

Baltimore City Energy Assistance Initiative

Plan

Lead Agency:

Department of Housing

Participating Agencies:

Department of Health

Commission on Aging and Retirement Education

Fire Department

Police Department

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BACKGROUND

Rising fuel and electricity costs have serious implications for public health. For the elderly and chronically ill, rising energy costs may increase the risk of heat stroke, or hyperthermia, in the summer. Eighteen percent of seniors over age 65 in Baltimore, or approximately 22,400 residents, live in poverty.¹ Approximately 15,000 city residents receive Medicare and Medicaid benefits for disability.² Access to air conditioning is essential for these residents during a heat wave.

In the summer of 1995 in Chicago, there were 485 heat-related deaths, nearly all among the elderly or chronically ill. A study in the *New England Journal of Medicine* found that access to a working air conditioner was associated with an 80% decrease in the risk of death.³ Chicago's city government was criticized for not doing everything it could to avoid so many deaths. When another severe heat wave struck in 1999, the city was ready. The government issued strongly worded warnings and press releases to the media, opened cooling centers and provided free bus transportation to them, phoned elderly residents, and sent police officers and city workers door-to-door to check up on seniors who lived alone. The city's response significantly reduced the death toll of the 1999 heat wave.⁴

The Centers for Disease Control and Prevention, in reviewing the lessons from Chicago, concluded, "to defray energy costs, support of low-income populations might be necessary to allow the use of air-conditioning during summer months."⁵

In the winter, high utility costs increase the risk of freezing, or hypothermia. Researchers in England found a significantly increased risk of wintertime death among men and women over age 65 without central heating.⁶

¹ Source: Baltimore City Commission on Aging and Retirement Education.

² Baltimore City Health Department, Commission on Aging and Retirement Education, *Medicare Part D Surveillance and Response Plan* (Dec. 2005) (online at <http://www.baltimorecitymedicare.org/documents/plan.pdf>).

³ Jan C. Semenza, et. al., *Heat-Related Deaths During the July 1995 Heat Wave in Chicago*, *New England Journal of Medicine*, 84-90 (July 11, 1996).

⁴ University of Chicago Press, *Dying Alone -- An Interview with Eric Klinenberg, author of Heat Wave: A Social Autopsy of Disaster in Chicago*, 2002.

⁵ Centers for Disease Control and Prevention, *Heat-Related Deaths – Chicago, Illinois, 1996-2001, and United States, 1979-1999*, *Morbidity and Mortality Weekly Reports*, 610-613 (July 4, 2003).

⁶ P. Aylin, et. al, *Temperature, Housing, Deprivation, and Their Relationship to Excess Winter Mortality in Great Britain, 1986-1996*, *International Journal of Epidemiology*, 1116-8 (Oct. 2001).

This concern is real in Baltimore as well. The Office of the Chief Medical Examiner has found that during this past winter, at least three people died in Baltimore in unheated residences from causes that included hypothermia. The number of people seeking assistance each night at the Code Blue shelter, which is open to individuals experiencing homelessness and city residents without heat, increased by 33% from the winter of 2004-2005 to the winter of 2005-2006. The number of women and children seeking shelter at Code Blue doubled.

Rising fuel costs are also associated with hunger and poor growth among children in the winter. Forty-four percent of children under 5 in Baltimore, or approximately 18,000 children, live in poverty.⁷ For such children, medical researchers have identified a “heat or eat” effect: when fuel prices consume more of scarce family income, access to food decreases.

Investigators in Boston have found that “families who were without heat or who were threatened with utility cutoff in the previous winter were twice as likely as other families to report that their children were hungry or at risk for hunger.”⁸ The researchers found that the percentage of children with malnutrition increased in the three months following the coldest months of the year.⁹

A recent multi-site study surveyed 4,145 parents of young children in Baltimore and four other cities. The study found that children in families that did not receive heating assistance had significantly slower growth than families that did.¹⁰ Children in families without heating assistance were also 30% more likely to have growth problems.¹¹

Between January 10 through March 27, 2006 Baltimore Gas and Electric sent approximately 4,000 turn-off affidavits to the Energy Assistance Program office at the City’s Department of Housing. Rising costs may result in even more cut-offs, which would have serious implications for the health of at-risk residents.

To mitigate the health impact of increased fuel costs, the Department of Housing, Health Department, and Commission on Aging and Retirement Education are supporting the Baltimore City Energy Assistance Surveillance, Referral and Response Initiative.

⁷ Source: 2004 American Community Survey, www.factfinder.census.gov.

⁸ Deborah A. Frank, et. al. *Seasonal Variation in Weight-for-Age in a Pediatric Emergency Room*, Public Health Reports, 366-71 (July-August 1996).

⁹ *Id.*

¹⁰ Deborah A. Frank, et. al, *Heat or Eat: Low Income Home Energy Assistance Program and Nutritional Risk Among Children <3*, Research Abstract (2003)(online at <http://dcc2.bumc.bu.edu/csnappublic/liheap.htm>).

¹¹ *Id.*

ENERGY ASSISTANCE PROGRAMS

The Department of Housing's Office of Home Energy Programs (OHEP) provides subsidies to assist low-income residents with heating and cooling bills, and also promotes energy conservation, financial responsibility, and energy independence. Eligible residents can receive financial assistance through the Maryland Energy Assistance Program, protection against utility cutoffs through the Utility Service Protection Plan, and services to help families reduce utility bills through the Weatherization Assistance Program.

The Office of Home Energy Programs is funded through the federal Health and Human Services budget, but also gets funding from the Electric Universal Service Program (a Maryland mandated surcharge on all BGE bills) and Maryland general funds. OHEP processes applications for the Maryland Energy Assistance Program (MEAP), a statewide pool of \$133 million dollars, distributed to eligible residents on a first come, first served basis. OHEP processed 32,500 applications to MEAP in FY2006, and 28,993 of those met eligibility requirements. For FY2007 income limits have been raised and more residents will qualify.

Other funding sources to assist residents with utility costs are the Fuel Fund, the Salvation Army, and the Samaritan Center. With funding from charitable donations and the BGE "Penny Roundup," the Fuel Fund serves families and individuals in central Maryland (Baltimore City and surrounding counties) who are U.S. citizens and live at or below 175 percent of the Federal Poverty Guidelines. Recipients can receive help from the Fuel Fund a maximum of once annually. In 2005 the Fuel Fund assisted 6,200 people.

The Public Service Commission lists regulations governing electric and gas service in the Maryland Code. The Code specifies the process for termination of utilities to a household, and lists several restrictions to termination. For example, with physician certification of serious illness or dependency on life support equipment, service disconnection can be postponed for 30 days while the individual arranges for a deferred payment plan. Another restriction applies in the case of senior and handicapped individuals -- utility companies are required to make personal contact, by phone or in person, if utilities are to be terminated to a residence of a senior (over 65) or a handicapped individual. As part of the application for energy assistance, the Department of Housing helps applicants understand the documentation necessary for any health conditions that will affect the continuity of their utility coverage.

OBJECTIVES

1. To minimize the medical risk to city residents that may be created by increasing energy costs.

2. To develop a working referral system, under which Emergency Departments and physicians partner with the Health Department to identify city residents at medical risk who can benefit from energy assistance.
3. To develop a system of relaying information from the Health Department, Fire Department, and Police Department to the Housing Department and Commission on Aging and Retirement Education in order to quickly link residents with energy assistance.
4. To advocate for city residents, especially those with chronic illness, if current utility cost plans continue to leave many at risk of adverse health consequences during temperature extremes.

STRATEGIES

Four basic strategies make up the initiative.

Education: The first is a public information campaign to notify city residents about how to protect themselves during hot and cold weather (as appropriate) and about available energy assistance programs, applicable laws, and other available resources in Baltimore City.

Participating City agencies can issue alerts to educate residents about existing resources during periods of temperature extremes. A recent heat alert by the Health Department encouraged City residents to take some common sense steps during a heat advisory:

- Drink plenty of water and juice
- Avoid alcohol and caffeine
- Wipe skin with cool water
- Reduce outside activities
- Wear light weight/light colored clothing
- Stay inside during the hottest time of day
- Watch out for signs of heat exhaustion and heat stroke:
 - change in mental status
 - nausea
 - light-headedness
 - high body temperature with cool and clammy skin
- Seek medical help immediately if any of these symptoms occur
- Seek relief from the heat in air conditioned locations
- Check on older, sick, or frail people in your community who may need help responding to the heat

The Housing Department will provide information to the public on energy assistance programs that now serve approximately 30,000 people per year. The Department will also share information on the State law that prohibits utility cutoffs for individuals with a

documented medical condition under certain circumstances. City residents who have such a condition can call the Department of Housing to get direct assistance in preventing utility cutoffs. Last year, the Department of Housing helped 28,993 people avoid utility cutoffs.

The Housing Department also educates and refers residents to other solutions that exist for people who are not eligible for energy assistance, such as the Federal and Maryland Earned Income Credit, Homeowners' Property Tax Credit, and Renters' Tax Credit. (See Attachment 1.)

Surveillance: The second strategy is surveillance of at-risk residents who are encountered within the City and the medical system. Emergency Departments and physicians' offices, Fire and Police officers will fax information about individuals who may need energy assistance to the Health Department, where information will be added promptly into a core database.

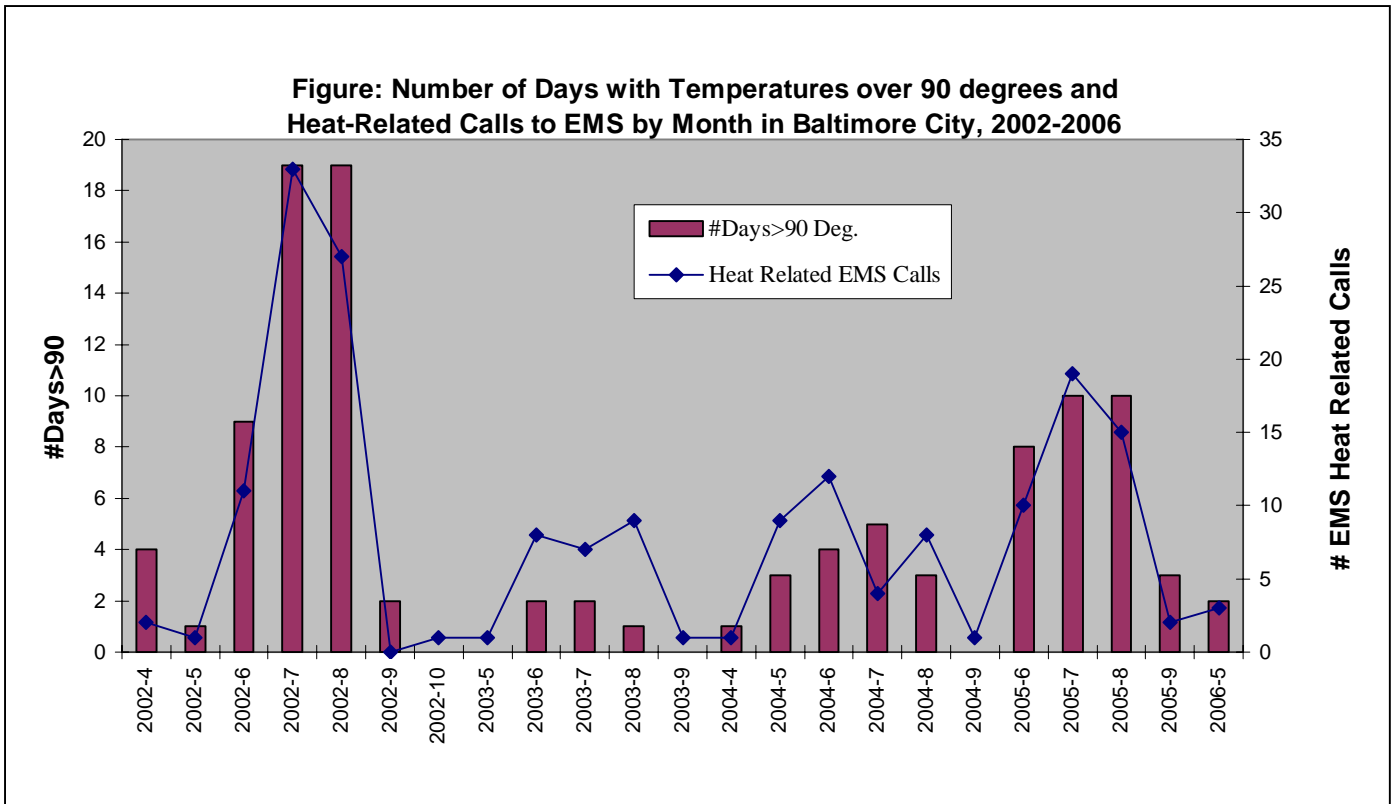
Referral and Outreach: The third strategy is based on communication between the Health Department and (1) the Department of Housing and (2) the Commission on Aging and Retirement Education. These two departments will have access to the surveillance database and, as appropriate, will contact city residents within 5 business days to evaluate the patient for energy assistance and other support services. Potential services to be provided include:

- Registration of resident for energy assistance (Housing).
- Intervention with Baltimore Gas & Electric to prevent utility cutoffs (Housing and CARE).
- Facilitation of access to senior centers (and other identified cooling sites) and other means of reducing social isolation (CARE).

This approach is modeled on the Medicare Part D Surveillance and Response Initiative, designed by the Health Department in close collaboration with city pharmacies and with Baltimore City's Commission on Aging and Retirement Education (CARE). Under this initiative, Baltimore City established a 24-hour surveillance program based in pharmacies to identify problems experienced by city residents with Medicare Part D. An electronic follow-up database shared between the two City agencies ensured that residents identified with problems would be contacted by caseworkers from the city's Commission on Aging and Retirement Education.

In addition to these outreach measures, City residents can report themselves or a neighbor as being at-risk by calling the City 311 Call Center. Citizens should check on their elderly and vulnerable neighbors and relatives more frequently, and at regular intervals.

Outcomes Measurement: The fourth strategy is outcomes measurement. The Health Department will adapt existing syndromic surveillance tools to monitor the scope of this issue. EMS calls will be tracked for heat-related transports in the summer (see Figure) and cold-related transports in the winter. BCHD will also track hypothermia and hyperthermia among patients presenting to a major City emergency department. The Health Department will also work with the Housing Department to track the number of utility cut-offs during the course of the year. Based on the results new strategies may be added.



OPERATIONS

Each agency will be responsible for maintaining its own database for outreach-related programs. The Baltimore City Health Department will have primary responsibility for the core Energy Assistance Initiative referral database. The Health Department will:

- Develop a single database to retain basic information (name, address, complicating medical conditions) about city residents referred by medical providers, emergency rooms, Fire and Police officers;
- Provide access to the database to teams at the Housing Department and the Commission on Aging and Retirement Education; and

- Educate emergency departments and physicians about the referral system and the available resources for patients.

The Housing Department and the Commission on Aging and Retirement Education will be responsible for daily monitoring of the database for new referrals entered there by Health. Housing and CARE will then outreach these city residents identified through the surveillance system within 5 business days and will enter outcomes data into the database as they contact residents.

Until the database is created, the Departments will share an excel spreadsheet or Access database with key fields

EVALUATION

Performance measures for the initiative are listed in the Table. The Health Department can monitor measures #2 - #5 by design of the database.

Measure	Goal
1. Increase in number of city residents receiving energy assistance	20% increase over last year (=28,993 residents).
2. Increase in number of city residents with qualifying medical conditions receiving assistance to avoid utility cutoffs	20% increase over last year
3. Use of surveillance system by city emergency departments and doctors	50% use by emergency departments, >100 doctors.
4. Maintenance and function of secure fax line and database	Down time <1% of time.
5. Rapid response to surveillance reports	Response within 1-3 business days 95% of the time.

LEGAL STATUS AND REVIEW

The city solicitor's office has reviewed the proposed plan and found it to be compliant with the Health Insurance Portability and Accountability Act. The electronic fax line is secure and compliant with HIPAA. The reporting from doctors and hospitals will be voluntary.

FINANCE

The costs of the initiative will be in three areas:

1. Public relations. This will include the cost of a general information effort to inform city residents on energy assistance, as well as outreach to the medical community on the surveillance effort.

2. Database development and set-up. This includes the design, construction, and implementation of the shared database; training of staff at Health, Housing, and CARE who will have access to the database; and training of caseworkers at Housing and at CARE who outreach referred citizens.
3. Staff. Depending on the volume of referrals, this will include salary of additional outreach staff at Housing and at CARE. This cost will not be realized if current staffing levels can adequately cover referrals.

CONCLUSION

Rising energy costs pose a threat to public health in Baltimore City. This strategic plan is one part of the city's response to mitigate this threat.

ATTACHMENT 1

Additional resources for residents who do not qualify for MEAP:

BGE has a number of programs that provide credits to your bill.

1. Electric Water Heater Energy Saver Switch...\$20 per year credit
2. Air Conditioning Energy Saver Switch...\$40 per year credit
3. Time of Use Meter.....Up to 9% per year savings

Electric Universal Service Program

EUSP is a state program designed to help limited-income customers pay the electric portion of their bills. The program provides: bill payment assistance; arrearage retirement; and targeted weatherization services.

Fuel Fund

Call the Local Home Energy Program Office to find the fuel fund nearest you. In many cases it is the same office. (BGE sponsors the “Penny Round-up”, which contributes to the Fuel Fund.)

Federal and Maryland Earned Income Credit

The Earned Income Credit is a special tax credit for limited-income workers. Contact the Internal Revenue Service 1-800-829-1040 for information and the Maryland Taxpayer Service at 1-800-638-2937.

Homeowners' Property Tax Credit

Allows credits against the property tax bill of qualified homeowners. Contact local county offices of the program.

Renters' Tax Credit

Provides a tax credit for individuals who rent and are below certain income limits. Call 1-800-944-7403 for information. In Baltimore City, call 410-767-5915.