

Background

CDC's Healthy Homes/Childhood Lead Poisoning Prevention Program

Authorized by Congress in 1988ⁱ, CDC's Childhood Lead Poisoning Prevention Program:

- Develops programs and policies to prevent childhood lead poisoning.
- Educates the public and health-care providers about childhood lead poisoning.
- Provides funding to state and local health departments to determine the extent of childhood lead poisoning by screening children for elevated blood lead levels, helping to ensure that lead-poisoned infants and children receive medical and environmental follow-up, and developing neighborhood-based efforts to prevent childhood lead poisoning.
- Supports research to determine the effectiveness of prevention efforts at federal, state, and local levels.

Through fiscal year 2010, funding for this program remained the same or declined slightly (approximately \$35 million annually). Annually, about forty state and 6 local health departments received grants based on the size of their population and need. For detailed funding information for each grant recipient see:

<http://www.cdc.gov/nceh/lead/programs.htm>. CDC passes through nearly 88% of the funding it receives to states and localities, making it one of the leanest programs in the Agency. The pass through grants enable state and local health departments to provide core public health services that prevent debilitating diseases and injuries, including lead poisoning, asthma, cancer, and injuries. Since its inception, the CDC childhood lead poisoning prevention effort has:

- Funded nearly 60 childhood lead poisoning prevention programs to develop, implement, and evaluate lead poisoning prevention activities;
- Provided technical assistance to support the development of state and local lead screening plans;
- Fostered agreements between state and local health departments and state Medicaid agencies to link surveillance and Medicaid data;
- Supported collaborative relationships between CDC's funded partners and other lead poisoning prevention organizations and agencies (e.g., community-based, nonprofit, and housing groups);
- Developed the Childhood Blood Lead Surveillance System through which 46 states currently report data to CDC;
- Expanded public health laboratory capacity to ensure quality, timely, and accurate analysis of blood and environmental samples; and
- Published targeted screening and case management guidelines to help health departments and health care providers identify and manage children with elevated blood lead levels.

CDC's Transition to a Healthy Homes Approach

In the FY09 Omnibus Joint Explanation Statements, Congress changed the title of the Childhood Lead Poisoning Prevention Program budget line to Healthy Homes (formerly Childhood Lead Poisoning). This change allowed CDC to change its branch name and expand use of its existing funding to address other preventable disease and injuries stemming from the home environment. CDC's transition to healthy homes from childhood lead poisoning followed national trends to move toward a more holistic and cost-effective approach.

Although lead poisoning rates dropped dramatically since the inception of CDC's lead program (from 1.7 million children to approximately 250,000 today), virtually no progress was made on the 2010 Healthy People goal to reduce substandard housing in the U.S. by 52%. As a result of these housing conditions, each year in the United States there are:

- 21,000 lung cancer deaths—more than drunk driving.
- 450 deaths and 15,000 emergency room visits due to carbon monoxide exposure
- 250,000 children with blood lead levels above CDC's level of concern
- 18,000 home injury deaths
- 2 million asthma-related emergency department visits

These poor health outcomes disproportionately impact communities color, making the Healthy Homes/Lead Poisoning Prevention Program one of the few programs at CDC that specifically targets health disparities and environmental injustice.

The U.S. Surgeon General's Call to Action to Promote Healthy Homes in 2009 reaffirmed this policy decision, stating "*a comprehensive, coordinated approach to healthy homes will result in the greatest public health impact.*

Directing resources toward a single disease or condition rather than working to improve the overall housing environment is inefficient and does not address residents' health and safety risks holistically."^[ii]

In the short time since CDC has expanded its approach to Healthy Homes it has accomplished several milestones:

- Broadened the scope of single-issue public health programs, such as childhood lead poisoning prevention and asthma programs, to address multiple housing deficiencies that affect health and safety by funding six state and local Healthy Homes pilot projects through the Building Strategic Alliance for Healthy Housing cooperative agreement.
- Built workforce capacity and competency to deliver effective healthy homes programs by training nearly 8,000 public health workers in the principles of Healthy Homes.
- Promoted, developed, and implemented cross-disciplinary activities at the federal, state, tribal, and community levels to address the problem of unhealthy and unsafe housing through surveillance, research, and comprehensive prevention programs.
- Facilitated the collection of local data and monitor progress toward reducing or eliminating housing deficiencies and hazards by deploying a new data surveillance system, the Healthy Homes and Lead Poisoning Surveillance System. The system was deployed in 15 states in 2010 and will be deployed to 10 additional states in 2011.
- Promoted research to determine causal relations between substandard housing and adverse health effects.

Healthy Housing & Health Disparities

- African-American children are at two times greater risk than whites for childhood lead poisoning
- African-American children are twice as likely to have asthma and six times more likely to die from it than white children.
- Minority populations are both more likely to develop cancer and more likely to die from the disease than whites.

^[i] The Lead Contamination Control Act of 1988

^[ii] Surgeon General's Call to Action, 2009