

Lead Agency: Health Department

Program Contact: WICKHAM Lila A

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

This program prevents childhood lead poisoning and is primarily funded with city, state and federal funds. Lead causes brain damage in children resulting in behavioral, 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, advocacy for services and community education/outreach.

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, screening, and reducing home lead hazards; 2) Tests children for blood lead levels and provides information about free lead screening locations in the county; 3) Promotes lead screening in primary care clinics; 4) Provides chronic disease investigation of high lead levels by an Environmental Health Specialist within 5 days of identification by conducting an in home assessment to identify causes and/or exposures to lead; 5) Provides the family with a lead remediation plan; 6) Tracks all lead screening results and all Elevated Blood Lead Levels (EBLL) to detect program trends/risks and adapts program accordingly; 7) Screens for risk of lead exposure to low-income children in support of improving health equity. LeadLine has incorporated education and outreach associated with the implementation of new EPA lead-based paint and will continue outreach to medical providers and communities.

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 relies almost exclusively on grants and contracts. 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 or develop into healthy adults. 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 and promote safe housing conditions. With the resurgence of products being recalled for lead risks, the program has experienced an increased demand for lead screening, education, and information and referral services. Medicaid reimbursement for Lead Investigations is slated to begin July 2010.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Total # of children screened by MCHD primary care and immunization providers	3,266	3,500	3,154	4,000
Outcome	Total # of successfully identified children with EBLLs	15	30	19	25
Output	# of community members receiving information on lead prevention	5,351	3,500	6,067	7,000
Quality	% home investigations where lead exposure risk hazards/factors are identified	90.0%	90.0%	100.0%	100.0%

Performance Measure - Description

Children screened: Counts lead screening services provided by Multnomah County Health Department care providers, immunization unit and MCHD outreach testing (expanded service)

Community Information: Measure to quantify reach of program through phone counseling, referral, educational materials, website and community events.

Children with EBLL: Elevated Blood Lead Levels (EBLL) found during screening by any health care provider within Multnomah County. EBLL investigation criteria changed from 15 mg/dl to 10 mg/dl.

Percentage of home investigations with identified contributing factors for lead source

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
Program Expenses	2010	2010	2011	2011
Personnel	\$0	\$95,319	\$0	\$121,971
Contracts	\$0	\$8,520	\$2,787	\$5,963
Materials & Supplies	\$0	\$4,035	\$0	\$3,390
Internal Services	\$11,430	\$30,772	\$12,535	\$10,676
Total GF/non-GF:	\$11,430	\$138,646	\$15,322	\$142,000
Program Total:	\$150,076		\$157,322	
Program FTE	0.00	0.60	0.00	1.30
Program Revenues				
Indirect for dep't Admin	\$8,487	\$0	\$8,444	\$0
Intergovernmental	\$0	\$140,000	\$0	\$142,000
Total Revenue:	\$8,487	\$140,000	\$8,444	\$142,000

Explanation of Revenues

We have a contract with City of Portland Water Bureau for 135,000 that we expect to be renewed at the same rate in FY 11. An additional \$2000 is an ongoing contract with the State Lead Program. As a result of the increased outreach, we expect to see an increase in the number of Chronic Disease Investigations to 25 a year. State of Oregon has confirmed that we will be reimbursed \$200 for each investigation done, which is new revenue. We will need \$15,322 in County General Fund Support.

Significant Program Changes

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

- 1) 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.
- 2) Decrease in demand for lead tests will result in more outreach education and testing. Current trends indicate that some high lead levels are the result of exposure to Mexican pottery and Mexican candy. In response we have increased Bilingual Community Health Worker time to outreach and education to Hispanic populations and reduced EHS time.