

Ohio's Plan to Eliminate Childhood Lead Poisoning by 2010

**Prepared by
The Ohio Department of Health
Bureau of Child and Family Health Services
Ohio Childhood Lead Poisoning Prevention Program**

Ohio's Plan to Eliminate Childhood Lead Poisoning by 2010

Goal: Ohio's goal is to eliminate elevated blood lead levels in children less than six years of age by the year 2010.

Definition of Elimination

- 1) By 2010 fewer than 1 percent of the children less than 72 months of age will be identified as lead poisoned in the state of Ohio.
- 2) The percentage of children lead poisoned will decrease to less than 4 percent of those tested in the city of Cleveland by 2010.
- 3) The percentage of children lead poisoned will decrease to less than 2 percent of those tested in the counties of Mahoning and Clark and the Cities of Cincinnati and Toledo by 2010.
- 4) By 2010 residential, child care and school properties constructed before 1978 will be listed in the "Lead-Safe Property Registry" indicating they have achieved an annual clearance examination.
- 5) Lead hazards identified as contributing in whole or in part to a child's lead poisoning have been properly controlled.

Introduction

Lead poisoning is the No. 1 preventable environmental childhood disease. Every year in Ohio, the number of children who are lead poisoned would fill 15 elementary schools to capacity. Low blood lead levels have been linked to decreased intelligence, slowed growth, impaired hearing, hyperactivity and decreased attention span in children. All of these effects of lead poisoning make it difficult for children to learn and excel in life.

Children in Ohio are primarily exposed to lead from deteriorated lead-based paint. Ohio has up to 2.7 million housing units with some lead-based paint on interior and/or exterior surfaces. Over 1.5 million of these were built before 1950, when lead paint was used regularly to paint throughout homes. Some 36 percent of Ohio children less than age 6, approximately 315,000 children, live in these potentially hazardous homes. Lead disproportionately affects children in areas with the highest percentages of older housing and high rates of poverty. Controlling sources of lead exposure in homes, child care facilities and schools, as well as testing all children who are at risk of being exposed, are critical strategies to eliminating lead poisoning in Ohio.

Eliminating Environmental Lead Exposure

Ohio's plan to eliminate all points of lead exposure for children is focused on three primary strategies. The first strategy is to ensure residential, child care, and school facilities that contain lead-based paint are properly maintained. This will be done by informing the relevant property owners of the hazards posed by deteriorated lead-based paint and notifying them of the legal and financial advantages of maintaining a property versus being required to control a lead hazard once it is identified.

Another strategy is to ensure any renovation of a property is done in a lead-safe manner. Ohio law established a lead-safe renovator training available to any interested party. The Ohio Department of Health will partner with the Ohio Department of Development, the Ohio Apartment Owners Association, the renovator and remodeling industry and the school facilities and child care agencies to widely publicize the availability of this training.

The third strategy is to ensure all lead hazards identified in residential, child care or school properties, as a result of a public health lead investigation are properly controlled. The new

Ohio law requires an investigation be conducted following the identification of a lead poisoned child. Through monitoring the quality of work performed by licensed lead abatement personnel; the tracking of clearance examination results; and the lifting of lead hazard control orders, Ohio will monitor the accomplishment of this strategy.

Testing for and Reducing Elevated Blood Lead Levels in Children

Ohio law now requires all children considered at risk for lead poisoning be tested at 1 and 2 years of age. If a child at risk does not receive a lead test at ages 1 and 2, they should be tested once between 3 and 6 years of age. In addition, federal regulations require all children whose health care is paid by Medicaid have a lead test at ages 1 and 2. In Ohio, as well as across the nation, less than 50 percent of the children who should receive a lead test are tested. Therefore, there are children in Ohio with lead poisoning who have not been identified and are not receiving the care they need to reduce their elevated blood lead levels.

To improve the lead testing rates, Ohio has implemented several strategies including training children's health care providers on when and how to do lead testing, educating families on the need for lead tests and raising property owners' awareness about lead hazard reduction. Efforts have been focused on: populations at greatest risk, such as Medicaid eligible children; and areas of the state, such as Zip codes, where children who are at greatest risk live. The Ohio Medicaid program began sending birthday cards reminding parents of 1 and 2 year-old children of the need for a lead test. They also have increased the communication to providers about the requirements for testing children and have established measures for managed care plans to improve testing rates. While Medicaid testing rates have recently increased to 44 percent of 1 year olds; 27 percent of 2 year-olds; and 51 percent of children in high risk Zip codes have been tested, Ohio can certainly do better.

While children should receive lead testing during routine office visits, for a variety of reasons this is not occurring. Ohio's Plan to Eliminate Childhood Lead Poisoning includes two primary approaches to addressing the testing rates. One approach is to increase the proportion of parents who request a lead test, and the other approach is to increase the proportion of health care providers who provide a lead test for children at risk. This will be accomplished by the Pediatric Lead Assessment Network Educational Training (PLANET) program. PLANET is a peer-to-peer educational program designed to update providers who work with families at risk for lead poisoning.

Ohio's Elimination plan is targeted for the at-risk population in the state as defined by the Ohio Childhood Lead Poisoning Prevention Program (OCLPPP) high risk census tracts/Zip codes. The at-risk population was determined by the OCLPPP and the Ohio State Center for Biostatistics through the use of Systematic Tracking of Elevated Lead Levels and Remediation (STELLAR) data, race, housing density, housing age and other related variables. In addition Medicaid eligible children are also identified to be at an elevated risk for lead poisoning. Although Ohio's goal is elimination of lead poisoning in children less than 72 months of age we recognize some defined census tracks and Zip codes within the state have prevalence rates for lead poisoning as high as 30 percent in these defined areas. Our goal is a reduction to below 4 percent of the children tested will be found to have elevated blood lead levels.

Due to targeted testing efforts, the number of children being tested has become more focused for those at risk of lead poisoning. For calendar year 2003, the OCLPPP expects final testing data to demonstrate that 111,290 unique children were tested for lead poisoning of whom 4,718 were confirmed as newly lead poisoned. Lead poisoning defined as equal to or greater than ten micrograms per deciliter continues to decrease annually. We recognize the

removal of lead from paint and especially from gasoline has had a significant effect with regard to reducing blood lead levels in the state. We feel we are at a point where any additional significant reductions in blood lead levels will be the result of lead safe homes, schools and child care facilities for children.

Statement of Purpose

In working with other state agencies, local public health jurisdictions, housing agencies, property owners, providers of medical services, advocates for children and lead-safe housing we intend to ensure children in Ohio no longer are lead poisoned by their homes, schools or child care facilities or by other practices and activities. This will be accomplished by identifying and implementing elimination strategies to reduce a child's exposure to lead hazards and testing of children to find children who are poisoned and reduce their blood lead levels.

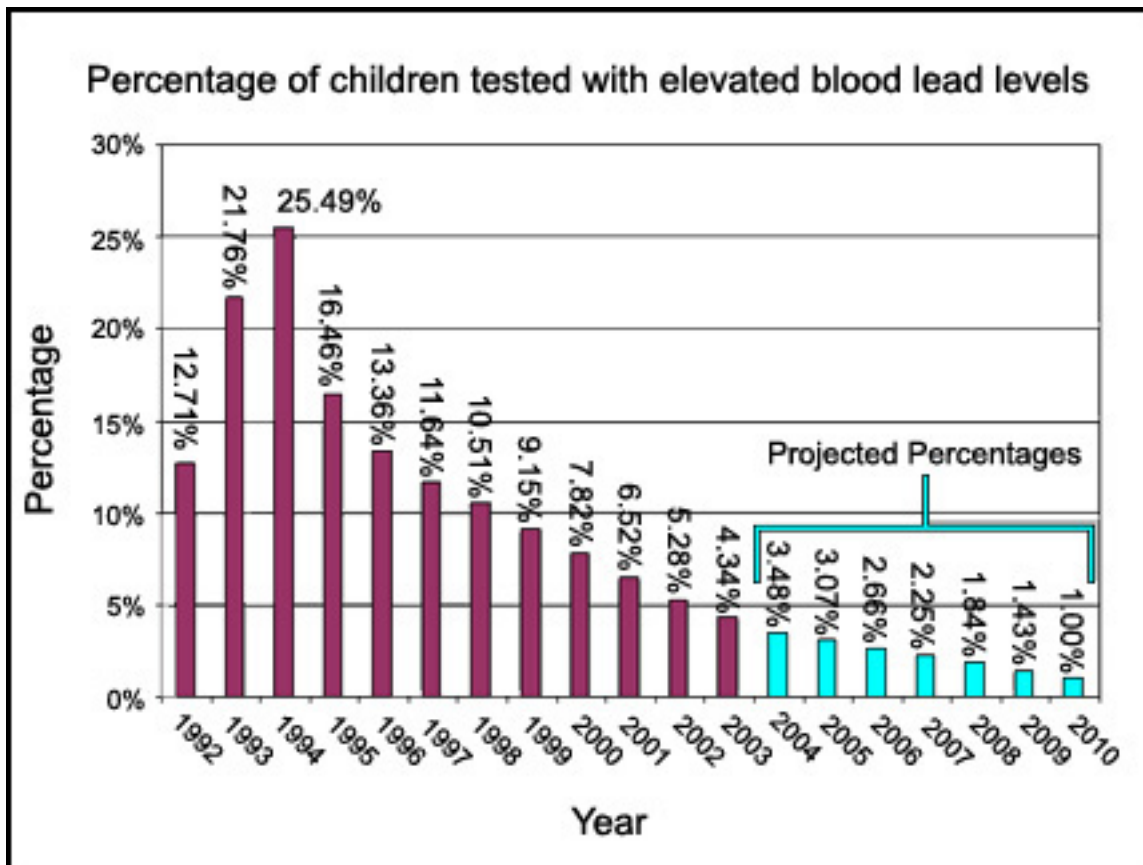
Outline Objectives

1. Residential exposure: properties not maintained
 - Objective 1: 100 percent of residential properties built before 1978 containing lead-based paint will be maintained.
 - Objective 2: 100 percent of schools built before 1978 containing lead-based paint will be maintained.
 - Objective 3: 100 percent of licensed/registered child care facilities (type A and B, centers) built before 1978 containing lead-based paint will be maintained.
2. Renovation not done in lead-safe manner
 - Objective 1: 100 percent of residential properties built before 1978 that are renovated will be done in a lead-safe manner.
 - Objective 2: 100 percent of school properties built before 1978 that are renovated will be done in a lead-safe manner.
 - Objective 3: 100 percent of child care properties built before 1978 that are renovated will be done in a lead-safe manner.
3. Identified hazards are not controlled
 - Objective 1: 100 percent of all lead hazards in residential properties identified as contributing in whole or in part to a child's lead poisoning will be controlled.
 - Objective 2: 100 percent of lead hazards in school properties identified as contributing in whole, or in part, to a child's lead poisoning will be controlled.
 - Objective 3: 100 percent of lead hazards in child care properties identified as contributing in whole or in part to a child's lead poisoning will be controlled.
4. Parents are not getting their children tested
 - Objective 1: 100 percent of parents of children <72 months of age who live in high risk Zip codes will get their children lead tested.
 - Objective 2: 100 percent of parents of children <36 months of age whose health care is paid for by Medicaid will get their children lead tested.
5. Providers are not testing children
 - Objective 1: 100 percent of health care providers serving children <72 months of age who live in high risk Zip codes will provide lead tests.
 - Objective 2: 100 percent of health care providers serving children <36 months of age whose health care is paid for by Medicaid will provide lead tests.
 - Objective 3: 100 percent of pediatric and primary care providers will have access to statewide and local lead data.

IV. Evaluation plan

- A. Using calendar year 2003 data as our benchmark the percentage of children poisoned will decrease by 2010 to less than 1 percent of the children under 72 months of age. In calendar year 2003 4 ½ percent of the children who received a lead test were identified as lead poisoned.
- B. Using calendar year 2003 data as our benchmark the percentage of children poisoned will decrease to less than 4 percent in the city of Cleveland (14.5 percent); 2 percent of Cincinnati (4 percent) and Toledo (8 1/2); and in the counties of Clark (5 percent); and Mahoning (7 percent); by 2010.
- C. Using calendar year 2003 data as our benchmark the percentage of one and 2 year-old children tested in high risk Zip codes will increase to 70 percent by 2010. In calendar year 2003 49 percent of 1 and 2 year-old children received lead tests in high risk zip codes.
- D. Using calendar year 2002 data as our benchmark the percentage of 1 and 2 year-old Medicaid eligible children who receive a lead test will increase 5 percent annually.

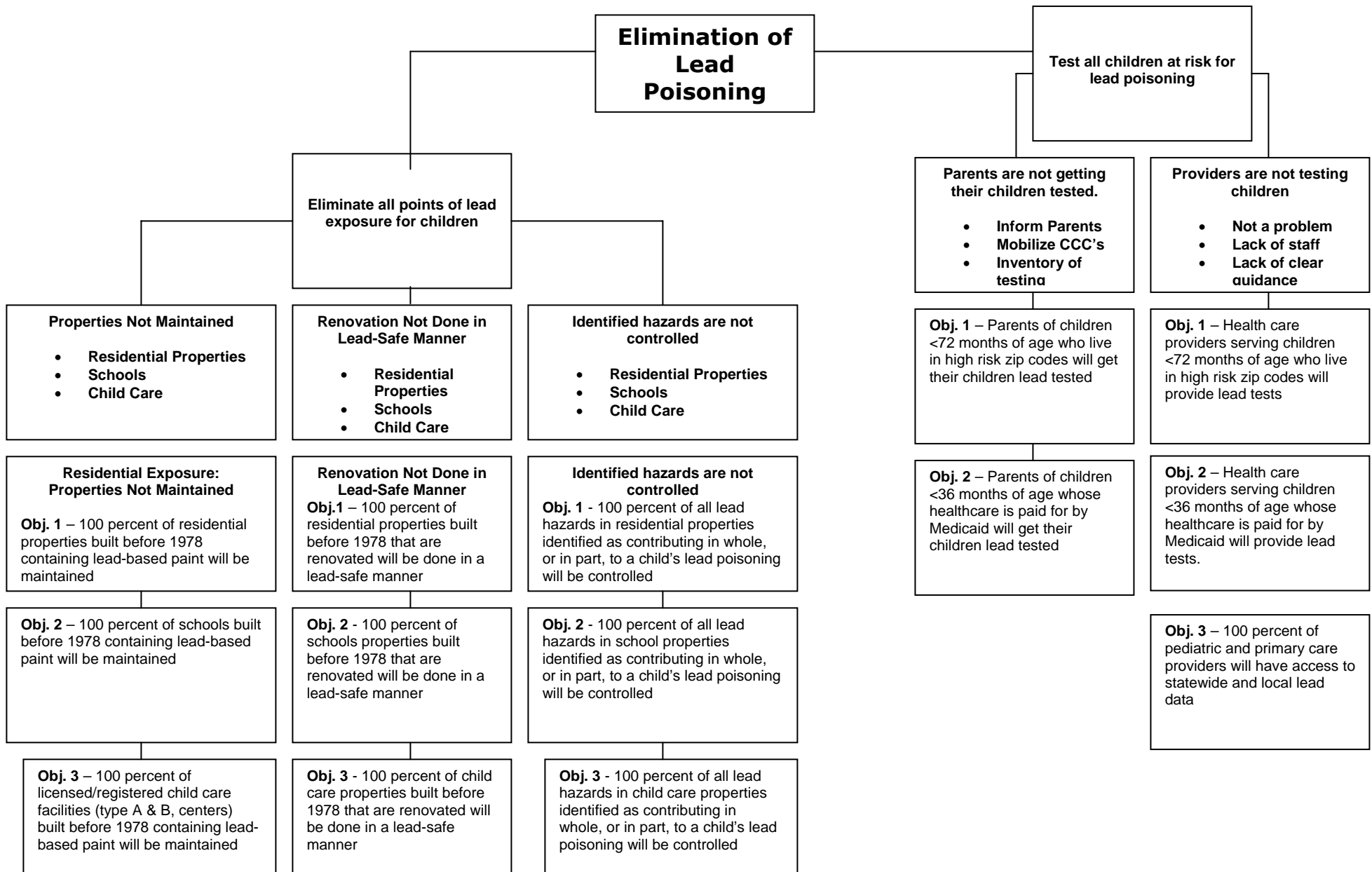
The graph below demonstrates the dramatic reduction in the percentage of children poisoned as the number of children tested remained constant and testing efforts have become more targeted to the at-risk population. The graph projects a continued reduction in the percentage of poisoned children that will occur as a result of full implementation of the elimination plan.



Process

1. January 2003 – House Bill 248 was signed by Governor Taft. This legislation provided the “teeth” to move forward with Ohio’s elimination goal. Some who are determined to be at risk for lead poisoning; the requirement to test children a public health lead investigation for all children who are confirmed as being lead poisoned; and the requirement lead hazard control orders be written and enforced on all probable sources of the child’s lead poisoning.
2. March 2003 – H.B. 248 becomes effective and the administrative rules writing process begins. During the summer and fall of 2003, the OCLPPP coordinated the process of writing the rules to implement H.B. 248.
3. August 2003 - OCLPPP presents task of creating an elimination plan to the advocacy group Help End Lead Poisoning (HELP), the Lead Advisory Committee and local Centers for Disease Control and Prevention (CDC) funded Lead Programs.
4. October 2003 – H.B. 248 identifies agencies/groups that will make up the Lead Advisory Council; the agencies are invited to nominate council members.
5. December 2003 - Lead Advisory Council convenes with the following membership, Office of Ohio Health Plan (OHP) - Ohio Department of Job and Family Services (ODJFS), the Bureau of Child Care (BCC) - Ohio Department of Job and Family Services (ODJFS), the Department of Environmental Protection (EPA), Ohio Department of Education (ODE), Ohio Department of Development (ODOD), Ohio Apartment Owners Association (OAOA), Ohio Help End Lead Poisoning Coalition (HELP), Ohio Environmental Health Association (OEHA), the National Paint and Coatings Industry Association (NPCI), and representatives of the Ohio Department of Health (ODH).
6. Winter 2004 - Draft plan is developed in partnership with the HELP coalition, the Advisory Committee, Local projects and the Lead Advisory Council.
7. Spring 2004 - HELP coalition, the Lead Advisory Committee, Lead Advisory Council and two of the states Medicaid HMOs are added to the core working group to finalize the elimination plan.
8. Summer 2004 - Task force works to finalize the draft elimination plan. Draft elimination plan submitted to Centers for Disease Control (CDC) for review.

Ohio's Plan to Eliminate Childhood Lead Poisoning by 2010



Elimination of Lead Poisoning

Test all children at risk for lead poisoning

Eliminate all points of lead exposure for children

Properties Not Maintained

- Residential Properties
- Schools
- Child Care

Renovation Not Done in Lead-Safe Manner

- Residential Properties
- Schools
- Child Care

Identified hazards are not controlled

- Residential Properties
- Schools
- Child Care

Residential Exposure: Properties Not Maintained

Obj. 1 – 100 percent of residential properties built before 1978 containing lead-based paint will be maintained

Obj. 2 – 100 percent of schools built before 1978 containing lead-based paint will be maintained

Obj. 3 – 100 percent of licensed/registered child care facilities (type A & B, centers) built before 1978 containing lead-based paint will be maintained

Renovation Not Done in Lead-Safe Manner

Obj. 1 – 100 percent of residential properties built before 1978 that are renovated will be done in a lead-safe manner

Obj. 2 - 100 percent of schools properties built before 1978 that are renovated will be done in a lead-safe manner

Obj. 3 - 100 percent of child care properties built before 1978 that are renovated will be done in a lead-safe manner

Identified hazards are not controlled

Obj. 1 - 100 percent of all lead hazards in residential properties identified as contributing in whole, or in part, to a child's lead poisoning will be controlled

Obj. 2 - 100 percent of all lead hazards in school properties identified as contributing in whole, or in part, to a child's lead poisoning will be controlled

Obj. 3 - 100 percent of all lead hazards in child care properties identified as contributing in whole, or in part, to a child's lead poisoning will be controlled

Parents are not getting their children tested.

- Inform Parents
- Mobilize CCC's
- Inventory of testina

Obj. 1 – Parents of children <72 months of age who live in high risk zip codes will get their children lead tested

Obj. 2 – Parents of children <36 months of age whose healthcare is paid for by Medicaid will get their children lead tested

Providers are not testing children

- Not a problem
- Lack of staff
- Lack of clear guidance

Obj. 1 – Health care providers serving children <72 months of age who live in high risk zip codes will provide lead tests

Obj. 2 – Health care providers serving children <36 months of age whose healthcare is paid for by Medicaid will provide lead tests.

Obj. 3 – 100 percent of pediatric and primary care providers will have access to statewide and local lead data

Ohio's Plan to Eliminate Childhood Lead Poisoning by 2010

Goal: Eliminate All Points of Lead Exposure for Children

Component: Residential Exposure: Properties not Maintained

Objective 1: 100 percent of residential properties built before 1978 containing lead-based paint will be maintained

Evaluation: Evaluate the proportion of residential properties that will have a successful clearance exam result reported to ODH

ACTIVITIES	TIME FRAME	PERSON/ PROGRAM RESPONSIBLE * see key (on page 30)	METHOD OF EVALUATION
<u>Activity 1:</u> Develop a plan to inform all owners of properties built before 1978 of the importance of maintaining lead-based paint intact (versus abatement) and consequences of not doing	6/30/2005	NPCI, ODH CLPPP, ODH DQA, ODOD, AOA	Property owners informed Plan developed and distributed to stakeholders
<u>Activity 2:</u> Develop Public Service Announcements (PSA) containing H.B. 248/lead requirements	6/30/2006	NPCI, ODH CLPPP, ODH DQA, ODOD, AOA, and ODH Public Affairs	PSAs developed and aired
<u>Activity 3:</u> Develop brochures with H.B. 248/lead requirements for Ohio Apartment Owner's Association (OAOA) membership	6/30/2005	NPCI ODH CLPPP, ODH DQA, ODOD, AOA	Brochures developed, printed, and distributed to AOA members
<u>Activity 4:</u> Train property owners and personnel (e.g., property managers) in Essential Maintenance Practices	6/30/2006	ODH DQA, ODH CLPPP, ODOD, AOA, private training providers	Trainings held with participants on file with ODH

(EMPs) <u>Activity 5:</u> Collaborate with AOA to organize distribution of H.B. 248/lead information fact sheet at trade shows	6/30/2005 ongoing	AOA, ODH CLPPP, ODH DQA, RRCs, local CLPPPs	Fact sheet distributed at trade shows
<u>Activity 6:</u> Supply items for inclusion in the AOA newsletter to inform their members of H.B. 248/lead requirements	6/30/2005	ODH CLPPP, ODH DQA, AOA	Two items submitted to AOA
<u>Activity 7:</u> Present lead-based paint maintenance information to property owners at AOA meetings and other community meetings	6/30/2005 6/30/2006 6/30/2007 6/30/2008 6/30/2009 6/30/2010	ODH CLPPP, ODH DQA, and RRCs, AOA	Presentations conducted
<u>Activity 8:</u> Review Department of Development's Housing Plan updates for lead related activities	6/30/2005	ODOD, ODH CLPPP, ODH DQA	List of ODOD sub grantee's lead related activities reviewed
<u>Activity 9:</u> Develop a mechanism for Department of Development to submit data to ODH electronically	6/30/2006	ODOD, ODH CLPPP, ODH DQA, ODH OMIS	DOD submitted data electronically to ODH
<u>Activity 10:</u> Draft and send H.B. 248/lead information to DOD sub grantee's chief financial officer or chief executive officer	6/30/2005	ODOD, ODH CLPPP, ODH DQA	Informational letter sent to DOD sub grantees
<u>Activity 11:</u> Draft and send H.B. 248/lead information to mayors of cities receiving direct federal funding for housing development	6/30/2005	ODOD, ODH CLPPP, ODH DQA	Informational letter sent to mayors of cities

<p><u>Activity 12:</u> Develop and distribute lists of resources for financial assistance to maintain lead-based paint</p>	<p>12/31/2004 6/30/2005 6/30/2006 6/30/2007 6/30/2008 6/30/2009 6/30/2010</p>	<p>ODH OCLPPP, ODH DQA, ODOD, HELP Coalition</p>	<p>List developed and available to the public</p>
<p><u>Activity 13 :</u> Provide items for Real Estate Investors Association (REIA) to include in their newsletter that will inform their members of H.B. 248/lead requirements</p>	<p>6/30/2005</p>	<p>ODH CLPPP, ODH DQA, REIA, NPCI</p>	<p>Two items submitted to REIA</p>
<p><u>Activity 14:</u> Develop guidelines with local health departments for consistent implementation of H.B. 248 property maintenance activities</p>	<p>6/30/2005</p>	<p>ODH CLPPP, ODH DQA, LHDs, AOHC</p>	<p>Guidelines developed and on file with ODH CLPPP</p>
<p><u>Activity 15:</u> Develop H.B. 248 fact sheet for property owners, tenants and home renovators in high-risk Zip codes</p>	<p>6/30/2005</p>	<p>ODH OCLPPP, ODH DQA</p>	<p>Fact sheet distributed</p>
<p><u>Activity 16 :</u> Develop and maintain a database listing of essential maintenance practices (EMP) clearance exams completed on pre-1978 properties (lead-safe housing roster)</p>	<p>12/31/2004 6/30/2005 6/30/2006 6/30/2007 6/30/2008 6/30/2009 6/30/2010</p>	<p>ODH DQA</p>	<p>List of EMP properties available to the public and posted on the ODH Web site</p>
<p><u>Activity 17 :</u> Develop a mechanism to routinely match lead-related ODH Division of Quality Assurance (DQA)</p>	<p>6/30/2006</p>	<p>ODH DQA, ODH CLPPP, & ODH OMIS</p>	<p>Data routinely matched between ODH DQA and ODH CLPPP</p>

Goal: Eliminate All Points of Lead Exposure for Children

Component: Residential Exposure: Properties not maintained

Objective 2: 100 percent of schools built before 1978 containing lead-based paint will be maintained

Evaluation: Percent of schools built before 1978 having documentation of maintenance practices

ACTIVITIES	TIME FRAME	PERSON/ PROGRAM RESPONSIBLE * see key	METHOD OF EVALUATION
<u>Activity 1:</u> Review current school maintenance plans to determine need and extent of problem in regard to lead-based paint in schools with children younger than 6 years of age	12/31/2005	ODH School Health Program, ODE, State School Facilities Commission, ODH CLPPP	Plan developed based on a needs assessment conducted by School Facilities Commission
<u>Activity 2:</u> Partner with Ohio School Facilities Commission to develop a lead component for school maintenance plans	6/30/2006	ODH School Health Program, ODE, State School Facilities Commission, ODH CLPPP	Lead component developed and available to stakeholders
<u>Activity 3:</u> Develop and implement a plan based on the training needs for EMP for school personnel	Plan Developed 6/30/2006; Implement Plan 6/30/2007	ODH CLPPP, ODH DQA, State School Facilities Commission	All appropriate school personnel trained in Essential Maintenance Practices

Goal: Eliminate All Points of Lead Exposure for Children

Component: Residential Exposure: Properties not Maintained

Objective 3: 100 percent of licensed/registered child care facilities (type A and B, centers) built before 1978 containing lead-based paint will be maintained

Evaluation: Percent of child care facilities with documentation of maintenance practices

ACTIVITIES	TIME FRAME	PERSON/ PROGRAM RESPONSIBLE * see key	METHOD OF EVALUATION
<u>Activity 1:</u> Explore the feasibility of requiring lead inspections for all regulated child care facilities	6/30/2005	ODH CLPPP, ODH DQA, ODH BEIS – Healthy Childcare America, RRC’s, ODJFS – Child Care Licensing, Head Start Association, Child Care Nurse Consultants	Feasibility report prepared and shared with stakeholders
<u>Activity 2:</u> Explore the feasibility of requiring lead inspections for all Head Start facilities	6/30/2005	ODH CLPPP, ODH DQA, ODH BEIS – Healthy Childcare America, RRC’s, ODJFS – Child Care Licensing, Head Start Association, Child Care Nurse Consultants	Feasibility report prepared and shared with stakeholders
<u>Activity 3:</u> Explore the feasibility of implementing the lead dust test kit project in all home child care providers	6/30/2005	ODH CLPPP, ODH DQA, ODH BEIS – Healthy Childcare America, RRC’s, ODJFS – Child Care Licensing, Child Care Nurse Consultants	Feasibility report prepared and shared with stakeholders

<p><u>Activity 4:</u> Educate child care providers and child care nurse consultants about lead hazards and their role in lead poisoning prevention</p>	<p>6/30/2005</p>	<p>ODH CLPPP, ODH DQA, ODH BEIS – Healthy Childcare America, RRC’s, ODJFS – Child Care Licensing, Head Start Association, Child Care Nurse Consultants</p>	<p>Child care providers informed via e-mail, letters, meetings, newsletters, etc.</p>
<p><u>Activity 5:</u> Inform child care providers of the importance of maintaining intact lead-based paint and consequences of not doing so</p>	<p>6/30/2005</p>	<p>ODH CLPPP, ODH DQA, ODH BEIS – Healthy Childcare America, RRC’s, ODJFS – Child Care Licensing, Head Start Association, Child Care Nurse Consultants</p>	<p>Child care providers informed via e-mail, letters, meetings, newsletters, etc.</p>

Goal: Eliminate All Points of Lead Exposure for Children

Component: Renovation Not Done in Lead-Safe Manner

Objective1: 100 percent of residential properties built before 1978 that are renovated will be done in a lead-safe manner

Evaluation: Trainings will be held with a record of information disseminated and participants on file with ODH DQA

ACTIVITIES	TIME FRAME	PERSON/ PROGRAM RESPONSIBLE * see key	METHOD OF EVALUATION
<u>Activity 1:</u> Inform property owners of the importance of lead-safe remodeling	6/30/2005	ODH DQA, ODH CLPPP, Renovation and Remodeling Association	Plan developed, implemented and distributed to stakeholders
<u>Activity 2:</u> Train renovators, remodelers, property owners, and property managers in techniques of lead-safe renovation	6/30/2005	ODH DQA, Private training providers	Trainings held with participants on file with ODH DQA
<u>Activity 3:</u> Track clearance exams following renovation work	6/30/2005	ODH DQA	Tracking system established
<u>Activity 4:</u> Present lead-based paint renovation and remodeling information to property owners at Renovation and Remodeling Association meeting and other community meetings	6/30/2006	Renovation and Remodelers Association, ODH DQA	Presentations made with participants on file with ODH DQA

Goal: Eliminate All Points of Lead Exposure for Children

Component: Renovation Not Done in Lead-Safe Manner

Objective 2: 100 percent of school properties built before 1978 that are renovated will be done in a lead-safe manner

Evaluation: Record of lead hazard control activities on file with ODH DQA and the Ohio School Facilities Commission

ACTIVITIES	TIME FRAME	PERSON/ PROGRAM RESPONSIBLE * see key	METHOD OF EVALUATION
<u>Activity 1:</u> All school districts receiving funds for renovation of schools constructed prior to 1978 will identify lead hazards prior to renovation and will employ licensed lead abatement contractors to control the identified lead hazards	2010	ODH DQA, OSFC	Record of lead hazard control activities on file with ODA DQA and the OSFC

Goal: Eliminate All Points of Lead Exposure for Children

Component: Renovation Not Done in Lead-Safe Manner

Objective 3: 100 percent of child care properties built before 1978 that are renovated will be done in a lead-safe manner

Evaluation: Information provided to child care facilities regarding lead safe environments will be on file with ODH CLPPP

ACTIVITIES	TIME FRAME	PERSON/ PROGRAM RESPONSIBLE * see key	METHOD OF EVALUATION
<u>Activity 1:</u> Educate owners and operators of child care facilities as to the need to renovate facilities in a lead-safe manner	6/30/2007	ODH CLPPP, ODJFS, ODE	A record of contacts and information provided on file with ODH CLPPP

Goal: Eliminate All Points of Lead Exposure for Children

Component: Identified hazards are not controlled

Objective 1: 100 percent of all lead hazards in residential properties identified as contributing in whole or in part to a child’s lead poisoning will be controlled

Evaluation: Lead hazards in residential properties will be controlled with existing control orders lifted

ACTIVITIES	TIME FRAME	PERSON/ PROGRAM RESPONSIBLE * see key	METHOD OF EVALUATION
<u>Activity 1:</u> Establish a database to track the identification and control of lead hazards	1/2005	ODH DQA, ODH CLPPP	Database in place, data entered and maintained, with evaluation reports to determine the controlled lead hazards
<u>Activity 2:</u> Conduct public health lead investigations (PHLI) in all cases of a child with an elevated blood lead level of 10-14µg/dL	6/30/2005	ODH CLPPP PHLI Local CLPPP PHLI	100 percent PHLI are completed for 10-14µg/dL children
<u>Activity 3:</u> Conduct PHLI in all cases of a child with an elevated blood lead level ≥15µg/dL	6/30/2005	ODH CLPPP PHLI Local CLPPP PHLI	100 percent PHLI are completed for 10-14µg/dL children
<u>Activity 4:</u> Develop an inventory of resources for			

property owners to control lead hazards	6/30/2006	ODOD, ODH CLPPP, ODQA, ODH Legislative Affairs, Lead Advisory Council, NPCI	Resource inventory developed and available
<u>Activity 5:</u> Identify additional potential resources for lead hazard control work	6/2007	ODOD, ODH CLPPP, ODH DQA, ODH Legislative Affairs, Lead Advisory Council, NPCI	Potential resources identified
<u>Activity 6:</u> Inform parents of elevated blood level(EBL) children of their rights and responsibilities in regard to residential lead hazards	6/2006	ODH CLPPP, HealthChek Coordinators, Health Care Providers, Realtors, Apartment Owners	Parents informed – as measured by a survey to be developed for FY 2006
<u>Activity 7:</u> Each CLPPP will form a community collaborative, or expand an existing collaborative group, to direct activities and resources toward identifying high risk properties and identifying affordable safe housing	6/30/2005	ODH CLPPP and local CLPPP's	Documentation of the membership of the local collaboratives and their activities will be on file with ODH CLPPP

Goal: Eliminate All Points of Lead Exposure for Children

Component: Identified hazards are not controlled

Objective 2: 100 percent of lead hazards in school properties identified as contributing in whole or in part to a child's lead poisoning be controlled

Evaluation: Lead hazards in school properties will be controlled and control orders lifted

ACTIVITIES	TIME FRAME	PERSON/ PROGRAM RESPONSIBLE * see key	METHOD OF EVALUATION
<u>Activity 1:</u> Lead hazard control orders will be issued directing control of the identified hazards	6/30/2005	ODH CLPPP	Lead hazard control orders issued
<u>Activity 2:</u> Lead hazards will be controlled	6/30/2005	ODH CLPPP	Notification of clearance provided to ODH and on file
<u>Activity 3:</u> Lead hazard control order will be lifted	6/30/2005	ODH CLPPP	Lead hazard control orders lifted

Goal: Eliminate All Points of Lead Exposure for Children

Component: Identified hazards are not controlled

Objective 3: 100 percent of lead hazards in child care properties identified as contributing in whole or in part to a child's lead poisoning be controlled.

Evaluation: Lead hazards in child care properties will be controlled with any existing control orders lifted

ACTIVITIES	TIME FRAME	PERSON/ PROGRAM RESPONSIBLE * see key	METHOD OF EVALUATION
<u>Activity 1:</u> Lead hazard control order will be issued directing control of the identified hazards	6/30/2005	ODH CLPPP	Lead hazard control orders issued
<u>Activity 2:</u> Lead hazards will be controlled	6/30/2005	ODH CLPPP	Notification of clearance provided to ODH CLPPP and on file
<u>Activity 3:</u> Lead hazard control order will be lifted	6/30/2005	ODH CLPPP	Lead hazard control orders lifted

Goal: Test All Children at Risk for Lead Poisoning

Component: Parents are not getting their children tested

Objective 1: 100 percent of parents of children < 72 months of age who live in high risk Zip codes will get their children lead tested

Evaluation: Percent of children <72 months of age who live in high risk Zip codes who have a lead test result in STELLAR

ACTIVITIES	TIME FRAME	PERSON/ PROGRAM RESPONSIBLE * see key	METHOD OF EVALUATION
<p><u>Activity 1:</u> Develop education plan to inform parents of the need for child lead testing through Public Service Announcements (PSA), church bulletins, community groups, media campaigns, Head Starts, day care facilities, Medicaid birthday cards, local vital statistics, social security office, school nurses</p>	6/30/2005	Head Start, Council of Churches, Community Groups, African American Women's groups (AKA, NAACP, 100 Black Women), RRC's, ODJFS, OHP, school nurses	Plan developed and shared with stakeholders
<p><u>Activity 2:</u> Mobilize community care coordinators to eliminate barriers to obtaining lead tests (e.g., transportation, fear, payment, translation)</p>	6/30/2006	Head Start, Council of Churches, Community Groups, African American Women's groups (AKA, NAACP, 100 Black Women), RRC's, ODJFS, OHP, school nurses	<p>Documentation of presentations to community care coordinator on file at ODH CLPPP and RRC's</p> <p>Number of lead tests recorded in Early Trac or MATCH</p> <p>Monitoring of Help Me Grow, CFHS</p>

<p><u>Activity 3:</u> Develop and make available an inventory for free blood tests</p> <p><u>Activity 4:</u> The ODH CLPPP assigned programmer analyst will create a CLPPP supplemental program titled "Case Management Less Than 10" that can be run on a weekly basis to generate the primary prevention case management referrals. This supplemental program will be part of the ODH CLPPP supplemental program package the ODH CLPPP presently provides to Ohio's 10 STELLAR sites. Event codes will be created and applied to a child's record in STELLAR when a referral is generated</p>	<p>6/30/2005 Inventory developed 1/1/2006 Posted on Web and disseminated</p> <p>9/30/2004</p>	<p>Bureau of Child and Maternal Health, Family Children First Councils (FCF), Help Me Grow Wellness Guide, 1-800 Help Me Grow Hotline</p> <p>ODH CLPPP, ODH OMIS, local CLPPP</p>	<p>documents, elimination of barriers and improved testing compliance</p> <p>Number of lead tests recorded in Early Trac or MATCH</p> <p>Monitoring of Help Me Grow, CFHS documents, elimination of barriers and improved testing compliance</p> <p>Inventory developed and available</p> <p>Program including event codes installed in local STELLAR sites</p>
---	---	---	---

Goal: Test All Children at Risk for Lead Poisoning

Component: Parents are not getting their children tested

Objective 2: 100 percent of parents of children < 36 months of age whose health care is paid for by Medicaid will get their children lead tested

Evaluation: Percent of children <36 months of age who are Medicaid eligible have a lead test result in STELLAR or in ODJFS databases

ACTIVITIES	TIME FRAME	PERSON/ PROGRAM RESPONSIBLE * see key	METHOD OF EVALUATION
<p><u>Activity 1:</u> Develop education plan to inform parents of the need for child lead testing through PSA's, church bulletins, community groups, media campaigns, Head Starts, day care facilities, Medicaid birthday cards, local vital statistics, social security office, school nurses</p>	6/30/2005	Head Start, Council of Churches, Community Groups, African American Women's groups (AKA, NAACP, 100 Black Women), RRC's, ODJFS, OHP, school nurses	Plan developed and shared with stakeholders
<p><u>Activity 2:</u> Mobilize community care coordinators to eliminate barriers to obtaining lead tests (e.g., transportation, fear, payment, translation)</p>	6/30/2006	Head Start, Council of Churches, Community Groups, African American Women's groups (AKA, NAACP, 100 Black Women), RRC's, ODJFS, OHP, school nurses	<p>Documentation of presentations to community care coordinator will be on file at ODH CLPPP and RRC's</p> <p>Number of lead tests recorded in Early Trac or MATCH</p> <p>Monitoring of Help Me Grow, CFHS documents, elimination of barriers</p>

			and improved testing compliance
--	--	--	---------------------------------

Goal: Test All Children at Risk for Lead Poisoning

Component: Providers are not testing children

Objective 1: 100 percent of health care providers serving children <72 months of age who live in high risk Zip codes will provide lead tests

Evaluation: Percent of providers in high risk Zip codes who test \geq 90 percent of children at risk

ACTIVITIES	TIME FRAME	PERSON/ PROGRAM RESPONSIBLE * see key	METHOD OF EVALUATION
<u>Activity 1:</u> Develop an education plan to inform health care providers of the current science and requirements in regard for lead testing	6/30/2005	Ohio Primary Care Association, AAP (nurses and office managers), Association of Medical/Nursing Schools, Association of Family Practitioners, CFHS	Plan developed and shared with stakeholders
<u>Activity 2:</u> Develop recommendations/best practices for medical office protocols to identify children who need a lead test	6/30/2005	AAP (nurses and office managers)	Model office protocols developed and shared with providers
<u>Activity 3:</u> Mail Medical Management Chart, listing of high risk Zip codes and flyer detailing H.B. 248 requirements	9/30/2004	ODH CLPPP, AAP	Information mailed to providers
<u>Activity 4:</u> ODH CLPPP Regional Resource Center personnel will have made direct contact with public health personnel in targeted Zip codes to provide health educational and technical support for the	6/30/2005	ODH CLPPP, local CLPPP, RRCs	Record of visits and contacts by RRC personnel on file in reports submitted to the ODH CLPPP

<p>adoption of the revised Ohio targeted testing plan</p> <p><u>Activity 5:</u> The ODH CLPPP Regional Resource Centers, will have maintained, in coordination with state personnel, a lead poisoning primary prevention education initiative in ODH-funded community based prenatal programs</p>	<p>6/30/2005</p>	<p>RRCs, ODH CLPPP</p>	<p>Meetings held with local prenatal health program staff in 65 ODH funded clinics. Educational outreach completed. Number of client encounters for lead education documented</p>
---	------------------	------------------------	---

Goal: Test All Children at Risk for Lead Poisoning

Component: Providers are not testing children

Objective 2: 100 percent of health care providers serving children <36 months of age whose health care is paid for by Medicaid will provide lead tests

Evaluation: Percent of providers serving Medicaid who test \geq 90 percent of children at risk

ACTIVITIES	TIME FRAME	PERSON/ PROGRAM RESPONSIBLE * see key	METHOD OF EVALUATION
<u>Activity 1:</u> Develop an education plan to inform health care providers of the current science and requirements in regard to lead testing	6/30/2005	Ohio Primary Care Association, AAP (nurses and office managers), Association of Medical/Nursing Schools, Association of Family Practitioners, ODH CFHS	Plan developed and shared with stakeholders
<u>Activity 2:</u> Develop recommendations/best practices for medical office protocols to identify children who need a lead test	6/30/2005	AAP (nurses and office managers) ODH CLPPP , AAP	Model office protocols developed and shared with providers
<u>Activity 3:</u> Mail Medical Management Chart, listing of high risk Zip codes and flyer detailing H.B. 248 requirements	9/30/2004	ODJFS	Information mailed to providers
Activity 4: ODJFS will provide each regional resource center (RRC) with provider testing rates for their region	12/1/2005 (ongoing)		Annual 5 percent increase in Medicaid provider testing rate documented

Goal: Test All Children at Risk for Lead Poisoning

Component: Providers are not testing children

Objective 3: 100 percent of pediatric and primary care providers will have access to statewide and local lead data

Evaluation: STELLAR and Medicaid quarterly data will be available to providers

ACTIVITIES	TIME FRAME	PERSON/ PROGRAM RESPONSIBLE * see key	METHOD OF EVALUATION
<u>Activity 1:</u> Develop a plan to add lead test results to Immunization, ODJFS and STELLAR	6/30/2005	ODH CLPPP, ODJFS	Data integration plan completed
<u>Activity 2:</u> Conduct quarterly data match between Medicaid and STELLAR	6/30/2005	ODH CLPPP, ODJFS	Medicaid and STELLAR data match completed quarterly
<u>Activity 3:</u> Implement real time data match in sharing of Medicaid, Immunization and STELLAR data	6/30/2006	ODH CLPPP, ODJFS	Real-time data match/sharing available to Medicaid providers & ODH CLPPP/local CLPPP's

***KEY = ACRONYMS USED IN DOCUMENT**

ACRONYMS	MEANING
AAP	American Academy of Pediatrics
AOA	Apartment Owners Association
AOHC	Association of Ohio Health Commissioners
BCMh	Bureau of Child and Maternal Health
EBL	Elevated Blood Level
EMP	Essential Maintenance Practices
FCF	Family and Children First
HELP	Help End Lead Poisoning Coalition
HMG	Help Me Grow
LHD	Local Health Department
NAACP	National Association for the Advancement of Colored People
NPCI	National Paint and Coatings Industry Association
OAOA	Ohio Apartment Owner's Association
ODE	Ohio Department of Education
ODH	Ohio Department of Health
ODH BEIS	Ohio Department of Health Bureau of Early Intervention Services
ODH CFHS	Ohio Department of Health Child and Family Health Services
ODH CLPPP	Ohio Department of Health Childhood Lead Poisoning Prevention Program
ODH DQA	Ohio Department of Health Division of Quality Assurance
ODH OMIS	Ohio Department of Health Office of Management Information Systems
ODJFS	Ohio Department of Job and Family Services
ODOD	Ohio Department of Development
OHP	Ohio Health Plan
OSFC	Ohio Schools Facilities Commission
PHLI	Public Health Lead Investigations
PSA	Public Service Announcement
REIA	Real Estate Investors Association
RRC	Regional Resource Center
WIC	Women, Infants, and Children