

National Childhood Lead Poisoning Prevention Week October 21-27, 2012

National Policy & Advocacy Leadership Webinar



Agenda

- 1:00 PM Welcome
- 1:05 PM Update on CDC Restoration Campaign
 & Lead Week Call to Action
- 1:20 PM State & Local Innovations
 - John Belt, Administrator, Bureau of Child and Family Health Services, State of Ohio
 - Tom Carroll, Section Chief, Housing Hygiene, New York State Department of Health
 - Dalila Cardona, Sixteenth Street Community Health Center, Milwaukee, Wisconsin
- 1:55 PM Wrap Up & Adjourn

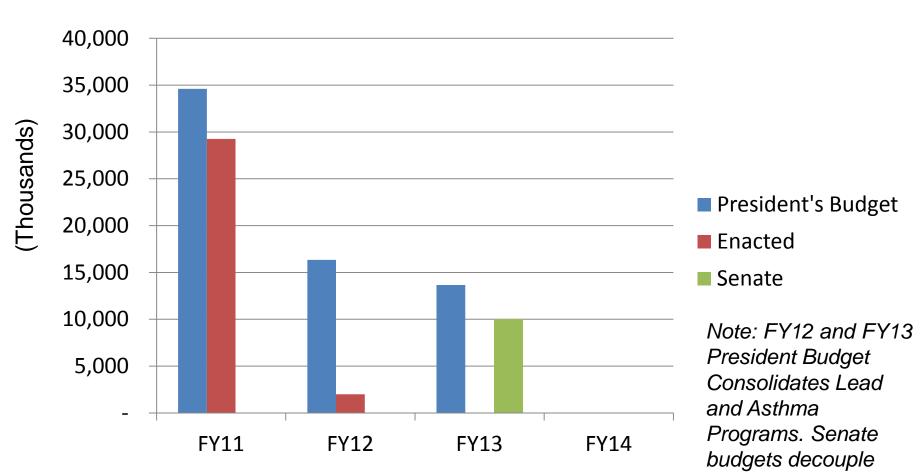


CDC Healthy Homes & Childhood Lead Poisoning Prevention Program Restoration Campaign Update



programs.

CDC's Healthy Homes/Lead Poisoning Prevention Program Budget Snapshot





Program Impacts

- Loss of approx 345 positions nationwide
- Program elements severely impacted:
 - Education and outreach
 - Surveillance
 - Program evaluation
 - Direct services
- Largest staff reductions in epidemiology & data management



Program Impacts (Cont'd)

- 20 programs adopted the new Healthy Homes Lead Poisoning Prevention Surveillance System (HHLPPS)
- 13 will not adopt
- 9 others may rethink decision to adopt
 - Lack of space on existing servers, no funds for new servers, and loss of trained staff.



Advocacy Goals

- Backfill 2012 through re-allocation of HHS funds
 - To \$16 million (President's budget)
- Restore budget in 2013
 - To \$29 million (FY11 level)



Strategies

- 2012 Fix: Engage the White House and HHS Leadership through key intermediaries:
 - Big City Mayors
 - Key Interest Groups
 - Media
 - 2013 Restoration: Engage key Congressional Members through professional contact and grassroots advocacy.

US Conference of Mayors Resolution



SUPPORTING THE CDC HEALTHY HOMES AND LEAD POISONING PREVENTION PROGRAM

WHEREAS, approximately 450,000 children aged one to five have blood lead levels above the reference level recommended by the Advisory Committee for Childhood Lead Poisoning and Prevention and the CDC and need services to help reduce their exposure; and

WHEREAS, by eliminating the outdated 'level of concern' for blood lead level and moving towards primary prevention models, the CDC acknowledges that 365,000 more children than had previously been reported need services to address blood lead levels; and

WHEREAS, the CDC Healthy Homes and Lead Poisoning Prevention Program funds 35 states and localities to educate the public, train health-care providers and public health officials, screen children for lead poisoning, inspect homes, ensure lead-poisoned infants and children receive medical and environmental follow-up, track surveillance data, and support enforcement and case management activities for lead poisoned children; and

WHEREAS, the CDC Healthy Homes and Lead Poisoning Prevention Program served 850,000 children in the last ten years, reduced by 200,000 the number of children who have been exposed to lead in the last 3 years—saving \$7.5 billion in lifetime productivity, and tested more than four million children and conducted case management for nearly 30,000 children last year; and

WHEREAS, the CDC Healthy Homes and Lead Poisoning Prevention Program plays a critical role in targeting other Federal investment in the remediation of lead hazards such as the HUD Lead Hazard Control and Healthy Homes Initiative programs; and

LEHA Lead and Environmental Hazards Association

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2012 DECLARATION OF NATIONAL LEAD POISONING PREVENTION DELEGATES

We are hundreds of delegates to the Lead and Environmental Hazards Association and the National Association of Lead at Healthy Homes Grantees representing thousands from all walks of life to assess the state of the nation's childhood lead poisoning prevention campaign. We are doctors, nurses, advocates, scientists, parents, business executives, local and state government officials, environmental professionals, inspectors, risk assessors, abatement contractors, artists and teachers, a well as citizens, taxpayers and concerned parents.



Petitioning President Obama

President Obama: Restore funding to help lead poisoned



"Funds for screening kids dwindle as lead threat increases"

The New York Times

"<u>Drastic Cuts to Lead Poisoning and Prevention</u> Funds"



"A Thinner Coat of Funding"



"Federal cuts to lead poisoning prevention programs concern city, state officials"

THE PLAIN DEALER

"Tougher lead poisoning rules: Less money to treat more kids CDC mulls stricter standards as states face funding cuts"



"Programs to screen, treat lead poisoning in children face budget ax"



"Congress Delivers Lump of Lead to Our Nation's Children"



"Lower lead levels harmful for kids, yet preventive funds dwindle"

C.D.C. Lowers Recommended Lead-Level Limits in Children

By ANEMONA HARTOCOLLIS

Published: May 16, 2012



Thursday, May 17, 2012 Last Update: 3:48 AM ET

CDC adopts tougher rules about lead poisoning in kids

May 17, 2012 I Comments



CDC lowers lead poisoning threshold

A sixfold increase in Maryland children potentially at risk

THE BALTIMORE SUN

CDC Cuts Lead-Poisoning Limit For Kids

Lead Poisoning Threshold Lowered By CDC, Five Times More Children Now Considered At Risk

THE HUFFINGTON POST



Number of PA Children < 72 Months with Blood Lead Levels

Number of Children Tested and Confirmed EBLLs by State, Year, and BLL Group, Children < 72 Months Old

Year	State	Population < 72 months old	Ciliaren	Total Confirmed BLL ≥10 µg/dL	Confirmed BLLs ≥10 µg/dL as % of Children	Number of Confirmed Children By Highest Blood Lead Level (μg/dL) at or Following Confirmation							
						5-9	10-14	15-19	20-24	25-44	45-69	⊵70 μg/dL	≥5 μg/dL
1997		895,951	35,567	8,602	24.19%		3,658	2,546	1,258	1,023	99	18	
1998		877,252	45,020	9,011	20.02%		4,701	2,296	1,038	892	71	13	
1999		864,659	64,994	6,309	9.71%		3,249	1,634	710	649	61	6	
2000		884,030	75,877	6,936	9.14%		3,693	1,721	766	700	55	1	
2001		884,426	47,148	4,438	9.41%		2,412	1,007	446	477	85	11	
2002	Pennsylvania	884,426	54,985	5,411	9.84%		3,111	1,281	563	413	36	7	
2003¶		864,192	81,664	6,646	8.14%		4,354	1,314	499	425	49	5	
2004¶		868,167	123,111	6,756	5.49%		4,247	1,372	511	535	68	23	
2005		870,381	144,868	6,761	4.67%		3,944	1,401	645	651	94	26	
2006		884,629	146,453	6,597	4.50%		4,156	1,189	595	553	83	21	
2007		889,347	141,841	4,468	3.15%		2,650	961	367	420	55	15	
2008		894,631	147,067	3,905	2.66%		2,347	837	325	329	47	20	
2009		896,565	151,578	3,286	2.17%		1,963	666	283	315	47	12	
2010		877,769	148,751	(2,816)	1.89%	16,359	1,667	650	230	221	37	11	19,176



What is childhood lead poisoning?

Childhood lead poisoning is a sickness caused by swallowing or breathing lead dust. Lead poisoning can hurt a child's brain and nervous system and slow down growth and development. Exposure to lead can affect almost every organ and system in a child's body. It is most harmful to a child's brain. Children whose bodies have too much lead may have problems with learning and behaving well. They may be cranky or too active, and they may have trouble paying attention. These problems may not show up until a child is in school.

Where does lead come from?

Lead is a metal found in the earth. Lead was used in household paint (until 1978), in gasoline (until the early 1980s), and in some pipes for drinking water. Children come into contact with lead in different ways. The most common sources of lead are paint in homes built before 1978 and the lead dust and soil that comes from the lead paint. Other sources of lead include: Drinking water, imported products, and dust that adults bring home from hobbies or from jobs that use lead.

How do I know if my child is lead poisoned?

A blood test is the only way to find out whether your child is lead poisoned. Your health care provider may take blood from your child's finger or arm to test for lead. Blood lead testing is covered by Medicaid and many private insurers.

What do my child's test results mean?

No safe amount of lead has been found in a child's blood. According to the Centers for Disease Control and Prevention (CDC), most U.S. children ages 1 through 5 years have blood lead levels below 5 µg/dL (micrograms of lead per deciliter of blood). If your child has a blood lead level of 5 or more, your family needs a plan to lower your child's exposure to lead.

Can my child be treated for lead poisoning?

At very high levels (above $45 \, \mu g/dL$), health care providers may treat children with medicine to help remove lead from their bodies. The medicine can not reverse the injury to the brain caused by lead. It can reduce other serious and even life threatening dangers of lead, such as coma and convulsions. Finding and removing the sources of lead is the most important way to prevent additional exposure and reduce levels in the blood. The next section tells you how to make a plan to reduce your child's blood lead level.

You may need help to reduce your child's blood lead levels. Keep reading to learn how to:

- . Work with your health care provider to follow up on your child's lead test
- . Seek help from other professionals to find the sources of lead and to fix the problems





DC Advocacy Day



The Music Family, Lindsey Harms, Mike Prideaux and Congressman Braley



The Music Family (Sean and Brenda), Mike Prideaux, and Chairman Harkin (D-IA)



"Meeting Brenda and Sean today and hearing firsthand how this Iowa family was impacted by lead poisoning is what raises awareness about the dangers of lead paint. I am impressed by their efforts ... to encourage Congress to fund programs that combat lead poisoning." —

Senator Tom Harkin, Chairman, Senate Appropriations Health Subcommittee



Senator Harkin,

Thank you so much for listening to my Mom talk about the budget cut to the CDC healthy homes and lead poisoning program. I am lucky I had the help, but lots of kids won't be unless they can get more money to help them. They won't do well in school and they won't be able to find good jobs when they get older.

Thank you so very much again for wanting to help kids like me in lowa.

Sincerely, Sean Arthur Music Independence, Iowa



Where We Stand

- Senate Subcommittee included \$10 million to continue CDC's surveillance program
 - Thanks to Senator Jack Reed and Chairman Harkin
- House Subcommittee number not published
- Continuing Resolution until March 2013
- HHS Pressing CDC to find \$10 million to sustain surveillance
- CDC Granted No-Cost Extensions to all but 4 sites
 - New Jersey, Maryland, Iowa, Kentucky



Senate Report Language

Blood Lead Reference Value.—The Committee applauds CDC for doing away with the use of the "blood lead level of concern" methodology. The Committee encourages CDC to raise awareness of the new blood lead reference value.

Healthy Homes and Lead Poisoning Prevention Program.—The Committee recommendation includes sufficient funding for national surveillance efforts that can better target HUD lead poisoning prevention efforts, technical assistance to local public health officials, and national leadership on the science of lead poisoning.



House Targets

- Harold Dallas "Hal" Rogers (R-KY) Chairman
- Kay Granger (R-TX)
- Michael K. "Mike" Simpson (R-ID)
- Dennis R. "Denny" Rehberg (R-MT)
- Rodney M. Alexander (R-LA)



Senate Targets

- Hutchison R TX
- Alexander R TN
- Johnson R WI
- Kirk R IL
- Graham R SC
- Moran R KS
- Harkin D IA
- Kohl D WI

- Murray D WA
- Landrieu D LA
- Durbin D IL
- Reed D RI
- Pryor D AR
- Mikulski D MD
- Brown D OH
- Shelby R AL
- Cochran R MS



Key Resources

- Take Action Here: Legislative Action Center
 - http://capwiz.com/nchh/home/

National Safe and Healthy Housing Coalition

Home • Elected Officials • Issues • Election • Media

Welcome to our Legislative Action Center

Action Alert

Ask Your Members to Restore CDC Funding for Lead Poisoning Prevention



Congress Is Home for the Election Recess and Local Meetings

Background:

In FY12, Congress slashed the budget for CDC's Healthy Homes and Lead Poisoning Prevention Program to \$2 million—down from \$29 million in FY11. Over a half million children rely on the services of this program, which funds 35 state health departments (and their local partners) to track childhood lead poisoning and to provide environmental services and care coordination for affected children. The FY13 Senate Labor, HHS Appropriations Bill provides \$10 million for

Resources





Issue Brief: Childhood Lead Exposure and Educational Outcomes

Lead exposure, even at low levels, has a significant negative impact on health and educational outcomes. This brief highlights recent research on the dangers posed by low-level lead exposure and the resulting financial and social costs. Lead exposure occurs more frequently in low-income children and children of color and is an important factor in the educational achievement gap between children of different racial and income groups. Investing in the prevention of lead exposure and improved housing quality will yield improvements in educational outcomes.

Childhood Lead Exposure Remains a Serious Public Health Problem

Childhood lead exposure, even at low levels, remains a critical public health issue. Tens of millions of U.S. children have been adversely affected by lead exposure in the years since its negative effects were first discovered. It is also a costly disease, with recent estimates putting its price tag at over \$50 billion in a single year due to lost economic productivity resulting from reduced cognitive potential. *O faildren are exposed to lead in their homes from deteriorating lead paint and the contaminated dust and soil it generates, lead in water from leaded supply lines or plumbing, and other sources. Once a child's health or cognition has been harmed by lead, the effects are permanent and continue into adulthood. *4-5*

Over the past 50 years, a growing body of scientific evidence has documented the connection between elevated childhood blood levels (EBILs) and neurological damage, decreased IQ, increased blood pressure, sennia, gastrointestinal issues, stunted growth, seizures, coma, and—at very high levels—death. *F Recent research has found that even very low levels of lead exposure can have a detrimental impact on a child's IQ, likelihood of having a learning disability, and educational statisment.*F Compared to adults, children are at greater risk for two main reasons: First, they are more likely to ingest lead and absorb a higher percentage of ingested lead. Secondy, the mightly growing minds and bodies are more susceptible to lead's harmful effects. *Children of color and children living in poverty are disproportionately at risk for EBILs.*

No safe blood lead level in children has been identified, and there is a direct relationship between childhood blood lead levels (BLLs) and the sevenity of resulting health and educational problems. Since lead poisoning is an asymptomatic disease at low levels, the only way to find out if a child has lead poisoning

Guide to Advocacy

www.nchh.org/Portals/0/Contents/ State%20and%20Local%20Guide %20to%20HH%20Advocacy_Apr-11-2012.pdf

Impact Statements

www.nchh.org/Policy/NationalSafe andHealthyHousingCoalition/CDCI mpactStatements.aspx

Issue Brief: Childhood Lead Exposure and Educational Outcomes

www.nchh.org/Policy/National-Safe-and-Healthy-Housing-Coalition.aspx





Innovations for Austere Budgets

Medicaid/Private Insurer Reimbursement for Services (State of Ohio)

• Fee-for-Service (Washington, DC)

- Case management through Community Health Centers, CHWs, or Visiting Nurses (Milwaukee, WI)
- Health department provides community primary prevention (New York State)





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