

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.

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. Children 6-15 years of age who have an elevated blood lead level are also considered high-risk.

Education activities are to be targeted at community members who play a role in preventing lead exposure, eliminating lead hazards, 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 ($\geq 5\text{mcg/dL}$)
- Provide comprehensive property investigations for children with elevated blood lead levels, including adequate documentation of environmental lead sources, work orders and property clearance.

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/playmate who has lead poisoning.

References:

Federal Regulations/Guidelines:

- 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)).

- 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, 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_recs.pdf).
- U.S. Dept of Housing and Urban Development, *Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing*. (2012 Edition; https://www.hud.gov/program_offices/healthy_homes/lbp/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).

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)
- WI Administrative Rule HFS 181: *Reporting of Blood Lead Test Results* (http://docs.legis.wisconsin.gov/code/admin_code/dhs/110/181.pdf)

Program Policies:

- WI Blood Lead Screening Guidelines for Children (Revised 2014; <https://www.dhs.wisconsin.gov/lead/links/wbloodleadscreeningrecommendations.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 prevent lead poisoning and increase the availability of lead-safe housing to families of young children. This involves going beyond the one-to-one transfer of information to building partnerships with targeted organizations/groups that can assist in maximizing community resources to meet the goal of eliminating lead poisoning. For example, reaching out to child care regulators, child care providers and home visitors who provide service to or work with the target population, parent/caregivers of young children.

Unacceptable Proposals:

When using WCLPPP General Purpose Revenue funds, objectives for health fairs will not be accepted.

Relationship to the Wisconsin Health Improvement Plan Priorities

Lead exposure can have an impact on each of the Division of Public Health's Health Improvement Plan Priorities.

- **Alcohol and Opioid Abuse.** Many studies have found strong associations between higher blood lead levels and aggressive behavior, impulsivity, hyperactivity, and attention impairment. Children exposed to even moderate amounts of lead are more likely to exhibit behavior problems in childhood, to engage in risky behavior, such as alcohol or drug abuse, in the teenage years, or engage in violent or criminal behavior in young adulthood.
- **Tobacco.** Tobacco smoke continues to be a substantial source of exposure to lead in the U.S. population in general. There is a linear relationship between smoke exposure and blood lead levels (BLLs) in youth and adults. Youths with secondhand smoke exposure have BLLs suggestive of the potential for adverse cognitive outcomes.
- **Nutrition and Physical Activity.**
 - A) *Nutrition:* Children with an adequate amount of calcium, iron, and zinc in their diets absorb less lead than children with dietary deficiencies. In addition, a compromised nutritional state makes one more susceptible to the damaging effects that result from increased absorption of ingested lead.

Adults who have calcium deficiency and simultaneously experience other conditions that would normally mobilize calcium from the bones may mobilize lead that has been stored in bone tissue into the blood. For example, a pregnant woman who has a low dietary calcium intake may release stored lead from her bones into her blood, where it becomes available to the fetus.
 - B) *Physical activity:* Lead exposure in childhood has been shown to adversely affect the child's ability to maintain upright balance and other neuromotor performance capabilities, such as bilateral coordination, upper-limb speed and dexterity, and fine motor coordination. Teens and adults who were lead-poisoned as young children are more likely to experience poor upright balance, coordination, and motor skills, and increasing long-term injury risk.
- **Suicide.** Researchers have found that men and women in their 20s and 30s with the highest levels of lead in their blood were more than twice as likely to suffer from major depression as their peers with the lowest blood lead levels, while their risk of panic disorder was nearly five times greater. Research has also shown that teens that were lead-poisoned as young children are more likely to develop depression and panic attacks.