THE NEED FOR HEALTHY HOUSING

Every year in the District of Columbia, thousands of children and adults suffer from serious health problems caused or worsened by environmental health hazards. Illnesses and injuries impacted or caused by an environmental hazard are one of the main reasons why children are hospitalized in the District of Columbia. But what many parents and caregivers do not know is that the number one place a child is likely to be harmed by an environmental health hazard is in his or her own home.

Asthma, lead poisoning, unintentional injuries, and other harmful health effects can all be linked to problems within the home. The most common culprits include deteriorating or non-intact paint, excess moisture and mold, insect and rodent infestation, overuse of pesticides and other chemicals, poor ventilation, water leaks, asbestos, carbon monoxide, trip and fall hazards, and malfunctioning cooling, heating, and cooking systems.

In response to these threats, the District's Department of Energy and Environment (DOEE) launched the DC Partnership for Healthy Homes, an award-winning citywide project aimed at identifying and ending environmental health and safety threats in the homes of families in all eight wards. Spearheaded by DOEE's Lead and Healthy Housing Division, the Partnership is comprised of a broad coalition of District Government agencies and some of the District's most prominent medical providers, managed care organizations, nonprofits and environmental health professionals.



HEALTHY HOMES

DC PARTNERSHIP FOR HEALTHY HOMES

CONTACT US

1200 First Street NE , 5th Floor Washington, DC 20002

(202) 535-2600

doee.dc.gov

dchealthyhomes.com









WHO WE ARE

Case managers at DOEE are public health analysts with backgrounds in nursing, social work, communications, and clinical care. Most are credentialed by the National Environmental Health Association as Healthy Homes Specialists, and most have received intensive training as professional Asthma Educators. Case managers develop customized strategies for minimizing risk and eliminating hazards for each client, by conducting home visits and coordinating efforts with medical providers and other agencies involved with the families.

Sister agency partners with key roles include code enforcement staff from the Department of Consumer and Regulatory Affairs (DCRA), hazard elimination grant staff at the Department of Housing and Community Development (DHCD), and public and subsidized housing staff from the DC Housing Authority (DCHA).

WHO OUR DISTRICT-RESIDENT CLIENTS ARE

- Households with a child less than 18 years old who has severe and poorly controlled asthma
- Households with a child less than 6 years old, or a pregnant woman

Typically, these families live in homes where maintenance has been deferred, and that may contain:

- Chipping and/or peeling paint
- Mold, water damage or leaks
- Indoor climate control or ventilation issues
- Pests (insects and/or rodents)
- Excessive household clutter
- Structural safety concerns
- Trip and fall hazards
- Tobacco use or environmental tobacco smoke

HOW THE PROGRAM WORKS

Participating health providers and social service agencies serve as frontline responders, identifying children in distress due to severe and poorly controlled asthma, lead poisoning and/or situations in which a pregnant woman is living in a hazardous home. The frontline responders refer these families to DOEE's Lead and Healthy Housing Division.

After the intake process, DOEE case managers provide participants with a comprehensive home environmental assessment, education on maintaining a Healthy Home, an asthma management diagnostic, and case management coordination. Once hazards have been identified and documented, DOEE case managers create two documents: a **Technical Assistance Report** that serves as a time-sensitive roadmap for the mitigation of identified hazards and that details the potential health issues related to those hazards, and a **Care Plan** that provides recommendations for immediately minimizing exposure to the identified health and safety threats, pending their elimination

The Technical Assistance Report is issued to property owners and tenants and details the work that needs to be completed and the general, outcome-focused methodology that should be employed in making necessary repairs. Governed by an in-house tool called the Healthy Homes Case Management Timeline, case managers then guide clients and landlords through the hazard mitigation process and, where applicable, encourage desirable behavioral changes. The Care Plan is sent only to the client home occupant.

For clients who own their own home, case managers connect families to DHCD, where they may qualify for grants to eliminate hazards. For clients in public or

subsidized housing, DOEE works closely with DCHA, the District's public and subsidized housing agency. DOEE may also call on enforcement assistance from DCRA when potential housing code violations are identified. Combined, the efforts these agencies make result in hazard elimination and ultimately in Healthy Homes.

SHARING INFORMATION & TRACKING OUTCOMES

DOEE uses a sophisticated database that tracks case-related information and records progress in case-related environmental interventions and in the asthma control status of its clients. Partnership members provide timely database updates on cases in which they are involved. The database features a password-protected, secure portal that allows system-approved medical providers to benefit from direct access to relevant data about their patients.

For the public, DOEE created an interactive webpage on home hazards, allowing District residents to obtain information about a variety of health risks that can exist within homes, accessible on the web at: **dchealthyhomes.com**.

DOEE's Healthy Homes program and the Partnership serve not only those District residents whose homes contain hazards, but also help educate the referring agencies about the hazards found, resulting in a broader, District-wide understanding of the environmental health threats found in the nation's capital, how best to eliminate them, and how better to communicate about health risks with District residents.









