

June 17, 2016[

Dr. Randall Williams, State Health Director
Mr. Danny Staley, Division Director
North Carolina Division of Public Health
1931 Mail Service Center
Raleigh, NC 27699-1931

Dear Dr. Williams and Mr. Staley:

There are concerns in the advocacy community regarding the declining investment in North Carolina's Childhood Lead Poisoning Prevention Program, and we urge you to reinvigorate the program. The North Carolina Childhood Lead Poisoning Prevention Program was established in 2000 with a grant from the US Centers for Disease Control & Prevention (CDC). Over the first 10 years of the program, the rate of lead poisoning in NC children plummeted by 500% - a resounding success.¹ A relatively small investment by the state and federal government has yielded dramatic payoff for families and taxpayers. A 2009 study conservatively estimated return on investment from lead paint abatement programs in the US between \$17-\$200 for every dollar spent.²

In the current decade, however, investment in the program has slumped. The state has not published data on childhood blood lead levels in NC since 2011. The suffering of lead-poisoned children in Flint Michigan has provided an unfortunate lesson in the hazards of lead - and government inaction - to children. Unfortunately, Michigan is hardly unique in this respect - childhood lead exposures, and their painful consequences, are common across the nation, including here in North Carolina.

The past successes of North Carolina's lead program have brought us very close to a finish line in which no children are harmed by lead in our state. It is time to reinvest in a program that can deliver on that vision. As you revise program plans and develop your 2017 budget request for the North Carolina General Assembly, we would like to urge you to consider the following steps:

- Request a budget allocation robust enough to support an effective Childhood Lead Poisoning Prevention program that meets the CDC recommended action level of 5 $\mu\text{g}/\text{dL}$, including more field staff, more data processing staff, a nurse consultant to support clinicians, and legal counsel to prosecute cases when landlords fail to eliminate serious lead hazards to children.
- Consider reorganizing the NC Childhood Lead Prevention Program as a state-implemented program. While a logistical partnership with counties would continue to be critical, delegating

¹ "2011 North Carolina Childhood Blood Lead Surveillance Data By County." NC Childhood Lead Poisoning Prevention Program, NC DHHS. <http://ehs.ncpublichealth.com/hhccehb/cehu/lead/resources.htm> last viewed 3/7/2016

² Gould 2009. "Childhood Lead Poisoning: Conservative Estimates of the Social and Economic Benefits of Lead Hazard Control." Environ Health Perspect; DOI:10.1289/ehp.0800408

program management to 100 county health departments, some of whom see only one or two elevated lead cases in a year, is not an efficient use of funds. We suggest that the state should allow counties to retain leadership of their own lead programs in places where they are well-developed and desire to continue, but take over case management from all other counties.

- Bring in a large, temporary data entry team to clear out years of data processing back-log so that the program can release current data on lead poisoning in North Carolina children. Currently we have no idea how many North Carolina children exceed the “new” (as of 2012) CDC blood lead level of 5 $\mu\text{g}/\text{dL}$, or in which counties, ages or ethnic groups. Without a strong surveillance program, lead-poisoned children can slip through the cracks, and lead hazards continue unabated to harm additional children.
- Update the Medicaid reimbursement rate for home investigations / interventions to reflect actual cost to DHHS. It is our understanding that the current reimbursement rate has not been increased in many years and may not cover actual costs.

We admire the work that the NC Childhood Lead Poisoning Prevention Program has done in past years to end lead hazards for North Carolina’s children. As our scientific understanding of lead impacts to children continues to grow, we understand that it is imperative to eliminate *all* lead exposure to young children in order to safeguard their developing brains. Lower levels of lead exposure (below 10 $\mu\text{g}/\text{dL}$) are far more damaging than previously believed, and lower-income children tend to be at highest risk.

As you reinvest in the current program, we stand ready to support and assist you in developing new strategies and reinvigorating those that work well. We would be very happy to partner with you to ensure that North Carolina’s children are soon free from lead exposure hazards altogether.

Sincerely,

Michelle Hughes, Executive Director
NC Child

cc: Michelle Nowlin, Supervising Attorney
Duke Environmental Law & Policy Clinic