



Position Statement

Funding for CDC's Healthy Homes and Lead Poisoning Prevention Program

Solving lead poisoning, a major public health problem, requires continued CDC leadership. The President's FY 2012 budget proposed **merging** CDC's \$34 million Healthy Homes and Lead Poisoning Prevention Program with the \$31 million Asthma Control Program and **reducing their combined budgets** to \$30 million. The Senate Appropriations Committee **eliminates funding** for the program and **transfers healthy homes** to Home Visiting programs, and House appropriators are **cutting** environmental health.

National Safe and Healthy Housing Coalition Position:

- ✓ Oppose eliminating funding for CDC's Healthy Homes and Lead Poisoning Prevention Program.
- ✓ Support continuing the Healthy Homes and Lead Poisoning Prevention Program at CDC, with full funding, to protect children at highest risk from injuries, lead poisoning, and other problems caused by safety and health hazards in their homes.
- ✓ Support adding funding to incorporate healthy homes activities into the Health Resources Services Administration (HRSA) Maternal and Child Health (MCH) Home Visiting Program - but *not as a substitute* for funding an effective Lead Poisoning Prevention Program.

Lead poisoning remains a significant environmental public health threat for over a quarter-million children annually. The impact of the proposed cuts will fall squarely on the backs of low-income families and communities of color who are disproportionately impacted by environmental health hazards. African-American children ages one to five are nearly three times as likely to be lead poisoned as their white peers. Conclusive research documents that children experience intellectual deficits when they have levels of blood lead well below the current CDC level of concern. **Now is not the time to abandon these children.**

During the last two decades, CDC has built a cost-effective program to prevent lead poisoning and help children who have already been exposed. CDC is the national voice for the primary prevention of lead poisoning and is the only agency that houses the information about where, how and when children are poisoned. This surveillance system is vital to monitoring the problem and enabling a speedy response to new sources of lead (like toys) and sudden increases in the disease. We must continue to deploy the expert state and local workforce and preserve state and local health department readiness to deliver the services that families of lead-poisoned children need and expect.

There is a very real threat that CDC's long-term leadership on lead poisoning prevention and commitment to healthy homes will be abandoned. Lead poisoning remains a major public health problem. Solving it requires preserving CDC's current national strategy and continued state and local vigilance.

Discussion and Analysis: Preserving this Vital Program

We must not cut CDC's Healthy Homes and Lead Poisoning Prevention Program.

Lead poisoning remains a significant public health threat for over a quarter-million children annually. Although lead poisoning rates have significantly declined from the 1970s, they have remained flat in the last decade. Recently there has been a slight increase in several communities. This disturbing pattern may be a signal that the downturn of the economy and subsequent deferral of housing maintenance is adversely affecting children's health. CDC's epidemiology, blood laboratory proficiency and surveillance resources are vital to the national effort to protect children from lead poisoning; without them, we may miss important changes in the incidence and causes of childhood lead poisoning and will certainly lose key staff capacity.

- The proposed cuts target low-income families and communities of color who are disproportionately impacted by environmental health hazards. Low-income children are twice as likely to be lead poisoned as children in higher income households, and African-American children are three times as likely to be lead poisoned as their white peers.
- Children experience intellectual deficits after exposure to very low levels of lead in the environment. A CDC advisory committee work group is recommending increased attention to children with blood lead levels below CDC's current "level of concern" and renewed focus on preventive housing policy.
- Without 400 local and state staff funded by grants for lead poisoning prevention, health departments will no longer be able to help lead-poisoned children gain access to medical care and housing repairs. The majority of these staff (e.g. nurses, social workers, and industrial hygienists) perform lead risk assessments or inspections and ensure the correction of hazards in dangerous housing.
- Programs such as HUD's lead hazard control grantees depend on CDC's surveillance to ensure lead poisoning prevention resources are targeted to those who need them most.

Moving the healthy homes program to Home Visiting Programs is not the right plan.

The Senate bill recommends that the healthy homes program's activities be continued by Home Visiting programs. Any move of the program from CDC must ensure continued delivery of the essential lead poisoning prevention functions: environmental investigation, orders to abate hazards, surveillance, lab proficiency services. Coverage of these roles doesn't fit into the evidence-based home visiting model.

- Home visiting programs visit some of their community's homes, based on targeted risk factors, and deliver the same services in each home. Most do not assess the home environment. A visual assessment to identify deteriorated paint and similar hazards would better serve the child. However, since not every home will house a lead-poisoned child, it would be a poor use of resources to add a lead risk assessment to every home visit.
- Home visiting programs are not likely to coincidentally serve all lead-poisoned children.
- The programs are not positioned to conduct emergency investigations of lead-based paint hazards or authorized to enforce abatement laws for children with elevated blood lead levels.
- Adding healthy homes activity to home visiting programs would not replace CDC's leadership in primary prevention to reduce housing-related asthma, lead poisoning, cancer, injuries, and death.

We have failed lead-poisoned children in the past. Let's not repeat the experiment.

During the 1980s, state Maternal and Child Health (MCH) programs became responsible for childhood lead poisoning prevention and had discretion to use MCH block grant funds to support these activities. In the absence of dedicated funding, as many as 50% of the children identified with an elevated

capillary blood lead level (EBL) never received follow-up diagnostic testing or treatment.¹ In 1998, GAO determined that compliance with Medicaid blood lead testing requirements was lower than 19%. After the program returned to CDC, the screening rate rose to 67%,² and many states are following up on 100% of the EBL cases. The number of states with statutory authority to conduct lead inspections and require abatement of lead hazards rose from four (during the 1980's) to 26 by 2010, thanks to CDC and state-level leadership. We urgently need to replicate this approach in the remaining 24 states.

Background: The FY 2012 Budgeting Process

The President's fiscal year 2012 budget for the U.S. Centers for Disease Control and Prevention (CDC) called for **merging** the \$34 million Healthy Homes and Lead Poisoning Prevention Program and the \$31 million Asthma Control Program, reducing their combined budgets by 50% to \$30 million.

Last month, the Senate Appropriations Committee **eliminated** funding for CDC's Healthy Homes and Lead Poisoning Prevention program in its fiscal year 2012 spending bill for the Departments of Labor, Health and Human Services (HHS), Education, and Related Agencies. The Senate bill includes two inter-related statements that promote healthy homes (but not lead poisoning prevention program functions). The bill cites nurse home visiting programs in New York, Rhode Island and Oklahoma that have adopted healthy homes activities, and recommends that: (1) CDC and the Health Resources and Services Administration (HRSA) within HHS work together to ensure that activities previously funded through Healthy Homes be fully incorporated into the Home Visiting Program of the Maternal and Child Health Program (MCHVP), and (2) HRSA expand and incentivize integrative programs that identify and prevent environmental health and safety hazards in the homes of high-risk pregnant women and babies. This is a first-ever explicit commitment by Congress that programs that visit vulnerable families in their own homes would pay attention to the home environment, but this laudable vision does not include lead poisoning prevention. The Senate bill has \$350 million for MCHVP as authorized by the Affordable Care Act - but cuts \$50 million from Maternal and Child Health. See the Committee report at: www.gpo.gov/fdsys/pkg/CRPT-112srpt84/pdf/CRPT-112srpt84.pdf.

The House Appropriations Committee's Subcommittee for Labor-HHS proposed general cuts to CDC's funding, including Environmental Health, and zeroed out the Home Visiting Program of the Maternal and Child Health Program.

These proposals to eliminate or dismantle the Healthy Homes and Lead Poisoning Prevention Program are part of an ongoing attack on environmental health programs at CDC. While several programs at CDC received increases, environmental health continues to see decreases in funding.

It is possible that the Appropriations bills will be voted on the floor of the Senate and the House in the coming weeks. It is also possible that neither bill will reach the floor because planning for all FY12 budget matters is shifting to closed-door negotiations under the Super-Committee process among the House, Senate and Obama Administration. ***In every available forum, the Senate and House must not agree to dismantle CDC's Healthy Homes and Lead Poisoning Prevention Program.***

¹ Schneider et al. Public Health Reports 96:143-149, 1981; Lavenhar et al. Journal of Community Health 6:164, 180, 1981

² GAO, 1998; National Committee of Quality Assurance, 2009