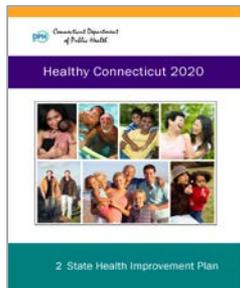


# THE STATE HEALTH IMPROVEMENT PLAN: A CALL TO ACTION FOR CODE AGENCIES AND ORGANIZATIONS



Judith R. Dicine, SASA Housing Matters  
State of Connecticut  
Division of Criminal Justice  
Office of the Chief State's Attorney

Presented on behalf of the CT SHIP Advisory Council  
to the Meeting of Code Agencies and Organizations  
Office of the Chief State's Attorney  
February 29, 2016





Connecticut Department  
of Public Health

Healthy Connecticut 2020



2 State Health Improvement Plan

# The State Health Improvement Plan (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



(7)

# 7 Focus Areas

# Lead Conveners

Focus Area	Lead Convener(s)
<b>Maternal, Infant and Child Health (MICH)</b>	MCH Advisory Council DPH Family Health Program
<b>Environmental Health (EH)</b>	<b>CT Association of Directors of Health DPH Environmental Health Program</b>
<b>Chronic Disease (CD)</b>	CT Hospital Association DPH Chronic Disease Program
<b>Infectious Disease (ID)</b>	DPH Infectious Disease Program
<b>Injury and Violence Prevention (IVP)</b>	CT Children's Medical Center DPH Injury Prevention Program
<b>Mental Health and Substance Abuse (MHSA)</b>	Wheeler Clinic Dept. of Mental Health and Addiction Services
<b>Health Systems (HS)</b>	CT Conference of Municipalities DPH – SIM Population Health

# Healthy Homes Surveillance System Assessments

- There are currently ~1400 assessments and ~350 reassessments in the system
- Dates of assessments - 9/10 to present
  - We have evaluated the data (using dates between 9/1/2010 and 6/30/2014)
  - We are currently working on a report

# Focus Group 2: Environmental Health

## Proposed Objectives for 2016 Action Agenda

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	<b>Increase the enforcement of minimum housing code standards through the collaboration of code enforcement agencies.</b>

# The SHIP ~~DRAFT~~ *NEWLY APPROVED* Environmental Health Healthy Housing HEALTHY CT 2020 Action Strategies

- 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 BY REDUCING CRIME.

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

- Health Equity =
- Economic Factors
- Social Factors



**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.

# CT General Statutes 47a Sec. 50-55

## Public Enforcement of Health and Safety Standards

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

Requires enforcement by local health official.

Enforcement obligation may be shared or transferred by municipal ordinance.

# 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.

# PREVENTING LEAD POISONING

- <http://www.lead-safe-illinois.org/uploads/documents/ripple-effects.pdf>

# Asthma in Connecticut

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.

The following slides are 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)



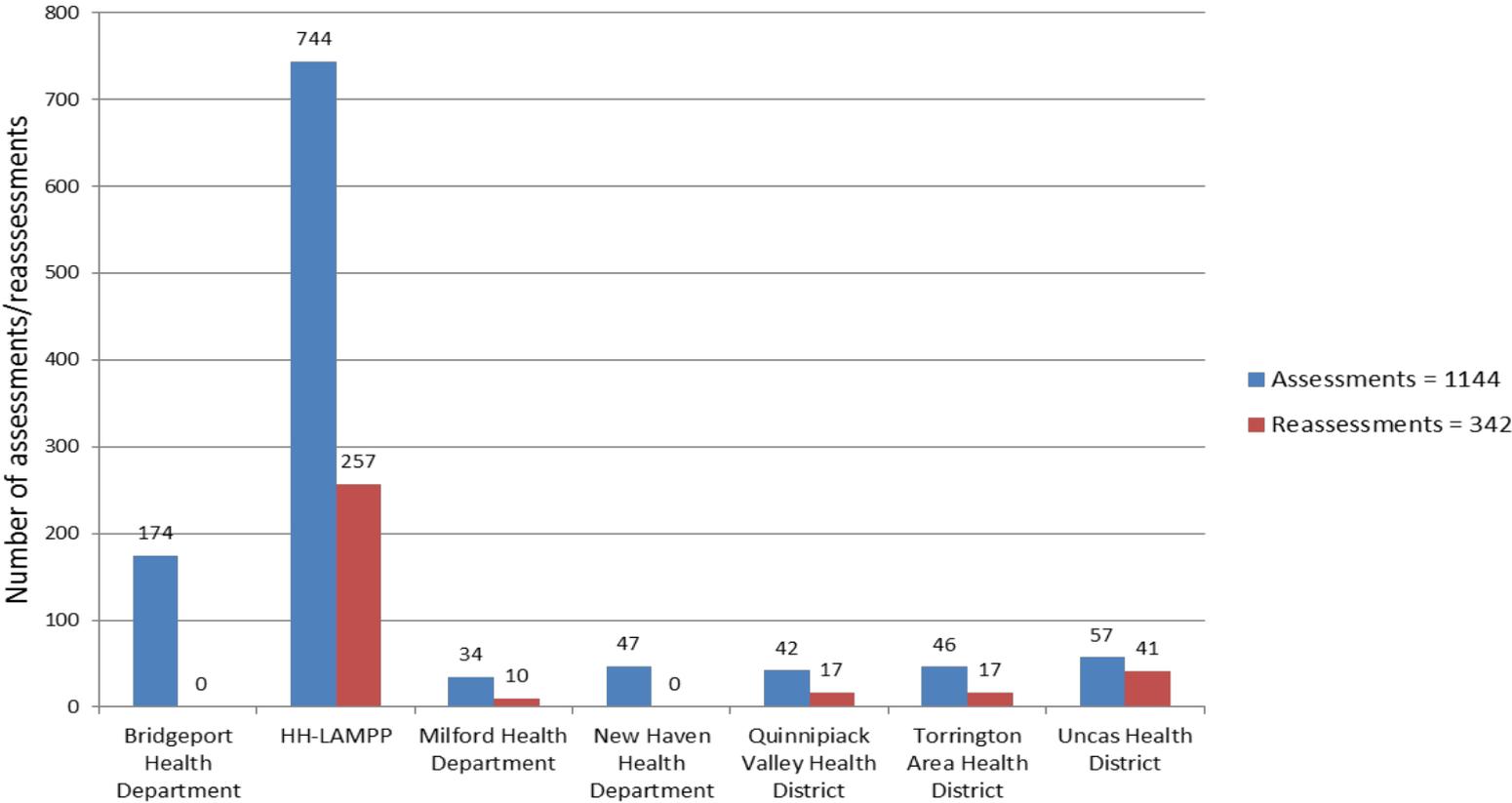
# Healthy Homes Surveillance System Overview

- 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

# Healthy Homes Surveillance System Assessments

- There are currently ~1400 assessments and ~350 reassessments in the system
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# HHSS Data

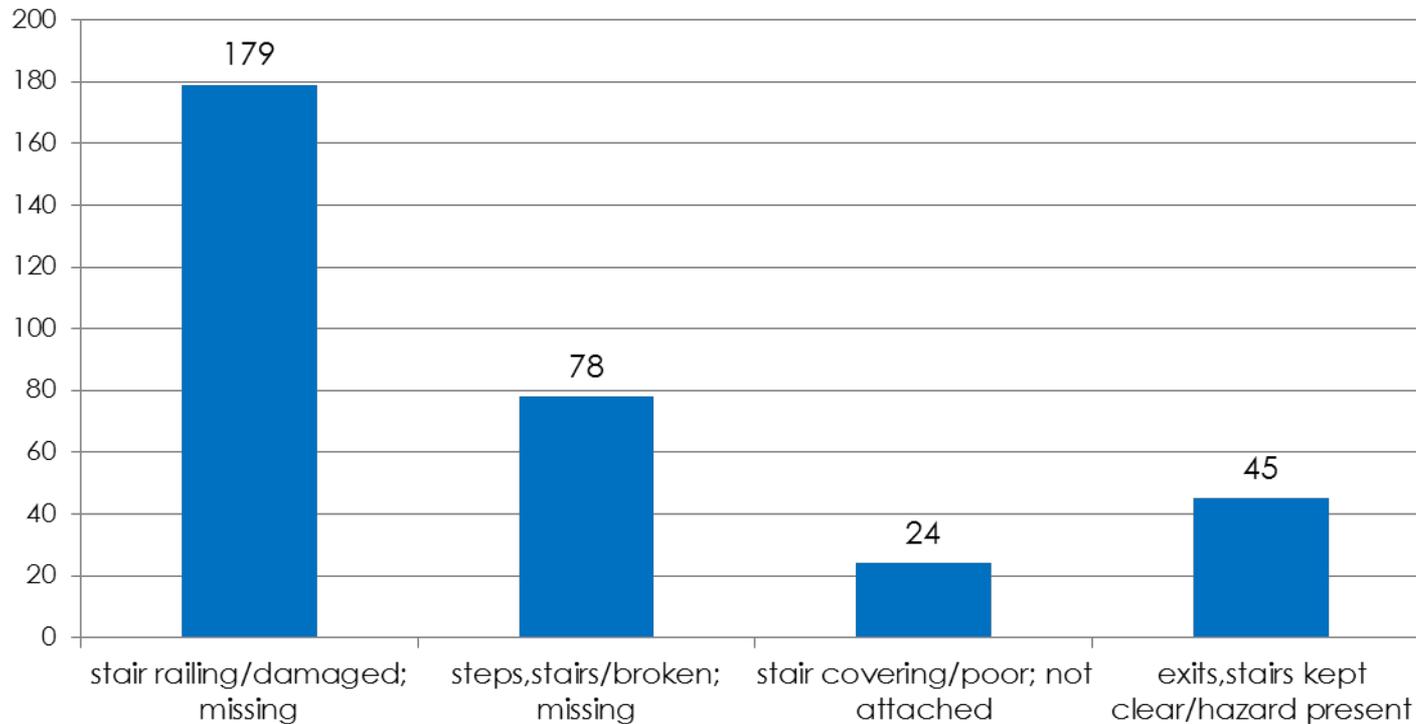


These numbers correspond to the data that will be used in the report

# HHSS Data

## General Home Safety

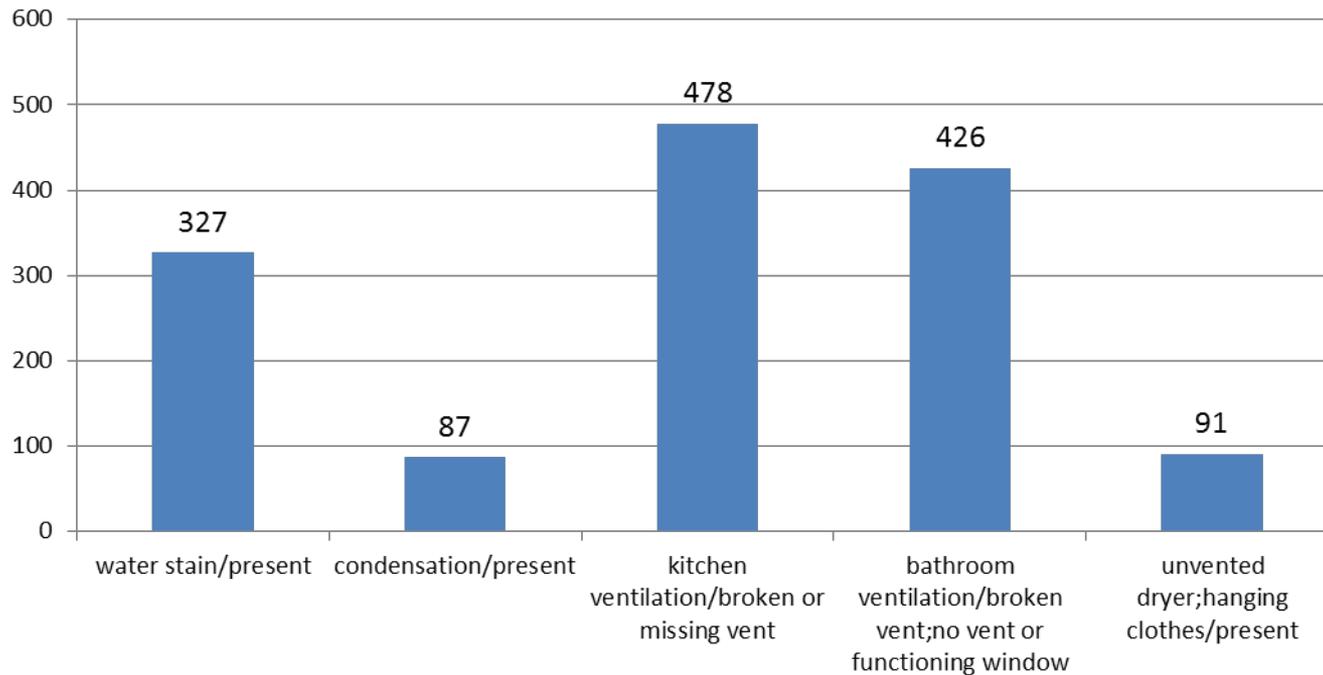
### Slip, Trips, Falls



# HHSS Data

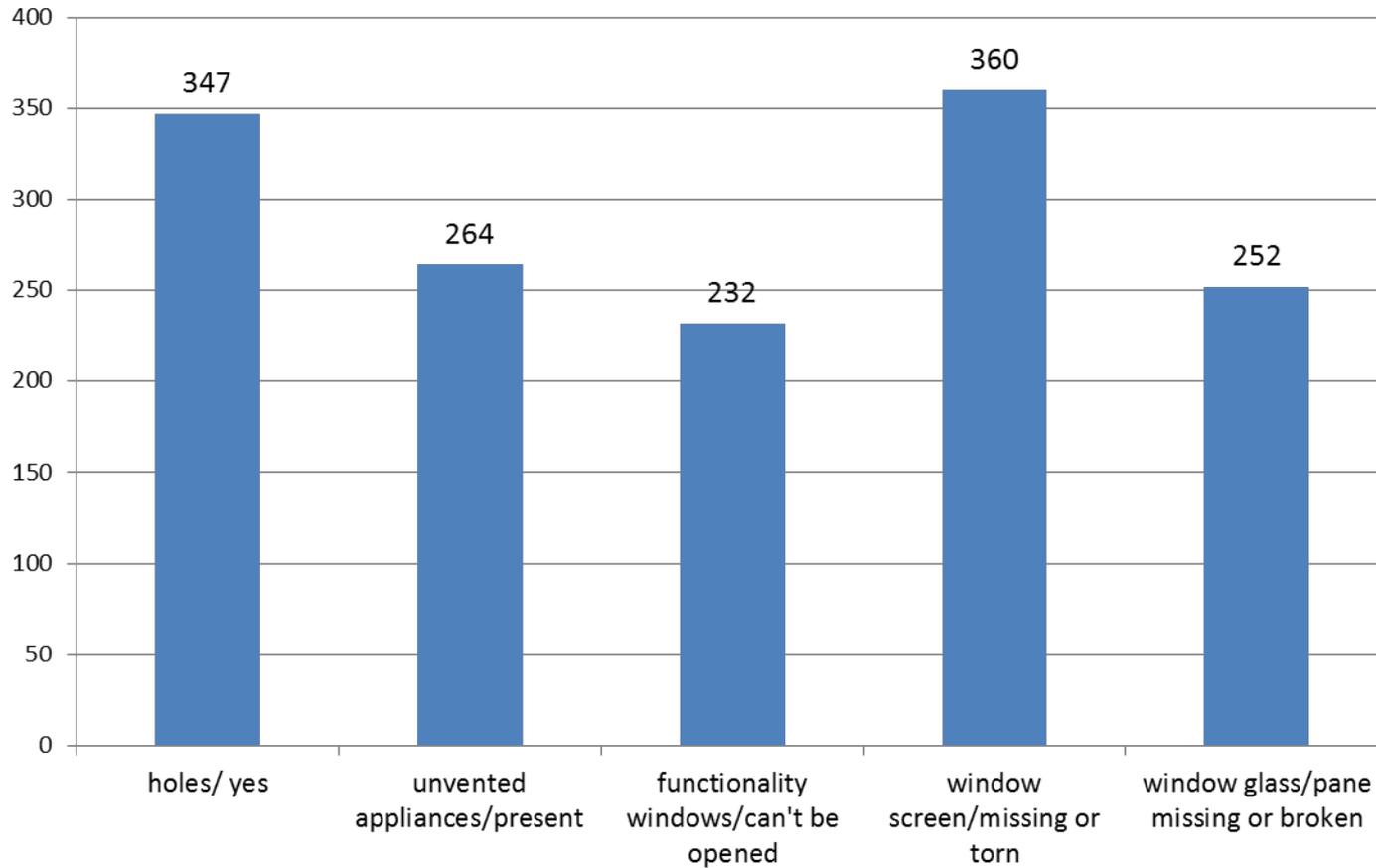
## Indoor Environment/Mold

### Interior Issues Contributing to Mold



# HHSS Data

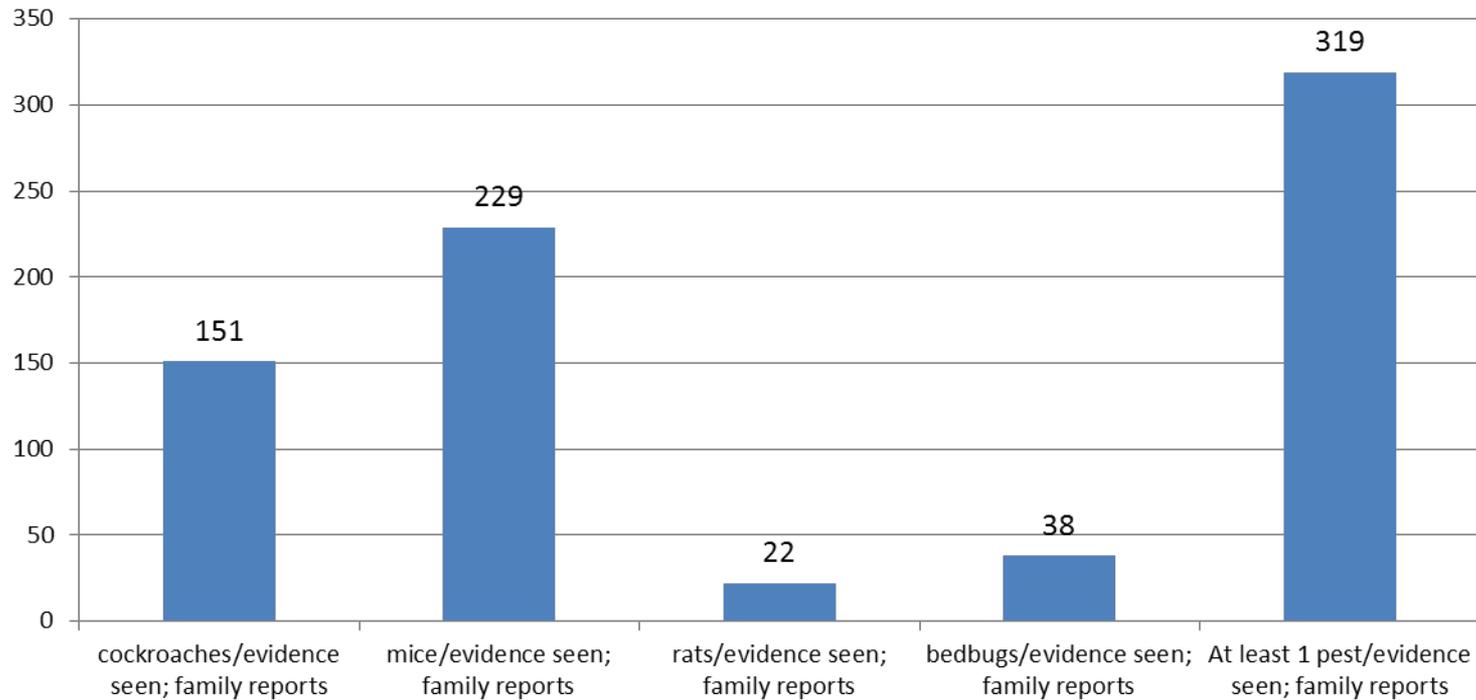
## General Housing Characteristics



# HHSS Data

## Indoor Environmental Quality

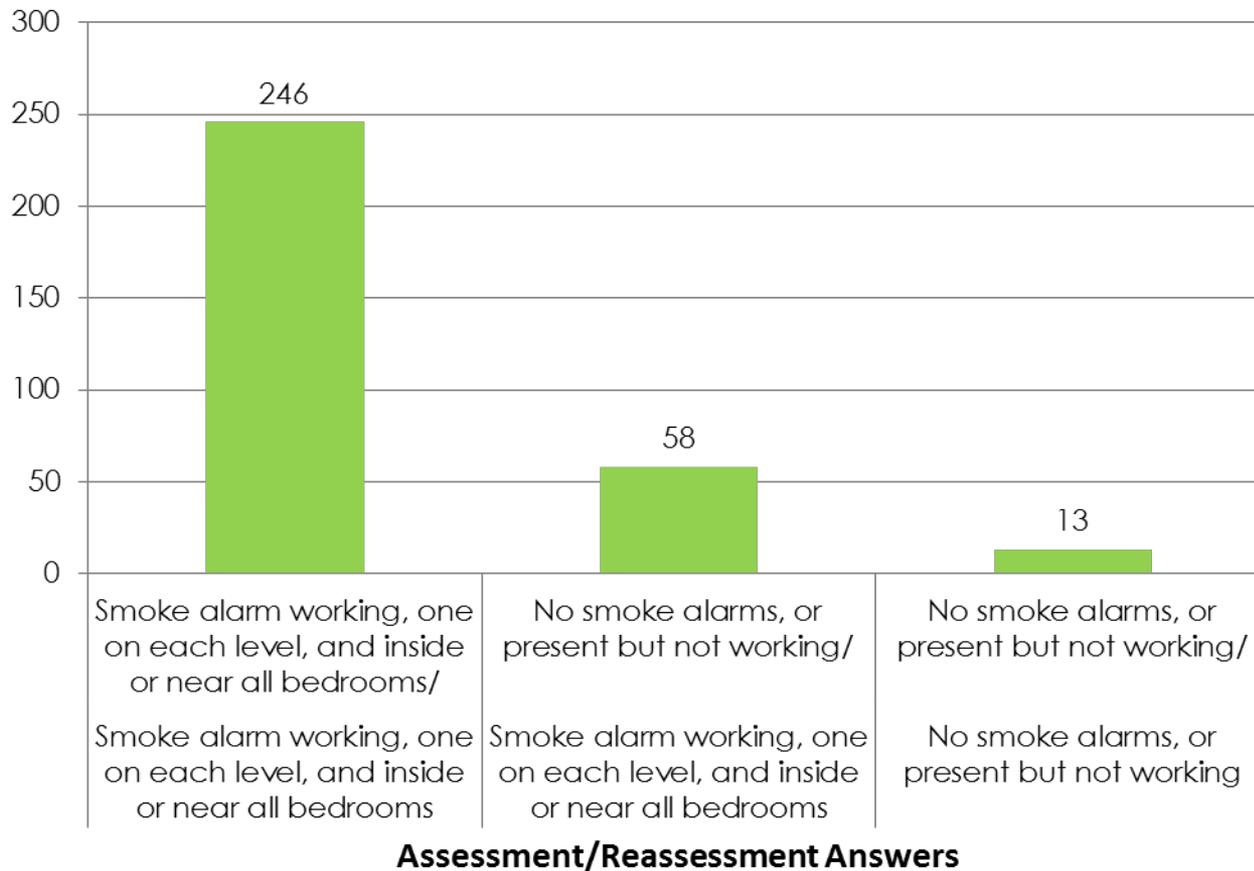
### Pests



# HHSS Data

## Reassessments

### Smoke Alarms



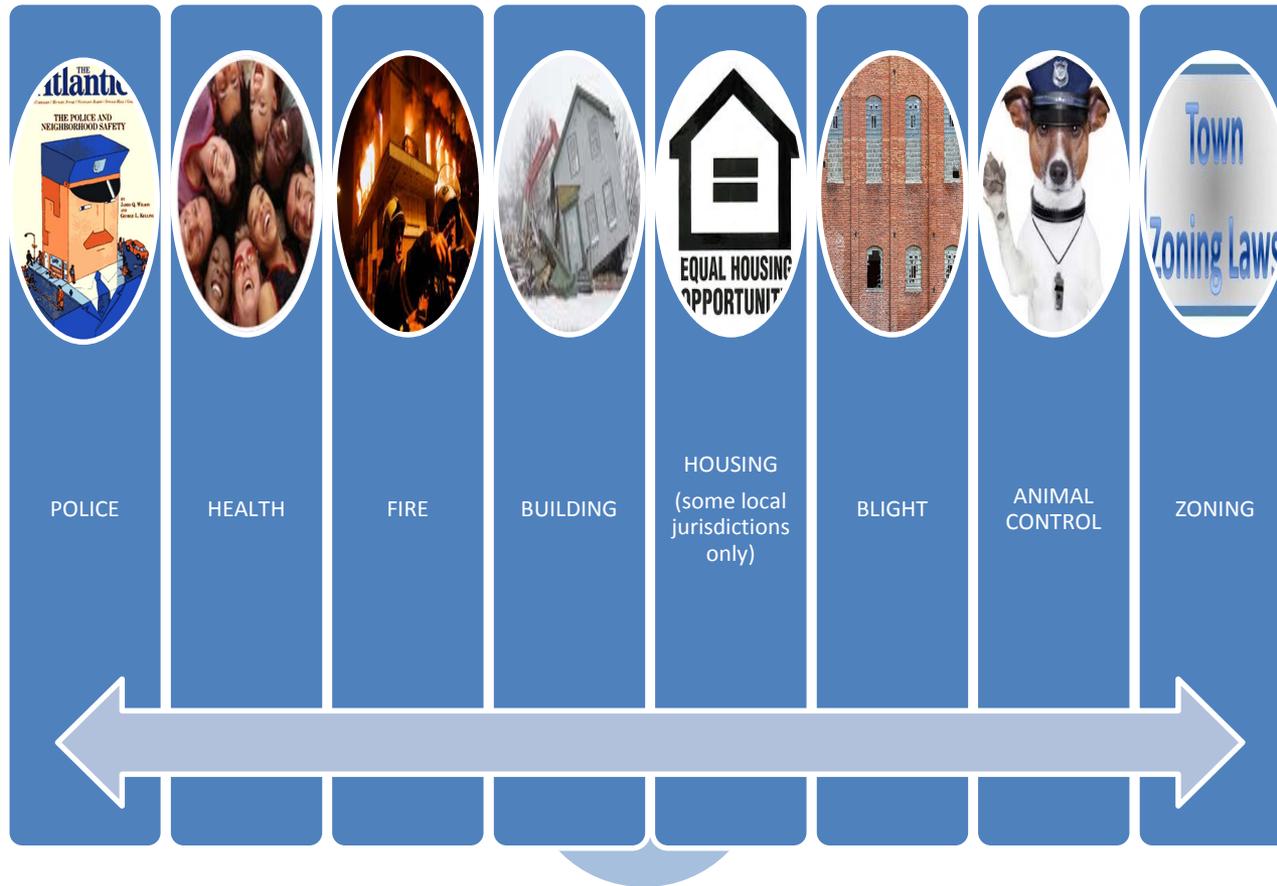
# What is “Cooperative Compliance?”

## A new code enforcement policy for Connecticut

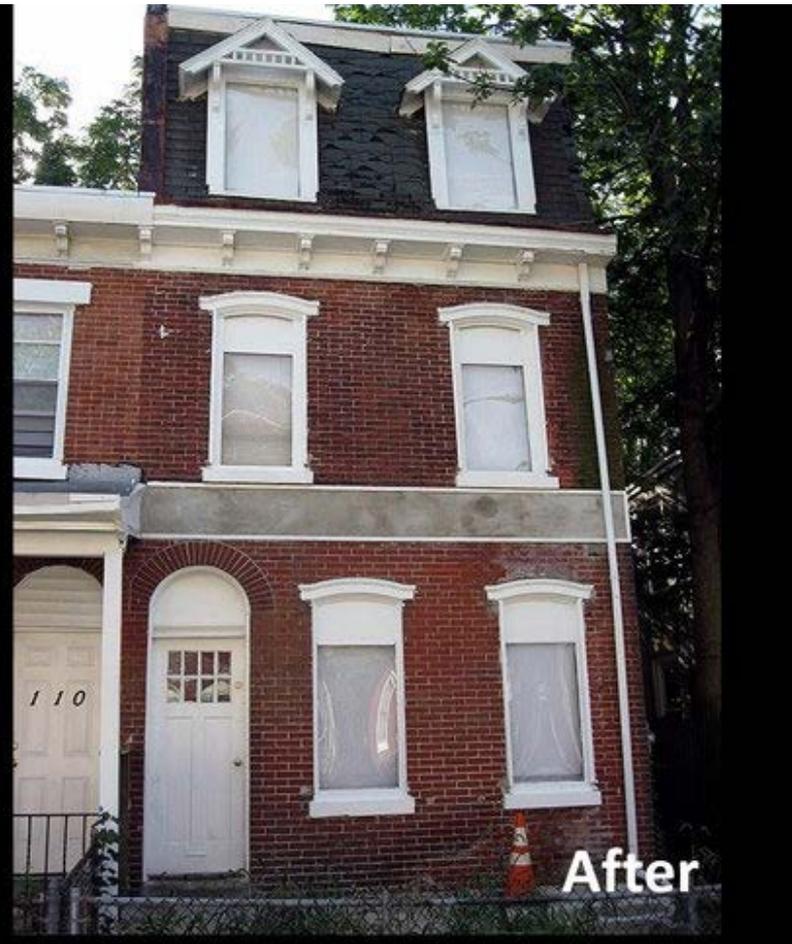
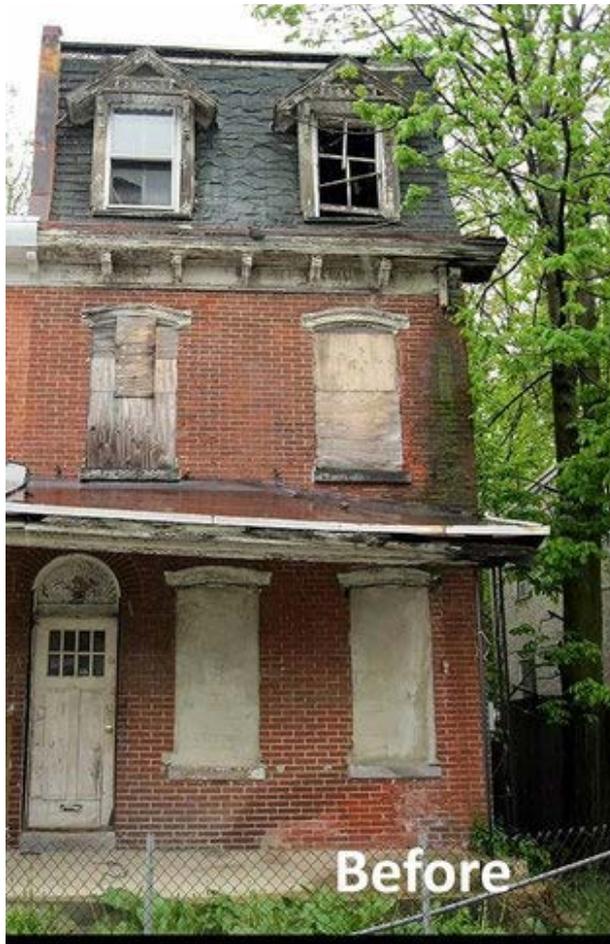
- ▶ Based on the “*Broken Window Theory*,” but expanded to include code.
- ▶ Law enforcement and public safety code officials use minimum health and safety codes to achieve the goal of health and safety, *through coordinated code enforcement programs.*



# CT's Safety and Health Codes



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



# GOING FORWARD?



## BLIGHT

- Promote use of blight statutes in enhanced effort



## Abandoned buildings

- Secure from Trespass
- Eliminate nuisance activity



## Housing Rehabilitation in Cooperative Compliance Model

- Energy conservation money for housing improvement
- CDBG Funding

# Message from Department of Public Health



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

**[HCT2020@ct.gov](mailto:HCT2020@ct.gov)**

For more information

**[www.ct.gov/dph/SHIPCoalition](http://www.ct.gov/dph/SHIPCoalition)** and

**[www.ct.gov/dph/Dashboard](http://www.ct.gov/dph/Dashboard)**

# CONTACT INFORMATION

## OCSA - HOUSING:

**Judith R. Dicine, J.D.**

**Supervisory Assistant State's Attorney**

**Office of the CT Chief State's Attorney**

**Statewide Housing Matters**

**121 Elm Street, New Haven, CT 06510**

**Office Phone: 203-773-6755**

**Office Fax: 203 789-6459**

**Email: [judith.dicine@ct.gov](mailto:judith.dicine@ct.gov)**

