

Highlights of [GAO-11-279](#), a report to the Ranking Member, Subcommittee on Energy and Environment, Committee on Science, Space, and Technology, House of Representatives

Why GAO Did This Study

In February 2004, the Centers for Disease Control and Prevention (CDC) was asked to assess the effects of elevated lead levels in tap water on Washington, D.C., residents. In April 2004, CDC published the results. However, an inaccurate statement and incomplete descriptions of the limitations of the analyses resulted in confusion about CDC's intended message. GAO was asked to examine (1) CDC's actions to clarify its published results and communicate current knowledge about the contribution of lead in tap water to elevated blood lead levels (BLL) in children and (2) CDC's changes to its procedures to improve the clarity of the information in its public health communications. GAO reviewed CDC communication policies and procedures and interviewed CDC officials.

What GAO Recommends

GAO is making two recommendations to CDC: (1) publish an article providing a comprehensive overview of tap water as a source of lead exposure and communicating the potential health effects on children and (2) develop procedures to address any confusion after information is published. CDC generally concurred with GAO's recommendations. For the second recommendation, while CDC described procedures it is developing, the agency did not explicitly address all components of the recommendation.

View [GAO-11-279](#) or key components. For more information, contact Cynthia A. Bascetta at (202) 512-7114 or bascettac@gao.gov.

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LEAD IN TAP WATER

CDC Public Health Communications Need Improvement

What GAO Found

CDC officials told GAO that although the agency does not have a policy to monitor the use of or clarify information in public health publications, the agency took actions to address confusion it created related to the 2004 *Morbidity and Mortality Weekly Report* (MMWR) article about elevated lead levels in Washington, D.C., tap water. For example, in 2008, CDC officials contacted District of Columbia Water and Sewer Authority officials requesting corrections to a statement in a fact sheet published by the water authority that incorrectly characterized information from the 2004 MMWR article. In addition, CDC also published articles in the 2010 MMWR intended to clarify the confusion, such as a June 25, 2010, article that discussed limitations about how information in the 2004 article could be used. While CDC took these actions, among others, to clarify confusion about the effect of elevated lead levels in District tap water, as of January 2011, CDC had no plans to publish an overview of the current knowledge about the contribution of elevated lead levels in tap water to BLLs in children, as suggested by a CDC internal incident analysis of issues surrounding the 2004 MMWR article.

CDC officials told GAO they had begun an initiative and revised procedures designed to help ensure the accessibility and clarity of CDC public health communications, both agencywide and in the National Center for Environmental Health, the center responsible for lead poisoning prevention programs. For example, under the new initiative, CDC will revise existing procedures to help ensure that information that CDC publishes, such as guidelines and recommendations, is easily accessible by a common portal on CDC's Web site. While the initiative and revised procedures focus on making CDC information more accessible and on preventing errors or unclear statements in CDC communications, they do not include actions to address confusion that may arise after information is published, such as occurred with the 2004 MMWR article. Without agency procedures specifically addressing how and when to take action about confusion after publication, CDC runs the risk of inconsistent responses across the agency when its published information is not interpreted as CDC intended.

CDC's mission to promote the nation's public health relies on its credibility in presenting accurate, reliable, and timely information. Communicating the agency's current knowledge about the health effects of lead levels in tap water and developing procedures that allow it to address confusion in a timely, consistent manner could improve the public's understanding of the effect of lead in water and help CDC mitigate the risk of confusion in other situations and protect its credibility.