

ALLIANCE FOR HEALTHY HOMES

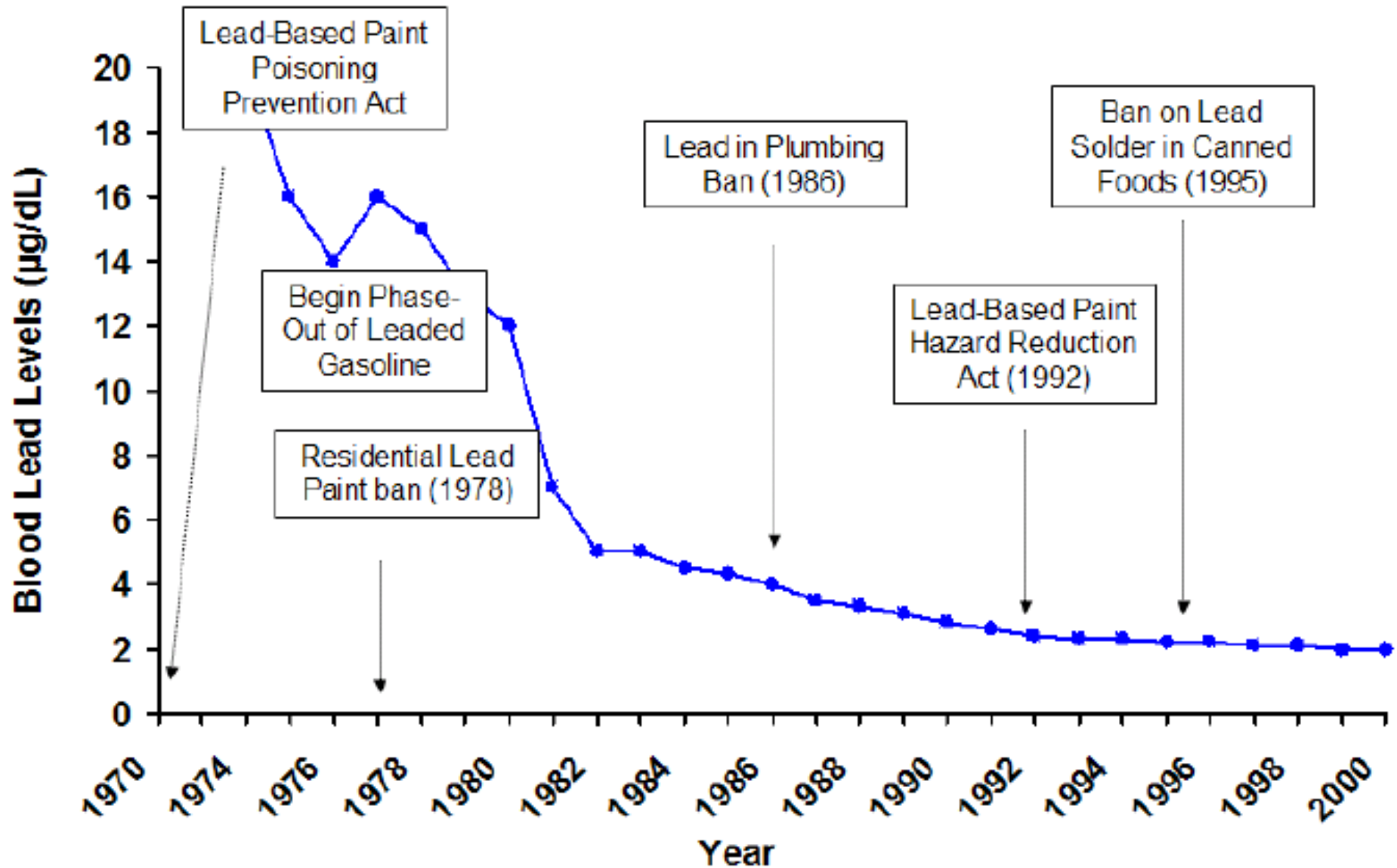
Working for Affordable Healthy Housing for All



Learning from Lead Poisoning: Lessons in Making our Homes Safe

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Mean Blood Lead Levels – United States Children Age 1-5



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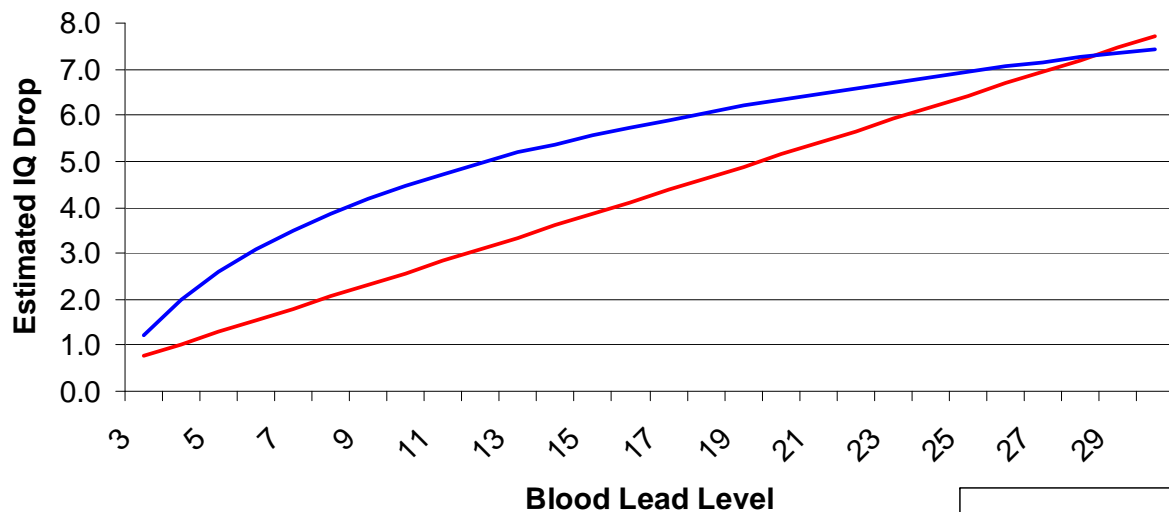
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Substantial Progress Made in Lead...

- Nationally and in most states, lead levels continue to decline
- 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



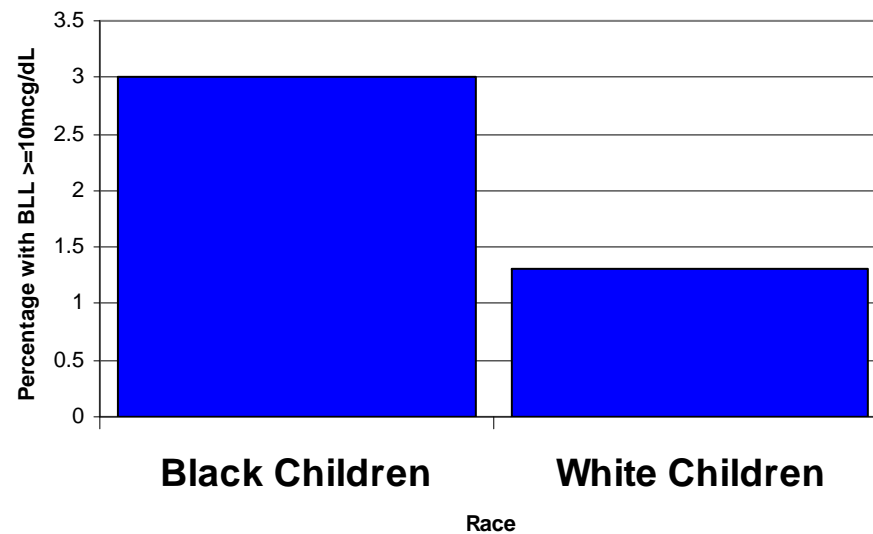
Estimated IQ Loss By Blood Lead Level



— Linear — Log-Linear



Percentage of US Children With Lead Poisoning



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...Which isn't to say that there isn't more to do

- Science has demonstrated negative effects well below 10 $\mu\text{g}/\text{dL}$ and our clearance standards are not health protective
- Screening, particularly amongst Medicaid enrolled children, is low and in danger of falling
- Most housing policy is still reactive rather than proactive
- Regulations addressing lead in consumer products, food, are poor and enforcement non-existent
- The lead industry has yet to be held accountable



Other Health Concerns in Housing

- Asthma/Allergies: \$14.7B in Healthcare costs – allergens, triggers common in housing – estimated 39% new asthma cases in young children associated with home
- Injuries: Leading cause of death & disability for children under 15
- Carbon Monoxide & Radon
- Pests/Pesticides
- VOCs/Cancer Risks

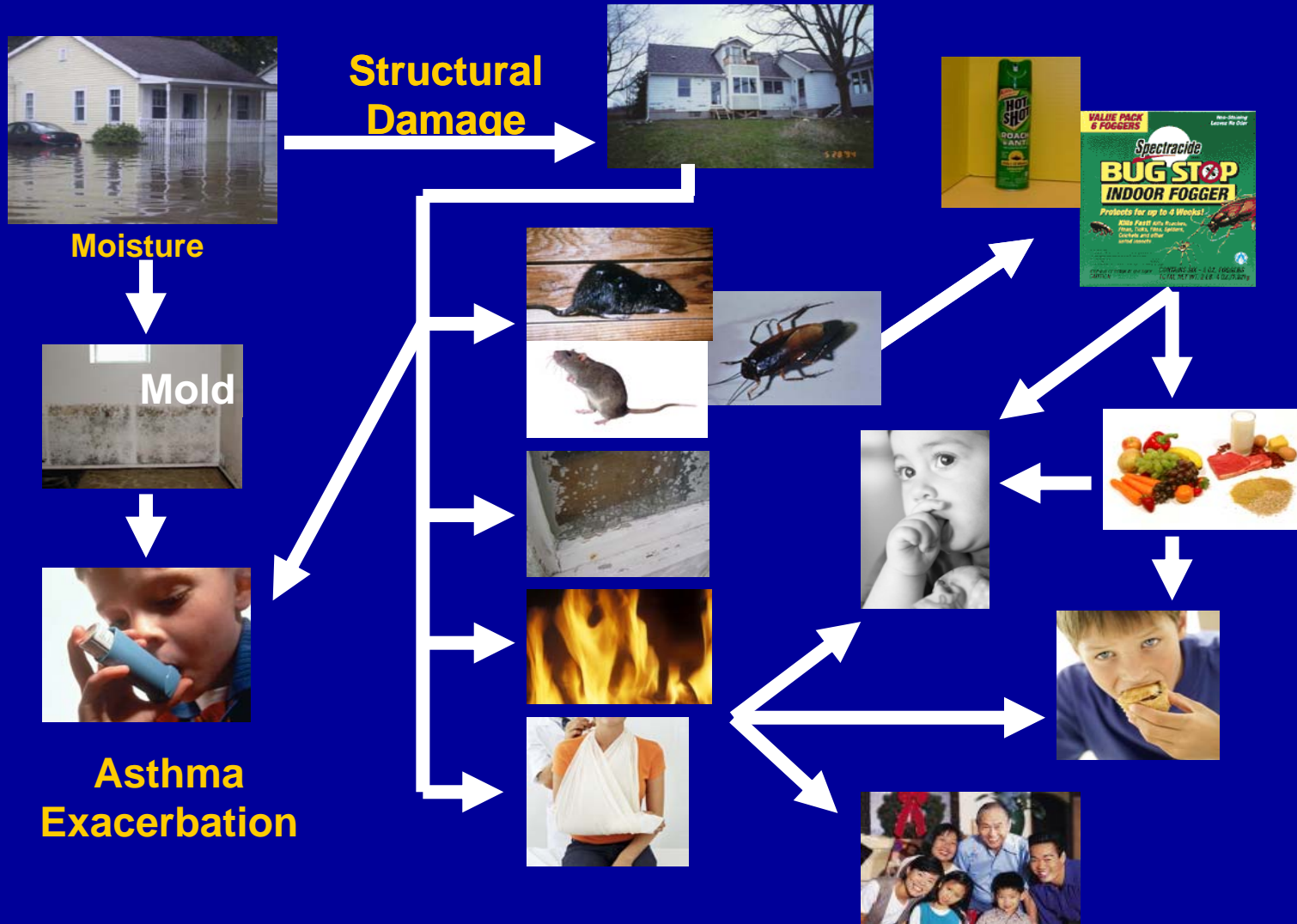


Continuing Forward

- While we must continue to address the lead problems, it's imperative that we move towards a broader healthy homes agenda
- Examining lessons learned from lead can inform HH decision making (and help find solutions to remaining lead problems)
- Will primarily focus on problems associated with housing policy today
- Comments today shaped by previous work from the Alliance (available on our website)



The House as a System



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Lesson 1: Addressing Hazards

One-by-One is Inefficient

- Last two decades have created highly specialized lead workforces and lead management programs who do little besides lead
- Single minded focus on a single problem is not the best use of resources
- Many housing-related health hazards share common causes
- Our overall health and wellness – what we are seeking to ultimately improve – is based on many factors



Action Items 1

- Train staff in systems approach to housing and in multi-hazard identification
- Maximize opportunities when in a home
- Delegate authority widely



Lesson 2: Design Intelligently

- Lead poisoning is the result of bad decisions made in the early 1900s – better decisions were made in Europe and elsewhere
- Erring on the side of safety prevents problems in the future
- Prevention is less costly than remediation
- Include health considerations when siting, designing, rehabbing, and maintaining housing



Action Items 2

- Equip the larger housing industry with the knowledge needed to avoid hazards in the first place
- Better integrate health concerns into building codes, especially “green” codes
- Return public health to the table when creating building and land use codes
- Utilize remodeling/rehab as an opportunity to expand scope
- Apply “precautionary principles” when evaluating hazards



Lesson 3: Focus on Causes, not Effects

- We have largely responded to sick children as an indicator of sick buildings
- Much effort is placed on identifying EBLs with minimal systemic efforts to identify bad housing stock
- True primary prevention requires identifying and correcting causes of illness
- Must focus interventions at cause, not on intermediaries



Action Items 3

- Focus policy on housing based interventions, strengthening code enforcement capacity
- Collect data on housing quality and evaluate efforts based on environmental indicators
- Build public awareness of topic, but really direct educational and training efforts to those with housing maintenance responsibilities



Lesson 4: Keep the Issue in the “Mainstream”

- At worst, lead poisoning has been viewed as a “low-income” or “minority” or “urban” problem; at best it has “medicalized” and addressed solely by specialists
- Creating a niche market for lead construction services served to reduce access to competent help and gave implicit permission for everyone else to ignore lead
- Healthy Homes needs to become standard practice within the industry, not a subset of the market



Action Items 4

- Avoid specialization and the creation of new disciplines except when absolutely necessary
- Encourage visual assessments and low-tech measurements
- Focus on affordable interventions or push for incremental progress if necessary
- Include healthy homes training and concepts into existing policies and systems for reaching and policing the building industry
- Public messaging and awareness should focus on wide applicability of health concerns in housing



Lesson 5: There Are No Easy Solutions or Magic Bullets

- Enforcement, education, subsidy, policy, private sector involvement, community action, and legal action alone are inadequate – a comprehensive approach is needed to address the problem
- Hazards are not uniformly distributed and local agencies know their housing stock best



Action Items 5

- Engage a wide spectrum of participants and build coalitions to address problem
- Encourage public health participation in standards setting
- Create flexible programs and policies that allow for local variation and best fit
- Create performance-based standards, which are generally superior to prescriptive regulations



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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