



Senate Environmental Resources and Energy
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Good morning and thank you to Chairmen Yaw, Yudichak and the Senate Environmental Resources and Energy Committee for the opportunity to participate in this hearing. I am Dr. Loren Robinson, Deputy Secretary of Health Promotion and Risk Reduction for the Pennsylvania Department of Health. As the Deputy Secretary, I am responsible for oversight of multiple programs and services in Pennsylvania that fulfill strategies of the department's mission to promote healthy lifestyles and prevent injury and disease. This includes programming that serves to prevent lead exposure and to educate and empower citizens of the commonwealth to live safe and healthy lives. In addition, I am serving as the Secretary of Health's designee on the advisory council of the Joint State Government Commission to review lead-related policies. I truly value opportunities like this to share information from the Department of Health and, more importantly, to hear from people in communities throughout this commonwealth about the issues and concerns that matter at the local level, so that we can be sure that actions we take are meaningful and beneficial.

The Wolf Administration takes the issue of lead exposure very seriously and supports a range of efforts to prevent and address lead exposure. These efforts require contributions from several state agencies. As we will certainly hear more today, the Department of Environmental Protection plays a critical role in drinking water management. The Department of Labor and Industry oversees training and licensing of lead abatement workers and companies; the Department of Community and Economic Development manages housing rehabilitation grants; the Department of Human Services provides clinical services for children enrolled in Medical Assistance or the Children's Health Insurance Program (CHIP). At the local government level, cities, counties, and municipalities are responsible for establishing and enforcing housing codes.

The Department of Health complements these roles and is responsible for several activities related to lead poisoning prevention, including surveillance of population blood lead levels, follow-up for children identified with elevated blood lead levels, education and information, and targeted lead abatement.

Over several decades, the Department of Health has administered federal funding for lead poisoning prevention and surveillance activities. As federal funding for lead poisoning activities

has changed and decreased over time, the Department continues to strive to identify the best uses of funding to achieve public health goals. What we know about lead exposure is that even children with blood lead levels that were previously thought to be “normal” or “low,” can suffer from long-term effects, such as learning difficulties, behavior problems, or developmental delays. Preventing children from being exposed is the best way to have lasting impacts on the health of the population, and that concept is fundamental to the department’s efforts in addressing lead hazards in Pennsylvania.

Pennsylvania is third in the nation for having the most housing units built before 1950, when lead-based paint was most prevalent. As these houses get older and the condition deteriorates or normal renovation occurs to replace windows, scrape and repaint porches, or any other work that affects the condition of the paint, there is a chance that lead-based paint dust can be spread to floors, yards, or windowsills, where it becomes easy for children to be exposed. If you buy or rent a house built before 1978, federal law requires the seller or landlord to disclose any records of the presence of lead-based paint, to help you make your decision about whether this is the right home for you and your family. Lead-based paint isn’t hazardous if it’s maintained in good condition, and there are also state and federal requirements for contractors to be trained and certified and follow work practices designed to reduce the amount of hazardous lead dust that is created as a result of renovation work. If your home is built before 1978 and you’re hiring a contractor to work in it, you should ask the contractor to show you the contractor’s lead certification.

You might also hire a lead inspector or risk assessor to test your home for lead. An inspector can tell you whether lead is present and a risk assessor can tell you whether the lead is a hazard, and what to do about it. The inspections, risk assessment, and abatement can be expensive and the Department of Health has consistently applied for and received federal funding to assist vulnerable families with the costs for this work. On average, an inspection and risk assessment may cost around \$800 and for a home that has multiple lead hazards, the costs to make a single-family home lead safe could range from a few thousand dollars to as much as \$25,000. Currently, the department’s lead hazard control program is operating in targeted communities, including Wilkes-Barre, to provide financial assistance for the identification and remediation of

lead hazards in a limited number of homes. Other sources of lead are also important to consider. Exposure sources can include toys, ceramics and other consumer products such as cosmetics, candy, and spices for example. Parents or other adults in the household who work with lead may also bring lead dust home on their clothes. Water can also be problematic when it flows through older lead plumbing and pipes where lead solder has been used.

All blood lead test results in children under 16 years of age are reportable to the Department of Health. The Centers for Disease Control and Disease Prevention has defined a confirmed elevated blood lead level as 5 micrograms per deciliter or greater via a venous blood test or two capillary blood lead tests at or greater than 5 micrograms per deciliter drawn within 12 weeks of each other. Families with children testing at this level receive outreach and education from the department's community health nurses; children testing at higher levels receive increased outreach and case management from the department. During 2015, less than 30% of children ages 0 through 23 months were tested for lead; however, one goal of new childhood lead funding from the Centers for Disease Control and Prevention will be increased testing of young children. In 2015, among children ages 0 through 23 months who were tested for lead, 3.4% were found to have confirmed lead levels at 5 micrograms or greater. With improved testing and surveillance in coming years, the Department of Health hopes to better target prevention activities to those areas and risk groups in the state most at risk.

When it comes to preventing lead exposure during childhood, there are several key messages to remember: Know your risks – Consider getting a risk assessment in your home if you are concerned about the condition of the paint or if you're planning a renovation.

Keep it clean – wipe dust from windows or floors using a microfiber cloth, wet wipes, or a vacuum with a HEPA filter. Children are often exposed by picking up dust on their hands from crawling or playing and then putting their hands in their mouths. You can't keep children from putting their hands in their mouths, but cleaning their toys and the places they play can reduce their risk of lead exposure. And, use caution when doing renovation – hire certified contractors to do the work, so that construction work doesn't create new hazards.

The department also staffs a toll-free Lead Information Line (1-800-440-LEAD), to provide information and referrals for concerned parents or professionals about all the things I am talking about today.

As much as we are focused on prevention of lead exposure, it is also important for families to know that the only way to be aware of individual lead exposure status, is to have your child tested, around age one and again around age two, the time that they are at the greatest risk. It's a simple blood test and covered by insurance. If the results are high, your child's doctor will coordinate the next actions. The Department of Health has also been awarded federal funding to support activities that will help raise awareness and education about childhood lead prevention and testing, to make sure that children who have high lead levels are being linked to the appropriate services, and that doctors who provide this care are informed about what the current best practices are for managing children with elevated blood lead levels.

As the Deputy Secretary for Health Promotion and Risk Reduction, I would be remiss if I did not mention other issues beyond lead that are important pieces of the discussion about the environment in which children are growing up. At the Department of Health, we recognize that lead poisoning has lasting effects and is entirely preventable, but we certainly cannot ignore the other factors that exist simultaneously, and often lead to more detrimental outcomes, immediately and in the future. We have to be tuned in to other issues that are causing childhood deaths every year, including air quality problems that contribute to childhood asthma, fires or carbon monoxide poisoning, falls and sports-related injuries that lead to concussions and traumatic brain injuries, unsafe sleep environments for infants, and violence. To address other household issues in a more comprehensive manner, the department established the Safe and Healthy Homes Program which helps families to reduce risks of harm to all residents in their homes. This program was developed because of lessons learned in previous lead poisoning programs and is an example of a continuous process for how we implement programs and services in the department. In public health, we must consider the data about what factors are most likely to impact the population and what interventions exist to improve outcomes. We must study whether there are any populations that are more at risk for negative outcomes and why. We must constantly evaluate whether the resources we're putting in to a solution are having the

impact that we expect. And always, we must be mindful about whether policies or services will have unintended consequences that do more damage than good.

Again, I thank you for the opportunity to be a part of this hearing and I appreciate your comments and questions as we continue this discussion.