

ALLIANCE FOR HEALTHY HOMES

Protecting Children from Lead and Other Environmental Health Hazards

ADMINISTRATION SHOULD SEEK INCREASED FUNDING, NOT PROPOSE DRASTIC CUT IN KEY LEAD POISONING PREVENTION PROGRAM

By Emil Parker and Jane Malone¹
April 5, 2004

The recent revelation that the drinking water in thousands of Washington, D.C. homes contains lead in excess of federal safety guidelines has highlighted the dangers of childhood lead poisoning. Lead levels as low as 10 micrograms per deciliter are associated with lower intelligence (lower IQs), reduced physical stature, impaired hearing, and behavior issues.² Lead-poisoned children can be left behind before they even enter school, and often they never catch up. More than 400,000 children in the United States have blood lead levels high enough to impair their ability to think, concentrate, and learn.³

While lead in drinking water is a serious threat to the health of children, the most common cause of childhood lead poisoning is lead paint in older housing and the contaminated dust and soil it generates.⁴ Lead-based paint, which is present in 40 percent of all U.S. housing, contains very high concentrations of lead – typically several million times greater than the EPA's 15 parts per billion “action level” for lead in drinking water.⁵

The Department of Housing and Urban Development's (HUD) Lead Hazard Control⁶ program provides grants to state and local governments for evaluation and control of lead paint hazards in low-income owner-occupied and rental housing.

Despite the continuing danger of childhood lead poisoning, the Administration has proposed cutting the Lead Hazard Control program by \$35 million, or 20 percent, in the fiscal year (FY) 2005 budget. The FY 2004 omnibus appropriations legislation (H.R. 2673) provided \$174 million for HUD's Lead Hazard Control program, including \$50 million in competitive grants targeted to the areas with the greatest need for lead paint

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² *Eliminating Childhood Lead Poisoning: A Federal Strategy Targeting Lead Paint Hazards*, President's Task Force on Environmental Health Risks and Safety Risks to Children, February 2000.

³ *Childhood Lead Poisoning Information*, retrieved from the National Center for Environmental Health Web site.

⁴ *Ibid*

⁵ “Children, Lead, Water, and Paint: Lead Poisoning Risks in Washington, D.C.,” Alliance for Healthy Homes Web site.

⁶ Referred to as the Lead Hazard Reduction program in appropriations legislation.



ALLIANCE FOR HEALTHY HOMES

Protecting Children from Lead and Other Environmental Health Hazards

abatement.⁷ The President's FY 2005 budget proposal eliminates the targeted grants program entirely.

	FY 2004 Actual Funding	Administration's Proposed FY 2005	Change
HUD Lead Hazard Control Program (total)	\$174,000,000	\$139,000,000	-20%
Targeted competitive grants	[\$50,000,000]	[0]	-100%

The cost of making a housing unit lead-safe varies from \$1,000 to \$10,000, depending on the severity of lead hazards.⁸ Consequently, this funding cut for FY 2005 (combined with the loss of the required state or local match for the \$50 million in targeted grants) translates into 4,000 to 40,000 fewer homes made lead-safe. If this reduction were reflected in the appropriations for the next five years, the Administration's proposal would leave as many as 200,000 more homes with lead paint hazards than would have otherwise been the case.

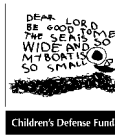
The funding cut is particularly surprising since the Administration proclaims the Lead Hazard Control program to be "the central element of the President's effort to eradicate childhood lead-based paint poisoning."⁹ The Administration also essentially proposes flat funding (an increase from \$183 to \$184 million) for the Centers for Disease Control and Prevention's (CDC) National Center for Environmental Health (NCEH). NCEH helps state and local agencies address environmental health problems, especially asthma and lead poisoning, by making grants to states and large cities for childhood lead poisoning prevention and screening programs and by collecting data on the causes of childhood lead poisoning.¹⁰

⁷ The targeted grants are a congressional initiative spearheaded by Senators Bond, Mikulski and Reed.

⁸ *Eliminating Childhood Lead Poisoning: A Federal Strategy Targeting Lead Paint Hazards*. Permanent abatement costs about \$10,000 per unit. Interim controls (specialized maintenance and safe repainting and renovation practices) to ensure that lead paint does not become hazardous cost about \$1,000 per unit. Interim controls have been found to reduce levels of lead-contaminated house dust by an average of 60 percent, with an accompanying decline in blood lead levels of 25 percent.

⁹ U.S. Dept. of Housing and Urban Development, *Department of Housing and Urban Development Fiscal Year 2005 Budget Summary*.

¹⁰ *U.S. Department of Health and Human Services Budget in Brief: FY 2005*. Only a percentage of NCEH's funding is devoted to lead poisoning screening and prevention.



ALLIANCE FOR HEALTHY HOMES

Protecting Children from Lead and Other Environmental Health Hazards

Clarifying the Proposed Reduction

The Administration seems to be attempting to conceal the proposed funding cut. According to the *Department of Housing and Urban Development Fiscal Year 2005 Budget Summary*, “in FY 2005, funding for the lead-based program will increase to \$139 million from the \$136 million requested by the President for FY 2004.” This language is misleading, since the amount actually appropriated by Congress for FY 2004 was \$174 million. While the amount *requested* by the President did increase slightly from the FY 2004 to the FY 2005 budget, the amount requested by the President for FY 2005 represents a sharp decrease in funding for the Lead Hazard Control program.

Next Steps

Rather than proposing a cut in funding, the Administration should demonstrate its commitment to eradicating childhood lead poisoning by seeking an increase in support for the Lead Hazard Control program. A \$26 million increase, from \$174 million to \$200 million, could result in as many as 15,000 to 20,000 additional lead-free housing units per year.

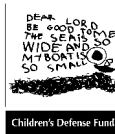
The Administration should also urge Congress to, within the \$200 million overall appropriation, double the funding for Healthy Homes grants from \$10 million to \$20 million. These grants¹¹ address housing-related hazards, including lead poisoning, asthma, asbestos, radon and mold, in a comprehensive manner. Healthy Homes grants serve as funding to pilot and prove the effectiveness of repair and construction methods, which can be applied to housing construction, rehabilitation, and maintenance programs. Expanding funding for Healthy Homes will accelerate creation of tools that will help make lead safety grants more effective and yield multiple pay-offs: improved intelligence, learning, and school success for children from low-income families; health gains; savings in health care costs; more durable housing; and reduced housing maintenance and energy costs.

Background on Lead Poisoning and Other Housing-Related Health Problems

The health of children and other vulnerable citizens (such as older Americans) is directly affected by the home environment. Indoor hazards typically pose far greater risks to children’s health than outdoor threats because children spend as much as 90 percent of their time indoors, and toxic substances can reach more concentrated levels indoors than outside.¹² Among the health hazards encountered in homes are those that cause and worsen asthma (such as dust allergens, mold, and pests), carcinogens (such as asbestos,

¹¹ The Healthy Homes grants are a set-aside within the Lead Hazard Control program.

¹² Environmental Protection Agency, *Guide to Indoor Air Quality*, 1995.



ALLIANCE FOR HEALTHY HOMES

Protecting Children from Lead and Other Environmental Health Hazards

radon, and chemical pesticides), and toxins (such as carbon monoxide and lead). The costs of housing-related health hazards to society are substantial, encompassing: lost learning and future earning potential of children; lost work days for parents caring for ill children; medical expenses including emergency room visits; and special education costs.

Lead, while poisonous to all living things, is particularly dangerous to unborn babies and children under age six because it disrupts cellular activity in the brain and developing organs, including the nervous system. Cells in the brain can absorb lead rather than the calcium needed for healthy neurological development.¹³ Toddlers are at the highest risk of exposure because their normal play and hand-to-mouth behavior expose them to lead-contaminated dust and soil.¹⁴

In addition to impairing development of the brain and nervous system, lead poisoning can also damage the kidneys and other body systems. At high levels, lead can cause coma, convulsions, and death. As noted above, blood lead levels of 10 micrograms per deciliter and higher are associated with impaired cognitive function (including lower IQs), behavior problems, impaired hearing, and reduced stature.¹⁵ While 10 micrograms/deciliter is the current standard for an elevated blood lead level, adverse effects on IQ have been found in children with levels as low as 5 micrograms per deciliter.¹⁶ In fact, there is no known safe level of lead exposure.

Considerable progress has been made over the past 30 years in reducing the number and prevalence of children with elevated blood lead levels, largely due to the banning of leaded gasoline in 1974 and the 1978 prohibition on the use of lead in new paint. Use of lead in water supply systems, plumbing, and food containers has also been banned. The number of lead-poisoned children in the U.S. declined from 15 million in 1978 to 890,000 by the early 1990s.¹⁷

¹³ A. Goldstein, "An Immeasurable Threat in D.C.: High Lead Levels Hurt Developing Children, but Scientists Say Danger is Hard to Gauge," *Washington Post*, February 20, 2004.

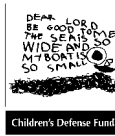
¹⁴ *Eliminating Childhood Lead Poisoning: A Federal Strategy Targeting Lead Paint Hazards*.

¹⁵ *Ibid*

¹⁶ *Blood Lead Levels in Young Children – United States and Selected States, 1996-1999*, MMWR 49(50); 1133-7. A. Goldstein, "An Immeasurable Threat in D.C."

¹⁷ *Eliminating Childhood Lead Poisoning: A Federal Strategy Targeting Lead Paint Hazards*. The figure of 890,000 is taken from the 1994 National Health and Nutrition Examination Survey, the most recent comprehensive nationwide survey of childhood blood lead levels. The number of lead-poisoned children has declined further since the results of that survey were released.

The Centers for Medicare and Medicaid Services require that children covered by Medicaid be screened for lead poisoning at ages one and two (at a minimum), as part of the Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services benefit. GAO has found, however, that most children enrolled in Medicaid have never been screened for elevated blood lead levels. U.S. General Accounting Office, *Medicaid: Elevated Blood Lead Levels in Children* (GAO/HEHS-98-78).



ALLIANCE FOR HEALTHY HOMES

Protecting Children from Lead and Other Environmental Health Hazards

There are still more than 400,000 children with elevated blood lead levels, according to NCEH estimates.¹⁸ Moreover, the rates of lead poisoning remain high among low-income and/or minority children and children in urban areas. Sixteen percent of low-income children and 22 percent of African American children living in housing built before 1946 have elevated blood lead levels.¹⁹ These high rates of lead poisoning are not simply the result of a disproportionate number of minority children living in older structures. African American and Mexican children living in older housing are much more likely to have elevated blood lead levels than are White children living in older housing—22 and 13 percent as opposed to 6 percent.²⁰ This likely reflects the fact that minority children more often live in housing that is both old and decaying.²¹

Asthma costs the U.S. economy \$14 billion each year in direct and indirect costs.²² The total annual cost for responding to childhood diseases that can be attributed to the environment—lead poisoning, asthma, and cancer—is \$54.9 billion, approximately 3 percent of total U.S. health care costs.²³ In addition to the direct health effects of substandard housing, children's health suffers when high housing costs leave families without enough money for medical care, prescriptions, food, and heat.

The burden of housing-related health hazards, other than lead, also falls disproportionately on our most vulnerable children and communities. African American children are twice as likely to have asthma and six times as likely to die from it as are White children.²⁴ In Harlem, in New York City, 25 percent of children tested have asthma, a rate four times the national average.²⁵

¹⁸ *Childhood Lead Poisoning Information*, retrieved from the NCEH Web site.

¹⁹ *Eliminating Childhood Lead Poisoning: A Federal Strategy Targeting Lead Paint Hazards*.

²⁰ *Childhood Lead Poisoning Information*, retrieved from the NCEH Web site.

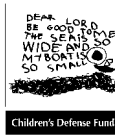
²¹ A recent study suggests that African American children may absorb lead more readily into their blood and bones than White children do. Other researchers have questioned these findings, suggesting that the author was unable to adequately adjust for the impact of race on the probability of living in substandard housing and on other factors affecting lead exposure. A. Goldstein, "Race Studied as Factor in Blood Lead Levels," *Washington Post*, March 7, 2004.

²² National Heart, Lung, & Blood Institute, *Chart Book on Cardiovascular, Lung, and Blood Diseases*, 2002.

²³ P. Landrigan, *et al.*, "Environmental Pollutants and Disease in American Children: Estimates of Morbidity, Mortality, and Costs for Lead Poisoning, Asthma, Cancer and Developmental Disabilities," *Environmental Health Perspectives*, 110:7, July 2002.

²⁴ Kaiser Family Foundation, *Key Facts: Race, Ethnicity, and Health Care*, 1999.

²⁵ "Study Finds Asthma in 25 Percent of Children in Central Harlem," *New York Times*, April 19, 2003.



ALLIANCE FOR HEALTHY HOMES

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Conclusion

We have taken significant strides toward eliminating lead poisoning and tackling other housing-related health problems, but they continue to take a high toll on minority and low-income children. The Bush Administration should not signal retreat before the battle has been won. It is imperative that the Administration work with Congress to increase funding for the Lead Hazard Control program from \$174 to \$200 million, and to boost funding for Healthy Homes from \$10 million to \$20 million to ensure that children at high risk of lead poisoning are not left behind.