The Intersection of Environment, Housing, and Health Part 2: Strategies for Improved Indoor Air Quality and Resident Health

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National Nurse-Led Care Consortium

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NNCC provides expertise to support comprehensive, communitybased primary care.

- Policy research and advocacy
- Technical assistance and support
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Question & Answer

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HEALTH IN THE HOME: HAZARDS AND SOLUTIONS



Thomas Flaherty

Director of Development and Marketing Energy Coordinating Agency



The Ground We'll Cover

Part I: Hazards in the Home and their Health Effects

Part II: Existing Resources for addressing these issues

Part III: Case Studies of Pilot Models

- 1. Boston, MA. "Breathe Easy at Home"
- 2. Washington State "Weatherization + Health"

The Scale of the Issue

- Over 1/3 of Energy Auditors nationwide defer homes due to excessive mold
 "very frequently" or "frequently"
- Mold is only ever a symptom of moisture
 - Building shell disrepair
 - Plumbing issues
- Moisture erodes building materials
- Other potential hazards include lead, asbestos, radon, and building product chemicals



Poverty & Maintenance

- Homes built before 1939 aren't going away (and they shouldn't)
- Households in or near poverty who inherit these homes don't have spare change for upkeep



Source: U.S. Census Bureau, 2010-2012 American Community Survey



Philadelphia, Pennsylvania: Year Built for All Housing Units

The Health Link

- "sick building syndrome" or "buildingrelated symptoms"
 - Molds, mildews
 - Pests
 - Moisture
 - Carbon monoxide
 - Outgassing of building products such as:
 - Closed-cell sprayfoam
 - PVC
- Primarily, building issues affect the occupant through poor Indoor Air Quality "IAQ"
 - Patients with pre-existing respiratory issues most at risk

Figure 3-12: Inpatient Hospitalization Rates with Asthma as the Primary Discharge Diagnosis among Children, PA 2003-2010



Data Source: Pennsylvania Health Care Cost Containment Council (PHC4) Note: If numbers of admissions <60, the value does not count



Existing Federal Resources

Department of Energy (DOE)

• Weatherization Assistance Program (WAP)

Housing and Urban Development (HUD)

- Community Development Block Grant (CDBG),
- Lead Hazard Remediation
- HOME Investments Partnership Program (HOME)

Health and Human Services (HHS)

- Low Income Home Energy Assistance Program (LIHEAP)
 - CRISIS Extension
 - WAP transfer

US Department of Agriculture (USDA)

• Single Family Housing Repair Loans and Grants

Federal Eligibility Limits

Weatherization Assistance Program (WAP)

-200% Federal Poverty Level (FPL), home not weatherized after 1994

Community Development Block Grant

-Generally, <50% AMI

Lead Hazard Remediation

-child blood level testing.

Low Income Home Energy Assistance Program (LIHEAP) CRISIS Extension

-Client must be in a loss-of-heat situation (or, in certain states, loss of cooling.) 150% FPL.

Single Family Housing Repair Loans and Grants

-Rural only, >62 for grants, <50% Area Median Income



Federal Usage Limits

Weatherization Assistance Program (WAP)

no mold issues, no roof remediation, SIR >1.0, H&S<18%</p>

Community Development Block Grant (CDBG)

✓ State plan federally approved, county plan state approved.

Lead Hazard Remediation

>80% of dollars spent on lead remediation, other repairs not priority

HOME Investments Partnership Program (HOME)

✓ State plan federally approved

Low Income Home Energy Assistance Program (LIHEAP)

✓ State plan federally approved

Single Family Housing Repair Loans and Grants

 \checkmark Grants must be used to remove health and safety hazards.



Examples of Creative Usage

Community Development Block Grant

-Philadelphia uses CDBG for a Basic Systems Repair Program

-also funds ECA's Heater Hotline, repairing over 4000 heaters each winter

LIHEAP WAP Transfer

-Washington State removes the per-home spend cap, allows for measures included roof replacement, and leveraged these funds (among others) to pilot a statewide Weatherization + Health program.



Boston's Breathe Easy Program

Program Model:

Clinicians have a web-based referral system to prescribe inspections by Boston Inspectional Services Department (ISD) if they suspect housing conditions trigger symptoms.



Boston's Breathe Easy Program

Timeline:

- 1. Clinician refers patient for inspection, ISD schedules appointment
- 2. Inspection conducted within 5 days
- 3. Property owner given 24 hours 30 days to correct violations found. If an asthma trigger is the responsibility of the tenant, tenant informed of their corrective actions
- 4. Follow up inspection to ensure complete remediation conducted, tenants notified by mail
- 5. Any outstanding violations referred to Housing Court
- 6. Case closed when all violations have been corrected, at any point in the process



	Facilitators	Barriers
Participation	 -Clinicians work to alleviate caregiver fears about landlord retaliation -Educate patients on legal rights -Referral submission with the family present 	 -Unwillingness of patients to participate because of fears of deportation and landlord retaliation -Familial priorities that supersede asthma intervention
Retention	 -Follow-up with families to address new concerns and decrease turnaround time -Devoted health care team that includes primary care providers, nurses, community health workers, and asthma home educators -Additional community resources such as the Medical Legal Partnership 	Inability to reach the family to schedule an appointment or complete an inspection -Disagreeable relationships between the family and inspector and/or landlord -Uninformative and untimely web-based updates and inability to follow-up with the patient -Lack of written information
Program Operations	 Transparency and managing expectations by providing consistent information to family and landlord Positive working relationships between inspector, tenant, and landlord to promote trust Program partner collaborative capacity and aligned objectives BEAH staff availability Consistencies and flexibility in program operation: Patient eligibility screening First inspection 	 -Cumbersome electronic referral system -Ambiguity around responsible party for violations - -Reluctance to accept responsibility for violations by landlord and tenants -Lack of financial resources -Inconsistencies in program operation: Electronic updates Reinspection schedule

Reflection Questions

- 1. When thinking of health and housing partnerships in your community, how ready is your community to collaborate on a model like BEAH?
- 2. Does your workplace collect information on housing, such as if patients rent or own their home?
- 3. Rate your familiarity with housing inspection services in your area (1- not familiar with them, 5- very familiar with them)?





Slide Credit to:

Wx+Health Mold remediation Advanced ventilation Pest & dust mite remediation Walk-off mats • Carpet removal Accessibility • Resident education Asbestos, lead & radon remediation

Basic Weatherization

Insulation • Space heating • Water heating Air sealing • Windows/doors • Basic ventilation Programmable thermostats • Carbon monoxide monitors Evaluate presence of moisture & mold • Combustion safety

Wx+Health builds on basic weatherization strategies

Courtesy of Vermont Department of Health, Weatherization + Health, 2018





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Basic Weatherization

•Primary focus is energy efficiency measures.

•All projects and measures meet energy efficiency cost effectiveness tests.

•Modest allowances for health, safety and repairs needed to complete project

•Prioritization based on income, energy burden, age and disability

Wx+H 1.0

•Additional funding and assessment for support healthy homes measures

•Energy efficiency cost effectiveness requirements and repair and H+S caps relaxed

•Limited healthy homes education to address environmental "building" triggers

•Client health needs are included in prioritization

•Client health needs are a primary driver

Wx+H 2.0

•Client case management focuses on coordinated services

•Wx is a service provided to some households

•Education and behavioral interventions

•Strong community and medical or public health partners to deliver behavioral interventions

Slide Credit to:

Reflection Questions

Washington State's model can operate because:

- Most of the federal monies necessary flow through the same state entity.
- The state legislature is sympathetic to the program model, and ready to match federal funds with state monies.
- 1. What is the relationship between your state legislature and public health efforts?
- 2. What is the relationship between your state legislature and affordable housing efforts?



Action Steps

1. Engage your patients, especially with IAQ sensitivities, on the health of their home and the places they spend time

• It could be an adults place of work, or a child's school building

2. Connect and collaborate with local weatherization providers, home repair providers, and code enforcement agencies.

3. Advocate for the programming and coordination that will improve environmental health in your community.

THANK YOU

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Bibliography and Further Reading

Achieving Health and Social Equity through Housing: Understanding the Impact of Non Energy Benefits in the United States, Green and Healthy Homes Initiative <u>https://www.greenandhealthyhomes.org/wpcontent/uploads/AchievingHealthSocia</u> <u>IEquity_final-lo.pdf</u>

Achieving Home Rx: The Health Benefits of Home Performance, Department of Energy, December, 2016 <u>https://e4thefuture.org/wp-</u> <u>content/uploads/2016/11/Occupant-Health-Benefits-Residential-EE.pdf</u>

Applying Failure Modes and Effects Analysis to Public Health: The Breathe Easy at Home Program. PHSSR Research in Progress Webinar Series: Bridging Health and Health Care. Aug. 2015,

http://www.publichealthsystems.org/sites/default/files/PHS3/71275GPmeeting_04. pdf



Bibliography and Further Reading

Breathe Easy at Home: A Qualitative Evaluation of a Pediatric Asthma Intervention. Global Qualitative Nursing Research, Jan. 2016, <u>https://journals.sagepub.com/doi/full/10.1177/2333393616676154</u>.

Occupant Health Benefits of Residential Energy Efficiency, E4 the Future, Inc, November 2016, <u>https://e4thefuture.org/wpcontent/uploads/2016/11/Occupant-Health-Benefits-Residential-EE.pdf</u>

PolyVinyl Chloride Fact Sheets, Center for Health, Environment, and Justice. <u>http://chej.org/polyvinyl-chloride-pvc/</u>

Washington State Weatherization Plus Health Pierce County Human Services/Tacoma-Pierce County Public Health Data DRAFT, 2019, <u>http://www.commerce.wa.gov/wp-</u> <u>content/uploads/2019/01/Pierce-County-Healthy-Homes-Case-Study-Jan22-2019.pdf</u>



Bibliography and Further Reading

Washington State Weatherization Plus Health website, <u>https://www.commerce.wa.gov/growing-theeconomy/energy/weatherization-and-energy-efficiency/matchmaker/weatherization-plus-health-wxh/</u>

Washington State Weatherization Plus Health Pilot: Implementation and Lessons Learned, Washington State University Energy Program, July 2018, <u>http://www.commerce.wa.gov/wp-</u> content/uploads/2018/08/WxHSummaryReport1.pdf

Washington's Weatherization Plus Health Program, Presented through EESI in February 2019, <u>https://www.eesi.org/files/Michael_Furze_020819.pdf</u>



Questions





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National Nurse-Led Care Consortium

Remaining webinars for the Learning Collaborative Series:

Part 3: Climate Change and Considerations for Health Care

- Wednesday November 20, 2019 @ 2:00 pm ET
- NNCC will host an extra 30 minutes for "office hours"

Part 4: Exploring Neighborhood Factors that Impact Health

- <u>Wednesday, December 4, 2019 @ 2:00 pm ET</u>



Thank you!

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