

Impact on Iowa by the loss of CDC funding for Lead and Healthy Homes Programs

Lead Program Facts:

- Lead-based paint is the largest source of exposure for children lead poisoned in Iowa. Housing built prior to 1950 is likely to have lead-based paint and lead-based paint hazards.
- Iowa percentage of pre-1950 housing is just over 35%. The national average is just over 20%. There are 19 counties in Iowa where 50% of the housing stock was built prior to 1950. (2005-2009 American Community Survey).
- Currently in Iowa 7% of children are lead poisoned. The national average is 1.6% (IDPH Lead Bureau website). Currently in Iowa 97.7% of Iowa's children are tested for lead poisoning (2004 birth cohort data. Children tested before age 6 – complete 12/31/2010).

Since 1992 Iowa has received funding from CDC to build capacity and develop a comprehensive lead poisoning prevention program. In 2012, Iowa's lead program is receiving just under \$600,000 from the Centers for Disease Control and Prevention (CDC) Healthy Homes and Lead Poisoning Prevention Program (FY2011 funding). That funding is scheduled to end in August 2012, at which time the State will determine what funding exists to continue the program and staff. Additionally, the Iowa Legislature appropriates just under \$545,000 to support the Childhood Lead Poisoning Prevention Program. There are currently 31 local CLPPP's (Childhood Lead Poisoning Prevention Program) that carry out lead poisoning prevention activities in 72 Iowa counties. The Iowa Dept of Public Health provides lead poisoning prevention services in the 27 counties that are not covered by local CLPPP's.

In Iowa in the calendar year 2010:

- Over 80,000 children were tested for lead poisoning
- 1,130 children were newly diagnosed as lead poisoned
- 229 houses were inspected for lead hazards
- 923 lead poisoned children received follow up information and testing reminders
- 255 lead poisoned children received home nursing visits to discuss lead poisoning
- 152 lead poisoned children received a referral for a medical evaluation
- 152 lead poisoned children received a referral for a developmental assessment
- 7 children were treated due to very high lead levels

All primary prevention activities, screening activities, and case management activities described above will be put into jeopardy, reduced, or eliminated if the funding from CDC is not restored. IDPH relies on the CDC funding to support key state staff that provides support to local CLPPPs. The lack of funding will force IDPH to reassign staff from these duties to focus on enforcement of lead certification rules. Local CLPPPs would see approximately a 25% reduction in funding, and will have little or no support from IDPH to carry out these activities.

Healthy Homes Facts:

Iowa is currently in the first year of a 3-year grant from CDC address lead poisoning and health housing needs. In addition to carrying out lead activities, the goal of the first year of the grant is develop a plan to address healthy housing needs in Iowa that primarily impacts children and at-risk families.

- Falls – In 2008 IDPH reported that unintentional falls were the 2nd leading cause of injury deaths in Iowa (Avg. 314), and falls are the leading cause of injury hospitalizations (7,100) and emergency department visits (57,000).
- Fires – On average in Iowa there are 29 fire related deaths, 119 hospitalizations, and 922 emergency room visits each year.

- Poisonings – Household hazardous materials are the leading cause of poisonings in children (this does not include lead poisoning). In 2010 there were over 8,800 such poisonings in Iowa, with 61% occurring in children less than 6.
- Asthma – About 7% of Iowa's population has asthma. 40,000-50,000 of those are children.
- Radon – The Iowa Radon Survey indicated that 71% of the homes in Iowa have a radon level above the EPA action level of 4 pCi/L.
- Smoking – Most exposure to secondhand smoke occurs in the home, especially for children.

If funding is not restored for the program at CDC in FY2013, Iowa will suffer from a reduction in vital services. Without the surveillance data provided through the CDC program, there will be no way to treat the existing threat or track a possible resurgence in blood lead levels. Without funding, Iowa's ability to address the healthy housing issues described above will be severely restricted and far fewer county health departments will be able to provide a comprehensive Healthy Homes Programs. The impact of the elimination of the CDC's Healthy Homes and Lead Poisoning Prevention Program is significant, and Iowa's children stand to lose significantly. Cuts in funding will severely curtail the successful program Iowa has worked for over 10 years to build. Now is not the time to dismantle CDC's Healthy Homes and Lead Poisoning Prevention Program.