



In the Spot Light:

San Antonio Metro Health Districts quick response saves a neighborhood and family dog from lead poisoning.

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Last month the San Antonio Metro Health District (Metro Health) conducted an environmental lead investigation at the home of a local San Antonio family. The investigation was initiated after their child tested positive for lead in the blood. During the investigation, Metro Health Lead Risk Assessor, Shannon Vallespin, discovered soil lead levels exceeding 128 times the Environmental Protection Agency (EPA) soil standard. Metro Health didn't waste time; they immediately contacted Texas Commission on Environmental Quality (TCEQ) to intervene. Further investigation uncovered an additional problem; the family dog became ill from ingesting soil and paint that contained lead.

TCEQ and EPA are removing the lead-contaminated soil outside of the family's house. In April, the U.S. Department of Housing and Urban Development (HUD) is scheduled to remediate the house. HUD is providing temporary housing for the family until a final lead risk assessment establishes the house as lead-safe. As a further precaution, Metro Health performed blood lead tests on neighboring children; the results came back negative for elevated blood lead levels.

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“Overall the family is in good spirits, and has been very cooperative and patient with the process thus far,” Lizette Magdaleno, BSN, RN, Metro Health.

The City of San Antonio is a recipient of the Lead-Based Paint Hazard Control (LBPHCP) Grant from HUD. This grant provides lead abatement to qualifying homes with lead-based paint. If you reside in a pre-1978 and have children under the age of six years, you may qualify. For more information on this grant, guidelines to get your child tested or recommendations to protect your family from lead in the home, please visit the City of San Antonio Housing & Neighborhood Services Department at: www.sanantonio.gov/nad/RehabDiv/LeadBased/index.asp

“Overall the family is in good spirits, and has been very cooperative and patient with the process thus far”

--Lizette Magdaleno, BSN, RN
San Antonio Metro Health District



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Reporting Childhood Blood Lead Tests

This issue examines the importance of reporting the child's address

how are we doing?

Every year, TX CLPPP receives thousands of blood lead tests with missing and incorrect information. When address information is missing, TX CLPPP has to use the providers' county as the child's county of residence. Using the providers' county as the child's residence may not provide the correct location for the child, because parents may take their child to a healthcare provider in a neighboring county.

- ▶ Address information helps establish high-risk areas to provide targeted testing, outreach, and prevention activities.
- ▶ Lack of information on the child's residence has major implications on our efforts to assure timely follow-up; to measure case management and reporting performance; and to estimate testing and morbidity rates.
- ▶ Address data provides critical information about children residing in census tracts with high concentrations of pre-1950 housing.
- ▶ Counties with high percentages of missing addresses may be misclassified with respect to high-risk status, resulting in ineffective allocation of resources, under-serving at-risk populations of children, and prevent our goal of the elimination of childhood lead poisoning.

TEXAS Department of State Health Services
Form # F09-11709 Childhood Blood Lead Level Report
 Confidential Medical Records

Send to:
 Childhood Lead Poisoning Prevention Program
 Texas Department of State Health Services
 1100 West 49th Street
 Austin, TX 78756
 Fax Number: (512) 458-7699
 Phone Number: (512) 458-7269 or (800) 588-1248

From:
 Provider Name
 Address:
 City/State/ZIP:
 Phone Number: ()
 Fax Number: ()

Child Information

Last Name: _____ First Name: _____
 Date of Birth: (mm-dd-yyyy) _____ Gender: Male
 Age in Months: _____ Medicaid/EPSDT #: _____
 Current Address: _____ State: _____ Zip: _____
 City: _____
 Ethnicity: (check one) Hispanic Non-Hispanic Unknown
 Race: (check one) White Black Native American
 Asian or Pacific Islander Multi-Racial Unknown

Blood Lead Level Information

Blood Lead Test Level: _____ micrograms per deciliter (µg/dL) Test Date: (mm-dd-yy) _____
 Type of Blood Sample: (check one) Venous Capillary Unknown

If Using Lead

The TRAILS *project*

Bringing lead education to
healthcare providers and parents

From February to May 2009, the TX CLPPP will be in 6 rural counties providing lead poisoning education through the TRAILS Project. These TRAILS counties include

Lamb, Crosby, Garza, Rusk, Shelby and **Val Verde.**

Through the TRAILS Project, TX CLPPP will provide Lead Poisoning Prevention Tool Kits to local healthcare providers, and will host Lead Poisoning Awareness Days at local churches for parents.

Tool Kits for Healthcare Providers

Raising parent awareness of lead poisoning in TRAILS counties may increase the demand for screening and testing. Healthcare providers should be aware of:

- State requirements for reporting of all blood lead level results to the TX CLPPP,
- Screening and testing guidelines for childhood lead poisoning, and
- Medical and follow-up care for children with elevated blood lead levels.

TX CLPPP developed the Lead Poisoning Prevention Tool Kit to inform local healthcare providers about childhood lead poisoning. Healthcare providers located within the TRAILS counties should receive a Tool Kit by June 30, 2009.

Since some rural residents may seek healthcare in nearby, urban cities such as Lubbock and Tyler, providers in these cities will also receive a Tool Kit.

Tool Kits are available to all healthcare providers in Texas. To order your Tool Kit, please call 1-800-588-1248.



Lead Poisoning Awareness Day

The Lead Poisoning Awareness Day is a one-day bilingual (English and Spanish) lead education campaign implemented at various local churches. Although the primary focus of TRAILS is education, TX CLPPP will provide free blood lead screening for children.

Each participant will get the opportunity to:

- ▶ Have their child screened for lead poisoning.
- ▶ Watch a video on “Protecting Your Child from Lead Poisoning.”
- ▶ Receive a “Home Checklist” to take home and inspect their home for lead.
- ▶ Receive lead education materials.
- ▶ Receive a tote bag filled with goodies for their child.

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Risk Factors for Lead Poisoning

Although childhood lead poisoning can occur in all population groups, the risk is higher for persons having low income and living in older housing. Table 1, *Demographics for TRAILS Counties and Texas*, compares poverty levels and older housing for TRAILS counties and Texas.

Poverty levels in Crosby, Garza, Lamb, Shelby, and Val Verde are higher than the state rate of **15.4%**; and older housing in all TRAILS counties is higher than the state rate of **56.7%**.

Table 1: Demographics for TRAILS Counties and Texas

County	% Below Poverty Level	% Pre-1980 Housing
Crosby	28.1	84.2
Garza	22.3	72.6
Lamb	20.9	88.7
Rusk	14.6	65.8
Shelby	19.4	62.9
Val Verde	26.1	63.8
Texas	15.4	56.7

Note. The data in columns 3 and 4 are derived from Population Estimates and 2000 Census of Population and Housing, U.S. Census Bureau: State and County QuickFacts.

Blood Lead Testing

The only way to know if a child has an elevated blood lead level (EBLL) is through blood lead testing. Table 2, *Blood Lead Surveillance for TRAILS Counties and Texas, 2004*, shows the population under six, percent of children tested, and percent of children who had elevated blood lead levels among those tested.

The percentage of children who received a blood lead test in Rusk, Shelby, and Val Verde County were lower than the state rate of 14.4%; and children with EBLLs in Crosby, Garza, Lamb, Rusk, and Shelby County were higher when compared to Texas.

Table 2: Blood Lead Surveillance for TRAILS Counties and Texas, 2004

County	Population under 6	% Tested	% Elevated of Tested
Crosby	664	16.0	4.7
Garza	378	15.4	6.9
Lamb	1,304	6.8	4.5
Rusk	3,487	11.3	3.3
Shelby	2,114	11.4	2.9
Val Verde	4,801	4.7	0.1
Texas	1,949,228	14.4	1.7

Note. The data in column 2 are derived from Population Estimates, U.S. Census Bureau: State and County QuickFacts. The data in column 3 and 4 are derived from Tested and Elevated Percentages among those tested, Texas Department of State Health Services Child Blood Lead Registry, 2004.

ATTENTION

Before you read the article below, make sure you have a copy of and are familiar with the *Blood lead Screening and Testing Guidelines for Texas Children: Quick Reference Guide* (QRG). The entire article is in reference to the QRG. You can download a copy from the TX CLPPP web site at: www.dshs.state.tx.us/lead.

BLOOD LEAD SCREENING AND TESTING GUIDELINES FOR TEXAS CHILDREN:

Quick Reference Guide *survey results*

TX CLPPP surveyed Texas healthcare providers over a six-week period (09/19/08 – 11/01/08), to get feedback on the readability and comprehension of the *Blood Lead Screening and Testing Guidelines for Texas Children: Quick Reference Guide*. The survey consisted of five survey questions and included a section for additional comments or concerns.

TX CLPPP distributed the survey to healthcare providers by either direct mail, our quarterly newsletter, or by an online survey.

Results

TX CLPPP collected a total of 346 QRG surveys. Direct mail produced the greatest number of completed and returned surveys (281). Newsletters, online surveys, and email submissions produced another sixty-five completed surveys.

Some providers decided to email comments without completing the survey. Providers who received surveys by direct mail or newsletter were also given the option to take the survey online.

Table 3 shows a further breakdown of survey distribution and response counts.

Table 3: Survey Distribution and Response Counts

Method	Non-		Delivered	% Delivered	Responded	% Responded
	Sent	Delivered				
Direct Mail	2,000	246	1,754	87.7%	281	16.0%
Newsletter	5,000	115	4,885	97.7%	22	0.5%
Web Page					40	
Email					3	
Total			6,639		346	5.2%



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Survey Question Responses

The majority of providers answered “yes” to questions one, two, and four (see table 4). This indicates that healthcare providers were able to read and understand the QRG; and were able to locate the table on the QRG, *Schedule for Obtaining a Diagnostic Venous Follow-up*. However, responses to questions three and five indicate there are some possible problems with the QRG.

The purpose of question three was to find out which of the nine determinants, if any, were unclear. Overall, 83.9% of respondents found no determinants to be unclear (see table 5).

Question five illustrates what appears to be an issue with the QRG, with 25.7% of respondents answering, “No” (see table 4). This is consistent with the responders’ predominant choice of Determinant 2 as lacking clarity (see Table 5).

Table 4: Responses to questions 1, 2, 4, and 5.

Questions	Yes	No	Blank	% Yes	% No
Question 1	341	4	1	98.6	1.2
Question 2	339	5	4	97.4	1.4
Question 3					
Question 4	338	7	1	97.7	2.0
Question 5	247	89	10	71.4	25.7



Survey Comments

In addition to completed surveys, respondent’s submitted 57 additional comments by direct mail, newsletter, email, and online survey.

- ▶ The majority of comments addressed problems with identifying zip codes for targeted areas. Most zip code comments revealed a misconception that only the bolded zip codes signified a targeted zip code.
- ▶ Seven comments expressed positive feedback about the QRG.
- ▶ Five comments expressed concern about testing children every year through age six if they reside in targeted zip codes.
- ▶ Four comments concerned Determinant 3, “Newly arrived refugee or foreign adoptee,” and expressed a misunderstanding of the term “refugee” confusing the word to mean patients without U.S. residency documentation. This also indicates a lack of knowledge of the CDC’s recommendations for testing refugee children.
- ▶ Three comments related to a typographical error in the Schedule for Obtaining a Diagnostic Venous Sample on the QRG. TX CLPPP has corrected the error.
- ▶ Two comments about when to use the Risk Assessment Form.
- ▶ One comment each, for the QRG being “confusing” and lacking clarity on which type of blood draw TX CLPPP requires when the QRG does not specify a test type (e.g. Action—Blood lead test).

QRG Survey Questions	
1.	Did you read the <i>Quick Reference Guide</i> ?
2.	Was the <i>Quick Reference Guide</i> understandable?
3.	Indicate which determinant(s), if any, of the <i>Quick Reference Guide</i> was/were unclear. <input type="radio"/> Circle all that apply: 1 2 3 4 5 6 7 8
4.	Did you see the table, <i>Schedule for Obtaining a Diagnostic Venous Follow-up</i> ?
5.	Were you able to find one or more targeted zip codes in your area?
<input type="radio"/> Additional Comment:	

Table 5: Responses to question 3, by determinant*

Determinant	Count	% Response
Determinant (None)	296	83.9%
Determinant 1	6	1.7%
Determinant 2	18	5.1%
Determinant 3	6	1.7%
Determinant 4	1	0.3%
Determinant 5	5	1.4%
Determinant 6	5	1.4%
Determinant 7	1	0.3%
Determinant 8	11	3.1%
Determinant 9	2	0.6%
Determinant (All)	2	0.6%
Total	353	100%

*Focuses solely on the counts for unclear determinants, even if a respondent chose more than one determinant.

Outcome

TX CLPPP and the SAG used survey results and feedback submitted to revise the QRG. The newly revised QRG will become effective on April 1, 2009.

To download the revised QRG, go to: www.dshs.state.tx.us/lead.

Resources Available Through TX CLPPP's Web Site:

www.dshs.state.tx.us/lead

Forms

F09 - 11709: Childhood Blood Lead Level Report

Used by healthcare providers to report a child's blood lead level(s).

Pb-100: Lead Assessment Interview Tool

Used by healthcare providers to interview the parent/guardian of a child with a diagnostic elevated blood lead level to determine possible source(s) of lead exposure.

Pb-101: Request for Environmental Investigation

Used by healthcare providers to request an Environmental Lead Investigation for a child with a venous blood lead level test result of 20 mcg/dL and higher, or two separate venous BLL tests collected at least 12 weeks apart in the 15-19 mcg/dL range.

Pb-102: Provider Questionnaire

Used by healthcare providers for follow-up of elevated blood lead levels of a child.

Pb-104: Physician Checklist for Parent Education Topics

Used by healthcare providers to determine the appropriate lead educational material to provide parents for medical care, environmental intervention, and nutritional intervention.

Pb-109: Reference for Follow-up Blood Lead Testing and Medical Case Management

Used by healthcare providers to determine when follow-up blood lead testing is necessary. Specifically: "Schedule for Obtaining a Diagnostic Venous sample", "Schedule for Follow-up Venous Blood Lead Testing After Diagnostic Venous Sample", and "Recommendations for Children with Diagnostic Elevated Blood Lead Levels".

Pb-110: Risk Assessment for Lead Exposure (English and Spanish)

The risk assessment questionnaire is designed to be administered to the parent by the healthcare provider. Questions are provided in English along with Spanish versions to assist with Spanish speaking parents.

For the Healthcare Provider

1-312: A Guide for Educators: What all New Parents Need to Know (Brochure)

1-313: Childhood Lead Testing: Getting a Good Specimen (Poster)

Blood Lead Screening Guidelines for Texas Children: Quick Reference Guide

TX CLPPP News (Quarterly Newsletter)

For the Parent

1-307: Lead Around the Home

1-308: Lead in Your Food and Remedies

1-309: Lead in the Workplace and at Home

1-307: My Child Has a High Lead Level

1-311: How Lead Affects Your Child's Health

1-26: Protect Your Children From Lead Poisoning

www.dshs.state.tx.us/lead

PERIODICALS

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Local Health Department CLPPP Programs

City of Dallas	4500 Spring Ave.	Dallas, TX 75210	214-670-7663
City of Houston	8000 N Stadium Dr., 6th Floor	Houston, TX 77054	713-794-9349
Harris County	2223 West Loop South	Houston, TX 77027	713-439-6126
San Antonio Metro	911 Castroville Rd.	San Antonio, TX 78237	210-434-0077



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