

Breathe Easy at Home Webinar Questions

Questions about Boston Housing Authority, non-public housing and Breathe Easy at Home

What is the relationship between the Breathe Easy program and the Boston Housing Authority?
Do the housing inspectors have the ability to inspect non-BHA housing?
Is the city of Boston the only landlord?
Have you worked with housing outside of the Housing Authority, and what has the response been?

Answer: BEAH can inspect any (rental) housing in the city of Boston. It is not limited to public housing. The Boston Inspectional Services Department Housing Division enforces the state sanitary code for housing, which covers all housing, public or private. We used the example of BHA because it is Boston's largest landlord, residents have higher rates of asthma than the general population, and we have worked with BHA to develop quick resolutions to BEAH cases. 70% of BEAH cases have been resolved without going to court and only once was there a concern about retaliation, which was resolved by the inspector explaining the nature of the program to the landlord.

Questions about Inspector Training:

How did you train inspectors? What sort of curriculum was used?
How were the inspectors educated on environmental triggers?

Answer: Our first training was in 2002, using Massachusetts-based experts on pest control, mold prevention and remediation, the relationship between poor housing and poor health, high quality inspection techniques and writing violation notices that address causes and remediation. We included inspection and violation role plays and case studies. Since the beginning we have partnered with experts from the Center for Healthy Homes and Neighborhoods at Boston University School of Public Health, which is part of the National Healthy Homes Training Network <http://www.nchh.org/Training/HHTC.aspx> . Many of the inspectors have been trained in the Essential of Healthy Homes course <http://www.healthyhomestraining.org/Practitioner/index.htm> and have taken the National certification exam for healthy homes specialists <http://www.healthyhomestraining.org/Credential/index.htm>

Questions about program development, management and funding for BEAH and website design:

We have separate offices (i.e. housing, health, etc.). How did you advocate the need for this, especially to the administration?
How is BEAH funded?
What were the costs involved in setting up the website for referral?
What was the source of funding for development and implementation? Is the program open source?
How is this funded? What is the budget?
Who hosts/designs and manages the web-based referral program?
How is or who funds the program?

Are any landlords or property owners involved with the implementation of the program or consulted regarding strategies that will be used for working with property owners?

Does the stimulus plan provide funding that could be used to establish similar programs?

Answer: In Boston the Inspectional Services Department and the Boston Public Health Commission are separate departments, with a history of collaboration, including annual asthma trainings for all types of housing inspectors that we have conducted since 2002. The program is relatively inexpensive, and has received very positive feedback from clients and clinicians, so community advocates really were the ones who advocated for the program. The city of Boston created a full-time program coordinator position, at a salary of about \$40,000 a year. Since much of the development work has been done in Boston, it may be possible for another community to adopt the approach with a part-time coordinator.

The inspections are conducted by inspectors employed in Boston Inspectional Services Department and the program has not had to increase inspection staff to support the program. The website is managed by the BEAH coordinator, who is located at the Boston Public Health Commission. The Breathe Easy at Home coordinator spends part of her time at the Boston Inspectional Services Department office. The website is designed and maintained through collaboration with the City of Boston's Management Information System services.

Start up costs included a part-time staff person who was funded with support of an EPA grant, and the Boston Medical Center provided \$3,000 to support web-site development.

Property owners and landlords were not involved in program design, however much consideration was given to the property owner perspective and the need to maintain landlord tenant relations. The stimulus funding does have funding for electronic medical records and to establish research protocols but I am not sure it has funding specifically for this. However, the start up costs can be minimal.

Questions about second hand smoke:

Is your initiative addressing advocacy to reducing the exposure to secondhand smoke in multi-unit residences? If so, with whom are you partnering?

Are you able to deal with asthma triggered by secondhand smoke? If so, how? Will any of the housing providers move tenants to create non smoking areas?

Do you address secondhand smoke issues?

Do you think the inspectors could also be asked to test for and/or observe instances of drifting secondhand smoke?

Do the inspectors address secondhand smoke issues from drifting tobacco smoke from other apartments?

Answer: There is a Boston Smoke Free Homes Campaign, which involves public health, health care and housing, tenant organizations, and legal, advocacy and policy groups. The Campaign is working to increase the availability of Smoke Free Housing through voluntary (none regulatory efforts). Go to our website at www.bostonsmokefreehomes.org for more information.

Currently, the housing code does not address environmental tobacco smoke. The Boston Public Health Commission's Environmental Health Office does sometimes become involved in these cases.

Questions about housing codes and asthma triggers and non-asthma related violations:

You mentioned that these inspections include other housing code violations that may not necessarily affect asthma - how effective has this program been in helping to discover other housing issues/resolving them? Do inspectors typically cite only asthma-related violations or do they check everything?

Do you know other states/cities/counties that have mold covered in their housing codes?

Do the patients receive tests to confirm triggers to mold, mites, etc.?

How is a rodent or rodent infestation an asthma trigger?

Were all the 'asthma' codes part of the sanitary codes at the start?

How do we find out what issues are covered under sanitary code locally (i.e. cockroaches, rodents, mold, etc.)?

Do you use the international housing code?

Answer: The "Housing Codes" throughout the country were established to address residential health and safety issues. They largely cover "asthma violations" and in Boston we did not need to add to them. The program has been very effective in addressing code violations that are not asthma triggers. And inspectors are required to offer comprehensive inspection.

The Massachusetts State Sanitary Code is available on the City of Boston's website in the "Housing" section: <http://www.cityofboston.gov/isd/housing/sanitary.asp> . Ask your local enforcement agency where you can get a copy of your state/city/county sanitary code. While I'm sure that some of the features in both (international and state) housing codes are the same (such as ensuring the health and safety of housing), Massachusetts has its own code of standards in housing for the state.

Although I am more knowledgeable about the Massachusetts "Housing Code", I have received code from other states and found that they may not mention mold directly, but they do address moisture and chronic dampness, which in turn addresses mold. See the National Center for Healthy Housing http://www.healthyhomestraining.org/Codes/State_Local.htm and many proposals to change the international building code at the Alliance for Healthy Homes http://www.afhh.org/aa/aa_housing_codes.htm

Patients receive a full inspection report for themselves and their practitioner which describes the presence of mold, evidence of dust, and pest infestations. No specific allergen testing is done on the residence and the resident does not need an allergy test, but generally a good visual inspection has been sufficient to find presences or absence of these triggers.

Where there are rodents, there are rodent droppings. Rodents dropping eventually become airborne and have been found to be a significant allergen, particularly for asthmatics. Rodent infestation is generally mice infestation in BEAH cases, though sometimes can be rat infestation if the house is near a sewer or waterfront location. Mice exposure can cause allergic reactions through exposure to mouse

urinary protein and the mouse proteins found in mouse hair and feces. The droppings that are commonly found in homes infested with mice are therefore potential allergic exposures and should be handled carefully and removed.

Questions about retaliation against tenants:

What type of support was provided to the tenants that had issues/retaliation from landlords due to complaints or referrals?

What do you do about clients/patients who are fearful of retaliation by landlords (even if such retaliation is illegal)? This seems to be especially of concern when the client/patient is undocumented.

Answer: The Breathe Easy at Home Program collaboration includes the Medical Legal Partnership Boston, which is a legal services agency based at Boston Medical Center, and helped in triaging the one retaliation case we have had in almost 400 referrals. We also have a good relationship with Greater Boston Legal Services and have developed a cover letter from ISD to landlords to decrease landlord anger and explain the program better.

Immigrants, regardless of documented status, are still protected under housing code law. We also have a good relationship with Greater Boston Legal Services and have developed a cover letter from ISD to landlords to decrease landlord anger and explain the program better.

Questions about private landlords and remediation costs:

How do you encourage landlords that aren't associated with public housing/subsidized housing to make the necessary changes in the home environment?

Have you had much resistance from private housing property owners/landlords?

Do the landlords have to foot any of the bill for remediation? Is there any cost recovery mechanism for work done that is extensive?

If property owners/landlords claim they do not have funds to correct code violations, are there resources/programs available to help with this?

Who pays for compliance?

Answer: We have a high success rate of resolving cases prior to court. Our housing inspectors issue notices of violation to public and private landlords notifying them of the defect and affording them time to comply.

Maintaining the property is an expectation of landlords. The sanitary code for housing ensures habitability and is the enforcement tool which ensures that landlords and home owners are maintaining property. In Boston, like many communities, we do have small grant and loan programs for homeowners and small property owners, who meet income eligibility requirements.

Questions about working with tenants:

How did you get the tenants to cooperate with housekeeping?

Is there any tenant education on controlling triggers (e.g., using fans in bathrooms, IPM)?

Could you provide an example of an outreach activity for IPM in homes?

Answer: BEAH has created multilingual podcasts and written materials for tenant education. Boston also has a healthy homes program which provides educational (non-enforcement) home visits for residents with asthma. These visits address environmental contributors to asthma and disease management. We have many cross referrals between these two complementary programs. We also educate tenants on healthy & environmentally friendly housekeeping.

In some cases tenants are warned, in others they are cited in keeping with our "housing code". We are now educating tenants on what to expect from the inspection, and how they can help to attain a healthy home. Flyers concerning the BEAH process and non-toxic housekeeping recipes can be found on the BEAH website (see "What to Expect from your Breathe Easy Inspection" and "Safe Cleaning for People with Asthma"): <http://www.cityofboston.gov/isd/housing/bmc/default.asp>.

As a result of the Breathe Easy At Home Program, housing inspectors require that landlords hire licensed pest control applicators and submit IPM reports. We have educated court officials to gain support for this requirement. And we are regularly invited to present at local Pest Control seminars where attendance is required to maintain a license. IPM or integrated pest management has principles of denying pests food, water, shelter and entry. IPM activities are important to find these potential sources, such as holes in floors or walls, areas of clutter where pests can hide, potential food sources such as unsealed food packages or trash and water leaks or condensation. IPM activities are about educating families to reduce these risks and also can include sealing holes and providing things like tupperware to store food and sealed garbage cans for storing trash.

Questions about health results and disease surveillance:

Could you review what BRFSS is briefly?

Has any evaluation been done or planned to measure medical outcomes? For example, comparing asthma control indicators for households served by BEAH versus a sample of "matched" households that didn't receive the service?

How about the incidence/prevalence? Was this decreased after the intervention, inspection and fixing the problem?

Are data related to ED and hospitalizations collected?

Have you tracked decreases in ER visits?

Are there any clinical data to support a positive effect of an environmental correction coinciding with improved asthma control?

Do you have data available to document the impact of smoking and asthma episodes in Boston?

Answer: The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. It is administered through the Centers for Disease Control and Prevention. Data is collected in all 50 states. The Asthma Regional Council of New England publishes an asthma report, using BRFSS data, which includes information on smoking. Go to the CDC website for more information.

An evaluation is currently being done and we are considering a full evaluation using a waiting list as a control. Yes, we are collecting data on hospitalization and ED use, this but the program is still relatively small and we would need to evaluate many hundreds of patients before we could expect to see a statistical difference. While there is positive anecdotal data that breathe easy is working, we are working on more statistical data. We will publicize these results when they are available.

Some published studies on the impact of environmental changes in the home on asthma, include:

1. Clearing the Air. Institutes of Medicine (2000).
2. The National Cooperative Inner City Asthma Study. NEJM Volume 336:1382-1384 (1997).
3. Krieger JW, Takaro TK, Song L, Weaver M. The Seattle–King County Healthy Homes project: a randomized, controlled trial of a community health worker intervention to decrease exposure to indoor asthma triggers. *Am J Public Health*. 2005; 95(4):652-659.

The incidence or prevalence of asthma would not change after inspection, however the asthma control would improve. We are evaluating this currently.

Questions about clinicians screening, for housing conditions, in the health care setting:

What are the components of the screening tool? How much time does it take?

Megan said that often medical providers don't capture asthma control data, just severity, is that correct?

How do the providers screen? Is the tool available?

Answer: Screening in the office can take only 1-2 minutes. Questions include "Are you having any problems with housing?" or "Do you have problems with cockroaches, mice, rodents or mold" and if they are yes and the patient has asthma, you have enough information for the referral. We are happy to provide these questions on request.

Asthma control is the new emphasis of the NAEPP guidelines and we use questions about daytime symptoms, night time symptoms and limitation of activities to assess control and these are incorporated into the electronic medical records.

Question about using clinicians in the field:

Are you using any clinicians in the field, such as certified asthma educators, Respiratory Therapists, etc.?

Answer: There are programs and services in Boston, which have certified asthma educators and others, but BEAH is a home inspection program, using housing inspectors. At Boston Medical Center we recently hired a certified nurse educator to do asthma education in the clinic and over the phone as part of a special project with Boston Public Health Commission and Boston Medical Center Health Net Plan, a medicaid managed care organization. At this point, she is not doing home visits, but other programs across the country, for example Michigan, have people in the field.

Questions about getting more information:

We are very much interested in finding out more about the program, and can we visit the BEAH program?

Will we be able to find out if anyone else was on webinar from Connecticut?

How do we get access to the program? Is it adaptable? Could we combine the referrals to be asthma and perhaps lead?

Are there Breathe Easy programs anywhere else in the country?

Answer: We would be happy to have you visit Boston. We can also arrange conference calls of your team and the BEAH principles. Contact the BEAH Program Coordinator Amanda LaSane at alasane@bphc.org . Perhaps the CAAFE organizers can post participant information or make it available on request.

The program is very simple, therefore probably adaptable to other health/public health conditions. We are not aware of the BEAH program being replicated, yet, however other communities are using housing codes to address asthma. The National Center for Healthy Housing has links devoted to codes, on their website.

Lead inspections are mandatory for households with children under the age of 6. If there is a concern about lead paint the home, also, the referral form includes a box to note Lead as a concern. The Breathe Easy at Home website is: <http://www.cityofboston.gov/isd/housing/bmc/default.asp> .