

Lead and Healthy Homes Program Fall Semi Annual Meeting Agenda



Date: October 22, 2012

Time: 1:00 pm to 4:00 pm

Location: CT DOT
2800 Berlin Turnpike
Newington, CT

- | | |
|--------------|---|
| 12:45 - 1:00 | Registration |
| 1:00 - 1:10 | Welcome Remarks, Introductions
Francesca Provenzano, Department of Public Health |
| 1:10 - 2:45 | <i>NEW</i> - Issuing Orders to the Appropriate Party and
Administrative Search Warrant Basics
Judith Dicine, Office of the CT Chief's State Attorney |
| 2:45 - 3:00 | Break |
| 3:00 - 3:25 | Primary Prevention Outreach Strategies
<i>What your peers are doing throughout CT</i> |
| 3:25 - 4:00 | Lead Program Updates and Closing Remarks <ul style="list-style-type: none">⇒ 2011 Lead Surveillance Data Summary
Jimmy Davila, Department of Public Health⇒ Prevention Contracts
Krista Veneziano, Department of Public Health⇒ CDC's Latest Policies on Childhood Lead Poisoning
Krista Veneziano, Department of Public Health |





LEAD POISONING PREVENTION CONTRACTS

Krista Veneziano – 10/22/2012

1

PURPOSE OF CONTRACTS

○ Primary Prevention

- Activities that will keep children from becoming poisoned
 - Not just following up on lead poisoned children, performing a lead inspection, or sending out retest reminder letters

ACTIVITIES

- Education to medical providers to boost screening rates
- Education about primary prevention to day care providers, teachers, parents
- Media campaign
- Mailing campaign to pre-1978 property owners
- Health fairs

ACTIVITIES

- PSAs
- Newspaper articles
- Press releases
- Posting lead poisoning prevention information on department's/town's website
- Outreach to contractors about RRP

WHAT CAN FUNDING BE USED FOR?

- Funding can be used for:
 - Personnel costs to follow up on lead poisoning cases (child and environmental)
 - Contracting with a DPH licensed lead consulting company to perform environmental testing
 - Educational materials
 - Hosting trainings (e.g., RRP)

WHAT CAN FUNDING BE USED FOR?

- Funding can be used for:
 - Travel (associated with lead)
 - Mileage
 - Staff training for lead
 - XRF maintenance
 - Supplies (for lead prevention or case management activities)

WHAT CAN FUNDING BE USED FOR?

- Funding can **not** be used for:
 - Abatement or remediation activities
 - Blood lead testing supplies
 - Equipment purchases (computers, iPads, phones, etc.)
 - If you have a question, call and ask

NUMBER OF LHDS RECEIVING THE FUNDING

- Of 74 LHDS 50 indicated that they would accept the funding
- Of those 50, 48 will actually receive the funding

REPORTING DUE BY SEPTEMBER 30TH

- Final financial expenditure report
- Final programmatic report
 - Try to be specific with primary prevention activities
 - Who, what, where, when, how many
 - Follow up on cases – I can run a report and find that in Maven if needed

WHAT IF...

- What if the reports and application for the next year's funding is not submitted by Sept 30th?
 - Funding will be reallocated to those who submitted their applications by the deadline
 - Date is in Statute – there's no wiggle room for us

Childhood Lead Poisoning in Connecticut 2011 Surveillance Report Overview

Lead and Healthy Homes
Semi-Annual Meeting

October 22, 2012

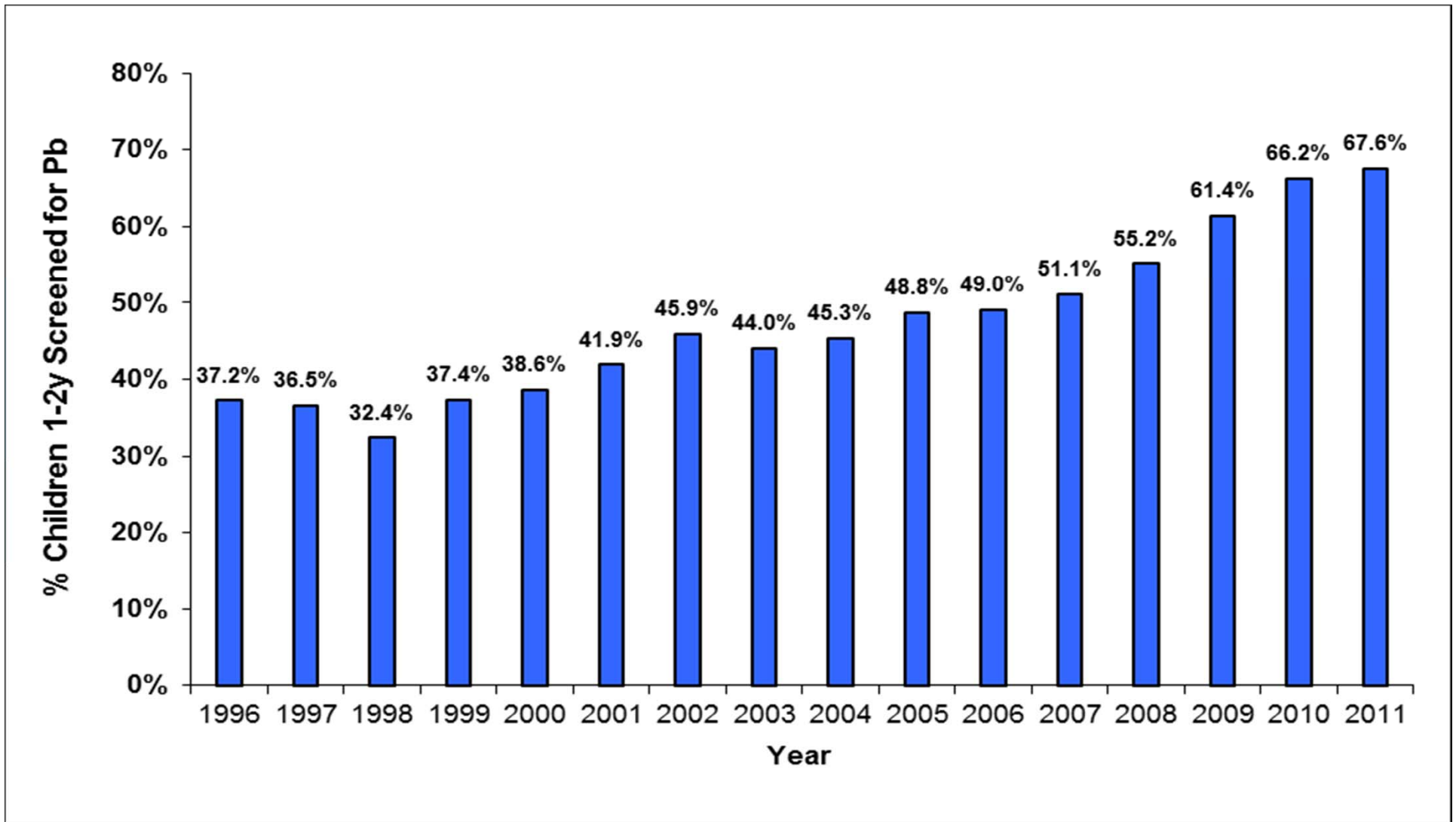
Jimmy Davila



Universal Screening

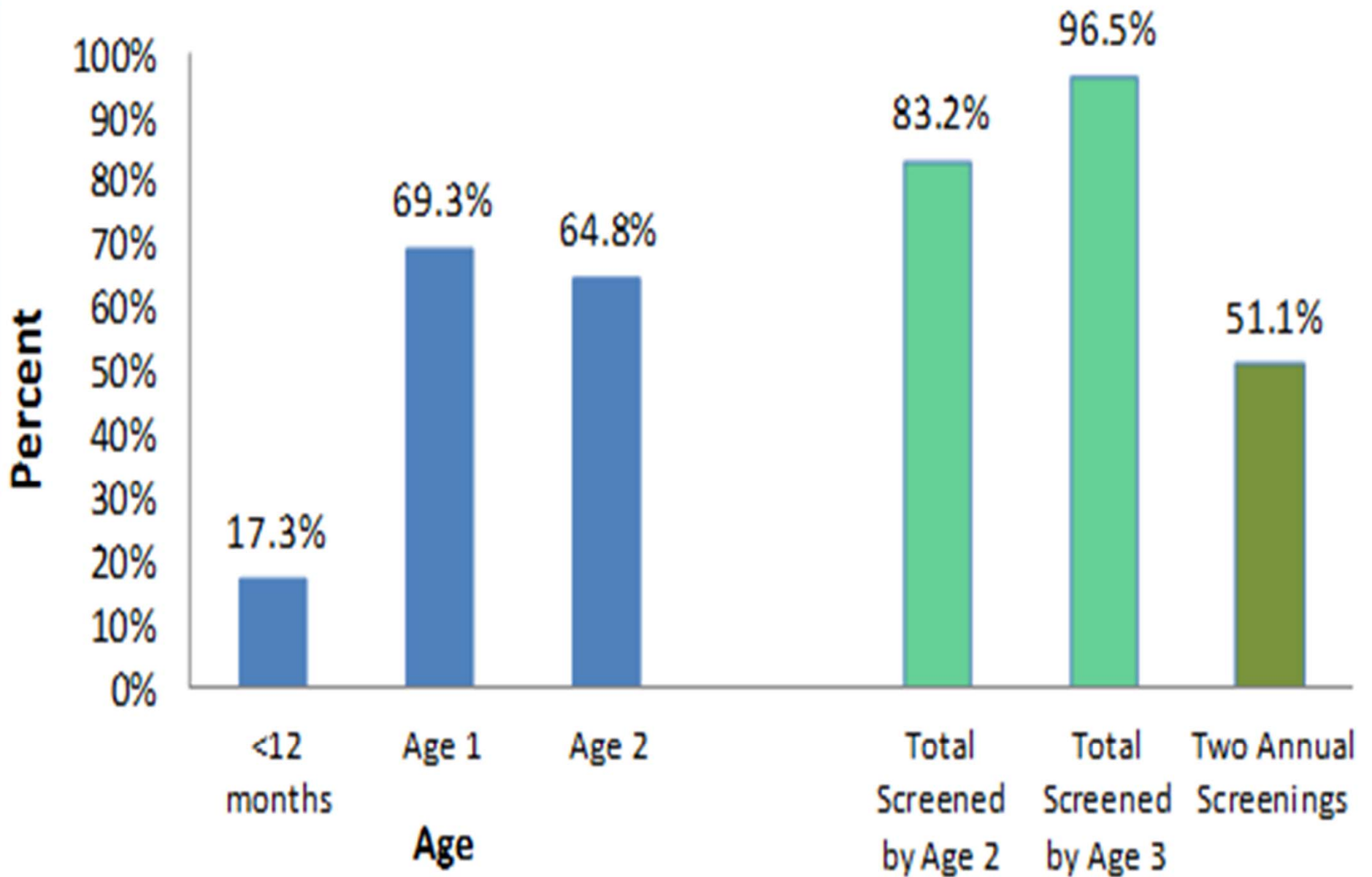
- Effective January 1, 2009, universal screening became mandatory
- CT Statute requires that providers must perform annual screening for each child 9-35 months of age
- The statute also requires that any child between 36-72 months of age who has not been screened must also be screened
- In 2011 the screening rate for children ages 9-35 months was 67.6% (vs 51.1% in 2007)



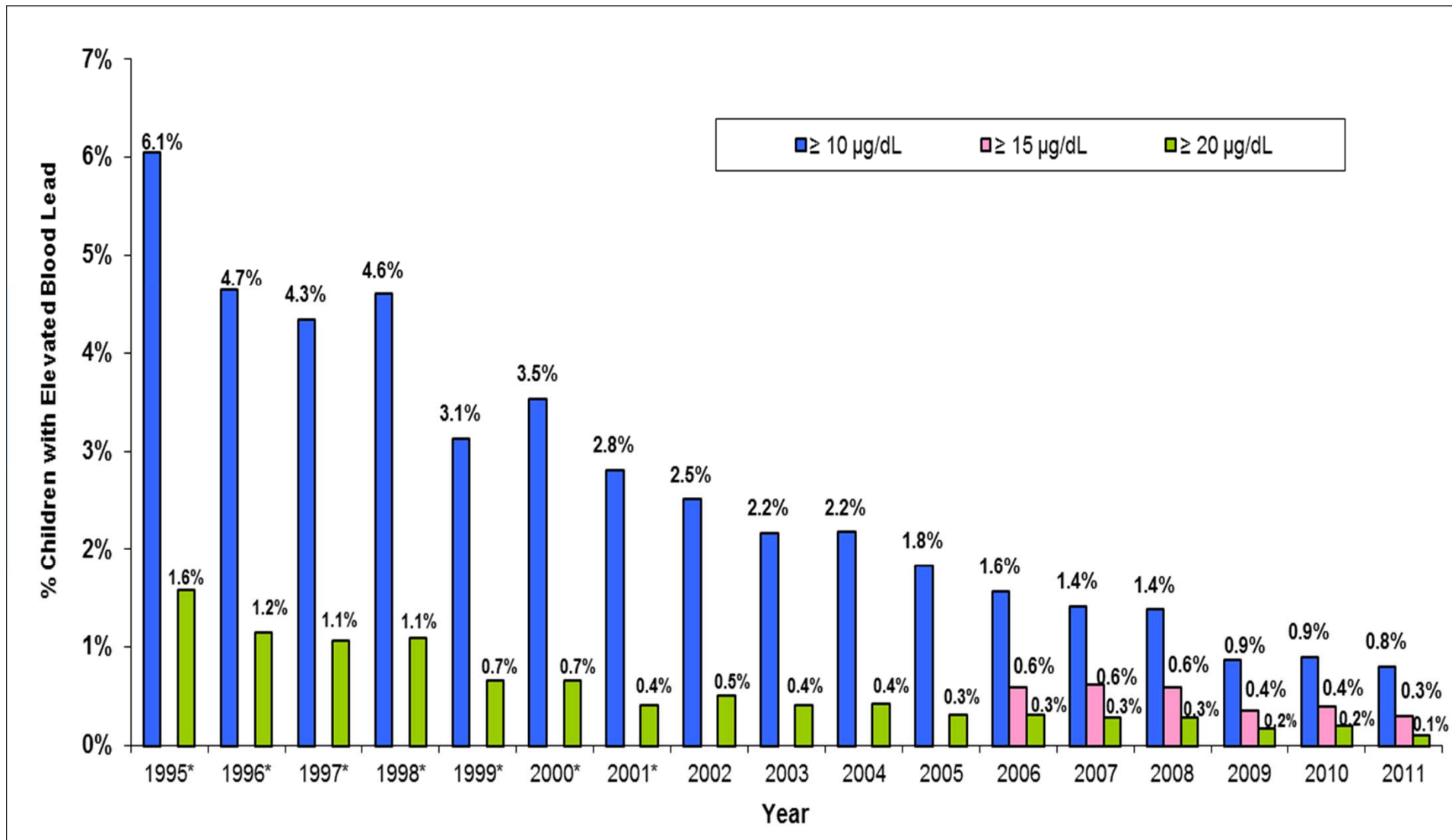


Percentage of children 1-2 years of age who had a lead screening, by calendar year – Connecticut 1996-2011



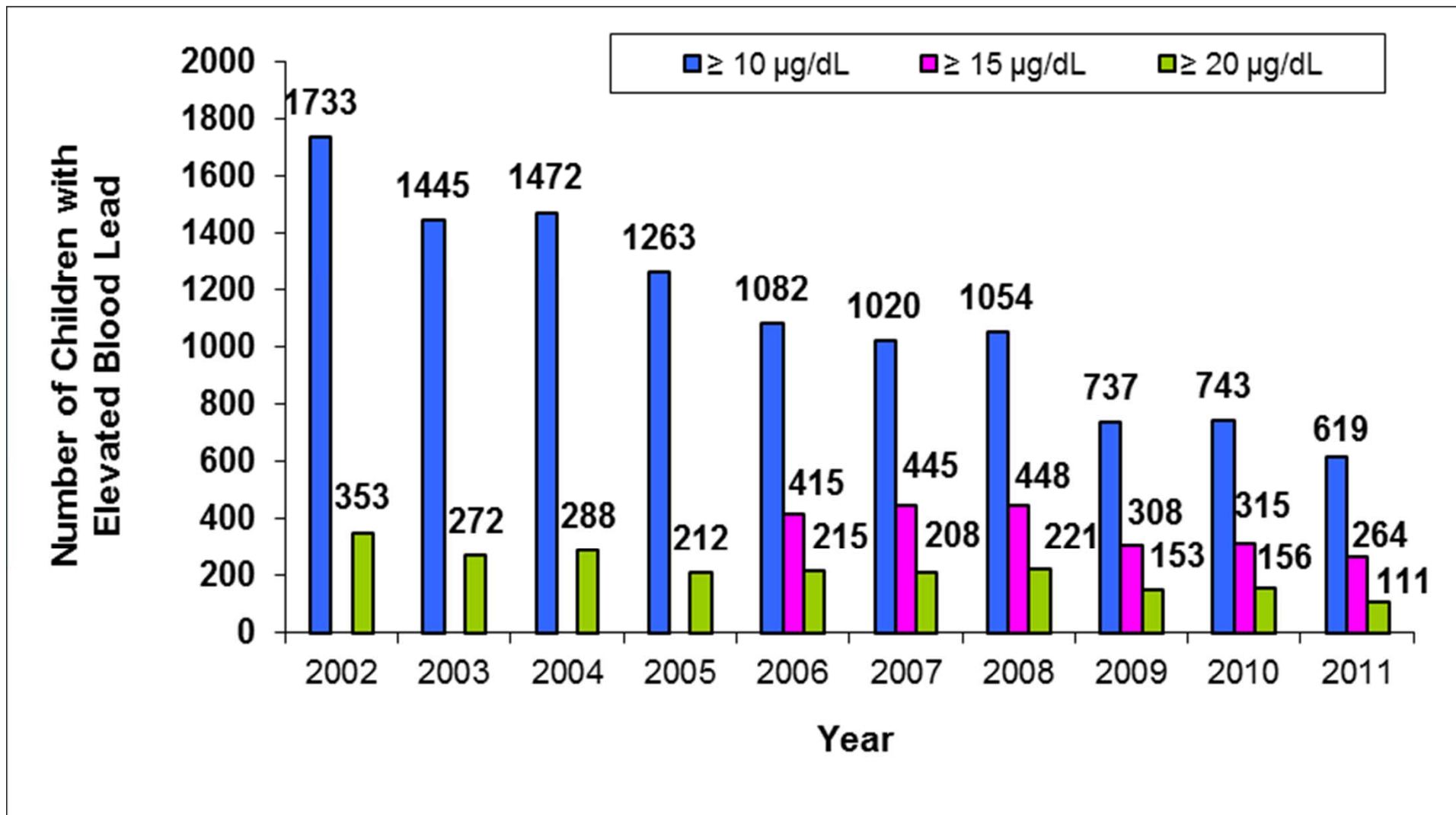


Screening rate by age at blood lead testing (birth cohort 2008)



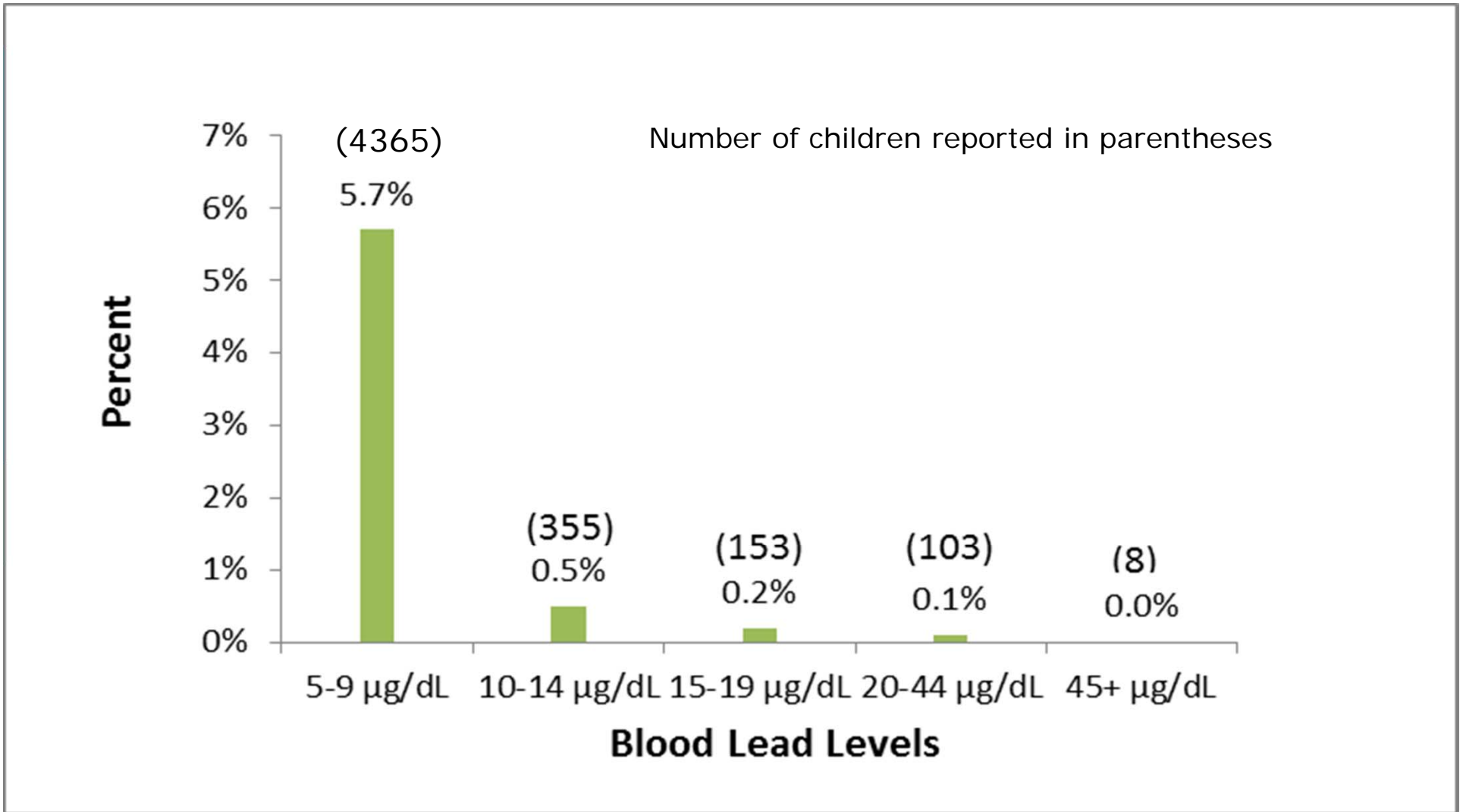
Prevalence of children under 6 years of age with elevated blood lead, by calendar year and by blood lead levels – Connecticut 1995-2011





Number of children under 6 years of age with elevated blood lead, by calendar year and by blood lead levels – Connecticut 2002-2011

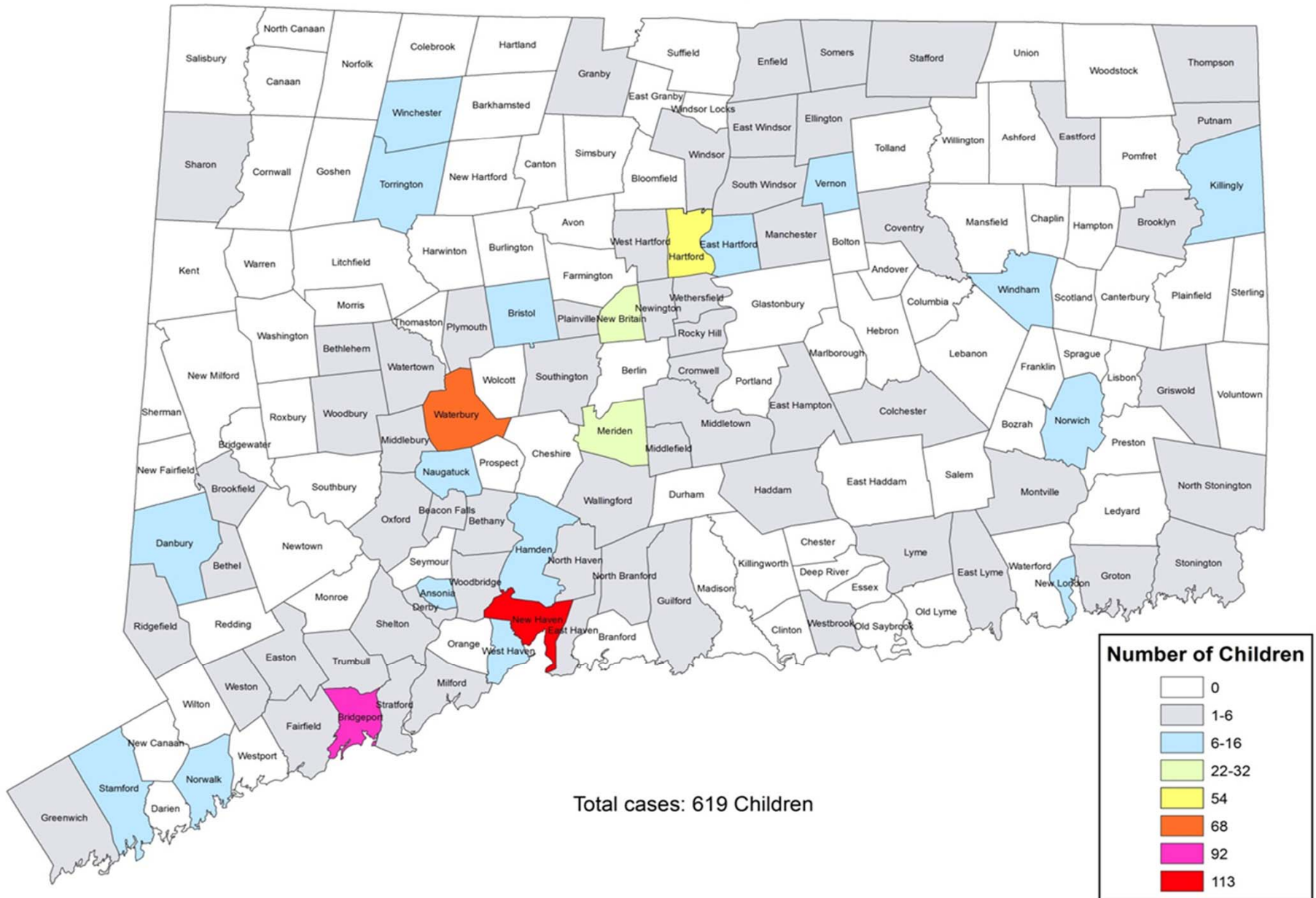


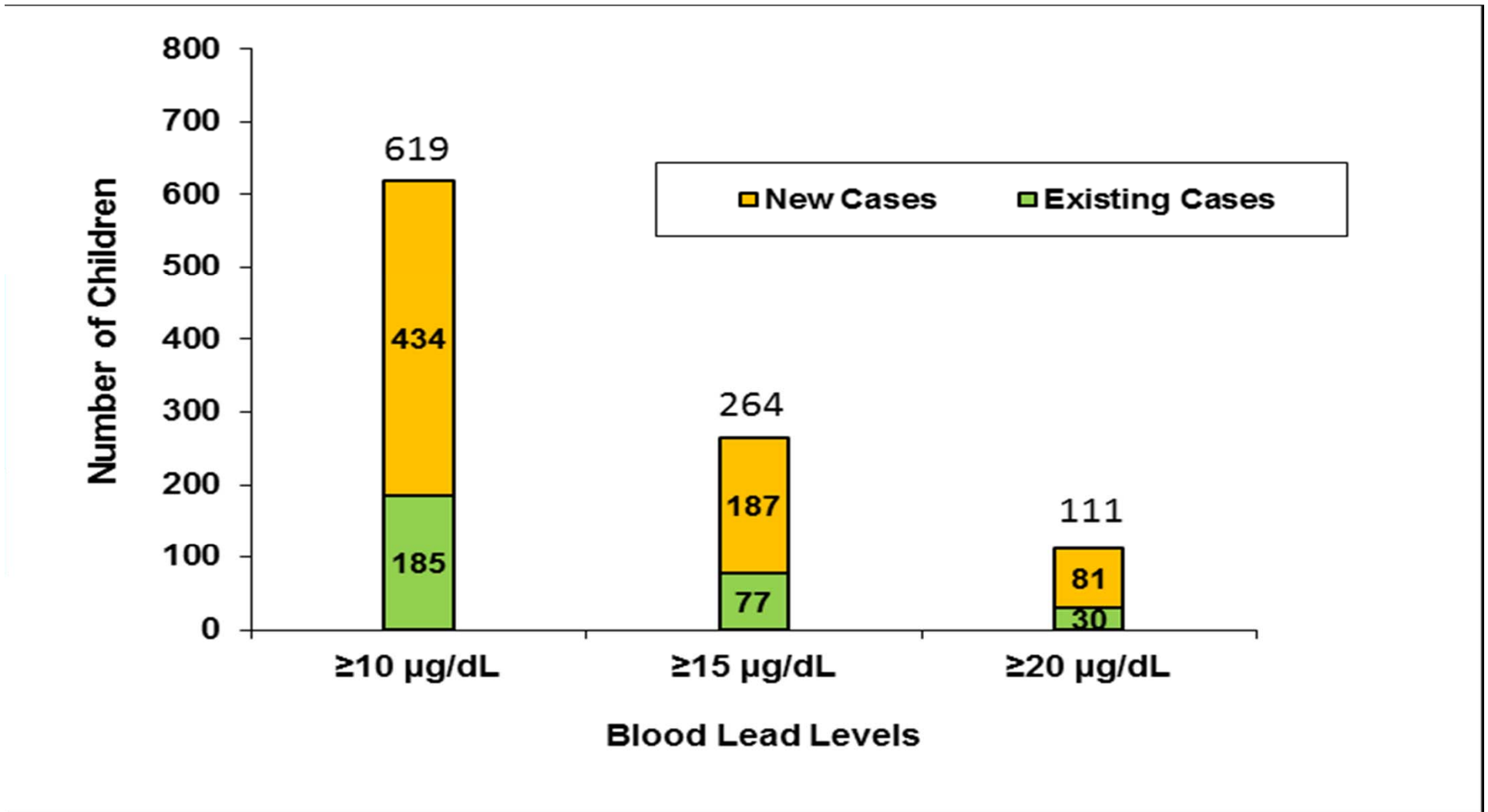


Percentage and number of children under 6 years of age with blood lead ≥ 5 µg/dL



Number of Children under 6 Years Old with Elevated Blood Lead Levels $\geq 10 \mu\text{g/dL}$ by Town Connecticut 2011





Number of existing and new cases of elevated blood lead among children under 6 years of age, by blood lead levels



Overview of 4 Major CT Cities- Children Under 6

Bridgeport

- # of children screened was 6,685
- 92 children had an EBLL
- 128 children had an EBLL in 2010

Waterbury

- # of these children screened was 5,492
- 68 children had an EBLL
- 100 children had an EBLL in 2010

Hartford

- # of these children screened was 5,514
- 54 children had an EBLL
- 55 children had an EBLL in 2010

New Haven

- # of these children screened was 4,721
- 113 children had an EBLL
- 129 children had an EBLL in 2010



Overview of 4 Major CT Cities- Children Ages 9 months to 2 Years Old

Bridgeport

- # children 9 months to 2 years old = 4,770
- # of these children screened was 3,699 or 77.5%

Waterbury

- # children 9 months to 2 years old = 3,477
- # of these children screened was 2,436 or 70.1%

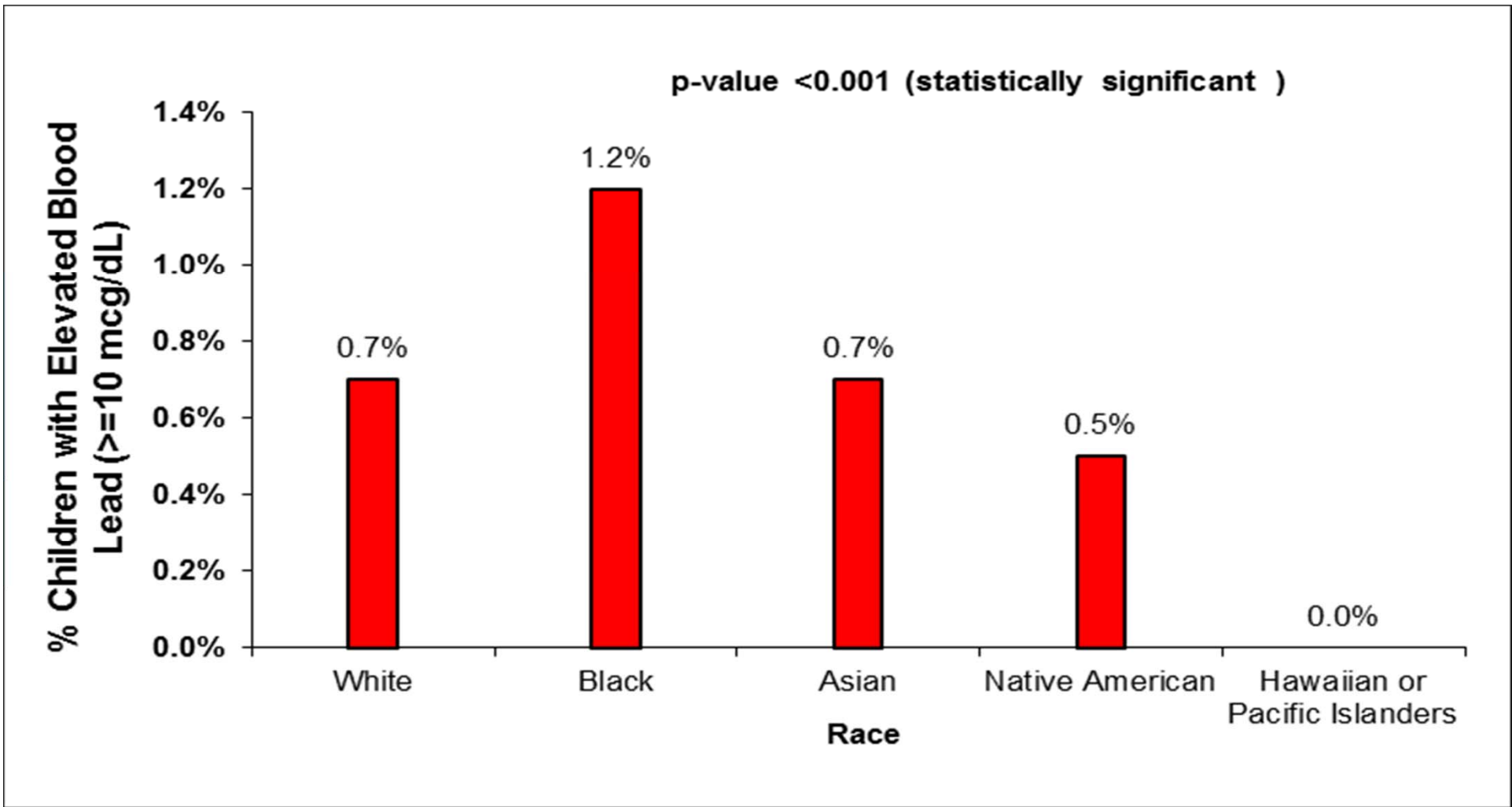
Hartford

- # children 9 months to 2 years old = 4,564
- # of these children screened was 3328 or 72.9%

New Haven

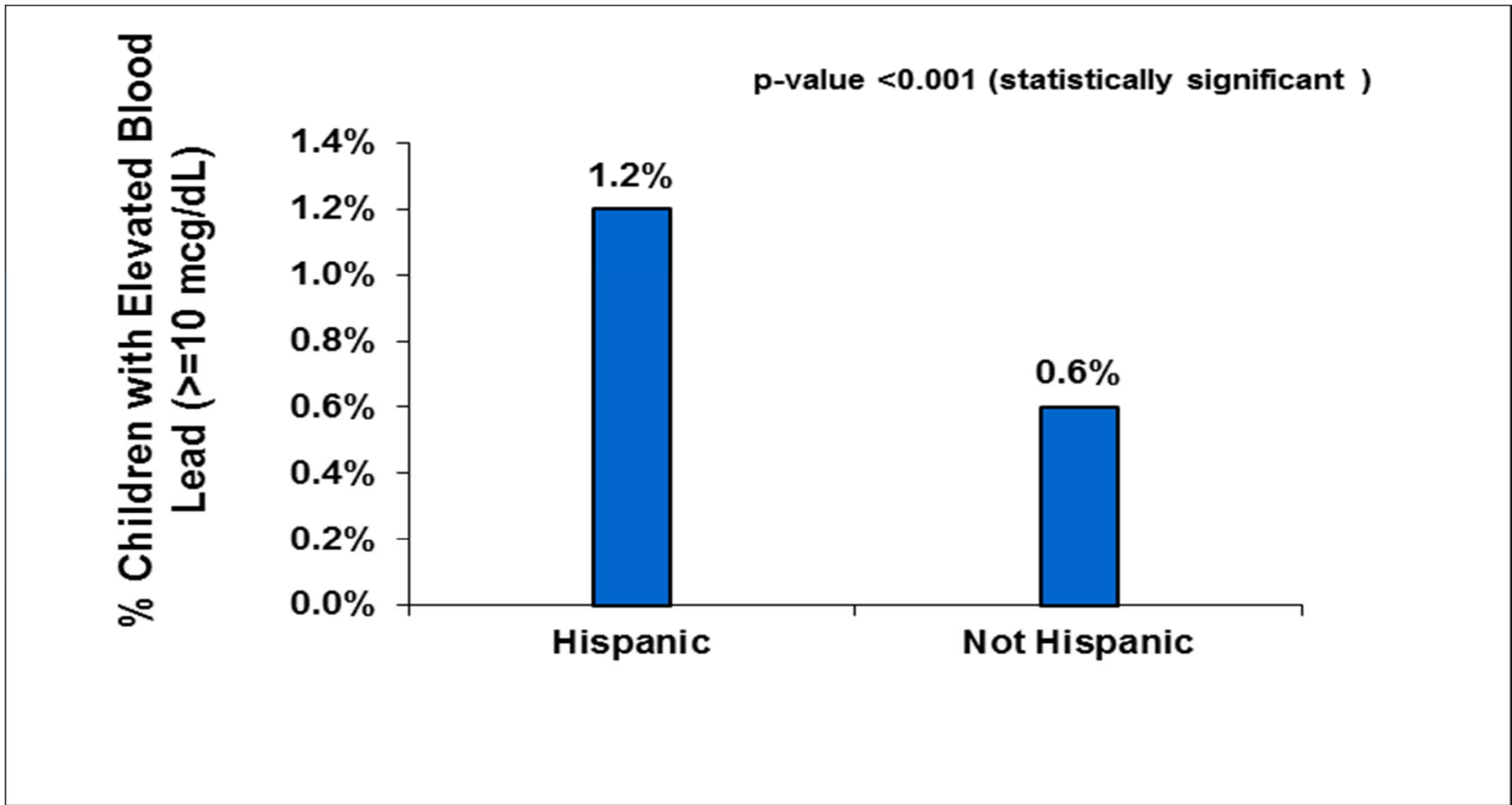
- # children 9 months to 2 years old = 4,184
- # of these children screened was 3,176 or 75.9%





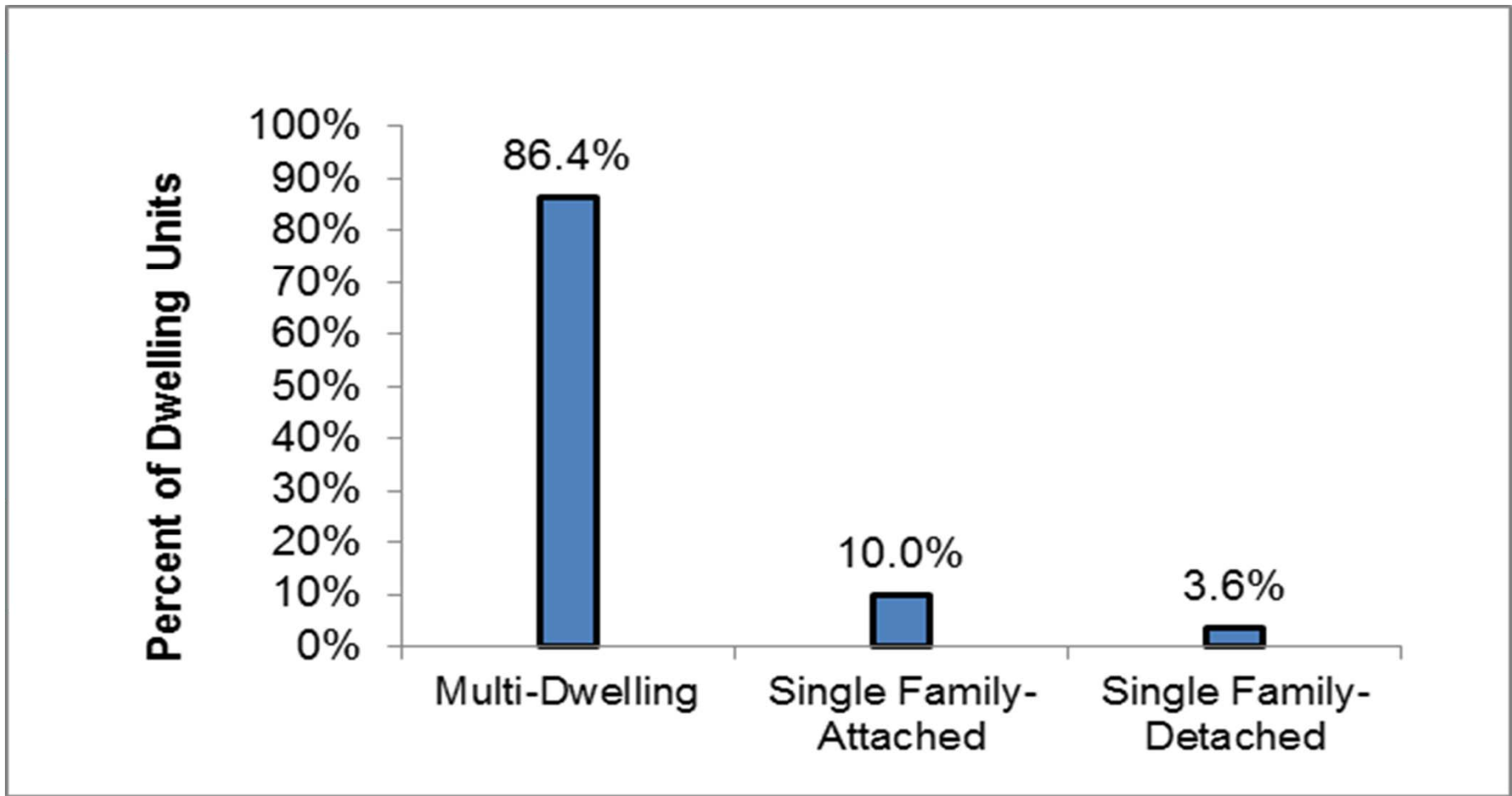
Percentage of children under 6 years of age with elevated blood lead, by race – Connecticut CY 2011





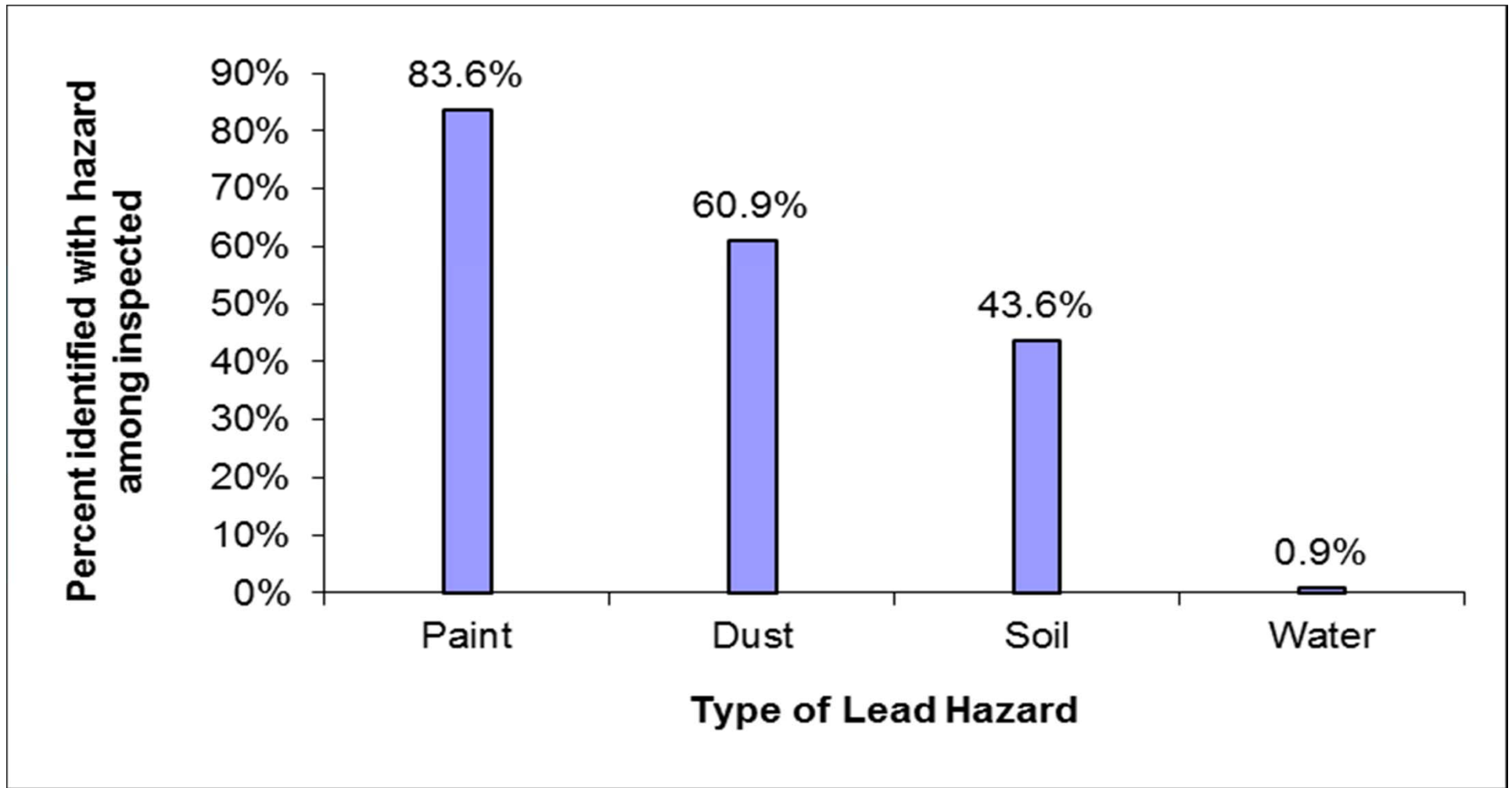
Percentage of children under 6 years of age with elevated blood lead, by ethnicity – Connecticut CY 2011





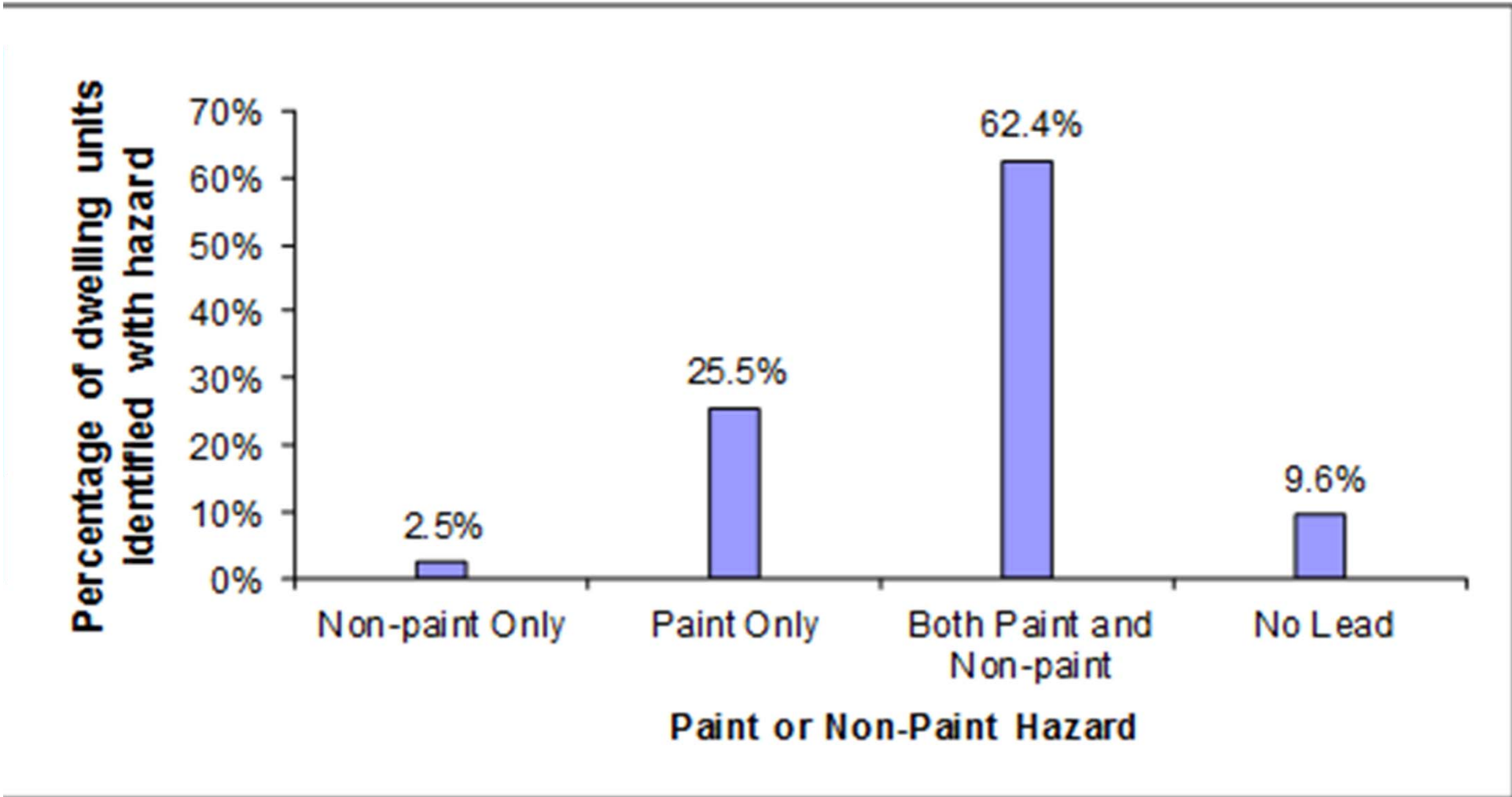
Types of housing as a percentage of all dwelling units for which environmental investigations were completed (total 110 dwelling units)





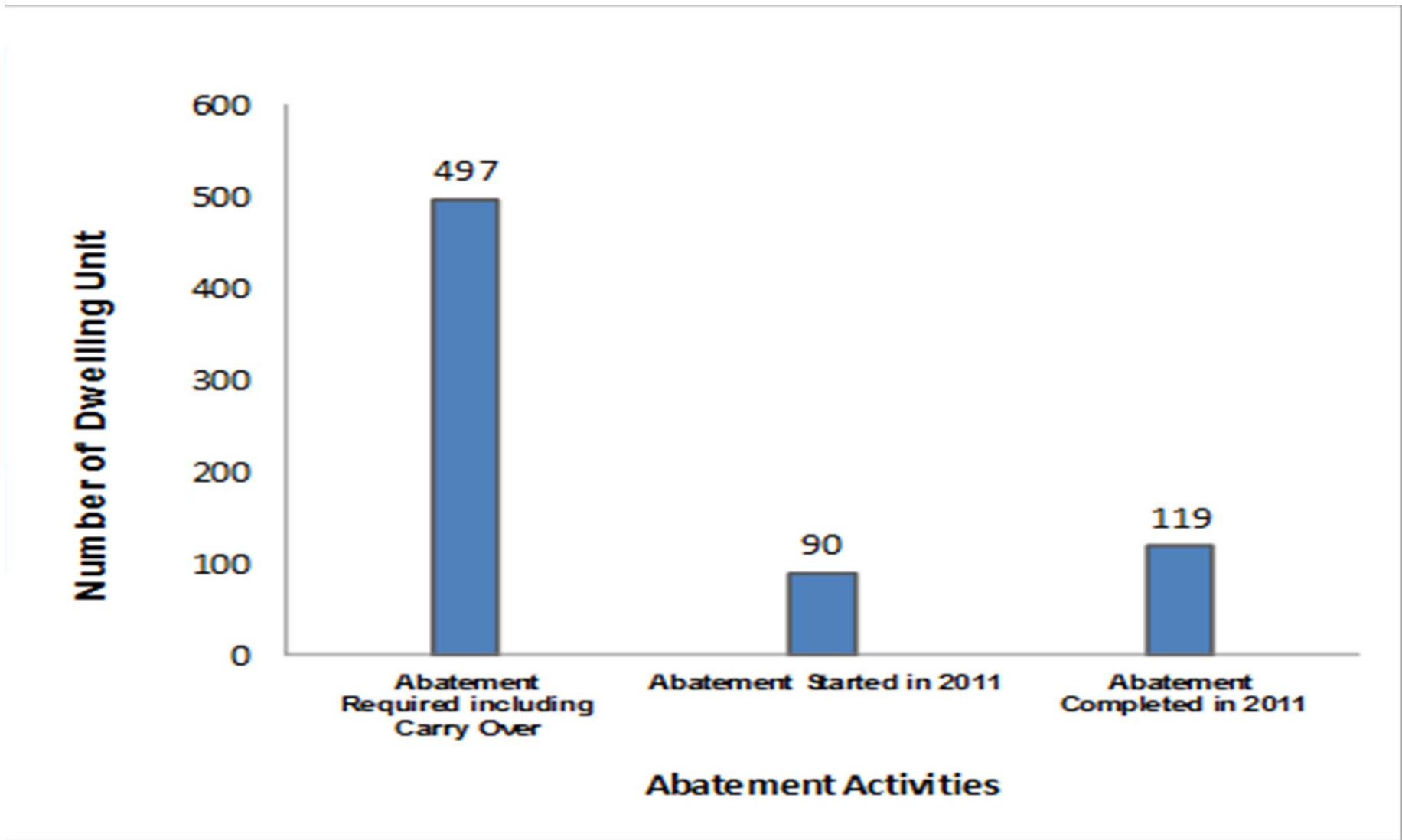
Percentage of dwelling units (110) identified with environmental lead hazards, by source





Percentage of dwelling units (110) relative to source of hazard (paint, non-paint, no hazard)

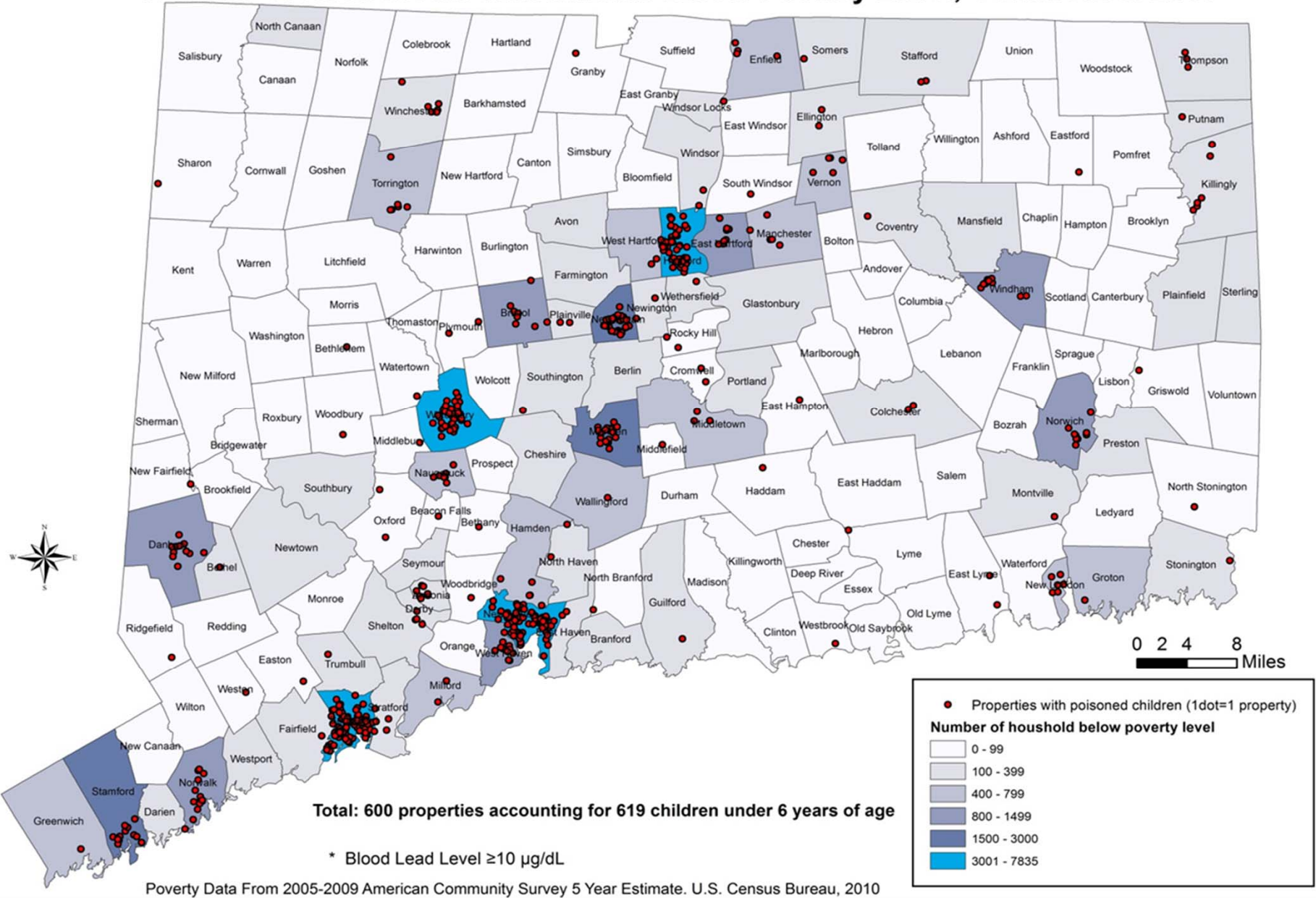




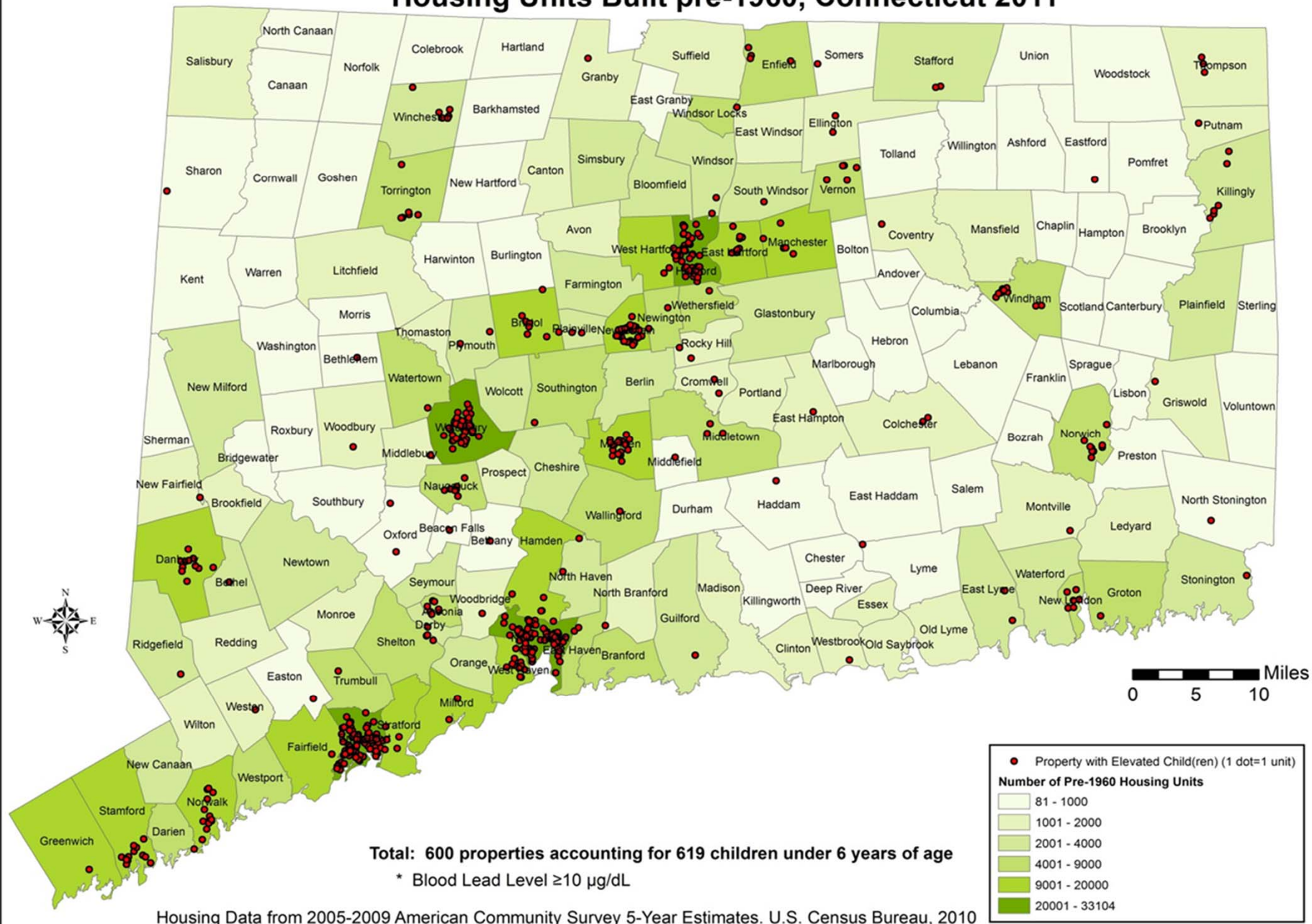
Abatement activities among dwelling units requiring abatement of lead hazards



Properties Associated with Lead Poisoned Children* & Number of Households with Income Below Poverty Level, Connecticut 2011



Properties Associated with Lead Poisoned Children* & Housing Units Built pre-1960, Connecticut 2011





Thank you!

Lead and Healthy Homes Program

(860)509-7299

www.ct.gov/dph





CDC'S LATEST POLICIES ON CHILDHOOD LEAD POISONING

Krista Veneziano – 10/22/2012

11

CDC'S RESPONSE TO ACCLPP RECOMMENDATIONS

- May 16, 2012 the CDC published a formal response to the recommendations made by the CDC Advisory Committee for Childhood Lead Poisoning Prevention (ACCLPP)

http://www.cdc.gov/nceh/lead/ACCLPP/acclpp_main.htm

ACCLPP'S RECOMMENDATIONS

- The elimination of the use of the term “blood lead level of concern,”
- The establishment of a new “reference value” for identifying and managing children exposed to lead,
- The call for additional research to develop and evaluate interventions that effectively maintain children’s blood lead levels below the newly established “reference value,” and
- A greater involvement of clinicians in identifying and educating families.

- Blood lead level of concern was $10\mu\text{g/dL}$
 - Provided a false sense of security with BLLs below $10\mu\text{g/dL}$

- The current reference value is $5\mu\text{g/dL}$ of lead in blood
 - Based on evidence that low blood lead levels are associated with IQ deficits, attention-related behaviors and poor academic achievement.
 - based the reference value on data from the NHANES survey report for the population of children aged 1-5 years in the U.S. whose blood lead levels are in the highest 2.5% of children tested

WHAT'S DPH DOING?

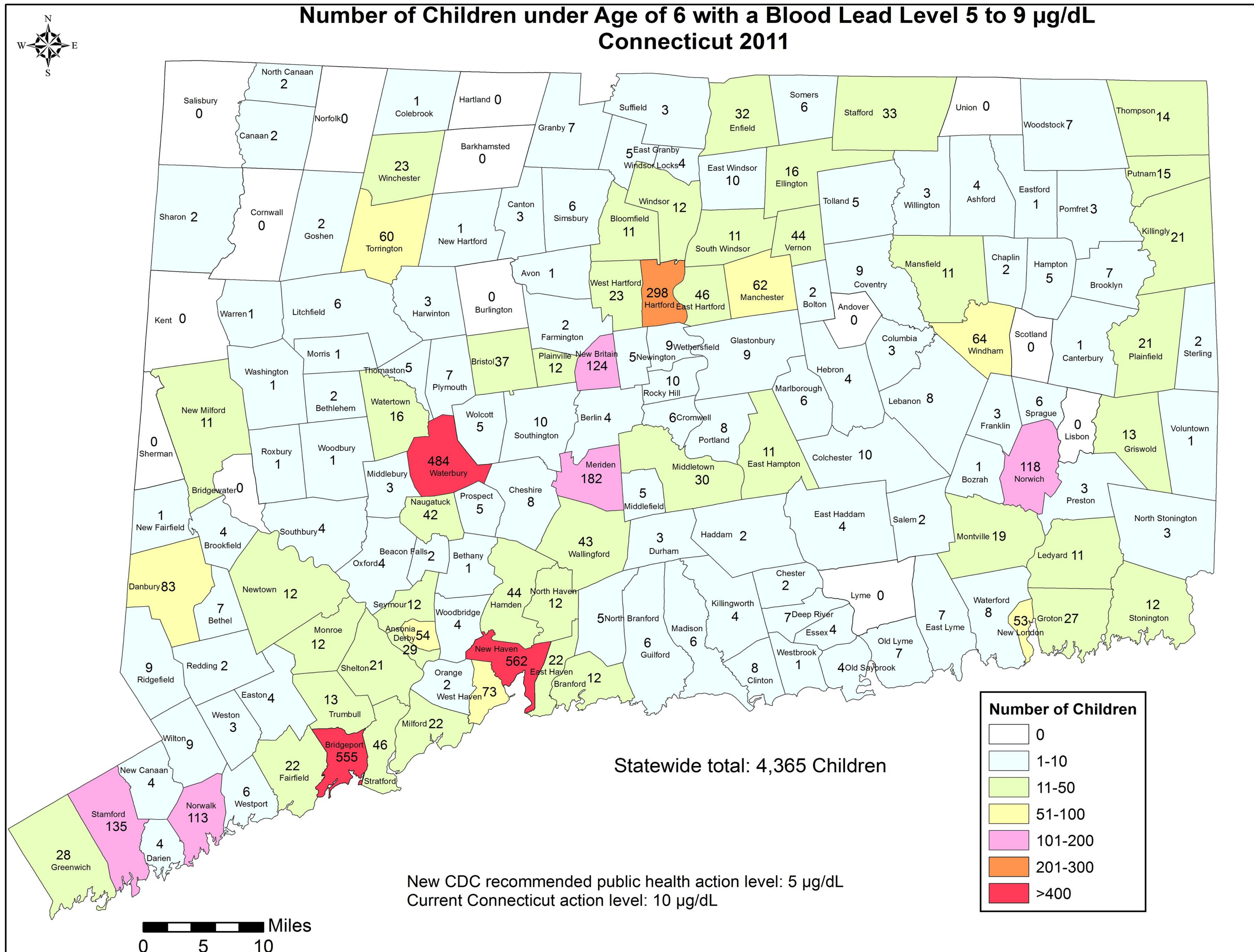
- CT DPH has convened its Childhood Lead Poisoning Prevention Advisory Committee
 - to determine the appropriate recommendations for childhood lead screening in CT and follow-up care.
- Include representatives from:
 - local health departments/districts,
 - the medical community,
 - the educational community, and
 - social services programs.

DPH'S OBLIGATION

- CGS section 19a-111 requires the DPH to establish guidelines consistent with the CDC for assessment of the risk of lead poisoning, screening for lead poisoning, and treatment and follow-up care of individuals, particularly children

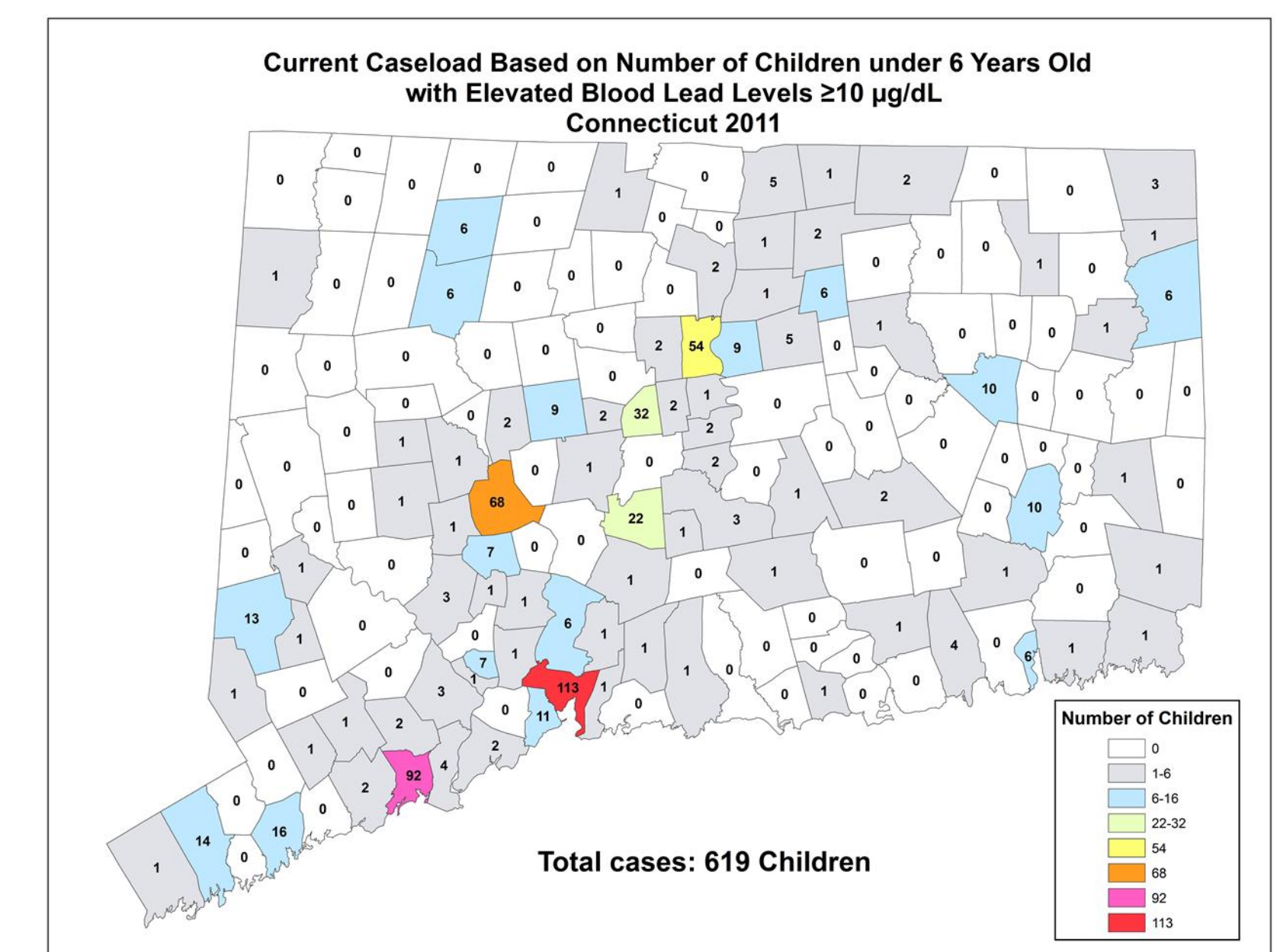
- We'll keep you apprised of our progress!
- Questions?!

The Impact of the New CDC Lead Poisoning Reference Value on Local Health Case Management - A Glance at Additional Cases



In May 2012, CDC recommended a new reference value, 5 µg/dL, for lead poisoning among young children. The previous reference value (formerly called the “level of concern”) for which public health action be initiated for young children was 10 µg/dL.

A growing body of researches identified that blood lead levels below 10 µg/dL can harm children in their IQ, cognitive function, and academic achievement. The map on the left depicts the number of additional cases that would be required to be managed by each local health department based on the 2011 surveillance data if Connecticut adopts the new CDC recommendation.



By Tracy Hung, M.H.S.

Lead, Radon, and Healthy Homes Program
Connecticut Department of Public Health