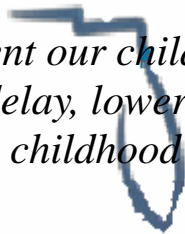


Florida's Committee for the Elimination of Childhood Lead Poisoning



*Working together to prevent our children from encountering the
challenges of developmental delay, lowered IQ, and learning disabilities
resulting from childhood lead poisoning*



Contents



Quick Facts: Childhood Lead Poisoning	2
Our Story: Purpose, History and Activities	3
An Overview of Florida's Strategic Plan for the Elimination of Childhood Lead Poisoning	4
Our Annual Calendar of Activities	5
Members: Our Values and Strategies for Success	6
The Protective Policy Workgroup	7
The Screening and Surveillance Workgroup	8
The Case Management Workgroup	10
The Community Outreach and Education Workgroup	11
The Housing Workgroup	12
Frequently Asked Questions: Answers to Common Questions	13
Glossary of Commonly Used Terms	15
Resources	16
Contacts in your area	17



Quick Facts: Childhood Lead Poisoning

Did you know...

1. The Centers for Disease Control and Prevention has identified lead poisoning as a leading Environmental Health problem affecting children.
2. Children under 72 months of age are most at risk.
3. Lead poisoning causes learning and developmental disabilities, lowered IQ, behavior problems, and it has been linked to juvenile delinquency.
4. There are usually no physical symptoms; even children who appear healthy can have dangerous levels of lead in their blood.
5. Children from every region, race, and socioeconomic level are at risk; however children who are from low income families, reside in homes built before 1978, and those who reside with adults who are exposed to lead at work or through hobbies are at highest risk.
6. Most lead poisoning happens in the home.
7. The primary cause of lead poisoning is the ingestion of tiny particles of lead dust from deteriorated paint or from painted surfaces disturbed by wear and tear, remodeling, repair or renovation.
8. Homes built before 1978 have the highest potential to contain lead based paint.
9. Lead poisoning is completely preventable.

Sources of Lead Exposure

1. Lead-based paint and dust
2. Lead contaminated soil from the previous use of leaded gasoline
3. Lead contaminated consumer products including some imported mini-blinds, children's jewelry, and toys
4. Art and craft supplies such as stained glass, solder, paints, and glazes
5. Some batteries, sinkers / bullets
6. Some painted glassware, pottery dishes, and pewter / brass items
7. Some folk medicines and cosmetics from other countries
8. Lead dust carried home on the clothes of a person working with lead



Our Story



Our Purpose

To develop, implement and monitor a strategic plan to eliminate childhood lead poisoning in Florida by 2010.

Our History

Our committee was established in 2003 in collaboration with leadership from the Florida Department of Health's Childhood Lead Poisoning Prevention Program (FL CLPPP). This voluntary advisory committee brought together representatives from federal, state and local government agencies, universities and community organizations to develop a strategic plan to meet the goal of eliminating childhood lead poisoning in Florida. The plan was completed in August of 2004.

In 2005 the committee, now named Florida's Committee for the Elimination of Childhood Lead Poisoning (FL CECLP), expanded by establishing workgroups to assist in the implementation of the activities defined in Florida's Strategic Plan for the Elimination of Childhood Lead Poisoning: "The Elimination Plan". Every member of the committee was encouraged to take an active role in at least one workgroup and many members now serve on more than one.

The committee continues to grow in membership and now includes more sixty state and national stakeholders. The shared expertise and resources provided by these committee members continues to be a source of growth and improved effectiveness of the committee.

Our Activities

The FL CECLP works to implement Florida's Strategic Plan for the Elimination of Childhood Lead Poisoning, "The Elimination Plan". Members of the committee do some or all of the following:

1. Participate in workgroups
2. Identify resource needs and locate resources to fill those needs
3. Develop education materials to educate others about protective policy
4. Coordinate outreach and education initiatives,
5. Identify opportunities for collaboration,
6. Build sustainable partnerships
7. Evaluate progress and prevention strategies
8. Provide updates on current activities and discuss barriers and progress.
9. Monitor progress for elimination of childhood lead poisoning by December 31, 2010.



Florida's Strategic Plan for the Elimination of Childhood Lead Poisoning *"The Elimination Plan"*

The Format of Our Plan

The Elimination Plan is a statewide plan to reach the Healthy People 2010 goal of eliminating childhood lead poisoning by 2010. It was created with input from the committee and guides all of our activities. The plan is broken down into six major plan elements listed below. Each element includes a goal, long-term objectives and a list of tentative activities for each year up to and including 2010. The document itself also includes a summary of lead sources and specific demographic and socioeconomic risk factors of Florida's children.

The Plan's Elements and Long Term Goals

1. Protective Policy

Establish and enforce regulations and policies at state and local levels to support the primary prevention of lead poisoning and to ensure and prioritize care for children identified as lead poisoned.

2. Screening

Identify and screen at-risk children for lead poisoning.

3. Surveillance

Statewide blood lead surveillance data is complete, collected efficiently and used effectively for management, evaluation and the prevention of childhood lead poisoning.

4. Case Management:

All children with elevated blood lead levels are offered timely and comprehensive case management including proper medical monitoring and activities that effectively reduce the blood lead level and protect the child from repeat exposure.

5. Primary Prevention / Community Outreach and Education

Communities and healthcare professionals have access to services and information that develop skills to ensure a lead-safe environment.

6. Primary Prevention / Housing

Housing professionals have access to services and information that develop skills to ensure a lead-safe environment.

The Implementation of our Plan

The plan is implemented through the combined efforts of the FL CLPPP, the CECLP and other statewide partners. These partners work together in workgroups, described in more detail on the following pages, to ensure the activities defined in the plan are completed. Each November the workgroups come together to create a companion document to the Elimination Plan, called an Annual Action Plan. The Annual Action Plan provides a set of core activities to be carried out by the committee during the calendar year. The committee provides performance targets and responsible parties for each activity listed in this document.



Florida's Strategic Plan for the Elimination of Childhood Lead Poisoning *"The Elimination Plan"* Continued

Monitoring and Evaluation of the Plan

To ensure progress toward our objectives and activities, the FL CLPPP monitors the implementation of the Annual Action Plan quarterly. However, the overall impact of our efforts is evaluated annually. The FL CLPPP's Planning, Performance Measurement and Evaluation Framework explains monitoring and evaluation activities in detail. The illustration below shows our Calendar of Activities indicating times for key planning, monitoring, and evaluation activities for each fiscal year. Both the Committee and the Program make use of this calendar.

Our Annual Calendar of Activities



Our Values and Strategies for Success

Our Values

There are five core values of an effective committee as described by The United Way that have been adapted and accepted by and for the FL CECLP.

1. Participation

Balanced participation by all members of the group; contribution of all skills and expertise as appropriate; conflict resolution processes are understood and used; members arrive prepared for meetings, having read the agenda, minutes and reports sent out earlier; members leave meetings with a clear sense of what was determined and what their responsibilities are.

2. Openness

Practice honesty and frankness so that all relevant opinions and information get on the table; people often are able to express themselves clearly and constructively when others genuinely listen to them; all key information is shared.

3. Cohesiveness

Shared goals are important for committee cohesion; although there may be diversity on the committee, the basic goals are shared by all members; group support for previous decisions; group is able to build consensus key decisions.

4. Willingness to Adjust

Creativity – the group is able to generate and accept new ideas; the membership and processes of the group constantly evolve; all aspects of the committee's work is open to questioning; the group engages in regular self-evaluation.

5. Shared Leadership

Everyone in the group takes responsibility for the process and the outcomes; different members carry out specific leadership roles at different times.

Strategies for Success

- Read background information before meetings or other committee activities.
- Take the initiative: Ask questions, and share your views.
- Listen to what others say.
- Be willing to adapt.
- Respect the meeting ground rules agreed on by the group.
- Understand the committee's mission and mandate, be aware of issues and keep up to date on trends in the community/in your area of expertise that might affect these issues.
- Promote the committee and its progress.
- Network and conduct outreach with other organizations/stakeholders; be a visible and vocal advocate for the elimination of childhood lead poisoning.



The Protective Policy Workgroup

An Overview

This workgroup works to educate policy makers, advocacy organizations, community leaders, public and private stakeholders and others. The purpose is to increase the potential effectiveness of current state and local policies related to protecting children from lead poisoning prevention in Florida. Ongoing collaborative partnerships incorporate ideas from across the eastern United States for the creation of new, effective protective policies in Florida to address childhood lead poisoning.

The Workgroup Chairperson Ricky Harrison, FL State CLPPP Policy Analyst
(850) 245-4247
Ricky_Harrison@doh.state.fl.us

Our Vision

“Florida adopts, implements, and enforces policies ensuring all children are protected from lead hazards to prevent lead poisoning.”

Our Goal

Establish and enforce regulations and policies at state and local levels to support the primary prevention of lead poisoning and to ensure and prioritize care for children identified as lead poisoned.

Our Long Term Protective Policy Objectives

- 1. By December 31, 2010 the state of Florida will have adopted state legislation to:**
 - require reporting of all blood lead levels electronically;
 - establish an EPA accredited Lead Based Paint Training and Certification Program;
 - provide state funding for the environmental and medical management of children with elevated blood lead levels and public education about lead hazards;
 - require elimination or control of lead hazards in housing units occupied by children with elevated blood lead levels;
 - protect tenants from retaliatory eviction;
 - create a statewide safe housing registry.
- 2. By December 31, 2010 at least three of Florida's high-risk counties: Duval, Hillsborough, and Palm Beach will adopt local ordinances to protect children from lead-based paint hazards.**

Our Activities

- Identify opportunities and methods to educate policy makers.
- Develop partnerships with advocacy organizations and community groups.
- Develop and implement strategies for establishing policy at the state and local level.
- Enhance relationships with public and private housing agencies to educate them about the importance of lead regulations.
- Work to build consensus amongst various groups (landlords, realtors, child advocates, tenants, etc.) about proposed policies related to lead poisoning prevention.
- Research and apply successful methods in policy development from other jurisdictions.
- Propose local ordinances and state legislation to protect children from lead poisoning.



The Screening and Surveillance Workgroup

An Overview

This workgroup incorporates two elements of our Strategic Plan for the Elimination of Childhood Lead Poisoning: screening and surveillance. Members of this workgroup use surveillance data to monitor and increase the number of at-risk children screened for lead poisoning. The workgroup works to identify strategies to improve physician awareness of lead screening policies. The group is also researching the most effective health care delivery systems for providing blood lead testing services and exploring opportunities to improve policies and management structures to increase screening rates. Another activity of this workgroup is identifying new funding sources and partners for delivering blood lead testing services and education messages about the importance of blood lead screening.

The Workgroup Chairperson Julie Kurlfink, FL State CLPPP Coordinator
(850) 245-4444 x. 2869
Julie_Kurlfink@doh.state.fl.us

Our Vision

“All health care providers have current guidelines for treatment, follow-up, and screening procedures. Health care providers report all results to ensure complete and efficient surveillance data, and the data is used to establish healthy, lead-safe environments where all children can achieve their full potential“

Our Goal

Ensure all at risk children are screened for lead poisoning and ensure data in the statewide blood lead surveillance system are complete, collected efficiently and used effectively for management, evaluation and the prevention of childhood lead poisoning.

Our Long Term Screening Objectives

1. **By December 31, 2010, the number of Medicaid eligible children less than 72 months of age screened for lead poisoning will increase by at least 40%**
2. **By December 31, 2010, at least 90% of all refugee children 6 months to 72 months of age will be screened for lead poisoning within 90 days of arrival.**
3. **By December 31, 2010, at least 60% of children living in high-risk zip codes will be screened for lead.**

Our Long Term Surveillance Objectives

1. **By December 31, 2010, at least 80% of all blood lead laboratory reports will contain complete information.**
2. **By December 31, 2010, at least 80% of all data collected on inspections, risk assessments, case management services, EBLL investigations, abatements and interim controls will be complete and analyzed for inclusion in the annual data analysis report.**
3. **By December 31, 2007 local housing agencies, state Medicaid, ABLES, CHDs, HUD regional offices, EPA regional office, government officials, and the CDC will have access to desired blood lead, case management, and site specific housing and lead inspection/remediation data.**



The Screening and Surveillance Workgroup *Continued*

Our Activities

- Identify opportunities for improving completeness of blood lead data.
- Identify opportunities for data linkages and maintain data sharing agreements with partner agencies.
- Suggest ways of analyzing data to inform providers and increase screening rates.
- Develop performance measures for monitoring screening rates among high-risk populations in Florida.
- Identify barriers to blood lead screening.
- Identify and implement strategies for improving screening rates of high-risk populations.
- Implement pilot projects to increase screening rates in target areas.
- Develop partnerships with programs serving high-risk populations to collaborate on screening efforts.
- Analyze data and produce reports that move stakeholders and policy makers into action.



The Case Management Workgroup

An Overview

The case management workgroup supports county health department case managers, physicians, the Children's Medical Services Program, healthcare maintenance organizations (HMOs) and other partners in the coordination of follow-up care for lead poisoned children. Developing guidelines, enhancing current referral processes, and assuring providers and partners are adequately informed of the proper medical follow-up care are also important activities of this workgroup.

The Workgroup Chairperson Julie Kurlfink, FL State CLPPP Coordinator
(850) 245-4444 x. 2869
Julie_Kurlfink@doh.state.fl.us

Our Vision

"All children with elevated blood lead levels in Florida receive timely and comprehensive care, education, and referrals as outlined in the Florida Department of Health's Case Management Guidebook. These services will be of the highest quality to effectively prevent further exposure, reduce blood lead levels below 10 ug/dL and to enable each child to reach their full potential."

Our Goal

Ensure children with elevated blood lead levels are offered timely and comprehensive case management including proper medical monitoring and activities that effectively reduce the blood lead level and protect the child from repeat exposure.

Our Long Term Case Management Objective

By December 31, 2010, at least 85% of lead poisoned children will receive timely and comprehensive case management within the time frames identified in the FL CLPPP guidelines.

Our Activities

- Assess current case management practices and identify opportunities for improvement.
- Work to increase collaboration between partnering programs to ensure all lead poisoned children receive timely and comprehensive care.
- Identify opportunities for funding case management activities.
- Assist in developing evaluation methods for case management activities.
- Identify tools and resources including a guidebook and a training to assist and support case managers in their role coordinating follow-up care.
- Work with public and private physicians to assure they are aware of proper follow-up on a lead poisoned child.
- Identify local resources for family support.
- Ensure all lead poisoned children receive timely and comprehensive case management within the time frames identified in the CDC guidelines.



The Community Outreach and Education Workgroup

An Overview

This workgroup takes a broad approach to ensure families, communities and the general public are informed about traditional and non-traditional lead risks and prevention measures. The group aims to establish viable and lasting partnerships with community organizations and state and local agencies already serving high-risk populations. The workgroup also partners with agencies and organizations working in high-risk communities in order to increase public awareness.

The Workgroup Chairperson Cynthia O. Keeton, Hillsborough County CLPPP Coordinator
(813) 307-8015 x. 7108
Cynthia_Keeton@doh.state.fl.us

Our Vision

"Partnerships are built so that all high-risk children under the age of 6 are tested for lead poisoning and all Florida residents and communities are aware and active in the prevention of childhood lead poisoning."

Our Goal

Families and communities have access to information and services that develop skills to ensure a lead-safe environment for Florida's children.

Our Long Term Community Outreach and Education Objective

By December 31, 2010, at least 50% of Florida counties will have lead hazard identification and reduction resources and services easily accessible, available at reduced cost and marketed to low income families through other health and social service programs.

Our Activities

- Identify and model best practices or promising practices in community organizing and health education for lead poisoning prevention.
- Establish sustainable partnerships with programs that serve populations at high-risk for lead poisoning.
- Develop outreach strategies and media campaigns that demonstrate cultural competency.
- Develop valid evaluation procedures for all education and outreach activities.
- Advise on enhancements to the FL CLPPP website and existing educational resources.
- Enlist and train new partners to educate others about the importance of lead poisoning prevention.
- Create an accessible information and educational materials clearinghouse for partners and high-risk families and communities.
- Connect high-risk families to resources and services for maintaining a lead safe home.
- Increase the number of home visitation programs that incorporate lead education and visual assessments into routine family education activities.



The Housing Workgroup

An Overview

This workgroup engages new partners in efforts to ensure resources for creating and maintaining lead safe homes are available for high-risk families. Educating housing professionals in lead safety, working with existing agencies to improve enforcement of state and local lead safety requirements, and collaborating to leverage funding for lead hazard reduction are also key activities.

The Workgroup Chairperson Dr. Tiffany C. Turner, PhD., Duval County CLPPP Coordinator
(904) 630-3289
Tiffany_Turner@doh.state.fl.us

Our Vision

“Children are protected from lead poisoning and reside in a lead safe environment through the leveraging of resources and the education of stakeholders about lead safe work practices, lead hazard reduction strategies, and the importance of healthy homes.”

Our Goal

Community housing professionals have access to services and information that develop skills to ensure a lead-safe environment.

Our Long Term Housing Objective

By December 31, 2010, at least 50% of Florida counties will have lead hazard identification and reduction resources and services easily accessible, available at reduced cost and marketed to low income families through other health and social service programs.

Our Activities

- Identify methods for connecting families to resources for lead hazard control.
- Develop sustainable partnerships to increase the number of housing professionals educated about lead safe work practices.
- Develop partnerships with agencies, funders, lenders and other organizations (public and private) that can assist with lead hazard reduction activities.
- Identify incentives for new partners in addressing lead-based paint hazards in Florida.
- Work with agencies to improve the safety of remodeling and renovation services.
- Collaborate on grant applications for new funding sources or primary prevention pilot projects.
- Increase the number of contractors, housing professionals, volunteers and do-it-yourselfers trained in lead safe work practices, lead risk assessment, and lead abatement.
- Increase the amount of local and federal monies available for lead abatement and interim control measures in Florida.



Frequently Asked Questions: Answers to Common Questions

Question 1. Are there any governing document(s) for the Committee for the Elimination of Childhood Lead Poisoning?

Answer 1. No; however Florida's Strategic Plan for the Elimination of Childhood Lead Poisoning defines the long term goals, objectives and activities for the FL CECLP.

Question 2. Is there a FL CECLP Chairperson, and are there chairpersons for each workgroup?

Answer 2. Julie Kurlfink, the Coordinator for the Florida Childhood Lead Poisoning Prevention Program, is the coordinator and chairperson of the Committee, and she is also the meeting facilitator for the FL CECLP quarterly meetings. Each individual workgroup within the committee also has a chairperson who facilitates each workgroup meeting.

Question 3. Are there any rules of order used by the Committee?

Answer 3. All members are expected to maintain respect for others' opinions and beliefs. Meetings are usually casual and informal.

Question 4. How are meeting minutes of previous meetings provided?

Answer 4. Minutes from any previous meeting may be requested at any time. These requests should go to your workgroup facilitator or to Julie Kurlfink. Minutes will usually be available on the FL CLPPP website and distributed via e-mail 7 -10 business days following the date of the original meeting. This time allows for approval by workgroup members.

Question 5. Does the FL CECLP have the authority to enact or authorize legislation, policy, etc.?

Answer 5. No; however Protective Policy Workgroup members may educate communities and organizations about the importance of such actions in preventing childhood lead poisoning. Individual members of the Protective Policy Workgroup may assist in drafting legislation and connecting with policy makers outside of the workgroup.

Question 6. Is there a timeline showing accomplishments of the FL CECLP and where the FL CECLP is going to do next?

Answer 6. Yes; our Calendar of Activities located on page **FIVE** shows times for key planning, monitoring, and evaluation activities for each calendar year. This timeline also shows when monitoring reports and evaluation reports will be distributed to stakeholders.

Question 7. What funding sources support the committee and lead elimination efforts in Florida?

Answer 7. The Centers for Disease Control and Prevention (CDC) provides full support to the Florida Department of Health's Childhood Lead Poisoning Prevention Program (FL CLPPP). The FL CLPPP is the main facilitator of the committee. CDC makes an annual decision, based on its budget, whether to limit or continue funding within any given jurisdiction for childhood lead poisoning prevention efforts. The FL CLPPP and the FL CECLP must show adequate progress toward our 2010 Goal to remain a competitive applicant.



Frequently Asked Questions: Answers to Common Questions

Continued

- Question 8.** Does membership in any workgroup(s) mean one is a member of the committee?
Answer 8. Yes. Any member of any workgroup is also a member of the FL CECLP.
- Question 9.** What are the legal obligations of members: Sunshine laws, conflict of interest, disclosure, etc?
Answer 9. The Committee for the Elimination of Childhood Lead Poisoning is a voluntary committee and has no explicit mandates.



Glossary of Commonly Used Terms

1. **At-risk children** – Children under 72 months of age with risk factors for lead poisoning including: low income children, children residing in homes built prior to 1978, foreign born children and children with pica.
2. **BLISS** – Florida's Blood Lead and Intervention Surveillance System.
3. **BLL** (Blood Lead Level) – usually measured in micrograms per deciliter ($\mu\text{g}/\text{dL}$).
4. **CDC (Centers for Disease Control and Prevention)** – part of the U.S. Department of Health and Human Services.
5. **CHD** –County Health Department (those specific to Florida).
6. **CECLP** – Committee for the Elimination of Childhood Lead Poisoning.
7. **CLPPP** – Childhood Lead Poisoning Prevention Program.
8. **DOH** – Florida Department of Health
9. **EBLL** (Elevated Blood Lead Level) – defined as any blood lead level $\geq 10 \mu\text{g}/\text{dL}$
10. **Environmental Investigation** – an lead risk assessment or investigation conducted by a trained and EPA certified individual at a child's residence (or any secondary addresses where the child spends significant amounts of time) to identify lead hazards.
11. **EPA** – United States Environmental Protection Agency.
12. **HUD** – United States Department of Housing and Urban Development.
13. **Merlin** – Web-based, electronic notifiable disease reportable database.
14. **$\mu\text{g}/\text{dL}$** – Micrograms per deciliter, the usual unit of measure for blood lead levels.
15. **PPW** – Protective Policy Workgroup.
16. **Primary Prevention** – Preventing a problem before it occurs. Primary prevention of lead poisoning of lead poisoning addresses lead hazards before a child becomes exposed.
17. **Secondary Prevention** – Responding to a problem after it has been detected. Secondary prevention of lead poisoning involves identifying children with EBLLs and eliminating or reducing their lead exposure.
18. **Stakeholder** – Any individual with an affected by lead poisoning or having a interest or involvement in affairs that pertain to lead poisoning, lead hazards or lead poisoning prevention.



Resources

For more information on lead poisoning, visit the following sites:

Florida's Childhood Lead Poisoning Prevention Program

<http://myfloridaeh/community/lead/index.html>

**The Centers for Disease Control and Prevention
Childhood Lead Poisoning Prevention Program**

<http://www.cdc.gov/nceh/lead/lead.htm>

The U.S. Environmental Protection Agency

<http://www.epa.gov/lead/>

The U.S. Agency for Housing and Urban Development

<http://www.hud.gov/offices/lead/>

The National Safety Council

<http://www.nsc.org/issues/lead/>

The Alliance for Healthy Homes

<http://www.afhh.org/>

The National Center for Healthy Housing

<http://www.centerforhealthyhousing.org/>



Contacts

For more information on Florida's Committee for the Elimination of Childhood Lead Poisoning please contact:

Florida's Childhood Lead Poisoning Prevention Program

Julie Kurlfink

Program Coordinator

Julie_Kurlfink@doh.state.fl.us

(850) 245-4247

Tiffany Turner, Ph.D.

Duval CLPPP Coordinator

Tiffany_Turner@doh.state.fl.us

(904) 630-3289

Cynthia O'Keeton

Hillsborough CLPPP Coordinator

Cynthia_Keeton@doh.state.fl.us

(813) 307-8015 x7108

Selva Selvendran

Environmental Manager

Selva_Selvendran@doh.state.fl.us

(561) 355-3070

