

Minnesota—Impact Statement

Each year, approximately 778 children and 411 adults are newly diagnosed with lead poisoning in Minnesota. The Minnesota Department of Health (MDH) Childhood Lead Poisoning Prevention Program (CLPPP) and county health department officials follow up on these cases, inspect the homes, and help coordinate repairs to units with lead hazards. Scientific research indicates the need to start helping even more children with blood lead levels below the current action level.

MDH also maintains a surveillance system to capture and aggregate the results of blood tests for lead. Since 1992, CLPPP has accumulated blood test records from 880,000 Minnesotans. The surveillance data enables MDH agency to identify high-risk areas for lead poisoning and track patterns over time. MDH CLPPP also uses the surveillance data for health plans to determine the completeness of its testing and to match data between MDH and DHS for Medicaid. CLPPP shares the surveillance data with the MDH Refugee Health unit to examine lead testing in this high-risk group.

CDC funding enables this program to identify and respond to emerging lead threats and allows it to enhance and evaluate its program. For example, in some cases, multiple children in the same family may have elevated blood lead levels. The CDC-funded State Case Monitor assists local public health agencies and assessing agencies to coordinate environmental inspection to identify a lead hazard in the home or child care facility. MDH CLPPP has revised its blood lead clinical treatment and case management guidelines, adding additional recommendations for blood lead results between 5 and 9.9 micrograms per deciliter, including confirming capillary tests within three months.

MDH CLPPP relies on CDC funding to keep their lead prevention program running. In 2010, CDC funding paid for six full-time positions. In 2011, MDH CLPPP received \$589,000 (only \$180,000 of which is retained by the CLPPP, representing an already major reduction in federal funding), but the Senate version of the appropriations bill, if adopted as law in FY12, will result in job loss and a reduction in vital services. Without the surveillance data, there will be no way to treat the existing threat or track a possible resurgence in blood lead levels. Minnesota children will once again be on their own in dealing with exposure to a potent neurotoxin prevalent in their home environment. In addition, the transition to Healthy Homes will be stopped just as it is showing progress across the state and nation.