



## Sweet Home Chicago: Challenges to Creating Healthy Homes

### Overview

Lead, carbon monoxide, household chemicals, mold, tobacco smoke, pests, radon, and structural problems are common home-based hazards that, if not detected early and remediated, can cause serious health issues. Lead poisoning can cause learning disabilities and behavioral problems in children. Carbon monoxide and household chemicals can lead to poisoning and death. Mold, tobacco smoke, and pests can lead to allergies and asthma; radon and tobacco smoke can lead to cancer; and structural defects and lack of safety precautions, such as window stops, in many older and non-maintained units increase the likelihood of household injuries.

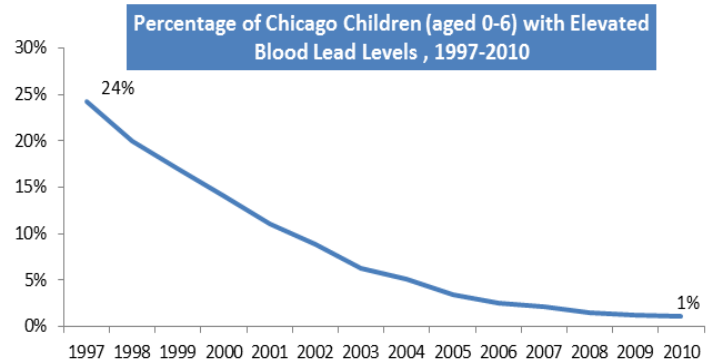
Although home-based hazards can affect anyone, populations at most risk include young children ( $\leq 6$  years of age) and the elderly ( $\geq 65$  years of age), who comprise 7% and 10% of Chicago's 2010 population, respectively. People living in poorer areas where the housing is older and, due to limited resources for repair and upkeep, not well maintained, are also at high risk for home-based hazards.

### Prevalence in Chicago

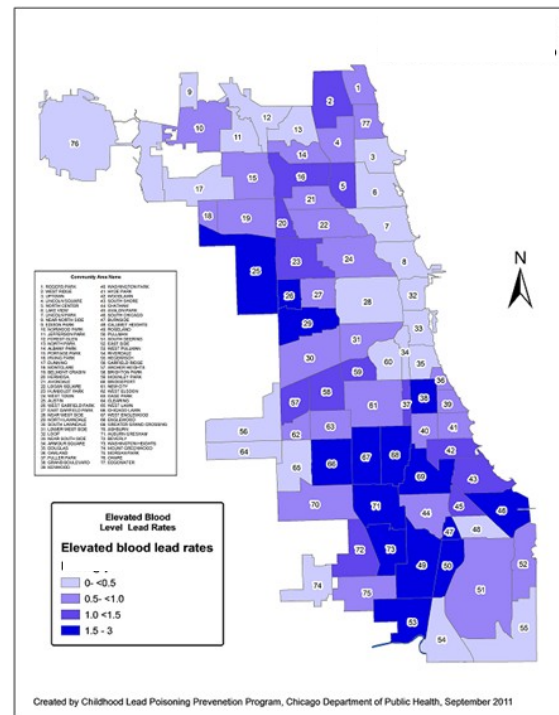
**Lead:** One of the most serious home-based hazards is lead, which is most commonly found in lead-based paint (LBP) and contributes to lead poisoning in children. Although lead was banned from paint in 1978, LBP is still found in older homes. Chicago is at particular risk for lead poisoning due to the fact that 80% of all homes were built before the LBP ban.<sup>1</sup>

Federal, state, and local governments have funded successful interventions to identify children with elevated blood lead levels and remove home-based lead hazards. These efforts have contributed to the successful decline in lead poisoning. Since 1997, the percent of children screened who are identified with elevated blood lead level has declined from 24% to just 1% in 2010.

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Although lead poisoning rates have decreased throughout Chicago, geographic disparities exist. As shown in the map below, communities on the south, southwest, and west sides have the highest rates of children with elevated blood lead levels.



City of Chicago  
Mayor Rahm Emanuel

Chicago Department of Public Health  
Bechara Choucair, M.D., Commissioner



**Asthma:** While rates of lead poisoning in children are decreasing, childhood asthma rates show the opposite trend. In 2009, one quarter of high school youth reported they had been told by a doctor that they have asthma, a 15% increase from 2005.<sup>2</sup> A survey of Chicago children also found that Non-Hispanic Black elementary and middle school students had twice the prevalence of asthma compared to Non-Hispanic White and Hispanic students.<sup>3</sup>

Comprehensive data on the prevalence of other home-based hazards are less readily available; however, the age of the housing stock as well as the growing population living in poverty points to home-based health and safety concerns for a sizable portion of Chicago's residents.

### Funding Threats for Healthy Homes

For over a decade, the U.S. Centers for Disease Control and Prevention (CDC) Childhood Lead Poisoning Prevention Program has provided prevention funding to 35 states and the five urban areas at the highest risk for lead poisoning: Chicago, Los Angeles County, Detroit, New York City, and Philadelphia. The Chicago Department of Public Health (CDPH) had been receiving more than \$1.1 million annually to conduct lead poisoning prevention activities, including identification of children with elevated blood lead levels, case management of these children, and enforcement of lead ordinances.

In recent years, the CDC and other public health experts have recognized the need to move beyond a categorical approach to home-based health and safety hazards. As a result, the CDC Healthy Homes Initiative was developed to focus on alleviating housing-related hazards and deficiencies through a coordinated, comprehensive, and holistic approach. However, a funding crisis has devastated this program in its infancy. Faced with serious budget challenges, the CDC chose to eliminate funding direct funding for lead and healthy homes activities all five urban areas, including Chicago. Despite a joint appeal to HHS Secretary Sebelius from the mayors and health directors of the five affected areas, funding has not been restored. Therefore, as of July 1, 2011, Chicago (through CDPH) no longer receives this funding.

A further decimation of the program occurred when Congress passed the 2012 Omnibus Spending Bill last month, which cut the remaining \$29 million of funding to \$2 million, a 94% reduction. However, the remaining budget will not be made available for state grants, but rather will be used to maintain expertise and analysis at the national level and to provide a resource for states and localities.

<sup>1</sup>Chicago, *il consolidated plan executive summary*. Retrieved from website: <http://archives.hud.gov/reports/plan/il/chicagil.html>

<sup>2</sup>Centers for Disease Control and Prevention: Youth Risk Behavior Surveillance System

<sup>3</sup>Gupta, R. *J Allergy Clinical Immunology*. 2008 Mar;121(3):639-645.e1. Epub 2008 Feb 4.

<sup>4</sup>National Center for Healthy Housing. (2012, January 04). *Advisory committee recommends revising level of lead in blood requiring action*. Retrieved from <http://www.nchh.org/tabid/139/default.aspx?ContentID=134>

Further jeopardizing Chicago's Healthy Homes efforts are funding cuts from other sources. The Illinois Department of Public Health has also long supported Chicago's lead poisoning prevention efforts. However, the State's fiscal woes have caused a steep decline in annual grant funding for the past three years, and for 2012, Chicago received just \$319,000. The combined effect of the federal and state funding cuts to Chicago has been the loss of sixteen positions, or 36% of CDPH's Lead Poisoning Prevention Program staff.







The timing of these cuts is perplexing. Earlier this month, the CDC's Advisory Committee on Childhood Lead Poisoning Prevention recommended lowering the threshold of a determination of lead poisoning by half -- from 10 micrograms of lead per deciliter of blood to 5 micrograms.<sup>4</sup> This recommendation was based on the increasing evidence of adverse consequences for children with lower levels of lead poisoning. The change will increase the number of children requiring medical and follow-up environmental services.

### Expanded Focus on Healthy Homes

Despite the funding crisis, CDPH has committed to transforming its Lead Poisoning Prevention Program into a broader Healthy Homes Program. As part of this comprehensive approach, in addition to checking a home for lead, CDPH inspectors will evaluate for other home-based hazards. Interventions to remediate these hazards, such as smoke and carbon monoxide detectors, radon testing, and integrated pest management supplies and cleaning materials may be provided to families, based on need.

Implementing this broader focus requires collaboration among partners and the development of a strategic plan. Thus, CDPH will lead a strategic planning process with local experts and organizations committed to this work, and will identify measurable goals, objectives, and activities based on best practices and programmatic capabilities. The plan will also include strategies for sustainability to ensure continuation of services. Current collaborations, including those with the Illinois Lead Safe Housing Task Force and Children's Memorial Hospital for the Stop the Falls Campaign and distribution of smoke and radon detectors, will be augmented to ensure the health and safety of Chicago's families.

For more information:

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