Ed Norman, MPH North Carolina DHHS Division of Public Health Environmental Health Section

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Children's Environmental Health Organization

- Program Manager
- Field Supervisor
- 10 Regional Consultants
- Surveillance Coordinator
- Data Manager
- 4 Epidemiologists

Environmental Health Section

- Children's Environmental Health
 - Childhood Lead Poisoning Prevention (CDC/Federal Grant)
 - Child Care & School Sanitation

Children's Environmental Health (Regional Staff):

- Kimly Blount, Field Supervisor
 - Brenda Bass
 - Donna Gilbird
 - Robert Hunt
 - Carissa Moore
 - Nykesse Roberts
 - Tonya Zimmerman

David Brown

Barrette Gregory

Alan Huneycutt

Rob Pearsall

Brittany Stevenson



Licensing Division of Child Development

Local Health Departments

Sanitation Division of Public Health Environmental Health Section

Local Health Departments: Child Care Sanitation

- Separate Authorization
- Inspection each 6 months
- Limited enforcement capacity

History

- Health-based Rules since 1991
- Program Reorganization in 1996
- Child Care Law Amended in 1997
- Administrative Rule Amendments 2006/2007
- Child Care Water Lead Testing Rule Amendment 2019

Administrative Rules 18A NCAC 15A .2800

- Definitions
- Plan Review
- Handwashing
- Food Supplies
- Food Storage/Protection
- Food Preparation
- Food Service
- Food Service Equipment

Kitchen Specifications

Cleaning/Sanitizing

Equipment Storage

Water Supply

Lead Poisoning Hazards

Toilets

Lavatories

Diaper Changing

Administrative Rules (cont.)

Storage Communicable Diseases

Beds/Cots/Mats/Linens
 Wastewater

Toys/Furniture
 Solid Wastes

Personnel Animals/Vermin Control

Floors
 Outdoor Learning Environment

Walls/Ceilings
 Swimming Pools

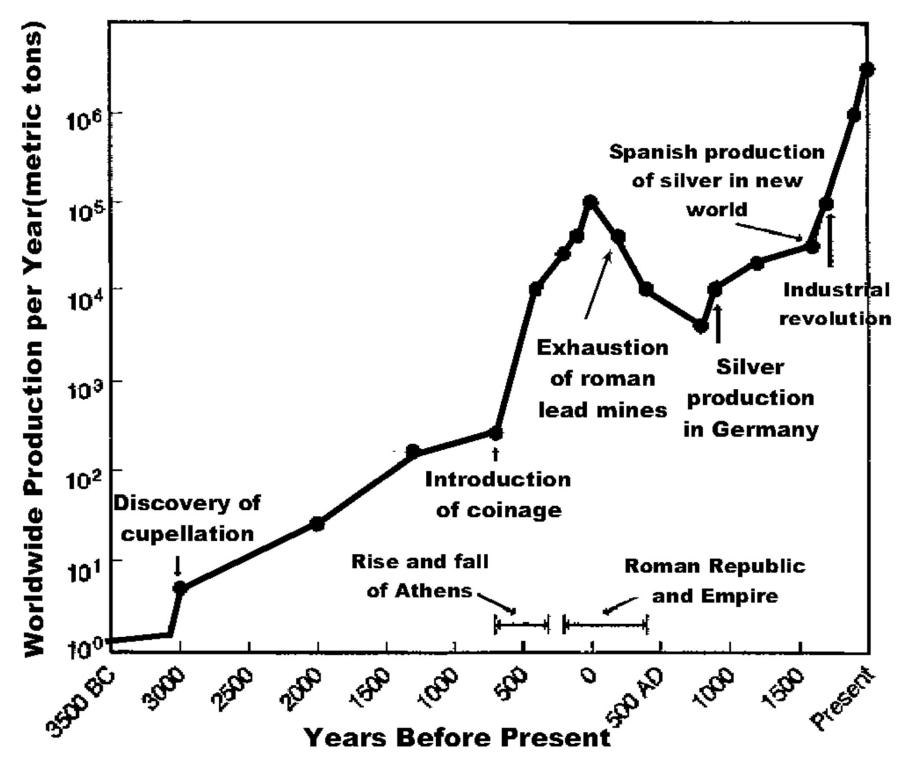
Lighting/Thermal Environment Compliance/Inspections

Appeals Procedure Mildly III Children

New Rule Amendment Effective October 1, 2019

- Amendment to Child Care Sanitation Rule .2816
 - Testing of Water in Child Care Centers
 - Required Testing
 - Follow- up testing

This amendment requires that all licensed child care centers test all drinking water faucets and food preparation sinks for lead contamination within one year, and new centers must test upon application for a license. After that, centers will need to test once every three years.



Historical record of industrial lead production in last 5,000 years

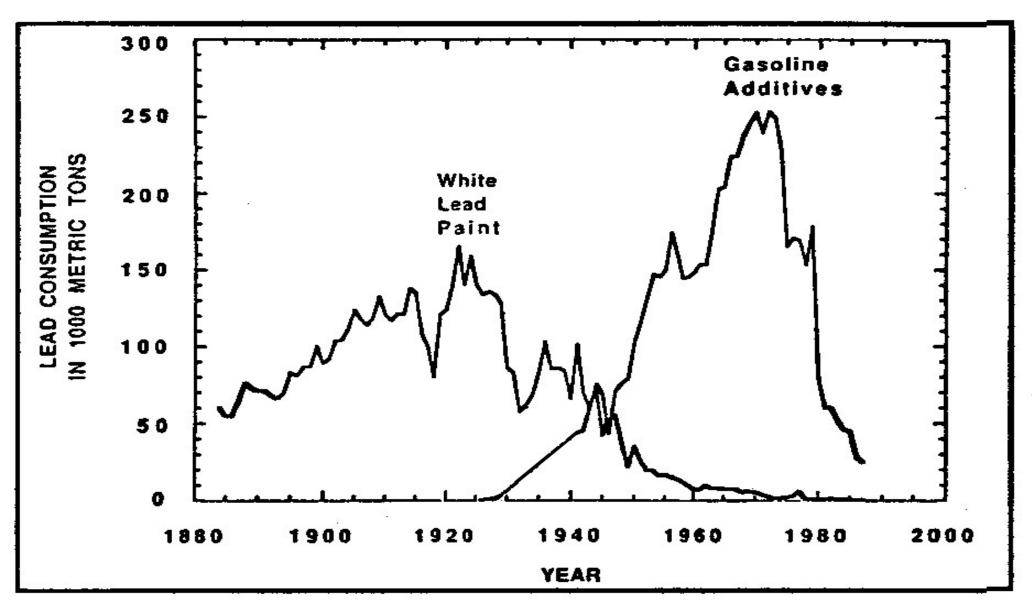


Figure 2. United States lead consumption, 1880-1987. Reprinted with permission from Clark S et al. Urban lead exposures of children in Cincinnati, Ohio. Chemical Speciation and Bioavailability. 1991;3:163-171. Copyright © 1991.

Sources of Lead

Lead-Based Paint, Dust & Soil

Air Pollution

Drinking Water

Traditional Medicines

Lead-Glazed Ceramics

Parental Occupations & Hobbies

Food (Mexican Candy)

Vinyl Miniblinds

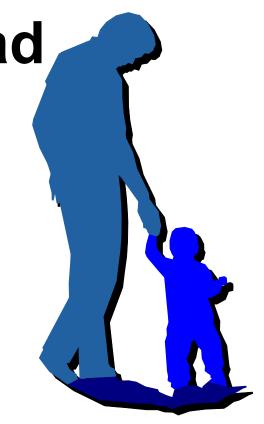
Lead-Contaminated Toys

Children are at Greater Risk

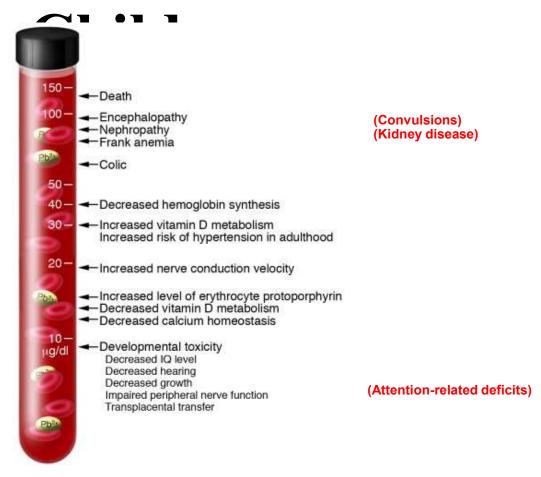
hand to mouth activity

greater sensitivity to lead

absorb more lead



Health Effects of Lead in



Bellinger DC, Bellinger AM. Childhood Lead Poisoning: The Torturous Path from Science to Policy. J Clin Invest. 2006 Apr;116(4):853-7. http://www.jci.org/articles/view/28232

Childhood Lead Poisoning Costs To The State:

Direct Medical & Public Health Costs

Special Education

Juvenile Justice

Lost Future Earnings

NC Childhood Lead Poisoning Prevention Program

State Childhood Lead Surveillance Team and Regional EHSs Division of Public Health/Environmental Health Section

Data management

Coordinate training & response

Environmental investigation & sampling

Local Health Department EHSs/Lead Nurses

Blood Lead Testing

Environmental investigation & sampling

Clinical case management

Education

Primary Care Providers

Risk screening

Blood Lead Testing

Clinical evaluation & interventions

CDC Terminology New Reference Value: 3.5 µg/dL or greater

North Carolina State Law Elevated blood lead level (EBL): 5 µg/dL or greater

Confirmed lead poisoning: 10 µg/dL or greater

CDC Screening Guidelines

Universal assessment/targeted screening at 12 <u>and</u> 24 months or at first entry before age 6

In North Carolina, mandatory blood lead testing for Medicaid, WIC, & HealthChoice

Analysis at no charge through the State Laboratory

Blood Lead Testing of Medicaid-Enrolled Children

Report for Individual Medicaid Providers for the period January 1, 2007 through December 31, 2007

Provider WENDOVER PEDIATRICS PA 1307 WEST WENDOVER AVENUE GREENSBORO NC 27408-8117

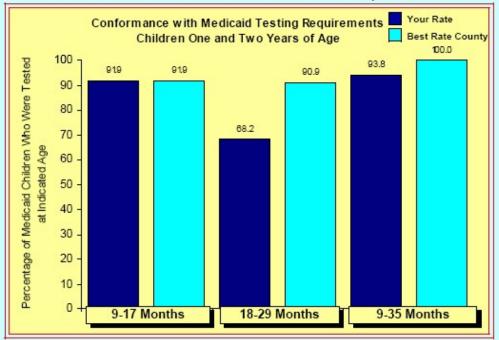
Your Overall Testing Rate: 93.8 %
Your Testing Rate Information

Testing Numbers and Rates Among Medicaid Children	Age ⁽²⁾	Age ⁽²⁾
Number of Children Seen	458	365
Number of Children Tested	421	249
Testing Rate (%) (3)	91.9	68.2
Number of Children Seen (4) But Not Tested	37	116

Explanation:

- 1 Overall testing rate includes children ages 9-35 months.
- 2 Age 1 includes children between 9-17 months of age. Age 2 includes children between 18-29 months of age.
- 3 Percentage of Medicaid children who were seen by your practice and received blood lead test(s) during the indicated age by your practice or elsewhere.
- 4 Number of children who were seen by your practice but were not tested during the indicated age.

Updated 02/24/2009



Did You Know That...

Federal rules require that ALL CHILDREN who are enrolled in Medicaid receive a blood lead test at:

- 12 months of age and
- 24 months of age
- children between ages 36-72 months must be tested if they have not previously been tested

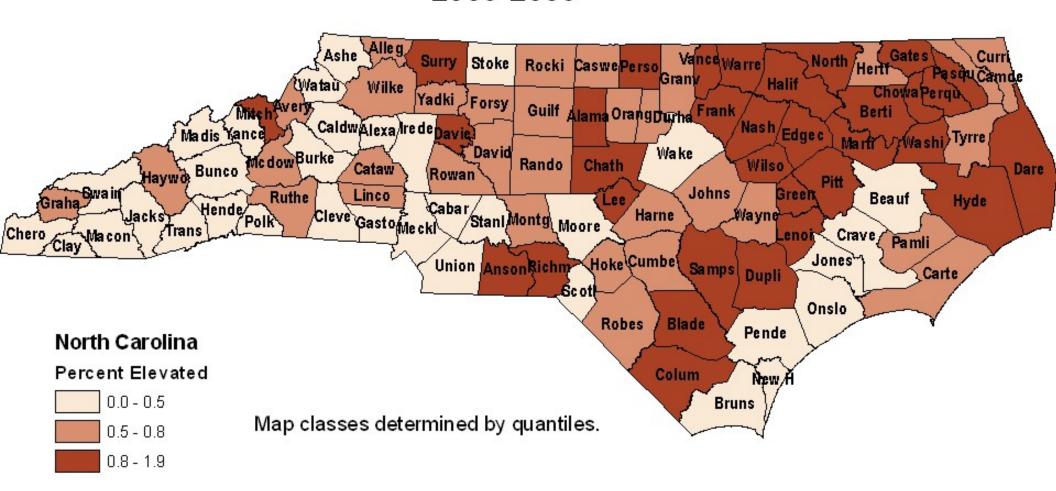
2,071 North Carolina children were identified with lead poisoning (≥10 µg/dL) during the previous five years (2002-2006)

■ 82% of these children were enrolled in Medicaid

Characteristics and Estimated Prevalences of North Carolina Children Tested¹ for Lead Poisoning During 2005-2009, Ages 6 months to 6 years

		Testing Population N (Percent of Total)		Blood lead level ² (µg/dL) N (Percent)			
Variable				≥10		≥20	
Age	6-12 months	37,933	(5.3)	180	(0.5)	35	(0.1)
711	1 year	348,436	(48.4)	2,114	(0.6)	313	(0.1)
	2 years	214,779	(29.8)	1,551	(0.7)	213	(0.1)
	3 years	42,293	(5.9)	356	(8.0)	55	(0.1)
	4 years	44,674	(6.2)	247	(0.6)	40	(0.1)
	5 years	32,142	(4.5)	180	(0.6)	26	(0.1)
Race/Ethnicity ³	Black	177,918	(24.7)	1,499	(0.8)	197	(0.1)
	White	308,649		1,634	(0.5)	240	(0.1)
	Hispanic	127,975	(17.8)	842	(0.7)	149	(0.1)
	Native American	8,784	(1.2)	70	(8.0)	12	(0.1)
	Other	21,716	(3.0)	261	(1.2)	43	(0.2)
	Unknown	75,215	(10.4)	322	(0.4)	41	(0.1)
Sex	Male	354,316	(49.2)	2,487	(0.7)	405	(0.1)
	Female	358,221	(49.7)	2,119	(0.6)	272	(0.1)
	Unknown	7,720	(1.1)	22	(0.3)	5	(0.1)
Residence	Rural County	466,322	(64.7)	3,314	(0.7)	486	(0.1)
	Urban County	253,935	(35.3)	1,314	(0.5)	196	(0.1)
Income ⁴	Medicaid	380,258	(67.9)	3,052	(8.0)	446	(0.1)
	Non-Medicaid	179,436	100 St. A. S. S. S. S. A.		(0.5)		(0.1)
Overall	720,257 children	tested		4,628	(0.6)	682	(0.1)

Percent of 1- and 2-Year Old Children with Blood Lead Level >= 10 ug/dL 2005-2009



Multi-tier Approach to Follow-up

diagnostic testing / periodic retesting / \geq 3.5 µg/dL health education & nutritional counseling

environmental investigation (required to ≥ 5) be offered)

≥5 µg/dL

medical evaluation / environmental investigation & remediation (mandatory)

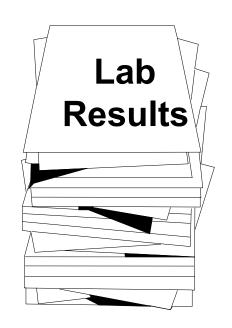
>10 μg/dL

chelation therapy

≥45 µg/dL

North Carolina Law

 laboratory reporting of all blood lead test results



 investigation of confirmed lead poisoning and EBL cases

 remediation of identified hazards for confirmed lead poisoning cases

Other State & Federal Lead Laws

- Abatement (EPA/DHHS)
- Renovation, Repair & Painting (EPA/DHHS)
- Disclosure (EPA/HUD)
- Lead Hazard Control (HUD)
- Worker Protection (OSHA)

