

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 impacts 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.

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, property owners, and contractors about lead exposure causes and effects, lead screening, and reducing home lead hazards; 2) Tests children for blood lead levels and provide information about free lead screening locations in the county; 3) Promotes lead screening in primary care clinics.; 4) investigates elevated blood lead levels (EBLL) within 5 days of identification by conducting an assessment of the home and family lifestyle to identify causes and/or exposures to lead; 5) Provides the family with a lead remediation plan and follow up; 6) Tracks all lead screening results and all EBLL to detect program trends/risks and identify future direction of the program; 7) Screens for risk of lead exposure of low-income children in support of improving health equity. During this year, LeadLine will incorporate education and outreach associated with the implementation of new EPA lead-based paint and will continue outreach to pediatric medical care providers. Consistent with recent years, the lead poisoning prevention program continues to increase its focus on outreach and education services targeting the most vulnerable populations that are under-represented in the blood lead level statistics. By combining targeted prevention messaging, advocacy for rigorous policy initiatives, and developing community capacity to address lead prevention, this program offer leverages limited general funds to address a significant public health risk factor for children.

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 develop into a healthy adult. There are an estimated 10,000 older homes with possible exposure risk of leaded paint in Multnomah County that houses 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 increasing community awareness of lead risks, there is an increase demand for lead screening, education, and information and referral services. CDC lowered their EBLL investigation criteria from 15 mg/dl to 10 mg/dl, the program has experienced an increase in the number of Home Risk Assessments conducted.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Total # of children screened by MCHD primary care and immunization providers	3,551	3,500	3,470	3,500
Outcome	Total # of successfully identified children with EBLLs	22	80	24	30
Output	# of community members receiving information on lead prevention	5,129	2,500	3,100	3,500
Quality	% home investigations where lead exposure risk hazards/factors are identified	90.0%	90.0%	90.0%	90.0%

Performance Measure - Description

1) Output: Counts MCHD lead screening services. 2) Outcome: Elevated Blood Lead Levels found by MC health care providers. EBLL criteria changed from 15mg/dl to 10 mg/dl. National average from CDC 2006 data is 1.1% prevalence rate. 3) Output: New Measure to quantify level of outreach. 4) Quality: revised to identify risk factors instead of source because there are often multiple factors and an indirect relationship to exposure. Eliminated measure "Days from EBLL report to investigation" because program maintains 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.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2009	2009	2010	2010
Program Expenses				
Personnel	\$9,086	\$109,065	\$0	\$96,673
Contracts	\$8,520	\$0	\$0	\$8,520
Materials & Supplies	\$3,116	\$1,569	\$0	\$4,035
Internal Services	\$0	\$34,366	\$11,430	\$30,772
Subtotal: Direct Exps:	\$20,722	\$145,000	\$11,430	\$140,000
Administration	\$2,378	\$0	\$2,545	\$0
Program Support	\$15,759	\$9,926	\$14,377	\$8,911
Subtotal: Other Exps:	\$18,137	\$9,926	\$16,922	\$8,911
Total GF/non-GF:	\$38,859	\$154,926	\$28,352	\$148,911
Program Total:	\$193,785		\$177,263	
Program FTE	0.10	1.10	0.00	0.60
Program Revenues				
Indirect for dep't Admin	\$8,429	\$0	\$8,487	\$0
Intergovernmental	\$0	\$145,000	\$0	\$140,000
Program Revenue for Admin	\$0	\$9,926	\$0	\$8,911
Total Revenue:	\$8,429	\$154,926	\$8,487	\$148,911

Explanation of Revenues

A one-year EPA funded lead screening in primary care clinics pilot project has been completed, resulting in a decrease of program revenue. We expect to maintain the same level of services however, by changing our personnel mix to .5 Lead Community Health Worker and .5 temporary EHS. The FTE and cost is reflective of the new personnel service mix. The services in the outcome measures are purchased by the City of Portland and they have agreed to the change in personnel

Significant Program Changes

Last year this program was: #40015, Lead Poisoning Prevention

The Centers for Disease Control change in the action level for elevated blood lead levels (from 15 mg/dl to 10 mg/dl) was expected to increase the number of home-based risk assessments conducted by staff. While the increase in home visits did not materialize, there was a significant increase in the education and outreach associated with this change in action level. This increased workload is reflected in the output measure of community members receiving information about lead poisoning prevention. The goal of home investigations is to successfully identify the risk factors in order to prevent continued exposure to lead. Statewide according to 2000-2004 data, 16% of EBL exposures are unknown. MCHD has set 90% as the quality standard that indicates our diligence in identifying risk factors. For MCEH, the number of unknown EBL sources, remain above 90%. 90% becomes the standard of concern that might indicate incomplete lead risk assessments.