



Targeting Foster/Kinship Care Families and Placement Agencies for Primary Prevention of Childhood Lead Poisoning

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Agenda



★ Scope of Lead Poisoning in Philadelphia

★ Foster/Kinship Care Families & Placement Agencies Overview



★ Collaboration Goals

★ Progress



★ Future Goals



Scope of the Lead Problem in Philadelphia



- ★ 590,071 occupied homes in the city
- ★ Over 556,000 (94%) of those were built before 1980 and likely to contain lead paint
- ★ 386,382 houses were built before 1950
- ★ 118,695 children 6 yrs or younger living in these homes likely to contain lead paint
- ★ 32 % children < 6 yrs old are living in poverty





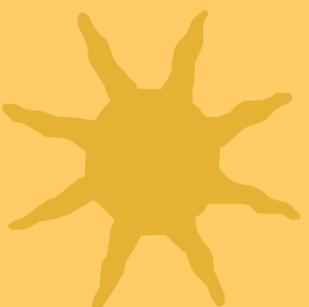
Lead Testing in Philadelphia 2006:



★ 42,672 children were tested for Lead



★ 2,241 children had a Blood Lead Level (BLL) higher than 10 ($\geq 10 \mu\text{g/dL}$)

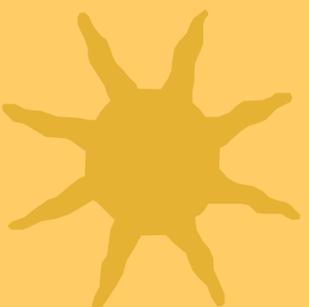


★ 192 children had a BLL higher than 20 ($\geq 20 \mu\text{g/dL}$)



Philadelphia CLPPP addresses the Lead Problem by providing:

- ★ Door to door outreach and education
 - ✧ Professionals, Schools and Community Based Organizations
 - ✧ Lead Safe Babies Program (LSB)
 - ✧ Southeast Asian Mutual Assistance Association Associations Coalition (SEAMAC), Council of Spanish Speaking Organizations of Philadelphia (Concillio), National Nursing Centers Consortium (NNCC)
- ★ Free blood lead screening
- ★ Home inspections and medical follow up



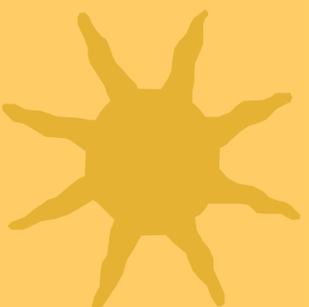


Philadelphia CLPPP addresses the Lead Problem by providing:

★ Lead Hazard Control and Abatement

- ✧ Lead grants given through Dept of Housing and Urban Development (HUD)
- ✧ Provide approved lead contractors for Lead Based Paint Removal
- ✧ Lead Court

★ Nationally recognized as a model of innovation and progress





Foster and Kinship Care Agencies in Philadelphia



- ★ Definitions of Foster and Kinship Care
- ★ Department of Human Services (DHS) estimates approximately 10,000 children
- ★ 2,000 – 3,000 children < 6 yrs old
- ★ There are 54 Foster Care Agencies in Philadelphia
- ★ Kinship Care Agencies statistics





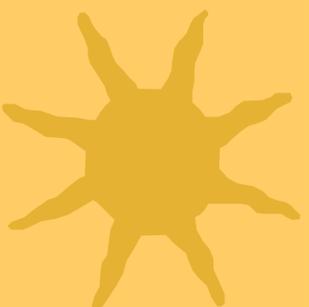
Foster Care Regulations in Pennsylvania



★ Pennsylvania Dept of Public Welfare has its own set of regulations



★ DHS has added some requirements for foster care agencies



★ Each Foster Care Agency has its own set of requirements

★ Multiple regulations = Many incongruencies



Health Care Requirements



★ DHS requires a medical exam for the child within 30 days of admission to foster care system



★ Lead screenings are listed on the Child Health Assessment Form but generally not completed



★ Inadequate regulations regarding environmental health hazards including lead



Collaboration Goals



★ CLPPP staff will be apprised of current kinship and foster care regulations and information



★ CLPPP will provide education and training to Kinship and Foster Care Agency Staff and Parents via:

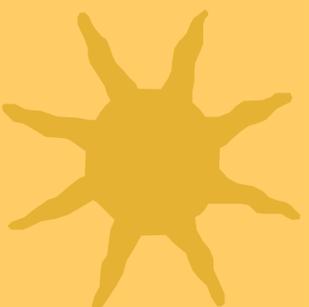


- ✧ Lead 101 presentation and materials
- ✧ Lead Dust Wipe Training



Collaboration Goals Cont.

- ✧ Provide all dust wipe and shipping supplies
- ✧ Cover all laboratory costs
- ✧ Based on dust wipe results provide education, risk assessment, “superclean” and/or Lead Hazard Control and Remediation
- ✧ Assist with the state mandated training requirements for parents





Collaboration Goals Cont.



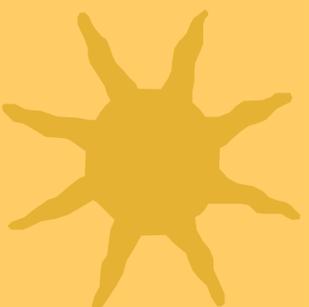
- ✧ Identify hazardous environmental conditions and provide resources to ensure a safe environment



- ★ Kinship and Foster Care agencies will refer all pregnant women and families to

- ✧ Lead Safe Babies Program (LSB)

- ✧ Maternal, Child and Family Health (MCFH)

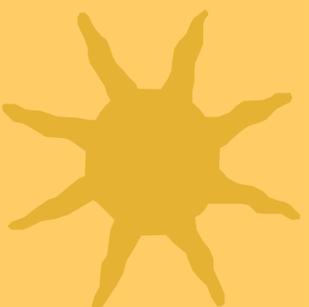


- ✧ Other relevant city services or community based organizations



Collaboration Goals Cont.

- ★ CLPPP will work with other City agencies and organizations
 - ✧ Dept of Human Services (DHS)
 - ✧ Dept of Behavioral Health (DBH)
 - ✧ Foster Parent Associations and Advocacy Groups
- ★ Prevent future liability issues





Progress since Jan 2008



- ★ Met with 10 of the 54 Foster Care Agencies in Philadelphia



- ★ Supplied education and literature to Foster Care Agency Providers and Parents



- ★ Provided Dust Wipe trainings and supplies and received dust wipe samples

- ★ More trainings are proposed for Fall 2008

- ★ Feedback

- ★ Access to a new target group



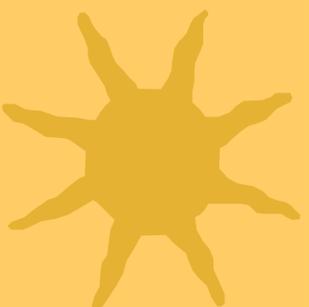
Future Goals



★ Blood Lead Screenings for all children under the age of 6 before placement



★ Evaluate all foster homes for lead and environmental health hazards before placement of children > 6



★ Meet with all 54 Foster Care Agencies and provide education

★ Expand into a Healthy Homes Program for Foster Care

Playing Together in the Sandbox

ML Tanner, SC Dept. of Health and Environmental Control



Partnering With Social Services to Protect
Children's Environmental Health

Agencies in the Sandbox

- Department of Social Services (DSS): responsible for regulating foster homes, adoptive homes, and child care providers
- Department of Health and Environmental Control (DHEC): provides health and safety inspections for the department of social services and other agencies

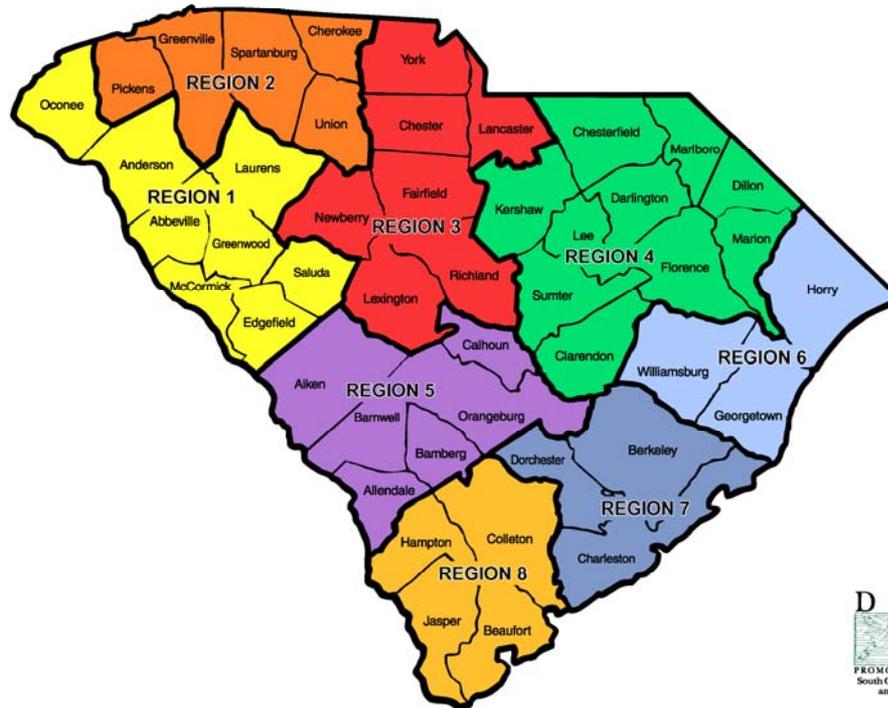
Facts About South Carolina

- 46 counties
- 30,109 square miles
- 1,927,864 housing units (2000 census)
- 1,010,622 built before 1980 (1990 census)
- Population (2006): 4,321,249
- Population under 18: 24.1%

Map of South Carolina

DHEC Regions

Effective June 1, 2005



DSS Requirements

- Potential **foster** and **adoptive** homes must pass inspections by the fire department and DHEC. Any potential foster or adoptive home or child care facility built before 1978 that plans to house children under the age of six years must have a lead risk assessment.
- DHEC conducts an average of 1500 general foster home inspections statewide annually

Enough Toys to Share (Or Before the Budget Crunch)

- DHEC provided foster home inspections, including lead risk assessments when needed, at the county level
- DHEC provided inspections for child care facilities, including lead risk assessments when needed, at the county level

When Toys Get Scarce

(The Beginning of the Budget Crunch)

- DHEC still provided health inspections for foster home and child care facilities, but was no longer able to provide lead risk assessments. Since SC is an EPA state, it was cost prohibitive to maintain a cadre of EPA certified risk assessors and multiple XRF machines.

What did that mean for DSS?

- Child care providers and foster parents were referred to the private sector for lead risk assessments.
- The cost for the risk assessment was considered part of the cost of doing business for the for-profit child care providers, but it was a burden for most foster parents.

Old Friends – New Games

- DSS approached DHEC about contracting with DHEC to once again provide risk assessments for foster and adoptive homes.
- Funding was allotted to hire one certified risk assessor, and cover travel and equipment for a three year period.
- The contract was signed in October 2006 and the risk assessor was hired in January 2007.

How to Play

- Local DHEC staff conducts an average of 1500 foster home inspections statewide each year. If the home was built before 1978, and the foster or adoptive parent wants to be licensed for children under six years of age, a referral for a lead risk assessment is made to central office.

Referral Form

6. **Lead:** Age of Home (date built) _____

Vinyl mini-blinds:

Positive

Negative

N/A

Lead Risk Assessment Recommended:

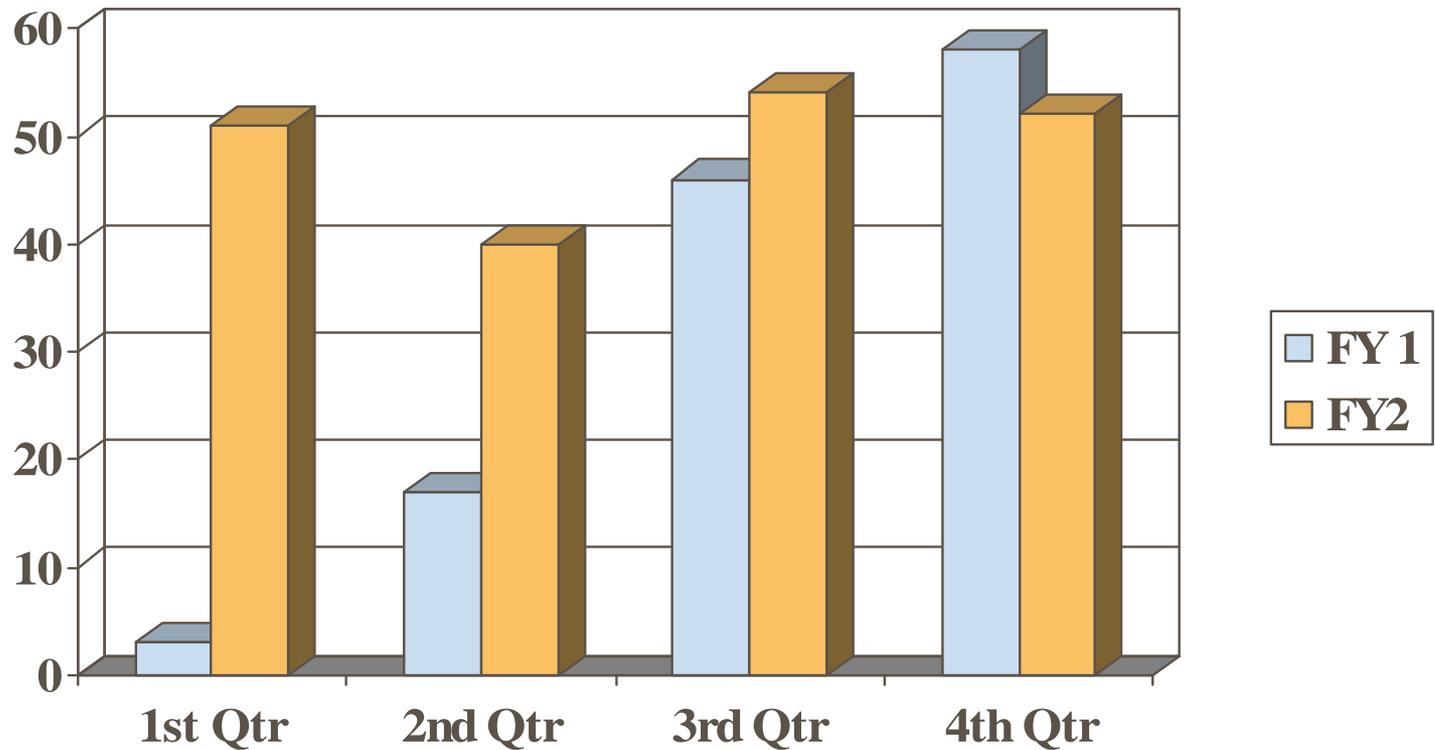
Date Referred:

What Are the Rules of the Game?

- The referral is logged into the system and the family is contacted to set up an appointment for the risk assessment. A letter confirming the date and time is sent to the family.
- During the interview portion of the risk assessment, the family is given information on healthy housing/children's environmental health issues.
- The findings are discussed with the family at the conclusion of the visit and any questions related to the healthy housing information are answered.

Game Score to date:

Risk assessments conducted by quarter for each year of contract
FY 1: 124 FY 2: 197 as of 8/27/08



Why Should We Play?

- Having one risk assessor dedicated to foster/adoptive home assessments provides more consistent reporting and a central point of contact/information for DSS and the families.
- Since the risk assessor is knowledgeable about other children's environmental health issues in addition to lead, she can serve as a resource to both families and DSS staff.

Potential Environmental Hazards

- Lead poisoning
- Asthma triggers
- Fire ants and pesticides
- Radon

Lingering Hazards Related to Methamphetamine Production

- Chemicals
- IAQ issues from past lab sites (no disclosure law)
- Contaminated wells and surface water
- Burn or dump sites in rural areas

Other Activities

- The risk assessor is available to provide training on CEH issues for regional DSS staff and child care providers as needed.
- The risk assessor serves with DSS staff on 3 work groups that focus on drug endangered children/methamphetamine lab issues.

Challenges

- 46 counties – many referrals – 1 risk assessor
- Scheduling, scheduling, scheduling! How do you schedule a home visit if the foster parent will not return your call?
- Making sure *all* the players know the rules

Questions (or maybe some Answers)?



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Multi-dimensional Strategies to Reach High Risk Populations

2008 National Healthy Homes Conference

**David Turcotte, ScD & Stephanie Chalupka, EdD, APRN, BC, FAAOHN
University of Massachusetts Lowell**



2 Collaborative Strategies

- Local Urban Focus
 - HUD Healthy Homes Demonstration Grant
 - Health Dept./CBOs (home visitors/leaders)
 - Educational partnership (parents)
- Regional Focus (NE, urban/rural)
 - EPA Office of Children Health Protection
 - State & local health departments
 - Health professionals

Cross Cultural Approaches to Healthy Homes

- Local partnership with city health depart., CBOs, & faith-base organizations
- Key goals
 - Increase awareness HH issues & EH hazards
 - Improve existing referral network
 - Build stronger linkages
 - Provide training resources
 - Create a more cultural responsive system

Key Accomplishments

- “Year of the Home” Fair
- Catalogued homes visit practice/cross referrals
- “Cultural Audit” home visit practices
- HH educational program/training manuals
- Trained 100+ home visitors/leaders

Integrated Educational Topics



- ❑ Lead
- ❑ Asthma
- ❑ Asbestos
- ❑ Pesticides
- ❑ IPM
- ❑ Mercury
- ❑ Toxic cleaners
- ❑ Injury prevention

GEAR-UP Educational Partnership

- UML, public school, CBOs
- Parental liaison/multi-lingual training
- Integrated HH curriculum/empowerment
- Target community
 - Cambodians
 - Latinos
 - Brazilians
 - African immigrants

**Strengthening the Capacity of
Health Professionals Serving
Minority & Low Income
Communities to Prevent
Environmental Health Risks**

New England Focus



- Collaboration-state & local health depart.
- All stakeholders
- Local environmental topics

Congressman P. Kennedy

March 12, 2006

Locally-Focused

- *Azogue & mercurio*
- Marine paint
- Tire burning
- Agricultural pesticide use
- Residential Pb prevalence
- Local waste sites



Key Accomplishments

- 8 Workshops
- Participants
 - 421 nurse/PH professionals –full day program
 - 520 student nurses
 - 30 nurse faculty at faculty development workshops
- Interest/enthusiasm
- Overwhelming demand
 - More than double original recruitment goals
- Number of children reached in NE-47,000

Evaluation

- ❑ Knowledge gain
- ❑ Empowerment
- ❑ Translation into practice
- ❑ Sustainability



Knowledge to Practice

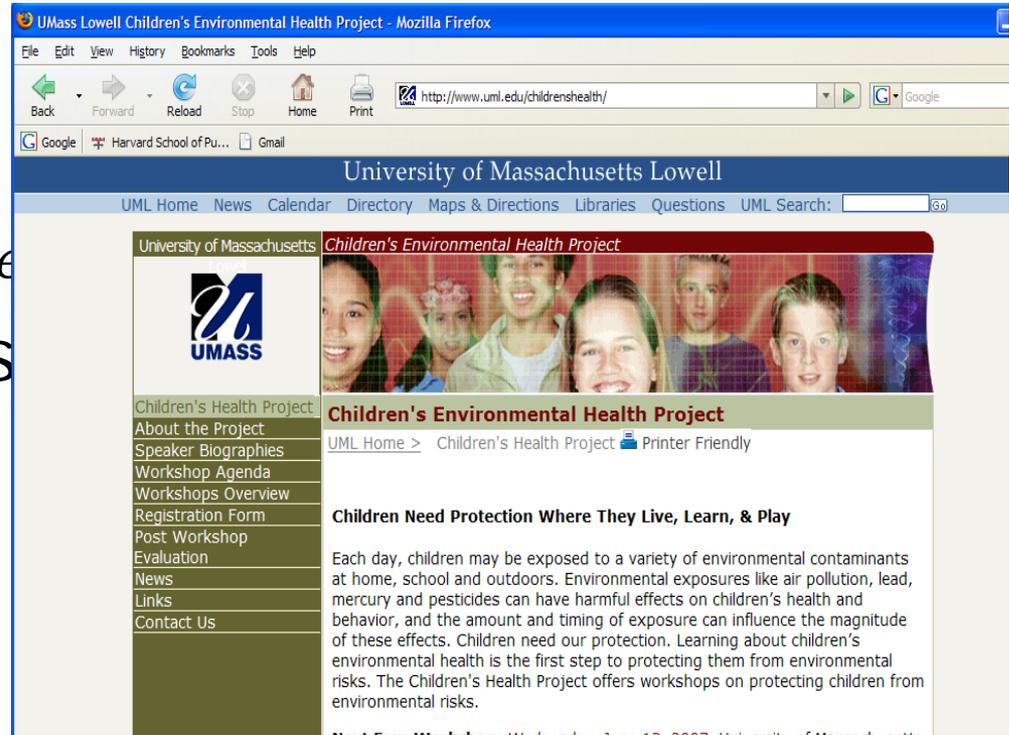
"My families don't have city water because we are in a very rural area. I really never thought much about well water quality except for microbial contamination. You don't really give much thought the long-term use of arsenic and lead on the apple crops and the pesticides and things that get sprayed on the apples and potato fields. I have started to talk to people about water testing now. I even dropped off a sample here (state lab) on my way in to this meeting [focus group] for a family because they didn't have money for testing and I know that this well is susceptible to a lot of problems just by where it is situated."

Knowledge to Practice

“Many of my families are here because they came to be laborers in the farms and orchard and their living conditions are completely out of their control. But now I spend a lot of time trying to teach them to protect themselves in the workplace and their children from “take home toxins.” That story you told about the man getting mesothelioma from take home toxins really stayed with me. I teach about closing the windows to protect the house and kids from spraydrift. I talk about not wearing work shoes & clothes in the house ...”

Sustainability

- Publications
 - *ViewPoint*
 - *Advance for Nurse*
- Listserve/Webs
- Presentations
- Replicable training model
- Changes in policy/practice



Lessons Learned

- ❑ Multi-level approach=max. effectiveness
- ❑ Cultural sensitivity a must
- ❑ Adaptability to local conditions/needs
- ❑ Diverse stakeholder collaboration
- ❑ Leverage existing resources/networks
- ❑ Focus on positive change in practice
- ❑ Importance of follow-up evaluation

Contact Information

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