



Baltimore City's Approach to Home Environmental Health Promotion

How Baltimore City Partnerships are Tackling Lead Poisoning, Asthma and Injuries

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Baltimore City

- 87 square miles; 650,000 people
- 55,000 children under 6
- 65% African American
- Median family income – \$37,000
- Limited affordable, healthy housing
- Goal - Clean, Green, Healthy



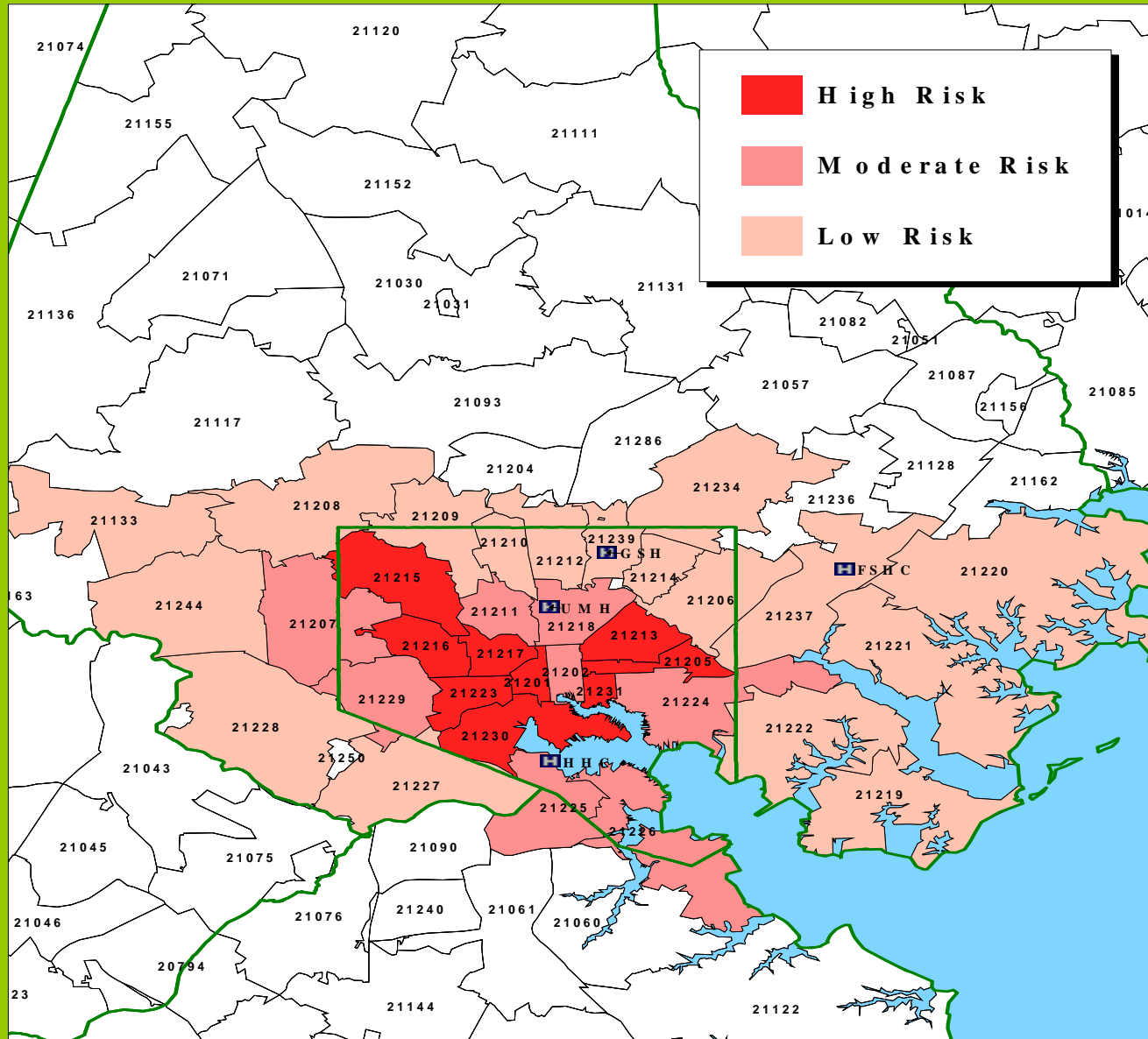
Baltimore's Housing

- 50 years old on average (US is 30 yrs)
- 75% of rental units estimated to have lead



- Studies of low income housing show:
 - 24% leaking roofs
 - 53% peeling paint
 - 38% mouse droppings
 - 31% roaches present
 - 46% Environmental Tobacco Smoke
- Problems we don't have – Radon and Drinking Water

Risk of Lead Exposure in Baltimore



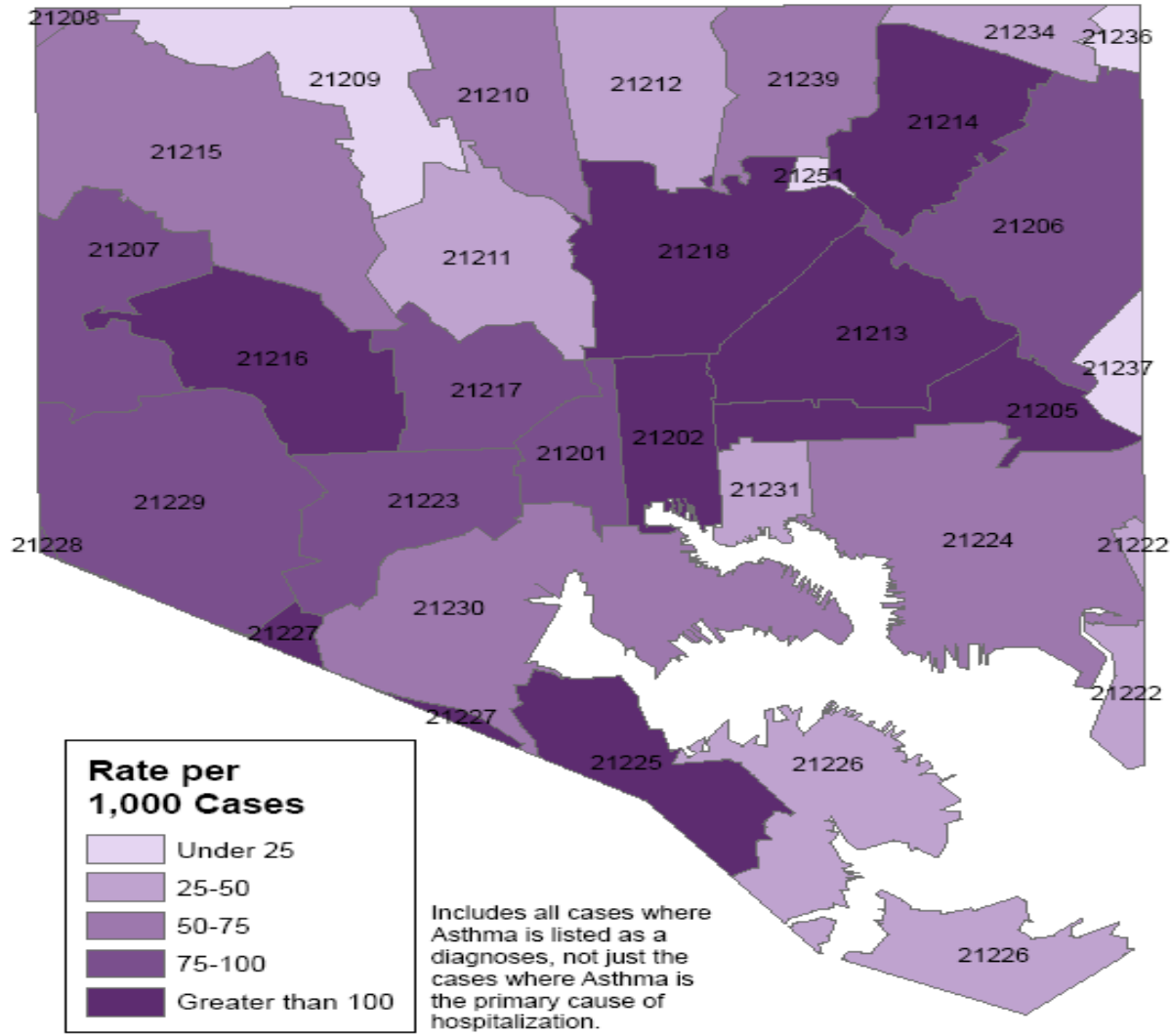
Baltimore's Housing Related Health Indicators

- 1999-2002: 13.2 % of children aged 0-5 had EBL
- 2006 843 EBLs ≥ 10
- 2006 70 EBLs ≥ 20



- 2003 - 3x asthma ED visits and 2x asthma deaths compared to MD
- 2004 - 3x fire fatality rates compared to US
- 89 sudden unexplained infant deaths 2002-2006
- Success in reducing deaths from heat exposure – 1 in 2007 (17 in 2006)

Asthma-Related Hospital Admissions by Zip Code, Ages 0-17, 2005



Source: Health Services Cost Review Commission

Baltimore City Data Collaborative, May 2007

Healthy Homes Collaborators

- City Agencies – (DHCD, HABC, FD, PD, Health Programs, Quasi Orgs)
- State Agencies (DHMH, MDE, DHCD)
- Universities (public health, nursing, psychiatry, urban planning, community law, social work, forestry, etc.)
- Primary Care Providers
- Federal Agencies (CDC, HUD, EPA)
- Community Based Orgs (Coalition to End Childhood Lead Poisoning, ACORN, NDC)
- National Advocacy and Training Orgs (NCHH, AHH, Neighborworks)
- Banking and Insurance Companies (potential partners)

Healthy Homes Goal 1: Eliminate Lead Poisoning by 2010

- Prevent new exposures
 - Home visiting program collaborations
 - Housing code violation follow up (EA-6-8)
 - Foster care and shelter inspections
- Intervene where children are exposed
 - Identify source of exposure, reduce it, education, case management – EA-6-8
- Increase testing (demand and supply strategies)
- Special targeting of refugees and immigrants

Mandated Blood Lead Testing

(Baltimore City Ordinance 00-20 Council Bill 00-0044)

- Every child living in Baltimore City must have blood lead testing at 12 and 24 months of age.
- Screening for risk factors for lead exposure using a risk assessment questionnaire is required from 6 months to 6 years of age to be in compliance with EPSDT and is recommended by the AAP.
- In addition, any child with a risk factor identified at other times should have blood lead level measured.

Healthy Homes Goal 2: Reduce the Burden of Asthma

- Train staff to identify asthma triggers and educate families
 - Vector control – mice and roaches
 - Moisture and Mold Control
 - CO exposure
 - ETS
- Make homes safer.
 - Regulatory approaches (MFD Moisture Plans)

Healthy Homes Goal 3: Reduce Injuries

- Expand scope of home inspections and risk reduction education and referrals
 - CO exposure
 - Fire Safety
 - IPM
 - SIDS
- Make homes safer

Healthy Homes Goal 4: Create an Integrative Approach to Healthy Homes

- Comprehensive healthy homes education
 - Pesticides, formaldehyde, VOCs, ETS, clutter, nutrition, infant safe sleep
- Optimize internal operations – data systems, referral systems, inspections and health education
- Increase the impact of existing home visiting, health and housing programs and codes.
- Expand resources to make homes safer

Evaluation

- Adopt and adapt evidence based practices
- Evaluate, continuously improve, and fine tune processes and outcomes
- Share results with affected communities and create opportunities for community leadership and advocacy

Healthy Homes Challenges

- Taking programs to scale
- Lack of public investment in housing for poor people
- Categorical funding
- Lack of capacity to fix and maintain homes in healthy way

Outlook for Healthy Homes

- Summer 2008 – Surgeon General Call to Action on Healthy Homes
- CDC and HUD “Healthy Homes” focus
- Opportunities to demonstrate cost effective approaches to public health
 - CDC Demonstration Project - Pilot comprehensive inspection, assessment and referral system
- Opportunities to make existing public investments work better for people (i.e. public housing)
- Opportunities to build new public health partnerships (planning, housing)

For More Information:

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