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Resources, Community, and
Economic Development Division

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October 14, 1993

Philip R. Lee, M.D.
Assistant Secretary for Health
Public Health Service
Department of Health and Human Services

Dear Dr. Lee:

As you know, lead poisoning is one of the most common health problems for our nation's children and can have marked effects on intelligence and behavior. We recently reviewed the Department of Housing and Urban Development's (HUD) compliance with the public housing provisions of the Lead-Based Paint Poisoning Prevention Act at the request of the Chairman, Subcommittee on Toxic Substances, Research and Development, Senate Committee on Environment and Public Works.¹ In the course of our review, we evaluated the effectiveness of local health agencies' notification of public housing authorities (PHA) when the health agencies diagnose elevated blood lead levels (EBL) in children who live in public housing.

We judgmentally selected for review 42 cases of EBL in children living in public housing in six cities--Boston, Chicago, New Orleans, New York, Richmond, and San Francisco. These cases occurred from January 1989 to July 1992. The cities were selected on the basis of criteria such as (1) a high incidence of EBL children and (2) a publicly funded screening program for blood lead levels. In all of the cases, test results confirmed that the children's homes contained lead-based paint. The six PHAs included in our review are responsible for more than 18 percent of the public housing built before 1978--the housing in which lead-based paint hazards are most likely to be present.

¹Lead-Based Paint Poisoning: Children in Public Housing Are Not Adequately Protected (GAO/RCED-93-138, Sept. 17, 1993).

In summary, we found that five of the six local health agencies we reviewed did not expeditiously notify PHAs when they identified EBL children living in public housing in which lead-based paint hazards were present. In contrast, in San Francisco the local health agency regularly coordinated its efforts with the PHA, and notification and testing took place more expeditiously. Although PHAs are responsible for removing these hazards in public housing, an average of almost 2 months elapsed between the time the five local health agencies diagnosed EBL children and the time they notified PHAs of the children's condition. This situation occurred in part because local health agencies, following state or local procedures for addressing lead-based paint, first tested the children's homes before notifying PHAs. The health agencies took an average of more than 1-1/2 months to test the homes. Meanwhile, PHAs could not take any actions to address the problem because local health agencies had not notified them that an EBL child had been identified. Although the Centers for Disease Control (CDC) has recently encouraged the lead-poisoning prevention organizations it funds to ensure that they have systems in place to notify PHAs when EBL children are diagnosed, health agencies have not been advised to change their procedures to expedite such notification. Without expeditious notification, PHAs cannot reduce the amount of time children are exposed to lead-based paint hazards.

BACKGROUND

HUD has issued regulations to PHAs specifying the actions they are to take when notified that an EBL child is living in public housing. PHAs must test an EBL child's home for lead-based paint within 5 days of being notified of the diagnosis. The regulations further state that PHAs can use the available testing services of local organizations, such as local health agencies, to perform the tests. When lead-based paint is found, HUD's regulations require PHAs to abate it or to relocate the family to lead-free housing within 14 days. Furthermore, PHAs must comply with the most stringent lead-based paint testing and abatement requirements that apply to them, whether the requirements are HUD's, the state's, or the locality's.

In October 1991, the CDC issued guidance to state and local health agencies on identifying EBL children and the source

of their lead poisoning.² In this guidance, the CDC recommends that local health agencies coordinate with state and local housing agencies to protect EBL children from further exposure to lead-based paint. Local health agencies generally identify EBL children through lead poisoning screening programs. Once EBL children are identified, the CDC recommends that what it calls "environmental intervention" begin within 10 working days of the diagnosis. Environmental intervention includes testing the children's homes for lead-based paint. Local health agencies test according to state and local laws and then notify building owners, including PHAs, that lead-based paint hazards have been found and need to be abated.

MOST HEALTH AGENCIES DID NOT PROMPTLY
NOTIFY PHAS WHEN EBL CHILDREN WERE DIAGNOSED

Most health agencies included in our review did not promptly notify PHAs when EBL children were identified. Five of the six health agencies we visited took an average of almost 2 months to notify the local PHA that a child living in public housing had been diagnosed with EBL.³ In the 36 cases we reviewed in these five cities, the health agencies took from 9 days to 10 months to notify PHAs that a child had been diagnosed with EBL. During those periods, the EBL children remained exposed to lead-based paint hazards, and PHAs could not take any actions to address the problem because they did not know one existed. According to the CDC, removing lead-based paint hazards from the home of a poisoned child can result in substantial reductions in the child's blood lead levels.

Most of the delays in notifying PHAs of EBL children occurred because of the time the five health agencies took to test these children's homes for lead-based paint. The local health agencies followed their state or local procedures and notified PHAs only after testing for and finding lead-based paint in an EBL child's home. In the 36 cases, the five local health agencies took an average of more than 1-1/2 months after the diagnosis to test an EBL child's home for lead-based paint. In contrast, PHAs are

²Preventing Lead Poisoning in Young Children, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control (Oct. 1991).

³The five local health agencies were in Boston, Chicago, New Orleans, New York, and Richmond.

required to test within 5 days after being notified that an EBL child has been diagnosed. Some health agency officials said that testing for lead-based paint had been delayed because their inspectors had difficulty gaining access to the EBL children's homes. Some health officials cited another reason for delays: They said that formally notifying PHAs of the presence of EBL children was hampered by their health agencies' administrative procedures, such as a requirement that citations be issued to PHAs for violations of state or local laws on lead-based paint.

In contrast, the San Francisco health agency and PHA regularly coordinated their efforts to address lead-based paint, and notification and testing took place more expeditiously than in the other locations. We found that the health agency quickly notified the PHA when it found an EBL child living in public housing, and the PHA tested the EBL child's home for lead-based paint. In addition, officials from the health agency and the PHA met each month to follow up on EBL cases. For most of the cases we reviewed, the health agency notified the PHA on the same day an EBL child was diagnosed. The longest period the health agency took to notify the PHA in these cases was 2 days.

Prompt notification and testing could also allow PHAs to warn other tenants living in the same building as an EBL child that a dwelling in their building contains lead-based paint. Our September report, which will be sent to you as soon as it becomes publicly available on October 17, 1993, discusses this issue, as well as PHAs' performance in meeting testing and abatement requirements. The report also makes recommendations for improvements in PHAs' procedures that would allow PHAs to take more effective actions following notification.

In May 1993, in an effort to improve coordination between local health agencies and PHAs, HUD advised the CDC by letter of PHAs' responsibilities to test for and abate lead-based paint when children are found to have EBL. The CDC's Lead Poisoning Prevention Branch sent HUD's letter to the 35 lead-poisoning prevention organizations it funds. In its cover letter, it encouraged these organizations to make sure they have a system in place for notifying the appropriate parties when a child living in public housing is found to have EBL. According to the CDC branch chief, since some of these organizations are state health agencies, this information may reach about 200 local health agencies. However, neither HUD's nor the CDC's letter

suggested that the health agencies should change their systems or procedures to ensure that PHAs are notified more quickly of EBL children living in public housing.

CONCLUSIONS

Our work indicates that if local health agencies expeditiously notify PHAs of EBL cases, the time PHAs or local health agencies take to identify lead-based paint hazards in EBL children's homes could be reduced. Prompt notification of PHAs could take place regardless of whether testing is done by the PHA or the local health agency. All of the health agencies we visited had procedures for notifying the appropriate parties when EBL children were diagnosed. However, only one of the health agencies we visited (in San Francisco) closely coordinated with and quickly notified the PHA following the diagnosis. As a result, the San Francisco PHA knew about EBL children much faster than PHAs in the other locations we visited and was able to test these children's homes more quickly. Such prompt notification, if adopted by other health agencies, would not interfere with their administrative procedures. But it could help reduce the time these children are exposed to lead-based paint hazards, because faster notification could result in more expeditious testing, as it did in San Francisco. Earlier testing could, in turn, result in faster abatement or relocation, thus eliminating the risk that EBL children will suffer additional adverse health effects. Earlier notification and testing could also allow PHAs to warn other tenants living in the same building as an EBL child that a dwelling in their building contains lead-based paint.

RECOMMENDATION

Given the important health consequences when EBL children remain exposed to lead-based paint hazards, we recommend that you strengthen local coordination procedures by directing the CDC to advise state and local health agencies to immediately notify PHAs when children living in public housing are diagnosed with elevated blood lead levels.

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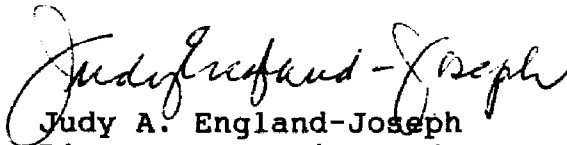
The 42 cases of EBL children living in public housing were selected from those we reviewed in our September report because these cases provided the most complete information on the length of time that elapsed before PHAs were notified. We interviewed local health agency officials

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about their coordination procedures and reviewed state and local lead-based paint ordinances, blood lead screening programs, and lead-based paint inspection procedures. We also interviewed officials from HUD, the CDC, and local PHAs. Our review was conducted from January 1992 through August 1993 in accordance with generally accepted government auditing standards.

If you have any questions, please contact me at (202) 512-5167 or Marnie Shaul of my staff at (202) 512-6778. We would appreciate your notifying us of the actions you plan to take in response to our recommendation. Major contributors to this correspondence were John Wanska, Frank Taliaferro, and Madeline Chulumovich of GAO's Chicago Regional Office and Marnie Shaul and Susan Sacco of the Resources, Community, and Economic Development Division in Washington, D.C.

Sincerely yours,



Judy A. England-Joseph
Director, Housing and Community
Development Issues

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