DOCUMENT RESUME

ED 358 610 EC 302 172

TITLE	Strategic Plan for Preventing Childhood Lead Poisoning in Illinois.
INSTITUTION	Illinois State Dept. of Public Health, Springfield.
PUB DATE	Mar 91
NOTE	33p.; Produced by the Illinois Childhood Lead Poisoning Prevention Program. For related documents, see EC 302 173-174. Cover title is: "Childhood Lead Poisoning Prevention Plan."
PUB TYPE	Reports - Descriptive (141) -- Viewpoints (Opinion/Position Papers, Essays, etc.) (120)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	At Risk Persons; Clinical Diagnosis; Incidence; *Intervention; *Lead Poisoning; *Mental Retardation; *Prevention; Program Development; Public Health; Screening Tests; State Legislation; State Programs; *Statewide Planning; *Strategic Planning; Young Children
IDENTIFIERS	*Illinois

ABSTRACT

The severity of the silent epidemic of lead poisoning and its long range effects on young children in impairment of intellectual ability, short-term memory, concentration, and reaction time have been recognized. A 3-year strategic plan for preventing childhood lead poisoning in Illinois was developed by a planning committee working through four subcommittees in the areas of legislation; outreach, education, and screening; medical management and treatment; and environmental issues. The plan's outcome objectives include: (1) 75 percent of children at high risk statewide will receive an annual lead screening test; (2) all children identified with an elevated blood lead level of 25 micrograms per deciliter (mcg/dl) of blood and higher will be referred for diagnosis and treatment of lead poisoning; (3) all children identified with an elevated blood lead level of less than 25 mcg/dl and more than 10 mcg/dl will be referred for preventive lead poisoning programming; and (4) lead hazards will be abated in all environments in which children are found to have an elevated blood lead level of 25 mcg/dl or higher. Activities required to implement these objectives are outlined. Appendices contain a list of Strategic Planning Committee members, a reprint of the Illinois Lead Poisoning Prevention Act, and provide data on estimated number and percent of children with elevated blood lead levels by county/city. (JDD)

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Illinois Department of Public Health

Childhood Lead Poisoning Prevention Strategic Plan

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March 1991

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STRATEGIC PLAN FOR PREVENTING CHILDHOOD LEAD POISONING IN ILLINOIS

Illinois Department of Public Health
Office of Health Services
Division of Family Health
Childhood Lead Poisoning Prevention Program

March, 1991

STRATEGIC PLAN FOR PREVENTING CHILDHOOD LEAD POISONING IN ILLINOIS

I. INTRODUCTION

The Environmental Defense Fund, in its report and proposal for legislative action **LEGACY OF LEAD: AMERICA'S CONTINUING EPIDEMIC OF CHILDHOOD LEAD POISONING**, March 1990, reports that the result of decades of leaded products use on a vast scale has created a nationwide epidemic of low-level lead poisoning. This epidemic is causing permanent neurologic damage to millions of American children. The effects of low-level lead poisoning, though severe, are not obvious. The impairment of intellectual ability caused by low-level lead poisoning is hard to pinpoint because such symptoms overlap with those of a variety of other biological and socioeconomic factors. However, recent studies demonstrate that children who had moderately elevated lead levels in early childhood later exhibited sevenfold increases in school dropout rates, sixfold increases in reading disabilities, and lower final high school class standing. These effects were evident in the absence of conventional overt symptoms of lead poisoning.

The federal government estimates that well over three million preschool children--more than one in every six--have dangerously elevated lead levels. Minority and poor children are affected disproportionally. The new data suggest that lead is partly to blame for many of the educational problems children demonstrate. Problems educational reform will be unable to ameliorate.

Currently in Illinois, approximately 67,000 children are screened annually through the efforts of local health departments and other health service providers. Approximately 1,200 cases of lead poisoning in children were identified in FY90 (1989-1990). There are approximately one million children under age 6 living in Illinois. Therefore, only a small percentage of these children are screened and identified with lead poisoning. The National HANES II Study, 1983, estimated that 3 percent of the preschool population is affected by lead toxicity. Using 1980 census data, it is estimated that 27,974 preschool children in Illinois have significant lead poisoning. Therefore, approximately 26,774, or 96 percent, of the children with lead poisoning serious enough to have lasting effects are unidentified.

Lead is a potent poison that can affect individuals in any age group. Children and fetuses are particularly vulnerable, because their rapidly developing nervous systems are sensitive to lead's toxic effects. Moreover, children generally are exposed to more lead than are adults and their absorption rates are substantially higher. Lead's specific neurotoxic effects include impairments to IQ level (mental retardation), short-term memory, concentration and reaction time. In women, lead poisoning has been associated with complications in pregnancy, and with low birth weight and minor birth defects for the fetus.

Most children are exposed to lead as a result of its presence in paint, plumbing, gasoline, solder and other products containing lead. Over many decades, these uses have dispersed millions of tons of lead throughout the environment and continue to do so. The leaded paint remaining on the walls and woodworks of homes is responsible for especially intense exposures for many children.

Because lead causes neurologic damage even at doses that do not cause overt toxicity, levels of lead in blood are generally used to identify lead exposures of concern. The federal government's Centers for Disease Control (CDC) is currently reviewing its definition of "lead toxicity," which is now set at 25 micrograms of lead per deciliter of blood. CDC is expected to recommend a new acceptable level for children of 10 micrograms of lead per deciliter of blood by the summer of 1991.

When CDC announces a lower acceptable rate of lead of 10 micrograms per deciliter, the number of preschool children in Illinois estimated to have lead poisoning will increase dramatically to 822,790. CDC will recommend intervention at 15 micrograms per deciliter (mcg/dl) and medical treatment at 25 mcg/dl.

The Illinois Department of Public Health recognizes the severity of this silent epidemic and its long range effects on young children in the state. In April of 1990, the Director convened a Lead Poisoning Task Force to review the situation in Illinois and make recommendations for action. A Strategic Planning Committee was formed, chaired by the Chief of the Division of Family Health. Members of the committee include attorneys, advocacy groups, physicians, local health departments, community representatives from the city of Chicago and representatives from the Illinois Environmental Protection Agency, U.S. Environmental Protection Agency, Chicago Housing Authority and divisions within the Department of Public Health. The charge to the Strategic Planning Committee was to develop a three-year plan to prevent childhood lead poisoning in Illinois.

In **Healthy People 2000; National Health Promotion and Disease Prevention Objectives** prepared by the U.S. Department of Health and Human Services, two objectives address childhood lead poisoning. These were used as objectives for the Strategic Planning Committee:

- Reduce the prevalence of blood lead levels exceeding 10 mcg/dl* among children ages 6 months through 5 years of age to no more than one million children (nationally). Special Population Target: Inner-city, low income, black children (annual family income of less than

$6,000 in 1984 dollars) ages 6 months through 5 years of age.

- Reduce the prevalence of blood lead levels exceeding 25 mcg/dl among children ages 6 months through 5 years of age to zero. Special Population Target: Inner-city, low income, black children (annual family income of less than $6,000 in 1984 dollars) ages 6 months through 5 years of age.

*Reduced from 15 mcg/dl to 10 mcg/dl to meet anticipated CDC lowering of acceptable levels.

II. MISSION STATEMENT FOR THE STRATEGIC PLANNING COMMITTEE

The Strategic Planning Committee developed the following mission statement to guide its work and recommendations:

> "The Illinois Department of Public Health and the Strategic Planning Committee for Childhood Lead Poisoning Prevention are committed to eliminating lead as a hazardous substance from the environment of Illinois children. We are dedicated to the enactment of comprehensive legislation to accomplish this objective. Policies and procedures pursuant to comprehensive legislation to screen all children 6 months to 6 years of age, treat children with lead poisoning, identify lead sources and provide environmental remediation will be developed and implemented. A major part of this initiative will be outreach and education for families, child care providers and health, education and social service providers. We will advocate for an environment in which all children in Illinois can develop to their fullest potential."

III. PLAN DEVELOPMENT

Four subcommittees were established to address the major areas identified for the three-year plan. One major area was legislation. A subcommittee with two work groups was formed to review the present Lead Poisoning Prevention Legislation and Rules and Regulations (P.A. 78-560). In addition, recent legislation from other states was reviewed. These two work groups have worked diligently in these areas. This Committee felt the current legislation was inadequate and comprehensive legislation that addresses screening, environmental inspection and hazard abatement should be enacted. Various legislative strategies were

discussed and the Committee will work with the Department to achieve this objective.

Another subcommittee addressed the issue of outreach (public awareness), education and screening. They reviewed avenues available for screening young children and made recommendations for reaching families with young children especially those at highest risk for lead poisoning. This subcommittee not only identified the need to make the public aware of the seriousness of lead poisoning and its effects but the need to reach physicians, health care providers, child care providers, and educators with information about this silent epidemic. They recommended universal screening of all children under age 6 on an annual basis.

The third subcommittee reviewed medical management and treatment for children with lead poisoning. They stressed the need for physicians and health care providers to learn more about lead poisoning and its effect on children. The committee also recognized the need to address issues of intervention and treatment for children with moderate and low levels of lead poisoning, including lead exposure in utero. The committee's final recommendation was to create a medical advisory committee of physicians currently treating cases of lead poisoning to assist the Department of Public Health in developing protocols and providing consultation.

The last subcommittee reviewed issues regarding lead burdened environments and remediation. This committee also identified the need to educate the public about the serious problem of childhood lead poisoning and the importance of removing lead from children's environments. This committee made recommendations which included the need for: 1) statutory authority to test facilities serving children; 2) requirements for proper abatement of hazard in all property where lead is found; and 3) administrative procedures such as certification and training programs for contractors, and monitoring of abatement.

After reviewing and accepting the recommendations of each subcommittee, the Strategic Planning Committee included them in the Three-Year Strategic Plan to eliminate lead poisoning from the environments of children. A list of Strategic Planning Committee and subcommittee members is in Appendix A. These persons devoted many hours over the past seven months to develop the three-year plan which follows.

IV. THREE-YEAR STRATEGIC PLAN

Prior to implementing the three-year plan, the legislative subcommittee reviewed the present Lead Poisoning Prevention Act Rules and Regulations to determine where revisions could be made in the Rules and Regulations to implement some of the committee's recommendations. Next, the Committee drafted

recommendations for the implementation of outreach/education, screening, medical treatment and environmental remediation. Finally, the Committee identified those actions that could be completed without the need for legislative action and those actions needing legislative action.

The Strategic Planning Committee recommended pursuing comprehensive legislation requiring the annual screening of all children under age 6 years, requirements for medical follow-up of identified cases, inspection of dwellings and facilities where poisoned children are found, and the provision of environmental remediation to eliminate lead from children's environments. In addition, advocates for comprehensive legislation should be encouraged to work with the Department of Public Health to develop and pass comprehensive legislation.

Implementation of such comprehensive legislation requires funds. The capacity of the state laboratory, which presently tests 35,000 blood samples annually, and the Chicago Department of Health to process additional lead tests needs to increase by twelvefold. This could result in a user fee of $15.00 minimum to cover costs of screenings. A fund for abatement, such as that established for asbestos inspection and removal, could be initiated through fees for training and certification. Fines for noncompliance regarding abatement could be established to pay for investigative activities. Screening and case management activities and medical treatment can partially be covered through Title XIX (Medicaid/EPSDT) or Title V (Maternal and Child Health) but additional funds will need to be appropriated.

The Strategic Planning Committee proposed the development of a lead poisoning surveillance system that more effectively defines the epidemiology of lead poisoning and the effectiveness of case follow-up activities. The Illinois Department of Public Health is establishing a Childhood Lead Registry that will have case follow-up data on medical management and environmental investigations and abatement/remediation. The information from these two data bases will be useful in determining where areas providing screening are presently located, the prevalence rate and degree of lead poisoning in children, source identification and remediation/abatement compliance. In addition, current resources for screening, follow-up and abatement can be identified and, where possible, expanded. Combined data from the Childhood Lead Registry and the Adult Lead Registry will provide information for use by the Department in eliminating lead from children's environments.

The impact objectives for the three-year strategic plan to be accomplished as stated in the Year 2000 Objectives include:

- Reduce the prevalence of blood lead levels exceeding 10 mcg/dl among children ages

6 months to 6 years to less than one-fourth of this population by the Year 2000.

- Reduce the prevalence of blood lead levels exceeding 25 mcg/dl among children ages 6 months to 6 years to zero by the Year 2000.

The outcome objectives identified to impact the above objectives by 1995 are:

I. Seventy-five percent of children at high-risk statewide will receive an annual lead screening test.

A. Obtain a mandate for annual screening for all children under 6 years of age to identify those children with elevated blood lead levels.

B. Rank priority areas statewide by risk factors such as age of housing, populations and socioeconomic conditions for screening efforts.

C. Change Rules and Regulations for blood lead testing as part of child's physical exam for entrance into school programs from optional to mandatory.

D. Identify and screen all adults in high-risk environments with a focus on pregnant women and persons in occupations where lead is present who could possibly carry lead into the home environment.

E. Provide comprehensive ongoing education about lead poisoning to targeted populations as part of lead screening activities.

F. Provide materials on the effects of lead poisoning in children and adults for targeted populations in the Resource Center and Early Intervention Clearinghouse for distribution to the public.

G. Provide intensive outreach programs to increase the awareness and prevention of lead poisoning in children and encourage families to seek testing for children.

H. Identify children exposed to parental occupational lead, develop a protocol to screen these children and educate the population affected by this type of exposure.

II. All children identified with an elevated blood lead level of 25 mcg/dl and higher will be referred for diagnosis and treatment of lead poisoning.

A. Involve physicians in developing a broader understanding of childhood lead poisoning, its effects on children's central nervous systems and health and appropriate treatment for cases, including nutritional guidance.

B. Develop protocols for providing treatment to children with lead poisoning with high and moderate levels of toxicity.

C. Establish a medical advisory committee to work with Illinois Department of Public Health in developing protocols, recommending treatment and serving as consultants.

III. All children identified with an elevated blood lead level of less than 25 mcg/dl and more than 10 mcg/dl will be referred for preventive lead poisoning programming.

Develop a protocol for screening follow-up for use by local health departments where children are identified with elevated blood lead levels.

IV. Abate lead hazards in all environments in which children are found to have an elevated blood lead level of 25 mcg/dl or higher.

Recommend statutory authority to test facilities where children live or are served (child care/preschool/Head Start/Kindergarten, etc.) for lead hazards; to require abatement of identified lead hazards and establish administrative procedures for appropriate abatement and remediation.

Activities which would assist in implementing the above objectives have been outlined. These activities require a concerted effort by Illinois Department of Public Health, local health departments, physicians, health care providers, real estate agencies, state attorneys, housing authorities and other public and private agencies serving children.

In conclusion, during year one (1991), the plan calls for the following:

- Revise Rules and Regulations currently promulgated to strengthen the Lead Poisoning Prevention Act.

- Promulgate revisions to Rules and Regulations relating to physical examinations prior to entrance into school programs to include lead screening.

- Develop comprehensive legislation which contains requirements for: 1) universal annual screening of children under age 6; 2) case management for identified cases; 3) establishment of standards and licensing for lead inspectors and contractors providing abatement; 4) inspections for lead at real estate transfer; 5) owner obligation upon notice of lead hazard; 6) tax credit for abatement and establishment of a revolving loan fund for abatement; 7) definition of tenants rights; and 8) protections and penalties for the violation of the act for consideration by the Illinois Department of Public Health.

- Develop a legislative strategy to ensure comprehensive legislation is ultimately enacted.

- Develop outreach and education materials and programs targeted to various audiences (physicians, parents, child care providers, health care providers, educators, etc.).

- Establish a medical advisory committee of physicians knowledgeable in treating children with lead poisoning to advise the Department of Health in the establishment of protocols and provide consultation for physicians statewide.

- Expand the capacity of the state laboratories and Chicago Department of Health to process additional lead tests.

- Expand the capacity of the Division of Environmental Health to administer abatement procedures.

- Establish target areas in the state for screening activities based on the age of housing stock, socioeconomic factors and number of children under 6 years of age.

- Train staff of agencies providing screening and follow-up.

- Notify MCH grantees of the requirement to screen all children receiving health services for lead as stated in the Maternal and Child Health Services Code (77 Ill. Adm. Code 630).

- Begin collaborative efforts with physicians statewide to encourage screening of young children annually for lead as part of their regular health care service.

- Begin collaborative efforts with the local state's attorney offices to ensure their enforcement of the Lead Poisoning Prevention Act.

- Begin collaborative efforts with Illinois Medical Society, Illinois Academy of Pediatrics, Illinois Academy of Family Practitioners, schools of medicine, and hospitals to provide physicians with up-to-date information regarding lead poisoning.

- Begin collaborative efforts with programs such as Well Baby Clinics, WIC Clinics, Head Start, Pre-K, private and public preschools, Title XX Day Care, Early Intervention, Ounce of Prevention, and Parent Child Centers to encourage annual lead screening for all children enrolled in their programs and their young siblings.

- Begin collaborative efforts with the Department of Public Aid to see that the Healthy Kids

(EPSDT) physical examinations include lead screening as a requirement.

During year two (1992) the plan calls for the following:

- Provide educational materials and programs on lead poisoning to community programs, physicians and other health service providers, families, real estate brokers, educators and child care workers.

- Better define the epidemiology of lead poisoning and the effectiveness of follow-up activities through screening and case follow-up in targeted areas.

- Increase the number of children receiving lead screening in WIC, Well Baby, Head Start and Healthy Kids programs by 50 percent.

- Develop protocols in line with the Centers for Disease Control's new guidelines for screening, case follow-up and environmental remediation.

- Assist physicians statewide in providing lead screening for children under age 6 as part of their well child exams, with the assistance of the State Medical Society, American Academy of Pediatrics, American Academy of Family Practitioners and the American Academy of General Practitioners.

- Provide ongoing training on environmental investigations to local health departments.

- Develop agreements with local health departments to provide case management and environmental investigations for identified cases of lead poisoning.

- Develop a protocol for identifying all adults at risk for lead poisoning with a focus on pregnant women.

- Identify and screen adults in high-risk environments.

- Provide comprehensive ongoing education about the hazards of lead to targeted populations (de-leaders, rehabbers, owners of old housing, industry, state's attorneys, physicians and health providers) through media and publications.

- Provide training to community groups in educating the community and coordinating with screening programs.

- Incorporate materials on Lead Poisoning Prevention in the Resource Center, Early Childhood Clearing House and Center for Health Promotion for distribution.

- Provide workshops for health, social service and education professionals regarding lead poisoning prevention and screening.

- Train local health department staff in the use of community members to assist in the provision of case follow-up for identified lead poison cases.

- Encourage clinics to screen and identify at-risk adults.

- Develop and provide educational materials on adult lead poisoning to or for distribution through professional associations and hypertension clinics.

During year three (1993) the plan calls for the following:

- Investigate all facilities serving young children (child care, Head Start, school) for lead sources.

- Inspect all property constructed prior to 1978 for lead prior to sale or transfer of property and the issuance of building permits for renovation.

- Investigate emergency areas targeted by the state for lead hazards, and screen children residing within those areas twice a year.

- Amend the Responsible Property Transfer Act to include lead hazards as a possible presence of hazardous substances.

- Continue to work with state's attorneys, real estate brokers and property owners to reduce lead hazards.

- Review Rules and Regulations for possible revisions.

APPENDICES

A - Members of Strategic Planning Committee and Subcommittees
B - Current Lead Poisoning Prevention Act
C - Estimated Number and Percent of Children with Elevated Blood Lead Levels by County/City

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Appendix A

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SP2737D.FH/A-13

LEAD POISONING PREVENTION ACT

AN ACT relating to the restriction and limitation of the sale and use of lead-bearing products, the labeling of lead-carrying containers, the reporting of cases with high blood lead levels and responsibilities of the Department of Public Health in carrying out programs and conducting investigations to diminish the incidence of lead intoxication. P.A. 78–560, approved and eff. Sept. 6, 1973.

1301. Short title

§ 1. This Act shall be known and may be cited as the "Lead Poisoning Prevention Act".

1302. Definitions

§ 2. As used in this Act, unless the context otherwise requires, the following terms have the meanings ascribed herein:

(1) "Director" means the Director of the Department of Public Health of the State of Illinois;

(2) "Department" means the Department of Public Health of the State of Illinois;

(3) "Dwelling" means any structure all or part of which is designed or used for human habitation;

(4) "Dwelling unit" means any room, group of rooms, or other interior areas of a structure designed or used for human habitation;

(5) "Exposed surface" means any interior surface of a dwelling or dwelling unit;

(6) "Lead bearing substance" means any paint or other surface coating material containing more than five-tenths of one percent (0.5%) lead by weight (calculated as lead metal) in the total non-volatile content of liquid paint, or such lower standard for lead content in residential paint as may hereafter be established by Federal law or regulation; or more than 1 milligram per square centimeter in the dried film of paint previously applied.

(7) "Owner" means any person, who alone, jointly or severally with others:

(a) Has legal title to any dwelling or dwelling unit, with or without accompanying actual possession thereof, or

(b) Has charge, care or control of the dwelling or dwelling unit as owner or agent of the owner, or as executor, administrator, trustee, or guardian of the estate of the owner.

(8) "Person" means any one or more natural persons, legal entities, governmental bodies or any combination thereof.

1303. Use or application of lead bearing substances prohibited

§ 3. No person shall use or apply lead bearing substances:

(a) In or upon any exposed surface of a dwelling or dwelling unit;

(b) In or around the exposed surfaces of a structure or dwelling used for the care of children;

(c) In or upon any fixtures or other objects used, installed or located in or upon any exposed surface of a dwelling or dwelling unit, or intended to be so used, installed or located and which, in the ordinary course of use, are accessible to and chewable by children;

(d) In or upon any toys, or other articles used by and chewable by children, or on furniture.

1304. Toy or furniture containing lead bearing substance—Sale, possession, etc.

§ 4. No person shall sell, have, offer for sale, or transfer toys or furniture which contains a lead bearing substance.

1305. Fixtures or objects for dwellings or dwelling units containing lead bearing substances—Sale or transfer—Offer to sell or transfer

§ 5. No person shall sell or transfer or offer for sale or transfer any fixtures or other objects intended to be used, installed or located in or upon any surface of a dwelling or dwelling unit, which contains a lead bearing substance and which, in the ordinary course of use, are accessible to and chewable by children.

1306. Lead bearing substances—Warning statement

§ 6. No person, firm, or corporation shall have, offer for sale, sell, or give away any lead bearing substance which may be used by the general public unless it bears the warning statement as prescribed by federal regulation. If no such regulation is prescribed the warning statement shall be as follows: "WARNING—CONTAINS LEAD. DRIED FILM OF THIS PAINT MAY BE HARMFUL IF EATEN OR CHEWED. See Other Cautions on (Side or Back) Panel. Do not apply on toys, or other children's articles, furniture, or interior surfaces of any dwelling or facility which may be occupied or used by children. KEEP OUT OF THE REACH OF CHILDREN."

(a) The generic term of a product, such as "paint" may be substituted for the word "substance" in the above labeling.

(b) The placement, conspicuousness, and contrast of the above labeling shall be in accordance with Section 191.101 of the regulations promulgated pursuant to the provisions of the Federal Hazardous Substances Act.[1]

[1] 15 U.S.C.A. § 1261 et seq.

1307. Reports of lead poisoning required—Immunity from civil or criminal liability

§ 7. Every physician who diagnoses, or a nurse, hospital administrator, director of a clinical laboratory or public health officer who has verified information of the existence of any person found or suspected to have a level of lead in the blood in excess of the permissible limits set out in regulations promulgated by the Department within forty-eight hours of receipt of verification thereof, shall report to the Department or to the local or regional health officer of the town, city, county, or region in which the person resides who shall report to the Department, the name, address, laboratory results, date of birth, and any other information about the person deemed essential by the Director. Any physician, nurse, hospital administrator, director of a clinical laboratory, public health officer or allied health professional making such a report in good faith shall be immune from any civil or criminal liability that otherwise might be incurred from the making of such report.

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1308. Investigation of dwelling units—Access to premises—Removal of samples or objects for analysis

§ 8. A representative of the Department, or representative of a unit of local government or health department approved by the Department for this purpose, may, after notification that an occupant of the dwelling unit in question is found to have a blood lead value of the value set forth in Section 7,[1] upon presentation of the appropriate credentials to the owner, occupant, or his representative, inspect dwelling or dwelling units, at reasonable times, for the purposes of ascertaining that all surfaces accessible to children are intact and in good repair, and for purposes of ascertaining the existence of lead bearing substances. Such representative of the Department, or representative of a unit of local government or health department approved by the Department for this purpose, may remove samples or objects necessary for laboratory analysis, in the determination of the presence of lead-bearing substances in the designated dwelling or dwelling unit.

Amended by P.A. 79–976, § 1, eff. Oct. 1, 1975.

[1] Paragraph 1307 of this chapter.

1309. Procedures upon determination of lead bearing substance in or upon dwellings or dwelling units

§ 9. Upon determination by the Department, or representative of a unit of local government or health department approved by the Department for this purpose, that there are lead-bearing substances in or upon any dwelling or dwelling unit which may be hazardous to children, or upon receipt of confirmation that an individual has a level of lead in his blood described in Section 7,[1] the Department, or representative of a unit of local government or health department approved by the Department for this purpose:

(1) May cause to be posted upon the dwelling of the individual, or upon the dwelling or dwelling unit identified as containing lead-bearing substances, a notice of the existence of such substances, in a conspicuous place or places;

(2) May inform the local health officers of the results of such determination and provide suitable recommendations for elimination of the problem areas;

(3) May in the event that small children reside in or frequently inhabit the premises, notify the homeowner, the occupant, or their representatives that lead-bearing substances are present on the surfaces of the dwelling or dwelling unit and may constitute a hazard to the health of children;

(4) May notify the owner of the dwelling or dwelling unit in writing, or in person, advising of the existence of such substances with instructions that these substances if accessible to small children, shall be removed, replaced, or securely and permanently covered within a time period not to exceed 30 days and in a manner prescribed by the Department. However, the Department may extend the period of time for compliance established by this Section upon written request from the owner if the condition is not an imminent health hazard to the occupants, the extension not to exceed one year.

Amended by P.A. 83–159, § 1, eff. Aug. 30, 1983.

[1] Paragraph 1307 of this chapter.

1310. Remedy by owner—Report of violations—Punishment—Rent withholding—Relocation of occupants

§ 10. Upon receipt of such notification, the owner shall seek to fill the prescribed remedy, within the prescribed time period, for the removal, replacement, or the secure and permanent covering of the lead-bearing substance, or be deemed in violation of this Act.

The Department, or representative of a unit of local government or health department approved by the Department for this purpose, shall report any violation of this Act to the State's Attorney of the county in which the dwelling is located, who has then the authority to charge the owner with Class A misdemeanor, and who shall take additional measures to insure that rent is withheld from the owner by the occupants of the dwelling or dwelling units affected, until the hazardous lead-bearing substances are removed, replaced or securely and permanently covered.

No tenant shall be evicted because an individual with an elevated blood lead level or with suspected lead poisoning resides in the dwelling unit, or because rent is withheld under the provisions of this Act, or because of any action required of the dwelling owner as a result of enforcement of this Act.

In cases where no action is taken which will result in the remedy of the hazard created by the lead-bearing substances within the stated time period, the local health officer and the local building officials may as practical utilize such community resources as are available to effect the relocation of the individuals who occupied the dwelling or dwelling unit affected until the remedy is made by the owner.

Amended by P.A. 79–976, § 1, eff. Oct. 1, 1975.

1311. Manner of removal of lead-bearing substances

§ 11. The removal of the lead-bearing substance from the dwelling or dwelling unit shall be accomplished in a manner which will not endanger the health or well-being of its occupants, and result in the safe removal from the premises, and the safe disposition, of flakes, chips, debris, and other potentially harmful materials.

1312. Violation of Act—Punishment—Confiscation of lead-bearing substances

§ 12. Violation of any Section of this Act other than Section 7 [1] shall be punishable as a Class A misdemeanor

In cases where a person is found to have mislabeled, possessed, offered for sale or transfer, sold or transferred, or given away lead-bearing substances, a representative of the Department shall confiscate the lead-bearing substances and retain such substances until they are shown to be in compliance with this Act.

[1] Paragraph 1307 of this chapter.

1313. Rules and regulations

§ 13. The Director is authorized to promulgate reasonable rules and regulations for carrying out the provisions of this Act.

1313.1. Administrative Procedure Act—Application

§ 13.1. The provisions of "The Illinois Administrative Procedure Act", approved September 22, 1975,[1] are hereby expressly adopted and shall apply to all administrative rules and procedures of the Department of Public Health under this Act, except that in cases of conflict between "The Illinois Administrative Procedure Act" and this Act

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the provisions of this Act shall control, and except that Section 5 of the Illinois Administrative Procedure Act[2] relating to procedures for rule-making does not apply to the adoption of any rule required by federal law in connection with which the Department is precluded by law from exercising any discretion.

Added by P.A. 79-1347, § 31, eff. July 1, 1977.

[1] Chapter 127, ¶ 1001 et seq.

[2] Chapter 127, ¶ 1005.

1314. Regulations and guidelines governing permissible limits of lead in and about dwellings and dwelling units—Other activities

§ 14. The Department shall establish and publish regulations and guidelines governing permissible limits of lead in and about dwellings and dwelling units.

The Department shall also initiate activities which:

(a) Will either provide for or support the monitoring and validation of all medical laboratories, private and public hospitals which perform lead determination tests on human blood or other tissues;

(b) Will provide laboratory testing of blood specimens for lead content, to any physician, hospital, clinic, free clinic, municipality or private organizations which cannot secure or provide such services through other sources. The Department shall not assume responsibility for blood lead analysis required in programs currently in operation;

(c) Will develop or encourage the development of appropriate programs and studies to identify sources of lead intoxication and assist other entities in the identification of lead in children's blood and the sources of that intoxication;

(d) May provide technical assistance and consultation to local, county or regional governmental or private agencies for the promotion and development of lead poisoning prevention programs.

(e) Will provide recommendations by the Director on the subject of identification and treatment for lead poisoning.

1315. Application to suits for damages, equitable relief or ordinance violations—Prima facie evidence of negligence—Ordinances

§ 15. Nothing in this Act shall be interpreted or applied in any manner to defeat or impair the right of any person, entity, municipality or other political subdivision to maintain an action or suit for damages sustained or for equitable relief, or for violation of an ordinance by reason of or in connection with any violation of this Act. The failure to remove lead based substances within the time prescribed by this Act shall be prima facie evidence of negligence in any action brought to recover damages for injuries incurred after the expiration of that period. This Act shall not prohibit any city, village, incorporated township or other political subdivision from enacting and enforcing ordinances establishing a system of lead poisoning control which provide the same or higher standards than those set forth in this Act.

1316. Effect of invalid provisions or applications of Act

§ 16. If any provision of this Act or the application thereof to any person or circumstances shall be held invalid, such invalidity shall not affect the provisions or application of this Act which can be given effect without the invalid provision or application, and to this end the provisions of this Act are declared to be severable.

1317. Effective date

§ 17. This act takes effect upon its becoming a law

ILLINOIS REVISED STATUTES - 1989

Estimated Number and Percent of Children under Six with Elevated Blood Lead Levels of 10 mcg/dL or more and 30 mcg/dL or more for All Races 50M Cities: 1980

ILLINOIS 50M CITY	(1) Total Number of Children < 6 in area	(2) Est. Number of Children with Pb8 of >= 30 mcg/dL	(3) Percent of Children With Pb8 of >= 30 mcg/dL	(4) Est. Number of Children with Pb8 of >= 10 mcg/dL	(5) Percent of Children With Pb8 of >= 10 mcg/dL
Arlington Heights	4,507	75	1.66	3,634	80.63
Aurora	9,494	238	2.51	7,760	81.73
Bloomington	3,847	106	2.75	3,156	82.04
Champaign	3,463	96	2.77	2,840	82.00
Chicago	275,414	10,175	3.69	228,403	82.93
Cicero	4,575	130	2.83	3,760	82.18
Decatur	8,776	263	2.99	7,217	82.23
Des Plaines	3,495	65	1.85	2,829	80.93
East St. Louis	6,798	404	5.94	5,782	85.05
Elgin	6,610	157	2.37	5,394	81.61
Evanston	4,175	87	2.08	3,390	81.20
Joliet	7,672	215	2.81	6,289	81.98
Kankakee	2,945	105	3.57	2,441	82.88
Moline	3,762	90	2.38	3,068	81.56
Mount Prospect	3,458	62	1.80	2,794	80.79
Normal	2,078	44	2.13	1,689	81.28
Oak Lawn	3,574	69	1.92	2,896	81.03
Oak Park	4,057	83	2.06	3,295	81.22
Peoria	11,525	333	2.89	9,461	82.10
Rantoul	2,212	73	3.30	1,838	83.11
Rockford	12,381	345	2.79	10,153	82.01
Rock Island	4,339	128	2.95	3,566	82.19
Schaumburg	5,249	88	1.67	4,237	80.71
Skokie	3,285	61	1.85	2,659	80.93
Springfield	8,496	240	2.82	6,976	82.11
Urbana	1,950	60	3.10	1,607	82.39
Waukegan	6,821	183	2.69	5,588	81.93

References: (1) U.S. Bureau of the Census: Characteristics of the Population of Illinois. U.S. Govt. Printing Office, 1980.

(2) NCHS, Plans and Operations of HANES II 1976-1980. Washington, D.C.:NCHS, 1981 (Vital and Health Statistics Series 1. No. 15.)

(3) Guyer B., Schor L., Messenger KP, Prenney B., Evans F., Needs Assessment Under the MCH Serv. Block Grant: Massachusetts. AJPH 1984: 74,(9): 1014-1018.

Source: Illinois Department of Public Health, Family Health, Data and Evaluation Unit, NCELVBL, January 1991, Emmerling.

Estimated Number and Percent of Children under Six With Elevated Blood Lead Levels of 10 mcg/dL or more and 30 mcg/dL or more for All Races 50M Cities: 1980

ILLINOIS COUNTIES	(1) Total Number of Children < 6 in area	(2) Est. Number of Children with Pb8 of >= 30 mcg/dL	(3) Percent of Children With Pb8 of >= 30 mcg/dL	(4) Est. Number of Children with Pb8 of >= 10 mcg/dL	(5) Percent of Children With Pb8 of >= 10 mcg/dL
Adams	6,197	199	3.21	5,117	82.58
Alexander	1,199	57	4.72	1,008	84.11
Bond	1,368	50	3.67	1,136	83.06
Boone	2,616	65	2.50	2,139	81.75
Brown	439	18	4.15	367	83.66
Bureau	3,337	93	2.80	2,742	82.16
Calhoun	455	18	3.98	380	83.42
Carroll	1,556	50	3.24	1,286	82.65
Cass	1,346	43	3.22	1,111	82.51
Champaign	12,933	362	2.80	10,621	82.13
Christian	3,060	93	3.05	2,524	82.48
Clark	1,406	49	3.49	1,166	82.94
Clay	1,275	51	4.01	1,066	83.60
Clinton	3,175	90	2.84	2,611	82.24
Coles	3,931	117	2.97	3,239	82.39
Cook	448,405	13,163	2.94	368,178	82.11
Crawford	1,727	51	2.95	1,423	82.42
Cumberland	1,043	35	3.40	865	82.90
DeKalb	5,367	131	2.44	4,383	81.67
Dewitt	1,677	46	2.74	1,375	81.99
Douglas	1,862	53	2.85	1,530	82.15
DuPage	58,919	1,029	1.75	47,582	80.76
Edgar	1,955	69	3.55	1,624	83.06
Edwards	740	27	3.59	614	83.04
Effingham	3,218	94	2.93	2,649	82.32
Fayette	1,936	72	3.69	1,611	83.21
Ford	1,325	37	2.80	1,090	82.25
Franklin	3,479	131	3.77	2,896	83.24
Fulton	3,932	122	3.09	3,242	82.46
Gallatin	607	25	4.14	508	83.61
Greene	1,462	57	3.92	1,220	83.47
Grundy	2,944	70	2.38	2,402	81.57
Hamilton	711	29	4.12	595	83.62
Hancock	2,082	69	3.30	1,723	82.74
Hardin	421	20	4.65	355	84.21
Henderson	851	28	3.33	704	82.70
Henry	5,516	149	2.71	4,521	81.97
Iroquois	2,836	86	3.05	2,338	82.43
Jackson	4,112	147	3.57	3,411	82.95
Jasper	1,064	36	3.41	883	82.97
Jefferson	3,335	117	3.52	2,764	82.87
Jersey	1,788	53	2.96	1,473	82.38
JoDaviess	2,119	59	2.76	1,742	82.21
Johnson	692	28	4.11	578	83.58

Estimated Number and Percent of Children under Six With Elevated Blood Lead Levels of 10 mcg/dL or more and 30 mcg/dL or more for All Races SOM Cities: 1980

ILLINOIS COUNTIES	(1) Total Number of Children < 6 in area	(2) Est. Number of Children with Pb8 of >= 30 mcg/dL	(3) Percent of Children With Pb8 of >= 30 mcg/dL	(4) Est. Number of Children with Pb8 of >= 10 mcg/dL	(5) Percent of Children With Pb8 of >= 10 mcg/dL
Kane	28,572	636	2.23	23,253	81.39
Kankakee	9,998	308	3.08	8,232	82.34
Kendall	3,841	76	1.98	3,114	81.06
Knox	5,312	155	2.93	4,368	82.24
Lake	40,343	852	2.11	32,764	81.21
LaSalle	9,470	251	2.65	7,757	81.91
Lawrence	1,488	52	3.52	1,234	82.96
Lee	3,149	82	2.60	2,579	81.91
Livingston	3,426	88	2.56	2,802	81.80
Logan	2,568	72	2.80	2,109	82.13
McDonough	2,482	82	3.32	2,053	82.74
McHenry	14,018	294	2.10	11,392	81.27
McLean	9,786	246	2.52	8,000	81.75
Macon	12,285	341	2.77	10,072	81.98
Macoupin	4,329	139	3.22	3,575	82.58
Madison	20,718	580	2.80	17,003	82.07
Marion	3,899	133	3.42	3,230	82.84
Marshall	1,286	35	2.73	1,054	81.98
Mason	1,856	58	3.14	1,530	82.43
Massac	1,225	46	3.78	1,019	83.18
Menard	1,048	29	2.75	859	82.00
Mercer	1,728	52	3.01	1,422	82.28
Monroe	1,694	43	2.51	1,385	81.75
Montgomery	2,668	87	3.26	2,207	82.70
Morgan	3,064	94	3.05	2,525	82.39
Moultrie	1,335	38	2.84	1,098	82.22
Ogle	4,022	106	2.62	3,294	81.90
Peoria	18,655	495	2.66	15,272	81.87
Perry	1,934	60	3.09	1,595	82.45
Piatt	1,452	37	2.53	1,188	81.84
Pike	1,501	59	3.92	1,254	83.53
Pope	316	14	4.48	265	83.85
Pulaski	885	43	4.88	746	84.34
Putnam	583	15	2.56	477	81.80
Randolph	3,092	87	2.80	2,540	82.14
Richland	1,459	48	3.28	1,207	82.75
Rock Island	15,208	392	2.58	12,436	81.77
St Clair	25,613	894	3.49	21,198	82.76
Saline	2,147	82	3.83	1,788	83.29
Sangamon	15,362	407	2.65	12,587	81.93
Schuyler	687	25	3.63	571	83.08
Scott	504	18	3.59	418	82.98
Shelby	2,114	66	3.12	1,745	82.55
Stark	665	19	2.85	547	82.18

Estimated Number and Percent of Children under Six With Elevated Blood Lead Levels of 10 mcg/dL or more and 30 mcg/dL or more for All Races 50M Cities: 1980

ILLINOIS COUNTIES	(1) Total Number of Children < 6 in area	(2) Est. Number of Children with PbB of >= 30 mcg/dL	(3) Percent of Children With PbB of >= 30 mcg/dL	(4) Est. Number of Children with PbB of >= 10 mcg/dL	(5) Percent of Children With PbB of >= 10 mcg/dL
Stephenson	4,174	113	2.72	3,425	82.06
Tazewell	12,901	298	2.31	10,513	81.49
Union	1,209	48	3.98	1,009	83.44
Vermilion	8,812	274	3.10	7,264	82.43
Wabash	1,255	39	3.13	1,035	82.44
Warren	1,974	63	3.22	1,631	82.60
Washington	1,340	43	3.23	1,107	82.60
Wayne	1,438	53	3.66	1,197	83.23
White	1,307	46	3.51	1,085	83.01
Whiteside	6,268	164	2.62	5,130	81.85
Will	34,672	762	2.20	28,183	81.28
Williamson	4,469	153	3.42	3,703	82.86
Winnebago	22,216	573	2.58	18,164	81.76
Woodford	3,425	79	2.29	2,790	81.47
ILLINOIS TOTAL	1,003,665	27974	2.79	822,790	81.98

References: (1) U.S. Bureau of the Census: Characteristics of the Population of Illinois. U.S. Govt. Printing Office, 1980.
(2) NCHS, Plans and Operations of HANES II 1976-1980. Washington, D.C.:NCHS, 1981 (Vital and Health Statistics Series 1. No. 15.)
(3) Guyer B., Schor L., Messenger KP, Prenney B., Evans F., Needs Assessment Under the MCH Serv. Block Grant: Massachusetts. AJPH 1984: 74,(9): 1014-1018.

Source: Illinois Department of Public Health, Family Health, Data and Evaluation Unit, NCELVBL, January 1991, Emmerling.

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