



The Kentucky Environmental Lead Program

Program promotes public awareness of lead detection

Brian Short, RS, RA, Environmental Lead Program,
Kentucky Department for Public Health
Kenny Ratliff, RS, RA, Public Safety Branch,
Kentucky Department for Public Health

Lead is a naturally occurring and highly toxic metal that was used for many years in products found in and around households. Lead is toxic to humans, and children are particularly sensitive to the effects of lead in their bodies. Exposure to lead may cause serious health effects, ranging from lowered IQ and reduced growth in children to seizures and death.

The Kentucky Environmental Lead Program is responsible for administering the laws and regulations related to lead detection and abatement. It also ensures a proactive stance on the prevention of childhood lead poisoning. The goal of the program is to prevent lead poisoning by making the public aware of the lead hazards in their environment and advising and overseeing the proper procedures for removing these hazards.

History

Many houses and apartments built before 1978 contain lead-based paint. Kentucky has approximately 1.2 million homes built prior to 1978. Paint chips, dust and bare soil containing lead can pose serious health hazards if not properly taken care of. Federal law requires that individuals receive certain information before renting, buying or renovating pre-1978 housing. This is known as the Disclosure Rule. Landlords must disclose known information on lead-based paint and lead-based paint hazards before leases take effect. Leases must include a disclosure form about lead-based paint. Sellers also have to disclose known information on lead-

based paint. Sales contracts must include a disclosure form and buyers have up to 10 days to check for lead hazards. Remodelers, renovators, and repair companies must provide an EPA educational pamphlet to residents and obtain acknowledgment that it was received before beginning work.

Background

In response to federal Environmental Protection Agency (EPA) rules and in order to assist in the prevention of lead poisoning among Kentuckians, especially young children, Kentucky adopted the Environmental Lead Law – KRS 211.9061 to 211.9079 in June 1996. The law requires that:

- After January 1, 1997, all training programs providing or offering to provide an educational program designed to prepare persons for certification in lead hazard detection or lead hazard abatement services, shall be accredited by the Department for Public Health, and
- After July 1, 1997 only persons who have been certified by the Cabinet for Health and Family Services are permitted to conduct lead inspections, risk assessments, hazard screens and abatement activities in residential and child occupied facilities built before 1978.

Organization

The Kentucky Environmental Lead Program is divided into three sections: training and accreditation,

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certification, and compliance. The training and accreditation section reviews and monitors all training providers who are certified by the program. This ensures that the material being taught is uniform among all trainers and meets the EPA model requirements set forth by the federal government. The certification section reviews and approves applications for certification by individuals and companies who wish to conduct lead hazard detection, as well as supervisors and workers who perform lead hazard abatement. These applications are reviewed to ensure all certified persons have the proper education and training to conduct these activities in a safe manner. The compliance section is responsible for reviewing the lead detection reports for the content required by regulation. Also, a review of abatement plans sent in by the abatement companies must take place prior to the beginning of work. Once the plans are approved, a permit is issued. Inspections are then conducted while work is in progress on the abatement site.

The program utilizes geographic information system (GIS) databases to record certified contractors and their related abatement activities. Various factors and information for analysis and trend determinations can be determined using this method, such as the number and location of abatement projects that have occurred in Kentucky since the Kentucky Environmental Lead Program began in 1997 (Figure 1, page 6).

Checking the Home for Lead Hazards

Just knowing that a home contains lead-based paint may not reveal if a hazard is present. Persons can have their home checked in one of two ways, or both:

- A paint inspection determines the lead content of every different type of painted surface in a home. However, it won't determine whether the paint is a hazard or how it should be dealt with.
- A risk assessment reveals if there are any sources of serious lead exposure (such as peeling paint and lead dust). It also offers what actions may be taken to address these hazards.

Home test kits for lead are available, but studies

Suggest they are not always accurate. Consumers should not rely on these tests before performing renovations or to assure safety. Trained professionals use a range of methods when checking homes for lead. These may include a visual inspection of the paint condition, a portable x-ray fluorescence machine (XRF), and lab tests of paint and dust samples.

Reducing Lead Hazards

Many options exist for reducing lead hazards. In most cases, lead-based paint that is in good condition is not considered a hazard. However, moisture and friction points are factors that can cause rapid deterioration of lead-based paint. All lead-based paint should be monitored and addressed accordingly if it should begin to chip or peel.

Removing lead improperly can increase the hazard to a family by spreading additional lead dust around the home. Persons can **temporarily** reduce lead hazards by taking actions such as repairing damaged painted surfaces while they are small and planting grass to cover soil with high lead levels. These interim control actions are not permanent solutions and will need ongoing attention. To **permanently** remove identified lead hazards, a certified lead abatement contractor must be utilized. Abatement (or permanent hazard elimination) methods include removing, sealing or enclosing lead-based paint with special materials. Simply painting over the hazards is not enough to reduce the lead hazard. Individuals with special training and certification are needed to correct known lead problems safely and have the proper equipment to clean up thoroughly. Certified contractors will employ qualified workers and follow strict safety rules set forth by the state and federal government.

The Kentucky Environmental Lead Program seeks to ensure a safe living environment for the Commonwealth. To do so involves enforcement and adherence to standards that have been put in place. Persons with questions or needing further information may contact the Kentucky Environmental Lead program at (502) 564-4537 for a list of certified individuals who can perform these services or visit our Web site at www.chfs.ky.gov/dph/lead.

Kentucky Cancer Registry

Thomas C. Tucker, Ph.D., MPH
Associate Director for Cancer Prevention
and Control, University of Kentucky Cancer
Control Program

The Kentucky Cancer Registry (KCR) began as a voluntary reporting system in 1986. In April of 1990, the State General Assembly passed legislation that formally established KCR as the population-based central cancer registry for the Commonwealth. The legislation required all Kentucky acute care hospitals and their associated outpatient facilities to report each case of cancer using the Cancer Patient Data Management System (CPDMS) computer software developed by KCR.

In 1994, the legislation requiring reporting of cancer cases was modified to include reporting from all health care facilities that either diagnose or treat cancer patients. These additional facilities included freestanding treatment centers, non-hospital (private) pathology laboratories, and physician offices. In this same year, KCR received funding from the Centers for Disease Control and Prevention (CDC) through the National Program of Cancer Registries (NPCR). This additional funding allowed KCR to institute a formal quality assurance program and improve systematic reporting by non-hospital facilities. Since 1995, KCR has collected uniform, high quality data on approximately 22,500 new primary cases of cancer occurring in Kentucky residents each year.

In 2000, KCR was selected along with three other population-based cancer registries to become part of the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) program. The SEER registries are considered to be among the most accurate and complete population-based cancer registries. Funding from the SEER program allowed KCR to further expand its quality control activities and gather complete follow-up information.

The North American Association of Central Cancer Registries (NAACCR) established a formal certification program for central cancer registries in 1997. The certification program provides an objective

evaluation of each registry's completeness, accuracy and timeliness. In each year since the program was established, KCR has received the highest level of certification available.

It is not enough, however, to collect complete, accurate, and timely cancer data. These data are of limited value unless they are used to initiate cancer control programs, evaluate intervention activities or conduct epidemiological research. KCR has worked very hard to ensure that the data collected are both useful and utilized.

KCR developed and maintains a Web site (www.kcr.uky.edu) that includes interactive tools for calculating and displaying cancer incidence and mortality rates. These tools have been carefully designed and tested to provide information to researchers, students, journalists, policy makers, cancer control programs and the general public in an easy to use format. The KCR Web site allows individuals to view variations in the burden of cancer in Kentucky by counties, Area Development Districts (ADDs), urban/rural areas and Appalachian/non-Appalachian regions. In addition, rates can be displayed by gender and race. All cancers or specific types of cancer can be displayed for any year or group of years from 1995 to the present. When more than one year is selected, trend charts can be produced. In the past year, more than 31,000 individuals have used the interactive data analysis tools on the KCR Web site.

It is important to note that KCR is part of an integrated cancer control effort. Data from KCR are presented each year to District Cancer Councils in each of the 15 ADDs. These District Cancer Councils use the data from KCR to identify specific types of cancer that occur in their areas at substantially different rates compared to state and U.S. rates. The data are presented as maps and focus on cancers for which there are scientifically proven cancer control interventions. This process has made it possible to identify cancer control issues in subregions of the state that could not have been seen without a population-based cancer registry and to direct limited cancer control resources toward these issues. The process has resulted in the im-

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plementation of many cancer control interventions aimed at reducing or ameliorating the identified problems. KCR data are also used on a continuing basis to monitor the impact of these interventions.

Data from KCR has been used in a variety of ways, including: preparing research proposals; performing basic science, clinical, and population-based research projects, including student class projects, theses, and dissertations. Many of the research projects using data from the KCR have led to publications that contribute to our understanding of cancer control and population science.

For more information on the Kentucky Cancer Registry, call (859) 219-0773 or visit www.kcr.uky.edu.

Kentucky Epidemiologic Notes and Reports **READER'S SURVEY:** Here's What You Told Us...

A hearty thank you goes out to the 60 readers who completed and returned the Reader's Survey from the July 2005 issue of *Kentucky Epidemiologic Notes & Reports*. Replies were received from physicians (47%), infection control specialists (37%), nurses (13%), administrators (1%), veterinarians (1%), and others (1%). Respondents' work settings included hospitals or nursing homes (43%), private practices (40%), local (15%) and state (11%) health departments, and universities (1%). Most of the readers who replied read *Notes & Reports* monthly (93%). Most readers preferred to read every article (72%) in the issue rather than only selected articles (28%). Overall quality was judged "Excellent" (87%) or "Good" (12%).

When rating content and data (Table 1, page 5), readers gave higher marks to "Interesting", "Useful in my work" and "Relevant" than to "Accurate". Many indicated the articles are "Clear" and of "Satisfactory length" for literary quality (Table 2). In rating the publication's appearance, higher marks were received for "Readable type" than for other attributes (Table 3). Readers indicated that they would like to have the *Notes & Reports* continue to be published on a monthly basis (67%) than move to an expanded quarterly issue (33%) (Table 4).

Readers would like us to continue to focus on infectious or communicable diseases, with environmental health issues rated second (Table 5). Fewer respondents were interested in a Letters to the Editor Section (33%), maternal and child health issues (33%), and oral/dental health topics (27%).

Several readers requested that they be taken off the mailing list and added to a LISTSERV so that they will be notified electronically when a new edition of *Notes & Reports* is posted on the Cabinet for Health and Family Services' Web site. We are pleased to announce that a new LISTSERV has been created for this purpose.

Thank you for helping us evaluate our publication. We are now more confident that *Kentucky Epidemiologic Notes & Reports* is meeting the needs of its subscribers. Please contact the editor, Barbara Fox, for further questions or to be added to the new LISTSERV at: BarbaraJ.Fox@ky.gov or at (502) 564-6786, Ext. 4411.



***Kentucky Epi Notes* Reader's Survey Results**
TABLES 1 - 5

Table 1. Ratings of Content and Data

Interesting	75%
Useful in my work	63%
Relevant	62%
Accurate	47%

Table 2. Ratings of Literary Quality

Clear	60%
Satisfactory article length	60%
Appropriate	55%

Table 3. Ratings of Appearance

Clear	60%
Satisfactory article length	60%
Appropriate	55%

Table 4. Frequency of Publication

Continue with monthly edition	67%
Expanded quarterly edition	33%

Table 5. Desired Topics

Infectious diseases	78%
Environmental health	62%
Chronic diseases	48%
Health policy and planning	45%
Injury/violence prevention	43%
Letters to the Editor	33%
Oral/dental health	27%



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Visit our Web site:

<http://www.chfs.ky.gov/dph/epinotes.htm>

William D. Hacker, MD, FAAP, CPE
Commissioner, Department for Public Health

Kraig E. Humbaugh, MD, MPH
State Epidemiologist and Director,
Division of Epidemiology and Health Planning

Barbara J. Fox, MS
Editor

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