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HCT2020 Year 1: 2016 Action Agenda Environmental Risk Factors and Health

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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 3% 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.	a. The Department of Public Health will enter into an agreement with the Department of Housing (DOH) to provide data on a regular basis. March, 2016	DOH, CHFA, HUD, DPH, local PHOs	Have an executed MOU by 3/1/2016
	b. 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	Share data on a quarterly basis with listed partners
	c. DPH will provide high/moderate risk towns with cloud maps indicating lead poisoning concentration by neighborhood	DPH, LHDs	Produce and distribute maps
Advance preventive lead-safe housing standards for rental and owner-occupied housing	a. Support any legislative initiative to adopt International Property Maintenance Code (IPMC) (refer to Healthy Housing SHIP objective)	DSS, DOH, DCF, DPH, DAS, CCM	Testimony submitted
	b. Develop, offer and advertise lead-related training for rental property owners January, 2017	Training providers, rental property owners, property owner's association	To be determined by POA or private industry
	c. Conduct a variety of training programs for Directors of Health in collaboration with housing court (Semi-Annual meeting topic) January, 2017	LHD, CADH, CEHA, DPH, DCJ, CAMA, CCM	Dependent on training topic Written policies and procedures for Directors of Health provided through DCJ, presentations and meetings
	d. Explore how to promote lead-safe housing through renter's insurance incentives and requirements January, 2016	DPH, Dept. of Insurance Property Owners Assoc., General Assembly, DPH, consultants, training providers, Legal	Language used by insurance companies is uniform and policy established

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Identify financing for lead hazard remediation and lead abatement for residential properties statewide	a. Review federal legislation and identify opportunities for funding lead abatement or lead hazard remediation Ongoing	DOH, CHFA	Availability of new funding source(s)
	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	# of successful health depts.
	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 July 2016	DOH, CCMC HHP	Successful submittal of application and funding provided (for communities)
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, 2016	WIC, DPH Lead Program, LHDs	Increased compliance with lead screening, reduced rates of lead poisoning in WIC enrollees
	b. The RLTCs will host educational meetings on lead poisoning and testing for pediatricians and continue work of EPIC on larger scale July, 2016	LHDs, DPH, HUD grantees, EPIC, CT AAP, Regional Lead Treatment Centers	Date of meetings, Number of attendees, impact measures based on objectives
	c. DPH will increase frequencies of communication to licensed workforce Ongoing	DPH, training providers, private sector	Produce and share quarterly Lead Line
	d. LHDs will utilize lead poisoning prevention funds to educate property owner associations and landlords in their towns July, 2016	LHDs, DoH, DPH	Contractual measures

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	<p>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</p>	DPH, Commission on Children	Develop and distribute lead information resource
<p>Encourage partners and agencies to provide families with the information needed to protect their children from potential lead hazards in homes.</p>	<p>a. Train DCF Regions/investigators/staff on lead poisoning, defective paint, what to look for, what actions to take if observed by DCF</p>	DPH, DCF Training Academy LHD, property owners	TBD by DCF
	<p>b. Clearly articulate and document lead safe requirements established between OEC and DPH for licensing specialists January, 2016</p>	OEC, DPH	Make part of OEC new employee training outline
	<p>c. Approved Lead Training Providers who offer courses for inspectors, risk assessors and planner project designers market and incorporate "management plan follow-up" into training and client services December, 2015</p>	Licensed Workforce, DPH	Memorandum from DPH to all approved training providers
	<p>d. 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 2016</p>	DSS, DPH	Posted on portal

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<p>Promote environmental assessments (inspections and risk assessments) to identify and mitigate lead hazards in homes before children demonstrate BLLs above the reference value.</p>	<p>a. CHFA will follow-up and require and inspection and review of pre-1978 dwelling units with children under the age of 6</p>	<p>DOH, CHFA, property owners, property manager</p>	<p>Provide inspection report to LHD, DOH, CHFA, owner/land lord</p>
	<p>b. Ensure that clinical care operators (day care specialists) are following up on licensed facilities known to have lead hazards or no lead inspection conducted in a timely manner December, 2016</p>	<p>OEC</p>	<p>Completed protocol</p>
	<p>c. LHDs investigate BLLs >5 and seek funding sources to eliminate lead hazards</p>	<p>LHDs, tenants, home owners, CADH</p>	<p>Number of units made lead safe</p>
	<p>d. Incorporate targeted lead inspections in units with children under the age of six into lead poisoning prevention funding contracts July 2016</p>	<p>DPH, DoH, CADH, Code Enforcement Officials</p>	<p>Number of child-occupied units inspected and abated (venous BLL <15ug/dL)</p>

Focus Area 2: Environmental Risk Factors and Health			
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Area of Concentration: Lead			
SHIP Objective ENV-1: Reduce to less than 3% 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).			
<p>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.</p>	<p>a. Share the SHIP Action Agenda with stakeholders and partners to engage them in reducing childhood lead poisoning rates statewide December 2015, semi-annual meetings</p>	<p>Key stakeholders</p>	<p>Meetings, minutes, revision of SHIP action agenda, progress</p>
	<p>b. Establish MOU between DCF and DPH to detail process for notifying local officials of homes with outstanding lead-based paint orders December, 2017</p>	<p>DCF, DPH, LHD</p>	<p>MOU established</p>
	<p>c. Establish guidelines to provide/require a lead paint management plan every two years in homes with known intact lead-based paint. If lead hazards are detected expand the action to inspection and abatement/remediation in such units</p>	<p>CHFA, property owners, private industry consultants, local health departments, OEC</p>	<p>Submit report to DOH/CHFA/asset manager; TBD by CHFA</p>
<p>Partner with health care professionals to promote and improve compliance with the <i>Requirements and Guidelines for Childhood Lead Screening</i> (April 2013), including ensuring that all children are tested at least annually before turning three years of age. This also includes recommending environmental assessments be conducted by licensed lead consultants in patients' pre-1978 homes.</p>	<p>a. The Regional Lead Treatment Centers shall educate pediatricians throughout CT on childhood lead poisoning protocols, billing practices and codes, and other relevant topics annually July, 2016</p>	<p>RLTCs, DPH, pediatricians, CT-AAP</p>	<p>Number of pediatricians visited or attended educational conference on lead</p>
	<p>b. 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)</p>	<p>DSS, CHN providers, Medicaid</p>	<p>Increased number of children tested 2x before turning 3 years of age</p>
<p>Ensure lead data is shared in a timely manner.</p>	<p>a. CHFA will distribute lead/housing data (TBD) to housing agency owners to discuss trends December, 2017</p>	<p>DPH, LHDs, Housing agencies</p>	<p>Final report is shared with partners</p>
	<p>b. The DOH will provide data and addresses on their voucher-based programs to DPH on a quarterly basis September, 2015</p>	<p>DOH, DPH</p>	<p>Share the data</p>

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SHIP Objective ENV-1:	Reduce to less than 3% 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).
Resources Required (human, partnerships, financial, infrastructure or other) <ul style="list-style-type: none">•	
Monitoring/Evaluation Approaches <ul style="list-style-type: none">• Provide quarterly report outs	

Focus Area 2: Environmental Risk Factors and Health			
Goal 2: Enhance public health by decreasing environmental risk factors.			
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
Convene a meeting of primary stakeholders recruit responsible partners, subject matter experts and build a coalition.	a. Organize and hold stakeholders meeting. Complete by 2/1/16.	CTDPH, CTDEEP, CADH, Local Health Departments (especially those who are lead agencies for each of the 7 Asthma regions), Asthma coalition	
Provide public information and data to encourage sound decision making about outdoor activity on poor air quality days.	a. Inventory and evaluate existing information/messaging and being shared with public. Complete by 12/1/15.	EPA, CTDEEP, CTDPH, CADH, Local Health Departments (especially those who are lead agencies for each of the 7 Asthma regions), Asthma coalition	
	b. Organize a meeting with meteorologists to evaluate and discuss public messaging. Complete by 1/1/16.		
	c. Identify target audiences and create messaging to link CTDEEP's forecasted AQI data and associated adverse health effects. Complete by 3/1/16.		
Develop a comprehensive, standardized alert processes to alert the public, and specifically reach at-risk populations, in the event of poor air quality.	a. Inventory how forecasted AQI data is disseminated and identify a baseline of number of direct contacts made. Complete by 11/1/15.	CTDEEP, CTDPH (Communications, Asthma program), EPA and Regional Asthma leads (who will them share with their respective coalitions)	
	b. Identify target audiences and best tools to disseminated targeted messages. This effort should explore and identify the benefits and opportunities available through electronic and social media. Complete by 5/1/16.		
Develop and implement a plan for education and outreach about poor air quality days for at-risk populations.	a. Identify at-risk populations and representative organizations. Complete by 12/1/15.	Local Health Departments (especially those who take the lead for the 7 Asthma regions); health collaboratives that are working on	

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SHIP Objective ENV-5: Increase public awareness of the presence and risk of poor air quality days. (DEVELOPMENTAL)

	<p>b. Determine which media avenues are best to reach at-risk populations. Complete by 4/1/15.</p>	<p>CHA-CHIP activities (e.g. PCAG in Greater Bridgeport area); CTDEEP and CTDPH Work with health collaboratives (PCP groups, hospitals, FQHC, LHDs)</p>	
	<p>c. Coordinate putting cross-jurisdictional messages out. Complete by 5/1/16</p>		
	<p>d. Develop partnerships with media channels (e.g. connect with health correspondents of each of the major media outlets) to make it a collaborative effort. Complete by 1/1/16.</p>		
	<p>e. Launch pilot media campaign and evaluate effectiveness. Complete by 8/1/16.</p>		
<p>Encourage schools and to develop a list of at-risk children and design specific alternative indoor recess activities for those children on “bad air” days.</p>	<p>a. Work with CTDPH and CASBHC to identify children with asthma (to help target outreach efforts) Complete by 2/1/15.</p>	<p>CTDPH, CASBHC, School Nurses-BOE/School Nurses-LHDs, Regional Asthma Coalitions</p>	
	<p>b. Work with school wellness committees to make decisions (evidence-based) to direct indoors. Complete by 8/1/16.</p>		
<p>Establish baseline measurement of at-risk populations’ level of awareness of forecasted poor air quality days.</p>	<p>a. Develop pilot assessment of perceptions and awareness. Complete by 4/1/16.</p>	<p>CTDEEP, CTDPH (Communications, Asthma program), EPA and Regional Asthma leads (who will them share with their respective coalitions)</p>	
	<p>b. Develop set of analytics to measure social media reach (likes, shares, hits, etc.) Complete by 1/1/16.</p>		
<p>Work with at-risk population care providers to develop appropriate responses to forecasted unhealthy air quality days. (day cares, day camps, nursing homes)</p>	<p>a. Work with representative organizations of at-risk populations on the development and implementation appropriate responses to forecasted unhealthy air quality days for specific groups. Complete by 8/1/16.</p>	<p>CTDEEP, CTDPH (Communications, Asthma program), EPA and Regional Asthma leads (who will them share with their respective coalitions)</p>	

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Resources Required (human, partnerships, financial, infrastructure or other) <ul style="list-style-type: none">•
Monitoring/Evaluation Approaches <ul style="list-style-type: none">• Provide quarterly report outs

Focus Area 2: Environmental Risk Factors and Health			
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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:		Enforcement of minimum housing code standards through collaboration of code enforcement agencies	
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. Convene a meeting of primary code enforcement agency and organization stakeholders in the adoption of a statewide property maintenance code. Due Date: September 15, 2015</p>	<p>DCJ, DPH, DAS, DEEP, CAHCEO, CFMA, CBOA, DCP, DESPP, CEHA, CADH.</p>	
	<p>b. Propose adoption of a statewide maintenance code for CT to the Commissioners of DPH and DAS. Due Date: October 31, 2015</p>	<p>DCJ, DPH, DAS, DOH, OPM.</p>	
	<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: November 30, 2015. Code regulation in effect by July 1, 2018.</p>	<p>DPH, DEEP, DESPP, DOH, DAS (including Office of Education and Data Management - OEDM), DSS. Resource partners further include federal agencies including HUD, EPA, DHHS.</p>	<p>A meeting was held on 8/17/15 of code enforcement officials and organizations to review the SHIP and the PMC objective in it.</p>
	<p>d. Propose legislation to enable the adoption of a statewide property maintenance code. Due Date: Enabling legislation by end of session 2016; property maintenance code regulation passed by December 1, 2017; property maintenance</p>	<p>(TBD) Possible responsible partners include CGA , DPH, DAS - Office of the State Building Inspector, Office of the State Fire Marshal, DOH (Dept. of Housing), CT Division of Criminal Justice, DEEP and DESPP.</p>	<p>A meeting was held on 9/10/15 resulting with full approval of Focus Area 2 Goal 2 SHIP objectives including support of PMC proposal.</p>
<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>a. 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: November 2015</p>	<p>CGA, OPM, DOH, DPH, DEEP- Energy Conservation Program, Public Utilities, CT Dept. of Insurance, CT Division of Criminal Justice, U.S. HUD CDBG Block Grants, U.S. DOJ (public safety funding), Public Utility Companies</p>	

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SHIP Objective ENV 6: Increase the enforcement of minimum housing code standards through the collaboration and support of code enforcement programs. (DEVELOPMENTAL)			
<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>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>	<p>DCJ, DPH, DAS, DOH, DEEP, DESPP, CT Police Chiefs Assoc., CAHCEO, CEHA, CADH, CBOA, CFMA</p>	
	<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. Due Date: End of CGA 2016 Session</p>	<p>CGA, OPM, U.S. HUD CDBG Block Grants, U.S. DOJ</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 Due Date: February 2016</p>	<p>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. Due Date: April 2016</p>	<p>DCJ, DPH, DAS, DOH, DEEP, DESPP, CT Police Chiefs Assoc., CAHCEO, CEHA, CADH, CBOA, CFMA</p>	

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<p>Develop media or other awareness campaigns to inform property owners and others of the importance of code, and the benefits of cooperative compliance</p>	<p>a. Launch geographically tailored public awareness campaigns stressing importance of establishing and maintaining healthy housing. Due Date: April 2016</p>	<p>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</p>	
Resources Required (human, partnerships, financial, infrastructure or other)			
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Monitoring/Evaluation Approaches			
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