DHS

Department of Health Services
2015-2017 Biennial Budget Issue Paper
September 15, 2014

Childhood Lead Program FTE

Decision Needed
Should the Department request GPR FTE and funding to support Childhood Lead Program testing and surveillance activities in the Division of Public Health (DPH)?

Background

1. Lead poisoning is preventable, with the potential to be completely eliminated. Wisconsin remains among the top ten states for the percentage of children found to be lead poisoned after blood lead level testing, with one in thirteen Wisconsin children testing for dangerous levels of lead exposure (blood lead level of 5 micrograms per deciliter (mcg/dL) or more) (CDC National Surveillance Data, 2012).

2. Lead-based paint and lead-contaminated dust are the most hazardous sources of lead for U.S. children. All houses built before 1978 are likely to contain some lead-based paint, and the deterioration of this paint contributes to elevated levels of lead-contaminated house dust. Lead may also be present in furniture, toys, cosmetics, food, and plumbing products.

3. Lead interferes with the normal development of a child's brain and can result in lower IQ, learning disabilities, and behavior problems such as aggression and hyperactivity. Childhood lead poisoning contributes to and is a powerful predictor of school disciplinary problems, juvenile delinquency, and adult criminality. Violent crimes committed by adults are strongly associated with prenatal and childhood lead poisoning.

4. Lifelong cognitive and health effects of lead exposure have cost implications for other DPH priorities (prevention of chronic disease, preterm births, and falls), while the prevention of lead poisoning coincides with many of the Governor’s initiatives, such as Lead to Read and Race to the Top, Mental Health and Substance Abuse, and the Fast Forward Initiative.

5. Under section 254.15, Wis. Stats., the Department is required to:
    - Develop and implement a comprehensive statewide lead poisoning or lead exposure prevention and treatment program.

- Provide laboratory testing of biological and environmental lead specimens for lead content to any physician, hospital, clinic, municipality or private organization that cannot secure testing through other sources.
- Develop or encourage the development of appropriate programs and studies to identify sources of lead poisoning or lead exposure.
- Provide technical assistance and consultation to local, county or regional governmental and private agencies to promote and develop lead poisoning or lead exposure prevention programs.
- Provide recommendations for the identification and treatment of lead poisoning or lead exposure.
- Develop educational programs to communicate the health danger of lead poisoning or lead exposure from lead-bearing paint among children to parents, educators, and officials of local boards.

6. Federal Medicaid rules specify that all children in the program receive at least two blood lead tests. The majority of Wisconsin's lead-poisoned children are enrolled in Medicaid, but fewer than half of Wisconsin's Medicaid-enrolled children receive both required blood tests.

7. In 2012, the Centers for Disease Control and Prevention (CDC) lowered the blood lead level that should prompt medical and public health follow-up to ≥5mcg/dL from ≥10mcg/dL. State law (Wis. Stats. Ch. 254.156) requires DHS to promulgate rules whenever CDC specifies a standard that differs from the Wis. Stats. Ch. 254.11(9) definition of lead poisoning or lead exposure, established in 1994 at 10 mcg/dL. In 2012 CDC, acknowledged that no level of lead in blood is safe and set a new "reference value" of 5 mcg/dL as the target value for public health interventions. Since this value differs from current state statutory definition of lead poisoning, Ch. 254.156 requires DHS to issue rules. Between 2010 and 2012, of the 23,725 Wisconsin children found to have a blood lead level (BLL) of ≥5mcg/dL, 20,957 children tested between 5–9mcg/dL. If the Legislature were to change the state statutory definition of lead poisoning (and elevated blood lead level) to reflect the lower reference point, the scope of outreach/monitoring efforts for DPH would expand substantially because many more children would require services.

8. The Wisconsin Childhood Lead Poisoning Prevention Program (WCLPPP) was originally staffed with 8.3 FTE positions in 2011. The program previously received its funding through a federal grant which ended in 2011. The Department has no permanent funding source for the program and has utilized one-time balances to fund the program at a level that only maintains current staff and limited program operations. Currently, the program operates at what DPH considers below optimal staffing levels with 5.8 FTE as illustrated in the table below.

WCLPPP Existing FTE

	GPR	PR	FED	Contract	Total
Program Manager				1.00	1.00
Epidemiologist				0.50	0.50
Pub. Health Educator	1.00				1.00
Epidemiologist	0.10	0.20	0.50		0.80
Database Manager	0.75		0.25		1.00
Data Entry Specialist			1.50		1.50
Total	1.85	0.20	2.25	1.50	**5.80**

9. 1.85 GPR FTE and .50 FED FTE are fully funded in the department's base budget for FY 16 and FY17, while the remaining FTE authority is currently unfunded.

10. There has been continued pursuit of MA Administrative funding by the Department for childhood lead poisoning prevention activities. However, at this time, the Department has not been successful in claiming MA Administrative funding, and current estimates indicate that any federal funds received in this manner would be small.

11. Fully funding the existing program staff would enable the program to continue program activities, including:
    - Process data from 120,000 blood lead test reports from health care providers annually.
    - Identify over 4,000 Wisconsin children with lead poisoning annually.
    - Analyze data to target, map, and plan for active interventions.
    - Provide guidance to health care providers on follow up services and ensure care coordination for lead poisoned children.
    - Analyze data to enable state and local agencies to compete for several millions of dollars of HUD funding each year.
    - Provide blood lead data to the Medicaid Program to measure performance towards testing benchmarks.
    - Provide annual blood lead testing report cards to Medicaid health care providers.
    - Maintain the WI Blood Lead Registry.
    - Monitor statutory compliance by laboratories to report all blood lead test results to DHS.
    - Provide local health departments with weekly blood lead testing reports or immediate notification of severely lead poisoned children in their jurisdiction.
    - Provide technical assistance and training to local health department staff.

- Provide strategic planning and grant writing support to local childhood lead poisoning coalitions.

12. The childhood lead poisoning prevention program is statutorily mandated and critical to preventing, targeting, and treating a wholly preventable illness with lifelong social and economic repercussions.

13. The fiscal ramifications of lead poisoning extend from healthcare costs to losses through lifetime earnings, tax revenue, special education, attention deficit hyperactivity disorder, and crime. In a 2006 review of scientific literature, National Center for Healthy Housing economic consultants David Jacobs and Rick Nevin estimate the total cost of the above-mentioned effects of childhood lead poisoning to be $45,608 per child. It could be argued that if the childhood lead poisoning program prevented an additional 78 cases of childhood lead poisoning ≥5mcg/dL, or 1 percent of reported cases in 2012, $3,557,424 in future costs could be avoided, far outweighing the costs of continuing the program in any of the proposed configurations.

Recommendation

Maintain current program staffing level. Request $394,100 GPR and 2.45 FTE GPR in FY 16, and $394,100 GPR and 2.45 FTE GPR in FY 17 to maintain current staffing level through GPR FTE with contracted FTE.

	Change to Base			
	FY 16	FY 17	Biennium	FTE
GPR	$394,100	$394,100	$788,200	2.45
FED	($160,500)	($160,500)	($321,000)	(2.25)
PR/PRS	($29,700)	($29,700)	($59,400)	(0.20)
SEG				
TOTAL	$203,900	$203,900	$407,800	0.0