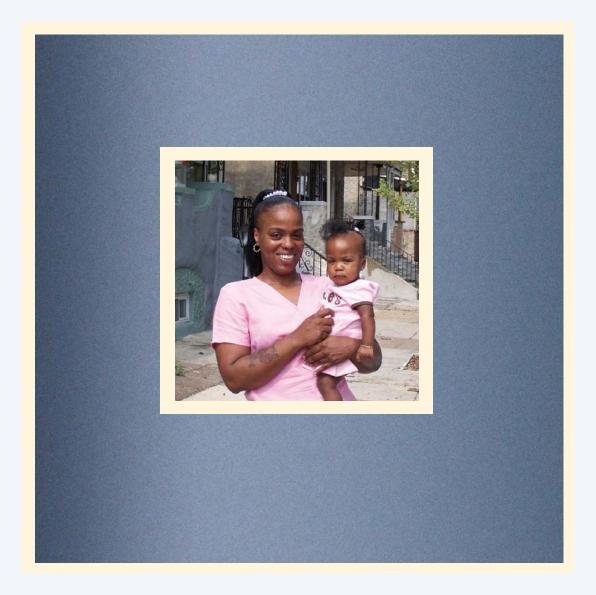
KEEPING THE LEAD OUT The Philadelphia Story 2007 PART Two





About PCCY

Founded in 1980, Philadelphia Citizens for Children and Youth (PCCY) serves as the region's leading child advocacy organization and works to improve the lives and life chances of its children. Through thoughtful and informed advocacy, community education, targeted service projects and budget analysis, PCCY seeks to watch out and speak out for children and families. PCCY undertakes specific and focused projects in areas affecting the healthy growth and development of children, including after-school, child care, public education, child health, juvenile justice and child welfare. PCCY is a committed advocate and an independent watchdog for the well-being of children.

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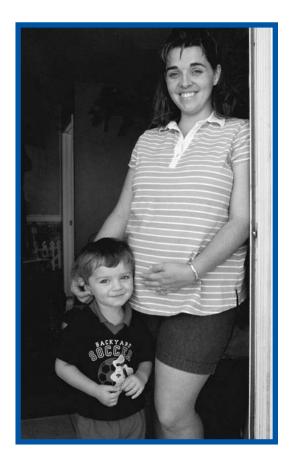
KEEPING THE LEAD OUT

The Philadelphia Story, 2007 Part 2



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INTRODUCTION

Since 2002, the City of Philadelphia has made remarkable progress in reducing lead poisoning in children by applying two major strategies: 1) swiftly removing the lead hazards from children's homes *after* they have been poisoned, and 2) pro-actively looking for lead hazards in children's homes and removing them *before* a child is poisoned. This report focuses on the second strategy: prevention.

Prior to 2002, there were very few resources in the City to remove lead hazards from children's homes – and what little there were all went towards repairing homes *after* a child had already been poisoned and the lead had a chance to exact its devastating toll. Lead in young children's bodies can cause permanent damage to their central nervous system because of their rapidly developing brains which can cause decreases in IQ, learning disabilities, and behavioral problems such as attention deficits and aggression. ^{1,2,3}

In 2002, dramatic change took root in Philadelphia as a result of increased public awareness, advocacy, political commitment, local and federal resources, and collaboration among public agencies. PCCY chronicled the City's progress in caring for lead poisoned children in our report entitled, *Getting the Lead Out: The Philadelphia Story, 2006 – Part 1.* (For a brief summary of actions and outcomes, see the Appendix).

Philadelphia has made even larger strides in preventing children from *ever* being poisoned in the first place. Over the last five years, Philadelphia has begun to move from using children as "canaries in the mine" to detect the presence of lead in homes to proactively testing homes for lead hazards and removing them before a child is injured. This shift has primarily been achieved through an initiative called "Lead Safe Babies" that was just getting off the ground back in 2001 when staff tested 40 homes of pregnant women and newborns for lead hazards.⁴ Since 2002, over 6,200 homes of pregnant women and newborns have been tested for lead - an exponential increase. Approximately 1,080 or one in six of these homes were determined to have lead hazards; the challenge then was to treat these hazards before the child was injured. Over 450 homes have been made lead-safe and more than 450 children have been spared from being poisoned! Yet, there are still more than 400 homes identified as containing lead hazards that need to be evaluated and remediated.

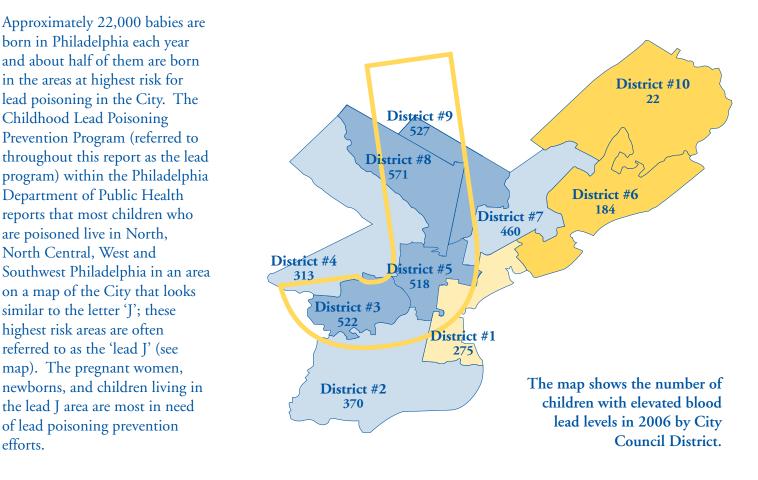
Cities like Philadelphia, with a high number of poisoned children each year, have not traditionally had enough resources to treat both the homes of poisoned children and to remove lead hazards from children's homes who have not yet been poisoned. Until recently, very little effort had been put into finding contaminated homes that had not yet hurt a child. But public and private sectors in Philadelphia have dedicated themselves to preventing lead poisoning, and have experienced great success.

This report, then, continues the story started in *Getting the Lead Out – Part 1*, focusing on Philadelphia's primary prevention initiatives, which have helped make the City a national leader in the prevention of childhood lead poisoning. We still have a way to go, but good, steady progress is being made.

THE STORY OF PRIMARY PREVENTION IN PHILADELPHIA

Reaching Out to Pregnant Women and Families with Newborns

Like many older American cities, Philadelphia faces the difficult dilemma of dividing its resources between repairing lead contaminated homes after they poison children and finding and repairing homes before they poison children. Because resources are limited and deteriorated homes are plentiful, cities like Philadelphia make remediation of homes that have poisoned children the top priority. But starting five years ago, the City, the Department of Public Health, advocates, and service providers worked together for the express purpose of identifying and dedicating more resources to prevention of childhood lead poisoning, and their efforts are paying off. Hundreds of newborns have been spared from this devastating condition AND most poisoned children's homes are quickly remediated AND the number of poisoned children in the City continues to decrease. Philadelphia's experience provides evidence that primary prevention on a broad scale is possible in a big city. Here's how it happened.



The Lead Safe Babies Program and Model

efforts.

Lead Safe Babies is an outgrowth of a pilot project begun a decade ago by PCCY, the Maternity Care Coalition and the City's lead program when families with newborns were visited, provided education about the dangers of lead and had their homes tested. Many of the homes tested positive for lead. During the next few years, the idea of expanding and strengthening this pilot with remediation dollars took hold.

Lead Safe Babies is a partnership between the lead program and the National Nursing Centers Consortium (NNCC) which is headquartered in Philadelphia and represents nurse-managed health centers serving vulnerable people across the country. Four local nursing centers and a team of staff from the NNCC's central office now participate in the program and send outreach workers to families' homes.

The lead program trained the outreach workers to conduct visual inspections and take dust wipe samples which are then sent to the lead program for analysis. Testing these homes for lead hazards is the critical component of the program because it provides families with tangible, quantitative results about the presence of dangerous lead hazards in their home. The visitors also provide families with a free bucket of cleaning supplies, educate them about lead poisoning, and follow-up when the newborn is older to help ensure the baby receives its first blood lead screening test between 9 and 12 months of age.

Lead Safe Babies has consistently surpassed its goal in enrolling families and informing parents in the City of the danger of lead poisoning and how best to protect their children from its impact. (See table below.)

If a dust wipe reveals high levels of lead dust or if the home visiting staff see flaking or peeling paint, the home is referred to the lead program to conduct a risk evaluation that provides a more thorough assessment of the home to determine what level of remediation is required: either a Superclean, which is a comprehensive cleaning treatment to remove the lead dust, or more extensive Lead Hazard Control efforts that involve careful removal of peeling and chipping lead-paint hazards and can include replacement of windows, doors, and floors that create or harbor lead hazards.

Fiscal Year	Target Number of Families	Number of Families Visited
2004	1200	1368
2005	1400	1654
2006	1400	1403
2007**	1400	811
Total	5400	5236

Lead Safe Babies Program Enrollment FY 2004 - 2007 *

*Although Lead Safe Babies launched in 2000, this table only shows data starting in 2004 when program managers started to record regular and reliable data.

** The number of families in 2007 reflects the first 9 months of the fiscal year.

EXPANSION OF LEAD SAFE BABIES TARGETED AT IMMIGRANT FAMILIES

After the release of PCCY's 2002 lead report, the organization devoted much effort to raising awareness among key stakeholders about the devastating health problem of childhood lead poisoning and solutions to eliminate it.

Acting on this information, U.S. Congressman Chaka Fattah, a long-standing advocate for children and public education, secured a \$1 million grant in 2004 through the Environmental Protection Agency to fund Lead Safe Communities for immigrant families for two years (and a school-based initiative described on page 17).

Philadelphia is home to a significant population of immigrants. According to the US Census, there are close to 152,000 individuals living in Philadelphia who were born in another country and approximately 9,000 of them are children under 18 years of age.⁵ Across the nation, there has been growing concern about and attention to the problem of undetected lead poisoning among young children in underserved immigrant families.

PCCY and its Philadelphia Lead Poisoning Prevention Coalition worked with the lead program to develop lead poisoning prevention services for immigrant families modeled on the highly successful Lead Safe Babies program. The City then partnered with two community-based organizations, The Council of Spanish Speaking Organizations of Philadelphia, Inc. (El Concilio) targeting Mexican and Central American families, and the Southeast Asian Mutual Assistance Associations Coalition (SEAMAAC), which works with immigrant communities predominantly in West Philadelphia, to create the Lead Safe Communities project.

During its first two years, Lead Safe Communities provided services to 821 families, and the program is currently on track to achieve its enrollment goals for FY 2007.

Fiscal Year	Target Number of Families	Number of Families Visited
2005	400	398
2006	400	423
2007*	344	164
Total	1144	985

Lead Safe Communities Program Enrollment FY 2005 - 2007

* The number of families in 2007 reflects the first 9 months of the fiscal year.



IDENTIFYING PROPERTIES WITH HAZARDS

The Lead Safe Babies/Communities program model focuses on finding lead hazards in homes *before* a child is poisoned – which provides the opportunity to remove the lead hazards and prevent a child from being poisoned. During fiscal years 2004 through the third quarter of 2007, Lead Safe Babies and Lead Safe Communities enrolled a combined total of 6,221 families. Of these families, approximately 1,080 or 17 percent lived in homes that tested positive for high lead dust levels or had visible signs of deteriorated paint in their older home.

Lead Safe Babies/Communities staff, in tandem with the lead program, followed up with these families and recommended that their homes be further evaluated.

Of the approximately 1,080 homes identified as lead contaminated, a total of 873 families agreed to have the lead program visit their home and conduct a more thorough evaluation. The remaining 200 or so families either declined the risk evaluation or failed to respond to multiple phone and/or mail contacts about the need for their home to undergo more evaluation. The Lead Safe Babies/Communities programs are completely voluntary because the children involved have not been poisoned, so there is no mandate for families or property owners to more thoroughly investigate hazards. Unfortunately, these 200 families representing nearly 20 percent of the families with homes that had a high lead dust test result or had visible signs of paint deterioration, did not finish the program so their homes could not be treated. Lead hazards were identified, yet the families remain in these homes, leaving their children at high risk for being injured when their exposure to lead could have been prevented.

The next step for the 873 families with identified or suspected lead hazards in their homes is to have the lead program conduct a home risk evaluation. But that evaluation is dependent on funding which is always in short supply. The City then has stepped in to provide this critical step.

The funding for both programs, obtained from the Centers for Disease Control (CDC) and the Environmental Protection Agency (EPA), only covers outreach and education. (See the chart below.) But information, while helpful and important, is not enough.

Program	Fiscal Year of Grant	Amount	Funding Source	Target Number of Families	Number of Families Served
LSB	2004	\$362,615	CDC	1200	1368
LSB	2005	\$323,911	CDC	1400	1654
LSC	2005	\$180,002	EPA	400	398
LSB	2006	\$323,909	CDC	1400	1403
LSC	2006	\$190,000	EPA	400	423
LSB/LSC	2007-2011	\$2,386,186	CDC	1400/344*	975**
Total	-	\$3,766,623	-	13520	6221

Funding for Lead Safe Babies (LSB) and Lead Safe Communities (LSC)

* LSB and LSC are targeted to enroll 1400 and 344 families respectively each year over the five year grant period.

** This number represents families enrolled in the first three quarters of FY07.



CLEANING UP LEAD SAFE BABIES' PROPERTIES

Recognizing the critical nature of getting the lead hazards out of these 873 homes to help ensure that the children living in them are not poisoned, the lead program has utilized City government funds and dollars from their federal Department of Housing and Urban Development (HUD) grants to cover the cost of risk evaluations. But as the chart below shows, the lead program has only had the resources and capacity to complete 505 risk evaluations or 60 percent of those requested by families who have agreed to continue in the program.⁶ That means that 368 families and their children are waiting for further action on their homes.

Properties with Identified or Suspected Lead Hazards of Families Who Stayed in the Lead Safe Babies/Communities Programs FY 2004 - 2007*

Fiscal Year	Home Failed Dust Wipe Test or Suspected Visible Lead Hazard Identified	Risk Evaluation Completed	Risk Evaluation Pending
2004**	182	80	102
2005	245	117	128
2006***	171	200	-29
2007^	275	108	167
Total	873	505	368

*Although Lead Safe Babies started in 2000, this table only shows data starting in 2004 when program managers started to record regular and reliable data. Also, the table only shows data on families with lead hazards in their homes that agreed to have remediation work done.

**Lead Safe Communities launched in FY 2005, so data from FY 2004 reflects Lead Safe Babies only.

*** In 2006, 171 homes failed the dust wipe but 200 evaluations were completed because 29 were carried over from the previous fiscal year.

^ The numbers for fiscal year 2007 represent the first 9 months of the year.

Of the 505 properties that received risk evaluations, the lead program identified that all of them needed some level of lead hazard remediation. (See chart on the next page.) About 67 percent or 341 properties were assessed as needing minimal lead hazard control work that could be achieved by completing a Superclean, a process that removes hazardous lead dust in a home at the cost of about \$1,000. Because a Superclean is an effective and comparatively inexpensive intervention that generally takes only a day or two to complete, the lead program is able to utilize its general funds to support them. The great news is that the lead program can complete a Superclean immediately after the need for one has been identified. Consequently, ALL of the homes in the program that have required a Superclean have received one.

FI 2004 - 2007								
		Level of Remediation						
		Si	uper Clean On	ly	More Extensive LHC			
Fiscal Year	Risk Evaluation Completed	Total Referred	Completed	Pending	Total Referred	Completed	Pending	Total Homes Made Lead Safe
2004**	80	42	42	0	1	0	1	42
2005	117	88	88	0	66	29	37	117
2006	200	143	143	0	77	57	20	200
2007***	108	68	68	0	20	40	-20	108
Total	505	341	341	0	164	126	38	467

Lead Hazard Remediation: Lead Safe Babies and Lead Safe Communities FY 2004 - 2007*

*Although Lead Safe Babies started in 2000, this table only shows data starting in 2004 when program managers started to record regular and reliable data. Also, the table only shows data on families with lead hazards in their homes that agreed to have remediation work done. Furthermore, the number of homes evaluated and remediated in a given year may not be equal because homes evaluated in one fiscal year may not have been remediated until the next fiscal year.

** Lead Safe Communities launched in FY 2005, so data from FY 2004 reflects Lead Safe Babies only.

*** The numbers for fiscal year 2007 represent the first 9 months of the year.

The remaining one third or 164 properties were identified as needing more extensive and thus more expensive lead hazard control work. The lead program reports that the work would cost an average of \$5,000 per property. Many families and property owners with small incomes cannot afford this expense. Fortunately, since 2003, Philadelphia has been very successful in competing for lead hazard control funds from the Department of Housing and Urban Development. Philadelphia has been awarded a total of \$15.77 million to date targeted for removal of lead hazards from 1,078 homes.

The funds can be used in lead-contaminated homes where a child has been poisoned – as well as in homes where a child has not yet been poisoned. The challenge is stretching these dollars; many children are poisoned by lead every year in Philadelphia, and many of their families have small incomes and need financial help to get the lead out of their homes. (For more data on poisoned children, please see the Appendix). The families with poisoned children are placed at a high priority for action and thus are awarded a larger share of the lead hazard control grant funds because a child has already been injured in the property. Yet there is so much good to be gained by having children avoid being harmed in the first place. In the face of this challenge, the lead program has managed to help most of the property owners whose homes require more extensive lead hazard control work apply for a HUD grant, and as the chart above shows, the program has subsequently remediated 126 of the 164 homes needing the work.

Over the past three and three quarter years, a total of 467 properties have been made lead-safe after receiving a Superclean or more extensive lead hazard control work *BEFORE* these homes had the chance to poison the children living in them. Considering the likelihood that more than one child under the age of six lives in many of these properties, remediating these homes most likely translates into sparing at least 700 children from this devastating but entirely preventable condition.

Homes Still Waiting to be Made Lead Safe

Although the lead program has had remarkable success, making homes with identified lead hazards lead-safe remains a major challenge.

Waiting List for Remediation: Lead Safe Babies and Lead Safe Communities FY 2004 - 2007*

Fiscal Year	Home Failed Dust Wipe Test or Suspected Visible Lead Hazard Identified	Risk Evaluation Pending	More Extensive LHC Pending	Total Homes Still Waiting to be Made Lead Safe
2004**	182	102	1	103
2005	245	128	37	165
2006	171	-29	20	-9
2007***	275	167	-20	147
Total	873	368	38	406

*Although Lead Safe Babies started in 2000, this table only shows data starting in 2004 when program managers started to record regular and reliable data. Also, the table only shows data on families with lead hazards in their homes that agreed to have remediation work done. Furthermore, the number of homes evaluated and remediated in a given year may not be equal because homes evaluated in one fiscal year may not have been remediated until the next fiscal year.

**Lead Safe Communities launched in FY 2005, so data from FY 2004 reflects Lead Safe Babies only.

***The numbers for fiscal year 2007 represent the first 9 months of the year.

PROPERTIES WAITING FOR A RISK EVALUATION

Of the 873 properties with a high lead dust test result or visible signs of paint deterioration, 368 or 42 percent are still waiting to be more thoroughly inspected to determine the level of lead remediation work required. The lead program has only one full-time staff member to evaluate the Lead Safe Babies/Communities properties, and this individual also oversees the lead hazard remediation work in these properties. But the job is too big for one person. One additional full-time Lead Hazard Control Coordinator would adequately expand capacity to move these homes through the process of becoming lead-safe.

PROPERTIES WAITING FOR LEAD HAZARD CONTROL WORK

There are also 38 properties that the lead program has determined require more extensive lead hazard control work, but the work has not yet been completed. Approximately one third of these properties have qualified for a Lead Hazard Control (LHC) grant, but they need some level of basic system repair (BSR), such as fixing a leaking roof or faulty plumbing, before the LHC work can commence. The lead program established a referral system with the Philadelphia Housing Development Corporation that has BSR funds to make repairs to lead-poisoned housing a high priority. The demand for BSR across the City outstrips the supply, however, and there is currently no other public funding source to get this work done.

Almost half of the 38 homes waiting for LHC have not yet qualified for a LHC grant. The lead program is actively working with these families to help them find and turn in the correct paperwork, but it estimates that half of these families will not qualify for a grant, and there is currently no other public funding source to assist families to complete lead hazard remediation work.



Other Challenges

Estimates are that approximately 20 percent of families stop participating before the identified hazards in their homes are removed. They either do not respond to calls and letters or they actively decline to continue for a variety of reasons including: the child has moved out of the property, the owner is selling the property, or they do not want City workers in their home. New education and outreach strategies must be employed to find and convince families to continue to participate in the program until their homes have been made lead safe. The challenges in each of these situations tempers the celebration of much of the success associated with saving children from lead poisoning. Unless more is done, the newborns and infants living in these contaminated homes will become poisoned. Lead hazards have been identified and children are being exposed to them. We have a golden opportunity to protect these children and their families from this damaging condition, yet we haven't dedicated the necessary resources to do so. This must change.



Information, while helpful and important, is not enough. Lead contaminated homes have to have lead hazards removed.

LEAD SAFE BABIES MAKES A DIFFERENCE

The Lead Safe Babies and Communities programs have begun to make a considerable difference in the lives of Philadelphia Children.

INITIAL OUTCOME DATA

Preliminary data reveals that the Lead Safe Babies model works. Children who participate in the program are at less risk of being hurt by lead. A recent internal evaluation of the program conducted by the lead program and an outside evaluator compared children who lived on the same block who were in the program with children who were not in the program. The evaluation revealed that for children in the Lead Safe Babies program, there was a 42 percent reduction in risk of having an elevated blood lead level (>9 mcg/ dL).⁷ Based on this evaluation, PCCY estimates that if all Philadelphia children ages 0-24 months old were enrolled in a Lead Safe Babies program, then approximately 1,300 fewer of them would test positive for lead every year. This is a sizeable number of infants and toddlers who would have a much better start in life.

The Philadelphia Lead Safe Homes Study

In 2005, the lead program and several partners were awarded a \$700,000 HUD technical study grant to scientifically evaluate the effectiveness of the Lead Safe Babies model. The 300 newborn children and their families participating in the study will receive the standard Lead Safe Babies program, but half of the children's families will be randomly assigned to receive additional extensive home maintenance education to help keep their homes in lead-safe condition. The lead program is working in partnership with the National Nursing Centers Consortium and co-investigators from the Children's Hospital of Philadelphia, the St. Christopher's Hospital for Children, the Temple School of Nursing, and the Drexel School of Medicine. As of May 2007, approximately 180 families have enrolled in the study, and the researchers are on track to enroll all 300 families by August 2007.

The home visitors have dust wiped all of the 180 homes, and 70 of them (approximately 40 percent) were found to have lead hazards. Virtually all of the enrolled homes, failed dust wipe test or not, have been referred to the lead program for further evaluation because almost all had visible chipping and peeling paint. Of the homes referred for further evaluation, remediation work has been completed on 12 properties so far. For the remaining homes, the work has either been started or it is being scheduled.

PCCY anticipates that this federally-funded study will show that the Lead Safe Babies program makes a difference and helps keep children from ever being poisoned. If this expected outcome occurs, there is greater potential to replicate the program and build a national movement toward primary prevention and the elimination of lead poisoning. *We can eliminate this epidemic.*

Replicating Success Beyond Philadelphia

The National Nursing Centers Consortium (NNCC) reports that the Lead Safe Babies program has already been replicated on a smaller scale in other parts of Pennsylvania as well as in Maryland and Connecticut. Between the fall of 2002 and February 2005, several NNCC-affiliated health centers in the Pennsylvania counties of Montgomery, Allegheny, Huntingdon, Greene, and Northumberland Counties secured EPA funding and reached 200 families. The NNCC assisted two nursing centers in Baltimore, Maryland to successfully launch a Lead Safe Babies program that reached 100 families from October 2003 to March 2005. Later that spring, the NNCC opened a Lead Safe Babies satellite office in Washington, DC. Lead Safe DC provides home visits, conducts community-based workshops, and helps convene the area's interagency lead elimination task force.

NEWBORN HOME VISITS: FURTHER EXPANSION OF LEAD SAFE BABIES IN PHILADELPHIA

In late 2006, the lead program began supporting a staff member to work in the Philadelphia Department of Public Health's Maternal Child Health Division to identify/track newborns within days of their birth and help coordinate a newborn home visit which includes information about lead poisoning prevention. This work is possible in part because of a 2005 policy change requiring Philadelphia hospitals to report births directly to the Philadelphia Department of Public Health; prior to this, hospitals were only required to report births to the Pennsylvania Department of Health.

The Health Department and women and children's advocates called for the change in order to act on more current information because it often took the State a year to provide the counties with birth data. This meant that Philadelphia's Health Department and other service providers lacked a systematic way to identify and provide services to newborns. The policy change allows for meaningful outreach and education to families of newborns in their first year of life on the issue of lead as well as information and referrals related to immunizations, post-partum depression and other psychosocial and medical issues. This new home-visiting initiative is also possible, in part, because Pennsylvania's Medicaid insurance plans are required to offer new mothers a newborn home visit conducted by a nurse. In addition, some private insurance plans in the region offer this benefit to new mothers.

After receiving notification of a birth from Philadelphia's hospitals, the Health Department contacts the mother's

health insurance company, and if she is entitled to a newborn home visit, helps arrange the visit. The lead program trains the nurses who make the newborn home visits for the various health plans and will continue to do so on a regular basis.

For women who have no insurance, the City's Health Department will arrange the home visit and cover the cost. For those newborns who live in the highest risk lead hazard zip codes, an estimated 10,500 each year, the Health Department refers these families to Lead Safe Babies and Communities for more comprehensive and long-standing services to prevent poisoning.

City hospitals did not start reporting births to the program until the spring of 2007. As of this writing, the hospitals had provided information about 1,500 newborns, and home visitors had begun making initial contact with their families.

This strategy of tracking newborns at their birth and connecting their families to lead poisoning prevention services has tremendous potential to prevent many children from ever being lead poisoned. The Centers for Disease Control has committed funding for this initiative until the end of fiscal year 2011.

It is believed that Philadelphia is the only place in the country connecting the filing of a birth certificate with primary prevention activities.

OTHER PRIMARY PREVENTION INITIATIVES

There are other primary prevention initiatives that have emerged in Philadelphia since 2002 that are designed to find lead hazards *before* they poison children.

LEAD POISONING PREVENTION AND BEYOND: HEALTHY HOMES IN PHILADELPHIA

Over the last four years, Philadelphia has been the recipient of two HUD Healthy Homes grants that support initiatives that address lead and a host of children's environmental health issues in the home. Healthy Homes was designed to look at a home in a holistic way and help property owners identify and repair conditions that have the potential to or are actively impairing human health and safety.

Healthy Homes:

Philadelphia's original HUD grant was awarded to the lead program in 2003 and was used to create a home visiting program targeted at children whose families lived in the highest risk lead hazard areas of the city. But, unlike most of the lead program's work, these funds were used to assess homes for lead hazards as well as mold and excess moisture, asthma triggers, asbestos, and the adequacy of smoke and fire detectors. Over the course of the three-year project, the lead program surpassed many of its goals – including providing services to 283 families – 60 percent more families than the original 175 they set out to assist.

In relation to their lead poisoning prevention efforts, Healthy Homes' staff visually inspected 186 of the homes for lead hazards and referred more than 30 homes for follow-up inspections by a certified risk assessor. Lead hazards were identified in each of these properties, and lead hazard control was completed to make these homes lead-safe for children.

The Healthy Homes program made it possible to detect lead hazards in more than 30 homes *before* a child was poisoned – and spare the equivalent of at least one kindergarten class of students from ever being poisoned.

Healthy Homes for Childcare:

In November 2005, the lead program and several partners initiated the Healthy Homes for Childcare program that seeks to protect children in home-based child care sites from environmental health and safety hazards such as asthma triggers, mold and mildew, trip and fall hazards, lead hazards, and pest problems.

With a three-year grant from HUD for \$1 million and \$300,000 from the Non-Profit Finance Fund, Healthy Homes for Childcare is striving to provide home assessments and education to 150 home-based providers in an 18 zip code area encompassing Germantown, North Central, and West Philadelphia – areas of the city with the highest incidence of lead poisoning and asthma.

For 50 of these child care providers, the program will go one step further and remediate any identified health and safety hazards. During hazard remediation work, the property most often needs to be vacant, so the provider will need to find another place to live and deliver child care services.

The lead program came up with an innovative strategy to meet this challenge – that being the creation of a "child care safe house" that serves as a home away from home for providers whose own homes are undergoing hazard remediation and also allows them to offer seamless child care services to families. The safe house is located in lower Germantown, and Healthy Homes for Childcare will supply parents with tokens to travel with their children to and from the safe house.

As of May 2007, Healthy Homes for Childcare reports receiving 110 applications for services, and staff have visited 60 home-based child care sites to conduct assessments. The program has determined thus far that all of these homes have lead hazards and 14 of these homes also require some level of health and safety hazard remediation besides lead. Eleven of the 14 homes have had the work completed. Unfortunately, the child care providers have been reluctant to move out of their homes while the remediation work was being done, so none of them have stayed in the safe house to date. The contractors have been able to complete the work while the owner and children were present or conduct the work after hours and on weekends. In the meantime, the lead program has used the child care safe home for other families whose homes are undergoing lead hazard control work.

Public Schools and Lead Poisoning Prevention

The lead program is collaborating with the School District of Philadelphia to implement a variety of outreach and education initiatives primarily targeted at the District's early childhood programs. The thrust of the collaboration involves a "train the trainers" lead education program that kicked off in the spring of 2006. More than 600 early childhood education and school nurse staff were trained and have in turn shared lead poisoning prevention information with approximately 6,000 parents and caregivers.

The District also created two public service announcements that aired on the District's cable television channel. The first announcement was an animated short for children on hand washing, which not only addressed lead poisoning prevention but was also applicable to dealing with influenza, cold, and other disease reduction concerns. The second announcement targeted parents and explained the potential sources of lead in their homes. The District also developed two service learning projects, the first of which involved high school students creating and implementing a lead poisoning prevention training program for elementary school students. The second project involved awarding a fellowship to an advanced high school student to create a web page on the District's website explaining lead hazards and lead poisoning prevention.

The funding also supported an array of additional education and public awareness initiatives including collaboration with a radio station for public service announcements and appearances at City health clinic health fairs, a partnership with the City's Mural Arts Program to create a mural about lead poisoning prevention in a high incidence North Philadelphia neighborhood, and the purchase of lead poisoning education materials to be distributed city-wide.⁸

PROGRAMS THAT NEED STRENGTHENING

LANDLORD-TENANT POLICY CHANGE

Until the early 2000s, the majority of homes that poisoned children were owner-occupied. The lead program reports that this situation has changed; in 2005, nearly 60 percent of the homes that poisoned children were rental properties. Given this turnaround, it is more important than ever to have safeguards in place to protect young tenants from lead hazards.

Under the federal disclosure rule, landlords must provide new tenants with lead poisoning education materials, disclose if there have ever been any known lead hazards in the property, and obtain a tenant's signature on a statement confirming his/her knowledge of the past lead hazards in the property. Unfortunately, these measures do not ensure that families are protected. The lead brochure is lengthy and written at a high literacy level which means some tenants do not or cannot read it, and in some cases, landlords do not distribute it at all. In addition, some tenants do not understand the content of the statement that they are asked to sign.

To further ensure that tenants are protected from lead hazards and other health and safety concerns, in March 2006, Philadelphia Mayor John Street signed a bill into law requiring landlords to certify that their property is suitable for tenants and free of defects that could cause tenants harm, including lead. The new law requires rental property owners to secure a Certificate of Rental Suitability from the City's building code enforcement department, Licenses and Inspection (L & I), when they enter a lease agreement with a new tenant. L & I will only issue the certificate if its records show that the property has no outstanding building code violations.

The new law should help ensure that landlords with lead hazard code violations will not be able to rent their affected properties until they remediate the hazards, so children will not be exposed to lead hazards. The law went into effect September 2006.

L & I sent letters to landlords notifying them of the need to secure the certificate, and the lead program sent L & I a list of rental properties with outstanding lead hazard violations. Soon after, the lead program heard from a few landlords who wanted help getting the lead hazards out of their properties – which is the very outcome that the law was intended to create. But this policy change must be more aggressively enforced. The partnership between L & I and the lead program has not reached its full potential, but both departments report that they are actively working to improve communication so that the law is enforced and more children are kept safe from lead.

BASIC SYSTEM REPAIR AND PREVENTION

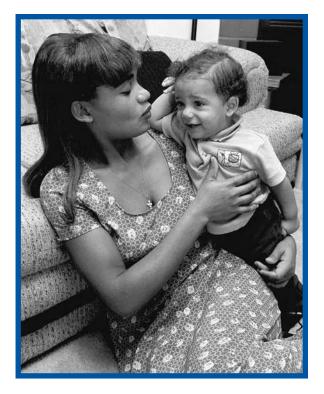
Beginning in the summer of 2006, the lead program and the Philadelphia Housing Development Corporation (PHDC), expanded their partnership with the lead program and started to engage in primary prevention activities. Homes that qualify for basic system repairs are generally at higher risk of containing lead hazards. Given this, PHDC began to refer property owners receiving basic system repairs and who have children under the age of seven to the lead program. The lead program in turn contacted the families to offer them lead poisoning prevention services. PHDC reports that it completed basic system repairs on roughly 2,250 properties in 2005 that were home to approximately 2,000 children under the age of 19. This new, proactive referral system had the potential to impact a number of children, but unfortunately PHDC stopped sending addresses shortly after the program got off the ground. PHDC must refer more homes to the lead program.

The Lead Abatement Strike Team – LAST

In order to harness the City government's capacity to eliminate lead poisoning, in 2002, the Health Commissioner in collaboration with the Managing Director's Office, created the Lead Abatement Strike Team (LAST). The goal of LAST was to coordinate activities across the City's eight health and housing agencies in order to act quickly and efficiently with property owners to rid homes of lead hazards. For several years, LAST significantly contributed to keeping children safe from lead. As of 2007, however, LAST has lost some of its participants and progress.

For example, LAST would seem the logical group to figure out how to reconnect the referral initiative between PHDC's basic system repair program and the lead program because both agencies participate in LAST. Because the Licenses & Inspection Department also participates in LAST, the LAST meetings would be an appropriate place to trouble shoot how to get the Certificate of Rental Suitability process running smoothly. Unfortunately, the synergy LAST initially produced started to fade just as leaps in progress were being made to curb lead poisoning in the City. Several of the departments no longer participate in LAST making communication and program planning and maintenance very difficult if not impossible in some cases.

LAST was an active entity that has now shifted into a 'promising practice', and this transformation is weakening primary prevention efforts. Proven initiatives like Lead Safe Babies and Healthy Homes have to be expanded to go to scale - and unproven efforts like the Certificate of Rental Suitability must be adequately monitored to better ensure its impact. LAST is the appropriate and necessary entity to oversee these efforts, and it must be revitalized. LAST must regain its lost participants and promise.



Conclusion and Challenges

Recommendations

CONCLUSION AND CHALLENGES

In a short period of time, Philadelphia has made unprecedented progress in preventing children from ever being lead poisoned. Just six years ago in 2001, a total of 40 homes of pregnant women or newborns had been assessed for lead hazards. Since then, over 6,200 families have benefited from the program. Among the homes where lead hazards were found, 467 have been made lead-safe for the newborn babies that made those houses their home.

Along side these phenomenal advances, significant hurdles exist. Namely, 406 homes sit on a waiting list in need of further inspection to determine the extent of hazards or to have lead hazard control work completed. We must eliminate this backlog of properties and not allow a new one to grow. We have within our reach the possibility of protecting children from permanent disabilities; we should develop the necessary strategies and act on them. Thirty years ago we didn't think we could eliminate the damaging effects of lead poisoning on children. We thought that all houses with lead needed complete lead abatement and that we had to wait until kids were damaged before we could act. We have since learned that this problem is capable of resolution by many different and less costly means in terms of lives and funds.

In order to increase the resources dedicated to this critical yet solvable problem, we need to look at strategies other states and cities have implemented such as: using lawsuits to secure payments for damages from lead paint manufacturers (Rhode Island); enacting taxes on paint sales to build a pool of resources (New Jersey), and developing and enforcing regulations that prevent lead poisoned properties from being sold (Massachusetts).

In a short period of time, Philadelphia has made unprecedented progress in preventing children from ever being lead poisoned, but along side these phenomenal advances, significant hurdles still exist.



RECOMMENDATIONS

We have within our reach the possibility of saving lives, limiting special education, hospitalization and delinquency costs caused by lead. To work towards achieving elimination of lead poisoning, all levels of government must act. Together we must:

1) Expand the state and federal funding commitment to eliminate lead from poisoning children.

2) Pursue other strategies such as lawsuits and special taxes in order to secure funds to save children.

3) Expand the City's investment in the Lead Safe Babies model.

- Clear up the backlog of 406 homes in the Lead Safe Babies and Communities programs where lead hazards have been identified but have not yet been remediated.
- Add another full-time Lead Hazard Control Coordinator at the lead program for Lead Safe Babies/Communities to allow for the timely inspection of properties and coordination of lead hazard remediation efforts.
- Increase the number of families that stay in the program and have their homes made lead-safe by implementing new outreach strategies so that fewer families get lost to follow-up efforts or decline to continue to participate.
- Set goals for taking Lead Safe Babies to scale.

4) Expand the City's investment in other successful initiatives that aid in the removal of lead hazards from children's homes so they are never poisoned.

- Rejuvenate the Lead Abatement Strike Team

 and strengthen its ability to get properties remediated as soon as lead hazards are identified.
- Increase the Philadelphia Housing Development Corporation's capacity to complete more basic systems repair work on homes that require lead hazard remediation work.
- Simplify the process for families to qualify for HUD Lead Hazard Control grants.

APPENDIX

Building Capacity in the City: 2001 to the Present

In 2002, PCCY helped initiate a campaign for change that stimulated the development of a strong infrastructure in Philadelphia that could respond quickly to make a poisoned child's home lead-safe. This infrastructure also permitted the City to step up its efforts to identify homes with lead hazards and remediate those hazards *before* they poisoned a child. Supporting and building these primary prevention efforts has been PCCY's main focus over the last five years.

PCCY's report, *Getting the Lead Out: The Philadelphia Story, 2006 – Part 1*, provides an in-depth account of the activities and changes that took place in the City in the last five years. In order to provide a context for the primary prevention initiatives described in this report, below is a brief synopsis of these actions and their remarkable results.

In 2001, before the campaign for change got underway, very little was being done to make the homes of children lead-safe.

- Of the 41,467 children tested for lead poisoning in Philadelphia, 12 percent (5,137) had elevated blood lead levels.
- 1,400 properties that poisoned at least one child over the last many years sat on a waiting list in need of remediation. The City had no authority to require property owners to comply with its lead hazard clean-up orders.

• A total of 131 properties were made lead safe by the City or a property owner after having poisoned at least one child.

In early 2002, as a result of persistent advocacy efforts, renewed public commitments and political will, significant changes got underway to move the City towards eliminating lead poisoning.

- The Mayor, City Council, the Courts and Community Legal Services all worked together to decrease the poisoning presence of lead in children's lives.
- City Council allocated an additional \$1.5 million to the lead program to wipe out the backlog of lead-infested homes by expanding its capacity to make homes lead safe and subcontracting with six certified Lead Abatement Contractors.
- The Health Commissioner at the time, John Domzalski, in collaboration with the Managing Director's Office, formed the Lead Abatement Strike Team (LAST) to harness the capacity of all of the City's health and housing agencies to eliminate childhood lead poisoning.

 The Philadelphia Common Pleas Court established a Lead Court to hear cases involving non-compliance with lead hazard violations. The first defendants to receive citations to appear in court were owners of the 1,400 properties with outstanding lead hazard violations.

With these and other critical innovations in place, Philadelphia has become a national leader and model City for lead poisoning prevention.

 Since 2001, the City has secured a total of \$15.77 million from the federal Department of Housing and Urban Development (HUD) to remove lead hazards from children's homes.

- Lead Court has heard over 2,800 cases and has achieved compliance in over 2,000 so far.⁹
- A total of nearly 2,800 properties have been made lead-safe for children since 2001.¹⁰

Although the number of poisoned children has consistently declined over the last several years, there are still far too many children poisoned. The majority of properties that have poisoned a child are repaired as soon as the lead hazards are identified, but a small number are not.

For the first time in several years, the City now is generating a new, small backlog of homes.

Poisoned Children and Housing Remediation FY 2007

Children with Elevated Blood Lead Levels (EBLLs) and Related Housing Remediation Activities - FY2007 (July 1 06 - March 31 07)	Number	
Children with EBLL's	597	
EBLL Investigations	417	
Risk Assessments	417	
Interim Control Applications	59	
Lead Hazard Control Applications	430	

Endnotes

¹ Lanphear, B.P., Hornung, R., Khoury, J., Yolton, K., Baghurst, P., Bellinger, D.C., Canfield, R.L., Dietrich, K.N., Bornschein, R., Greene, T., Rothenberg, S.J., Needleman, H.L., Schnaas, L., Wasserman, G., Graziano, J. & Roberts, R. (2005). Low-level environmental lead exposure and children's intellectual function: An international pooled analysis. *Environmental Health Perspectives*, 113(7), 894-99.

² Braun, J., Kahn, R.S., Froehlich, T., Auinger, P. and Lanphear, B. (2006). Exposures to environmental toxicants and attention deficit hyperactivity disorder in US children. Environmental Health Perspectives. Retrieved from the world wide web on September 19, 2006 from http://dx.doi.org/.

³ Needleman, H. (2004). Lead poisoning. *Annual Review* of *Medicine*, 55, 209-22.

⁴ Unless otherwise noted, all of the numbers in this report were provided by the Philadelphia Childhood Lead Poisoning Prevention Program of the Philadelphia Department of Public Health. ⁵ US Census Bureau, 2005 American Community Survey.

⁶ The lead program reports that about 200 families declined or did not respond to the lead program's recommendation to have their homes further evaluated for lead hazards. If these 200 homes are added to the 368 homes of participating families, then the lead program would only have had the capacity to follow-up in 53 percent of the homes.

⁷ Personal communication from Dr. Nancy Rothman, June 13, 2007.

⁸ Funding for all of these school-based initiatives comes from a grant from the Environmental Protection Agency that U.S. Congressman Chaka Fattah helped to secure.

⁹ City of Philadelphia Law Department, Health and Adult Services Unit. The data covers the time period 9-1-02 to 5-7-07.

¹⁰ This number covers the start of fiscal year 2001 to the third quarter of fiscal year 2007.

Imagine a world and a city where children are safe from lead poisoning, and then help get us there!



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Philadelphia Childhood Lead Poisoning Prevention Coalition



Lead Poisoning Prevention Mural, located at the Norris Homes Community Center, 1915 North 11th Street, Philadelphia, PA 19122.



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