Ending Childhood Lead Poisoning

*Scaling Best Practices Now*

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President and CEO
April 26, 2016
American Public Health Association
Our Mission

To break the link between unhealthy housing and unhealthy children
1986
Volunteer Effort
Parents Against Lead

1993
Coalition to End Childhood Lead Poisoning

2009
Became the Green & Healthy Homes Initiative

Accomplishments

- Designed the efforts for the 98% reduction of lead poisoning in Maryland
- 30 successful lead poisoning prevention legislative measures
- First Housing Choice Voucher Program for Lead
- 25 GHHI sites working to address lead through holistic housing approach
- Over $300 million raised to eradicate lead and other environmental health threats
Toxic Legacy of Lead - Today

- 535,000 children poisoned every year
- $43.4B = lead poisoning
- Impacts on learning and reading
- 700% Increased School Drop Out Rate
- 600% Increased Risk of Juvenile Crime
- Dramatic Decreases in Long Term Earnings
- Irreversible Neurological and Health Effects
Known Long-Term Effects: Violent Crime

Credit: Chemical & Engineering News: February 2014- By Lauren K. Wolf
The Business Case for Lead Poisoning Prevention

• Monetized Benefits of Prevention = 2.2 to 4.7 IQ point increase results in increased lifetime worker productivity @ $954,000 per child = $110 to $319 billion

  *(discounted 2000 dollars for each year’s group of 3.8 million two-year old children) Source: CDC*

• For every $1 spent on lead hazard control programs there is a $17-$221 return on investment

  *Source: HUD, Gould*
Maryland - A Strategy for Prevention

- Requires all Pre-1978 Rental Units to undergo Hazard Reduction and lead dust clearance testing Before Occupancy
- All Pre-78 Rental Units Must Register with the State, comply with Hazard Reduction law and provide education on rights and awareness
- Any non-compliant unit deemed illegal and cannot access housing court for rent recovery
- Housing Choice Voucher Program for EBL over 5 µg/dL
- Probable Cause Warrants
- Dust Testing for all RRP contract work (Regulations pending)
- $65 million in State funding since 2000
- Strict Lead Violation Enforcement
Decline in Lead Poisoned Children in Maryland 1993-2014

- Children with Lead Levels 10 µg/dl or higher
  - 1993: 14,546
  - 2014: 355
- Children with Lead Levels 20 µg/dl or higher
  - 1993: 1,904
  - 2014: 58

Source: MDE 2014 Annual Report
New Developments in Maryland

• Passage of Medicaid Pilot for Lead Hazard Control Intervention
• Adoption of Strict Demolition Standards to Prevent Lead Emissions (And Expanded Demolition)
• Universal Blood Lead Testing
### Other Best Practice Examples

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New National Strategy

• Presidential Task Force on Lead with Broader Scope (Housing, Water, Soil)
• Reconvene CDC Advisory Committee on Lead Poisoning Prevention
• Increase Annual HUD Funding to $250 Million and CDC to $50 Million
• Adopt CDC Guidelines and Prevention Goals Across all Federal Agencies
• Require any state accepting federal support to adopt CDC Guidelines
• Expand HUD Lead Hazard Control Funds to allow for water fixture replacement
• Strengthen Federal Disclosure Law and EPA RRP Rule to include dust testing
• Adopt TrueLEADership Act of 2016 (Cardin, et. al.) - $70 Billion over 10 years includes:
  
  Investing in Water Testing, Disclosure and Infrastructures (Cardin)
  Title X Amendments (Reed)
  Home Lead Safety Tax Credit Bill (Whitehouse)
  Reduce Lead Exposure in Federally Assisted Housing (Durbin/Menendez)

• Cultivate new sectors for partnerships to broaden implementation
Going to Scale

1. Adoption of Congressional Funding Increases
2. Provide Competitive Incentives to States who adopt Lead Prevention Strategies
3. Establishment of Lead Prevention Fund for America’s Families (2:1 Matching Pool)
4. National Implementation Education For City, County and State Leaders (NLC, USCM, ICMA)
5. Increase Scale of AmeriCorps, NCCC and Experience Corps in combatting lead
6. Leverage Opportunities of the Affordable Care Act and Medicaid Policies
7. Support Pay for Success for Lead Poisoning Prevention and Healthy Housing
8. National Education Campaign (Practical and Useful)
Health Care Opportunities

• Hospital Community Benefit Fund Investments

• Medicaid Waivers (1115)

• Pilot Programs (Maryland)
Hospital Community Benefit Investments

• ACA revised requirements to assure that hospitals’ community benefit investments are transparent, concrete, measurable, and responsive to community needs

• A Community Health Needs Assessment (CHNA) is conducted every 3 years by the hospital, which then adopts an implementation plan

• Community benefit investments can encompass “physical improvements and housing” and “environmental improvements.”
Pay for Success model
An Opportunity for Lead Poisoning Prevention / Improved Outcomes


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