LEAD SAFE CHICAGO:
A PLAN TO ELIMINATE CHILDHOOD LEAD POISONING IN CHICAGO BY 2010

Developed by a Collaborative Working Group including
advocates, city, county, state and federal housing, environmental and health agencies.

Coordinated by the Chicago Department of Public Health &
Loyola University Chicago Civitas ChildLaw Center

Monitored by the Illinois Lead Safe Housing Task Force

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Chicago's Jesuit University
LOYOLA UNIVERSITY CHICAGO

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Executive Summary

Lead poisoning is potentially devastating, but entirely preventable. Chicago, as a city, holds the distinction of having the highest number of children identified as lead poisoned in the nation. Over 12,000 children were identified with lead poisoning in 2002. In some communities in Chicago a third of the children tested are lead poisoned. These numbers likely are even higher since not all children are tested, even though all children six years of age and under are considered at high-risk for lead poisoning. Despite that lead paint was banned in housing more than 25 years ago, children, primarily in poor and minority communities, continue to be poisoned in their own homes because their homes have not been renovated or were poorly renovated, because each time an old window is opened, peeling lead paint turns to lead dust, and because people track lead paint from Chicago's old rear porches throughout the house.

Lead poisoning can cause learning disabilities, language processing disorders, shortened attention span, and behavioral problems. Recent research also has shown a link between lead poisoning and lower reading scores and between lead poisoning and delinquent behavior. These effects often are permanent and impact not only the child and family, but the community as well.

While the numbers of lead poisoned children in Chicago is declining, too many children continue to be harmed. Yet lead poisoning is one of the few causes of social and learning problems that we know how to solve. And unlike many other public health problems, the primary cause of lead poisoning—deteriorating lead paint surfaces in homes and on porches—can be eradicated. It is for these reasons that a group of advocates and City officials came together in 2002 to begin to develop a strategic plan to eliminate childhood lead poisoning in Chicago by the year 2010. Its first step was to identify the group of stakeholders who needed to be engaged if the problem was going to be successfully addressed. The group of stakeholders included: community, housing, and children's health advocates; city, county, state, and federal government officials; realtors and property owners; and representatives of the insurance and financial industry. Following several months of planning, Lead Safe Chicago: A Citywide Summit to End Childhood Lead Poisoning, convened on March 28, 2003. The Summit was co-sponsored by the Chicago Department of Public Health and Loyola University Chicago ChildLaw Center in partnership with the U.S. Environmental Protection Agency, the U.S. Department of Housing and Urban Development, and the Centers for Disease Control and Prevention. One hundred-and-fifty invited people participated. The purpose of the Summit was to reach agreement on the objectives and action steps to be undertaken in order to eliminate childhood lead poisoning. Following the Summit working groups were established, and continue to meet to further explore the objectives and recommended action steps.

Out of the City Summit a consensus emerged that an effective elimination plan should focus on four key areas:[1]

[1] This strategic plan focuses initial efforts on lead-based paint in housing because it is currently considered the primary sources of exposure for children. There are other sources of lead in the

- Leveraging dollars for making housing lead safe. Directors and staff of lead poisoning prevention programs are painfully aware that housing cannot be made lead-safe without more money. Conversations about money invariably dwell on the expenditure side of the ledger. The creation of a Chicago plan to end lead poisoning presents an opportunity to recast lead-safety interventions as investments rather than expenditures that at the same time will upgrade affordable housing, stabilize distressed neighborhoods, lower health care costs, improve school performance, and reduce delinquent behavior. The objective of the leveraging dollars working group is to develop and implement creative mechanisms, including public-private partnerships, to leverage dollars to make housing lead safe.

- Fostering compliance with lead safe housing practices. While landlords, homeowners, contractors, and insurers all have a stake in making housing lead safe, the goal of achieving lead safe housing ultimately depends on the actions of property owners. The objective of the fostering compliance working group is to identify and develop a spectrum of rewards, sanctions, and incentives for increasing owners' motivation to prevent and control lead hazards, and to create educational campaigns geared to property owners regarding lead poisoning.

- Increasing identification of children with lead poisoning. Because most children with lead poisoning do not have visible symptoms of lead poisoning, the only way to identify those with elevated blood lead levels is through a blood test. It is critical that such tests be performed as early as possible in order to limit children's exposure to the source of the poisoning, ensure younger siblings are not poisoned, and access remedial services that can mitigate the effects of the poisoning. The objective of this working committee is to increase identification of children aged zero to three years who are at greatest risk for lead poisoning.

- Putting childhood lead poisoning on decision makers' radar screen. Many people, including legislators and other decision-makers, assume that lead poisoning was eliminated decades ago. Lead paint is banned, leaded gasoline is no longer an option, and leaded pipes are not used. What they do not realize is that children continue to be poisoned, with devastating results for their communities. The objective of this working group is to develop creative mechanisms for raising awareness about childhood lead poisoning among decision makers and those with the power to make housing lead safe.

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environment, however, which will need to be addressed before the problem can become completely eliminated.

While the Lead Safe Chicago plan identifies specific short and long term strategies, it should be viewed as a fluid document. The Illinois Lead Safe Housing Task Force will monitor implementation of the plan on a quarterly basis and the City will publish progress reports annually. As progress is evaluated and successes and barriers are identified, these strategies and/or priorities may be changed.

The momentum and commitment to eliminate childhood lead poisoning exists in Chicago. The stakeholders—who come with diverse backgrounds, training, and special interests—are collaborating to achieve this shared goal. With a concerted, focused commitment to implement the objectives and action steps identified within this plan, we believe that over time we will erase the stain of childhood lead poisoning in our City's history, and that this effort will also serve as a model for successfully tackling a devastating problem.

I. Introduction

Childhood lead poisoning in Chicago continues to be a serious problem. Over 80,000 children were poisoned between 1996 and 2001. Although lead poisoning rates have decreased significantly[2], Chicago is still the city with the largest absolute number of identified children with lead poisoning in the nation.[3] But lead poisoning is one of the few causes of social and learning problems that we know how to solve. And the benefits of eliminating lead poisoning to Chicago are huge and include decreased health and special education costs and increased independence and earning potential of our workforce.

This plan is developed with the goal of eliminating childhood lead poisoning. Advocates and government together identified the need to bring all the stakeholders to the table to leverage the resources that are needed to reach our common goal. The stakeholders include: community, housing, and children's health advocates; city, county, state and federal government officials; realtors and property owners; and representatives of the insurance and financial industry.

This plan is a fluid document. While it identifies specific short and long term strategies, as progress is evaluated and successes and barriers are identified, these strategies may change or be re-prioritized.

II. Mission Statement

The mission is to eliminate childhood lead poisoning as a public health problem in Chicago by 2010 by working together with health, housing and environmental advocates to maximize the number of affordable, lead-safe housing units. As progress is made towards elimination of lead-based paint hazards in housing, this mission and plan will be revised to more adequately address other sources of lead poisoning.

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[2] Lead poisoning rates in Chicago decreased from 26% in 1996 to 10% in 2002. Chicago Department of Public Health, Blood Lead Data for Children Aged 0-6 Years: Chicago 1996-1998 (2003), *available at* http://www.chicagolead.org/Chicago/ChicagoAge.html. *See also* Chicago Department of Public Health, Childhood Lead Poisoning Prevention Program (2004), *available at* http://www.ci.chi.il.us/Health/Lead.html.

[3] While the rates of lead poisoning are being reduced, the numbers of children poisoned are likely much greater than what is reported. This is because, similar to cities across the country, less than 50% of the children required to be tested are being tested. *See* Chicago Department of Public Health, 2001 Blood Lead Testing Data by Chicago Community Area (2001), *available at* http://www.ci.chi.il.us/Health/Lead/2001CA Data.html.

III. Background

Why be concerned about lead poisoning?

Lead poisoning is entirely preventable. Over 400,000 children living in the United States, however, have blood lead levels high enough to result in learning and behavioral problems.[4] Currently the Centers for Disease Control and Prevention (CDC) define the blood lead level of concern as 10 micrograms of lead per deciliter of blood (μg/dL).[5] Lead is a heavy metal that is highly toxic to the human body. While lead is toxic to many different organs in the body, the most severe damage is to a child's developing brain. Even at low levels, lead damages the central nervous system resulting in reduced intelligence, shortened attention span and behavior problems, including aggression. Recent research suggests that lead exposure may be linked to juvenile delinquency. Lead also damages other systems within the body and can cause kidney damage, severe anemia, impaired hearing and stunted growth. At very high blood lead levels, lead toxicity can cause seizures and even death.[6]

Children with lead poisoning have lower reading scores and many children in juvenile detention have a history of lead poisoning.[7] Recent studies identify negative health effects at blood lead levels lower than 10 μg/dL.[8]

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[4] United States Department of Health and Human Services Centers for Disease Control and Prevention, Second National Report on Human Exposure to Environmental Chemicals 12 (2003). The report summarizes the findings of the National Health and Nutritional Evaluation Survey (NHANES) 1999-2000 which found 2.2% of U.S. children aged 1-5 years had blood lead levels greater than or equal to 10 μg/dL. The report indicates that children with blood lead levels greater than or equal to 10 μg/dL are at increased risk for neurocognitive decrements. Higher prevalence of elevated blood lead levels among children in the United States occurs in urban settings, lower socioeconomic groups, immigrants, and refugees.

[5] Recent studies suggest that children are impaired at even lower levels of lead in their blood, suggesting that there are many more than 400,000 children who suffer from lead poisoning. *See* Richard Canfield, et. al., *Intellectual Impairment in Children with Blood Lead Concentrations Below 10 microg per Deciliter*, 348 New England Journal of Medicine 1517, 1523-24 (2003). *See also* David C. Bellinger, *Lead*, 113 Pediatrics 1016, 1017-18 (2004).

[6] United States Department of Health and Human Services Centers for Disease Control and Prevention, About Adult Lead Poisoning (2003), *available at* http://www.cdc.gov/nceh/lead/about.htm.

[7] Canfield, *supra* note 5, at 1523-24. The authors cite research that lead poisoning can affect reading and math scores among children with blood lead levels as low as 5 μg/dL. *See also* Herbert Needleman, et. al., *Bone Lead Levels and Delinquent Behavior*, 275 Journal of the American Medical Association 363, 368-69 (1996). Researchers found that even after accounting for variables such as poverty, race, parent's occupation, and education, male adolescents with increased bone lead levels exhibited more delinquent behaviors and more aggression than other males of their age. They suggested this could be due to many effects of lead poisoning that occur because of neurochemical alterations such as impulsivity, hyperactivity and frustratibility.

[8] Work Group of the Advisory Committee on Childhood Lead Poisoning Prevention to the Centers for Disease Control and Prevention, A Report for Final Review of Evidence of Health Effects of Blood Lead Levels <10 μg/dL in Children 9-11 (February 23, 2004).

How much of a problem is Childhood Lead Poisoning in Chicago?

Rates of lead poisoning among U.S. children show an overall decease, a significant accomplishment for children's health. Lead poisoning rates in urban communities, however, are still high and pose a serious threat to the health of inner city children. Chicago, as the nation's third largest city and with an old housing stock, has a serious lead poisoning problem. During 1999-2000, approximately 17.3% of the children tested were found to have an elevated blood lead level. The estimated number of children with blood lead levels greater than 10 μg/dL for 1999-2000 was 53,355. Although it remains difficult to compare data nationally due to different reporting requirements, the National Health and Nutritional Evaluation Survey (NHANES) data from 1999-2000 estimates that 2.2% (or 434,000) of the nation's children have elevated blood lead levels. Based on these estimates, over 12% of the nation's lead poisoned children reside in the city of Chicago.

Chicago's Housing Stock. Chicago has especially high rates of childhood lead poisoning due in part to the prevalence of old housing containing lead-based paint. Fifty-nine percent of Chicago's housing stock—over 660,000 housing units—was built prior to 1950. This is almost three times more than the national average, which has 23% of the housing stock built prior to 1950. Chicago's housing stock also is likely to have deteriorated lead-based paint that can be hazardous to children. Inspection data shows that lead hazards have been identified in 92% of lead inspections. Based on 2000 Census data for housing, it is estimated that 88,000 Chicago units are at high risk for lead hazards. Fifty-five thousand of these are rental units and 33,000 are owner-occupied. Appendix A provides an analysis of the housing data.[9]

High Risk Communities-Target Areas. In 2001, 12% of the children tested in Chicago were identified with elevated blood lead levels. While children are lead poisoned in every neighborhood in Chicago, several community areas on the south and west sides have elevated percentage rates more than twice the citywide average, some as high as 30%. Data analysis and mapping has helped to identify and target services to high-risk areas in the city as well as within a neighborhood. A description of the target areas, and maps indicating elevated blood lead poisoning rates and Chicago housing units with lead hazards identified by community areas are provided in Appendix B.

What causes childhood lead poisoning?

While there are many potential sources of lead exposure, a "large body of evidence indicates that the most important remaining exposure source for children are lead hazards in their residential environment—deteriorated lead based paint, house dust and lead-contaminated soil."[10]

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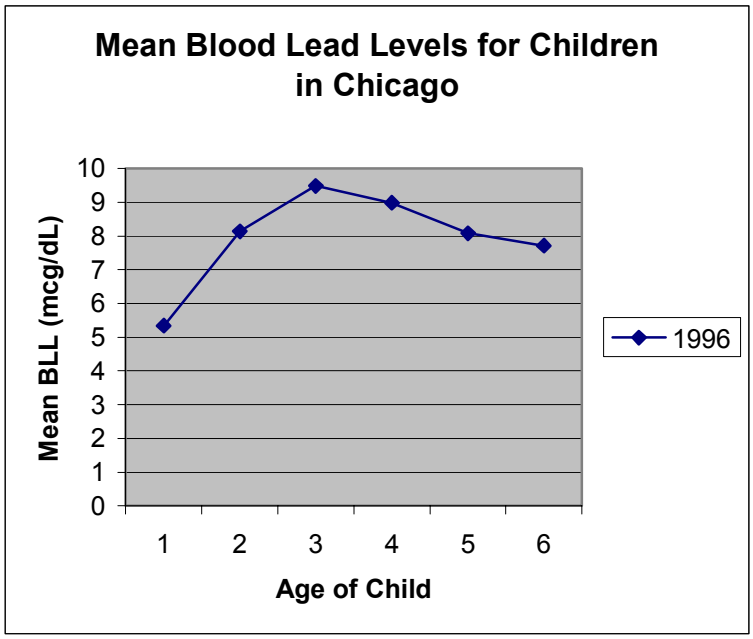
[9] United States Office of Housing and Urban Development, National Survey of Lead and Allergens in Housing (2001).

[10] President's Task Force on Environmental Health Risks and Safety Risks to Children, "Eliminating Childhood Lead Poisoning: A Federal Strategy Targeting Lead Paint Hazards" 12 (February 2000).

Most children are lead poisoned in their own homes through exposure to lead dust or paint chips from paint surfaces that have deteriorated or been disturbed during home renovation or repainting. While a child can become poisoned from eating paint chips, most children are poisoned simply from touching the dust and then putting their hands in their mouths. Other sources of lead poisoning include imported miniblinds, or certain "traditional medicines and cosmetics" such as greta, azarcon and surma. Lead glazed pottery can also be a source. These sources are less common than lead paint but do contribute to lead poisoning among some children.

Who is at highest risk for childhood lead poisoning?

Young Children (0-36 months). Although lead harms all children aged six and younger, children under age three are at greatest risk because of the extent to which they crawl and put their hands in their mouths. The chart below shows mean blood lead levels from 1996 by age of child. The chart shows that children's blood lead levels typically peak between the ages of one and three years.



The following table includes confirmed blood lead levels of 10 µg/dL or greater for children aged 0 to 6 years as per the Council of State and Territorial Epidemiologists (CSTE) definition of confirmed cases for 1996 – 2001. While the data shows that blood lead levels are decreasing rapidly for all age groups and screening rates have improved dramatically for young children, far too many children are still being poisoned.

Chicago Blood Lead Screening and Elevated Rates for Children aged 0-6 years, 1996-2001

Age		1996				1997				1998			
	Population*	Screened	%	Elevated	%	Screened	%	Elevated	%	Screened	%	Elevated	%
0-12 mos	49739	10916	22%	1213	11%	11209	23%	1055	9%	11577	23%	827	7%
13-24 mos	46250	14528	31%	4220	29%	15065	33%	4492	30%	14733	32%	3553	24%
25-36 mos	44509	14222	32%	4930	35%	13953	31%	4833	35%	13133	30%	3925	30%
37-48 mos	42040	17131	41%	5588	33%	17130	41%	5480	32%	16119	38%	4180	26%
49-60 mos	42122	18090	43%	4987	28%	18490	44%	5266	28%	17441	41%	3948	23%
61-72 mos	40653	14379	35%	3701	26%	14291	35%	3801	27%	13437	33%	2938	22%
		1999				2000				2001			
Age	Population*	Screened	%	Elevated	%	Screened	%	Elevated	%	Screened	%	Elevated	%
0-12 mos	49739	14380	29%	700	5%	15539	31%	632	4%	20248	41%	731	4%
13-24 mos	46250	17264	37%	2962	17%	18081	39%	2477	14%	20648	45%	2485	12%
25-36 mos	44509	13791	31%	3150	23%	14667	33%	2892	20%	16646	37%	2665	16%
37-48 mos	42040	16470	39%	3622	22%	16477	39%	2959	18%	18812	45%	2572	14%
49-60 mos	42122	18059	43%	2939	16%	17176	41%	2587	15%	18469	44%	2161	12%
61-72 mos	40653	14359	35%	2501	17%	13201	32%	1877	14%	13447	33%	1569	12%

Children of Color. Lead poisoning disproportionately affects children of color. In Chicago, African American children are 12 times more likely and Hispanic children are five times more likely than white children to have elevated blood lead levels. African Americans account for 33.8% of Chicago's population and Hispanics are the fastest growing group in Chicago accounting for 22.8% according to the 2000 Census.

Medicaid-Enrolled Children. Lead poisoning also is more likely to occur in children living in poverty. The Chicago Department of Public Health has focused special attention on children enrolled in Medicaid because this population is at especially high-risk. Based on a data-match between state Medicaid data and the Chicago Department of Public Health, nearly half of the more than 50,000 children born each year in Chicago are enrolled in Medicaid. In Chicago, 50% of children with blood lead levels $\geq$ 10 mcg/dL are enrolled in Medicaid.

IV. Collaboration, Resources & Planning

This plan represents collaboration by a broad group of stakeholders including community, housing, and children's health advocates; city, county, state and federal governmental officials; realtors and property owners; and representatives from the insurance and financial industry. A complete list of participants is included in Appendix C entitled "Chicago Lead Elimination Team".

How the Chicago Plan to Eliminate Childhood Lead Poisoning Emerged

The strategic plan to eliminate childhood lead poisoning in Chicago (hereafter referred to as the Chicago Plan to Eliminate Childhood Lead Poisoning, or Lead Safe Chicago Plan) is the result of existing groups concerned about children being poisoned by lead paint coming together and identifying additional stakeholders needed to develop a Lead Safe Chicago Plan.

The City of Chicago's Lead Committee (Lead Committee), which began meeting in 2000, consists of the departments of health, environment, housing, budget, law, human services and buildings. In early 2002 the Lead Committee identified the need to develop a citywide strategy to address childhood lead poisoning inspired by the federal strategy to eliminate childhood lead poisoning.[11] It was evident to this Committee that lead poisoning was a serious problem facing Chicago's children and that a partnership of housing, health and environmental advocates was required to adequately address this issue. Simultaneously, the Illinois Lead Safe Housing Task Force—founded in 1997—was tackling the problem of lead poisoning. (See Appendix D for background information on the Task Force.) The process to develop the Chicago Plan to Eliminate Childhood Lead Poisoning began in the fall of 2002 when a small group of stakeholders from the Task Force met with the Chicago Department of Public Health to plan a kick-off strategy meeting for March 2003. Lead Safe Chicago: A Citywide Summit to End Childhood Lead Poisoning brought together 150 invited guests[12] and provided a successful example of public-private partnerships. The Summit was co-sponsored by the Chicago Department of Public Health and Loyola University Chicago ChildLaw Center (which houses the Illinois Lead Safe Housing Task Force) in partnership with the U.S. Environmental Protection Agency, the U.S. Department of Housing and Urban Development, and the Centers for Disease Control and Prevention.[13] Summit participants attended plenary & breakout sessions to focus on specific strategy development. (The agenda and background information for this meeting is included in Appendix E.) Out of the Summit a consensus emerged that a plan should focus on four key objectives: **leveraging dollars** for making housing lead safe, **fostering compliance** with lead safe housing practices, **increasing identification** of children with lead poisoning, and **putting childhood lead poisoning on decision makers radar screens**. Working groups were developed to review, refine, and address each objective, and the working groups continue to meet to work on implementing the action plans. This document, the Chicago Plan to Eliminate Childhood Lead Poisoning, entitled Lead Safe Chicago, represents the work completed at the Summit and the follow-up work undertaken by the working groups. As the working groups continue to meet to implement action plans, priorities may change and evolve. The Illinois Lead Safe Housing Task Force will monitor implementation of

[11] *Id.* at 21-27.

[12] Originally, organizers limited the invitee list to 80 participants to provide for manageable size work groups. Because of the great interest expressed by people who heard about the Summit, however, the participant list grew to over 150 people.

[13] Loyola University Chicago ChildLaw Center received grants for the United States Environmental Protection Agency and The Chicago Community Trust, as well as in-kind assistance from Loyola University Chicago to fund their work on the Summit.

the plan and also will provide recommendations for corrective action and re-allocation of resources.

The Chicago Lead Elimination Team is the large group of individuals and organizations that have participated in developing the Lead Safe Chicago Plan. The Chicago Department of Public Health takes overall responsibility for work-plan implementation. The Illinois Lead Safe Housing Task Force, under the leadership of the Loyola University Chicago ChildLaw Center, will provide monitoring and evaluation. The Task Force will make recommendations for corrective action and re-allocation of resources to assure that the outcome of eliminating childhood lead poisoning is achieved.

V. Definition of the Goal "Elimination of Childhood Lead Poisoning as a Public Health Problem"

The Chicago Lead Elimination Team has chosen to measure progress towards the elimination of lead poisoning as a public health problem by the following indicators:

1) By 2013, the number of children aged three years and younger newly identified with blood lead levels ≥10µg/dL is less than two percent of tested population citywide with no significant decrease in testing rates.[14] In 2001, the number of children aged three years and younger with blood lead levels ≥10 mcg/dL was 10%.
2) By 2010, the number of children aged 6 and younger with blood lead levels ≥10µg/dL is under four percent in all community areas of the city. In 2002, 28 out of 77 community areas had a prevalence of < 4%.
3) By 2010, there is no statistically significant disparity in incidence and prevalence of blood lead levels ≥10µg/dL by race or ethnicity in the city. In 2002, there was a statistically significant disparity of prevalence by race with African American and Hispanic children having higher rates than white children.
4) By 2010, the estimated percentage of residential properties in the City with a significant lead hazard present is below three percent. Based on 2000 census data, an estimated 8% of residential units (88,000 out of 1,100,000) have lead hazards.
5) By 2010, Chicago lead regulations promulgated by the Chicago Board of Health and passed in Spring 2004 will assure that any lead hazards that may arise in buildings as a result of lead paint are identified and addressed before a child is poisoned and that all work performed in buildings with lead paint is performed in a lead safe fashion to avoid creating new lead hazards.

Although it will be difficult to meet these reduced lead poisoning rates in Chicago's high-risk target areas that currently have lead poisoning rates as high as 25%, all children in Chicago deserve lead safe environments. In order to assure that progress towards

[14] This indicator is intended to measure the lead poisoning rates for children born in 2010; because their blood lead levels will not peak until age three years, the year 2013 is set as a goal.

elimination is being made in our high-risk neighborhoods, the rate of change will also be monitored and compared with the rate of change for the citywide average.

Complete elimination, while clearly desirable, may not be attainable in Chicago because of our mobile population and the potential that children will become poisoned elsewhere, including abroad, before moving to Chicago. Additionally, while lead-based paint is the primary source of exposure for children in Chicago right now, other sources, including lead in soil, will need to be addressed before the problem can be completely eliminated.

VI. Lead Safe Chicago: Goals & Objectives

The goal is to eliminate childhood lead poisoning as a public health problem in Chicago by 2010, as measured by the indicators on page 11.

The Chicago Lead Elimination Team has identified the following objectives that will result in the anticipated long-term goal of lead poisoning elimination:

A) LEVERAGE DOLLARS TO MAKE HOUSING LEAD SAFE
B) FOSTER COMPLIANCE WITH LEAD SAFE HOUSING PRACTICES
C) INCREASE IDENTIFICATION OF CHILDREN WITH LEAD POISONING
D) PUT CHILDHOOD LEAD POISONING ON DECISION MAKERS' RADAR SCREEN

The following are the action plans for each of the four objectives. Many of these strategies will be targeted to high-risk areas shown in Appendix B. The working groups are continuing to meet to refine these draft action plans and develop measurable objectives. The logic model has been provided in Appendix F.
While the Lead Safe Chicago plan identifies specific short and long term strategies, it should be viewed as a fluid document. The Illinois Lead Safe Housing Task Force will monitor implementation of the plan on a quarterly basis and the City will publish progress reports annually. As progress is evaluated and successes and barriers are identified, these strategies and/or priorities may be changed.

A. Leverage Dollars to Make Housing Lead Safe

Objective: To develop and implement creative mechanisms, including public-private partnerships, to leverage dollars to make housing lead safe in: (1) low-income owner-occupied properties (up to 5 units), (2) smaller multi-family rental units with low-income tenants (up to 5 units), (3) larger multi-family units serving low-income tenants (6 units and greater), and (4) all other units.

Measurable Indicator: Leverage private financing to increase the amount of dollars currently available for lead hazard control activities by 60%[15].

[15] Lead hazard control activities refer to the lead abatement and lead mitigation of lead paint hazards. *See* 410 Ill. Comp. Stat. § 45/2 (West 2004) ("Abatement means the removal or encapsulation of all lead

This plan calls for exploring the following strategies, determining which ones are feasible, setting priority programs, and developing and implementing them. Short-term strategies are defined as those that will be in the planning and development stage by June 30th, 2005. Long-term strategies are those that will take longer than one year to develop.

1. Short-Term Strategies

(a) Audit Existing Resources (In progress and to be completed by September, 2004 by Loyola ChildLaw Center)– An audit of existing resources will be conducted to identify existing funds that can be used toward lead hazard control work. Some of the resources to be explored include:

- U.S. Department of Housing and Urban Development's (HUD) Mark to Market program – Determine whether Mark to Market resources could be used for hazard control work. The overall goal of the Mark to Market program is to reduce federal spending on housing subsidies by making it financially feasible for multifamily properties currently charging rents greater than comparable market rents to survive and offer quality, market-competitive housing at comparable market rents.

- Illinois Department of Human Services' Quality Counts Grants – Determine whether a portion of the Quality Counts grants may be designated for lead poisoning projects. Currently, family care providers may qualify to receive Quality Counts grants from IDHS. These grants typically are $1,500.

- Chicago Housing Choice Voucher Program –

  - Determine whether Chicago Housing Choice Voucher funds, administered through CHAC, Inc. can be used to carry-out lead hazard control work in properties where housing choice vouchers will be used.
  - Create incentive program through which CHAC would approve premium rents for apartments that are lead safe.

- Illinois Housing Development Trust Fund – Determine whether these funds can be used for lead hazard control activities.

- Linked Deposits – Determine whether Linked Deposits can be used to fund hazard control activities. Find deposits that are not already linked and deposit government money in private banks that offer loans for lead hazard control activities projects. This works to give banks an incentive to offer loans for lead hazard control work.

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bearing substances in a residential building or dwelling unit." "Mitigation means the remediation…of a lead hazard so that the lead bearing substance does not pose an immediate hazard to humans.")

- Energy Conservation (LIHEAP/DCCA) – Determine ways to leverage funds from energy conservation allocations to abate lead hazards while at the same time making properties more energy efficient (e.g. window replacement).

- Medicaid – Determine feasibility of Illinois applying for and receiving a Medicaid waiver to do window replacement in properties where children have been poisoned. Rhode Island received an 1115 waiver to use Medicaid funds to pay for lead hazard control activities.

(b) Identify New Revenue Sources (In progress and to be completed by March, 2005 by Leveraging Dollars Working Committee, staffed by Loyola ChildLaw Center, and co-chaired by CLPPP Program Director and Delta Institute) – The following revenue sources will be studied to determine if they can be effective strategies for bringing in new financial resources for lead hazard control activities in Chicago.

- New Markets Tax Credit (In progress and to be completed by September, 2004 by Leveraging Working Committee, co-chaired by CLPPP Program Director and Delta Institute)– Make application for New Market Tax Credits**,** a new federal tax credit program intended to increase private investments in low-income communities.

- Tax on Paint – A 1991 California law imposes a fee on lead manufacturers that have been major contributors to environmental lead contamination, including the paint and oil industries. The collected California taxes go toward screening efforts to identify lead poisoned children.

- Property Transfer Tax – Refocus or increase property transfer taxes to raise money for lead hazard control activities.

- Tax Increment Financing (TIF) Program with Re-Capture. Use existing TIF districts to fund a revolving loan program. Under this plan homeowners could potentially receive TIF funds for exterior and façade improvements.

2. Long-Term Strategies

- Low-Income Housing Tax Credit (LIHTC) – Create a LIHTC program for lead hazard control projects through which investors can take state and federal tax credits in exchange for investments in lead hazard control projects. Under the current LIHTC, investors get a 10-year federal income tax benefit in exchange for immediate cash infusions for new construction and restoration projects to produce reasonably priced apartments for low-income families and the elderly.

- Tax Increment Financing – Create new TIF districts in neighborhoods with high levels of lead poisoning and lead hazards.

- Implement New Revenue Streams – New revenue sources described above will be reviewed and priorities set. The most feasible strategies will be pursued.

B. FOSTER COMPLIANCE WITH LEAD SAFE HOUSING PRACTICES

Objective. To motivate property owners to make their properties safe to prevent children from becoming lead poisoned.

Measurable Indicator: An increased number of units made lead-safe through incentives and enforcement resulting in an additional 15,000 abated and cleared units between 2005 and 2008.

This Work Plan calls for exploring the following strategies, determining which ones are feasible, setting priority programs, and developing and implementing them. Short-term strategies are defined as those that will be in the planning and development stage within one year. Long-term strategies are those that will take longer than one year to develop.

1. Short-Term Strategies

- Adopt Lead Safe Work Practices (LSWP). Promote adoption of lead safe work practices (including clearance testing) for paint repair, remodeling, window replacement, building maintenance, and apartment turnover by making LSWP training widely available for free or at low cost. This would begin as a voluntary initiative. Work with HUD and EPA to increase the number of LSWP training courses to communities in Chicago. (In progress and to be completed by September, 2004 by CDPH Coordinator of Special Projects)

- Advocate for Inclusion of LSWP Requirements in Lender Contracts. Advocate with Chicago area lenders (both conventional and affordable housing lenders such as Community Investment Corporation (CIC) and Illinois Housing Development Authority (IHDA)) and request they require LSWP training as a condition to granting contracts for remodeling/rehab work on pre-1978 housing stock, especially on large-scale projects. Incorporate the U.S. Department of Housing and Urban Development (HUD) model in lending contracts –HUD requires that any contractor working on a federally funded project must have a subcontractor licensed in lead hazard control. (In progress, will continue through 2005 by CLPPP Program Director and Committee)

- Engage Building Department Inspectors. Educate City Building Department inspectors to look for lead hazards; encourage the Building Department inspectors to identify unsafe work practices and to refer suspected lead hazards to Chicago Department of Public Health lead inspectors. (In progress and to continue through December 2004 by CLPPP Program Director)

- Continue Enforcement of Local, State and Federal Ordinances. Using the Chicago ordinance for lead-bearing substances, the Illinois Lead Poisoning Prevention Act, the 1018 federal disclosure rule and 406B contractor's rule, require property owners to maintain properties free of lead hazards. (In progress and will continue through 2010 by enforcement staff at CLPPP, US EPA Region 5, HUD)

- Create Education Campaign Directed at Landlords. Create an education campaign directed at landlords explaining why disclosure rules exist and the dangers of lead poisoning. Distribute information to landlords through title offices, banks and City permit offices. (In progress; brochure completed, education campaign to be on-going and implemented by CLPPP Coordinator of Special Projects.)

- Create Education Campaign Directed at Remodelers. Create an education campaign directed at remodelers explaining lead safe work practices and why they are important. Distribute information to remodelers through hardware stores and City permit offices. (In progress; brochure completed, education campaign to be on-going and implemented by CLPPP Coordinator of Special Projects.)

- Establish Liability Insurance. Identify insurance companies that will offer lead liability insurance to property owners if a property is deemed free of lead hazards. (This strategy is under investigation and discussion and may be implemented in 2006.)

- Certify homes as lead safe. Certify lead safe homes and create a seal of approval that property owners can use to advertise rentals and sales. (On-going; certification of lead safe homes occurs daily by CLPPP risk-assessors; launching of lead safe homes website may encourage property owners to pursue lead safe status. Implementation by CLPPP risk assessors under supervision of CLPPP director.)

- Foster Partnerships. Foster partnerships between contractors, builders' groups, university/training programs, health care providers and the Chicago Department of Public Health to explore collaborations to maximize resources (e.g. university would offer free LSWP training to window contractors; in exchange, window contractors would discount their windows for two years; the ongoing benefit would be that those contractors would be educated in LSWP). (In progress and on-going by CLPPP Director and Coordinator of Special Projects.)

- Development of 50-50 Plan. Develop a funding program through which property owners and the City share the cost of making homes lead safe. * (Proposal development in progress by Community Investment Corporation and CLPPP. Program implementation planning for January 2005.)

2. Long-Term Strategies

- ❖ Require City Permits. Require City permits to do any renovation that would disturb lead surfaces: window replacement, porch replacement or repair. Issuance of permit would depend on whether contractor can show evidence of training in LSWP. (This strategy is under investigation and discussion and may be implemented in 2006.)

- ❖ Establish Lead Safe Work Practices (LSWP) Training as Condition of Doing Business. Make LSWP training a condition of doing business in the State of Illinois. (This strategy is under investigation. A subcommittee of the working group is meeting with the City Department of Buildings to determine if this can be included in the City's licensing process. Depending on the outcome, this may be implemented at the City level in 2005.)

- ❖ Create Short-term Tax Exemption. Modify existing tax exemption programs to cost out window replacement (to remove lead hazards) within one year. (This strategy is under investigation and discussion and may be implemented in 2006.)

- ❖ Offer Income Tax Relief. Create income tax credits for residential property owners who pay for lead hazard control work. (This strategy is under investigation and discussion and may be implemented in 2006.)

- ❖ Establish Lead-Safe Certification Districts. Certify designated neighborhoods as lead-safe and offer property tax freezes or rebates to those districts. (This strategy is under investigation and may be implemented in 2006.)

- ❖ Establish Milwaukee-Style Plan. Under Milwaukee program, all HUD dollars were targeted to high-risk areas; property owners abated the property in which a child was poisoned within 30 days; in exchange, the city paid the costs of hazard control work in other properties owned by that landlord in the target area.* (This strategy is under discussion.)

*These strategies also may be considered in the Leveraging Resources Work Group.

C. Increase Identification of Children with Lead Poisoning

Objective: To increase identification of young children aged 0 – 3 years who are at risk for lead poisoning.

Measurable Indicator: 75% of one and two year olds tested by 2010.

This Work Plan calls for exploring the following strategies, determining which ones are feasible, setting priority programs, and developing and implementing them. Short-term

strategies are defined as those that will be in the planning and development stage within one year. Long-term strategies are those that will take longer than one year to develop.

1. Short-Term Strategies

- Target Locations for Testing (In progress and on-going, implementation by CLPPP staff).
  --Schedule phlebotomists to do blood lead testing where young children spend time:
  - day care provider sites (licensed and unlicensed homes, centers)
  - WIC sites
  - Head Start programs

  --Work with Chicago Public Schools to identify and screen younger children (e.g. through preschool programs)
  --Work with Early Intervention network to screen all children receiving or applying for early intervention services

- Target Information to Mothers of Newborns (In progress and on-going, implementation by CLPPP staff and CPS staff).
  --Provide mothers of newborns with list of guidelines as to when to have child tested:
  - send information through the mail
  - send lead test reminder when birth certificate is sent

  --Work with Chicago Public Schools to target teenage mothers (e.g. Cradle to Classroom Program).

- Target Information to Grandparents and Extended Families. Many grandparents have custody of their grandchildren and information should be targeted toward the grandparents. (Planned for 2005, implementation by CLPPP Screening Coordinator in collaboration with Department of Aging.)

- Educate Health Care Providers – Short Term Strategies
  --Conduct education and outreach campaign to educate health care providers on state law and city ordinance regarding testing for lead poisoning. (In progress, and on-going; implementation by CLPPP staff.)
  - Educate physicians about Illinois law regarding testing and the Chicago Department of Public Health schedule for testing.
  - Raise physician awareness about at-risk areas of the City and where blood tests can be performed.
  - Educate health care providers about steps to be taken *after* a child tests positive for lead poisoning.

  --Carryout lead screening audits by providers to identify providers who are failing to screen children and make recommendations for corrective action.

2. Long-Term Strategies

- Educate Health Care Providers – Long Term. (In progress, and on-going; implementation by CLPPP Screening Coordinator.)
  --Conduct education and outreach campaign to educate health care providers on state law and city ordinance regarding testing for lead poisoning.
  --Develop and provide incentives to physicians and physician groups
    - Advocate for early testing with HMO umbrella organization
    - Establish disincentives for failing to screen.
    - Set goals for improving blood lead testing by Medicaid providers (i.e. Medicaid providers should be testing all children who reside in Chicago – if they're only testing 30% right now, establish a goal of 80% within two years)

  --Work with medical school residency programs in Chicago to make sure new doctors know about and follow guidelines.
  --Develop "passport" to go with the child that includes information about immunizations and lead tests since children often see multiple providers.

- Add Blood Lead Testing to Immunization Schedule (In progress and on-going by CLPPP Screening Coordinator)
  --Advocate with State agencies to get lead testing included in immunization schedule.
  --Develop linkage between various databases.
  --Develop method for continuity of records and medical care.
  --Coordinate with WIC to conduct dual-purpose blood testing for anemia and lead.

- Develop Citywide Education Campaign. (In progress and on-going by CLPPP Coordinator of Special Projects)
  --Hire an advertising agency
  --Send brochures and posters for retail businesses to display.
  --Develop educational material for all literacy groups.

- Educate Child Care Providers through Illinois Day Care Action Council. (In Progress and on-going by CLPPP Public Health Nursing Supervisors)
  --Provide information to in-home day care providers (both licensed and license-exempt).
  --Explore possibility of including training in continuing education programs for childcare providers.

- Establish and foster partnerships to educate about lead poisoning. (In progress and on-going by CLPPP Public Health Nursing Supervisors)
  --WIC, Head Start, Day care providers, Medicaid programs, Department of Human Services programs, Faith based organizations, Celebrities, Grocery stores (such as Dominick's, Jewel) and other places where diapers and formula are sold and lead screening could be accomplished.
  --Chicago Public Schools to educate teen mothers and future parents about lead.
  --Re-establish local affiliate of United Parents Against Lead.

--Community colleges – advocate including education about lead in early childhood curriculum.
--Ministerial alliances – partner with churches to offer screening after Sunday services.
--Link with home visitors (e.g. Public Health Nurses) to educate families.
--Partner with diaper company or baby product company (e.g. Johnson & Johnson) to include printed message about lead screening on bag/box, and with complementary items given to parents of newborns, to create a public service announcement.
--Partner with community based organizations to get information out through local businesses.
--Partner with community health educators to include lead as a topic.

D. Put Childhood Lead Poisoning On Decision Makers' Radar Screen

Objective: To raise awareness about childhood lead poisoning among decision makers and those with the power to make housing lead-safe.

Measurable Indicators: New lead poisoning primary prevention legislation that promotes proactive testing and maintenance of housing and identifies revenue sources for lead abatement is passed by Illinois legislature by 2008.

1. Action Steps to Develop the Public Awareness Campaign

- Advertise for and Retain Public Relations Agency. Advertise for and retain a politically savvy public relations agency to develop a public awareness campaign directed to decision makers. (In progress and to be completed by April, 2004 by CLPPP Director and Loyola ChildLaw Center staff.)
- Develop a Public Awareness Campaign. Develop a public awareness campaign directed to decision makers. (In progress and to be completed by December, 2004 by public relations firm.)
- Identify Existing Campaigns in Other Jurisdictions. (In progress and to be completed by December, 2004 by public relations firm.)
- Survey Current Knowledge Base. Survey the current knowledge base so as to develop a baseline with which to gauge the success of the public awareness campaign. (In progress and to be completed by December, 2004 by public relations firm.)
- Compile Database. Compile reports and data on lead poisoning in Chicago and nationally to provide to public relations agency. Collect families' personal stories about children with lead poisoning to have ready for opportunities that arise. (In progress and to be completed by December, 2004 by public relations firm.)
- Develop Web Site. Develop web site on which to maintain information about lead poisoning, lead poisoning activities, including progress on the implementation of the Lead Safe Chicago Plan. (In progress and to be completed by December 2004 by Loyola ChildLaw Center and the Illinois Lead Safe

Housing Task Force. This site will link to Leadsafehomes.info, a website launched in June, 2004 by CLPPP Director, Westside Health Authority and National Center for Healthy Housing.)

- ❖ Develop a Campaign Brand. (To be completed by September, 2004 by public relations firm.)
- ❖ Develop a Speakers' Bureau. Develop a program through which to identify and train a diverse group of people, especially parents and guardians of children with lead poisoning, to speak publicly about lead poisoning. (In progress and to be completed by December, 2004 by public relations firm and Loyola ChildLaw Center staff.)

2. Potential targets of public awareness campaign

Pending discussion with PR firm, the public awareness campaign could be directed to the following decision makers:

- Local, State and Federal Legislators: Aldermen, Cook County Commissioners, Mayors and Village Managers, State and Federal Senators and Representatives
- Government Officials: Health Departments, Housing Departments, Boards of Education
- Media: Editorial boards, Specific reporters in print, television, and radio
- Others: Philanthropic foundations, Unions, Clergy, Bankers, Realtors, Insurers, Healthcare administrators, Healthcare providers, Academics, Associations, Community Based Organizations

3. Key issues for public awareness campaign

- Legislators need to be educated about childhood lead poisoning and the impact on constituents in their legislative district.
- The focus of the campaign should be *prevention* of lead poisoning.
- Possible education points:
  --The relationship between lead poisoning and cognitive impairments and behavior disorders that interfere with learning.
  --The cost to taxpayers of services for a lead poisoned child vs. the cost of making housing safe.

VII. Evaluation

Evaluation is an essential component of the Lead Safe Chicago plan. In order to meet our elimination goals, it will be critical to utilize data from evaluation activities to focus our resources on policies and strategies that are the most effective. For this reason, various activities of the plan will be evaluated on a quarterly basis, with the results presented to the Illinois Lead Safe Housing Task Force for consideration and rapid adjustment of procedures if justified.

The first element of the evaluation plan is to monitor the implementation of the specific goals and objectives in each of the four focus areas of the plan. This process evaluation will allow the Task Force to ensure that all activities are completed in a timely and thorough fashion. It will be the responsibility of the sub-committee chair(s) to report the status of their goals and objectives each quarter. CDPH's epidemiologist will be available to assist the chairs in gathering any required data and coordinating the presentation of the process metrics to the Task Force.

A detailed analysis of the outcomes of the plan's goals and objectives, and the plan's overall success at accomplishing the goal areas will constitute the second element of the evaluation plan. Quantifiable indicators, as presented below, will document the progress in meeting the goals. CDPH's epidemiologist will be responsible for the quarterly generation of the indicators and the dissemination of the results to the Task Force. Progress will be measured as compared to 2002 baseline and to the definition of eliminating lead poisoning as a public health problem as previously established.

The overall success of efforts to prevent and eventually eliminate lead poisoning will be measured through analysis of the cumulative incidence of lead poisoning (BLL $\geq$10) by age three and the prevalence of lead poisoning in tested children age 6 years and under in the various neighborhoods of Chicago. The cumulative incidence and prevalence of lead poisoning will be calculated over time and on a quarterly basis. Further epidemiological analysis of the incidence and prevalence will be performed to evaluate impacts on populations that traditionally have faced a disproportionate burden of lead poisoning. Particular attention will be paid to children of parents with low-income levels (as determined by Medicaid eligibility, Section 8 participation, or other indicators), minorities, residents of high-risk communities, and other targeted communities identified by the Task Force or its sub-committees.

The impact of the plan on the removal of lead hazards from Chicago's housing stock will also be evaluated. Lead hazard remediation is not currently tracked in Illinois, necessitating the use of proxy measures to assess changes in the occurrence of lead hazard control work and the presence of lead hazards in housing. In addition to the percentage of properties inspected by CDPH with identified hazards and the severity of these hazards, the Illinois Lead Safe Housing Task Force and CDPH will consider performing a random survey for lead hazards in target housing. The Task Force and CDPH also will consider other metrics, including surveys of window replacement contractors and lead abatement professionals to gather information on the volume of work being performed.

Appendix A

Estimated Prevalence of Lead-Based Paint and Lead-Based Paint Hazards in Chicago

Estimated Prevalence of Lead-Based Paint and Lead-Based Paint Hazards in Chicago

In this study, the number of housing units in Chicago with lead-based paint and lead-based paint hazards were estimated. Estimates were made based on the national study "The Prevalence of Lead-Based Paint Hazards in US Housing" published in Environmental Health Perspectives, in October 2002. The national study included measurements of lead in intact and deteriorated paint, interior dust, and bare soil. The nationwide results indicate that 38 million housing units had lead-based paint, and 24 million had significant lead-based paint hazards. Fourteen percent of all houses had significantly deteriorated lead-based paint, and 16% and 7%, respectively, had dust lead and soil lead levels above current standards of the U.S. Department of Housing and Urban Development and the U.S. Environmental Protection Agency. The prevalence of lead-based paint and hazards increases with age of housing. Housing in the Northeast and Midwest had about twice the prevalence of hazards compared with housing in the South and West. The greatest risk occurs in older units with lead-based paint hazards that either will be or are currently occupied by families with children under 6 years of age and are low-income and/or are undergoing renovation or maintenance that disturbs lead-based paint.

Using the percentages of hazards by age of housing identified in the national study, the Chicago Department of Public Health has estimated the number of housing units with lead hazards in the city of Chicago based on data from the 2000 US Census. There are approximately 1.1 million housing units in the city of Chicago. Of these, approximately 60% were built prior to 1950 and likely to contain lead-based paint. Lead-based paint becomes hazardous to children as it deteriorates. The following table shows the estimated the number of hazardous housing units in Chicago:

Age of Housing	Owner-Occupied		Rental	
	#	%	#	%
1980 or Later	36350	7.7%	55809	9.3%
1950 to 1979	185007	39.2%	237444	39.6%
Pre 1950	251184	53.2%	306627	51.1%
TOTAL	472541	100.0%	599880	100.0%
Hazardous Housing	32720	6.9%	55411	9.2%
Percent of TOTAL HOUSING	44.1%		55.9%	
Percent of Hazardous Housing	37.1%		62.9%	

Appendix B

Target Areas (Data and Maps)

Characteristics of Targeted Community Areas
(Children, Lead Poisoning Rates, Income, Housing)

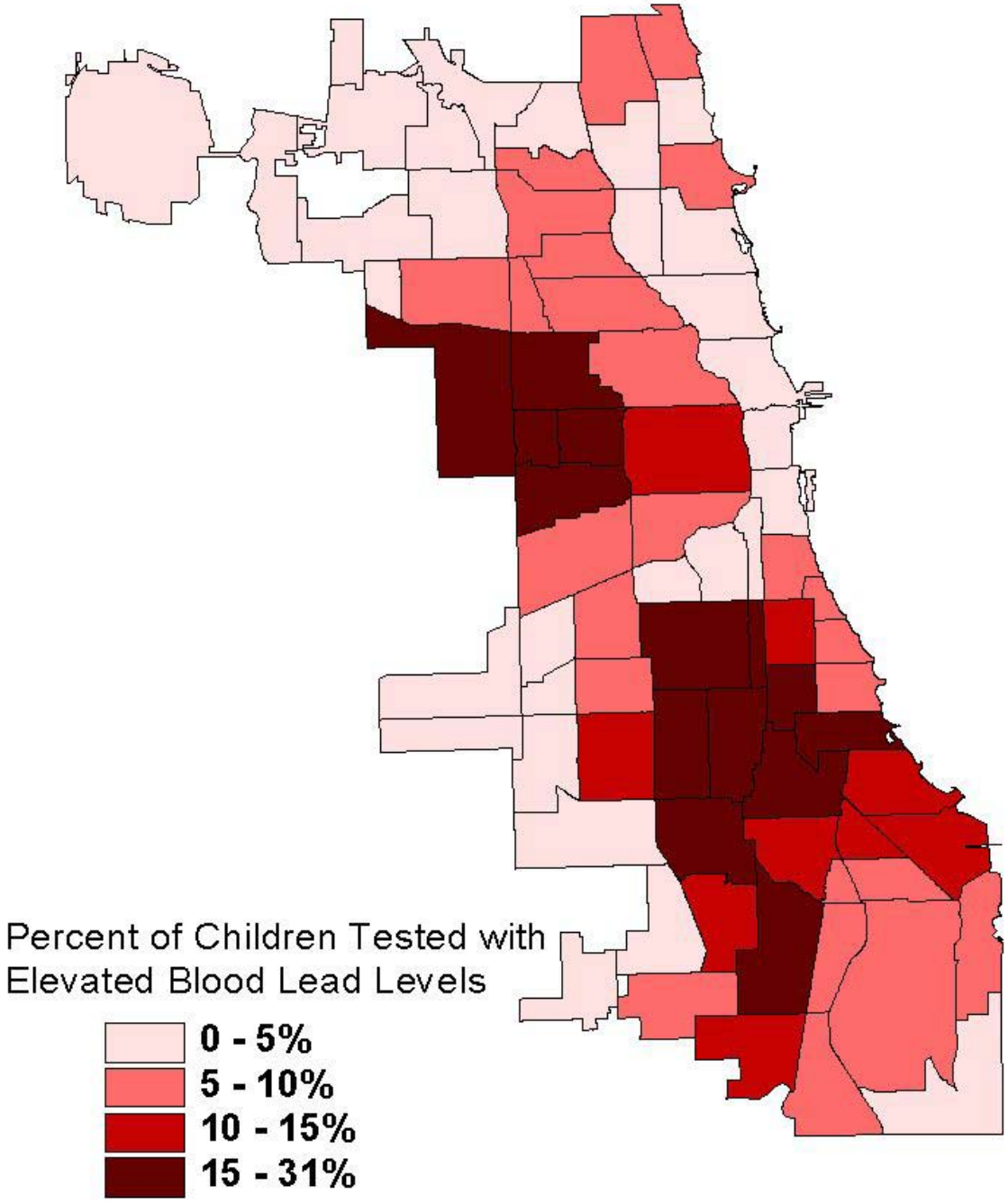
West Side Target Area

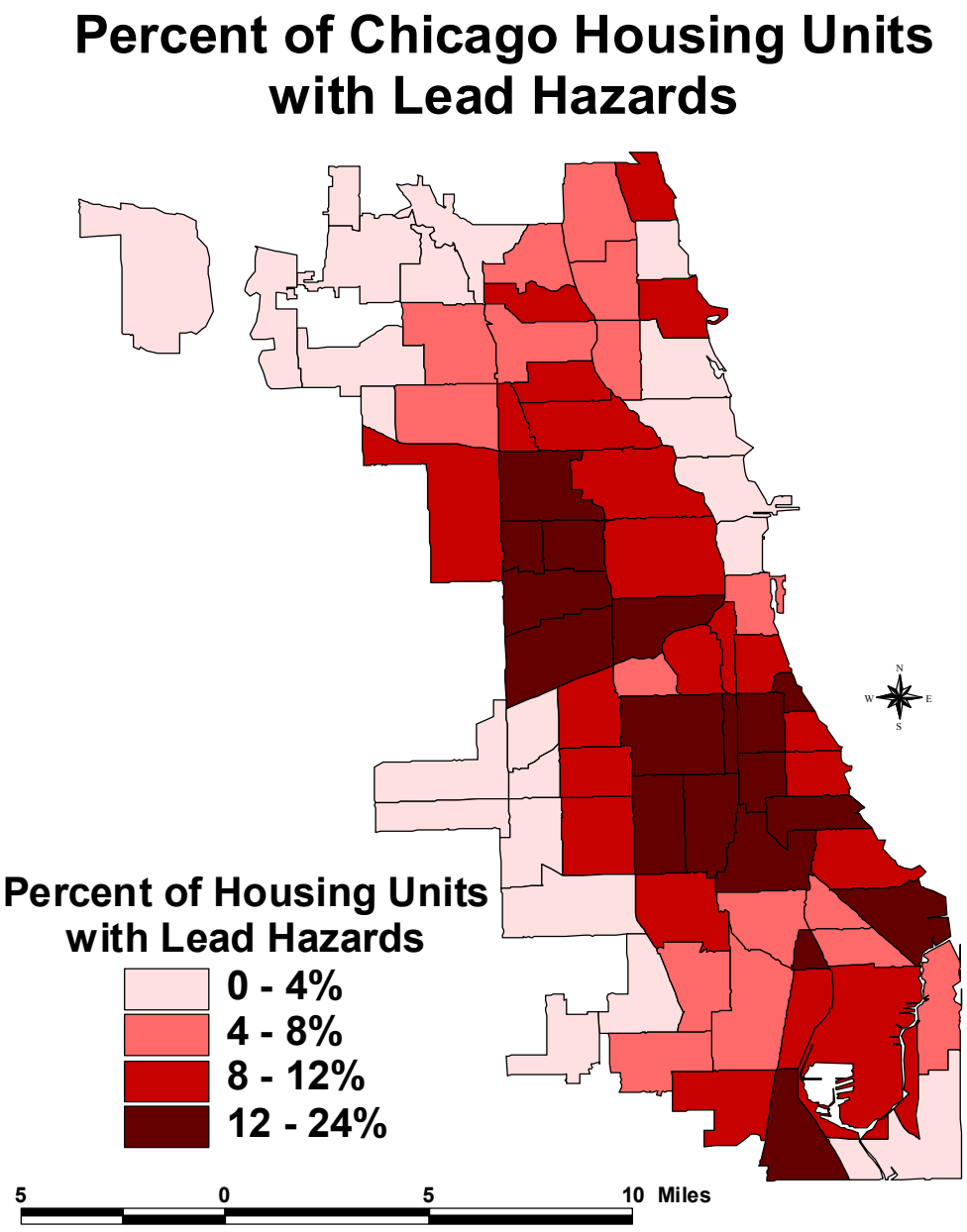
	Austin 25		East & West Garfield Park 26 & 27		Humboldt Park 23		North Lawndale 29		South Lawndale 30		Lower West 31	
	#	%	#	%	#	%	#	%	#	%	#	%
Characteristic												
Total Children <6 years	14763	12%	5629	15%	9631	9%	5869		12532		6521	
Blood Lead Screening in '01	3912	26%	2441		3251	34%	2608	44%	5824	46%	2831	43%
Elevated blood lead levels in '01	1048	27%	598		560	17%	573	22%	490	8%	199	7%
Median Household Income '01	$ 33,663		$ 23,669		$ 28,728		$ 18,342		$ 32,320		$ 27,763	
Total Housing Units	38253		15582		19834		14620		20991		14410	
Housing Units built '39 or earlier	13780	36%	7043	45%	9482	48%	6231	43%	10533	50%	9731	68%
Housing Units built 1940 - 1949	7556	20%	2787	18%	3414	17%	3018	21%	3777	18%	1576	11%
Housing Units built 1950 - 1959	7020	18%	2228	14%	2516	13%	2078	14%	2665	13%	1261	9%
Estimated # of Housing Units at Risk for Lead	4353	11%	2649	17%	3150	16%	2942	20%	2977	14%	2311	16%

South Side Target Area

	Englewood 68		West Englewood 67		Greater Grand Crossing 69		Fuller Park 37		Auburn Gresham 71		Roseland 49		Washington Park 40	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Characteristic														
Total Children <6 years	5569	14%	5706		4452		389		6127		5493		2061	
Blood Lead Screening in '01	2286	41%	2557	45%	1625	37%	154	40%	2095	34%	1767	32%	741	36%
Elevated blood lead levels in '01	700	31%	698	27%	316	19%	45	29%	323	15%	305	17%	124	17%
Median Household Income '01	$ 18,955		$ 26,693		$ 27,916		$ 18,412		$ 34,238		$ 38,237		$ 15,160	
Total Housing Units	15210		14063		16117		1611		19955		17973		6153	
Housing Units built '39 or earlier	6463	42%	5249	37%	7090	44%	754	47%	6763	34%	5241	29%	2229	36%
Housing Units built 1940 - 1949	2614	17%	2691	19%	3152	20%	337	21%	3633	18%	4089	23%	975	16%
Housing Units built 1950 - 1959	1982	13%	2592	18%	2706	17%	273	17%	4351	22%	4236	24%	1011	16%
Estimated # of Housing Units at Risk for Lead	2807	18%	2104	15%	2223	14%	264	16%	1922	10%	1482	8%	1180	19%

Childhood Lead Poisoning in Chicago: Percent of Children Tested in 2001 with an Elevated Blood Lead Level





Based on 2000 Census Data

Appendix C

Lead Safe Chicago Elimination Team Participants

Lead Safe Chicago

A Plan to Eliminate Childhood Lead Poisoning in Chicago
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Appendix D

Illinois Lead Safe Housing Task Force

Illinois Lead Safe Housing Task Force

Dedicated to Ending Childhood Lead Poisoning in Illinois

The Illinois Lead Safe Housing Task Force was formed in 1997 to develop and implement workable strategies to eliminate childhood lead poisoning. The Task Force is an alliance of individuals and public, private and not-for-profit groups committed to ending childhood lead poisoning. The Task Force makeup includes representatives of community based organizations, property management and realtor associations, the insurance industry, and children's health and welfare advocacy groups; officials from State and local public health and housing agencies; and parents of children who have been lead poisoned, tenant advocates, physicians, and attorneys. The Task Force advocates for policy reform, promotes public awareness, and fosters collaborations to achieve its mission. The Task Force is housed by the Civitas ChildLaw Center, a part of Loyola University's School of Law. The ChildLaw Center, founded in 1993, is committed to promoting justice for children through interdisciplinary service, teaching and scholarship. The **Illinois Lead Safe Housing Task Force** is one such effort, and is chaired by a faculty member and staffed by law students, with a grant from The Chicago Community Trust.

The rate of childhood lead poisoning across Illinois is among the highest in the nation. In 2001, over 20,000 Illinois children had an elevated blood lead level. These statistics do not reflect the real incidence of lead poisoning as many children have not received blood lead tests. Lead poisoning in children causes reduced intelligence, learning disabilities, and behavioral problems.

Over its six year history, the Task Force has fostered effective partnerships between members and has accomplished several significant endeavors, including:

Passage of Legislation. The Task Force drafted legislation that was signed into law in July 2003. Public Act 93-348 provides for the formation of a Lead Safe Housing Advisory Council charged with making recommendations to the Governor and legislature on the following:

- ✓ Development of a primary prevention program – primary prevention means the elimination of lead hazards before a child is poisoned;
- ✓ Adoption of lead-safe work practices for paint repair, remodeling, and weatherization projects;
- ✓ Exploration of funding mechanisms to help landlords and homeowners afford the cost of making their housing lead-safe; and
- ✓ Development of necessary legislation or rulemaking to improve the effectiveness of State and local programs in lead abatement and other prevention and control activities.

Reallocation of County Funds for Abatement. The Task Force successfully advocated for reallocating funds from a dismantled indemnity fund to be used for grants to pay for abatement and mitigation of housing in Cook County.

Development of Bench Book. The Task Force created a manual for judges in Chicago's Housing Court that contains relevant laws, regulations and background information about lead poisoning.

Sponsorship of Citywide Summit to End Childhood Lead Poisoning. The Task Force convened, with the Chicago Department of Public Health, a Citywide invitational summit that brought together individuals representing a broad spectrum of public, private, and non-profit organizations and agencies to define the major objectives and components of a strategic plan aimed at eliminating childhood lead poisoning in Chicago by the year 2010.

Production of public awareness materials. The Task Force produced a 13-week cable television series on lead paint poisoning, and a Public Service Announcement.

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Appendix E

Materials for Lead Safe Chicago: A Citywide Summit

LEAD SAFE CHICAGO:
A Citywide Summit to End Childhood Lead Poisoning*
March 28, 2003
8:30 a.m. – 3:30 p.m.

77 West Jackson
Lake Michigan Room, 12th floor
Chicago

AGENDA

8:30-9:00 Registration

9:00-10:00 *Welcome and Introductions*
John L. Wilhelm, M.D., M.P.H., Commissioner,
Chicago Department of Public Health

Childhood Lead Poisoning in Chicago
Anne Evens, Director, Childhood Lead Poisoning Prevention Program,
Chicago Department of Public Health

Addressing Childhood Lead Poisoning
- Bharat Mathur, Deputy Regional Administrator, U.S. Environmental Protection Agency
- Dr. Patrick J. Meehan, Director, Division of Emergency and Environmental Health Services, National Center for Environmental Health, Centers for Disease Control and Prevention
- Joseph P. Galvan, Regional Director, U.S. Department of Housing and Urban Development

10:15-11:00 Keynote Address: *The Legacy of Lead: Childhood Lead Poisoning in the 21st Century*
Dr. Bruce P. Lanphear, Sloan Professor of Children's Environmental Health, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio

11:15-11:30 Break and move into concurrent working sessions

* The U.S. Environmental Protection Agency, The Chicago Community Trust, the Chicago Department of Public Health, and Loyola University Chicago funded this summit. It is convened in partnership with the U.S. Environmental Protection Agency, the U.S. Department of Housing and Urban Development, and the Centers for Disease Control and Prevention.

11:30-noon Concurrent working sessions beginning with presentations:

Leveraging Dollars for Making Housing Lead Safe – Lake Superior Room
Facilitator: Donna Ducharme, Co-Director, Delta Institute
Presenters: David Jacobs, Director,
Office of Healthy Homes and Lead Hazard Control,
U.S. Department of Housing and Urban Development
Anne Evens, Director, Childhood Lead Poisoning
Prevention Program, Chicago Department of Public
Health

Fostering Compliance with Lead Safe Housing Practices – Lake Huron Room
Facilitator: Neil Williams, Associate Professor,
Loyola University Chicago School of Law
Presenters: Steve Mier, Program Director, Childhood Lead
Poisoning Prevention Program, Chicago Department of
Public Health
Don Ryan, Executive Director, Alliance to End
Childhood Lead Poisoning
Mike Scobey, Government Affairs Liaison, Illinois
Association of Realtors

Increasing Identification of Children with Elevated Lead Levels – Lake Erie Room
Facilitator: Dr. Prentiss Taylor, Medical Director, Amerigroup
Corporation
Presenters: Patrick MacRoy, Epidemiologist, Chicago Department of
Public Health
LaTonya Cannon, Public Health Nursing Supervisor,
Chicago Department of Public Health
Tim Dignam, Epidemiologist,
Centers for Disease Control and Prevention

Putting Childhood Lead Poisoning on Decisionmakers' Radar Screen –
Lake Ontario Room
Facilitator: Thom Clarke, President, Community Media Workshop
Presenters: Jonathan Goldman, Executive Director,
Illinois Environmental Council
Kim Fitzgerald, Project Director, Voices for Illinois Children

Noon Lunch will be served in breakout rooms

12:15 – 2:45 Continuation of concurrent working sessions

2:45 – 3:30 *Where Do We Go From Here: Summary of Breakout Action Plans*

Anne Evens, Chicago Department of Public Health
Anita Weinberg, Loyola University Chicago ChildLaw Center

LEAD SAFE CHICAGO:
A Citywide Summit to End Childhood Lead Poisoning
Friday, March 28, 2003
8:30 a.m. – 3:30 p.m.

Briefing Paper

THE PROBLEM

Lead poisoning is a potentially devastating, but entirely preventable disease. It is one of the top environmental threats to children's health in the United States. The most current national survey shows that nearly a half million children are lead poisoned.

Chicago has taken a number of significant steps to assure that our children are protected from the dangers of lead poisoning. Increased screening and enforcement efforts have helped to reduce lead poisoning in our City. Like many urban centers with a significant amount of older housing, however, lead poisoning rates in Chicago remain unacceptably high, with over 12,000 children identified in 2001. Unfortunately the numbers likely are even higher since not all children at risk of lead poisoning are being tested. Low income children and children of color continue to be at highest risk of becoming lead poisoned.

Lead poisoning has no positive value to the human body and has not been shown to be safe at any level. The effects of lead on the child's developing brain and nervous system often are permanent. At high levels, lead poisoning causes damage to the child's nervous system, kidneys, and reproductive system. Even at low and moderate levels, lead poisoning can cause learning disabilities, problems with speech, shortened attention span, hyperactivity, and behavioral problems. While we do not know how many of the children in our schools receiving special education services suffer from lead poisoning, many children likely have been affected. Research links low levels of lead exposure to lower IQ scores and possibly to juvenile delinquency.

The two key risk factors linked to lead poisoning in children are living in older housing and living in a low-income household. According to the U.S. Department of Housing and Urban Development, almost 60% of the housing stock in Chicago was built prior to 1950 when lead paint was most prevalent. If lead paint is not removed or contained in older housing, it continues to be a source of lead exposure for children. While children can be exposed to lead in many ways, lead contaminated house dust, ingested in the course of normal hand-to-mouth activity, is the leading cause of lead poisoning. House dust is most often contaminated by lead-based paint in the home when paint peels, deteriorates, or is scattered about during home renovation or preparation of painted surfaces for repainting. Window surfaces are considered a higher lead exposure risk than are other areas in homes. Each time an old window is opened, the painted wood surfaces rub together and create lead-contaminated dust. Children crawl and pick up toys from the floors where the lead dust has come to rest. And—because it's what children do—they put the toys and their fingers in their mouths and become poisoned.

Children ages one to three are at particular risk because of normal hand-to-mouth activity and the increase in mobility, which makes lead hazards more accessible. In addition, children absorb up to 50% of the lead they ingest, compared to adults who retain only 10%.

THE GOAL

To eliminate childhood lead poisoning in Chicago by the year 2010.

UNDERLYING PREMISES IN ADDRESSING THE PROBLEM AND MEETING THE GOAL*

The Alliance to End Childhood Lead Poisoning, a national advocacy group focused on lead poisoning prevention, has identified ten underlying premises that should inform the design of objectives and strategies to eliminate childhood lead poisoning.

1. Preventing lead poisoning is a good investment and an achievable goal. Lead poisoning imposes enormous costs on society at large as well as personal tragedy for children and their families. We cannot afford to allow this entirely preventable disease to continue.

2. Waiting to react to poisoned children is inhumane as well as inefficient. Truly protecting children requires preventing and controlling hazards before exposure occurs. Blood lead screening can be a valuable tool, but it should be viewed as a safety net, not the central prevention strategy. Significant changes in the lead poisoning landscape call for greater emphasis on localized primary prevention efforts to protect children from lead hazards.

3. Educational resources should be directed primarily to increase knowledge and skills among those with the power and responsibility to make housing lead-safe. Awareness is one step to a problem's solution, but campaigns that simply raise awareness do not protect children. Similarly, educational campaigns aimed at changing parents' or children's day-to-day diet, hygiene, and housekeeping behavior produce limited benefit and can inadvertently shift responsibility to parents. Studies show that parents living in dwellings that contain significant lead hazards do not have it within their power to protect their children from lead exposure. To make lead-safe housing a reality, health departments should focus education and training efforts primarily to increase knowledge and skills among landlords, maintenance staff, painters, remodelers, do-it-yourselfers, code inspectors, and judges. Education about tenants' rights and making better-informed decisions when moving is also helpful to parents.

4. Making housing lead-safe is the best way to protect all children. It would be preferable if all housing were lead-free, but removing all lead paint from U.S. housing is not a feasible goal. Nonetheless, research studies, real-world experience, and national health statistics confirm that a range of strategies is effective in making most leaded properties safe. The goal of lead-safe housing is reasonable, achievable, and worthy – and an important aspect of the broader national goal of decent, safe, and affordable housing.

5. An effective approach to lead safe housing requires stratification of lead-burdened properties from extremely high hazard to very low risk, with responses calibrated to risk. According to HUD's latest national survey, one-third of lead-burdened properties are currently safe (i.e., no conditions exceeding EPA's lead hazard standards). At the other end of the spectrum, many older houses and apartments in poor condition pose extreme hazards. Continued good maintenance can

* See Alliance to End Childhood Lead Poisoning, "Making Lead-Safe Housing the Central Focus of Strategic Plans to Eliminate Childhood Lead Poisoning." Available at www.aeclp.org.

ensure that lead-safe properties remain in such condition, while full abatement (or even demolition) may be the only solution for other properties. Strategic plans therefore need to rely on a range of lead safety strategies and incorporate different action triggers that are based on each property's level of risk.

6. It is unrealistic to rely exclusively on the certified lead services industry to make our housing stock lead-safe. Research has documented that conventional paint repair practices can generate significant levels of lead dust. Painters, remodelers, maintenance staff, small landlords, and do-it-yourselfers all need to understand and follow basic safeguards to control, contain, and clean up lead dust. For each formal "lead abatement project" completed, on the order of 1,000 remodeling projects are performed in pre-1978 housing. Everyday painting, repair, and remodeling projects hold the potential to reduce – or create – lead hazards in vastly more properties than currently are treated by certified lead abatement contractors.

7. Relatively simple, low-cost tools and measures can contribute significantly to lead safety. While lead inspections and risk assessments provide valuable information, in most cases an initial visual survey provides strong clues about the corrective action needed. One day's training can teach lead dust sampling, which provides a low-cost check for non-abatement work. In most cases, painters with one-day training in lead-safe work practices can safely perform remodeling and paint repair. Overly expansive definitions that classify basic remodeling activities as "lead abatement" unnecessarily increase costs and discourage housing rehab. HUD's lead-safety rule for federally-assisted housing offers a helpful template, complementing targeted abatement requirements with broad reliance on good maintenance, visual inspection, training regular trades in lead-safe work practices, and clearance dust testing.

8. Integrating lead safety into other systems offers broader impact than stand-alone strategies. Lead-only strategies are inherently limited in their impact, difficult to sustain, and hard to take to scale. Ending lead poisoning will depend on taking advantage of logical opportunities to integrate lead-safety tools and knowledge cost effectively into other systems, such as code enforcement, weatherization, housing rehabilitation, prenatal care visits, and so forth.

9. Interventions to control lead hazards in high-risk housing offer a logical opportunity to address other housing-related health hazards concurrently. Many houses in condition to poison a child with lead also pose other serious health hazards, such as mold, dust mites, cockroaches, and other asthma triggers. Pursuing opportunities to build on lead safety interventions to address other health hazards in housing can build new constituencies.

10. Communities most affected by lead poisoning need to be vocal advocates for prevention and fully engaged in both the design and implementation of solutions. A vital planning process deeply involves leaders of the communities affected to strengthen this important constituency and influence strategy design and implementation. For solutions to be effective and lasting, plans must reflect community values, build capacity and power within distressed communities, and strengthen their economies.

SIGNIFICANT ISSUES FOR CONSIDERATION

In developing a blueprint for Chicago to eliminate childhood lead poisoning, we have identified four key topic areas that must be addressed. These topics are:

a. Leveraging dollars for making housing lead safe;
b. Fostering compliance with lead safe housing practices;
c. Increasing identification of children with lead poisoning.

d. Putting childhood lead poisoning on decision makers' radar screen (to influence policy makers, legislators, media).

During the afternoon of the Summit, participants will be divided into working groups to address these topics. Presenters in the groups will briefly set the stage for strategic planning by describing efforts currently underway in Chicago and innovative projects in other parts of the country. The remainder of the afternoon will be focused on developing a blueprint to respond to each of these topics.

1. Leveraging dollars for making housing lead safe

Directors and staff of lead poisoning prevention programs are painfully aware that housing cannot be made lead-safe without *more money*. Conversations about money invariably dwell on the expenditure side of the ledger. Strategic plans present an opportunity to highlight the benefits and recast lead-safety interventions as *investments*, rather than expenditures. These investments upgrade affordable housing, stabilize distressed neighborhoods, save on health care costs, improve school performance, and reduce juvenile delinquency. This workgroup is focused on identifying creative ways, including public-private partnerships, to leverage dollars to make housing lead safe.

2. Fostering compliance with lead safe housing practices

Landlords, homeowners, contractors, insurers, city attorneys, state prosecutors have a stake in making housing lead safe. Specifically, lead safety in housing ultimately depends on action by property owners. This workgroup is focused on identifying and developing a strategic plan for increasing owners' motivation to prevent and control lead hazards, e.g. through a combination of "carrots and sticks."

3. Increasing identification of children with elevated blood lead levels

Most children with lead poisoning don't have blood lead levels high enough to cause visible symptoms. A blood test is the only way to identify those children with elevated blood lead levels in order to halt their exposure before their lead level increases and to ensure younger siblings are not exposed. Too few children under the age of three are tested for lead poisoning—40% of the children under two years old in Chicago are tested. Young children are most likely to become lead poisoned when they become mobile. Children crawl and toddle and pick up toys from the floors where lead dust has come to rest. And—because it's what children do—they put their toys and fingers in their mouths and become poisoned. The focus for this workgroup is to develop a plan to increase testing for young children between the ages of zero-to-three years in Chicago.

4. Putting childhood lead poisoning on decision makers' radar screen

If you surveyed the public, you would hear that lead poisoning was eliminated decades ago. Lead paint is banned, leaded gasoline is no longer an option, and leaded pipes are not used. Yet, children continue to be poisoned in their own homes because their homes have not been renovated, because each time an old window is opened, the peeling lead paint turns to dust, because neighbors track lead paint from Chicago's old battle-gray rear porches through the house. Legislators and decisions makers also are unaware of the extent of the problem. The purpose of this workgroup is to develop strategies for educating legislators, policy and

decision makers, funders, and the media about this health hazard to child and to the future of our City.

LEAD SAFE CHICAGO:
A Citywide Summit to End Childhood Lead Poisoning

MARCH 28, 2003

LEVERAGING DOLLARS FOR MAKING HOUSING LEAD SAFE

The Problem

The two key risk factors linked to lead poisoning in children are living in older housing and living in a low-income household. According to the U.S. Department of Housing and Urban Development, almost 60% of the housing stock in Chicago was built prior to 1950 when lead paint was most prevalent. If lead paint is not removed or contained in older housing, it continues to be a source of lead exposure for children. While children can be exposed to lead in many ways, lead contaminated house dust, ingested in the course of normal hand-to-mouth activity, is the leading cause of lead poisoning. House dust is most often contaminated by lead-based paint in the home when paint peels, deteriorates, or is scattered about during home renovation or preparation of painted surfaces for repainting. Window surfaces are considered a significant contributor to lead-contaminated dust in older Chicago homes. Each time an old window is opened, the painted wood surfaces rub together and create lead-contaminated dust. Children crawl and pick up toys from the floors where the lead dust has come to rest. And—because it's what children do—they put the toys and their fingers in their mouths and become poisoned.

It is difficult to estimate the current number of housing units in Chicago with significant lead hazards because rehab, demolition and maintenance are all important factors. However, according to Chicago Department of Public Health estimates, of the 1.1 million housing units in Chicago, approximately 88,000 units in Chicago are considered at high risk for lead-based paint hazards. This estimate is based on the model used in the federal strategy to estimate the number of at-risk housing units, US Census 2000 data and the American Housing Survey. Of the 88,000 units, 33,000 are owner-occupied with up to six units and 55,000 units are multi-family rental units larger than six units.

Some percentage of these units do not currently pose a health hazard and with interim controls and continued good maintenance can remain lead-safe properties. At the other end of the spectrum, however, many older houses and apartments in poor condition pose extreme hazards and full abatement (or even demolition) may be the only solution for these properties. Chicago's strategic plan, therefore, should include a range of lead safety strategies and incorporate different action triggers based on each property's level of risk. Estimated costs for mitigation and abatement range from $3000 to $10,000 per housing unit.

The problem for this Working Group is to identify creative ways to leverage dollars to make housing lead safe. Creation of Chicago's plan presents an opportunity to highlight the benefits of making housing lead safe and to recast lead-safety interventions as investments, rather than expenditures. For example, these investments include:

- upgrade affordable housing
- stabilize distressed neighborhoods
- save on health care costs
- improve school performance, and
- reduce juvenile delinquency.

Objective

The objective for this Working Group is to develop a plan that identifies creative ways, including public-private partnerships, to leverage dollars to make housing lead safe in

- low-income owner-occupied properties (up to 5 units)
- smaller multi-family rental units with low-income tenants (up to 5 units)
- larger multi-family units serving low-income tenants (6 units and greater)
- all other units

The plan should include timelines and benchmarks. There should be at least three short term (in the planning and development stage within one year) and one long-term (over the next seven years) objectives for leveraging dollars to make housing lead safe. For each objective, the group should determine the three or four actions needed to achieve the objective. For each action, identify any barriers. And, for each action, identify the estimated completion date, critical partners, and what the critical partners bring to the effort.

Barriers

Three key barriers to making housing lead safe are:

- the investment required
- focus on the costs involved in doing abatement and mitigation rather than the benefits
- lack of sharing of program resources, for example, dollars for lead abatement and energy conservation/weatherization.

Possible Solutions[i]

Given the State's current fiscal crisis, short and long term objectives for leveraging dollars for making housing lead safe are in order. Following are some solutions underway or under consideration in other locales.

Community Reinvestment Act credits. The federal Community Reinvestment Act requires lenders to provide credit to low- and moderate-income neighborhoods in which they operate. Banks that subsidize or support lead safety strategies earn credit under the Community Reinvestment Act. Banks can be encouraged to develop low interest affordable home renovation financing programs that could be designed to include funding for lead hazard reduction.

Coordination of Lead Hazard Reduction and Energy Savings Programs. Windows are a prominent source of lead dust. Coordination of lead hazard reduction dollars and funding available for energy conservation that can be used to replace windows would serve a dual purpose and be cost efficient.

Dedicated Funds. Dedicating funds through mechanisms such as a housing trust fund, bond issues for window replacement, or reserving income from fees or fines, can increase lead safe, and affordable, housing.

Public-Private Sector Partnerships. Shared cost models, using both public and private dollars can be explored. Banks can be approached to provide low interest loans as an incentive to property owners taking the initiative to make their properties lead safe. Private foundations and business can be tapped for resources to assist in lead abatement and mitigation efforts.

Tax Strategies. State income tax or local property tax credits can be an incentive to encourage and reward owners who take it upon themselves to make their housing lead safe. Massachusetts has had success with a state income de-leading tax credit program since January 1994.

Tax Increment Financing (TIF). Tax increment financing is a way to pay for improvements to vacant and underused properties in the City, so that it becomes productive again. The City of Chicago has set up TIF districts to help develop blighted areas, build and repair roads and infrastructure, clean up polluted land, and put vacant or dilapidated properties back to work for the people of Chicago. By returning formerly vacant properties to the tax rolls, the City creates new sources of revenue within the TIF district, generating the funds needed to make necessary improvements without raising taxes in the community. The City's investments in these areas are repaid through improved, productive properties that become new, permanent revenue generators.

Un-obligated TANF Funds. To the extent Illinois has any un-obligated Temporary Assistance to Needy Families (TANF) dollars, the funds may be targeted to providing safe, affordable housing for low-income families. Dollars could be used for lead hazard reduction in homes of low-income families.

[1] Many ideas are described in Alliance to End Childhood Lead Poisoning, "Making Lead-Safe Housing the Central Focus of Strategic Plans to Eliminate Childhood Lead Poisoning" (Spring 2003) (for more information, see www.aeclp.org), and CGR, "Lead Poisoning Among Young Children in Monroe County-

A Needs Assessment, Project Model, and Next Steps" (May 2002) (available at http://www.leadfreerochester.org/CGR%20Report.pdf)

LEAD SAFE CHICAGO:
A Citywide Summit to End Childhood Lead Poisoning

MARCH 28, 2003

FOSTERING COMPLIANCE
WITH LEAD SAFE HOUSING PRACTICES:
Motivating Property Owners to Comply

The Problem

Ultimately, lead safety in housing depends on action by property owners. Whether responding to a citation or applying for an abatement grant, the property owner must be the point person who will take the initiative to remove lead hazards before children are poisoned. There are, however, other responsible entities that play a role in promoting lead-safe housing: realtors, insurers, property managers, contractors, painters, to name just a few. The challenge for this Working Group is to generate ideas for motivating property owners in partnership with realtors, insurers, property managers, contractors, etc., to do primary prevention: to make their properties safe so that no child becomes lead poisoned.

The challenge is to think not just in terms of enforcement, but also incentives. And, in light of current fiscal constraints, it's important to come up with actions that can be implemented by sharing resources or changing practices. One of the other Working Groups, Leveraging Dollars for Making Housing Lead Safe, will be working on creating a plan to find additional resources (e.g. through tax incentives, bank loans, etc.).

In thinking through this problem of fostering compliance, it's also important to consider Chicago's demographics, particularly in communities where many children are lead-poisoned, because while a purely enforcement strategy might be an effective inducement for some property owners, in communities where there is a significant amount of low-income, owner-occupied housing, the City must take a different approach. It might be helpful to think in terms of three categories of properties:

- Low-income owner-occupied properties (up to 5 units)
- Smaller multi-family rental units with low-income tenants (up to 5 units
- Larger multi-family units serving low-income tenants (6 units and great)
- All other units.

In considering how to motivate property owners, it's also important to consider the perspective of the landlord. Following is a portion of a letter written by a local builders' group, that highlights some of the barriers to compliance, voluntary or as a result of enforcement:

As someone who owns and manages my own apartment buildings, I am quite

> familiar with a building owner's perspective when governmental entities start mandating that we take certain actions or precautions in an attempt to keep our buildings free from environmental dangerous substances, whether it be asbestos, lead paint, or the new one on the radar screen, which I am presently dealing with at one of my buildings: mold. As a building owner, I know that public sentiment towards these potential ailments ranges from passive to severe overreaction, and, at times, back to some appropriate mid level.
>
> Landlords, like children, hate being told what to do. Many of us are not properly educated about why these requirements are necessary. The existing procedures requiring that we require tenants to sign disclosure forms based on "our knowledge of the problem," induce us to close our eyes to the potential existence of lead paint problems. All that most landlords know is that lead paint removal can be unrealistically costly, and, ignorantly, we suggest that tenants should bear the complete burden of preventing their toddlers from crawling around picking up and eating paint chips. We also are clueless about how to test for it and we have no incentive to find out.
>
> Education is the key component to resolving a good share of the lead paint problem. Many landlords and window installers can be motivated to do the right thing to prevent children from suffering from the harmful effects of lead once we become properly educated on the subject, and when we learn that cost effective solutions exist.[ii]

As stated by the Alliance to End Childhood Lead Poisoning: educational resources should be directed primarily to increase knowledge and skills among those with the power and responsibility to make housing lead-safe. Gaining a keen understanding of the problems that responsible property owners face can lead to improvements in health department programs, meaningful action to prevent and control hazards, and new allies for prevention.

Regulatory Scheme in Chicago

The Chicago Municipal Code provides "It shall be the duty of every owner of a residential building to maintain the residential building in such a manner so as to prevent the existence of a lead hazard." The Chicago Department of Public Health has the authority to inspect any residential dwelling, child care facility or school for the presence of lead-based paint hazards. The City can act, even in the absence of a lead poisoned child.

Under the Illinois Lead Poisoning Prevention Code, government action is triggered only upon notification that a child has an elevated lead level at or above 25 ug/dl.[iii] The Code also specifies licensing requirements for lead abatement workers, supervisors and contractors, as well as requirements for licensed inspectors and risk assessors. The Chicago Department of Public Health has adopted this code and enforces

it alongside the City of Chicago Municipal Code. The Chicago Department of Public Health inspects when a child has an elevated lead level of 15 ug/dl or above, or when a child aged 18 months or younger has an elevated blood level of 10 ug/dl and will also send an inspector upon request from a property owner or tenant even when no child has been poisoned.

The HUD Disclosure Rule provides that sellers, landlords and agents are required to notify prospective homebuyers and tenants of lead-based paint and lead based paint hazards in pre-1978 housing. The HUD Pre-Renovation Disclosure Rule provides that a landlord must give notice to tenants when he intends to do renovation that would disturb two-square feet of any painted surface.

Barriers

Following are just some of the barriers to fostering compliance with lead safe housing practices:

- Lack of information about lead-safe work practices.
- Lack of knowledge about the effects of childhood lead poisoning.
- High cost of lead hazard control work.
- Fear that, like asbestos, abatement will be costly and might create a greater risk if surfaces are disturbed.
- Thinking in terms of childhood lead poisoning as a "health" issue, rather than a "housing condition" problem.
- Limited city inspection staff, thus requiring prioritization of response.

Objective

The objective for this Working Group is to draft at least three short term (next year) and one long term (over next seven years) objectives for increasing owners' motivation to prevent and control lead hazards (this may include voluntary as well as enforcement efforts).

· Determine the three or four most important actions to accomplish each objective.

· For each action, identify:
  -- critical partners and what they bring to the effort
  -- benchmarks
  -- estimated completion date(s)

Possible Actions

Screening High-Risk Housing for Lead Hazards. Screening high-risk housing for hazards can be a useful complement to screening children for elevated lead levels. Visual surveys can initially identify properties with visible maintenance deficiencies; collecting limited environmental samples can then identify hazards for more intensive follow up evaluations and/or corrective action.

No House Should Ever Poison Twice. Endorsement of this simple objective could help muster the will and resources needed to end the cycle of poisonings. Properties that have poisoned a child in the past decade are another high-risk category (unless full abatement was performed to remove all lead-based paint). The Chicago Department of Public Health, with sufficient resources, could retrieve addresses from prior cases to set priorities for follow up visits employing visual surveys and limited environmental sampling.

Incorporating Lead Safety into Rental Property Maintenance. Low-cost preventive strategies include regular visual inspection for paint deterioration, basic training in lead safety for maintenance staff, and following lead-safe work practices in repairing peeling paint and its causes.

Inspecting Apartments at Turnover. When preparing a vacant unit for a new occupant, landlords need to take full advantage of the opportunity to work in vacant units by routinely fixing doors and safely repairing peeling paint. Dust testing at unit turnover and after paint repair provides an additional precaution for presumptively high-risk units.

Making Lead-Safe Work Practices Routine for Painters and Remodelers. Every project that repairs or disturbs paint in older housing holds the potential to create extensive lead dust. Both high-quality technical materials (the federal "Field Guide") and one-day, federally approved training courses are readily available to teach painters, remodelers and maintenance staff the modest changes in work practices need to control, contain and clean up lead dust.

Identifying and Checking All Properties Owned by Problem Landlords. Some problem landlords own multiple properties that disproportionately poison children. Identifying and checking all properties owned by problem landlords can identify common maintenance deficiencies and identify negligent landlords who should be targeted for aggressive enforcement.

Making Training in Lead-Safe Work Practices Widely Available. Basic training in lead-safe work practices should be widely available at no or low cost to painters, remodeling contractors, weatherization crews and energy conservation programs. One idea is to explore partnerships with hardware stores, paint retailers, construction trade unions and community colleges to sponsor and market this training.[iv]

Partnering with Colleges and Universities to Offer Training on Lead-Safe Work Practices. One action could be to partner with local colleges and universities to offer free or low-cost training in lead-safe work practices for contractors, window companies or property management maintenance staff.

[ii] Letter from Michael Glasser, President, Rogers Park Builders Group, March 18, 2003.
[iii] There are some exceptions for rising blood lead levels or a physician's request.

[iv] Many of these ideas are excerpted from "Making Lead-Safe Housing the Central Focus of Strategic Plans to Eliminate Childhood Lead Poisoning" by the Alliance to End Childhood Lead Poisoning, Spring 2003, which offers a trove of excellent information.

INCREASING IDENTIFICATION OF YOUNG CHILDREN WITH LEAD POISONING

The Problem

Most children with lead poisoning don't have lead levels high enough to cause visible symptoms. Testing with a blood lead test is the only way to identify those children with elevated blood lead levels in order to halt their exposure before their lead level increases and ensure younger siblings are not exposed.

Too few children under the age of three are tested for lead poisoning – 40% of children under two years old in Chicago are tested. Young children are most likely to become lead poisoned when they become mobile. Children crawl and toddle and pick up toys from the floors where lead dust has come to rest. And – because it's what children do – they put their toys and fingers in their mouths and become poisoned.

The Illinois Department of Public Health recommends that children be tested at one and two years of age. Federal policies also require that Medicaid-enrolled children be tested at one and two years of age. Illinois law requires that children from the age of six months up to seven years, who live in high-risk areas, be tested before attending a licensed day care, kindergarten or school. Most children are tested, not when they are one or two years old, however, but only when they are entering kindergarten. By this time, it is too late. Often, children are poisoned when they are one or two years old and by the time they're about to enter school, when the blood lead test is done, their blood lead levels have begun to decline.

In September 1999, the Chicago Department of Public Health established new lead screening guidelines to promote early identification. The new guidelines call for blood lead screening "at least 3 times before age 3" (at 9, 15, and 24 months or at 6, 12, 18, and 24 months) and again at age 3 years. Unless risk factors change, older children with past low levels do not need additional blood lead testing. Analysis of Chicago lead data has shown that reliance on a single low blood lead level at age 1 year is not sufficient and that children should be tested again because children's activity and thus exposures (locomotion, play activities, oral behaviors) change greatly between the age of 1 and 2 years. Between ages 2 and 3, children play outdoors more than younger infants; hence the need to check for blood lead elevation at age 3 years.[iv]

The reason most children are only tested before entering kindergarten is that the testing is required for school attendance, and listed on medical forms. It should be noted that children cannot be excluded from school if they haven't had a blood lead test. The challenge for this Working Group is to find ways to increase testing rates for young

children who might not be in a licensed day care or other program that requires testing for admission.

Objective

The objective for this Working Group is to develop a plan to increase testing for young children between the ages of 0 – 3 years in Chicago. The plan should include timelines and benchmarks.

Barriers

Following are some of the barriers to getting young children tested for lead poisoning:

- Lead testing often is not covered by insurance.
- Many families with young children are uninsured.
- Conclusive lead testing consists of a venous blood draw, which requires there be a phlebotomist on staff – many doctors' offices do not have a phlebotomist and children are required to have blood drawn at a different location (e.g. a hospital), thus creating an additional hurdle for the family.
- Health care provider resistance. Some health care providers are resistant to testing for lead if they have tested many children and rarely found a child with an elevated lead level.
- By State law, all blood lead results and children's address information must be reported by testing laboratories to the state health department. However, in actual practice, some laboratories have only partial address information, or reporting is delayed or nonexistent, which slows down responses for home evaluations.

Possible Solutions

Targeted Testing.
One solution is to target testing efforts to areas where there is a pattern of lead poisoning. The Chicago Department of Public Health does this already (see city map as well as mapping by community). CDPH conducts its High Intensity Targeted Screening efforts in communities where significant numbers of children have been poisoned. Care must be taken, however, not to miss children in so-called pockets of risk within communities that generally don't have significant numbers of children with lead poisoning (Rogers Park, for example). One possible solution is to provide health care providers with neighborhood maps showing the location of pockets of risk.

Including lead testing on the eligibility forms for WIC and MAC.
The reason most children are tested for lead poisoning when they're older (5-6 years of age) is that it is required for school attendance and is included as a field on the school physical form. One possible solution is to link with a program such as WIC or MAC

(Mothers and Children – MAC – is a free food program for low-income families) and include lead testing on the forms that must be completed in order to be eligible for services.

Health Care Provider Education.

- In most communities, there are certain clinics or practitioners who provide health care for most of the children who are at risk and need lead testing. One idea is to designate these organizations and providers as a *target group* to identify and reach with information about the need for testing young children. Another *target group* might be managed care plans with Medicaid contracts; individual health care providers can be located through the managed care plans, or identified from provider enrollment lists maintained by the Illinois Department of Public Aid.
- Some health care providers may fear that if they identify a child with lead poisoning, they won't know how to manage the child's condition. Information to health care providers could include: information on how to care for children identified with elevated blood lead levels, information about how homes will be made safe.

Improving Database Information.

Rhode Island Lead Program. The Rhode Island Health Department combined data from its pediatric preventive care and lead surveillance databases, and used the results to sharpen surveillance and promote screening among high-risk children. The reports were generated, by health care provider, of children 15 months of age and older who were without a record of a lead test. These reports were mailed to the identified health care providers. On a voluntary basis, many providers responded by providing information on children who had received lead tests that had gone unrecorded in the databases. This highlighted the problem of inaccurate data and, as a result, the lead program worked to improve its validation procedures. The lead department generated reports for one health care provider or clinic at a time and resolved inaccuracies between the state database and the local lead surveillance database.

Phlebotomy Services.

As mentioned above, the requirement of an additional stop to have lead testing done poses a barrier to families. One solution tried in Rhode Island was to work with managed care plans on changing its policy to create a billing code for providers to use in claiming reimbursement for venous blood draws.

Managed Care Contracts.

Managed care contracts could specify that lead screening be performed at 9 months, 18 months and 24 months.

Direct Requests for Inspections.

Direct requests to health departments for home inspections may speed the process by circumventing the traditional reporting system. Guidelines for requesting home inspections are: (1) infants with any elevated blood lead level, (2) children aged 6 and younger with a BLL greater than or equal to 20 μg/dL, and (3) BLL persistently at 15–19

µg/dL (2 tests at least 6 months apart). Requests to inspect homes with Chicago addresses should be directed to the Chicago Department of Health at 312-747-LEAD.

[iv] "Lead Poisoning: Still a Common Problem in Chicago," by Helen J. Binns, MD, MPH, Spring 2001, www.childsdoc.org/spring2001/leadpoisoning . For a trove of information about childhood lead poisoning in Chicago, go to Dr. Helen Binns' web site: www.chicagolead.org .

PUTTING CHILDHOOD LEAD POISONING ON DECISIONMAKERS' RADAR SCREEN

The Problem

If you surveyed the public, you'd hear that lead poisoning was eliminated decades ago. We've banned lead paint; leaded gasoline is no longer an option, and leaded pipes aren't used. Yet, children continue to be poisoned in their own homes because their homes haven't been renovated, because each time an old window is opened, the peeling lead paint turns to dust, because neighbors track lead paint from Chicago's old battle-gray rear porches through the house. We worry about brownfields, about air pollution and depleting the ozone layer. But children, mostly African American and Hispanic children, are being poisoned in their own homes because we never really took care of the problem.

The problem for this Working Group is to create a plan to raise awareness about the facts of childhood lead poisoning among those with the power and responsibility to make housing lead-safe. Awareness is one step to a problem's solution, but campaigns that simply raise awareness do not protect children. Similarly, educational campaigns aimed at changing parents' or children's day-to-day diet, hygiene, and housekeeping behavior produce limited benefit and can inadvertently shift responsibility to parents. Studies show that parents living in dwellings that contain significant lead hazards do not have it within their power to protect their children from lead exposure.[iv]

The challenge of raising awareness is multi-layered, but the essence is that childhood lead poisoning is silent. There usually are no visible symptoms when a child is poisoned, and so from an organizing perspective, it's a difficult issue around which to create a campaign (campaigns). Parents often don't know their children are at risk of becoming poisoned and so, there's no obvious constituency to bring attention and resources to address the problem preventively.

The task is to craft a campaign to educate decisionmakers, such as legislators, bankers, realtors, insurers, about the importance of making housing safe, including, for example:

- Lead poisoning is real and causes real damage to children, their families and their communities.
- Lead poisoning matters: the costs to the community are significant unless we act preventively.
- Chicago has the highest number of children identified with lead poisoning in the nation.

- There are significant and tangible benefits to eliminating childhood lead poisoning for children, families and communities (school success, reduction of crime and delinquency).
- This problem is solvable.

Objective

The objective for this Working Group is to develop a plan to raise awareness about childhood lead poisoning among decisionmakers and those with the power to make housing lead-safe, including:

- Bankers, realtors, insurers and philanthropic foundations
- Key government officials
- Legislators (local, City and Federal)
- Media (newspapers, television)

The plan should include timelines and benchmarks. There should be at least three short term (off the ground within one year) and one long-term (over the next seven years) objectives for raising awareness about childhood lead poisoning.

For each objective, the group should determine the three or four actions to achieve that objective. For each action, identify any barriers. And, for each action, identify the estimated completion date, critical partners and what the critical partners bring to the effort.

Barriers

Following are some of the identified barriers to raising awareness among decisionmakers about childhood lead poisoning:

- Many people believe we solved the problem of lead poisoning 30 years ago.
- On the other hand, many people believe the problem is so daunting and costly, it cannot be solved.
- Many people believe that the only way a child gets poisoned is by eating lead paint chips.
- The problem is thought of in terms of a *health* issue instead of thinking in terms of *housing* conditions.
- We think in terms of responding after a child has been poisoned, instead of proactively making housing safe.

Possible Actions

Using Data to Build Political Will. Lead data can be used to influence policy, program and resource decisions. Instead of citing the citywide lead poisoning prevalence rate, analyzing data by city council district might generate more engagement from individual aldermen.

Using Photography. Several projects have been centered on neighborhood photo collections. Participants have taken photos of peeling paint from the sidewalk and alley and then used the presentation to paint a vivid picture for legislators and decisionmakers.

Increasing Consumer Demand. A campaign might be directed at homebuyers to educate them about questions to ask, and what to include in an inspection before purchasing a home. A campaign might also be directed toward insurance companies to convince them to require lead-testing clearance before insuring a property.

Publicly Listing Lead Violations. The Rhode Island Journal publishes addresses of properties with lead violations (Philadelphia also did this). This would get the attention of property owners, property managers, realtors, insurers and consumers.

Improving Accountability. City Council or State legislative hearings might serve the dual purpose of holding governmental agencies accountable and getting publicity in the media about lead poisoning.

[iv] "Making Lead-Safe Housing the Central Focus of Strategic Plans to Eliminate Childhood Lead Poisoning" Spring 2003, Alliance to End Childhood Lead Poisoning.

Appendix F

Logic Model

Chicago Plan to Eliminate Childhood Lead Poisoing: Lead Safe Chicago Logic Model

Components		Leveraging Dollars for Making Housing Lead Safe		Fostering Compliance with Lead Safe Housing Practices		Increasing Identification of Children with Lead Poisoning		Putting Childhood Lead Poisoning on Decision Makers' Radar Screen
Activities: Short-term & Long-term	ST	Audit Existing Resources (Mark to Market, Milwaukee strategy)	ST	Adopt Lead Safe Work Practices (LSWP)	ST	Provide targetted, free blood lead testing	ST	Identify Existing Campaigns in Other Jurisdictions
	ST	Develop strategies to leverage energy conservation for lead abatement	ST	Advocate for Inclusion of LSWP Requirements in Lender Contracts	ST	Target Information to Mothers of Newborns	ST	Survey Current Knowledge Base
	ST	Determine feasibility of Illinois applying for and receiving a Medicaid waiver to do window replacement	ST	Engage Building Department Inspectors	ST	Target Information to Grandparents and Extended Families	ST	Advertise for and Retain Public Relations Agency
	ST	Create Lead Abatement Service Corporation and leverage NMTCs	ST	Create Education Campaign Directed at Landlords	ST	Educate Health Care Providers on state and local laws & data	ST	Develop a Public Awareness Campaign include logo, key messages, speakers bureau
	LT	Explore New Revenue Sources (TIFs, LITCs)	ST	Explore Liability Insurance	LT	Educate Health Care Providers: Set Goals for Screening of medicaid enrolled and Establish disincentives for those who fail	LT	Implement Public Awareness Campaign
	LT	Monitor progress towards making resources available	LT	Certify homes as lead safe	LT	Add Blood Lead Testing to Immunization Schedule		
			LT	Create Short-term Tax Exemption	LT	Educate Child Care Providers through Illinois Day Care Action Council		
			LT	Explore LSWP Training as Condition of Doing Business	LT	Establish and foster partnerships to educate about lead poisoning		
			LT	Establish Lead-Safe Certification Districts				
			LT	Monitor progress towards fostering compliance				
Target Groups		Property Owners of Low-Income Properties		Property Owners & Contractors		Health Care Providers Parents Day Care Providers		State Legislators Congressmen
Short Term Outcomes		Lead abatement funding mechanisms are established & marketed to property owners		Incentive to promote lead safe housing and lead safe work practices are established		At-risk children are tested for lead poisoning at appropriate intervals		Key decision-makers make lead poisoning primary prevention a priority
Long Term Outcomes		Hazardous low-income housing is made lead safe		Hazardous housing is made lead safe		Parents, physicians and child advocates take action before blood lead levels increase to assure that children are in lead safe environments		Resources for lead safe housing & other primary prevention strategies are available. Best practices are incorporated in local laws
Goal		Childhood Lead Poisoning is eliminated as a public health problem in Chicago						