

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

January 1, 2005 – December 31, 2010

“The Elimination Plan”



**Florida Childhood Lead Poisoning Prevention Program
Tallahassee, FL**

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Update 4	

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EXECUTIVE SUMMARY

Over 3,000 new cases of childhood lead poisoning have occurred in the state of Florida since 2000, with over 470 new cases identified in 2004 alone. Lead poisoning is a serious environmental health problem that has life-long effects on children. The Center for Disease Control and Prevention (CDC) has termed lead poisoning as one of the most common pediatric health problems in the United States. Even at low levels, childhood lead poisoning has been linked to learning disabilities, behavioral problems and developmental delays. Lead based paint and lead contaminated dusts and soils remain the primary sources and pathways of lead exposure for children. Fortunately, lead poisoning is entirely preventable.

All children under the age of 72 months are potentially at risk for lead poisoning because children naturally have more hand-to-mouth activity, and their developing bodies absorb lead more readily than adults. Children less than six years of age, especially low-income children, children living in homes built before 1978 and foreign-born children have an increased risk of lead poisoning. The demographic and socioeconomic characteristics of Florida's large pediatric population and the presence of a large number of pre-1978 homes underscore the importance of addressing the preventable condition of childhood lead poisoning in this state.

According to the CDC, Florida ranks eighth in the nation for number of estimated children with elevated blood lead levels. The CDC has further estimated that there are 7,400 children with elevated blood lead levels in nine Florida cities that have a population of or greater than 100,000. In total they estimate 22,000 children may be poisoned in the state.

Florida's Committee for the Elimination of Childhood Lead Poisoning and the Childhood Lead Poisoning Prevention Program (CLPPP) are committed to protecting children from this completely preventable disease through the implementation of Florida Strategic Plan for the Elimination of Childhood Lead Poisoning, often referred to as the "Elimination Plan". The Elimination Plan is developed and implemented through the combined efforts of the committee members and other statewide partners. The original plan was developed by the advisory committee and submitted to the CDC in August of 2004. Since then several revisions have taken place including updating the long-term objectives and the development of an annual action plan. These revisions help the plan remain useful, realistic and measurable.

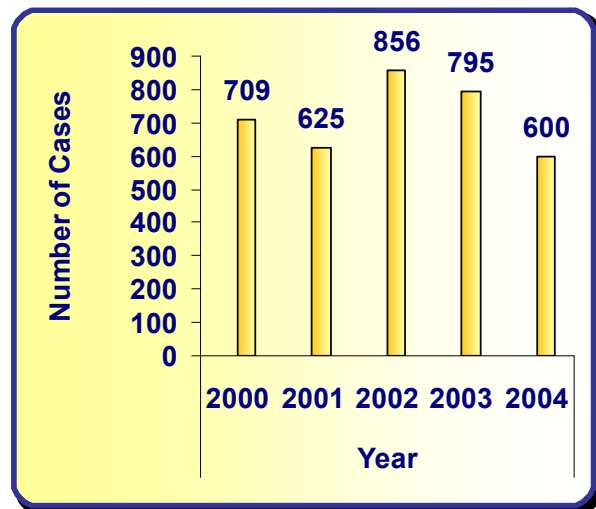
Monitoring and evaluation of the committee's efforts are important components of assuring success. This document includes an overview of the evaluation process that will be used to monitor the long term objectives and short term activities defined in the annual action plans. Each long term objective is identified with annual targets. Performance related to each long term objective will be reviewed and documented annually. The activities included in this plan will also be included in annual action plans where they will have a set of three performance measures; process, output and intermediate outcomes. These measures will be reviewed quarterly to assist the committee in monitoring how well the planned activities are being implemented and where improvements can be made. The results of these monitoring and evaluation activities will be communicated with stakeholders quarterly. The combination of monitoring and evaluation activities will help managers, participants and stakeholders see the overall impact of the program's activities.

CHILDHOOD LEAD POISONING IN FLORIDA

Florida defines childhood lead poisoning as children less than 72 months with blood lead levels (BLLs) of 10µg/dL or greater of whole blood measured from a venous specimen or BLLs of 10µg/dL or greater measured from two capillary draws taken within 12 weeks of one another. According to the CDC, Florida has an estimated 22,000 children with lead poisoning and ranks eighth in the nation for the statewide number of estimated children with elevated blood lead levels. The CDC has further estimated that there are 7,400 children with elevated blood lead levels in nine Florida cities that have a population of or greater than 100,000. The cities of Jacksonville and Miami rank thirty-first and thirty-second, respectively, among large cities in the United States with an estimated 1,900 lead poisoned children each.

Figure 1 shows the total number of cases per year. The total number each year represents the total case load as it includes new cases and cases from the previous year that have not yet closed. The number of existing cases of lead poisoning has fluctuated since 2000, with an overall drop in the number of cases since 2002 from 856 in 2000 to 600 in 2004.

FIGURE 1. NUMBER OF KNOWN LEAD POISONED CHILDREN (< 6 YEARS OF AGE) BY YEAR, FLORIDA 2000-2004



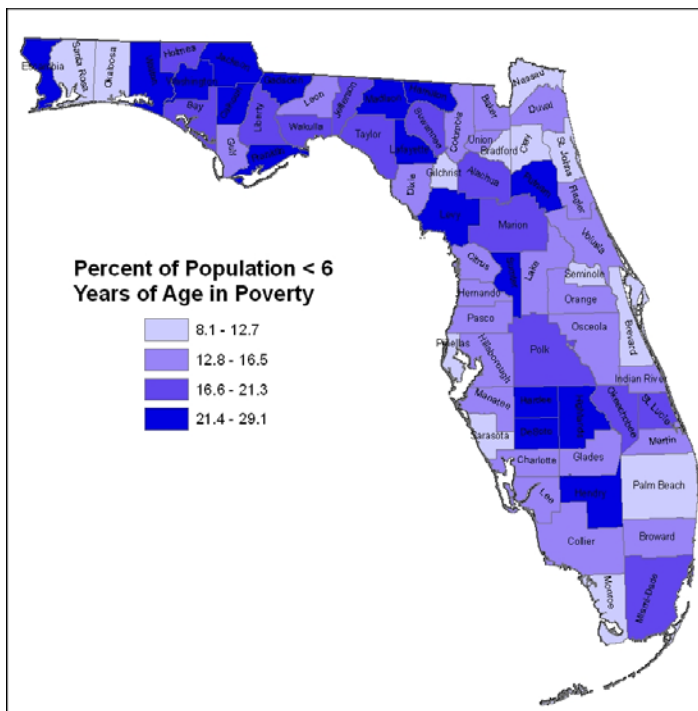
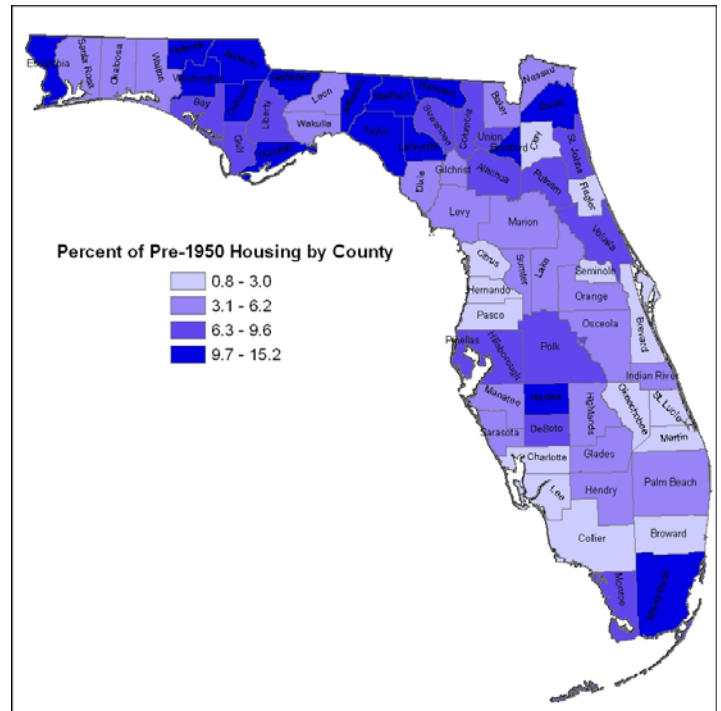
Florida's At-Risk Populations

All children under the age of 72 months are potentially at risk for lead poisoning because children naturally have more hand-to-mouth activity, and their developing bodies absorb lead more readily than adults. Children less than six years of age, especially low-income children, living in homes built before 1978, foreign-born children and children whose families participate in activities such as the use of leaded pottery and non-western home remedies have an increased risk of lead poisoning. Children cared for by adults involved in hobbies or occupations involving lead or lead products are also at higher risk for lead poisoning.

Risk for environmental exposure to lead has been shown to differ significantly by race and economic status at the national level. The demographic and socioeconomic characteristics of Florida's large pediatric population underscore the importance of addressing the preventable condition of childhood lead poisoning. Currently, Florida is the third largest state in the nation and has the nation's fourth highest live birth rate. It is home to over one million children less than 72 months of age. The state also has over 300,000 Medicaid-eligible children (indicating low income) less than 72 months and over 433,000 homes built before 1950. According to the 2000 census non-whites comprise roughly 22 percent of Florida's population and 16.7 percent of the population is foreign-born. These demographics illustrate the distinct vulnerability of Florida's pediatric population to lead sources.

Florida's At-Risk Populations Continued...

All children living in older homes are potentially at risk for exposure to lead-based paint. The Geographic Information Systems (GIS) map to the right highlights counties with the highest percentages of homes built before 1950. Studies have shown that homes built before 1950 likely contain lead-based paint. This map clearly shows several counties in North Central Florida with large percentages of older homes. The counties in this area are typically considered rural or suburban counties. Mapping information helps identify counties that will be the target for outreach, education and prevention efforts throughout the implementation of the strategic plan.



Children of low-income families are also considered to be at an increased risk for childhood lead poisoning. The map to the left highlights the counties with the largest percentages of children under the age of six living in poverty. When looking at the North Florida counties we again notice numerous counties with significant risk factors. While urban areas in Florida such as the cities of Miami, Jacksonville, and Tampa remain target areas for lead poisoning prevention activities, focus will also increase in the northern rural and suburban counties of the Florida Panhandle, particularly in Holmes and Hamilton counties due to their number of older homes.

THE COMMITTEE FOR THE ELIMINATION OF CHILDHOOD LEAD POISONING

In December 2003, the CLPPP convened an advisory committee for the purpose of developing a comprehensive strategic plan for the elimination of childhood lead poisoning in the state of Florida by the year 2010. This task force brought together representatives from state, federal and local agencies, as well as international and community based organizations. The members of this committee participate in one or more of the following work groups: housing, screening and surveillance, outreach and education, case management and protective policy.

In 2005 the number of participants in the advisory committee nearly doubled and the committee is now referred to as the Committee for the Elimination of Childhood Lead Poisoning. The group meets as a whole quarterly via conference call. The work groups typically meet at least one time between each quarterly committee meeting to discuss special topics related to the implementation of the plan.

A list of the active committee members and their affiliations is below.

Stakeholder	Name	Degrees/certifications	Agency	Email Address
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FLORIDA’S PLAN FOR THE ELIMINATION OF CHILDHOOD LEAD POISONING

Mission

The mission of Florida’s Committee for the Elimination of Childhood Lead Poisoning is to protect the health and cognitive development of all children living in Florida by minimizing childhood exposure to all lead hazards through the implementation of the Strategic Plan to Eliminate Childhood Lead Poisoning.

Purpose

The purpose of the committee’s activities are to leverage funding and combine public and private resources to increase and improve surveillance, case management, screening, primary prevention, lead source identification, remediation and to enact policy and legislation that protects Florida’s children from lead poisoning.

Definition of Elimination

Goal: Eliminate Childhood lead poisoning in the state of Florida by 2010.

Objective: By December 31, 2010, Reduce the statewide lead poisoning case rate to less than 50 cases per year.						
Indicator: Number of children with confirmed elevated blood lead levels January 1 – December 31 of each year.						
Data Source: FI CLPPP Surveillance Data						
2004	2005 Target	2006 Target	2007 Target	2008 Target	2009 Target	2010 Target
600	500	400	300	200	100	<50
2004 Performance	2005 Performance	2006 Performance	2007 Performance	2008 Performance	2009 Performance	2010 Performance
600						

The Development and Implementation of the Elimination Plan

Florida’s Elimination Plan was developed and implemented through the combined efforts of the FL CLPPP, committee members and other statewide partners. The plan was initially submitted to the CDC in August of 2004, however several revisions have taken place since then. The long-term objectives have been updated and the committee now comes together each year to redefine activities and responsible parties in an annual action plan.

The 2006 Annual Action Plan is the first action plan developed by the committee. It is the result of intensive two day networking and planning meeting of the committee. This meeting occurred on November 21- 22, 2005 in Tallahassee, Florida. A group of 20 committee members discussed lessons learned from year one, shared ideas and identified new strategies for addressing childhood lead poisoning in 2006 during the meeting. The discussions resulted in the creation of a set of core activities to be carried out by the committee in calendar year 2006. The FL CLPPP will facilitate the action planning process each November throughout the duration of the plan.

Evaluation and Performance Measurement Methods

Monitoring and evaluation of the programs efforts are important components of assuring success. Performance measurement and evaluation activities help the program identify what services/activities are needed, how these activities can be improved, and how to better meet the needs of the community. The information collected in these processes can be used to determine how well the planned activities of the committee are being implemented and where improvements can be made. The evaluation component will also help participants and stakeholders see the overall impact of the program's activities.

The objectives and activities of this plan will be evaluated according to *FL CLPPP's Planning, Performance Measurement and Evaluation Framework*. Performance of activities in this plan and will be monitored quarterly utilizing the set of process, output and outcome performance standards identified for each activity in the 2006 Action Plan. Both qualitative and quantitative data will be collected each quarter to document the committee's progress towards the desired intermediate and long-term outcomes. These measures will be used to ask two important evaluation questions; are we doing things right and are we doing the right things? The data that are collected will be documented on the 2006 Action Plan Quarterly Monitoring Form. This report also includes additional information related to the data sources, data collection frequency and formula for determining actual performance. Evaluation will be conducted quarterly by comparing actual performance with the predetermined standard defined in the 2006 Action Plan.

In addition to the quarterly performance monitoring and evaluation of the 2006 activities, qualitative and quantitative data will also be collected and reported on each long term objective. Progress on each objective towards the overarching goal of lead poisoning elimination will be calculated and tracked each year in the Elimination Plan Annual Monitoring Form. This document lists each long term objective with annual targets and descriptions of the impact indicator used to measure it, the data source of the indicator and the processes by which the indicator is collected or calculated.

The Strategic Work Plan

Florida's Strategic Plan for the Elimination of Childhood Lead Poisoning is organized into five major components:

1. Protective Policy
2. Screening
3. Surveillance
4. Primary Prevention
5. Case Management

The following work plan includes long term goals, objectives and activities for each major component of the plan. Objectives are shown with annual targets for years 2005-2010 and tentative committee activities are listed for each year starting with 2006.

Goals, Objectives and Activities

Protective Policy

Goal: Regulations and policies are established and enforced at the state and local levels that support the primary prevention of lead poisoning and ensure care for children identified as lead poisoned.

Long Term Protective Policy Objective 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 and,
- create a statewide lead safe housing registry.

Indicator: Number of proposed policies adopted by the Florida Legislature.

Data Source: The Florida Administrative Code.

2005 Baseline	2006 Target	2007 Target	2008 Target	2009 Target	2010 Target
0	<ul style="list-style-type: none"> • Require reporting of all blood lead levels electronically • Establish an EPA accredited Lead Based Paint Training and Certification Program. 	<ul style="list-style-type: none"> • Provide state funding for the environmental and medical management of children with elevated blood lead levels and public education about lead hazards. 	<ul style="list-style-type: none"> • Require elimination or control of lead hazards in housing units occupied by children with elevated blood lead levels, and to protect tenants from retaliatory eviction. 	<ul style="list-style-type: none"> • Create a statewide lead safe housing registry. 	<ul style="list-style-type: none"> • Implement the lead safe housing registry.

Activities

2006	2007	2008	2009	2010
<ol style="list-style-type: none"> 1. Amend local State Housing Initiative Partnership (SHIP) Local Housing Assistance Plans in 3 target counties by December 31, 2006. 2. Educate 5 state level advocacy groups about the importance of protecting children from lead poisoning and establishing state legislation. 3. Propose legislation to create an EPA certification program from within the Florida Department of Health. 4. Two state representatives will propose legislation for case management & outreach for lead poisoning prevention. 	<ol style="list-style-type: none"> 1. Develop an implementation plan for the new EPA legislation. 2. Establish enforcement procedures for Florida's lead based paint program and apply for EPA accreditation. 3. Propose legislation from within FL DOH and from local senators and representatives in high risk jurisdictions for the control of lead hazards in housing units occupied by children with elevated blood lead levels, and to protect tenants from retaliatory eviction. 4. Collaborate with EPA to target 1018 enforcement and compliance assistance. 	<ol style="list-style-type: none"> 1. Enforce the EPA lead based paint program. 2. Enforce local ordinances. 3. Propose the development of a statewide lead safe housing registry. 	<ol style="list-style-type: none"> 1. Evaluate and enhance enforcement of the EPA lead based paint program. 2. Implement new legislation. 3. Propose the development of a statewide lead safe housing registry. 	<ol style="list-style-type: none"> 1. Market and implement the lead safe housing registry.

Long Term Protective Policy Objective 2:

By December 31, 2010 three high risk counties will adopt local ordinances to protect children from lead based paint hazards.

Indicator: Number of local ordinances passed or codes adopted.

Data Source: Local regulation documents.

2005 Baseline	2006 Target	2007 Target	2008 Target	2009 Target	2010 Target
0	1 new ordinance Jacksonville	--	2 new ordinances	Enforcement	Enforcement

Activities

2006	2007	2008	2009	2010
<ol style="list-style-type: none"> Educate 5 local level advocacy groups in three target counties about the importance of protecting children from lead poisoning and establishing local codes or ordinances. Host a local lead summit meeting in at least three target counties to educate school board members and city commissioners about the importance of establishing ordinances to protect children from lead poisoning. 	<ol style="list-style-type: none"> Establish enforcement procedures in Jacksonville. Collaborate with local advocacy groups to propose an ordinance in Miami-Dade, Hillsborough and Palm Beach. Identify target areas that would benefit from establishing an ordinance. Host a local lead summit meeting in at least one other target county to educate school board members and city commissioners about the importance of establishing ordinances to protect children from lead poisoning. 	<ol style="list-style-type: none"> Establish enforcement procedures in Miami, Hillsborough, and Palm Beach. Collaborate with local advocacy groups to propose an ordinance in a fourth target county. 	<ol style="list-style-type: none"> Evaluate and enhance enforcement of local ordinances. 	<ol style="list-style-type: none"> Enforce local ordinances.

Goals, Objectives and Activities *Surveillance*

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

Long Term Surveillance Objective 1:

By December 31, 2010 80% of all blood lead laboratory reports in the Blood Lead Intervention and Screening System (BLIS System) will contain complete information.

Indicator: Number of reports with valid data in key fields (name, address, DOB, phone number, gender, race, provider name, provider address, BLL, sample date, sample type, lab) / Total number of laboratory reports.

Data Source: FL CLPPP BLIS system

2005 Baseline	2006 Target	2007 Target	2008 Target	2009 Target	2010 Target
est. 5%	50%	55%	60%	70%	80%
Activities:					
2006	2007	2008	2009	2010	
<ol style="list-style-type: none"> 1. Educate laboratories about the updated regulation requiring the reporting of complete demographic information for all blood lead test results in an approved electronic format. 2. Monitor laboratory reporting on a quarterly basis and report non-compliance to laboratories. 3. Collect missing data from non-compliant labs within three months after notification. 	<ol style="list-style-type: none"> 1. Monitor laboratory reporting on a quarterly basis and report non-compliance to laboratories as needed for data collection. 2. Collect missing data from non-compliant labs within three months after notification. 	<ol style="list-style-type: none"> 1. Monitor laboratory reporting on a quarterly basis and report non-compliance to laboratories as needed for data collection. 2. Collect missing data from non-compliant labs within one month after notification. 	<ol style="list-style-type: none"> 1. Monitor laboratory reporting on a quarterly basis and report non-compliance to laboratories as needed for data collection. 2. Collect missing data from non-compliant labs within one month after notification. 	<ol style="list-style-type: none"> 1. Monitor laboratory reporting on a quarterly basis and report non-compliance to laboratories as needed for data collection. 2. Collect missing data from non-compliant labs within one month after notification. 	

Long Term Surveillance Objective 2:

By December 31, 2010 80% of all data collected from inspections, risk assessments, case management services, elevated blood level (EBLL) investigations, abatements and interim controls will be complete and included in the annual statewide data analysis report.

Indicator: Number of lead poisoned children with complete follow up reports (A complete report includes home visit dates, home visit types, referral dates, types and completion dates, case closure date, case closure reason, environmental investigation start and completion dates, reason, findings, remediation complete date, clearance test date and results) / Number of lead poisoned children.

Data Source: FL CLPPP BLIS System and Merlin.

2005 Baseline	2006 Target	2007 Target	2008 Target	2009 Target	2010 Target
est. 5%	50%	70%	80%	85%	90%

Activities

2006	2007	2008	2009	2010
<ol style="list-style-type: none"> Finalize the enhancements in the FL CLPPP BLIS System to establish links between the state and local CHDs that coordinate case management activities. Provide reporting protocol to CHDs. Review CHD case management reports quarterly and collect missing data. Provide case management training to new CHD staff. 	<ol style="list-style-type: none"> Provide case management training to new CHD staff. Review CHD case management reports quarterly and collect missing data. 	<ol style="list-style-type: none"> Integrate the FL Lead Based Paint Program abatement database with the CLPPP BLIS System. Provide case management training to new CHD staff. Review CHD case management reports quarterly and collect missing data. 	<ol style="list-style-type: none"> Provide case management training to new CHD staff. Review CHD case management reports quarterly and collect missing data. 	<ol style="list-style-type: none"> Provide case management training to new CHD staff. Review CHD case management reports quarterly and collect missing data.

Long Term Surveillance Objective 3:

By December 31, 2007, local housing agencies, state Medicaid, Adult Blood Lead Epidemiology Surveillance program (ABLES), CHDs, U.S. Agency for Housing and Urban Development (HUD) regional offices, EPA regional office, select state and local government officials, and the CDC will have access to desired blood lead, case management, and site specific housing and lead inspection/remediation data.

Indicator: Number of data sharing activities occurring between stated agencies.

Data Source: FL CLPPP Surveillance Guidebook (All FL CLPPP surveillance procedures and data sharing agreements are maintained in the FL CLPPP Surveillance Guide)

2005 Baseline	2006 Target	2007 Target	2008 Target	2009 Target	2010 Target
EPA Medicaid CHDs	ABLES Medicaid EPA CHDs CDC Local Housing Regional HUD	ABLES Medicaid EPA Housing CHDs CDC	ABLES Medicaid EPA Housing CHDs CDC	ABLES Medicaid EPA Housing CHDs CDC	ABLES Medicaid EPA Housing CHDs CDC

Activities

2006	2007	2008	2009	2010
<ol style="list-style-type: none"> 1. Provide electronic case management data to CDC as part of the quarterly data submission. 2. Implement data sharing agreements between CLPPP, AHCA, Refugee Health and Housing Agencies by December 31, 2006. 3. Provide CHDs with access to the FL CLPPP BLIS System. 4. Enhance Merlin to capture case management activities and findings. 5. Establish data sharing agreements with local housing authorities and incorporate data sharing into the Case Management Guidebook. 	<ol style="list-style-type: none"> 1. Continue implementation of data sharing agreements with established partners. 	<ol style="list-style-type: none"> 1. Maintain data sharing agreements with all partners. 	<ol style="list-style-type: none"> 1. Maintain data sharing agreements with all partners. 	<ol style="list-style-type: none"> 1. Maintain data sharing agreements with all partners.

Goals, Objectives and Activities
Primary Prevention

Goal: Families, communities, housing and health care professionals have access to services and information that develop skills to ensure a lead safe environment.

Long Term Primary Prevention Objective 1:

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

Indicator: # of counties with confirmed resource availability. (Specific evaluation criteria for “confirmed resource availability” will be established by the primary prevention work group during 2006)

Data Source: Florida’s Lead Safety/Healthy Homes Resource Directory.

2005 Baseline	2006 Target	2007 Target	2008 Target	2009 Target	2010 Target
3% (2 counties)	10% (8 counties)	20% (14 counties)	30% (20 counties)	40% (27 counties)	50% (34 counties)

Activities

2006	2007	2008	2009	2010
<ol style="list-style-type: none"> 1. Develop a statewide Lead Safety/Healthy Home Resource Directory and 1-800 number. 2. Market the Lead Safety/Healthy Homes Resource Directory through the lead program, pesticide program and asthma programs. 3. Establish local lead safety/ healthy homes networks in 6 counties. 4. Provide Lead Safety/ Healthy Homes training in to contractors, housing professionals, volunteer groups, community based organizations, faith based organizations and do-it-yourselfers in target counties. 	<ol style="list-style-type: none"> 1. Market the Lead Safety/ Healthy Home Resource Directory through DOH partners. 2. Establish local networks in 6 additional counties to contribute resources to families through the network. 3. Provide Healthy Homes training in to contractors, housing professionals, volunteer groups and do-it-yourselfers in target counties. 	<ol style="list-style-type: none"> 1. Establish local networks in 6 additional counties to contribute resources to families through the network. 2. Provide Healthy Homes training in to contractors, housing professionals, volunteer groups and do-it-yourselfers in target counties. 	<ol style="list-style-type: none"> 1. Establish local networks in 6 additional counties to contribute resources to families through the network. 2. Provide healthy homes/lead safe work practices training in to contractors, housing professionals, volunteer groups and do-it-yourselfers in target counties. 	<ol style="list-style-type: none"> 1. Establish local networks in 6 additional counties to contribute resources to families through the network. 2. Provide healthy homes/lead safe work practices training in to contractors, housing professionals, volunteer groups and do-it-yourselfers in target counties.

Goals, Objectives and Activities Screening

Goal: Identify and screen at-risk children for lead poisoning.

Long Term Screening Objective 1:

By December 31, 2010 50% of Medicaid eligible children less than 72 months of age screened for lead poisoning.

Indicator 1: Blood lead screening rates: Number of Medicaid eligible children less than 72 months that receive a blood lead test during the calendar year/Number of Medicaid eligible children less than 72 months of age during calendar year.

Indicator 2: Blood lead screening rates of children with an EPSDT visit: Number Medicaid eligible children less than 72 months of age that receive a blood lead test during the calendar year / Number of children that received an EPSDT visit.

Data Sources: Medicaid eligibility database/CLPPP surveillance system.

2005 Baseline	2006 Target	2007 Target	2008 Target	2009 Target	2010 Target
8%	15%	20%	30%	40%	50%

Activities

2006	2007	2008	2009	2010
<ol style="list-style-type: none"> Match 2005 AHCA eligibility data with CLPPP surveillance data and analyze results. Identify and educate providers and HMOs with low screening rates (as defined by CLPPP and AHCA) on the importance of blood lead screening by July 30, 2006 and January 31, 2007. Match data quarterly with AHCA. 	<ol style="list-style-type: none"> Establish performance measures for HMOs and create an annual performance reports. Pilot WIC screening collaboration in two target zip code areas. 	<ol style="list-style-type: none"> Develop reports documenting screening rates of target providers. Track improvements in HMO screening on the FL CLPPP website. Pilot WIC screening collaboration in two different target zip code areas. 	<ol style="list-style-type: none"> Develop reports documenting screening rates of target providers. Track improvements in HMO screening on the FL CLPPP website. 	<ol style="list-style-type: none"> Develop reports documenting screening rates of target providers. Track improvements in HMO screening on the FL CLPPP website.

Long Term Screening Objective 2:

By December 31, 2010, 90% of all refugee children 6 months to 6 years of age will be screened for lead poisoning within 90 days of arrival.

Indicator 1: Refugee screening rate: Number of refugee children 0-6 yrs old screened for lead poisoning / Number of refugee children 0-16 that arrive in Florida.

Indicator 2: Refugee screening rate: Number of refugee children 0-6 yrs old screened for lead poisoning/Number of refugee children 0-16 years old that receive a medical visit.

Data Source: DOH Refugee Health Database and Florida's Department of Children and Family.

2004	2005 Target	2006 Target	2007 Target	2008 Target	2009 Target	2010 Target
#2: 80%	78%	80%	82%	90%	90%	90%

Activities

2006	2007	2008	2009	2010
<ol style="list-style-type: none"> Analyze, prepare and provide county specific quarterly screening performance rate reports for local refugee clinics. Educate agencies supporting refugees about the importance of blood lead screening. 	<ol style="list-style-type: none"> Analyze, prepare and provide county specific quarterly screening performance rate reports for local refugee clinics. Survey CHD Refugee Clinics to identify barriers to screening and provide available to address challenges. 	<ol style="list-style-type: none"> Analyze, prepare and provide county specific quarterly screening performance rate reports for local refugee clinics. 	<ol style="list-style-type: none"> Analyze, prepare and provide county specific quarterly screening performance rate reports for local refugee clinics. 	<ol style="list-style-type: none"> Analyze, prepare and provide county specific quarterly screening performance rate reports for local refugee clinics.

Long Term Screening Objective 3:

By December 31, 2010, 60% of children living in high-risk zip codes will be screened for lead.

Indicator: Number of children less than 72 months that live in high-risk zip codes screened for lead/Number of children less than 72 months of age living in high risk zip codes.

Data Source: FL CLPPP Surveillance Data, Census Data

2005 Baseline	2006 Target	2007 Target	2008 Target	2009 Target
est. 10% (Estimate due weakness in data due to incompleteness of lab reports)	30%	40%	50%	60%
Activities				
2006	2007	2008	2009	2010
<ol style="list-style-type: none"> Evaluate the statewide screening guidance document to determine screening rates in high risk zip codes by July 1, 2006. Educate families living in high-risk zip codes about the importance of blood lead screening through DOH home visitation programs in target counties by December 31, 2006. Target lead screening education initiatives in collaboration with FL DOH Rural Health. 	<ol style="list-style-type: none"> Analyze data to establish performance measures by target county zip codes. Target lead screening education initiatives in North Florida in collaboration with FL DOH Rural Health and faith based programs. 	<ol style="list-style-type: none"> Analyze the effectiveness of targeted outreach activities and continue effective practices. 	<ol style="list-style-type: none"> Analyze the effectiveness of targeted outreach activities and continue effective practices. 	<ol style="list-style-type: none"> TBD

Goals, Objectives and Activities
Case Management

Goal: All children with elevated blood lead levels are offered timely and comprehensive case management services that effectively reduce blood lead levels and protect children from repeat exposure.

Long Term Case Management Objective 1:

By December 31, 2010, 85% of lead poisoned children will receive timely and comprehensive case management according to the FL CLPPP guidelines.

Indicator 1: Number of children that receive comprehensive case management/Number of lead poisoned children. (excluding cases closed either because the client refused service or could not be located)

Indicator 2: Number of children that receive comprehensive case management within the timeframes identified in the FL CLPPP case management guidelines/Number of lead poisoned children. (excluding cases closed either because the client refused service or could not be located)

Data Source: FL CLPPP surveillance data, Merlin

2005 Baseline	2006 Target	2007 Target	2008 Target	2009 Target	2010 Target
est. 50%	65%	70%	75%	80%	85%

Activities

2006	2007	2008	2009	2010
<ol style="list-style-type: none"> Create and provide a case management guidebook and training for county health departments and health care providers by June 30, 2006. Implement the lead poisoning case management monitoring and reporting system by June 30, 2006. 	<ol style="list-style-type: none"> Review cases quarterly in BLISS and provide technical assistance to CHDs as needed. Increase the number of certified EPA risk assessors in the state by providing additional risk assessor trainings. 	<ol style="list-style-type: none"> Review cases quarterly and provide technical assistance to CHDs as needed. 	<ol style="list-style-type: none"> Review cases quarterly in BLISS and provide technical assistance to CHDs as needed. 	<ol style="list-style-type: none"> Review cases quarterly in BLISS and provide technical assistance to CHDs as needed.

Long Term Case Management Objective 2:

By December 31, 2010, 85% of childhood lead poisoning levels will return to below the level of concern within the expected time frames for each blood lead category listed below.

Blood Lead Level $\mu\text{g}/\text{dL}$	Time frame for case closure
10-14 $\mu\text{g}/\text{dL}$	within 1 year
15-19 $\mu\text{g}/\text{dL}$	within 1 year
20-44 $\mu\text{g}/\text{dL}$	within 1.5 years
45-69 $\mu\text{g}/\text{dL}$	within 2 years
>70 $\mu\text{g}/\text{dL}$	within 2 years

Indicator: Number of EBLL cases that return to below the level of concern within the defined time frame by category / Total number of EBLL cases by category. (excluding cases closed due to client refusal of service and unable to locate)

Note: Target time frames may be reduced bases on the results of first year analyses.

Data Source: FL CLPPP's Blood Lead and Intervention Surveillance System, Merlin.

2005 Baseline	2006 Target	2007 Target	2008 Target	2009 Target	2010 Target
-----	65%	70%	75%	80%	85%

Activities

2006	2007	2008	2009	2010
<ol style="list-style-type: none"> Review cases quarterly in BLISS and provide technical assistance to CHDs as needed. 	<ol style="list-style-type: none"> Review cases quarterly in BLISS and provide technical assistance to CHDs as needed. 	<ol style="list-style-type: none"> Review cases quarterly in BLISS and provide technical assistance to CHDs as needed. 	<ol style="list-style-type: none"> Review cases quarterly in BLISS and provide technical assistance to CHDs as needed. 	<ol style="list-style-type: none"> Review cases quarterly in BLISS and provide technical assistance to CHDs as needed.

Glossary of Terms

ABLES: Adult Blood Lead Epidemiology and Surveillance Program.

AHCA: Agency for Health Care Administration.

Annual Action Plan: Florida's annual plan of activities under the Elimination Plan.

Bioavailability: Readily absorbed and used by the body.

BLISS: Florida's Blood Lead Level and Intervention Surveillance System.

BLL: Blood Lead Level, usually measured in micrograms per deciliter ($\mu\text{g}/\text{dL}$).

CAP Agencies: Community Assistance Program Agencies.

CBO: Community Based Organization.

CDC: Centers for Disease Control and Prevention. Part of the U.S. Department of Health and Human Services.

CEHAB: Community Environmental Health Advisory Board.

CHD: County Health Department (those specific to Florida for this instance).

Chelation Therapy: The use of chelating agents (chemical compounds that bind to metals) to remove toxic metals such as lead from the body.

Clearance Standards: Maximum allowable lead levels on surfaces (e.g., floors, windowsills, and window wells) after a residence has undergone lead abatement.

CMS: FL DOH Children's Medical Services Program.

Compliance Assistance: Education and assistance to individuals regulated under the EPA Lead Disclosure Rule.

CLPPP: Childhood Lead Poisoning Prevention Program.

CSBG: Community Services Block Grant Program (Dept. of Community Affairs).

DCA: Department of Community Affairs.

DOH: Florida Department of Health.

EBLL: Elevated Blood Lead Level, defined as any blood lead level $\geq 10 \mu\text{g}/\text{dL}$.

Elimination Plan: Florida's five year strategic plan for reaching the goal of eliminating childhood lead poisoning by 2010.

Environmental Investigation: An investigation by trained personnel at a child's residence (or any secondary addresses where the child spends significant amounts of time) to identify lead hazards.

EPA: The Environmental Protection Agency.

FCAAP: The Florida Chapter of the American Academy of Pediatrics.

FLBPP: Florida Lead Based Paint Program

HUD: United States Department of Housing and Urban Development.

Lead Alert Network: A network of child and family centered programs that receive e-mail alerts of lead contaminated products such as jewelry or dishes.

Local Housing Assistance Plan: A plan that must be developed by local communities to express needs and plans for distributing and using state housing funding.

Merlin: Web-based, electronic notifiable disease reportable database.

$\mu\text{g}/\text{dL}$: Micrograms per deciliter, the usual unit of measure for blood lead levels.

PCP: Primary Care Provider or Health Care Provider – the health professional who oversees a child's care, usually a physician, nurse, practitioner, or physician's assistant.

Pica: Compulsive eating of nonnutritive substances such as dirt or flaking paint.

Primary Prevention: Preventing a problem before it occurs. Primary prevention of lead poisoning would eliminate lead sources, thus preventing exposure.

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.

SHIP: State Housing Assistance Partnership.

Target: A predetermined level of performance.

UF TREEO: University of Florida's Training, Research and Education for Environmental Occupations.

WIC: Women's, Infants and Children's Nutrition Program.

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