LEAD POISONING AND THE LOCAL HEALTH DEPARTMENT

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A municipal health department's role in the prevention of childhood lead poisoning is necessarily limited by three factors: (1) its traditional pattern of functioning in public health activities; (2) the politics of the particular issue; and (3) the insufficient appropriation of resources to the particular cause. Consequently, most local health departments seem to have accepted Jane Lin Fu's concept of prevention--prevention "through early detection and termination of undue exposure." In accordance with this concept, they have accepted roles as the detector of and resolver for elevated lead levels and actual cases of childhood lead poisoning. Certainly, those who are involved in public health programs committed to the elimination of this disease realize the "last resort" nature of this type of prevention and experience the daily frustrations which are built into preventing the further development of a problem rather than preventing its origination. Most local health departments' lead poisoning control programs have been built around this concept of prevention and its implied roles.

In the area of providing health-related services, many common problems are met by the majority of health departments. The absence of Federal funds for the support of all-out comprehensive educational campaigns against childhood lead poisoning, health center transportation systems, and a reliable micro-blood-lead technique severely limit the detection and resolution capabilities. Also, the high

mobility rate of the families involved make close follow-up very difficult in most cases. In some instances, the families cannot be reached at all.

Childhood lead poisoning is a man-made public health problem, and the real answers to its prevention in absolute terms are not unknown. The fact, however, that it has reached its programmatic level in a municipal health department demonstrates that the real answers are presently either "unfeasible" or "unacceptable" as one prominent urbinologist has suggested of most solutions related to our urban problems. For instance, this disease could be prevented by providing adequate housing for all low income families or by completely ridding dwelling units of lead-base substances, but both are economically "unfeasible" and "unacceptable."

The local health department, under the present circumstances, fills a necessary role in the vacuum of real childhood lead poisoning prevention. Its preventive role, however, must be well-defined to avoid misleading the community, to enable the development of realistic program objectives, and to bring out the need for real and necessary institutional solutions. We are seeing some hopeful signs in this area, such as housing and lead-paint legislative activities at all levels of government, recent appropriations to low income housing and lead-base paint poisoning prevention programs, and increasing community awareness to the problem; however, in view of the slow pace and slight magnitude of these developments, the need for the "last resort" role played by local health departments in the prevention of childhood lead poisoning will be around for a long time.