Indiana State Department of Health

INDIANA LEAD AND HEALTHY HOMES PROGRAM
INTERNAL MEMORANDUM

DATE: 3/27/2008

TO: Judith A. Monroe, M.D.
Commissioner

FROM: David McCormick
Director

THRU: Mary Hill, Deputy Commissioner
Loren Robertson, Assistant Health Commissioner
Brian Carnes, Director, Legislative Affairs
Joan Duwve, M.D., Medical Director

RE: Report to the Legislature 2007

Attached for your approval is the document *Report to the Legislature for Calendar Year 2007* which details the required information to be submitted annually to the state legislature under Indiana Code 16-41-39.4-5.

Thank you for your review and approval of this document. Moreover, we fully appreciate your enthusiastic support in the goal of eliminating childhood lead poisoning.

The Indiana Lead and Healthy Homes Program

Report to the Legislature for Calendar Year 2007

Submitted

March 30, 2008

Prepared by:

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This report addressing state lead poisoning activities is required by IC 16-41-39.4-5, as follows:

IC 16-41-39.4-5
Annual report

Sec. 5. (a) The state department shall, in cooperation with other state agencies, collect data under this chapter and, before March 15 of each year, report the results to the general assembly for the previous calendar year. A copy of the report shall be transmitted in an electronic format under IC 5-14-6 to the executive director of the legislative services agency for distribution to the members of the general assembly.

(b) The report transmitted under subsection (a) must include for each county the following information concerning children who are less than seven (7) years of age:

(1) the number of children who received a blood lead test.

(2) The number of children who had a blood test result of at least ten (10) micrograms of lead per deciliter of blood.

(3) The number of children identified under subdivision (2) who received a blood test to confirm that they had lead poisoning.

(4) The number of children identified under subdivision (3) who had lead poisoning.

(5) The number of children identified under subdivision (4) who had a blood test result of less than ten (10) micrograms of lead per deciliter of blood.

(6) The average number of days taken to confirm a blood lead test.

(7) The number of risk assessments performed for children identified under subdivision (4) and the average number of days taken to perform the risk assessment.

(8) The number of housing units in which risk assessments performed under subdivision (7) documented lead hazards as defined by 40 CFR 745.

(9) The number of housing units identified under subdivision (8) that were covered by orders issued under IC 13-14-10-2 or by another governmental authority to eliminate lead hazards.

(10) The number of housing units identified under subdivision (9) for which lead hazards have been eliminated within thirty (30) days, three (3) months, and six (6) months

The Indiana Lead and Healthy Homes Program
2007 Annual Report

The mission of the Indiana Lead and Healthy Homes Program, formerly the Indiana Childhood Lead Poisoning Prevention Program (ICLPPP), is to eliminate lead poisoning as a public health problem in Indiana by 2010. To accomplish this mission, the program focuses on primary and secondary prevention goals set forth in the lead elimination plan. Primary prevention of lead poisoning includes the identification and remediation of environmental lead hazards and eliminating the source of the disease before children are poisoned. Secondary prevention consists of screening and testing of children for lead, followed by case management activities that have been the traditional strength of the program. In recent years, the Indiana Lead and Healthy Homes Program has increased its emphasis on the primary prevention of lead poisoning in an effort to head off the disease before it strikes. In partnership with local health departments, the program pursues the most appropriate approach to both prevention and treatment of childhood lead poisoning in communities throughout Indiana. The program surveillance focuses on the following activities:

- To implement a statewide elimination plan to eradicate childhood lead poisoning as a public health concern by 2010;
- To increase testing in high risk children and to decrease the number of elevated blood lead levels;
- To geographically target program activities in high risk areas;
- To address lead hazards in old housing;
- To encourage local organizations to apply for HUD grants and address childhood lead poisoning issues in their communities;
- To collect complete demographic data and to strengthen the blood lead surveillance system;
- To continue epidemiological analysis of collected data in order to monitor outcomes of lead poisoning and evaluate the existing program activities;
- To disseminate information and results of surveillance activities to interested parties;
- To support rules and regulations requiring implementation of the statewide blood lead screening plan

Lead poisoning is a silent menace which often does not manifest itself until the damage is done. The disease can permanently and irreversibly damage the developing brain and other organs of young children. Serious effects include lowered intelligence, behavior disorder, and slowed physical development. Once poisoned, a young child's chances for academic, social and occupational success are significantly diminished.

Indiana tests children who are less than seven years old. Priority for testing is also considered for children who present *any* of five at-risk factors. The five questions used to screen for at-risk children are:

- Is the child living in or regularly visiting, or has the child lived in or regularly visited, a house or child care center built before 1978?
- Does the child have a sibling or playmate that has or has had lead poisoning?
- Does the child frequently come in contact with an adult who works in an industry or has a hobby that uses lead?
- Is the child (a) a recent immigrant – or – (b) a member of a minority – or – (c) enrolled in Hoosier Healthwise?
- Does anyone in the family use folk remedies or ethnic cosmetics?

Children, who have a confirmed elevated blood lead level (CEBLL) at ten (10) micrograms per deciliter of blood, or above, are considered to be lead poisoned. Confirmation of the blood lead level depends upon the initial testing method. A blood test may be completed by the capillary method, where the child's finger is pricked and the blood is collected in a capillary tube, or onto filter paper. Another blood lead testing method is the venipuncture method, where the sample is drawn directly from the vein into a collection tube. Since the venous draw is more reliable, an elevated blood level by that method needs no further confirmation. However, if the initial test is by the capillary method, a follow-up test is required to actually confirm that the child has lead poisoning. Lead poisoned children are provided with follow-up services such as case management and environmental assessments to identify and prevent exposure to lead hazard sources.

Deteriorated lead-based paint in the child's home environment is the primary source of lead poisoning. Young children, who are most vulnerable to the affects of lead poisoning, pick up lead dust from the floor and ingest it through hand to mouth activity. In recent years other sources of lead poisoning have come to prominence. Consumer products, such as children's toys or inexpensive jewelry, often imported from countries where there are few restrictions on the use of lead, have resulted in some notorious cases of lead poisoning and even death. All of these factors must be looked at, in addition to the presence of lead-based paint.

In the summer of 2004, under the guidance of the Elimination Plan Advisory Committee (EPAC), the Indiana Lead and Healthy Homes Program submitted a Childhood Lead Poisoning Elimination Plan to CDC with two long term goals:

Goal 1: Primary Prevention – to remediate lead hazards before lead poisoning occurs, and
Goal 2: Secondary Prevention – to increase the identification and follow up on lead poisoned children.

GOAL 1: PRIMARY PREVENTION

Primary Prevention efforts are directed toward increasing the number of housing units and child occupied facilities where lead hazards are identified and remediated. This goal also includes activities to reduce hazards from non-structural, non-paint sources of lead poisoning.

The age of the home is one of the leading indicators for the possibility of lead poisoning. Indiana ranks eleventh nationally in the percentage of older homes, with 717,111 or 28% of its total housing units built prior to 1950. Progress toward the primary prevention goal has been made this year in the following areas:

A.) The Indiana Lead and Healthy Homes Program has provided training and technical assistance to local health departments and other agencies to assist them in increasing the financial resources available for locating and remediating lead hazards.

As a result of a concerted effort, the state received $11,371,458 in funding from the US Department of Housing and Urban Development from FY 2005 – FY 2007. The following information explains the details of HUD funding from FY 2005 – FY 2007.

HUD GRANTS RECEIVED IN INDIANA			
GRANTEE	**GRANT**	**DATE**	**AMOUNT**
City of Indianapolis/ Health & Hospital of Marion County	Lead-Based Paint Hazard Control Program	2005	$ 2,974,839
Purdue University	Healthy Homes Technical Studies	2005	$ 221,000
City of Ft. Wayne/ Allen County Health Dept.	Lead-Based Paint Hazard Control Program	2006	$ 1,897,415
St Joseph Housing Authority/ St. Joseph County Health Dept.	Lead-Based Paint Hazard Control Program	2006	$ 3,000,000
Indian Black Expo, Inc.	Lead Outreach Program	2006	$ 357,914
Health & Hospital of Marion County	Lead Hazard Reduction Demonstration Program	2007	$ 2,920,290

B.) The Indiana Lead and Healthy Homes Program has coordinated efforts with local health departments to increase the number of licensed professionals dealing with lead.

There are now 216 licensed lead risk assessors in the state. About half are in private environmental businesses. The others are employed by local health departments, community action agencies, public housing authorities and other governmental or non-profit entities. Over 1,040 risk assessments were reported for 2007. Of those, 133 were contracted to private risk assessors by the ISDH, 709 were conducted by, or contracted by local health departments, 178 were conducted by Indiana Housing and Community Development Authority, and 20 were paid by the Indiana Lead and Healthy Homes Program.

C.) The Indiana Lead and Healthy Homes Program has developed a surveillance data base for environmental investigations called the Indiana Lead Environmental Assessment Database (I-LEAD).

- The purpose of the *Indiana Lead Environmental Assessment Database (I-LEAD)* is to ensure a consistent approach to the important work that Risk Assessors, Lead Inspectors and Clearance Examiners undertake when dealing with lead hazards in the home.
- Complies with federal, state and local laws
- Provides information for lead professionals to produce reports that will effectively identify lead-based paint, lead hazards, remediation options, and verify clearance.
- The Indiana Lead and Healthy Homes Program created a user guide to be used with the form *Indiana Lead Environmental Assessment Database (I-LEAD) Data Collection Form.*

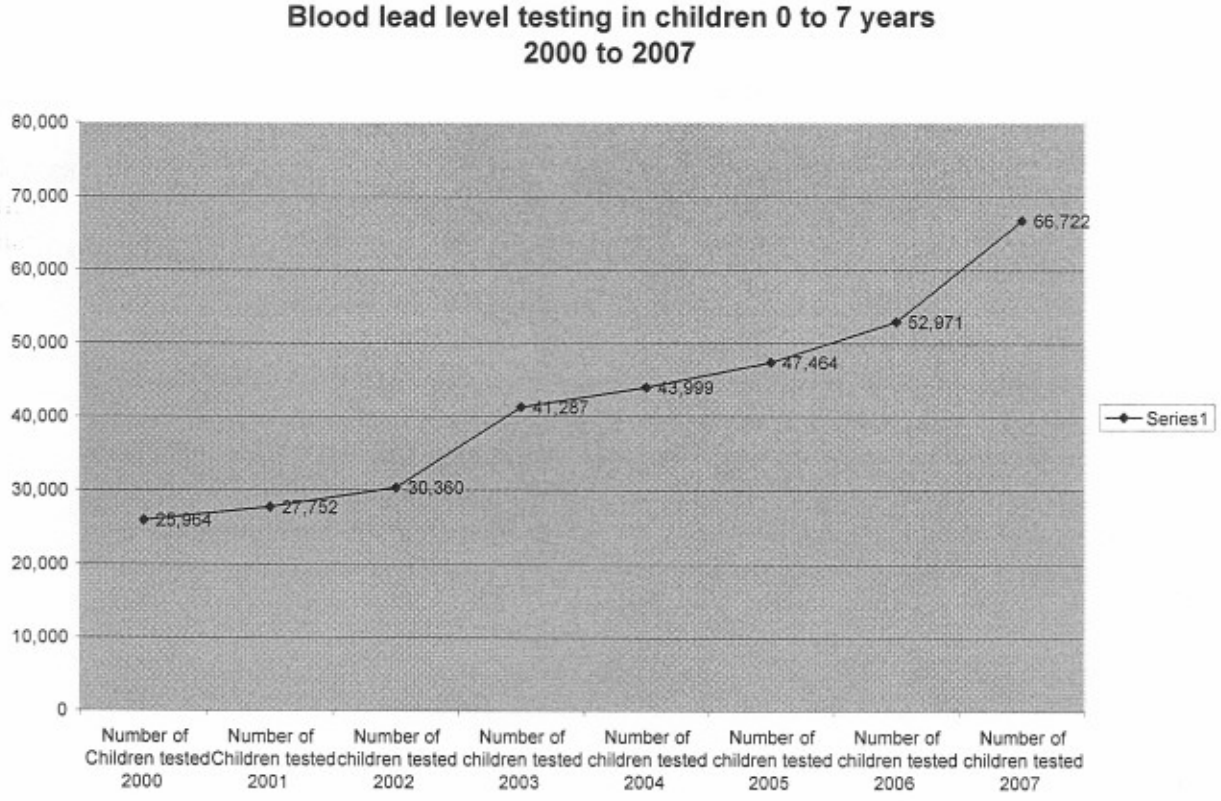
GOAL 2: SECONDARY PREVENTION

Secondary prevention efforts of the Indiana Lead and Healthy Homes Program work to increase the identification of lead poisoned children. Identification is followed by treatment of the disease and case management when the child already has an elevated blood lead level.

Progress on Goal 2 has been made this year in the following areas:

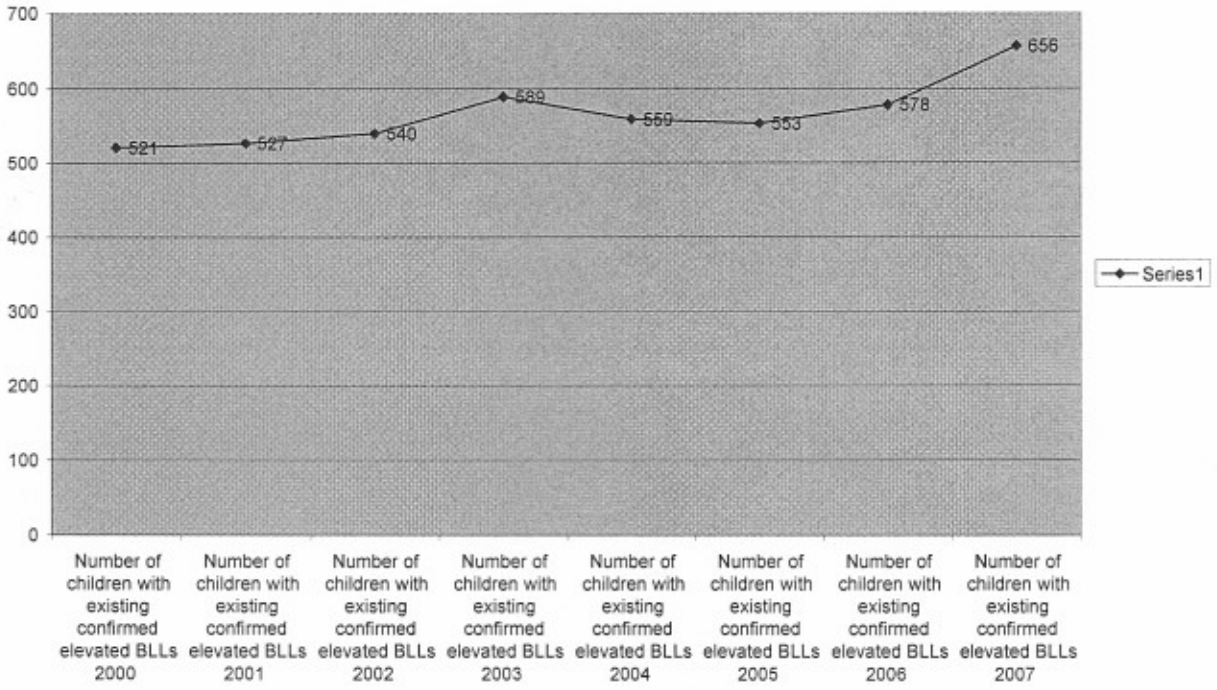
A.) The number of children tested is displayed for each Indiana County in the charts included in this report. Compared to the number of children tested in 2006, the overall number of children tested improved significantly by 26% in calendar year 2007. The number of tested children under seven years old increased from 52,917 in 2006 to 66,722 children in calendar year 2007.

In fact, the number of children tested for blood lead levels has increased steadily over the last seven years, as indicated in this chart.

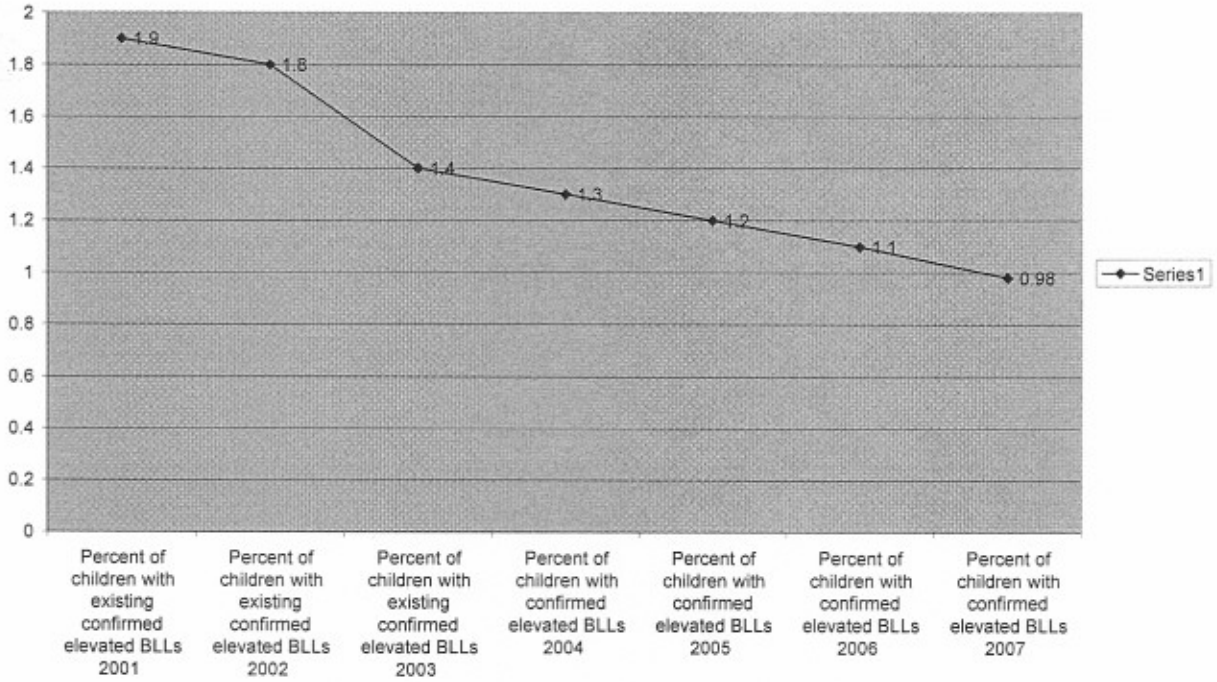


B.) The number of existing confirmed lead-poisoned children under 7 years old in calendar year 2007 was 656. It is important to remember that the effects of an elevated blood lead level are generally irreversible. So, the accumulated number of poisoned children is important in gauging the scope of the problem. The following charts illustrate the number and percent of existing confirmed lead poisoned children from calendar year 2000 to 2007. The percent of existing confirmed elevated blood lead levels show a slight decrease from 2000 to 2007. There is a need for a further decrease in the number of elevated blood lead levels.

Number of existing confirmed elevated blood lead levels 2000 to 2007



Percent of existing confirmed elevated blood lead levels 2000 to 2007



C.) The Indiana Lead and Healthy Homes Program have worked with local health departments to improve tracking and increase the case management follow-up on children with elevated BLLs. All families with children receiving a blood lead test are to receive education on lead poisoning. The five to six hundred screened children who are confirmed to have lead poisoning receive in-depth case management services including a home visit, a nutritional assessment, and a developmental evaluation. In 2007, the program was able to report case management follow-ups which all exceeded the target for that year:

January 1, 2007 to December 31, 2007

Case Management Goal:	Case management provided to:
50% of CEBLLs** ≥ 10 to <20	84 % CEBLLs** ≥ 10 to <20 (426 of 508)
85% of CEBLLs ** ≥20 to <45	93 % of CEBLLs ** ≥20 to <45 (103 of 111)
100% of CEBLLs ** ≥45	100 % of CEBLLs ** ≥45 (7 of 7)

D.) The Indiana Lead and Healthy Homes Program has worked with local health departments and other agencies to ensure that all children with elevated blood lead levels have an environmental inspection of their surroundings to determine the cause of the lead poisoning. In the 2007, the program was able to show the following rates of environmental follow-ups which all exceeded the target for that year:

January 1, 2007 to December 31, 2007

Environmental inspections including risk assessments, if living in pre-1978 unit Goal:	Environmental inspections including risk assessments, if living in pre-1978 unit provided to:
35% CEBLLs ** ≥ 10 to <20.	76 % CEBLLs ** ≥ 10 to <20 (386 of 508)
75% CEBLLs ** ≥ 20 to <45	83 % CEBLLs ** ≥ 20 to <45 (99 of 111)
98% CEBLLs ** ≥45	100 % CEBLLs ** ≥45 (7 of 7)

E.) Nearly half of all children in Indiana are enrolled in Medicaid. As poverty is one of the major risk factors indicating lead poisoning, the program has joined with the Office of Medicaid Policy and Planning (OMPP) in an ongoing work group whose several initiatives are designed to increase testing rates among children under the requirements of the Hoosier Healthwise program. Increased testing of Medicaid children will significantly increase the overall testing rates.

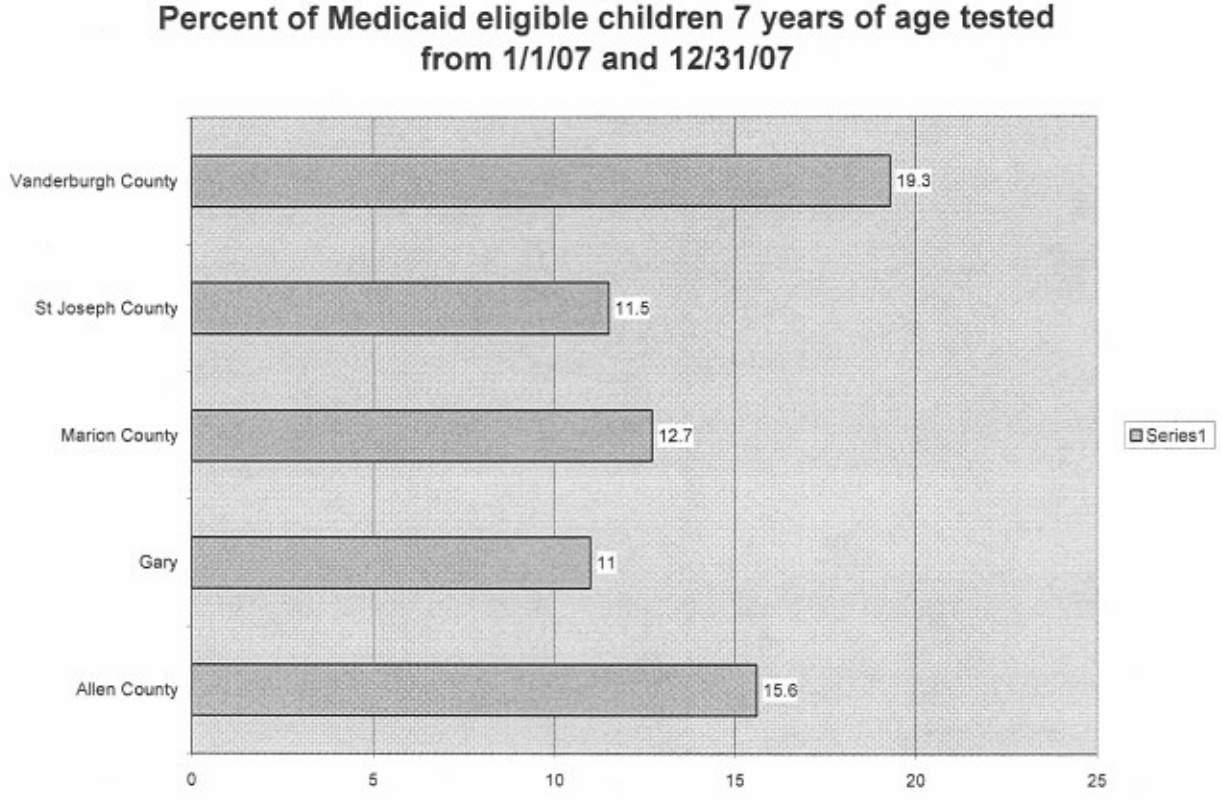
Among the Medicaid eligible children in calendar year 2007, 33% of children received at least one test in their lifetime. In calendar year 2007, 15.5% of Medicaid children were tested for blood lead levels over the year. While this is up from the prior year's rate (11%), it is still a small percentage.

Progress was made by the Indiana Lead and Healthy Homes Program and OMPP workgroup on several projects that will ultimately have the effect of increasing Medicaid screening rates. The Medicaid eligibility data sharing partnership was developed to monitor the childhood lead poisoning outcomes in these high risk children. This information was disseminated to the Indiana Lead and Healthy Homes Program's partners. OMPP has established a vendor for filter paper testing supplies for Medicaid providers. This method of testing children is more convenient and immediate and should encourage Medicaid providers to test more children.

The following table and graphs illustrate the testing rates in Medicaid eligible children.

State and CDC sub grantee Medicaid screening rates
Children 0 to 7 years of age

	1/1/2007 through 12/31/2007	1/1/2006 through 12/31/2006	7/1/2005 through 6/30/2006	7/1/2004 through 6/30/2005
Percent of Medicaid Eligible Children With at least one test out of eligible children from 1/1/06 through 12/31/06	33	33	NA	NA
Percent of Medicaid eligible children tested Statewide	15.5	14	12	11.3
Percent of Medicaid eligible children tested Allen County	15.6	13.6	18	9.3
Percent of Medicaid eligible children tested City of Gary	11	12.5	15.7	12.1
Percent of Medicaid eligible children tested Marion County	12.7	12.6	11.8	14.6
Percent of Medicaid eligible children tested St Joseph County	11.5	12.5	12.4	13.2
Percent of Medicaid eligible children tested Vanderburgh County	19.3	15.7	17.7	20.3



Insight into the Indiana Lead and Healthy Homes Program surveillance indicates that:

- The risk exposures for childhood lead poisoning are old housing and poverty;
- There continues to be a need to decrease the number children with elevated blood lead levels and continue the targeted program activities and resources in identified high risk areas;
- Local organizations need to continue the efforts to apply for HUD grants to address housing issues in their communities;
- Screening rates in Medicaid eligible children need to be increased;
- Enhanced primary prevention efforts, to avoid lead exposure in children, need to occur within high risk populations;
- There is a need to continue surveillance focusing on the high risk areas and high risk children.

In conclusion, progress has been made on many fronts to eliminate lead poisoning as a public health problem. However, many challenges also remain in implementing policies and procedures to assure effective case management and treatment of poisoned children, as well as the prevention of the disease through the detection and remediation of environmental lead hazards.

The following table and map are offered under Indiana Code 16-41-39.5 to detail the information regarding blood lead testing and elevated blood lead levels in the state of Indiana.

Indiana Lead and Healthy Homes Program
Report to the Legislature
Calendar Year 2007

	Number of Children Tested	Number of Lead Poisoned Children
STATEWIDE	**66,722**	**656**

Notes on columns:

(1) The number of children who received a blood lead test.
(2) The number of children who had a blood test result of at least ten (10) micrograms of lead per deciliter of blood.
(3) The number of children identified under subdivision (2) who received a blood test to confirm that they had lead poisoning.
(4) The number of children identified under subdivision (3) who had lead poisoning.
(5) The number of children identified under subdivision (4) who had a blood test result of less than ten (10) micrograms of lead per deciliter of blood.
(6) The average number of days taken to confirm a blood lead test.
(7) The number of risk assessments performed for children identified under subdivision (4) and the average number of days taken to perform the risk assessment.
(8) The number of housing units in which risk assessments performed under subdivision (7) documented lead hazards as defined by 40 CFR 745.
(9) The number of housing units identified under subdivision (8) that were covered by orders issued under IC 13-14-10-2 or by another governmental authority to eliminate lead hazards.
(10) The number of housing units identified under subdivision (9) for which lead hazards have been eliminated within thirty (30) days, three (3) months, and six (6)

Elevated blood lead level and environmental investigations information 2007

County name	1.Children Tested	2. All children >=10	2. Initial BLL >=10	3. children received BLL for confirmation	4. Number of Lead Poisoned Children	5. False Positive	6. Average number of days to confirm an initial elevated capillary blood lead test result	7a. EBLL units risk assessed	7b. Average number of risk assessment days	8. Number of housing units with documented lead hazards	9. Number of housing units with remediation recommendations	10. Number of days for eliminating lead hazards
ADAMS	254	<5	<5	<5	<5	<5						
ALLEN	4917	157	110	58	69	40	51	63	42	*	*	*
BARTHOLOMEW	401	6	6	<5	<5	5		<5	10	<5	<5	*
BENTON	70	<5	<5	<5	<5	<5						
BLACKFORD	159	<5	<5	<5	<5	<5	60	<5	42	<5	<5	*
BOONE	406	<5	<5	<5	<5	<5						
BROWN	77	<5	<5	<5	<5	<5						
CARROLL	120	<5	<5	<5	<5	<5						
CASS	518	23	18	7	10	7	68	<5	27	<5	<5	*
CLARK	856	7	6	<5	<5	<5	36	<5	10	<5	<5	*
CLAY	193	<5	<5	<5	<5	<5						
CLINTON	432	15	14	<5	6	<5	58	<5	30	<5	<5	*
CRAWFORD	141	<5	<5	<5	<5	<5						
DAVIESS	151	<5	<5	<5	<5	<5	47					
DEARBORN	160	<5	<5	<5	<5	<5		<5	10	<5	<5	*
DECATUR	203	5	<5	<5	<5	<5	39					
DEKALB	122	<5	<5	<5	<5	<5	49					
DELAWARE	1315	21	21	<5	6	5	60	<5	45	<5	<5	*
DUBOIS	135	<5	<5	<5	<5	<5	42	<5	34	<5	<5	*
ELKHART	3221	141	116	57	71	39	47	31	10	*	*	*
FAYETTE	254	6	5	<5	<5	<5	58	<5	8	<5	<5	*
FLOYD	827	12	10	<5	<5	<5	111	6	15	*	*	*
FOUNTAIN	117	<5	<5	<5	<5	<5	10	<5	10	<5	<5	*
FRANKLIN	189	<5	<5	<5	<5	<5		<5	22	<5	<5	*
FULTON	85	<5	<5	<5	<5	<5						
GIBSON	221	6	6	<5	<5	<5	35					
GRANT	1189	28	22	9	9	6	48	<5	*	<5	<5	*
GREENE	263	<5	<5	<5	<5	<5						
HAMILTON	1149	6	5	<5	<5	<5	43	<5	23	<5	<5	*
HANCOCK	381	<5	<5	<5	<5	<5						

* = No information

Elevated blood lead level and environmental investigations information 2007

County name	1.Children Tested	2. All children >=10	2. Initial BLL >=10	3. children received BLL for confirmation	4. Number of Lead Poisoned Children	5. False Positive	6. Average number of days to confirm an initial elevated capillary blood lead	7a. EBLL units risk assessed	7b. Average number of risk assessment days	8. Number of housing units with documented lead hazards	9. Number of housing units with remediation recommendations	10. Number of days for eliminating lead hazards
HARRISON	375	5	5	<5	<5	<5	149	<5	17	<5	<5	*
HENDRICKS	545	<5	<5	<5	<5	<5						
HENRY	384	5	<5	<5	<5	<5	74	<5	10	<5	<5	*
HOWARD	1259	8	<5	<5	<5	<5	35	<5	10	<5	<5	*
HUNTINGTON	106	<5	5	<5	<5	<5	70					
JACKSON	299	7	5	<5	<5	<5	3	<5	19	<5	<5	*
JASPER	202	<5	<5	<5	<5	<5						
JAY	153	<5	<5	<5	<5	<5						
JEFFERSON	344	6	<5	6	6	<5	56					
JENNINGS	355	<5	<5	<5	<5	<5	60					
JOHNSON	884	<5	<5	<5	<5	<5	33					
KNOX	174	<5	<5	<5	<5	<5	156					
KOSCIUSKO	477	5	<5	<5	<5	<5						
LAGRANGE	41	<5	<5	<5	<5	<5						
LAKE	4513	103	65	48	56	16	43	21	18	*	*	*
LAPORTE	385	13	<5	10	11	<5	45	0	0	0	0	*
LAWRENCE	613	<5	5	<5	<5	<5	60					
MADISON	1338	27	21	6	9	9	70	<5	9	<5	<5	*
MARION	14883	229	99	121	157	43	54					
MARSHALL	305	6	<5	<5	<5	<5	20	<5	10	<5	*	*
MARTIN	72	<5	<5	<5	<5	<5	52					
MIAMI	286	6	<5	<5	<5	<5	60	<5	10	<5	*	*
MONROE	1303	8	7	<5	<5	5						
MONTGOMERY	356	5	<5	<5	<5	<5						
MORGAN	558	<5	<5	<5	<5	<5						
NEWTON	69	<5	<5	<5	<5	<5						
NOBLE	222	<5	<5	<5	<5	<5	2					
OHIO	21	<5	<5	<5	<5	<5						
ORANGE	190	5	5	<5	<5	<5	14					

* = No information

Elevated blood lead level and environmental investigations information 2007

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OWEN	330	<5	<5	<5	<5	<5	60					
PARKE	66	<5	<5	<5	<5	<5						
PERRY	126	<5	<5	<5	<5	<5	21					
PIKE	40	<5	<5	<5	<5	<5						
PORTER	739	<5	<5	<5	<5	<5	43	<5	12	<5	<5	*
POSEY	147	<5	<5	<5	<5	<5						
PULASKI	73	<5	<5	<5	<5	<5						
PUTNAM	385	7	7	<5	<5	<5	39					
RANDOLPH	181	<5	<5	<5	<5	<5						
RIPLEY	209	<5	<5	<5	<5	<5						
RUSH	165	<5	<5	<5	<5	<5						
SCOTT	221	<5	<5	<5	<5	<5	60	78	4	*	*	*
SHELBY	163	<5	<5	<5	<5	<5	245	<5	22	<5	<5	*
SPENCER	239	<5	<5	<5	<5	<5	17	<5	12	<5	<5	*
ST JOSEPH	3088	77	54	37	39	25	46	<5	19	<5	<5	*
STARKE	158	<5	<5	<5	<5	<5	60					
STEUBEN	165	<5	<5	<5	<5	<5	75					
SULLIVAN	148	<5	<5	<5	<5	<5						
SWITZERLAND	43	<5	<5	<5	<5	<5						
TIPPECANOE	1823	16	14	5	6	9	55	<5	23	<5	<5	*
TIPTON	102	<5	<5	<5	<5	<5						
UNION	107	<5	<5	<5	<5	<5						
VANDERBURGH	2393	77	60	32	32	27	38	41	18	*	*	*
VERMILLION	69	<5	<5	<5	<5	<5						
VIGO	1084	31	13	20	24	6	31	17	56	*	*	*
WABASH	238	<5	<5	<5	<5	<5	60					

*** = No information**

Elevated blood lead level and environmental investigations information 2007

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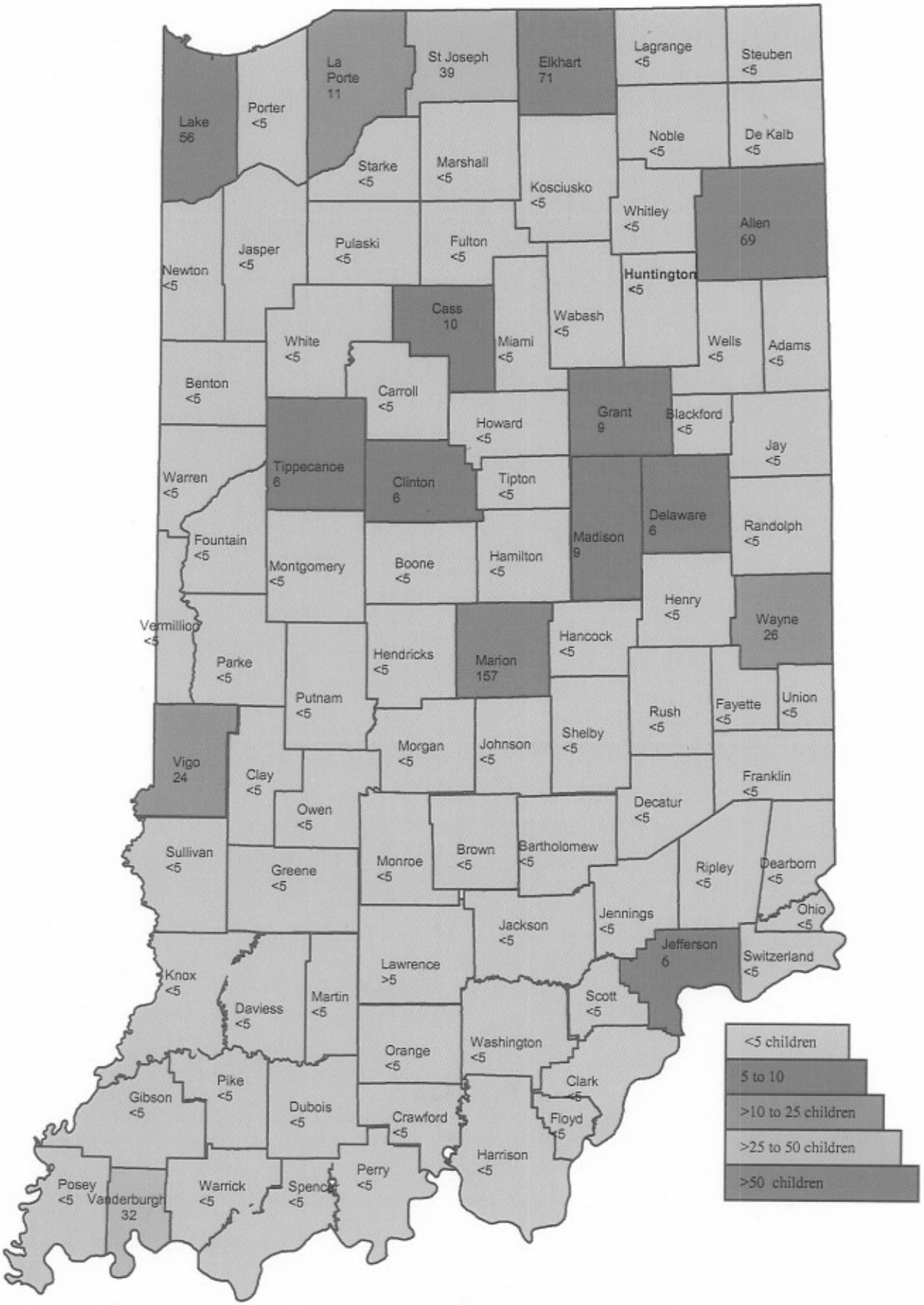
WARREN	58	<5	<5	<5	<5	<5	78	<5	30	<5	<5	*
WARRICK	285	<5	<5	<5	<5	<5	55					
WASHINGTON	279	<5	<5	<5	<5	<5	14					
WAYNE	932	38	28	24	26	9	43	16	11	16	*	*
WELLS	190	<5	<5	<5	<5	<5	60	<5	24	<5	<5	*
WHITE	204	5	5	<5	<	<5	77	<5	37	<5	<5	*
WHITLEY	120	<5	<5	<5	<5	<5						
UNKOWN	2914	61	24	31	25	<5						
TOTAL	66722	1292	857	559	656	313						

*** = No information**

Number of existing lead poisoned Children, 2007 by county