



The Facts About Lead Poisoning in Children

Lead paint poisoning remains a major threat to children

Despite significant progress nationwide and in Connecticut, lead poisoning remains the most common environmental hazard for young children. Only 52.2% of one- and two-year-olds are screened for lead paint poisoning in Connecticut. This includes Medicaid and non-Medicaid children.¹ Moreover, lead poisoning affects children of color disproportionately, at a ratio of almost 2:1 over white children.

The Centers for Disease Control (CDC) has set a national goal of eliminating childhood lead poisoning by 2010. To reach that goal, Connecticut must act more vigorously.

Lead poisoning in children is preventable

Children suffer needlessly from the effects of lead poisoning, usually by breathing in lead contaminated dust or touching paint chips or lead-based toys. Once lead poisoning occurs, damage to a child's health is permanent. The direct effects of pediatric lead poisoning can include:

- reading disabilities
- attention deficit
- hyperactivity
- behavioral problems
- greater demand for special medical care and special education services to treat problems like the ones above.

In addition, studies show up to 10% of juvenile offenders have a history of lead poisoning that impairs cognitive development.²

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¹ Department of Public Health, 2005 report

² Houses of Butterflies, by Rebecca Skloot based on research of Dr. Herb Needleman, Jan. 2001.

Lead-based paint hazards create a serious impediment for families with Medicaid enrolled children to get and keep safe, decent housing. Housing affordable to these families is skewed to the oldest, lowest quality on the market. That same housing has the highest likelihood for lead hazards – construction before 1950 when lead-based paint was frequently used, lack of cash flow for property maintenance, lack of knowledge about lead hazards by owners and tenants, etc. Families often face the choice between housing unsafe for their young children or no housing.

LAMPP provides and extends standard case management (medical monitoring according to established protocols, in-home health education for families) to include environmental risk assessments with remediation plans, education of landlords and connection to financial resources. Medical intervention and health education are coupled with lead hazard reduction on the housing side. This intensive and expanded case management at the lowest threshold of concern is not now practiced in Connecticut, either at the state or local health department level, except through LAMPP.

Federal guidelines include these LAMPP activities as eligible services under Medicaid. Some states cover these services. Connecticut Medicaid does not, even though the state's Medicaid program has strong interest in earlier interventions and more prevention. In the future, as state budget pressures abate, opportunities to integrate case management and risk assessment into the Medicaid program will return. LAMPP experience can supply the demonstrated basis for such inclusion.

**For more information,
contact the Connecticut Commission on Children**

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