

APPENDIX

Testimony to the Assembly Housing & Community Development Committee
Kelly McLaughlin, MPH, MCHES®, Program Coordinator
Southern Regional Lead and Healthy Homes Coalition
October 16, 2018

Good morning. Thank you Chairman Wimberly, Vice Chairperson Chaparro, and members of the Committee for the opportunity to testify before you today. As the Southern Regional Lead and Healthy Homes Coalition comprised of over 130 professionals in fields of public health, health care, housing and social services working together to eliminate childhood lead exposure, our members are deeply concerned about the ever growing need for housing to be free of lead hazards for all of the residents of our region and state.

In New Jersey, 2.4 million homes were built before 1978, before lead-based paint was banned, representing 2 in every 3 NJ homes. Every year, more than 5,800 NJ children test positive for elevated blood lead levels (EBLLs) and 25% of all tested children have some detectable level of lead in their blood.

The Centers for Disease Control and Prevention states that there is no known identified safe BLL. Exposure to lead can seriously harm a child's health increasing their risks for:

- damage to the brain and nervous system,
- slowed growth and development,
- learning and behavior problems (e.g., reduced IQ, ADHD, juvenile delinquency, and criminal behavior), and
- hearing and speech problems.

The connection between health and housing has never been clearer when it comes to the subject of lead. Unfortunately, me and the members on my Coalition hear time and time again the heartbreaking stories of families in our communities that are unable to escape living in a lead infested environment. The costs to remediate a home with lead-based paint hazards can cost tens of thousands of dollars, placing a financial burden on homeowners with children who have elevated blood lead levels. For renters who live in pre-1978 homes, the situation is even more complex. Non-compliant landlords, the threat of eviction and retaliation against tenants, insufficient relocation assistance and simply having nowhere else to go are just some of hardships that many renters face when learning that their home is poisoning their child.

Lastly, we know that as long as renter-occupied homes remain hazardous, children who live in those homes will be at risk for exposure. The solution is to remove the lead hazards by holding landlords accountable for providing a safe, healthy, and affordable home for their tenants and ensuring the availability of affordable remediation assistance for homeowners. For every \$1 spent on lead removal in homes yields a return of \$17 in reduced costs associated with childhood lead exposure.

Again, thank you for the opportunity to speak today.

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Testimony to the Assembly Housing & Community Development Committee
Camden County College

Ben Haygood, Special Projects Manager
October 16, 2018

Good morning. Thank you Chairman Wimberly, Vice-Chair Chaparro, and members of the Committee for the opportunity to testify before you today. Fourteen years ago, lead was found in the Camden school system.

Today, after more than a decade, they are still using bottled water and water coolers at a cost of over \$100,000/year in Camden schools alone. Moreover, with 80% of lead exposure coming from housing stock, this is only the tip of the iceberg – lead paint in Housing stock is by far the primary route of exposure. Approximately 3 out of every 4 homes in New Jersey were built prior to 1978 and assumed to originally contain lead paint.

The Network is the statewide association of more than 250 housing and community development corporations, individuals and other organizations that support the creation of housing and economic opportunities in communities like the *eleven* municipalities here in New Jersey where children have a *higher* percentage of elevated blood lead levels than Flint did back in 2015. Childhood lead poisoning is a completely preventable problem but continues to plague our communities - 3,100 children in New Jersey were diagnosed with elevated blood lead levels in 2015. No child should be exposed to this toxin.

Astonishingly, there is a lack of *any* tenant regulations relating to Mold that has been clearly illustrated in the Asbury Park Press *Renter Hell* series.

There has been a failure to invest in our infrastructure, especially in our cities which are largely populated by poor, minority residents. Our members are non-profits working in these communities. Their work has increased housing production and economic development in many of these low –income communities. This development has a tremendous impact on investment in our state's ability to create jobs and improve our tax base.

The Network has a serious of recommendations we have submitted to address these environmental concerns within the scope of affordable homes. Specifically, we encourage the legislators and the administration to close the loophole allowing 1 & 2 family homes from being inspected for Lead with A-1876 and to require a Lead-Safe Certificate prior to home sale and rental turnover with A-1877.

We additionally support A-1433 requiring DCA to establish procedures for the inspection and abatement of mold in homes and schools and certification programs for mold inspectors and workers.

It is time to bring the health of New Jersey's homes and communities to the forefront of the conversation. Thank you for your time.



Summary of Lead Data

- According to data obtained by Todd Bates from a preliminary DOH report, there were 3,000 cases in 2015. These are not all necessarily new cases.
- In the Flint January 8 summary, on page 3, second shaded row for children age 6: for 1/1/2015 to 12/31/2015, it says that of 3339 children tested, 112 had levels > 5. **This means of all children age 6 or younger tested, 3.3% had levels of greater than 5.**
- Doing this same calculation for NJ cities—11 cities had rates that were higher, that is, for approximately the same number of children tested, 11 cities had a higher percentage of children with levels greater than 5 when compared to Flint.
- Isles compared Flint data from 2015 to NJ city data for 2014 because that is the latest NJ data available. To obtain the percentages of children with Elevated Blood Lead Levels (EBLL), they simply divided the number of children with levels greater than 5 by the total number of children tested per jurisdiction.
- The data compares the number and percentages of children tested with levels > 5 mg/dL because that is the CDC's reference level, that is, according to the CDC, "children [who] are exposed to more lead than most children."
- **NJ has not yet adopted the CDC's > 5 as a reference level, in fact we don't intervene with a family until there is a child with one test of 15 or two consecutive tests of 10. Most other states now reach out to families with levels of 5 , some at even lower levels.**

Resources Used By Isles:

NJ Dept. of Health 2014 Annual Report -

<http://www.state.nj.us/health/fhs/documents/childhoodlead2014.pdf>

Flint, MI Water Crisis Page – January 8, Summary

<http://www.michigan.gov/flintwater>

NJ Spotlight December 1, 2015 Article –

<http://www.njspotlight.com/stories/15/11/30/why-does-lead-poisoning-still-afflict-tens-of-thousands-of-kids-in-new-jersey/>

US Census 2010

Table 1

SFY 2016: Number of Children (six (6) to 26 months of age) by BLL and County of Residence

County	Total Children*	% Screened	BLL ($\mu\text{g}/\text{dL}$)						Total
			<5	5 - 9	10 - 14	15-19	20-44	≥ 45	
ATLANTIC	6,521	32.6%	2,060	56	10	1			2,127
BERGEN	19,955	42.1%	8,316	78	8	4	1	1	8,408
BURLINGTON	10,166	26.4%	2,648	37	1	1	1		2,688
CAMDEN	13,215	28.2%	3,650	63	12		3		3,728
CAPE MAY	1,822	21.7%	385	8	2				395
CUMBERLAND	4,368	37.5%	1,566	55	9	1	6	1	1,638
ESSEX	21,569	50.0%	10,278	419	57	14	22	2	10,792
GLOUCESTER	6,862	16.0%	1,072	23	2		2		1,099
HUDSON	17,288	50.2%	8,421	191	40	7	14	1	8,674
HUNTERDON	2,316	37.9%	868	8			1		877
MERCER	8,591	40.7%	3,358	112	15	6	2	1	3,494
MIDDLESEX	19,965	33.5%	6,569	96	15	10	6		6,696
MONMOUTH	13,371	30.0%	3,934	59	8	4	2		4,007
MORRIS	10,700	26.2%	2,766	32	4	2	2		2,806
OCEAN	15,532	46.5%	7,147	57	10	2	3		7,219
PASSAIC	13,727	51.9%	6,864	215	29	14	4		7,126
SALEM	1,549	33.9%	500	19	3	3			525
SOMERSET	7,581	25.5%	1,907	15	9	1	2		1,934
SUSSEX	3,099	24.3%	743	8	1				752
UNION	14,148	51.8%	7,126	155	32	6	8	1	7,328
WARREN	2,382	30.9%	715	16	4	1			736
Not Specified	N/A	N/A	11,716	142		1	1		11,860
Total	214,727	44.2%	92,609	1,864	271	78	80	7	94,909

*US Census 2010 data

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Table 2

SFY 2016: Number of Children (six (6) to 26 months of age) by BLL and Municipality* of Residence

Municipality	Total Children**	% Screened	BLL (µg/dL)						Total
			<5	5 - 9	10 - 14	15-19	20-44	≥ 45	
ATLANTIC CITY	1,249	53.8%	630	34	7	1			672
BAYONNE	1,528	34.0%	507	9	2		1		519
BELLEVILLE	869	46.7%	401	5					406
BERKELEY	509	5.1%	25		1				26
BLOOMFIELD	1,224	46.7%	557	11	2		1		571
BRICK	1,531	24.3%	365	6	1				372
BRIDGEWATER	978	36.8%	357	1	1		1		360
CAMDEN	2,838	42.8%	1,172	32	10		1		1,215
CHERRY HILL	1,449	31.5%	454	3					457
CLIFTON	2,123	49.8%	1,032	22	3	1			1,058
EAST BRUNSWICK	860	32.4%	278		1				279
EAST ORANGE	1,916	41.8%	746	42	6		4	2	800
EDISON	2,560	38.9%	957	28	6	2	2		995
EGG HARBOR	1,038	30.5%	312	5					317
ELIZABETH	3,943	58.2%	2,216	70	6	1	3		2,296
EVESHAM	1,016	2.8%	28						28
EWING	600	31.5%	187	2					189
FORT LEE	725	33.8%	245						245
FRANKLIN	1,759	8.2%	140	2	1		1		144
FREEHOLD	652	59.0%	378	6	1				385
GALLOWAY	724	27.5%	195	4					199
GLOUCESTER	1,520	6.8%	100	3					103
HACKENSACK	1,118	52.3%	573	10	2				585
HAMILTON	1,814	25.7%	453	8	3	1	1		466
HILLSBOROUGH	866	35.9%	309	2					311
HOBOKEN	1,467	55.3%	807	2	2				811
HOWELL	1,125	20.2%	227						227
IRVINGTON	1,692	58.3%	902	67	9	2	7		987
JACKSON	1,100	24.8%	270	2		1			273
JERSEY CITY	7,192	56.6%	3,908	124	26	3	12	1	4,074
KEARNY	895	48.3%	421	10	1				432
LAKESWOOD	6,556	77.4%	5,029	37	6		1		5,073
LINDEN	911	48.0%	430	6	1				437
MANALAPAN	778	22.0%	170	1					171
MANCHESTER	448	13.8%	60	2					62

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Comments for the Committee on Housing and Development Hearing

October 16th, 2018 at 10am

The effect of Mold and Lead on housing in Camden County

Dr. Paschal Nwako, Health Officer

On behalf of the New Jersey Association of City and County Health Officials

Good Morning Mr. Chairman and members of the committee,

My name is Dr. Paschal Nwako and I am the Health Officer for Camden County Department of Health and Human Services. I am also an executive council member of the New Jersey Association of City and County Health Officials, the President of the New Jersey Public Health Association and Immediate Past President of the New Jersey Environmental Health Association. We appreciate the opportunity to speak to you today regarding these public health issues affecting the citizens of Camden County and New Jersey in general. Public health departments as per NJAC 8:51, regulate childhood lead poison in New Jersey. This is mostly lead paint in housing, however there are other sources of lead such as artificial turf, candy, toy jewelry, toys, traditional medicine, indoor air and water. In 2016, 9,127 children (less than 6 year of age) were screened for lead leaving 44,284 unscreened in Camden County.

There must be a collaborative effort between health departments, code enforcement, planning board, zoning board and municipal housing departments to ensure health equity, healthy communities and healthy children. In communities when these entities work together, people live a healthier life.

NJACCHO offers the following recommendations for consideration –

- Create laws requiring a lead hazard inspection prior to occupancy of a dwelling. This measure would be an effective method of primary prevention and help reduce the number of children with elevated blood lead levels.
- Increasing collaboration between housing, community development, code enforcement and health departments to increase the number of lead safe housing units available would be an effective primary prevention strategy.
- Increased enforcement of the EPA Renovation, Repair and Painting (RRP) regulations would also assist as New Jersey is not currently funded for enforcement of these regulations.

Mold

New Jersey does not have regulations for mold. Health Departments daily face issues and complaints related to mold. The lack of state regulations for mold makes it difficult to enforce or prosecute responsible parties for mold violations or allowing mold in their properties. Mold spores affect health in general and people react to different kinds and levels of mold within an environment. Mold affects more people that are susceptible, such as infants, the elderly, those that are immune compromised and have pre-existing conditions like asthma. Mold spores are microscopic and can be easily inhaled. Mold cannot exist without moisture and sources of moisture are regularly found in homes old or new due to leaks, poor insulation, flooding, high humidity and condensation.

Thank You.

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Comments for the Committee on Housing and Development Hearing

October 16th at 10am

Mold and lead and their effect on housing

Christopher Merkel, Health Officer

On behalf of the New Jersey Association of County and City Health Officials

Good Morning Mr. Chairman and members of the committee,

My name is Chris Merkel and I am the Health officer for the Monmouth County Department of Health. I am also an executive Committee member for the New Jersey Association of County and City Health officials (NJACCHO). We appreciate the opportunity to speak before the committee today on the topic of lead and mold and its effect on housing. Local Health Departments throughout New Jersey deal with this issue on a regular basis and we are the agencies delegated by statute to investigate child lead poisoning cases throughout the state. As per NJAC 8:51, the childhood lead poisoning regulation, local health departments investigate cases where a child has a blood lead level of 5 ug/dl or higher. Health Departments focus on identification and management of individual cases of elevated blood lead levels. They also oversee environmental interventions to control the identified lead hazards and prevent further exposure. Part of the local health department's responsibility is to ensure responsible parties relocate the lead burdened child to a lead safe dwelling. Most of the affordable housing is older housing stock built pre-1978 when lead was phased out of paint. Older homes are more likely to contain lead based paint. According to the EPA, -

- 87% of homes built before 1940 contain lead based paint (LBP).
- 69% of homes built between 1940-1959 contain LBP.
- 24% of the homes built between 1960-1977 contain LBP.

Since the majority of funding for the relocation of families with lead burdened children is no longer available, health departments have found it increasingly difficult to get landlords to comply with the law. Most cases end up in court for months or in extreme cases years while the lead burdened child is still exposed to lead based paint chips and lead dust. Most of the regulations Local Health Department's enforce are responding to a child who has already been lead burdened. More primary prevention efforts are needed to lessen the impact to families and children.

NJACCHO offers the following recommendations for consideration –

- Create laws requiring a lead hazard inspection prior to occupancy of a dwelling. This measure would be an effective method of primary prevention, and help reduce the number of children with elevated blood lead levels.
- Increasing collaboration between housing, community development, code enforcement and health departments to increase the number of lead safe housing units available would be an effective primary prevention strategy.

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- Increased enforcement of the EPA Renovation, Repair and Painting (RRP) regulations would also assist as New Jersey is not currently funded for enforcement of these regulations.
- Increase the amount of relocation funding for lead burdened children and their families.

In regards to mold and housing-

There are no specific state regulations when it comes to mold and health. Mold spores affect each person differently depending on many different factors. The following are factors to consider when dealing with a mold health concern within a dwelling-

- Excessive moisture is a key ingredient which causes mold to grow. Sources of excess moisture may include plumbing leaks, leaking roofs or windows, high humidity, flooding or condensation inside walls due to poor insulation. These conditions are found in many older homes, or homes that have not been properly renovated.
- Mold spores are microscopic and can easily be inhaled.
- Those most likely to suffer health effects from mold are: infants, the elderly, and those who have pre-existing conditions such as asthma.
- There are many types of mold, and mold is ubiquitous in nature
- Once a mold problem is identified, a plan to correct the water intrusion problem in a timely manner should be developed.
- Special equipment and personal protection equipment (PPE) should be used when cleaning up mold.

Thank you and I would be happy to take questions from the committee.



MEMORANDUM

To: Assembly Housing and Community Development Committee Members
From: Nicholas Kikis, VP of Legislative and Regulatory Affairs
Date: October 15, 2018
Re: **NJAA Testimony on Hearing to Discuss Mold, Lead, and Other Environmental Concerns Impacting Affordable Housing**

On behalf of the New Jersey Apartment Association (NJAA), and our members who own, develop, and manage safe, clean, and affordable rental housing for over a million New Jersey residents, we thank you for the opportunity to testify before you regarding lead, mold, and other environmental issues of concern to affordable housing. Our membership consists of professionals who take appropriate measures to ensure that their communities are safe. We appreciate this committee's discussion of these issues today, and we look forward to a continued dialogue with you on these issues and on ensuring that the state can reach the goal of building or preserving 100,000 units of affordable housing in the next ten years.

NJAA worked with the Legislature in 2003 to enact a comprehensive framework to address lead-based paint in multifamily housing. The resulting law, the Lead Hazard Control Assistance Act, along with federal regulations, establishes a comprehensive framework for addressing lead-based paint in multifamily housing. **Under this law, all multifamily rental housing units in New Jersey are required to be free of lead-based paint hazards.**

NJAA members have spent millions of dollars removing lead-based paint where it has been feasible to do so, and properly managing lead-based paint in cases where removal has not been feasible.

Where it has not been feasible to remove the lead-based paint completely, apartment owners are required under federal and state regulations to take extensive measures to manage the lead safely. This includes: removing lead-based paint from friction surfaces, such as window frames and door jams; inspecting paint to ensure that it remains intact; and following lead-safe work practices during renovation activity that disturbs painted surfaces. NJAA holds training sessions on lead-safe work practices to educate and certify maintenance technicians on requirements for working with lead-based paint. These include: notifying tenants before work begins, containing the work area, minimizing dust, cleaning up thoroughly afterwards, and verifying that the area is safe through dust wipe sampling prior to tenants returning to the area.

As a testament to the effort of the multifamily industry, today, very few cases of lead poisoning are sourced to professionally managed rental housing. In fact, during the time since this law has taken effect, **New Jersey has seen a 600% reduction in cases where children have had elevated blood lead levels greater than five micrograms per deciliter**, the federal level of concern. Data from the New Jersey Department of Health show that rates declined from 12% in 2003 to 2.1% in 2017.



As it relates to mold, NJAA members take proactive steps to address mold within apartments, and to respond to resident concerns when they arise. It is important to note that mold is everywhere in our environment, both indoors and outdoors, and can be detected year-round. **There are hundreds of thousands of species of mold, each which affects different people differently.** As such, neither the CDC or the EPA have established standards on exposure to mold.

For this reason, mold is not directly regulated; however, **the conditions that contribute to mold growth, water and moisture, are regulated by our building codes.** For example, if there is a leaking pipe that is causing mold to grow, a building owner should be cited for the leaking pipe, and be required to remediate it.

NJAA is working with Assemblyman Benson on legislation, A-1433, that would require regulators to develop standards on mold remediation work, including the contractors who specialize in this area. Added regulatory guidance and professionalization of the mold remediation industry can have benefits for residents and owners alike.

Again, we thank you for your attention to these issues and we look forward to a continued dialogue on these issues. If you have any questions or if you would like to discuss further, please do not hesitate to contact me at 732-992-0600 or nicholas@njaa.com.

The New Jersey Apartment Association represents over 200,000 multi-family apartment units throughout the State of New Jersey. We are a statewide organization dedicated to maintaining, improving, and building both market-rate and affordable rental housing that serves over one million New Jersey residents.