

**Preventing Childhood Lead Poisoning In Rhode Island:  
The Incorporation of Primary Prevention Strategies  
Through the Family Outreach Program**

By Dana K Hanson

Thesis

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## Abstract

The Lead Poisoning Prevention Act of 1991 created a comprehensive environmental lead program (CELP) in Rhode Island. Although committed to primary prevention, limited resources require the CELP to give priority to treating those children who have significant burdens of lead, a prevention measure that is secondary. Lack of CELP resources will limit the extent of primary lead poisoning prevention activities that can currently be adopted.

Limited resources need not prevent all CELP efforts in primary prevention. Opportunity exists to incorporate lead poisoning prevention strategies in existing programs that serve young children, most desirably those that reach a large number of children representing a cross-section of the state's population.

The Family Outreach Program (FOP) identifies children at increased developmental risk across locational and economic divisions throughout the state through a universal newborn screening process. The program identifies newborns who are potentially at risk for developmental delays or other poor outcomes, and provides home visits for their families. Newborns identified through the FOP as being at high risk for developmental delay are more likely to be in the high risk population for lead poisoning. Home visits provide a unique opportunity for the incorporation of lead education and simple environmental assessments of possible lead hazards.

An FOP-based pilot program is proposed which focuses on basic educational elements of lead poisoning prevention including the causes and effects of lead poisoning, sources of lead, and practical methods to reduce exposures. In addition, having the nurse and family work together to identify lead hazards in the home would reinforce information provided during the lead education segment of the visit, show the process used in identifying lead hazards, and help families devise methods to control lead exposures. A training guide designed to teach visiting nurses how to conduct such lead poisoning prevention interventions during their home visits has been developed to accompany this report.

By using a standardized lead assessment protocol on FOP home visits, nurses could encourage families living in homes with the most severe potential lead hazards to file tenant complaints with the CELP to receive comprehensive lead inspections. The FOP could help the CELP focus its resource-limited inspection efforts on homes with the highest potential for future poisonings. This FOP identification process should be officially incorporated into the CELP's current priority ranking scheme for comprehensive environmental lead inspections.