

Rhode Island Childhood Lead Poisoning Prevention Program's Advisory Committee

Meeting Minutes for January 23, 2006

Attendees

Jan Winter	BVCAP
Susan Farrell	Children's Friend and Service
Sharon Trindade	CCDC EHS Cranston
Brenda Leone	Cranston Head Start
Tammie Smith	HEALTH
Anne Kineavy	Hasbro Children's Lead Clinic
Magaly Angeloni	HEALTH
Bob Vanderslice	HEALTH
Anne Primeau-Faubert	HEALTH
Joan Plante	United Healthcare
Chris Gorham	RI Housing
Marie Stoeckel	HEALTH
Suzy Paiva	Our Lady of Fatima
June Tourangeau	St. Joseph's Hospital
Peter Simon	HEALTH
Daniela Quilliam	HEALTH
Helena Friedmann	CLAP

Elimination Plan

Bob Vanderslice and Magaly Angeloni discussed the proposed changes to the elimination goal. The goal has always been to have zero lead poisoned children by 2010. The measure of our progress toward elimination has been an incidence of <5% in all cities and towns in RI. In a meeting last week, Dr. Gifford (Director of HEALTH) suggested that we measure our progress toward elimination in terms of the number of children poisoned, rather than as a rate. Helena Friedmann liked the idea of using numbers rather than rates. Proposed changes to the elimination goal and evaluation measures will be sent out shortly for review and comments.

Chris Gorham suggested that we focus our efforts on high-risk properties by measuring the number of lead safe/lead free certificates, compliance certificates, etc. Daniela Quilliam explained that we can track the number of lead safe/lead free certificates issued each year, but, because the certificates are issued for areas of the property (unit 1, unit 2, rear common area, front common area, etc.) and each certificate may be issued at a different time, it is difficult to track whether the unit or property as a whole has achieved lead safe/lead free status.

Chris Gorham asked if we should change the action level from 15 µg/dL to 10 µg/dL to help achieve elimination. Peter Simon explained that we need to demonstrate that the action that we take is going to have an impact in the decrease of lead levels, and so far, research shows that there is no evidence that any interventions at 10 µg/dL make a difference in reducing blood lead levels. A better approach would be to focus on keeping blood lead levels from going up. Bob Vanderslice said that one way we could intervene to prevent poisoning would be to target education and prevention efforts at sub-groups of people, such as parents who are the owners of the home, since they are a group that is not prosecuted if lead hazards are found on the property. If pediatricians could assess home ownership status, we could then target prevention efforts at homeowners. We should see if there are other groups we could target as well, or if there are other ideas for prevention efforts.

Screening Guidelines

Peter Simon explained that the Academy of Pediatrics released a statement recently stating that children should be screened for lead at one year and two years of age, and, if the two tests were below 15 µg/dL, then a risk assessment questionnaire can be administered after 36 months of age rather than a blood lead test. Peter suggests that RI changes its guidelines so they are consistent with the recommendations of the Academy of Pediatrics, and we'll be doing so in the next few weeks. The group seemed to favor this suggestion, so the Program will move forward on the update of the RI Lead Screening Guidelines.

CDC Grant

RI CLPPP is currently working on the grant application for CDC. This grant is the last funding cycle from CDC, and will provide funding for the next five years. We are updating the Lead Screening and Case Management Plan to include as an appendix in the grant. A draft of the plan will be sent out electronically next week so the Advisory Committee can review it and make comments. We will also be contacting you in the next few weeks to request Letters of Support for the grant.

Keep Your Baby Lead Safe (KYBLS) Update

The KYBLS program is going to start targeting new moms instead of pregnant women. This approach may be more effective because women are focused on so many other things while pregnant that lead is not an immediate concern. The education about lead may be more effective if we present it once the baby has arrived. We will not turn away pregnant women who are referred, but we are going to focus recruiting efforts on new moms.

Currently we provide education about lead at the level 1 and level 2 home visits through the Family Outreach Program (FOP). We are also trying to pilot a second component of the program called Babies into Toddlers Safely (BITS), which would include doing dust wipe samples in the core cities. At the moment, this is on hold because of staffing and funding issues.

Next Meeting: Monday March 20, 2006- Location to be announced.