

Florida Childhood Lead Poisoning Prevention Program

Lead Poisoning Prevention Screening and Education Act

Section 381.985, F.S.

2007-2008 Activity Report



Florida Department of Health
Division of Environmental Health
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EXECUTIVE SUMMARY

Scope: The purpose of this report is to provide an overview of the activities and accomplishments of the Department of Health in implementing the provisions of the Lead Poisoning Prevention Screening & Education Act (Act), section 381.985, Florida Statutes, during fiscal year 2007-2008. The Florida Legislature passed this Act in 2006.

The Act required the Florida Department of Health to establish a blood lead screening program and to put blood lead screening and childhood lead poisoning case management guidelines into Rule. The Act also provided an appropriation of \$308,000 recurring general revenue funds to promote blood lead screening and to assure proper medical management of lead poisoned children. Activities and accomplishments since the passing of the Act in 2006 are detailed in this report. The Florida Childhood Lead Poisoning Prevention Program (FL CLPPP) will continue to provide an annual activity report.

Background: Lead Poisoning Overview: In Florida, hundreds of children are diagnosed with lead poisoning each year. Life long effects, such as lowered IQ, learning disabilities and behavioral problems can result from lead exposure. At very high levels, seizures, coma, and death have also been reported.

07'-08' Activities: Statewide Lead Screening and Case Management: The FL CLPPP developed the *Childhood Lead Screening and Case Management Guide* (Guide) pursuant to the requirements of the Lead Poisoning Prevention Screening and Education Act. The Guide provides updates to the 2001 publication of *Childhood Lead Poisoning Screening Guidelines*. The FL CLPPP consulted and collaborated with the following recognized medical groups to create the Guide: the Florida Board of Medicine, the Agency for Health Care Administration, Florida Chapter of the American Academy of Pediatrics, Florida Board of Osteopathic Medicine, Florida Medical Association, and the American Academy of Family Practice. In accordance with administrative rulemaking requirements under Section 381.985, the Guide is incorporated by reference into Rule 64E-27.001, which became final on April 11, 2008.

07'-08' Activities: Local Lead Poisoning Screening and Case Management: The FL CLPPP and our partnering County Health Departments (CHDs) were also able to achieve the following in 2007:

- ▶ Enrolled over 3,000 parents and public health partners in Florida's Lead Alert Network, a e-mail notification system that distributes alerts about consumer products that have been recalled due to lead content
- ▶ Improved blood lead surveillance through partnerships with reporting laboratories
- ▶ Provided funding to nine CHDs that serve a large number of high-risk children to develop and pilot strategies for providing blood lead screening services to target high-risk populations

Conclusion: Delayed access to blood lead testing statistics at the state and local level was one notable barrier to evaluating and improving efforts under the act. Having access to timely data will enable the program to understand the effectiveness of our interventions, target outreach and education efforts where they are needed most, and improve our overall ability to prevent lead poisoning amongst our most vulnerable populations in Florida.

Next Steps: To further efforts to identify and reduce health disparities, the FL CLPPP has made improving its existing blood lead surveillance system a priority for fiscal year 2008-2009. These efforts will improve our ability to collaborate with public health partners to raise awareness and provide targeted screening and prevention services to at-risk populations.

SCOPE

This report informs the legislature and general public of progress made under the Lead Poisoning Prevention Screening & Education Act (Act) (Section 381.985, F.S.), which passed during the 2006 Legislative Session. It also provides general information about childhood lead poisoning, a synopsis of state and local accomplishments under the act during the 2007-2008 fiscal year, and a summary of priorities and next steps for the 2008 -2009 fiscal year and beyond.

The Act is the first legislation in the state related to childhood lead poisoning screening, case management, and prevention. It is a major milestone for Florida's childhood lead poisoning prevention efforts. Under the Act the Florida Department of Health was required to put blood lead screening and childhood lead poisoning medical case management guidelines in to rule and establish a Lead Screening Program. The Act also provides an appropriation of \$308,000 recurring general revenue funds to support blood lead screening and to assure proper medical management of lead poisoned children.



BACKGROUND: LEAD POISONING OVERVIEW

Health Effects of Lead Poisoning

The Centers for Disease Control and Prevention (CDC) describe lead poisoning as one of the most common pediatric environmental health problems in the United States (CDC, 2008). In Florida, hundreds of children are diagnosed with lead poisoning each year. In 2006, there were 441 new and existing cases of lead poisoning in children less than 72 months of age. This included a 22% increase in new cases compared to 2005. Life long effects, such as lowered IQ, learning disabilities and behavioral problems can result from lead exposure. At very high levels, seizures, coma, and death have also been reported (CDC, 1997). Lead poisoning often occurs with no obvious symptoms, and therefore it frequently goes unrecognized.

Lead Poisoning Case Definition and Reporting in Florida

A confirmed case of lead poisoning is defined as an individual with a blood lead level greater than or equal to 10 µg/dL from a venous specimen or blood lead level greater than or equal to 10 µg/dL from **TWO** capillary specimens taken **within three months** of one another. Lead poisoning is a reportable disease under Chapter 64D-3, *Florida Administrative Code*.

At-Risk Populations

Individuals of all ages and from all social and economic levels can be affected by lead poisoning. However, children under the age of 6 years are considered to be at risk because they tend to put their hands or other objects into their mouths, they absorb a greater percentage of lead, and their developing bodies are more vulnerable to lead's effects. Children at the greatest risk are those 9 months of age to 2.5 years of age and those living at or below the poverty line that live in older housing.

Blood Lead Screening

A blood lead test is the **only** way to know if a child has been exposed to lead. The initial blood lead test received by a child in a given year is called a lead screening. Screening children for lead poisoning allows for early identification and treatment, which can reduce the chance that an exposed child will suffer permanent neurological damage.

Lead Poisoning Prevention

Lead poisoning is completely preventable. There is no natural level of lead in the blood. Recent studies show that lead may have harmful effects even at very low levels. These findings underscore the importance of preventing even low level exposure by controlling all lead sources in a child's environment. Federal agencies are working together to promote prevention. They make the following recommendations for states and local jurisdictions.

- 1. Build Awareness of Lead Poisoning and Public Support:** Federal agencies recommended that local programs increase awareness amongst health care providers and the general public about childhood lead poisoning (HUD, 2008).
- 2. Establish Partnerships:** The CDC suggests that state and local agencies partner with faith-based organizations and other partners to help dissemination information (CDC, 2008).
- 3. Provide Data, Education & Outreach:** The CDC recommends and supports local agencies in providing communities with timely and accurate data and educational information, including information about screening, prevention, and consumer products containing lead.
- 4. Provide Primary Prevention Services:** The Advisory Committee on Lead Poisoning states that the only way to eliminate this childhood lead poisoning is by eliminating/controlling lead hazards in the home, called primary prevention (CDC Advisory Committee, 2005).

07'-08' ACTIVITIES: STATEWIDE LEAD SCREENING AND CASE MANAGEMENT

The Florida Department of Health established a Lead Poisoning Screening and Case Management Coordinator position in Tallahassee to oversee activities under the Lead Poisoning Prevention Screening and Education Act. With this expanded capacity the department achieved the following successes in 2007-2008 fiscal year.

- ▶ **Raised awareness about toys and consumer products recalled due to lead content:** Florida's Lead Alert Network was created to alert Floridians about consumer products that have been recalled due to lead content. When a recall or warning about a product is received from the CDC or the Consumer Product Safety Commission the FL CLPPP prepares an alert message and notifies parents and public health partners across the state of the recall via e-mail. Participation in Florida's Lead Alert Network increased substantially in 2007-2008. Over 3,000 public health professionals, health care providers, and families receive "Lead Alert" e-mails. During fiscal year 2007-2008 fifty-six alerts were distributed.

- ▶ **Developed the Childhood Lead Screening and Case Management Guide:** The guide provides updates to the 2001 publication, *Childhood Lead Poisoning Screening Guidelines*. In creating the updated guide, the FL CLPPP consulted and collaborated with recognized medical groups which included the following: Florida Board of Medicine, the Agency for Health Care Administration, Florida Chapter of the American Academy of Pediatrics, Florida Board of Osteopathic Medicine, Florida Medical Association, and the American Academy of Family Practice. The guide closely follows the lead poisoning screening and case management recommendations from the CDC.

- ▶ **Improved lead poisoning surveillance:** Blood lead surveillance was improved through outreach to laboratories and through collaboration with the Agency for Health Care Administration (AHCA). The state worked closely with CHDs to identify and collect data from laboratories that were not reporting blood lead test results as required by Florida law. The Florida Department of Health also worked with AHCA to pilot a data linkage process for determining the number of Medicaid eligible children that received a blood lead test. The two agencies will continue working together to refine the matching process. The results of the data match will be used to improve blood lead screening efforts.

- ▶ **Provided funding to support local lead poisoning screening and case management pilot projects:** Nine CHDs that serve a large number of high-risk children received funding: Alachua, Broward, Duval, Hillsborough, Miami-Dade, Orange, Palm Beach, Pinellas, and Polk. The funding supported the CHDs in the development and implementation of *effective and replicable* strategies for providing blood lead screening services to target high-risk populations. The target population included low-income children, Medicaid children, refugee children, uninsured children, and children living in high-risk zip codes. Funds could also be used to support the coordination of lead poisoning case management. The CHDs were encouraged to use the funding specifically for:
 1. Blood lead testing supplies and lab costs for uninsured children,
 2. Outreach to health care providers or partners serving high risk populations,
 3. Lead risk assessor training and certification, and
 4. Environmental health investigations for lead poisoned children.

The following section provides county specific descriptions of the local lead poisoning screening and case management initiatives that occurred during fiscal year 2007-2008. Projects staff, activities, partners, achievements, and barriers are presented.

07'-08' ACTIVITIES: LOCAL LEAD POISONING SCREENING AND CASE MANAGEMENT

ALACHUA COUNTY

Project Coordinator/ Staff

Project Coordinator: Isabel Anasco

Staff: Anthony Dennis

Activities

- Supported unfunded rural counties by providing environmental health investigations for lead poisoned children
- Conducted blood lead screenings at county health department clinics

Partners

- Rural county health departments

Successes

- Performed five environmental health investigations for lead poisoned children

Barriers

- Lead poisoning is not perceived as a problem in Alachua County

07'-08' ACTIVITIES: LOCAL LEAD POISONING SCREENING AND CASE MANAGEMENT

BROWARD COUNTY

Project Coordinator/ Staff

Project Coordinator: Ethel Edwards

Staff: Tommie Cottrell-Thomas, Sharon Babinschkin, Sharon Brown-Grant, and Joy Griffiths

Activities

- Collaborated with the Head Start program to provide blood lead screenings to uninsured children
- Conducted blood lead screenings at back to school health fairs
- Conducted blood lead screenings at county health department clinics
- Provided lead poisoning educational outreach and blood lead screenings at the county health department's immunization outreach clinic site
- Purchased the LeadCare® II Analyzer to conduct blood lead testing
- Disseminated lead poisoning educational information at childcare centers, pediatric providers offices, community base organizations, and all CHD clinic sites
- Collaborated with Women, Infants, and Children clinics to promote blood lead screening and education

Partners

- Women, Infants, and Children (WIC)
- Head Start
- Immunization Outreach Program
- County health department laboratory section
- Epidemiology section
- Early Learning Coalition, Inc.

Successes

- Hired a OPS senior community health nurse to educate parents of the importance of blood lead screening for children who are one and two years of age
- Developed a FREE weekly lead screening clinic in collaboration with the laboratory section
- Established partnership with the local Broward County Housing Development as a Federal Grant participant to conduct lead poisoning education and community outreach
- Performed 285 blood lead screenings for at-risk children from March 2007 through June 2008

Barriers

- Public is not knowledgeable about the importance of blood lead screening and environmental hazards that contribute to lead exposure
- Healthcare providers lack knowledge of importance of blood lead screening

07'-08' ACTIVITIES: LOCAL LEAD POISONING SCREENING AND CASE MANAGEMENT

DUVAL COUNTY

Project Coordinator/ Staff

Project Coordinator: Dr. Tiffany Turner

Staff: Monica Smith and Barbara Wishop

Activities

- Conducted blood lead screenings at Head Start centers and health fairs
- Conducted blood lead screenings for children in Foster homes
- Surveyed healthcare providers about their blood lead screening practices
- Educated healthcare providers (e.g., Medicaid providers) about the importance of blood lead screening
- Educated refugee clinic on blood lead screening requirements
- Mailed lead poisoning educational materials to WIC parents
- Distributed lead poisoning educational materials to ten elementary schools
- Conducted door to door home visitations in high-risk areas to perform primary prevention home inspections and blood lead screenings
- Purchased the LeadCare® II Analyzer to conduct blood lead testing
- Provided presentation to Duval CHD providers and nurses
- Provided presentation to WIC staff and Healthy Start case managers
- Conducted screenings with WIC program and for a “back to school” event

Partners

- Urban League
- Boulevard Comprehensive Care Center
- WIC
- Refugee Clinic
- Head Start
- World Relief

Successes

- Hired a nurse to focus on blood lead screenings
- Performed 1360 blood lead screenings for at-risk children
- Provided lead poisoning educational materials to over 3000 children
- Refugee clinic blood lead screening rates increased
- Outreach activities led to 350 families contacting Duval CHD about lead poisoning prevention services
- 275 families received a primary prevention home lead hazard assessment. Lead hazards were identified in 50% of the homes assessed
- Conducted 400 primary prevention inspections for daycares and foster homes

Barriers

- Encountered difficulty in providing translation services to refugees from Burma. Duval CHD currently has five lead poisoning cases from Burma

07'-08' ACTIVITIES: LOCAL LEAD POISONING SCREENING AND CASE MANAGEMENT

HILLSBOROUGH COUNTY

Project Coordinator/ Staff

Project Coordinator: Cynthia O. Keeton

Activities

- Collaborated with the Head Start to educate families about lead poisoning
- Purchased the LeadCare® II Analyzer to conduct blood lead testing
- Provided blood lead screenings to twelve Head Start centers and tested 88 children for lead
- Educated five code enforcement supervisors and nine property owners
- Participated in fifteen media events surrounding the lead-tainted toy scare last fall as a subject matter expert on panels and interviews
- Provided toy lead test kits for 100 parents
- Participated in one live call-in show with Tampa Bay Community Network
- Provided an elevated blood lead level risk assessment to a Lee County Haitian family. Ongoing assistants will be provided for Lee county lead cases
- Distributed three monthly epidemiology reports to fifteen health care providers regarding county specific lead screening rates
- Hosted nine educational lunch-n-learn lead poisoning presentations to educate health maintenance organization (HMO) groups; 46 health care providers attended the presentations
- Conducted ten primary prevention home lead hazard assessments to new families living in targeted zip codes
- Educated seven refugee clinic staff on blood lead screening requirements and case management follow-up
- Conducted 50 door to door home visitations in high-risk zip codes to increase awareness of lead poisoning

Partners

- Head Start
- Community Partners Against Lead / Healthy Homes Coalition (CPAL / HHC)

Successes

- Blood lead screenings increased at the following sites: county health department clinics, private providers, health fairs, mobile health van, immunization refugee program, homes visits and Head Start Centers
- The Hillsborough CHD nurse conducted ten home visitations and inspections for lead poisoned children

Barriers

- Encountered difficulty in getting community members to recognize the importance of blood lead screenings and the need to address housing-related health hazards in Hillsborough County

07'-08' ACTIVITIES: LOCAL LEAD POISONING SCREENING AND CASE MANAGEMENT

MIAMI-DADE COUNTY

Project Coordinator/ Staff

Project Coordinator: Dr. Asit Sarkar

Staff: Lakisha Thomas, MPH, Joel Gomez, Louvia Amezian, Jose Porras, Edel Watkins, Humberto Caiaffa, MPH, Sheila Saint-Preux

Activities

- Purchased two LeadCare® II Analyzers to conduct blood lead testing
- Conducted blood lead screenings and provided education at childcare facilities, WIC clinics, community clinics and local health fairs
- Provided lead poisoning educational materials and blood lead screening at WIC and local healthcare clinics
- Educated physicians during Medicaid Provider Access System (Medipass) trainings at the Agency for Health Care Administration
- Educated parents/guardians about the importance of having their children tested for lead poisoning at WIC clinics, community health clinics and health fairs
- Provided education to future physicians at local colleges and universities on increasing lead poisoning awareness, blood lead screenings, and reporting protocols

Partners

- WIC and local healthcare clinics
- City of North Miami
- Childcare facilities
- Local Agency for Health Care Administration
- Miami-Dade College

Successes

- Educated approximately 120 physicians/health care providers
- Educated over 1,000 parents
- Provided blood lead screenings to 262 uninsured children. Of those 262 screened, one child was found to have an elevated blood lead level of 15µg/dL and twelve children had blood lead levels approaching 10µg/dL

Barriers

- Encountered barriers relating to a lack of interest in lead poisoning and trust at the community level
- Many participants at local health fairs were not receptive to having their children screened for lead poisoning

07'-08' ACTIVITIES: LOCAL LEAD POISONING SCREENING AND CASE MANAGEMENT

ORANGE COUNTY

Project Coordinator/ Staff

Project Coordinator: Donna Walsh, RN, BSN, MPA

Staff: Maritza Godwin, RN, BSN, MPH

Activities

- Purchased the LeadCare® II Blood Lead Testing System Analyzers and Test Kits
- Purchased Thermo Niton Lead Paint Analyzer
- Established Memorandum of Agreements to distribute the LeadCare® II testing system to Central Florida Family Health Centers at Lake Underhill and Southside to increase the number of blood lead screenings for uninsured children
- Conducted a training session for the head of the laboratory services and the laboratory technician on instructions on how to use the LeadCare® II testing system.
- Provided state laboratory forms/ mailing instructions to local health centers for follow-up blood lead testing of uninsured children
- Provided educational information and screening guidelines to pediatric practitioners
- Performed a home environmental health investigation for a lead poisoned child at the request of the practitioner
- Provided monthly blood lead screening surveillance reports to the state Childhood Lead Poisoning Prevention Program
- Recertified two lead-based paint risk assessors

Partners

- Central Florida Family Health Centers

Successes

- 332 children were screened for lead poisoning of which 221 were uninsured. No new lead poisoning cases were identified

Barriers

- Difficult to determine changes in blood lead screening rates for uninsured children because there is no baseline data available
- Establishing community partnerships

07'-08' ACTIVITIES: LOCAL LEAD POISONING SCREENING AND CASE MANAGEMENT

PALM BEACH COUNTY

Project Coordinator/ Staff

Project Coordinators: Robert Anderson and Selva Selvendran

Staff: Barbara Johnson, Diane King, Andrea Hulbert, Patricia Washington, Debbie Hogan, Jezabel Maisonet

Activities

- Promoted blood lead screenings at county health department's five health centers
- Purchased two LeadCare® II analyzers to conduct blood lead testing
- Conducted blood lead screenings at health fairs, migrant clinics and in conjunction with health department's Immunization Outreach Program

Partners

- WIC
- Local community leaders
- Lantana Health Center
- Caridad Migrant Health Center
- Refugee Health Program
- C.L Brumback Community Health Center
- Division of Palm Beach County Epidemiology and Disease Control
- Florida Atlantic University College of Nursing
- Westgate Community Association

Successes

- Screening activities performed in conjunction with the Immunization Outreach Program were successful in reaching at-risk populations. In addition, the Caridad Migrant Health Center and Palm Beach County Health Department Lab provided staff the ability to assist with the collection of blood lead screenings
- Screenings conducted in controlled (clinical) settings were most successful in screening at-risk populations. Controlled settings provided the children and their parents with more privacy than uncontrolled settings (e.g., health fairs)

Barriers

- Health fairs serve as great opportunity to educate the public about lead poisoning. However, parents/guardians are often reluctant to have children screened for lead poisoning at health fairs

07'-08' ACTIVITIES: LOCAL LEAD POISONING SCREENING AND CASE MANAGEMENT

PINELLAS COUNTY

Project Coordinator/ Staff

Project Coordinator: Andrea Dopico

Staff: Donny Brown, Dale Watson and Joseph Zwissler

Activities

- Provided physicians with information on how to report lead poisoning cases to the health department, including reporting forms, and educational materials for their patients
- Visited seventeen locations to performed blood lead screenings. The screenings were held at churches, schools, parks, health fairs/outreach events and after-school care facilities
- Provided lead poisoning information and educational materials to parents and children (e.g., coloring books, activity books, and growth charts with information on lead poisoning) during outreach events and community health fairs
- Provided lead poisoning information and educational materials to the parents of children with an elevated blood lead levels. Offered these parents a environmental health investigation
- Participated in an "Open House" event, sponsored by the Division of Community Health, to provide information and educational literature to Healthy Start staff, their community partners, and members of the general public.
- Made media appearances on both English and Spanish language local news channels. One channel created an interactive website using portions of an interview held with the Environmental Specialist:
<http://www.tampabay.com/specials/2008/reports/hidden-lead/>

Partners

- Elementary schools
- Health centers
- Social service agencies
- Day care centers
- Churches
- Community organizations

Successes

- 139 children received blood lead screenings
- Increased awareness about lead poisoning, such as lead sources and effects of lead in children

Barriers

- Some parents were reluctant to allow their children to be screened at the outreach/screening events
- It was difficult to provide follow-up confirmatory testing in some cases. Despite many follow-up attempts, some children never returned to the county health department for follow-up testing

07'-08' ACTIVITIES: LOCAL LEAD POISONING SCREENING AND CASE MANAGEMENT

POLK COUNTY

Project Coordinator/ Staff

Project Coordinator: Tim Mitchell

Staff: Cynthia Goldstein-Hart, Gilbert Wold, Heather Castilla

Activities

- Conducted blood lead screenings at community events (e.g., Back to School Blast and Children' Day). Two cases were identified by performing these screenings
- Conducted physician education regarding blood lead screening
- Purchased and distributed lead poisoning prevention educational items for parents and physicians
- Conducted environmental health investigations for lead poisoned children
- Purchased a LeadCare® II Blood Lead Testing System and associated testing equipment/supplies to performed screenings
- Educated parents and caregivers of lead poisoned children about lead poisoning
- Purchased lead poisoning awareness billboards with daily viewing estimates of 90,000 people

Partners

- Local schools
- Success by 6
- Family Fundamentals
- Health Council of West Central Florida

Successes

- Blood lead screenings conducted at community events resulted in 350 families being educated and 78 children being screened
- Two environmental health staff successfully completed the certified lead risk assessor course and passed the subsequent certification examination
- Provided lead poisoning education to 75 physicians

Barriers

- Planning and preparing for blood lead screenings at community events was challenging but offered a good return due to the large turnout

08'-09' PROMISING PRACTICES FOR LOCAL LEAD SCREENING AND PREVENTION INITIATIVES

In March 2008, the CLPPP surveyed the nine CHD Lead Screening Pilot Projects to identify what they recommend as strategies for increasing blood lead screening and preventing lead poisoning in high-risk populations. Several “*promising practices*” were identified and are presented below.

- 1. Use Census, Lead Screening, and Lead Poisoning Case Data to Heighten Awareness of Health Disparities and the Need for Blood Lead Screening.** Census data and blood lead screening data can be used to identify high risk populations and health disparities. Public health practitioners can use this information to identify target areas for outreach efforts, to build partnerships and to educate health care providers. There is a general consensus among the CHDs that doctors and other health care workers need to be informed about high-risk populations living in their service area. Health care providers also benefit by understanding the number of children screened and the number of lead poisoning cases in their jurisdiction.
- 2. Provide Culturally Appropriate Education & Outreach Materials to High-Risk Populations.** Educating high-risk families is an important component in addressing lead poisoning and reducing health disparities. Educational information must be culturally appropriate to effectively serve Florida’s diverse population. Several Florida counties discovered that providing culturally appropriate information in high-risk communities proved useful in educating populations at the highest risk. Outreach and education efforts may include mainstream media, such as TV, newspaper and radio announcements, or less formal means such as placing posters or education materials at childcare centers, clinics, businesses, churches or other places in the community.
- 3. Establish Strategic Partnerships with Organizations Already Serving High Risk Populations.** Enlisting the support of programs and organizations already serving at-risk populations in the community can help public health professionals get the word out. Head Start, community clinics, Healthy Start, and the Women’s, Infant’s and Children’s Program are just a few partnerships that have proved successful. In some counties these partners provided education as well as blood lead testing services to the community. Establishing partnerships with churches or faith based organizations is also known to be effective in certain communities.
- 4. Connect High-Risk Families to Resources for Prevention.** Lead poisoning is completely preventable. Prevention activities, such as testing a home for lead and removing sources of exposure, were found to be beneficial in identifying and reducing lead exposure. For instance, two CHDs found that testing the home for lead before a child was poisoned helped some families understand how to avoid lead exposure. These efforts were enhanced when CHDs connected families to community housing programs (e.g., Community Development Programs, or Lead Hazard Control Grant Programs) that provide financial assistance for home repair and lead hazard reduction. CHDs can start this process by creating a list of housing and community services agencies working in their jurisdiction. This resource list can then be distributed to families and community members.

CONCLUSION

The activities described in this report highlight state and local efforts to address lead poisoning in Florida communities. As can be seen, a tremendous amount of work has been done to educate the public and form collaborations among local organizations. However, the program's ability to assess the impact of these efforts has been limited due to delayed access to blood lead testing data and statistics. To address this limitation, the FL CLPPP is prioritizing enhancements to the lead poisoning surveillance system in fiscal year 2008-2009. These efforts will greatly improve data quality and timeliness thereby enabling the program to better understand the effectiveness of our interventions and target outreach efforts where they are needed most. Overall this will improve our ability to prevent lead poisoning amongst our most vulnerable populations in Florida. Activities such as these will also greatly expand the Department's ability to understand and address health disparities.

NEXT STEPS

- 1. Enhance the Statewide Childhood Lead Poisoning Prevention Program Surveillance System:** As stated earlier, one of FL CLPPP main priorities for fiscal year 2008-2009 is to improve the state blood lead surveillance system. Modifications to this system will be made consistent with CDC guidelines. These guidelines emphasize three important system functions: identification of lead poisoning cases, monitoring of case management and evaluation of interventions. Once these functions are established within the system, the FL CLPPP will move forward with the items below.
- 2. Monitor case management of each child with lead poisoning:** A recent success of the FL CLPPP and public health partners is the development of the *Childhood Lead Poisoning Screening & Case Management Guide*. This document will be distributed to health care providers statewide in 2008. In conjunction with the release of this guide, enhancements will be made to the state's reportable disease system, Merlin. These enhancements will enable important case data, such as possible source of exposure, to be collected electronically. This will improve the quality of care provided to individuals and allow for the systematic collection of risk factors and environmental lead data. This data are necessary for identifying trends so that action may be taken to prevent additional exposure.
- 3. Identify clusters of cases to target preventive interventions:** Clusters of cases can be identified by understanding the geographical distribution of children with lead poisoning in Florida. These data can be used to target preventative interventions to populations with the highest lead burden. The FL CLPPP is committed to working with reporting laboratories to increase the reporting of demographic information (specifically, race, ethnicity, sex, and address) with blood lead test results. The program will also maintain important data sharing partnerships, such as the one established with AHCA, to better understand trends related to lead screening and poisoning in Florida.
- 4. Evaluate the effectiveness of the state and local interventions:** Improvements to data quality and the FL CLPPP surveillance system will enable the program to evaluate the effectiveness of the state and local interventions in a timelier manner. Understanding the impact of various interventions is necessary for the program to improve. With increased surveillance capacity, the program will have access to timelier data so that we can understand the effectiveness of our interventions, and target outreach and education efforts where they are needed most.

RESOURCES

Centers for Disease Control and Prevention. Preventing Lead Poisoning in Young Children. Atlanta: CDC, October 1991.

Centers for Disease Control and Prevention. Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials. Atlanta: CDC, 1997.
<http://www.cdc.gov/nceh/lead/guide/guide97.htm>

Centers for Disease Control and Prevention. Interpreting and Managing Blood Lead Levels <10 µg/dL in Children and Reducing Childhood Exposures to Lead: Recommendations of CDC's Advisory Committee on Childhood Lead Poisoning Prevention. MMWR 2007;56:(No. RR-8).

Centers for Disease Control and Prevention. Guidelines for Collecting and Handling Blood Lead Samples, 2004 (CD-ROM).
<http://video.cdc.gov/ramgen/nceh/lead/bloodleadsamples.avi>

Florida Childhood Lead Poisoning Prevention Program
<http://www.myfloridaEH/community/lead/index.html>

Florida Chapter of the American Academy of Pediatrics
<http://www.medicalhomeinfo.org/states/state/florida.html>

The United States Centers for Disease Control and Prevention
<http://www.cdc.gov/lead/>

U.S. Department of Housing and Urban Development
<http://www.hud.gov/>

CONTACT INFORMATION

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