Testimony of the National Nurse-Led Care Consortium  
Prepared for the Philadelphia Childhood Lead Poisoning Prevention Advisory Group  
Hearing on the Draft Lead Poisoning Prevention Recommendations  

March 22, 2017  

Dear Members of the Advisory Group,  

On behalf of the National Nurse-Led Care Consortium (NNCC), I am pleased to present this testimony regarding the Childhood Lead Poisoning Prevention Advisory Group’s draft recommendations. NNCC wholeheartedly supports Mayor Kenney and the Advisory Group in the effort to reduce childhood lead poisoning in the city. NNCC further supports the plan to coordinate city services, such as the Department of Licenses and Inspections and the Philadelphia Department of Public Health’s lead services, as part of this initiative. As the Philadelphia Department of Public Health may be aware, this form of collaboration is implemented in Boston’s program, Breathe Easy at Home1, which uses a web-based referral system to connect primary care providers with Boston’s Inspectional Services Department and the Boston Public Health Commission to successfully bring comprehensive asthma services to patients, and can be a model program for Philadelphia to coordinate lead services and implement the proposed recommendations.  

If implemented, the recommendations will improve the health of Philadelphia residents, lower costs and stop the tragedy of totally preventable harmful lifelong effects from lead poisoning. Childhood lead poisoning causes many irreversible effects on health, including behavioral and developmental problems.2 For every 10 µg/dl increase in blood lead level, there is an estimated decrease of two IQ points.3 Children with lower IQ and learning difficulties are more likely to need special education services, less likely to graduate high school and college, and have lower lifetime earnings.4 In addition, lead exposure during childhood increases the risk for antisocial and destructive behaviors, which are linked to future criminal activity. Investing in lead hazard control is worth it; every dollar invested produces a return of $17 to $221 in health care, social, and behavioral costs, such as increased lifetime earnings, reduced special education costs, and reduced criminal activity.5  

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1 https://www.boston.gov/civic-engagement/breathe-easy-home  
4 Gould E. “Childhood lead poisoning: Conservative estimates of the social and economic benefits of lead hazard control,” Environmental Health Perspectives 117: 1162-1167, 2009  
NNCC’s specific comments regarding the draft recommendations are included below.

**NNCC Background in Childhood Lead Poisoning Prevention Services** - NNCC is a Philadelphia-based 501(c)(3) national non-profit that seeks to advance nurse-led healthcare through policy, consultation, and programs to reduce health disparities and meet people's primary care needs. It is an affiliate of Public Health Management Corporation. One of the primary ways NNCC accomplishes its mission is by working in partnership with our member nurse-led health centers to create innovative community-based programs that address public health issues important to low-income populations in Philadelphia and around the country. NNCC and its partners have worked for nearly 20 years to reduce childhood lead poisoning in Philadelphia, through numerous community-based lead poisoning primary prevention programs and nurse-led home visiting programs. The U.S. Environmental Protection Agency (EPA) formally recognized NNCC’s success in this area by awarding the organization its National Children’s Environmental Health Award in 2005.

Perhaps the most successful and long lasting of NNCC’s lead poisoning primary prevention programs has been Lead Safe Babies (LSB). Funded by the EPA and the Centers for Disease Control and Prevention (CDC), LSB is one of the nation’s oldest lead poisoning primary prevention programs. From 2002-2011, NNCC’s staff partnered with the Philadelphia Department of Public Health’s Childhood Lead Poisoning Prevention Program to provide over 10,000 Philadelphia families with in-home lead poisoning prevention education, home assessments and lead testing. The program produced positive outcomes associated with increased knowledge of lead poisoning prevention and evaluation data showed significant relative risk reduction for children with elevated blood lead levels greater than or equal to 10 and 20 micrograms per deciliter.

More recently, NNCC completed a three year $1.1 million grant funded by the PA Department of Health, entitled the Southeastern PA Lead and Healthy Homes Program. Under this program, NNCC and its partners, which included the Philadelphia Department of Public Health, offered Healthy Homes services to low-income households with a pregnant woman and/or child under 18 that were at-risk for lead poisoning, suffered from asthma, or faced other home health hazards (such as risk for injury) across an eight county region in Southeastern Pennsylvania. In Philadelphia, NNCC and its partners completed home visits for 766 families at risk for lead poisoning. The home visit services included providing home assessments, comprehensive education on lead poisoning prevention and other environmental hazards, and much needed low-cost interventions. This program also included environmental inspections for childhood lead poisoning, training and capacity building regarding environmental home hazards, as well as in-home hazard remediation. In total, program partners reached 1,413 households in Southeastern Pennsylvania with home visiting services under the program and distributed 20,624 low-cost interventions to the households served.

NNCC’s two early childhood education programs, the Philadelphia Nurse-Family Partnership (NFP) and the Mabel Morris Family Home Visit Program (MM-Parents as Teachers) are evidence-based early childhood initiatives that provide home visiting, family support and education to about 700 low-income mothers of young children annually throughout Philadelphia. NFP serves pregnant women and new mothers with children under two. The age group for MM-
Parents as Teachers is families with children five and under. Most of these families live in neighborhoods with deteriorating housing stock that is more likely to contain lead hazards. The public health nurses who perform the home visits assess each home for lead hazards and provide education designed to limit exposure. Children who are at risk are referred to NNCC’s healthy homes programs. NFP staff have also established a nurse-legal partnership that offers legal services to NFP and Mabel Morris clients. These lawyers handle cases relating to landlord-tenant law, including Philadelphia’s lead law.

Finally, NNCC, through its Lead Safe DC program, provided approximately 150-200 lead poisoning primary prevention home visits in the District of Columbia from 2006 through 2016. NNCC also educated about 400 health and social service providers on lead poisoning prevention techniques and chaired a DC-based taskforce that helped to develop the District of Columbia’s highly successful lead law passed in 2008.

Comments to the Recommendations – NNCC supports all of the primary and secondary prevention consensus recommendations. NNCC’s comments relating to other recommendations being considered, are as follows.

Primary Prevention
1) Consider expanding testing & certification law to all rental units, not just those with children age six or under – NNCC supports this recommendation, because expanding the testing and certification requirements of Philadelphia’s lead law to all rental units would send a clear message to landlords that making properties lead safe is a priority in the City of Philadelphia. Also, in reality, children could be born into any rental unit subsequent to a tenant moving in. Extending the requirements would set making all properties lead safe as a major goal for Philadelphia’s lead poisoning prevention efforts, making it the gold standard for rental units. NNCC recognizes however, that the city’s resources to enforce the lead law are limited. Therefore, we recommend that while making all rental properties lead safe should be a major goal of Philadelphia’s lead poisoning prevention initiative, enforcement efforts should be directed at those populations most at risk for lead poisoning, such as children under six.

2) Send notifications to tenants about certification requirements when letters sent to landlords – NNCC supports this recommendation with no specific comments.

3) Explore opportunity for paint manufacturers to fund public awareness campaigns - NNCC supports this recommendation with no specific comments.

4) Provide clear direction to landlords on when during the leasing process they should initiate lead testing (and when they can ask if tenant has young children), and emphasize the low cost and ease of testing - NNCC supports this recommendation with no specific comments.

5) Partner with home improvement stores to educate property owners - NNCC supports this recommendation with no specific comments.

6) Require remediation when a home gets sold – NNCC would support this recommendation if it is modified to state that remediation is required only when multi-family homes are sold.
Requiring remediation to be completed when every home is sold may place too great a burden on home buyers asked to bear the cost of remediation. On the other hand, requiring remediation only when multi-family homes are sold would place the cost of remediation in the hands of large property owners and landlords more able to absorb the costs. Requiring remediation of multi-family homes would also direct remediation efforts towards dwellings housing the largest number of families and at-risk persons.

**Secondary Prevention**

7) Report previous violations or lead findings in Certificate of Rental Suitability (or other document that tenants see) - NNCC supports this recommendation with no specific comments.

8) Require screenings by age 1 - NNCC agrees with this recommendation. We request that children be screened when they start to crawl, between 9 – 12 months. Children in Philadelphia are most at risk for lead poisoning when they ingest lead paint dust. This most often occurs when toddlers get lead paint dust on their hands, either by crawling or playing on the ground. Screening children between 9 – 12 months will ensure that they are screened when they begin to crawl and are most at risk for ingesting lead.

9) Communicate remediation process and outcomes to primary care providers – NNCC supports this recommendation, but requests that communication with primary care providers be incorporated into a larger effort to educate health care providers on the importance of educating their patients on the dangers of lead poisoning and strategies for reducing exposure. As mentioned above, NNCC provided approximately 400 D.C. health and social service providers with lead and Healthy Homes related information as part of a grant funded by the EPA. Outcome data showed that the providers reported: 1) an increase in their knowledge of the risks of exposure to lead and other environmental home health hazards; 2) an increase in their knowledge of techniques for preventing exposure to lead and other hazards; and 3) a strong likelihood that they would incorporate what they had learned into future patient interactions. In order to replicate these results in Philadelphia and expand the reach of the city’s lead poisoning prevention efforts, NNCC requests that the city provide funding for projects that would educate providers as well as families on lead poisoning, Philadelphia’s lead law, and the need for screening.

10) Work with MCOs to identify unscreened kids and coordinate with providers to get them screened – NNCC supports this recommendation and requests that the city work with state policy makers to allow and encourage MCOs to reimburse home visits by community health workers designed to provide lead poisoning prevention education and identify potential hazards. The federal Medicaid program allows MCOs to reimburse preventive visits by community health workers and some MCOs are already using community health workers to educate patients. One example is Health Plus, an MCO based in New York City that employs community health workers to deliver a host of education and services, such as health risk assessments, in-home visits and well child visit facilitation. Reimbursing lead poisoning prevention education by community health workers would expand the reach of the city’s lead poisoning prevention

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efforts and ensure that the education reaches those most at risk. MCOs in Philadelphia are already directly funding community health workers to provide home intervention services to children with asthma.

11) Provide revised screening recommendations to clinicians, and ongoing clinician education – NNCC supports this recommendation and requests that the screening recommendations be incorporated into a larger primary care provider and family education campaign, as discussed in the comments to #9 above.

12) Allow tenants to break their lease if landlord is non-compliant - NNCC supports this recommendation with no specific comments.

13) Use Health Share Exchange, Early Intervention, WIC and other systems beyond KIDS Plus to identify unscreened children – NNCC supports this recommendation. WIC centers provided a major source of referrals as part of lead screening and education initiatives NNCC carried out in D.C.

14) Better communicate consequences of not remediating, perhaps through a media campaign about the “10 worst landlords” - NNCC suggests incorporating this as appropriate in the public campaign discussed above.

15) Allow eviction only for good cause in homes where landlord does not remediate, to avoid retaliation - NNCC supports this recommendation with no specific comments.

NNCC again applauds the Mayor’s and Advisory Group’s efforts to address this important public health issue, and thanks the Advisory Group for this opportunity to provide input. If you have any questions regarding these comments, I can be reached at (267) 765-2363 or ndlink@nncc.us.

Very truly yours,

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