HEALTHY HOMES AND LEAD HAZARD CONTROL
LEAD HAZARD REDUCTION
2012 Summary Statement and Initiatives
(Dollars in Thousands)

<table>
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<tr>
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<th>Enacted/ Request</th>
<th>Carryover</th>
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<sup>a/</sup> Includes $1.4 million transferred to Transformation Initiatives (TI) in 2010.

<sup>b/</sup> Includes $2 million in recaptures.

Summary Statement

The Department is requesting a total of $140 million for the Healthy Homes and Lead Hazard Reduction Programs, level funding with the 2010 enacted level. In fiscal year 2012, the Department will continue the lead hazard reduction and healthy homes programs that provide scientifically validated support for the approaches the Department recommends to its grantees and, more broadly, to HUD housing programs and housing owners, managers and tenants. The total budget request for fiscal year 2012 is comprised of the following budget components:

- **Lead Hazard Reduction Grant Program:** $96 million (Up to one-half percent ($700,000) may be transferred to the separate Transformation Initiative account)
- **Healthy Homes:** $40 million in grants and contract support
  - Grants:
    - Healthy Homes Technical Studies: $10 million
    - Healthy Housing Implementation (Production) Program: $25 million
  - Contracts/Interagency Agreements: $5 Million
- **Lead Technical Studies and Programmatic Support:** $4.0 million
HUD is committed to making homes safer and healthier for children. As part of this effort:

- HUD, along with other Federal, state, local, and private partners, will eliminate lead poisoning in children nationwide as a major public health problem by 2015.
- HUD will reduce overall disparities in the risk of exposure to lead in children based on race, ethnicity, and socio-economic status.

Considerable progress has been made in reducing the level of childhood lead poisoning, with an approximate 75 percent decline in the percentage of children with elevated blood leads since 1991, according to the ongoing National Health and Nutrition Examination Survey (NHANES) conducted by the CDC (cdc.gov/nchs/nhanes/). The number of Lead poisoned children has been reduced from approximately 890,000 in 1992 to fewer than 220,000 in 2008, translating into a reduction of about 75 percent. The survey will indicate whether the Federal goal has been met when updated survey data for 2010 are published, which is expected to be no earlier than 2013, based on the need for laboratory analysis of blood lead samples, quality control reviews of the data, and statistical analysis of the data.

This funding will provide improvements in the health and safety of individuals and families by making smart investments that will yield positive health outcomes and has the potential to drastically and permanently change the way housing, energy, and health concerns are addressed in cities across our nation. Widespread adoption of a comprehensive, “healthy homes” approach, including physical interventions and education, can help prevent housing-related injuries and illnesses, and yield reductions in associated health care and social services costs, and improvements in the quality of life. By targeting housing improvements at early intervention in communities most likely at risk, substantial returns may be realized to help prevent injuries and illnesses, reduce associated health care and social services costs, reduce absence rates for children in at work, and reduce stress, all helping improve quality of life.

Clearly, these unhealthy living situations result in serious social and financial costs. Today, you can almost predict the health of an individual based upon their zip code. Far too many of our homes don’t meet basic healthy homes principles - dry, clean, ventilated, free from pests and contaminants, well-maintained, and safe – costing our country billions of dollars annually in housing-related healthcare costs.

The demand for this funding greatly surpasses the available funds. While the OHHLHC received qualified applications totaling 255.1 million for its fiscal year 2009 grant program, it awarded only about half of that amount ($129.6 million). More specifically, the OHHLHC awarded grants to just over half (51 percent) of the qualified applicants for its grants producing safe and healthy housing, and to under one-third (30 percent ) of qualified applicants for its grants for research in improving methods for producing safe and healthy housing.

**HUD’s Strategic Plan 2010-2015**

Two of five Strategic Goals have health-focused outcomes: Strategic Subgoal 3b—Utilize HUD assistance to improve health outcomes; and Strategic Plan Subgoal 4b—Promote energy-efficient buildings and location efficient communities that are healthy, affordable, and diverse. OHHLHC program directly support the goal of improving health outcomes of residents through targeted housing interventions to reduce the severity and prevalence of asthma in children. Also, these programs directly supports HUD’s Strategic Subgoal 4B by reducing the number of homes in the United States with significant environmental health and safety hazards (increased housing quality), such as mold and moisture, lead-paint, poor indoor air quality, and pest infestations.
Lead Hazard Reduction

American Recovery and Reinvestment Act (Recovery Act)

In fiscal year 2009, Congress appropriated $100 million in the Recovery Act to the OHHLHC, which HUD allocated as follows: $77.949 million, to the Lead Hazard Reduction Demonstration program; $18.934 million for Healthy Homes program; and $2.617 million for the Lead Hazard Reduction Demonstration program. In addition, $500 thousand of the appropriated amount was transferred to the Administration, Operations and Management, Personnel Compensation and Benefits, and Working Capital Fund accounts. All Recovery Funds appropriated to the OHHLHC were obligated in May 2009. As of February 6, 2011, $47.5 million of these funds had been outlayed. These funds will continue to make low-income housing safe from Lead and other home-based hazards as well as create jobs at the organizations receiving these grant awards and their subgrantees and contractors.

Initiatives

No new initiatives are proposed in the fiscal year 2012 Budget.

Healthy Homes and Lead Hazard Reduction

Scientific research and studies on housing and health issues show that the health and economic burden of housing-related hazards is substantial. For 2007, the National Heart, Blood, and Lung Institute estimated the total cost to the U.S. economy from asthma at $19.7 billion ($14.7 billion in direct medical costs and $5 billion in indirect costs, including lost work and school days). Approximately 21 percent of asthma cases in the U.S. are linked to dampness and mold, at an annual cost of approximately $3.5 billion. The mitigation of moisture and mold is an important target for the program. In addition, according to the National Health and Nutrition Examination Survey (NHANES), unintentional injury is the leading cause of death and disability among children younger than 15 years of age, with homes the primary location of occurrence. Healthy Homes program efforts prevent and control these housing-related problems.

According to HUD’s 2007 American Housing Survey, nearly 6 million households live with moderate or severe physical housing problems, including heating, plumbing, and electrical deficiencies (H UD: www.huduser.org/DATASETS/ahs/ahsh data07.html). A growing body of research links substandard housing conditions with illness and injury. The greatest risks arise from conditions such as moisture, mold, poor indoor air quality, lead paint, residential application of pesticides, the presence of allergens, vermin, dust and other conditions that contribute to asthma and hazardous conditions that increase the risk of injury. Low-income housing is more likely to have hazards. These households are more likely to lack resources for adopting preventive measures in the home, and deferred maintenance can lead to the development or worsening of residential health hazards. According to the U.S. Census Bureau, in 2009, 42.4 million people live in poverty (Census Bureau, 2009 Poverty: 2009 Highlights). During the current acute shortage of affordable housing, many people are forced to live in marginal housing, or to choose between affordability and their health and safety (Joint Center for Housing Studies. 2005. The State of the Nation’s Housing – 2005. Cambridge, MA: Harvard University).

More broadly, unsafe and unhealthy homes affect the health of millions of people of all income levels, geographic areas, and walks of life in the U.S. These unsafe and unhealthy homes affect the economy directly, through increased utilization of health care services, and indirectly through lost wages and increased school days missed. Housing improvements help prevent injuries and illnesses, reduce associated health care and social services costs, reduce absentee rates for children in school and adults at work, and reduce stress, all which help to improve the quality of life. For example:

- Each dollar invested in lead paint hazard control results in a return of at least $17, and as much as $221, reflecting a net savings of $181 billion to $269 billion on a national investment of $1.22 billion to $11.0 billion (Gould, Environmental Health Perspectives 117:1162–1167 (2009)).
Lead Hazard Reduction

- Exposure to dampness and mold in homes is estimated to contribute to approximately 21 percent of current asthma cases in the United States, at an annual cost of $3.5 billion. The side effects include 10 million lost school days and 2 million emergency room visits every year (National Institutes of Health. 2007. Morbidity and Mortality: 2007 Chart Book on Cardiovascular, Lung, and Blood Diseases. http://www.nhlbi.nih.gov/about/factbook-07/FactBookFinal.pdf). Minor to moderate remediation of housing hazards attributed to asthma, such as reducing interior moisture and improving indoor air quality, results in a substantial return for money invested. Specifically, cost-benefit studies show a return of $5.30 to $14 for each dollar invested.

- Falls are the leading cause of non-fatal injuries for all children ages 0 to 19. Every day, approximately 8,000 children are treated in U.S. emergency rooms for fall-related injuries. This approaches 3 million children each year. In 2000, the total direct cost of all fall injuries for people 65 and older exceeded $19 billion. The financial toll for older adult falls is expected to increase as the population ages, and may reach $54.9 billion by 2020.

- Fire and burn injuries represent 1 percent of the incidence of injuries and 2 percent of the total costs of injuries, or $1.3 billion each year. Fatal fire and burn injuries cost $66 million, representing 6 percent of the total costs of all fatal injuries. According to the Home Safety Council, installing a smoke detector at an average cost of $33 produces $940 in benefits to the U.S. society (The State of Home Safety in America: The Facts about Unintentional Injuries in the Home, 2002 Edition.).

A review of scientific healthy housing intervention research conducted by the National Center for Healthy Housing in 2009 found overwhelming evidence that certain healthy homes interventions result in improvements in health or lead to changes in behaviors or other factors that result in better health (Housing Interventions and Health: A Review of the Evidence, January 2009). Also, a CDC task force recently reviewed the evidence for the effectiveness of housing-based interventions for asthma and recommended the use of home-based multi-component interventions with an environmental focus for children and adolescents with asthma based on evidence of effectiveness in improving overall quality of life and productivity, specifically: 1) improving asthma symptoms and 2) reducing the number of school days missed due to asthma (CDC Community Guide Branch, www.thecommunityguide.org/asthma/RRmulticomponent.html, 2008).
## Lead Hazard Reduction

### HEALTHY HOMES AND LEAD HAZARD CONTROL

#### LEAD HAZARD REDUCTION

**Summary of Resources by Program**

(Dollars in Thousands)

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**NOTE:** The 2010 obligation column excludes $1.4 million Transferred to the Transformation Initiative account.
HEALTHY HOMES AND LEAD HAZARD CONTROL
LEAD HAZARD REDUCTION PROGRAM
Program Offsets
(Dollars in Thousands)

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Proposed Actions

Since 2000, HUD and other Federal agencies have been working on the specific goal to eliminate childhood lead poisoning as a major public health problem. HUD’s efforts have included grants to communities for lead hazard reduction in low-income housing, research on improving and reducing the cost of methods for evaluating and controlling lead hazards in housing, and enforcing lead safety regulations which cover older housing. Continued focus on eliminating and preventing childhood lead poisoning is needed because:

1) between 1999–2002, an estimated 310,000 (1.6 percent) U.S. children had BLLs ≥ 10 micrograms of lead per deciliter of blood (µg/dL), and 1.4 million had BLLs of 5–9 µg/dL (almost 14 percent) (CDC, Blood lead levels in the United States, 1999–2002. Morbidity and Mortality Weekly Report 54:513–516). Small increments in blood lead, on the order of 1-2 µg/dL, increase a child’s risk for intellectual deficits and behavior problems;

2) each dollar invested in lead paint hazard control results in a return of $17–$221 or a net savings of $181–$269 billion (Gould, Environmental Health Perspectives 117:1162–1167 (2009));

3) diligent lead hazard control efforts will be required to prevent a resurgence of this condition, because approximately 37 million homes still have lead-based paint, with 23 million having significant lead-based paint hazards that can result directly in increased children’s blood lead levels and in some cases, childhood lead poisoning;

4) attainment of the original Federal goal to end lead hazard for children by 2010 assumed a funding level for lead hazard reduction grant programs that has not been provided;

5) lead remains a pervasive contaminate in the environment, and although efforts to control lead hazards in house dust, paint and soil have been successful, they have not been universally implemented;

6) screening of blood lead levels in children across the country is low. Despite longstanding requirements for blood lead screening in the Medicaid program, only about 42 percent of children aged 1–5 enrolled in Medicaid were screened with a blood lead test. As a result, many children with elevated blood lead levels are not identified and, therefore, do not receive appropriate treatment or environmental intervention (CDC,2009),
Lead Hazard Reduction

cdc.gov/mmwr/preview/mmwrhtml/rr5809a1.htm, based on data from CDC’s National Health and Nutrition Examination Survey (NHANES) 1999-2004; and

7) housing stock not previously targeted for funding has aged and has show signs of deteriorated paint and other housing-related hazards (e.g. 1960-1977 in latest American Housing Survey) – making it increasingly difficult to target scarce resources.

Considerable progress has been made in reducing the level of childhood lead poisoning, with an approximate 75 percent decline in the percentage of children with elevated blood leads since 1991, according to the ongoing NHANES survey conducted by the CDC (cdc.gov/nchs/nhanes/). The survey will indicate whether the Federal goal has been met when updated survey data for 2010 are published, which is expected to be no earlier than 2013, based on the need for laboratory analysis of blood lead samples, quality control reviews of the data, and statistical analysis of the data.

This funding will accomplish not only the original objective of eliminating elevated blood lead levels in children as a public health problem, but will expand the scope to include reducing the average blood lead levels in children and eliminating the disproportionate incidence of blood-lead levels in children based on race, ethnicity, socio-economic status, and degree of urbanization. As part of the program to reach this goal, the Department proposes $96 million for Lead Hazard Reduction to award grants to State and local governments to identify and eliminate hazards from lead-based paint in housing in communities most affected by substandard housing and other risk factors. The proposed Lead Hazard Reduction Grant program combines previous programs including the Lead Hazard Control Grant program and the Lead Hazard Reduction Demonstration Grant program. Since 1992, these programs have demonstrated replicable results and have been recognized as one of most successful programs in HUD at providing early intervention to prevent environmental conditions in the home from adversely affecting children (Nevin, Trends in preschool lead exposure, mental retardation, and scholastic achievement: Association or Causation? Environmental Research (2009), doi:10.1016/j.envres.2008.12.003). The programs have dramatically increased the number of lead-safe homes nationwide and contributed to reducing both the average blood lead levels and incidence of poisoned children. The Lead Hazard Reduction programs are on track to produce over 130,000 lead-safe housing units by September 2011. In addition, these programs have been instrumental in creating local jurisdiction and contractor capacity around the country to evaluate and eliminate hazards posed by lead-based paint. Lead Hazard Reduction funds are used to:

- perform lead hazard control in low-income, privately owned rental and owner-occupied housing;
- build program and local capacity for lead hazard control;
- target funding to housing with low-income families with children living in privately owned housing; and
- provide funding for areas with the highest lead abatement needs, based on having: (1) the highest number of occupied pre-1940 units of rental housing; and (2) a disproportionately high number of documented cases of lead poisoned children;

fulfill Section 3 of the Housing and Urban Development Act of 1968 by generating training, employment opportunities, and contracts for low-income residents and businesses in the targeted areas.
Lead Hazard Reduction

HEALTHY HOMES AND LEAD HAZARD CONTROL
LEAD HAZARD REDUCTION TECHNICAL STUDIES AND SUPPORT
Program Offsets
(Dollars in Thousands)

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<td>Program Improvements/Offsets</td>
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Proposed Actions

The Department proposes $4 million for Lead Technical Studies. The Department is proposing to consolidate technical assistance funds into one account under its Transformation Initiative. Therefore, no technical assistance funds are being requested under this line item only studies and support activities. Further information regarding the Transformation Initiative is contained in a separate justification for that account.

Achieving the Federal goal of eliminating childhood lead poisoning as a major public health problem requires research, outreach, and technical support to ensure that HUD’s grantees make the most efficient and innovative use of funding. Lead Technical Studies and Support contracts also promote and assist with the enforcement of HUD’s Lead Disclosure Rule and monitoring of implementation of HUD’s Lead Safe Housing Rule by HUD’s Program Offices and recipients of their assistance.

Lead Regulatory Support Activities. HUD will award contracts to:

- effectively identify owners of pre-1978 housing, particularly larger multifamily housing, with known lead-based paint hazards who are likely not to have disclosed this information during sale or rental, for Lead Disclosure Rule enforcement action;
- review evidence and perform monitoring of lead hazard control work performed under settlement agreements, as part of case development and management of settlement agreements;
- analyze data from HUD program offices on the number of assisted housing units made lead safe through implementation of HUD's Lead Safe Housing Rule, and provide technical support to these Program Offices' compliance monitoring efforts;
- track the number of units made lead-safe through Lead Disclosure Rule enforcement and Lead Safe Housing Rule compliance;
- maintain and update guidance, toolkits, outreach documents and other materials and resources supporting implementation of the Lead Safe Housing Rule by program offices, housing providers, and residential property owners and managers; and
- support HUD staff’s enforcement activities being coordinated with HUD’s Program Offices, the Centers for Disease Control and Prevention (CDC), the U.S. Environmental Protection Agency (EPA), the Department of Justice (DOJ), and State and local housing and health departments.
Lead Hazard Reduction

**Lead Technical Support Activities.** HUD will provide grants, cooperative agreements, and contracts to the activities listed below. For those contracts and grants that are technical assistance, HUD will submit a plan to be considered under the Transformation Initiative. HUD will:

- conduct technical studies and demonstration projects to identify new innovative methods that reduce the cost and increase the effectiveness of lead hazard control activities;
- develop policy, regulatory and guidance materials for lead safety;
- provide technical support and public education (primarily in English and Spanish) on lead safety to state and local governments, the general public, the professional community, and trade groups;
- collaborate with EPA to operate a toll-free hotline and document distribution center for the general public; and.
- monitor and encourage implementation by the Internal Revenue Service and State housing finance agencies of lead hazard control requirements in older housing for which owners are receiving Low-Income Housing Tax Credits.
HEALTHY HOMES AND LEAD HAZARD CONTROL
HEALTHY HOMES PROGRAM
Program Offsets
(Dollars in Thousands)

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Proposed Actions

In fiscal year 2012, the Department proposes $40 million for Healthy Homes, $20 million above the 2010 enacted level. This funding is targeted to support specific main program areas, described below, that reflect the maturing of the Healthy Homes Program. It implements HUD’s recently released “Healthy Homes Strategic Plan” by continuing to fund two critical programs – the Healthy Homes Technical Studies Program, and the Healthy Housing Implementation (Production) Program. These programs will:

1) fund local programs to correct housing-related hazards;
2) support and promote applied research;
3) initiate the development of standardized methods for the assessment and control of housing-related health hazards;
4) initiate mainstreaming of healthy housing principles into ongoing practices and programs;
5) initiate incorporating healthy housing principles into green construction and rehabilitation;
6) evaluate the effectiveness of interventions targeting mold/moisture problems;
7) initiate a national strategy for healthy homes outreach;
8) build capacity for evaluating and enforcing lead and healthy homes laws and codes; and
9) develop healthy homes model capacity and competency trainings for partners, practitioners, and the public.

The main program areas of the Healthy Homes Program are identified below. Their estimated funding levels are listed below; the budget proposal provides that funds within the Healthy Homes Program for which an insufficient amount of qualified (eligible) applications are submitted will be reallocated to other programs within the overall Healthy Homes Program, in order to maximize the prompt obligation of the funds and implementation of the program.

- Healthy Homes: $40 million in grants and contract support
  - Grants:
    - Healthy Homes Technical Studies: $10 million
    - Healthy Housing Implementation (Production) Program: $25 million
  - Contracts/Interagency Agreements: $5 million
Lead Hazard Reduction

The Healthy Homes Program focuses on controlling key housing-related health hazards including asthma and allergy triggers, mold and moisture, pests and pesticides, injury hazards, and poor indoor air quality. Housing-related health costs total in the billions annually. However, evidence has clearly shown that intervention measures taken to address these hazards are effective at reducing the associated healthcare costs. As noted, these housing-related environmental interventions return benefits far in excess of the costs. The Healthy Homes Program includes the following program areas:

Healthy Homes Technical Studies

Continuing in fiscal year 2012, funding for Healthy Homes Technical Studies will be used to develop capacity for addressing housing-related health hazards. The Healthy Homes Technical Studies Program (HHTSP) will fund research to develop standardized methods for the assessment and control of housing-related health hazards and other efforts including, mainstreaming healthy housing principles into on-going practices and programs, incorporating healthy housing principles into green construction and rehabilitation, evaluating the long-term cost effectiveness of a healthy housing approach, developing “best practices” guidance for healthy homes programs, developing a national strategy for outreach, and developing healthy homes model capacity and competency trainings for partners, practitioners, and the public.

The Healthy Homes Technical Studies program will use grants, cooperative agreements, contracts and interagency agreements to achieve particular program goals. One of the projects in this program will be a competitive grant program focused on areas with limited capacity for lead-based paint or healthy homes activities, including urban and suburban areas, but with particular attention to rural and Federally recognized Tribal areas, to promote the adoption of laws and codes consistent with healthy homes principles. Grantees would evaluate existing laws and codes, propose and further the adoption of new laws and codes as necessary, support enforcement of the existing or new laws and codes, and deliver education and outreach on healthy homes principles, with particular attention to laws and codes.

Healthy Housing Implementation (Production) Program (HHIP)

Continuing in fiscal year 2012, funding for the HHIP grant program will be used to produce healthy homes by preventing and correcting housing-related health and safety hazards. Proven healthy homes interventions will be used to address structural defects and water infiltration, moisture problems, integrated pest management, fall and trip hazards, malfunctioning or improperly used fuel-burning appliances, poor indoor air quality, radon intrusion, fire prevention, smoke detection, and carbon monoxide poisoning prevention. This program is modeled after the successful Healthy Homes Demonstration Grant Program and is streamlined for efficient production of safe low-income housing using established healthy homes interventions.

Healthy Homes Contracts and Interagency Agreements

Contracts and Interagency Agreements will be used to develop tools for healthy homes programs, conduct research activities, disseminate information, provide programmatic support and assistance for healthy homes grantees, and to conduct evaluations of research and demonstration projects and program evaluation.

The Healthy Homes Program has been guided by a preliminary plan proposed by a multidisciplinary panel of scientific, engineering, medical and housing management experts convened by HUD. Initiated in fiscal year 1999, the mission of the Healthy Homes Program is to mitigate multiple key health and safety hazards in housing by providing research, technical and policy guidance, outreach, and capacity building for partners, practitioners, and the public, with a focus on protecting the health of children and other sensitive populations in low-income households. In 2009, HUD updated the preliminary plan, creating a new Healthy Homes Strategic Plan that reflects the knowledge developed by HUD and others in the past decade to provide an improved vision to increase the
Lead Hazard Reduction

program’s impact. This updated Strategic Plan will help make the Healthy Homes Program’s vision a reality by focusing on four key goals identified to help guide the program’s activities:

1) building a National Framework: Foster partnerships for implementing a healthy homes agenda;
2) creating Healthy Housing through Key Research: Support strategic, focused research on links between housing and health and cost-effective methods to address hazards;
3) mainstreaming the Healthy Homes Approach: Promote the incorporation of healthy homes principles into ongoing practices and programs; and
4) enabling Communities to Create and Sustain Healthy Homes: Build sustainable local healthy homes programs.

The direction laid out in the new Strategic Plan is reinforced by the release in 2009 of the Surgeon General’s Call to Action on Healthy Homes (www.surgeongeneral.gov/topics/healthyhomes/). The Call to Action is a science-based document to stimulate action nationwide to solve a major public health problem and describes steps all Americans can take to prevent disease, disability and injury that may result from health hazards in homes.

The Office of Healthy Homes and Lead Hazard Control have already made significant progress in implementing the Program’s Healthy Homes Strategic Plan, including:

- creating a Federal Healthy Homes Work Group (HHWG). The purpose of the HHWG is three-fold:
  1) to achieve consensus on a National Strategy to Promote Healthy Homes that delivers safe and healthy housing for all citizens through the collaborative efforts of Federal, non-Federal and private sector leaders;
  2) to identify opportunities Federal agencies can take to eliminate barriers that impede collaboration and complicate assistance to those in need of Federal funding; and
  3) to join with key non-Federal and private sector stakeholders to implement a vigorous healthy homes agenda at the community level. Current Federal agencies represented include HUD, Centers for Disease Control and Prevention, the Environmental Protection Agency, the Department of Energy, the Department of Agriculture, the National Institute of Environmental Health Sciences, and the National Institute of Standards and Technology.

- facilitating the writing of a joint Office of Public and Indian Housing-Office of Healthy Homes and Lead Hazard Control Notice that encourages Public Housing Agencies (PHAs) to create smoke-free housing developments;
- supporting research on ventilation and indoor air quality and on the environmental and health benefits of green construction practices;
- developing Integrated Pest Management training for PHAs;
- initiating the development of a guidance manual for planning and implementing healthy homes programs;
- enhancing the ability of lead hazard control programs to address broader healthy homes issues;
- developing an integrated Weatherization/Healthy Homes (Wx/HH) assessment tool; and
- helping to Implementing the Green and Healthy Homes Initiative (GHHI) - a public-private partnership with the Council of Foundations that has the potential to drastically and permanently change the way housing, energy, and health concerns are addressed in cities across our nation. The GHHI utilizes the healthy homes platform for integration and focuses on making smart investments that will yield positive energy (i.e., insulation, windows, appliances, etc.) and health (i.e., lead poisoning, asthma, injuries) outcomes by coordinating disparate, but similar housing intervention processes.
In fiscal year 2012, the Healthy Homes Program will continue to:

- fund grants and cooperative agreements to assess and control housing-related health hazards that pose risks to residents, particularly children in low-income families and for research to improve assessment and control methods;
- lead the Federal effort to coordinate efforts by National, State, Tribal and local partners to ensure that best healthy homes practices are identified, shared and translated into action;
- initiate research to identify the most cost-effective mold/moisture-focused interventions to improve respiratory health;
- refine work with CDC and HUD’s Office of Affordable Housing Preservation to initiate research on the potential benefits of green housing rehab methods on indoor environmental quality and resident health.
- expand the effort to mainstream healthy housing principles into existing housing rehabilitation programs, on-going building practices and other HUD programs;
- expand efforts to develop, evaluate, and incorporate healthy housing principles into green construction and rehabilitation programs;
- develop a national strategy for education on housing-related health hazards;
- enable State and local programs to adopt a comprehensive healthy housing approach as they work toward a transition from a categorical lead-based paint approach to a comprehensive healthy housing approach;
- develop a Comprehensive Assessment Tool that is a “one-stop, one-touch” audit to assess energy, environment, health and safety needs in one visit that will allow lead hazards, health and safety hazards, and energy efficiency issues to all be identified in a single home assessment; and
- develop, deliver and evaluate training in healthy homes approaches, including integrated pest management, to build capacity and competency among partners, practitioners, and the public.

-
HEALTHY HOMES AND LEAD HAZARD CONTROL
LEAD-BASED PAINT HAZARD REDUCTION DEMONSTRATION PROGRAM
Program Offsets
(Dollars in Thousands)

<table>
<thead>
<tr>
<th>Lead Hazard Demonstration Project</th>
<th>Amount</th>
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<tbody>
<tr>
<td>2010 Appropriation</td>
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<tr>
<td>2011 CR</td>
<td>48,000</td>
</tr>
<tr>
<td>2012 Request</td>
<td>48,000</td>
</tr>
<tr>
<td>Program Improvements/Offsets</td>
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Proposed Actions

The funding requested in fiscal year 2012 for the Lead Hazard Reduction Grant program addresses the efforts of both the Lead Hazard Control Grant program and the Lead Hazard Reduction Demonstration Grant program.
Proposed Actions

In fiscal year 2012, the Department renews its request for the Transformation Initiative, which provides the Secretary the flexibility to undertake an integrated and balanced effort to improve program performance and test innovative ideas. Up to 0.5 percent of the funds appropriated for this account may be transferred to the Transformation Initiative Fund account for the following purposes: research, evaluations, and program metrics; program demonstrations; and technical assistance and capacity building. Departmentwide, no more than $120 million will be transferred to the Transformation Initiative Fund account in fiscal year 2012. More details on the overall Transformation Initiative and these projects are provided in the justification for the Transformation Initiative Fund account.
For the Lead Hazard Reduction Program, as Authorized by section 1011 of the Residential Lead-Based Paint Hazard Reduction Act of 1992, $140,000,000, to remain available until September 30, 2013, of which not less than $40,000,000 shall be for the Healthy Homes Initiative, pursuant to sections 501 and 502 of the Housing and Urban Development Act of 1970 that shall include research, studies, testing, and demonstration efforts, including education and outreach concerning lead-based paint poisoning and other housing-related diseases and hazards: Provided, That for purposes of environmental review, pursuant to the National Environmental Policy Act of 1969 (42 U.S.C. 4321 et seq.) and other provisions of the law that further the purposes of such Act, a grant under the Healthy Homes Initiative, [Operation Lead Elimination Action Plan (LEAP)], or the Lead Technical Studies program under this heading or under prior appropriations Acts for such purposes under this heading, shall be considered to be funds for a special project for purposes of section 305(c) of the Multifamily Housing Property Disposition Reform Act of 1994: Provided further, That amounts made available under this heading in this or prior appropriations Acts, and that still remain available, may be used for any purpose under this heading notwithstanding the purpose for which such amounts were appropriated if a program competition is undersubscribed and there are other program competitions under this heading that are oversubscribed. Note.—A full-year 2011 appropriation for this account was not enacted at the time the budget was prepared; therefore, this account is operating under a continuing resolution (P.L. 111-242, as amended). The amounts included for 2011 reflect the annualized level provided by the continuing resolution.
HEALTHY HOMES AND LEAD HAZARD CONTROL
LEAD HAZARD REDUCTION
Crosswalk of 2010 Availability
(Dollars in Thousands)

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<th>Budget Activity</th>
<th>2010 Enacted</th>
<th>Supplemental/ Rescission</th>
<th>Approved Reprogrammings</th>
<th>Transfers</th>
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NOTE: One percent of the 2010 appropriation ($1.4 million) went to the Transformation Initiative account.
### HEALTY HOMES AND LEAD HAZARD CONTROL
### LEAD-BASED PAINT HAZARD REDUCTION PROGRAM
#### Crosswalk of 2010 Changes
(Dollars in Thousands)

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