

**CHILDHOOD
LEAD POISONING
IN RHODE ISLAND:
THE NUMBERS
2009 EDITION**



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TABLE OF CONTENTS

ELIMINATING CHILDHOOD LEAD POISONING IN RHODE ISLAND BY 2010	3
UNDERSTANDING BLOOD LEAD LEVELS	4
What Is A Level Of Concern?	4
Should We Lower The Blood Lead Level Of Concern?	4
What Is An Action Level?	4
Lead Action Levels In Rhode Island	5
UNDERSTANDING THE LEAD DATA	6
Race And Ethnicity Data	6
Confirmed Tests In 2005-2008	7
COMPLIANCE WITH LEAD SCREENING GUIDELINES	8
INCIDENCE OF LEAD POISONING IN RHODE ISLAND	9
INCIDENCE OF LEAD POISONING BY GEOGRAPHIC LOCATION	10
2008 INCIDENCE OF LEAD POISONING BY CITY AND TOWN	11
2008 INCIDENCE OF LEAD POISONING IN RHODE ISLAND	12
INCIDENCE OF LEAD POISONING BY BIRTH COHORT	13
PREVALENCE OF LEAD POISONING IN RHODE ISLAND	14
SERVICES OFFERED TO LEAD POISONED CHILDREN	15
Children With Elevated Blood Lead Levels	15
Children With Significant Lead Poisoning	15
GLOSSARY	18

LETTER FROM THE DIRECTOR

Dear Colleague,

Timely dissemination of data has been a cornerstone of Rhode Island's progress towards eliminating childhood lead poisoning. The 2009 Lead Data Book is our seventh annual report on the status of lead poisoning in the State. We are encouraged by the fact that each year we are able to report on lower and lower rates of lead poisoning.

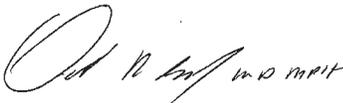
Our dream continues to be the elimination of childhood lead poisoning in Rhode Island by the end of 2010, less than two years away. While we may fall short of this goal, this year's data provides several encouraging signs:

- Lead poisoning rates continue to decline. From 1999 to 2008, the percentage of newly diagnosed cases among those screened fell from 6.8% to just 1.1%.
- Significant progress was achieved in the elimination of disparities between our core cities and the rest of the State.
- Screening rates increased. Children born in 2005 were more likely to receive routine screening than children born in the five previous years.
- More than half of Rhode Island municipalities had one or few cases of lead poisoning.

The challenge will be to maintain this progress during extraordinary economic times. Future success will be determined by the ability of all those committed to fight lead poisoning to work together.

Please take the time to complete the survey at the end of the document. It is likely that your comments will be helpful to others as well.

Sincerely,



David R. Gifford, MD, MPH
Director of Health

ELIMINATING CHILDHOOD LEAD POISONING IN RHODE ISLAND BY 2010

GOAL: To eliminate childhood lead poisoning in Rhode Island by the end of 2010.

MILESTONE: To decrease the number of new cases of lead poisoning (blood lead level $\geq 10 \mu\text{g/dL}$) in children under six years of age in all Rhode Island communities without displacing children, decreasing screening rates, or decreasing access to affordable housing.

In 2004, Rhode Island developed a Plan to Eliminate Childhood Lead Poisoning by 2010. This plan focuses on promoting primary prevention while maintaining secondary prevention efforts in the state. Primary prevention reduces or eliminates lead hazards in the environment before a child is exposed. Secondary prevention includes universal screening of children to identify those with elevated blood lead levels (BLL), and in turn, removing or reducing any further exposure. Additional details about the Rhode Island Childhood Lead Poisoning Prevention Program (RI CLPPP) elimination plan and how we are measuring our progress toward elimination can be found on the web at www.health.ri.gov/lead.



UNDERSTANDING BLOOD LEAD LEVELS

WHAT IS A LEVEL OF CONCERN?

A level of concern is the threshold used to define an elevated blood lead level. Children with a blood lead level greater than the level of concern (i.e. children with an elevated blood lead level) should be monitored and re-tested. Primary prevention activities, such as community-wide environmental interventions and nutritional and educational campaigns, should be directed at reducing children's blood lead levels below the level of concern. Currently, CDC has defined the level of concern as $\geq 10 \mu\text{g}/\text{dL}$.

Primary prevention activities, such as community-wide environmental interventions and nutritional and educational campaigns, should be directed at reducing children's blood lead levels below the level of concern.

- No effective clinical interventions are known to lower the blood lead levels for children with levels less than $10 \mu\text{g}/\text{dL}$ or to reduce the risk for adverse developmental effects.

- Children cannot be accurately classified as having blood lead levels above or below a value less than $10 \mu\text{g}/\text{dL}$ because of the inaccuracy inherent in laboratory testing.
- Finally, no evidence exists of a threshold below which adverse effects are not experienced. Thus, any decision to establish a new level of concern would be arbitrary and provide uncertain benefits.

SHOULD WE LOWER THE BLOOD LEAD LEVEL OF CONCERN?

In response to questions about whether to change the level of concern, based on recent research that found that blood lead levels lower than $10 \mu\text{g}/\text{dL}$ can have harmful effects,^{1,2} CDC has prepared the following statement, which can be found on the web at:

<http://www.cdc.gov/nceh/lead/faq/changeBLL.htm>

“Recent studies suggest that adverse health effects exist in children at blood lead levels less than $10 \mu\text{g}/\text{dL}$. In the past, CDC has lowered the level considered elevated in response to similar reports. However, at this time the reasons not to lower the level of concern are as follows:

These studies support making primary prevention of childhood lead poisoning a high priority for health, housing, and environmental agencies at the state, local, and federal levels.”

WHAT IS AN ACTION LEVEL?

An action level is the threshold at which interventions should be implemented based on evidence that the interventions are effective and resources are available. It is impossible to define one action level for all interventions, so various action levels trigger different interventions. According to CDC guidelines, community prevention activities, such as nutritional and educational campaigns, should

1 Canfield RL, Henderson CR, Cory-Slechta DA, Cox C, Jusko TA, Lanphear BP. Intellectual impairment in children with blood lead concentrations below 10mg per Deciliter. *New England Journal of Medicine* 2003; 348:1517-26.

2 Selevan SG, Rice DC, Hogan KA, Euling SY, Pfahles-Hutchens A, Bethel J. Blood Lead Concentration and Delayed Puberty in Girls. *New England Journal of Medicine* 2003; 348:1527-36.

be implemented at blood lead levels $\geq 10 \mu\text{g}/\text{dL}$, and individual prevention activities, such as case management and environmental investigations, should be implemented at blood lead levels $\geq 15 \mu\text{g}/\text{dL}$.³ For example, while the overall goal is to reduce children's blood lead levels below $10 \mu\text{g}/\text{dL}$, there are reasons for not implementing individual, environmental, and medical interventions for children with blood lead levels between 10 and $14 \mu\text{g}/\text{dL}$. Effective environmental and medical interventions for children with blood

lead levels between 10 and $14 \mu\text{g}/\text{dL}$ have not yet been identified. Given limited resources, the sheer number of children in this range would preclude effective case management and would detract from the individualized follow up required by children with higher blood lead levels.

LEAD ACTION LEVELS IN RHODE ISLAND

The guidelines issued by CDC were used to define various action levels in Rhode Island. The action levels are detailed in the table below.

CATEGORY	ACTION LEVEL	ACTION
ELEVATED BLOOD LEAD LEVEL	BLL between $10-14 \mu\text{g}/\text{dL}$	CAPILLARY: Educational materials sent to the family. Letter sent to Primary Care Provider recommending venous test to confirm the BLL* VENOUS: Educational materials sent to the family. Family is referred to a lead center** for an in-home lead education visit and a visual assessment to identify lead hazards*
	BLL between $15-19 \mu\text{g}/\text{dL}$	CAPILLARY: Letter sent to Primary Care Provider recommending venous test to confirm the BLL VENOUS: Family is referred to a lead center** for an in-home lead education visit and some environmental intervention (i.e. temporary lead hazard control measures, window replacement)
SIGNIFICANT LEAD POISONING	One Venous BLL $\geq 20 \mu\text{g}/\text{dL}$ ~ or ~ Two Venous BLLs $15-19 \mu\text{g}/\text{dL}$ done 90-365 days apart***	Family is referred to a lead center for an in-home lead education visit and is offered an environmental inspection.
<p>* In addition to the actions described, a letter is sent to families living in Providence ONLY, informing them that they can contact the City of Providence for a free environmental inspection of their home.</p> <p>** A lead center is a non-profit agency funded by Medicaid that offers comprehensive case management services to families of children with lead poisoning.</p> <p>*** Two venous blood lead levels $15-19 \mu\text{g}/\text{dL}$ done between 90 and 365 days apart may also be referred to as "Persistent Lead Poisoning." Prior to January 1, 2006, two blood lead levels, capillary or venous, $\geq 15 \mu\text{g}/\text{dL}$ were used to define persistent lead poisoning.</p>		

3 CDC. Preventing Lead Poisoning in Young Children. Atlanta: U.S. Department of Health and Human Services, 1991.

UNDERSTANDING THE LEAD DATA

In Rhode Island, healthcare providers are required by law to annually screen their patients between nine months and six years of age for lead poisoning. The screening process involves collecting a sample of blood from the child, either from a capillary (finger stick) or a vein (venous test), and analyzing the blood to determine the amount of lead in the sample. Blood lead levels (BLL) are measured and reported as micrograms of lead per deciliter of blood ($\mu\text{g}/\text{dL}$ or mcg/dL).

The data presented in this report are based on all blood lead results, both capillary and venous, performed on children from birth to six years of age in the state of Rhode Island.⁴ Although the guidelines recommend that children begin screening at nine months of age, some children may be screened earlier if they are at high risk for lead poisoning. For the incidence and prevalence analyses, each child is represented once per year in which he was screened.

The data presented in this report are based on all blood lead results, both capillary and venous, performed on children from birth to six years of age in the state of Rhode Island.



RACE AND ETHNICITY DATA

The collection of race and ethnicity data is an important part of public health. These data allow us to monitor disease trends, track health status, and assess progress in improving health among various populations. These data also help us assure non-discriminatory healthcare access and treatment, identify issues surrounding access to care and discrimination, and track the extent to which members of minor-

ity groups are beneficiaries of and participants in federally assisted programs.

Despite the mandate to collect this information, race and ethnicity data are often incomplete. Approximately 40-50% of blood lead records collected from laboratories and hospitals report race and ethnicity; therefore lead poisoning information presented in this report is not broken down by race and ethnicity. Efforts have been made to improve the quality of the race and ethnicity data, but very little progress has been made thus far.

⁴ The numbers presented here are estimates, given that calculations in this document are based on screening data rather than population data for all children under the age of six.

CONFIRMED TESTS IN 2005-2008

Prior to July 1, 2004, if a child under the age of six had a capillary blood lead level $\geq 20 \mu\text{g}/\text{dL}$, the Rhode Island Department of Health would recommend that the child have a confirmatory venous test within three months. On July 1, 2004, the Rhode Island Department of Health revised the Lead Screening and Referral Guidelines and began recommending a confirmatory venous test for any child under the age of six who had a capillary blood lead level $\geq 10 \mu\text{g}/\text{dL}$ (instead of

$\geq 20 \mu\text{g}/\text{dL}$). The Rhode Island Department of Health is also recommending that only venous tests be used for confirmatory purposes. Since these changes went into effect in July 2004, the first full year for which RI CLPPP has confirmed capillary test data is 2005. As a result, 2005-2008 data in this document are based on venous and confirmed capillary tests only. The data presented for previous years are based on all venous and capillary tests.



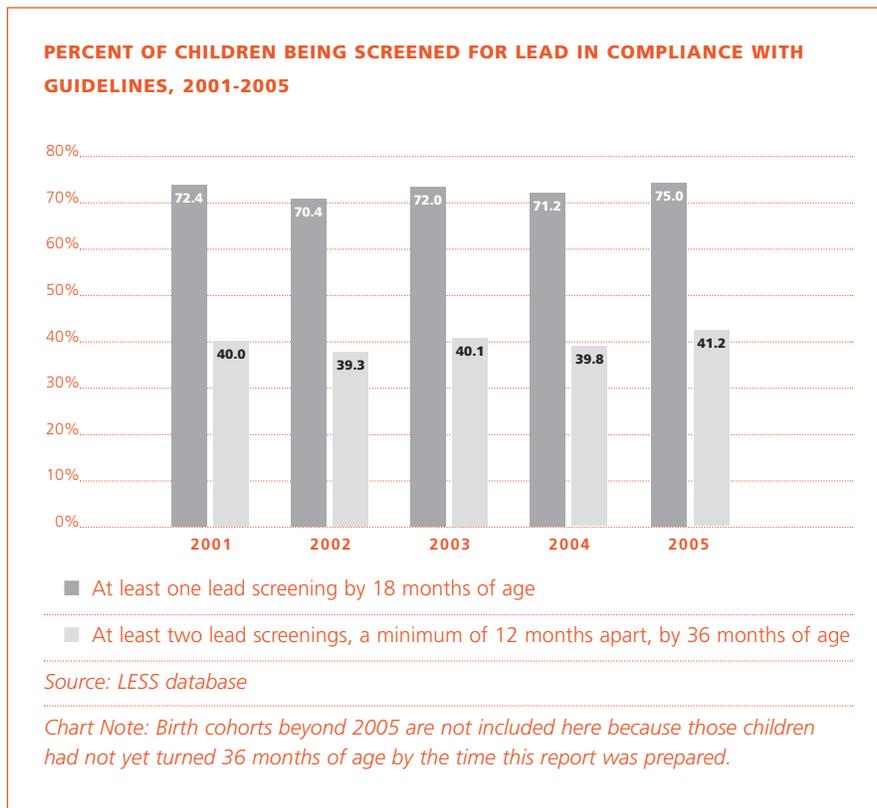
COMPLIANCE WITH LEAD SCREENING GUIDELINES

All healthcare providers in Rhode Island are required by law to annually screen their patients between nine months and six years of age for lead poisoning. Compliance with these guidelines is assessed by measuring the proportion of children born in a given year with at least one blood lead test by 18 months of age, and at least two blood lead tests, no less than 12 months apart, by 36 months of age.

Approximately 70% of children born in 2001 through 2005 were screened for lead poisoning at least once by 18 months of age; however, only about 40% of these children were screened at

least twice, no less than 12 months apart, by 36 months of age. Although the data have remained consistent over the last five years, efforts are needed to improve screening among children 36 months of age.

The high screening rates among children 18 months of age in Rhode Island may be attributed to pediatricians' access to KIDSNET, Rhode Island's integrated child health information system. KIDSNET allows healthcare providers to monitor lead screening among their patients and to generate reports of unscreened patients in their practice at any time.



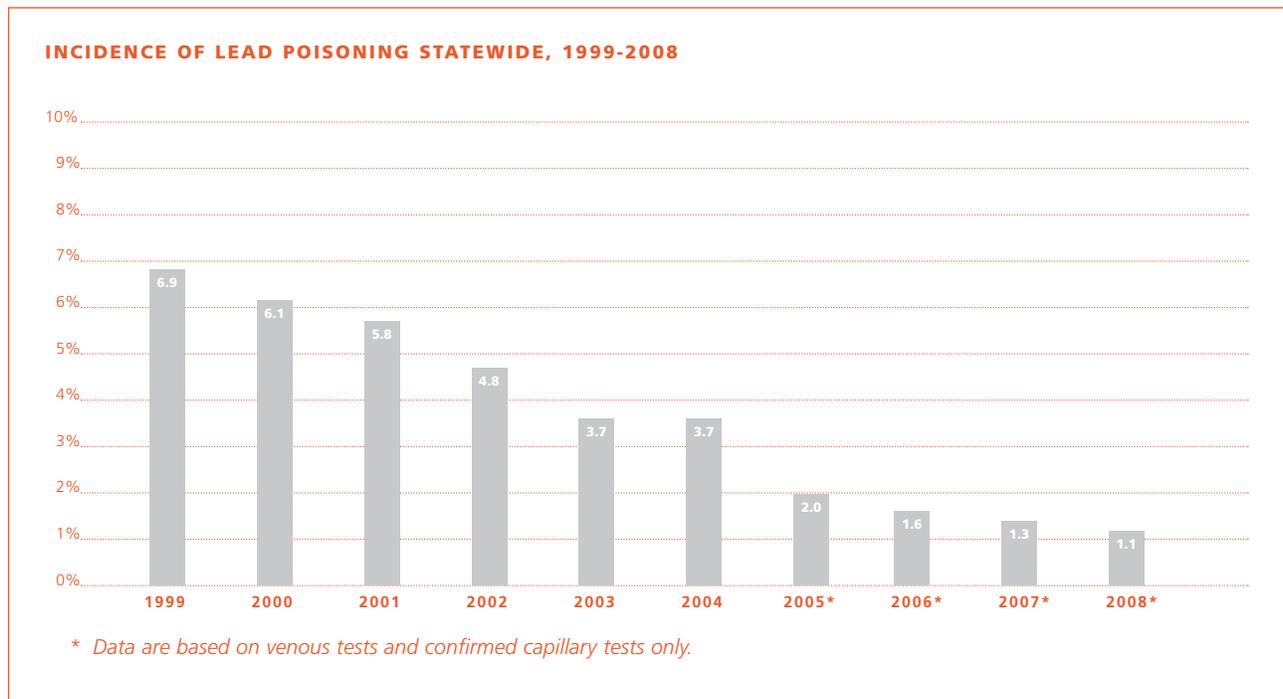
INCIDENCE OF LEAD POISONING IN RHODE ISLAND

The RI CLPPP tracks and reports the number of new cases of lead poisoning (BLL $\geq 10 \mu\text{g/dL}$) among children less than six years of age who have never been previously poisoned. This statistic is known as the incidence of lead poisoning.

The proportion of new cases among children screened for lead poisoning has declined dramati-

Rhode Island must continue to focus on primary prevention and lead-safe housing to protect more children from becoming lead poisoned in the future.

cally from 6.9% in 1999 to 1.1% in 2008. Although an incidence of 1.1% appears to be low, 330 children were poisoned for the first time in 2008. Rhode Island must continue to focus on primary prevention and lead-safe housing to protect children from becoming lead poisoned in the future.



INCIDENCE OF LEAD POISONING BY GEOGRAPHIC LOCATION

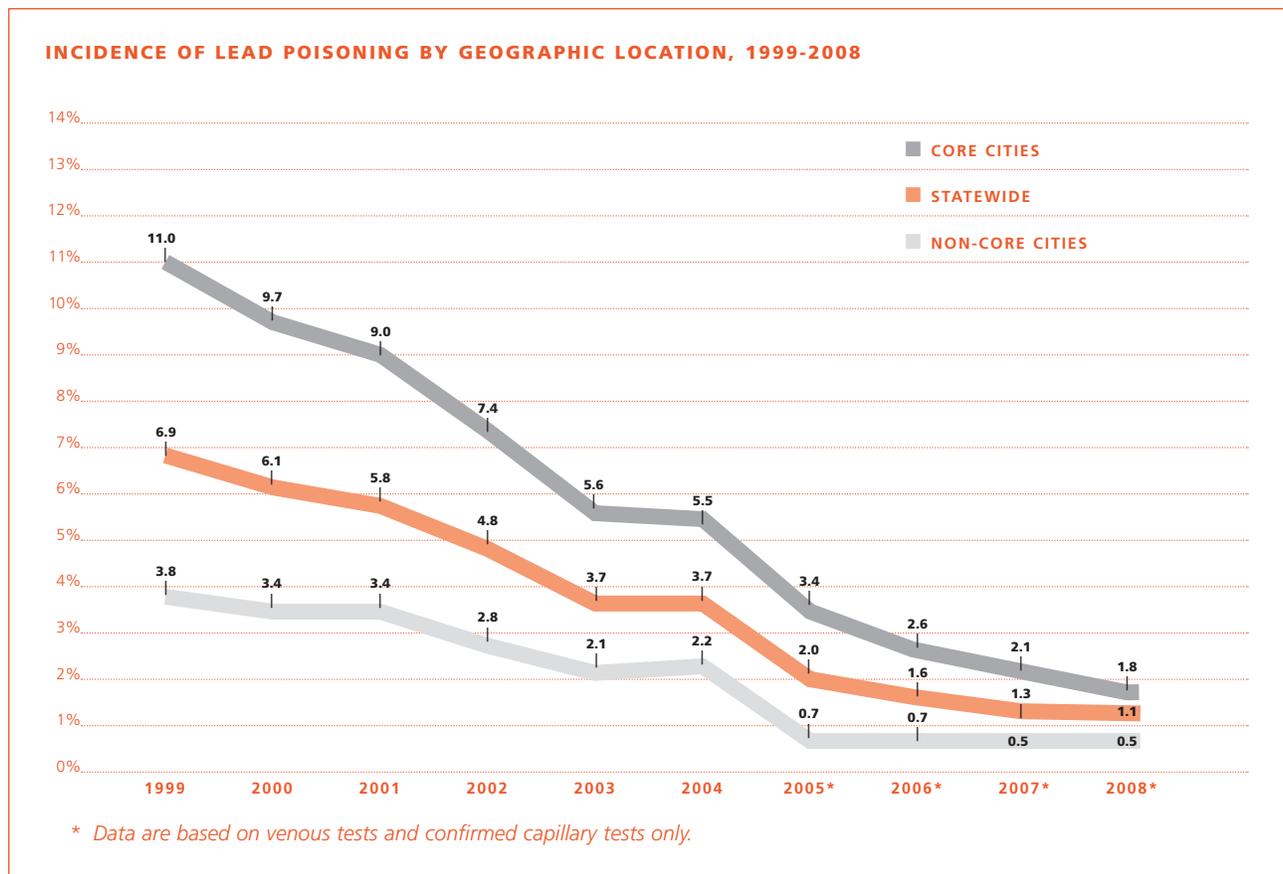
According to the 2000 census, cities where the child poverty level is greater than 15% are designated as core cities.

Rhode Island currently has six core cities: Central Falls, Newport, Providence, Pawtucket, West Warwick, and Woonsocket.

Although all Rhode Island cities and towns have experienced a dramatic decline in incidence

Rhode Island must continue to focus its efforts on increasing the availability of lead-safe housing, particularly in the core cities, in order to reach elimination.

over the last ten years, cases of lead poisoning continue to be concentrated in the core cities. In 2008, the incidence of lead poisoning in the core cities was 1.8%, compared to less than 0.5% in the other cities and towns. Rhode Island must continue to focus its efforts on increasing the availability of lead-safe housing, particularly in the core cities, in order to reach elimination.



2008 INCIDENCE OF LEAD POISONING BY CITY AND TOWN

CITY/TOWN	NUMBER OF CHILDREN WITH BLL \geq 10 $\mu\text{g}/\text{dL}$ FOR THE FIRST TIME	TOTAL NUMBER OF CHILDREN SCREENED WITH NO PREVIOUS CONFIRMED ELEVATED BLL	INCIDENCE
BARRINGTON	0	565	0.0%
BRISTOL	6	598	1.0%
BURRILLVILLE	3	375	0.8%
CENTRAL FALLS	15	1,064	1.4%
CHARLESTOWN	0	143	0.0%
COVENTRY	2	700	0.3%
CRANSTON	21	1,786	1.2%
CUMBERLAND	4	837	0.5%
EAST GREENWICH	0	303	0.0%
EAST PROVIDENCE	10	1,507	0.7%
EXETER	1	97	1.0%
FOSTER	0	104	0.0%
GLOCESTER	0	131	0.0%
HOPKINTON	1	195	0.5%
JAMESTOWN	0	85	0.0%
JOHNSTON	2	585	0.3%
LINCOLN	1	443	0.2%
LITTLE COMPTON	0	76	0.0%
MIDDLETOWN	0	445	0.0%
NARRAGANSETT	0	169	0.0%
NEW SHOREHAM	0	21	0.0%
NEWPORT	6	690	0.9%
NORTH KINGSTOWN	2	553	0.4%
NORTH PROVIDENCE	5	617	0.8%
NORTH SMITHFIELD	0	180	0.0%
PAWTUCKET	41	2,816	1.5%
PORTSMOUTH	1	400	0.3%
PROVIDENCE	175	7,269	2.4%
RICHMOND	1	123	0.8%
SCITUATE	2	208	1.0%
SMITHFIELD	0	322	0.0%
SOUTH KINGSTOWN	0	601	0.0%
TIVERTON	1	417	0.2%
WARREN	1	340	0.3%
WARWICK	4	1,643	0.2%
WEST GREENWICH	0	87	0.0%
WEST WARWICK	3	778	0.4%
WESTERLY	5	560	0.9%
WOONSOCKET	17	1,499	1.1%
UNKNOWN RI CITY/TOWN	0	2	0.0%
STATEWIDE	330	29,334	1.1%

City specific incidence for previous years can be found on the web at www.health.ri.gov/lead.

2008 INCIDENCE OF LEAD POISONING IN RHODE ISLAND

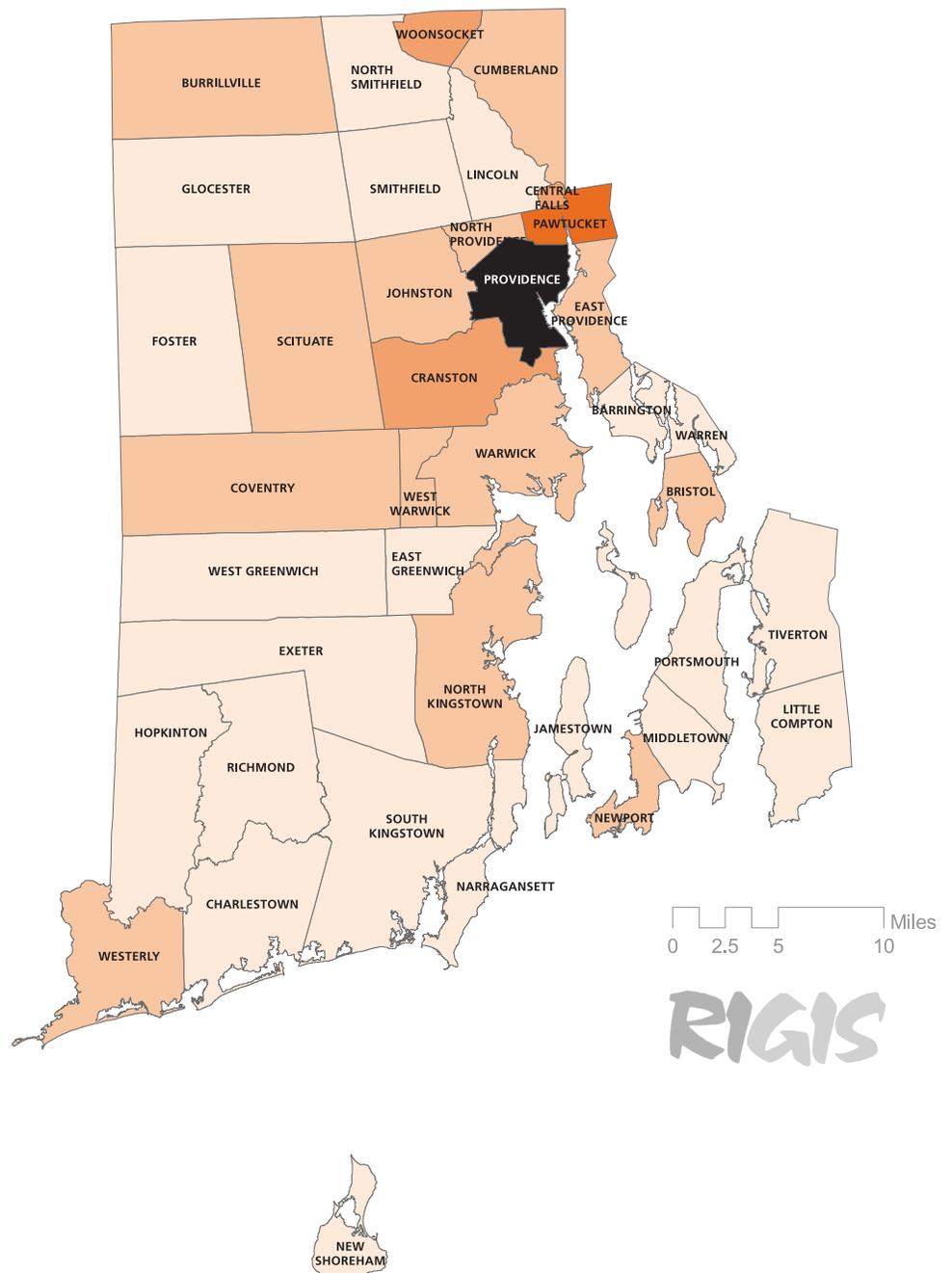
The following map depicts the distribution of children found to have a blood lead level ≥ 10 $\mu\text{g}/\text{dL}$ for the first time in 2008. Providence is

home to the majority of lead poisoned children, as indicated by the dark color, followed by Central Falls and Pawtucket.

TOTAL INCIDENCE



Source: RI Lead Elimination Surveillance System



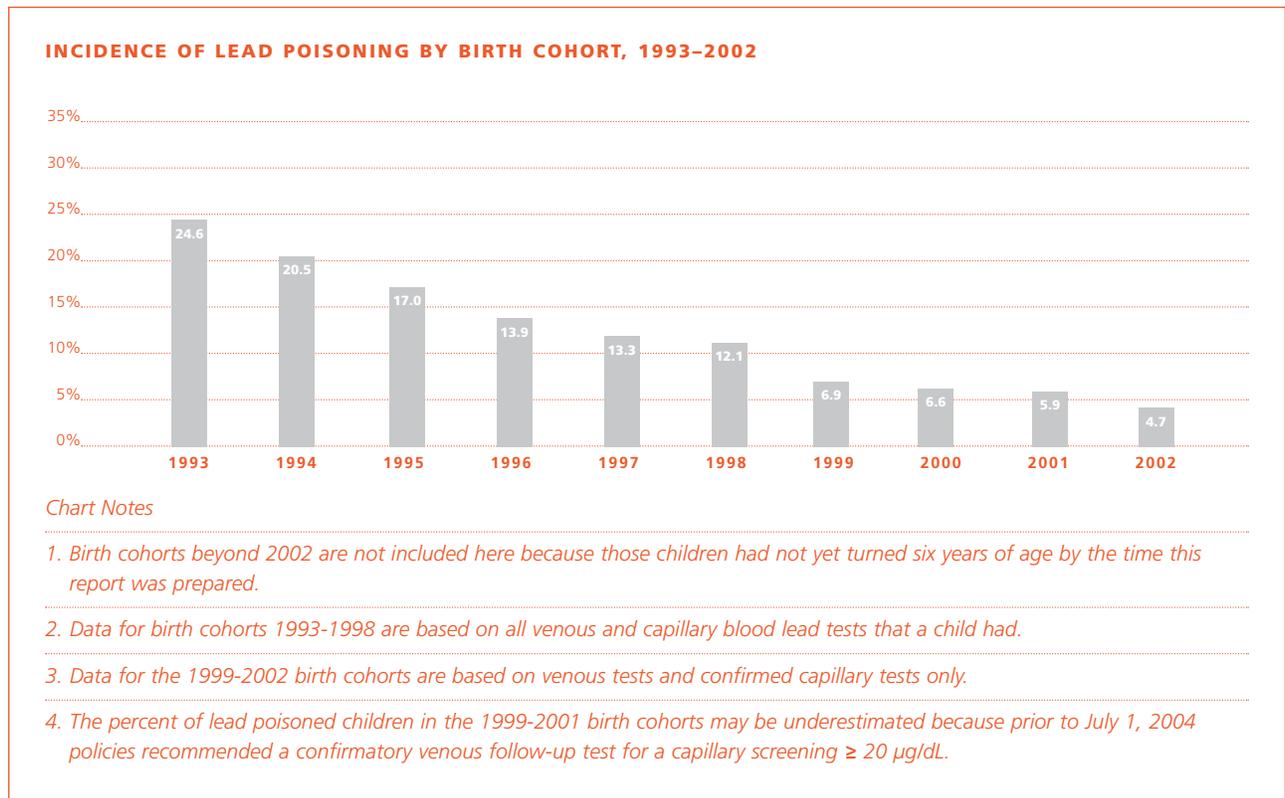
INCIDENCE OF LEAD POISONING BY BIRTH COHORT

The incidence of lead poisoning by birth cohort is defined as the proportion of children born in a given year who became lead poisoned (BLL \geq 10 $\mu\text{g}/\text{dL}$) before the age of six.

The risk of a child becoming lead poisoned in Rhode Island has decreased over time.

In order to further decrease the rate of lead poisoning, Rhode Island must continue to make lead-safe housing a priority.

Approximately one in four children (24.6%) born in 1993 were lead poisoned before the age of six, compared to one in twenty-one children (4.7%) born in 2002. In order to further decrease the rate of lead poisoning, Rhode Island must continue to make lead-safe housing a priority.



PREVALENCE OF LEAD POISONING IN RHODE ISLAND

The prevalence of lead poisoning is the number of children under the age of six who are lead poisoned at a given point in time. The data show a steady decline in the prevalence of lead poisoning over the last ten years, from 9.8% in 1999 to 1.6% in 2008. Although the prevalence of lead poisoning in

In order to decrease prevalence in the future, Rhode Island must continue to promote policies to increase lead-safe affordable housing.

Rhode Island has been steadily declining, a total of 487 children were lead poisoned in 2008. In order to decrease prevalence in the future, Rhode Island must continue to promote policies to increase lead-safe affordable housing.



SERVICES OFFERED TO LEAD POISONED CHILDREN

CHILDREN WITH ELEVATED BLOOD LEAD LEVELS

An elevated blood lead level is defined as a first-time blood lead level (venous or capillary) between 10 and 19 µg/dL. Children with elevated blood lead levels in the 10-14 µg/dL range receive one set of services, and children in the 15-19 µg/dL range receive a different set of services.

Blood Lead Level 10-14 µg/dL

In 2008, 381 children had first-time elevated blood lead levels between 10-14 µg/dL. The families of these children were sent educational materials.

At the request of the City of Providence Lead Hazard Reduction Program, RI CLPPP sends a letter to Providence families with children who had elevated blood lead levels in the 10-14 µg/dL range. The letter encourages families to contact the City of Providence Lead Hazard Reduction Program to request a free comprehensive environmental lead inspection of their apartment or home. The free lead inspection provides families with the opportunity to identify lead hazards in their apartment or home, and to learn how to minimize lead exposure among their children. In 2008, 158 Providence families received a letter from RI CLPPP, yet only 12 families requested and received an inspection.

Blood Lead Level 15-19 µg/dL

In 2008, 52 children had first-time elevated blood lead levels in the 15-19 µg/dL range. The families of these children were referred to one of four lead centers. These non-profit agencies funded by Medicaid offer comprehensive case management services to families of children with lead poisoning. The lead centers offered each family in-home lead education, nutrition advice, and coordination of medical care with the family's primary care provider. Of the 52 cases referred, 50 (96%) accepted services, while 2 (4%) declined.

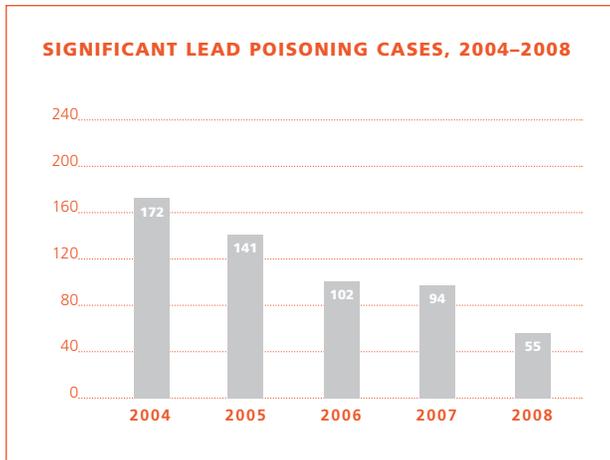
CHILDREN WITH SIGNIFICANT LEAD POISONING

Significant lead poisoning is defined as a venous blood lead level ≥ 20 µg/dL or two venous blood lead tests 15-19 µg/dL, done between 90 and 365 days apart. The number of children with significant lead poisoning has decreased steadily over the last five years. In 2004, there were 172 significantly lead poisoned children referred to case management, compared to 55 children in 2008. The 68% decrease in the number of significantly lead poisoned children in the last five years reflects the impact of primary prevention activities and various efforts implemented to eliminate lead poisoning in Rhode Island by 2010.

Although the number of significantly lead poisoned children is decreasing over time, several children every year have a blood lead level $\geq 45 \mu\text{g}/\text{dL}$. In these severe cases, the Lead Screening Guidelines recommend that a capillary test $\geq 45 \mu\text{g}/\text{dL}$ be

followed up with a venous test within 48 hours. A venous test $\geq 45 \mu\text{g}/\text{dL}$ should be followed up with another venous test immediately.

If the follow up test result is $\geq 45 \mu\text{g}/\text{dL}$, hospitalization is considered and an assessment of the child's home environment is conducted. In cases where lead hazards are identified in the home and no alternative housing (i.e. a relative's house) is available, the pediatrician usually recommends that the child be hospitalized to prevent continued



exposure. The child typically remains hospitalized until a suitable home environment is found.

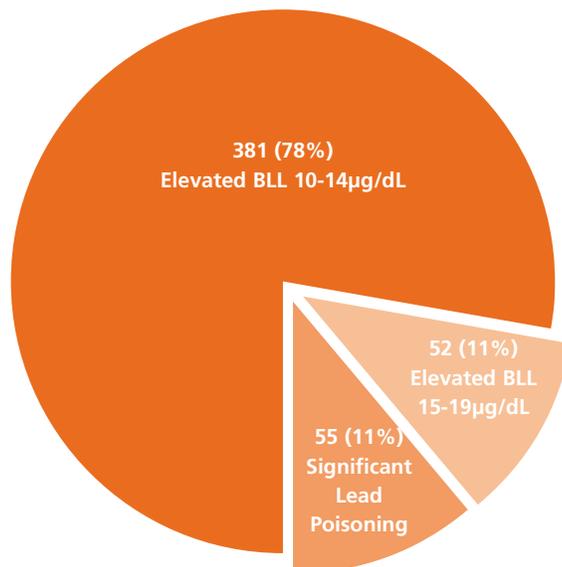
Non-medical Case Management

Of the 55 significantly lead poisoned children referred to lead centers in 2008, 51 (93%)

accepted services. The remaining 4 (7%) did not receive services from lead centers because either the family refused service or could not be located after several attempts to contact them.

Non-medical case management will continue to help children who are already lead poisoned. However, primary prevention measures are needed to protect children from being exposed to lead and to assist Rhode Island in eliminating lead poisoning by 2010.

CHILDREN WITH ELEVATED BLOOD LEAD LEVELS, 2008



ENVIRONMENTAL INSPECTIONS OFFERED, 2004–2008

	2004	2005	2006	2007	2008
Inspections Offered	168	158	135	104	63
Child Moved	11	19	7	12	4
No Response to Letters and Calls	13	12	7	2	2
Inspection Refused	16	20	32	12	16
Pending Inspection	0	6	4	1	1
INSPECTIONS PERFORMED	128	101	85	77	40

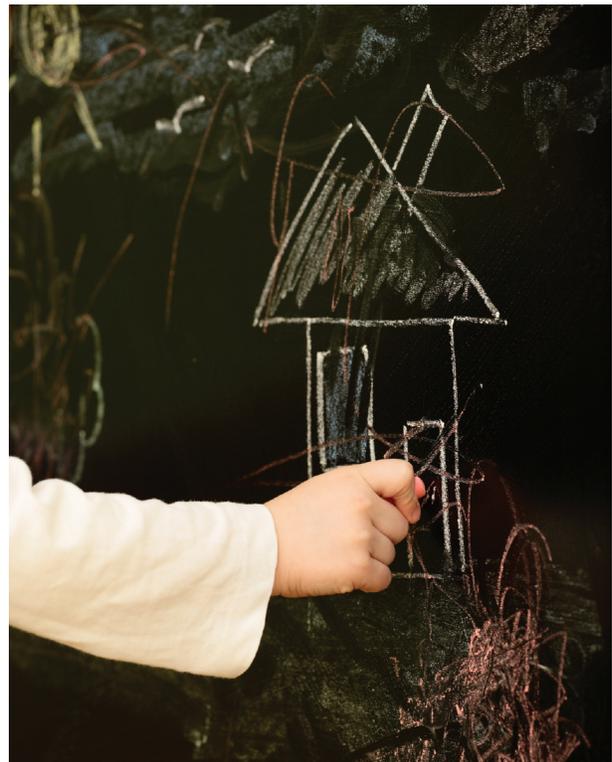
Environmental Inspections

Families of significantly lead poisoned children are offered a comprehensive environmental lead inspection at no cost. The landlord's permission is neither required nor sought for the inspection to occur.

In 2008, 63 environmental inspections were offered to families with significantly lead poisoned children. This includes children who were identified as significantly lead poisoned in 2008, as well as those identified in late 2007. Inspections were performed at 40 of these homes. As of February 23, 2009, two inspections were pending.

Rhode Island's crisis in obtaining affordable housing may contribute to a family's decision to refuse an inspection for fear of eviction. The percentage of families refusing an environmental inspection increased from 16% (12) in 2007 to 24% (15) in 2008.

In four cases in 2008, the family moved before the inspection was offered and/or performed. In these cases, the family was offered an inspection at their new address and a letter was sent to the previous address informing the new occupants that if they have children less than six years of age residing at the address, they can receive a free inspection. No tenants at the previous addresses have requested an inspection.



GLOSSARY

Abatement

An activity that reduces the risk of human exposure to lead.

BLL

Blood lead level.

Elevated Blood Lead Level

One blood lead test result between 10-19 µg/dL.

Incidence

The proportion of new cases of a disease that develop during a specified period of time among the population at risk for developing the disease. For example, the incidence of lead poisoning in Rhode Island in 2008 is the proportion of children with a first-time blood lead level ≥ 10 µg/dL among those at risk for developing lead poisoning (i.e. children under age six who have never been lead poisoned in the past).

Lead Center

A non-profit agency funded by Medicaid that offers comprehensive case management services to families of children with lead poisoning.

Prevalence

The proportion of people in a population who have a given disease at a specific point in time. For example, prevalence of lead poisoning in 2008 is the proportion of children who had a blood lead level ≥ 10 µg/dL in 2008.

RI CLPPP

The Rhode Island Childhood Lead Poisoning Prevention Program.

Screening

A mandatory test that involves collecting a blood sample from a child under the age of six, either through a finger stick or a venipuncture, who does not show any signs or symptoms of lead poisoning, and then analyzing the sample to determine the amount of lead in the child's blood.

Significant Lead Poisoning

A venous blood lead level ≥ 20 µg/dL in a child under six years of age, or two venous blood lead levels 15-19 µg/dL from a child under six years of age, done between 90 and 365 days apart.

µg/dL

Micrograms per deciliter of blood. The measurement used to estimate the amount of lead in a sample of blood. This measure is sometimes represented as mcg/dL.

TELL US WHAT YOU THINK!

Please take a few minutes to answer the following questions and then fax this page to Daniela Quilliam at 401.222.2456 or mail it to the address on the back page. Your responses will help us provide the most useful information in future editions of this report. Thank you!

1. Please tell us about yourself. Are you (check one):

- A health care provider A social service provider
 School personnel Other _____

2. Have you visited the Lead Program website?

- Yes No Not Sure

3. What are your other sources of information about lead poisoning?

- Doctor/Clinic Posters/Brochures
 Family Health Information Line Other _____

4. What information in this report did you find the most useful and why?

5. What information in this report did you find the least useful?

6. Was the information in this report presented in a clear and understandable fashion?

7. What additional information would be useful to include in future editions of this report?

VISIT OUR WEB SITE!

The RI CLPPP issues this report, “Childhood Lead Poisoning Prevention: The Numbers” annually. Editions issued since 2003 can be found on our website, www.health.ri.gov/lead. Our website also contains a section on data that includes a number of reports on incidence, prevalence, and screening for the last few years, as well as our Procedure to Release Data. You can also find information on how to remove lead paint from your home, order educational materials online, get lists of licensed contractors and inspectors, view the Plan to Eliminate Childhood Lead Poisoning in Rhode Island by 2010 and more. We are continuously working to improving our website, so your feedback is important.

Please help us make our website better serve your needs.

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Childhood Lead Poisoning Prevention Program
Rhode Island Department of Health
Three Capitol Hill, Room 206
Providence, RI 02908-5097

2. FOLD HERE

3. TAPE IT TOGETHER

Childhood Lead Poisoning Prevention Program
Rhode Island Department of Health
Three Capitol Hill, Providence, RI 02908

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401.222.7794

Additional lead poisoning data can be found at www.health.ri.gov/lead

