Impact of Cuts to CDC’s Healthy Homes and Lead Poisoning Prevention Program on the Illinois Department of Public Health’s Efforts

The Illinois Department of Public Health (IDPH) has had a surveillance system in place to identify children who are lead poisoned since 1993. During that time approximately 4.4 million blood lead tests were performed on 2.7 million Illinois children; over 250,000 children were identified as lead poisoned with a blood lead level of 10 mg/dL or greater.

In 2009 alone, IDPH identified almost 4000 children as lead poisoned at blood lead levels at 10 mg/dL or greater. Scientific research, including a 2010 study of Chicago Public School children, indicates the critical need to start helping children with blood lead levels below the current action level. According to IDPH 2009 data, almost 41,000 were harmed at blood lead levels at 5-9 mg/dL. We know that an even larger number of children are harmed by lead given that less than 40% of children who are required to be tested, are tested.

Over the last five years Illinois has received $4.4 million dollars from CDC’s Healthy Homes and Lead Poisoning Prevention Program. The amount of money, however, has been declining each year, leading to cuts in services: FY ’12 IDPH received $594,000; FY ’11, $812,937; FY ’10, $864,633; FY ’09, $927,621.

CDC funding enables Illinois’ Department of Public Health program to respond to emerging lead threats. For example, in some cases, multiple children in the same family may have elevated blood lead levels. The program’s environmental health professional conducts an environmental inspection to identify a lead hazard in the home or child care facility. The funding also provides staffing to train local delegate agency staff on prevention, and makes possible outreach and health education. The CDC funds also are used to staff and convene a statewide Advisory Council that meets quarterly and helps to raise awareness among stakeholders and coordinate efforts.

The CDC-funded CLPPP helps ensure medical provider compliance with Medicaid and other requirements for lead screening services for eligible children. Testing is the only way to discover if a child has been poisoned. The program also helps the Illinois lead hazard control program funded by the Department of Housing and Urban Development to identify the highest-risk families whose homes most need abatement and to target resources to communities with concentrations of lead-poisoning cases.

The program could be eliminated in FY12, resulting in job loss and 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.

The impact of the elimination of CDC’s Healthy Homes and Lead Poisoning Prevention Program is real, and Illinois’ children stand to lose significantly. Now is not the time to dismantle CDC’s Healthy Homes and Lead Poisoning Prevention Program.

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