Home Environmental Health Risks of People with Developmental Disabilities

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Purpose of the Study

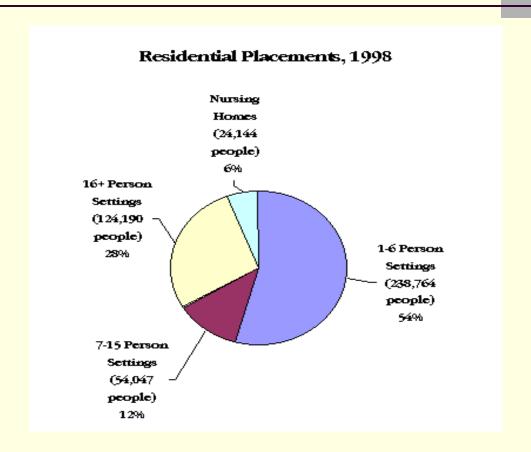
To explore the home environment and household behaviors and practices that may create environmental health hazards in community-based residential homes for the developmentally disabled.

Study Population

Developmentally
 disabled adults who live
 in community-based ___
 residential settings in
 Anne Arundel County

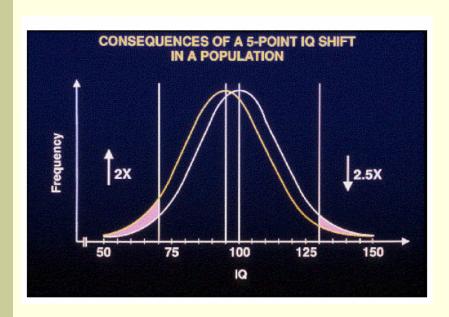
- Formally defined by AHRQ in 2003 as a priority population with recognized healthcare disparities.
 - Economically disadvantaged
 - Higher rates of DD among blacks 24.3 / 1000 versus 13.6 / 1000 for whites.

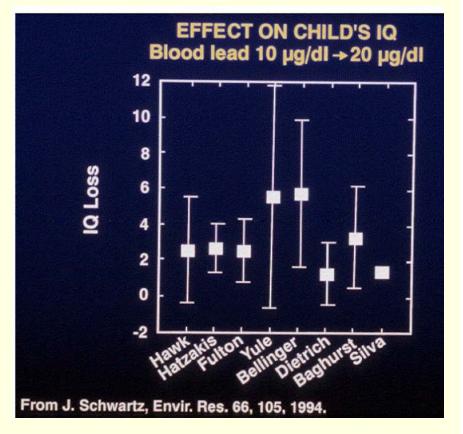
Community-Based Residential Settings



Source: D. Braddock, R. Hemp, S. Parish, and M.C. Rizzolo, *The State of the States in Developmental Disabilities* (final report), Chicago: University of Illinois at Chicago, Department of Disability and Human Development, (in press).

Neurological Fragility and Neurotoxicant Exposure





Home Environmental Exposures

- It has been estimated that Americans spend over 90% of their time indoors (ALA, 2006, EPA 2006)
- Human exposure to pollutants is influenced by both outdoor and indoor air (Janssen et al, 2005)
- Pollution indoors is created from both outdoor air coming inside and from products and behavioral practices inside the home

Research Questions

- Q1. How frequent are known home environmental health hazards present in the homes of people with developmental disabilities receiving community-based residential services and living in community-based residential settings?
- Q2. How frequently are there protective devices or less hazardous alternatives present in the homes of people with developmental disabilities receiving community-based residential services and living in community-based residential settings?
- Q3. How frequently do the practices and behaviors of people with developmental disabilities receiving community-based residential services, provider agencies and staff, create hazardous health conditions, and contribute to poor indoor air quality and pollution in the home environment?

Study Design and Sampling

- Descriptive design
- Survey and Observational methods
- Sample selection convenience sample, random selection of participating houses
- Inclusion Criteria
- Home as unit of analysis

Specific Variables

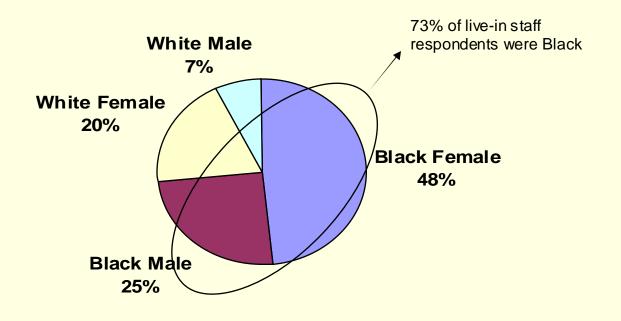
- Lead ———— Home age, windows, pipes
- Mercury Metallic, fish consumption
- Carbon Monoxide Potential exposure, protective devices
- Radon———— Abatement, testing
- Pesticides/ Household → Use patterns, routine contracts, specific products
- Environmental Tobacco Use inside home Smoke

Data Collection

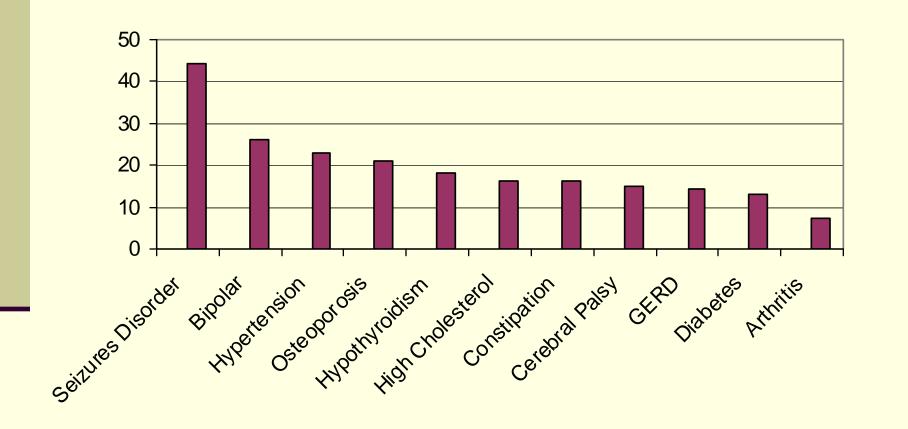
- Survey adapted from the Health and Home Household and Neighborhood Questionnaire (Butterfield, 2005).
- Two sections:
 - 61 question survey
 - 29 questions Key variables
 - 20 questions Home characteristics
 - 12 questions Demographics
 - 11 item observational check list

Demographics

Agency Name	Number of Surveys/ Observations Expected	Refusal	Vacant	Number of Surveys/ Observations Completed
The Arc of AA	20	0	2	18
Bello Machre	20	1	0	19
Langton Green	20	0	0	20
TOTAL				57



Major Diagnosis of Home Residents



Findings

Q1. Frequency of home environmental health hazards?

- 9 out of 27 homes built before 1978 were not tested for lead
- 9 out of 57 homes contained mercury thermometers
- 56 out of 57 homes were not tested for radon

Findings

Q2. How frequently were protective measures in place?

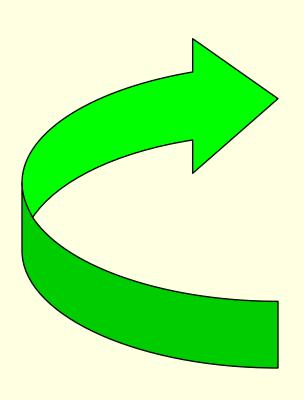
- 21 out of 28 homes with at least 1 one combustion source had no CO detector
- Carbon monoxide detectors were more likely to be in homes with a combustion source than without X² (1, n=57) = 3.511, .05

Findings

Q3. Frequency of home practices creating risks?

- 86% of homes had a professional pesticide spraying contract
- 95% of homes reported using air fresheners
- 70% of homes had six or more cleaning supplies

The Nursing Process and Home Environmental Health Hazards



- Identification and assessment of risks and tools
- Prioritization of needs
- Interventions to minimize risk - Do the "doable"
- Implement plan and teach risk reduction
- Evaluate

Home Environmental Health and Safety Assessment Tool

	Assessment	Yes	No	N/A		Standard of Practice
<u></u>	Home built before 1978	0	0	0	•	Test homes built
	Home tested for lead	0	0	0	•	before 1978 for lead. Maintain home to prevent chipping or
	Living space in basement	0	0	0		
4-1	Attached garage	0	0	0		peeling paint
	Home radon test	0	0	0		Remove shoes indoors Test first three floors of all homes for radon
	Home radon ventilation system	0	0	0		
	Living space in basement	0	0	0	•	Do not idle care in garage
	Combustion heating source	0	0	0	•	Ensure proper venting of all combustion
	Gas, kerosene or propane space heater	0	0	0	•	heating sources. Annual assessment to
	Wood stove	0	0	0		ensure proper function.
	Fireplace	0	0	0	•	Do not use grills, or generators indoors
	Gas dryer	0	0	0	•	Gas dryers, hot water
O	Vented	0	0	0		heaters and stove need to vent outdoors
	Gas hot water heater	0	0	0		need to vent outdoors
	Vented	0	0	0		
	Gas stove	0	0	0		
	Well water	0	0	0	•	Routine well testing
	Lead pipes	0	0	0		and maintenance of private wells.
	Water tested for contaminants	0	0	0	•	Revie w consumer
	Known contaminants:	0	0	0		confidence reports for public water supply
	Smoke detector	0	0	0	•	Smoke detector on all
	Carbon monoxide detector	0	0	0		floors and in bedrooms
	Fire extinguisher	0	0	0	•	Carbon monoxide
	Fire evacuation route	0	0	0		detector on all levels
	Emergency phone numbers	0	0	0		in homes with combustion source or
	Disaster plan	0	0	0		garage
	Shelter -in-place supplies	0	0	0		

				N/		
	Assessment	Yes	No	A		Standard of Practice
	Insects in home	0	0	0	•	Use of integrated pest management
	Rodents in home	0	0	0		techniques for
/5 ² 6\ ⁹ 1	If yes what:					controlling pests.
	Pesticide spraying in home	0	0	0	•	Use least hazardous methods of pest
	If yes what / how often:					control
	Pesticide contract	0	0	0		
The second second	Frequency:					
-1.4	Air freshener used in home	0	0	0	•	Minimize use of air
	Candles	0	0	0		fresheners. Use less hazardous and
	Plug-ins	0	0	0		irritating alternatives
	Incense	0	0	0		to control odors.
	How many times per day:	0	0	0		Use of low VOC household cleaners and green cleaning techniques.
	I I a of atrana amallina al conova	_	_	_		
	Use of strong smelling cleaners	0	0	0		
	Tuna fish served in home	0	0	0	•	See federal and state recommended fish
						consumption
	If yes, how often per week:					advisories
					•	Wash all fruits and vegetables before
Ser.	Fresh fruit/vegetables used	0	0	0		eating
					•	Consider organic or
	Local/organic products used	0	0	0		lo cally grown products
51	Mercury thermometer in house	0	0	0	•	Use non-mercury
T 3	Other mercury devices	0	0	0		containing medical devices
N. Comments	Needle boxes for needles	0	0	0	•	Dispose of all mercury
	Use of traditional or cultural					devices and batteries
~ C	remedies containing mercury	0	0	0		per local hazard waste collection procedures
	Smoking allowed in home	0	0	0	•	Institute no smoking
	House smells like smoke	0	0	0		indoors policy
	Cigarette products present	0	0	0		

Resources

- National Library of Medicine Household Product Database (<u>http://householdproducts.nlm.nih.gov/</u>)
- National Library of Medicine Tox Town (http://toxtown.nlm.nih.gov/)
- Coalition to End Lead Poisoning (http://www.leadsafe.org/)
- EPA Carbon Monoxide (http://www.epa.gov/iaq/co.html)
- Environmental Working Group (http://www.ewg.org)
- Citizen's Guide to Radon (<u>http://www.epa.gov/radon/pubs/citguide.html</u>)
- Beyond Pesticides (<u>http://www.beyondpesticides.org</u>)

Recommendations

- Self-advocate, family, staff, and providers need information on home environmental health risks, steps to decrease risks and safer, low-cost alternatives
- On a national advocacy level, there is a need for home environmental health standards
- Developmental disabilities nurses and other visiting nurses can promote and protect health by incorporating home environmental health assessments into routine visits.

Recommendations

On a regulatory level, there is a need to update the laws that govern communitybased residential settings so they more comprehensively protect the health of this vulnerable population and their staff

Future Research

- Further studies with this population are needed to validate the findings of this study.
- Studies testing ambient and biological measures would provide more data on actual exposures in these community-based residential settings.
- There is a need to evaluate the occupational protections of live-in staff to and to educate agencies about current occupational protection laws.

Future Research

- No studies to date have looked at the workplace exposures faced by people with developmental disabilities in non-inclusive settings such as sheltered workshops and the effectiveness of state workplace laws to protect this population.
- It is necessary to explore similar residential settings such as assisted living, juvenile justice, and mental health to evaluate the exposures and protections in these similar settings for vulnerable populations

Questions

