

Missouri Department of Health and Senior Services
Childhood Lead Poisoning Elimination Plan

Mission Statement

Missouri recognizes the contributions children will make in the future and the importance their overall wellness plays in that process; we also recognize the responsibility which all Missourians share in protecting children; we further recognize that excessive lead in our environment is a poison which threatens the mental and physical health and safety of our children.

In recognizing these needs, Missouri's lead poisoning prevention advocates commit to collaborating with policy makers, communities and individuals, to provide leadership and encourage all Missourians to prevent and eliminate childhood lead poisoning by:

- ❑ Reducing lead contamination in Missouri's environment;
- ❑ Educating the public and professionals about the dangers of lead poisoning and how to prevent it;
- ❑ Instituting preventive measures so Missouri's children are not lead poisoned;
- ❑ Providing a surveillance system that can accurately identify areas of need in Missouri; and
- ❑ Assuring children with elevated blood lead levels receive services required to reduce lead hazards in their environment.

Through these activities, in each health jurisdiction, Missouri will have no more than the national average of children identified as having an elevated blood lead level by 2010.

Purpose

To contribute to the overall wellness of Missouri's children through collaborating with policy makers, communities and individuals, so that children in every health jurisdiction in Missouri are no more affected by lead poisoning than the nation's children by 2010.

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Background

Missouri established a Childhood Lead Poisoning Prevention Program (CLPPP) in 1993. Since that time, the program has made great strides to increase the number of children in Missouri receiving a blood lead test and assuring follow-up services which, in conjunction with legislative changes, have decreased the prevalence rate of lead poisoning. However, Missouri continues to find and treat a large number of lead poisoned children each year.

Due to statewide childhood lead poisoning prevention activities, the number of children less than six, tested for lead poisoning has increased from 39,402 in 1997 to 70,904 in 2003, while the number of children found to be poisoned has declined from 14% to 4%. In 2003, of the 70,904 children who received a blood lead test, 3,087 (4%) had an elevated blood lead (EBL) level of 10 µg/dL or greater. In geographic areas designated as high-risk in 2003, 8% of the children tested had an EBL. Missouri's prevalence rate is still above the national average, and there are pockets in Missouri where prevalence rates more than double the national average.

St. Louis City, St. Louis County and Kansas City are the three largest metropolitan areas of the state and, based on 2000 census data, contain 33% of the population of children less than six years of age. These three areas combined contain 68% of the lead poisoned children found in Missouri.

Missouri is the number one producer of lead ore and lead by-products in the United States. Mining and smelting activity continue in parts of Missouri, and result in an environment with risk for lead poisoning. Mining waste products often end up on driveways, in yards, or even in children's play areas, while dust, air and soil around mining activity have shown elevated levels of lead contamination. There are currently three Superfund areas in Missouri that are noted for lead contamination. The Missouri Department of Health and Senior Services (DHSS) collaborates with the Missouri Department of Natural Resources (DNR), United States Environmental Protection Agency (EPA) and the Agency for Toxic Substance Disease Registry (ATSDR) continue to decrease lead hazards in those areas.

In 2001, MDHSS, in coordination with the Jefferson County Health Department conducted screenings in Herculaneum Missouri, the site of the Doe Run Company lead smelter. Results of those screenings indicated that proximity to the lead smelter is associated with higher blood lead levels. Twenty eight percent of children tested had an EBL of ≥ 10 µg/dL, with 56% of those living within ¼ mile of the smelter having an EBL. In an agreement reached between DNR and the EPA, Doe Run has agreed to buy out homes within a ¼ mile of the smelter. Additional blood lead testing has been offered in the area, and prevalence rates in 2002 were 10% for the zip code that includes Herculaneum. The EPA, MDNR and DHSS are continuing to work with the company and community to assure environmental conditions are addressed and the threat to children is decreased.

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Assessment of Lead Problem in Missouri**

Housing

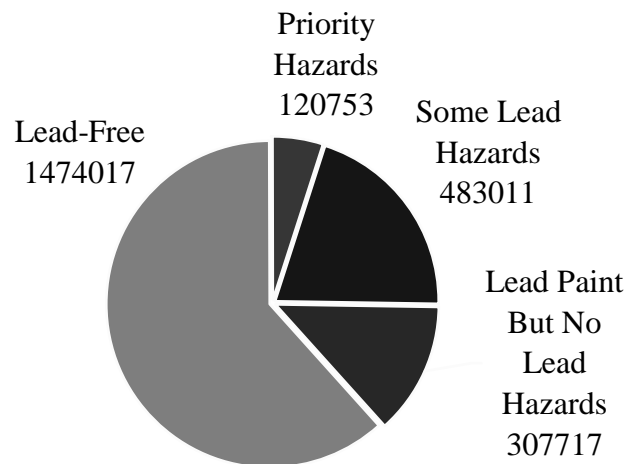
Although Missouri has a distinction of being a large lead mining area, the most common source of lead poisoning continues to be related to deteriorating lead based paint in older homes.

The national average of pre-1950 housing decreased from 27% in 1990 to 22% in 2000. Missouri is above the national average with 23.6% of housing units being built before 1950. Fifty-eight counties with greater than 22% pre-1950 housing have been identified as high-risk, and will be required, by statute, to annually blood lead test all children less than six years of age. The average percentage of pre-1950 housing in areas that have been designated as high-risk is over 35% (see pre-1950 housing map for statewide information).

Within the identified high-risk target areas, St. Louis City’s housing is comprised of 65% pre-1950 housing. In the Kansas City high-risk zip codes 49% of the housing stock was built before 1950, and in St. Louis County, high-risk zip codes average 41% pre 1950 housing. All other areas of Missouri identified as high risk contain an average of 34% of housing built before 1950.

Using survey findings from the U.S. Department of Housing and Urban Development (HUD) and the National Institute of Environmental Health Sciences 2001 Analysis of Lead Hazards and Census 2000 data, we are able to estimate the risk of lead hazards in Missouri housing units. There are approximately 603,764 housing units in Missouri that have at least some lead hazards. Of these homes, 59% are located in St. Louis City.

Priority Hazards - Statewide



In housing units where an investigation has been completed and additional property information is obtained, over 50% of the properties are rental:

- St. Louis City - 83% rental
- St. Louis County – 50% rental
- Kansas City – 61% rental
- Out-state – 53% rental

Using this data, we can better target property owners to provide the type of outreach that will be effective.

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Legal and Regulatory Framework

Missouri has historically, and continues to receive state legislative support for lead poisoning prevention activities. Current statutes allow for:

- An Advisory Committee on Lead Poisoning
- Home lead assessments for children with elevated blood levels
- The requirement of lead hazard control in homes where a child has been identified with an EBL and that have had a Risk Assessment that identified lead hazards
- Department notification of lead abatement projects
- Ability to inspect lead abatement projects
- A program to train and license lead abatement workers, inspectors and others
- The reporting of all blood lead levels with client demographic information
- The creation of a Lead Abatement loan or grant program
- The establishment of high-risk areas in which children must be tested annually for lead poisoning

Some cities have ordinances that enhance the legal framework of lead poisoning activities:

St. Louis City: St. Louis City Health Department has the authority to require the property owner to comply with the requirement to correct and treat the condition creating the lead hazard, or correct the condition themselves and charge the costs to the owner. They may place a lien on the property if payment is not received. They may also refer violations to the City Counselor's Office for prosecution. The city has the authority to create, keep and update a list of lead safe residences and temporary housing options.

Landlords within the city may receive a certification that the property has received a lead inspection, and once the inspection has been passed, a "passed lead inspection certificate" may be issued.

Kansas City: The Kansas City Health Department has the authority to enter and inspect a dwelling for the presence of lead hazards in a property where a child has been identified with an elevated blood lead level.

If a citizen has reason to suspect a lead poisoning hazard, the health department may take steps to prevent lead poisoning and pursue obtaining an inspection.

Upon determination of a lead hazard, the property owner must reduce the potential exposure to the satisfaction of the health department, and reduce the lead concentration to a level below what is defined as lead poison hazard. If the owner does not comply with the requirements, they may be fined.

St. Louis County: St. Louis County has an ordinance that requires children to be screened, by questionnaire, prior to school enrollment. Ordinance also requires that every child who visits a St. Louis County health clinic be screened for lead poisoning. All of these lead screening forms are returned to the health department for follow-up and a letter.

St. Louis County has the authority to inspect a property that they have reason to believe will cause lead exposure. If a lead hazard is found, the health department shall provide a lead test to all children less than seven years of age who live in, or frequent the property.

If a property owner fails to abate or remove the lead source, the Director may cause the abatement or removal of the lead source and charge the property owner for the expenses. The owner may also be fined for allowing lead hazards to exist.

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Testing/Prevalence Data

Due to statewide childhood lead poisoning prevention activities, Missouri's number of children less than six, tested for lead poisoning has increased from 39,402 in 1997 to 70,904 in 2003, while the percentage of children found to be poisoned has declined from 14% to 4%. In fiscal year 2003, of the 70,904 children in Missouri who received a blood lead test, 3,087 (4%) had a blood lead level of 10 µg/dL or greater. In counties designated at high-risk, 8% of the children tested had an EBL. Missouri's prevalence rate is still above the national average, and there are pockets in Missouri where prevalence rates more than double the national average.

In accordance with guidelines established by the Centers for Disease Control and Prevention (CDC), surveillance data has allowed Childhood Lead Poisoning Prevention Program (CLPPP) staff to identify areas that have continued to have a greater than 12% prevalence rate and target those as high-risk.

St. Louis City continues to identify the greatest number of lead poisoned children with 52% of EBL cases in Missouri. Kansas City and St. Louis County combined, make up another 16% of the total, with the remaining 32% being found in out-state Missouri.

CDC has estimated, using 1990 census data, that St. Louis City and Kansas City may contain as many as 5,700 children with an EBL. Other CDC data rank Missouri 6th for estimated number of children with EBL's, which could reach as high as 13,100 children.

Of all the children identified with an EBL in 2003, over 80% of them are on Medicaid. We continue to work with the Missouri Department of Social Services, the Medicaid Managed Care Plans and the County Health Departments to assure that Medicaid children are receiving blood lead testing at the required intervals.

New legislation that was passed in 2004, requires additional collaborations to assure that 75% of Medicaid children receive a blood lead level within three years. Objectives within this plan, as well as additional state funding being requested, will help reach that goal.

Financial Resources

Missouri is continually trying to identify resources that can be utilized not only for remediation efforts, but also for follow-up of children with EBL's. There are currently remediation resources available in urban areas of Missouri as well as areas affected by lead mining. The area that is lacking financial assistance for remediation is out-state areas affected by lead based paint, or sources other than mine waste. The elimination plan identifies goals that will help to address this disparity.

St. Louis City was awarded 2.6 million in HUD funding to supplement approximately 1.7 million in local matching funds, to perform lead hazard control interventions in 500 low-income housing units throughout the city. Acting as the lead agency, the Community Development Administration (CDA) will focus lead-based paint hazard reduction efforts primarily in communities located within the St. Louis Empowerment Zone/Enterprise Zone. The City will contract with local non-profit organizations, such as YEHS/Youthbuild, the Missouri Department of Health and Senior Services, Bureau of Lead Licensing, the Department of Health and Hospitals, and the St. Louis City Building Division to assist in implementing the program.

Senator Kit Bond has also secured the first five million of a pledged 15 million to help St. Louis reduce lead paint in homes. The money is contained in the FY2004 spending bill for HUD. Grace Hill Neighborhood Health Centers was chosen to coordinate the abatement funding because of their previous work in this area and the day-to-day contact they have with many of St.

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Louis's high-risk neighborhoods. This funding will be used to target pregnant women living in certain zipcodes in St. Louis. The initiative will identify and test pregnant women for lead poisoning and remediate their environment to assure the women and their children are protected from lead in that property.

Kansas City Missouri received a Lead Outreach Grant and will conduct a "Campaign Lead-Link" in three counties in Missouri and one in Kansas. The campaign will provide outreach, training and support for lead poisoning prevention. The grantee plans a mass media lead awareness campaign that will include blood-lead screening of children and pregnant women, distribution of lead cleaning kits to people in the area, job training and creation of a lead hotline. The city's partners include the Kansas City Regional Association of Realtors, the Healthy Homes Network, Old Northeast, Inc, and other public and private organizations.

Follow-up activities for lead poisoned children are funded through a variety of methods. The CDC's CLPPP Cooperative Agreement funds provide contracts that assure the performance of environmental risk assessments for lead poisoned children. The CDC funding also provides lead poisoning prevention educational material and outreach efforts. Most recently, education and outreach contracts were issued to each county designated as high risk. These contracts allow them to perform outreach and education on the mandatory testing requirements to health care providers in their jurisdiction.

Children who are enrolled in a Medicaid Managed Care Organization (MCO) receive case management activities by the MCO, through a contract with the Missouri Medicaid Program. Medicaid eligible children, who are not in an MCO, receive follow-up activities by the Local Public Health Agency (LPHA) or the physician.

The CLPPP has developed a relationship with the Maternal Child and Family Health (MCFH) program, and has utilized that funding mechanism for children who are not Medicaid eligible. LPHA's who have a DHSS MCFH contract can utilize those resources to secure reimbursement for case management, testing services, or any other lead poisoning prevention activity that is not reimbursable by Medicaid.

Other resources include a Missouri Lead Abatement Fund. That fund has money for grants or loans to be used for the remediation of lead hazards. A contract has been awarded to the Meramec Region Planning Commission for abatement work. This planning commission has experience in lead abatement work and has contacts with licensed lead professionals. MRPC has completed Project Design training and has been in contact with 5 families to begin abatement work. DHSS will continue to refer homes to MRPC for abatement work.

Technical Capacity

To successfully eliminate lead hazards, there needs to be an adequate number of trained, expert professionals to provide services. There are currently workers trained and licensed in the following categories:

- Lead Risk Assessors - 275
- Lead Inspectors - 105
- Lead abatement contractors - 230
- Lead abatement workers - 1149
- Lead Abatement supervisors - 523
- Project designers – 19

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There is a lack of technical capacity in various areas of Missouri, and an outreach effort is built into this plan, to assure trained professionals are available in all areas of Missouri.

There have been, and continues to be, free HUD sponsored lead safe work practices training scheduled in Kansas City and St. Louis during the first part of 2004. However, there has not been a coordinated effort to promote these classes to remodelers, renovators, code enforcers and other professional staff that would benefit from the training. We will continue to support and promote additional lead training in areas such as visual assessment.

Goals/Objectives



5 year Goal: The ability to identify and continually increase housing stock that has reached a specified standard of lead safety.

Year One

Statewide Objective – Work with St. Louis City, St. Louis County and Kansas City with input from members of the state advisory group to develop a definition of “lead safe housing status”. This term would be used in future legislation.

This term would have to assure that a property reaches a certain level of safety and determine if future inspections would be needed to continue as a “lead safe” property.

Evaluation:

Short-term evaluation will be the completion of an agreed upon definition of “Lead Safe” for Missouri.

Long-Term evaluation will include the ability to classify houses that have received a level of remediation/abatement and assure that these homes are safe for occupants.

Statewide Objective – DHSS will research current statutes and regulations and determine if additional authority is needed to establish a list of safe housing stock. If needed, target local agencies and selected advisory group members will develop language and find legislative sponsorship that would give appropriate authority.

Evaluation:

The successful determination of statutory needs will be the impetus for going forward with a lead safe registry or list.

Statewide Objective - Develop a course that would educate building and housing inspectors to identify and refer homes with lead hazards.

- This course would be simple, but effective in assuring that any property that was inspected for city/county codes would also receive a visual assessment for lead hazards.
- If lead hazards were suspected, the property could be referred for a lead inspection.

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Evaluation:

The completion of a course outline and material content will be the evaluation for objective number 2.

St. Louis City Objective - Cross train housing/building inspectors to identify potential lead hazards as they are also determining building code and/or housing code violations.

Kansas City Objective – Perform at least five lead safe work practice training clinics at area hardware stores.

Evaluation:

Short-term evaluation includes the number of participants in the trainings.

Long-term evaluation includes an increase in the number of people trained to perform lead hazard reduction in a safe manner so as not to increase the hazards.

Statewide Objective – Utilize state funding to contract with a local community action agency to provide lead abatement on homes where lead hazards exist, with priority being given to homes where children have been identified with an EBL.

Evaluation:

Short-term goals would be the completion of lead abatement projects.

Long-term evaluation would include the increase in housing stock that is lead free and would pose no lead hazards to occupants.

Year Two

Statewide Objective – Missouri will work with property owners and other stakeholders to determine the need for incentives for property owners to encourage them to make their property lead safe. Language will be drafted and submitted for incentive programs.

Evaluation:

The short-term evaluation for these objectives will be a statute that is written in collaboration with stakeholders so that property owners who maintain a lead safe environment will be adequately protected. It will also include the number of properties that apply for and receive the incentive programs available. We will use the application process for measuring this objective.

Long-term evaluation includes the increase in homes that are lead safe. This will require the tracking of homes that have not only applied for the funding, but that continue to have no children poisoned in the property. This will be measured through lead testing surveillance data.

Statewide Objective – Seek county participation in requiring or at least encouraging building/property code enforcers to complete the lead evaluation training developed in year one.

- Identify at least two counties that would agree to partner with MDHSS in identifying potential class participants.
- Promote the class and seek support from the city government agencies.

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- Develop brochures to advertise and promote the training.

Evaluation:

Short-term evaluation includes measuring the number of state and local building code enforcers who complete the lead evaluation class, as well as properties that are referred to a licensed lead inspector from those that completed the training.

Long-term goals include the increase in lead safe buildings due to the evaluation, referral and remediation of lead hazards in homes identified with lead hazards. Because St. Louis City, St. Louis County, and Kansas City all have ordinances that require the remediation of any lead hazard found, all property identified would be required to perform lead hazard reduction.

This would be measured through the reporting of lead abatement projects as required by statute.

Statewide Objective – Utilize state funding to contract with a local community action agency to provide lead abatement on homes where lead hazards have been identified and in which children have been identified with an EBL.

Evaluation:

Short-term goals would be the number of homes that had abatement complete.

Long-term evaluation would include the increase in housing stock that is lead free and would pose no lead hazards to occupants.

Statewide Objective: Conduct at least three realtor trainings to educate realtors on the health effects of lead, the common sources of lead contaminants and legislation requirements related to disclosure of lead hazards upon rental and sale of a property.

Evaluation:

Short-term evaluation would include the number of realtors attending the training sessions.

Long-term evaluation includes an increase in lead hazard and lead poisoning education of housing professionals, therefore passing the education on to persons who are renting or buying property and resulting in fewer children who become lead poisoned.

St. Louis City Objective: Hire and train two Lead Safe St. Louis citizen advocates to assure that children with elevated blood lead levels are identified, provided guidance on how to apply for and obtain lead remediation funds and receive follow-up care as recommended.

Evaluation:

Short-term evaluation will be the hiring of the two staff to perform the duties.

Long-term evaluation will include the percentage of families that enter the Lead Safe St. Louis system and follow through the completion of lead remediation.

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St. Louis City Objective: Complete a lead safe/lead free housing registry for properties identified and remediated in St. Louis City. Due to St. Louis City having a HUD grant requiring the establishment of the registry, and the fact that a majority of Missouri's lead poisoned children are in St. Louis, they will take the initiative, with collaboration from DHSS, to develop a registry in St. Louis.

Evaluation:

A web based directory of homes that are lead free, lead safe or lead remediated. This directory will be available to low income renters who are looking for safe property.

Year Three

Statewide Objective -Seek county participation in identifying and encouraging rehabilitation contractors to complete the lead evaluation training developed in year one and or one day lead safe work practices training.

- Identify at least two counties that would agree to partner with MDHSS in identifying potential class participants.
- Promote the class and seek support from the union/professional organizations.

Evaluation:

Short-term evaluation includes measuring the number of rehabilitation contractors who complete the lead evaluation class, as well as properties that are referred to a licensed lead inspector from those that completed the training.

Long-term goals include the increase in lead safe buildings due to the evaluation, referral and remediation of lead hazards in homes identified with lead hazards. Because St. Louis City, St. Louis County, and Kansas City all have ordinances that require the remediation of any lead hazard found, all property identified would be required to perform lead hazard reduction.

This would be measured through the reporting of lead abatement projects as required by statute.

The number of children poisoned because of unsafe lead work practices would also decrease. This could be measured when a lead risk assessment is conducted on the property and lead hazards are identified.

Kansas City, St. Louis County, St. Louis City Objective – Continue to apply for the HUD Lead Hazard Control Grant.

Evaluation:

Short-term measures include the completion of the application, and the award of the grant.

Long-Term measures include an increase in lead safe housing in the areas receiving the grant, due to remediation activities funded by this grant.

Years four-five

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Continue to apply for any lead hazard control funding available and strive towards continued development of lead hazard control laws, policies and procedures to further the availability of lead safe housing in Missouri.

5 Year Goal: Utilize new/emerging methods for identifying high-risk populations in Missouri.

As we strive towards our goal of elimination, we expect risk populations to change and evolve. We need to assure that we have the technical expertise and knowledge capacity to identify these populations and effectively communicate risk to them.

Year One:

Statewide Objective: Provide \$1000.00 education/outreach funding to local health departments located in areas of Missouri identified as high-risk for lead poisoning and requiring universal testing.

Currently, approximately 50% of statewide testing is done by local health agencies that often receive no reimbursement for their services. State law requires any health care provider who sees children to provide a blood lead test.

This funding would allow Local Public Health Agencies in high-risk areas to educate and provide outreach to both health care providers and care givers. This outreach would assure Universal Testing requirements are understood and compliance increased.

Many areas of Missouri are currently high-risk because there is an inadequate number of children tested while pre-1950 housing stock is greater than the national average. We feel this funding would lead to increased testing rates in those areas.

Evaluation:

The CLPPP will use surveillance data to determine if there is an increase in testing over the previous year.

Statewide Objective: Collaborate with DNR to complete a registry of lead mining, milling and smelting operations in Missouri.

The MDNR has received funding from EPA to research and pinpoint areas of Missouri that have a history of lead activity. This research and subsequent outcome will result in a map of potentially hazardous areas of Missouri. MDNR will sample these areas, and evaluate the results. Based upon testing results and population characteristics, the sites will be prioritized for possible clean-up activity.

Evaluation:

The MDNR will have a map that pinpoints all of the historical lead areas.

St. Louis City, Kansas City, St. Louis County Objective: Work with child-care facilities in the most at-risk areas to assure they receive education on lead poisoning prevention and offer blood lead testing at these facilities.

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Evaluation:

Short-term evaluation will be the number of child-care facilities that were visited and provided educational information

Long-term evaluation will be to use surveillance data to increase the number of children tested in the at-risk area

Statewide Objective: Continue to use surveillance and census data to evaluate statewide universal testing areas to further define the area at risk and publish/promote the requirements annually.

Evaluation:

Surveillance data will be used to determine areas of the state that:

- **Had over 12% prevalence rate**
- **Have more than 22% pre-1950 housing**
- **Have not tested a statistically significant number of children**
- **Areas that fall into these categories will be evaluated to determine if risk status should be high and universal testing required.**

We will also continue to use GIS mapping to identify areas that are smaller in geographic size while taking into consideration the overall population of the area.

Statewide Objective: Increase the testing rates in areas of Missouri designated as high-risk and requiring universal testing.

- Offer contract funds so that county health departments can educate both providers and the public about the risks of lead poisoning and the importance of testing.
- Apply to EPA for funding that would enable DHSS to hire two educators that would provide door-to-door outreach to private health care providers.
- Provide health care providers with the most updated information on testing rates and risk factors in their communities.
- Using testing and prevalence data, re-evaluate high risk areas and convert to targeted testing requirements.

Evaluation:

Testing rates will be analyzed using the lead surveillance system and compared from year-to-year.

Statewide Objective: Increase the rates at which Medicaid eligible children receive a blood lead test.

- Continue to collaborate with Medicaid to assure data is matched and Medicaid eligible children that have been tested are identified.
- Collaborate with state Managed Care Organizations to increase their testing rates and identify barriers to testing.
- Begin publishing Medicaid testing numbers along with county-wide testing numbers.

Evaluation:

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The Match data from DHSS and Department of Social Services (DSS) will be used to determine if a greater percentage of Medicaid children are being tested in the state.

Year Two:

Statewide Objective: Provide education to 100% of households where children have blood lead levels of 10 – 15 µg/dL.

Children who have blood lead levels between 10 and 15 are being exposed to lead, and are not eligible for reimbursable case management. Some case management resources provide for education to these families, however it is not consistent statewide. Managed Care Organizations are currently under contract with the Missouri Department of Social Services to provide these services, however children who are not in a managed care plan often do not receive any type of follow-up and often are not even aware of their elevated blood lead level.

DHSS would like to assure these children get follow-up by sending a letter, and some educational information to households who fall into this category.

Evaluation

The measure of children who have received a follow-up test in the identified timeframe. We will be able to measure the number of children before the education efforts went into place, and after to determine the effectiveness of the activities.

Statewide Objective: Collaborate with DNR to use historical lead activity and current testing results to identify areas of Missouri at high-risk due to lead contamination.

Evaluation: The number of high-risk areas designated through the DNR/DHSS collaboration.

Statewide Objective: Increase the testing rates in areas of Missouri designated as high-risk and requiring universal testing.

- Offer contract funds so that county health departments can educate both providers and the public about the risks of lead poisoning and the importance of testing.
- Apply to EPA for funding that would enable DHSS to hire two educators that would provide door-to-door outreach to private health care providers.
- Provide health care providers with the most updated information on testing rates and risk factors in their communities.
- Using testing and prevalence data, re-evaluate high risk areas and convert to targeted testing requirements.

Evaluation:

Testing rates will be analyzed using the lead surveillance system and compared from year-to-year.

Statewide Objective: Increase the rates at which Medicaid eligible children receive a blood lead test.

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- Continue to collaborate with Medicaid to assure data is matched and Medicaid eligible children that have been tested are identified.
- Collaborate with state Managed Care Organizations to increase their testing rates and identify barriers to testing.

Evaluation:

The Match data from DHSS and DSS will be used to determine if a greater percentage of Medicaid children are being tested in the state.

Years three – five

We will continue to use screening and housing data to identify populations who may be at risk for lead poisoning, but have not had testing. These populations may include both children and adults in many different environments including occupational exposure.

5 year Goal: Assure that data included in the Missouri lead poisoning prevention database is accurate, timely, and allows the CLPP program to evaluate goals and objectives.

Year one

Statewide Objective – Make the new Missouri Lead Poisoning Prevention database (MOHSAIC) available to four local public health agencies for data entry and look-up.

- This will allow counties to look up children to determine if blood lead testing has been done.
- MOHSAIC will also allow case management and environmental data to be entered in “real time”.
- Because children will be in the system from any health care provided, there will be less duplication and better, more accurate data.
- The system will allow the automatic, immediate link with Medicaid data to determine a child’s eligibility and enrollment status.

Evaluation

Short-term evaluation will include the set up, availability and training of MOHSAIC to the local public health agencies for timely data entry and follow-up.

Long-term evaluation includes a decrease in the number of errors found in data as well as the increase in amount of data available for each child. Therefore decreasing the % of incomplete information that is found.

Statewide Objective – Increase from 0% to 50% the number of laboratories reporting electronically with direct import into the data system.

- This will reduce the chance for human error.

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- This will also increase the percentage of accurate demographic information that is included in the Lead Data System.

Evaluation

Short-term evaluation will include the number of lab tests that were able to be imported into the system with no data entry. That number should increase as more laboratories are participating in the process.

Long-term evaluation will include a decrease in the percentage of inaccurate demographic information and, therefore, more children should not be lost to follow-up due to inaccurate demographic data.

Statewide Objective – Develop a manual that includes data elements that are consistent, appropriate and will provide program evaluation tools.

Year Two

Statewide Objective – Decrease by 3% the percentage of children with unknown addresses.

Evaluation:

With the completion and implementation of the lead program data module (MOHSAIC), we will be able to interface with the Department of Social Services data system to assure the most accurate patient demographic information.

With surveillance data, we will be able to determine the percentage of children who had an unknown address.

Statewide Objective – Make the new Missouri Lead Poisoning Prevention database (MOHSAIC) available to 114 (100%) local public health agencies for data entry and look-up.

- This will allow counties to look up children to determine if blood lead testing has been done.
- MOHSAIC will also allow case management and environmental data to be entered in “real time”.
- Because children will be in the system from any health care provided, there will be less duplication and better, more accurate data.
- The system will allow the automatic, immediate link with Medicaid data to determine a child’s eligibility and enrollment status.

Evaluation

Short-term evaluation will include the set up, availability and training of MOHSAIC to the local public health agencies for timely data entry and follow-up.

Long-term evaluation includes a decrease in the number of errors found in data as well as the increase in amount of data available for each child, therefore, decreasing the percentage of incomplete information that is found.

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Years three – five

We will continue to work with agencies that are utilizing our electronic data system to assure the information is being utilized and is “user friendly”. We will format and provide reports that will help not only state program evaluation, but that are useful to the front end user on a daily or weekly basis.