

Report on Meeting 1 of the Community Action on Lead Project of the Boston Public Health Commission, February 18, 2020¹

The Community Action on Lead (CAL) Project applies a Health in All Policies² lens to look at existing policies, programs, and resources for lead poisoning prevention in Boston to accelerate progress in preventing further poisoning. It consists of public conversations about how this may be accomplished, identifying improvements that can be implemented by current in programs and policy, regulatory or legislative changes that would address the underlying social determinants of health that create lead risks, particularly those that place different demographic or geographic groups at disproportionate risk for lead exposure. The February 18 meeting had 27 participants, including healthcare providers, legal advocates, and representatives from academia, government agencies, and nonprofits, many with experience in programs focused on lead, who were asked “How can we better prevent lead exposure and lead poisoning?”

After brief introductions from each participant of their experience and interest, and a brief general discussion of prevention options, breakout groups of about five participants each were formed to generate concrete suggestions, after which each reported suggestions to the larger group, followed by a discussion of priorities. To encourage the free expression of opinions, participants are not linked to specific suggestions.

One participant recommended that we select a small number of “themes” and create actionable plans around them. Readers of this summary will note that it contains 10 categories for action, as well as ideas related to those categories. Of note is that the participants were encouraged to take a ‘blue sky’ approach to not edit the brainstorming and discussion at this initial state with considerations of how the ideas might or might not be implemented.

¹ The CAL project of the Boston Public Health Commission (BPHC) is funded by the National Association of City and County Health Officials. The first public meeting of the CAL Project was held at Boston University and was a planning meeting, intended to shape the rest of the project. The report of that meeting can be found separately. The February 18 meeting was held at the Boston Public Health Commission and facilitated by BU Lecturer Rick Reibstein, who prepared this report, and CAL Project leads Paul Shoemaker and Stephanie Seller of the BPHC. BU student Josh Taylor assisted.

² “Health in All Policies” (HiAP) is a collaborative approach to incorporating health considerations into decision-making across sectors and policy areas, that addresses the social determinants of health (social, physical and economic environments) that drive health outcomes and inequities. The Helsinki Statement on HiAP, issued at the World Health Organization’s 8th Global Conference on Health Promotion in 2013, called upon governments “to ensure that health considerations are transparently taken into account in policy-making, and to open up opportunities for co-benefits across sectors and society at large.”

https://www.who.int/healthpromotion/conferences/8gchp/8gchp_helsinki_statement.pdf?ua=1

Ideas for Action on Lead

1. *Intervention before a real estate transaction*

As real estate transactions are currently performed, buyers and renters generally do not find out if there's lead paint in the property they are buying. It is estimated that 90% of homes before 1970 have not been tested. Real estate law permits sellers to decline to test for lead and to say that they simply don't know about the presence of lead. Landlords and agents typically avoid discussing the topic more than the legal minimum, if that. The general view in the real estate industry is that perception of the presence of lead is an obstacle to a successful transaction, rather than a fact, and testing is seen as a burden or delay, rather than an option.

- An inspection for lead paint and lead service lines should be required before older residences are sold or rented, especially for Section 8 or other regulated housing.
- Until such a requirement is in place, realtors could do more to emphasize the importance of knowing about the presence of lead paint, and this can also be included in the continuing education that realtors must receive. Real estate office managers are key to changing practice.
- Sellers and landlords can be helped to understand that testing and disclosing results lessens – (and may eliminate) – their potential liability for subsequent injury from lead, rather than increasing it, as many seem to think.
- Simply adding more words to existing transaction paperwork may not accomplish much, as the current flow of paper is not having the intended effect of raising consciousness and providing necessary information.
- More funding could be provided for inspections (private and/or public), as has been done for septic systems (which includes funding for upgrades).
- Banks could be encouraged or required to ensure that testing is performed before issuing mortgages, similar to Title 5 (septic) requirements.
- Boards of health have general powers that they could use to require testing for lead, if they already have an inspection program in place.
- Deleading before sale or rental can be mandated. Philadelphia requires deleading to get a certificate to allow rental.³ Such a requirement can include time to comply – the requirement can be phased in over a ten-year period, and loans can be provided.
- A real estate tax can raise money for the program, and subsidies can be provided to heavily impacted areas.
- Maintain an inventory of lead-safe properties and make it prestigious to be on the list.
- Disclosure of whether deleading has occurred can be required.
- Require sunseting of letters of lead-safety compliance and reinspect after five years. Letters of compliance with lead safety are not equivalent to information that a building is lead safe, because buildings can fall out of compliance and the letters are not time-limited.
- People also need to understand that lead-safe is not lead-free, and this should be stated on the letter of compliance they receive.

2. *Increase awareness of the importance of testing for lead in homes and the need to delead as well as making it easier to perform deleading.*

³ <https://www.phila.gov/2019-10-22-rental-property-lead-certification-law/>

The current cost of deleading was described as prohibitive for many pocketbooks, although the cost has declined by 50—90% as a result of the 2017 changes in state law. The Commonwealth has a “Delead on my Own” program, which authorizes owners to perform their own low- and moderate-risk deleading, after training and inspection,⁴ but it does not have enough participation. It may be that not enough people know that this is an option.

- Promote do-it-yourself deleading.
- Ensure that promotion is done with care to prevent risks from poorly implemented projects.
- Increase discussion with parents, physicians, and other key influencers on the need to delead.
- Increase classes offered to landlords and tenants on the reasons to delead.

3. *Institute much stronger actions to address discrimination against families who have young children.*

Discrimination has been documented as widespread. It may be that almost half of all housing discrimination is associated with the lead issue. Landlords may know this is illegal but do it anyway, believing the apartments they are renting are unsafe. Though lead safety is required after a baby is born, tenants may be reluctant to inform landlords of pregnancy for fear of discrimination.

- Require universal lead-safety, rather than tying the requirement for testing and making lead-safe to the presence of children, so that all residences built before 1978 are safe for children.

4. *Increase enforcement of lead-related laws.*

- Increase enforcement of requirements under the Renovation, Repair and Paint rule.
- Train inspectors (health, building, housing, others) to also look for lead when inspecting for other things.
- Deal with problems in housing in an integrated fashion, as the “healthy homes” movement recommends. For example, lead in water lines should be included in discussions of lead in paint and both can be included in any number of home visit types.

5. *Address barriers to funding, such as income verification and eligibility criteria, to make subsidies available to moderate-income.*

Funding opportunities have been underutilized. The reasons for this seem to include reluctance to submit information necessary to qualify for funding. HUD now requires submission of tax returns instead of just declaring income, which is a barrier for people who are undocumented. A related issue is that moderate-income owners may also need subsidies to overcome cost barriers to testing and deleading.

⁴ <https://www.mass.gov/deleading-on-my-own>

- Provide more funding to support low- and moderate-income homeowners who choose to delead.
- Encourage banks to fund deleading as a means of compliance with the Community Reinvestment Act, particularly in support of low- and moderate-income homeowners.

6. *Increase educational avenues and strategies.*

Many parents do not know about lead and lead poisoning before their child is identified as having elevated blood lead levels. It is important to increase awareness among parents/the general public about lead and lead poisoning, so that renters, buyers, and homeowners understand the value of lead-safe properties for children.

- Work with health community education programs.
- Seek to understand the factors that lead people to trust the information provided.
- Pediatricians may be an example of a trusted source of information.
- Provide advice in a way that is not accusatory. Recognize that advice to change behavior can cause discomfort.
- Provide the information in forms people can understand. Using pictures to illustrate helps, as well as translation into languages spoken by the target audience.
- Focus on prenatal care. Renovations and other potential dust-generating activities are particularly dangerous during pregnancy. Prenatal visits provide an opportunity to educate pregnant people about safe and healthy housing for their child, and to ensure this is on their radar before their child has an elevated blood lead level.

7. *Address sources of risk other than paint.*

We know that there are many sources of lead besides paint, including in soil, water, imported products, and water, and at family daycares.

- Test and delead soil and equipment at playgrounds (school and other public) as needed.
- Require testing and deleading at family daycares, tied to licensing, and provide subsidies for addressing lead hazards.
- Address imported products (e.g. spices, kohl, ayurvedics, household products, toys, costume jewelry, etc.), estimated to account for about 5% of exposures.
- Develop means of identifying leaded products and a strategy for reaching people who are likely to use them, that aren't perceived as negative concerning someone's culture.
- Sue those who put lead into products.
- Require that all homeowners replace lead service lines.

8. *Limit lead exclusions in insurance policies.*

Current home insurance companies typically do not consider the presence of lead in a home when considering applicants or creating insurance policies.

- Create state insurance laws that limit what insurance companies can exclude. Such limitation can be crafted so that home insurance will not be available (or available at

acceptable cost) without lead inspections. It can be used to create incentives for lower premiums when homes have been deleaded.

- Require homes to be inspected or deleaded to maintain home insurance, as some insurance companies in New Hampshire are requiring.

9. *Additional support for families is needed.*

An example of strong familial support is Boston's Childhood Lead Poisoning Prevention Program, which provides training, case management, and outreach to families who have a child with lead poisoning. However, some families still have challenges navigating the systems needed to protect their children. It was noted that already-poisoned children sometimes continue to live in the property that may have caused their poisoning before their family is relocated.

- When families are to be relocated from properties with lead for abatement, require that it happen immediately.
- Provide a case manager/advocate for every child with elevated levels of blood.
- Provide additional support to refugee communities and immigrant communities (including those who are undocumented), who are often overwhelmed with many issues.

10. *Focus on adult lead poisoning.*

In addition to occupational exposures, which involve "take-home" exposures endangering others, many adults are at risk for personal exposure or bringing lead dust home on their clothing from uses of lead in the workplace, hobbies, recreational or professional firearms use, etc.

- Provide education to adults who are at risk for lead exposure on how to avoid personal exposure or exposure to their families, through collaboration with workplaces or those whose businesses support hobbies or recreational or professional firearms use.

Future Meetings

The CAL Project will hold two additional meetings to gain additional input on existing gaps and strategies to fill those gaps. The dates of these meetings are to be announced because the COVID-19 pandemic has temporarily stopped all public meetings. Future meetings are intended to address the following two questions:

- What resources do parents and property owners need to protect children from lead exposure and lead poisoning?
- How can we better address lead from non-paint sources like consumer products, water, etc.?

More Information

For further information about the CAL Project, and/or to be added to the mailing list, please contact Paul Shoemaker at PShoemaker@bphc.org and/or Stephanie Seller at SSeller@bphc.org. Please put CAL Project in the subject line of the message. Please contact Rick Reibstein at rreibste@bu.edu for questions about this report.