

Mississippi Lead Poisoning Prevention and Healthy Homes Program

2010-2011 Program Snapshot

MISSISSIPPI LEAD POISONING PREVENTION AND HEALTHY HOMES PROGRAM OVERVIEW

In July 2006, the Mississippi State Department of Health's Childhood Lead Poisoning Prevention Program received a five-year grant from the Centers for Disease Control and Prevention (CDC) to eliminate lead hazards in the state. Since then, the program has changed its focus to address housing-related issues in a more comprehensive manner. In July 2011, the program received CDC funding to develop a comprehensive program that connects issues related to health and housing, promote environmental health policies, and improve the quality of life for children and their families.

With this transition, the program changed its name to the Mississippi State Department of Health's Lead Poisoning Prevention and Healthy Homes Program. The program seeks to promote and create healthy and safe homes for children and families by raising awareness, coordinating services, and conducting needs assessments and evaluations.

In an effort to reduce families' exposure to lead poisoning and other environmental hazards, the program conducts home visits and environmental inspections for children with elevated venous blood lead levels of 15 μ g/dL or greater. During the home visits and environmental inspections, visual assessments are conducted to determine environmental risk factors that may affect the health of children and families. In 2010, the program adopted the Housing Health and Safety Rating System of New England to identify potential health and safety hazards that may be found in a home during a visit.

The goals of the program are to promote statewide efforts to eliminate childhood lead poisoning in children less than 72 months of age and to develop strategies to decrease housing-related environmental hazards (i.e., mold, mildew, carbon monoxide, smoke, and pests) that may contribute to undesirable health conditions. The program provides practical prevention measures through care coordination, education, and risk reduction activities for children and their families. The program also collaborates with an array of organizations to promote, develop, and implement activities and policies.

**MISSISSIPPI LEAD POISONING PREVENTION AND HEALTHY HOMES PROGRAM SNAPSHOT
2010 – 2011**

The purpose of the snapshot is to provide information on the status of childhood lead poisoning and healthy homes issues in Mississippi. The report also serves as a resource for stakeholders and others who are interested in eliminating childhood lead poisoning and reducing environmental home health hazards in the state.

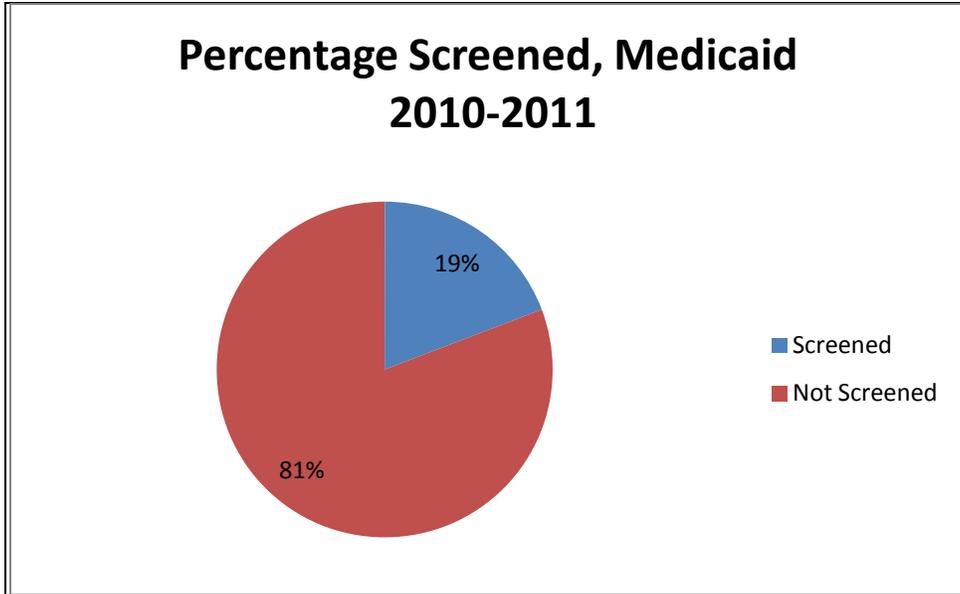
1. A total of 41,467 children under 6 years of age were tested for lead poisoning in Mississippi in 2011. Since 2010, there has been a 13.6% decrease in the number of children tested.

Children Less Than Six Years Old With Elevated Blood Lead Levels

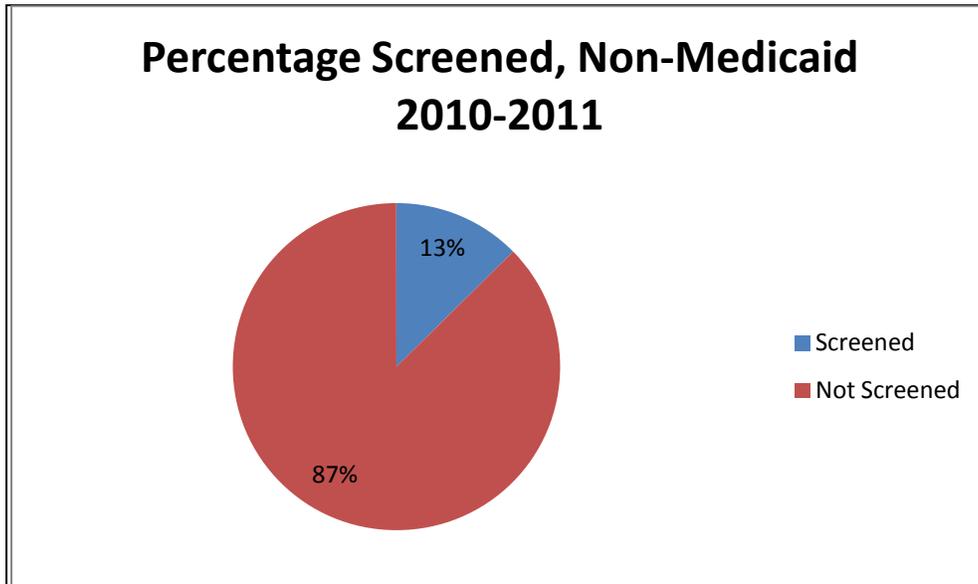
Year	Total Children Tested	Children Less Than Six Years Old	Percentage of Children Tested	10-14 µg/dL	15-19 µg/dL	20-44 µg/dL	45-69 µg/dL	>=70 µg/dL	Grand Total	Percentage of Children with Blood Lead Level >=10 µg/dl Among Children Tested
2010	48,212	252,260	19.1%	103	31	30	2	1	167	0.35%
2011	41,467	250,997	16.5%	69	32	26	0	0	127	0.31%

Source: U.S. Census Bureau, MSLPPHHP STELLAR Database

2. According to the Mississippi Division of Medicaid, there were 399,130 Medicaid-eligible children less than six years of age in the state in 2010-2011. Of this total, 76,513 (19%) were screened. During the same time period there were 104,127 non-Medicaid children, of which 13,116 (13%) were screened.

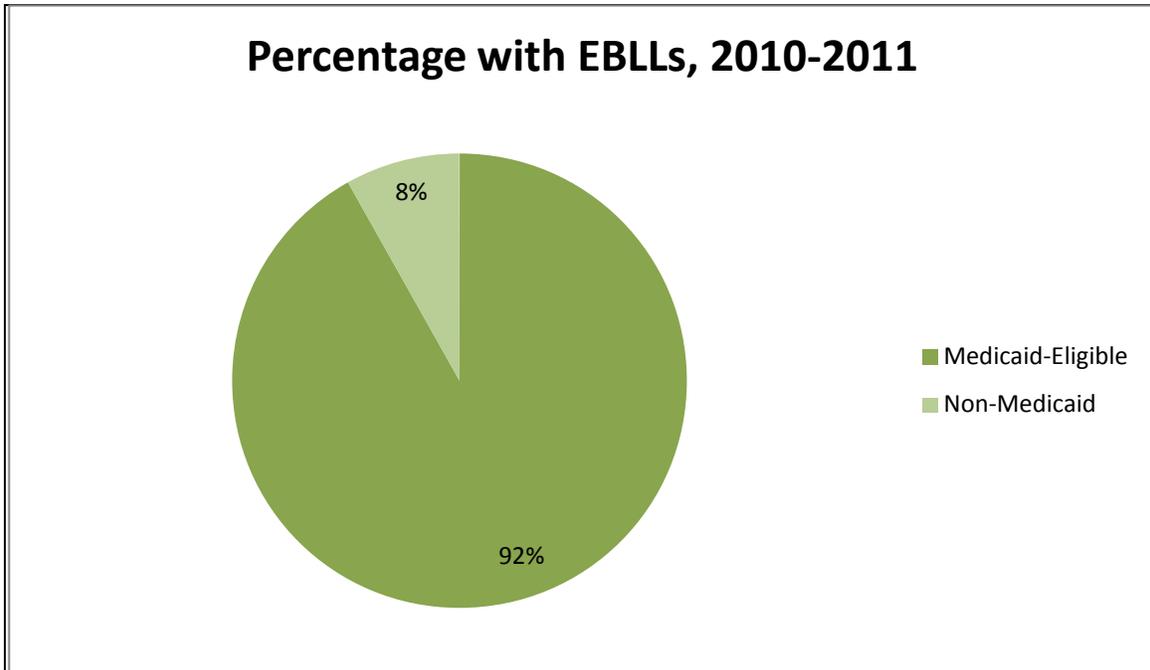


Source: Mississippi Division of Medicaid, MSLPPHP STELLAR Database



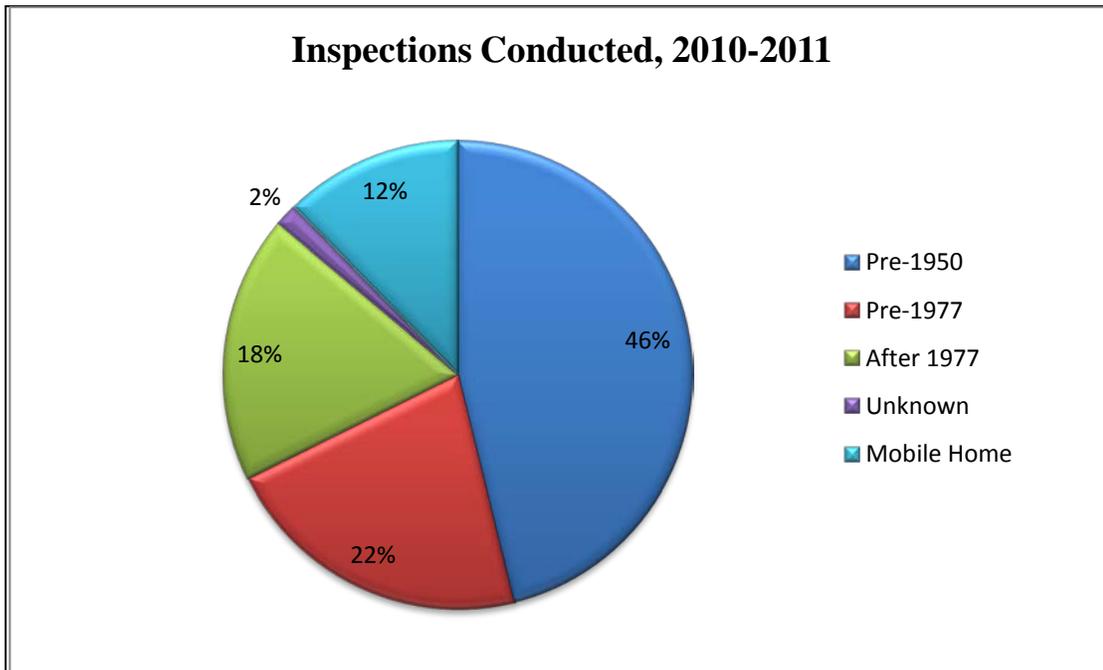
Source: Mississippi Division of Medicaid, MSLPPHP STELLAR Database

3. During 2010-2011, 294 children were identified with EBLLs. Of this total, 270 (92%) were Medicaid-eligible children and the other 24 (8%) were non-Medicaid children.



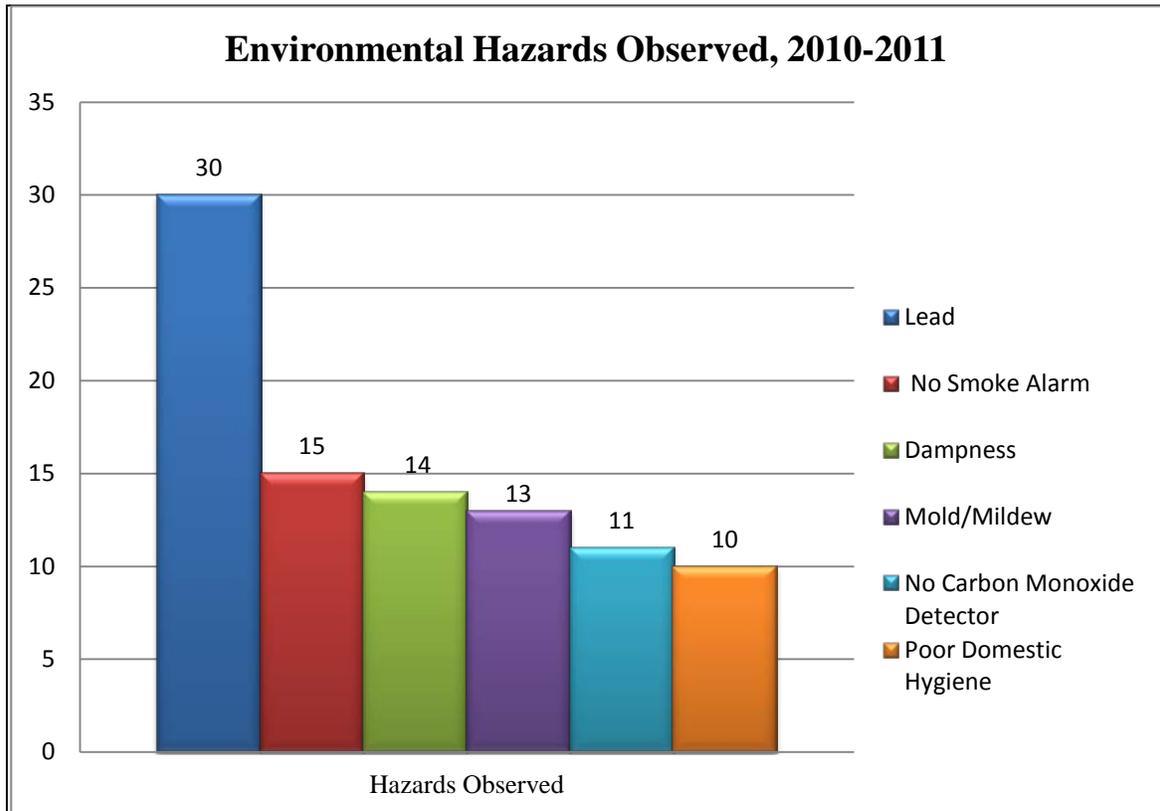
Source: Mississippi Division of Medicaid, MSLPPHHP STELLAR Database

4. From 2010-2011, the program conducted environmental inspections of 65 dwellings; of these dwellings, 30 (46%) were built pre-1950.



Source: MSLPPHHP STELLAR Database

5. Based on the total number of homes inspected (64), the top six environmental hazards identified during 2010-2011 were: 1) chipping or peeling lead-based paint 2) no smoke alarms, 3) dampness, 4) mold/mildew, 5) no carbon monoxide detector, and 6) poor domestic hygiene.



Source: MSLPPHHP

*Many homes have more than one hazard.

PROGRAM REFLECTIONS

The MSLPPHHP has been successful in reducing elevated blood lead levels (EBLLs) by providing primary prevention and care coordination services to families of children less than six years of age. Through partnerships with state and federal organizations, universities, and community-based organizations, the program has provided lead and healthy homes primary prevention to connect parents and their families to health services and other resources.

In an effort to reduce the number of children with persistent blood lead levels between 15-19 μ g/dL, the program began conducting preliminary investigations in 2008 for families with an initial venous blood lead level of 15 or higher. This process allowed for early identification of lead and other environmental health hazards that can be addressed to reduce lead exposure in children.

Over the years, the number of children with EBLLs has decreased from 371 in 2004 to 127 in 2011. Also, the percentage of children with EBLLs has decreased from .87% in 2004 to .31% in 2011. With fewer children tested, fewer will be identified with EBLLs, thus a decrease in the number of environmental assessments conducted. Of the children with EBLLs that qualified for a home visit and environmental assessment during 2010-2011, 26 were unable to be contacted and 7 refused the services. This could also contribute to the decrease in environmental assessments conducted.

Based on 2010-2011 Medicaid data, there was an increase in children enrolled in Medicaid; however, we have seen a decrease in the screening rate for Medicaid-enrolled children. It is important that the Mississippi Division of Medicaid and the MSLPPHHP continue to work together and discuss strategies for increasing screening rates among children under the requirements of the Medicaid Early Periodic Screening Diagnosis and Treatment program.