

State Healthy Improvement Plan meeting Healthy Housing Coalition

*300 Corporate Place, Rocky Hill, CT
8/10/2017 1:00-3:30 (attendance 25)*

Introductions

Went around the room and introduced ourselves

Ship Timeline & Greenbank and GHHI presentation

- SHIP overview, vision, 7 Focus Areas,
- Healthy Housing cuts across 4 of the 7 focus areas
- Review of the Healthy Housing Strategies
 - Adopt a Statewide Property Maintenance Code
 - Rosario – proposed a bill; not agreed to go into Building Code; go into Health Statutes
 - Establish clear incentives for property owners to comply with CT’s Health and Safety Codes through a “Cooperative Compliance” Model
 - GHHI & Greenbank have this in their philosophy
 - Conservation of energy – partner with energy efficiency programs
 - Increase awareness on the importance of Healthy Housing
 - Education campaign so people will understand
 - Review of some Healthy Homes data from DPH HHSS

Future planning and housing possibilities

- Kerry O’Neil from the CT Greenbank (PowerPoint presentation)
 - Energy burden – is crushing lower income individuals
 - When they go into home to correct this, 25% cannot be served because of health & safety issues
 - Funding is siloed – Energy, Housing, Health & Safety
 - All come together to work together “Cooperative Compliance”
 - Working with Green and Healthy Homes Initiative
 - Asthma, fall & lead data along with energy data
 - Partner driven process
- Wes Stewart from GHHI
 - Once homes are made healthy we want the family to stay there

- Funding is difficult to find – how does a family more through to find funding/client services; how do we coordinate better?
- Will build on CT's assets
- Fact finding mission
- How are things done?
- How do we leverage funding?
- Workforce development – e.g. one inspector can look for not only health but housing as well
 - Look at homes comprehensively
 - Collaborative to solve the funding issue
- When you bring energy, health and housing together you have better outcomes
- Insurers may want to help pay for interventions since there is a large return on investment (ROI)
 - Pay for Success
 - Reduces ER visits for asthma
 - Reduces cost for special education for lead – Medicaid assisting with lead remediation
 - Initial look with be at Medicaid, Hospital Community Benefits
- Where we are in CT now?
 - Doing research and understanding the lay of the land
 - Assets/Resources and Gap analysis
 - ROI and where might be focus
 - Big convening – 10/13/17
- Project Design
 - Feasibility research (June – November 2017)
 - Stakeholder convenings (Summer & Fall 2017)
 - Pilot project design (December 2017-Spring 2018)
 - Full feasibility report (Spring 2018)
 - Pilot project development and up to 3-year implementation and evaluation (2018-2021)

2017 Healthy Housing Action Agenda Updates & 2018 Action Agenda

- Reviewed strategies
 - PMC – Caleb provided an update on the PMC development
 - Fire Marshal – asked if Chapter 7 is still being removed
 - Understand that Fire professionals want it to be removed but it has not been voted on just yet
 - Fire Marshal – who is the agency that is going to take this on?
 - Building – no; Health – possibly (remove and replace statues not a standalone code); OPM has yet to approve a statewide property maintenance code

- Others should “wave the flag” – CADH there is varying degrees of support
 - Develop a fact sheet to show how the PMC would work
 - Go out to the COGs
 - CCM 11/29 or 11/30 annual meeting – possible platform to discuss this
- Red line zone to get a “foot in the door”
 - Incentives are needed
- Final decision – keep working on the PMC, get draft, take it out to others for review, then bring to DPH Commissioner’s for his review/feedback (2018)
- Establish incentives for property owners to comply – GHHI/Greenbank
- Final Decision – yes, keep moving forward (2018)
- Media/awareness campaign to inform property owners/leaders of codes of benefits of cooperative compliance
 - Trainings have been conducted for code enforcement officials and leaders - Relocation/reducing risk through code enforcement
 - Public – maybe wait until GHHI/Greenbank project takes off
- Final Decision – training to leaders/enforcement official should keep going; wait until GHHI/Greenbank takes off (2018)
- Use DPH HH program and implement in other localities (2018)

Next Steps

- Draft up 2018 plan
- PMC group has a meeting to schedule



The Connecticut Green and Healthy Homes Project

An Innovative Approach to Collaboration
and Impact

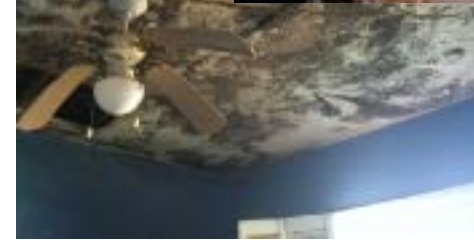
August 10, 2017

Reducing Energy Burdens For Those That Need It Most



Energy costs are a significant portion of household expenses

- Among the highest energy rates and costs in the country
- CT residents spend \$5.2 billion/year to heat, cool, light and provide hot water – more than state’s budget for health care or education
- More than half our low income residents suffer a **high energy cost burden** (>10% of income)
- “Energy Affordability Gap” ranges from \$1,250 to \$2,500 per year



Low-to-Moderate Income Residential Properties: Old and Aging (In Place)

Knob & Tube Wiring



Mold/ Water Leaks



Asbestos



Lead Paint



CO Off-Gassing



Radon



**Older housing stock is NOT just about energy:
Health and safety issues estimated in 15-35% of units**

Connection Between Public Health, Housing and Energy



Current funding landscape – some of the pieces, but not all, and not coordinated

Energy

Ratepayer funded (Utility/EEB) / federal WAP grants, incentives for energy upgrades

Green Bank financing programs for single/multifamily clean energy

Housing

Housing programs for capital improvements, acquisition/rehab, etc.

- Local/state/federal programs, including community development and neighborhood revitalization

Health and Safety

Limited federal funding (HUD), a few pilots

- Needs include remediation for asbestos, lead, mold, radon, etc.
- Costs vary widely, and can often be as great as the energy upgrades themselves

No sustainable, **scalable way to fund health & safety** piece

This is an ***environmental justice as well as a preservation of affordable housing units issue*** – if nonprofit developers can't afford holistic upgrades for gut rehabs, private developers come in but take units to market rate

Health + Energy + Housing Collaboration in CT: Vision



We have the opportunity to change this!

- 1. Solve the funding gaps for health and safety remediation**
- 2. Break down silos – on the funding side and the delivery side**

And do this sustainably – so we can solve the problem at scale all across the state

Why Housing Matters to Health in Connecticut



Asthma

- **Asthma is costly, and concentrated (2014 data):**
 - **\$135 million for acute asthma care in CT**
 - **\$92.8 million for hospitalizations**
 - **\$42.5 million for emergency department visits**
 - **\$102 million (76%) paid for by public funds** (Medicaid or Medicare)
 - **46% from residents in 5 largest cities** (Bridgeport, Hartford, New Haven, Stamford, Waterbury)
- **Asthma rates exceed national average for both adults and children**

Trips and Falls in Elderly

- Falls, largely in elderly, **resulted in 98,938 emergency department visits** (2014 CT Hospital Discharge Data)

Department of Public Health Performance Dashboard: www.ct.gov/dph/dashboard

CT Green and Health Homes Collaboration in CT: Partners



Health: Public & Private



Energy + Housing



Green & Healthy Homes Initiative™

Connecticut Green & Healthy Homes Project

August 10, 2017

The Burden of Unhealthy and Energy Inefficient Homes

30M families live in unhealthy homes

Homes with environmental hazards are making their residents sick

14.4M missed days of school each year

Asthma is the top reason students miss school

14.2M missed days of work each year

Parents miss work days to take care of their sick children with asthma

\$51B+ spent on asthma

\$31B+ spent on slip & fall injuries

\$43B+ spent on lead poisoning

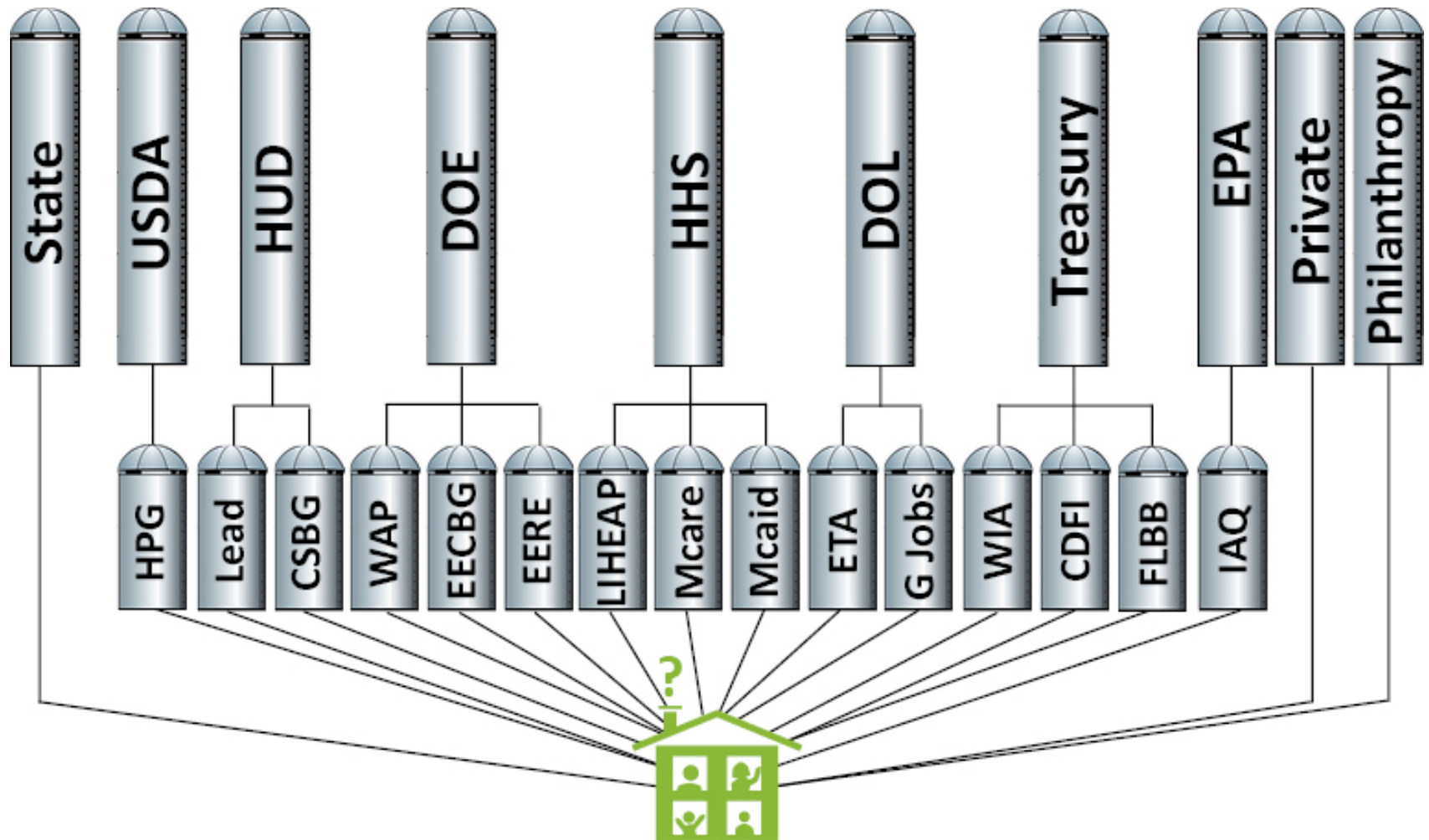
Over \$100B in taxpayer funding is spent each year to address the impact of these hazards

Low income families spend an estimated 20% of monthly income on energy costs

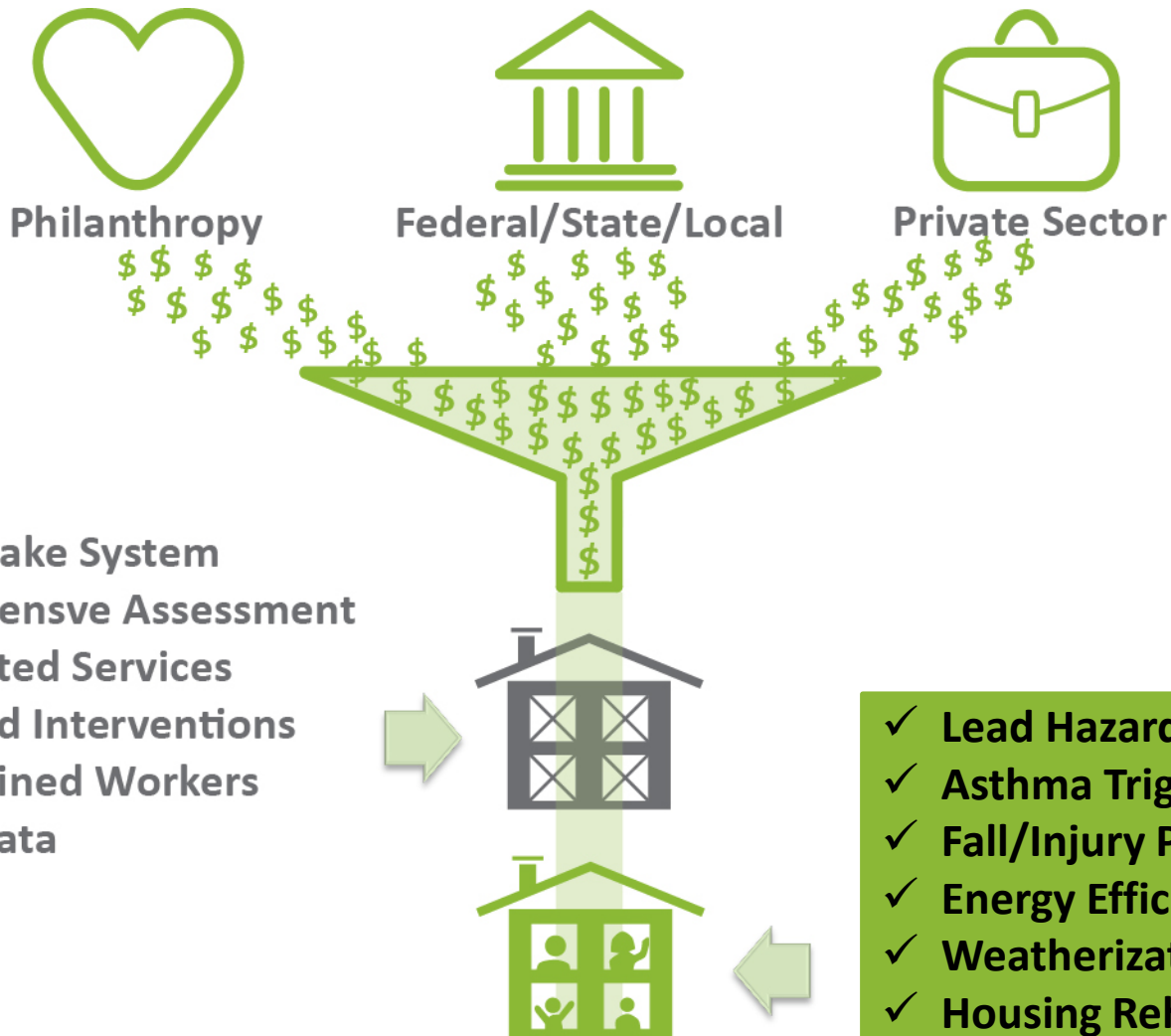
VS.

3.5% in other households

Where Do Families Currently Go For Help?



Integrated Green & Healthy Homes Model that Benefits Families



GHHI Model - The Assessment Team

Environmental Health Educator

- **Conduct resident education**
- Coordinate pre and post client health surveys
- Develop recommended action plans for the residents
- Coordinate follow-up client services

Environmental Assessment Technician-Energy Auditor

- **Conduct pre-intervention environmental assessments**
- **Conduct energy audits**
- Develop scopes of work for the properties
- Conduct post intervention assessments and audits

Scope of Work

The Scope of Work is a comprehensive, integrated intervention strategy.

- Itemizes the actions needed to eliminate a home's hazards:
 - Lead Hazard Control and Reduction
 - Healthy Homes Interventions
 - Indoor Allergens
 - Safety
 - Energy Efficiency
 - Weatherization

8 Elements of a GHHI Assessment & Intervention

Elements of a Green & Healthy Home

Dry

Well Ventilated

Contaminant Free

Pest Free

Well Maintained

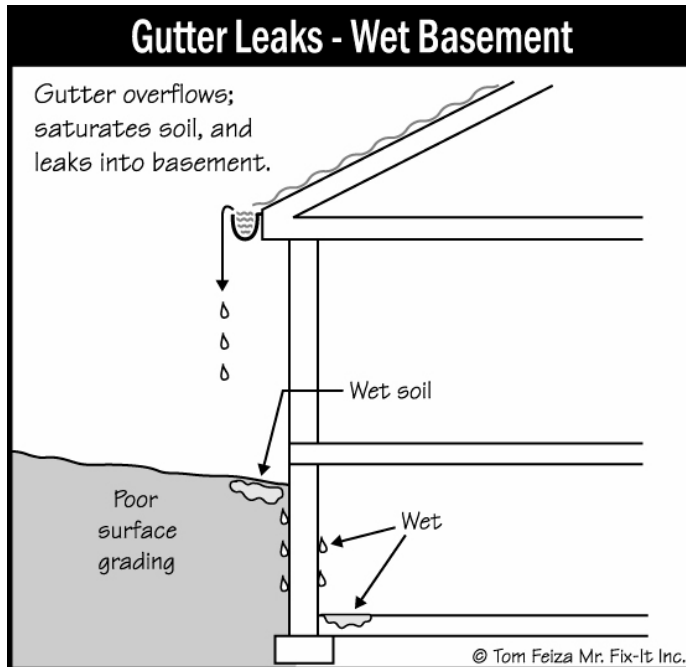
Safe

Clean

Energy Efficient

Element 1: Dry

Gutter overflows, saturates soil, and leaks into basement:

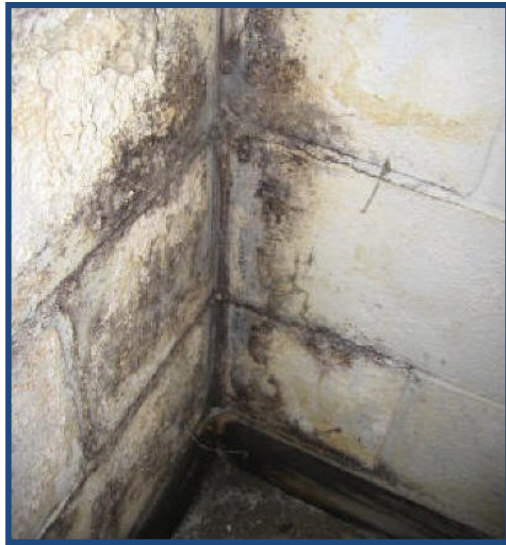


B065



Element 2: Well Ventilated

The effects of poor ventilation and moisture:



Element 3: Contaminants

Eliminate lead and asbestos hazards:

- Chipping paint
- Friction surfaces
- Dust accumulation



Element 4: Pests

Signs of pests infestation (Roaches and Mice or Rats):

- Frass (excrement) inside door cabinets, doors, etc.
- Dead or live roaches, eggs
- Droppings behind furniture, on floor, or in cabinets
- Gnawing, Rub marks
- Nests



Element 5: Maintained

Remove Trip Hazards:

- Smooth floors or slippery floors
- Worn-out areas
- Structural hazard



Element 6: Safe

- Eliminate structural hazards
- Install smoke/CO alarms
- Identify fire exits and a fire escape plan
- Remove exposed wires and check condition of electrical outlets
- Restrict accessibility of toxic products
- Install covers for radiators, cabinet locks, and electric outlets
- Check stability of big appliances (stove, refrigerator, TV)



Element 7: Clean

Educate about clutter and waste management



Moving the Market - Seeding the Energy Efficiency Market for the Greater Integration of Health and Energy

- BPI Healthy Homes Evaluator Credential
 - Developed by the Building Performance Institute, Green & Healthy Homes Initiative (GHHI) and other key partners in the field
 - Supports the further integration nationally of Healthy Homes interventions with weatherization/energy efficiency intervention funding streams (cross trained contractors)
- Weatherization and Housing Procurement Practices
- Home Performance Private Contractors
- Energy Efficiency For All (EEFA) – Multifamily Housing



GHHI Family Outcomes

Smith Family

Pre-Intervention Situation:

- Family of four with a son who has severe asthma
- History of repeated asthma episodes resulting in hospitalizations on average of three times per year (Average stay: 1 week)
- Deteriorated, lead hazardous windows; high dust mite levels; mouse infestation; lack of venting; high VOC usage; poorly weatherized



Costs: \$12,256 – Asthma specific costs \$1,472

Partners: HUD OLHCHH (HHD), CDBG, CSBG, Maryland Energy Administration, Foundations

Results: Allergens & lead hazards remediated; Home weatherized
Outcomes:

- Son was not hospitalized due to asthma triggers in the home in the 12 months post-intervention
- **Avoided medical costs of \$48,300 in first year alone**
- Annual energy cost savings of **\$721**



Integrated Models Produce Measurable Results

GHHI Baltimore

- **66%** reduction in asthma-related hospitalizations
- **62%** increase in asthma-related perfect school attendance
- **88%** increase in participants reporting never having to miss a day of work due to their child's asthma episode

GHHI Philadelphia

- **70%** fewer asthma-related client hospitalizations
- **76%** fewer asthma-related client ED visits

GHHI Cleveland

- **58%** reduction in asthma-related client hospitalizations
- **63%** reduction in asthma-related client ED visits

Integrated Models Produce Innovative Financing and Funding Support

- New York Attorney General Funds
\$2.3M-GHHI Buffalo; \$1M-GHHI Greater Syracuse
- Rhode Island Attorney General Funds - \$697,000 – GHHIRI
- Maryland PSC Consumer Investment Funds
\$19.6M-MDDHCD
\$19M-BCDHCD
- DOE WIPP Grants - \$3M-United Illuminating; \$1.28M-Baltimore
- Utility Funds - Constellation Energy Funds - \$1M - furnace replacement and roof repair

Business Case for Asthma Mitigation

25 million Americans with current asthma diagnosis

2 million ER visits; 500,000 hospitalizations

40% of all incidents of asthma are attributable to asthma triggers in the home

For every \$1 spent on environmental asthma interventions there is a \$5.3 to \$14 return on investment in healthcare spending. *Source: HHS economic review of published studies*

Continue to spend **\$51 billion** annually in medical and other costs.



The Choice is Clear:

OR

Invest in proven prevention strategies to reduce asthma episodes.



Business Case for Lead Poisoning Prevention

- For every \$1 spent on lead hazard control programs there is a \$17-\$221 return on investment for taxpayers
Source: HUD, Gould
- Monetized Benefits of Prevention = 2.2 to 4.7 IQ point increase results in increased lifetime worker productivity @ \$723,000 per child* = \$110 to \$319 billion per cohort of children under 6

The Choice is Clear:

Continue to spend **\$50.9 billion** in special education, medical, lost earnings, and criminal justice costs.



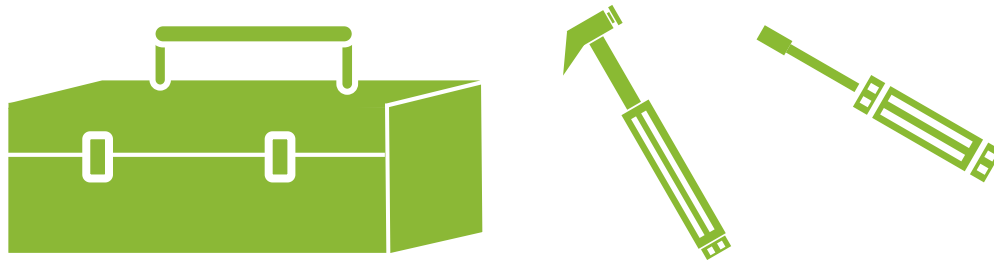
OR

Spend **\$12.5 billion** and eradicate lead poisoning in the most at risk housing.



**\$955,000 per child adjusted for inflation*

Development of the Innovative Funding Toolbox Nationally – Potential Resources for Connecticut



1) Medicaid Coverage and Rule Change

2) Waivers (MI, MD, Oregon, OH)

3) Hospital Community Benefits (Chicago)

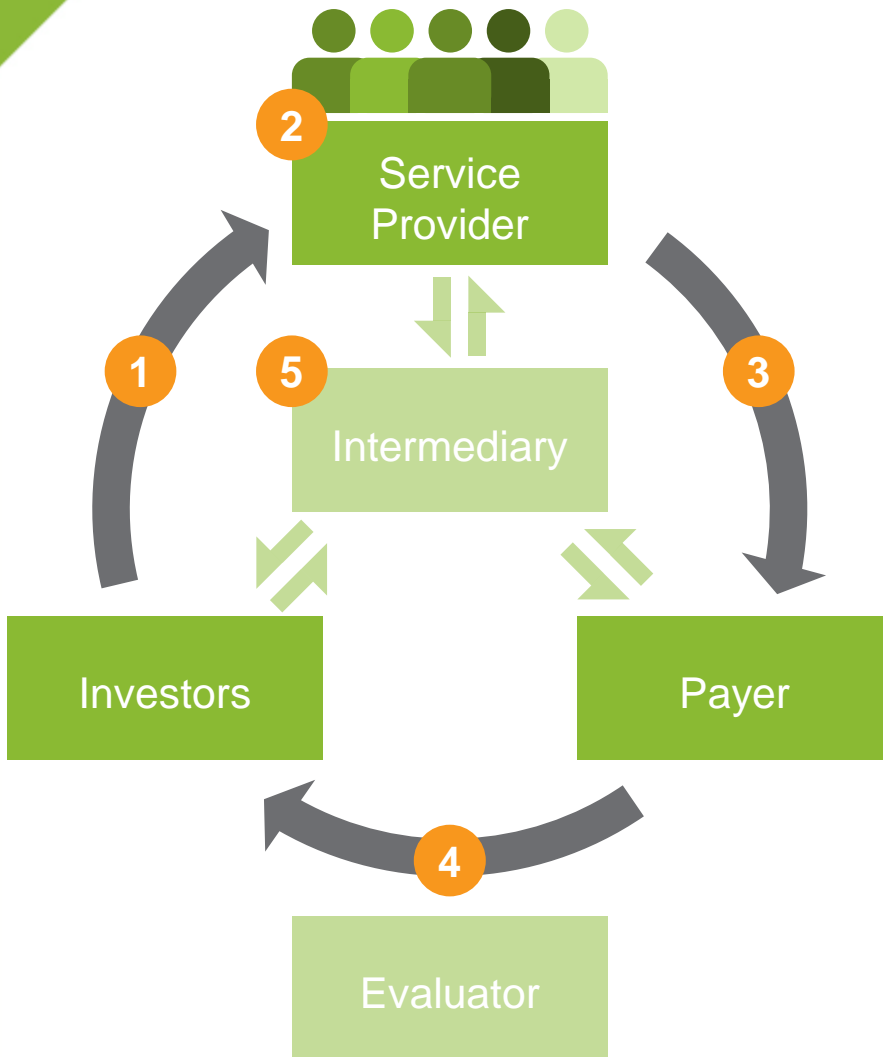
4) Administrative Claims

5) Value-based Payments

6) Value-added services

7) Pay for Success

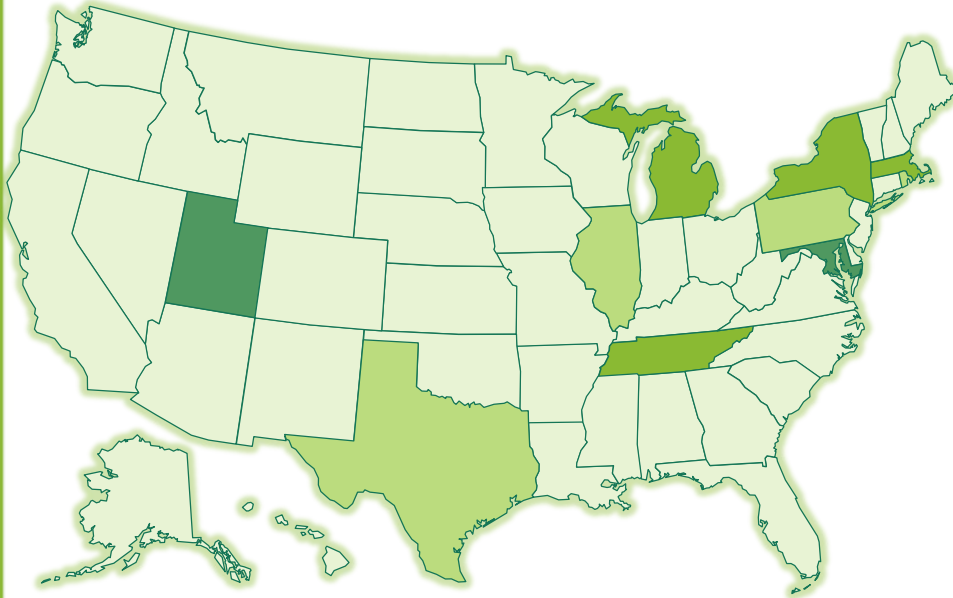
Pay for Success Funding



Steps

- 1 Investors provide upfront capital for service delivery
- 2 Service Provider implements intervention for target population
- 3 Intervention results in a benefit to the Payer, usually cost savings
- 4 Payer repays Investors if and only if outcomes are verified, often by independent Evaluator
- 5 An intermediary may provide project and financial management services

GHHI's Asthma Pay for Success Opportunities



Funders of asthma PFS feasibility studies:

Corporation for
**NATIONAL &
COMMUNITY
SERVICE** 



Robert Wood Johnson
Foundation

Feasibility ongoing

- Chicago (Presence Health)
- Houston (UnitedHealthcare)
- New York City (Affinity Health Plan)
- Philadelphia (Health Partners Plans)
- Rhode Island (State Medicaid)

Feasibility completed

- Buffalo (YourCare Health Plan)
- Grand Rapids (Spectrum Health)
- Memphis (Le Bonheur Children's Hospital)
- Springfield (Baystate Health)

Transaction structuring

- Baltimore* (Johns Hopkins Medicine)
- Salt Lake City (U. of Utah Health Plans)

I. Connecticut Green & Healthy Homes Project Feasibility Research Components

A. Research the State's Capacity to Implement Statewide Green & Healthy Homes Program

- Asset and Gap Analysis of existing health, safety, housing and energy efficiency programs in CN including recommendations for inclusion of the program in an integrated model

Energy Efficiency and Weatherization

Lead Hazard Reduction Programs

Healthy Homes Programs (Asthma, household injury, mold, radon)

Housing Rehabilitation Programs

Aging in Place Programs

Identify Additional Leverage Resources

- Housing Programs with Health Implications
- Other Home Visiting Programs

Connecticut Green & Healthy Homes Project Feasibility Research Components

Research the State's Capacity to Implement Statewide Green & Healthy Homes Program

- Research eligibility criteria of leverage funded programs for possible integration with program
 - Income (60% SMI, 200% of poverty)
 - Geographic (city, county, state)
 - Other occupant criteria (child under age 6, senior)
- Possible Leverage Funding Sources: Utility Energy Efficiency Programs, DOE WAP, CDBG, CSBG, LIHEAP, HUD Office of Lead Hazard Control and Healthy Homes, Other Federal, State and Local Funds

Connecticut Green & Healthy Homes Project Feasibility Research Components

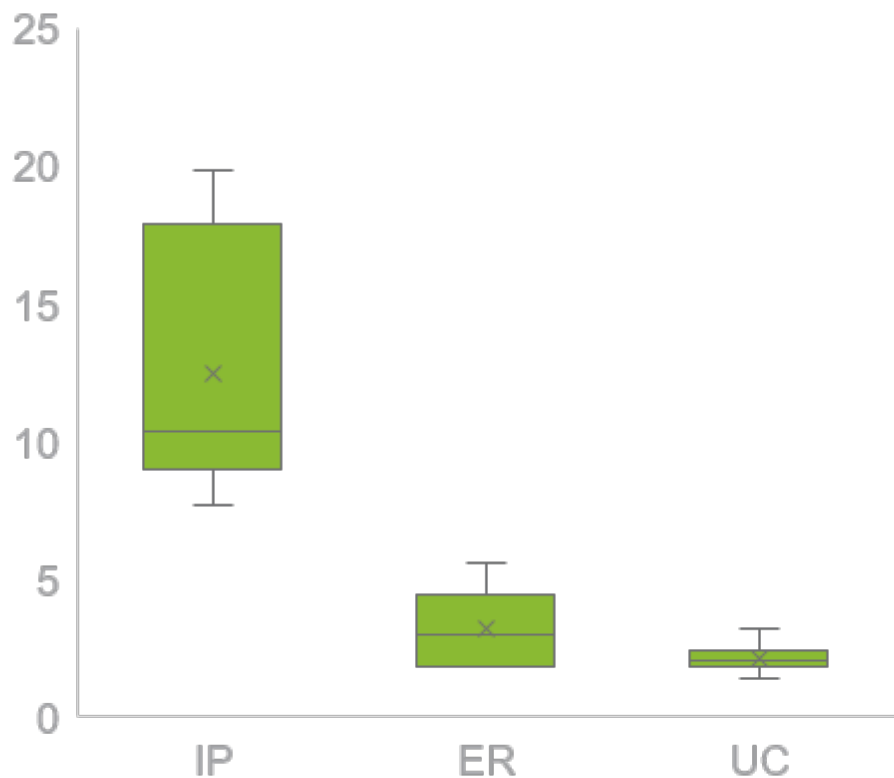
B. Conduct Research on Potential Medicaid Funding of Healthy Homes Activities

- Medical cost savings projections and aggregate ROI calculations for the State for in-home resident education and asthma trigger reduction housing interventions
- Medical cost savings projections and aggregate ROI for the State for lead hazard reduction, household injury prevention and other healthy homes housing interventions

Savings Potential by Subpopulation

In asthma work, subpopulation baseline costs vary widely, but generally determine the composition of projects

Subpopulation baseline average cost per annum
\$ thousands



Savings potential is a function of cost

- Inpatient subpopulations very frequently demonstrate economic value because of the high underlying cost.
- Emergency department subpopulations can be economically viable, though often only frequent flyers are clearly valuable.
- Urgent care subpopulations very rarely make sense for inclusion for direct savings potential.

Key issue

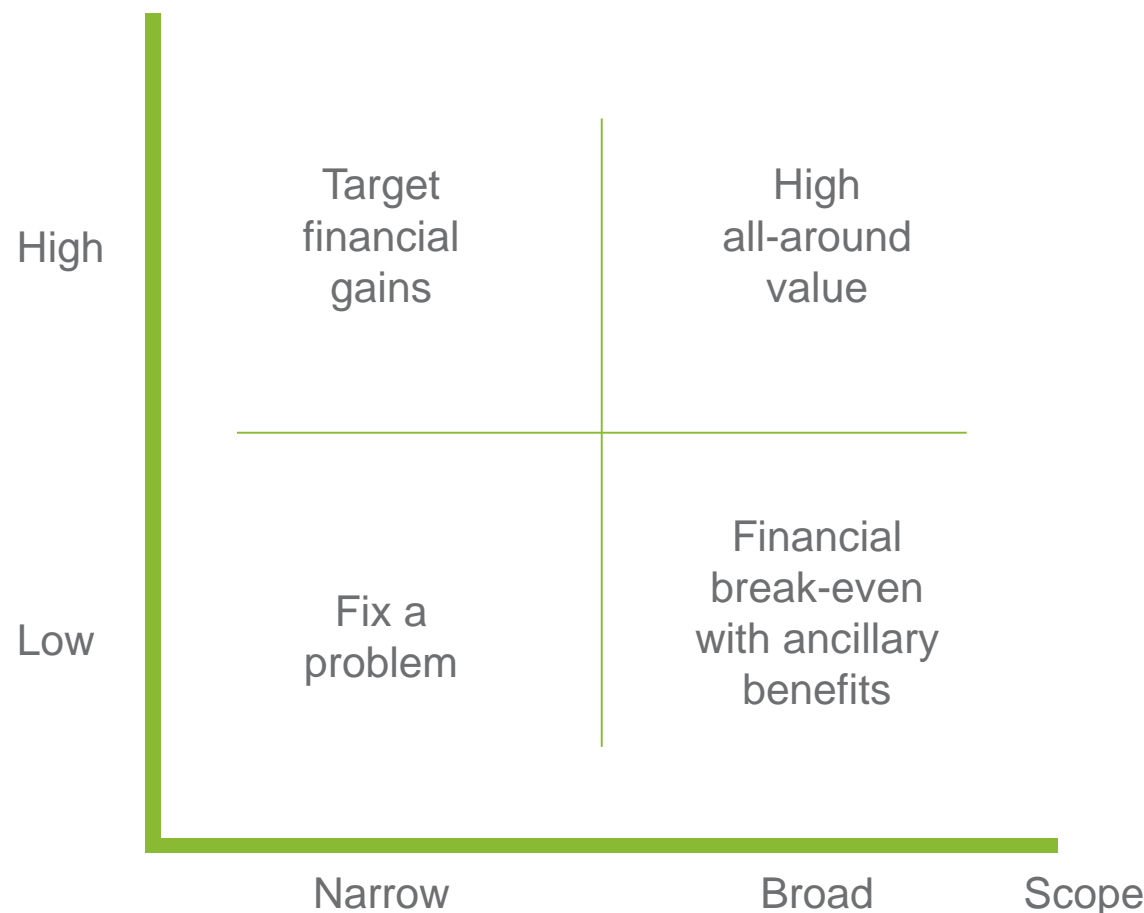
Often, identifying how to stratify the emergency department subpopulation will determine their inclusion.

Strategic Decision

Ultimately, we return to the strategic decision to answer if the project should move forward based upon the findings, who should be included, what service delivery model should be implemented and what you want to achieve

Sensitivity analysis concept example

\$ in ROI



Connecticut Green & Healthy Homes Project Feasibility Research Components

**C. Assess Current Green and Healthy Homes Programs;
Assess state's capacity and service providers to
scale program**

D. Data and Evaluation

- Conduct gap analysis of the data collected by health, safety, housing and energy efficiency programs to identify opportunities to increase data collected and consistency in data collection to support an integrated health, energy and housing delivery model

II. Connecticut Green & Healthy Homes Project Design

Project Design

- Develop Connecticut state specific green & healthy homes project model that integrates energy efficiency interventions with health interventions
- Project design for how Medicaid funded resident educations, housing assessments and interventions (to reduce asthma episodes, lead hazards, household injury risks) would be integrated with state funded weatherization and energy efficiency interventions and other housing intervention
- Design would produce comprehensive interventions where home-based environmental health hazards are remediated and energy loss is addressed
- Lead working groups to develop project model and make recommendations for pilot project sites in Connecticut

III. Connecticut Green & Healthy Homes Pilot Project Implementation Phase

Pilot Implementation – Proving Out The Model

- CGB, DPH, and other project partners will implement the innovative model in Pilot Project sites in the State of Connecticut
- By studying the actual data from the Pilot Project sites, the State will test its hypothesis that these comprehensive home interventions provide better health outcomes at a cost savings to taxpayers as compared to repeated asthma hospitalizations/ER visits, lead poisonings and other home-based environmental health hazard related medical costs (as well as providing material energy savings that will reduce the household cost burden)
- If this hypothesis is substantiated by the Connecticut Green & Healthy Homes Pilot Data, the State would then propose that Medicaid managed care organizations fund resident education and healthy homes housing interventions in coordination with energy efficiency programs through new project model

Connecticut Green & Healthy Homes Project Key Timelines

Feasibility Research (June-November 2017)

Stakeholder Convenings (Summer and Fall 2017)

Pilot Project Design (December 2017-Spring 2018)

Full Feasibility Report (Spring 2018)

**Pilot Project Development and up to 3-year Implementation
and Evaluation (2018-2021)**

Questions and Discussion

HEALTHY HOUSING COALITION

OF THE STATE HEALTH IMPROVEMENT PLAN ENVIRONMENTAL HEALTH ACTION TEAM

2018 Action Agenda Planning Meeting

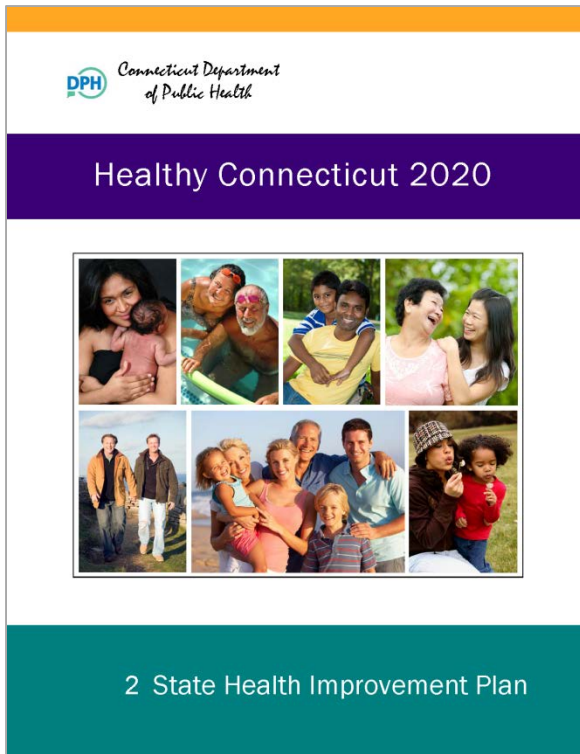


Office of the CT Chief State's Attorney, Rocky Hill, CT

August 10, 2017



STATE HEALTH IMPROVEMENT PLAN



“HEALTHY CONNECTICUT 2020”

CT’s State Health Improvement Plan is a coalition of **over 600** diverse partners from local, regional and statewide organizations and agencies that address public health from a variety of traditional and non-traditional perspectives integrating and focusing their efforts to achieve measurable improvements in **health Outcomes.**

The SHIP Vision

A coalition of diverse partners from local, regional, and statewide organizations and agencies that address public health from a variety of traditional and non-traditional perspectives integrating and focusing their efforts to achieve measurable improvements in health outcomes.



The “SHIP” 7 Focus Areas

State Health Improvement Plan Focus Areas	Focus area includes housing strategies
Maternal, Infant and Child Health (MICH)	HOUSING
Environmental Health (EH)	HOUSING
Chronic Disease (CD)	HOUSING
Infectious Disease (ID)	
Injury and Violence Prevention (IVP)	
Mental Health and Substance Abuse (MHSA)	HOUSING
Health Systems (HS)	

Environmental Risk Factors and Health Objectives for Healthy CT 2020 Action Agenda

SHIP Advisory Council Approved

ENV-1

LEAD



Reduce the prevalence rate of children less than 6 years of age with confirmed blood lead levels at or above the CDC reference value (5 $\mu\text{g}/\text{dL}$).

ENV-5

AIR



Increase public awareness of the presence and risks of poor air quality days.

ENV-6

HEALTHY
HOUSING



Increase the enforcement of minimum housing code standards through the collaboration of code enforcement agencies.

HEALTHY HOUSING STRATEGIES

Environmental Health Action Agenda

- 1 ADOPT A **STATEWIDE PROPERTY MAINTENANCE CODE**.*

*Also supported in the SHIP by the MICH and MHSA Action Teams

- 2 ESTABLISH CLEAR INCENTIVES FOR PROPERTY OWNERS TO COMPLY WITH CT'S HEALTH AND SAFETY CODES THROUGH A **"COOPERATIVE COMPLIANCE"** MODEL.

- 3 **INCREASE AWARENESS ON THE IMPORTANCE OF HEALTHY HOUSING** IN PREVENTING INJURY AND ILLNESS, ADDRESSING INEQUALITIES IN HEALTH, ECONOMIC AND SOCIAL FACTORS, AS WELL AS IN REDUCING CRIME.

CT HEALTH AND SAFETY CODES



Now available in **CT.TRAIN.ORG** as course #1064921*:
ICC 2015 PROPERTY MAINTENANCE CODE: OVERVIEW

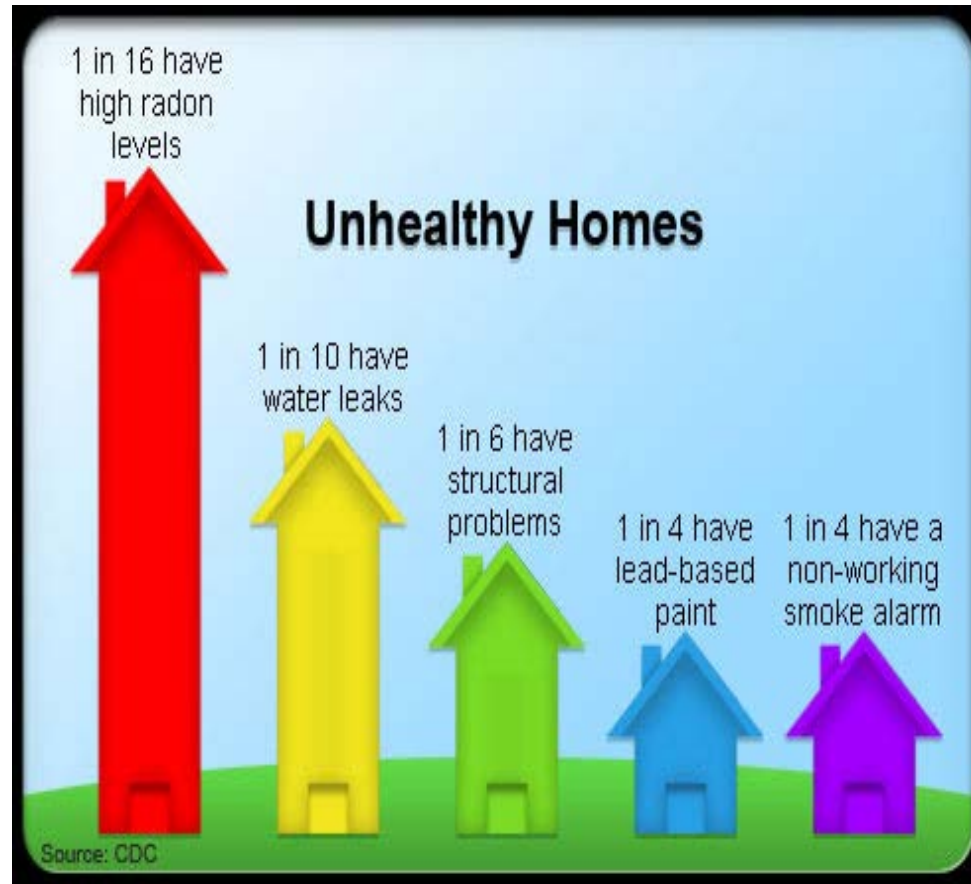


THIS IS AN EDUCATIONAL SEMINAR ON THE 2015 ICC PROPERTY MAINTENANCE CODE (the PMC). THE PMC IS CURRENTLY USED FOR HOUSING INSPECTIONS BY HOUSING, BUILDING AND HEALTH OFFICIALS IN MANY CT MUNICIPALITIES. THIS SESSION PROVIDES A COMPLETE OVERVIEW OF THE MODEL 2015 DOCUMENT FOR CURRENT OR INTERESTED USERS.

THIS SEMINAR INCLUDES REVIEW AND DISCUSSION OF THE STATE HEALTH IMPROVEMENT PLAN FOR ADOPTION OF A STATEWIDE PROPERTY MAINTENANCE CODE.

*<https://ct.train.org/DesktopModules/eLearning/CourseDetails/CourseDetailsForm.aspx?CourseID=1064921&tabId=190&page=2&backURL=L0Rlc2t0b3BTaGVsbC5hc3B4P3RhYkIkPTE5MA==>

Why Increase the Enforcement of Health and Safety Codes?



Connecticut's Existing Housing Conditions

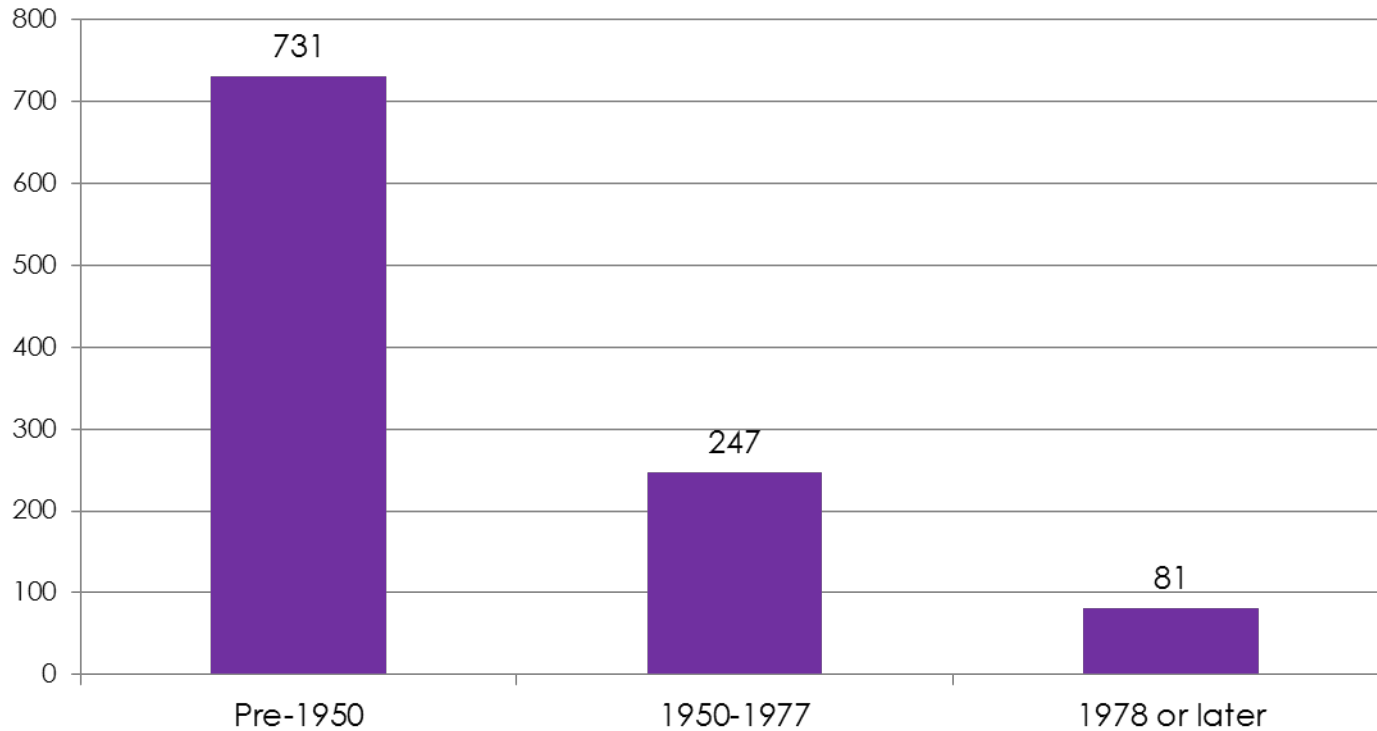
**Using CT's "Healthy Homes" Data
For the Prevention of Injury, Illness, Disability and Death**

The following slides are courtesy of the CT Department of Public Health Healthy Homes Surveillance System (HHSS).
The completed report is scheduled for release shortly.



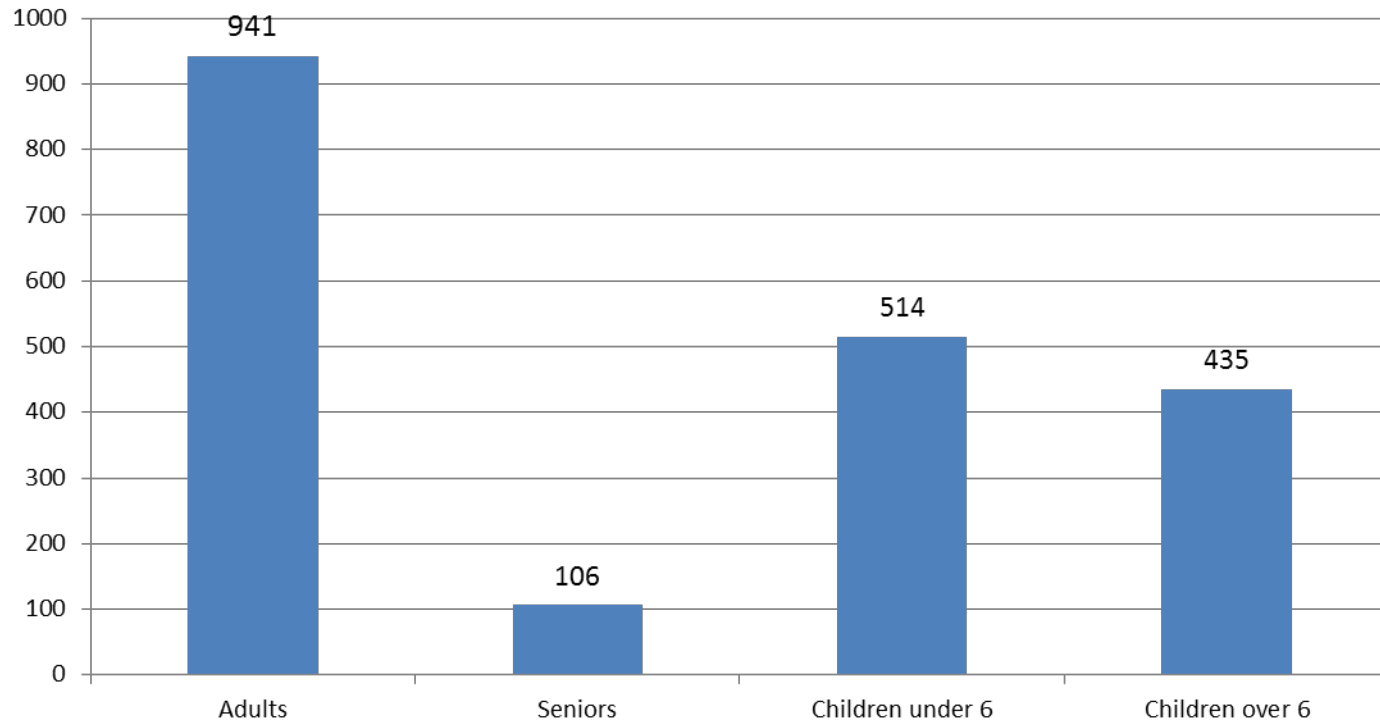
HHSS DATA

Age of Homes



64% of the homes assessed built prior to 1950.
Percentage of homes built prior to 1950 in CT is 30%.

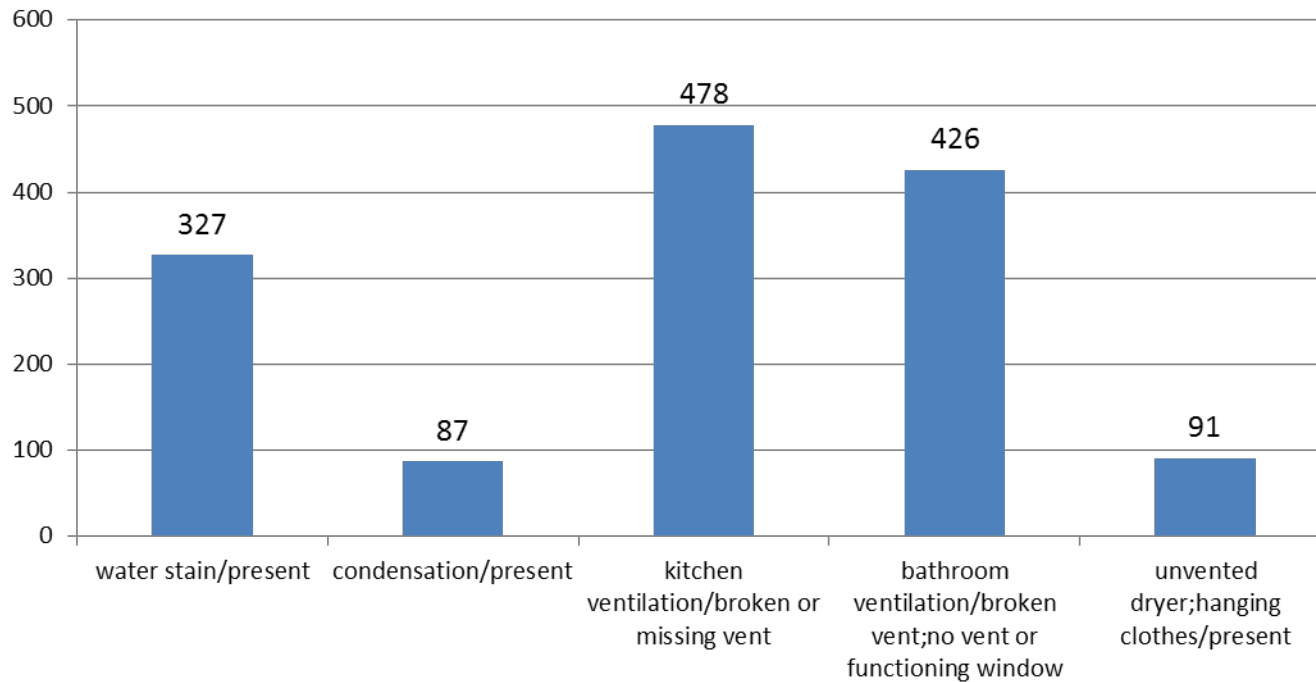
HHSS Data Occupancy



HHSS Data

Indoor Environment/Mold

Interior Issues Contributing to Mold



Asthma

Asthma is the single most avoidable cause of pediatric hospitalization, yet consistently one of the most common admitting diagnoses.



11.3% of CT children have asthma (2010).

9.2% of CT adults reported current asthma (2010).

CT reported **50** asthma deaths (The CT Death Registry, 2009).

In 2009, CT spent **\$80.3 million** on hospitalization charges and **\$32.6 million** on emergency department (ED) visit charges due to asthma as a primary diagnosis.

The same year, CT spent **\$112 million** for acute asthma care. Of that, **\$46 million** was for residents from CT's five major cities (Bridgeport, Hartford, New Haven, Stamford, and Waterbury), and **\$78 million** was paid for by public funds (Medicaid or Medicare).

Source: 2010 Behavioral Risk Factor Surveillance System (BRFSS), CT Dept. of Public Health

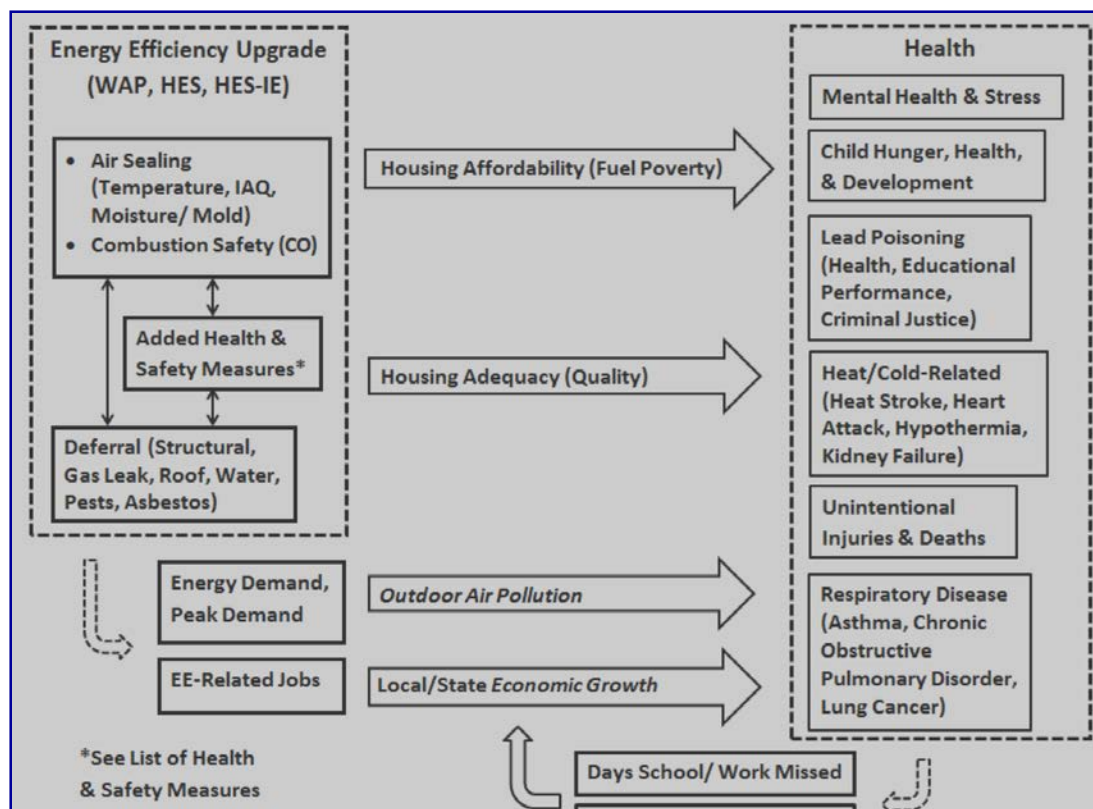
Preventing Asthma as a matter of **Health Equity**

- Asthma is a chronic disease of the respiratory system that is characterized by reversible obstruction of the airways and airway hyper-responsiveness to a variety of stimuli.
- In Connecticut, asthma has been found that the following population subgroups are disproportionately affected by asthma: children, females, Hispanics, non-Hispanic Blacks, and residents of the state's five largest cities.



THE SHIP *COOPERATIVE COMPLIANCE* MODEL

Partnering with CT's energy efficiency programs to help pay for housing improvements as a great investment in energy efficiency **plus** health!



Source: Rapid Health Impact Assessment: Weatherization Plus Health in Connecticut, April 9, 2013

LACK OF HOUSING STANDARDS – *MORE ON THE EFFECT*



Driving Public Health 3.0 in the Motor City

07/12/2016 10:53 AM EDT

If you start at City Hall and drive 15 minutes east to Gross Pointe, a wealthy suburb of Detroit, you'll cross a difference of nearly 12 years in life expectancy and 10 percent in teen pregnancy rates. Detroit's children continue to suffer infant mortality, asthma, and lead exposure at higher rates than their counterparts elsewhere.



Source: Office of the United States Assistant Secretary of Health with support from Healthy People 2020

Remediating Abandoned, Inner City Buildings Reduces Crime and Violence in Surrounding Areas

<http://www.metrojacksonville.com/printpage/2015-jul-new-penn-study-finds-that-building-remediation-works>



TO CONTACT THE DCJ, OCSA-HOUSING MATTERS:

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