

## Wisconsin Childhood Lead Poisoning Prevention Program Program Boundary Statement

For each performance-based contract program, the Division of Public Health has identified a boundary statement. The boundary statement sets the parameters of the program within which the LPHD/tribe/agency will need to set its objectives. The boundaries are intentionally as broad as federal and state law permit to provide maximum flexibility, however if there are objectives or program directions that the program is not willing to consider or specific programmatic parameters, those are included in the boundary statement.

### **Program Boundary Statement:**

Local childhood lead poisoning prevention programs are to implement objectives that will protect children against lead poisoning and eliminate it as a major childhood disease. The impact of LPHD/agency activities should result in decreasing lead hazards in the environment(s) of children and increasing early detection and treatment of lead poisoning in high-risk children. High-risk children generally include those 0-5 years of age who are enrolled in Medicaid and/or WIC or live in housing built before 1950. Education activities are to be targeted at community members who play a role in eliminating lead hazards, preventing lead exposure, providing blood lead testing, or providing medical or environmental follow-up to children who are lead poisoned.

### **Long-term Program Goal:**

To eliminate childhood lead poisoning in Wisconsin.

### **Annual Program Goals:**

- Increase the involvement of community members in childhood lead poisoning prevention activities
- Increase the availability of lead-safe housing for families with young children
- Educate parents so they have the knowledge and skills necessary to protect their children from lead hazards
- Increase blood lead testing of children who are enrolled in the Medicaid or WIC Program.
- Provide intervention for children with low level lead poisoning ( $\geq 5$ mcg/dL)

### **Target Populations:**

High-risk children include those 0-5 years of age who:

- live, or spend significant time, in pre-1950 housing,
- live in pre-1978 housing undergoing renovation or remodeling,
- are enrolled in the Medicaid or WIC program,
- have a sibling who has lead poisoning.

### **References:**

#### Federal Regulations/Guidelines:

- **New!** Educational Services for Children Affected by Lead Expert Panel, *Educational intervention for children affected by lead*. Atlanta: U.S. Department of Health and Human Services (April 2015); ([http://www.cdc.gov/nceh/lead/publications/Educational\\_Interventions\\_Children\\_Affected\\_by\\_Lead.pdf](http://www.cdc.gov/nceh/lead/publications/Educational_Interventions_Children_Affected_by_Lead.pdf)).
- CDC Advisory Committee on Childhood Lead Poisoning Prevention, *Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention*. Atlanta: U.S.

Department of Health and Human Services, Centers for Disease Control and Prevention, ([http://www.cdc.gov/nceh/lead/ACCLPP/Final\\_Document\\_030712.pdf](http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf), CDC, January 2012)

- *CDC Response to the ACCLPP Recommendations*, Atlanta: U.S. Department of Health and Human Services (June 7, 2012; [http://www.cdc.gov/nceh/lead/acclpp/cdc\\_response\\_lead\\_exposure\\_rec.pdf](http://www.cdc.gov/nceh/lead/acclpp/cdc_response_lead_exposure_rec.pdf)).
- U.S. Dept of Housing and Urban Development, *Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing*. (2012 Edition; <http://www.hud.gov/offices/lead/guidelines/hudguidelines/>)
- Centers for Medicare and Medicaid Services, *State Medicaid Manual, Part 5. Early and Periodic Screening, Diagnosis and Treatment*. Section 5123.2, page 5-15, not on-line
- CDC, *Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials*” Atlanta: U.S. Department of Health and Human Services (November 1997; <http://www.cdc.gov/nceh/lead/publications/screening.htm>).
- CDC, *Managing Elevated Blood Lead Levels Among Young Children*. Atlanta: U.S. Department of Health and Human Services, (2002; [http://www.cdc.gov/nceh/lead/CaseManagement/caseManage\\_main.htm](http://www.cdc.gov/nceh/lead/CaseManagement/caseManage_main.htm)).

#### **State of Wisconsin Statute and Administrative Rules:**

- WI Statute Chapter 254: *Environmental Health* (<http://docs.legis.wi.gov/statutes/statutes/254.pdf>),
- WI Administrative Rule HFS 163: *Certification for the Identification, Removal and Reduction of Lead-Based Paint Hazards* ([http://docs.legis.wisconsin.gov/code/admin\\_code/dhs/110/163.pdf](http://docs.legis.wisconsin.gov/code/admin_code/dhs/110/163.pdf))
- WI Administrative Rule HFS 181: *Reporting of Blood Lead Test Results* ([http://docs.legis.wisconsin.gov/code/admin\\_code/dhs/110/181.pdf](http://docs.legis.wisconsin.gov/code/admin_code/dhs/110/181.pdf))

#### **Program Policies:**

- WI Blood Lead Screening Guidelines for Children (2000; <https://www.dhs.wisconsin.gov/lead/links/wibloodleadscreeningrecommendations.pdf>)
- WCLPPP Handbook for Local Health Departments (Revised 2014; <http://www.dhs.wisconsin.gov/publications/p00660.pdf>)

#### **Optimal or Best Practice Guidance:**

- Objectives that involve blood lead testing at WIC for uninsured children. Local health departments should seek Medicaid reimbursement for blood lead testing of Medicaid-enrolled children. This may require establishing contracts with the managed care organizations within their community.
- Objectives that involve direct provision of services to families with children at high risk for, or with, lead poisoning.
- Objectives that build capacity in a community to increase the availability of lead safe housing to families of young children, and to prevent childhood lead poisoning. This involves going beyond the one-to-one transfer of information to building coalitions and partnerships with targeted organizations/groups that can assist in maximizing community resources to meet the goal of eliminating lead poisoning.

#### **Unacceptable Proposals:**

When using WCLPPP General Purpose Revenue funds, these activities are not allowable:

- Educational objectives that do not include a behavior change component.
- Objectives for health fairs

**Relationship to State Health Plan, *Healthiest Wisconsin 2020*:**

*Overarching Focus Areas:*

- Health disparities
- Economic and educational factors that affect health

*Infrastructure Focus Areas:*

- Access to high-quality health services
- Collaborative partnerships for community health improvement
- Diverse, sufficient and competent workforce that promotes and protects health

*Health Focus Areas:*

- Environmental and occupational health
- Healthy growth and development
- Injury and violence

*Essential Public Health Services:*

- Monitor health problems to identify community health problems.
- Identify, investigate, control and prevent health problems and environmental health hazards in the community.
- Inform, educate and empower the public about current and emerging health issues.
- Promote community partnerships to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.
- Link people to needed health services.
- Assure a diverse, adequate and competent workforce to support the public health system.
- Assure access to primary health care for all.
- Foster the understanding and promotion of social and economic conditions that support good health.