



Elimination & Beyond: *Remaining Lead Challenges and Integration into Healthy Homes*

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Substantial Progress Made in Lead...

- ◆ Nationally and in most states, lead levels continue to decline (6.9% in '99 to 1.3% in '07)
- ◆ Title X created comprehensive regulatory framework for lead that has been widely implemented, both federally and by states
- ◆ The implementation of the RRP rule will close one of the largest gaps in lead policy



...So when are we done?

- ◆ CDC defines elimination as zero percent of children aged 1 to 6 years had blood lead levels exceeding 10 based on NHANES
- ◆ States and localities have other definitions
- ◆ Many strictly numerical – others more processed based definitions



What Makes Lead a Public Health Problem?

- ◆ What makes it a public health concern opposed to a medical concern?
- ◆ What makes it worthy of public investment?
- ◆ Why track it more than other conditions?
- ◆ When elimination is declared, do most or all of these reasons no longer apply?



Challenges to Elimination: Lower Levels of Concern (Facts)

- ◆ CDC lowered level of concern 4 times since 1960s
– 10 $\mu\text{g}/\text{dL}$ was set in 1990
- ◆ Epidemiological evidence strong for ill-effects well below 10 – threshold of effect not well identified
- ◆ Modeling IQ loss from Pb based upon recent research shows bulk of population IQ loss occurs from levels below 10
- ◆ Dropping level to 5 may increase number of kids over level of concern by 4 or 5 times or more
- ◆ Disparities lessen, but remain substantial at 5



Challenges to Elimination:

Lower Levels of Concern (CDC)

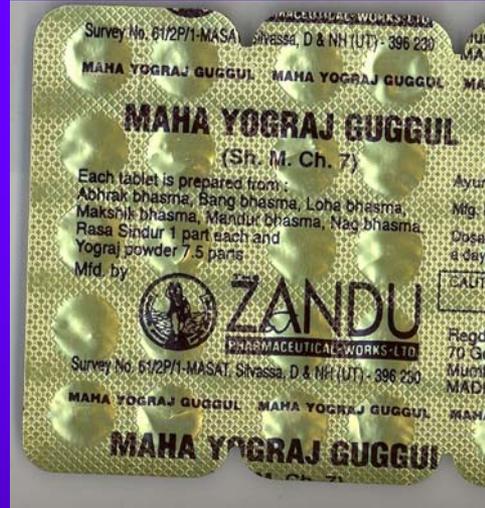
- ◆ CDC refuses to lower level based on lack of clinical interventions, laboratory testing issues, and lack of any “safe” level
- ◆ CDC emphasizes level not intended to be a safety threshold; yet widely interpreted as such and continues to define metrics of lead exposure
- ◆ CDC prohibits using its grants for case management, etc at levels below 10



Challenges to Elimination: Lower Levels of Concern (Local)

- ◆ States and localities have explored lower levels of concern
- ◆ Cleveland & Cuyahoga County amongst pioneers of using 5 $\mu\text{g}/\text{dL}$ as standard
- ◆ Chicago, Vermont, others use 5 $\mu\text{g}/\text{dL}$ as official threshold; efforts in NY State & elsewhere to eliminate 10 as normal on lab reports
- ◆ Given state of knowledge, is an elimination goal based on 10 result in true elimination?

Does Everything Have Lead???





Challenges to Elimination: Non-Paint Lead Sources (Background)

- ◆ Toys, jewelry, candy, lunchboxes, synthetic turf, supplements and many other consumer products gained publicity
- ◆ Acute hazards documented, but increasingly documenting consumer products in EBL investigations
- ◆ Even if not primary source, products may add to body burden and background levels
- ◆ Alternatives to lead generally available



Challenges to Elimination: Non-Paint Lead Sources (Policy)

- ◆ FHSA, FFDCA required proof of hazard, not just application of standard, making regulation difficult
- ◆ Recent CPSC Reform legislation helps with toys and children's products
- ◆ Difficult to enforce, especially on imports
- ◆ Awareness amongst importers, retailers, public may help
- ◆ To what extent should non-paint sources be considered when looking at elimination?



Challenges to Elimination: Dust Clearance Standards

- ◆ The widely used standards of $40 \mu\text{g}/\text{ft}^2$ for floors and $250 \mu\text{g}/\text{ft}^2$ for windows were a compromise between health effects and practical considerations, even based on a BLL of 10
- ◆ A health based standard would likely lower these levels substantially
- ◆ Should elimination plans require health based standards?



Challenges to Elimination: Housing Policy (Prevention)

- ◆ In nearly all jurisdictions, lead policy is reactive rather than proactive
- ◆ Few home buyers take advantage of pre-purchase inspection option allowed by federal law
- ◆ Few private sector incentives for assessing presence of lead (in many cases, perverse disincentives for lead knowledge)



Challenges to Elimination: Housing Policy (RRP)

- ◆ RRP closes a substantial loophole in lead policy, however huge challenges remain in implementation
- ◆ Rule doesn't go in effect until April 2010
- ◆ Training 200,000+ contractors major challenge
- ◆ Enforcement – verifying contractors use containment, LSWP requires on the ground personnel
- ◆ Can elimination be reached with substantial policy changes remaining?



Dangers to Premature Declarations of Elimination

- ◆ Declining screening rates
- ◆ Loss of funding for remediation, case management, research
- ◆ Reduction in public & medical community awareness
- ◆ Continued, if not increased disparities
- ◆ Lack of data feeds
notion of a lack of a problem
- ◆ Loss of expertise and capacity
- ◆ Increased difficulty in promoting beneficial public policy



My View

- ◆ The mission is not accomplished, it will not be by 2010, and we should not claim it is
- ◆ Elimination discussion should be reframed in light of challenges
- ◆ Broader healthy homes concerns should be integrated



Updating Definitions of Elimination

- ◆ Reduce threshold BLL while moving away from emphasis on blood lead levels as outcomes
- ◆ Increase emphasis on the prevalence of lead hazards in housing, using latest science to determine hazards
- ◆ Ensure protective policy is an element of elimination plans
- ◆ Include non-paint sources of lead as an element to determine success



Continuing Forward

- ◆ While we must continue to address the lead problems, it's imperative that we move towards a broader healthy homes agenda
- ◆ Need to move beyond the notion of a zero-sum game
- ◆ Policy solutions for remaining lead challenges match many policy solutions for healthy homes



Policy Solutions that Address Lead and Other Health Concerns

- ◆ Using health based criteria to establish standards
- ◆ Establish and enforce minimum health standards for rental property
- ◆ Avoid over-specialization and promote wide awareness across the housing industry
- ◆ Increase public awareness of the link between housing and health
- ◆ Increase coordination between agencies interacting with homes
- ◆ Engage private sector to incentivize healthy homes and create meaningful disclosures
- ◆ Measure sources of exposure not only health outcomes
- ◆ Increase funding for affordable, healthy housing



The Importance of Partnership

- ◆ Successfully eliminating health hazards in housing requires a broad base of partnerships
- ◆ Health advocates need to talk to housing advocates
- ◆ Commercial players have a strong role and can be allies
- ◆ There is plenty of work to go around



Thank you

I appreciate your attention and I'm happy to take any questions. Please also feel free to contact me with thoughts or questions:

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ALLIANCE FOR HEALTHY HOMES

Working for Affordable Healthy Housing for All



Impact of Lead Poisoning Prevention Policy on Reducing Children's Blood Lead Levels

Lead-based Paint Poisoning Prevention Act (1971)

Lead Gasoline Phase-out (1973)

Residential Lead Paint Ban (1978)

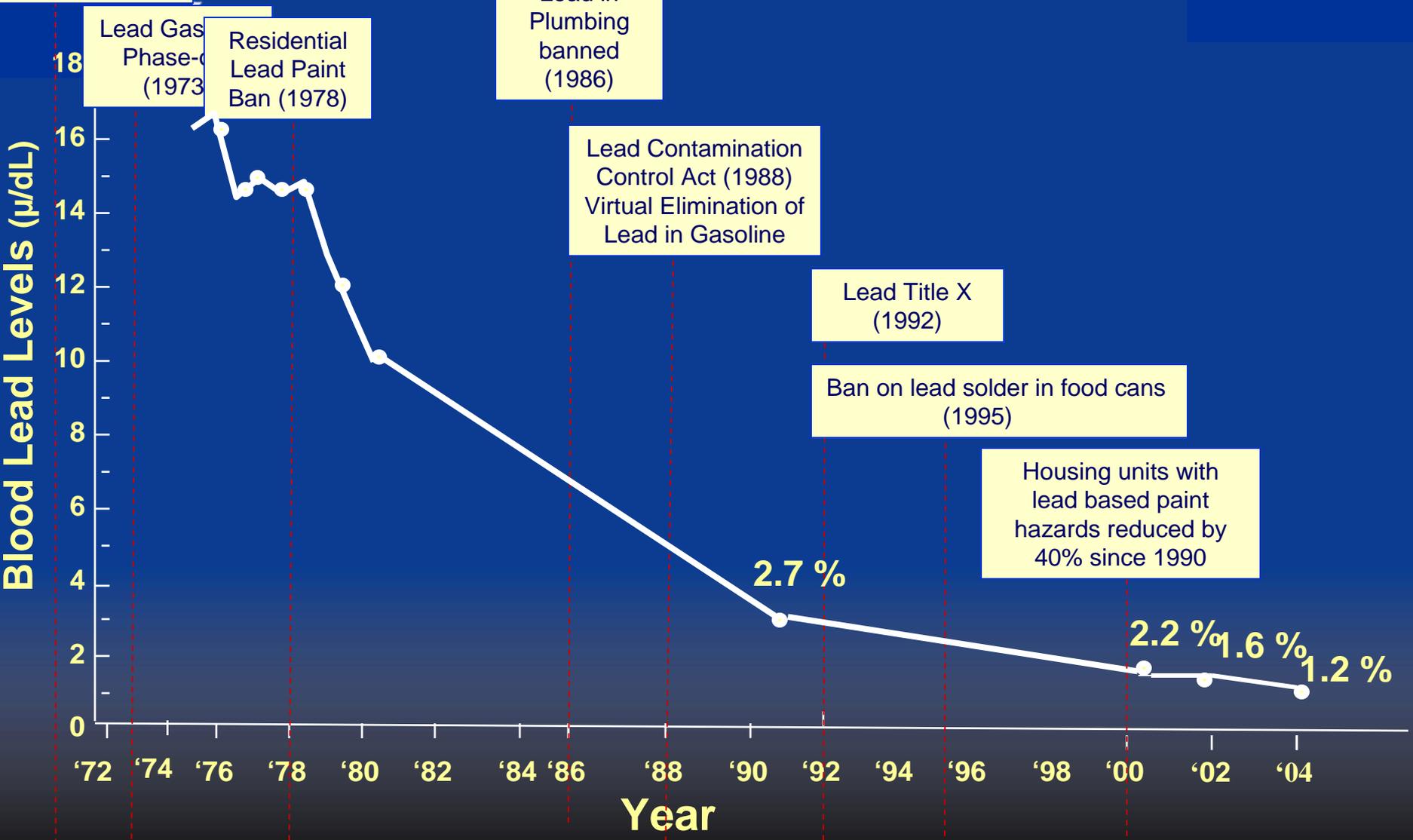
Lead in Plumbing banned (1986)

Lead Contamination Control Act (1988)
Virtual Elimination of Lead in Gasoline

Lead Title X (1992)

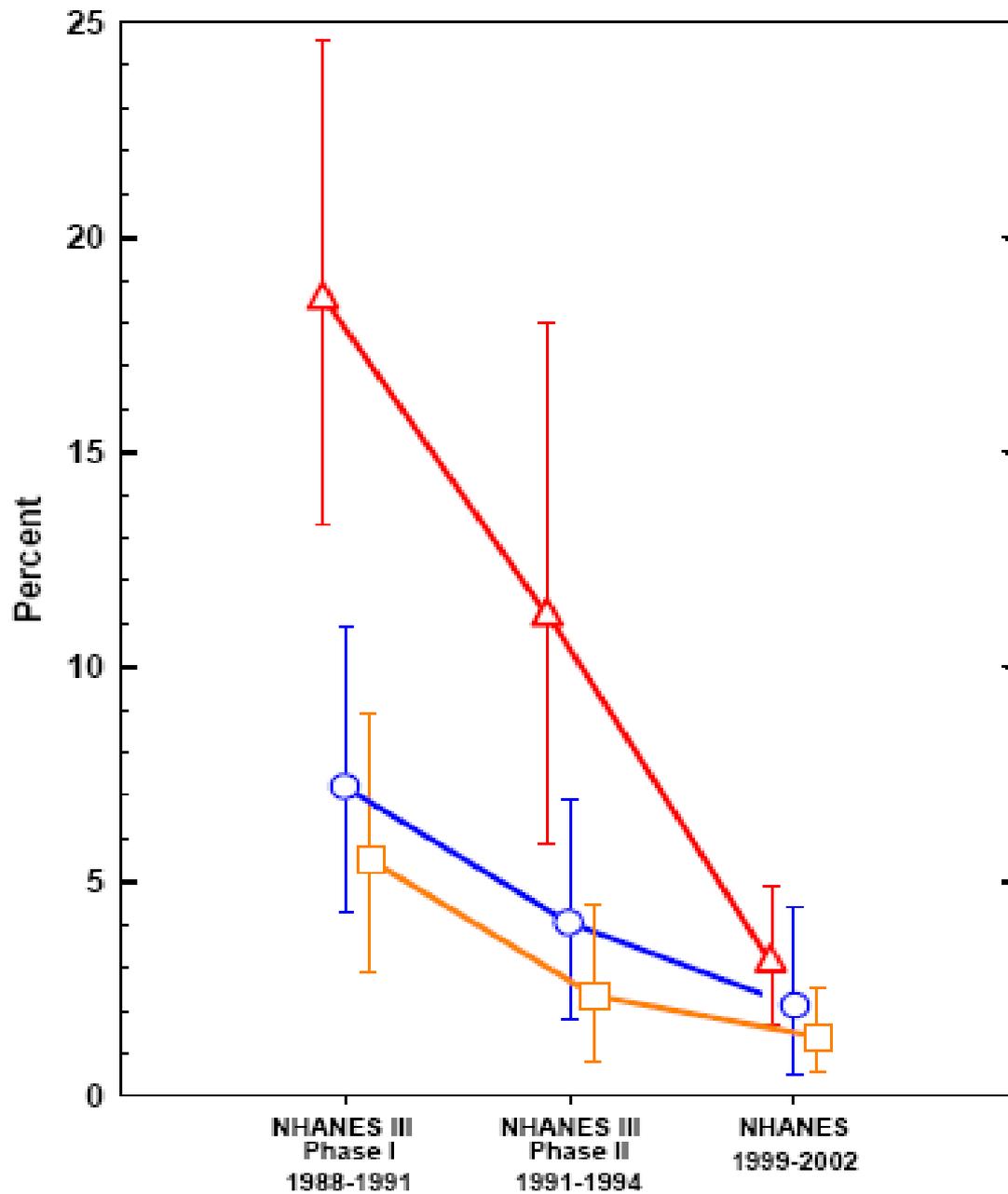
Ban on lead solder in food cans (1995)

Housing units with lead based paint hazards reduced by 40% since 1990



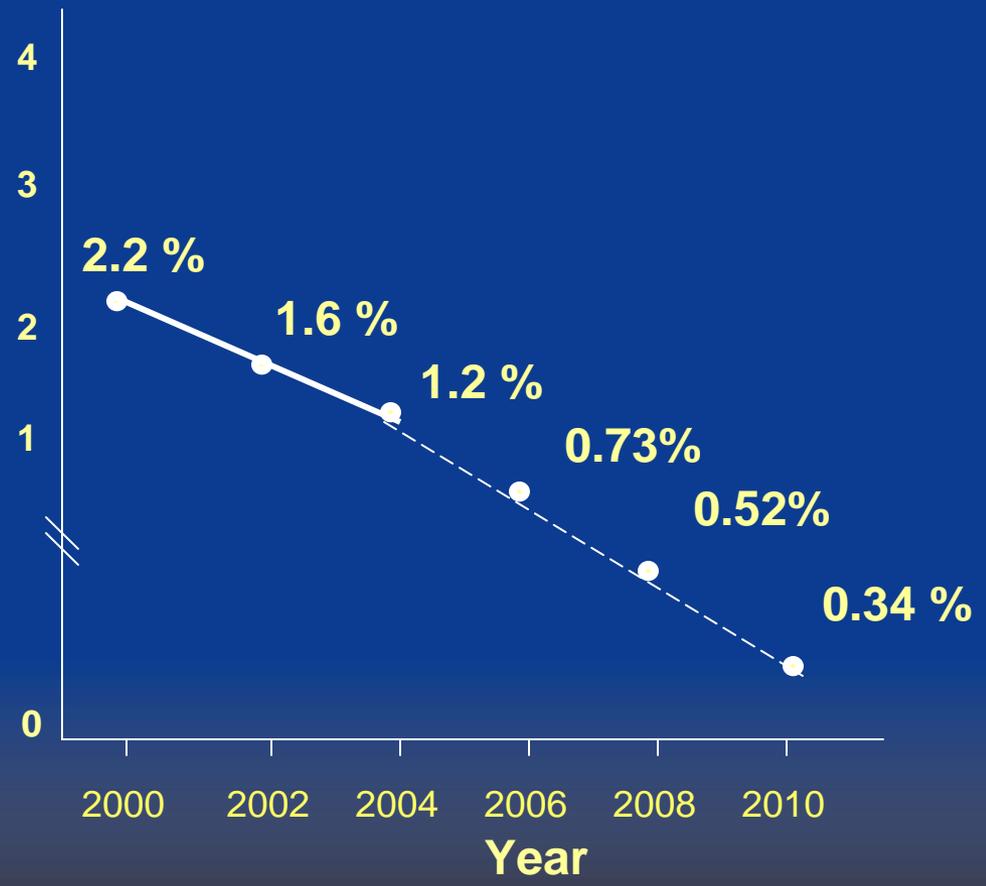
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Percent of U.S. Children Aged 1-5 Years with Blood Lead Levels $\geq 10 \mu\text{g/dL}$, with 95% Confidence Intervals, NHANES III Phases 1 and 2, and NHANES 1999-2002





Percent Elevated Blood Lead Levels



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Eliminating Childhood Lead Poisoning: Getting the Job Done-From 2006-2010

THE CHALLENGE-In 2004, some 260,000 children in the United States were exposed to lead at levels that will effect their intellectual development, school performance and lifetime achievement. As a nation we are committed to eliminating elevated blood lead levels in children by 2010.

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