National Safe and Healthy Housing Coalition

FY 2015 Labor HHS Appropriations
Centers for Disease Control and Prevention - National Center for Environmental Health
Healthy Homes and Lead Poisoning Prevention Program

Lead hazards in the home continue to pose a serious risk to America's most vulnerable children. Congress can protect millions of kids nationwide from hazardous environmental toxins by fully funding CDC's Healthy Homes and Lead Poisoning Prevention program. With funding partially restored to this vital program in FY14, 41 state and local health departments will be able to identify homes that pose the greatest risks of lead poisoning and target preventive actions. However, more effort will be needed in FY15 to protect the greatest number of children from the harmful effects of preventable lead hazards.

Healthy Homes and Lead Poisoning Prevention	Appropriation				NSHHC	President
	FY11	FY12	FY13	FY14	FY15 Request	FY15 Proposed
	$29,257	$1,995	$2,448	$15,528	$29,257	$15,528

Dollars in thousands

Recommendation: Provide $29 million for the Healthy Homes and Lead Poisoning Prevention Program, restoring the program to the FY11 funding level to protect children at highest risk.

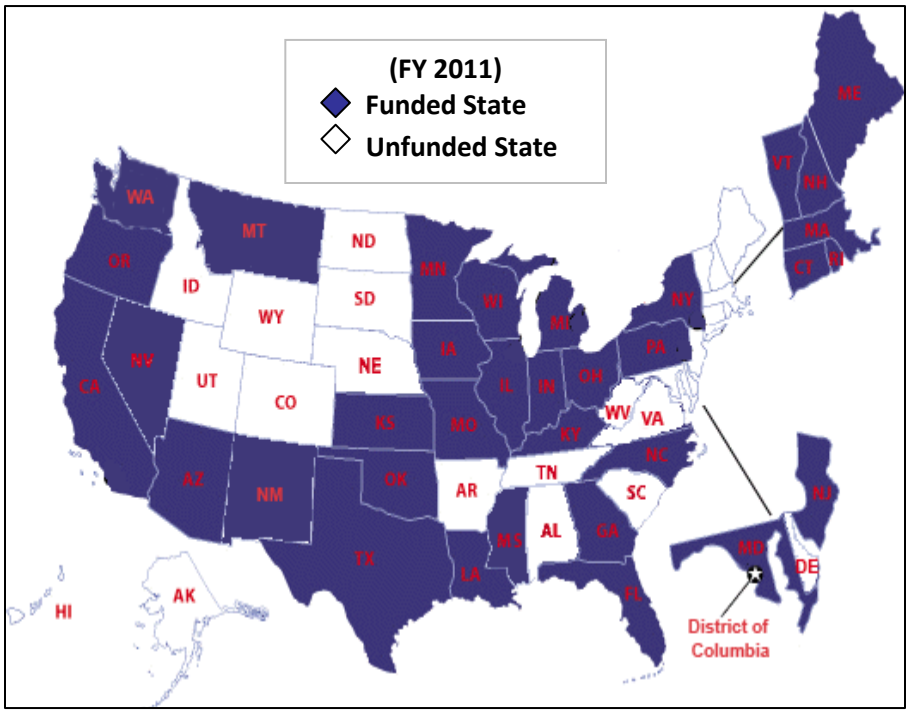
Background: Lead poisoning remains a significant environmental public health threat. Although the prevalence of elevated blood levels has significantly declined from the 1970s, when 88 percent of children had excessive lead in their bodies, today thousands of **children need CDC-funded services to prevent their exposures**.

Lead poisoning causes cognitive and behavioral problems, such as attention deficit hyperactivity disorder. Children with harmful blood lead levels will **lose three to four I.Q. points** on average, which can make the difference between a high D average and a low C. Children with a history of lead poisoning are **six times more likely to drop out of school**. Lead poisoning also causes cardiovascular, immunological, and endocrine problems. Ultimately, lead exposure costs the nation more than **$50 billion in lost lifetime productivity**.

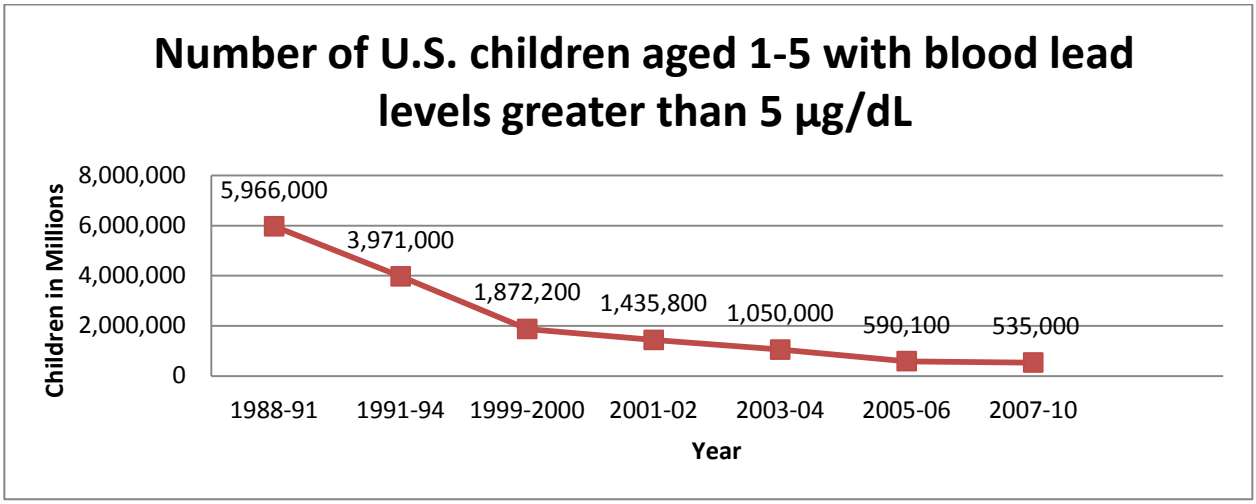
African-American children are nearly **three times as likely to be lead poisoned** as Caucasian children and **children in low-income households are twice as likely**.

Justification: During the last two decades, CDC delivered a cost-effective program to prevent lead poisoning and help children who have already been exposed to lead. CDC is the only agency that houses the information about where and when children are poisoned, maintaining it through a national surveillance system that monitors blood test results for four million children each year. Communities need CDC-funded health department staff (nurses, social workers, and environmental health professionals) to conduct on-the-ground efforts to identify and respond to high-risk homes and other possible lead exposure sources, refer property owners to remediation resources (such as the HUD lead grant program), and deliver ongoing education and guidance to local officials, families, and health care providers to ensure appropriate child screenings prevention of lead poisoning.

CDC's Healthy Homes and Lead Poisoning Prevention Program: At-a-Glance



- Funding for 35 states to help families with lead-poisoned children and other health hazards.
  - ✓ From 1997-2008, CDC's lead program served 850,000 children.
  - ✓ Programs ensure that the child's health is protected via screening and case management.
- Leading national lead poisoning primary prevention efforts.
  - ✓ Between 2008 and 2010, helped reduce by 200,000 the number of children who have been exposed to lead—saving $7.5 billion in lifetime productivity.
  - ✓ In 1990, only three states had state lead laws. As of 2009, 27 states had comprehensive laws enabling health departments to compel clean-up of hazardous homes.
- Maintaining a system for the collection and dissemination of data on lead poisoning.
  - ✓ CDC uses the data to track incidence and causes, expose outbreaks.
  - ✓ 38 states report their data to CDC.
  - ✓ Data are used to target prevention and HUD grants for lead hazard control in housing.



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FY 2015 Transportation HUD Appropriations
Department of Housing and Urban Development (HUD)
Office of Healthy Homes and Lead Hazard Control (OHHLHC)

Hazards in the home continue to pose a serious risk to America's most vulnerable children. Congress can protect millions of children nationwide from preventable disease and injury by fully funding HUD's Office of Healthy Homes and Lead Hazard Control in FY15 and increasing the funding allocation for healthy homes programs.

HUD OHHLHC Programs:	Enacted					NSHHC Request	President Proposed
	FY10	FY11	FY12	FY13	FY14	FY15	FY15
Lead Hazard Control and Demonstration Programs	$114,600	$94,110	$107,500	$101,000	$91,000	**$93,000**	**$93,000**
Healthy Homes Demonstration and Production Programs	$20,000	$23,253	$10,000	$10,000	$15,000	**$25,000**	**$25,000**
Lead Technical Studies	$4,000	$1,199	$2,500	$3,000	$4,000	**$2,000**	**$2,000**
Transformation Initiative	$1,400	$1,198	$0	$0	$0	**$0**	**$0**
Total	*$140,000*	*$119,800*	*$120,000*	*$114,000*	*$110,000*	***$120,000***	***$120,000***

Dollars in thousands

Recommendation: Provide $120 million for the HUD's Healthy Homes and Lead Hazard Control programs, including $25 million for healthy homes. Continuing these vital programs while increasing the investment in healthy homes will support more communities seeking to protect children at highest risk of asthma, injury, and lead poisoning from housing-related hazards in their homes.

Background: The home is the most dangerous place for U.S. families, according to CDC injury and illness data. Lead-based paint hazards in 24 million homes jeopardize the development and school success of millions of children. High levels of allergens (e.g., dust mites, cockroaches, rodents) make 17 million homes hazardous for persons with asthma or other respiratory disease. More than 6.4 million homes have dangerous levels of radon – a gas that causes 21,000 deaths from lung cancer each year. Some 6.2 million families in the U.S. live in severely inadequate housing according to HUD's American Housing Survey. Exposure to dampness and mold contributes to 21 million asthma cases, at the price of $3.5 billion in health care, 10 million lost school days, and 2 million emergency room visits. Improving housing quality can reduce health disparities and dramatically reduce health care costs.

Justification: Continuing investment in the competitive lead hazard control programs will position jurisdictions with highest risk of lead poisoning to render 9,300 homes lead-safe. Lead-Based Paint Hazard Control and Lead Hazard Reduction Demonstration programs enable communities with pre-1940 rental housing and childhood lead poisoning cases to identify and control lead-based paint hazards in eligible housing. Since their inception, **the programs have created over 200,000 lead-safe housing units.** These funds are vitally important for helping cities and states end childhood lead poisoning. **Each dollar invested in lead hazard control returns at least $17 and as much as $221.**

The Healthy Homes Initiative is an efficient use of federal housing dollars by ensuring that grantees remediate other serious hazards in the homes of their clients when they are addressing lead. These hazards include asthma triggers, radon, pesticides, and injuries. For an average of $4,000 per unit, these healthy homes investments avert medical costs, and help to sustain critical affordable housing by redressing deferred maintenance. The Healthy Homes Production Program goes beyond addressing lead-based paint hazards to correct multiple serious threats to residents' health and safety, and **enables communities to make smart investments in housing – $4,000 per unit on average – that will avert higher medical bills, higher energy costs, and higher housing maintenance costs.** Healthy Homes Technical Studies and Demonstration Programs support applied research to identify the housing interventions that produce demonstrable improvements in health and that help to eliminate costs in other sectors such health care costs, special education costs, and costs to the juvenile justice system. These research and demonstration projects also identify practical opportunities to incorporate health considerations into affordable housing and energy efficiency programs.

National Safe and Healthy Housing Coalition

2014 Policy Agenda

Long-term Policy Goals

- Political support and sufficient funding allocated for affordable healthy housing by Congress and the Administration.
- Inclusion of healthy housing principles in federal housing policies and programs to support equity and residential stability, and to reduce health disparities.
- Greater emphasis on safe and healthy housing in the International Property Maintenance Code and its broad adoption.
- A widely used evidence-based healthy housing standard.
- A health care financing and service delivery system that supports safe and healthy housing.
- Legislative authority that enhances federal healthy housing activities.
- Renewed and strengthened commitment to keeping pre-1978 housing lead-safe.
- Strong housing code enforcement and administration.

2014 Policy Priorities

1. Restore appropriations for lead poisoning prevention and healthy homes at the U.S. Centers for Disease Control and Prevention.
2. Support appropriations for the U.S. Department of Housing and Urban Development's lead hazard control and healthy homes programs.
3. Promote financing for home-based services to address environmental health and safety hazards.
4. Promote adoption of the National Healthy Housing Standard and the International Property Maintenance Code.
5. Support enactment of the Title X Lead Hazard Control Program modernization bill.
6. Support appropriations for and reauthorization of the U.S. Department of Energy's Weatherization Assistance Program.
7. Promote effective housing code administration and enforcement policies.

Allied Efforts

The National Safe and Healthy Housing Coalition supports efforts of its member organizations and other national coalitions to advance policies that protect public health, affordable housing, and other critical social services, including but not limited to the following allied efforts:

- Supporting funding for the U.S. Centers for Disease Control and Prevention's National Asthma Control Program, the National Housing Trust Fund, the U.S. Environmental Protection Agency's Radon Program, and other federal programs that support the availability of healthy housing.
- Promoting smoke-free housing policies that protect tenants from environmental tobacco smoke and preserve stable housing for all tenants (smokers and non-smokers).
- Requiring or incentivizing radon-resistant new construction techniques in high-risk areas.
- Diversifying the use of federal block grant funds for home repair and code administration/inspection.
- Advancing toxic chemical reform.
- Supporting efforts to illuminate and address poor quality housing in rural communities.

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Critical Activities Supported through
Healthy Homes and Lead Poisoning Prevention Program at the
Centers for Disease Control and Prevention (CDC)

Below is an illustration of the activities that will be possible through this program at enacted and requested funding levels.

Activity	FY14 Enacted	FY15 Funding Scenarios		
Funding Level	$15 million	$20 million	$25 million	$29 million *(NSHHC request)*
Surveillance	36 states 5cities	36 states 5 cities	36 states 5 cities	36 states 5 cities
Primary Prevention	6 sites	18 sites	36 sites	45 sites
Small Area Surveillance	10 sites	10 sites	10 sites	12 sites
Follow-up Services*	N/A	18 states/ cities	26 states/ cities	40 states/ cities
Training Field Staff	YES	YES	YES	YES

*For uninsured children (where Medicaid expansion has not been adopted or where insurance plans preclude reimbursement for services).

Surveillance: Collect, process, maintain, and disseminate blood lead test and data on other health and safety risks in the homes of at-risk families. These data are essential to federal, state, and local efforts to identify and screen at risk sub-populations, target HUD grants and primary prevention activities, monitor trends, and evaluate interventions.

Primary Prevention: Conduct strategies to control or eliminate sources of lead in environments of at-risk children, including for example: inspecting all units in multi-family housing when a child with a high blood lead level is identified in one unit; canvassing high-risk neighborhoods to conduct lead inspections; investigating all the units of a property that has had multiple lead poisoning cases; partnering with code enforcement and federal agencies to ensure compliance with lead-based paint requirements; and coordinating with home visiting programs to identify and refer high-risk homes for support obtaining lead-safe housing. A primary prevention pilot program will provide FY14 funds to six cities to demonstrate successful primary prevention activities for broader application in FY15 and future funding years.

Small Area Surveillance: States or localities may apply for funds and assistance for population-based, cross-sectional blood lead surveillance to permit assessment of environmental and blood lead data. Surveillance could be used to identify underserved populations, track an outbreak, or provide the basis for a CMS waiver of universal blood lead testing requirements.

Follow-up Services for the Uninsured: Respond to children who have blood lead levels above five micrograms per deciliter of blood with services such as risk assessments and inspections of their homes, nurse home visits, education and consultations for their health care providers, orders to compel lead hazard reduction, and referrals to health or social resources.

Training: Train state and local health professionals in the management of childhood lead poisoning prevention programs and the prevention of the disease.

Number of Children Tested and Confirmed EBLLs by State, Year, and BLL Group, Children < 72 Months Old

Year	State	Population < 72 months old	Number of Children Tested	Number of children with confirmed blood lead level	
				≥10 µg/dL	≥5 µg/dL
2012	Alabama	365,443	37,512	144	1,528
2012	Arizona	546,609	61,151	101	752
2011	California	3,036,508	565,397	1,156	16,641
2012	Connecticut	245,428	75,181	533	4,521
2011	Delaware	67,146	8,190	44	270
2012	District of Columbia*	38,156	8,396	42	193
2012	Florida	1,288,261	177,754	306	3,640
2012	Georgia	825,000	115,387	234	4,361
2012	Illinois*	1,005,860	155,784	2,110	13,983
2012	Indiana	522,074	52,955	351	3,104
2012	Iowa*	242,345	45,964	320	14,896
2012	Kansas*	246,178	24,228	151	1,474
2012	Kentucky	338,977	13,468	110	662
2012	Louisiana*	375,722	570	112	146
2011	Maine	84,268	13,961	130	6,940
2012	Maryland	437,188	110,595	343	2,892
2012	Massachusetts	442,592	212,141	759	9,434
2012	Michigan	720,314	143,210	784	6,543
2012	Minnesota	427,426	85,364	255	2,608
2012	Mississippi	252,345	42,656	160	3,700
2012	Missouri	468,264	89,637	629	5,212
2010	Nevada	224,163	13,597	25	209
2012	New Hampshire	84,767	13,461	116	1,601
2012	New Jersey	652,622	181,603	965	6,604
2012	New York (Excl. NYC)*	1,386,618	55,803	662	3,383
2012	New York City	639,380	329,847	1,016	8,648
2011	North Carolina**	758,123	156,039	541	5,908
2012	Ohio	866,996	154,245	1,706	11,332
2012	Oklahoma	316,500	39,856	181	1,583
2012	Oregon	284,723	13,686	30	382
2012	Pennsylvania*	877,769	148,786	2,315	13,890
2012	Rhode Island	69,386	28,175	248	1,821
2011	Texas*	2,315,927	213,534	550	5,693
2012	Vermont	38,743	6,546	46	620
2011	Virginia	611,895	98,474	279	3,417
2011	Washington	526,207	16,383	25	394
2012	West Virginia	125,045	11,425	61	596
2012	Wisconsin	431,404	97,320	895	6,922
2012	U.S. Totals	24,258,220	2,532,706	15,685	137,031

* Incomplete data, CDC does not have the state's complete dataset

** Single blood lead test

Studies on Lead and Education

Blood lead levels	Educational Impact	Size of Study	Location of Study
≤ 3µg/dL	**Decreased end of grade test scores**	More than 57,000 children	North Carolina
4 µg/dL at 3 years of age	Increased likelihood **learning disabled** classification in elementary school **Poorer performance on tests**	More than 57,000 children 35,000 children	North Carolina Connecticut
5 µg/dL	**30%** more likely to **fail** third grade **reading and math tests** More likely to be **non-proficient in math, science, and reading**	More than 48,000 children 21,000 children	Chicago Detroit
Between 5-9 µg/dL	Scored **4.5 points lower** on reading readiness tests	3,406 children	Rhode Island
≥10 µg/dL	Scored **10.1 points lower** on reading readiness tests	3,406 children	Rhode Island
Between 10 and 19 µg/dL	Significantly **lower academic performance test scores in 4th grade**	More than 3,000 children	Milwaukee
≥ 25 µg/dL	**$0.5 in excess annual special education and juvenile justice costs**	279 children	Mahoning County Ohio

www.nchh.org/Portals/0/Contents/Childhood_Lead_Exposure.pdf