

2005 New England Regional Minority Health Conference Childhood Lead Poisoning: “Assessing the Impact - Meeting the Challenge”



Health Education Lead Poisoning Conference Session *SESSION D2 - April 11, 2005*

Sponsors: The Health Education Lead Poisoning Session was sponsored in by the New England Regional Minority Health Planning Committee, the U.S. Department of Health and Human Services-Office of Minority Health-Region 1 and the Foundation for Educational Advancement, Inc., etc.

CONFERENCE SESSION - TABLE OF CONTENTS

- 1. INTRODUCTION: Research Analysis of the Economic Impact of Childhood Lead Poisoning**
- 2. AGENDA**
- 3. PARTICIPANT EVALUATION RESULTS**
- 4. COMMENTS AND RECOMMENDATIONS**

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SESSION D2 - April 11, 2005

INTRODUCTION: Research Analysis of the Economic Impact of Childhood Lead Poisoning

Presenters / Coordinator / Facilitator:

- *Dr. David Schonfeld (Presenter)*
- *Dr. Sherin Stahl (Presenter)*
- *Connie Thomas (Presenter)*
- *Rene Coleman Mitchell, MPH (Mistress of Ceremonies and Presenter)*
- *Dr. Vivian Cross (Coordinator, Facilitator and Presenter)*



LEAD POISONING - MOST COSTLY OF DISEASES THAT AFFECT CHILDREN

Four diseases that affect children and are linked to environmental factors cost the United States \$54.9 billion annually, according to a study to be published in the July issue of *Environmental Health Perspectives* (but currently available online at <http://ehp.niehs.nih.gov/>). The amount represents approximately 2.8 percent of the total annual cost of illness in the United States.

The researchers estimated the annual financial impact of each of the four diseases — chosen because they are considered serious, common and are caused to some degree by chemical pollutants in the environment — as follows:

- **Lead poisoning: \$43.4 billion annually**
- Asthma: \$2.0 billion annually
- Childhood cancer: \$0.3 billion annually
- Neurobehavioral disorders (mental retardation, autism and cerebral palsy) \$9.2 billion annually

In their analysis, the researchers estimated that 100 percent of childhood poisoning results from environmental lead exposure, while other environmental toxicants were responsible for 10–35 percent of childhood asthma, 2–10 percent of children's cancer, and 5–20% of neurobehavioral disorders in children. 
(<http://ehp.niehs.nih.gov/>)

The economic costs associated with the four diseases were compiled using government statistics on how often the illnesses occur, fatality rates and other related healthcare and economic factors, such as special education

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SESSION D2 - April 11, 2005

AGENDA

PRESENTERS	ACTIVITY
<p>Renee Coleman Mitchell, MPH (<i>Workshop Mistress of Ceremonies</i>)</p> <p>Renee Coleman-Mitchell, MPH is the Co-Chair of the Connecticut Statewide Lead Poisoning Elimination Task Force and Connecticut Department of Public Health – Director of Environmental Programs</p>	<p>Welcome / Acknowledgements / Introductions</p>
<p>David Schonfeld, MD (<i>Presenter</i>)</p> <p>Dr. Schonfeld is a nationally recognized expert on childhood lead poisoning who serves as the Director of the Yale Lead Program and the Regional Lead Treatment Center. Dr. Schonfeld is an Associate Professor at Yale University School of Medicine, Co-Chair of the Connecticut Statewide Lead Poisoning Elimination Task Force and the Head of the Subsection of Developmental-Behavioral Pediatrics at Yale.</p>	<p>Presentation On:</p> <ol style="list-style-type: none"> 1. History of lead poisoning 2. Why there is a controversy related to lead exposure at lowest levels. 3. Sources of lead in environment 4. Screening / Treatment 5. Low efficacy of medication
<p>Connie Thomas, U.S. Department of Health and Human Services - Centers for Disease Control (<i>Presenter</i>)</p> <p>Mrs. Thomas is the CDC's New England Regional Lead Program Coordinator</p>	<p>Presentation On:</p> <ol style="list-style-type: none"> 1. Environmental Health – Childhood Lead Poisoning – Assessing the Impact of current practices 2. National Perspective of Best Practices for Meeting the Challenge
<p>Dr. Sherin Stahl (<i>Presenter</i>)</p> <p>Dr. Stahl is Director of Psychological Services for the Yale Lead Program and Yale-New Haven Regional Lead Treatment Center specializes in the assessment and treatment of young children. Dr. Stahl facilitates multifaceted services for children and families who are impacted due to childhood lead poisoning.</p>	<p>Presentation On:</p> <ol style="list-style-type: none"> 1. Family Impact (i.e., parents, siblings, and financial / developmental impact) – Treat the family as a whole 2. Clinical Impact (Case study: Greater than 10 ug/dl just as hazardous – Need for Primary prevention 3. Long Term / Short Term – What does it do to kids? 4. Behavioral and Social Aspects 5. Irreversible Damage – Clinical Implications
<p>Dr. Vivian Cross (<i>Coordinator, Facilitator and Presenter</i>)</p> <p>Dr. Cross is a Commissioner with the Connecticut State Commission on Multicultural Health, Educational Consultant and Executive Director of the Foundation for Educational Advancement, Inc.</p>	<p>Presentation On:</p> <p>Educational Profile of a Child with Neuropsychological / Developmental and Behavioral Impairments due to Childhood Lead Poisoning.</p> <ul style="list-style-type: none"> • School Impact (Can the school system appropriately handle the child's needs? Special Education, - Other Health Impairment – Federal Law: Individuals with Disabilities Act • Kindergarten through Adult Educational Implications • Multidisciplinary Special Education and Support Services

<p>Audience The audience was very diverse (<i>i.e., parents of lead poisoned children, attorney, educators and school counselors of all levels, registered nurses, Community Based Organization representatives, Local and State Department of Public Health officials, health professionals from New Hampshire, Massachusetts and Connecticut, CT State Department of Education official, School Based Health administrator, community healthcare professionals. etc.</i>)</p>	<p>Questions & Answers session and interactive discussion with Facilitator/Coordinator and Presenters.</p>
<p>Facilitator/Coordinator</p>	<p>Wrap-up.</p>
<p>Audience</p>	<p>Completion of Participant Evaluation Form that includes feedback, comments and recommendations.</p>

Health Education Lead Poisoning Conference Session

SESSION D2 - April 11, 2005

PARTICIPANT EVALUATION RESULTS

Below are the ratings for each of the survey items for the Childhood Lead Poisoning: Assessing the Impact / Meeting the Challenge Conference Session

1. How would you rate the overall quality and effectiveness of the Childhood Lead Poisoning – Assessing the Impact / Meeting the Challenge Session as an educational learning experience?

100% of the participants' responses were in the "exceptional to very good" range to this survey item.

2. To what degree did this conference session provide information to help you better understand Problems related Childhood Lead Poisoning including environmental, medical and economic factors on a national and regional level?

100% of the participants' responses were in the "exceptional to very good" range to this survey item.

3. To what degree did the presentation enlighten you to new learning about the Family, clinical, behavioral and social / emotional impact of lead poisoning on young children?

100% of the participants' responses were in the "exceptional to very good" range to this survey item.

4. To what degree did this conference session provide information to help you better understand educational issues related to young children who suffer long term effects of childhood lead poisoning (e.g., preschool through adulthood)?

100% of the participants' responses were in the "exceptional to very good" range to this survey item.

Below, participants listed three or more things that they considered new learning

- ⇒ Quantity of lead it takes to poison a child
- ⇒ Medical techniques it takes to remove lead from blood – and the extent of brain damage in spite of chelation
- ⇒ Five years ago death from lead in New Hampshire
- ⇒ India – Fertility drug
- ⇒ Deodorant from Jamaica Republic +Lead
- ⇒ Sources of lead poisoning other than paint
- ⇒ Yale Lead Program – Developmental Evaluations
- ⇒ CDC Information
- ⇒ New recommended levels
- ⇒ New Initiatives
- ⇒ Disregard for Lead Poisoning as a Public Health Hazard Nationally
- ⇒ Extent of physiological and psychological effects of lead poisoning (Public Health Nurse)
- ⇒ Lack of iron can raise the level of lead / negative effects
- ⇒ The lead examples shared by Connie Thomas
- ⇒ Elevated blood levels in refugees
- ⇒ Cultural disparities of lead levels in Refugees that were low until they were placed
- ⇒ Fall of Rome due to lead poisoning
- ⇒ Half life of lead – two decades

Health Education Lead Poisoning Conference Session

SESSION D2 - April 11, 2005

COMMENTS AND RECOMMENDATIONS

Conference Participant Rating: *100% of the Childhood Lead Poisoning evaluation comments were in the exceptional and very good range.*

Below are some comments and recommendations that participants reported they will take back to their communities, agencies and organizations:

- The conference track presenters were extremely informative and interactive with the audience - and I appreciated hearing their point of view.
- Expand lead screening
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- Expand lead screening
- Consider expanding Lead screening in our clinics
- Bring back this important information to the school system, refugee settlement community, etc.
- "We need to be more aware of the housing (esp. low income rental housing that our students are living in) - And look at behavioral / cognition in relation to potential lead poisoning exposure. (School Counselor from Clairmont, New Hampshire School District)
- Return to Hartford to disseminate the Educational Information and agitate for more testing and prevention (CT PULSE)
- New update on CT legislative issues (participants) - Information for parents
- It is outrageous that we have not eliminated childhood lead poisoning - LEAD is destroying the brains and the capacity to learn of our children - Lead Poisoning is devastating, destructive and unacceptable - This can not continue to happen.
- The conference track presenters were extremely informative and interactive with the audience - and I appreciated hearing their point of view.
- We need to see lead poisoning from a pro-active stance instead of a re-active stance. This is a community problem and national epidemic, not just a childhood health threat.
- Thank you so much for providing me the opportunity to participate in the New England Conference on Eliminating Health Disparities. I found the conference to be very helpful in thinking about health disparities, especially among our youth and the role of the educational systems in meeting these needs. I look forward to working with the Office of Minority Health to continue to address health disparities in youth and their families. (Health Promotion Consultant – Connecticut State Department of Education)

- Thank You, I learned a lot from the workshops I attended and the parents also felt that they had increase knowledge, understanding and awareness of many of the issues the families they serve are confronted *with* on a daily basis. I know it will help them in their day/day work.
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- Return to Hartford to disseminate the Educational Information and agitate for more testing and prevention (CT PULSE)
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- It is outrageous that we have not eliminated childhood lead poisoning - LEAD is destroying the brains and the capacity to learn of our children – Lead Poisoning is devastating, destructive and unacceptable - This can not continue to happen.
- We need to see lead poisoning from a pro-active stance instead of a re-active stance. This is a community problem and national epidemic, not just a childhood health threat.
- Again, thank you very much for being a part of making this important and informative event happen. We look forward to working with you in future initiatives in Connecticut to eliminate childhood lead poisoning.