



Lead Poisoning Prevention Fund

Financing Source: State Fund by Fees
Financing Amount: \$650,000 Annually
Focus: Lead (Primary Prevention)

The Maine Legislature established the Lead Poisoning Prevention Fund (22 MRSA c. 252 §1322-E) in 2005. The Lead Poisoning Prevention Fund (LPPF) is administered with the help of an Advisory Board by the Childhood Lead Poisoning Prevention Unit (CLPPU) within the Maine Center for Disease Control and Prevention (CDC) of the Maine Department of Health and Human Services (DHHS). Resources from the LPPF are used to accelerate progress towards eliminating childhood lead poisoning in Maine through statewide and community-based activities that enable the public to identify lead hazards and take precautionary actions to prevent exposure to lead. The Maine CDC awards contracts to organizations to carry out education, outreach and capacity building services in high-risk areas (i.e., the five areas with the highest burden of childhood lead poisoning).

Financing Mechanism

The Maine Legislature established the Lead Poisoning Prevention Fund (22 MRSA c. 252 §1322-E) in 2005. The bill was the outcome of an effort led by a coalition of environmental activists. It authorizes a fee of 25 cents per gallon on all paint sold in Maine. The fee is imposed on paint manufacturers or brand label owners. It provides a **waiver** for payment for those who sell low quantities. Revenue from the fees fluctuated between \$700,000 and \$800,000 in the initial years. Revenue decreased during the recession but is currently stable at around \$650,000 annually.

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Through contracts for local education, outreach, and capacity-building services, the Maine CDC disburses funds from the LPPF to communities around the state with the highest burden of children with lead poisoning. The contracts are awarded through a competitive request for proposals (RFP) process. The most recent RFP was published in 2016 for contracts to provide services for up to five years in the five areas in Maine with the highest burden of lead poisoning. Any interested party is eligible to submit a bid in response to the RFP.

Program Overview

Using the resources of the LPPF, the Maine CDC implements education, outreach, and training programs that enable the public to identify lead hazards and take precautionary actions to prevent lead exposure.

According to the LPPF Evaluation Report 2010,¹ program activities and partnerships are designed to:

1. Help parents of young children who live in homes likely to have lead hazards live safely with lead so that their children never become poisoned;
2. Help property owners and managers of rental units likely to have lead hazards provide and maintain lead-safe housing so that child occupants never become poisoned; and,

3. Help property owners of rental units likely to have lead hazards avoid the high costs associated with lead abatement.

Program Operations

The Childhood Lead Poisoning Prevention Unit (CLPPU) of the Maine CDC manages the activities supported by the LPPF. The CLPPU works with the Maine CDC Environmental Public Health Tracking Program to analyze and make publicly available lead poisoning surveillance data for Maine towns, which is used to identify areas at high risk for childhood lead poisoning. The Maine CDC awards contracts to organizations to carry out education, outreach and capacity building services in high-risk areas (i.e., the five areas with the highest burden of childhood lead poisoning). In addition, the Maine CDC conducts statewide prevention activities as directed by the LPPF statute, including a statewide media campaign, a targeted direct mailing to parents of one-year-olds with an offer for a free home lead dust test kit, environmental investigations for all additional units in multifamily buildings where a child has been poisoned, and an online lead-safe housing registry.

Eligible Population Served:

Activities funded by the LPPF are intended to reach:

1. Parents of children under the age of six and expectant parents who live in housing built before 1950 and,
2. Owners of rental units built before 1950.

The LPPF statute directs the Maine CDC to give preference to activities that reach high-risk or underserved populations.

Staffing:

Services are provided by health department employees, contractors, or community-based partners.

Billing for Services:

Services are offered at no cost to community residents.

Outcomes and Evaluation

According to a Maine CDC report, the number of children six years and under who are newly identified with lead poisoning has declined continuously. Data from 2003 through 2013 indicate a significant drop in rates of lead poisoning in three out of the five high-risk areas receiving lead prevention services.²

An evaluation report on the LPPF states the following as its most significant achievements during the period between January 1, 2009, and June 30, 2010:

1. Fifty percent of LPPF resources were distributed to community organizations, establishing capacity and infrastructure for education and preventive lead dust testing in homes throughout the state and expanding prevention efforts to far more people than ever before possible.
2. More than 350 homes were tested for lead dust, the most common cause of childhood lead poisoning in Maine. These tests help residents and landlords to identify lead dust and protect children from lead poisoning. Prior to the LPPF, homes were tested only if a child was poisoned there.
3. Increased the number of lead investigations in rental units or owner-occupied homes from 25 in 2007 to 115 during the evaluation period.
4. Three hundred seventy landlords completed lead training courses that are required by the U.S. Environmental Protection Agency. These landlords own at least 2,900 units, two-thirds of which were built before 1950. Pre-1950 buildings often contain lead paint, which can break down into poisonous lead dust.

The Maine CDC also uses the data from the Environmental Public Health Tracking Network data portal annually to monitor and evaluate increases in blood lead screening rates and decreases in lead poisoning in high-risk areas.

Return on Investment:

An earlier study reported a return on investment of \$2.34 for every \$1 invested from 2006 through 2012.³

Lessons Learned

It is important to have data, especially local data, to help people understand the magnitude of the problem in their state and community. Providing data visualizations and maps help communities to understand the place-based nature of lead poisoning and the populations most at risk. It is also important to recognize the necessity of both primary and secondary prevention and deploy funding and staff expertise to both of these types of prevention.

For More Information

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www.mainelegislature.org/legis/statutes/22/title22sec1322-E.html

¹ Maine Center for Disease Control and Prevention. (2010). Lead Poisoning Prevention Fund evaluation report 2010: A report of findings from the evaluation period: January 2009 through June 2010.

² Maine Center for Disease Control and Prevention. (2016). [Data-driven community lead poisoning prevention](#).

³ Meade, E. (2014). The economic cost of childhood lead poisoning in Maine. Poster Presentation. Bates College Department of Economics.