
How the State Health Improvement Plan Will Affect the Construction Industry

Presented by:

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State of CT, Division of Criminal Justice





Connecticut Department
of Public Health

Healthy Connecticut 2020



2 State Health Improvement Plan

THE STATE HEALTH IMPROVEMENT PLAN (The SHIP): Review

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.



SHIP Roles and Responsibilities

DPH Commissioner

- Leader, decision-making authority

Executive Committee (5)

- Thought leadership to advance strategic goals
- Build public health approach across sectors
- Time sensitive decision-making

Advisory Council (34)

- Integrating
- Managing
- Advising & Approving

Coalition (250+)/ Lead Conveners Action Teams (7)

- Organizing Action Teams, scheduling meetings
- Completing Year 1 Action Agenda
- Prioritizing 2-3 strategies for the priority area that a critical mass of partners will address

Supports

HRiA

- Facilitation
- Group process
- Technical assistance

DPH

- Administrative coordination & support

CT SHIP Advisory Council and *Executive Committee Members (2015-17)

- AIDS CT
- CT Assoc. of Directors of Health
- CT Assoc. of School Based Health Centers
- CT Business & Industry Association
- CT Chief State's Attorney*
- CT Conference of Municipalities
- CT Dept. of Aging
- CT Dept. of Corrections
- CT Dept. of Education
- CT Dept. of Insurance
- CT Dept. Of Mental Health & Addiction Services
- CT Dept. of Public Health*
- CT Dept. of Social Services
- CT Dept. of Transportation
- CT General Assembly*
- CT Health Foundation*
- CT Hospital Association
- CT Institute for Communities, Inc.
- CT Oral Health Initiative
- CT Public Health Association
- Consumer Representative (3)
- Data Haven
- Donaghue Foundation
- Griffin Hospital
- Hartford Foundation for Public Giving
- March of Dimes
- Mohegan Tribal Health
- Multicultural Health Partnership
- Uncas Health District*
- Universal Health Foundation
- Yale New Haven Health Systems
- Yale School of Public Health

The State Health Improvement Plan (SHIP) Overarching Determinants of Health

- Health Equity =
- Economic Factors
- Social Factors



7 Focus Areas

Lead Conveners

Focus Area	Lead Convener(s)
Maternal, Infant and Child Health (MICH)*	MCH Advisory Council DPH Family Health Program
Environmental Health (EH)	DPH Environmental Health Program CT Association of Directors of Health
Chronic Disease (CD)*	DPH Chronic Disease Program CT Hospital Association
Infectious Disease (ID)	DPH Infectious Disease Program
Injury and Violence Prevention (IVP)*	St. Francis Violence & Injury Program
Mental Health and Substance Abuse (MHSA)*	Dept. of Mental Health and Addiction Services
Health Systems (HS)	CT Conference of Municipalities

Focus Group 2: Environmental 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**

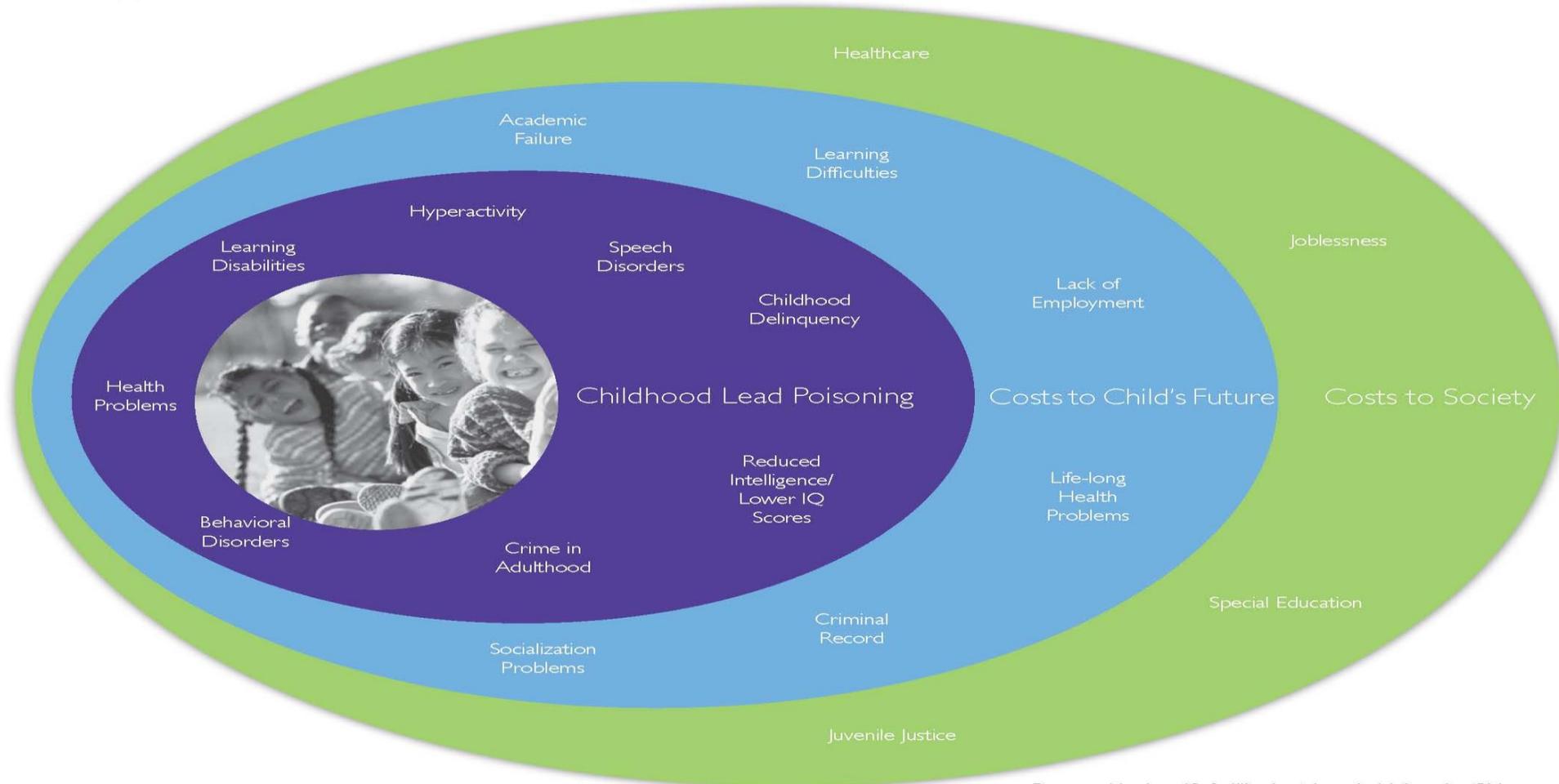
Increase public awareness of the presence and risks of poor air quality days.

**ENV-6
HEALTHY
HOUSING**

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

Preventing Lead Poisoning

The Ripple Effects of Childhood Lead Poisoning



Preventing Asthma

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, it 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.

Statistics (per DPH website):

The prevalence of CT adults reporting current asthma increased from 7.8% in 2000 to 9.2% in 2010.

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

In 2009, Connecticut spent over **\$112 million** for acute care due to asthma as a primary diagnosis.

Also in 2009, **\$80.3 million** spent on hospitalization charges and **\$32.6 million** on emergency department (ED) visit charges.

Information about Connecticut's Five Largest Cities:

Bridgeport, Hartford, New Haven, Stamford, and Waterbury

Residents account for 41% (**\$46 million**) of the **\$112 million** cost of asthma acute care costs in 2009.

Of the **\$112 million**, **\$78 million** (69%) were paid for by public funds (Medicaid or Medicare). In Connecticut's five largest cities, 79% (**\$36 million**) of asthma hospitalizations and ED visits were paid by public funds.

In contrast, public funds paid for 63% (**\$42 million**) of asthma hospitalizations and ED visits of residents from the rest of the state.

PREVENTING INJURY, ILLNESS, DISABILITY AND MORBIDITY THROUGH

HEALTHY HOUSING STRATEGIES

The SHIP Approved Action Agenda

- 1 ADOPT A STATEWIDE PROPERTY MAINTENANCE CODE.
- 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.

ICC PROPERTY MAINTENANCE CODE NATIONAL ADOPTION

Implementation in 36 States, and District of Columbia (2016)

IPMC Effective Statewide:

- District of Columbia
- Maryland
- New York
- Rhode Island
- Virginia
- West Virginia

•Statewide Adoptions, With Limitations:

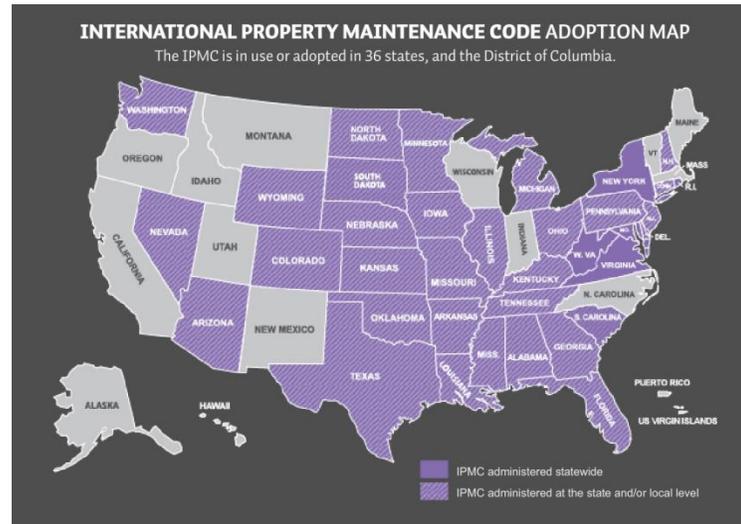
- Illinois
- Oklahoma
- Wyoming

•Adopted by State's for Local Adoption in:

- Georgia
- South Carolina

•Adopted by Local Governments in:

Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Illinois, Iowa, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Dakota, Ohio, Oklahoma, Pennsylvania, South Dakota, Tennessee, Texas and Washington



Courtesy of the International Code Council

<http://www.iccsafe.org/wp-content/uploads/stateadoptions.pdf>

THE ICC PROPERTY MAINTENANCE CODE IS PART OF
THE ICC INTERNATIONAL BUILDING CODE BUT
IS ~~STRICKEN~~ FROM CT'S STATE BUILDING CODE

DEPARTMENT OF ADMINISTRATIVE SERVICES

STATE BUILDING CODE

(Add) **R101.4.4 Property maintenance.** The 2009 International Property Maintenance Code is not adopted by the State of Connecticut. Property maintenance shall be in accordance with the requirements of this code or the requirements of the local property maintenance codes when such codes are adopted by the town, city or borough. References to the 2009 International Property Maintenance Code found within the body of the model document shall be considered null and void.

“Cooperative Compliance”:

A new code enforcement model for Connecticut

- ▶ Based on the *“Broken Window Theory,”* the *“Cooperative Compliance”* model addresses the overall negative affect property deterioration or damage has on a community’s well being, by focusing on nuisances in substandard housing. It is broader in scope than standard exterior *“Blight”* programs as it includes also interior code violations risking illness and injury.
- ▶ Public safety and code officials offer collaboration with willing community representatives within available resources to improve conditions in substandard housing for those who live, work or visit within the community.
- ▶ A unique opportunity to provide :
 - ▶ Healthy Equity
 - ▶ Improvement of community – law enforcement relations
 - ▶ Reduction in personal and financial costs related to preventable illness and injuries
 - ▶ Reduction in Crime
 - ▶ Increase in property values and community prosperity
 - ▶ Increase in overall community well being

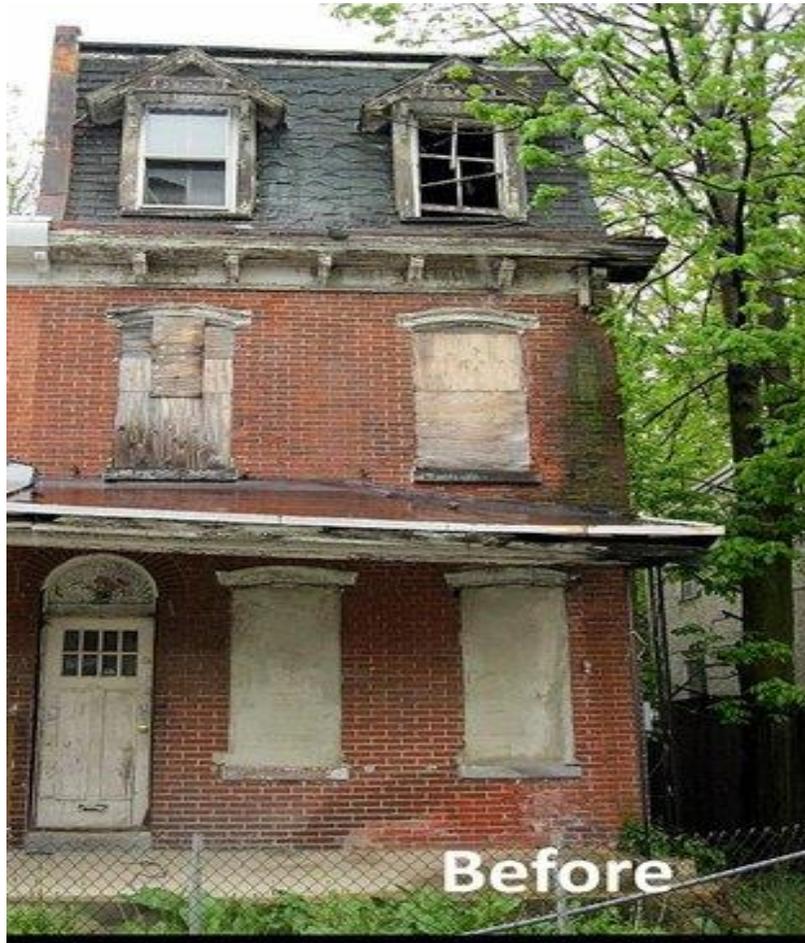


INCREASE AWARENESS ON THE IMPORTANCE OF HEALTHY HOUSING

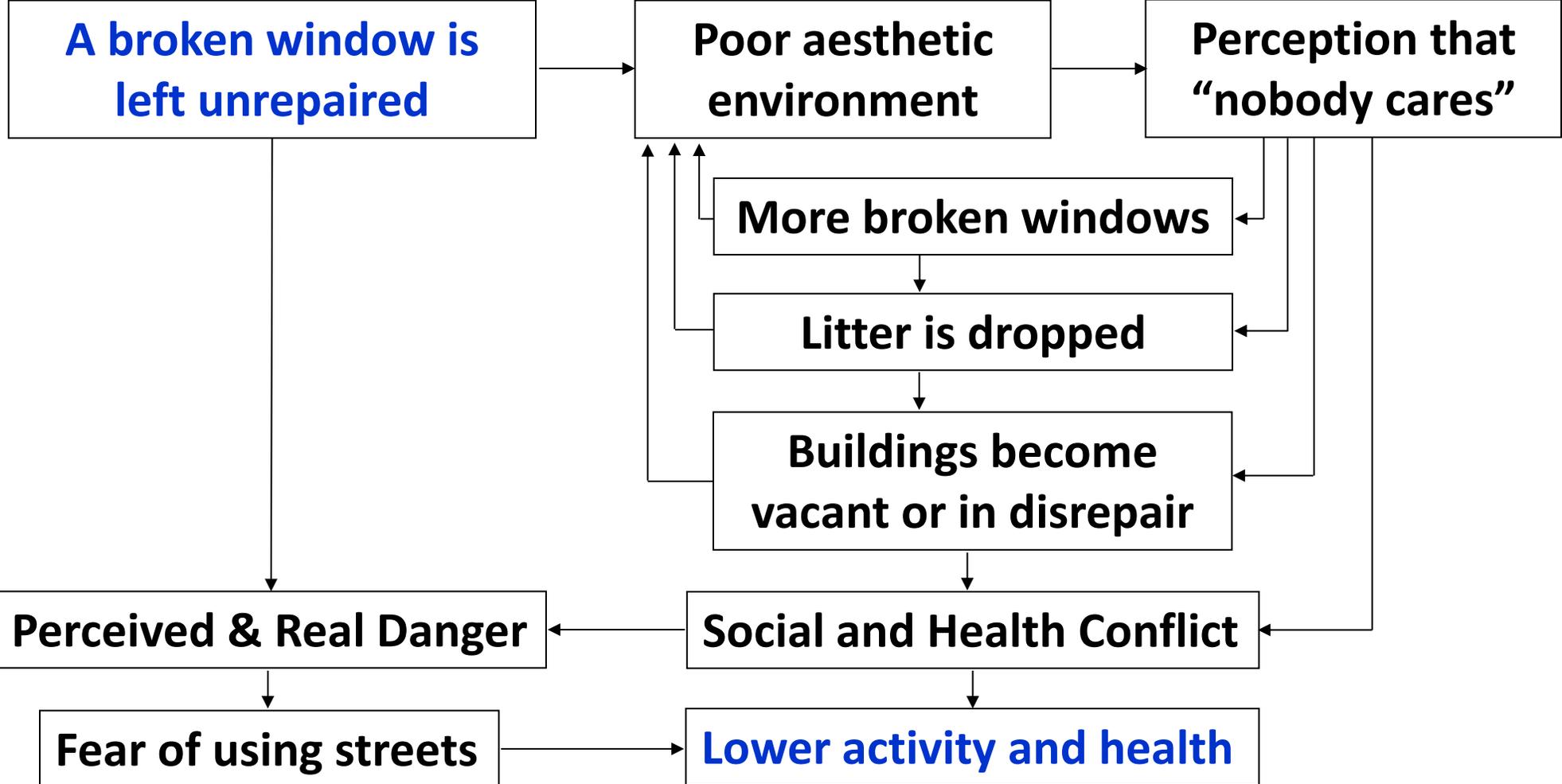
Mayor Neil O'Leary, 2012 on Illegal Unit Fatality, Photos Courtesy of Waterbury Republican-American



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



LACK OF HOUSING STANDARDS - *THE EFFECT*



Need for Increased Enforcement of Housing Codes



CT's Housing Conditions: Using the "Healthy Homes" Data

The following slides exemplify the known conditions in our current housing stock, courtesy of the CT Department of Public Health Healthy Homes Surveillance System.

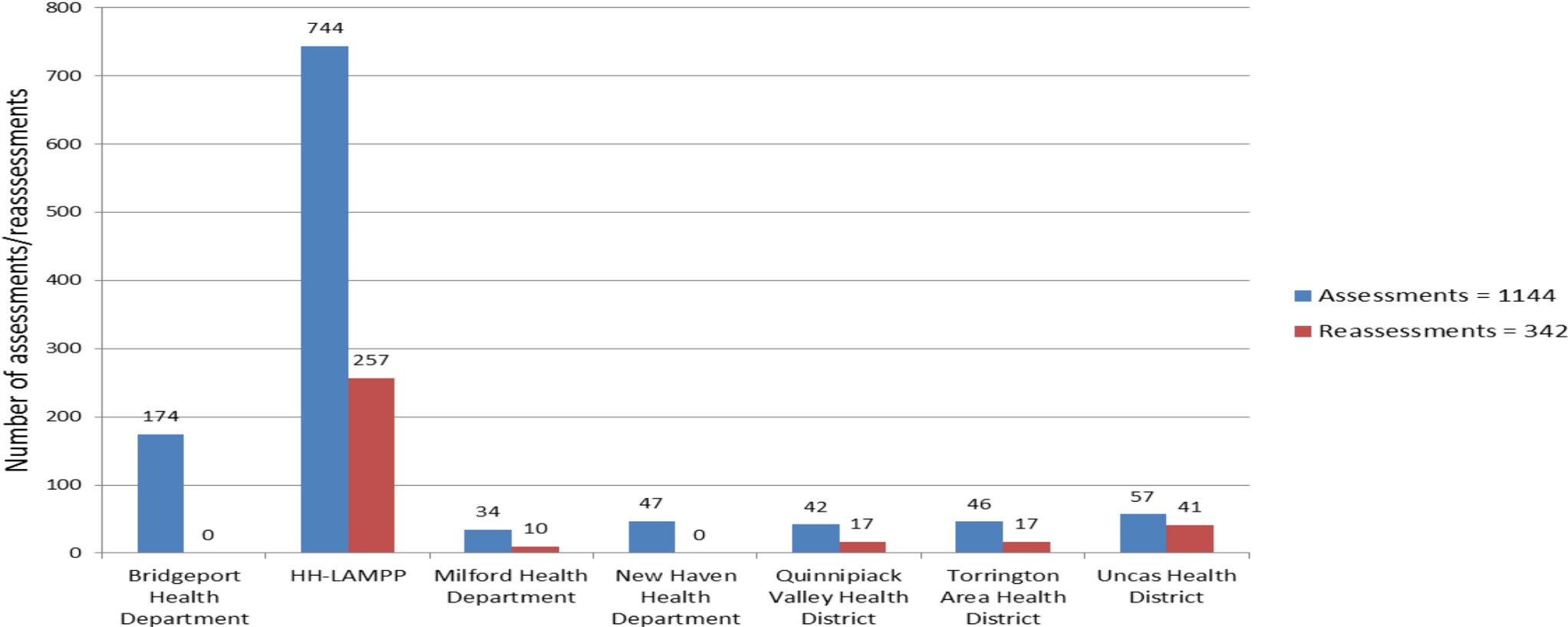


(Selected slides of a presentation by Jimmy Davila of DPH at the Semi-Annual Meeting on 3/23/2015)

Healthy Homes Surveillance System-Overview

- In use since July 2013
- Used to keep track of Healthy Homes assessments and reassessments
- Used by LHDs and other organizations that perform HH assessments
 - There are currently ~1400 assessments and ~350 reassessments in the system
 - Dates of assessments - 9/10 to 2015
- We have evaluated the data (using dates between 9/1/2010 and 30/2014)
- We are currently working on a report with 2015 data to be added.

HHSS Data*



*NOTE: These numbers correspond to the data that will be used in the report but are **not complete**. For example, Bridgeport has done reassessments in 2015, which are not included in this graph as yet.



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%.

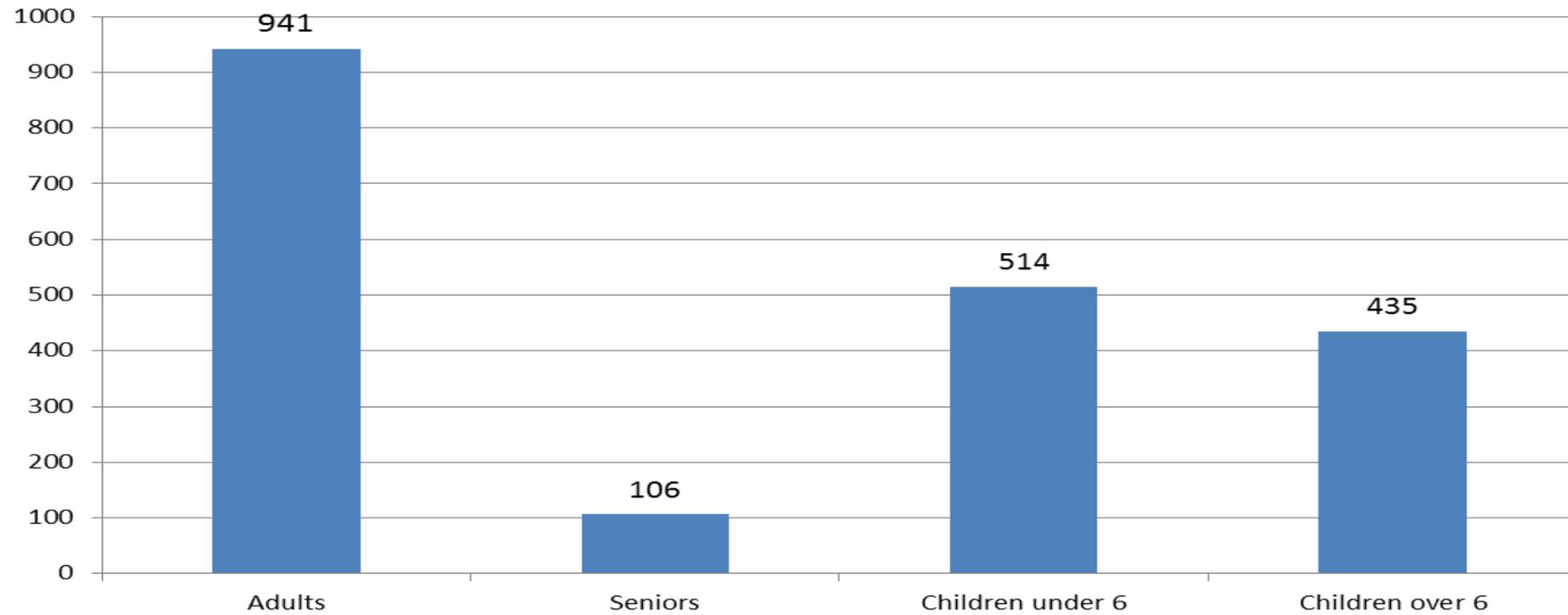
HHSS Data

Type of Ownership



Looking at first three columns, 76% of the homes were rentals, compared to the state average of 33%.

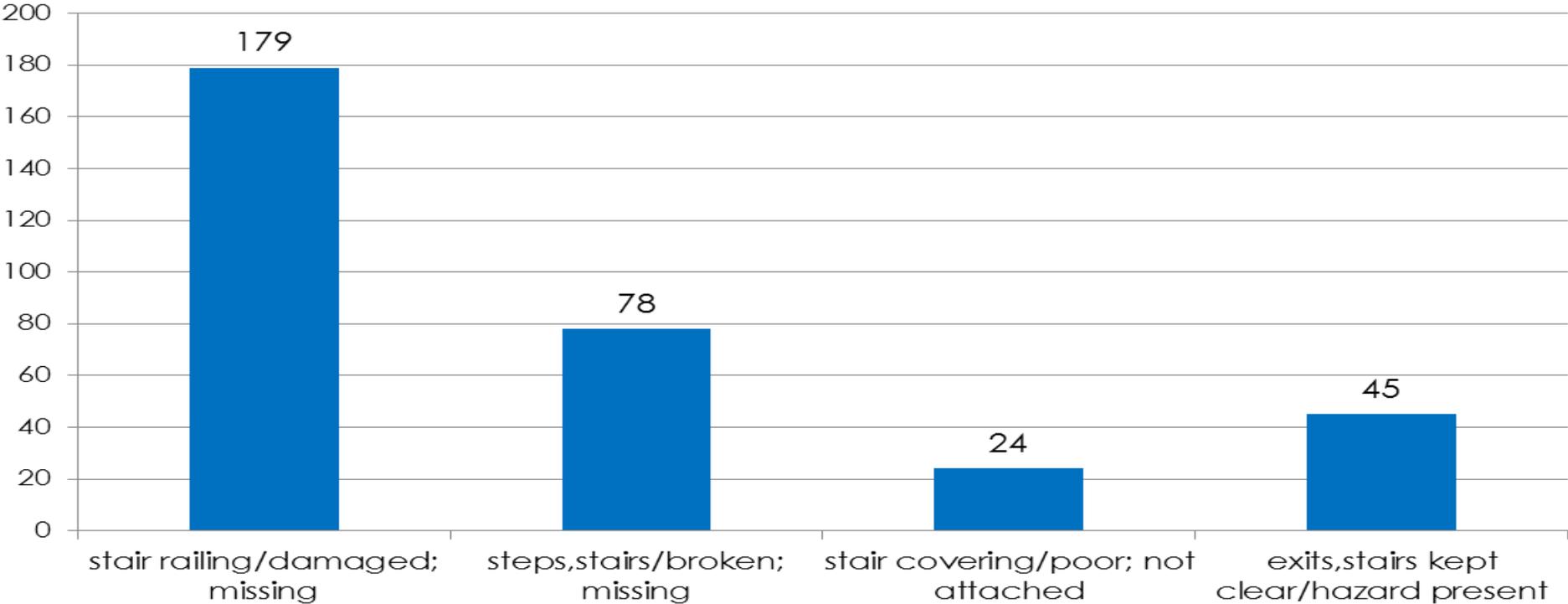
HHSS Data Occupancy



HHSS Data

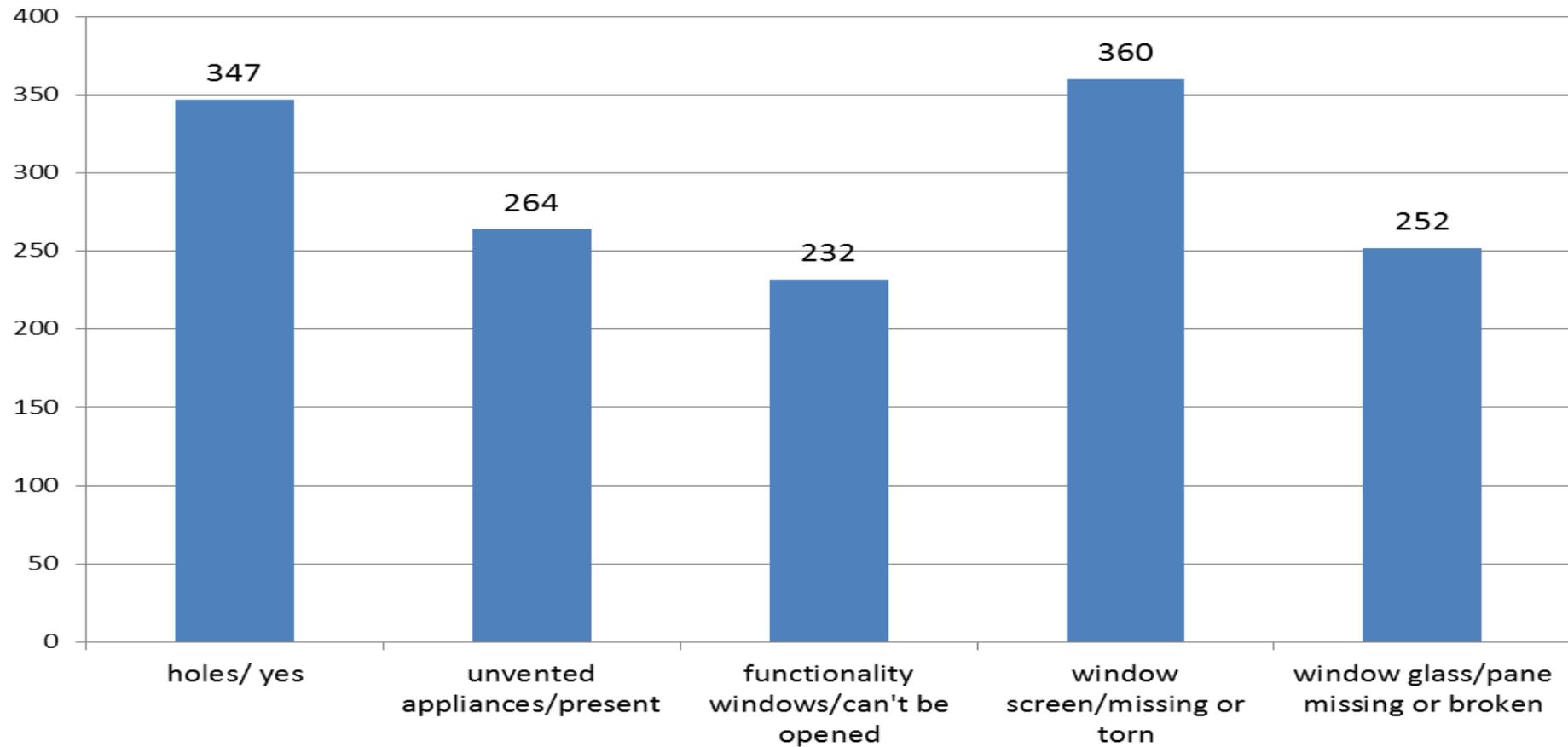
General Home Safety

Slip, Trips, Falls



HHSS Data

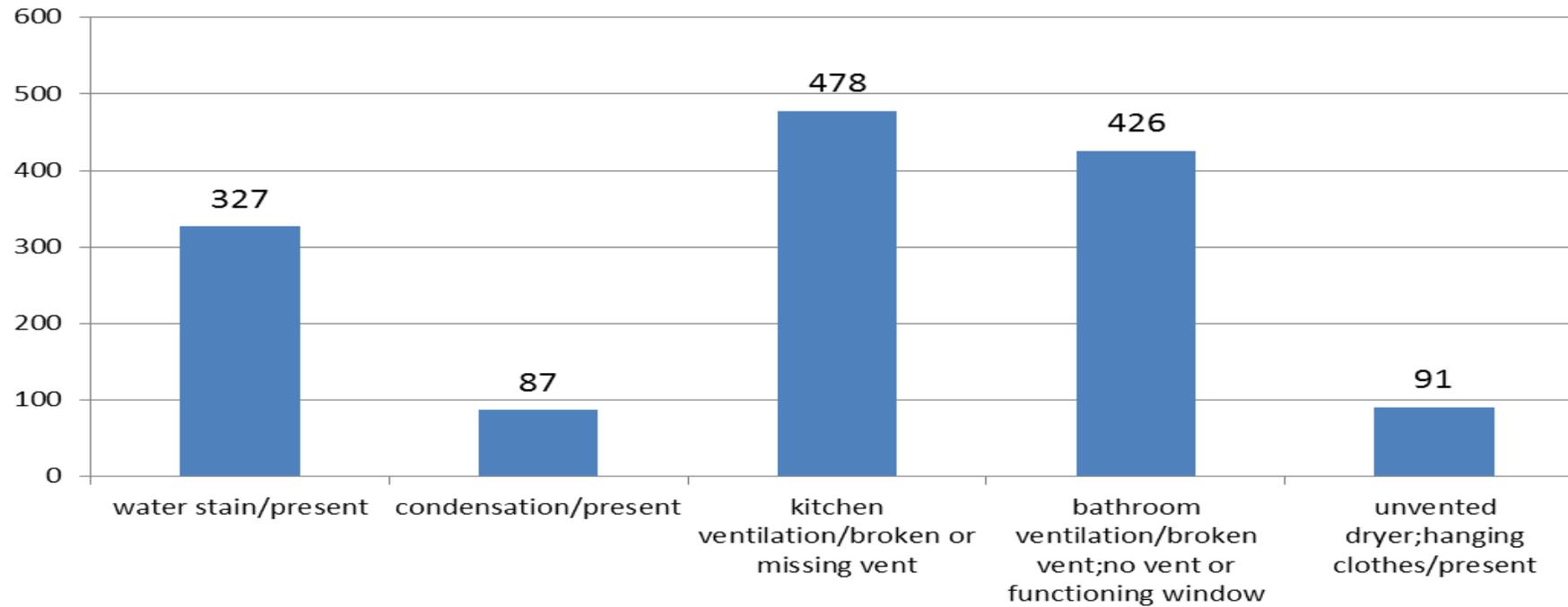
General Housing Characteristics



HHSS Data

Indoor Environment/Mold

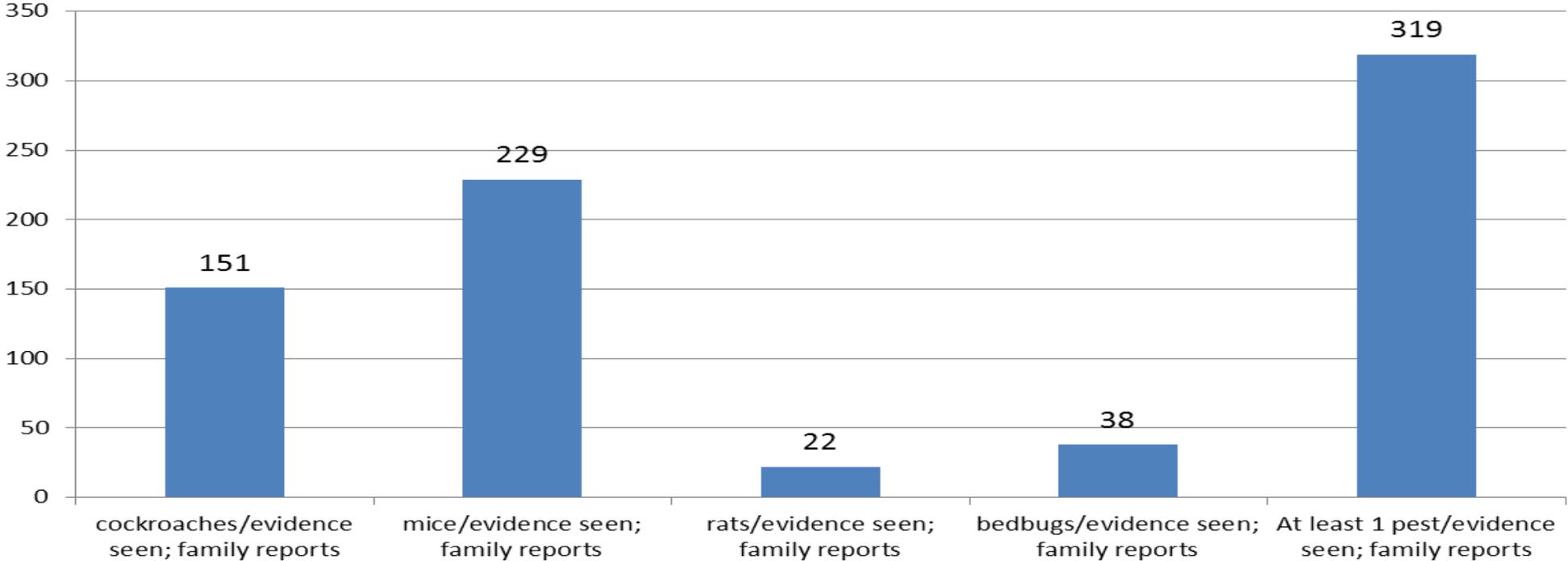
Interior Issues Contributing to Mold



HHSS Data

Indoor Environmental Quality

Pests



CT's Safety and Health Codes



Current laws for Housing Inspection: Directors of Health – C.G.S. §19a-206(a):

- C.G.S. §19a-206(a): Town, city and borough directors of health or their authorized agents shall, within their respective jurisdictions:
 - 1) examine all nuisances and sources of filth injurious to the public health,
 - 2) cause such nuisances to be abated or remediated; and
 - 3) cause to be removed all filth which in their judgment may endanger the health of the inhabitants.



Current laws for Housing Inspection: Directors of Health, cont. – CT Public Health Code Sec. 19-13-B2

CPHC Sec.19-13-B2 -Inspection and Abatement of nuisance

“(a) Any local director of health, upon information of the existence of a nuisance or any pollution occurring within his jurisdiction, or when any such nuisance or pollution comes to his attention, **shall**, within a reasonable time, investigate and, upon finding such nuisance or pollution exists, **shall** issue his order in writing for the abatement of the same.”

Current laws for Housing Inspection: Directors of Health, cont. CGS Sec. 47a-50 to 55 (enacted 1949)

Public Enforcement of Health and Safety Standards

Applies in rentals in one or two family dwellings, as well as tenement houses and mobile homes.

Provides for enforcement by local health official.

Enforcement obligation may be shared or transferred by municipal ordinance. (see next slide).

Current laws for Housing Inspection: Directors of Health, cont. - CGS Sec. 47a-55(a)

- **Sec. 47a-55. (Formerly Sec. 19-347). Enforcement. Penalties.** (a) The board of health of each town, city or borough shall enforce the provisions of this part, and the board of health is given authority for such purpose. **Any such town, city or borough may by ordinance duly adopted by its legislative body designate another authority or authorities to exercise concurrent or exclusive jurisdiction in the enforcement of this part.** All duties imposed and powers conferred by this part upon boards of health shall devolve upon the health authority or such other designated authority or authorities of each city, borough or town by whatever name such health or other authority or authorities may be known. Nothing in this part shall be construed to abrogate or impair the powers of a local board of health, or of the courts, or any such other lawful authority, to enforce any provision of any city or borough charter or health ordinances and regulations not inconsistent with this part, or to prevent or punish for violations thereof.

Current laws for Housing Inspection: Building Officials - CGS Sec. 29-393

- CGS Sec. 29-393
 - On receipt of information from the local fire marshal or from any other authentic source that any building in his jurisdiction, due to lack of exit facilities, fire, deterioration, catastrophe or other cause, is in such condition as to be a hazard to any person or persons, the building inspector **shall** immediately make an inspection by himself or by his assistant...

Current laws for Housing Inspection: Building Officials, cont.

SBC 115: Unsafe structures and equipment

- Unsafe Structure Order template now available for use in DPS approved format. Find at - <http://www.ct.gov/dcs/cwp/view.asp?a=4447&q=522242>
 - The BO shall deem structures or equipment an unsafe condition which are or become: Unsafe, Insanitary, Deficient because of inadequate means of egress, inadequate light and ventilation, can constitute a fire hazard or are otherwise dangerous to human life or public welfare or that involve illegal or improper occupancy or inadequate maintenance.
 - The BO shall cause a report to be filed on an unsafe condition. SBC 115.2



SBC 115: Unsafe structures and equipment, cont.

- The unsafe structure **shall** be taken down and removed or made safe, as the BO deems necessary.
- A **vacant** structure that is not secured against entry **shall** be deemed unsafe. Enforcement of this provision can be a tremendous help to community safety.



SBC 115.3

Notice of Unsafe Structure.

- If an unsafe condition is found, the **BO shall serve** on the owner, agent or person in control of the structure a written notice that describes the condition and specifies the abatement required, or demolition within a stipulated time.
- Requires the person notified declare immediately to the BO acceptance or rejection of the terms of the order.





DCJ Chief State's Attorney: Kevin T. Kane

OCSA HOUSING PROSECUTORS

(current as of 5/2016) <http://www.ct.gov/csao/cwp/view.asp?a=1798&q=477038>

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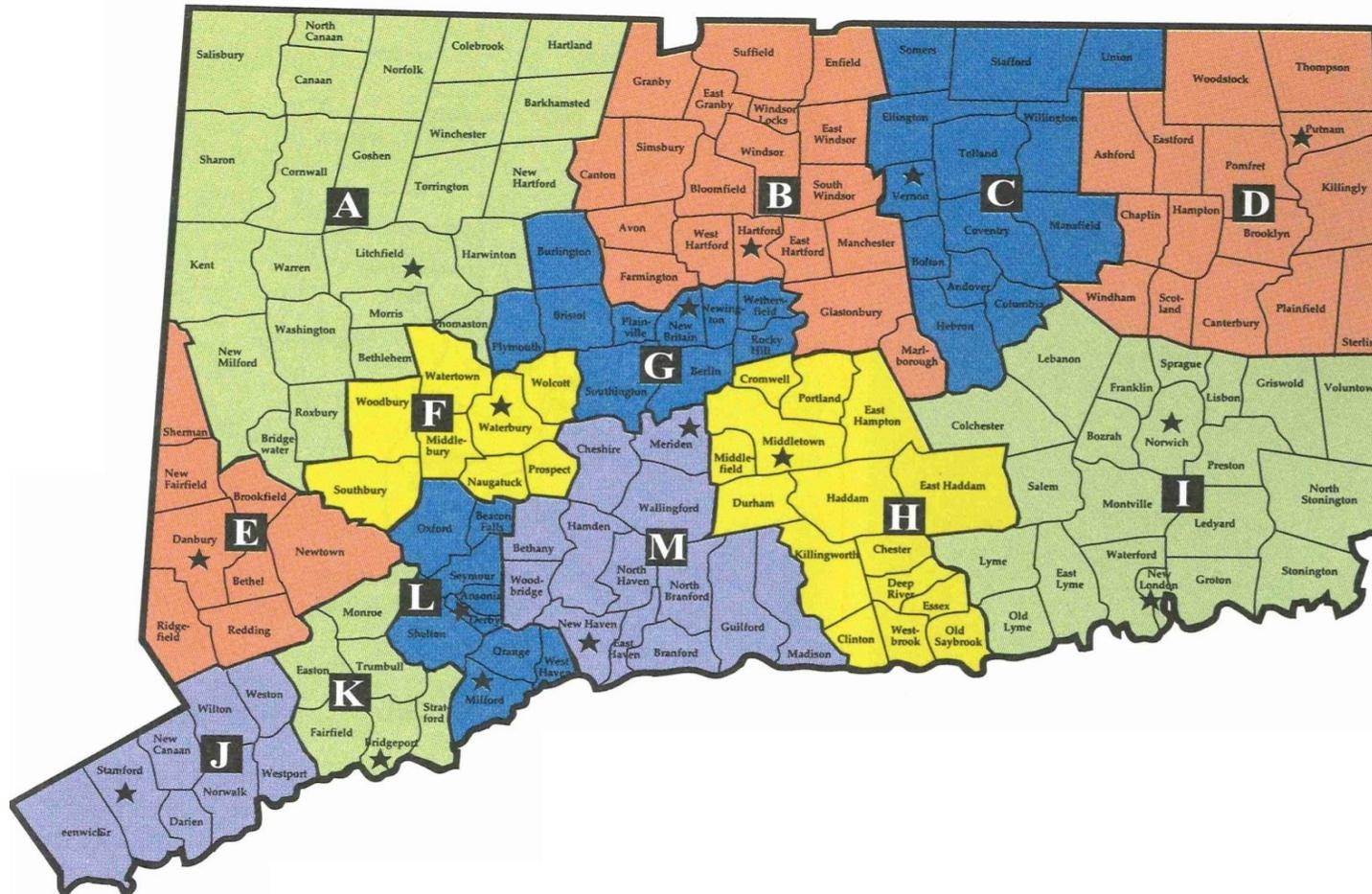
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CT Judicial Districts



- A: Litchfield**
- B: Hartford**
- C: Tolland**
- D: Windham**
- E: Danbury**
- F: Waterbury**
- G: New Britain**
- H: Middlesex**
- I: New London**
- J: Stamford-Norwalk**
- K: Fairfield**
- L: Ansonia-Milford**
- M: New Haven**

GOING FORWARD?

SHIP Housing Initiatives (2016-17)



FIGHT BLIGHT

- Promote use of the recently added CGS Sec. 7-148o in enhanced effort to combat blight
- Support 2017 legislative adoption of a State Property Maintenance Code



MAKE SAFE ABANDONED AND VACANT BUILDINGS

- Promote use of CT State Building Code Section 115 “Unsafe Structure”
- Eliminate or decrease risk or actual criminal activity



HOUSING REHABILITATION IN “COOPERATIVE COMPLIANCE” MODEL

- Educate on the value and importance of “Healthy Housing”
- Engage CDBG and other current sources of funding

JOIN THE SHIP COALITION



For general questions, additional comments, and information on the SHIP please e-mail:

HCT2020@ct.gov

To join the SHIP Coalition:

www.ct.gov/dph/SHIPCoalition .

To view progress on the SHIP:

www.ct.gov/dph/Dashboard

**JOIN US ON
THE HEALTHY HOUSING SUB –COMMITTEE
CONTACT INFORMATION HCT2020@ct.gov**

or

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