Kentucky Impact of Cuts to CDC’s Healthy Homes and Lead Poisoning Prevention Program

As of December 2010 there are 346 children in the state of Kentucky diagnosed with lead poisoning. Kentucky’s Childhood Lead Poisoning Prevention Program (CLPPP) and its partnering local agencies follow up on these cases, inspect the homes, and order units with lead hazards to be repaired. Case management services were initiated for 121 children and 100 risk assessments were conducted in 2010 in response to this number of lead poisoned children.

In 2012, Kentucky’s lead program is receiving $594,000 from the Centers for Disease Control and Prevention (CDC) Healthy Homes and Lead Poisoning Prevention Program (FY2011 funding). That funding is scheduled to end in August 2012, at which time the State will determine what funding exists to continue the program and staff.

Kentucky has maintained a surveillance system since 2003 to capture and aggregate the results of blood tests for lead. The system has obtained screening records for 515,908 of tests. The surveillance data enables the Kentucky CLPPP to identify high-risk areas for lead poisoning and track patterns over time. The data is also used in program planning and other federal grant applications including for HUD, CDC, and EPA. CDC funding enables the State’s program to respond to emerging lead threats. For example, in some cases, multiple children in the same family may have elevated blood lead levels. The program’s environmental health professional conducts an environmental inspection to identify a lead hazard in the home or child care facility. In addition, the program also creates opportunities for outreach in the forms of home visiting, service planning and resource identification, linkages to needed services, service implementation, monitoring of service delivery, and evaluation.

The CDC-funded CLPPP helps ensure medical provider compliance with Medicaid and other requirements for lead screening services for eligible children. Testing is the only way to discover if a child has been poisoned. The program also helps the State lead hazard control program funded by the Department of Housing and Urban Development to identify the highest-risk families whose homes most need abatement and to target resources to communities with concentrations of lead-poisoning cases.

If funding is not restored for the program at CDC in FY2013, Kentucky will suffer from a reduction in vital services. Without the surveillance data provided through the CDC program, there will be no way to treat the existing threat or track a possible resurgence in blood lead levels. Without funding, the vital follow up care such as intervention and care coordination will be largely scaled back. The impact of the elimination of CDC’s Healthy Homes and Lead Poisoning Prevention Program is significant, and the State’s children stand to lose significantly. Cuts in funding will severely curtail the successful program Kentucky has worked for nine years to build. Now is not the time to dismantle CDC’s Healthy Homes and Lead Poisoning Prevention Program.