

CHILDREN WITH ELEVATED BLOOD LEAD LEVELS

(FY2007 Appropriation Bill - Public Act 330 of 2006)

February 1, 2007

Section 1129: The department shall provide a report annually to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on the number of children with elevated blood lead levels from information available to the department. The report shall provide the information by county, shall include the level of blood lead reported, and shall indicate the sources of the information.

*Michigan Department
of Community Health*



Jennifer M. Granholm, Governor
Janet Olszewski, Director

**LEGISLATIVE REPORT
CHILDHOOD LEAD POISONING PREVENTION PROGRAM (CLPPP)
RESPONSE TO SECTION 5474 (2) OF PUBLIC ACT 219 OF 1998
Report Covering October 1, 2005 - September 30, 2006**

This report is provided in response to Section 5474 (2) of Public Act 219 of 1998, which requires the Department of Community Health (DCH) to annually report to the legislature *the number of children through age 6*¹ who were screened, i.e., received a blood lead test for lead-poisoning during the preceding fiscal year and those who were confirmed to have blood lead levels at or above 10 micrograms per deciliter of blood. The report shall compare these rates with those of previous fiscal years and the Department shall recommend methods for improving compliance with guidelines issued by the federal Centers for Disease Control and Prevention (CDC), including any necessary legislation or appropriations.”

Attachment 1 reflects lead testing results for FY05. It is important to note that the percentage of children found to be lead-burdened has decreased from 9.9 percent in FY98 to 1.8 percent in FY06. (The national average, as reported in the Morbidity and Mortality Weekly Report [MMWR] using National Health and Nutrition Examination Survey [NHANES] data, is 1.4 percent.) In FY06, 2,525 (a decrease of 123) children under the age of six years were identified with elevated blood lead levels. The distribution was: 1,613 children (a decrease of 205) were found to have a blood lead level of 10-14 µg/dL; 533 children (an increase of 45) at a level of 15-19 µg/dL; and 379 children at ≥20 µg/dL (an increase of 37 children). The total number of children tested was 143,326, or 15 percent of total children under age 7 years (2000 census: 958,657 children in this age group). This testing represented an increase of 7,879 children. For FY06, 973 children identified with an elevated capillary blood lead level have not had confirmation (by follow-up with a venous blood specimen) of that finding.

The Childhood Lead Poisoning Prevention Program (CLPPP) at the Michigan Department of Community Health continues its efforts to make education and information readily available to health care providers, parents and allied health and education workers (WIC, Head Start/Early Head Start, Early On, Vision and Hearing specialists, etc.), alerting them to the persistence of lead hazards in Michigan, and to the testing requirements for children under 6 years of age.

As most Medicaid-enrolled children receive their health care in qualified health plans, the plans and their participating providers represent a major focus of our education, outreach and quality assurance efforts. Medical Services Administration (MSA) is working aggressively with the plans in order to meet the legislated requirement (P.A. 55, April 2004) of 80% testing of Medicaid-enrolled children by 2007. MSA also provides monthly reports to the plans quantifying their testing performance for that time period; furthermore, the performance report for all plans and fee-for-service providers are posted on the Internet for public review.

¹ This should read *to age 6* to be consistent with national standards which express data *to age 6*. This would necessitate a slight revision in the language of Section 5474 (2) of Public Act 219 of 1998. However, as is currently required, data for this report is *through age 6*.

Staff of the CLPPP program continue to remind pediatric providers at every available opportunity (professional meetings, poster sessions, student rounds, etc.) of the requirement for testing of the Medicaid population of young children, as well as other children at-risk, and the appropriate testing periodicity. (Note: In excess of 80% of the children [nationally] identified as significantly lead-burdened, with blood lead levels ≥ 20 $\mu\text{g}/\text{dL}$, are children whose source of insurance is Medicaid, a potent reminder of the significance of testing this population of children.)

One of the major projects for the CLPPP during the months of January and February 2005 was program evaluation, reporting, and competitive application for funding from the Centers of Disease Control and Prevention (CDC). CLPPP was successful in obtaining funding for the grant year beginning July 1, 2006, and ending June 30, 2007. This is the last competitive cycle for CDC funding, and CDC funding will end in 2010.

The Michigan CLPPP is committed to increasing our blood lead testing rates, assuring case management for children with confirmed blood lead levels of ≥ 20 $\mu\text{g}/\text{dL}$, and supporting and encouraging primary prevention activities, especially in the thirteen highest risk communities (Battle Creek, Benton Harbor, Detroit, Flint, Grand Rapids, Hamtramck, Highland Park, Jackson, Kalamazoo, Lansing, Muskegon, Pontiac, and Saginaw). Primary prevention activities identify and control lead hazards before children are poisoned.

Activities for the 2005-2006 grant year included:

- The Lead Initiative Steering Committee continues to monitor progress made on the work plan that was developed in response to recommendations made by the Governor's Task Force. Because significantly less funding (\$1M) than the Task Force recommended (\$3.78M) has been made available, the priority items were once again pared down and the following activities took place:
 1. Additional or new funding was distributed to local health departments in the target communities to assure comprehensive case management for children with significantly elevated blood lead levels.
 2. Development of the voluntary Lead-Safe Housing Registry for pre-1978 rental properties (P.A. 432) is progressing, with the release date scheduled for the end of 2006.
 3. A public awareness/media campaign to alert parents and others to the need for blood lead testing for their children, as well as potential lead exposure sources has continued during the fiscal year.
 4. Professional technical assistance was provided to one of the target communities for community coalition-building around the issue of preventing lead poisoning by making housing lead-safe.
 5. The Childhood Lead Poisoning Prevention and Control Commission (Public Acts 400 and 431 of 2004) released their recommendations to the Governor in March 2006. The Governor, in turn, communicated with departments whose intersections resulted in gaps or conflicting purposes, asking the department directors to begin to work those issues through.
- Continued to identify opportunities to interact with pediatric providers with the assistance of our physician consultants, and the Medicaid managed care plans to assure their knowledge of the requirement for young children to be tested at prescribed intervals as well as their awareness of specialized pediatric consultation resources in their region; also assured communication from local public health staff to providers with findings from home visits.

- Continued work with quality improvement managers from the Medicaid health plans to achieve testing compliance from their providers. MDCH staffs from MSA and from the Division of Family and Community Health are partners in an MDCH Blood Lead Initiative with this outcome as one of the goals.
- Assured that the required transition to 100% electronic reporting by October 2005 (PA 54) was completed, with support from the CLPPP.
- Aggressively sought opportunities to provide formal presentations, poster sessions, exhibits, physician grand rounds, etc., to medical and allied health workers, environmental professionals and education department programs that are focused on health care of children. Identified and developed partners in the housing industry, community development projects and rental property owner associations. Provided presentations, exhibits, and participation in their meetings. The goal is to reinforce the shared role of health and housing in preventing and treating childhood lead poisoning.
- Encouraged participation by CLPPP's contracted physician consultants in outreach to community organizations, managed care organizations and professional organizations outreach in their catchment area.
- Continued to encourage non-Medicaid providers and local public health agencies to identify, treat, provide follow-up and educate families of children at-risk for lead poisoning, or who have been tested and found to have elevated blood lead levels.
- Pursued public education venues to raise community awareness for potential lead hazards, the effects of childhood lead poisoning and strategies to minimize the dangers of lead exposure.
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- Provided regional consultation to non-funded local public health agencies for developing and/or enhancing their respective agency's lead activities. Working with local public health, assisted with the development of childhood lead poisoning "action coalitions." Encouraged and supported primary prevention activities in target geographic areas.
- Continued work with WIC to identify and overcome barriers to providing blood lead testing in all WIC clinics for one- and two-year-old children.
- Assured case management of all Michigan children with elevated blood lead levels ≥ 20 $\mu\text{g/dL}$.

Activities for the grant year 2006-2007, which began on July 1, 2006, include:

- Collaborating with MDCH WIC to identify training, technical assistance and education needed to assure that all local staff in the 81 WIC clinics are prepared to comply with P.A. 286.
- Enhancing the capacity for local public health agency staff, through intensive outreach educational programs for their case managers, to provide comprehensive, coordinated, family-centered case management services for children with severe lead poisoning.
- Developing opportunities and additional partners so that housing-based and age-based outreach to families in target housing will occur, beginning in the high-risk communities.

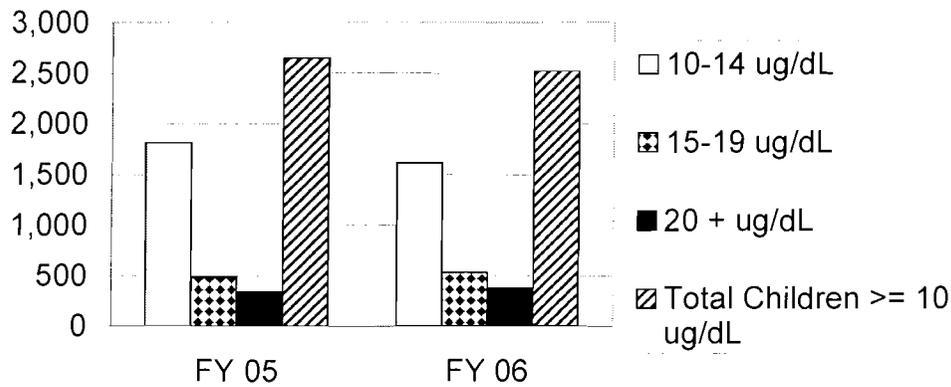
- With media consultants, developing an outreach campaign for home and rental property owners, contractors and the general public so that all work performed in or on pre-1978 built structures is completed in a “lead-safe” manner.
- Working with County Prosecutors to develop skills and capacity for implementation of P.A. 434.

General Fund appropriations to the Childhood Lead Poisoning Prevention Program have been essentially flat since 1992. Once again, the Governor and legislature were able to identify \$1M (Healthy Michigan Fund) to further the implementation of Task Force recommendations. Assuring that the State of Michigan meets the federal 2010 target of elimination of childhood lead poisoning depends on fully-funding the identified strategic plan, since after 2010, the Centers for Disease Control and Prevention will no longer be funding states for lead poisoning prevention programs.

With additional funding, CLPPP (and the Lead and Healthy Housing section) could:

- Assure an environmental investigation and visit from a public health nurse to every Michigan home where a child is identified as having an elevated blood lead level.
- Offer an aggressive media campaign in all parts of the state, both rural and urban, to alert residents to the hazards of working on pre-1978 build structures.
- Hire/contract another ombudsman who can travel statewide to assist families and rental property owners with identifying lead hazards in child-frequented residences and developing an individualized funding portfolio for each. Currently, there is one ombudsman, who leverages federal, state, local and personal resources to develop a funding portfolio for the families that he serves.
- Hire/contract an additional nurse consultant to provide staff training, technical assistance and case management oversight for Michigan's 45 local public health agencies.
- In partnership with lead professionals throughout the state, provide interim controls and/or abatement to more Michigan residences.

MICHIGAN CHILDREN CONFIRMED AS LEAD POISONED



	FY 05	FY 06
Breakdown: 10-14 µg/dL	1,818	1,613
15-19 µg/dL	488	533
20+ µg/dL	342	379
Total Children ≥ 10 µg/dL	2,648	2,525
Number of Children aged 0 through 6 tested	135,447	143,326

Michigan Department of Community Health, Childhood Lead Poisoning Prevention Program
11/8/2006

A lead level of 10 micrograms/deciliter ($\mu\text{g}/\text{dL}$) is considered to be diagnostic of lead poisoning. Recommended actions include the following:

- * 10 - 19 $\mu\text{g}/\text{dL}$ - referrals are made to the local health departments for follow-up. A nurse makes a home visit to recommend a diet high in iron, calcium and Vitamin C to decrease the potential for absorption of lead from the environment. There is a review of environmental factors that can place the child at risk for lead poisoning.
- * 20 $\mu\text{g}/\text{dL}$ and over - Medical management is needed. Referrals are made to the local health departments for home visits by both a nurse and an environmental health sanitarian. The environmental health sanitarian inspects the home to determine the source of the lead poisoning and recommends actions for lead hazard control. When blood lead levels reach 45 $\mu\text{g}/\text{dL}$ and over, hospitalization is required for special treatments to remove the lead from the bloodstream. The danger to the child increases with the blood lead levels. Levels of 70 $\mu\text{g}/\text{dL}$ or more are considered medical emergencies requiring immediate hospitalization. Children who have been hospitalized for treatments cannot return to their homes until the environmental lead has been removed.