

**Get The Lead Out!**

**Key Elements**

**Outreach and Education (Prevention)**

* Provide funding for continual community education on the importance of risk assessment, testing, reducing exposure, and proper nutrition in the event of exposure. Media targets: billboards, PSAs, home improvement store advertising, physician office information, municipal building permit office information, birthing centers, Great Start, Head Start, preschools, daycares.
* Provide free or reduced priced supplies/resources for homeowners and landlords to assess lead hazards. Helpful tools include: lead detection swab kits, *Dwipes*, and proper cleaning procedures.
* Provide trained personnel to regularly test for lead in jurisdiction soils, water supplies, toys/playground equipment, walls/windows, and other potential sources of contamination.
* Provide specialized lead assessment training for public health staff including health educators, nursing, and environmental health sanitarians. Offer the public free or reduced pricing for assessment services.
* Assure that do-it-yourselfers and construction workers are trained and use lead safe practices in residential and commercial renovation. This can be done through municipal building permit offices.

**Testing and Case Management (Clinical)**

* Provide free lead testing for all children and pregnant women regardless of socioeconomic status.
* Provide funding to support purchase of Lead Care II Analyzers that allow for on-the-spot test results, which allow for immediate referral, education, and case management initiation.
* Provide nutrition home services for families of children with an EBL greater than 4 ug/dL.
* Assure use of the *Healthy Homes and Lead Poisoning Surveillance System* database by providers, LHDs, abatement coordinators, lab personnel, and state program personnel for accurate and up-to-date case management information.
* Proper case management should consist of networked local and state health department, municipality, and social service program staff (ie. Pathways to Potential, Great Start, Head Start, etc.) to avoid duplication and assure effective service coordination.

**Source Investigation and Elimination (Environmental)**

* Local environmental health departments should be funded to support preventative health education and outreach. The model should follow HUD and CDC models, addressing safety in the home (ie. fire/carbon monoxide, poisons, injury prevention, eliminating lead hazards, asthma triggers, pest control, etc.).
* Environmental risk assessment and remediation coordination should be available at low or no cost for any child with an EBL greater than 4ug/dL by local public health departments.
* Assure local health departments maintain staff certified in lead remediation/abatement, by providing training and workforce development funding.

**Policy Development**

* Initiate lead testing in WIC clinics and other sites (change regulations to require lead testing for all WIC clients and assure staff time is a WIC supported billable service).
* Introduce mandatory response time parameters to assure efficient follow up, assessment and abatement of children with EBL greater than 5ug/dL.
* Changes in the building codes that increases the frequency of lead hazard assessment in rental house/remodeled housing built before 1980.
* Local ordinances that assure frequent lead hazard assessment in rental house/property
* State requirement that rental property owners to Medicaid families have certified “lead-free” homes or face appropriate enforcement actions.
* Fund infrastructure upgrades to eliminate/reduce the risk of exposure.