Core Public Health - Lead Poisoning Prevention Program

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<th>Fiscal Impact ($000s)</th>
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<th>FY 2016</th>
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Summary
This proposal appropriates $100,000 per year for surveillance efforts to respond to and prevent childhood lead poisoning.

Background
Lead poisoning is one of the most common yet preventable pediatric health problems.

Recent literature documents that lead has no safe exposure. In 2011, 3,337 Minnesota children younger than 6 years old reported blood lead levels higher than federal guidelines (5 ug/dl).

The Minnesota Department of Health (MDH) lead surveillance program protects the public health by:
- Monitoring lead testing activities and tracking the occurrence of elevated blood lead cases in the state.
- Maintaining a high-quality database of information that can be used to effectively manage the risks associated with lead exposure.
- Providing the basis for strategies designed to reduce the occurrence of lead-related disease, conducted collaboratively with local, state and federal partners.

Local public health agencies rely on daily reports from MDH to respond to elevated lead cases in their jurisdictions and to ensure that lead hazards are thoroughly characterized and addressed. In addition, state lead data helped partners secure more than $9 million in HUD funding in 2011.

More than 80 percent of all homes built before 1978 in the U.S. have lead based paint. Old homes with lead paint may be found in both urban and rural areas. Children less than 6 years old, and especially ages 1 to 3 years, are most vulnerable to lead’s toxicity due to their growing bodies, nutritional needs, mouthing behavior and spending time on the floor. Minnesota has the unfortunate distinction of being the state where the most recent childhood lead poisoning fatality occurred in 2005.

For more information:
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Proposal
MDH had received funding from the Centers for Disease Control and Prevention (CDC) for lead poisoning prevention annually since 1994. However, the funding ended on September 1, 2012. The proposed state support is needed to maintain lead poisoning prevention efforts to:

- Meet statutory requirements for identifying and responding to children with elevated lead levels and providing education and other services.
- Continue medical case management for children with elevated blood-lead levels. (Currently there are over 1500 open cases).
- Meet requirements for sharing data with Medicaid, health plans, Environmental Public Health Tracking, and statewide HeadStart programs.
- Continue the Blood Lead Information System to support prevention, emergency response, and hazard reduction programs.

The proposed funding will support three primary focus areas:

1. Data collection.
2. Connection to services.
3. Primary prevention.

In addition to the appropriation in this proposal, MDH may look at other strategies to ensure a proper balance between resources for lead surveillance and other services to address elevated blood-lead levels in children.

Rationale
Twenty years of progress towards eliminating childhood lead poisoning is jeopardized by federal budget cuts. State support is needed to maintain public health capacity to respond to and prevent lead poisoning.

Lead poisoning prevention is part of a larger Healthy Homes initiative in which MDH is engaged. A healthy home is dry, well ventilated, pest free, contaminant free, clean, safe and well maintained.

Coordination of mitigation efforts will reduce housing-based health threats, lower health care costs, coordinate state programs around health and housing, and build local capacity to better serve high-risk populations.

A statewide Healthy Housing Strategic Plan has been developed to guide implementation and priorities and an Alliance for Healthy Homes and Communities exists to coordinate diverse partners. Seven pilot projects have been conducted with local public health agencies to identify best practices.

Coordinating housing-based hazard mitigation and lead poisoning prevention will provide significant return on investment over the long term.

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