

Environmental Health & Food Safety

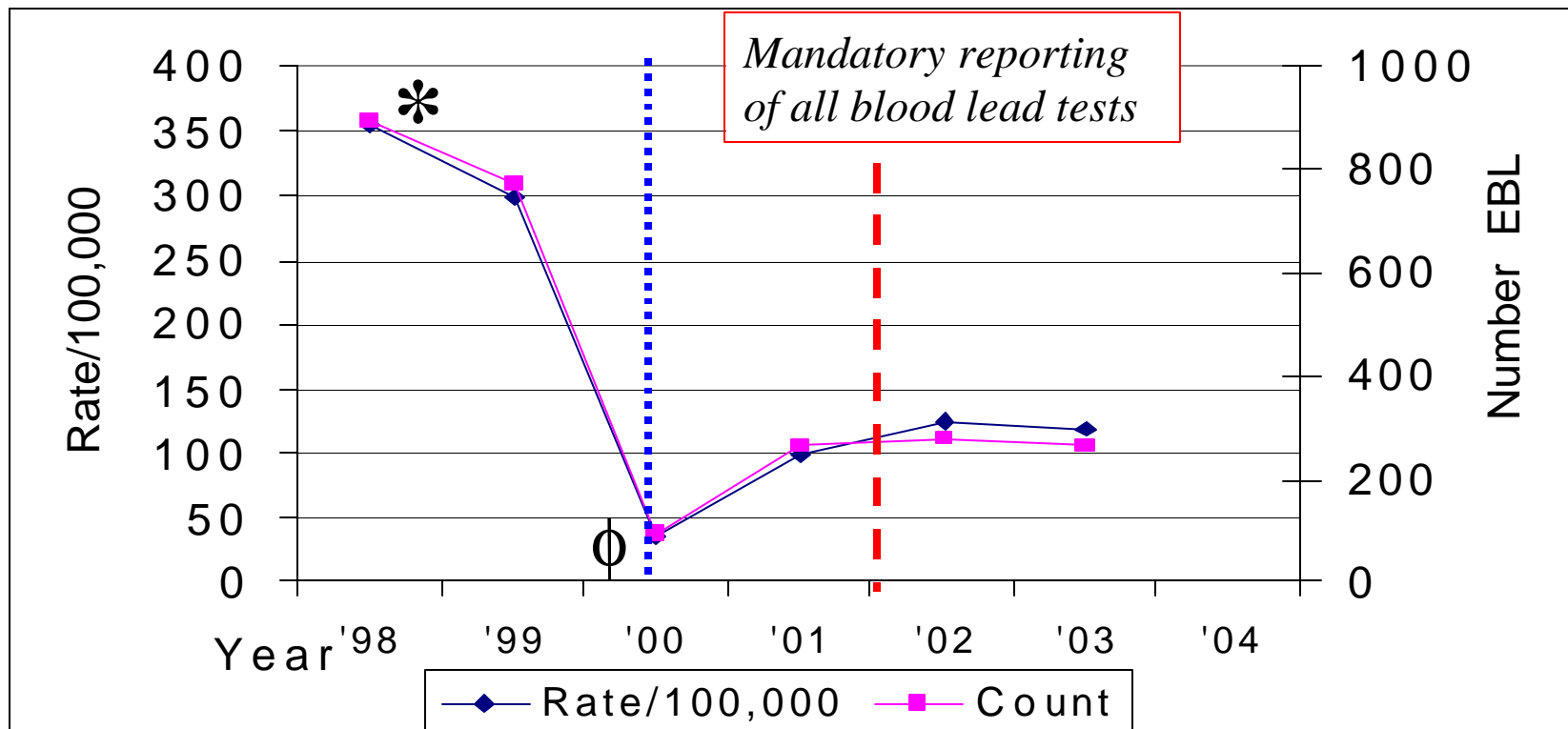
Healthy Kansans 2010
Steering Committee Meeting
April 22, 2005

Childhood Lead Poisoning Prevention

Childhood Lead Poisoning in Kansas

- Nationally 2.2% children have EBL levels (CDC estimates)
- 2004 – 3.5 % KS children tested had EBL -- $>10\mu\text{g}/\text{dl}$
 - 29,879 (13% of total KS children population tested)
 - 1,056 children identified with Blood Lead Levels $>10\mu\text{g}/\text{dl}$
- 70% of all KS housing is pre 1978 (2000 Census)

Prevalence of Elevated Blood Lead Values in children <72 months of age 1996 – 2003 by case count and Rate

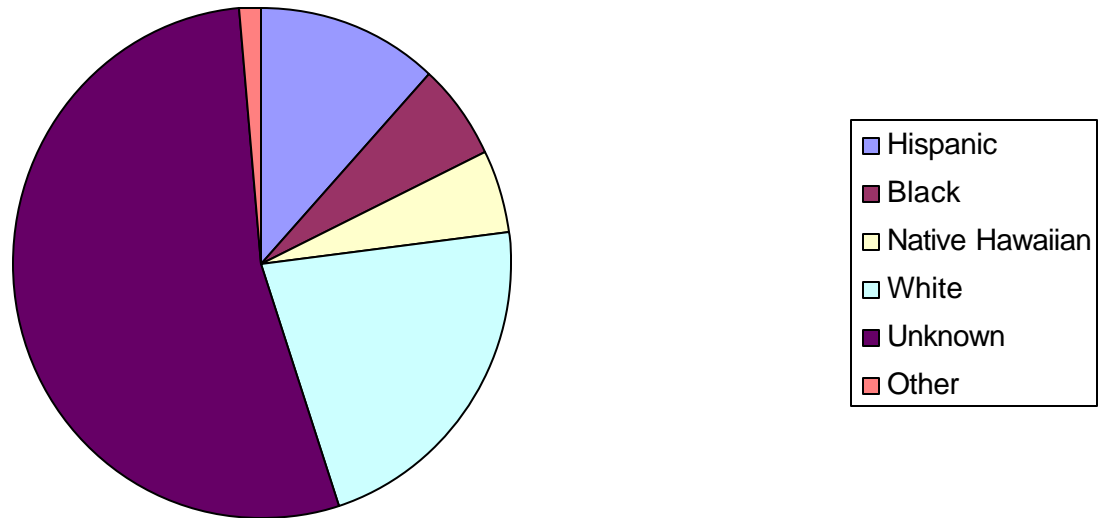


* Included all tests >10 µg/dL, confirmed and not confirmed
 ⊕ Includes only confirmed tests

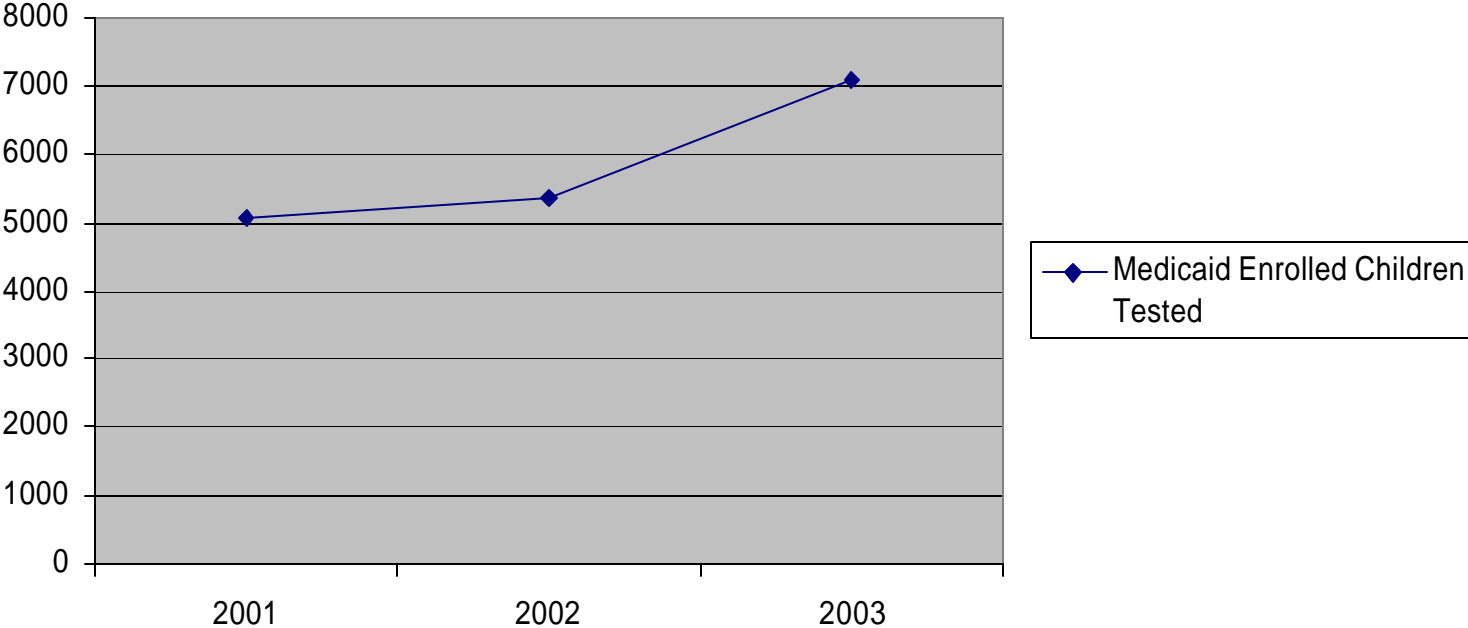
- While the number of EBL in Kansas children is relatively stable under the current process, the rate is upward but not statistically significant.

Blood Lead Tests by Ethnicity

Number of Blood Lead Tests for Children <72 months of Age by Ethnicity (2003)



Medicaid Enrolled Children Tested



Addressing Childhood Lead Poisoning in Kansas

- Case management focused on primary prevention
- Increased training in primary prevention home visitors, EBL investigators, Pre Renovation/industry and certification of licensed supervisors and workers
- Increased partnerships with local cities and communities
- Increase the number of housing units accessed and abated for lead hazards in the HUD Wyandotte project

Kansas Strengths and Assets for Improving

- Strong partnerships / coalitions with the Lead Advisory Council.
- The KS Childhood Lead Poisoning Prevention Program has five programs to address lead issues
 - CDC Medical Surveillance Cooperative Agreement
 - EPA Pre Renovation and Education Cooperative Agreement
 - EPA Licensure and Certification Cooperative Agreement.
 - NIOSH Adult Blood Elevated Lead Surveillance Cooperative Agreement
 - HUD Lead Hazard Control Cooperative Agreement in Wy Co.
 - Passed Legislation requiring blood lead test results be submitted to KDHE.

Barriers Limiting Progress in Kansas

- Belief that Lead hazards are not a problem in Kansas
- Lack of mandatory testing for children as seen in other states
- Lack of mandatory environmental testing of pre 1978 houses at time of sale
- Limited resources
 - Funding for State Lab testing likely to be eliminated in 2006
 - Funding to make housing lead free is not readily available to low income homeowners
- Geographic distribution of population--resources focused on 6 areas of state
 - Wyandotte County--Sedgwick County--Saline County
 - Johnson County--Reno County--Shawnee County

Recommendations

- Legislation requiring housing units to be abated of lead hazards at the time of a real estate transaction
- Legislation mandating blood lead testing of children entering daycare or preschool
- Increase lead awareness message to professionals and communities
- Seek increase in resources to sustain state lab testing functions
- Increasing partnerships with cities and counties to address lead hazards in their communities
- Increase cross cutting initiatives internally and externally to better utilize resources. Example: Partnering with immunization to reach the same people on immunization and lead testing.

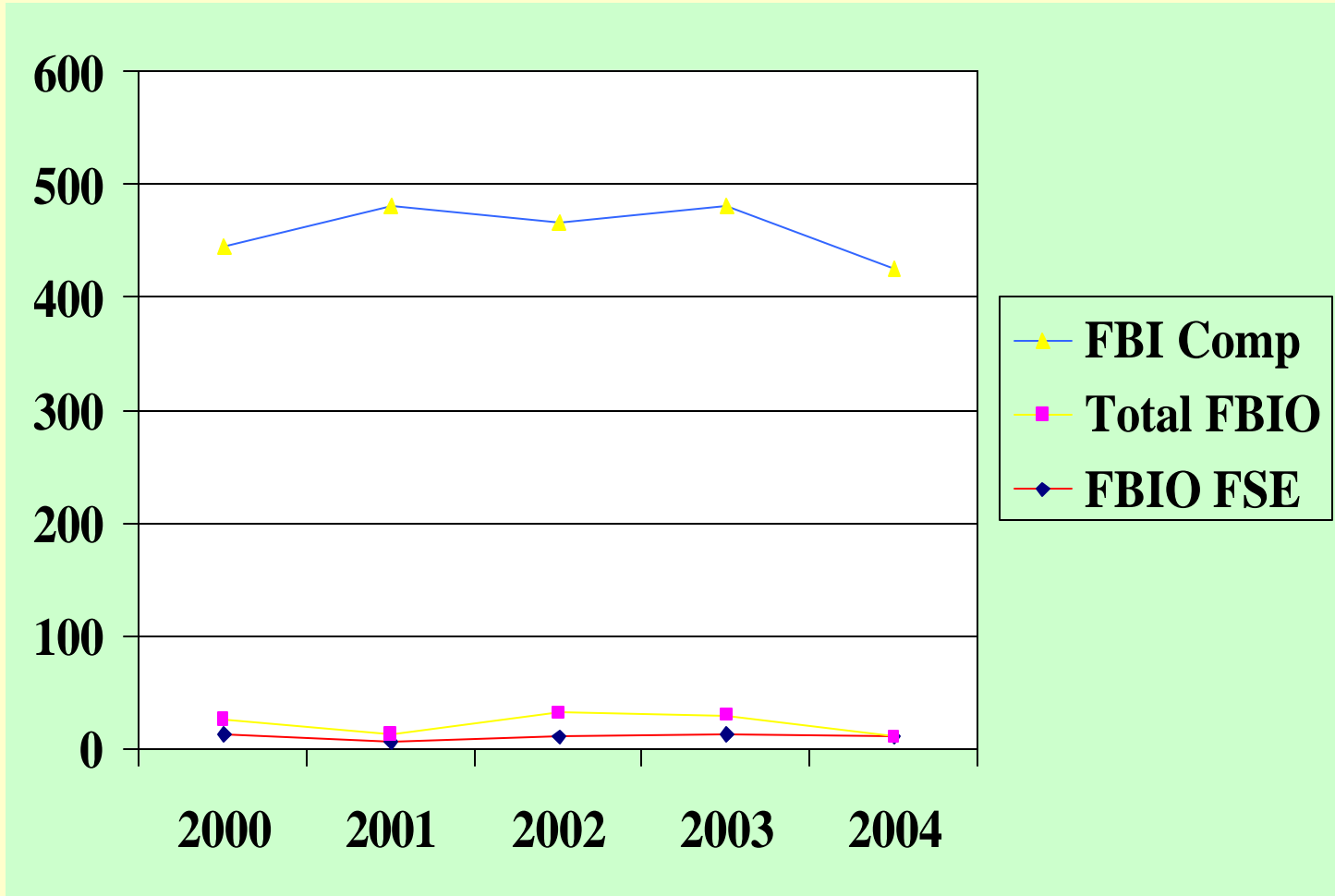
Kansas Food Safety



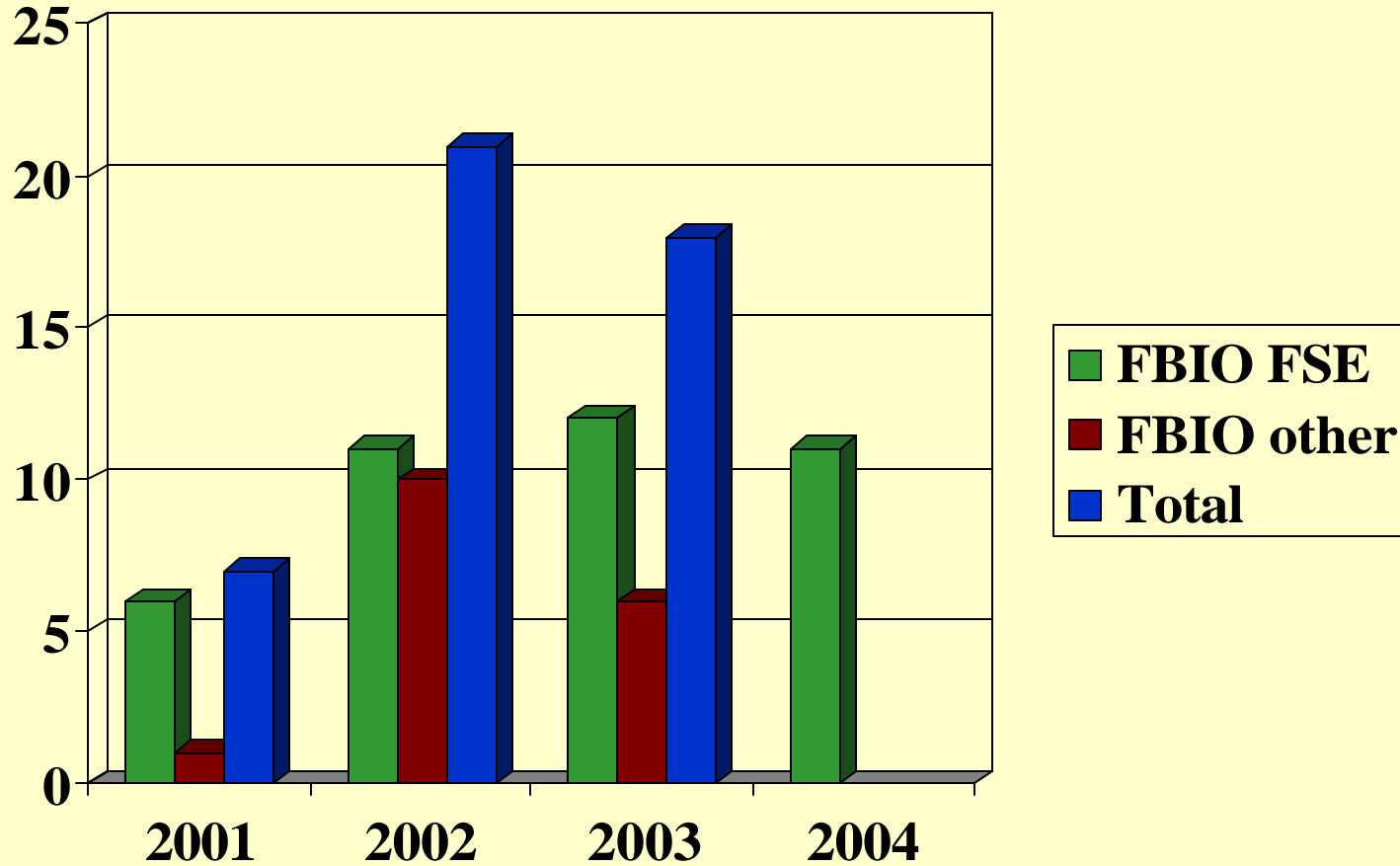
Kansas Food Safety Goals

- Reduce the burden of foodborne illness and injuries
 - Preventable illness contributing significantly to cost of health care: moderate, acute, some chronic illness, deaths
 - Under reported illness: CDC estimates 76 million cases/yr with 5,000 deaths nationally
 - \$75,000 estimated cost per outbreak nationally
 - Most susceptible population: very young, elderly, and immunocompromised persons
- Increase managerial control of food safety processes
 - KS & FDA HP2010 target is 25% improvement in risk factor control
 - Public health interventions

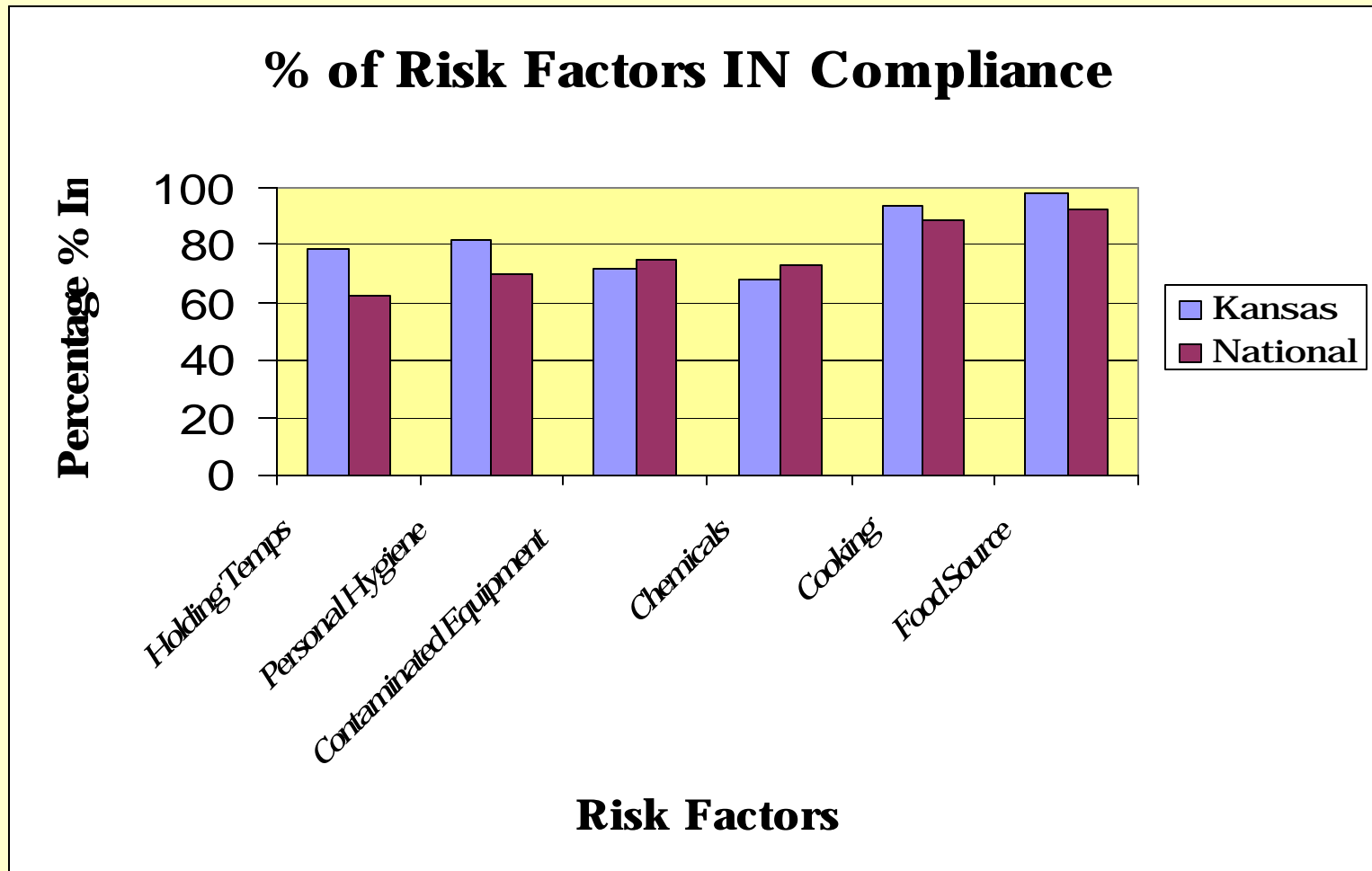
Incidence of FBIO in Kansas



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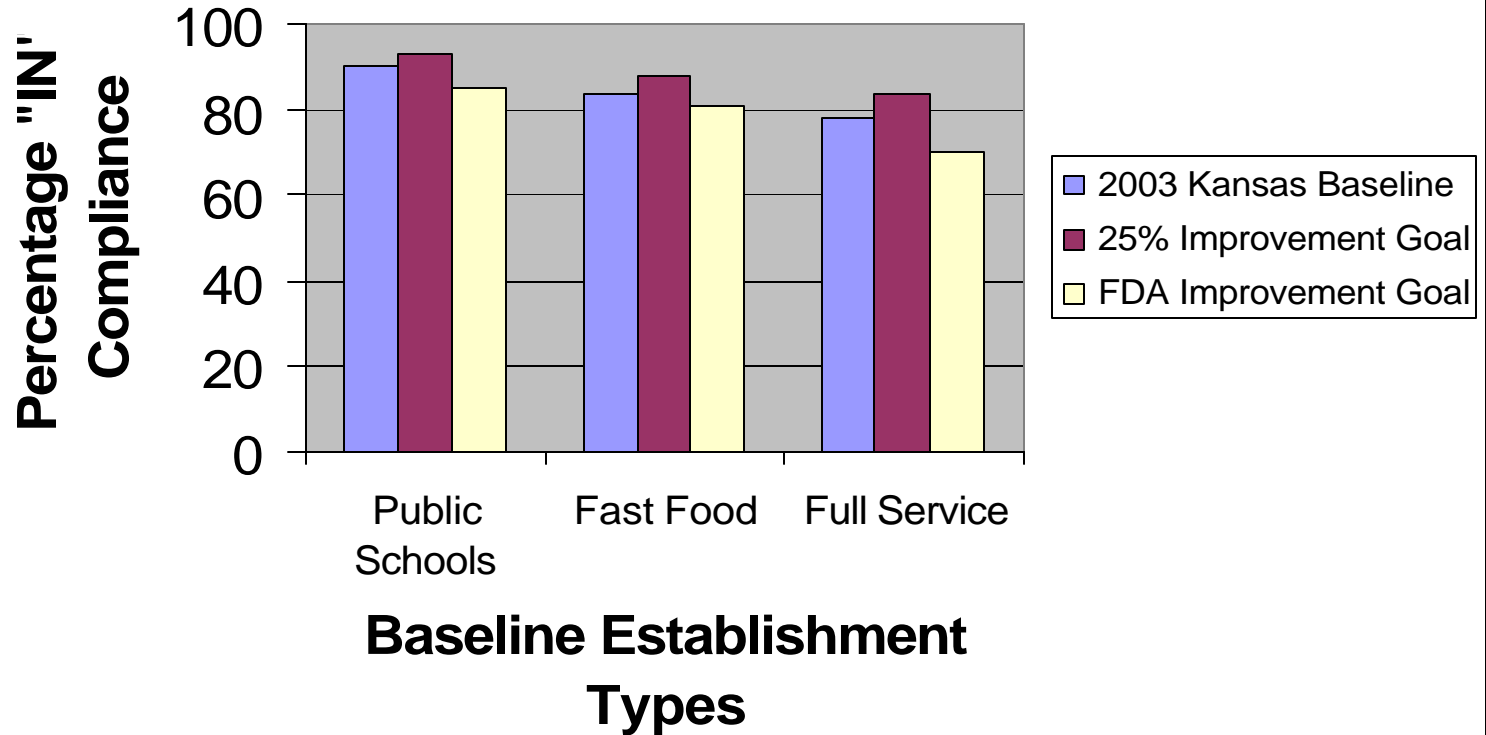
KS Compared to National Compliance Trend



Healthy Kansans 2010 Goal

		2003 Kansas Baseline % IN Compliance Observable Items	KS Healthy People 2010 Goal 25% Improvement (FDA Goal 25% Improvement)
Institutions			
	Elementary and High Schools	90%	93%
Restaurants	Fast Food	84%	88%
	Full Service	78%	84%

Kansas Improvement Goal Healthy People 2010



Addressing Food Safety in Kansas Now

- Monitor managerial control of processes and initiate risk reduction interventions in food service establishments
 - HACCP based inspections of FSE – on site corrective actions
 - Initiate Risk Control Plan (980 in 2004)
 - 24 hour response to FBI complaints
- Non mandatory food safety training for industry
 - 80,000 food workers in KS
 - Trained approximately 8,500 (10.6%)
 - Distribution of food safety handouts at each inspection with Risk Factor violations
- Re-inspections in non compliance establishments (15%)
- Administrative action for repeated non compliance (2.3% in 2004)

KS Assets and Strengths for Improving

- Strong local, federal, and industry partnerships
 - Secretary's Food Safety Advisory Committee
 - FDA Food Safety Task Force funding
 - Organization: FDA, LHD, KRHA, KPHA, KDeD, KDOA, KSU, Citizen representative
 - Contract with 8 local health agencies for inspection services
- Up-to-date regulations and compliance guidelines/policies
- Adopted FDA National Regulatory Program Standards
- Partnership with BEDP for FBI investigations
- Adhere to competency level and training standards for staff
- Ratio of inspector to establishment moved from 1:580 to 1:360
- Active and up-to-date web site for food safety information

Barriers Limiting Food Safety Progress

- Technology and data management system
 - Paper inspection recording system – to Topeka for processing
 - Outdated data management system
 - FBIO data not directly accessible to program
- Non mandatory training for food workers
- Minimal food safety education for consumers
 - Holiday food safety reminders
 - Special events upon request from consumers
- Limited resources – fee funded (annual license fee and 1 time application fee)

Recommendations

- Update data management system
 - Planned completion by summer 2005
 - Secure hand-held inspection devices
 - Increase inspection and data input efficiency
 - Generate and retrieve compliance data on site
 - Upload data directly to Topeka
 - Increase cross cutting initiatives internally and externally
 - Data sharing with BEDP for FBIO information
 - Data link local health agencies providing inspections
- Seek mandatory food safety training for managers and increase consumer food safety awareness activities
- Increase annual inspection to 2 times per year based on risk assessment
- Increase resources required for technology efficiency and increased inspections

