

THE CITY OF PROVIDENCE
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RESOLUTION OF THE CITY COUNCIL

No. 798

Approved Decdmber 18, 2000

RESOLVED, That the Providence City Council does hereby endorse the Childhood Lead Action Program-Parent Action Group, based on the childhood lead poisoning crisis within the City of Providence.

IN CITY COUNCIL
DEC 14 2000
READ AND PASSED

PRES.

CLERK

APPROVED

DEC 18 2000

MAYOR

READ AND PASS
IN CITY COUNCIL

PREP.

CLERK

Councilman Aponte, Council President Lombardi, Councilmen Allen, Butler, Clarkin,
Medica, Councilwoman DiBuzze, Councilmen Hasset, Iglizzi, Jackson, Mancini,
Councilwoman Nolan, Romano, Williams and Young



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***Childhood Lead Action Project – Parent Action Group
Presentation Before the Providence City Council***

The Childhood Lead Poisoning Crisis in Providence

Thursday, November 16, 2000 6:30 pm

Agenda

Introduction

Liz Colon
Parent Action Group

**What the Research Tells Us About
Childhood Lead Poisoning**

Patrick MacRoy
Center for Environmental Studies,
Brown University

A Parent's Perspective

Heather Lee
Parent of Three Lead Poisoned
Children

**The Minority Community is Hit
The Hardest**

Kevin Johnston
The Urban League of Rhode Island

**We Need to Act Now: The Broader
Community's Response to the
Crisis**

Lynore Banchoff
Housing Committee, Get the Lead
Out Coalition

Providence Is Not Following the Law

Suzanne Alden
Childhood Lead Action Project

**How the City Council Can Address
This Issue: The Parent Action
Group's Recommendations**

Liz Colon
Parent Action Group

John LaBao
Alpha Environmental



Children with Lead Poisoning

DEFINITION

Children with lead poisoning is the percentage of three-year-old children screened for lead poisoning who had elevated blood lead levels (10 ug/dL) at any time prior to November 30, 1999. These data are for children eligible to enter kindergarten in the fall of 2001 (i.e. born between September 1, 1995 and August 31, 1996).

SIGNIFICANCE

Childhood lead poisoning is one of the most common pediatric health problems and is entirely preventable. Infants, toddlers, and pre-school age children are most susceptible to the toxic effects of lead. Lead's effects on the developing central nervous system may be irreversible.¹ Learning disabilities, hyperactivity, antisocial behavior, attention deficit disorder, hearing and speech impediments, and loss of intelligence can be attributed to lead levels equal to or greater than 10 ug/dL. Higher levels of lead exposure can result in serious health problems and can lead to coma, convulsions, and death.^{2,3}

A strong link has been established between low level lead exposure in early childhood and later decreased academic performance.⁴ Children with lead exposure are more likely to require special education services.⁵ Children with chronic exposure are more likely to have lowered IQ, behavioral problems,

and as a result, academic failure and increased risk for juvenile delinquency.⁶

While all children are at risk for lead poisoning, low-income children and minority children are particularly likely to be affected.⁷ The lack of affordable housing in many communities means that many low-income families live in older dwellings with deteriorating lead paint, placing children at risk for lead poisoning.⁸ Inadequate nutrition and anemia, more common in low-income children, further increase a child's susceptibility to lead poisoning.⁹

Because children may not display obvious symptoms of lead exposure, the best way to detect the condition is through a screening blood test.¹⁰ The Childhood Lead Poisoning Prevention Act of 1991 requires regular lead screening for all Rhode Island children under age 6. In a study of all children born in Rhode Island hospitals in the first four months of 1996, two-thirds of the children were screened for lead by 18 months of age.¹¹

Progress has been made in reducing the number of children under age six with lead exposure. Thirty-five percent (3,910) of children eligible to enter kindergarten in the fall of 1996 had been screened with a blood lead level over 10 ug/dL as compared to 13% (1,873) of children eligible to enter kindergarten in the fall of 2001.¹²

Lead Exposure in Children under Age 6, Rhode Island and Core Cities, Screened between July 1, 1998 and June 30, 1999

	NUMBER SCREENED	NUMBER WITH ELEVATED LEAD LEVELS (≥10UG/DL)	PERCENT WITH ELEVATED LEAD LEVELS (≥10 UG/DL)
Providence	7,716	1,463	19%
Central Falls	1,059	189	18%
Woonsocket	2,043	273	13%
Pawtucket	2,833	345	12%
Newport	881	92	10%
Core Cities	14,532	2,362	16%
Rhode Island	33,696	3,422	10%

Source: RI Department of Health, Office of Occupational and Radiological Health and Division of Family Health. Data are for all children screened between July 1, 1998 and June 30, 1999 (n=33,696). Communities may vary in the percentage of children under age 6 who are screened.

◆ In 1999, more than two-thirds (69%) of children screened with high lead levels lived in the core cities. Of the 2,362 children with high lead levels statewide, 560 had very high lead levels over 20 ug/dL. Seven children were hospitalized with lead poisoning; of these, 5 lived in Providence and 2 lived in Woonsocket.

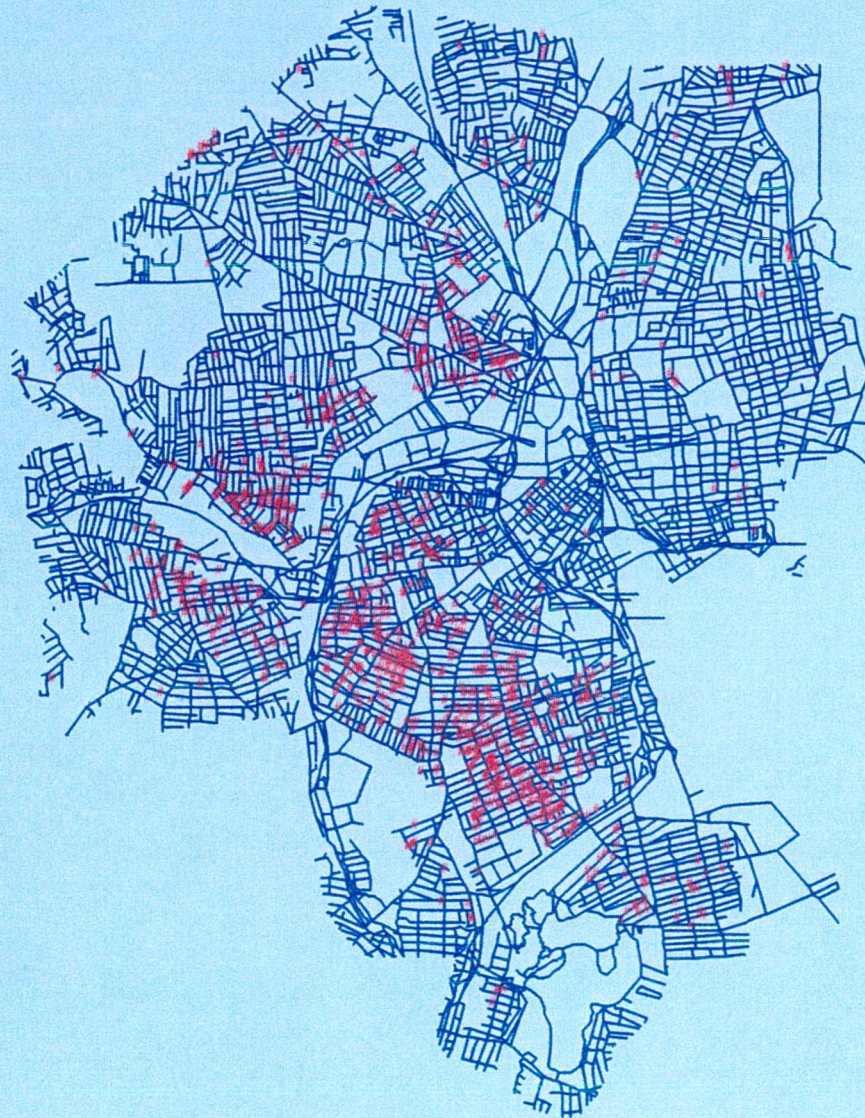
◆ One in five children screened in Providence and Central Falls in 1999 had high lead levels, compared to just over one in ten statewide.

Lead Poisoning Prevention and Treatment

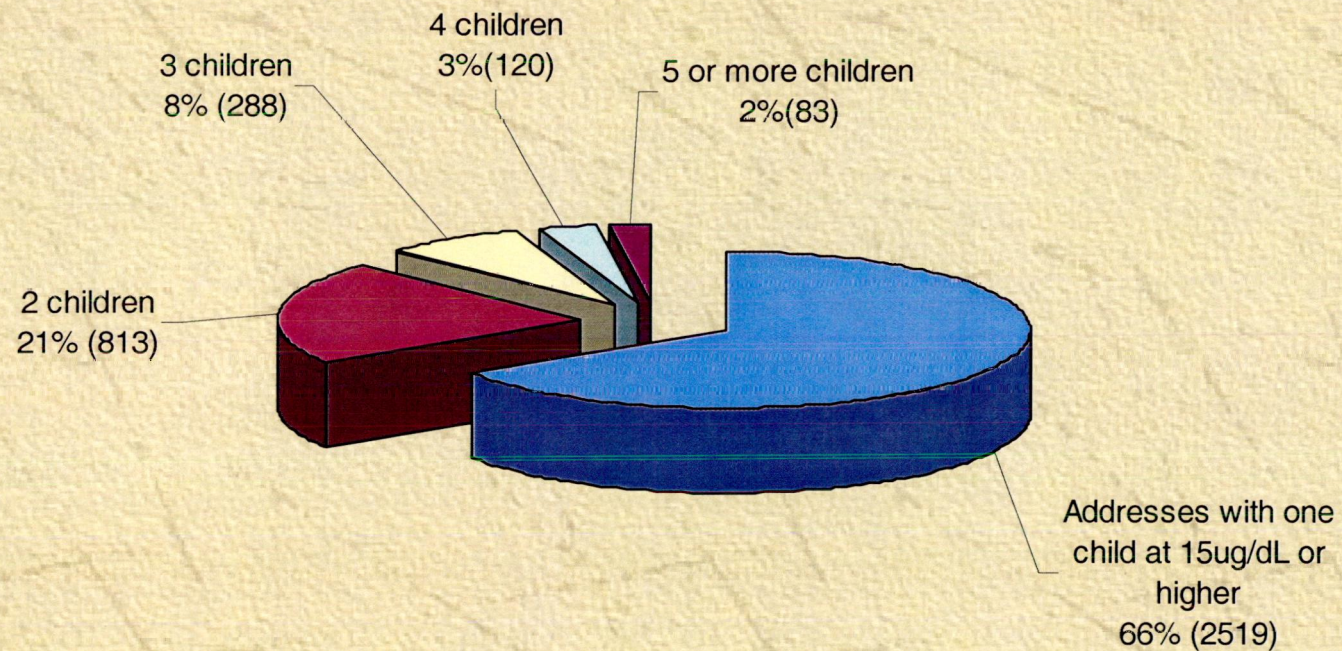
◆ Lead poisoning is a multi-dimensional problem involving housing and health. Lead poisoning can be prevented through public-private sector partnerships that reduce lead hazards in housing and educate the public on the risks of lead poisoning to young children.¹³

◆ The Centers for Disease Control recommends a multidisciplinary comprehensive approach to the treatment of lead poisoned children, including: repeat blood tests to monitor lead levels, medical management, house inspections, removal of lead hazards, child development services, social services, and parent education.^{14,15}

Providence Addresses Where Multiple Children Have Resided With High Blls ($15\mu\text{g}/\text{dl}$ and up) (1,210)



Addresses With One or More Children With a BLL of 15ug/dL or Higher

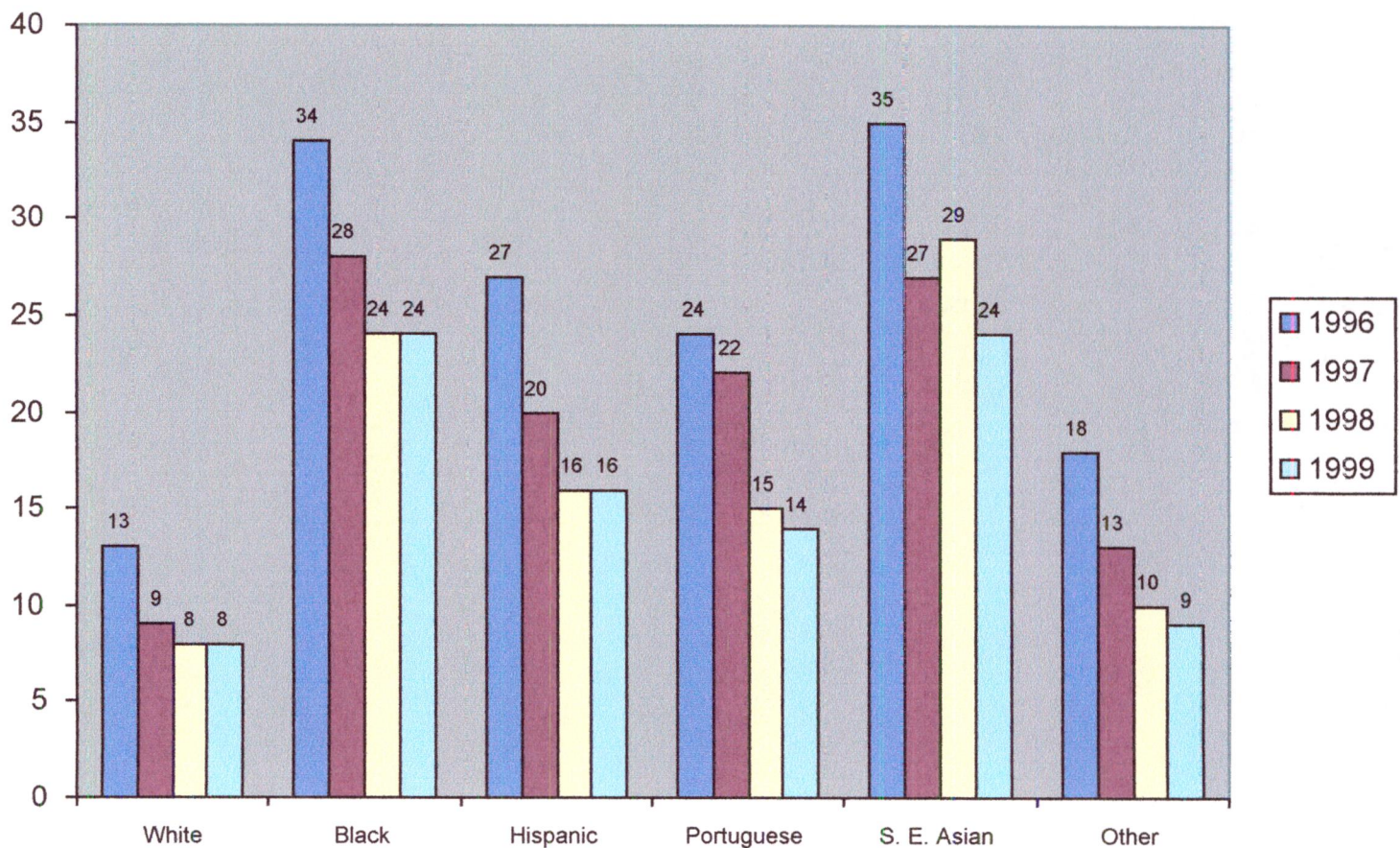


Total: 3,823 Addresses

Of those tested from 1993 to 7/2000

LEAD UPDATE
Rhode Island Department of Health Statistics -
September 2000

Prevalence of lead poisoning in Rhode Island minorities
RI Children <72 months of age with elevated lead levels, by
Race/Ethnicity



Elevated lead levels are less common in all these racial/ethnic groups than they were in 1996, but there is still great variation among the groups. The proportion of children with elevated lead levels is much higher in racial/ethnic minorities.

- (ii) Use of only suitable fuel for the heater;
 - (iii) Proper manner of refueling;
 - (iv) Proper placement and handling of the heater when in operation;
 - (v) Proper procedures for lighting, flame regulation, and extinguishing the heater; and
 - (vi) Prohibition on use of unvented portable space heaters in sleeping areas which particular label must be permanently affixed thereto;
- (2) Unvented portable space heaters must be packaged with instructions such as to inform consumers regarding proper maintenance and operation, including, as a minimum, information regarding the provisions set forth in subsections (e)(1)(i) through (e)(1)(vi) of this section;
- (3) Unvented portable space heaters must be constructed with a low center of gravity and minimum tipping angle of thirty-three degrees (33°) from the vertical with an empty reservoir;
- (4) Unvented portable space heaters must have an automatic safety shut off device or inherent design feature which eliminates fire hazards in the event of tipover and otherwise conform with the standards set forth in national fire protection association (NFPA) No. 31;
- (5) Unvented portable space heaters must not produce carbon monoxide at rates which create a hazard when operated as intended and instructed; and
- (6) A notice containing the following must be delivered with each unit sold:
- (i) Unvented portable space heaters that incorporate electric components shall be connected to grounded outlets;
 - (ii) A portable fire extinguisher shall be required in close proximity to unvented portable space heaters;
 - (iii) A smoke detector shall be required in the area where an unvented portable space heater is to be used.

History of Section.

P.L. 1981, ch. 263, § 2.
 Reenactments. The 1938 Reenactment (P.L. 1949, ch. 64, § 1) deleted "and in subsection (a) of this section" near the beginning of subsection (b); substituted "subsections" for "subsection" in subsection (e)(2); substituted "must have automatic safety" for "must

have; (i) An automatic safety" near the beginning of subsection (e)(4); and made minor capitalization and punctuation changes.
 The 1991 Reenactment (P.L. 1991, ch. 354, § 1) made several punctuation, capitalization, and stylistic changes throughout the section.

45-24.3-10. General requirements relating to the safe and sanitary construction and maintenance of parts of dwellings and dwelling units. — No person shall occupy, as owner or occupant, or let to another for occupancy, any dwelling or dwelling unit, for the purpose of living therein, which does not comply with the following requirements:

(a) Every foundation, floor, roof, ceiling, and exterior and interior wall shall be reasonably weathertight, watertight, and damp free, and shall be kept in sound condition and good repair. Floors, interior walls, and ceilings shall be sound and in good repair. All exterior wood surfaces, other than decay resistant woods, shall be protected from the elements and decay by paint or other protective covering or treatment. Potentially hazardous materials will not be used where readily accessible to children. Walls shall be capable of affording privacy for the occupants. Every premise shall be graded, drained, free of standing water, and maintained in a clean, sanitary, and safe condition.

(b) Potentially hazardous material on the interior surfaces of any dwelling unit, rooming house, rooming unit, or facility occupied by children is prohibited. The interior surfaces include, but are not limited to, window sills, window frames, doors, door frames, walls, ceilings, stair-rails and spindles, or other appurtenances.

(c) Lead-based substances are prohibited whenever circumstances present a clear and significant health risk to the occupants of the property, as defined by regulations of the department of health.

(d) In each instance where there is reason to believe that lead-based substances are present, the enforcing officer shall confirm whether suspect substances are lead-based by arranging for a comprehensive environmental lead inspection which conforms to department of health regulations.

(e) In all instances where substances are confirmed to be lead-based by an environmental lead inspection, and there exists a lead exposure hazard, the enforcing officer shall identify necessary lead hazard reductions that must be taken pursuant to department of health regulations.

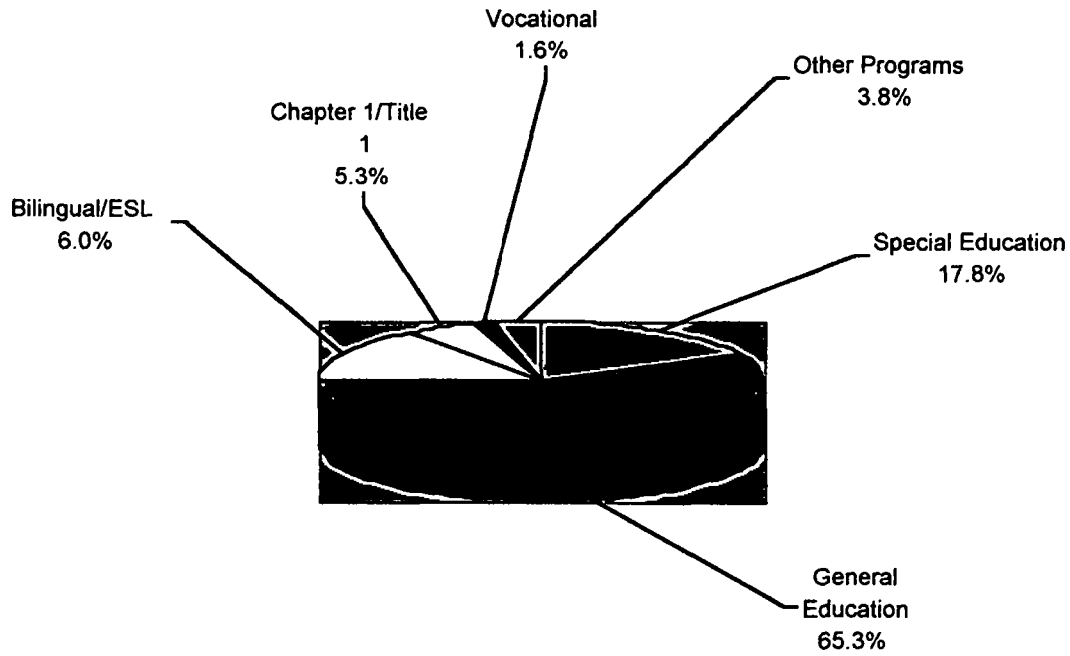
(f) In all instances where lead-based substances are identified on a dwelling, a dwelling unit, or premises occupied by a child suffering from "lead poisoning", as defined in the Rhode Island Lead Poisoning Prevention Act, §§ 23-24.6-1 through 23-24.6-26, the enforcing officer shall consider these instances under "emergencies", pursuant to § 45-24.3-21.

(g) During the portion of the year when there is a need for protection against mosquitoes, flies, and other flying insects, every door, opening directly from a dwelling unit to outside space, shall have supplied properly fitting screens having at least sixteen (16) mesh and a self closing device; and every window, door, or other device with openings to outdoor space, used or intended to be used for ventilation, shall be supplied with screens.

(h) Every window located at or near ground level, used or intended to be used for ventilation, and every other opening located at or near ground level which might provide an entry for rodents, shall be supplied with adequate screens or such other devices as will effectively prevent their entrance.

(i) Every dwelling or accessory structure and the premises upon which they are located shall be rodent-proofed and maintained so as to prevent rodents' harborage.

Providence School District
Expenditures by Six Programs
General Education and Incremental Programs
July 1998-June 1999



Program	Program Enrollment (FTE)	Amount	\$ per Pupil	% To Total Expenditures
General Education	18,459.63	\$152,999,578	\$8,288	65.3%
Special Education	2,114.22	\$41,631,620	\$19,691	17.8%
Bilingual/ESL	4,517.84	\$14,134,021	\$3,128	6.0%
Chapter 1/Title 1	18,335.00	\$12,483,329	\$690	5.3%
Vocational	260.10	\$3,725,201	\$14,322	1.8%
Other Programs	N/A	9,240,429	N/A	3.9%
Total District	25,326	\$234,199,178	\$9,247	100%

1. FTE is Full-Time Equivalent; the portion of a student's time in each educational program
2. Whenever possible, \$ per Pupil by program has been calculated
3. Chapter 1/Title 1 is the only program using a headcount. It is only federal \$.
4. "Other Programs" does not include a per pupil expenditure because the programs do not benefit the general student population

Robert Litter aka Silver Lake ILP aka Whittier Ave. Partners

**CHILD
POISONED
At 91-93
Ralph Street**

**CHILD
POISONED
At 47-49 Whittier Ave.
Another NOV issued for
Ralph Street**

**2 CHILDREN
POISONED
At Ralph Street.
Property cited
twice more for
Code violations**

**Ralph Street cited for code
violations.
Litter brought to Housing
Court on 18 counts of failure to
abate code violations at 126-
128 Pocasset Ave. and 47-49
Whittier Ave.**

**Both cases dismissed in
Housing Court.
Defendant pays \$100.
Another NOV issued for
violations at Ralph Street**

1992

1997

1998

1999

2000

**4+ Children lead poisoned since 1992.
Cited 31 times by city inspectors for code violations since 1984.**

HOW LONG WILL NON-COMPLIANCE IN HOUSING COURT CONTINUE?

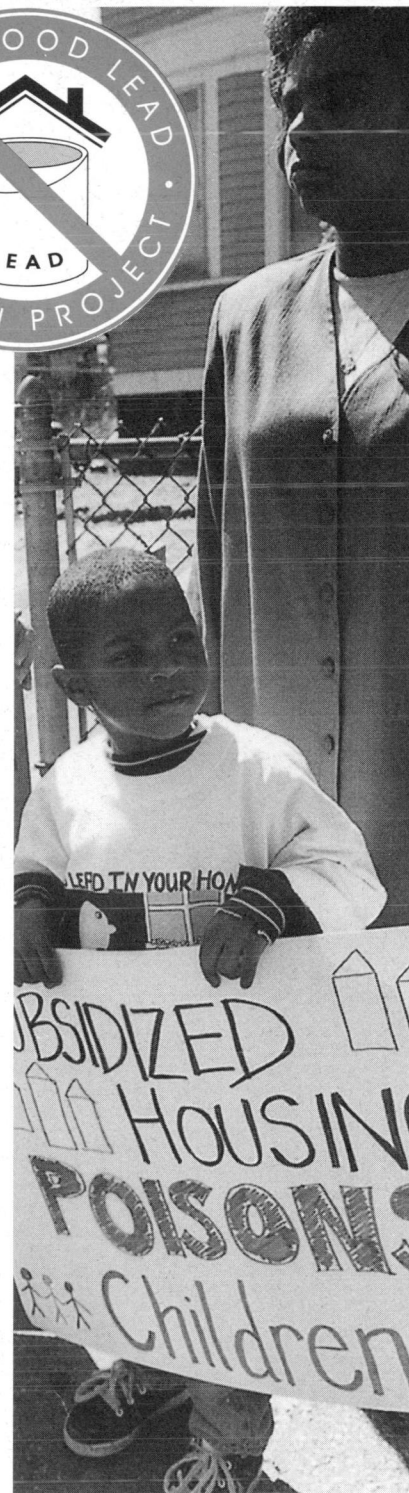


Working Together to Eliminate Lead Poisoning

Childhood Lead Action Project
421 Elmwood Avenue
Providence, RI 02907



PARENT ACTION GROUP



Working Together to Eliminate Lead Poisoning

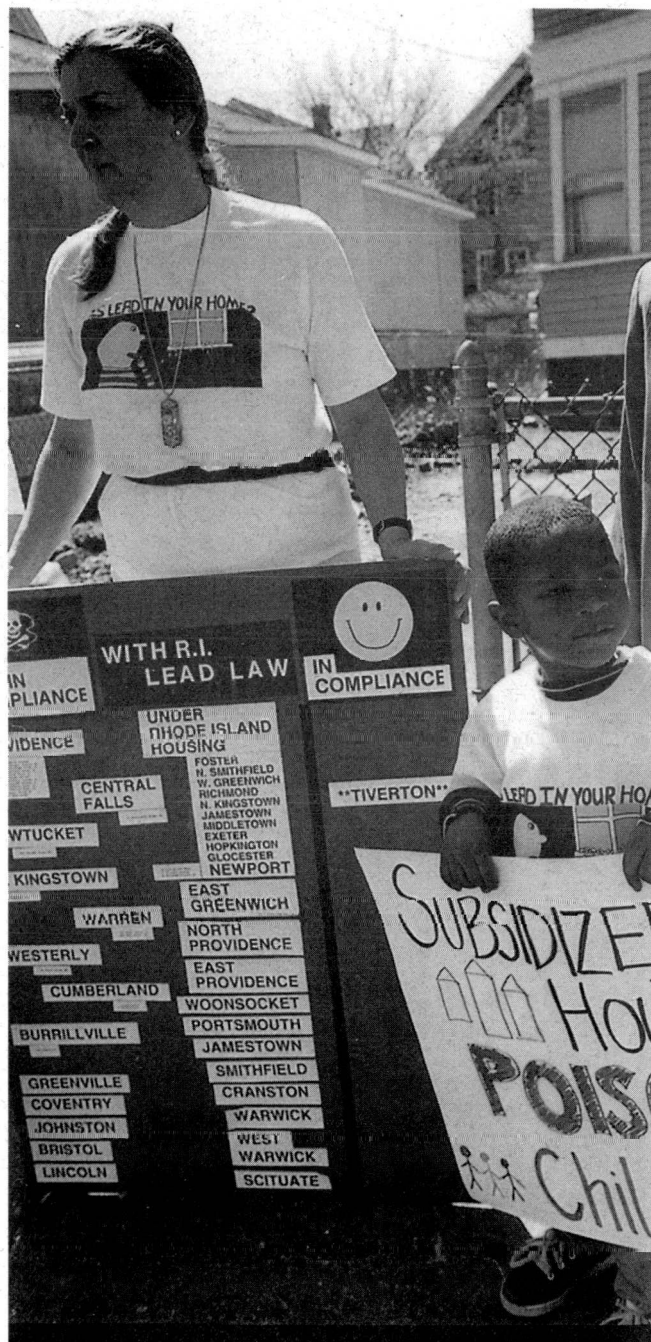


Photo Credit: The Providence Journal



Having a lead poisoned child presents many challenges. Parents who have experience with lead poisoning and its prevention are ready to support others facing these challenges.

The Parent Action Group is a resource for parents. We can connect you with other parents who can provide support while sharing practical tips and advice. As an advocacy group, we help to bring people together to push for better programs and services to protect children from lead. The Parent Action Group is a place to turn for answers and action.

YES, I would like to know
more about the
Childhood Lead Action Project
Parent Action Group

name

address

city / state / zip

phone

e-mail

Childhood Lead Action Project
Parent Action Group Coordinator
421 Elmwood Avenue
Providence, RI 02907
Liz Colon

Toll Free: 1-888-234-3337
Tel. 401-785-1310 • 401.941-8156 Fax
E-mail: clap@ids.net



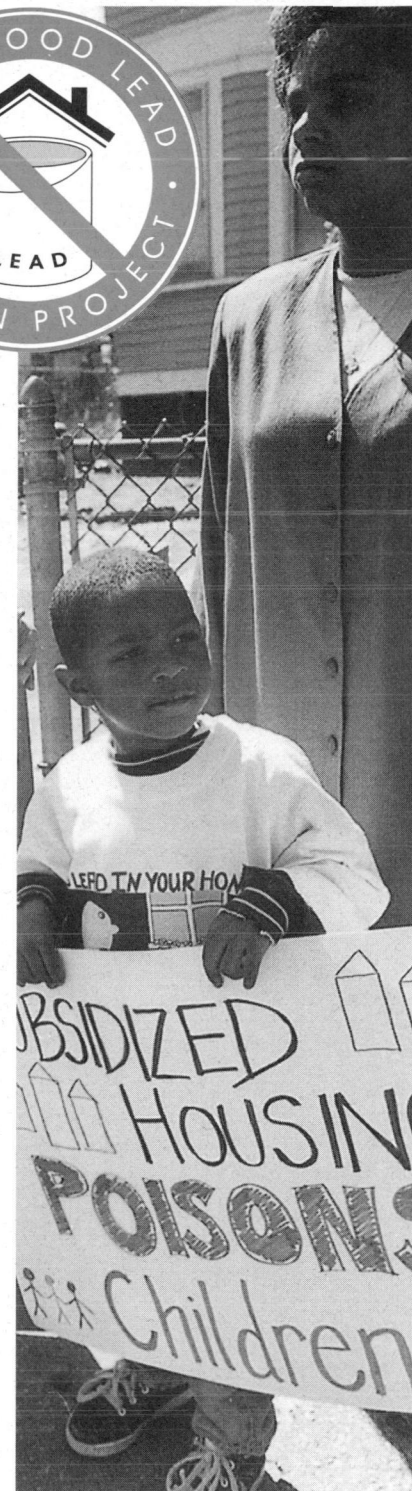


Working Together to Eliminate Lead Poisoning

Childhood Lead Action Project
421 Elmwood Avenue
Providence, RI 02907



PARENT ACTION GROUP



Working Together to Eliminate Lead Poisoning

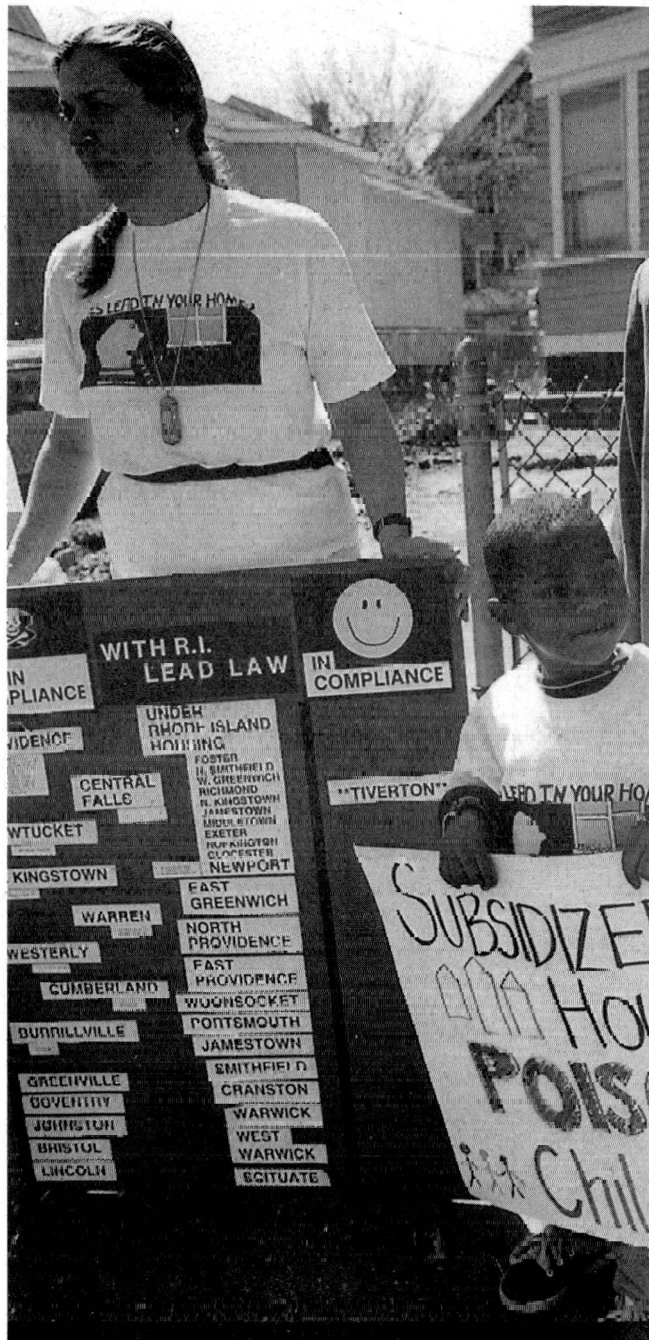


Photo Credit: The Providence Journal



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