

**REPORT OF THE VIRGINIA DEPARTMENT
OF HEALTH ON**

**LEAD POISONING AMONG
CHILDREN**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



SENATE DOCUMENT NO. 28

**COMMONWEALTH OF VIRGINIA
RICHMOND
1996**



COMMONWEALTH of VIRGINIA

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February 28, 1996

TO: The Honorable George Allen

and

The General Assembly of Virginia

The report contained herein is pursuant to Senate Joint Resolution 288, agreed to by the 1995 General Assembly.

This report constitutes the response of the Virginia Department of Health to join with a variety of public and private organizations in aggressively seeking cooperative ways to prevent, identify and treat lead poisoning among children.

Respectfully Submitted,

A handwritten signature in cursive script, appearing to read "Randolph L. Gordon", written over a horizontal line.

Randolph L. Gordon, MD, MPH
Commissioner

CONTENTS

| | |
|---------------------------------|------------|
| EXECUTIVE SUMMARY | 1 |
| INTRODUCTION | 3 |
| Overview and Purpose | 3 |
| Scope | 3 |
| Methodology | 3 |
| Background | 4 |
| COLLABORATIVE EFFORTS | 5 |
| Virginia Lead Task Force | 5 |
| Medical Community | 6 |
| Parents and Children | 7 |
| Grandparents | 10 |
| Businesses | 10 |
| Other Organizations | 11 |
| OUTCOMES AND RECOMMENDATIONS | 12 |
| REFERENCES | 14 |
| SENATE JOINT RESOLUTION NO. 288 | ATTACHMENT |

EXECUTIVE SUMMARY

In Senate Joint Resolution No. 288, the 1995 Virginia General Assembly requested the Virginia Department of Health (VDH) to facilitate a dialogue among medical professionals and to aggressively seek cooperative ways to prevent, identify, and treat lead poisoning among children.

By applying national prevalence rates, it has been estimated that approximately 40,000 Virginia children under age six are lead-poisoned, primarily from exposure to lead-based paint and to soil contaminated by leaded emissions. Among young children and pregnant women, lead poisoning presents a grave danger. Elevated blood lead levels have been shown to affect developing brain cells, and are associated with permanent developmental problems among children. Societal effects include higher costs for medical follow up and special education, higher school dropout rates, lost personal income and productivity, and increased delinquency and crime.

To implement this resolution, VDH was directed to join with and seek the assistance of a wide variety of public and private organizations. This report describes the lead poisoning prevention activities conducted as joint efforts between VDH and those groups, including the Medical Society of Virginia, Virginia Pediatric Society, health care community, parents and grandparents of young children, citizens and businesses of the Commonwealth. It also includes a description of the assistance obtained from the Commonwealth's health regulatory boards, from components of the health care industry including nurses, hospitals, and clinics; from the Virginia Parents and Teachers Association; and from other organizations that may assist in educating parents, grandparents, and children about lead poisoning.

Representatives of these groups were recruited to serve on the Virginia Lead Task Force to facilitate comprehensive public and private cooperation. As a result of these collaborative efforts, at least 200,000 persons have already been provided information or educational material regarding lead poisoning prevention. Included in this total were numerous presentations, articles for newsletters, brochures, and attendance at conferences and health and safety fairs. Target audiences for these activities included private physicians and nurses throughout the state, parents and grandparents, Head Start coordinators, child care providers, schools, and businesses. The overall success of these public awareness activities will be measured by comparing the results of public awareness polls taken in 1995 and 1997.

Recommendations were obtained from a series of parent focus group sessions as to which ongoing public education approaches would be the most effective. Parents emphasized the importance of local involvement (parents, providers, local role models, and coalitions) in the development of programs and educational materials. Local private organizations are also valuable as they are frequently aware of their own communities' needs.

Continuation of these collaborative efforts is expected to result in greater awareness on the part of families and medical care providers of the importance of screening, especially children at high risk for lead poisoning, and simple, inexpensive methods to avoid lead exposure. Collaboration among such a broad-based group of citizens and community organizations should ultimately reduce the number of children exposed to lead. This benefits the citizens of the Commonwealth by increasing educational attainment and personal income, lowering medical and special education costs, and reducing delinquency and crime.

INTRODUCTION

Overview and Purpose

During the 1995 legislative session, the Virginia General Assembly adopted Senate Joint Resolution No. 288. This resolution originated in the Joint Subcommittee Studying the Abatement of Lead-based Paint. It requests the Virginia Department of Health (VDH) to facilitate a dialogue among medical professionals and to aggressively seek cooperative ways to prevent, identify, and treat lead poisoning among children.

By applying national prevalence rates, it has been estimated that approximately 40,000 Virginia children under age six are lead-poisoned. The primary sources of exposure are lead-based paint in the 1.8 million Virginia homes built before 1978 when lead-based paint was banned for residential use, and soil near streets and highways where automobile exhaust emissions have deposited lead during the decades of leaded gasoline use.

Low levels of lead in blood have been shown to affect developing brain cells,¹ and are associated with lower IQ,² reading disabilities, hyperactivity, reduced hand-eye coordination and other permanent developmental problems among children.³ Societal effects include higher costs for medical follow up and special education,⁴ higher school dropout rates,³ lost personal income and productivity,⁵ and increased delinquency and crime.⁶

Scope

In implementing this resolution, VDH is directed to join with and seek the assistance of a wide variety of organizations and agencies. This report describes the lead poisoning prevention activities conducted as joint efforts between VDH and those entities, including the Medical Society of Virginia, Virginia Pediatric Society, health care community, parents and grandparents of young children, citizens and businesses of the Commonwealth. It also includes a description of the assistance obtained from the Commonwealth's health regulatory boards, from components of the health care industry including nurses, hospitals, and clinics; from the Virginia Parents and Teachers Association; and from other organizations that may assist in educating parents, grandparents, and children about lead poisoning. The report also describes the efforts of VDH to facilitate a dialogue among medical professionals concerning identifying children at risk of lead poisoning and appropriate blood-lead testing of young children.

Methodology

Many aspects of Senate Joint Resolution No. 288 are addressed in the program plan of VDH's Childhood Lead Poisoning Prevention Program, funded by a grant from the Centers for Disease Control and Prevention (CDC). This program uses a multifaceted approach to

prevention and treatment of childhood lead poisoning, including: identification of high-risk children and sources of exposure; case management; laboratory analysis of blood and environmental samples; hazard reduction; comprehensive health education targeted at both citizens and providers; interagency coordination and collaboration with community organizations; and data collection and management for surveillance and tracking.

In combination with efforts funded by CDC, an additional work plan was developed to assure full implementation of Senate Joint Resolution No. 288. This work plan focuses on facilitating a dialogue among medical professionals and soliciting the involvement of additional groups in seeking cooperative ways to prevent, identify and treat childhood lead poisoning. To facilitate this collaboration, the Virginia Lead Task Force was organized to include representation from the groups identified in the resolution.

Background

Throughout Virginia there are thousands of older houses that are potentially dangerous to young children. Although lead-based paints were banned in the United States in 1978, most experts advise that houses built before 1980 are possible sources of lead exposure.

Young children are more at risk for lead poisoning than adults because lead has been shown to interfere with the normal development of brain cells. Lead dust is quickly inhaled or ingested from frequent hand-to-mouth activity. Among young children, lead poisoning presents a grave danger because even low blood-lead levels may result in permanent developmental problems. Developing fetuses can be similarly affected by elevated blood lead levels in pregnant women.

Many experts emphasize the urgency of identifying and monitoring children with high blood-lead levels to prevent permanent damage. The American Academy of Pediatrics has recommended a blood-lead testing schedule for young children, but within the medical community there is some debate concerning the efficacy and need for this rigorous testing schedule.

During the 1993 legislative session, the Virginia General Assembly adopted Senate Joint Resolution No. 245, which established a joint subcommittee to study the abatement of lead-based paint in Virginia. During the 1994 legislative session, the joint subcommittee introduced, and the General Assembly adopted, Senate Joint Resolution 142, which encouraged the Virginia Chapter of the American Academy of Pediatrics and the Virginia Pediatric Society to implement the lead screening guidelines recommended by the American Academy of Pediatrics. In December of 1994, the joint subcommittee met and noted a lack of consensus among pediatricians as to the need for universal screening, and a general lack of public knowledge regarding the dangers of lead-based paint and necessary preventive

measures. For these reasons, the joint subcommittee introduced Senate Joint Resolution No. 288, which was adopted by the General Assembly in 1995.

With this resolution, the Joint Subcommittee Studying the Abatement of Lead-based Paint is not seeking to establish practice standards through law; however, there does appear to be a need for communication, coordination, and standardization of blood-lead level testing among health professionals in Virginia. It also appears that many citizens, including parents of young children, are unaware of the dangers of lead-based paint and that private organizations with relevant purposes may be willing to assist in educating Virginians in this regard. The joint subcommittee believes that prevention, although frequently difficult to quantify, is always less expensive in terms of costs and human suffering.

The Joint Subcommittee Studying the Abatement of Lead-based Paint believes that Virginia could lead the nation through a demonstration project designed to bring together the Commonwealth's medical community, the business community, the Head Start Project, the health care industry, the public schools, all parents and grandparents of young children, and all citizens and businesses of the Commonwealth. This collaboration should greatly enhance the impact of existing efforts. The following section describes the collaborative efforts undertaken to implement Senate Joint Resolution No. 288.

COLLABORATIVE EFFORTS

Virginia Lead Task Force

The Virginia Lead Task Force was established jointly by VDH and the Virginia Department of Housing and Community Development (DHCD). This task force first met on June 6, 1995. Its members represent the many organizations and agencies having key roles in lead poisoning prevention, including those identified in SJR 288. Private organizations represented include the Medical Society of Virginia, the Virginia Hospital Association, the American Association of Retired Persons, the Virginia Parents and Teachers Association, a lead-based paint abatement contractor, and the Diversified Applied Services Corporation, which is a nonprofit environmental advocacy group. VDH has representation from its Bureau of Toxic Substances, Division of Child and Adolescent Health, Office of Health Facilities Regulation, Office of Environmental Health Services, and the district health departments of Crater and Portsmouth. Other state agencies represented include the Board of Realtors, the Medical College of Virginia, and the departments of Education, Social Services, Professional and Occupational Regulation, Housing and Community Development, and Labor and Industry.

At its second meeting on September 12, 1995, the task force drafted the following mission statement:

“The mission of the Virginia Lead Task Force is to serve as advocates for Childhood Lead Poisoning Eradication through the Virginia Department of Housing and Community Development’s (DHCD) Lead Safe Homes Demonstration Program, the Virginia Department of Health’s Childhood Lead Poisoning Prevention Program and other comprehensive public and private efforts.”

Six subcommittees have been formed to begin working on lead education, data collection and management, environmental and housing approaches, screening and managed care, regulation and policy, and public relations. The task force serves as an advisory group to VDH and DHCD, and is assisting VDH in many of the specific efforts described in this section.

Medical Community

Virginia Pediatric Society and The Virginia Chapter, American Academy of Pediatrics
Pediatricians from VDH have continued a dialogue with private physicians from the Virginia Pediatric Society and the Virginia Chapter of the American Academy of Pediatrics through newsletter articles and discussions at the Virginia Lead Task Force meetings. VDH also sponsored a lead poisoning prevention booth at the annual pediatric conference entitled “*Waves of the Future.*” The booth featured screening guidelines, statistical information and educational materials for private physicians to use in identifying, treating, and preventing childhood lead poisoning.

The Virginia Pediatric Society and the Virginia Chapter of the American Academy of Pediatrics publish a joint newsletter entitled “*Virginia Pediatrics.*” VDH has taken advantage of this resource by submitting lead poisoning prevention information for the Fall 1995 edition. Circulation for the newsletter includes 875 pediatricians in Virginia.

Medical Society of Virginia and the Virginia Board of Medicine

The Medical Society of Virginia has representation on the Virginia Lead Task Force to insure continuation of a dialogue among medical professionals. Wide distribution of lead screening information was possible by utilizing the biannual newsletter entitled *Board Brief*, published by the Virginia Board of Medicine. VDH submitted an article encouraging lead poisoning screening for publication in this newsletter. Circulation includes all 34,000 licensed physicians in Virginia.

Nurses

The Virginia Board of Nursing publishes a biannual newsletter entitled “*Nurses’ Notes.*” VDH has submitted an article encouraging lead poisoning screening for the Fall 1995

edition. Circulation for the newsletter includes 96,000 licensed registered nurses and licensed practical nurses in Virginia.

Hospitals

The VDH Office of Health Facilities Regulation maintains a mailing list of all licensed hospitals in Virginia. Those hospitals providing maternity services will be targeted for an initiative to include lead poisoning prevention information in packets given to parents of newborns.

Clinics

All local health department clinics have been provided with the VDH guidelines for lead poisoning screening and environmental investigation. Posters, brochures, and videos have been distributed to all clinics for local health education. Technical assistance is provided through consultation and training for nurses and environmental health specialists.

Parents and Children

Parent Focus Groups

Public education on the possible effects of lead exposure in young children has been conducted for many years. Yet it appears that many citizens, including parents and grandparents of young children, are unaware of the danger of lead-based paint. Further, these individuals are likely to be unaware of strategies to reduce the exposure to lead-based paint within their environment. Lead poisoning in young children is preventable, yet a recent poll indicates that as many as sixty (60) percent of Virginia's citizens remain unaware of preventive measures they can take.⁷

VDH contracted with Virginia Institute for Developmental Disabilities to conduct parent focus group sessions to assist VDH staff in designing more effective public education programs. Three sessions were held, each with eight to ten participants. The locations for the sessions represented an urban, a rural, and a suburban community. The invited participants represented the geographic, racial, socioeconomic, and cultural demographics of the area.

Recommendations were obtained on best ways to disseminate the message, methods to stimulate interest in lead poisoning prevention, approaches for changing behaviors, and means for motivating individuals to become involved in a community coalition on lead poisoning.

A summary of focus group comments follows. VDH staff members are using this information to improve lead education methods and materials.

1. While the three sites were geographically diverse, citizens generally agreed on the following approaches to public awareness on lead poisoning prevention.

- Stress a grassroots, local emphasis in all awareness activities and media sources.
 - Involve parents or volunteers in local approaches.
2. Citizens did not receive information about lead poisoning from private primary care providers.
- Encourage private health care providers to determine risk of clients and provide lead level testing for young children at risk.
 - Have literature on lead poisoning available in the offices of primary care providers.
3. Citizens indicated that they prefer to use both informal networks and formal systems to obtain and confirm health-related information.
- Build coalitions of professionals and nonprofessionals at the local level to address public awareness about the dangers of lead.
 - Educate professionals and the public about environmental risk factors, management, and treatment approaches.
4. Public awareness approaches are strengthened when there is a local emphasis.
- Use local people who have first hand experience with lead poisoning to get the message out.
 - Include local referral information on printed material.
5. The design of all reading materials must get the attention of the audience.
- The cover needs to clearly and dramatically communicate the purpose of the material with the intended audience. Replace the outline of the state of Virginia with child-parent related drawings.

- Choose bold letters and colorful paper.
- Combine pictures and words in all public awareness literature.

Private Community-based Organizations

Several health districts in Virginia are working with private organizations in their communities to carry out various portions of the lead poisoning prevention program. These local private organizations have unique strengths that can help lead poisoning prevention programs achieve their goals.⁸ For example, these organizations often share the culture of their community, have credibility with the community they serve, and are familiar with their community's needs.

Virginia Parents and Teachers Association (VPTA)

Ongoing communication between VDH and VPTA is assured through representation of both entities on the Virginia Lead Task Force. VDH is utilizing the communication network within the VPTA to distribute educational information. Educational materials were also provided to the VPTA leaders. Packets were distributed at their annual training conference in Longwood in July 1995, which included:

- A cover letter expressing VDH's commitment to working with the VPTA to accomplish the objectives of SJR 288
- A copy of SJR 288
- Background of the VDH lead poisoning prevention program
- A brochure describing a nationally available curriculum entitled *Lessons in Lead*
- The following VDH brochures:
Lead: Is Your Child at Risk?
Lead Paint Abatement in the Home
What Everyone Should Know About Lead Poisoning
Keep Kids Safe From Lead

Head Start

The Head Start program provides comprehensive, interdisciplinary services seeking to bring about a greater degree of social competence in children of low-income families. VDH participates on the Head Start Health Advisory Committee. The Head Start newsletter provides an avenue for regular access to the Head Start community. VDH submitted an article on lead poisoning prevention for distribution to all Head Start directors. VDH staff

presented lead poisoning prevention information and posters to Head Start staff at advisory committee meetings, provided in-service training to forty (40) Head Start staff members from the Roanoke area, and participates in the annual Head Start Leaders training conference.

Child Care Centers

Environmental inspections of child care facilities are provided by VDH staff in health districts where possible. VDH provided pamphlets entitled "*What Everyone Should Know About Lead Poisoning*" to the Virginia Department of Social Services, which licenses child care facilities. These pamphlets were included in information packets sent to over 4,000 child care providers in Virginia.

Schools

Brochures describing a nationally available curriculum entitled "*Lessons in Lead*" were provided to the Virginia Department of Education for distribution to the elementary schools and kindergartens throughout the state. VDH staff provided consultation to Fairfax County School System, which conducted environmental lead hazard screens in each of its preschools and Family and Early Childhood Education Centers. Over one hundred posters were provided for display in these facilities, along with "*Lessons in Lead*" brochures.

Grandparents

American Association of Retired Persons (AARP)

Newsletter articles and educational brochures are being distributed to AARP members in Virginia. With the participation of AARP on the Virginia Lead Task Force, VDH can benefit from the unique perspective of retired persons on improving lead poisoning prevention efforts for their grandchildren or great grandchildren.

Retired and Seniors Volunteer Program (RSVP)

The Retired and Senior Volunteer Program provides a wide variety of opportunities for persons aged 55 and older to serve their community through significant volunteer service.

VDH has received funds from the U. S. Environmental Protection Agency to pay for training and public educational materials for use by RSVP volunteers in Richmond and Lynchburg. To maximize community involvement, volunteers will be recruited from targeted communities and will be trained to provide house-by-house public education and lead hazard screening in their own neighborhoods. Supervision will be provided by health department staff.

Businesses

The presence of a realtor and a lead-based paint abatement contractor on the Virginia Lead

Task Force will help to assure development of practical and reasonable approaches to addressing childhood lead poisoning. Future involvement of home maintenance supply businesses is expected to develop since VDH has applied for additional grant funding for printing and distribution of lead hazard reduction brochures for renovators, remodelers, and home owners.

Other Organizations

Department of Housing and Community Development (DHCD)

Real progress in prevention of childhood lead poisoning can only be attained by reducing lead-based paint hazards in Virginia's homes. VDH staff works closely with DHCD staff to accomplish this aspect of primary prevention. DHCD was awarded \$5.4 million in federal grant funds from HUD in 1994 for the abatement of lead-based paint hazards in low-income homes in Virginia. In June 1995, a director was hired by DHCD to manage the grant.

VDH staff is helping to develop a referral process by which property owners identified by VDH during routine investigations of childhood lead poisoning cases can be referred to DHCD. Grants and low-interest loans will be available to Virginia property owners as soon as state regulations are in place to assure safe work practices. To avoid forfeiture of the HUD funds, such regulations had to be in place by October 1, 1995. The *Virginia Lead-Based Paint Activities Regulations* are currently being implemented by the Department of Professional and Occupational Regulation, which also regulates similar activities performed for asbestos abatement.

Department of Professional and Occupational Regulation (DPOR)

VDH staff provided input to DPOR before and during its process of drafting the *Lead-Based Paint Activities Regulations*. Lead-based paint hazard abatement activities can create even greater hazards in the home if not performed properly. These regulations are therefore required by federal law to assure safe work practices by providing accreditation of trainers and certification of abatement contractors, professionals, and workers.

Enabling legislation was originally adopted by the 1994 General Assembly, which stipulated that Virginia's regulations must be no more restrictive than federal requirements. Because the final federal requirements had not yet been published, the 1995 General Assembly amended the enabling legislation to allow Virginia's regulations to be no more restrictive than *proposed* federal requirements, until the *final* federal requirements are published.

This allowed Virginia to meet the HUD deadline of October 1, 1995 and retain the \$5.4 million abatement grant, but resulted in the need for emergency regulations to be adopted initially, since there would be inadequate time for public comment. The emergency regulations will be valid for only one year, during which time a full public comment period must be provided. Replacement regulations will then be promulgated.

The 1995 amendment also delayed implementation of the contractor certification requirement to one hundred and twenty days after the effective date of the initial regulations. This allows time for training providers to become accredited, and for contractors to obtain the required training. Both the 1994 enabling legislation and the 1995 amendment were recommended by the Joint Subcommittee Studying Lead-Based Paint Abatement.

DPOR staff is active in the Mid-Atlantic Regional Environmental Consortium (MAREC). The mission of MAREC is to serve as a forum for local, state, and federal programs to cooperate in addressing environmental issues within EPA Region III. The consortium enables Virginia, Delaware, Maryland, Pennsylvania, West Virginia and the District of Columbia to develop mutually acceptable regional reciprocity agreements for all asbestos disciplines and other related environmental issues, including lead-based paint. The current chairperson of the consortium is from the Virginia Department of Professional and Occupational Regulation. MAREC has drafted a plan for reciprocity among Region III states for asbestos regulations. It is proposed that the outline of the asbestos reciprocity plan be used for the development of the lead-based paint reciprocity agreement after release of the final EPA model state plan for regulation of lead-based paint activities, and the development of lead-based paint regulations by the other states.

Department of Labor and Industry (DLI)

Enforcement of the lead certification regulations will be handled by DLI, which is the agency responsible for similar enforcement of asbestos regulations. VDH staff will work with DLI staff to develop a process for reporting violations of safe work practices that may be observed by VDH staff during follow-up of lead poisoning cases.

OUTCOMES AND RECOMMENDATIONS

As a result of these collaborative efforts, at least 200,000 persons have already been provided information or educational material regarding lead poisoning prevention. Included in this total were numerous presentations, articles for newsletters, brochures, and attendance at conferences and health and safety fairs. Target audiences for these activities included private physicians and nurses throughout the state, parents and grandparents, Head Start coordinators, child care providers, schools, and businesses. These public education efforts are ongoing and are being expanded to include radio, television, and newspapers. The overall success of these collaborative public awareness activities will be measured by comparing the results of statewide public awareness polls taken in 1995 and 1997.

Future involvement of home maintenance supply businesses will be sought. VDH has applied for additional grant funding for printing and distribution of lead hazard reduction brochures for renovators, remodelers, and home owners.

VDH will encourage health districts to develop lead poisoning prevention activities within local private organizations that have a good understanding of the needs, priorities, and processes of their communities. VDH will also encourage and support localities to involve parents, providers, local role models, and coalitions with the development of programs and educational materials.

The Virginia Lead Task Force has brought together the many diverse public and private organizations necessary to assure ongoing collaboration to prevent, identify and treat lead poisoning. The resources of these private and public organizations have extended VDH's limited public education capabilities. Many of these collaborations were initiated because of Senate Joint Resolution No. 288, and have resulted in ongoing relationships that are expected to contribute greatly to reducing the incidence of childhood lead poisoning.

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SENATE JOINT RESOLUTION NO. 288

Requesting the Department of Health to join with the Medical Society of Virginia, the Virginia Pediatric Society, the health care community, all parents and grandparents of young children, and all citizens and businesses of the Commonwealth in aggressively seeking cooperative ways to prevent, identify, and treat lead poisoning among children.

Agreed to by the Senate, February 7, 1995

Agreed to by the House of Delegates, February 16, 1995

WHEREAS, throughout Virginia there are thousands of old houses, many of them very beautiful and gracious, but potentially dangerous to young children; and

WHEREAS, although lead-based paints were banned in the United States in 1978, most experts advise that houses built before 1980 are possible sources of lead exposure; and

WHEREAS, young children and developing fetuses are more at risk for lead poisoning than adults because they quickly metabolize ingested or inhaled lead; and

WHEREAS, among young children, lead poisoning presents grave danger because high blood-lead levels may result in mental retardation; and

WHEREAS, as noted in Senate Joint Resolution No. 142, the American Academy of Pediatrics has recommended a blood-lead testing schedule for young children; and

WHEREAS, within the medical community there is some controversy concerning the efficacy of and need for this rigorous testing schedule, and yet many experts emphasize the urgency of identifying and monitoring children with high blood-lead levels to prevent permanent damage; and

WHEREAS, establishing practice standards through law is not wise; however, there does appear to be a need for communication, coordination, and standardization of blood-lead level testing among health professionals in Virginia; and

WHEREAS, it also appears that many citizens, including parents of young children, are unaware of the dangers of lead-based paint and that private organizations with relevant purposes may be willing to assist in educating Virginia's people in this regard; and

WHEREAS, prevention, although frequently impossible to quantify, is always cheaper in terms of costs and human suffering; and

WHEREAS, the Joint Subcommittee Studying the Abatement of Lead-based Paint believes that Virginia could lead the nation through a demonstration project designed to bring together the Commonwealth's medical community, the business community, the Head Start Project, the health care industry, the public schools, all parents and grandparents of young children, and the public health community in an effort to coordinate and standardize procedures for the prevention of lead poisoning and to provide the necessary treatment to affected children; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Department of Health be requested to join with the Medical Society of Virginia, the Virginia Pediatric Society, the health care community, all parents and grandparents of young children, and all citizens and businesses of the Commonwealth in aggressively seeking cooperative ways to prevent, identify, and treat lead poisoning among children. In implementing this request, the department is requested to seek help from the Commonwealth's health regulatory boards; from as many components of the health-care industry as possible, including nurses, clinical laboratories, hospitals, and clinics; from the Virginia Parents and Teachers Association; and from other organizations that may assist in educating parents, grandparents, and children about lead poisoning. The department is also requested to facilitate a dialogue among medical professionals concerning identifying children at risk of lead poisoning and appropriate blood-lead testing of young children.

The department shall report to the joint subcommittee on its efforts in this regard by January 1, 1996 and to the Governor and the 1996 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

