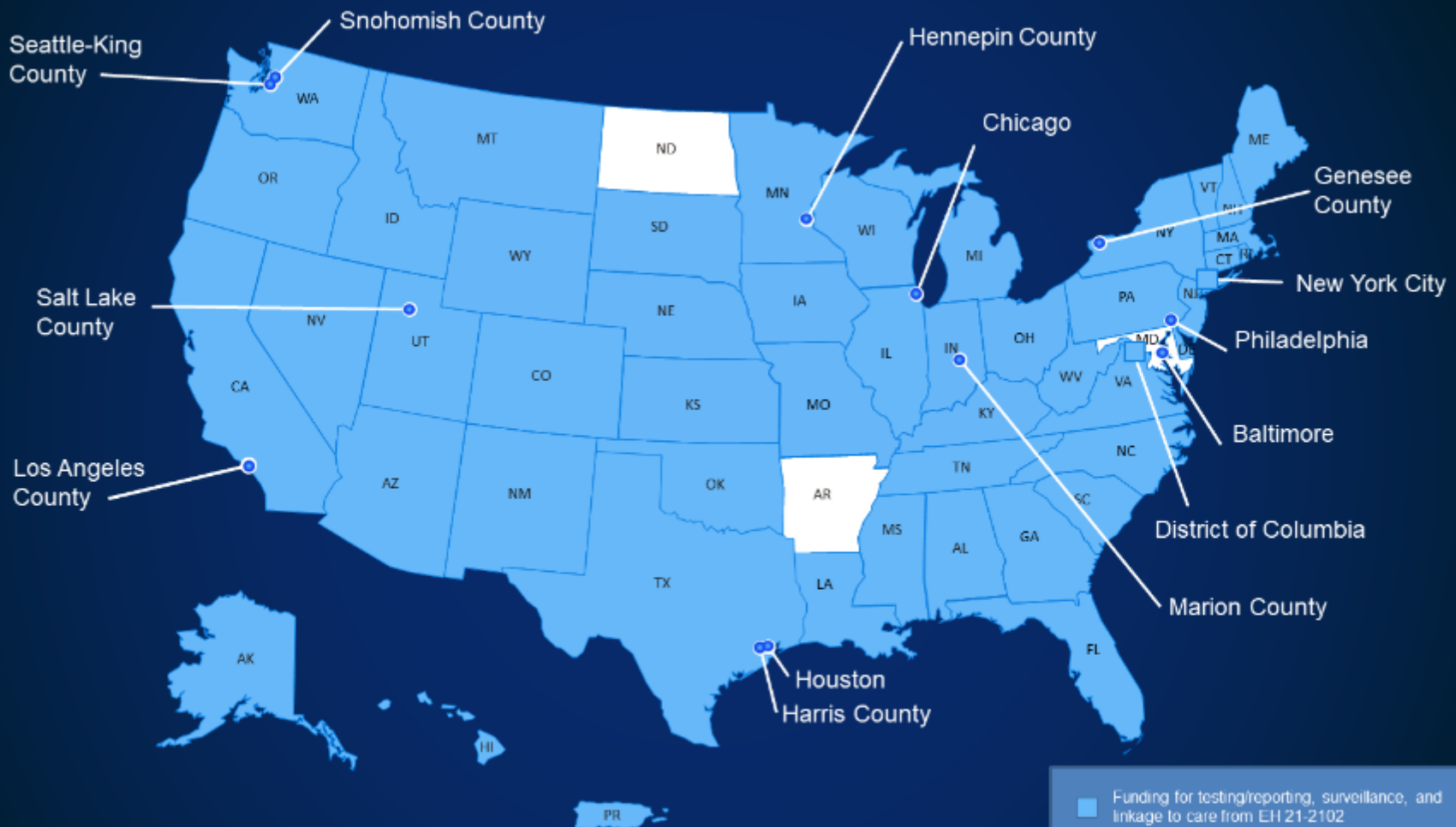

Oregon's Lead Poisoning Prevention Program

5/28/2024



PUBLIC HEALTH DIVISION
Environmental Public Health

FY2023 CDC-Funded Childhood Lead Poisoning Prevention Recipients



As of FY23, CDC began working through partners to engage tribes, territories, and states not funded under EH21-2102

- Funding for testing/reporting, surveillance, and linkage to care from EH 21-2102
- Funding for capacity building through CSTLTS*
- Funding for local interventions

*Center for State, Tribal, Local, and Territorial Support (CSTLTS)

326533



CDC-Funded State and Local CLPP Programs

- Collect blood lead surveillance data on all child blood lead tests
- Increase screening and testing rates
- Provide outreach to reduce the occurrence of lead poisoning across the state
- Collaborate with local health departments on case management
- Connect lead-exposed children to services

As of FY23, CDC began working through partners to engage tribes, territories, and states not funded under EH21-2102



Funding for local interventions

*Center for State, Tribal, Local, and Territorial Support (CSTLTS)

Target Populations

- Children less than 6 years (72 months) of age with a specific focus on children less than 3 years (36 months) of age.
- Priority should be given to high-risk children disproportionately affected by lead exposure and lead poisoning, particularly those children living in areas that include:
 - Children from low-income households and/or live in homes built before 1978;
 - Immigrant and refugee children;
 - Medicaid-eligible and Medicaid-enrolled children, as well as children receiving services from WIC
 - People who are pregnant or breastfeeding

Prevent Childhood Lead Poisoning

Exposure to lead can seriously harm a child's health.



Damage to the brain and nervous system



Slowed growth and development



Learning and behavior problems



Hearing and speech problems

This can cause:

- Lower IQ
- Decreased ability to pay attention
- Underperformance in school



Visit www.cdc.gov/nceh/lead to learn more.



1 Homes built before 1978 (when lead-based paints were banned) probably contain lead-based paint.



2 When the paint peels and cracks, it makes lead dust. Children can be poisoned when they swallow or breathe in lead dust.



3 Certain water pipes may contain lead.



4 Lead can be found in some products such as toys and toy jewelry.



5 Lead is sometimes in candies imported from other countries or traditional home remedies.



6 Certain jobs and hobbies involve working with lead-based products, like stain glass work, and may cause parents to bring lead into the home.

Health Effects of Lead Exposure

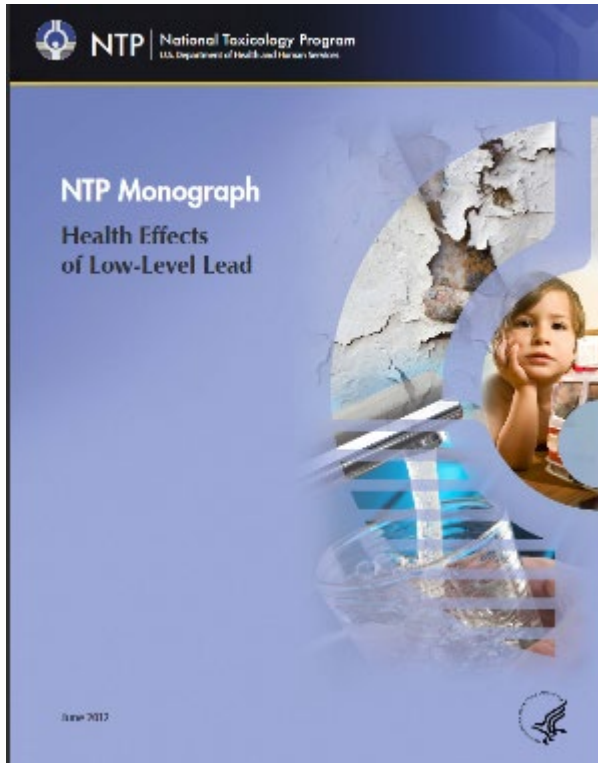


Table 1.1: NTP conclusions on health effects of low-level Pb by life stage

Life Stage	Blood Pb Level	NTP Conclusion	Principal Health Effects
children	<5 µg/dL	Sufficient	Decreased academic achievement, IQ, and specific cognitive measures; increased incidence of attention-related behaviors and problem behaviors
		Limited	Delayed puberty and decreased kidney function in children ≥12 years of age
	<10 µg/dL	Sufficient	Delayed puberty, reduced postnatal growth, decreased IQ, and decreased hearing
		Limited	Increased hypersensitivity/allergy by skin prick test to allergens and increased IgE ^a (not a health outcome)
		Inadequate	Any age – asthma, eczema, nonallergy immune function, cardiovascular effects; <12 years of age – renal function
Adults	<5 µg/dL	Sufficient	Decreased glomerular filtration rate; maternal blood Pb

Overall, the NTP concludes that there is sufficient evidence that blood Pb levels < 10 µg/dL and < 5 µg/dL are associated with adverse health effects in children.

ToxFAQs™ for Lead

Can lead cause cancer?

Several agencies and organizations both in the United States and internationally have reviewed studies and made an assessment about whether lead can cause cancer.

- The Department of Health and Human Services (HHS) has determined that lead and lead compounds are reasonably anticipated to be human carcinogens (causing cancer in people).
- The U.S. Environmental Protection Agency (EPA) has classified lead as a probable human carcinogen.
- The International Agency for Research on Cancer (IARC) has determined that inorganic lead is probably carcinogenic to humans, and that there is insufficient information to determine whether organic lead compounds will cause cancer in humans.

Lead Screening and Testing in Oregon

Lead-Free Kids for a Healthy Future



Kids under the age of 6 are still at risk for lead poisoning.

Get tested!

What are some non-paint sources of lead?

- 
Keys
- 
Traditional ceramics
- 
Children's jewelry
- 
Some imported spices and candies
- 
Some traditional makeup (kohl, surma)
- 
Some folk remedies (Azarcon, grebe)

For more information visit healthoregon.org/lead



Lead-Free Kids for a Healthy Future



Ask your **doctor** to test your **child** for **lead**.

All kids should have a blood test at ages 1 and 2.

- 
Kids may be exposed to lead through household dust or contaminated soil in newer or older homes.
- 
Homes built before 1978 often used lead-based paint that becomes a danger when it chips, flakes or peels.
- 
Renovation, repair or painting activities can create toxic lead dust in pre-1978 homes. Use a certified contractor.

For more information visit healthoregon.org/lead



Lead Screening and Testing in Oregon



Childhood Lead Poisoning Prevention Program Health Care Provider Lead Screening Questionnaire

Name of patient: _____ Date: _____ Age of child: _____

Anticipatory guidance regarding lead hazard identification and risk reduction measures should be a routine part of an ongoing educational approach for pregnant women, children and their families. The goal of lead screening is to identify children who may have been exposed to lead, provide interventions and reduce the risk of exposure. This questionnaire should be administered at 1 and 2 years of age, or between 3 and 5 years of age if not previously screened. If the answer to any of these questions is "Yes" or "Don't know" a blood lead test should be performed. Follow up questions may be needed to clarify responses. Per OAR 410-130-0246, all children on Medicaid/Oregon Health Plan must be blood tested at 12 and 24 months, or between 24 and 72 months if there is no record of a previous blood test.

Please circle the answers to the following questions:

Has your child lived in or regularly visited a home, child care or other building built before 1950?	Yes Don't Know	No
Has your child lived in or regularly visited a home, child care or other building built before 1978 with recent or ongoing painting, repair and/or remodeling?	Yes Don't Know	No
Is your child enrolled in or attending a Head Start program?	Yes Don't Know	No
Does your child have a brother, sister, other relative, housemate or playmate with lead poisoning?	Yes Don't Know	No
Does your child spend time with anyone that has a job or hobby where they may work with lead? <i>Examples: see list on back of this questionnaire</i>	Yes Don't Know	No
Do you have pottery or ceramics made in other countries or lead crystal or pewter that are used for cooking, storing or serving food or drink?	Yes Don't Know	No
Has your child ever taken any traditional home remedies or used imported/foreign cosmetics? <i>Remedies: Azarcon, Aiarcon, Greta Cosmetics: Kohl, Surma, Sindoor, or KumKum</i>	Yes Don't Know	No
Has your child been adopted from, lived in or visited another country?	Yes Don't Know	No
Do you have concerns about your child's development? Concern(s): _____	Yes	No

Blood lead testing should also be considered as part of a diagnostic work-up of any child regardless of age with the following symptoms:

- **Behavioral problems:** aggression, hyperactivity, attention deficit, school problems, learning disabilities, excessive mouthing or pica behavior and other behavior disorders.
- **Developmental problems:** growth, speech and language delays and/or hearing loss.
- **Symptoms or signs consistent with lead poisoning:** irritability, headaches, vomiting, seizures or other neurological symptoms, anemia, loss of appetite, abdominal pain and cramping or constipation.
- **Ingestion of foreign body**

Children not enrolled in Medicaid/Oregon Health Plan (OHP) should be screened using the Lead Screening Questionnaire at 12 months and again at 24 months of age, or between 3 and 5 years of age if not previously screened.



Detection of Lead Poisoning

[Home](#) / [Patient Care](#) / [Lead Exposure](#) / Detection of Lead Poisoning

The current [Bright Futures/AAP Periodicity Schedule](#) recommends a risk assessment at the following well-child visits: 6 months, 9 months, 12 months, 18 months, 24 months, and at 3, 4, 5 and 6 years of age. The recommendation is to do a risk assessment, and do a blood lead level test only if the risk assessment comes back positive. According to the AAP and CDC, universal screens or blood lead level tests are not recommended anymore except for high prevalence areas with increased risk factors as described in a [2012 CDC report](#), such as older housing.

Lead Screening and Testing in Oregon

Oregon Health Authority

Health Systems Division: Medical Assistance Programs - Chapter 410

Division 130

MEDICAL-SURGICAL SERVICES

410-130-0246

Lead Screening

(1) All children enrolled in the Oregon Health Plan, including Fee-for-Service and MCEs, must have blood lead screening tests. Children with Medical Assistance Program coverage must have blood lead screening tests at age 12 months and 24 months. Any child between ages 24 and 72 months with no record of a previous blood lead screening test must receive one. Completion of a risk assessment questionnaire does not meet the lead screening requirement for children under Medicaid.

Lead Screening

- All children enrolled in Medicaid, regardless of whether coverage is funded through title XIX or XXI, are required to receive blood lead screening tests at ages 12 months and 24 months.
- Any child between 24 and 72 months with no record of a previous blood lead screening test must receive one.
- Completion of a risk assessment questionnaire does not meet the Medicaid requirement.
- The Medicaid requirement is met only when the two blood lead screening tests identified above (or a catch-up blood lead screening test) are conducted.

Oregon Medicaid-Enrolled Lead Testing Rates : < 36 months

CY2022

	Total Distinct Number of Children Enrolled in Medicaid	Number of Children Enrolled in Medicaid Tested	% Of Children Enrolled in Medicaid Tested
Age Group			
0 -12 months	22845	286	1.25%
12 - 24 months	24046	5882	24.46%
24 - 36 months	24164	2585	10.70%
0 - 24 months	46891	6138	13.09%

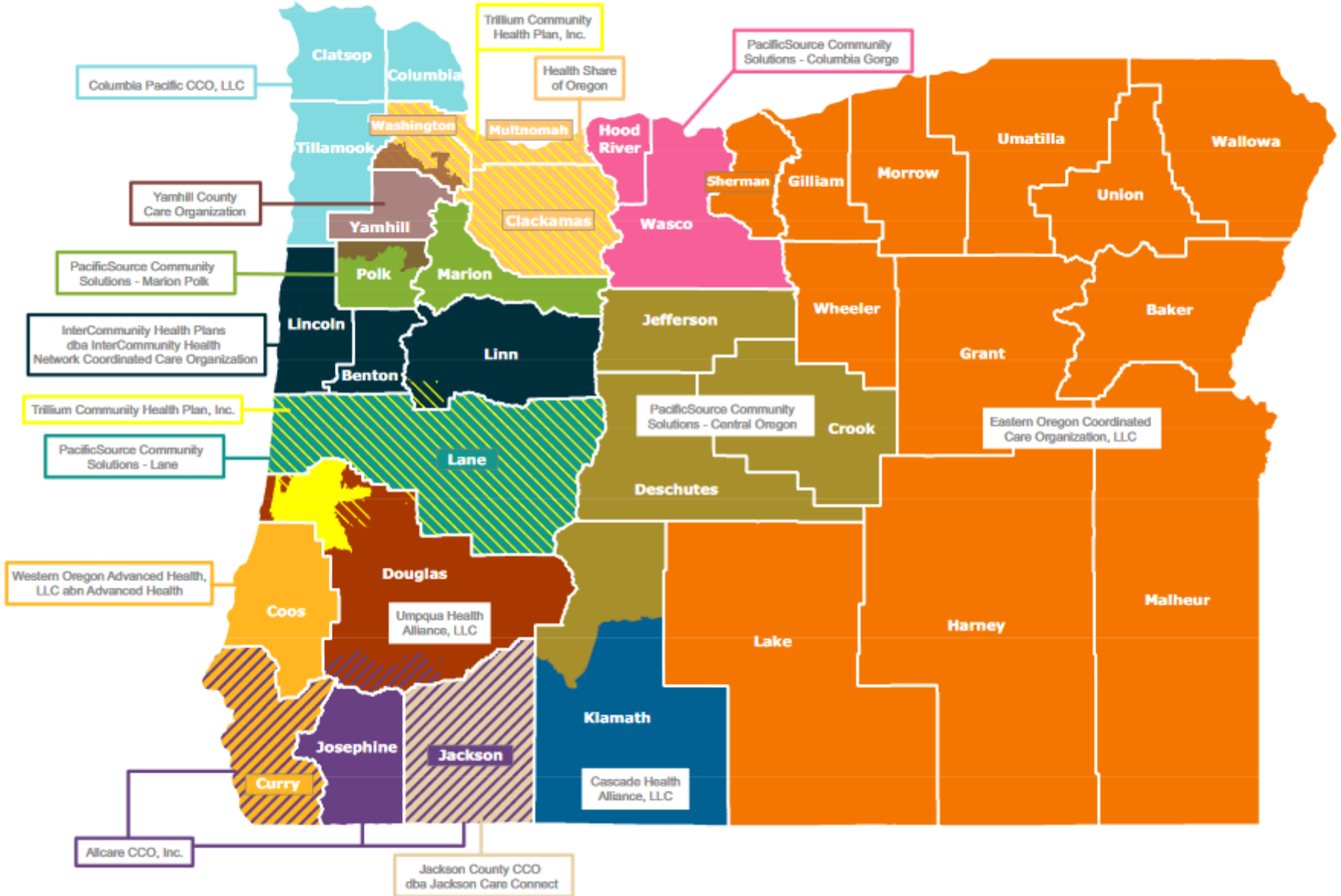


CY2023

	Total Distinct Number of Children Enrolled in Medicaid	Number of Children Enrolled in Medicaid Tested	% Of Children Enrolled in Medicaid Tested
Age Group			
0 -12 months	44095	408	0.93%
12 - 24 months	42688	7236	16.95%
24 - 36 months	45442	4334	9.54%
0 - 24 months	69592	7602	10.92%



Coordinated Care Organization 2.0 Service Areas



Oregon Medicaid-Enrolled Lead Testing Rates : < 36 months

CY2023			
CCO	Total Distinct Number of Children Enrolled in Medicaid	Number of Children Enrolled in Medicaid Tested	% Of Children Enrolled in Medicaid Tested
ADVANCED HEALTH	802	161	20.07%
ALLCARE CCO	1755	390	22.22%
CASCADE HEALTH ALLIANCE	927	82	8.85%
COLUMBIA PACIFIC	1110	228	20.54%
EASTERN OREGON CCO	3019	702	23.25%
HEALTH SHARE OF OREGON	12927	2911	22.52%
INTERCOMMUNITY HEALTH NETWORK	2603	414	15.90%
JACKSON CARE CONNECT	2352	421	17.90%
PACIFICSOURCE CENTRAL	2471	138	5.58%
PACIFICSOURCE GORGE	560	112	20.00%
PACIFICSOURCE LANE	3042	271	8.91%
PACIFICSOURCE MARION POLK	5536	913	16.49%
TRILLIUM COMM HLTH PLAN TRI-COUNTY	1378	183	13.28%
TRILLIUM COMMUNITY HEALTH	702	42	5.98%
UMPQUA HEALTH ALLIANCE	1264	8	0.63%
YAMHILL COMMUNITY CARE	1307	116	8.88%
OPEN CARD (FFS)	5552	151	2.72%

< >
0-12 Months
12-24 Months
24-36 Months
0-24 Months
(+)

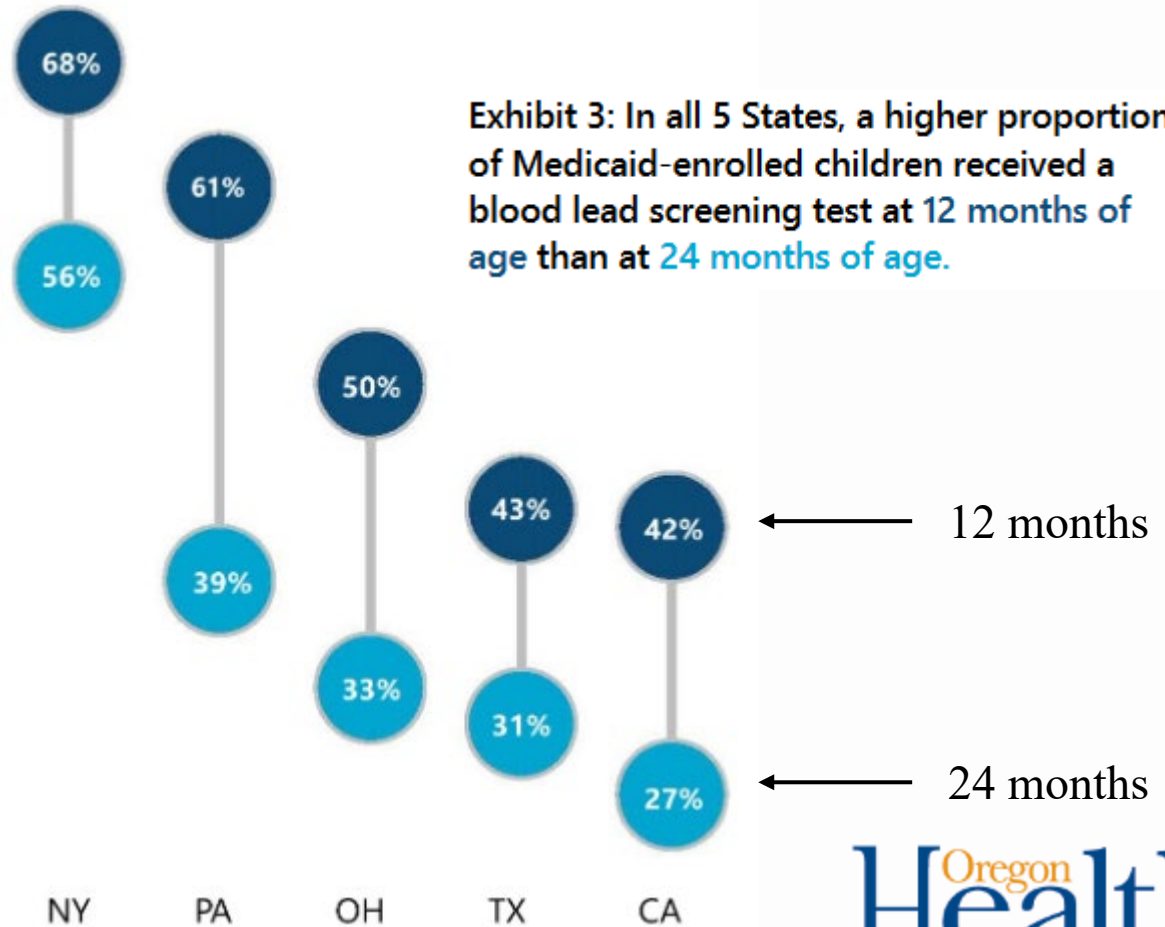
U.S. Department of Health and Human Services
Office of Inspector General

October 2021, OEI-07-18-00371



Key Takeaway

In the 5 States we reviewed, 38 percent of 1 million Medicaid-enrolled children did not receive a blood lead screening test at 12 months or 24 months of age, as required by Medicaid's schedule.





HEALTH SYSTEMS DIVISION

Kate Brown, Governor



500 Summer St NE E35
Salem, OR, 97301
Voice: 800-527-5772
Fax: 503-373-7689

TTY: 711

www.oregon.gov/OHA/HSD

Date: December 1, 2022

To: Providers who render, refer or seek approval for services for OHP members under age 21.

From: Donny Jardine, Manager
Medicaid Behavioral Health, Safety Net and Children's Programs

Subject: Provider guide regarding services to OHP Children and Youth:
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Effective January 1, 2023, the Oregon Health Authority (OHA) and coordinated care organizations (CCOs) are required to cover the full scope of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for children from birth until their 21st birthday. **Under EPSDT, the Oregon Health Plan (OHP) covers any medically necessary and medically appropriate service for enrolled children and youth until their 21st birthday, regardless of the Prioritized List.**

About EPSDT

Who Qualifies for EPSDT in Oregon?

All children and youth in Oregon up to age 21 who are enrolled in OHP. This includes children and youth under age 21 who enrolled in OHP through [OHP Covers Me! \(Cover All Kids\)](#) and [Healthier Oregon](#).

EPSDT coverage ends on a member's 21st birthday.

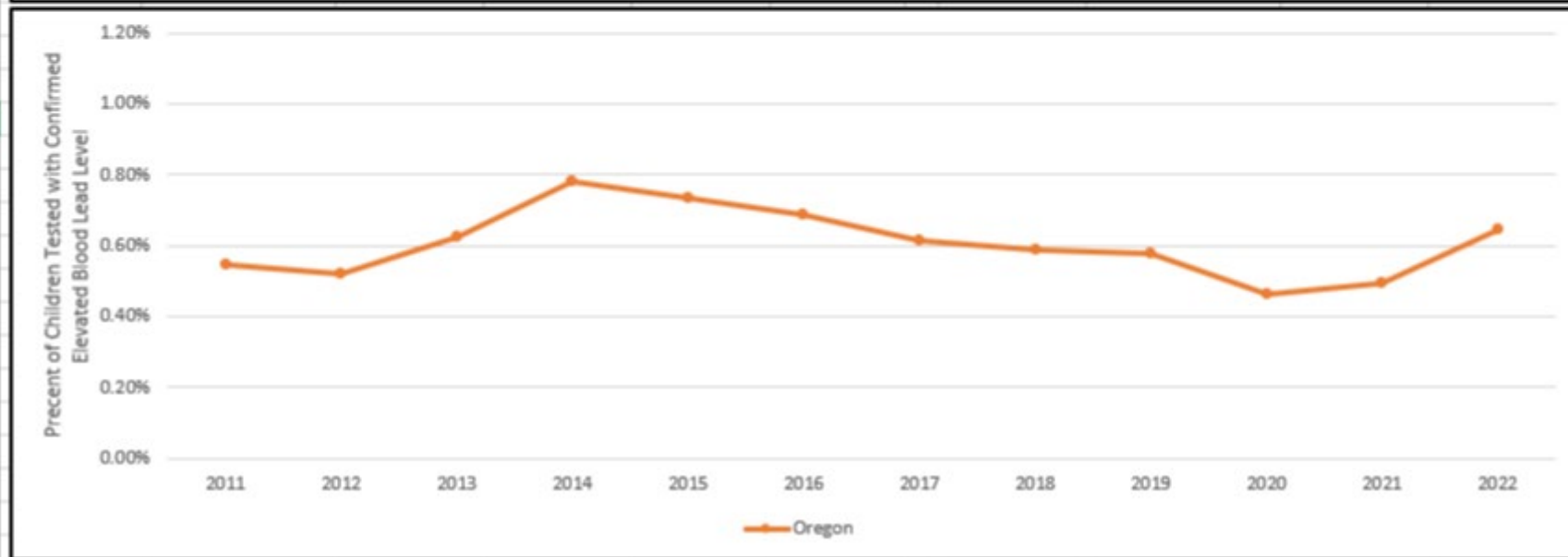
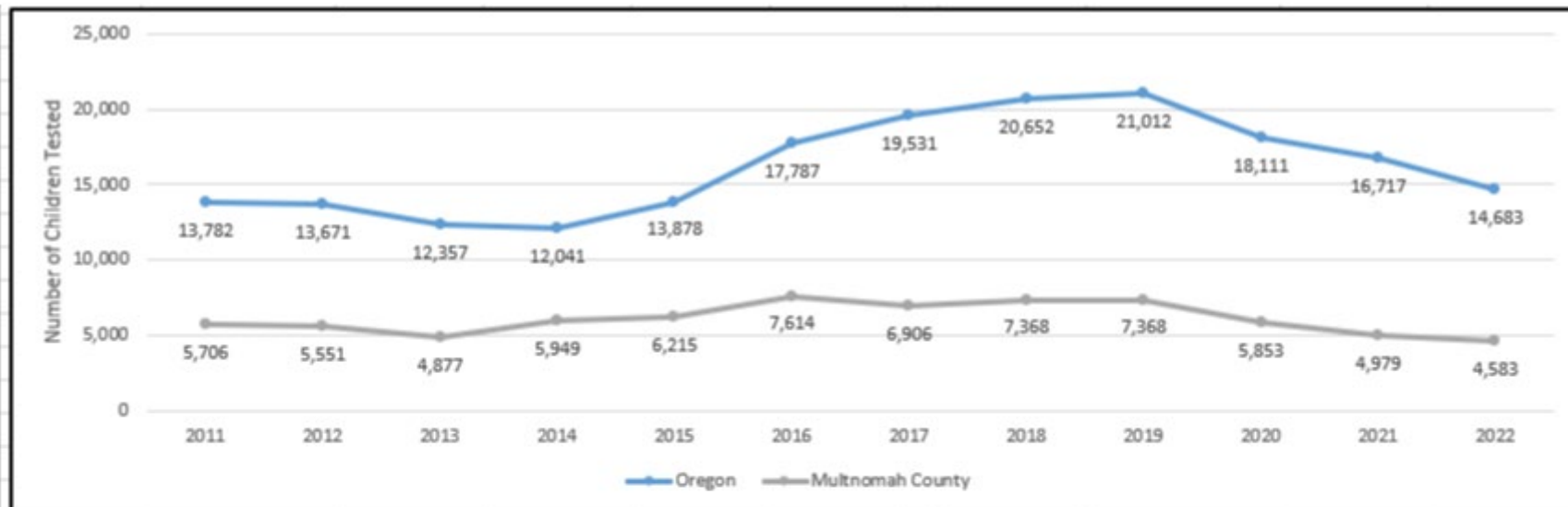


What Services Are Provided?

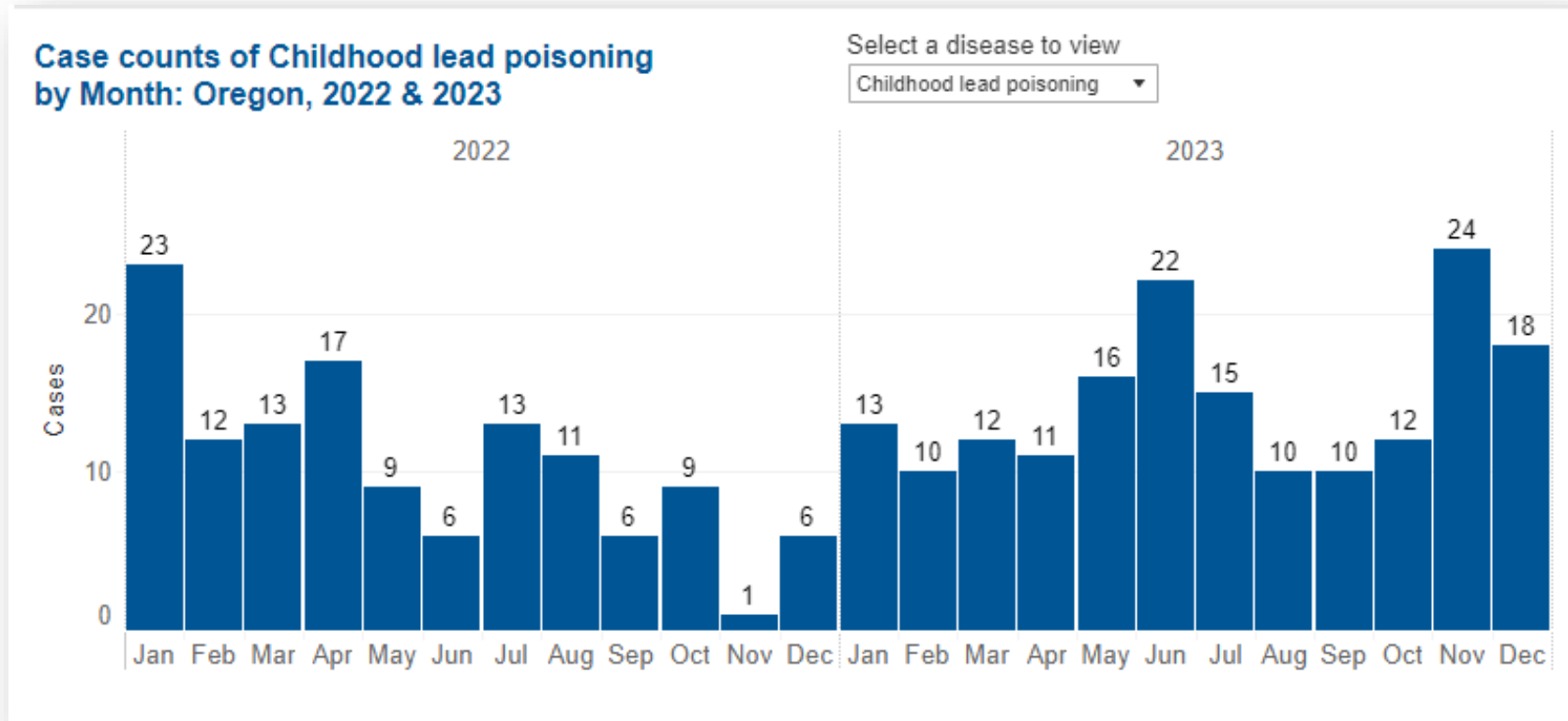
Screening visits and health exams

Screening visits (also known as well child visits or adolescent well visits) at age-appropriate intervals following the [American Academy of Pediatrics](#) and [Bright Futures guidelines](#) and [periodicity schedule](#). These visits must include:

- Full physical exam
- Full health and developmental history (including assessment of both physical and mental health development)
- Developmental screening
- Preventive laboratory tests (including lead toxicity testing and genetic testing)
- Appropriate immunizations
- Assessment of nutritional status
- Anticipatory guidance and health counseling for parents and children
- Referrals for medically necessary health and mental health treatment



Childhood Lead Poisoning in Oregon



Blood Lead Testing

Presumptive vs. Confirmed Blood Lead Test



Capillary test (Presumptive)



Venous test (Confirmatory)

Capillary Blood Lead Tests



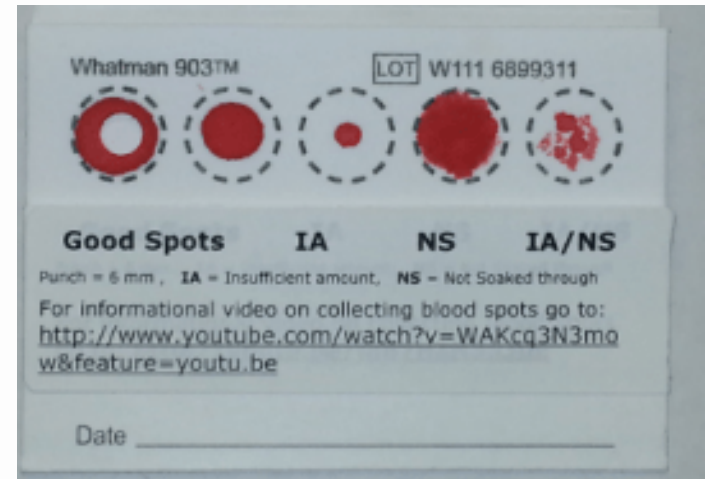
Capillary Blood Lead Tests



Capillary Blood Lead Tests



Saving Our Avian Resources



State of Michigan Health & Human Services

Confirmed Blood Lead Test



Venous test (Confirmatory)

Recommended before continuing with case management and investigation

Confirmed venous blood lead level

CDC recommends that healthcare providers use a venous draw for confirmatory BLL screening. If the initial screening test used a venous sample, the patient does not need another venous draw.

A child with one venous blood test ≥ 3.5 $\mu\text{g/dL}$ or two capillary blood tests ≥ 3.5 $\mu\text{g/dL}$ drawn within 12 weeks of each other.

Reporting of Blood Lead Test Results

- By law, Oregon laboratories and clinicians must report **ALL** blood lead test results to the Oregon Health Authority (OHA) within **seven working days**.
- **ELEVATED** blood lead test results must be reported to OHA within **one working day**.

For more on the reporting and investigation requirements, see the Oregon Administrative Rules (OAR) 333-017, 333-018 and 333-019.



Oregon Health Authority		ELEVATED BLOOD LEAD REPORTING FORM			
Patient Name (Last)	(First)	(MI)	Date of Birth	Gender	
Patient Address (Street)		(City)	(State)	(Zip Code)	(County)
Telephone		Parent/Guardian			
Race: <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other					
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown					
Name of Provider Ordering Test			Provider Telephone		
Provider Address (Street)		(City)	(State)	(Zip Code)	(County)
Reporting Laboratory			Laboratory Phone		
Date Sample Drawn	Sample No.	TEST RESULTS		Sample Type	
Date Sample Analyzed		Blood Lead ug/dL	Z/PP	Venous Capillary	
Occupational Monitoring? ____ Yes ____ No ____ Unknown	Employer	Occupation			
Possible Source of Lead Exposure?	Children/Pregnant Women in Home? ____ Yes ____ No ____ Unknown				
Name/DOB of other children/pregnant woman in household	Name(s)			DOB(s)	

NOTES:

Case Management

Childhood Blood Lead Levels: Case Definition



U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION

Blood lead reference value

In 2012, the Centers for Disease Control and Prevention (CDC) introduced a blood lead "reference value."

This value helps to identify children with higher levels of lead in their blood compared to most children. This level is based on the 97.5th percentile of the blood lead values among U.S. children ages 1-5 years from 2015-2016 and 2017-2018 National Health and Nutrition Examination Survey (NHANES) cycles.

Children with blood lead levels at or above the BLRV represent those at the top 2.5% with the highest blood lead levels.

Childhood Blood Lead Levels: Case Definition



U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION



National Health and Nutrition Examination Survey

NHANES is a population-based survey to assess the health and nutritional status of adults and children in the U.S. and determine the prevalence of major diseases and risk factors for diseases. Every four years, CDC reanalyzes blood lead data from the most recent two NHANES cycles to determine whether the reference value should be updated.

Identifying high blood lead levels

CDC uses a blood lead reference value (BLRV) of 3.5 micrograms per deciliter ($\mu\text{g}/\text{dL}$) to identify children with blood lead levels that are higher than most children's levels.

Childhood Blood Lead Levels: Case Definition



U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION

CDC's BLRV is a screening tool to identify children who have higher levels of lead in their blood compared with most children. The reference value is not health-based and is not a regulatory standard. States independently determine action thresholds based on state laws, regulations, and resource availability. CDC encourages healthcare providers and public health professionals to follow the [recommended follow-up actions based on confirmed blood lead levels.](#)

Childhood Blood Lead Levels: Case Definition



U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION

Blood Lead Reference Value

CDC uses a blood lead reference value (BLRV) of 3.5 micrograms per deciliter ($\mu\text{g}/\text{dL}$) to identify children with blood lead levels that are higher than most children's levels.

Oregon

CLPPP adopted CDC's current reference value in October 2023

Population	Surveillance	Reference Value/Case Definition
Children (< 18 years old)	All BLLs	$\geq 3.5 \mu\text{g}/\text{dL}$
Pregnant and Lactating People	All BLLs	$\geq 3.5 \mu\text{g}/\text{dL}$
Adults (≥ 18 years old)	$\geq 5 \mu\text{g}/\text{dL}$	$\geq 10 \mu\text{g}/\text{dL}^*$

Orpheus Dev (WTOHAFMSL02 | EpiTest | epitest.oha.state.or.us)

File Edit View Insert Format Records Scripts Tools Window Help

Records: 4 / 136707 Found (Sorted)

Show All New Record Delete Record Find Sort Share

Layout: CaseEntry Environmen... View As: Preview Edit Layout

Lead Poisoning Case Entry

Summary 517163

Bart Simpson

Labs 1 **Disease:** Lead Poisoning
Status: Confirmed

eCR 0 **Onset:** 7/14/2022
Deceased: No

Clinical **DOB:** 1/1/2020 **Age:** 2
SOG:
Sex: M **Gender:**

Investigation **REALD:** Incomplete
Race: [unspecified]

Risks

Contacts 2 **Born:**
Refugee: Yes
Worksite:
Occupation:
Industry:

Docs

Letters 1 123 Main St
Portland OR 97232
MULTNOMAH

Log Homer Simpson = father

Notes 4 **Provider:**
[none added]

Keep Active

Local Epi: Ryan Barker

Received by LHD: 7/22/22

I HD Completion Date:

INVESTIGATION

General Residence Paint & Dust Soil Water Occ. / Hobby Other Followup Samples Group

Address of Home Investigated [] **Address ID** []

City, State Zip [] [] [] **Census Tract** []

Phone []

Dates Occupied Since 1989

If < 6 months

List previous addresses

Home Type Single-family Duplex Multifamily apartment Manufactured home Other...

Home Ownership Privately owned Rented Public housing Section 8 Other...

Home Owner Name Homer Simpson
Contact Info 123 Main St
Portland, OR 97232

Year House Built 1950 **If before 1978** **Home Pamphlet** Yes No Unknown
Home Disclosure Form Yes No Unknown

Address outside residence (Child Care Facility, School, Home of Relative / Friend, Other) []

Address History (for person)

7/22/2022	Home Multnomah	123 Main St Portland OR 97232
-----------	----------------	----------------------------------

Oregon's Current Lead Poisoning Disease Definition

Oregon Health Authority

Public Health Division - Chapter 333

Division 19

INVESTIGATION AND CONTROL OF DISEASES: GENERAL POWERS AND RESPONSIBILITIES

333-019-0000

Responsibility of Public Health Authorities to Investigate Reportable Diseases

(1) The local public health administrator shall use all reasonable means to investigate in a timely manner all reports of reportable diseases, infections, or conditions. To identify possible sources of infection and to carry out appropriate control measures, the local public health administrator shall investigate each report following procedures outlined in the Authority's Investigative Guidelines or other procedures approved by the Authority. The Authority may provide assistance in these investigations.



If the patient's BLL is 3.5–19 micrograms per deciliter

1. Follow the recommendations above for $\text{BLL} < 3.5 \mu\text{g/dL}$.
2. Report the test result to your state or local health department.
3. Obtain an environmental exposure history to identify potential sources of lead.
4. Arrange for an environmental investigation of the home to identify potential sources of lead, as required.
5. Ensure the child does not have iron deficiency using testing and treatment.
Follow [testing and treatment guidelines](#) from the American Academy of Pediatrics (AAP).
6. Discuss the child's diet and nutrition with a focus on calcium and iron intake. Refer caregivers to supportive services, as needed (e.g., Special Supplemental Nutrition Program for Women, Infants and Children).
7. Check the child's development to ensure appropriate milestones are being met per AAP guidelines. Refer caregivers to supportive services, as needed (e.g., developmental specialists, Early Intervention Program).
8. Provide follow-up BLL testing at recommended intervals.



If the patient's BLL is 20–44 micrograms per deciliter

1. Follow the recommendations above for BLL is 3.5–19 $\mu\text{g}/\text{dL}$.
2. Perform a complete history and physical exam, assessing the child for signs and symptoms related to lead exposure.
3. Arrange for or refer the family for an environmental investigation of the home and a lead hazard reduction program.
4. Consider performing an abdominal X-ray to check for lead-based paint chips and other radiopaque foreign bodies. This is important for young children who tend to swallow or eat non-food items. Children may also put their mouths on surfaces that could be covered with lead dust. Initiate bowel decontamination if indicated.
5. Contact a [Pediatric Environmental Health Specialty Unit \(PEHSU\)](#) or the Poison Control Center (1-800-222-1222) for guidance.

Lead Poisoning

1. DISEASE REPORTING

1.1 Purpose of Reporting and Surveillance

1. To assess the magnitude of lead exposure in Oregon.
2. To identify all tested individuals with elevated blood lead levels (EBLL).
3. To identify the sources of lead exposure for individuals with EBLL and to identify, notify, and evaluate others who may be at risk from those sources.

Overview

- 1.2 The goal of lead screening is to identify individuals who have been exposed to lead, provide appropriate interventions and reduce the risk of future exposure. If an EBLL is detected, the nature of care and the frequency of follow-up testing vary with the patient's age and BLL. Whatever the age, individuals with EBLLs (or their caregiver) should be educated about what lead poisoning is and what they can do about it. **The single most important factor in managing lead poisoning is identifying and reducing exposure to lead.** A variety of culturally-appropriate educational pamphlets are available; they should be sent to the family or individual identified as having an EBLL.

2. Oregon law requires labs that send an average of >30 records per month to OHA to submit the data electronically. Please contact OHA at 971-673-1111 for Electronic Laboratory Reporting (ELR) initiation, assistance and approval.

1.3 Clinician Disease Reporting Requirements

1. Clinicians using point-of-care portable analyzers for blood lead testing are required to report all blood lead test results directly to the local health authority or OHA within seven days [333-018-0015 4(d)]. Lead poisoning (see definition) must be reported within one local health department working day [333-018-0015 4(c)]; results can be sent electronically or faxed to (971) 673-0457. For more information on reporting, contact OHA at 971-673-0440.

1.4 Local Health Authority Reporting and Follow-Up Responsibilities

Investigation



PUBLIC HEALTH DIVISION
Environmental Public Health





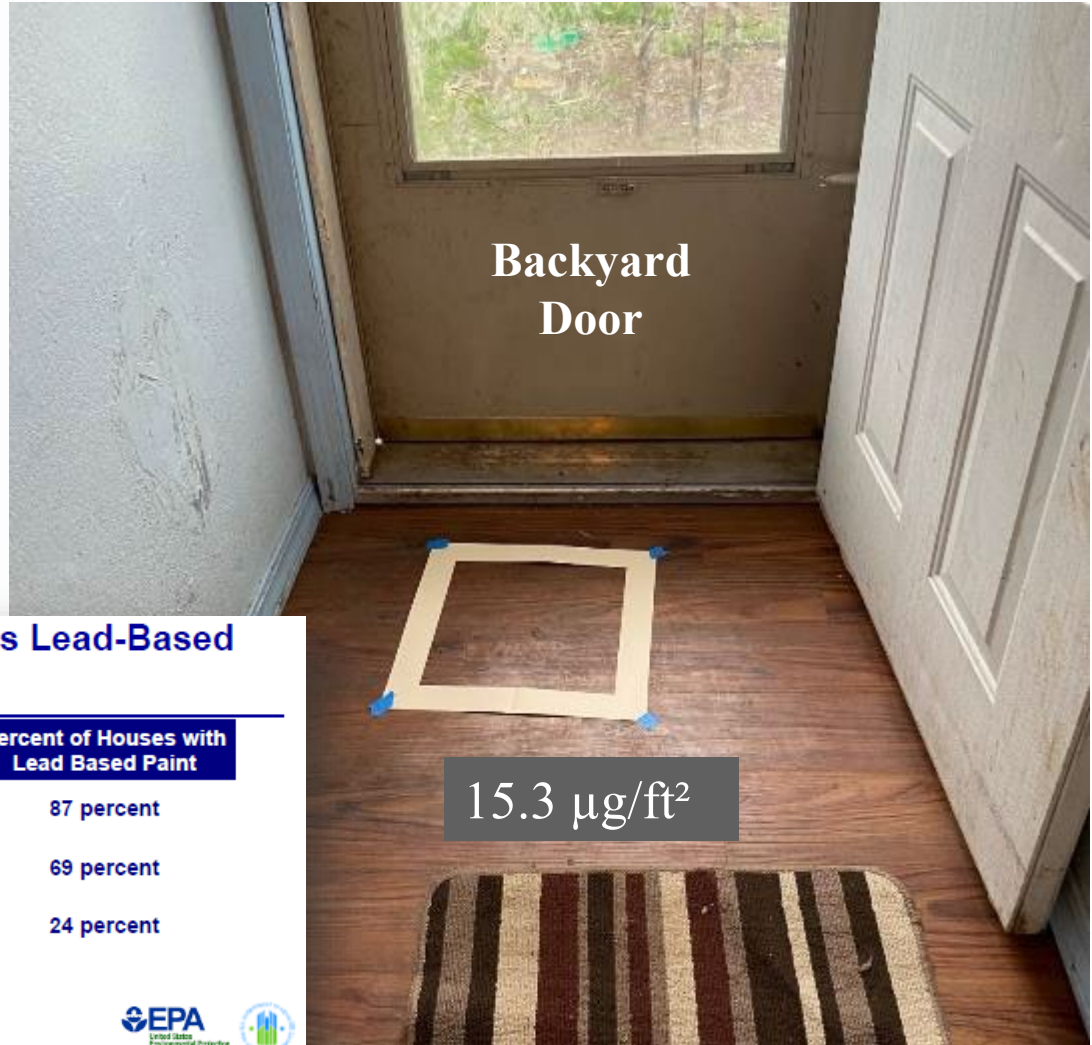
Childhood Lead Poisoning Prevention

Sources of Lead Exposure

Lead can be found throughout a child's environment.

- Homes built before 1978 (when lead-based paints were banned) probably contain lead-based paint. When the paint peels and cracks, it makes lead dust. Children can be exposed to lead when they swallow or breathe in lead dust.
- Certain water pipes may contain lead.
- Lead can be found in some products such as toys and jewelry.
- Lead is sometimes in candies or traditional home remedies.
- Certain jobs and hobbies involve working with lead-based products, like stain glass work, and may cause parents to bring lead into the home.
- Children who live near airports may be exposed to lead in air and soil from aviation gas.

Lead-based Paint Exposure Sources

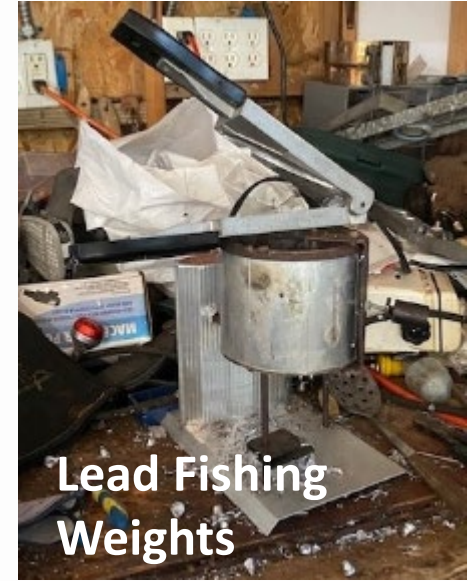


How Widespread is Lead-Based Paint in Housing?

Year House Was Built	Percent of Houses with Lead Based Paint
Before 1940	87 percent
1940-1959	69 percent
1960-1978	24 percent



Investigation



Possible Lead Exposure Sources



COMPANY ANNOUNCEMENT

Shop Me Ca Recalls “Diep Bao Cream” Because of Possible Health Risk

When a company announces a recall, market withdrawal, or safety alert, the FDA posts the company's announcement as a public service. FDA does not endorse either the product or the company.

[Read Announcement](#)

[View Product Photos](#)



CẢNH BÁO: MỘT SỐ KEM DƯỠNG DA TRẺ EM CÓ THỂ CHỨA CHÌ



CHỈ TRONG KEM DƯỠNG DA EM BÉ

Một kem trị chàm phổ biến sản xuất tại Việt Nam gọi là **Diep Bao** có thể chứa chì. Quý vị hoặc con quý vị có thể tiếp xúc với chì khi vô tình nuốt phải chì sau khi bôi lên da.

TẠI SAO CHÌ LẠI NGUY HIỂM?

Chì là kim loại độc có thể gây hại cho con người nếu xâm nhập vào cơ thể. **Trẻ nhỏ và người mang thai có nguy cơ** vì chì có thể làm tổn thương sự phát triển bình thường của não bộ.



BẠN CÓ THỂ LÀM GÌ VỀ NÓ?

- Tránh dùng **Diep Bao**.
- Kiểm tra chì trong gia đình quý vị. Yêu cầu xét nghiệm chì trong màu từ bác sĩ của quý vị.
- Kiểm tra kem của quý vị bằng cách gọi Đường dây chì theo số 503-988-4000 để biết các tùy chọn.



PUBLIC HEALTH DIVISION
Environmental Public Health

Investigation of Elevated Lead & Chromium Levels: Cinnamon Applesauce Pouches (November 2023)

*Do not eat, sell, or serve multiple brands of recalled apple cinnamon fruit pouches.
FDA's investigation is ongoing.*





CONCERNED ABOUT LEAD IN YOUR DRINKING WATER?

Sources of **LEAD** in Drinking Water



Copper Pipe with Lead Solder: Solder made or installed before 1986 contained high lead levels.



Faucets: Fixtures inside your home may contain lead.



Galvanized Pipe: Lead particles can attach to the surface of galvanized pipes. Over time, the particles can enter your drinking water, causing elevated lead levels.



Lead Service Line: The service line is the pipe that runs from the water main to the home's internal plumbing. Lead service lines can be a major source of lead contamination in water.



Lead Goose Necks: Goose necks and pigtails are shorter pipes that connect the lead service line to the main.



WATER METER

MAIN WATER LINE



CONCERNED ABOUT LEAD IN YOUR DRINKING WATER?

Reduce Your Exposure To Lead



Use only cold water for drinking, cooking and making baby formula. *Boiling water does not remove lead from water.*



Regularly clean your faucet's screen (also known as an aerator).



Consider using a water filter certified to remove lead and know when it's time to replace the filter.



Before drinking, flush your pipes by running your tap, taking a shower, doing laundry or a load of dishes.

To find out for certain if you have lead in drinking water, **have your water tested.**

Education

Eat a Diet High in Iron, Calcium & Vitamin C

- Eat a well-balanced diet of fruits, vegetables, grains, dairy and protein-rich foods. Foods that are higher in calcium, iron and vitamin C can help reduce the body's absorption of lead. Children with healthy diets absorb less lead.



United States
Environmental Protection
Agency

Office of Pollution Prevention
and Toxics (7404)

EPA-747-F-01-004
November 2001



Fight Lead Poisoning with a Healthy Diet

Lead Poisoning Prevention Tips
for Families



PUBLIC HEALTH DIVISION
Environmental Public Health

Oregon
Health
Authority

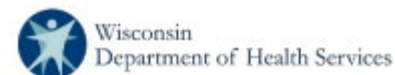
Follow-up Case Management

Referrals to Community Resources

An important aspect of the case manager's role is making referrals. The case manager is responsible for connecting the family of a child with lead poisoning with services and resources that are available in the local community, or at the state or national level. The need for the following referrals should be considered:

- ✓ Ongoing source of health care if the child doesn't have a primary care provider.
- ✓ Agencies that can provide a thorough developmental evaluation and/or treatment if delays were noted on the screening test. These agencies may include Birth to Three, Early Head Start, Head Start or other early childhood programs.
- ✓ Nutrition counseling or WIC.
- ✓ Financial assistance from local housing or weatherization agencies for lead hazard reduction work on the property.
- ✓ Blood lead testing for pregnant women and other children <6 years of age in the household who share exposure to lead hazards.

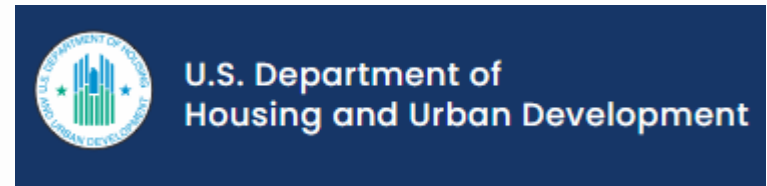
The case manager's role is not limited to assisting with lead exposure prevention. It may also include helping families gain access to resources to address other issues.



Follow-up Case Management



Flexible Services Information for Oregon Health Plan Members in Coordinated Care Organizations



Early Intervention Referral



Medical Providers and Laboratories
Lead Poisoning and Exposure to Lead


Public Health Division > Environmental Public Health > Healthy Homes and Neighborhoods > Lead Poisoning and Exposure to Lead > Medical Providers and Laboratories

Medical Management

Children

- [Medical Information Form \(pdf\)](#) - to be completed by medical provider for children with elevated blood lead levels.
- [Medical Evaluation and Recommendations \(pdf\)](#) - This document is intended to provide evidence-based guidance for medical providers caring for children with confirmed elevated blood lead levels (EBLLs).
- [Medical Management Recommendations \(pdf\)](#) - this document provides recommendations from the Pediatric Environmental Health Specialty Units and the American Academy of Pediatrics.
- [Recommended Actions Based on Blood Lead Level](#) - CDC summary of recommendations
- **Early Intervention/Early Childhood Special Education (EI/ECSE) Referral** - Children diagnosed with lead poisoning are eligible for EI/ECSE services. Please refer to the [Oregon Department of Education's website](#) for more details and the [EI/ECSE Universal Referral Form \(doc\)](#).

Call the local phone number in your county for help with children, ages birth to kindergarten.



Service Area 1			
Baker County	800-927-3347		
Grant County	800-927-3347		
Malheur County	541-373-2234		
Wheeler County	800-927-3347		
Umatilla County	800-927-3347		
Union County	800-927-3347		
Wallowa County	800-927-3347		
Service Area 2			
Jefferson County	541-332-1197		
DeWette County	541-565-3650		
Gilliam County	541-573-0161		
Hartney County	541-693-5740		
Jackson County	541-565-3650		
Shenandoah County	541-565-3241		
Warm Springs	541-565-3581		
Service Area 3			
Douglas County	541-640-4794		
Jackson County	541-624-7000		
Josephine County	541-966-2169		
Lincoln County	541-883-4748		
Lane County	541-947-3371		
Service Area 4			
Toll Free		877-509-6751	
Benton County		541-753-1202 x100	
Cook County		541-268-4524	
Curry County		541-268-1524	
Lincoln County		541-574-2240 x201	
Linn County		541-351-0302 x106	
Service Area 5			
Toll Free		888-360-1600	
Marion County		503-385-4754	
Polk County		503-385-4754	
Yamhill County		503-385-4754	
Service Area 6			
Multnomah County		503-281-6525	
Hood River County		541-316-4919	
Wasco County		541-296-1678	
Service Area 7			
Toll Free		800-925-8694	
Linn County		541-346-2378	
Service Area 8			
Clatsop County		503-338-3368	
Columbia County		503-365-4341	
Tillamook County		503-842-8423	
Washington County		503-816-1116	
English		503-814-1299	
Spanish			
Service Area 9			
Clatsop County		503-675-4097	

Do you have concerns?



Do you have concerns about how your child walks, talks, hears, sees, plays with toys or responds to others?

Call the local telephone number in your county to get information about screening and evaluation for your child.

Early Intervention & Early Childhood Special Education (EI/ECSE) Services in Oregon



Oregon Department of Education
255 Capital Street, N.E.
Salem, OR 97333-0001



IS YOUR FAMILY AT RISK FOR LEAD EXPOSURE?

wic IS HERE TO HELP!

A healthy diet can help protect you and your family from the harmful effects of lead.

Visit healthoregon.org/lead for tips on reducing your family's lead exposure.



DID YOU KNOW?

- WIC provides nutrition education and has staff that can offer ideas for improving the nutrients in your meals. Including more iron, calcium, and vitamin C can help prevent you and your kids from absorbing lead.
- WIC provides healthy foods such as iron-fortified cereals, peanut butter, milk, cheese, yogurt, fruits and veggies to help provide these nutrients!

NOT ON WIC?

See if you're eligible:



- ⇒ Call 211
- ⇒ Text HEALTH to 898211
- ⇒ Visit healthoregon.org/wic, fill out our WIC Interest Form and we'll be in touch!

Flexible Services Information for Oregon Health Plan Members in Coordinated Care Organizations

If you are an Oregon Health Plan (OHP) member who is enrolled in a coordinated care organization (CCO), you may be able to receive items or services that are not regular OHP benefits, but that can help you stay healthy or become healthier. These are called flexible services and are part of a larger program called health-related services. Flexible services are not available to OHP members who have Open Card OHP.

Flexible Services Frequently Asked

OREGON HEALTH PLAN TERMS

Appeal: When you ask your plan to review a decision they made about covering a health care service. If you do not agree with a decision the plan made, you can appeal it and ask to have the decision reviewed.

Benefits: The services that your health care plan pays for.

Coordinated Care Organization (CCO): A CCO is a local group of health care

Current CCO use of health-related services

- ✓ Housing services and supports, including those related to SDOH-E (for example, temporary housing or shelter, utilities, critical repairs, environmental remediation, including lead);

Case Closure

- Laboratory Case Closure
 - Child's BLL has declined to below 3.5 $\mu\text{g}/\text{dL}$ on two consecutive tests at least three months apart.
- Administrative Case Closure
 - Child's case is lost to follow-up.
 - Child/family moves out of state.
 - The case may also be closed if the medical provider or family does not plan on further follow-up testing. There should be at least three documented attempts to contact the family, whether by phone or letters.

Oregon Lead Screening Questionnaire

Lead Screening Questionnaire



Childhood Lead Poisoning Prevention Program Health Care Provider Lead Screening Questionnaire

Name of patient: _____ Date: _____ Age of child: _____

Anticipatory guidance regarding lead hazard identification and risk reduction measures should be a routine part of an ongoing educational approach for pregnant women, children and their families. The goal of lead screening is to identify children who may have been exposed to lead, provide interventions and reduce the risk of exposure. **This questionnaire should be administered at 1 and 2 years of age, or between 3 and 5 years of age if not previously screened.** If the answer to any of these questions is "Yes" or "Don't know" a blood lead test should be performed. Follow up questions may be needed to clarify responses. Per OAR 410-130-0246, all children on Medicaid/Oregon Health Plan must be blood tested at 12 and 24 months, or between 24 and 72 months if there is no record of a previous blood test.

Please circle the answers to the following questions:

Has your child lived in or regularly visited a home, child care or other building built before 1950?	Yes Don't Know	No
Has your child lived in or regularly visited a home, child care or other building built before 1978 with recent or ongoing painting, repair and/or remodeling?	Yes Don't Know	No
Is your child enrolled in or attending a Head Start program?	Yes Don't Know	No
Does your child have a brother, sister, other relative, housemate or playmate with lead poisoning?	Yes Don't Know	No
Does your child spend time with anyone that has a job or hobby where they may work with lead? <i>Examples: see list on back of this questionnaire</i>	Yes Don't Know	No
Do you have pottery or ceramics made in other countries or lead crystal or pewter that are used for cooking, storing or serving food or drink?	Yes Don't Know	No
Has your child ever taken any traditional home remedies or used imported/foreign cosmetics? <i>Remedies: Azarcon, Alarcon, Greta Cosmetics: Kohl, Sarma, Sindoor, or KumKum</i>	Yes Don't Know	No
Has your child been adopted from, lived in or visited another country?	Yes Don't Know	No
Do you have concerns about your child's development? Concern(s): _____	Yes	No

Lead Screening Questionnaire

- Has your child lived in or regularly visited a home, child care or other building built before 1950?
- Has your child lived in or regularly visited a home, child care or other building built before 1978 with recent or ongoing painting, repair and/or remodeling?
- Is your child enrolled in or attending a Head Start program?
- Does your child have a brother, sister, other relative, housemate or playmate with lead poisoning?
- Does your child spend time with anyone that has a job or hobby where they may work with lead?
- Do you have pottery or ceramics made in other countries or lead crystal or pewter that are used for cooking, storing or serving food or drink?
- Has your child ever taken any traditional home remedies or used imported/foreign cosmetics?
- Has your child been adopted from, lived in or visited another country?
- Do you have concerns about your child's development?

Lead Screening Questionnaire

Blood lead testing should also be considered as part of a diagnostic work-up of any child regardless of age with the following symptoms or living situations:

- **Behavioral problems:** aggression, hyperactivity, attention deficit, school problems, learning disabilities, excessive mouthing or pica behavior and other behavior disorders.
- **Developmental problems:** growth, speech and language delays and/or hearing loss.
- **Symptoms or signs consistent with lead poisoning:** irritability, headaches, vomiting, seizures or other neurological symptoms, anemia, loss of appetite, abdominal pain and cramping or constipation.
- **Ingestion of foreign body**
- **Proximity to airport:** children who live near airports may be exposed to lead in air and soil from aviation gas used in piston engine aircraft.

Lead Screening Questionnaire



State of Illinois
Illinois Department of Public Health

Childhood Lead Risk Questionnaire

STATE LAW REQUIRES:

All children 6 years of age or younger must be evaluated for lead exposure.

All children must be assessed for risk of lead exposure and tested if necessary for enrollment into daycare, preschool, and kindergarten.

2. Is this child eligible for or enrolled in Medicaid, All Kids, Head Start, WIC, or any HFS medical program? Yes No Don't Know

***All Medicaid-eligible children and children enrolled in HFS medical programs shall have a blood lead test at 12 and at 24 months of age. If a Medicaid-eligible child or HFS medical program enrolled child between 36 months and 72 months of age has not been previously tested, a blood lead test shall be performed.

RECOMMENDATIONS FOR BLOOD LEAD TESTING OF CHILDREN IN WASHINGTON STATE

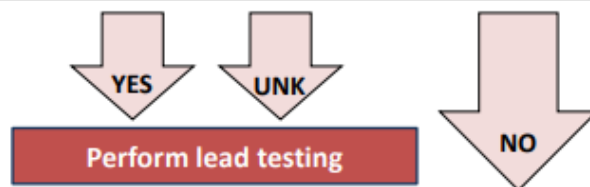
The Department of Health recommends screening children using the below algorithm at 12 and 24 months of age.

Does the child have any of the following risk factors:

- Lives in or regularly visits any house built before 1950.*
- Lives in or regularly visits any house built before 1978 that has recent or ongoing renovations or remodeling.
- From a low income family (defined as incomes <130% of the poverty level.)**
- Known to have a sibling or frequent playmate with elevated blood lead level.
- Is a recent immigrant, refugee, foreign adoptee, or child in foster care.
- Has a parent or principal caregiver who works professionally or recreationally with lead. (See sidebar for examples.)
- Uses traditional, folk, or ethnic remedies or cosmetics (such as Greta, Azarcon, Ghasard, Ba-baw-san, Sindoor or Kohl.)

* Screening may not be indicated if the home has previously undergone lead abatement or tested negative for lead after remodeling.

** Federal law mandates testing for all children covered by Medicaid.



Healthcare providers should consider testing additional children per clinical judgment, such as:

- Child whose parents have concern or request testing (including older children that have risk of exposure.)
- Child living within a kilometer of an airport or lead emitting industry or on former orchard land.
- Child with pica behavior.
- Child with neurodevelopmental disabilities or conditions such as autism, ADHD, and learning delays.

LEAD RISK EXPOSURE EXAMPLES:

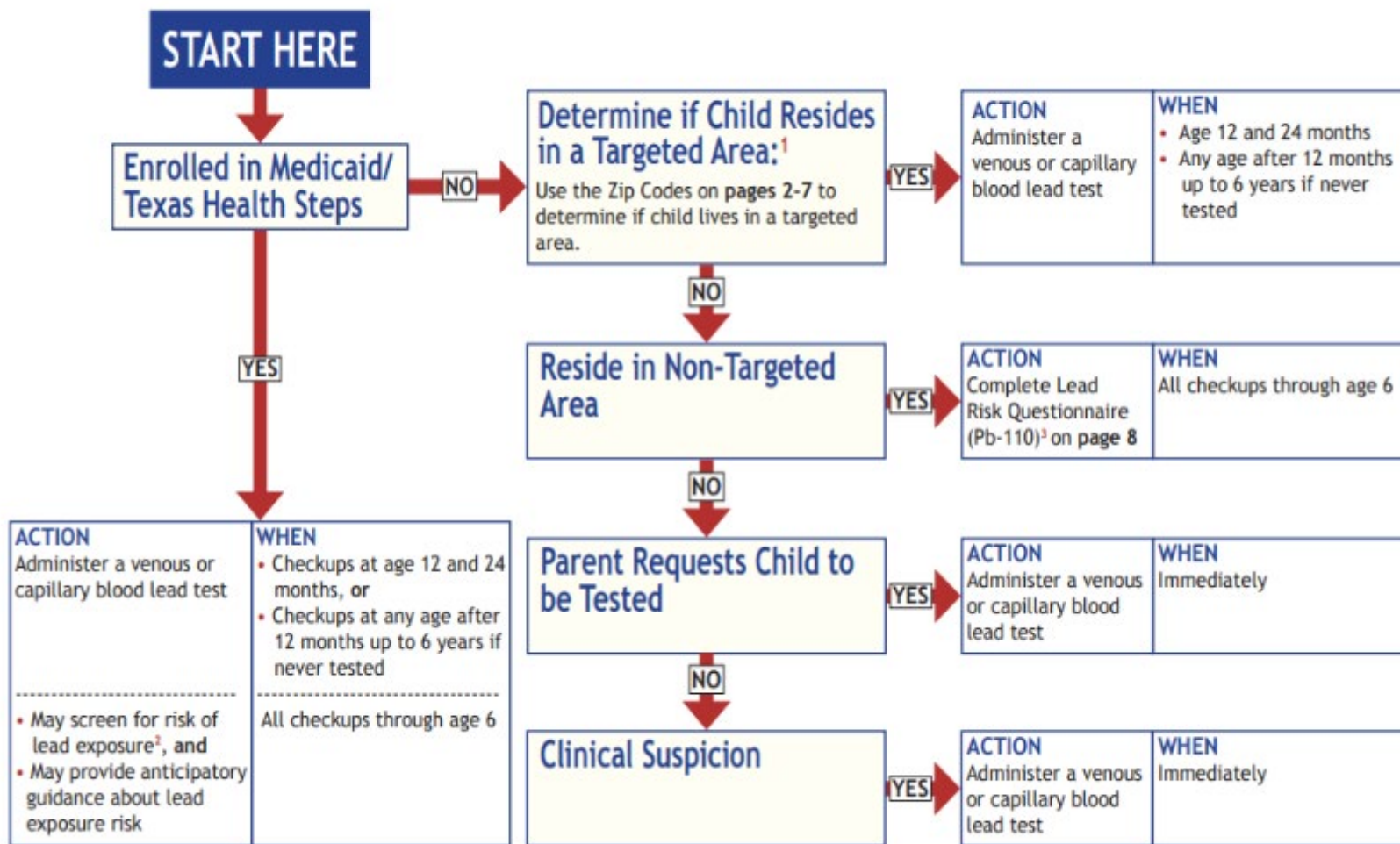
Occupations and Hobbies:

- Remodeling and demolition
- Painting
- Work or visit gun range
- Mining, smelting, battery recycling
- Making lead fishing weights or ammunition
- Stained glass
- Soldering and welding

Consumer Products:

- Pottery or porcelain with lead glaze
- Informally imported foods, candies and spices
- Antique furniture and inexpensive jewelry

Childhood Blood Lead Screening Guidelines



NOTE: After a blood lead test is administered and you receive the results; use Pb-109 Form⁴, *Reference for Follow-up Testing and Medical Case Management*, to determine if or when follow-up testing and medical case management is necessary.

Using High-Risk Census Tracts as an Additional Lead Screening Option

Sign in to your account | Documents - All Documents | firmlist.pdf | Regulations.gov | 334-382.pdf | Lead Hazard Vulnerability 2021

Home ▾ Lead Hazard Vulnerability 2021 [Open in Map Viewer](#) [New Map](#) ▾ Ryan ▾

Details Add ▾ Basemap Analysis Save Share Print Directions Measure Bookmarks Find address or place

About Content Legend

Legend

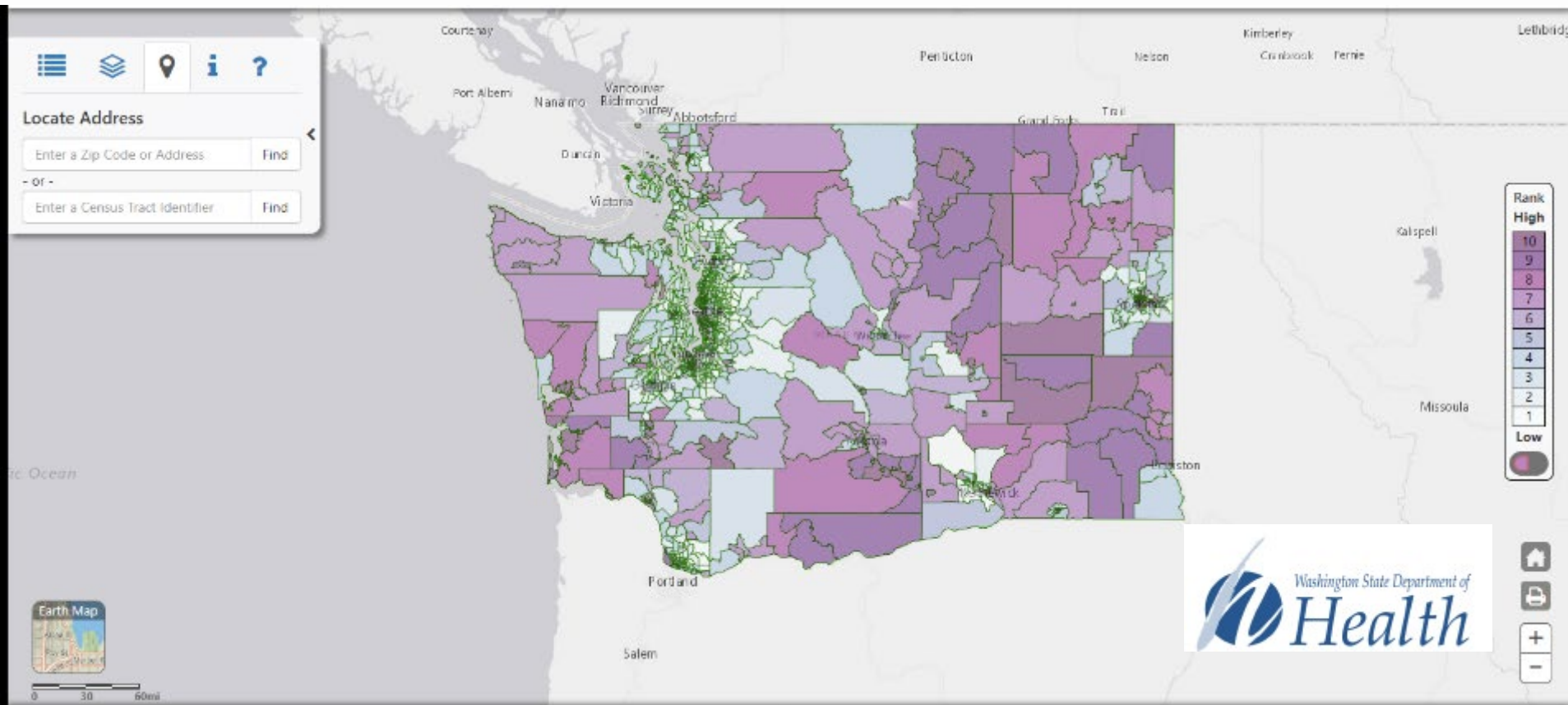
- Low risk for lead exposure
- Average risk for lead exposure
- Elevated risk for lead exposure

Type in your address to determine if your child should be tested for lead.

esri

County of Crook, Oregon State Parks, Ent. HERE, Garmin, FMO, NOAA, USGS, Bureau of Land Management, EPA, NPS

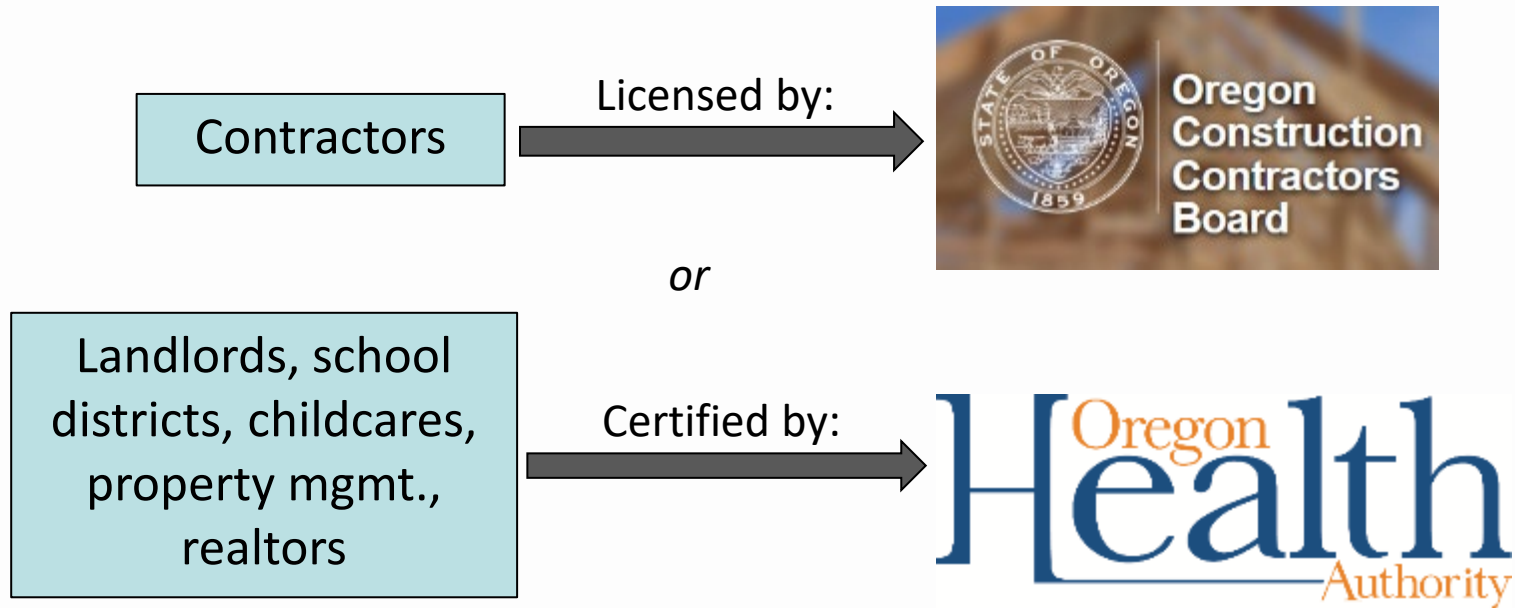
Other States/Municipalities Using a Geographic-Based Targeted Approach



Regulations

Renovation, Repair, and Painting Program in Oregon

- Enforced jointly by the Oregon Health Authority and the Construction Contractors Board
- Separate regulated communities





PUBLIC HEALTH DIVISION
Environmental Public Health

Containment, Lead-Safe Work Practices, and Cleanup



Renovation, Repair, and Painting Program in Oregon



Lead Safe Contractors

Note : Only Active Contractors are listed.

County	Total of Lead Safe Contractors in the county
Out of State	291
Baker	8
Benton	85
Clackamas	566
Clatsop	77
Columbia	38
Coos	48
Crook	3
Curry	18
Deschutes	137
Douglas	65
Gilliam	1
Grant	8
Harney	8
Hood River	18
Jackson	158

Nhận Thức về Chất Chì
Dành cho người thuê nhà




Bảo vệ gia đình quý vị
ngăn ngừa chất độc của chì

Chương trình Bảo Vệ Chất
 Độc của Chì và Sơn Lót có
 Chì (Chì)




Lead Awareness
for Tenants



Protect your family
from lead poisoning

Lead-Based Paint and
 Lead Poisoning
 Prevention Program



Осторожно: свинец!
Сведения для жильцов



Предохраняйте свою семью
от отравления свинцом!

Программа предотвращения
 отравлений красками на
 свинцовой основе и свинцом



Información sobre
el plomo
para inquilinos



Proteja a su familia contra el
envenenamiento por plomo

Programa de Pintura con Base de Plomo
 y de Prevención de Envenenamiento
 por Plomo (Lead-Based Paint and Lead
 Poisoning Prevention Program)



MAINTAIN LEAD-SAFE PROPERTIES

Develop and use a plan to deal with lead paint.

- Hire a certified lead inspector or risk assessor to perform lead testing of pre-1978 properties and make recommendations for controlling lead hazards. If the paint has not been tested, assume it contains lead.
- Inspect pre-1978 housing for chipping and peeling paint. Check for peeling paint every time you or your workers go to the property.
- Make sure windows and doors move easily. Window friction is a major source of fine lead dust.
- Keep good records of inspections, maintenance and repair.

Use lead-safe work practices for renovation, maintenance, repair or painting.

- Get certified or have your maintenance personnel get certified before performing renovations, maintenance, painting and repairs on pre-1978 properties.
- If hiring a contractor, ensure that lead-safe certified renovation firms perform all renovations, maintenance, painting and repairs using trained and certified renovators.
- Carefully repair all damaged paint surfaces.
- Promptly fix peeling paint.
- Include specific RRP work practices in operations and maintenance policies. Be sure everyone is familiar with the policies and has the right tools for the job.
- Proper maintenance and cleaning at unit turnover can help prevent lead poisoning.



Help keep tenants lead-safe.

- Encourage tenants to report paint chips or paint that is cracking, peeling or rubbing on another surface.
- Immediately clean up paint chips. Promptly repair deteriorated paint, especially when children or pregnant women occupy the property.
- Have bare soil tested for lead and provide a lead-safe play area. Plant shrubs, grass or flowers over bare soil where there is potential for lead contamination.

RESOURCES

Lead-Based Paint Program
Oregon Health Authority (OHA)
800 N.E. Oregon St., Suite 640
Portland, OR 97232
971-673-0440 • lead.program@state.or.us
www.healthoregon.org/lead

Leadline
Lead poisoning prevention information and referral. Spanish, Russian and Vietnamese interpreters available.
1-800-368-5060 • leadline@multco.us
www.leadline.org

Oregon Construction Contractors Board (CCB)
503-378-4621 • www.oregon.gov/CCB

U.S. Environmental Protection Agency (EPA)
1-800-424-LEAD (5323) • www.epa.gov/lead

U.S. Department of Housing and Urban Development (HUD)
www.hud.gov/offices/lead

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this document in another format or language, contact the Lead-Based Paint Program at 971-673-0440 or by email at lead.program@state.or.us

OHA 8194 rev. (3/15)

LEAD AWARENESS

FOR LANDLORDS

Protect your tenants and your investment



Oregon Health Authority
PUBLIC HEALTH DIVISION
Lead-Based Paint Program

Preventing Exposure to Lead in Schools (K-12) and Child Care

Lead Poisoning and Exposure to Lead

RESOURCES

Parents and Families

Schools and Child Care

Prevention Tips

Source of Lead

LAWS AND REGULATIONS

Property Owners, Managers and Realtors

Renovation, Repair and Painting Rule (RRP)

Lead Paint Regulations

Reducing lead in school drinking water

- NEW: Final Rule OAR 333-061-0400, "Reducing lead in school drinking water"
- Resources for schools, including EPA's 3Ts guidance
- Visit OHA's [Healthy School Facilities](#) website to learn about reducing lead and other harmful contaminants in schools and child care facilities

You play an important role in ensuring the safety of your child's environment.

For more information:

- 📄 [Lead-Safe Child Care brochure \(English\)](#)
- 📄 [Lead-Safe Child Care brochure \(Chinese\)](#)
- 📄 [Lead-Safe Child Care brochure \(Spanish\)](#)
- 📄 [Lead-Safe Child Care brochure \(Russian\)](#)
- 📄 [Lead-Safe Child Care brochure \(Vietnamese\)](#)
- 📄 [Lead-Safe Child Care brochure \(Arabic\)](#)



The image shows the cover of a brochure titled "Lead-safe Child Care". The top section has an orange background with the title in white. Below the title is a photograph of a woman sitting on the floor with two young children, looking at a tablet together. The bottom section has a light blue background with the Oregon Health Authority logo and the text "PUBLIC HEALTH DIVISION Lead Program".



Questions?

Ryan Barker

503-953-5432

ryan.s.barker@oha.oregon.gov



Lead Poisoning in Oregon

Lead poisoning is a significant environmental health problem.

Laws and regulations are in place to protect people; however lead poisoning is still a risk for many Oregonians, especially children. The [Lead Poisoning Prevention Program](#) enforces state regulations, oversees professional training and certification, and responds to concerns about lead and its effect on public health.



Thank you!

