

Lead Screening and Housing Partnerships: Leveraging Resources to Improve Population Health

The National Center for Health in Public Housing



Housekeeping

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email

zoom



National Center for Health in Public Housing (NCHPH)

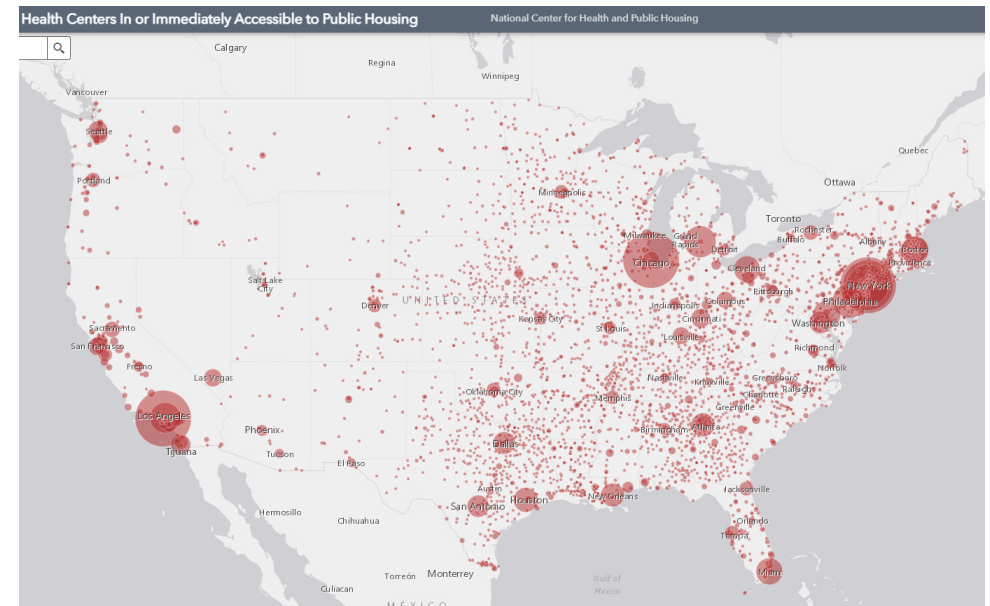
- The National Center for Health in Public Housing (NCHPH) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for \$2,006,400 and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



Health Centers Close to Public Housing

- 1,373 Federally Qualified Health Centers (FQHC) = **30 million patients**
- 458 FQHCs In or Immediately Accessible to Public Housing = **5.7 million patients**
- 108 Public Housing Primary Care (PHPC) = **911,683 patients**

Source: [2021 Health Center Data](#)



Source: [Health Centers in or Immediately Accessible to Public Housing Map](#)

Public Housing Demographics



1.5 Million
Residents



2 Persons
Per Household



38% Disabled



52% White



91% Low
Income



6% Latinx



19% Elderly



36% Children



32% Female Headed
Households with
Children

Session content objectives

1. Review lead screening and lead housing re-habilitation from an epidemiological and public health perspective.
2. Perform and overview of the established frameworks and methodologies for lead screening and housing rehabilitation efforts.
3. Present the opportunities available to health centers, housing agencies and public health organizations in funding and implementing lead screening and rehabilitation efforts.

The SDOH: Conceptual Overview

Social Determinants of Health

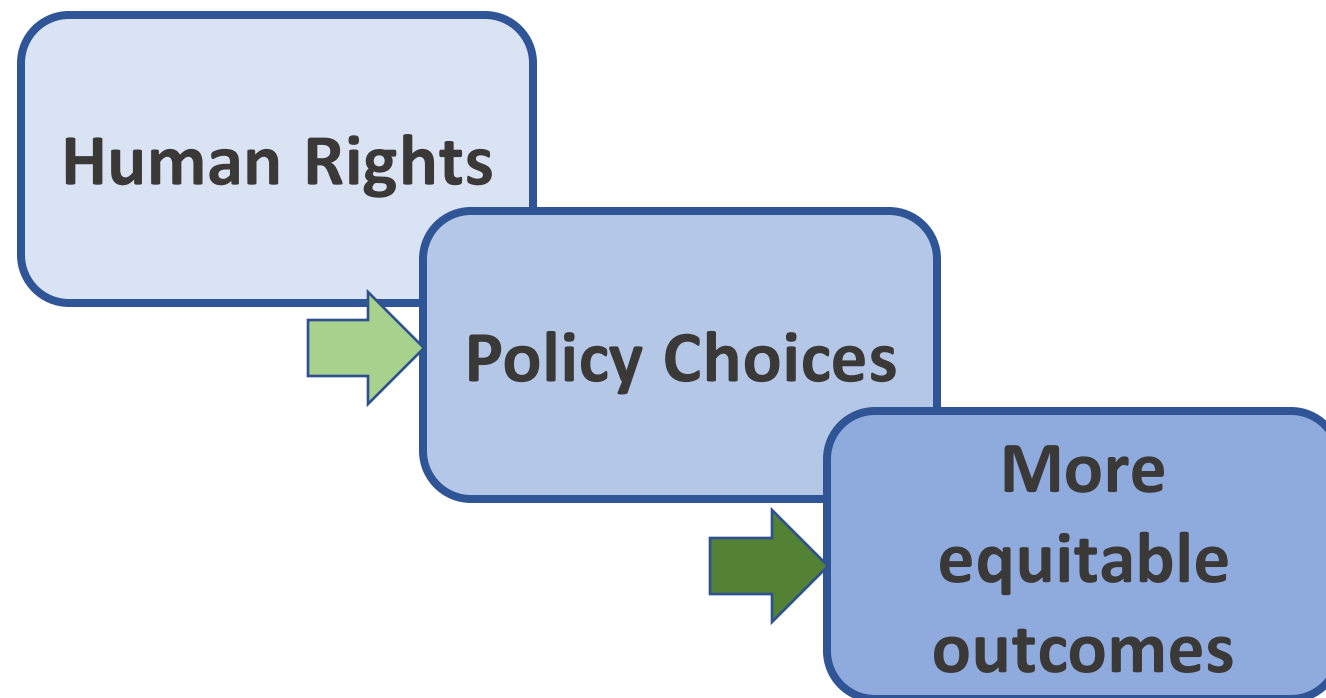
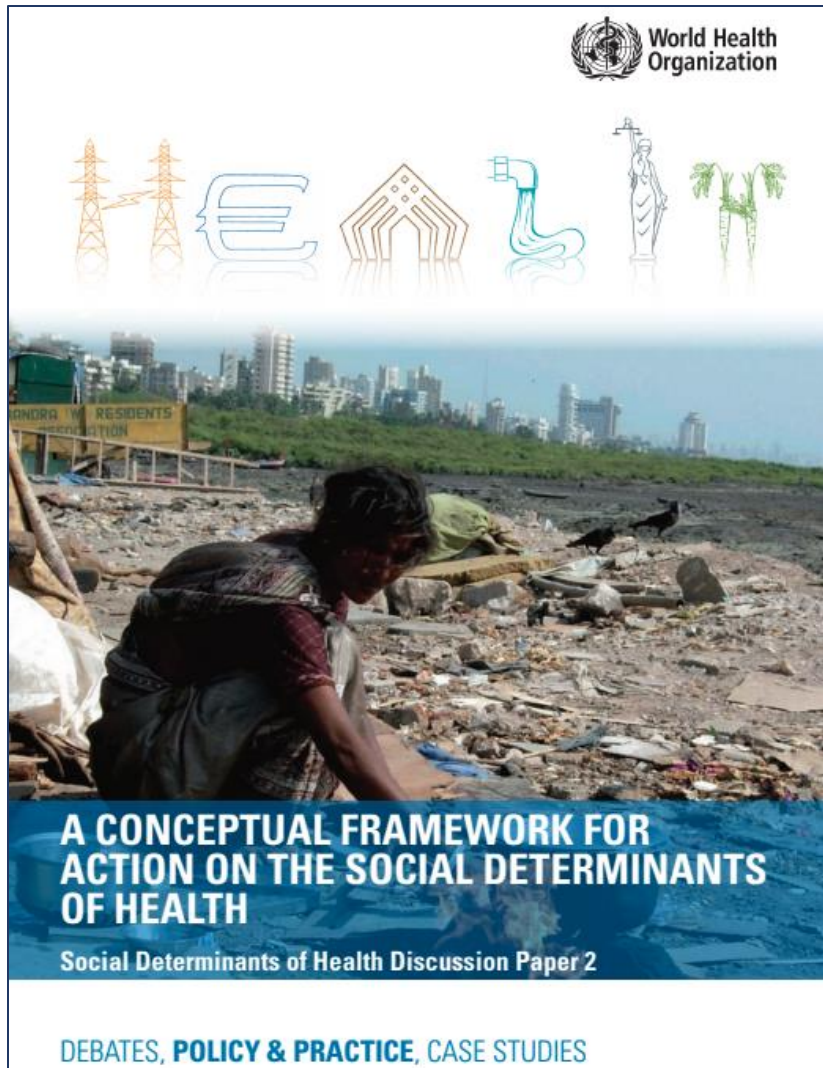


Social Determinants of Health
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 Healthy People 2030

Link to resource: [Healthy People 2030](#)

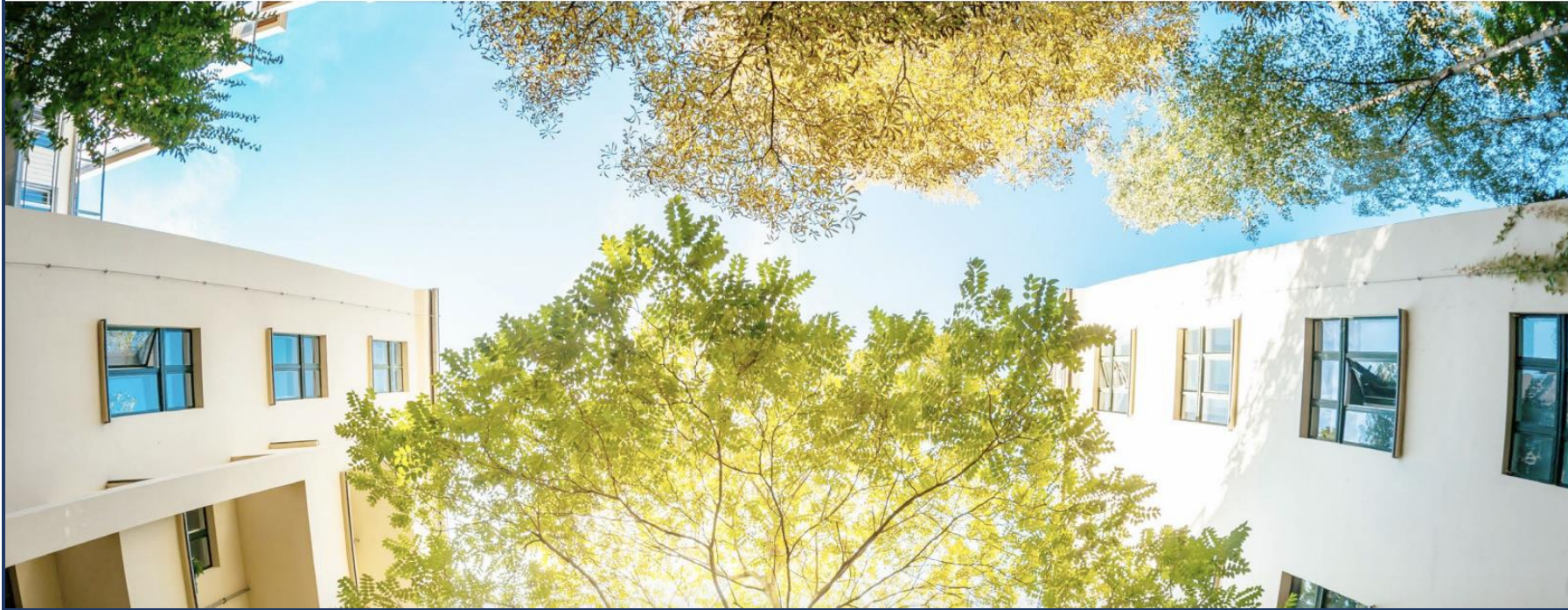
WHO Conceptual Framework



Link to Resource: [WHO Conceptual Framework](#)

HEALTHY TOGETHER

A Toolkit for Health Center Collaborations with HUD-Assisted Housing and Community-Based Organizations



Link to Resource: [Healthy Together](#)

Case study :

Mrs. Jones is a 39 year-old female with a PMH significant for T2DM and hypertension who presents at her PCP clinic for her annual wellness examination.

She is processed at intake by the facility LPN. Vitals are taken and an expanded SDOH screener is performed per facility protocol.

The results are as follows:

HR: 72 bpm

BP: 150/86

R: 22 per min.

Results from her previous exam 6 months ago are as follows:

HR: 68 bpm

BP: 130/78

RR: 18 per minute

The intake nurse indicates that Mrs. Jones appears mildly uncomfortable.

Case study:

Results of the expanded SDOH screener indicate the following:

- Mrs. Jones lives at home with her husband and three children.
- They are HUD voucher recipients.
- They live in a single-family home that was built in the 1950s.
- There are no pending eviction or legal issues.
- She lacks regular and reliable transportation.

Mrs. Jones is seen by her PCP, who performs a physical examination, adjusts her lisinopril dose and refers her to social services.

Case study:

In reviewing the referral, facility social services deems a home visit appropriate due to Mrs. Jones' lack of reliable transportation and concerns for lead in the home.

A CHW is sent to Mrs. Jones' home to perform an assessment of their home and address her other SDOH concerns. The CHW comes to the following conclusions:

- The home was constructed prior to 1978.
- Both Mrs. Jones and her husband have been experiencing headaches, stomach pain and constipation intermittently since they moved to the property in 2020.
- Mrs. Jones' Children have not been screened for lead since they moved to this property.
- There are no other safety or accessibility concerns in the home.

Case study:

The CHW networks Mrs. Jones to the following services:

- A community-based organization that provides transportation vouchers and ride-sharing.
- In-network pediatric appointments for all three of her children.
- Scheduled follow-up in 30 days.

Mrs. Jones' landlord is a member of a network managed by her local housing authority. The landlord is networked to the following services:

- A technician will be sent to the home to perform testing for lead throughout the home.
- Information regarding lead toxicity.
- Resources for lead rehabilitation.

Screening for Social Determinants of Health in Populations with Complex Needs: Implementation Considerations

By Caitlin Thomas-Henkel and Meryl Schulman, Center for Health Care Strategies

IN BRIEF

With the recognition that social determinants of health (SDOH) can account for up to 40 percent of individual health outcomes,¹ particularly among low-income populations, their providers are increasingly focused on strategies to address patients' unmet social needs (e.g., food insecurity, housing, transportation, etc.). This brief examines how organizations participating in *Transforming Complex Care (TCC)*, a multi-site national initiative funded by the Robert Wood Johnson Foundation, are assessing and addressing SDOH for populations with complex needs. It reviews key considerations for organizations seeking to use SDOH data to improve patient care, including: (1) selecting and implementing SDOH assessment tools; (2) collecting patient-level information related to SDOH; (3) creating workflows to track and address patient needs; and (4) identifying social service resources and tracking referrals.

Compared to other industrialized nations, the United States spends much less on social services, and much more on health care.² This is true despite evidence that social determinants of health (SDOH) — including income, educational attainment, employment status, and access to food and housing — affect an array of health outcomes,³ particularly among low-income populations.⁴ Individuals with unmet social needs are more likely to be frequent emergency department (ED) users, have repeat 'no-shows' to medical appointments, and have poorer glycemic and cholesterol control than those able to meet their needs.⁵

Takeaways:

Screening tools should be adapted to meet the following:

- Capacity to address specific SDOH needs.
- Availability of local resources and referral networks.
- Ease of use within clinical setting (workflow).
- Ability of tool to capture needs the organization can realistically address.



Cleveland Department of Public Health



Speakers

- David M. Margolius, MD, Director, Cleveland Department of Public Health
- Etoi Shaquila Young, Cleveland Department of Public Health

- Bruce P. Haber, Director U.S., Department of Housing and Urban Development, Office of Lead Hazard Control and Healthy Homes
- Dr. Brenda Reyes, MD, MPH, U.S. Department of Housing and Urban Development, Office of Lead Hazard Control and Healthy Homes



Connecting Home, Health, and YOU



www.hud.gov/healthyhomes

June is National Healthy Homes Month

2023 Funding Opportunities

HUD's Efforts to Mitigate the Impacts of Unhealthy Housing

- HUD's Lead Hazard Control and Healthy Homes programs help children and other vulnerable people, especially in low income and minority families
- HUD's programs have contributed substantially to reducing elevated blood lead level (EBLL) cases
- This work has proven cost benefits - each dollar invested in lead paint hazard control has been shown to result in a return of at least \$17, for a net savings of \$187 billion since the program began in 1993.

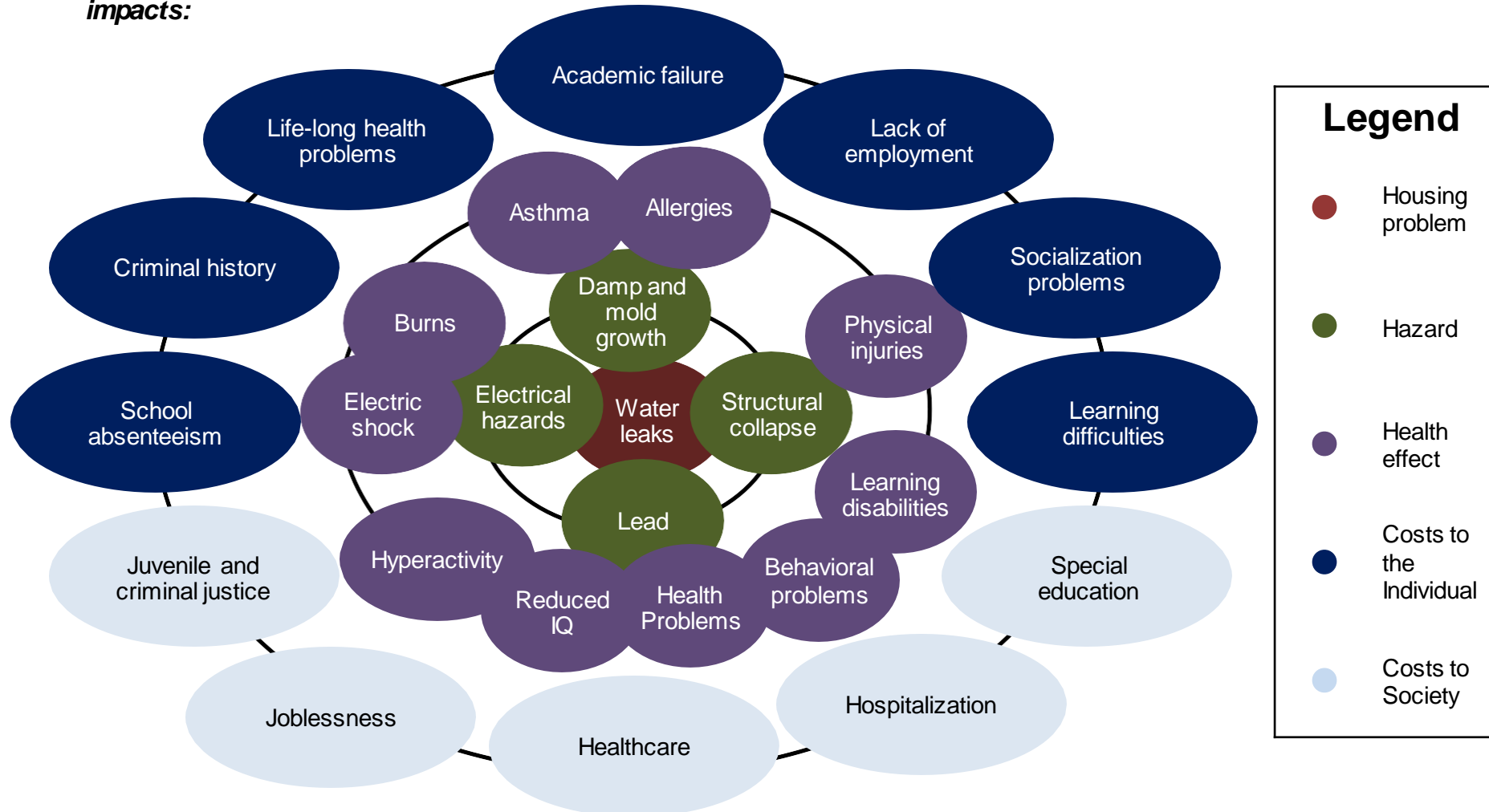
Top Housing Hazards that Effect Health

- Lead based paint
- Improper ventilation/Indoor Air Quality
 - Inadequate HVAC
 - Radon
- Asthma/Allergy Triggers
 - Mold/moisture
 - Pests/Rodents
- Overcrowding
- Home Safety
 - Slips/trips/falls
 - Hazardous household products
 - Missing or Improper Working CO and Smoke Detectors
 - Electrical Issues/Fires

Multiple Impacts

Housing problems cause a ripple effect of impacts.

Here is an example of how a single housing problem can lead to multiple health effects and economic impacts:



Grant Program Funding Opportunities

OLHCHH **Current** **Funding**

- Lead Hazard Reduction
- Lead Risk Assessment Demonstration (LRAD)
- Lead Hazard Reduction Capacity Building

Additional 2023 Funding Opportunities

1. Lead and Healthy Homes Technical Studies
2. Healthy Homes and Weatherization Cooperation Demonstration
3. The Radon Testing and Mitigation (RTM)
4. Older Adult Home Modification

Lead Hazard Reduction Grant

Minimum and Maximum Award Amount: \$1,000,000 and \$8,000,000

Healthy Homes Supplemental (HHSup): Up to \$700,000

Eligible Applicants: Special district governments, State governments, Native American tribal governments (Federally recognized), City or township governments, and County governments.

Lead Hazard Reduction Funding Categories

1. Highest Lead-Based Paint Abatement Needs:

\$1,000,000 to \$8,000,000 and \$770,000 HHSup.

2. Other Jurisdictions:

\$1,000,000 to \$5,000,000 and \$400,000 HHSup.

3. First-time grantee/applicant:

\$1,000,000 to \$4,000,000 and \$400,000 HHSup.

Lead Hazard Control Capacity Building Funding Opportunity

Purpose: Assistance to develop the infrastructure necessary to successfully implement a Lead Hazard Reduction grant program.

Promotes: Capacity-building to implement grant programs

- Hire qualified staff
- Identify and develop key partnerships/subgrantees such as: faith-based, health departments, coalitions, or other community-based organizations.

Lead Hazard Control Capacity Building Funding Opportunity

Eligible Applicants: New grantees since 2010

States,

Federally recognized Native American Tribes,

Units of local government

Minimum/Maximum Award Amount:

\$500,000 and \$2,500,000

Lead Risk Assessment Demonstration (LRAD) Grant Program

The Lead Safe Housing Rule requires Housing Choice Voucher units that are Target housing and occupied by a child under 6 to receive a Visual assessment.



Lead Risk Assessment Demonstration (LRAD) Grant Program

A lead risk assessment is a more conclusive option above the current visual assessment requirement

LRAD provides funding to Housing Authorities to cover the cost of a lead risk assessment or lead hazard screen

Lead Risk Assessment Demonstration (LRAD) Grant Program

- **\$50 Million** is available for Housing Authorities to demonstrate the feasibility of including lead hazard evaluations required by HUD.



LHHTS: Examine the Link Between Housing and Health

Lead Technical Studies (LTS):

Advance the recognition and control of priority residential lead hazards.

Healthy Homes Technical Studies (HHTS):

Advance the recognition and control of priority residential health and safety hazards.



LHHTS Eligible Applicants

- **\$7,000,000.00**
- Government Agencies, Including Native American
- School Districts And Institutions Of Higher Education
- Public And Indian Housing Authorities
- Native American Tribal Organizations
- Nonprofits
- For Profit Organizations And Small Businesses

Other Funding Opportunities

- 1. Lead & Healthy Homes Technical Studies (LHHTS)**
\$7,000,000
- 2. Healthy Homes and Weatherization Cooperation Demonstration (HHWCD)**
\$5,000,000
- 3. The Radon Testing and Mitigation (RTM)**
\$5,000,000

Healthy Homes and Weatherization Cooperation Demonstration

Coordinated delivery
of services between
OLHCHH LHR and HHP
with
DOE Weatherization
Assistance Program



U.S. DEPARTMENT OF
ENERGY

Healthy Homes and Weatherization Cooperation Demonstration



Eligible Applicants:

- HHP Grantee
- DOE WAP Grantee

\$1,000,000

Radon Testing and Mitigation for Public Housing

Eligible Applicants: Public Housing Agencies (PHAs)

- Conduct testing and mitigation of radon
- Support the development of a plan for future testing and mitigation

\$150,000 to \$600,000

Older Adult Home Modification

Eligible Applicants: Local Government, Public Housing Authorities, and Nonprofits (3-years experience)

Purpose: Safety and functional home modifications to enable seniors to remain in their homes.

\$15,000,000.00

Thank You

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Q&A Session



Upcoming Webinars

- **Community Health Worker (CHW) Workforce Development: Methodologies for CHW use in addressing the SDOH in vulnerable populations**
 - Wednesday, June 28th, 2023 at 1:00 pm EDT
 - Registration link:
https://us06web.zoom.us/webinar/register/WN_B-hMEFzLQ5uq91Yh2JJE7g





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Thank you!

