



Healthy Homes Principles for Elected Officials & Decision Makers

Partial funding for this presentation has been provided by the New Jersey Department of Health

What is Healthy Housing?

Healthy Housing is:

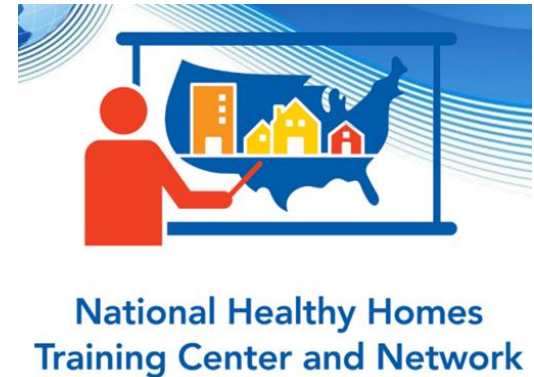
- Designed
- Constructed
- Rehabilitated
- Maintained



In a way that is conducive to good occupant health.

The 7 Principles of a Healthy Home

1. Keep It Dry
2. Keep it Clean
3. Keep it Pest-Free
4. Keep it Ventilated
5. Keep it Safe
6. Keep it Contaminant-Free
7. Keep it Maintained





Hazards in the Home



Health Risks Linked to Poor NJ Housing

Lead Dust or Paint

Nearly 1 in 6 entering kindergarten in high-risk NJ cities have been exposed to harmful lead levels

Indoor asthma triggers

1 in 10 NJ residents report having had asthma, 20-30% of these are linked to home conditions.

Indoor air quality

1 in every 15 homes is at a high risk for radon exposure, and 13% of lung cancer cases are linked to such exposures.

Structural Integrity

Poor home conditions increase the risk of falls for the elderly, accounting for nearly 40% of non-fatal injuries for this group.

City	Total Number of Children	% Tested	% ≥ 5μ/dL
Flint, MI	8,657	39.1	3.3
Atlantic City	3,677	47.3	10.2
Salem County	4,625	14.8	8.9
Irvington	4,993	54.2	8.5
East Orange	5,543	34.2	7.8
Trenton	7,998	42.8	6.3
Newark	24,831	56.5	5.7
Paterson	13,987	45.8	4.8
Plainfield	4,961	56.5	4.5
Cumberland County	12,963	23.3	4.2
Jersey City	20,393	42.2	4.0
Elizabeth	11,792	41.7	4.0
New Brunswick	4,753	36.8	3.7
Passaic	8,226	53.9	3.7

Childhood Lead Poisoning

"If any other consumer product, such as a toy or home appliance, caused 1/10 the damage, the entire country would be outraged. This is just New Jersey, and it's entirely, completely avoidable."

-- Dr. Ted Lidsky, neuropsychologist.

In 2016, lead poisoning ***remains*** the **#1 environmental threat** to the health of America's children and is so toxic that it is unsafe at any level.



Learning Disabilities



Speech and Language Problems



Anger and Behavioral Issues

Lead Paint in Old Housing

- Lead paint is by far the most common source of lead exposure for children.
- Up to 80% of lead exposure is from lead paint dust, with about 20% from drinking water and soil.
- In 2015, 3,000 children in NJ were identified with elevated blood lead levels for the first time.
- Between 2000-2014, more than 220,000 New Jersey children were identified with high blood lead levels.



Lead Poisoning and Communities of Color

“If you were going to put something in a population to keep them down for generations to come, it would be lead.”

-- Dr. Mona Hanna-Attisha, Flint, MI

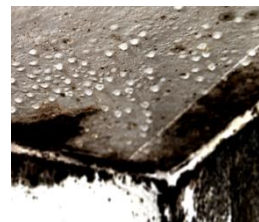
- Thirty-six percent (36%) of inner-city black children have elevated levels of lead in their blood, compared to 4% for suburban white children
- Children with small amount of lead in their blood are **30% more likely to fail** 3rd grade reading and math tests.
- Lead-poisoned children are **seven times** more likely to **drop out** of school and **six times** more likely to become involved in the **juvenile justice** system

Return on Investment: Lead Safe Remediation

- The cost to remediate lead hazards in housing averages between \$5,000-\$12,000 per unit.
- The cost not to remediate is \$32,000 per child/per year (special education, crime, lost tax revenue, etc.)
- Researchers claim that anywhere ***between \$17 and \$221 could be saved in taxes for each dollar spent*** on lead safe repairs.
- The NJ Department of the Public Advocate estimates future savings from avoiding lead exposures to be \$27 billion statewide.

Asthma

- National burden of over \$50 billion annually.
- \$3,300 per year/per child with asthma for direct health care costs
- Causes families to miss work and school days.
- Annual cost to NJ nearly \$479 million.
- ***Home-based education and housing repairs*** can significantly reduce asthma symptoms and health care costs.

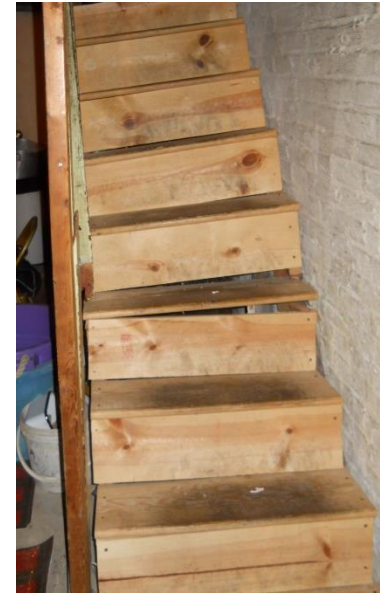


Radon

- 1 in 15 homes is at a high risk for radon exposure, and 13% of lung cancer cases are linked to such exposures.
- Nationally, lung cancer costs attributable to radon are \$1.6 million.
- **The average cost of a radon mitigation system is \$1,200.**
- The ROI of avoided health care costs is \$1.78 for each dollar spent on a radon mitigation system.

Falls

- Every 17 seconds, an older adult is in the ER for a fall related injury
- Every 30 minutes, an older adult will die as a result of those injuries.
- Fall related injuries account for \$36 billion in direct medical expenses each year.
- **The majority of falls can be prevented for an average of \$200 per home repair.**



How YOU Can Make a Difference in Supporting Healthy Housing



Photo courtesy of David Foster –The Trentonian



Affecting Change: Education Sector

- Update training for educators about lead.
- Develop agreements between education and health departments to share lead surveillance data
- Uses lead data to monitor children's progress and intervene more quickly if academic expectations are not met or behavioral disabilities are manifested.
- Request a lead screening test for a child at time of school entry.

Affecting Change: Education Sector

- Obtain a lead history for all students ages 3+ identified as having a BLL equal to or greater than 5 mcg/dL.
- Allocate Head Start and special education funds in part based on a formula that recognizes the percentage of children with levels above the CDC reference level of 5ug/dL per district
- Referral of all children with EBLs to IDEA programs B and C. See detailed recommendations in CDC report *Education Interventions for Children Affected by Lead.*

Affecting Change: Education Sector

- Refer preschoolers and young school-age children with a history of BLLs equal to or greater than 5 mcg/dL for enrichment opportunities as indicated.
- Develop a monitoring plan within a Scientific Research-Based Intervention (SRBI) framework, addressing the needs of all students ages 3+, as appropriate, with a history of BLLs equal to or greater than 5 mcg/dL.
- Designate a responsible agency to track identified children and to ensure that they enroll in high quality preschool and know about other intervention options.

Affecting Change: Local Governments

1. Update local housing codes, policies, and enforcement based on the National Healthy Housing Standard

- Healthy housing codes set the minimum standards for rental property and assigns specific duties for landlords and tenants.
- New codes have been categorized into energy efficiency; home safety and security from crime; moisture and weatherproofing; notices and disclosures; occupancy and access; pest control and extermination; smoke and carbon monoxide alarm codes.
- Enforcement is a key aspect of revised housing codes.

Affecting Change: Local Governments

2. Support the creation of local “Lead and Healthy Housing Advisory Committees”

- Made up of community-based organizations, healthcare providers, home visiting agencies and others concerned about health issues.
- Creates city/community goals and practices that promote healthy housing.
- Develops a communications strategy for community.
- Supports training of social workers, home visitors, weatherization workers and building inspectors.

3. Set aside CDBG or other funds to provide lead and healthy housing remediation

- Utilize funding for community development organizations to directly address housing needs.

Affecting Change: Local Governments

4. Require cross-training of community health workers, energy specialists, and other home visitors in healthy homes principles and assessment.

- Isles CEET offers free training opportunities for all home visitors in health homes principals.

5. Map health and housing data relating to lead, housing quality, weatherization services, etc.

- Housing code violations and enforcement, health data (asthma, lead poisoning, and falls) can help identify where community and housing health “hot spots exist and where to apply resources.

Affecting Change: State Governments

- **PROACTIVE HOUSING INSPECTIONS:**
- Require landlords to obtain a lead-safe certificate-before they can rent their unit in New Jersey.
- Allocate resources so that upon-request lead inspections are available from local health departments if occupants suspect their homes have lead hazards.
- Require buildings with one and two rental units be included in the NJ Department of Community Affairs five-year cyclical inspection protocol.
- Require that home sellers provide a lead risk assessment to buyers, similar to what is now required for radon.

Affecting Change: State Government

- Require Section 8 rent- subsidized units be inspected for lead hazards prior to occupancy
- Create a NJ lead court to enforce citations for lead hazards

Affecting Change: State Government

- **Water infrastructure**
-
- Census of homes serviced by lead piping conducted by local water utilities.
- Protocols in place for domestic and school water testing and for corrosivity prevention that meet the highest Federal standards and recommendations
- Logistic and financial planning for the long-term removal of domestic and school lead service lines; meanwhile, a robust effort of consumer education and engagement to reduce exposure to lead in household drinking water.
-

Affecting Change: State Governments

- Workforce Development
- Training of home visitors including community health workers, housing inspectors and other professionals who enter homes to: test for lead, identify other home healthy hazards, educate occupants on resources to help make a home healthier and to help families navigate education system to obtain services for children already affected by lead.

Affecting Change: State Governments

- **HEALTH:**
- Pursue Medicaid reimbursement for lead poisoning prevention and follow-up services (allowable under Medicaid but a minority of states currently avail themselves of it).
- Require that local community health workers have training to test homes for lead and other healthy homes hazards and to help occupants address them.
- Implement lead poisoning education campaign so the public knows to demand lead-safe housing

Affecting Change: State Government

LEAD SURVEILLANCE

Enhance annual reporting on childhood blood lead levels from NJ DOH so decision makers and the public can more easily understand the scope and location of the problem. Include:

- geo-coded maps of lead surveillance data by census tracts easily referenced and personalized by political leaders, school officials and the citizenry.
 - the number of children tested with BLLs between ≥ 2.5 - 4.9 mg/dL;
 - the number of children starting kindergarten in that year with an ever-in-lifetime blood lead test above the CDC reference level;
 - The number/% of children compared to total children in the age cohort who have been tested once and then twice per NJ regulations
-
- **Send annual letter** to Mayors, City Councils and school superintendents about childhood lead levels in their jurisdictions
 - Publish an annual press release upon publication of the lead surveillance report.
-
- **Require all landlords** to obtain a lead safe certificate before renting out unit.
(This can be pursued locally too)

Affecting Change: State Government

- **ADDRESS THE AFTER-EFFECTS OF LEAD POISONING:**
- Fund Head Start for all children with elevated blood lead levels
- Referral of all poisoned children to IDEA programs B and C per recommendations in the CDC report *Education Interventions for Children Affected by Lead*.
- Designate a responsible agency to track children with high blood lead levels and to ensure they are enrolled in high-quality preschool programs.

Affecting Change: State Governments

8. **Adopt goal-driven strategic plan for Healthy Housing Programs**, Policies and Practices that focus on Prevention. (refer to draft plan created in 2012.
9. **Educate and Engage the Public** on how to create and maintain healthy housing.
10. **Fund Opportunities** to remediate unhealthy housing.

Affecting Change: State Governments

3. **Require lead screenings** be submitted at time of preschool and kindergarten entry, and provide training to update educators, public officials, and the public about the impacts of lead exposure... *or*
3. **Develop sharing agreements between education and health departments to share lead surveillance data**, allowing teachers and nurses to monitor children's progress and intervene more quickly if academic expectations are not met or behavioral disabilities are manifested.
6. **Gain approval from CMS for NJ to use Medicaid funds** for lead and asthma case management and utilize other funds to improve health outcomes. (These services are allowable under Medicaid but only a minority of state currently avail themselves of it)