

# GETTING THE LEAD OUT

## *The Philadelphia Story, 2006*

### PART ONE





## *About PCCY*

*For more than 25 years 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 the region's 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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*Part 1*



*Philadelphia's success in getting the lead out of homes that have poisoned children has been remarkable. It's a story that should be celebrated and replicated, for the sake of children everywhere.*





## INTRODUCTION

In 2002, Philadelphia Citizens for Children and Youth published its first report on childhood lead poisoning. In the four years since then, the City has made major strides in eliminating lead from houses in which children live. This report is the story of that effort.

In Philadelphia, an old city with many aging buildings, childhood lead poisoning has long been a serious problem. Among all U.S. counties, Philadelphia County has the fourth highest number of housing units with a high risk of lead hazards.<sup>1</sup> In 2001, a total of 131 properties were made lead-safe in Philadelphia. However, that same year 754 children were found to be poisoned.<sup>2</sup> By 2002, the City had a list documenting that at least one child had been poisoned in each of 1,400 homes – none which had been cleared of lead contamination. The backlog of unsafe homes had grown steadily dating back to the mid 1990s, because the City had neither the authority to compel owners to fix their properties, nor the resources to pay for lead removal.

In 2005, Philadelphia revised its official definition of lead poisoning, so that children with lower blood lead levels would be considered poisoned, which allows for medical and housing interventions to be implemented faster, and prevents children from becoming more severely poisoned. (In July, 2005, the definition of lead poisoning was modified to include children with blood lead levels > 9 mcg/dL on two blood tests in a three month period. Prior to that, the definition of lead poisoning in Philadelphia included children with blood lead levels >19 mcg/dL and children with blood lead levels >14 mcg/dL on two tests in a six month period).

As a result of the broader definition, the total number of children poisoned in 2006 is similar to the number poi-

soned in 2001: 726 and 754, respectively. But a closer look at the numbers reveals good news:

- **Severe lead poisoning has declined.** In 2006, 258 children were determined to be severely poisoned, (with a blood test result of greater than 19 mcg/dL), compared to 601 in 2001 – a decrease of 57 percent.
- **Lead abatement of housing has increased.** In fiscal year 2006, 378 homes were made lead safe (492 in calendar year 2006), an almost 200 percent increase over the 131 homes fixed in 2001.

Many factors contributed to this dramatic improvement: increased public awareness and advocacy, expanded public investment, creative and strategic intra-government collaboration, strong partnerships and the ability to present concrete results to justify innovative lead policies.

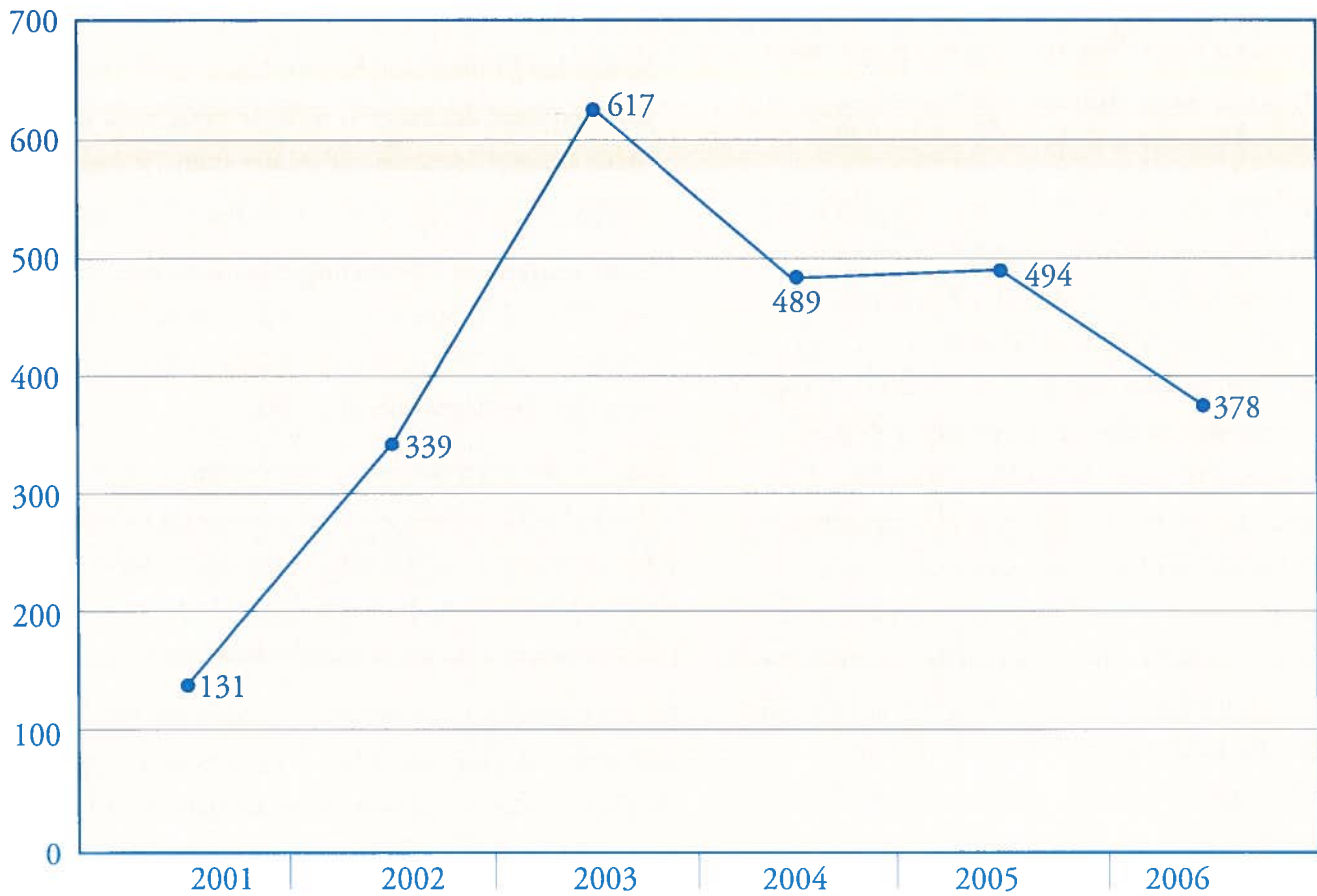
PCCY's 2002 report served as a catalyst for the City's successful campaign to reduce lead poisoning among children. Since its publication, more than 2,400 properties in the City have been made lead-safe. Today, the original backlog of 1,400 lead-contaminated homes has been reduced by nearly 90 percent (the remaining 10 percent have no children in them), and now the majority of lead-contaminated properties are repaired as soon as a lead hazard is identified – but a small number are not. For the first time in a number of years, the City now is generating a new backlog of homes. We are lucky that the backlog is small, but we cannot afford to slip back. We will need the City's help to eliminate the "new" backlog and keep Philadelphia moving forward.

Overall, Philadelphia's success in getting the lead out of homes that have poisoned children has been remarkable. It's a story that should be celebrated and replicated, for the sake of children everywhere.



## PHILADELPHIA SUCCESS STORY

Number of Properties Made Lead-safe, Fiscal Years 2001-2006





## BACKGROUND

### The Incidence and Impact of Lead Poisoning on Child Development

In 2006, 726 children tested in Philadelphia were poisoned by lead. This number is down from the previous year – thus continuing the steady decline in the number of poisoned children in the City over the last decade – but 726 children is still far too many who are being hurt by this preventable condition.

The presence of lead in children's bodies can cause serious and permanent damage. Researchers have found that even tiny amounts of lead can have a serious impact on a child's health and development.<sup>3</sup> Lead is particularly damaging to young children's central nervous systems because of their rapidly developing brains. Children with lead poisoning experience a loss of cognitive functioning that can be measured by a decreased IQ.<sup>4</sup> Many lead-poisoned children have learning disabilities and do not perform

well in school. More noticeable symptoms may include behavioral changes such as attention deficits and aggression.<sup>5,6</sup> These behaviors, often associated with delinquency, can further aggravate children's school performance and interaction with other children and adults.<sup>7</sup>

The impact of lead poisoning doesn't end in early childhood. Lead poisoned children often require special education to support them through school; as older youth they are at greater risk of failing to graduate from high school, and therefore, are more likely to experience a significant loss of income over their lifetime. Studies show that cognitive loss continues through adulthood and that poisoned children suffer high rates of hypertension and cardiovascular disease as adults.<sup>8</sup>

### Diagnosing the Problem: Screening for Lead Poisoning

Health care professionals generally acknowledge that all young children should be screened for lead. Testing is particularly important for children who display behavioral changes, hyperactivity, language delays, failure to grow, abdominal pain, or anemia, because all of these conditions can result from lead in a child's bloodstream.<sup>9</sup> The Philadelphia Department of Public Health recommends that all children be tested for lead at age one and two and again at age three.

In Philadelphia, in Pennsylvania and across the country, many children are never tested for lead poisoning be-

cause screening is not required by law for all children. Although publicly-funded children's health insurance covers and even mandates lead testing for young children, private insurance does not. In some private plans, a lead test is not even a covered benefit. For that reason, there are potentially thousands more children in Philadelphia who are harmed by lead each year, but we don't know about them because they are not identified through testing. In 2006, 38,367 children 0-5 years old were tested for lead in Philadelphia, representing only about 32 percent of the children under 6 who live in the City.



## Change in Number of Philadelphia Children Screened 1996-2006\*

Calendar Year	Number of Children Screened	Percent Change from Previous Year
1996	37,045	222%
1997	37,046	0%
1998	31,152	-16%
1999	29,131	-6.50%
2000	41,014	41%
2001	41,467	1.1%
2002	42,344	2.1%
2003	38,767	-8.4%
2004	39,751	2.5%
2005	43,056	8.31%
2006	40,596	-5.7%

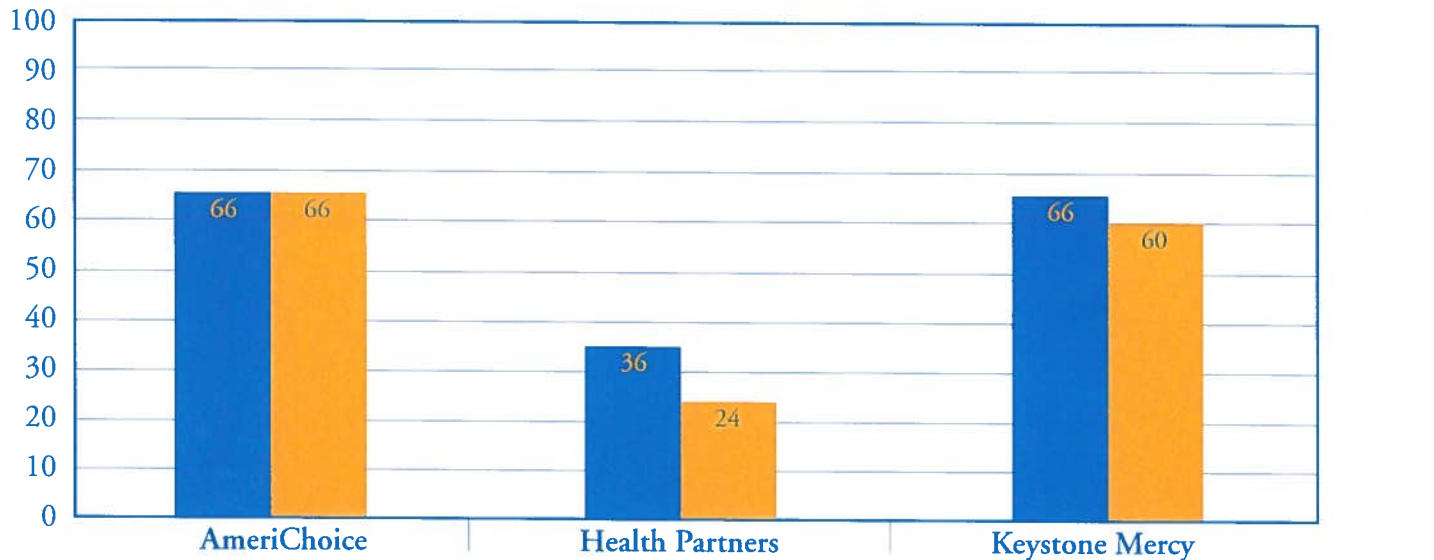
\*The fluctuation between 1999 and 2000 may be a result of increased laboratory reporting requirements enacted at this time that mandated labs to report all blood lead test results to the lead program instead of just the elevated blood lead test results.

The federal government mandates blood lead testing for all one and two year olds enrolled in Medicaid, and the Pennsylvania Children's Health Insurance Program (CHIP) recently adopted the same policy for its enrollees. But even the requirement of testing children with public health insurance is not honored consistently. The state's Medicaid agency, the Department of Public Welfare (DPW), reports that two of the Medicaid HMO's in Southeastern Pennsylvania

have only tested about two thirds of one year old children over the last two years. The third Medicaid plan only tested one quarter of targeted children in their plan last year. In spite of mandates and urging, the number of children receiving lead tests decreased in 2005 for two of the health plans. The good news is that DPW is now offering incentives to the Medicaid HMO's to increase screening rates. (See page 23 for more information.)

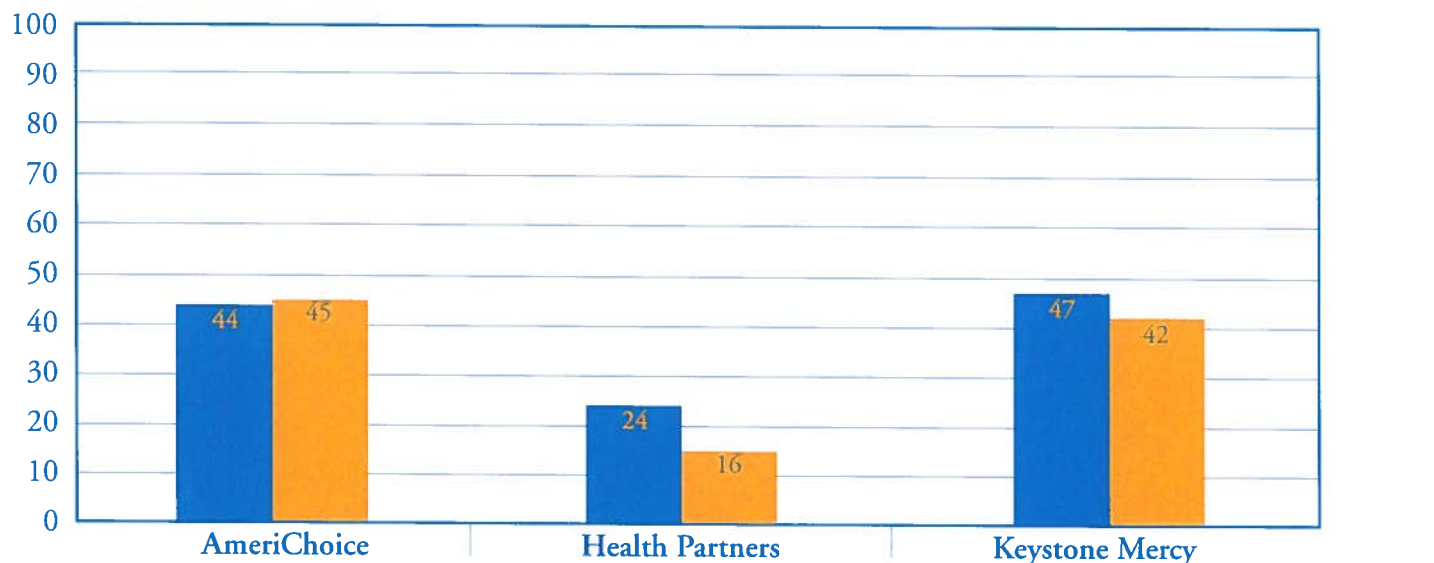


**Percent of One Year Old Children Enrolled in Medicaid in Southeastern PA Who Received a Blood Screening Test in 2004 and 2005 by Plan**



The picture is worse for two year olds with Medicaid coverage. Less than half of all two year olds in the three Southeast PA Medicaid health plans were even tested in the past two years – and the percent of kids tested dropped in two of the plans last year.

**Percent of Two Year Old Children Enrolled in Medicaid in Southeastern PA Who Received a Blood Screening Test in 2004 and 2005 by Plan**



Although Philadelphia screens less than half the targeted children, the City boasts the highest percentage of children screened of all the counties in the state. (See next page.) Still, thousands more children in the City need to be screened. We cannot accurately measure

the incidence of lead poisoning in Philadelphia without testing as many children as possible, as early as possible. The incidence of lead poisoning statewide is a greater unknown, since testing is done less frequently outside of Philadelphia.



**Percent of Children Ages 0-5 Who Received a Blood Lead Screening Test in Selected PA Counties in Calendar Year 2006<sup>10</sup>**

Pennsylvania Counties	Percent of All Children Screened
Philadelphia	32.1
Allegheny	9.6
Bucks	3.3
Chester	3.8
Dauphin	17.0
Delaware	8.7
Lancaster	6.4
Montgomery	5.9
York	10.6

The good news is that of those children screened, the number identified as lead poisoned is decreasing; however, far too many children continue to be poisoned – and not identified or treated – every year.

**Percent of Children in Philadelphia with Elevated Blood Lead Levels in Selected Years\***

Calendar Year	Blood lead level > 9 mcg/dL (on at least 1 test in the year)	Blood lead level > 19 mcg/dL	Blood lead level > 14 but < 20 (on 2 tests in 6 months)	Blood lead level > 9 (on two tests in 3 months)	Total Poisoned
1993	43.0%	11.0%	-	-	11.0%
1996	40.0%	8.0%	-	-	8.0%
1998	27.5%	5.2%	-	-	5.2%
1999	20.7%	3.5%	-	-	3.5%
2000	15.8%	1.7%	0.32%	-	2.0%
2001	12.4%	1.4%	0.37%	-	1.8%
2002	12.0%	1.1%	0.28%	-	1.4%
2003	11.3%	0.9%	0.28%	-	1.2%
2004	9.3%	0.7%	0.24%	-	0.9%
2005	8.1%	0.9%	-	0.88%	1.7%
2006	7.4%	0.6%	-	1.15%	1.8%

\*In 2000, the definition of lead poisoning changed in Philadelphia to include not only children with blood lead levels >19 mcg/dL but also children with blood lead levels >14 mcg/dL on two tests in a six month period. In July, 2005, the definition was again modified to also include children with blood lead levels > 9 mcg/dL on two tests in a three month period.



## Childhood Exposure to Lead: Where and How it Happens

Deteriorated lead-based paint is the number one cause of childhood lead poisoning in the United States. Paint with lead in it was used legally in housing in this country until 1978. Although banned for nearly thirty years now, lead paint remains in many older homes.

The vast majority of Philadelphia's housing stock was built before the lead paint ban. As of 2000, 92 percent of occupied housing units in the city were built before 1980; 75 percent were built before 1975.<sup>11</sup>

Pennsylvania ranks third among states and Philadelphia County ranks fourth among all U.S. counties with the highest number of housing units with a high risk of lead hazards.<sup>12</sup> The large number of houses with lead hazards means that children in Pennsylvania are at significant risk for being poisoned by lead. The most recent government data shows that Pennsylvania ranks second behind New York State for the highest number of children with confirmed elevated blood lead levels.<sup>13</sup>

Children are exposed to lead when the lead-based paint in their older home deteriorates, breaks off into paint chips that get stepped on and ground into a fine dust

which can contaminate both the interior and exterior of a home. Old windows and doors commonly generate lead-based paint dust when they are opened and closed. Young children play on the floors and in the yards of these homes, and often stick their fingers – coated with lead dust from floors and window sills and toys – into their mouths. Children can also be exposed to lead when their older home is undergoing renovation and lead-based paint surfaces are broken, sanded or removed, when windows are replaced or walls torn down.

At highest risk for lead poisoning are children under the age of six who live in older properties and who live in families with low incomes. These families often have few resources with which to repair deteriorated paint. Approximately 85,000 young children in Philadelphia live in poverty.<sup>14</sup> It's estimated that 57 percent of pre-1978 housing units in the city are occupied by low-income households.<sup>15</sup> The statistics demonstrate that thousands of children in Philadelphia are at risk for lead poisoning.

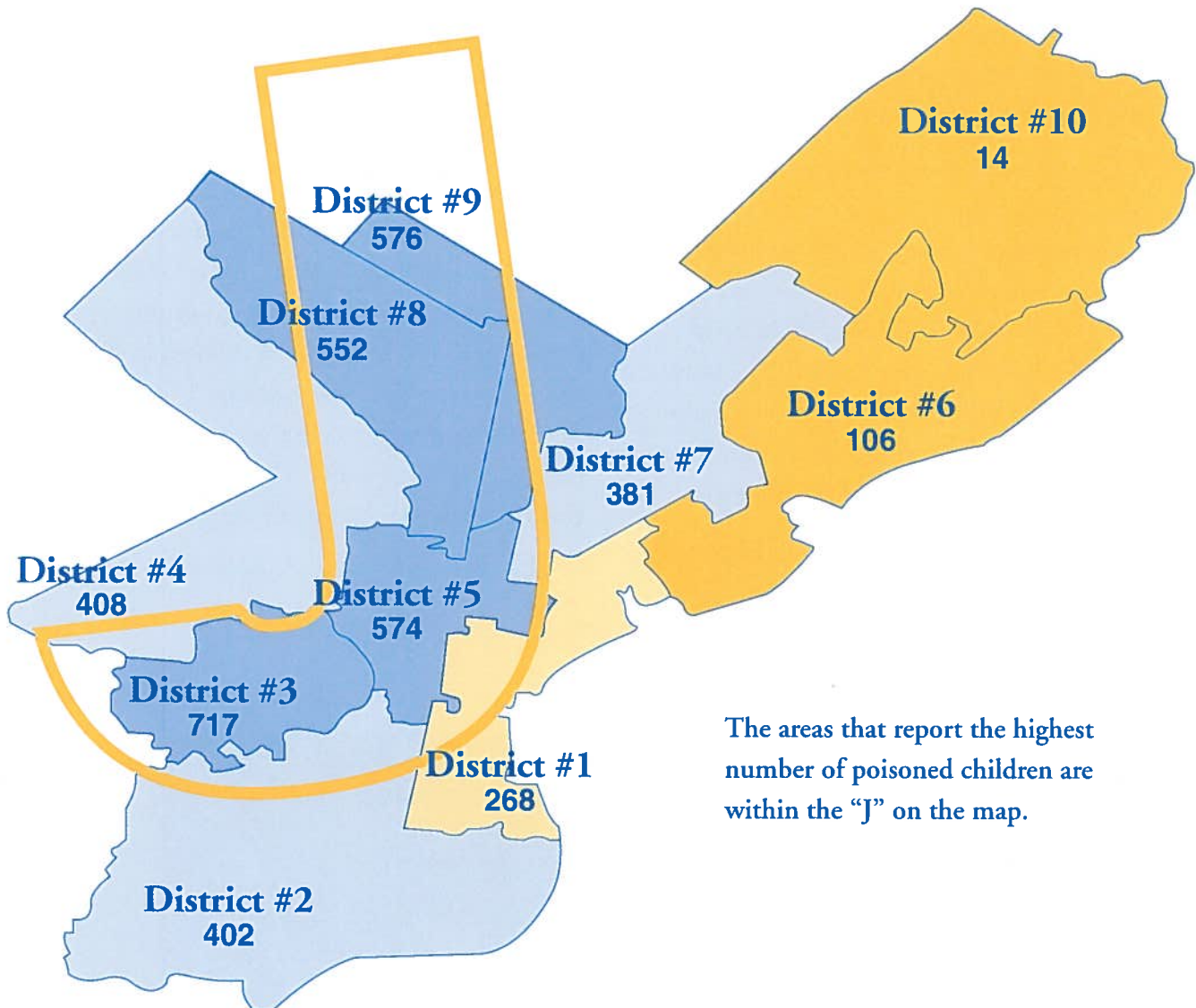




The Childhood Lead Poisoning Prevention Program (CLPPP) within the Philadelphia Department of Public Health reports that most children who are poisoned live in North, North Central, West, and Southwest Philadelphia in an area on a map of the City that looks

similar to the letter 'J'; these highest risk areas of the City are often referred to as the 'lead J' (see map). However, because most of the City's housing stock is old, children outside the lead 'J' areas are also at risk.

### Number of Children with Elevated Lead Levels by Council District, 2005



The areas that report the highest number of poisoned children are within the "J" on the map.



**Children with Elevated Blood Lead (EBL) Levels (>9 mcg/dL)  
by Council District for 2001 and 2005\***

District	Council Member	2001 Number of Children with EBLs > 9	2005 Number of Children with EBLs > 9	Percent Change
1	DiCicco	326	268	-18
2	Verna	554	402	-27
3	Blackwell	872	717	-18
4	Nutter/Campbell	408	408	0
5	Clarke	857	574	-33
6	Krajewski	93	106	14
7	Mariano/Savage	517	391	-24
8	Miller	797	552	-31
9	Tasco	618	576	-7
10	O'Neill	51	14	-73
<b>Total</b>		<b>5093</b>	<b>4008</b>	

\*This map/chart includes children diagnosed with elevated blood lead levels in the year indicated as well as children diagnosed in a previous year who the lead program still considered an active case because the child was under six years old and the child's blood lead level was still elevated or the child's house had not been made lead-safe.



## THE PHILADELPHIA STORY

### *How the City Got the Lead Out 2001-2006*

In 2001, the City of Philadelphia was using most of its health and housing resources to help families whose children had already been poisoned and those resources were small in comparison to the number of children poisoned every year and the number of houses that needed lead removed. Today, five years later, the City has not only expanded its capability to deliver critical services to

children who have been poisoned, but also has substantially more capacity to reach communities and families before children are poisoned, to prevent them from ever being harmed by lead in the first place.

Here's how it happened.

#### **2002: The Campaign for Change to Prevent Lead Poisoning Begins**

##### ***Increasing Public Awareness***

PCCY issued its 2002 lead poisoning report around the same time that Philadelphia Mayor John Street released the City budget for the next fiscal year. The lead report outlined a number of strategies that the City could undertake to make significant inroads in reducing lead poisoning, including making the homes of poisoned children lead-safe, protecting newborns from ever being poisoned, and offering low or no interest loans to properties owners to make their properties lead-safe. More money was needed to make those strategies a reality.

##### ***Increasing Public Advocacy***

Members of the Philadelphia Childhood Lead Poisoning Prevention Coalition, consisting of legal advocates, physicians, nurses, and representatives from community organizations and the lead program, engaged in a multi-faceted campaign to advocate for a \$1.5 million increase in the Childhood Lead Poisoning Prevention Program's budget. The campaign involved distributing our lead report to key City stakeholders, meeting with City Council members, launching a letter-writing

campaign, stimulating a newspaper editorial and an expose on a neighborhood with several houses that poisoned many children, helping to plan a hearing on lead poisoning as a part of the City's budget process, and organizing an expert panel to testify at the hearing.

At that hearing, then-Health Commissioner John Domzalski, testified that he believed Philadelphia had much of the infrastructure in place to wipe out lead poisoning, and that he would make it a top priority of his administration, but to do so required a greater investment from the City.

##### ***More City Investment***

The Mayor and City Council acted on the evidence presented, and as a result, allocated an additional \$1.5 million to the lead program's budget to wipe out the backlog of 1,400 homes in need of lead hazard reduction work. This money was also to be used to prevent homes from being added to the backlog and to expand the prenatal home visiting program that was helping prevent children from ever being poisoned.



## Expanding the Work Force

The lead program needed to increase the work force of contractors certified to remediate houses if progress was going to occur. In 2002, the lead program had two work teams that could remediate approximately 38 properties a year – a far cry from the 600 new cases of lead poisoned children identified that year, let alone the 1,400 properties on the backlog.

As a result of its increased budget, the lead program sub-

contracted with six private, Pennsylvania-certified lead abatement contractors to engage in lead hazard control work, thereby significantly expanding its capacity to make children's homes lead-safe in a timely manner. Unfortunately, the lead program is currently in need of more staff to inspect and assess properties in order to keep up with the demand for remediation and continue Philadelphia's success.

## Creating the Lead Abatement Strike Team – LAST

With the commitment of new funds for the lead program, the City Administration sought to fortify existing efforts and create new opportunities to prevent childhood lead poisoning. The Health Commissioner called upon the Managing Director's Office, the cabinet-level office that directly supervises the City's operating departments, to convene all of the City agencies and departments involved in health and housing. The goal was to work quickly and efficiently with property owners to rid homes of lead hazards and keep children safe. This was the beginning of the Lead Abatement Strike Team or LAST.

LAST meets monthly and includes representatives from eight City departments and/or agencies, and pursues an ambitious agenda achieving much success to date. With the addition of City funds and the formation of LAST, an average of more than 450

properties have been remediated successfully every year for the last five years.

The Lead Abatement Strike Team has made the greatest, single impact in Philadelphia history in preventing children from being injured by lead. Together, the lead program and LAST identify cases of lead poisoning and lead hazards in children's homes and work together to eliminate them. Because lead poisoning involves health, housing, social and economic issues and is strongly related to poverty and housing conditions, no one department can respond successfully. In most cases, LAST has brought all the critical City agencies together. LAST partners, in conjunction with PCCY's lead coalition, have created many new alliances and engaged in a number of initiatives to make properties safe for children.

*The Lead Abatement Strike Team has made the greatest, single impact in Philadelphia history in preventing children from being injured by lead.*



## City Departments and Agencies Participating in the Lead Abatement Strike Team (LAST)

City Department or Agency	Function
Department of Public Health Childhood Lead Poisoning Prevention Program	Lead poisoning surveillance, case management, education and lead hazard control
Licenses and Inspections	Building code enforcement
Office of Supportive Housing (formerly Emergency Shelter Services)	Services to individuals who are homeless
Law Department	Legal advice to all officers, departments, boards, and commissions within the city
Department of Human Services	Child protective services
Philadelphia Housing Authority Section 8/Housing Choice Voucher Unit	Develops, acquires, leases and operates affordable housing
Office of Housing and Community Development	Housing policy agency responsible for administering housing and community development programs
Philadelphia Housing Development Corp.	Develops new and rehabilitates existing housing through joint ventures with CDC's and provides basic system repairs and weatherization services to current homeowners

## Enforcing Lead Hazard Violation Orders

Prior to 2002, property owners with housing that had poisoned a child were mandated by Philadelphia's lead program to make repairs to the property within 30 days. Unfortunately, about two-thirds of property owners did not comply with this mandate. This was particularly true of owners of tenant-occupied, rental housing – largely because they perceived remediation of their property as financially burdensome. Some landlords did comply and some were found to have acted illegally and issued eviction notices to families instead of completing the required work. To compound matters, these contaminated properties often were then rented to other families with young children, usually without disclosure of the presence of lead hazards.

The story was somewhat different in owner-occupied housing where many property owners complied with the orders because in most cases, the poisoned child was their son, daughter or grandchild. These families were often highly motivated to protect and improve their own child's health. But some owner-occupied owners did not comply with orders because they couldn't afford the expense of the lead hazard remediation work. The lead program estimates that hazard reduction control work currently costs an average of \$15,000 per property – with a range of \$5,000 to \$25,000 depending on the size of the property and the degree of hazards. For families with small incomes, this expense was unaffordable.



Before 2002, the lead program had no authority to enforce its orders for property owners to remove the lead hazards in homes that had poisoned a child. In early 2002, the City reported having outstanding lead hazard violations on approximately 1,400 properties; these properties had not been made lead-safe although they

had poisoned at least one child living in them. Not only were these homes continuing to poison the children living in them, but they were poisoning other children as new families moved in, while the properties languished on the backlog list for lead hazard removal.

## Creating Lead Court

For years, PCCY, Community Legal Services and other advocates had urged the City to create a mechanism to enforce lead hazard violation orders. With the formation of LAST and the City's new capacity to better harness its existing power and resources, the Philadelphia Law Department led the way in expediting the creation of a Lead Court designed to initiate action against property owners who are non-compliant with remediation orders issued by the Health Department. Finally, the lead program was granted legal recourse to force lead contaminated houses to be cleaned and prevent permanent injury of innocent children!

Philadelphia's Lead Court is the only one of its kind in the nation. The Court heard its first case in November, 2002, and the Law Department issued the first citations to the 1,400 properties owners on the waiting list. Staff from the Law and Health Departments were assigned to attend Lead Court to provide background information on the cases to the presiding judges. Currently, Lead Court convenes two days a week with an average of 15 cases heard each day. Staff from both the Health and Law Departments continue to attend. Through June 2006, the Court has heard over 2,300 individual cases and achieved compliance on over 1,500.<sup>16</sup>

Lead Court is primarily responsible for ensuring that houses are quickly made lead-safe. However, a small

number of property owners appear in Lead Court repeatedly because although they make some progress on remediation, it is slow and the job never gets finished.

In some of these cases, the judge orders the City's lead program to undertake the work and bill the owner. Many of these owners do not have the money to pay for the work, so the lead program assists them in applying for HUD grant funds. In some cases, the owner does not apply for the funds or is not eligible to receive the funds. The lead program has no other funds with which to cover the cost of remediating these Court-ordered properties. Currently, there are about 50 Court-ordered properties still waiting to be made lead-safe; 25 of them have qualified for HUD funds.

Nothing stands still. As these 50 Court-ordered properties wait to be made lead-safe, others are newly identified. The lead program has recommended that the Court adopt a policy to shorten the time period so that property owners will have no more than nine months to remove the lead hazards. Setting a deadline for completion of the work reduces the amount of time a child is exposed to the home's injurious lead hazards. While PCCY supports this recommendation, we are concerned that without additional funding, these homes will not be remediated and children and families will suffer.



## Federal Funding for Property Owners

The cost of making a house lead-safe in Philadelphia is a major barrier for many property owners – and the main reason why owners don't clean up the hazards and end up in Lead Court.

In 2003, the City secured \$3.1 million in HUD grants to conduct lead hazard control work in the homes of qualified property owners. The City has been able to refer many property owners, including many lead court defendants, for financial assistance. To qualify, property owners must have low incomes – around 185 percent of the federal poverty level or up to \$35,000 for a family of four, for example – and have proof that they own the property. Since 2003, the lead program has received 1,600 applications for lead hazard control grants, and so far almost half or 760 applicants qualified for the funding; another 277 are still pending. The lead program reports that one of the greatest barriers to qualifying is having proof of ownership of the property. The process of qualifying for a HUD grant needs to be simplified for families.

With the 2003 funds, the lead program was able

to make 291 homes lead-safe. Because of these successes, the United States Department of Housing and Urban Development (HUD) awarded the City's lead program another \$4 million in 2004 and \$7 million in 2005 each, to be spent out over three-year periods. Pennsylvania also awarded Philadelphia funding from HUD grants the state secured. Over the last four years, the City has brought in a total of \$15.77 million of HUD funding and proposes to remediate a total of 1,078 properties. Using these funds, the lead program has already remediated 693 properties and is scheduled to remediate another 315 by July 2008 (and another 70 by September 2009). This is an ambitious goal, because as stated earlier, property owners must meet specific eligibility criteria in order to qualify for a lead hazard control grant. As of October 2006, 760 applications have qualified for remediation, and only about 100 of them remain to be repaired. Thus, in the very near future, the lead program will have to actively seek out additional grant applicants, in order to meet the goal of remediating 1,078 properties.

## Lead Hazard Control Grants

Fiscal Years of Grant	Amount (in millions)	Source	No. of Properties Proposed to be Remediated	Total No. of Properties Completed and Cleared
2003-06	2.6	HUD - feds	251	251
2003-06	0.5	HUD - state	40	40
2004-07	4	HUD - feds	209	170
2005-08	7	HUD - feds	428	148
2005-08	1	HUD - state	80	84
2007-09*	0.67	HUD - state	70	0
<b>Total</b>	<b>15.77</b>		<b>1,078</b>	<b>693</b>

\*Grant begins January 2007 and ends September 2009.



## Helping with Basic Home Repairs

Some of the homes that poison children not only require lead remediation work, but also need basic home repairs – such as fixing leaking roofs and plumbing systems. These broken home systems may have contributed to the creation of the lead hazards in the first place, and if they are not repaired before the lead remediation work, the damaged systems can undo the remediation work over time and cause new lead hazards in the future. The lead program's Risk Assessors survey properties and identify the lead hazards in a home, and also identify home system defects such as leaking roofs or holes in the floor. Unfortunately, prior to 2002, the program had no resources to help property owners get them repaired.

The Philadelphia Housing Development Corporation (PHDC) conducts basic system repair work for qualified, low-income property owners but historically has not worked with the City's lead program to conduct this work on houses that have poisoned children. With the creation of LAST, the lead program and PHDC established a referral system to complete basic system repairs on high-priority lead-poisoned housing. The demand for basic system repair work, however, outstripped the supply even before this referral system was put in place. Consequently, the City successfully se-

cured additional state funding to support the lead program referrals. Even with this additional funding, however, over the last four years, PHDC has only completed basic system repair in 35 of 209 lead-contaminated properties referred to them.

Because homes are only made lead-safe after the system repairs are completed, the lead program used some of its funding to complete home repairs on about 90 of the 209 homes so that the poisoned children living in them would not continue to be exposed to the lead hazards. That leaves 84 homes to date in need of basic repairs that have not been made lead-safe.<sup>17</sup> They will not be made lead-safe until the repairs are completed. It is predicted that homes like these that have lead hazards *and* need basic repairs will soon increase in number. Philadelphia spends an average of \$15,000 per property for lead hazard control work. Part of this expense is for making basic home repairs. HUD has set new guidelines that will prohibit grantees from spending more than \$8,000 per property. With the government's new limitation, new resources must be identified to complete basic system repairs in contaminated properties. The State and City need to invest more resources in assisting properties owners to make home repairs to keep children safe.

### Number of Properties for Which the Lead Program Requested Basic Systems Repair (BSR) Work From PHDC

	Lead Program Requested	Completed by PHDC	% of Requests Fulfilled
2003	27	3	11%
2004	95	22	23%
2005	52	7	13%
2006	35	3	9%
<b>Total</b>	<b>209</b>	<b>35</b>	<b>17%</b>



## Relocating Families

The process of making a home lead-safe initially creates more lead hazards because it involves scraping and removing the deteriorated lead-based paint in preparation of stabilizing a wall surface or replacing a window. Because of this, families need to find another place to live for a couple of days or for a week or two, while hazard reduction work is taking place. This is a hardship for some families, when relatives and friends aren't available for them to stay with, and hotel accommodations are too expensive. With the City's increased capacity to remove lead from homes using federal grants and abatement subcontractors, helping families relocate was very important.

As a result of the LAST partnership, the City's Office of Supportive Housing (formerly the Office of Emergency Shelter Services) established a referral program with the lead program to temporarily relocate families while their home or apartment was undergoing lead hazard remediation. Since the inception of LAST, the Office of Supportive Housing has placed over 200 families in lead-safe houses while remediation took place in their homes. Although some problems concerning the condition of the temporary homes have occurred, generally this relocation has been a success.

### Families Relocated to Housing Provided by the Office of Supportive Housing

Calendar Year	Number
2002	56
2003	56
2004	41
2005	54
Total	207



*Childhood Lead Poisoning in Philadelphia:  
The Way It Was and The Way It Is*

*State Efforts*

*Recommendations*



Over the last five years Philadelphia has made significant advances in protecting children from lead poisoning. The following example, which is based on a true story, helps illustrate the City's progress.

### **Childhood Lead Poisoning in Philadelphia: The Way It Was, 2001**

2001: When Johnny went to his health care provider for his two year old check up, his provider did a blood test to screen for lead poisoning as required by Johnny's Medicaid health insurance plan. The blood test came back positive for lead poisoning with a result of 24 mcg/dL (in 2001, any lead test above 19 mcg/dL was considered lead poisoning). Johnny's provider was not surprised because his family lived in an old apartment building that had not been updated and was poorly maintained. With a diagnosis of lead poisoning, the city's lead program inspected the family's apartment and identified several lead hazards including old windows with flaking paint and peeling paint on the living room walls. A record check showed that Johnny's apartment had poisoned another child in 1999. The lead program had issued a violation to the landlord at that time, but there was no record that the landlord complied with removing the lead hazards. After Johnny was poisoned, the lead program issued the landlord another violation, but after returning to the property four weeks later, inspectors found that the landlord had not made any effort to fix the lead hazards; the landlord was also

low-income and did not have funds to make the necessary repairs. Because the lead program had no authority to enforce correction of the violation, Johnny's apartment remained on the lead program's list of properties that poisoned a child and still needed lead hazard remediation. Because Johnny was poisoned, his provider tested his one year old sister, Lisa, and her blood lead test result was 14 mcg/dL which was considered elevated but not a reportable case of poisoning. As per protocol, Lisa was tested again in three months with a result of 12 mcg/dL and three months after that with a result of 13 mcg/dL, at which point she was considered at lower risk for poisoning since she'd had three test results under 15 mcg/dL. When Johnny was poisoned, his mother had also just learned that she was pregnant with her third child, and there were virtually no services available to help prevent her new baby from being exposed to the lead hazards in her apartment and becoming poisoned like her son Johnny. Unlike many of Philadelphia's families, Johnny's mother had the resources to find another apartment so that her daughter and new baby would not become poisoned as Johnny had.



## Childhood Lead Poisoning in Philadelphia: The Way It Is, 2006

In 2006, both Johnny and his sister Lisa would have been diagnosed as lead poisoned, because the Philadelphia Department of Public Health broadened its definition of lead poisoning in July 2005 after research confirmed that even low levels of lead in the body was harmful. The lead program expanded to offer services to children with lower blood lead levels. In 2006, if a child like Lisa had two blood lead test results of 10 mcg/dL or higher in a three month period, then the lead program would identify her as an official case and inspect her home to identify lead hazards. In Johnny and Lisa's case, the lead program found hazards in their apartment and issued a violation to their landlord who was required to at least initiate lead hazard remediation in 10 days. When an inspector from the lead program returned to their home 10 days later and found that the landlord had made no progress in re-

moving the deteriorating paint, the City's law department issued a citation to the landlord to appear in Lead Court. This was the landlord's only rental property, and he did not have the funds to make the necessary repairs. The landlord was referred to the lead program's grant program to help low-income property owners remediate lead hazards. The landlord qualified, and the City's Office of Supportive Housing relocated the family to a safe house while their house was being made lead-safe. Since Johnny and Lisa's mother was in the first trimester of her pregnancy, she qualified for the Lead-safe Babies program that sends home visitors out to pregnant women's homes to teach them about lead poisoning, provide them with cleaning supplies, take dust wipes to test the house for lead hazards, and follow-up after delivery to make sure the baby is tested for lead.

## Comparison of Lead Poisoning Service and Policy Changes 2001 to 2006

	Calendar Year 2001	Calendar Year 2006
<b>Poisoned Children</b>		
Children with elevated blood lead levels	5,137 (12% of children screened)	3,006 (7.4% of children screened)
Children diagnosed as severely poisoned (>19 mcg/dL)	601 (2% of children screened)	258 (0.6% of children screened)
Children screened	41,467 (35% of targeted children)	40,596 (32% of targeted children)
Houses made lead safe	131	492
Backlog of houses needing to be made lead safe	1,400	167 <sup>18</sup>
Authority to enforce lead hazard violations	None	Lead Court
City-wide government collaboration to make homes lead safe	Very little	LAST – Lead Abatement Strike Team
Grant money to help low-income home owners make properties lead safe	\$0	\$15.77 million
<b>Preventing Children From Being Poisoned</b>		
Home visits to pregnant women and/or families with newborns	40	1,826
Houses made lead-safe	0	197



## STATEWIDE EFFORTS TO END CHILDHOOD LEAD POISONING

Philadelphia has made great progress in reducing the number of children poisoned by lead over the last several years, but lead is not a problem confined or exclusive to Pennsylvania's largest city. Lead poisoning is a public health problem for the entire Commonwealth of Pennsylvania; children are poisoned by lead in every county in the state.

In order for Philadelphia and Pennsylvania to eliminate lead poisoning, the City needs to work with the State to establish regulations and enact laws to make lead poisoning a thing of the past. Four years ago, PCCY and other Philadelphia advocates stepped up their state-wide advocacy efforts to protect children from permanent injury caused by lead poisoning.

### State Plan of Action

There were approximately 7,500 children in the Commonwealth of Pennsylvania poisoned by lead in 2006 out of 115,000 tested.<sup>19</sup> According to the Pennsylvania Department of Health, every single county in Pennsylvania had at least one lead poisoned child in 2006 – and these are just the poisoned children we know about. We know that many, many more than 7,500 children are being poisoned every year in the Commonwealth, but are never tested for lead; PCCY estimates that less than 15 percent of targeted children are screened in more than half of the counties in the state, and only one county, Philadelphia County, screens more than 25 percent of targeted children.<sup>20</sup> The Department of Public Welfare (DPW), which oversees the Medicaid health insurance program that mandates one- and two-year-old recipients get tested, also reported low screening rates. According to DPW records, about 60 percent of one year olds and 40 percent of two year old Medicaid recipients get tested every year.

We are not screening children, yet many of their houses are considered high-risk for lead. Eighty percent of Pennsylvania's residential housing units were built before 1980 – shortly before lead paint was banned for residential use in 1978, so most homes have lead paint in them.<sup>21</sup> Because of the high percentage of older homes in the Commonwealth, in 59 of 67 Pennsylvania counties, it is estimated that at least 30 percent of the housing stock contains some level of lead hazards – and for nine of these counties, at least 40 percent of the

housing stock has lead hazards, Philadelphia included.<sup>22</sup> There are 47 other states in the country whose housing stock is **less** dangerous to children.<sup>23</sup>

In 2004, the Pennsylvania Department of Health's Childhood Lead Poisoning Prevention Program convened an advisory group to devise a plan and take action on eliminating childhood lead poisoning in the state. The Lead Elimination Plan Workgroup is comprised of a cross-section of interest groups including the state government, regional lead programs, child and legal advocacy organizations, maternal child health providers, health care professionals, Medicaid managed care organizations, and homeowners' associations.

PCCY co-chaired the subcommittee on housing primary prevention strategies and helped to create a plan to make properties lead-safe in Pennsylvania before children are poisoned. The plan centered on expanding legislation introduced by Pennsylvania State Representative Lawrence Curry in 2003 - for which PCCY coordinated a public hearing in Harrisburg - that required statewide detection and lead hazard abatement in rental and owner-occupied properties built before 1978. The plan also suggested funding mechanisms to help low-income property owners complete the work, by creating a state lead fund by imposing a tax on paint, bond financing, or establishing a state residential property transfer tax.



## PCCY Initiates Legislative Hearings to End Lead Poisoning

With a state lead poisoning elimination plan in hand, PCCY approached two State Representatives from Philadelphia who chair committees relevant to lead poisoning: Representative George Kenney, Chair of the House Health and Human Services Committee and Representative John Taylor, Chair of the House Urban Affairs Committee. After presenting compelling information about the danger and prevalence of lead poisoning in Philadelphia and across the state, we asked the Representatives to sponsor hearings on lead poisoning to raise awareness among elected officials and to stimulate the creation of legislation to end the harm lead causes to children. Representatives Kenney and Taylor agreed, and PCCY helped coordinate three hearings, the first one held in Philadelphia in March 2005; the second in Harrisburg in December 2005; and the third in Pittsburgh in February 2006.

A variety of experts testified at each hearing, including parents of children poisoned by lead, physicians, nurses, legal advocates, researchers, and representatives from state and local lead programs and housing agencies. At these hearings, the legislators were asked to: test properties for lead hazards before a child moves in; screen 100 percent of Pennsylvania infants and toddlers, and provide funding for low-income property owners to remediate lead hazards.

At the final hearing, Representatives Kenney and Taylor made a commitment to sponsor legislation to help eliminate lead poisoning in the state. They wanted to start with getting more children screened – specifically, children insured through Medicaid for whom testing is already mandatory, but not always conducted.

Before developing a bill, PCCY researched best practices for increasing screening rates across the nation and iden-

tified performance measures for Medicaid managed care organizations as a viable strategy. States such as Minnesota and Michigan have succeeded in getting more children tested for lead, by linking lead screening rates to financial incentives, and in some cases, financial penalties for their Medicaid managed care organizations. The Medicaid health plans in both states have developed innovative and comprehensive outreach, education, and screening activities with a variety of partners to make sure they achieve the benchmark screening rate and avoid financial penalties.

The PA Department of Public Welfare instituted a performance-based contracting system one year ago that ties performance in health services, such as reducing cigarette smoking during pregnancy, with financial incentives, but no measures related to lead poisoning were included.

After the conclusion of the statewide hearings on lead poisoning prevention, PCCY met with the Department of Public Welfare and presented compelling information about other states' success with increasing screening rates by adding lead screening as a performance measure, and asked the department to add lead screening to its list of measures. The Department has now agreed to add lead screening as a performance measure effective January 2007.

By screening more children, Pennsylvania will have a more accurate account of the prevalence of childhood lead poisoning in the state and can work to direct resources to address the problem and prevent children from ever being poisoned.

PCCY is continuing its legislative and administrative advocacy efforts to eradicate lead poisoning in the Commonwealth.



## CONCLUSION AND CHALLENGES

Philadelphia went from being one of the worst to one of the best cities in the nation, removing lead from homes in which lead-poisoned children live. Through increased public awareness and advocacy, enhanced public investment, and the creation of strategic collaborations, innovations were initiated, and thousands of children will have brighter, healthier futures. Many groups, both public and private, have invested much time and energy and demonstrated a high level of commitment and collaboration to achieve these results. On behalf of Philadelphia children and families, we acknowledge their past and ongoing support.

But the story is far from over. Philadelphia has come a long way, but unfortunately some significant challenges remain, and we cannot afford to slip back. The small backlog created since 2003 of 167 homes that have poisoned a child but have not been made lead-safe must be remediated quickly.<sup>34</sup> We must not allow a new backlog to grow. The successful programs and efforts initiated over the past five years must continue. We must also redouble our efforts to prevent children from being poisoned in the first place. The story of progress on primary prevention will be the topic of a forthcoming PCCY report.

## RECOMMENDATIONS

In order to decrease lead poisoning, we must:

- 1) Increase blood lead test screening among Philadelphia's 0-5 year old population.
  - Work with the state to enact legislation requiring privately insured young children to be screened – not just those children enrolled in Medicaid and CHIP.
  - Monitor the outcome of the Department of Public Welfare's decision to add lead poisoning screening as a performance measure for all of the Medicaid HMOs in the state.
  - Offer incentives to health care providers to conduct blood lead screening tests among children.
- 2) Expand the City's investment in successful initiatives that remove lead hazards from poisoned children's homes.
  - Find the resources to remediate the 167 properties identified since 2003 that have poisoned a child and have not yet been made lead-safe.
  - Increase staff at the lead program to allow for the inspection and assessment of contaminated properties in a timely manner.
  - Continue to convene the Lead Abatement Strike Team (LAST) and strengthen its ability to get properties remediated as soon as lead hazards are identified – particularly properties that the Lead Court orders the City to remediate.
- 3) Identify new funding sources to create a state lead fund that would provide no- or low-interest loans and/or grants to low-income property owners to remediate lead hazards.
  - Funds could be derived from a tax on paint, similar to the tax on paint that the New Jersey legislature recently passed. In the Commonwealth, it is estimated that a 1 percent tax on paint would generate \$3.4 million. By this estimate, a 3 percent tax (\$0.45 on an average gallon of paint) would yield an estimated \$10 million per year.
- 4) Expand existing programs and efforts to identify and remove lead hazards from children's homes *before* they are poisoned. (Please see PCCY's forthcoming report on primary prevention efforts for more information).



*Thousands of children in Philadelphia will have brighter, healthier futures because of the tremendous progress the City has made in protecting children from lead poisoning.*





## Endnotes

1. Green Media Toolshed. Scorecard. Retrieved May 11, 2006 from the World Wide Web: <http://scorecard.org>.
2. 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.
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8. Ibid.
9. Needleman, 2004.
10. Data for this chart was provided by the Pennsylvania Department of Health except for the Philadelphia data which was provided by the Philadelphia Department of Public Health.
11. Campbell, C., Himmelsbach, R., Palermo, P. & Tobin, R. (2005). Health and housing collaboration at LAST: The Philadelphia lead abatement strike team. *Public Health Reports*. 120, 218-223.
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14. Using Medicaid enrollment as a proxy for children living in poverty, as of September, 2006, the Pennsylvania Department of Public Welfare reports that 85,000 children ages 0 to 5 in Philadelphia were enrolled in Medicaid.
15. Campbell, C. et al., 2005.
16. City of Philadelphia Law Department, Health and Adult Services Unit.
17. Of the 84 properties still in need of basic system repair, 26 were deemed too expensive to complete, another 13 properties did not qualify for the BSR funding, and 45 could be eligible for HUD grant funding.
18. The backlog of homes created since 2003 that still need to be made lead safe consists of properties waiting for basic system repairs (45), properties Court-ordered for the lead program to complete (25), and properties that owners are remediating at their own expense but that the lead program has not yet inspected to assess if the work has been completed (97).
19. Pennsylvania Department of Public Health, Childhood Lead Poisoning Prevention Program.
20. Data provided by the Pennsylvania Department of Public Health, Childhood Lead Poisoning Prevention and percentages calculated by PCCY.
21. 2000 US Census.
22. The data is an estimate calculated by using housing data from the 2000 US Census and the Alliance for Healthy Homes' Housing Risk Data Spreadsheet.
23. Green Media Toolshed, 2006.
24. See endnote 18.



*Philadelphia has achieved such remarkable success in getting the lead out of homes and keeping more children safe and lead-free by:*

- *increasing awareness*
- *increasing the City's commitment*
- *increasing Congressional commitment*
- *increasing collaboration among public agencies*
- *increasing public involvement*







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