Vermont Healthy Homes Demonstration Project

Collaboration of:

Vermont Housing & Conservation Board
Vermont Department of Health
UVM School of Nursing
Boston Public Health Commission
Asthma Regional Council of NE
U.S. Dept. of Housing & Urban Develop.

Background

HUD awarded the Asthma Regional Council (ARC) and its partners a \$766,355 Healthy Homes Demonstration Grant.

HUD awards about \$5 million per year for demonstration programs that address health and safety issues in residential settings.

Advocates pushing HUD/Congress to substantially increase funding.

ARC Project Objectives

Create and disseminate guidance for the design, renovation and maintenance of asthma-safe homes.

Encourage publicly-funded housing agencies to utilize asthma-safe practices and materials during construction, renovation, and maintenance.

ARC Project Objectives

Evaluate the benefits of assessing and mitigating common asthma triggers in the homes of asthmatic children.

Increase awareness among families, physicians, and others about potential asthma triggers in the home.

Housing Interventions

The City of Boston has administered a Healthy Homes Program and completed asthma trigger interventions for a number of years.

Vermont was included in this grant to better understand conditions in rural housing compared to inner-city neighborhoods.

Housing Interventions

Under this grant, Boston completed 75 interventions and Vermont completed 27.

Study protocols and data collection were coordinated to allow comparison of data between Boston and Vermont.

Boston collected some environmental data that Vermont did not.

Vermont Interventions

Goal to assess and mitigate 25 homes of asthmatic children

Participants recruited through outreach to pediatricians, asthma specialists, school nurses, Section 8 tenants, and lead hazard reduction program participants













Vermont Interventions

 1-on-1 education of parent/guardian
 Written information and general guidance on maintaining a healthy home
 Inspection of home to identify asthma triggers and other health or safety issues
 Written report of specific findings & recommendations

Low level treatments where appropriate

Equipment Provided:

Vacuum - HEPA-filtered canister style with beater bar attachment for carpets
Air purifier - HEPA & carbon cloth-filtered
Bedding for child - dust mite resistant
Digital thermometer / hygrometer
CO and smoke detectors/alarms
Dehumidifiers (if appropriate)





Observations - Physical

Carpets that harbor dust & allergens Lack of bath ventilation causing excessive mold and mildew problems Improperly vented dryers Plumbing leaks / sewer gas issues Moist earthen and gravel basements Structural issues / roof leaks Safety - heating and/or electrical problems





















Observations - Family Practices

Wood stoves - large source of particulate matter, fire safety issues
Perfumes and personal care products
Air fresheners (i.e. plug-in VOC dispensers)
Cleaning products / aerosol disinfectants
Dust and debris from renovations
Poor cleaning practices



































Observations - Pests

No sightings or evidence of cock roaches Evidence of mice common / no rats Ants a common problem Cluster flies Earwigs / Silverfish Integrated Pest Management (IPM) info given to participants

Treatments

- Project had about \$2500 per property for mitigation
- Carpets in children's bedrooms replaced with wood or laminate
- Bathroom ventilation installed
- Plumbing problems addressed
- Basement moisture addressed











Data Collected - Initial

 Information on family cleaning practices and efforts to control asthma triggers
 Health survey of asthmatic children
 Potential asthma triggers identified during site inspection

Temperature and humidity readingsCarbon monoxide (CO) levels

Data Collected - Follow-Up

Follow-up health survey of children conducted by telephone interview at 2 months, 4 months, and 1 year.

Additional survey at 1 year included questions about use of equipment, following recommendations in report, etc.

Findings

Follow-up health survey data indicate asthmatic children experiencing less respiratory distress since intervention.

Children had significantly fewer episodes of wheezing, coughing, tightness, did not have to stop playing due to asthma attacks.

Children did not wake up at night as often.

Findings

The caregiver did not wake up as often or need to change plans due to child's asthma symptoms at the 2 and 4 month follow up. By twelve months, this change was no longer significant

Children missed less school due to asthma at the 2 month follow-up but this was no longer significant at the 4 and 12 month follow-up.

Findings

No significant change in medication use observed.

Families did not get rid of pets.

Family cleaning habits did not change significantly as self reported in telephone survey.

Use of candles and air fresheners did not change significantly.