

OAKLAND UNIVERSITY WILLIAM BEAUMONT

Introduction

- Lead exposure is a persistent, yet altogether preventable threat to child development.¹ In Oakland County alone, 204 (1.3%) of 15,784 samples for children under the age of 6 were positive for elevated blood lead levels in 2017.²
- A large body of research consistently supports that primary prevention is the most effective method of addressing elevated blood lead levels in children.³ A key component is equipping families with the resources to recognize and eliminate sources of lead.
- This project sought to explore Oakland County community members' knowledge and beliefs about lead exposure, gauge their perceptions of existing lead education materials, and identify areas of improvement.
- The data were collected and analyzed through the lens of the Health Belief Model. The central advantage of the Health Belief Model is its utility as a well-established, extensively studied theory formulated to effectively explain preventive health behaviors.⁴

Aims and Objectives

Aim I: Explore community members' knowledge and beliefs about lead exposure and lead poisoning prevention. **Aim II:** Analyze how existing education materials on lead poisoning prevention fulfill or fail to fulfill three of the six dimensions of the Health Belief Model perceived susceptibility, perceived barriers, and cues to action.

Aim III: Gather recommendations for conceptualizing and disseminating future education materials on lead poisoning prevention for the Oakland County community.



Figures 1 and 2. Two of the four different fact sheets that were examined during interviews.

Exploration of Lead Education Materials: A Qualitative Approach using the Health Belief Model

Cheryne M. Kim¹, Matthew P. Lico, M.S.², Andrea T. Kozak, Ph.D.² ¹Class of 2023 M.D. Candidate, Oakland University William Beaumont School of Medicine ²Department of Psychology, Oakland University

Methods

Demographic

Male Female

White Black Asian Middle Eastern

High School Diploma Some College Vocational/Trade/Technica Bachelor's Degree Master's Degree

Age

The mean score on the Chicago Lead Knowledge Test was 14 (SD, 4.35) out of a possible 24 points. Questions about lead in general and lead exposure were more often answered correctly than questions about diet or prevention.

Perceived Susceptibility

- Participants identified their children as having little to no perceived susceptibility to lead exposure, prior to reading the fact sheets.
- Listing both well-known and lesser known lead exposure risks contributed to an increase in perceived susceptibility.

Perceived Barriers

- The most commonly cited barriers to lead poisoning prevention included a lack of lead education, financial resources, institutional initiative, and transportation, prior to reading the fact sheets.
- The fact sheets did not adequately address the perceived lack of financial resources in minimizing water-specific lead exposure risks.

Cues to Action

- Participants identified the Flint Water Crisis as a cue to action, prior to reading the fact sheets.
- The fact sheets can serve as a potential cue to action to implement inexpensive, efficient behavioral changes related to increased vigilance.

Results

	N (%)
	1 (10%)
	9 (90%)
	4 (40%) 3 (30%) 1 (10%) 2 (20%)
l School Diploma	2 (20%) 1 (10%) 2 (20%) 4 (40%) 1 (10%)
	<u>Mean (SD)</u> 33.4 (5.25)

Conclusions

- Community members of Oakland County have variable levels of knowledge about lead exposure and lead poisoning prevention.
- There are both effective features and unanticipated shortcomings within existing lead education materials that can be further refined for the intended audience.
- These findings will inform primary prevention efforts in re-envisioning future education and outreach strategies for the Oakland County community.

References

- 1. Prevent Childhood Lead Poisoning. https://www.cdc.gov/nceh/lead/publicatio ns/NCEH_Prevent_Childhood_Lead_Poi soning_508.pdf.
- 2. Childhood Lead Poisoning Prevention Program. 2017 Provisional Annual Report on Childhood Lead Testing and Elevated Levels: Michigan.; 2018:9.
- 3. Sieloff K (GOV). Child Lead Poisoning Elimination Board. :38.
- 4. Rosenstock IM. Historical Origins of the Health Belief Model. *Health Educ Monogr*. 1974;2(4):328-335. doi:10.1177/109019817400200403

Acknowledgements

I would like to thank Dr. Andrea T. Kozak for her continued support and guidance as my Embark research mentor. I would also like to extend gratitude to Matthew P. Lico, the Embark faculty, and the Oakland County Health Division who helped me immensely during the course of this project and to George Azzam and Em Giacomantonio for their help with the transcriptions.

