

ALLIANCE FOR HEALTHY HOMES

Protecting Children from Lead and Other Environmental Health Hazards



LEAD DUST TESTING PRACTICES BY STATE LEAD POISONING PREVENTION PROGRAMS A Summary of Survey Results October 2003

In July 2003, the Alliance for Healthy Homes (formerly the Alliance To End Childhood Lead Poisoning) undertook an informal survey of selected state and local lead poisoning prevention programs about lead dust-testing practices. The purpose of the survey was to determine the current extent to which lead dust testing is being utilized in lead poisoning prevention programs nationwide. The results show significantly broader use of dust testing and growing recognition of the importance of this tool - as well as significant room for further progress. The responses also prompt a number of questions that are worth further exploration.

Data collection

The Alliance e-mailed a brief survey (Appendix A) to the 42 states listed as CDC Childhood Lead Poisoning Prevention (CLPPP) grantees on the CDC website. Surveys were also sent to 15 local programs listed as grantees. 9 states were not contacted (AR, ID, MS, MT, NV, NM, ND, SD, and WY) because these states do not receive CDC lead poisoning prevention grants. As of 10/21/2003, 41 of the 42 states (98%) had responded. Despite repeated follow-up emails, the following states did not respond: NE.

Appendix B presents the individual responses received from each state and local program that responded. This summary provides an overview of the 41 state programs that responded.

Use of Dust Testing

40 of 41 states that responded reported that their programs use dust testing.

All but two (39 of 41 respondents, or 95%) states reported that they do dust testing as part of an environmental investigation for a child with an elevated blood lead level. This finding represents significant progress, since a prior survey (Another Link in the Chain Update at www.afhh.org) reported less than 2 years ago that 14 states did not use dust tests in EBL investigations.

- 31 states (76%) reported that they use dust testing for clearance testing after lead hazard control or paint repair in the home of a child with an elevated blood lead level. Of these, some programs do this as a matter of policy or state law. Some permit risk assessors or program staff to use their discretion on a case-by-case basis. And, some rely solely on HUD and EPA requirements for clearance that apply to certified contractors. While this growing use of dust sampling for post-work clearance testing is encouraging, this survey does not distinguish between states that always perform clearance dust tests after work is ordered in the home of an EBL child and those that do so only in

special cases.

- 8 states (20%) reported that they use dust testing to screen housing regardless of the presence of an identified case of lead poisoning. This application of dust testing as tool for screening high-risk housing for hazards before a child is exposed illustrates dust testing's potentially important role as a primary prevention strategy.

Various state programs reported other uses of dust testing as well. These include:

- Investigating complaints of unsafe work practices, illegal abatement activities, etc.
- Further investigating homes of EBL children with no known lead paint violations (not part of routine environmental investigation process)
- Screening housing for possible enrollment in HUD-funded Lead Hazard Control program
- Testing by property owners acting in compliance with state lead laws
- Part of training or technical assistance services provided to families with children with low or moderate blood lead elevations or families living in high-risk housing
- Investigating the new home of an EBL child whose family plans to relocate
- Testing child care centers or schools
- Ensuring clearance as a condition of closing an EBL case (new policy in development)

One state (Iowa) always assumes that lead dust is present if lead-based paint on the interior or exterior of a home is identified. Thus, Iowa uses dust testing in investigations only after extensive renovations or where there are questions about an EBL child's actual source of exposure. Dust clearance testing is normally done if hazards have been repaired and the child's blood lead level is not dropping or if there is evidence that the work was not done in a safe manner.

What are the Qualifications of the Individuals Collecting Dust Samples?

Individuals with a range of qualifications perform the testing, because many states allow multiple disciplines to perform this function.

- 36 programs (88%) reported that Risk Assessors perform dust testing
- 22 states (54%) use Lead Inspectors
- 5 (13%) use Lead Sampling Technicians
- 2 (5%) have unique classifications under state law (e.g., CA has Inspector/Assessors for all projects and Project Monitors for clearance only, NJ has combined Inspector/Risk Assessor)
- 2 (5%) report that local health department RNs or environmental specialists (Sanitarians) perform sampling.

In most cases, CLPPP staff, local health department staff, or other agency staffs (environmental agency) are certified to perform testing themselves. In other cases, certified individuals from the private sector are used, alone or in combination with program staff.

Issues and Concerns Raised by Respondents

- CA uses the Niton XRF analyzer to measure lead dust, and is a strong advocate of its use, especially in EBL investigations to create a “teachable moment” to demonstrate where dust levels are highest. Other states indicated resource limitations put this desirable capacity out of reach.
- Maine is increasingly using dust testing to assess renovation-related exposures, which are a large problem there.
- Some suggest the approach used by Iowa and Philadelphia to assume lead dust is present if there is any visible debris or lead hazards.
- Due to limited resources, some stated that Medicaid reimbursement for dust testing would permit stronger CLPP programs.

Limitations of Survey

While there are interesting trends noted herein, some caution should be exercised in interpreting the data because of three important limitations. First, to encourage responses, states were given a very simple multiple-choice survey, which may tend to over-simplify replies about program practices. Second, the survey relies entirely on self-reports, which can be subject to bias. And third, responses were provided by individuals at the state level, who may be somewhat removed from daily practice in local health or environmental agencies.

Recommended Next Steps

This survey illuminates the need for more detailed information about state statutory, regulatory, policy, and program requirements and procedures for dust testing, especially for clearance testing after health departments order corrective action in the home of a child identified with an EBL. More detailed information is needed to understand which states have fully integrated this safeguard as a routine practice and which states perform clearance testing in only limited or exceptional circumstances.

For more information, contact the Alliance for Healthy Homes.

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Appendix A: Alliance Dust Testing Survey

CLPPP DUST TESTING SURVEY 2003

Does your program use dust testing for lead in dust?

YES

NO

If so, please put a check mark by all the ways your program uses lead dust testing:

As part of an environmental investigation for a child with an elevated blood lead level.

Clearance testing after lead hazard control or paint repair in the home of a child with an elevated blood lead level.

To screen housing (in the absence of an identified case of lead poisoning)

Other Please describe:

Who performs dust testing for your program?

Risk assessor

Inspector

Sampling technician

Other Please explain:

Do you have any comments you would like to make?

Your state or city CLPPP: _____

Thank you for your response!

Anne Guthrie
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