

Georgia Healthy Homes

Strategic Plan



Healthy Homes and Lead Poisoning Prevention Program

Georgia Department of Public Health
Environmental Health Section



May 13, 2013

“The connection between the health and the dwelling of the population is one of the most important that exists.” *Florence Nightingale*

It is my distinct pleasure to present the Georgia Healthy Homes Strategic Plan, which is the result of a year of research, planning and collaboration among the most dedicated healthy homes stakeholders in our state. The Strategic Plan provides the means to reduce or eliminate housing-related health hazards and to promote housing that is healthy, safe, affordable, and accessible for all Georgians.

The 2009 Surgeon General’s Call to Action to Promote Healthy Homes recognizes, “that housing can cause or can contribute to numerous illnesses and injuries.” In response, the Georgia Department of Public Health developed a comprehensive Healthy Homes Program to address unsafe and unhealthy housing conditions caused by housing-based hazards. These hazards can result in a multitude of health effects, including cancer, asthma, pest exposure, poisonings, fire and fall injuries.

The Department of Public Health leads an advisory group of partners that were assembled from federal, state and local public health, housing, advocacy and private industry. This consortium is tasked to collectively assure that every Georgian has the opportunity for a long, healthy life, in a safe and secure home environment.

Join me in working with the Georgia Healthy Homes Program and our dedicated partners towards the provision of safe and healthy housing for all Georgians.

Sincerely,



Brenda Fitzgerald, M.D.
Health Commissioner



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Executive Summary

The connection between housing and health is well established. Numerous housing-related health issues, including asthma and respiratory illnesses, lead poisoning, and injuries, remain major public health challenges in Georgia. A healthy homes approach is effective in reducing housing-related health hazards. This approach is organized around the “Seven Principles of Healthy Homes,” which are:

Keep it:

1. Dry
2. Clean
3. Safe
4. Ventilated
5. Pest-Free
6. Contaminant-Free
7. Maintained

Recognizing a need for a more integrated approach to improving housing-related health outcomes, the Georgia Department of Public Health (DPH) embarked on a statewide healthy homes strategic planning process in the fall of 2012. DPH recruited key stakeholders to participate as members of the Healthy Homes Strategic Planning Advisory Workgroup (the Advisory Workgroup). The Advisory Workgroup represented collaboration between a diverse group of individuals representing local, state and federal health programs, social service agencies, housing agencies, realtors, non-profits and advocacy organizations, and many others. Through the strategic planning process, the Advisory Workgroup members identified seven elements that describe their collective statewide vision for healthy homes. These seven vision elements and associated key strategies include:

Vision Element 1: Comprehensive Strategies to Support Diverse and Engaged Stakeholders

1. Implement and launch a public relations strategy.
2. Design an organizational structure to advance the healthy homes initiative in Georgia.
3. Develop a healthy homes certification or “seal of approval.”

Vision Element 2: Coordinated, appropriate, and effective marketing and education

1. Develop and disseminate quality, targeted educational materials.
2. Identify legislative champions to support ongoing education with legislators.
3. Develop a strategic marketing and education plan with clear priorities.
4. Launch a public awareness and education campaign.
5. Identify funders to support educational and promotional materials.

Vision Element 3: Effective policies and strong enforcement

1. Educate and motivate the legislature to pass strong laws.

2. Identify and draft needed legislative authorities for healthy homes.
3. Develop persuasive, data-driven arguments.
4. Convene, convince, and motivate the public and stakeholders to engage in dialogue with their legislators.
5. Implement statewide code enforcement that is standardized, effective, and incorporates healthy homes principles.

Vision Element 4: Comprehensive, accurate, and timely data tracking, surveillance, and evaluation.

1. Implement mandated reporting of healthy homes data to the Georgia Department of Public Health, including hospital emergency room visits due to poisonings, falls burns, and asthma.
2. Coordinate the collection and management of healthy homes data to educate and inform policy makers and funders.
3. Develop comprehensive data tracking and surveillance networks.

Vision Element 5: Diverse resources and revenue generating mechanisms.

1. Communicate the return on investment for healthy homes activities with policy makers, funders, and other stakeholders.
2. Implement revenue generating requirements for contractors and property owners.
3. Collaborate with insurance providers to mandate healthy homes assessments and interventions for specific health care claims.
4. Conduct effective research to garner funding support for healthy homes.
5. Ensure efficient use of resources by establishing and strengthening partnerships.

Vision Element 6: Standardized processes and consistent implementation.

1. Identify common benefits and clear roles for all stakeholders to support collaborative participation.
2. Establish proper training standards, quality control, and certification processes.
3. Conduct cross-training of agencies and organizations statewide to ensure consistent approaches to identification and remediation of hazards.
4. Engage home visiting agencies in integrating healthy homes standards into their protocols.

Vision Element 7: Healthier, Safer Homes for Generations.

- This vision element represents the culminating outcome that would result if the other six elements of the vision were realized.

Georgia has a number of existing assets to support these statewide healthy homes efforts. Building and maintaining extensive partnerships across a diverse range of stakeholders will be necessary for successful implementation of these key strategies. As a result of the strategic planning process, Advisory Workgroup members agreed to sustain their collective relationship and provide continued direction and leadership for the activities identified in this strategic plan. Their leadership and commitment will assure Georgia's ability to respond collectively and individually to any budgetary and political changes ahead.

Introduction

The Georgia Department of Public Health's Healthy Homes and Lead Poisoning Prevention Program (GHHLPPP) (formally known as the Georgia Childhood Lead Poisoning Prevention Program) has been in operation since 1992 under funding received from the Centers of Disease Control and Prevention in the form of cooperative agreement. Since then, GHHLPPP has successfully worked to get Georgia's high risk children tested for lead poisoning while also identifying those who are lead poisoned and requiring case management and environmental follow up.

The key aims of GHHLPPP are to:

- Transition into a comprehensive Healthy Homes Program while continuing to monitor children for lead exposure and provide case management and environmental investigations for lead poisoned children;
- Develop and implement a strategic plan for the state to reduce or eliminate housing-related health hazards and to promote housing that is healthy, safe, affordable, and accessible;
- Build a consortium of strategic partners to address unsafe and/or unhealthy housing conditions caused by housing-based hazards by leveraging resources and seeking sustainability in funding;
- Assure that follow up care and interventions are provided for vulnerable populations who are identified with housing-related health issues;
- Expand the GHHLPPP surveillance system to include not only blood lead levels, but also environmental tests results and selected healthy homes variables;
- Consolidate existing related Department of Public Health (DPH) programs into a comprehensive Healthy Homes and Lead Poisoning Prevention Program;
- Work with housing agencies to enforce hazard reduction in inspected housing through existing HUD hazard reduction programs, healthy homes local programs, and housing code enforcement mechanisms;
- Engage our Environmental Justice and Faith Based Partners to educate the community concerning the dangers of housing-based hazards, including lead poisoning, and identifying vulnerable populations that may suffer the most from these health threatening sources of exposure;
- Contribute to DPH's mission of responsible health planning and improved health outcomes for the residents of Georgia;
- Expand GHHLPPP by adding staff training in healthy homes concepts and implementing interventions and referrals in response to the detection of housing-based health hazards;
- Reduce the overall cost of expensive medical responses to injuries and the exasperation of health conditions such as asthma by applying primary prevention principles to reduce housing-based hazards to reduce exposure prior to needing medical interventions;
- Employ indicator based evaluation techniques to evaluate every aspect of the program to increase efficiency and implement responsible health care planning and utilization of resources; and

- Continue to train and credential existing Environmental Health Branch and local environmental health specialists in lead inspection techniques as well as Healthy Homes Practitioner principles.

Recognizing a need for a more integrated approach to improving housing-related health outcomes, GHHLPPP assembled a Georgia Healthy Homes Advisory Committee with the mission to develop a strategic plan to direct and focus healthy homes initiatives for the State of Georgia. What follows is a comprehensive healthy homes strategic plan to be implemented by GHHLPPP within the program's key aims in conjunction with key partner agencies and organizations.



Why Do Healthy Homes Matter?

The connection between housing and health is well established. The U.S. Department of Housing and Urban Development (HUD) and the National Center for Healthy Housing (NCHH) have summarized a large body of scientific research demonstrating that numerous housing-related hazards pose a threat to human health (HUD, 2011; NCHH, 2009). These hazards are frequently grouped into four major categories based on the American Public Health Associations “Basic Principles of Healthful Housing” published in 1938:

- **Physiological Requirements:** A number of indoor chemical contaminants, including lead, environmental tobacco smoke, carbon monoxide (CO), radon, volatile organic compounds (VOC), asbestos, and pesticides, pose serious threats to human health.
- **Psychological Requirements:** Poor lighting has been linked with depression and mood disorders, such as seasonal affective disorder. Adequate lighting is important in allowing people to see unsanitary conditions and to prevent injury, thus contributing to a healthier and safer environment. Noise can cause hearing impairment, sleep disturbance, negative cardiovascular and psycho-physiologic effects, psychiatric symptoms, and poor fetal development and can also reduce attention to tasks and impede speech communication.
- **Protection Against Infection:** Inadequate design and maintenance of housing can result in conditions that facilitate the growth of mold and bacteria as well as infestation of rats, mice, and other pests.
- **Protection Against Unintentional Injuries:** Inadequate and deferred maintenance of homes, inadequate design of new homes, and lack of important safety devices can result in preventable injuries, illness, and death in the home.

This section highlights three housing-related health issues that will require a coordinated, housing-based approach as a key strategy: asthma and respiratory health, childhood lead exposure, and unintentional injuries.

Asthma and respiratory health: Asthma is a chronic disease in which the airways of the lungs become inflamed or narrowed, resulting in disruptions to normal breathing patterns and significant health consequences. Asthma disproportionately impacts low-income families and people of color living in substandard housing because of the presence of pests, mold, environmental tobacco smoke, and other asthma triggers. Mold, pests, and other allergens can trigger asthma, which is the leading cause of school and work absences, emergency department visits, and hospitalizations in the United States (American Lung Association, 2011). Asthma results in annual costs of \$20.7 billion to the nation (American Lung Association, 2011). Exposure to mold and dampness within homes contributes to an estimated 21% of all asthma cases in the United States (Mudarri & Fisk, 2007). In addition, dampness can lead to insomnia, allergies, headache, cough, and other respiratory health issues (Eggleston, et al., 2005; Kercksmar, et al., 2006). Chronic obstructive pulmonary disease (COPD) is the fourth-leading cause of death in the United States (CDC, 2010). COPD may be exacerbated by environmental exposures, including tobacco smoke and air pollutants. The highest COPD hospitalization rates are seen among older adults.

Childhood lead exposure: Housing conditions associated with increased risk of lead poisoning include chipping, peeling, and flaking paint on the exterior and interior of a home; lead paint on friction-impact surfaces such as windows, doors, stairs, and railings; water leaks, moisture problems; and renovation of old houses without proper use of lead-safe work practices and clean-up. Childhood lead exposure remains a critical public health issue. Children are exposed to lead in their homes from deteriorating lead paint and the contaminated dust and soil it generates, lead in water from leaded supply lines or plumbing, and other sources. The connections between lead exposure and negative health impacts include neurological damage, decreased IQ, increased blood pressure, anemia, gastrointestinal issues, stunted growth, seizures, coma, and – at very high levels – death (Gould, 2009; Fewtrell, Pruss-Ustan, Landrigan, & Ayuso-Mateos, 2004). Even low levels of lead exposure can have a lasting impact on a child’s IQ, likelihood of having a learning disability, and educational attainment (Chandramouli, Steer, Ellis, & Emond, 2009; Miranda, Kim, Galeano, Paul, Hull, & Morgan, 2007; Miranda, Maxson, & Kim, 2010). No safe blood lead level in children has been identified, emphasizing the importance of primary prevention, “a strategy that emphasizes the prevention of lead exposure, rather than a response to exposure after it has taken place (Advisory Committee on Childhood Lead Poisoning Prevention, 2012).” The CDC reference value for childhood lead exposure provides a way to compare an individual child’s blood lead level to a population of children the same age (Advisory Committee on Childhood Lead Poisoning Prevention, 2012). The current reference value is 5 micrograms of lead per deciliter of blood ($\mu\text{g}/\text{dL}$) and will shift with population blood lead levels. More than 535,000 U.S. children ages 1-5 have BLLs greater than 5 $\mu\text{g}/\text{dL}$ (MMWR, 2013).

Unintentional injuries: Inadequate and deferred maintenance of homes, inadequate design of new homes, and lack of important safety devices can result in preventable injuries, illness, and death in the home (HUD, 2011). The leading causes of death in the home are falls, drowning, fires, poisoning, suffocation, choking, and guns. Falls alone account for over half of all unintentional home injury deaths. Very young children and adults over age 70 are the most likely to be hurt at home. Poorly designed homes can also provide an unsafe or unsuitable environment for older adults and people with a disability. Because of falls, many elders experience devastating consequences such as broken bones and head injuries. Each year, approximately 18,000 injury deaths and 12 million non-fatal injuries occur nationally within homes (Runyan, et al., 2005a; Runyan, et al., 2005b). Falls account for over half of all unintentional injury deaths within the home (Runyan, et al., 2005b); fires, drowning, poisoning, suffocation, choking, and guns are other leading causes of death in the home.

Using a Healthy Homes Approach

A substantial evidence base of effective interventions exists to address these housing-related health hazards through a healthy homes approach (U.S. Department of Housing and Urban Development, 2011; National Center for Healthy Housing, 2009). A “healthy home” is a home designed, constructed, maintained, or rehabilitated in a manner that supports the health of residents. The healthy homes approach systematically and holistically identifies and addresses health and safety hazards in the home environment. Applying a healthy homes approach is more efficient than single issue-focused programs because it promotes cost-efficient housing interventions that address

multiple, interrelated health hazards. The healthy homes approach is organized around the “Seven Principles of Healthy Homes,” which are:

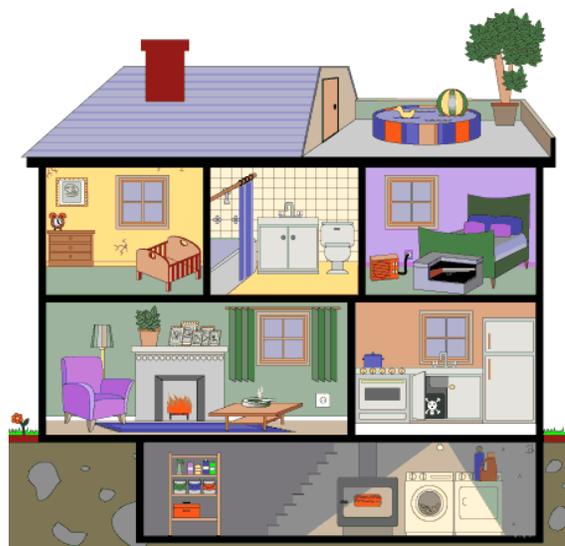
Keep it:

- Dry
- Clean
- Safe
- Ventilated
- Pest-Free
- Contaminant-Free
- Maintained

The healthy homes approach uses three interrelated strategies to address environmental hazards in the home (HUD, 2011). These strategies include: (1) Changes in structural conditions and building practices; (2) modification of resident and property owners’ behaviors; and (3) development or revision of policies, legislation, and service systems to enable healthy housing practices (HUD, 2011). Extensive evidence exists to support the implementation of specific healthy homes interventions, such as (NCHH, 2009):

- Multi-faceted, tailored asthma interventions
- Integrated pest management
- Moisture intrusion elimination
- Radon air mitigation through active sub-slab depressurization
- Smoking bans
- Lead hazard control
- Installation of working smoke alarms
- Pre-set safe temperature hot water heaters

This evidence-base provides the foundation for the identified priority action strategies outlined in this plan.



Housing and Health in Georgia – An Overview of Existing Conditions

Today, most Americans spend nearly 90% of their time indoors, and mostly at home (EPA, 2013). For many, a home is considered a place of safety and comfort, however there are potential hazards that can cause illness or injury. In 2009, the U.S. Surgeon General recognized the public health impacts of housing and issued a nationwide Call to Action to promote health in homes.

This section gives an overview about current trends in demographics, housing quality, indoor air quality, asthma, injury, lead poisoning, and emergency preparedness. This section also highlights current program capacity and activities.

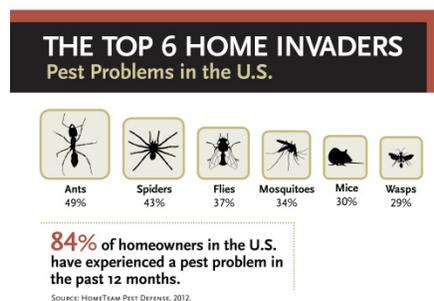
Demographics

Georgia is home to a diverse population with a variety of cultures. According to the 2011 U.S. Census Estimate, the state's estimated population for 2011 was 9.8 million. Of this total, 46% of people are non-white or Hispanic and 16% of individuals live below poverty level. In Georgia, 32% percent of households have one or more child, 19% of households have one or more elderly residents, and 15% of families are below the poverty level. Renters comprise approximately 35% of residents, and 56% of renters and 28% of homeowners pay 35% or more of their income for housing.

Indoor Air Quality

Indoor air quality is linked with many health effects including asthma, lung cancer, chronic obstructive pulmonary disease, and other diseases. Poor indoor air quality can not only affect health of adults and children, but also a child's ability to learn.

In Georgia, indoor air quality issues include carbon monoxide poisoning, household chemical exposure, airborne mold spores, radon gases, volatile organic compounds, particulate matter, allergens and environmental tobacco smoke. Based on January to October, 2012 statewide inquiries, the majority of calls to the Healthy Homes Program were related to health concerns from exposure to mold or mildew. Additionally, 86% of those callers were renters.



The most common household pests in Georgia include ants, cockroaches, fleas, spiders, flies, wasps, rats, bats, mice, and, increasingly, bed bugs (University of Georgia's College of Agricultural and Entomological Sciences, 2013). Pests carry disease, exacerbate asthma, and create a nuisance when inside a home. The prevalence of pesticide use in response to these pest species has raised significant concern over the potential health effects associated with both acute and chronic exposure to these chemicals (http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_12484.pdf). The Georgia Department of Public Health

promotes Integrated Pest Management and safer alternatives to household chemicals to assist households with reducing pests and chemical gases inside the home. Commercial pest control and pesticide application is overseen by the Georgia Department of Agriculture and the Georgia Environmental Protection Division.

Tobacco smoke is the leading cause of lung cancer in the U.S. (CDC, 2013). Each year, approximately 150,000 people die from lung cancer in the U.S., and lung cancer is the cause of one

of every six cancer deaths. In Georgia, environmental tobacco smoke has been banned in many public buildings in Georgia under the Georgia Smokefree Air Act (2005), and ordinances exist which restrict smoking near public entrances.

As the second leading cause of lung cancer, radon is another healthy homes concern in Georgia. The U.S. Environmental Protection Agency identified most of north Georgia as moderate to high potential for exposure to radon in homes. Over the last 25 years, there were 1,632 homes in Georgia with a short-term radon level ≥ 4 pCi/L. When combined with smoking regularly, a person’s risk for lung cancer increases exponentially.

Maintaining good indoor air quality with proper ventilation is essential for reducing asthma and other respiratory diseases. Approximately 230,000 (9%) children ages 0-17 years and 570,000 (8%) adults have asthma in Georgia (2010 Georgia BRFSS). Asthma is the second leading health problem among school-aged children. In the past year, 38% of children in Georgia with asthma had an asthma attack in the past year, and 14% of children with asthma had to visit an emergency room or urgent care (2010 Georgia Program and Data Summary on Asthma). It is estimated that hospitalization charges related to asthma totaled more than \$132 million and ER charges related to asthma totaled over \$63 million in Georgia (2010 Georgia Program and Data Summary on Asthma). In Georgia, among children with asthma, hospitalization rates are highest for those ages four and under (2010 Georgia Program and Data Summary on Asthma).

	GEORGIA	US
Lifetime asthma among adults	11.5%	13.5%
Lifetime asthma among children	14.5%	12.6% (38 states)
Asthma ED visit rate per 10,000 residents	54.5	55.4
Asthma hospitalization rate per 10,000 residents	11.6	14.4
% of children who missed one or more days of school due to asthma	54%	

Lead Exposure

Georgia has nearly 300 years of housing history, and many of Georgia’s historic homes contain lead-based paint. Throughout Georgia, 39% of homes are pre-1978 and 8% are pre-1950. Within a two year period (2010-2012) GHHLPPP identified 206 homes with confirmed interior or exterior lead hazards that are directly linked to poisoned children.

Risk indicators establishing housing as high risk include location in an urban area, high numbers of rental housing, and numbers of Medicaid children as an indication of socioeconomic status. Risk indicators were originally used to identify childhood lead poisoning risk but can be applied to healthy homes risk factors as well due to building condition and housing disparities.

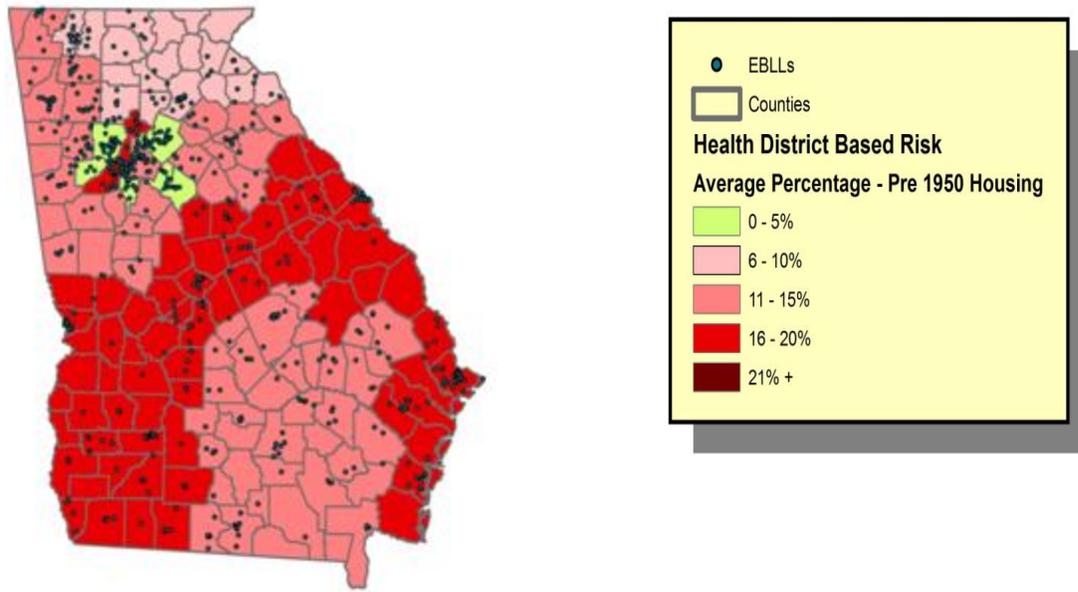


Fig. 1. (above) Map of high-risk housing counties, 2010. In 2011, there were 120,797 children less than 6 years old tested for lead poisoning (Georgia Department of Public Health, 2011). Of these children, 5,361 were found to have a blood lead level of 5 micrograms per deciliter (mcg/dL) or greater, and 778 were found to have a blood lead level of 10 micrograms per deciliter (mcg/dL) or greater. Among the cases of lead poisoning, 70% are managed care children (Georgia Department of Public Health, 2011).

GHLPPP identified several counties throughout the state that pose a high-risk for lead poisoning based on lead screening data including:

- Bibb
- Carroll
- Chatham
- Cobb
- Crisp
- DeKalb
- Dougherty
- Fulton
- Gwinnett
- Hall
- Laurens
- Muscogee
- Richmond
- Whitfield

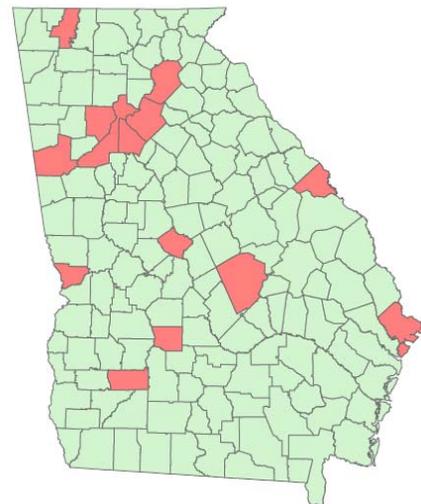
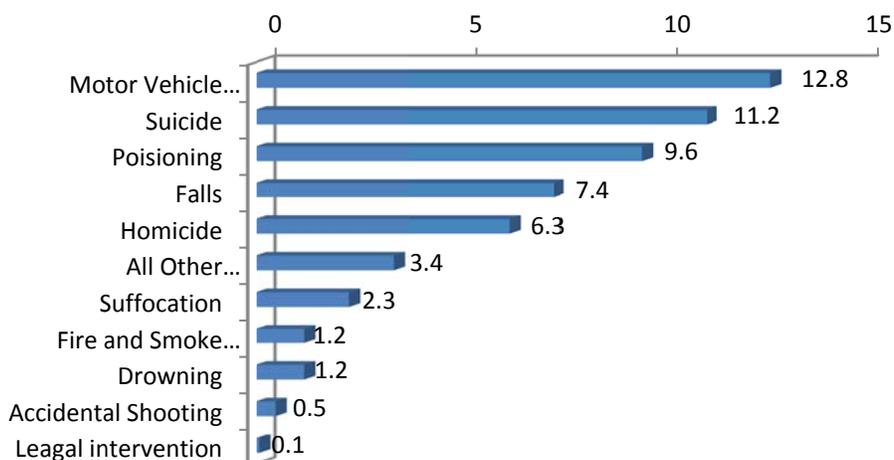


Fig. 2. Map of high-risk counties identified by blood lead screening data, 2010

Injuries

Injuries in Georgia cause an average of 4,750 deaths per year. Fall-related injuries are the leading cause of hospitalizations in Georgia. Poisoning and falls are the 3rd and 4th leading cause of injury death in Georgia for all ages, respectively. The majority of fires occur in residential homes. Injury-related hospitalizations cost nearly \$668 million in hospital charges per year (GA Vital Statistics Data & Georgia Injury Prevention Strategic Plan: 2010-2015).

Age-Adjusted Death Rate, Georgia 2010



Emergency Preparedness

Georgia has its share of tornadoes, severe storms, floods, power outages, and fires. Emergencies and natural disasters can affect people’s most basic needs: food, water, shelter, and safety. Emergencies such as these increase the risk of perishable food, temperature and humidity control, housing structural integrity, flood related mold, fires, and carbon monoxide levels inside the home.

In 2011, Georgia had 67 tornadoes and three floods with 151 individuals injured (GEMA, 2012.) With national attention being drawn to climate change, the Georgia Department of Public Health recognizes the impact that severe weather damage can have on homes and residents. “Ready! Georgia” provides information about disaster preparedness at home, and a checklist for what to include in an Emergency Preparedness “Ready Kit”. The checklist includes:

- **Water**-One gallon per person per day, for at least 3 days, for drinking and sanitation.
- **Food**-At least a 3-day supply of non-perishable food.
- **Can opener**-For food, if kit contains canned food.
- **Radio**-Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert, and extra batteries for both.
- **Face mask**-To help filter contaminated air and plastic sheeting and duct tape to shelter in place.
- **Moist towelettes, garbage bags and plastic ties**-For personal sanitation.
- **Wrench or pliers**-To turn off utilities.
- Local maps, flashlight, extra batteries, first aid kit, and whistle.

By promoting these Ready Kits, residents can prevent illness and injury in the home during and after disasters occur.

Current Program Activities

Since 2004, the Georgia Healthy Homes and Lead Poisoning Prevention Program (GHHLPPP) has monitored blood lead levels, conducted household environmental investigations for sources of lead, and in 2011 began enforcing lead hazard abatement for rental units with lead hazards.

GHHLPPP collects and manages information on blood lead testing through the Georgia Department of Public Health's State Electronic Notifiable Disease Surveillance System (SENDSS.) This system serves as a data sharing system that provides the capacity for laboratories to report results of blood lead testing and for GHHLPPP to conduct case management on lead poisoned children. GHHLPPP works with Georgia's Medicaid Program, overseen by the Georgia Department of Community Health, to ensure that children at the highest risk of lead poisoning are screened and receive the appropriate attention, and advises the Medicaid Program about testing and follow-up of Medicaid children for lead exposure. GHHLPPP also works with the Head Start programs throughout the state to ensure that all Head Start children are tested for lead which is a federal Centers for Medicare & Medicaid Services requirement, and oversees case management and follow-up for lead elevated children in the Maternal Child Health Program (MCH).

Since 2011, GHHLPPP has expanded its childhood lead poisoning prevention services to include providing information about other potential hazards around the home. As part of the expanded lead program incorporating CDC's Healthy Homes initiative in Georgia, GHHLPPP offers information about other household hazards such as indoor air quality and unintentional injuries.

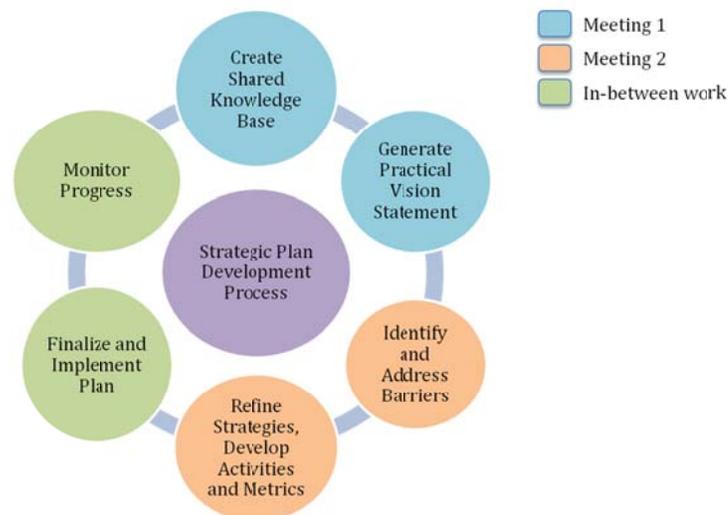
In 2012, the program conducted a healthy homes needs assessment to determine environmental health education materials needs, and has developed several health education materials for distribution to the general public. The program has trained twenty-one local Environmental Health Specialists throughout Georgia as healthy homes practitioners. Several brochures on various healthy homes topics have been made available to every public health district in Georgia.

Georgia Healthy Homes Strategic Planning Process

The Georgia Department of Public Health (DPH) embarked on a statewide healthy homes strategic planning process in the fall of 2012. DPH partnered with the National Center for Healthy Housing (NCHH) to help facilitate the strategic planning process. DPH recruited key stakeholders to participate as members of the Healthy Homes Strategic Planning Advisory Workgroup (the Advisory Workgroup). The Advisory Workgroup represented collaboration between a diverse group of individuals representing local, state and federal health programs, social service agencies, housing agencies, realtors, non-profits and advocacy organizations, and many others. A complete list of the Advisory Workgroup members is provided in Appendix A. The roles and responsibilities of the Advisory Workgroup members were to: (1) participate in the strategic planning process through in-person meetings and review of materials; (2) provide leadership for the implementation of the vision and strategies developed by the Advisory Workgroup; and (3) advise DPH by ensuring that the outcomes of the strategic planning process resonate among diverse sectors, sharing and disseminating the outcomes of the process, and keeping DPH apprised of activities and programs that may be of value to other Advisory Workgroup members.

NCHH facilitated two meetings of the Advisory Workgroup. The first meeting was held in October 2012 in celebration of National Childhood Lead Poisoning Prevention Week and Child Health Month. At this meeting, DPH staff presented summary information on health and housing conditions in Georgia. NCHH presented model initiatives and strategies from across the United States that Georgia could consider as it works to implement a comprehensive healthy homes approach. Participants then articulated their visions for healthy homes in Georgia and developed a collective practical vision statement for healthy homes. At the second meeting, held in December 2012, participants reviewed and reflected on the synthesized practical vision statement identified at the first meeting. Breakout groups then worked to identify priority strategies for achieving the vision developed at the first meeting, and developed action plans for the first year of plan implementation. Figure 1 provides an overview of the strategic planning process.

Figure 1: Georgia Healthy Homes Strategic Planning Process



Meeting evaluations suggest that the planning process was highly successful and well-received by participants. Of those who responded to the October 2012 meeting evaluation, 100% of participants felt their input was “very much” considered and incorporated at the meeting. Eighty-three percent of participants felt the practical vision statement developed “very much” resonated with their organization, and 17% felt that it “somewhat” resonated with their organization. Fifty-seven percent of participants anticipate staying “highly involved” and 43% anticipate staying “somewhat involved” in the implementation of the plan.

57% of Advisory Workgroup members plan to stay highly involved in the implementation of the strategic plan



Vision for Healthy Homes in Georgia

The Advisory Workgroup members identified seven elements that describe a collective statewide vision for healthy homes in response to the question, “What do we want to see in place in Georgia in 3-5 years as a result of collaboration among health, housing, and education programs?” The practical vision statement resulting from this exercise is detailed in Appendix B. The resulting seven vision elements are as follows:

1. Comprehensive strategies to support diverse and engaged stakeholders
2. Coordinated, appropriate, and effective marketing and education
3. Effective policies and strong enforcement
4. Comprehensive, accurate, and timely data tracking, surveillance, and evaluation
5. Diverse resources and revenue generating mechanisms
6. Standardized processes and consistent implementation
7. Healthier, safer homes for generations

After generating their collective vision, the Advisory Workgroup members identified key obstacles to achieving it.

Obstacles to the Vision

A number of important obstacles surfaced, including limited knowledge and misinformation about healthy housing among decision-makers, and as a result, a lack of prioritization of healthy homes. Advisory Workgroup members also identified un-mobilized resources as an obstacle to a collaborative, statewide healthy homes approach. The current undeveloped legal authority to support healthy homes in Georgia is another barrier. Finally, the Advisory Workgroup pinpointed language and cultural barriers, competing priorities, and political opposition as important obstacles to address.

Key Obstacles:

- Un-mobilized and unidentified resources
- Political opposition
- Cuts to existing funding streams
- Competing priorities
- Language and cultural barriers
- Undeveloped authority
- Limited knowledge and misinformation
- Inconsistent data and reporting
- Unidentified stakeholders
- Limited outreach to under-represented groups

Assets and Opportunities to Support the Vision

Despite these existing barriers, Advisory Workgroup members identified a number of existing assets that will support Georgia in its statewide healthy homes efforts. Georgia has strong expertise in key healthy homes content areas and significant research and data capacity. The local presence of the Centers for Disease Control and Prevention and regional offices of the Environmental Protection Agency and Department of Housing and Urban Development bring capacity, historical knowledge,

and credibility to the Georgia Department of Public Health’s healthy homes work. Advisory Workgroup members felt that the new statewide network of partners brought together to develop this strategic plan provides exciting opportunities for stronger collaboration among state and local agencies and organizations. Finally, the state will be able to leverage Advisory Workgroup members’ existing connections with the real estate sector, contractors, and local communities to ensure successful implementation of the strategic plan.



Key Strategies and Action Plans

Taking into account the existing assets, strengths, and obstacles for achieving healthier homes in Georgia, the Advisory Workgroup developed specific strategies to advance each element of the state's vision for healthy homes. The Advisory Workgroup determined that the seventh vision element - *Healthier, safer homes for generations* - represents the culminating outcome that would result if the other six elements of the vision were realized. Therefore, the Advisory Workgroup did not identify specific strategies or conduct action planning for this vision element.

The key strategies include:

Vision Element 1: Comprehensive Strategies to Support Diverse and Engaged Stakeholders

1. Implement and launch a public relations strategy.
2. Design an organizational structure to advance the healthy homes initiative in Georgia.
3. Develop a healthy homes certification or "seal of approval."

Vision Element 2: Coordinated, appropriate, and effective marketing and education.

1. Develop and disseminate quality, targeted educational materials.
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1. Educate and motivate the legislature to pass strong laws.
2. Identify and draft needed legislative authorities for healthy homes.
3. Develop persuasive, data-driven arguments.
4. Convene, convince, and motivate the public and stakeholders to engage in dialogue with their legislators.
5. Implement statewide code enforcement that is standardized, effective, and incorporates healthy homes principles.

Vision Element 4: Comprehensive, accurate, and timely data tracking, surveillance, and evaluation.

1. Implement mandated reporting of healthy homes data to the Georgia Department of Public Health, including hospital emergency room visits due to poisonings, falls burns, and asthma.
2. Coordinate the collection and management of healthy homes data to educate and inform policy makers and funders.
3. Develop comprehensive data tracking and surveillance networks.

Vision Element 5: Diverse resources and revenue generating mechanisms.

1. Communicate the return on investment for healthy homes activities with policy makers, funders, and other stakeholders.
2. Implement revenue generating requirements for contractors and property owners.
3. Collaborate with insurance providers to mandate healthy homes assessments and interventions for specific health care claims.

4. Conduct effective research to garner funding support for healthy homes.
5. Ensure efficient use of resources by establishing and strengthening partnerships.

Vision Element 6: Standardized processes and consistent implementation.

1. Identify common benefits and clear roles for all stakeholders to support collaborative participation.
2. Establish proper training standards, quality control, and certification processes.
3. Conduct cross-training of agencies and organizations statewide to ensure consistent approaches to identification and remediation of hazards.
4. Engage home visiting agencies in integrating healthy homes standards into their protocols.

Strategies and Action Plan Tables:

The following pages include the specific activities and success indicators to help move toward Georgia’s vision for healthy homes. The tables include recommended first-year activities, the lead organization and partners who are responsible for implementation, and indicators of successful implementation.



Vision Element 1: Comprehensive Strategies to Support Diverse and Engaged Stakeholders

Key Strategies:

1. Engage and Recruit key healthy homes stakeholders throughout Georgia.
2. Design an organizational structure to advance the healthy homes initiative in Georgia.
3. Develop a healthy homes certification or “seal of approval.”

First-Year Activities	Lead Organization(s)	Partners (Including but not limited to)	Success Indicators
<ul style="list-style-type: none"> • Develop a sustainable healthy homes coalition led by the Georgia Department of Public Health (DPH). The coalition should: <ul style="list-style-type: none"> ○ Identify a clear purpose and consistent message; ○ Set clearly defined roles and responsibilities; ○ Seek out key stakeholders who are not yet represented; ○ Identify a timeframe for ongoing meetings; ○ Seek resources to sustain the coalition. • Establish a standardized definition of healthy homes for the state of Georgia and identify the key processes required to make a home healthy. • Initiate the development of a comprehensive public relations strategy. • Identify statewide and local spokespeople to support healthy homes. • Proactively include under-represented groups, including rural and environmental justice communities. • Examine opportunities for engaging property owners and contractors through a certification or “seal of approval” process. 	<ul style="list-style-type: none"> • Georgia Department of Public Health (Healthy Homes and Lead Poisoning Prevention Program) 	<ul style="list-style-type: none"> • Members of the Georgia Healthy Homes Strategic Planning Advisory Workgroup • Traditionally un- or under-represented communities, trades, and sectors. 	<ul style="list-style-type: none"> • There is an established coalition that is successful in implementing its strategies • A statewide healthy homes program is well-established and well known • A comprehensive public relations strategy is in place and is actively being implemented. • Stakeholders have a common understanding of healthy homes.

Vision Element 2: Coordinated, appropriate, and effective marketing and education.

Key Strategies:

1. Develop and disseminate quality, targeted educational materials.
2. Identify legislative champions to support ongoing education with legislators.
3. Develop a strategic marketing and education plan with clear priorities.
4. Launch a public awareness and education campaign.
5. Identify funders to support educational and promotional materials.

First-Year Activities	Lead Organization(s)	Partners (Including but not limited to)	Success Indicators
<ul style="list-style-type: none"> • Initiate development of a marketing and education strategic plan. • Use focus groups to develop effective messages for key target audiences such as families, homeowners, renters, schools and child cares, and apartment associations. • Develop targeted educational and marketing materials (e.g. pamphlets, slide deck, press releases, etc.) for key audiences. • Inventory existing, quality educational materials and develop an easily accessible list of resources. • Develop an easy to navigate, multi-lingual website for the public and key stakeholders (key healthy homes issues, what to do, etc.) • Continue to provide healthy homes training statewide. • Develop a quality control process for healthy homes training to assure quality education. • Identify community champions. • Look for partners with interest in funding marketing and education (e.g. Home Depot, Lowes). • Host educational forums. • Engage Georgia Public Broadcasting to educate the public. 	<ul style="list-style-type: none"> • Georgia Department of Public Health (Healthy Homes and Lead Poisoning Prevention Program) • Georgia Department of Early Care and Learning • Federal partners and regional offices: Centers for Disease Control and Prevention, Environmental Protection Agency, and Housing and Urban Development 	<ul style="list-style-type: none"> • Health districts • Maternal and child health home visitors • Children First Program • Babies Can't Wait • Anti-smoking coalition • Housing authorities • Georgia Association on Young Children • Corporations • Foundations • State agencies • Voices for Georgia's Children • Families First • Family Connection Partnership • Resource and referral agencies • Safe Kids Georgia • Head Start 	<ul style="list-style-type: none"> • Marketing and education strategic plan is in place • Georgia is passing successful legislation to support healthy homes • Standardized messaging and materials are in place • Corporations provide significant funding to support consumer education efforts • Legislative champions are in place • Pre-post survey demonstrates increased awareness in public

Vision Element 3: Effective policies and strong enforcement.

Key Strategies:

1. Educate and motivate the legislature to pass strong laws.
2. Identify and draft needed legislative authorities for healthy homes.
3. Develop persuasive, data-driven arguments.
4. Convene, convince, and motivate the public and stakeholders to engage in dialogue with their legislators.
5. Implement statewide code enforcement that is standardized, effective, and incorporates healthy homes principles.

First-Year Activities	Lead Organization(s)	Partners (Including but not limited to)	Success Indicators
<ul style="list-style-type: none"> • Identify existing Georgia healthy homes requirements, and identify gaps or deficiencies in these existing requirements. • Research and address existing barriers to healthy homes policy development and adoption. • Determine policy strategies to strengthen existing healthy homes requirements and address existing policy gaps and deficiencies. • Identify, contact, and engage a comprehensive list of stakeholders to support statewide policy priorities. • Initiate conversations with legislative champions to identify key barriers to healthy homes policy development and adoption. • Host a legislative day to encourage dialogue among the public and policy-makers. • Develop a clear plan for enforcement of existing requirements. • Initiative the development of standardized, statewide code enforcement. 	<ul style="list-style-type: none"> • Georgia Department of Public Health (Healthy Homes and Lead Poisoning Prevention Program) 	<ul style="list-style-type: none"> • Members of the Georgia Healthy Homes Strategic Planning Advisory Workgroup 	<ul style="list-style-type: none"> • A clear, defined strategy for strengthening healthy homes policy is in place and actively being implemented. • Meetings and contacts between key stakeholders and legislators are tracked as a measure of dialogue with policy-makers. • Existing requirements are fully enforced. • Statewide code enforcement is in place.

Vision Element 4: Comprehensive, accurate, and timely data tracking, surveillance, and evaluation.

Key Strategies:

1. Implement mandated reporting of healthy homes data to the Georgia Department of Public Health, including hospital emergency room visits due to poisonings, falls burns, and asthma.
2. Coordinate the collection and management of healthy homes data to educate and inform policy makers and funders.
3. Develop comprehensive data tracking and surveillance networks.

First-Year Activities	Lead Organization(s)	Partners (Including but not limited to)	Success Indicators
<ul style="list-style-type: none"> • Establish effective and efficient protocols for reporting required health information. • Inventory existing data and surveillance systems and initiate a plan for developing a comprehensive tracking and surveillance network. • Expand the GHHLPPP surveillance system to include not only blood lead levels, but also environmental test results and selected healthy homes variables. 	<ul style="list-style-type: none"> • Georgia Department of Public Health (Healthy Homes and Lead Poisoning Prevention Program) • OHIPGeorgia • Department of Public Health 	<ul style="list-style-type: none"> • CDC 	<ul style="list-style-type: none"> • Surveillance system has been assessed and issues have been addressed • Successful collection of surveillance data • Comprehensive HH surveillance system is in place within the GHHLPPP Program and being utilized.

Vision Element 5: Diverse resources and revenue generating mechanisms.

Key Strategies:

1. Communicate the return on investment for healthy homes activities with policy makers, funders, and other stakeholders.
2. Implement revenue generating requirements for contractors and property owners.
3. Collaborate with insurance providers to mandate healthy homes assessments and interventions for specific health care claims.
4. Conduct effective research to garner funding support for healthy homes.
5. Ensure efficient use of resources by establishing and strengthening partnerships.

First-Year Activities	Lead Organization(s)	Partners (Including but not limited to)	Success Indicators
<ul style="list-style-type: none"> • Institute a healthy homes comprehensive database using a standardized tool to enable return on investment calculations. • Identify opportunities to use resources more efficiently among agencies and organizations involved in strategic partnerships. • Approach medical insurance providers to begin dialogue regarding reimbursement for healthy homes assessments and interventions. • Partner with local colleges and universities to research implementable revenue generating strategies. • Identify incentives that could be used to support property owners in remediating hazards. • Launch coordinated training for contractors and property owners. • Post a searchable online listing of all federal, state, and local funded healthy homes initiatives. • Create a fee-for-service home visiting program with a sliding scale payment structure. 	<ul style="list-style-type: none"> • Georgia Department of Public Health (Healthy Homes and Lead Poisoning Prevention Program) • National Healthy Homes Training Center and Network Partners 	<ul style="list-style-type: none"> • Health insurers • Centers for Disease Control and Prevention • Local colleges and universities • Members of the Georgia Healthy Homes Strategic Planning Advisory Workgroup 	<ul style="list-style-type: none"> • Comprehensive database is in place • Georgia has calculated and communicated the return on investment for healthy homes • Increased training of professionals and property owners in healthy homes principles • Dialogue with insurance providers results in reimbursement mechanisms. • New revenue generating strategies are identified and implemented

Vision Element 6: Standardized processes and consistent implementation.

Key Strategies:

1. Identify common benefits and clear roles for all stakeholders to support collaborative participation
2. Establish proper training standards, quality control, and certification processes.
3. Conduct cross-training of agencies and organizations statewide to ensure consistent approaches to identification and remediation of hazards.
4. Engage home visiting agencies in integrating healthy homes standards into their protocols.

First-Year Activities	Lead Organization(s)	Partners (Including but not limited to)	Success Indicators
<ul style="list-style-type: none"> • Finish the Georgia Healthy Homes Strategic Plan to provide a framework for collaboration and implementation. • Align healthy homes considerations across all entities and organizations. • Begin to develop quality control processes. • Initiate the identification of common benefits and clear roles for stakeholders. • Identify a champion from each organization and agency involved in coordinated healthy homes efforts across the state. • Gain participation and buy-in from key stakeholders. • Establish a one-stop location for application intake and education. • Encourage and incentivize information sharing among partners. • Begin dialogue with home visiting agencies. 	<ul style="list-style-type: none"> • Georgia Department of Public Health and regional health organizations • Members of the Georgia Healthy Homes Strategic Planning Advisory Workgroup 	<ul style="list-style-type: none"> • Federal agencies • Home visiting agencies 	<ul style="list-style-type: none"> • Strategic plan in place and in operation • One champion from each organization/ agency is involved • Partners recognize common benefits and buy-in to statewide efforts • Home visiting agencies fully integrate healthy homes standards into their protocols.

Sustainability Plan

The 2012 Federal Budget cut CDC funds for lead/healthy homes by 94%. Several months into the process CDC officially notified GHHLPPP that there would be no funding beyond the first year. As a result, this plan was developed with an assumption that the future GHHLPPP role in promoting and implementing the plan may be very limited. However, Georgia has an extensive base of people, programs, and organizations that can contribute to healthy homes and communities, with multiple existing community assets and resources identified.

As of this writing, many projects are being considered for reducing program costs and/or generating funds. These concepts are being evaluated for their effectiveness, cost-benefit capacity, barriers and sustainability. They include but are not limited to concepts with staff reduction and reassignment, resource reallocation, alternative activities, reduction and generation of lower cost services. Care Management Organizations are being utilized to assist GHHLPPP with patient case management and Medicaid reimbursement for home inspections of elevated blood lead children. Additionally, grant funding opportunities will be explored and applied for when deemed appropriate for this program's mission.

To achieve the vision elements, strategies, and action steps developed, extensive partnerships will be necessary for successful implementation. The Healthy Homes Advisory Committee represents a broad list of key stakeholders selected for their expertise, specific focus and common direction. These consist of local, state and federal governmental health and housing-related agencies, private industry, and non-governmental education and advocacy organizations. Advisory Committee members have common organizational goals and have indicated a commitment to work together to gain support for common objectives and implement the plan. As a result of the strategic planning process, members agreed to sustain this relationship and serve to provide continued direction for GHHLPPP activities identified in this strategic plan.



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Appendix A – Advisory Workgroup Members

John Armour, City of Atlanta Dept.of Planning and Community Development

Sandra Bell, Georgia Community Action Ass.(GCAA) Weatherization

Karon Bush, West Central Health District, GDPH

Julia Campbell, GDPH Healthy Homes Program

Eileen Carrol, HUD

Simone Charles, Georgia Southern University

Ryan Cira, Dekalb County Board of Health

Mindy Crean, GEPD Lead-Based Paint Program

Tori Endres, West Central Health District, GDPH

Fozia Eskew, GA. Chapter of American Academy of Pediatrics

Kim Grier, GDHS Division of Aging Services

Margaret Gunter, North Central Health District, GDPH

Janice Hacker, Georgia, Bright From the Start

Stephanie Hall, GDPH Asthma Program

Corby Hanna, The Center for Working Families- Lead Safe Atlanta

Deb Junkin, Georgia Realtors Association

Christy Kuriatnyk, GDPH, Healthy Homes Program

Tom Laubenthal, The Environmental Institute

Beverly Losman, Safe Kids Georgia

Francesca Lopez, GDPH Asthma Program

Bonnie Maurras, Leadnology Today

Megan Popielarczyk, Safe Kids Georgia

Kenneth Ray, GDPH Tobacco Use Prevention

Penny Round, GA Apartment Owners Association

Steed Robison, Georgia Dept. of Community Affairs (DCA)- Housing

Sanjeeb Sapkota, CDC

Jan Simmons, GEPD Lead-Based Paint Program

Jonnette Simmons, HUD

Gwen Smith, GDPH Lead Hazard Control Program

Forrest Staley, GDPH Lead Hazard Control Program

Chris Stevens, State Fire Marshall's Office

Yu Sun, GDPH Healthy Homes Program

Shawn Taylor, Columbus HD Vector Control

Tracy Teague, GDPH, Healthy Homes Program

Lanii Thomas, City of Atlanta, Dept. of Planning & Community Development

Pamela Turner, UGA

Jeremy Weir, Private Lead Inspector

Liz Wilde, US EPA

Melinda Ford Williams, Georgia Dept. of Community Health State Medicaid Program

Appendix B – Practical Vision Statement

Georgia Healthy Homes Strategic Planning Advisory Workgroup Practical Vision	
<i>What do we want to see in place in Georgia in 3-5 years as a result of collaboration among health, housing, and education programs?</i>	
Healthier, Safer Homes for Generations	<ul style="list-style-type: none"> • Make healthy homes principles second nature to all. • Decrease poor health outcomes and injuries. • Make all homes safe and healthy. • Ensure that all children are free from lead and housing-related health issues.
Comprehensive Strategies to Support Diverse and Engaged Stakeholders	<ul style="list-style-type: none"> • Develop an organizational chart that clarifies the roles and responsibilities of the diverse organizations involved. • Establish functioning multi-sector collaborations with champions (e.g., an association). • Encourage collaboration among health, housing, and education sectors to screen for, follow up on, and eliminate lead poisoning. • Create a fee-for-service home visiting program with a sliding scale payment structure. • Establish a broader coalition. • Proactively include under-represented groups, including rural and environmental justice communities. • Ensure community engagement to foster new programs and activities. • Identify champions at local level. • Coordinate access to materials and educational resources.
Coordinated, Appropriate, and Effective Marketing and Education	<ul style="list-style-type: none"> • Market and effectively communicate the benefits and savings of the healthy homes approach for residents, contractors, and legislators. • Develop a comprehensive education campaign. • Host educational forums. • Increase awareness among families/consumers and agency officials. • Provide access to resources to assist with housing improvements.
Effective Policies and Strong Enforcement	<ul style="list-style-type: none"> • Conduct effective policy analysis, planning, and monitoring. • Review and strengthen existing legislation. • Establish effective policies. • Implement statewide code enforcement that is standardized, effective, and incorporates healthy homes principles. • Develop a clear plan for enforcement.
Comprehensive, Accurate, and Timely Data Tracking, Surveillance, and Evaluation	<ul style="list-style-type: none"> • Establish data processes and monitor outcomes. • Develop comprehensive data tracking and surveillance networks. • Identify and remediate gaps in data system processes. • Collaborate with internal and external partners to share appropriate data as needed. • Establish effective and efficient protocols for reporting required health information.

**Georgia Healthy Homes Strategic Planning Advisory Workgroup
Practical Vision**

What do we want to see in place in Georgia in 3-5 years as a result of collaboration among health, housing, and education programs?

<p>Diverse Resources and Revenue Generating Mechanisms</p>	<ul style="list-style-type: none"> • Provide incentives for property owners and other stakeholders. • Leverage funds with the private sector. • Develop clear “selling points” to generate funding support. • Provide low-cost home modification opportunities. • Establish public/private partnerships to support affordable housing.
<p>Standardized Processes and Consistent Implementation</p>	<ul style="list-style-type: none"> • Establish a one-stop location for application intake and education. • Develop standardized language and a common definition for a healthy home. • Conduct standardized comprehensive home assessments. • Cross-train stakeholders on techniques to achieve healthy homes. • Train all programs working with young children on the effects of lead and other healthy homes issues. • Develop a web portal to assist stakeholders in sharing resources and information. • Encourage and incentivize information sharing among partners. • Develop a central web resource for both internal and external stakeholders.