

Kentucky Childhood Lead Poisoning Prevention Program Data System (KCLPPP)

Coordinator:

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State Website: <https://chfs.ky.gov/agencies/dph/dmch/cfhib/Pages/clppp.aspx>

National Website: <http://www.cdc.gov/nceh/>

Why is it used?

- To ensure timely local health department intervention for elevated blood lead levels (EBLL).
- To track EBLL case history to help identify and prevent further access to potential and identified lead hazards.
- For determination of follow-up and decrease in EBLL.
- For submission of quarterly reports to the CDC for data reporting.
- For completion of performance evaluations.
- For fulfillment of open records requests.
- To estimate a populations' risk of lead poisoning based on their specific demographic and address information.
- Utilized by the CDC to assemble a national surveillance database.

What data is collected?

- Information regarding any Kentucky resident tested for lead.
- Comprehensive patient information is entered into the Healthy Homes and Lead Poisoning Surveillance System (HHLPS), and the Childhood Lead Poisoning and Prevention Network Application (CLPPPNet).
- HHLPS also contains results from on-site environmental lead inspections and risk assessments.
 - The risk assessment section of HHLPS stores all environmental measurements taken during the lead inspection and risk assessment such as samples sent for lead testing.

How is data collected?

- Data is collected from any physician, nurse, hospital administrator, director of clinical laboratory, commercial laboratory or public health officer who receives information of a possible lead poisoning incident.

Data Strengths:

- Data is received in a timely manner which allows for accurate reporting.
- Current electronic data submission rates are above 95%.
- There is minimum manual data entry from outside labs.
- Current system is population-based rather than relying on a sampling strategy.

Data Limitations:

- Out-of-state laboratories that voluntarily report blood lead levels on Kentucky residents must enter them manually.
- Can be incomplete because patient records with incomplete or incorrect data fields are held for manual review and due to a lack of blood lead screening tests and reporting.
- It can be difficult to analyze data because county and zip code are often missing, making geographical analysis inaccurate, and data can contain duplicates which must be removed prior to analysis.
- Blood lead data for years 2015 – 2022 is missing required data fields such as address and source of specimen. Corrected data must be entered into the child's HHLPS record.

How is the system evaluated?

- Data collection is based on CDC and National Institute for Occupational Safety and Health (NIOSH) guidelines.
- Data are subject to manual edits when entered.

Data Set Availability:

- Data set is only available in aggregate form and completely de-identified unless otherwise legally approved.

Data Release Policy:

- Data from 2015 to 2022 are available to requestors once IRB approval has been obtained.
- KCLPPP staff reserve the right to deny any data request that would violate state and/or federal laws governing the data set.
- Data requests should be submitted to the coordinator with the proper approvals (IRB, open records request, etc.) for release.

Data Publications:

- Reports on child blood lead levels and environmental data are sent to the CDC on a quarterly basis: [CDC Childhood Blood Level Surveillance: State Data](#)
- Additional reports can be found on the state website.

Suggested Citation:

Childhood Lead Poisoning Prevention Data. [Year]; Kentucky Cabinet for Health and Family Services, Kentucky Department for Public Health, Division of Maternal and Child Health.

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