



## DC Action for Children

*President of the Board*  
Deborah Both

*Executive Director*  
Angela Jones Hackley

May 2, 2007

### **Emeritus**

Marion Guggenheim

Cynthia McGrath

Elizabeth Siegel

### **Directors**

Diane Bernstein

Crystal Brown

Curtis Etherly, Jr. Esq.

Thomas Gore, MSW

Shirley Grant, MD\*

Scott Henderson

Sarah Howe

Maureen Lewis, Esq.

Gregory McCarthy

Darren P. Riley, Esq.

Benjamin Sawyer

Karen Sibert

Susan Zox-Smith

Clarice Dibble Walker

Gloria WilderBrathwaite, MD

Elizabeth Kann Ward

Jacqueline Watson, DO, MBA

\* Deceased

Ms. Lisa Raymond  
District 3 Member, Board of Education  
825 North Capitol Street NE  
Washington DC 20002

Dear Lisa,

It was terrific meeting you last week at the Ward 6 Dems meeting. The subject of the panel presentation – child lead poisoning – is incredibly important as you well know. As DC Action for Children (DC ACT) is the only non-profit multi-issue advocacy organization dedicated to improving conditions for children, youth and their families in the District, we have a unique perspective on fixing the problem on a systems level. My hope is that we can use our experience and access with the range of government agencies to help DCPS and the Board of Education craft a communications plan for problems such as that associated with lead in the water.

I think we can all agree that it was, indeed, unfortunate that DCPS did not notify parents of the possibility of lead exposure to their children in a timely manner. Immediate attention can make a difference in the impact on a child's health and the number of children who are exposed. Enclosed are charts from the Department of Health's Childhood Lead Poisoning Screening and Education Program that illustrate by ward the number of children who have been tested for lead exposure and how many had elevated blood levels (EBLs). As you know, an EBL of 10 ug/dl or higher is considered lead poisoning. The charts show that citywide there was over a 15% increase in children who tested with EBLs between 2003 and 2004.

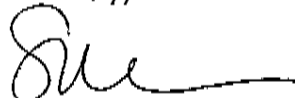
According to Childhood Lead Poisoning Screening and Education Program, the increase in testing was due to the discovery of lead in the water and the related public campaign and citywide testing. As evident in the data, a number of children were found with EBLs due to the public campaign.

Research shows lead poisoning can result in developmental delays and learning disabilities. Given the city's history with lead in the water, we believe DCPS's parent notification was wholly inadequate. That said, we are committed to working with the Board of Education and DCPS to develop a more effective and responsive communication plan in the event something like this happens again. Some of our immediate thinking on the issue is about public education and outreach as we briefly discussed at the meeting. Specifically:

- *DCPS/Board of Education provision of information:* Parents need to receive letters, e-mails and phone calls informing them about the problem. DCPS should use more than one form of communication to do outreach to parents. Note that we have recommended that DCPS implement a communications tool related to truancy (see *KidBits: Using data to improve outcomes for children and youth*, pages 7-8; enclosed) that could be used for health hazards and other "problems" requiring immediate attention and action.
- *DCPS/Board of Education sponsorship of public meetings:* DCPS should conduct town hall meetings across the city to allow parents an opportunity to discuss the issue with DCPS officials and to learn more about the issue.
- *Collaboration with the Department of Health to provide screenings:* Integral to addressing a health hazard like lead poisoning is screenings. These should be offered throughout the city to assuage parent's concerns and to ensure children are being tested. Note that we do not think these should be operated by DCPS but rather by the Department of Health. Many children in DCPS are enrolled in Medicaid and using the resources we have in place well and expediently is responsible. Certainly, emergency situations may require other kinds of decisions. But in this case, coordination with Medicaid makes sense.
- *DCPS/Board of Education and Department of Health follow-up:* DCPS should take responsibility to let parents and the public know when the problem has been resolved in all schools. The Department of Health, too, has a responsibility to children. At a minimum, DOH should ensure that all children that are tested throughout the city receive appropriate medical attention.

DC ACT looks forward to working with DCPS and the Board of Education to ensure that an effective outreach campaign occurs. We hope to get started on this campaign as soon as possible. Kim Willis, a policy analyst working on this issue, will contact your office soon to follow-up. In the meantime, feel free to contact Kim if you have any questions at 234-9404 or [kwillis@dckids.org](mailto:kwillis@dckids.org).

Sincerely,



Suzanne E. Cambria, MSW  
Deputy Director/Public Policy

Enclosure

Cc: Dr. Clifford Janey, Superintendent, DCPS  
Mr. Robert Bobb, President, DC Board of Education