's Lead, Radon and Healthy Homes Semi-Annual Meeting
October 7, 2019

“...[p]lace takes on a different meaning when the goal is addressing social determinants of health. In this context, attending to place requires focus on the health of an entire community (not just people who present for care) and engagement with the environment that shapes community well-being. Similarly, stakeholders interested in housing have to include health impacts in their definition of shelter and consider how the lack of quality affordable housing is an impediment to larger goals for community health and well-being.”

Emerging Strategies for Integrating Health and Housing (Urban Institute, 2017)

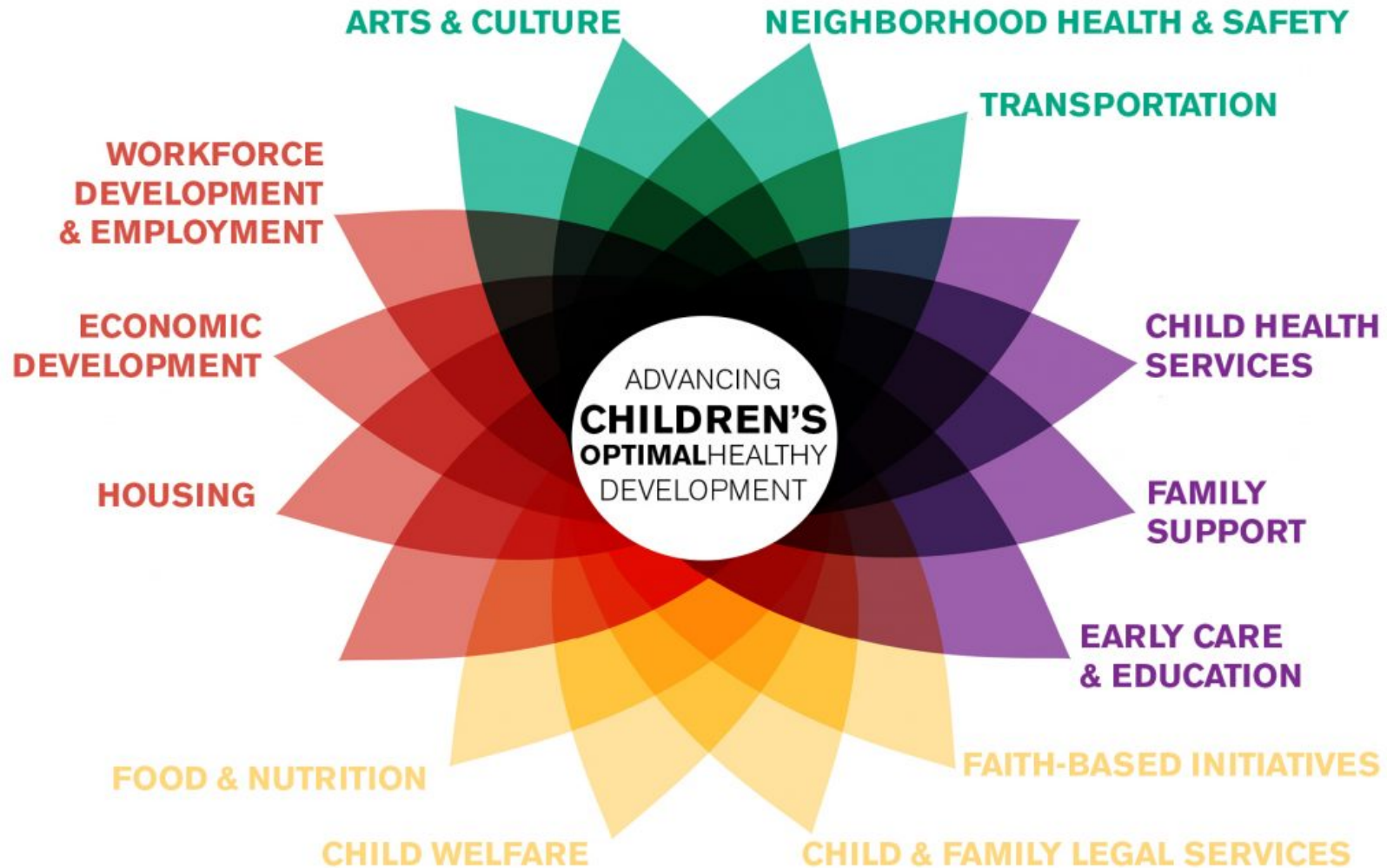
Hospitals as Housing Partners

“Nearly all hospitals...identified **housing instability, housing affordability, or poor housing conditions** as concerns in their communities or within their patient population”

“More than half of hospitals in our study indicated they had allocated **resources to address the housing needs** of their patients.”



Office for Community
Child Health





Established in 2003

Served more than 3,100 families

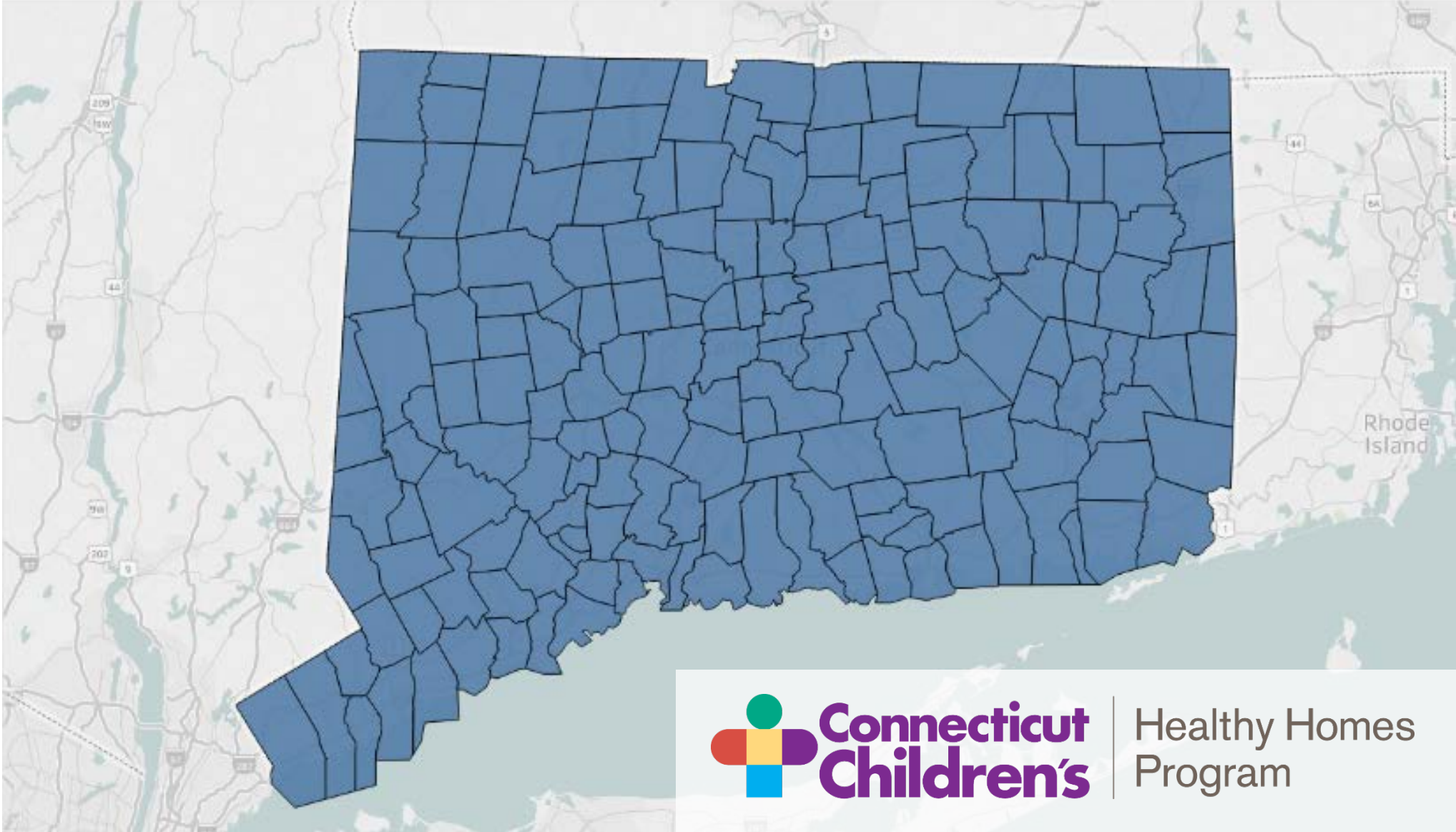
- Includes more than 1,800 children under 6

Supported more than \$34 million in federal and state investment

\$29 million in matching funds from municipal partners

Expanded statewide in 2019 through new state funding

Service Area





Healthy Homes
Program

Core Services:

Assess for housing-related health risks

- Lead, mold, asbestos, radon, trips/falls

Develop scope of work

Coordinate contractors

Resident engagement, relocation

Average value of interventions = \$12,000 per home

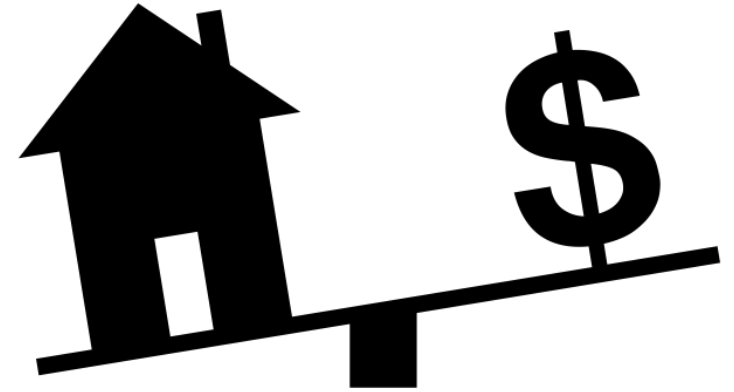
A healthy home is...



Quality



Stable



Affordable

Asthma

Neurological damage

Impaired development

Diarrhea

Headaches / fever

Psychological behavior

Lower literacy scores for pre-K

Higher risks of child maltreatment

Inaccessibility

Violence

Higher rates of chronic illness

Stunted brain development

Unhealthy eating / exercise habits

Lack of social networks

TABLE 1

Impact of Blight on Health

Conditions	Health impacts and outcomes
Living in substandard housing General household disrepair (e.g., broken windows, pests, leaks) Substandard conditions and/or foreclosed homes	Psychological behavior dysfunctions (Bashir 2002; Burdette, Hill, and Hale 2011) Lower literacy scores for pre-K children, higher risks of child maltreatment, residential instability, and elevated blood lead levels (Coulton, Fischer, et al. 2016)
Cold and damp interiors	Asthma, aches and pains, "nerves," diarrhea, headaches, and fever. Children in particular are affected. (Krieger et al. 2000; Rauh, Chew, and Garfinkel 2002; Shaw 2004)
Cockroach and rodent infestation	Asthma (Rauh, Chew, and Garfinkel 2002; Sharfstein et al. 2001)
Lead paint and pipes	Neurological damage and impaired development, reduced IQ, negative cognitive and behavioral effects, (e.g., hyperactivity, increased aggression, learning disabilities, and behavioral problems) (Bashir 2002; Sharfstein et al. 2001; Shaw 2004)
Incorrect installation of heating and cooking appliances, poor ventilation, and the use of cooking stoves for heating	Exposure to carbon monoxide can cause headaches, nausea, dizziness, and convulsions; in higher doses, it can be fatal (Shaw 2004)
Radon (radioactive gas)	Cancer (Shaw 2004)
Noncompliant with Americans with Disabilities Act design or construction elements (e.g., stairs and doorways)	Exclude or enhance the ability of a person with disabilities to participate in the community (US Department of Health and Human Services 2009)
Living near vacant homes, abandoned buildings, and vacant lots Substandard housing and/or foreclosed homes Vacant lots and abandoned buildings	Lower literacy scores for pre-K children (Coulton, Fischer, et al. 2016) Violence, higher rates of chronic illness, stunted brain and physical development in children, mass retreat into unhealthy eating and exercise habits, breakdown of social networks and capital (Branas, Rubin, and Guo 2012; Garvin, Cannuscio, and Branas 2013; Morrissey 2016)
Boarded-up housing	Sexually transmitted diseases (e.g., gonorrhea), premature mortality, diabetes, homicide, and suicide (Cohen et al. 2003)

Census Tract Rates of Asthma Emergency Department Visits per 10,000 Population Connecticut 2012-2016.

MANAGE ASTHMA



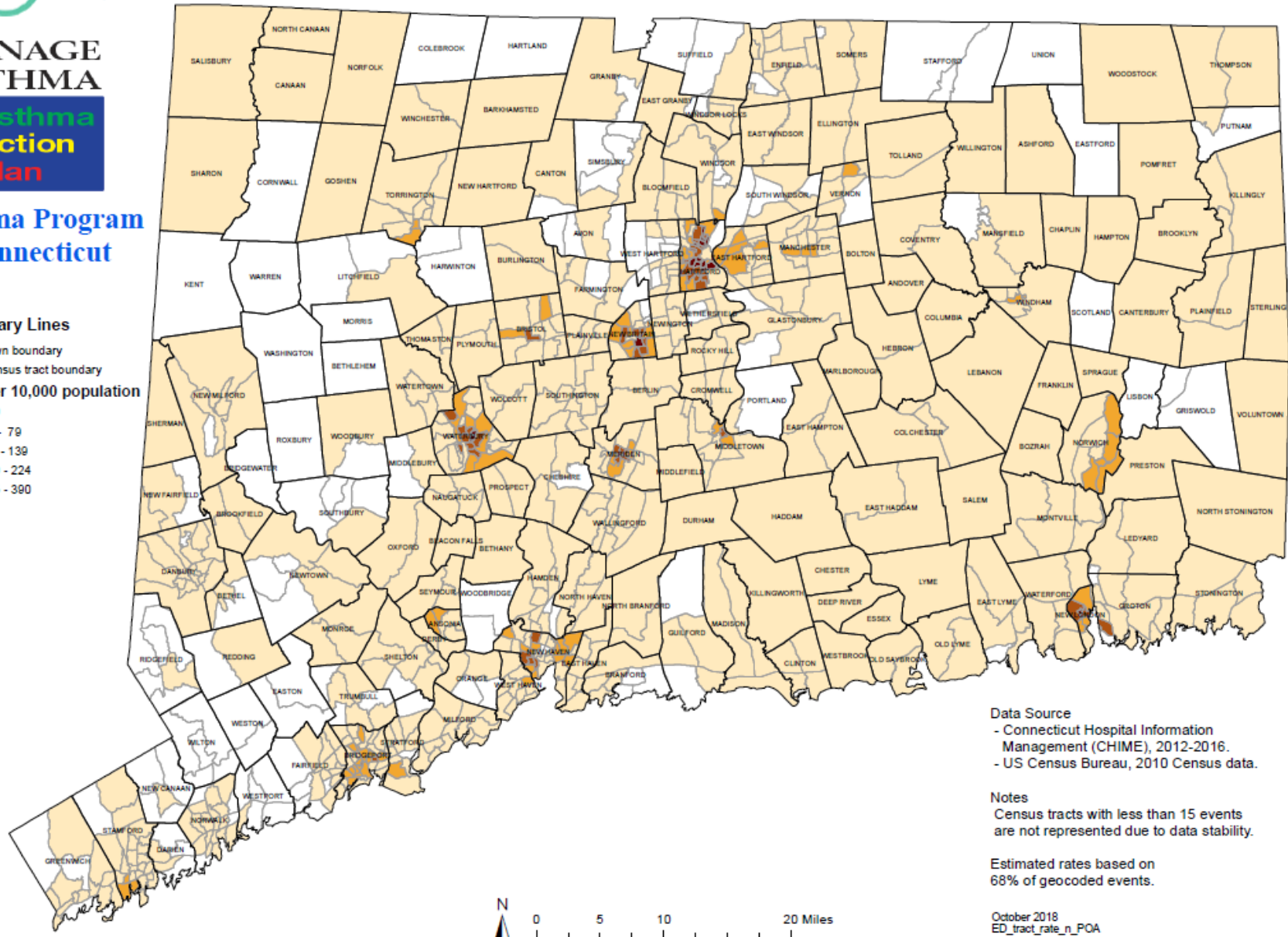
Asthma Program Connecticut

Boundary Lines

- Town boundary
- Census tract boundary

Rate per 10,000 population

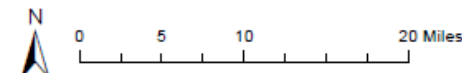
- 0
- 1 - 79
- 80 - 139
- 140 - 224
- 225 - 390



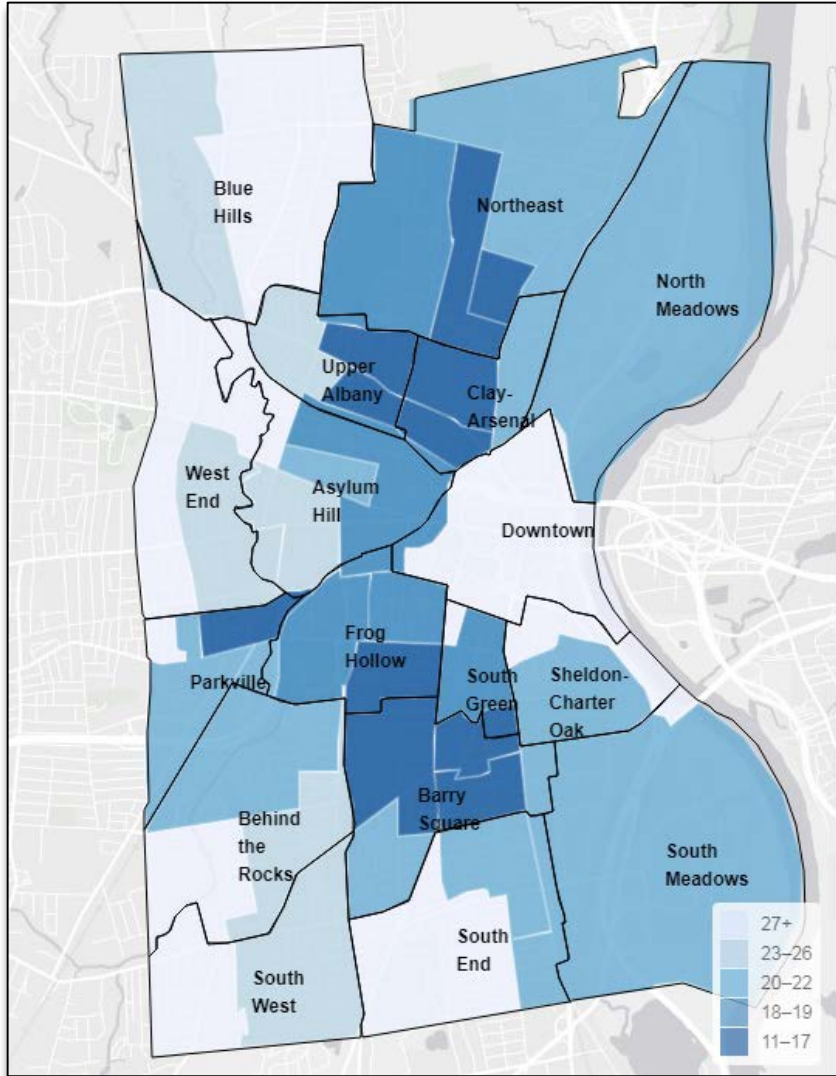
Data Source
 - Connecticut Hospital Information Management (CHIME), 2012-2016.
 - US Census Bureau, 2010 Census data.

Notes
 Census tracts with less than 15 events are not represented due to data stability.

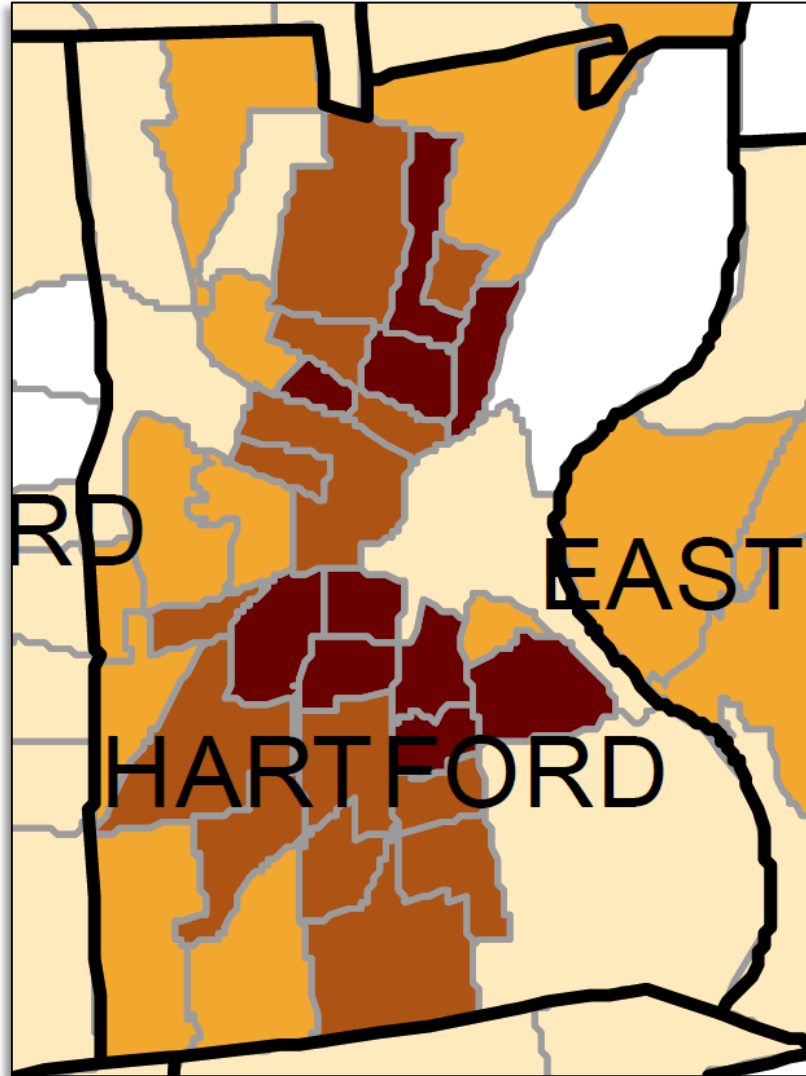
Estimated rates based on 68% of geocoded events.



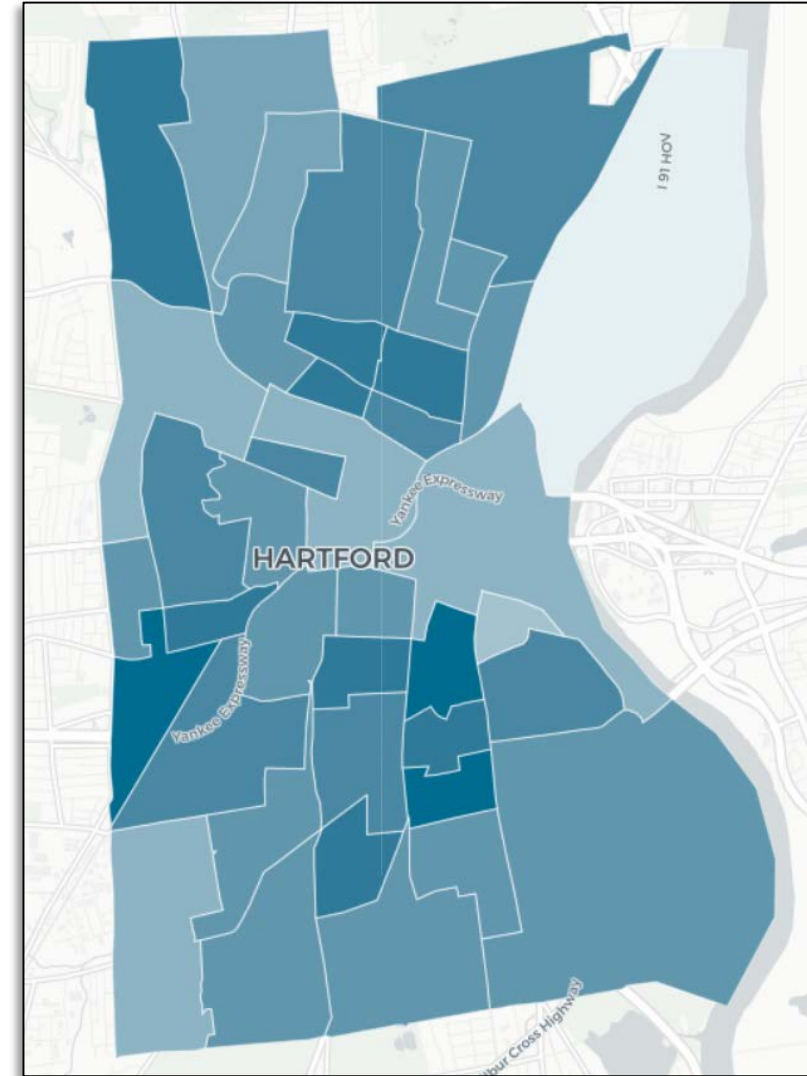
Housing instability



Asthma-related ED visits



Housing cost burden





Building for Health

ADVANCING
CHILDREN'S
OPTIMAL HEALTHY
DEVELOPMENT

WORKFORCE
DEVELOPMENT
& EMPLOYMENT

ECONOMIC
DEVELOPMENT

HOUSING

FOOD & NUTRITION

TRANSPORTATION

CHILD HEALTH
SERVICES

FAMILY
SUPPORT

EARLY CARE
& EDUCATION

FAITH-BASED INITIATIVES

NEIGHBORHOOD HEALTH & CARE

Building for Health initiative | Overview

Launched in January

Screen and refer using *One Touch* platform

Cross-referral with family consent

Expanding referral partners to include City, CDFIs, CBOs

Building “healthy housing” capacity among CDCs statewide

Advocate for policies and funding to sustain impact

Building for Health initiative | Partners



MUTUAL HOUSING ASSOCIATION of Greater Hartford, Inc.



Building for Health initiative | One Touch

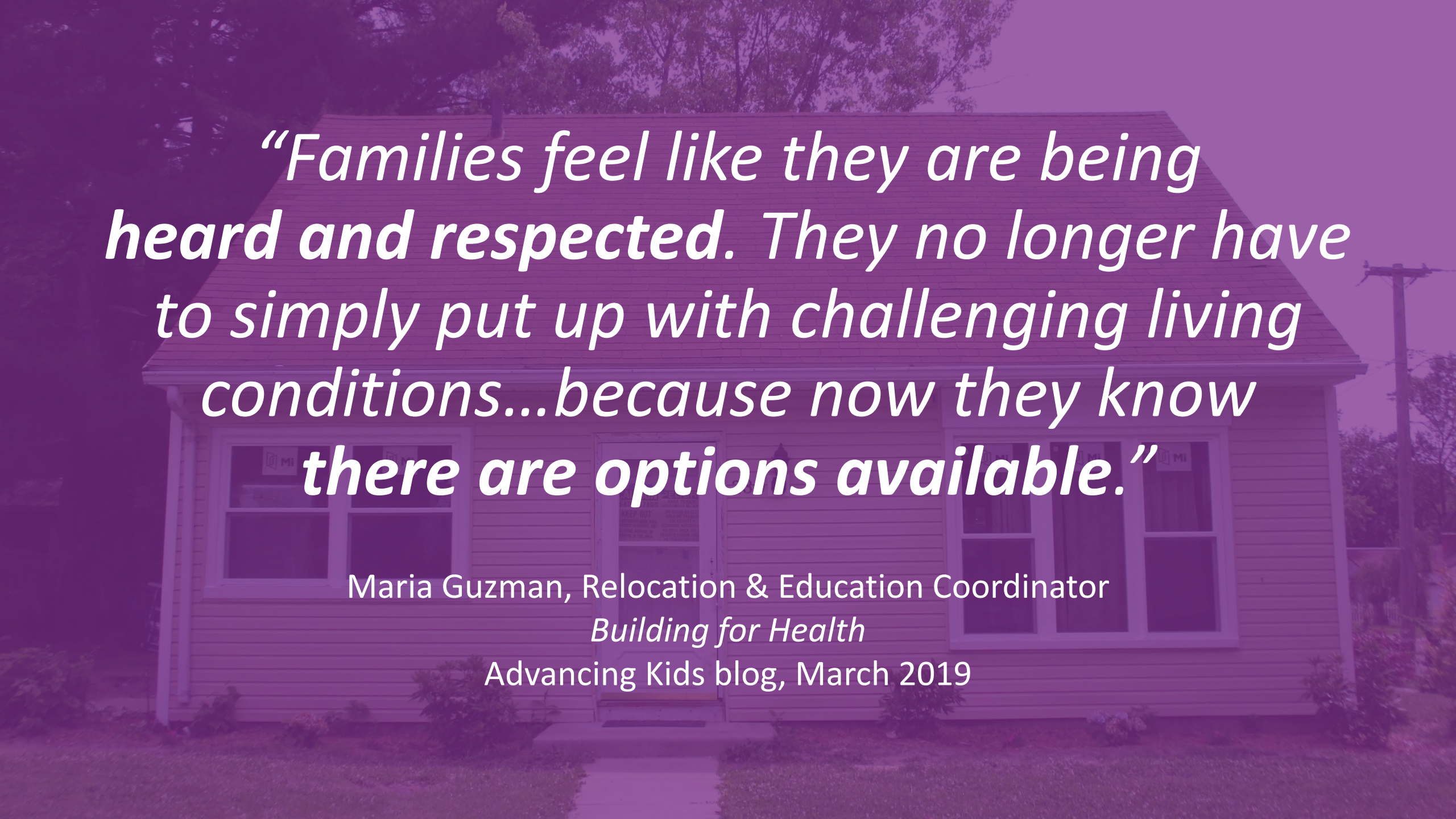
“No wrong door” cross-sector referral system

Detecting intervention opportunities

Referring and **linking** households to relevant services that are in line with their perceived needs

Place-based in Frog Hollow, North Hartford neighborhoods

- High ED utilization rates
- High hospitalization rates for asthma
- Older housing stock with significant opportunity for energy efficiency



“Families feel like they are being heard and respected. They no longer have to simply put up with challenging living conditions...because now they know there are options available.”

Maria Guzman, Relocation & Education Coordinator

Building for Health

Advancing Kids blog, March 2019

Asthma Care Transformation

CHILDREN'S
EMERGENCY



1 in 8

pediatric asthma patients are
re-admitted within 180 days of
discharge from their
first hospitalization

Liu et al, 2009

How might we **reduce the rate of re-admission** at Connecticut Children's **by screening, referring and linking** kids to community-facing programs?

Asthma Care Transformation

Developed a screening tool

Referral partners

- Putting on AIRS across four regions
- Connecticut Children's Center for Care Coordination
- Connecticut Children's Healthy Homes Program

<p>Section 1: General Questions</p> <ol style="list-style-type: none"> 1. Does your child need asthma medication at school or daycare? {yes/no:23206} 2. Does your child need asthma medication at a second home/location? {yes/no:23206} 3. If your child is on a daily asthma medication, do you have any problems giving his/her asthma medication every day? {yes/no:20938} 4. When you are worried about your child's asthma where do you take him/her to get treatment? {asthmaprovider:20939} 	<p>ANY YES?</p> <p>-->Refer to PUTTING ON AIRS</p>
<p>Section 2: Environmental Assessment</p> <p><i>Do you currently rent or own your home? {own/rent:20850}</i> <i>In any home where your child spends 2 or more nights per week:</i></p> <ol style="list-style-type: none"> 1. Have you ever seen any mold or water leaks in the home or basement? {yes/no:23206} 2. Have you ever seen cockroaches in the home or basement? {yes/no:23206} 3. Have you ever seen evidence of mice or rats (including droppings) in the home or basement? {yes/no:23206} 	<p>ANY YES?</p> <p>-->Refer to HEALTHY HOMES</p>
<p>Section 3: Child Wellbeing</p> <ol style="list-style-type: none"> 1. Do you think your child has any behavioral or emotional problems that make it difficult to care for his/her asthma? {yes/no:23206} 	<p>IF YES-->Offer Care Coordination Assistance</p>
<ol style="list-style-type: none"> 2. Do you or anyone else who cares for your child smoke inside or outside the home? {yes/no:23206} 	<p>IF YES-->Offer smoking cessation resources</p>

Conducted at bedside
by Case Manager

Avg. time to complete:
15-20 min.

Asthma Care Transformation

Launched in January

53 kids in 18 towns have been referred to Healthy Homes

37 included Putting On AIRS

3 families have moved forward with a Healthy Homes application

Asthma Care Transformation

Barriers to success

- Mastering the hand-off
- “I didn’t ask for this”
- Coordination across regions
- Sharing data without EHR access
- Landlord engagement (75% of patient families rent)

Where to Start

Reframe the problem as “*Where You Live Affects You*”

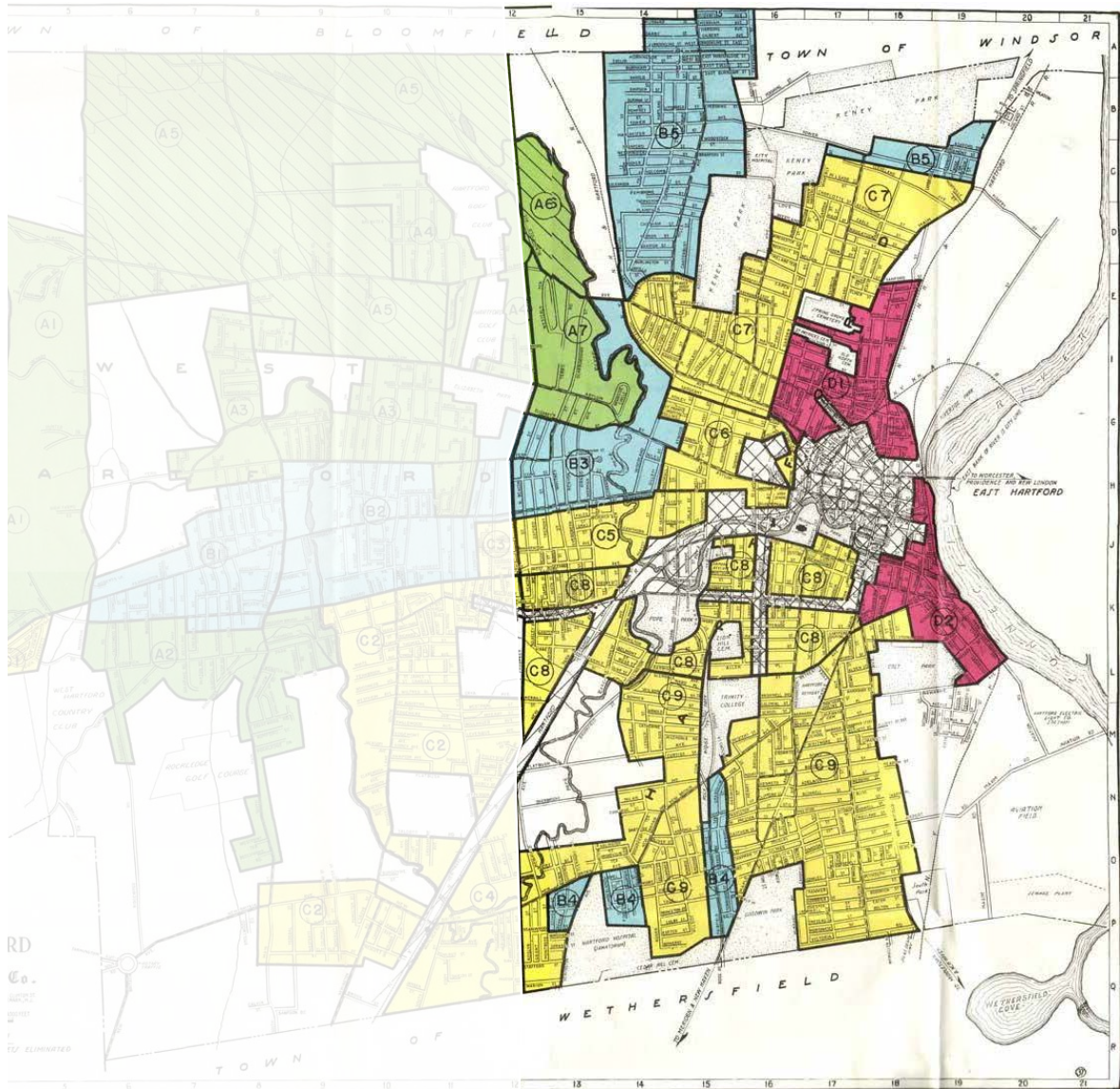
- Connect dots, build bridges, etc.

Engage with your community residents and stakeholders

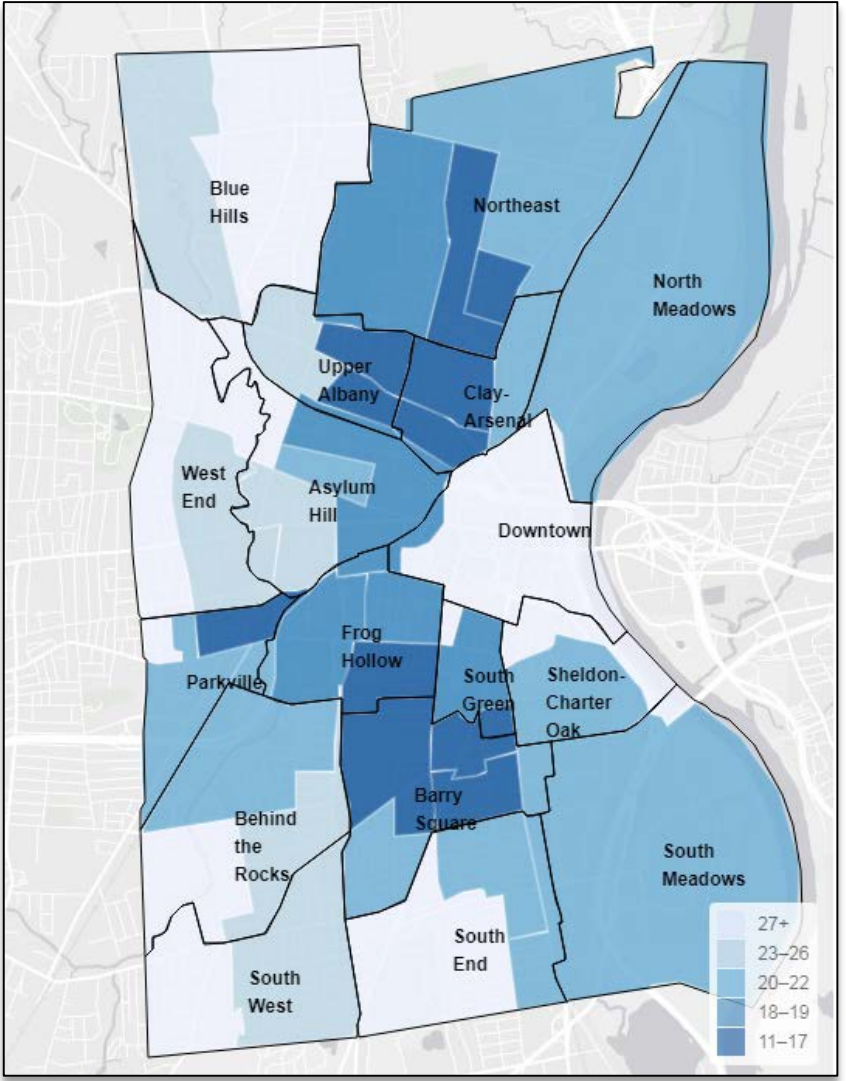
- What are their perceived needs?

Who else is serving your clients?

- Look for traditional and non-traditional partners



Housing instability





**Connecticut
Children's**

Healthy Homes
Program

www.connecticutchildrens.org/healthyhomes

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