



U.S. Department of Housing and Urban Development

Lead Hazard Control and Healthy Homes Information Session

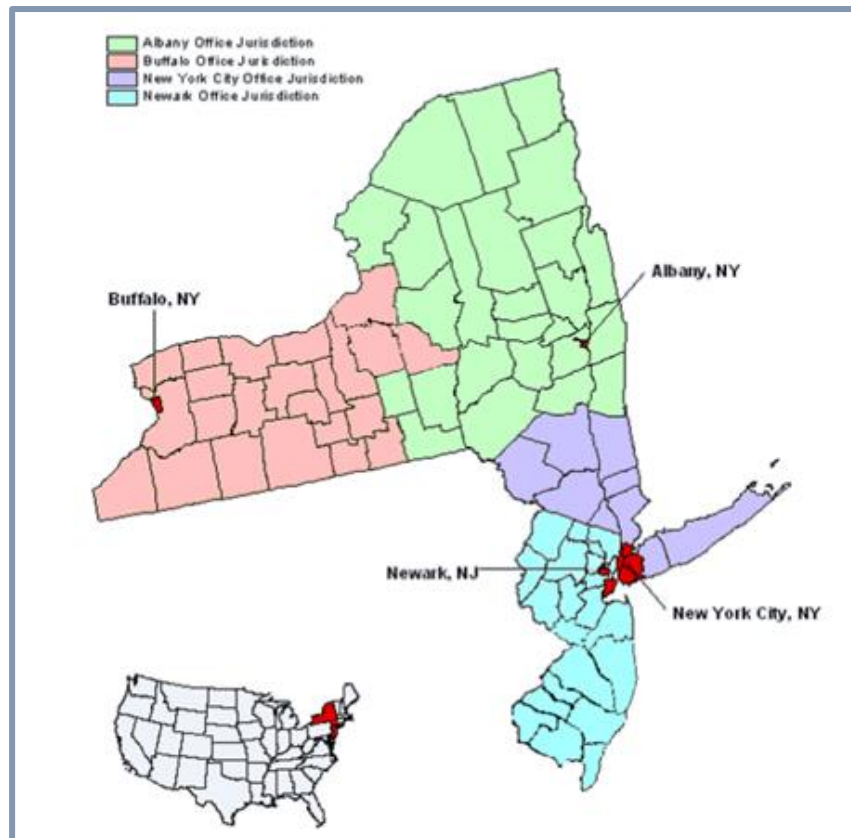
April 26, 2022

Region 2
New York and New Jersey



Region 2

Office of Field Policy and Management (FPM)



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New York Regional Office

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Welcoming Remarks

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**Ensure Future Generations
can Reach their Full Potential**

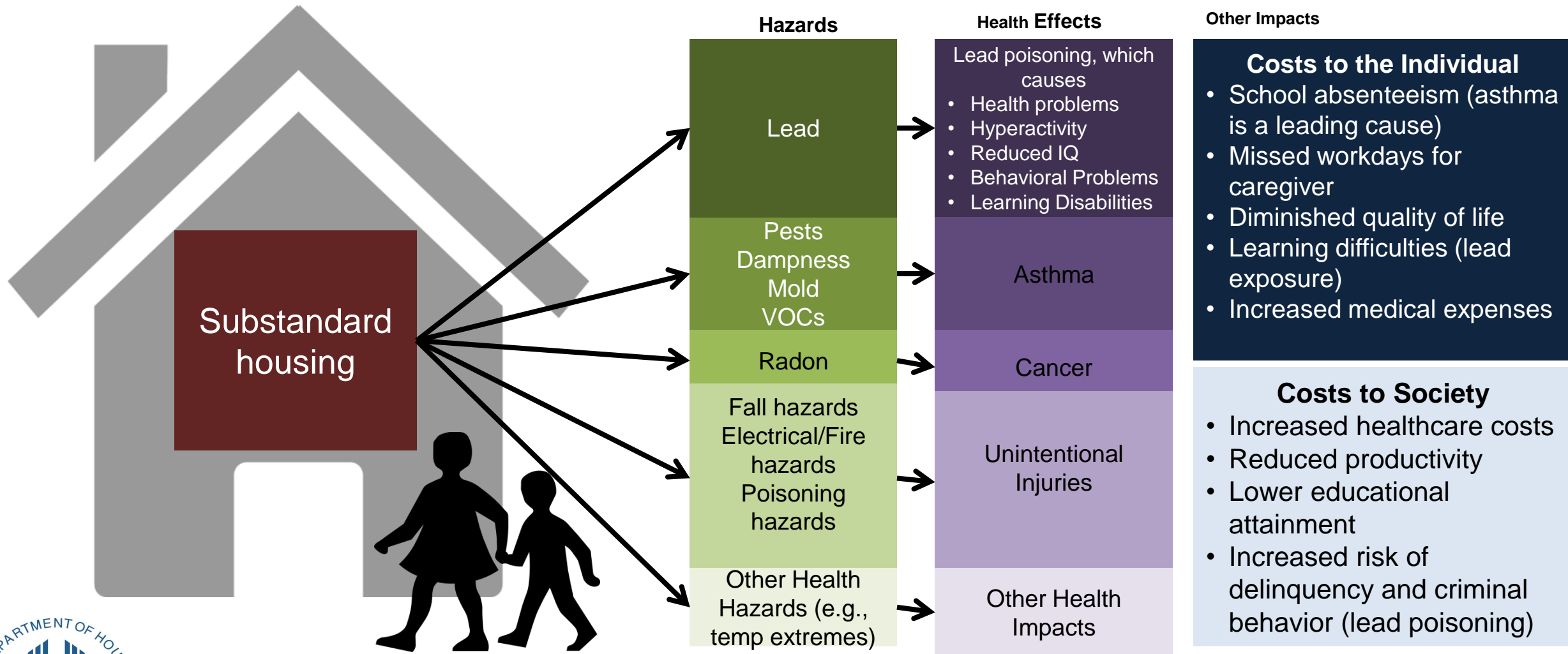
**Mitigate the Impacts
of Unhealthy Housing**

**Improve Communities and
Preserve Affordable Housing**



**U.S. Department of Housing and Urban Development
Office of Lead Hazard Control and Healthy Homes**

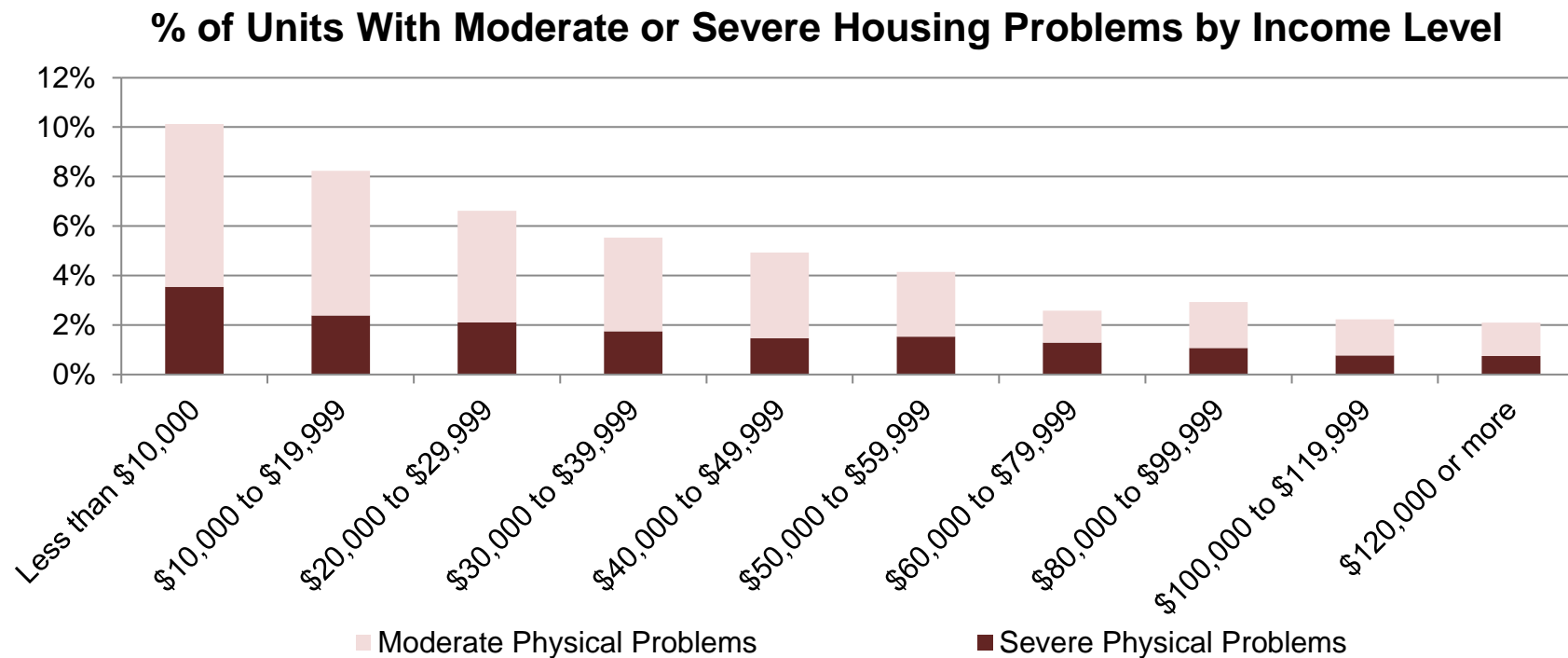
Potential Impacts of Unhealthy Housing



Research has shown that climate change may have several direct and indirect adverse health effects in the indoor environment related to poor indoor air quality, biological and pest contamination, and flooding and water damage.¹

Disparate Impact of Unhealthy Housing

- Low-income Americans are particularly vulnerable to unhealthy housing.

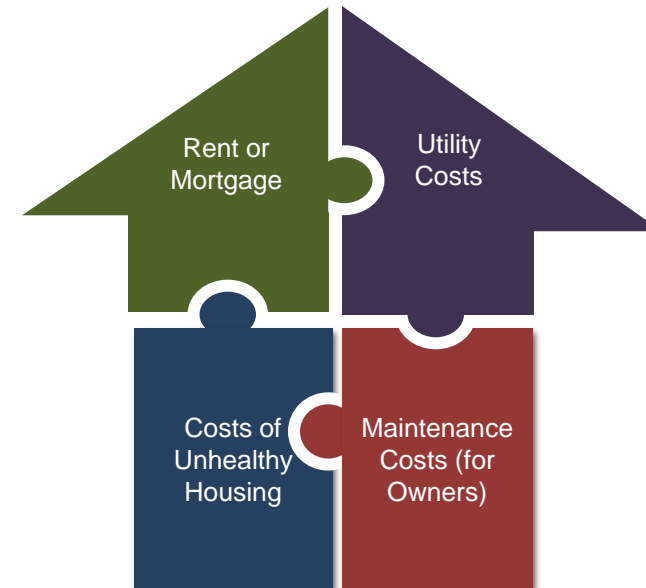


(HUD & Census, 2013, American Housing Survey)

Housing Costs as a Percent of Income

- Both owners and renters spend a high percent of their income on housing costs*.

	All occupied units	Owner-occupied	Renter-occupied
Median monthly housing ¹ cost	\$891	\$929	\$850
Median monthly housing cost as a % of income	23%	19%	33%



The costs of living in unhealthy housing are a piece of the housing cost puzzle.

* Housing costs include rent or mortgage payments, utility costs, property insurance, etc.

Examples of Health Inequities Related to Housing

Condition	Magnitude	Disparate Impact?
Lead exposure	<ul style="list-style-type: none"> - 22 million homes with 1 or more lead hazards - 386,000 children with an elevated blood-lead level (EBL = 5 µg/dL at the time) 	2.4% of Black children with an EBL vs. 1.5% of White children.
Asthma	<ul style="list-style-type: none"> - 22.6 million in U.S. with current asthma 	Asthma prevalence of 11.8% if in poverty vs. 7.3% if not. Prevalence of 13.5% for Black children vs. 6.4% for White children.
Unintentional residential injuries	~ 11.8 million injuries and 30,000 deaths/yr.	Higher injury rates for households in poverty or near poverty.
Radon exposure	<ul style="list-style-type: none"> - 9.2 million homes with elevated radon levels - 21,000 lung cancer 	Low-income homeowners are less likely to test for radon.



Why Does Our Work Matter?

- It helps children and other vulnerable populations reach their full potential by
 - Preventing injuries and diseases;
 - Lowering healthcare costs;
 - Increasing school and work performance; and
 - Decreasing the number of school days and workdays missed due to injuries and diseases.
- It frees up family expenses that would have been spent on healthcare for other critical needs, such as rent or nutritious food.
- It saves money and lives.
 - Studies have shown that lead and healthy homes Interventions are *effective* and are more *cost-effective* than conventional maintenance.



HUD's Commitment to Improving Communities

- We work with local health and housing departments, community-based organizations, philanthropies, and many other groups across the country to fix health and safety hazards in low-income housing, protecting over 400,000 at-risk young children
- Our scope has expanded to cover housing-related health and safety hazards in a coordinated, holistic manner rather than addressing single hazards by themselves.
- Our collective success is through innovative and creative partnerships, successful lead and healthy homes grant programs, evidence-based scientific research, and aggressive lead safety regulations enforcement.
- We have expanded our efforts to build public-private partnerships to bring more investments to fix older housing and preserve affordable housing in communities.

Healthy Housing: Before and After



HUD's Efforts to Mitigate the Impacts of Unhealthy Housing

- HUD's lead hazard control and healthy homes programs help children and other vulnerable people, especially in low income and minority families, reach their full potential by: Preventing injuries and diseases, Lowering healthcare costs, and Reducing school absenteeism.
- HUD's programs have contributed substantially to reducing elevated blood lead level (EBLL) cases among children under age 6 (those most affected by lead) by 94% from the early 1990s to today.
- Difference in EBLL prevalence in children under 6 between Non-Hispanic Blacks and Non-Hispanic Whites was reduced by a factor of 2, representing a significant reduction in racial disparity.
- This work has proven cost benefits - each dollar invested in lead paint hazard control has been shown to result in a return of at least \$17, for a net savings of \$187 billion since the program began in 1993.

OLHCHH Grant Programs

- **Grants for Producing Lead-Safe and Healthy Housing Units**
 - Lead Hazard Reduction Grant Program; grant program categories:
 - Grantees of these programs are local or state governments
 - Lead Hazard Control grants (Lead-Based Paint Hazard Control funds)
 - Highest Abatement Needs grants (Lead Hazard Reduction Demonstration funds)
 - High Impact Neighborhood grants (FY19-20)
 - *Healthy Homes Supplements (Healthy Homes Initiative funds) treat other health/safety issues in the homes*
- **Healthy Homes Production Grants (types vary by year)**
 - Healthy Homes Production grants: To state/local/tribal gov'ts, nonprofits
 - Healthy Homes Production for Tribal Housing grants: To federally-recognized tribes or tribally designated housing entities (FY19-20)
 - Healthy Homes and Weatherization Cooperation Demonstration grants: To nonprofits, local HH and Wx grantees, to enhance coordination
 - Older Adult Home Modification Program grants: To local govts, nonprofits

OLHCHH Grant Programs

- **Technical Studies Grants**

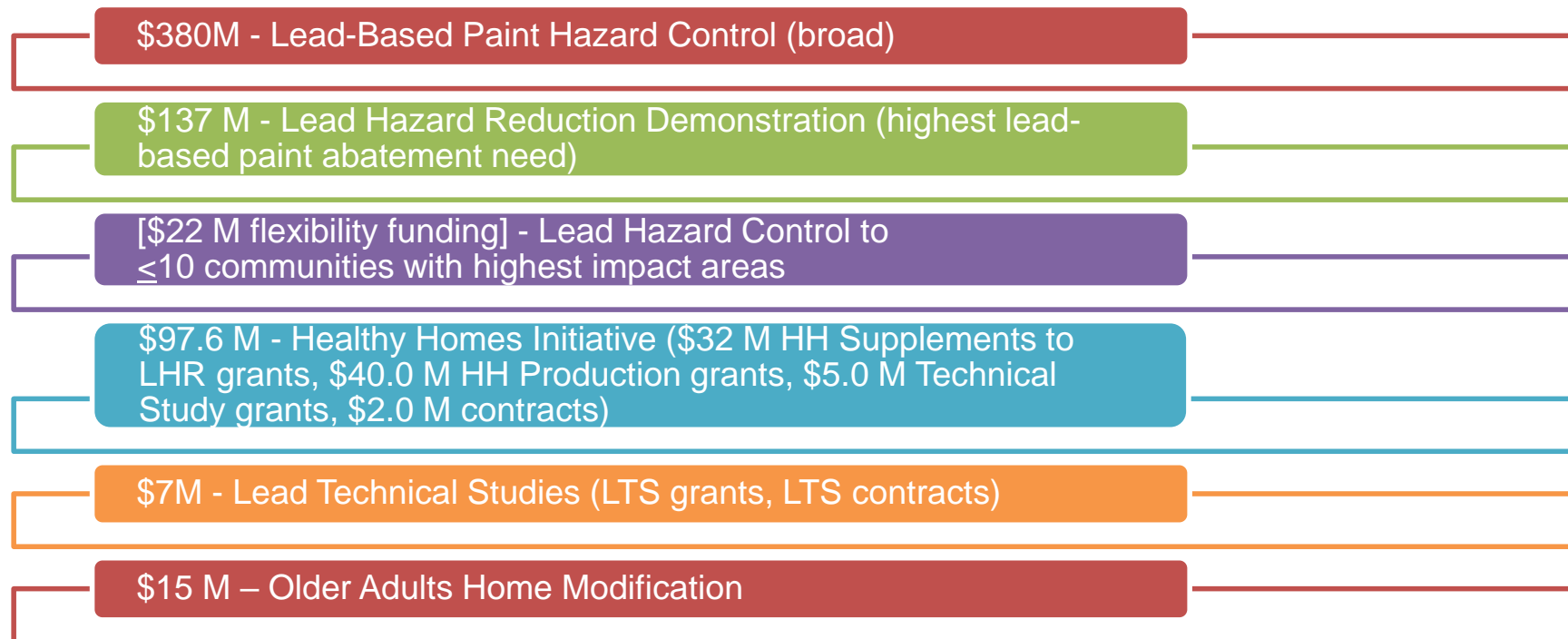
- Research cooperative agreements
- Healthy Homes Technical Studies grants
- Lead Technical Studies grants
- Grantees are academic institutions, state, local, and tribal govts., non-profits
- Over 70 peer-reviewed papers and reports have been based on the results of these grants

- **Notices of Funding Opportunity**

- OLHCHH develops notices for each of the programs when it is funded for awarding such grants
- The Office is working on several notices for Fiscal Year 2022.

Program Funds Available Approximately \$ 573,538,373

Note: All amounts subject to updating over time.



Lead Hazard Control grants (\$380 M)

- Wider targeting: Any communities w/target housing w/LBP hazards
- 42-month Period of Performance
- Awards up to \$5 M
- First time awardees – awards up to \$4M (less than for repeat grantees so the first-timers are less likely to be overwhelmed)

Highest Abatement Needs Jurisdictions (\$137 M)

- Urban jurisdictions with $\geq 3,500$ occupied rental units constructed prior to 1940 in the grant's target area
- 42-month period of performance
- Awards up to \$8 M

High Impact Neighborhoods Jurisdictions (FY19-20, not FY21 or FY22)

- [\$22 M flexibility funding] - Lead Hazard Control to ≤ 10 communities with highest impact areas

Housing unit eligibility criteria

- Eligible housing
- Target housing (most pre-1978 housing; 0-BR units with child < 6 years old residing, not designated for elderly or for persons with disabilities unless with child < age 6 residing)
- Income criteria
 - Percentages of area median income (AMI)
 - Multifamily properties (≥ 5 units): $\leq 20\%$ exception for AMI threshold

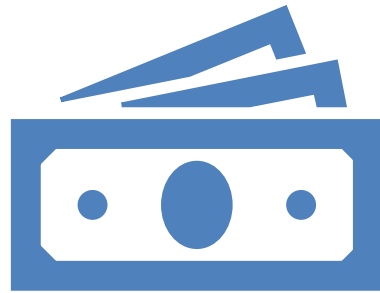
Unit prioritization

- Units with child < age 6 with elevated blood lead level
- Occupied Units with children < age 6
- Eligible Housing Choice Voucher [TBRA] units

Post-intervention requirements

- Making the treated housing available for low-income families with children < age 6 for ≥ 3 years

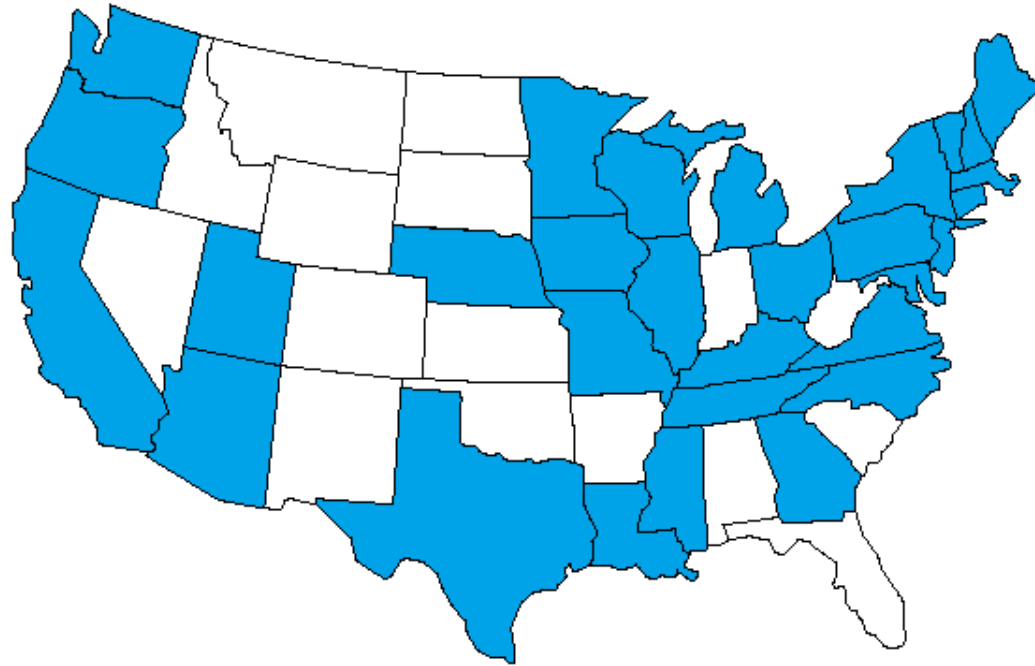
Healthy Homes Supplement Funds



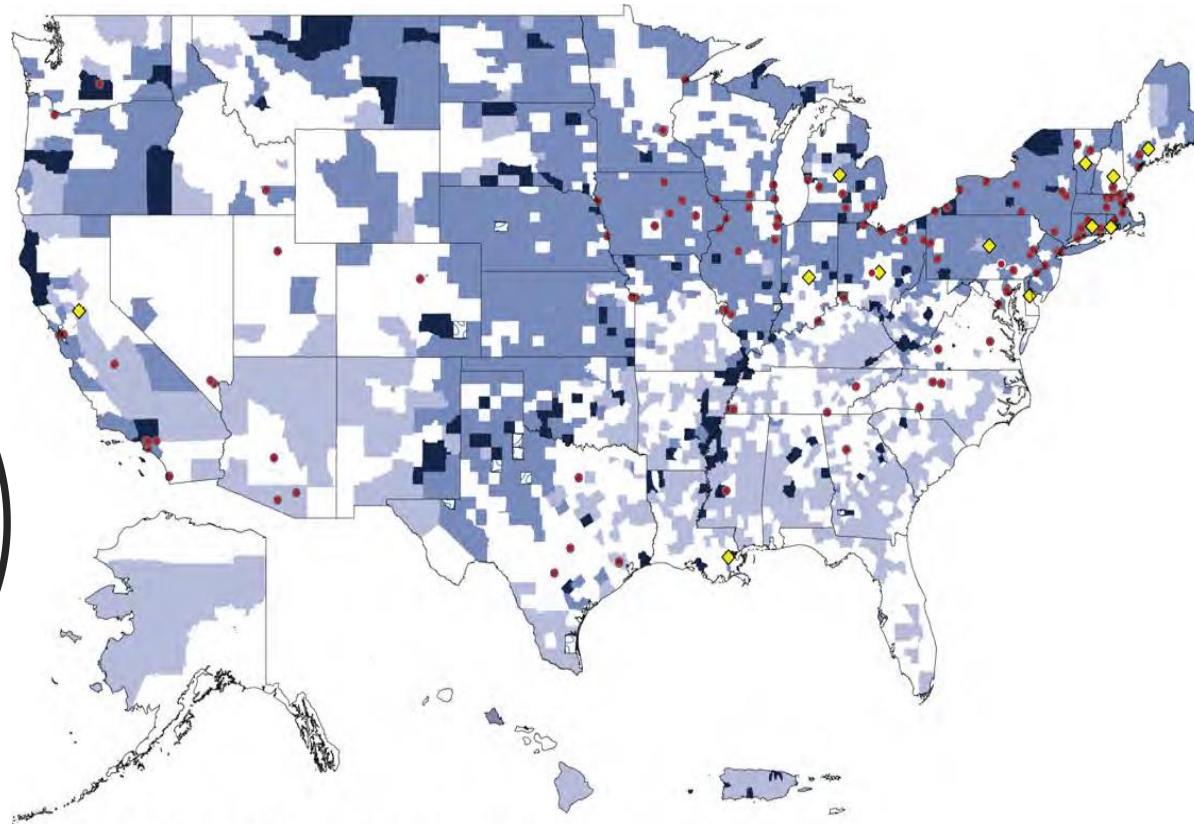
Use of HHSupp Funds

- Identify and remediate residential health and safety hazards other than lead-based paint hazards in units that also receive lead-based paint hazard control.
- Not all units receiving lead-based paint hazard control will receive HHSupp funds, but all units receiving HHSupp funds must have lead-based hazards that are being controlled (because the Healthy Homes funds supplement Lead Hazard Control funds)

Where We Are Today



Where We Need to Be

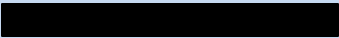







County higher than the estimated average national percentage

Grantees		Data unavailable/not reliable
Both old houses and poverty	34 (18%)	
Old houses only	109 (59%)	
Poverty only	13 (7%)	
Neither old houses nor poverty	30 (16%)	

Hazards Identified by Lead & Healthy Homes Grantees

Of the 6,588 units completed by our lead and healthy homes grantees in FY15 . . .

Type of hazard addressed	# of housing units in which type of hazard was addressed	# in target population benefitting from intervention
Lead hazards were addressed in . . .	6,588 housing units ¹ 	6,537 children under 6 lived ² in housing units where lead hazards were addressed. 
Asthma and Allergy hazards were addressed in . . .	1,588 housing units ¹ 	2,948 children under 18 lived in housing units where asthma and allergy hazards were addressed. 
Unintentional Injury hazards were addressed in . . .	1,516 housing units ¹ 	6,293 adults and children lived in housing units where unintentional injury hazards were addressed. 

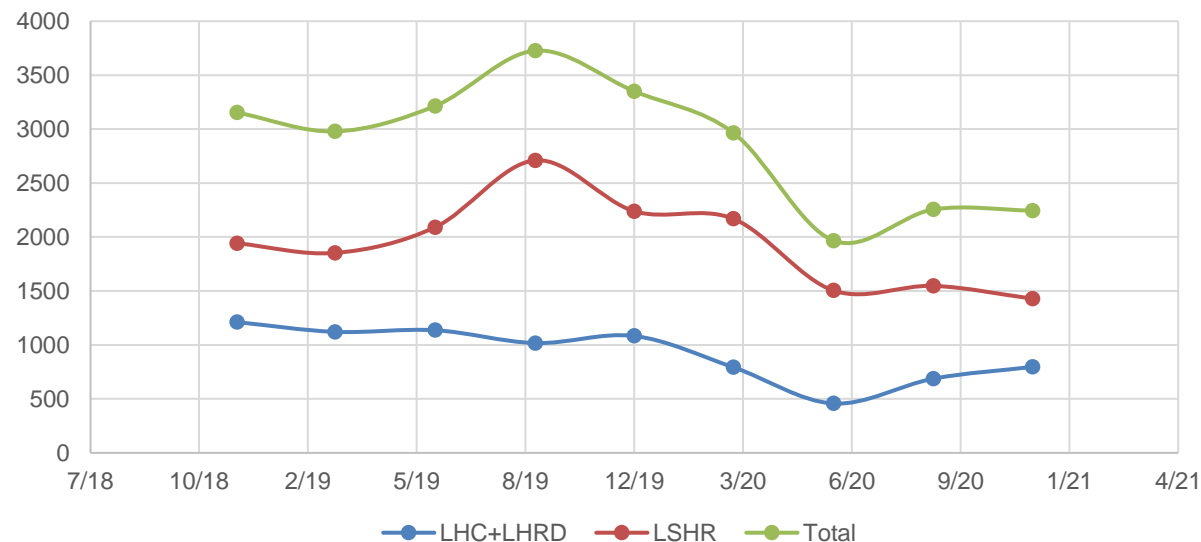
1. (Healthy Homes Grant Management System data pull and analysis; in some cases, a multiplier was used to ensure consistency with previously reported data)

2. For purposes of this slide, "lived" includes visiting children under 6.

OLHCHH Lead Hazard Reduction Programs' FY 2019 Grants' Status

- Three categories of FY 2019 LHR grants:
 - Lead-Based Paint Hazard Control (LBPHC): Most jurisdictions
 - Lead Hazard Reduction Demonstration (LHRD): Highest abatement need
 - High Impact Neighborhoods (HIN): Clustered areas with worst conditions
- The Coronavirus Disease 2019 (COVID-19) have caused significant business disruptions to all LHR grantees (as with CPD grantees).

Production of lead-safe housing units under OLHCHH and CPD programs



OLHCHH Lead Hazard Reduction Programs' FY 2019 Grants' Status (2)

- These business disruptions have varied from ...
 - A complete shutdown of all non-essential local governmental services by some grantees, to ...
 - Basic COVID-19 precautions in order to continue providing some in-home services to clients.
- OLHCHH has provided as many flexibilities as possible for the grantees to ease their burden and anxieties.
 - Many LHR grantees have requested an extension of the period of performance for their grant program in order to have time to complete the grant deliverables.
 - OLHCHH has granted all these requests.

OLHCHH Healthy Homes Production for Tribal Housing FY 2019 Grants' Status

- FY 2019 Healthy Homes Production for Tribal Housing (HHPTH) program was the first time Tribes or Tribally Designated Housing Entities have received funding from OLHCHH. The grant implementation process has been challenging for many grantees.
- Many HHPTH grantees have encountered difficulties with start-up, hiring and maintaining key staff, and learning how to conduct the environmental review process.
- The COVID-19 pandemic has exacerbated grantees' performance challenges.
- All these factors have contributed to delays with their making housing units safe and healthy.
- The grants' benefits to date have included:
 - Staff receiving extensive training in health and safety hazards and interventions,
 - Staff using a comprehensive assessment protocol, and
 - Grantees building expanded health-and-housing partnerships.

OLHCHH LHR and HHPTH FY 2021 Grants' Status

- The FY 2021 grants in these programs are the most-recently awarded;
- COVID-19 has played a significant role in hindering FY 2020 Lead Hazard Reduction and Healthy Homes Production for Tribal Housing grantees' ability to:
 - Complete the required grant start-up activities within the standard first 120 days;
 - Enroll homeowner and landlord clients in a timely manner;
 - Perform healthy homes assessments and lead risk assessments; and
 - Complete lead hazard control or healthy homes interventions, such as from:
 - Limited access to trained workforce;
 - Equipment and materials supply stream disruptions; and
 - Some jurisdictions halting in-home visits except for front-line work (e.g., emergency care).
- As with the FY 2019 grantees, OLHCHH has provided as many flexibilities as possible for the FY 2020 grantees to ease their burden and anxieties.