

HOUSING HEALTH

Innovations in the Field



Collaborating
with Housing Quality
Stakeholders to Reduce
Home Health Risks

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July 2015

Type of Program

Healthy Home and Lead Poisoning Prevention Program

Main Funding Sources in 2014

\$360,000 grant from the Centers for Disease Control and Prevention
\$580,000 state and federal block grant funds

Population Served

All families with an emphasis on low-income families with children

Number of Families Served

240 home lead investigations in 2014

A major housing quality concern for affordable housing organizations is children's exposure to lead, most often through lead-based paint in homes built prior to the 1980s. Lead exposure can lead to poisoning among young children which can result in behavioral problems and intellectual impairment.¹ Children from low-income communities and communities of color are disproportionately affected by high lead levels in the home.² Since 1989, Medicaid has required that all enrolled children have their blood tested for the presence of lead to discover whether they have elevated blood lead levels that could be harmful.

Georgia Healthy Homes and Lead Poisoning Prevention Program (GHHLPPP)

The Georgia Childhood Lead Poisoning Prevention program was launched in 1997 with state funding to carry out lead poisoning prevention activities and connect families who have children with elevated blood levels to resources for help. In response to receipt of a major Centers for Disease Control and Prevention (CDC) grant for lead poisoning prevention and other healthy homes activities, the program changed its name. In 2011 it became Georgia's Healthy Homes and Lead

Poisoning Prevention Program (GHHLPPP) and expanded its services beyond lead poisoning prevention to include reducing asthma triggers, indoor air quality, and other environmental home concerns.

One year later, in 2012, Congress cut the CDC's funding for lead prevention activities by 90 percent from \$29.3 million to \$2 million.³ As a result, the grant to GHHLPPP ended early, and the program had to eliminate several staff positions and dramatically scale back its healthy homes activities. GHHLPPP received a new multi-year CDC grant when the CDC's lead prevention funding was partially restored by Congress in 2014. However, the new grant to GHHLPPP is exclusively for lead prevention and surveillance activities and does not provide funding for additional healthy homes activities. As a result, GHHLPPP is "more focused on lead poisoning prevention but still pursuing health homes initiatives at every opportunity," according to Christy Kuriatnyk, director of GHHLPPP. For example, a new program will be piloted in the fall of 2015 to conduct asthma risk assessments in the homes of children with severe chronic asthma.

Six regional lead prevention and healthy homes coordinators manage the local programs in high risk communities with the guidance of the state GHHLPPP office. GHHLPPP is comprised of three main components:

1. The first is identifying low-income children who are at great risk for having elevated blood lead levels and ensuring they are tested. If a child's blood lead level exceeds five micrograms per deciliter, the results are reported to GHHLPPP and the family.



2. Next, GHHLPPP regional coordinators conduct a home investigation for lead risk hazards. If lead is found in the home, the landlord is alerted and required to remediate the risk. Homeowners are not required by law to remediate lead risks; however, GHHLPPP does connect them to information and resources on lead remediation options.
3. GHHLPPP regional coordinators then follow up to ensure lead abatement is completed by state certified contractors. They also contact the family to educate them about health risks and connect them to health resources.

The GLHHPPP advises clinicians to test the blood lead levels of children enrolled in Medicaid. Georgia's Medicaid program reimburses part of the cost of an initial environmental home investigation and follow-up investigation services, approximately \$230 and \$200, respectively. This reimbursement has helped to financially sustain the program.

Opportunities

While funding reductions have limited GHHLPPP's ability to fully realize the healthy homes component of the program, it is piloting a new project starting this year to experiment with expanding healthy homes activities through asthma risk assessments. These assessments will include an examination of the home for asthma triggers such as excessive dust, mold, and pest infestations, and nutrition education. Results from these initiatives will not only enhance the impact of GHHLPPP's work, but possibly elicit additional funding opportunities to help broaden their focus on the health of low-income families.

Developing a strong coalition of stakeholders to support the capacity of GHHLPPP. One of the keys to the success of GHHLPPP has been the formation of the statewide Healthy Homes Coalition in 2013. Comprised of stakeholders who have an interest in reducing home-based health risks for low-income families, the Coalition creates strategies for achieving GHHLPPP's goal of creating healthier home

environments for all families and identifies ways to collaborate on initiatives. Coalition members include federal stakeholders located in Georgia such as the CDC, and the regional offices for the US Department of Housing and Urban Development and the US Environmental Protection Agency. State agencies, local governments, private industry, and community representatives participate in the Coalition as well. GHHLPPP has also partnered with the National Center for Healthy Housing to train staff in best practices for implementing lead poisoning prevention and asthma risk assessment programs. By bringing in a variety of organizations with overlapping interests in reducing home environmental risks, GHHLPPP has been able to serve hundreds of across the state each year, even in an uncertain funding environment.

Sharing data with other state programs to better target children at risk of illness related to substandard housing.

GHHLPPP started a new pilot program with the state Medicaid agency and state Special Supplemental Nutrition Program for Women, Infants, and Children (commonly known as WIC), to share addresses and health data. These three collaborating organizations typically serve the same low-income children and all face the challenge of maintaining current addresses for participants in order to facilitate follow-up communication. While it is too early to analyze the results of this effort, GHHLPPP expects the data sharing to enable them to better target children at risk of lead poisoning because WIC collects information on anemia which is a potential symptom of lead poisoning in children. In addition, GHHLPPP expects that using address information from the other two agencies will greatly facilitate their follow-up efforts to notify families of children with elevated blood lead levels. Some low-income children have multiple residences, frequently change residences and phone numbers, or come from families reluctant to interact with government agencies, making it difficult for GHHLPPP to notify families about resources available to help them reduce lead exposure and seek treatment for lead poisoning.



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Challenges

Securing sufficient funding to sustain and expand the program. Dependence on grants to fund the majority of the program has posed a major challenge for GHHLPPP since the grants they receive are “ongoing and renewable, but not guaranteed” according to Kuriatnyk. The early end of their 2012 CDC grant created some difficulties and although GHHLPPP was able to continue to offer services, their capacity to do so was constricted. Medicaid reimbursement for regional coordinator activities helps to sustain the program, but only covers a portion of the actual costs. Variable funding has made the efforts of the Healthy Homes Coalition essential to the success of GHHLPPP. By working together to collaborate and leverage resources for addressing lead poisoning and other home-based health hazards, the Coalition has extended GHHLPPP’s reach.

Educating health practitioners about the requirement to test all children for lead exposure. Part of GHHLPPP’s work is to educate health professionals about state regulations regarding testing the blood lead levels of children. Often physicians

are unaware of the federal regulations requiring that all children enrolled in Medicaid have their blood tested for lead levels and the results reported to GHHLPPP. GHHLPPP has found that new healthcare workers are the least likely to know of these testing and reporting requirements. Many health care providers who do test children for blood lead levels fail to report their findings to the public health department, making tracking and connecting with families difficult.

Strengthening legislation requiring lead remediation of rental units.

A 2008 Georgia law requires lead remediation for rental units if a child living in a unit is found to be lead poisoned based on their blood lead level test. However, the impact of the law is limited in part due to the fact that it sets an unusually high blood lead level in children for them to be considered lead poisoned—15 micrograms per deciliter which varies from the common standard of 10 micrograms per deciliter to diagnose lead poisoning—in order to trigger the requirement that a landlord remediate lead in the unit. Also, the law only requires remediation if the child continues to live in the unit.

¹Szabo, Liz. 2013. “Efforts to stop lead poisoning could be at risk,” *USA Today*, September 18.

²Rustin, Chris. 2014. *State Stories: Medicaid Reimbursement for Childhood Lead Poisoning Services*.

³Szabo.

PHOTOS: ISTOCK



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This brief was prepared by staff of the Center for Housing Policy with funding from the **John D. and Catherine T. MacArthur Foundation**. Any opinions or conclusions expressed are those of the authors alone.