



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 Healthy Homes and Lead Poisoning Prevention Program and **transfers some healthy homes functions** to the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, 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.**
- ✓ **Oppose an outright substitution of CDC's Healthy Homes program with healthy homes activities in the Health Resources Services Administration (HRSA) Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program.**

Lead poisoning remains a significant environmental public health threat. Despite our best efforts, today more than 12.3 million children have blood lead levels higher than the national average of 1 µg/dL. These exposures will cost the nation more than \$59 billion in lost lifetime productivity.

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 are nearly three times as likely to be lead poisoned as White children. 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. In 2008-2010 alone, primary prevention efforts supported by CDC's Healthy Homes and Lead Poisoning Prevention Program reduced the number of children with blood lead levels $\geq 5\mu\text{g/dL}$ by 200,000, saving \$7.5 billion in lifetime productivity.

From 1997-2008, CDC's lead program served 850,000 children with dangerous blood lead levels (greater than or equal to 10 µg/dL). These levels put them at higher risk of behavioral and developmental disabilities requiring costly special education services. Due to the efforts of CDC's lead program, thousands of homes received repairs and even more lead poisonings were prevented.

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.

- 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 impairment at very low levels of lead exposure. A CDC advisory committee work group is recommending action for children with blood lead levels below CDC's current "level of concern" and a greater focus on prevention through better housing.
- Without 400 local and state staff funded by the CDC program, health departments will be unable to help lead-poisoned children obtain medical care and housing repairs. These staff - nurses, social workers, and environmental health professionals - conduct environmental assessments in these children's homes and ensure the correction of lead hazards.
- HUD's lead hazard control grantees depend on CDC surveillance to identify highest risk homes. Removal of lead in these homes saves \$8.1 billion by protecting all future residents.
- Without CDC's epidemiologists, blood lead laboratory proficiency program, and surveillance system, we will be unable to spot important changes in the incidence and causes of lead poisoning.

Adding Healthy Homes functions to the MIECHV Program is an inadequate alternative to CDC's current program.

While we support adding healthy homes activities into home visiting and other HHS programs to assess and address environmental hazards, we oppose this as a substitution of CDC's program.

- The MIECHV Program lacks the technical capacity and resources to replace the Healthy Homes and Lead Poisoning Prevention program in its entirety. The programs rarely conduct home environmental assessments and none provide emergency response or case management for lead poisoned children.
- Home visiting programs cannot add a caseload of 250,000 lead poisoned children to their mandated services aimed at improving child health, education, and economic stability; and preventing child abuse, neglect and injuries, juvenile delinquency, crime, and domestic violence.
- CDC has the requisite track record and expertise in lead poisoning prevention; manages nationwide surveillance of the disease; and, through state and local grantees, delivers specialized case management and investigation services.
- Without screening for lead poisoning and investigations of homes to discover the hazards that should be remediated, the nation will fail tens of thousands of children.

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.

- Without dedicated funding, as many as 50% of the children identified with an elevated 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%.
- Since the program returned to CDC, the screening rate rose to 67%,² and many states follow up on all EBL cases. Under CDC and its grantees, the number of states with legal authority to conduct lead inspections and require lead hazard abatement rose from four (during the 1980's) to 26 by 2010.

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

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's report includes two inter-related statements that promote healthy homes (but not lead poisoning prevention program functions). The report 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 Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, 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 provides \$350 million for MIECHV as authorized by the Affordable Care Act - but cuts \$50 million from its parent program, Maternal and Child Health. See the Committee report at: www.gpo.gov/fdsys/pkg/CRPT-112srpt84/pdf/CRPT-112srpt84.pdf.

The chairman of the House Appropriations Committee's Subcommittee for Labor-HHS proposed to **cut** CDC's funding, including Environmental Health, and zeroed out the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. Due to lack of agreement among its members, the Subcommittee has not voted on the bill or the committee report detailing the fate of each program. The proposed budget is at <http://appropriations.house.gov/Subcommittees/Subcommittee/?IssueID=34777>.

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 agree to not dismantle CDC's Healthy Homes and Lead Poisoning Prevention Program.***