

# Lead-Based Paint Hazards: Funding Opportunities Provide Control

**Dorothy Morrison**

**L**ead poisoning is the number-one environmental health threat to children in America today, yet it is completely preventable. Lead presents a serious hazard to the health and development of children under six years old. The effects of lead poisoning, which

are irreversible, include mental retardation, reading and learning disabilities, impaired growth, reduced IQ, hearing loss, reduced attention span, speech problems, and behavioral problems.

Most children have no symptoms, and if symptoms appear, they often resemble such common childhood complaints as headaches, irritability, tiredness, lack of appetite, and stomachaches. Because the symptoms are not specific to lead, poisoning can be hard to detect.

Today, the principal sources of lead poisoning are lead-based paint (LBP) and the contaminated dust and soil it generates. Frequently, children become poisoned by ingesting



Photo: Steve Delaney

lead dust. Contrary to popular belief, most children do not get poisoned by eating paint chips. Often, they are exposed to the fine lead dust that forms as painted surfaces chip and peel, undergo daily wear and tear, or are renovated. Children can get this lead dust on their hands by crawling or playing on contaminated carpets or floors. Then, when they put their hands or toys in their mouths, the lead dust enters their bodies.

In some locations, contaminated dust and soil still are with us from the historic use of leaded gasoline and from emissions by lead industries. Dust and soil from all these sources are found in the home, so it makes sense to focus on housing-based strategies for alleviating lead contamination.

Residential housing units built before 1978 (prior to the banning of lead in paint by Congress), have the greatest potential of being contaminated with LBP. It is estimated that 64 million housing units nationwide contain lead-based paint. According to the U.S. Environmental Protection Agency (EPA) and the U.S. Department of Housing and Urban Development (HUD), 20 million of these units are thought to contain lead-based paint in a hazardous condition, and 3.8 million children of less than six years of age reside in these houses.

### **Lead Legislation and Funding Grants for Lead Hazard Control**

Six years ago, the U.S. Congress decided to address problems in financing lead-based paint hazard reduction in low-income private housing, an area of great need and few resources. On October 28, 1991, Public Law 102-139—the Department of Veterans' Affairs, Housing and Urban Development, and Independent Agencies Appropriation Act—was signed into law. The appropriations act facilitated the present program known as the HUD Lead-Based Paint Hazard Control Grant Program.

In 1992, the grant program was augmented by Title X of the Housing and

## **It is estimated that 64 million housing units nationwide contain lead-based paint.**

Community Development Act. Under Title X, persons selling or leasing most residential housing must disclose LBP hazards by providing purchasers and renters with an approved pamphlet on lead hazards developed by EPA and HUD, though this rule does not require any testing or removal of lead-based paint by the sellers or landlords.

The HUD Lead-Based Paint Hazard Control Grant Program has grown, as a result of five rounds of funding, to 85 grants made to state and local governments in 26 states and totaling nearly \$400 million. In 1997, \$50 million was made available to states and local governments for lead-based paint hazard control in eligible housing units. Apparently, there will be another round of funding, which will be announced in the *Federal Register* in the spring of 1998.

Local governments interested in receiving grants to pursue lead hazard control should submit their proposals to the HUD Lead-Based Paint Control Grant Program. For more information on this program, localities may contact Matt Ammon at the Office of Lead-Based Paint Abatement and Poisoning Prevention, 202/755-1785, extension 158. In addition to providing funds, the program has generated significant state and local government action, much of which will endure beyond the life of the grant awards. Here are some of the positive impacts that the grant program has produced and that can be brought to your community.

**Contractor certification.** Statutory language in the grant program specifies

that funds will be made available only for projects that are conducted by certified contractors and trained workers from federal- or state-accredited programs. This mandate encourages states and local governments to enact lead-based paint contractor certification programs. In 1991, at the inception of the grant program, few states had such statutes. By now, however, 26 states have enacted such legislation, and at least 17 states have operational programs.

**Availability of contractors.** The grant program has stimulated the creation of a large cadre of competent contractors and trained workers. Clearly, a substantial body of qualified professionals is being generated through the stimulus of the LBP grant program, as well as through the public housing program, which also has highlighted the need for trained contractors. Over the long run, a greater availability of qualified contractors can lead to more competitive pricing and reduced hazard reduction costs.

**In-house expertise.** The grant program also has created in-house expertise in state and local government. Before this program, little or no hands-on capacity existed at these levels of government for the strategies and methods needed to treat private housing safely and effectively. The absence of resources before the start of the grant fund meant that much of the problem with lead hazards in residential housing was being minimally addressed, and in many cases, no action was taken to protect children from further exposure even when a source had been identified.

**National network.** The grant program also has established a national network of practitioners who are rapidly developing a strong sense of community. A new feeling of empowerment was demonstrated at the October 1995 conference of grantees held by HUD in Washington, where hundreds of state and local practitioners shared informa-

## Resources

tion and ideas and laid the groundwork for continued interaction.

### Housing and health collaboration.

The grant program requires that a close working relationship be established between local public health and housing agencies. A growing recognition that health and housing issues are intertwined is resulting in both formal and informal interagency coordination on a routine basis. An example is the collaboration between the Cambridge (Massachusetts) Community Development Department with the Cambridge Hospital in that city's Lead-Safe Cambridge Program.

**New products.** In addition to stimulating the training of certified contractors, the grant program is helping significantly to inspire a host of new products ranging from LBP detection equipment to hazardous-control products. A real market now exists for these products, stimulating increased competition, which in turn should result in both superior quality and more competitive pricing.

**Economic opportunities.** The grant program also offers economic opportunities for low-income residents of target areas all over the country. People are being trained and employed as abatement and hazard reduction workers; hazard reduction contracting opportunities are being opened up; and neigh-

For more information on the ICMA Lead Program, contact Dorothy Morrison at 202/962-3585; e-mail, dmorrison@icma.org. To learn more about the HUD Lead-Based Paint Hazard Control Grant Program, call the U.S. Department of Housing and Urban Development, Office of Lead Hazard Control, at 202/755-1785. Or, for updated lead legislation and free publications, phone the U.S. Environmental Protection Agency's National Lead Information Clearinghouse at 800/424-LEAD.

borhood organizations are often becoming subcontractors to the grantees, especially in community education and outreach activities. In many places, such as San Francisco, community-based groups are playing a vital role in reaching out to local residents. Thus, a major secondary benefit of the program has been the retention of federal resources within the affected neighborhoods.

**Public education.** Public education is increasingly becoming connected to action. The HUD grant program combines education efforts put forward by the Center for Disease Control with follow-up action to treat the housing environments identified as the sources of exposure. In this way, public education

and physical intervention are no longer limited just to elevated-blood-level children, but are used as prevention mechanisms for all children at risk.

## Local Government Case Studies

### Cambridge, Massachusetts

The city of Cambridge was awarded a \$2.1 million grant from HUD in 1997. Cambridge, which began its pilot deleading assistance program in 1992, developed a more comprehensive program in 1994 through a second round of lead-based paint hazard reduction funds from HUD. Since then, the city's Lead-Safe Cambridge (LSC) Program has delead 135 dwelling units. LSC has provided financial and technical assistance to property owners, plus relocation, education, and medical assistance to their very-low-income tenants. The goals of LSC are to ensure affordable, lead-safe housing for Cambridge families with children younger than six years of age, and to prevent childhood lead poisoning.

The program has been particularly innovative in creating a service delivery model that has been copied by many HUD grantees. More specifically, LSC has been notably successful in integrating its lead abatement initiative with rehabilitation, relocation, and outreach efforts. Also, LSC has proven extremely skilled in reaching and providing services to members of ethnically and linguistically diverse communities: 50 percent of all enrolled LSC tenants do not speak English as their primary language.

Additionally, LSC works in close collaboration with the Cambridge Hospital Community Health Network (CHCHN) to provide medical education and family services through the Cambridge Pediatric Clinic. LSC cooperates with non-profit organizations, community groups, and other city departments to provide service to the Cambridge community.

### Long Beach, California

The Long Beach Department of Health and Human Services (LBDHHS) reacted

## Symptoms of Lead Poisoning

### High exposures:

- Vomiting
- Crampy abdominal pain
- Pain in the muscles and or joints
- Paranoia
- Depression
- Aggressive behavior

### Obscure symptoms:

- Malaise
- Fatigue
- Headache
- Irritability
- Anorexia
- Diarrhea or constipation

It is important to note that diagnosis of elevated blood-lead levels cannot be completed by analysis of symptoms alone. A blood-lead level test is required, as most lead-poisoned children do not exhibit obvious symptoms and most cases go undiagnosed.

to that city's lead problem by applying for and receiving a grant from the HUD Office of Lead-Based Paint for \$6 million in 1995. The award allowed the city to introduce new and innovative methods of reducing and removing LBD hazards in 1,100 units of older (pre-1940) housing.

These funds have facilitated a coordinated community effort among the Department of Health and Human Services; a state-funded maternal and childhood lead poisoning and prevention program within the LBDHHS; property owners; residents' neighborhood improvement groups; local abatement contractors; and the general public.

Major aspects of the project include a community education and awareness program; free lead-blood testing for children under six years of age and pregnant women; orienting and organizing the local lead abatement contracting industry; an intensive residential screening and inspection program for lead-based hazards; comprehensive and cost-effective methods LBP hazard control and removal from units; free provision of hazard control activities for enrolled properties; and free, EPA-accredited training scholarships for lead abatement worker and stipends for Long Beach residents hired by participating abatement contractors.

**Phoenix, Arizona**

The city of Phoenix Neighborhood Services Department (NSD) was awarded \$4.5 million in 1995 by HUD in the third round of funding for HUD's lead paint hazard control program. The NSD wanted to be able to provide lead hazard control services in conjunction with its comprehensive neighborhood revitalization program. Another aim was to gain experience in incorporating lead hazard remediation into existing health department programs and into city and nonprofit-agency housing rehabilitation efforts. The impending impact of Title X regulation on federally assisted programs added yet another motivation.

The grant application was developed by city of Phoenix staff and by a consultant, with strong support from the Arizona Department of Health and Human Services (ADHHS) and the Maricopa County Department of Public Health Services (MCDPHS). ADHHS conducts lead poisoning surveillance and follow-up activities for the state, while MCDPHS delivers public health services in the county.

The program has two broad goals: to offer lead poisoning prevention services to Phoenix residents, and to gather needed information on lead poisoning prevention as it specifically applies to the Phoenix area. Such information will help in the design of future programs appropriate to Phoenix and similar places.

**Control Exposure**

The causes of lead poisoning are well understood. The outcome is insidious and irreversible, and the solutions are clear. Further decreases in its incidence are unlikely, however, unless additional

action is implemented to control exposures to lead-based paint and to the contaminated soil and dust it still generates in housing. Over the next few years, an important opportunity exists to break the back of a preventable disease that carries too much societal cost to ignore.

The Lead-Based Paint Grant Program continues to enjoy significant departmental and congressional support. Besides protecting thousands of children, the grant program has been a major catalyst in making lead-based paint initiatives an important part of the state and local government agenda. HUD's Office of Lead Hazard Control will continue to promote these objectives because, in the near future, as a result of EPA's promulgation of Section 402/404 of the Toxic Substance Control Act, the major responsibilities for addressing this issue will shift to the state and local levels. **PM**

*Dorothy Morrison is assistant project manager, ICMA, Washington, D.C.*

**Percentage of Children Aged 1 to 5 years with Blood-Lead Levels 10 Micrograms/Deciliter or Greater\* by Income Level and Urban Status: United States, 1988 to 1991**

<b>Income Level:</b>	
Low .....	16.3%
Medium .....	5.4%
High.....	4.0%
<b>Urban Status:</b>	
Central City With a Population of More Than 1 Million .....	21.0%
Central City With Population of Less Than 1 Million .....	16.4%
<b>Rural Areas .....</b>	<b>5.8%</b>

\*The measurement of 10 micrograms per deciliter or greater is considered to be an elevated and unhealthy level of lead in the blood.

Source: Brody, DA, Pirkle JL, Kramer RA, Flegal KM, Matte TD, Gunter EW, Pascal DC (1994), "Blood-Lead Levels in the U.S. Population; Phase 1 of the Third National Health and Nutrition Examination Survey (NHANES III, 1988 to 1991)," Journal of the American Medical Association, 272, (4), July 27: 277-316.