

00-03

## STATEMENT OF POLICY

### Child Lead Poisoning

#### Policy

The National Association of County and City Health Officials (NACCHO) promotes primary prevention and advocates for the removal of lead sources from the environment prior to exposure, particularly in water and housing, in order to prevent the potential for adverse effects. Until this is accomplished, NACCHO supports the use of the Centers for Disease Control and Prevention (CDC) reference level of 5 µg/dL to identify children with elevated blood lead via the following:

- Continued federal, state, and local funding and implementation of cost-effective, community-specific preventive measures to prevent and mitigate health hazards that potentially cause lead exposure in the home and in other settings, such as schools, childcare centers, recreational facilities, and workplaces that may result in disease and illness in children.
- Active local health department efforts to the development and expansion of community-oriented collaborative coalitions targeting efforts at children and their families who remain at risk for lead exposures and poisoning.
- Aggressive efforts by localities to screen and identify lead-poisoned children, as well as services for these children and their families.
- Healthcare providers and health plans that provide blood lead screening and diagnostic and treatment services for children enrolled in Medicaid, consistent with federal law, and refer children with elevated blood lead levels for environmental and public health follow-up services.<sup>1</sup>
- Efforts by local health departments to develop partnerships with local water utilities and other organizations to provide public education and outreach regarding drinking water quality, including lead content, toward the Healthy People 2020 goal of reducing childhood lead poisoning.<sup>2</sup>
- The continued identification by the Consumer Product Safety Commission (CPSC) of lead containing imported products from countries with lax, not enforced, or non-existent environmental lead regulations.

#### Justification

The CDC estimates that about half a million U.S. children one to five years of age have high levels of lead in their blood (above 5µg/dL equals “the reference level at which CDC recommends public health actions to be initiated”). Children are particularly vulnerable to the effects of lead, which can cause permanent adverse health outcomes, including damage to the brain and nervous systems, slowed growth and development, learning behavior problems, and



hearing and speech problems.<sup>3</sup> In addition, the burden of lead poisoning falls disproportionately on low-income families and families of color, with African-American children more than two times more likely to experience lead poisoning than white children.<sup>4</sup>

Children can be exposed to lead through various sources including paint, gasoline, solder, and consumer products and different pathways (e.g., air, dust, food, soil, and water).<sup>5</sup> The United States Department of Housing and Urban Development estimates that 24 million homes in the US are burdened by peeling or chipping lead-based paints.<sup>6</sup> According to a national survey, an estimated 6.1 million lead service lines are present in public community water systems, serving a population of 15 to 22 million in the U.S.<sup>7</sup> Efforts moving forward should focus on the need to identify and remove these sources in the community infrastructure prior to an exposure occurring. Local environmental public health is part of a network of professionals committed to developing effective programs to communicate risks related to quality, including lead content, of drinking water. Partnerships are encouraged that include state and local public health, CDC, U.S. Environmental Protection Agency, water utility operators and other stakeholders to implement effective public education and outreach about lead in drinking water. This is a shared responsibility. For example, local governments and water systems must continue or enhance effective corrosion control treatment and distribution systems, licensed operators must continue to be informed and vigilant, state and federal drinking water regulators must continue to exercise or enhance responsible oversight and provide useful technical assistance, especially to smaller systems. Local water quality partnerships must continue to provide residents with information they need to reduce the risk of lead exposure.

The management of a lead-poisoned child is a complex process, requiring an interdisciplinary, comprehensive response, which includes appropriate medical care and follow-up services. It is critical that health departments are provided the funding necessary to work towards the Healthy People 2020 goals of eliminating elevated blood lead levels in children by providing primary prevention including education, case management, and environmental interventions for families at risk, as well as coordinate the mitigation of hazards and treatment of children with healthcare providers.

## **References**

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2. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Retrieved on January 4, 2017, from <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=12>
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4. Alliance for Healthy Homes. *Understanding New National Data on Lead Poisoning*. Retrieved on January 4, 2017, from <http://www.nchh.org/LinkClick.aspx?fileticket=V0CXEqTU9Qw%3d&tabid=479>
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6. United States Department of Housing and Urban Development. Retrieved on January 4, 2017, from [https://portal.hud.gov/hudportal/documents/huddoc?id=DOC\\_11875.pdf](https://portal.hud.gov/hudportal/documents/huddoc?id=DOC_11875.pdf)
7. Cornwell, D. A., Brown, R. A. and Via, S. H. (2016). National Survey of Lead Service Line Occurrence. *Journal AWWA*, 108(4): E182-191.

## **Record of Action**

*Proposed by Environmental Health Committee*

*Adopted by NACCHO Board of Directors March 3, 2000*

*Updated February 2005*

*Updated July 2007*

*Updated January 2013*

*Updated March 2017*