

Collaborating with Partners



Approximately half a million U.S. children under 6 years of age have blood lead levels at or above 5 micrograms per deciliter ($\mu\text{g}/\text{dL}$). No safe blood lead level in children has been identified. High blood lead levels not only damage physical health but also reduce IQ, increase rates of juvenile delinquency, and contribute to decreased lifetime earnings. To prevent childhood lead poisoning, the **Centers for Disease Control and Prevention (CDC)** funded 29 states, 5 cities, and the District of Columbia to

- build and strengthen lead surveillance systems, allowing for the identification of neighborhoods and populations of children disproportionately affected by high blood lead levels,
- educate parents and clinical providers in target areas with messages about the importance of blood lead testing for children under 6 years of age, and
- collaborate with institutional and community-based partners to initiate, promote, and evaluate childhood lead poisoning prevention activities.

Each funded jurisdiction works to eliminate childhood lead poisoning by creatively targeting resources and implementing effective program initiatives.

WASHINGTON STATE

Awarded
\$186,987
by CDC in fiscal year
2014

Program
transitioning to a
CDC-supported
surveillance system
(HHL PSS)

Program partnered
with the Refugee
Health Program to
screen all refugee
children 6 months-16
years old

Program recently
collaborated with
state partners to
update clinical
screening guidelines

SUCCESS

CDC encourages each state to develop its own lead poisoning screening guidelines based on state-specific data, furthering efforts to reach the most at-risk children. The Washington State Lead Poisoning Prevention Program convened an expert panel to develop risk-based childhood lead screening recommendations for use by clinicians in the state.

The Washington State Health Officer chaired and facilitated the expert panel meetings. Members included representatives from the Department of Health, Health Care Authority (Medicaid), Department of Ecology, University of Washington, Washington Tracking Network, and local public health agencies.

The expert panel's compiled recommendations included a one-page clinical algorithm for screening, a list of key risk factors to consider, and a link to an interactive mapping tool for identifying communities by census tract that are at a higher risk for lead exposure. The Health Officer is committed to disseminating and implementing the recommendations statewide.

Salaries of key staff members engaged in convening the expert panel and preparing the final report were partially funded by CDC cooperative agreement funds.

*Photo obtained from the CDC Public Health Image Library (<http://phil.cdc.gov/phil/home.asp>). Photo Credit: Amanda Mills.
April 2016*