

Priority: Education
Program Offer Type: Existing Operating
Related Programs:

Lead Agency: Health Department
Program Contact: WICKHAM Lila A

Program Characteristics:

Executive Summary

This program prevents childhood lead poisoning and is primarily funded with city, state and federal funding. Lead causes brain damage in children resulting in behavior, learning, and health problems that impact their economic, academic and social future. The program administers a statewide LeadLine, providing information and referral in multiple languages and screens for lead levels in blood, environmental investigations, case management, and advocacy for services. 15,000 products have been recalled due to lead hazards (Center for Disease Control, CDC) resulting in a community expectation for increased childhood lead poisoning program services. CDC guidelines have expanded to include recommendations for the provision of public health interventions at even lower blood lead levels.

Program Description

Multnomah County Environmental Health Services works collaboratively with the City of Portland lead partners and the State Health Department to ensure a seamless system of lead prevention and early intervention for children identified with elevated blood lead levels. The Lead Program 1) Educates parents, landlords, and property owners about lead exposure causes and effects, screening and reducing home lead hazards, 2) Test children for blood lead levels and provide information about free lead screening in the county, 3) Implement an EPA grant to increase childhood screening rates in the primary care clinics, 4) Investigates EBLLs within 5 days of identification by conducting an assessment of the home and family lifestyle to identify causes and/or exposures to lead, 5) Provide the family with a lead remediation plan and follow up, 6) Track all lead screening results and all Elevated Blood Lead Levels (EBLL) to detect program trends/risks and identify future direction of the program, 7) Screen for risk of lead exposure of low-income children in support of improving health equity.

Program Justification

Children who have lead poisoning develop significant brain damage and learning disabilities, which impacts their normal growth and development and reduces their ability to function in school, at home and development into a healthy adult. There are an estimated 10,000 older homes with possible exposure risk of leaded paint in Multnomah County that house children 6 years old and younger. The Lead Poisoning Prevention Program identifies and helps residents reduce exposure to the environmental hazards of lead, to promote safe housing conditions. With the resurgence of products being recalled for lead risks, the program has experienced an increase demand for lead screening, education, and information/referral services. CDC lowered their EBLL investigation criteria from 15 mg/dl to 10 mg/dl, resulting in an increase in the number of Home Risk Assessments conducted.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Total number of children screened by MCHD primary care and immunization provider	3,204	3,490	3,918	3,500
Outcome	Total number of successfully identified children with EBLLs	67	33	70	80
Output	Number of community mbrs receiving information on lead prevention*	2,280	0	2,478	2,500
Quality	% of Home investigations where lead exposure risk hazards/factors are identified	90.0%	90.0%	90.0%	90.0%

Performance Measure - Description

Children screened: Counts lead screening services provided by MCHD Clinics
 *Community Information: New Measure to quantify reach of program through phone, materials and community events.
 **Children with EBLL: EBLL diagnosed within Multnomah County. EBLL Criteria changed from 15 mg/dl to 10 mg/dl.
 ***Percentage of home investigations with identified contributing factors for lead source: Note: revised to identify contributing factors instead of source because there are often multiple factors and an indirect relationship to exposure (Example: Parent occupational exposure and home with paint & disrepair). Eliminated "Days from EBLL report to investigation" Efficiency problem identified FY05-06, corrected. Program maintains an efficient 5 day average response time.

Legal/Contractual Obligation

Legal mandates are City of Portland codes 8.20.210 (Maintenance of Health Hazard not Permitted); 8.20.200 (Notice of Unsanitary or Unhealthful Condition of Premises to be Given and Posted – Unlawful to Remove); 29.30.110 (Interior Walls, Floors, and Ceilings); 29.30.060 (Exterior Walls and Exposed Surfaces); Some activities under this program offer are subject to contractual obligations under Inter-Governmental Agreement #0607105 or Environmental Protection Agency Grant# X8-96056001-0. City of Portland contract includes \$135,000.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2008	2008	2009	2009
Personnel	\$13,723	\$85,284	\$9,086	\$109,065
Contracts	\$876	\$9,359	\$8,520	\$0
Materials & Supplies	\$703	\$7,491	\$3,116	\$1,569
Internal Services	\$2,573	\$27,866	\$0	\$34,366
Subtotal: Direct Exps:	\$17,875	\$130,000	\$20,722	\$145,000
Administration	\$2,718	\$0	\$2,378	\$0
Program Support	\$12,294	\$4,155	\$15,759	\$9,926
Subtotal: Other Exps:	\$15,012	\$4,155	\$18,137	\$9,926
Total GF/non-GF:	\$32,887	\$134,155	\$38,859	\$154,926
Program Total:	\$167,042		\$193,785	
Program FTE	0.12	0.93	0.10	1.10
Program Revenues				
Indirect for dep't Admin	\$7,589	\$0	\$8,429	\$0
Intergovernmental	\$0	\$130,000	\$0	\$145,000
Program Revenue for Admin	\$0	\$4,155	\$0	\$9,926
Total Revenue:	\$7,589	\$134,155	\$8,429	\$154,926

Explanation of Revenues

85% of the expenses under this program offer are offset with revenues from Inter-Governmental Agreement #0607105 and Environmental Protection Agency Grant #X8-96056001-0.

Significant Program Changes

Last year this program was:

#40015 Lead Poisoning Prevention

The EBLI investigation criteria was reduced from 15 mg/dl to 10 mg/dl based on CDC's guidelines resulting in additional public health interventions.