

# ***VERMONT*2006**

## *Childhood Lead Poisoning Prevention Program*

Annual Report to the Legislature for January 1 - December 31, 2006  
Submitted January 16, 2008



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## ***Foreword***

The 2006 Childhood Lead Poisoning Prevention Program Annual Report to the Legislature covers the period from January 1, 2006 to December 31, 2006, with the exception of the funding section that covers the period July 1, 2006 to June 30, 2007.

Since December of 2006, the Department of Health has implemented many of the recommendations outlined in this report and the Get the Lead Out of Vermont Task Force Report published in February 2007. The activities implemented and accomplishments in 2007 will be fully described in the 2007 Childhood Lead Poisoning Prevention Program Annual Report to the Legislature.

## **Executive Summary**

In 2006, the Vermont Childhood Lead Poisoning Prevention Program (CLPPP) initiated an assessment process aimed at reviewing lead poisoning prevention efforts to date. The program continues to support primary prevention, testing and surveillance, and case management. Yet, the initiatives of 2006 focused primarily on prevention.

The Commissioner of Health and the Vermont Attorney General convened the Get the Lead Out of Vermont Task Force in January of 2006 to formulate a state action plan to eliminate Vermonters' exposure to lead. The Department of Health in collaboration with the Attorney General's Office facilitated the work of this group, and by December a draft of the Task Force's recommendations was assembled for release in 2007.

Simultaneous to the Task Force initiative, the CLPPP conducted an education and outreach effort in the Town of Bellows Falls. Department of Health staff in collaboration with community partners went door-to-door providing education and outreach to residents. Following the door-to-door, the Department of Health initiated a campaign in Bellows Falls targeted at property owner compliance with the Vermont Lead Law.

In a statewide prevention effort, the Department of Health defined high risk areas for lead exposure. Families with children born in 2006 who live in these high risk areas were mailed developmentally appropriate outreach materials when their children were between the ages of 6 and 9 months and again between 9 and 12 months.

Through these initiatives and continued maintenance of program activities, the Department of Health is committed to eliminating lead poisoning as a public health issue. At the same time, the CLPPP, faced with continually declining federal funding and no direct state funding, is struggling to identify the resources required to effectively prevent lead exposure in Vermont. Going forward, the Vermont Department of Health will be unable to meet state statutory and federal grant obligations without additional funding.

## ***Introduction***

Although progress has been made, childhood lead poisoning remains a major environmental health threat to young children in Vermont. A dramatic decline in blood lead levels was documented with the phase out of leaded gasoline that decreased lead emissions starting in the 1970s. In Vermont, data show a decline in the rate of children with reported elevated blood lead levels from 13% of the children tested in 1994 to 2.7% in 2006. However, in 2006 there were still 253 children between the ages of birth and 6 years identified with blood lead levels 10 µg/dL or greater. Trends in testing rates continued to rise in 2006 with 79.4% of one-year olds and 41.4% of two-year olds tested for lead compared to 45.3% and 19.5% in 1997 respectively. <sup>1</sup>

In Vermont as many as 70% of housing units were built prior to 1978, the year that lead was banned in residential paint. Today, the primary source of lead exposure remains deteriorated lead-based paint that generates lead dust and paint chips and contaminates soil in and around these older housing units. The most common way young children in homes and childcare facilities become lead poisoned is from lead-contaminated dust or soil that clings to toys, fingers, and other objects they put into their mouths.

In addition to lead exposure related to housing, other sources of lead exposure include take-home occupational exposures, imported cosmetics and folk remedies, contaminated foods, and items such as key chain emblems, fishing sinkers, lead ammunition, pool cue chalk and vinyl mini-blinds.<sup>2</sup> In 2006, there was an increase in products recalled for lead by the Consumer Product Safety Commission.

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<sup>1</sup> Declines in the rate of lead poisoning may be skewed by the dramatic increases in testing.

<sup>2</sup> *Managing Elevated Blood Lead Levels Among Young Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention*, App. I, Published Reports of Less Common Causes of Elevated Blood Lead Levels (EBLLs) in Children, [http://www.cdc.gov/nceh/lead/CaseManagement/CaseManage\\_appendixes.htm](http://www.cdc.gov/nceh/lead/CaseManagement/CaseManage_appendixes.htm) (accessed Feb. 2, 2006).

## ***Accomplishments***

The following is a list accomplishments in childhood lead poisoning prevention between January 1, 2006 and December 31, 2006. These accomplishments are discussed in more detail throughout this report.

### **Funding**

- Receipt of a new five year Centers for Disease Control and Prevention cooperative agreement

### **Planning Tools and Process**

- Facilitation of the statewide Get the Lead Out of Vermont Task Force, jointly convened by Vermont's Commissioner of Health and Attorney General

### **Targeted Outreach**

- Outreach to families in high risk areas
- Door-to-door education campaign in Bellows Falls and North Westminster

### **Compliance**

- Pilot compliance initiative in Bellows Falls resulting in increased filings of Affidavits of Performance of Essential Maintenance Practices (EMPs) from 13 in 2005 to 210 in 2006

## ***Get the Lead Out of Vermont Task Force***

The Department of Health and the Attorney General's Office began a partnership to review the direction of lead poisoning prevention in Vermont and expand efforts to eliminate human exposure to lead. More than 140 community partners were invited to join the Get the Lead Out of Vermont Task Force to create a statewide action plan. On January 19, 2006, the Commissioner of Health and the Vermont Attorney General convened the first meeting of the Task Force. The meeting set the foundation for four subcommittees: Housing, Consumer Products and Other Exposures, Intervention and Identification, and Resources. More than 70 stakeholders became involved in the Task Force subcommittees. Participants represented a wide range of constituent groups including lead poisoning prevention programs, children's advocacy organizations, an apartment owners' association, contractors, the medical community, Dartmouth's Center for Evaluative Clinical Sciences, and the Vermont Law School.

Between January 19, 2006 and June 30, 2006, each subcommittee met or conducted a conference call at least twice monthly. Experts from the CDC, nationally recognized researchers, other state CLPPPs, and leaders in the medical field were all consulted by the subcommittees during the process. On May 4, 2006, all members reconvened to make comments on draft reports that had been prepared by each subcommittee. From May through June, the subcommittees evaluated the comments from the May meeting and prepared recommendations for action. Throughout the fall, subcommittee members and the steering committee refined the subcommittee reports, and developed the final report of the Task Force's findings to be presented to the Vermont Commissioner of Health and Attorney General in early 2007.

## ***Primary Prevention***

### **Abatement Projects**

In 2006, the Department of Health Asbestos and Lead Regulatory Program issued 74 permits for abatement projects. This does not mean that 74 Vermont buildings were fully abated but that licensed abatement contractors requested permits to conduct abatement activities in 74 instances, which could include anything from abating a portion of a building to cleaning up a firing range.

### **Community Grants**

In 2006, the Department of Health extended the grant periods for two community grants. Parks Place Community Resource Center received a community grant in 2005, which was extended through June 30, 2006. An additional \$6,000 was added to the Parks Place grant for collaboration with the Department of Health on an educational initiative in Bellows Falls and North Westminster. Parks Place is the parent organization of Lead Safe Bellows Falls. Lead Safe Bellows Falls publicized the initiative, facilitated focus groups on the best ways to conduct lead education in the Bellows Falls and Westminster communities, and provided volunteers and staff to go door-to-door with Vermont Department of Health personnel.

The City of Burlington received a community grant in 2005, which was extended through December 31, 2006. The City of Burlington's Lead Program was approved to use unexpended 2005 community grant funds to continue city-wide lead education including a door-to-door blood lead testing campaign, signs on city busses, and signs on Public Works recycling trucks.

City of Burlington Bus Sign



## Essential Maintenance Practices Compliance

Vermont law, 18 V.S.A. § 1759, requires that owners of residential rental property and child care facilities built before 1978 complete an Affidavit of Performance each year upon completion of Essential Maintenance Practices (EMPs). A copy of the completed affidavit must be filed with the Department of Health and with the property owner's liability insurance. EMPs must be completed or supervised by a certified person and include identification and stabilization of deteriorated paint using lead-safe work practices and installation of window well inserts. EMPs are an effective tool for preventing childhood lead poisoning.

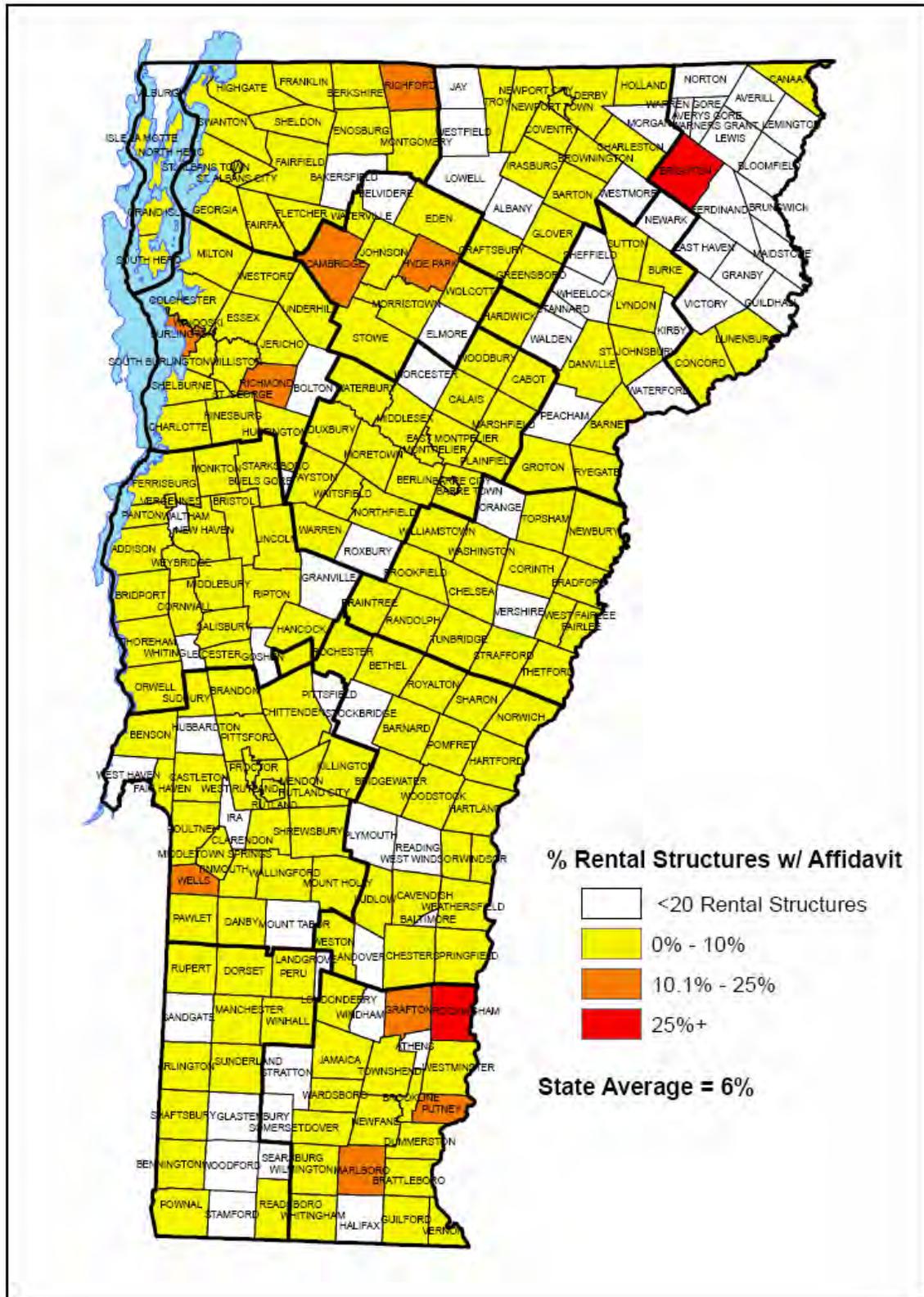
Statewide compliance with the Vermont Lead Law is low with an estimated compliance rate of 6 percent in 2006. The Department of Health received a total of 1527 EMP affidavits in 2006, which represents an increase of 176 affidavits for rental properties and a decrease of 44 for child care facilities compared to 2005. Despite the increased number of affidavits for rental properties, the trend in affidavit submission is declining in almost all towns in Vermont.

### Affidavits Received by the Department of Health

Year	Rental Properties	Child Care Centers	Total
1996			729
1997			2928
1998			3584
1999			3067
2000	2388	358	2746
2001	2295	350	2645
2002	1958	354	2312
2003	2223	344	2567
2004	2270	197	2467
2005	1194	201	1395
2006	1370	157	1527

Source: The Department of Health, Childhood Lead Poisoning Prevention Program 1996 through 1999 Data includes both rental properties and child care facilities. The year filed is determined by the notary date on the affidavit. Affidavits are reported by unit or building based on property owner preference.

Estimated Percent of Structures with Rental Units with Lead Affidavits 2006



Noting this declining trend, the Department of Health began to explore the reasons for the low rate of compliance and potential strategies to increase compliance. Through the Task Force, the Department of Health queried property owners and other stakeholders to determine perceived barriers and incentives for performance of EMPs.

At the same time, the Department of Health piloted an initiative in Bellows Falls that included education and outreach to property owners and a series of letters requesting compliance with the Vermont Lead Law. The Department of Health put significant resources into the pilot project, resulting in increased filings of Affidavits of Performance of EMPs in Bellows Falls from 13 in 2005 to 210 in 2006 (an increase of 197 affidavits).

In an effort to sustain the submission of affidavits from currently compliant property owners, the Department of Health mailed more than 800 postcards to property owners who filed affidavits in 2005. The postcards included information on the Vermont Lead Law and reminded property owners to complete EMPs and affidavits annually.

Although successful and the most promising of the efforts to sustain and increase compliance, the Bellows Falls pilot project was incredibly resources intensive. It would be unrealistic to implement such a project on a statewide basis. The Department of Health is unable to replicate this project in other towns. Instead, lessons learned from the Bellows Falls initiative and knowledge gained from the Task Force will be used to explore more efficient, broader, statewide compliance efforts.

### **Essential Maintenance Practices Classes**

EMPs in rental properties and child care facilities built before 1978 must be completed or supervised by an EMP certified person. Certification requires the completion of a 4-hour class approved by the Department of Health. EMP classes are offered statewide at no charge. A copy of the EMP class schedule and manual is available on the internet at [www.leadSAFEvermont.org](http://www.leadSAFEvermont.org). In addition, classes are publicized in community calendars in local news publications.

Forty EMP classes were offered and 537 certificates were issued to class participants in 2006. Fifty-seven percent of the 2006 EMP class participants were rental property owners. Currently, recertification is not required once a person has completed the class. To date 11,114 certificates have been issued.

**Number of Individuals Certified to Perform Essential Maintenance Practices**

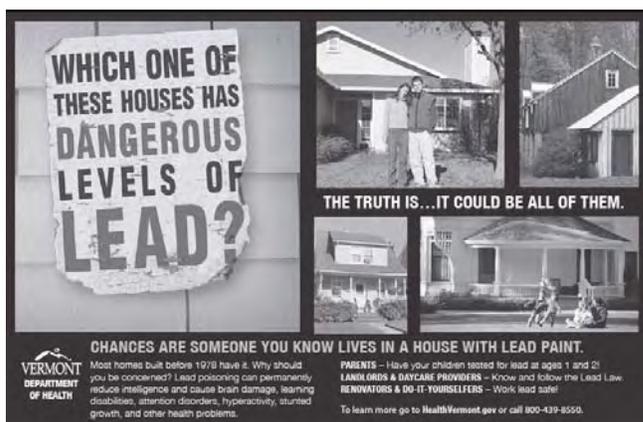
Year	Contractors	Daycares	Landlords	Maintenance	Other	Total
1996	304	733	3,002	117	195	4,351
1997	260	419	1,693	17	114	2,503
1998	137	58	164	52	44	455
1999	99	95	104	17	88	403
2000	44	89	121	18	72	344
2001	78	82	102	38	89	389
2002	99	131	83	39	161	513
2003	80	111	54	36	237	518
2004	67	91	95	51	279	583
2005	90	80	210	36	102	518
2006	68	69	309	55	36	537
<b>Total</b>	<b>1,326</b>	<b>1,958</b>	<b>5,937</b>	<b>476</b>	<b>1,417</b>	<b>11,114</b>

**Public Education**

- The Department of Health Environmental Health Hotline received more than 1,600 lead-related telephone or email inquiries and distributed more than 13,750 pieces of educational material.
- Print ads were published in two popular Vermont parent resources, *Vermont Kids* and *Kids Vermont Resource Guide*.

**Kids Vermont Resource Guide**

Kids VT Ad (October 2006)



- In addition to paid print ads, the following is a list of news items on lead poisoning prevention in 2006.

Month	Publication	Subject
January	Brattleboro Reformer	Get the Lead Out of Vermont Task Force convened
February	Mountain Gazette	Get the Lead Out of Vermont Task Force convened
March	Burlington Free Press	lead poisoning is preventable
	Times Argus, WCAX-TV	lead in Reebok charm kills child in Minnesota
	Milton Independent	students face lead hazard in painting historic house
May	Burlington Free Press	advocates advise legislature to get the lead out
	WCAX-TV	students put on play to get the lead out
June	Brattleboro Reformer	door-to-door education campaign in Bellows Falls
July	Burlington Free Press	older materials can hide lead hazards
	Burlington Free Press	salvage building products
	Brattleboro Reformer	state targets Bellows Falls for compliance
September	Burlington Free Press, Boston Globe	city lead-abatement program at risk
	Brattleboro Reformer	lead law compliance in Bellows Falls
	Vermont Public Radio	campaign urges landlords to minimize lead exposure
October	Burlington Free Press	lead poisoning can be prevented
	Brattleboro Reformer	Department of Health apologizes for targeting some landlords included as rental property owners on inaccurate town records
	Brattleboro Reformer	Lead Poisoning Prevention Week in Bellows Falls

- Each year the Department of Health staffs a booth at two major home shows with a combined attendance of over 25,000 people (Burlington Home Show and the Vermont Home and Garden Show). Information and materials are available about lead and other Healthy Homes issues including radon, mold, water and indoor air.
- During National Lead Poisoning Prevention Week, the Department of Health distributed posters, issued a press release, and participated in a radio interview. District health offices posted displays in public health clinics and libraries, distributed lead poisoning prevention materials to hardware stores, and made presentations at Head Start and child care facilities.
- The Departments of Health and Children and Families sent a fact sheet to approximately 2,000 registered and licensed child care facilities. The fact sheet included general information on lead, lead poisoning prevention tips, and lead law facts. The Department of Health also assisted the Department for Children and Families in training 12 child care licensors on lead-related issues.

- Education or training on lead poisoning prevention and the Vermont Lead Law was offered to Town Health Officers in nine Department of Health districts.

## **Targeted Outreach**

### **At Risk Families Identified**

Using geographic information systems (GIS) technology, the Department of Health defined and identified high risk areas for lead exposure. Families with children born in 2006 who live in these high risk areas were mailed two sets of developmentally appropriate lead poisoning prevention materials; one when the child was 6 to 9 months old and another when the child was 9 to 12 months old. Between July and December 2006, the Department of Health sent one or more sets of materials to 940 families with newborns living in high risk areas.

### **Bellows Falls Pilot Projects**

As discussed above, two pilot projects were conducted in Bellows Falls: a door-to-door education campaign and an initiative to improve compliance among rental property owners.

The door-to-door campaign teamed volunteers from Parks Place with Department of Health personnel from CLPPP and the Brattleboro and Springfield district offices. Teams knocked on 625 doors in Bellows Falls and North Westminster during a five-day “blitz” (May 17–18, 2006 and June 1–3, 2006). Educational materials and “Sorry we missed you” postcards were left where no one was home.

The compliance initiative was designed to contact property owners of those rental properties visited during the door-to-door lead education visits. However, community partners expressed concern that property owners could retaliate against tenants. Therefore, a list of rental properties in Bellows Falls and neighboring Westminster was generated from town records. Two letters were sent informing property owners of the lead law. As a result, in 2006 there were 210 EMP affidavits filed for properties in

Bellows Falls compared to 13 in 2005, dramatically improving the compliance rate in that community.

## **Local Planning**

Each of the 12 district offices collaborated with community partners to develop a lead elimination plan covering primary prevention, testing and surveillance, and case management. Each plan incorporated objectives and activities specific to the needs of the local communities. Examples of planned activities include:

### Primary Prevention

- Education of child care and Head Start providers
- Identification of properties out of compliance with the Vermont Lead Law
- Workshops for parents
- Displays in the community and at community events
- Training for local community groups
- Education of participants in WIC

### Testing and Surveillance

- Assurance that children enrolled in WIC are tested for lead at the recommended ages
- Education of health care providers regarding testing recommendations

### Case Management

- Tracking children tested at public health clinics with blood lead levels  $\geq 10\mu\text{g/dL}$
- Encouraging parents and providers to confirm blood lead levels  $\geq 10\mu\text{g/dL}$

## Testing and Surveillance

### Testing Recommendation

Test all children at ages 1 and 2. The test at age 2 may be omitted IF:

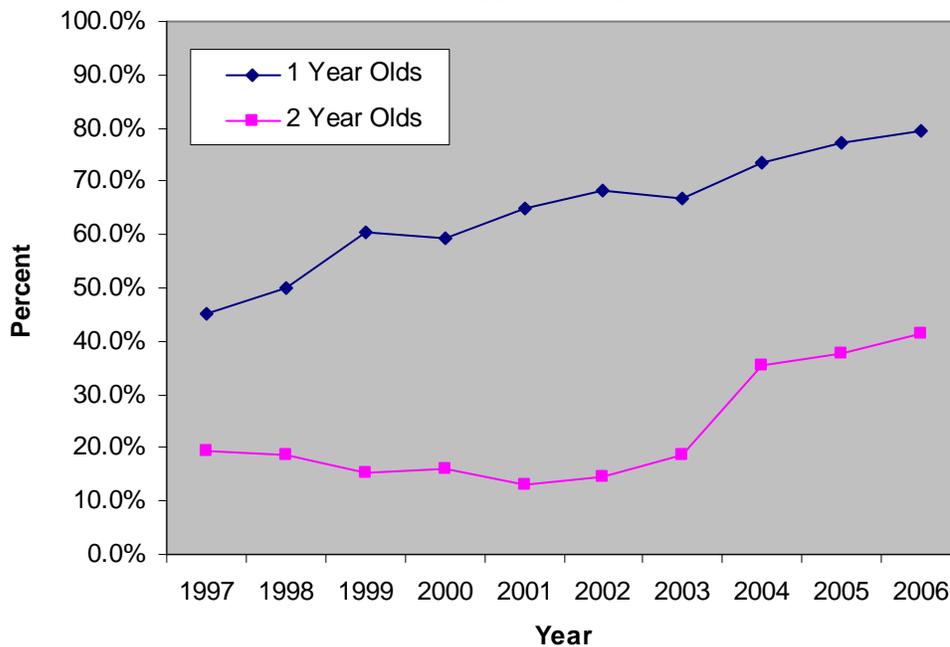
- The child is not insured by Medicaid or Dr. Dynosaur; AND
- The child lives in housing built after 1978; AND
- The child attends child care in a building built after 1978.

In 2006, 9,274 children < 6 years of age (0 - 72 months) received a blood lead test.

Testing of 1 year olds in Vermont has risen to 79.4% in 2006, up from 45.3% in 1997.

Testing of 2 year olds in Vermont has risen to 41.1% in 2006, up from 19.5% in 1997.

**Percent of Vermont 1 and 2 Year Olds Tested for Lead  
1997 to 2006**



The Childhood Lead Poisoning Prevention Program (CLPPP) focuses on children up to the age of 6. The following table shows testing data for 2006, including the number of children tested by blood lead level. In 2006, a child with a confirmed venous blood lead level of 10µg/dL or greater was considered to be lead poisoned by both the CDC and the Department of Health.

**Blood Lead Tests for Vermont Children ages 0 to 6\* years, 2006**

Age	Population	Blood Lead Levels of Children Tested						% Children Tested with BLL ≥10 µg/dL
		< 5 µg/dL	5-9 µg/dL	10-14 µg/dL	15-19 µg/dL	20+ µg/dL	Total Tested	
< 1 year	6,339	353	68	5	2	3	431	2.3%
1 year	6,560	4,193	866	108	24	14	5,205	2.8%
2 years	6,670	2,137	554	45	14	10	2,760	2.5%
3 years	6,543	344	123	8	3	4	482	3.1%
4 years	6,384	222	50	5	2	2	281	3.2%
5 years	6,710	67	25	4	0	0	96	4.2%
<b>Total</b>	<b>39,206</b>	<b>7,316</b>	<b>1,686</b>	<b>175</b>	<b>45</b>	<b>33</b>	<b>9,255</b>	<b>2.7%</b>

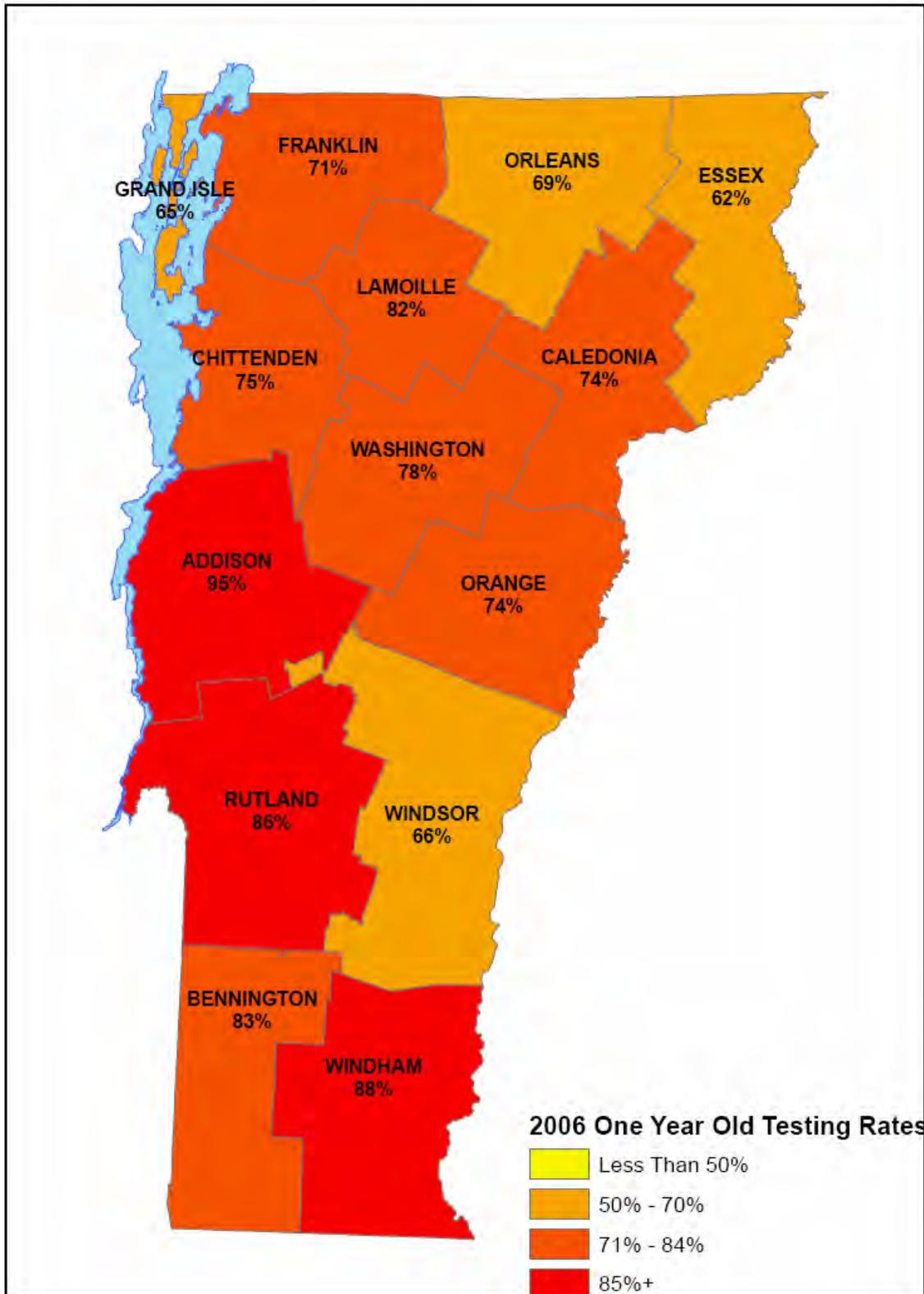
Data include only one blood lead test per child: the highest venous test result or, if there is no venous test, then the capillary test result.

\*Ages: < 1 year : <11 months old; 1 year: 11 - 22.99 months; 2 years: 23 - 34.99 months; 3 years: 35 - 46.99 months; 4 years: 47 - 58.99 months; 5 years: 59 - 70.99 months.

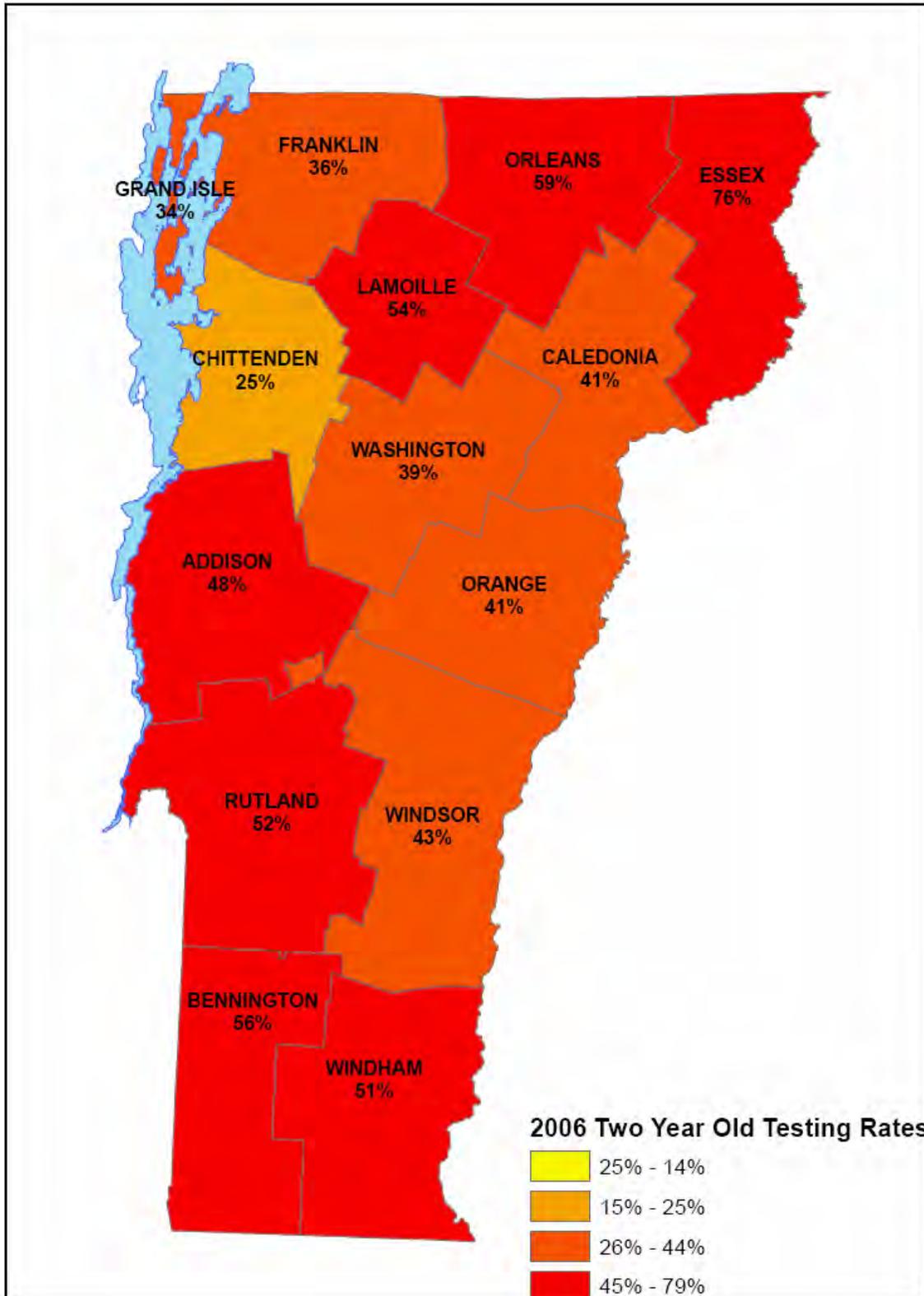
The target populations of Vermont's current testing recommendation are 1- and 2-year-old children. Maps on the following pages present testing rates by county for these critical age groups.



Map of Vermont Testing Rates for One-Year Olds in 2006



Map of Vermont Testing Rates for Two-Year Olds in 2006



Screening tests have a high degree of sensitivity and may result in some false positive results. Therefore, elevated screening test results (i.e., capillary tests) should be confirmed with a venous blood test. The *Blood Lead Screening Guidelines* in 2006 state:

- Capillary blood lead levels  $\geq 15 \mu\text{g/dL}$  should be confirmed by venous sampling.
- For children insured through Medicaid, capillary levels  $\geq 10 \mu\text{g/dL}$  must be confirmed using a venous sample.

Confirmation of blood lead test results  $\geq 10 \mu\text{g/dL}$  is necessary for appropriate follow-up to occur. A venous blood lead test is required for case management for blood lead levels  $\geq 10 \mu\text{g/dL}$  and for clinical treatment of blood lead levels  $\geq 45 \mu\text{g/dL}$ . The chart below shows that, in 2006, 41% of children with capillary blood lead test  $\geq 10 \mu\text{g/dL}$  did not receive a confirmatory venous blood lead test within 90 days and therefore may have lacked the recommended follow-up.<sup>3</sup>

**Percent of Elevated Capillary Blood Tests Confirmed by a Venous Test within 90 days, 1997–2006**

	Elevated blood lead level			Overall
	10-14 $\mu\text{g/dL}$	15-19 $\mu\text{g/dL}$	20+ $\mu\text{g/dL}$	
<b>1997</b>	17%	62%	80%	<b>32%</b>
<b>1998</b>	17%	63%	75%	<b>35%</b>
<b>1999</b>	17%	63%	75%	<b>33%</b>
<b>2000</b>	26%	71%	82%	<b>45%</b>
<b>2001</b>	32%	69%	81%	<b>49%</b>
<b>2002</b>	33%	67%	83%	<b>49%</b>
<b>2003</b>	45%	72%	87%	<b>57%</b>
<b>2004</b>	53%	65%	74%	<b>59%</b>
<b>2005</b>	55%	72%	75%	<b>62%</b>
<b>2006</b>	51%	68%	74%	<b>59%</b>

**Efforts to Increase Blood Lead Testing**

- Throughout 2006, all parents of children born in Vermont were mailed postcards when their children were 10 months and 22 months old reminding them to have their children tested at ages 1 and 2 years.

<sup>3</sup> After repeated follow-up to encourage a confirmation test, the Department of Health sends an information packet to families with children who had unconfirmed blood lead levels  $\geq 10 \mu\text{g/dL}$ .

- CLPPP staff gave presentations to health care providers on the burdens and risks of lead poisoning in Vermont. These included a presentation to the Board of the Vermont chapter of the American Academy of Pediatrics (AAP), a presentation of new research on lead exposure at the annual meeting of the AAP, and grand rounds at Gifford Medical Center Physician Grand Rounds.
- The AAP and the Vermont chapter of the American Academy of Family Physicians were solicited to participate on the Get the Lead Out of Vermont Task Force.
- Department of Health district office staff worked with individual health care providers and practices on lead testing policies for 1 and 2 year old children.

## ***Case Management***

### **Revised Protocols to Expand Services**

The degree of follow-up or case management to families of children who tested with elevated blood lead depends on the blood lead levels found and confirmation status. All families with children with blood lead levels 10 µg/dL or greater are provided with some form of education including information on lead poisoning prevention, cleaning, and nutrition. In 2006, families of children with elevated blood lead levels that were not confirmed after follow-up by the Department of Health were mailed an educational packet and an environmental survey, of which 77 were sent.

In April 2006, CLPPP reviewed and changed its case management protocols so that educational home visits that include education and soil, water, and dust testing, are being offered to families with children with confirmed blood lead levels between 10 and 19 µg/dL. Previously these visits were offered only if a child's blood lead level was 15 µg/dL or greater. In 2006, forty families with children with blood lead levels between 10 and 19µg/dL were visited.

Families with children with confirmed blood lead levels of 20µg/dL or higher are given full investigations that include education, paint testing using x-ray fluorescence, and soil, water and dust testing. Seven families were given full investigations in 2006.

### **Work Plans**

In 2006, work plans including performing EMPs, as specified in 18 V.S.A. § 1759, and reducing lead dust levels to below EPA standards were mandated for rental property owners in all cases of children with blood lead levels 10µg/dL or greater where lead hazards were identified.

## ***Resources***

### **Funding Report July 1, 2006 to June 30, 2007**

The Vermont Department of Health struggles to meet the requirements of Vermont's Lead Law with existing resources. Funding for the program depends on limited and declining federal funding. The program receives no direct state general funds.

In 2006, the Department of Health Childhood Lead Poisoning Prevention Program received a new five-year cooperative agreement with the Centers for Disease Control and Prevention in a competitive cycle. Funding was awarded in the amount of \$412,606 for the fiscal year 2007 (July 1, 2006 through June 30, 2007). Although this amount is an increase over the 2006 fiscal year, it is \$119,010 less than the funding requested and \$28,895 less than the 2005 fiscal year. Even more concerning are current and future reductions in federal funding for all state childhood lead poisoning prevention programs. The Centers for Disease Control and Prevention informed the Department of Health in December of 2006 that funding for fiscal year 2008 will be cut at least 2.5%.

In 2006, the Vermont Housing and Conservation Board (VHCB) renewed its contract with the Department of Health for services during fiscal year 2007. The contract amount of \$42,500 was \$27,500 less than the previous year due to cuts in federal funding from the Department of Housing and Urban Development awarded to VHCB.

## ***Conclusion and Recommendations***

### **Conclusion**

Lead poisoning prevention efforts are moving forward in Vermont. In 2006, multiple stakeholders were engaged in an effort to reenergize and refocus lead poisoning prevention for the next decade, ensuring that Vermont will be at the forefront of protecting children from the harm of lead.

Vermonters are beginning to recognize the dangers of lead at the lowest levels of exposure and are focused on identifying effective primary prevention programs. In 2006 new promising strategies were employed in pilot communities such as Bellows Falls and in identifying and reaching out to families with young children living in high risk areas.

Emerging new concerns such as lead in consumer products pose challenges for the future. Efforts of the Get the Lead Out of Vermont Task Force and enhanced collaboration among stakeholders will help to ensure that Vermont stays ahead of these emerging threats.

Underscored throughout 2006 is the need to identify the resources to implement and sustain effective primary prevention projects. Unless such resources are identified, the new or emerging strategies and partnerships will not be sustainable.

Vermont has come a long way in preventing lead poisoning; yet both new and sustained efforts are needed to protect children from this imminent environmental health threat. As stated by Sharon Moffatt, Acting Commissioner of Health, “We’ve made great progress in preventing exposure and testing children for lead, but there is still significant work to be done. We’re not going to be satisfied until the rate of childhood lead poisoning in Vermont is zero.”

## **Recommendations**

### Task Force

- Review and adopt as appropriate programmatic recommendations of the Get the Lead Out of Vermont Task Force that would enhance the efforts of the Childhood Lead Poisoning Prevention Program
- Appoint a permanent body of stakeholders to continue to advise lead poisoning prevention efforts and activities in Vermont

### Primary Prevention

- Increase public awareness through effective targeted education and outreach
- Enhance enforcement, shifting from voluntary compliance and education to education and penalties
- Develop a comprehensive approach to educating rental property owners and child care centers regarding the Vermont Lead Law
- Establish a lower resource, automatic enforcement program to garner compliance of rental property owners and child care facilities with the Vermont Lead Law
- Prevent the use of unsafe work practices through education and enforcement

### Testing and Surveillance

- Promote new screening guidelines recommending universal blood lead testing for all children at ages 1 and 2

### Case Management

- Reduce the blood level of concern from 10 to 5  $\mu\text{g}/\text{dl}$
- Initiate public health education for families with children with blood lead levels between 5 and 9  $\mu\text{g}/\text{dl}$

### Resources

- Seek additional funding sources for lead poisoning prevention programs