

LEGISLATIVE REPORT
CHILDHOOD LEAD POISONING PREVENTION PROGRAM (CLPPP)
RESPONSE TO SECTION 5474 (2) OF PUBLIC ACT 219 OF 1998
REPORT COVERING OCTOBER 1, 2004 - SEPTEMBER 30, 2005

This report is provided in response to Section 5474 (2) of Public Act 219 of 1998, which requires the Department to annually report to the legislature 1) the number of children through age 6 screened (i.e., received a blood lead test) for lead-poisoning during the preceding fiscal year 2) those who were confirmed to have blood lead levels at or above 10 micrograms per deciliter of blood and 3) recommend methods for improving compliance

Attachment I 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 2.0 percent in FY05. (The national average, as reported in the Morbidity and Mortality Weekly Report [MMWR] using National Health and Nutrition Examination Survey (NHANES) data, is 1.6 percent.) In FY05, **2,648** children under the age of six years were identified with elevated blood lead levels. The distribution was: **1,818** children were found to have a blood lead level of 10-14 ug/dL; **488** children at a level of 15-19 ug/dL; and **342** children at ≥ 20 ug/dL. The total number of children tested was 135,447, or 14.1 percent of total children under age 7 years (2000 census: 958,657 children in this age group). For FY05, 1,864 children identified with an elevated capillary blood lead level have not had confirmation (by follow-up with a venous blood specimen) of that finding. (See Attachment I)

The Childhood Lead Poisoning Prevention Program (CLPPP) at 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 (PA 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 has been posted on the Internet for public review.

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 and the appropriate testing periodicity. (Note: in excess of 80% of the children [nationally] identified as “significantly lead-burdened,” with blood lead levels ≥ 20 ug/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 was program evaluation, report, and application for continuation funding from the Centers of Disease Control and Prevention (CDC). CLPPP was successful in obtaining ongoing funding for the grant year beginning July 1, 2004 and ending June 30, 2005. In February 2006 CLPPP will submit a grant proposal for the **last competitive cycle** for CDC funding.

The Michigan CLPPP is committed to increasing our blood lead **testing rates**, assuring **case management** for children with confirmed blood lead levels of ≥ 20 ug/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, Saginaw). Primary prevention activities identify and control lead hazards before children are poisoned.

Activities for the 2004-2005 grant year included:

- The **Final Report of the Governor's Task Force** to Eliminate Childhood Lead Poisoning was presented to the Governor and the public on November 16, 2004. Approximately 150 stakeholders from all over the state were part of the process, working on the Task Force at large, the six subcommittees, or both. More than 100 recommendations were identified, and are part of the final report.
- A **Task Force Steering Committee identified seven priority recommendations** (or "first steps"), for which approximately \$3.8 million would be required for full funding. One million dollars was made available to apply to accomplishing the priority recommendations. As this represented significantly less funding than the Task Force suggested, modifications were made to begin efforts as follows:
 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 was begun (**Act 432**).
 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 took place during the last quarter of the fiscal year.
 4. Professional technical assistance was provided to four 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 (Acts 400 and 431 of 2004)** has held two public hearings; anticipated release of recommendations to the Governor is early in 2006.

During 2005, MDCH staff:

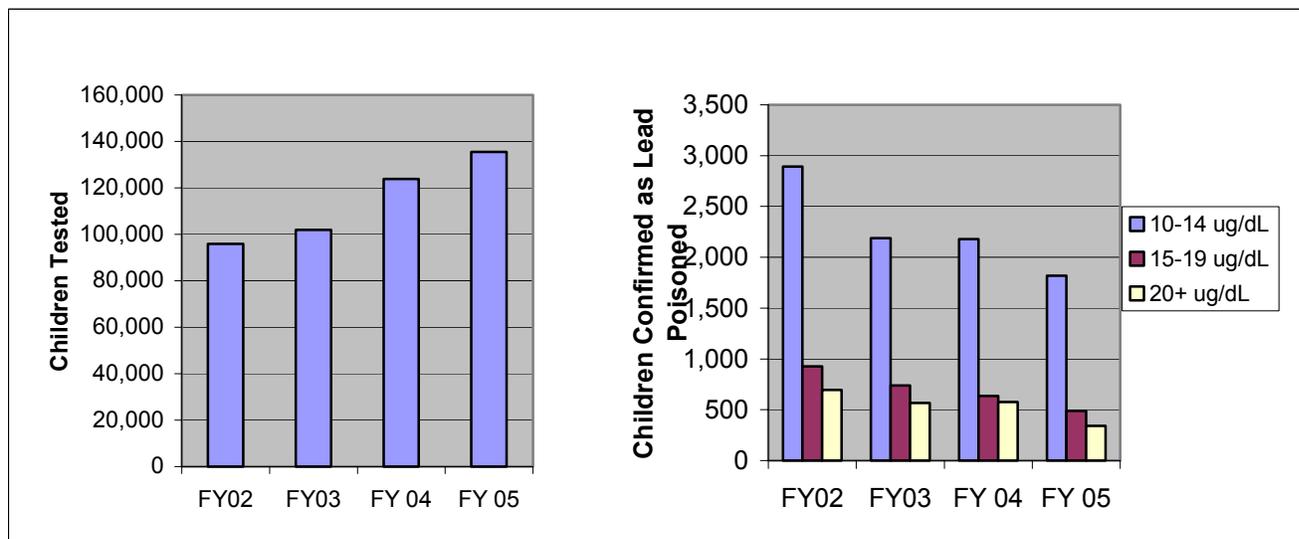
- Continued to identify opportunities to interact with pediatric providers (and to have our physician consultants do the same) and the Medicaid managed care plans to assure their knowledge of the requirement for young children to be tested at prescribed intervals as well as their awareness of specialized 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 FCH are partners in an MDCH Blood Lead Initiative with this outcome as one of the goals.
- Continued to provide direct, onsite consultation to laboratory directors, with special emphasis on improving accuracy, completeness and timeliness of results reporting, as well as technical assistance in making the **required transition to 100% electronic reporting by October 2005 (PA 54)**.
- Distributed, through the Department of Human Services (previously FIA), consumer information fliers developed by CLPPP staff to assure that families selecting rental or purchase of subsidized housing are aware of lead hazards and how to identify and minimize them prior to occupancy.
- Aggressively sought opportunities to provide formal presentations, poster sessions, exhibits, 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.
- Continued collaboration with Department of Labor and Economic Growth to provide issue awareness and technical support to their Day Care Licensing staff with the goal of preparing those supervisors for visual identification of potential lead hazards as they make licensing visits.
- Encouraged participation by CLPPP's contracted physician consultants in community organization/managed care organization/professional organization outreach in their catchment area.
- Continued to encourage non-Medicaid providers and local public health agencies to identify, treat, 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 of potential lead hazards, the effects of childhood lead poisoning and strategies to minimize the dangers of lead exposure.
- Provided regional consultation to non-funded local public healthy 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 $\geq 20\text{ug/dL}$.

Recommendations:

Recommendations for improvement are contained in the Report of the Governor's Task Force to Eliminate Lead Poisoning. http://www.michigan.gov/documents/lead_108767_7.pdf) While the Governor and legislature were able to identify one million dollars ("Healthy Michigan Fund") to begin implementation of Task Force recommendations in 2005, full implementation of the "first steps" will require additional funding. 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. It should be noted that the Centers for Disease Control and Prevention has indicated that after 2010, it will no longer be funding states for the array of components for lead poisoning prevention programs.

Michigan Children 0 through 6 Years of Age, Tested for Lead Poisoning



	FY02	FY03	FY04	FY05
Breakdown: 10-14 ug/dL	2,892	2,187	2,179	1,818
15-19 ug/dL	927	740	634	488
20+ ug/dL	694	568	575	342
Total Children \geq 10 ug/dL	4,513	3,495	3,388	2,648
Number of Children aged 0 through 6 tested	95,839	101,977	123,837	135,447

Michigan Department of Community Health, Childhood Lead Poisoning Prevention Program

1/3/2006

A lead level of 10 micrograms/deciliter (*u g/dL*) is considered to be diagnostic of lead poisoning. Recommended actions include the following:

- * 10 - 19 *u g/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 *u g/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 *u g/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 *u g/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.