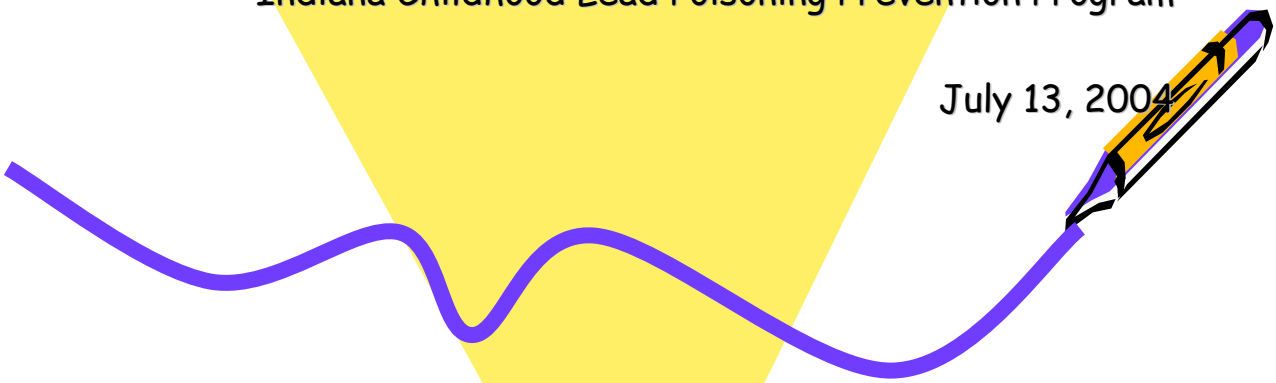
Indiana's Childhood Lead Poisoning Elimination Plan

Prepared for:
Centers for Disease Control and Prevention

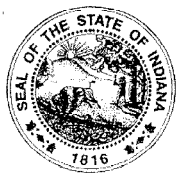
Prepared by:
Indiana Childhood Lead Poisoning Prevention Program

July 13, 2004



Joseph E. Kernan
Governor

Gregory A. Wilson, M.D.
State Health Commissioner



Indiana State Department of Health

An Equal Opportunity Employer

July 13, 2004

Mildred S. Garner
Centers for Disease Control and Prevention
Acquisition and Assistance Branch B
Procurement and Grants Office
2920 Brandywine Road, Room 3000, MS-K70
Atlanta, GA 30341

Dear Ms. Garner:

Re: Cooperative Grant Agreement Number US7/CCCU522878-02
Childhood Lead Poisoning Prevention Program

It is my pleasure to present Indiana's Childhood Lead Poisoning Elimination Plan. The development of this Plan has provided a unique opportunity to work with the many sectors with essential roles in addressing the challenges of lead poisoning elimination.

Members of the broad-based, bipartisan advisory committee and subcommittees spent many hours listening, learning and deliberating critical aspects of the program. Their collective depth and breadth of experience and expertise in areas as diverse as housing and child care gave the plan the comprehensiveness that will be essential to implementation.

Collaboration with other agencies both internal and external to state government in developing the plan is unprecedented. A few examples of partners in the project are the Indiana Department of Workforce Development, Indiana Department of Environmental Management, Office of Medicaid Policy and Planning, Indiana Weatherization Program, Indiana Housing Finance Authority, U. S. Department of Housing and Urban Development, the Environmental Protection Agency Region V, Indiana Family and Social Services Administration, local health departments, Head Start and Community Action Programs.

Eliminating lead poisoning is important not only to the quality of the lives of children affected by this silent menace but to the future of Indiana's public health. I am pleased to present Indiana's Childhood Lead Poisoning Elimination Plan and to support its full implementation.

Sincerely,

Gregory A. Wilson MD

GREGORY A. WILSON, M.D.
STATE HEALTH COMMISSIONER

cc: Mary Jean Brown
Paula Staley
Wendy Gettelfinger
Nancy Cobb
Maria Larson

Indiana's

Childhood Lead Poisoning Elimination Plan

Prepared for:

Centers for Disease Control (CDC)

Prepared by:

Indiana Childhood Lead Poisoning Prevention Program (ICLPPP)

July 13, 2004

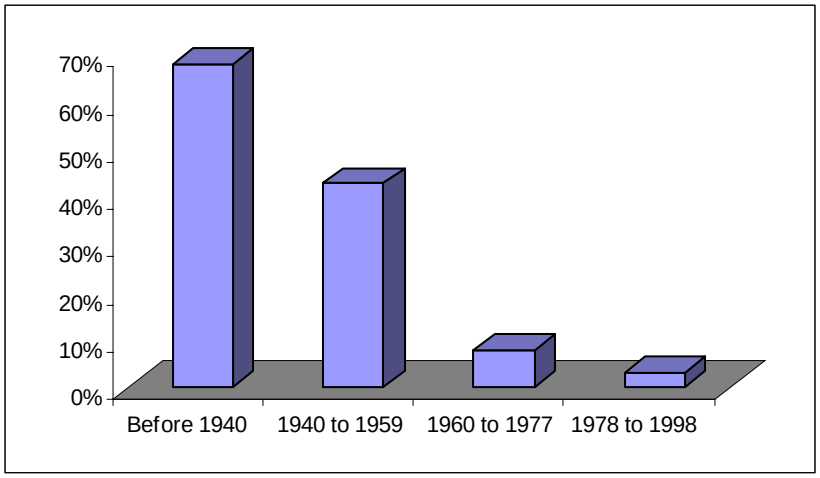
Indiana Childhood Lead Poisoning Elimination Plan

Recognizing Indiana's Challenge

The Centers for Disease Control and Prevention (CDC) has identified lead poisoning as the leading environmental health threat for children.

Growing scientific information demonstrates that lead is particularly toxic to young children. Even at very low levels, lead can impair a young child's cognitive function, cause behavior problems, and reduce intelligence. Recent research suggests that there is no blood lead level (BLL) that is safe for children. Currently, the Indiana Childhood Lead Poisoning Prevention Program (ICLPPP) follows CDC's recommendation of a BLL of 10 µg/dl or higher as being an elevated blood lead level (EBLL).

National and ICLPPP data indicate that the most common source of lead exposure for children is related to lead-based paint in older housing, especially lead-contaminated dust generated in housing built prior to 1950. Among Indiana EBLL cases, 80% of the lead exposure found is from housing alone, or housing combined with other sources. The prevalence of significant lead-based paint hazards in housing increases with the age of the home. The chart below demonstrates the relationship. Data are from HUD's study on "The Prevalence of Lead-Based Paint Hazard in U.S. Housing".



Indiana children with the following characteristics are at high risk for exposure to lead hazards:

- children living in older housing
- children living in poverty or families with a low-income
- children enrolled in Hoosier Healthwise (HH, Indiana's Medicaid and S-CHIP program)
- minority children.

According to Year 2000 Census, Indiana has 717,111 houses built prior to 1950, ranking 11th in the nation. Indiana's proportion of housing built prior to 1950 (28.3%) is higher than the national average of 22.3%.

ICLPPP staff has identified 3,000 homes where multiple children have been poisoned over the last twelve years. These data reflect only those children who have been tested and identified as lead poisoned.

There were 508,975 children less than six years of age living in Indiana in the year 2000. Among those children, 143,497 (nearly 28%) were eligible for enrollment in Hoosier Healthwise. ICLPPP data indicate that each year approximately 5% of Indiana children, and 10% of Hoosier Healthwise-enrolled children, are tested for lead poisoning. Of the approximately 29,000 children tested for lead poisoning in 2002, initially 1,300 of the children tested were found to have EBLLs. Only 600 children were confirmed to have EBLLs due to, in part, the small number of children returning for their confirmation test. However, CDC estimates that at least 13,400 Indiana children under age six years have EBLLs.

Setting the Stage for Elimination Planning

ICLPPP began the process for developing an elimination plan by hosting meetings with representatives from the five largest local health departments. These five local health departments are areas targeted because of their high numbers of at-risk children. Group discussions centered around Indiana's response to CDC's challenge of developing a plan to eliminate childhood lead poisoning by 2010. The group decided that each of the target localities would develop local plans and that representatives from the target areas would be a

part of developing the State Elimination Plan. Using 2003 CDC funds, ICLPPP contracted with the four localities to begin developing local elimination plans.

In August of 2003, ICLPPP convened the first meeting with a core group to propose the membership, charges, and deadlines for the subcommittees of EPAC. This group became known as the "Kitchen Cabinet". The Kitchen Cabinet was composed of representatives from the Indiana Department of Environmental Management, the Marion County Health Department, Improving Kids' Environment, the Indiana Housing Finance Authority, the Indiana Family and Social Services Administration, and the Indiana State Department of Health.

Building a Team to Develop an Elimination Plan

Because childhood lead poisoning is preventable, Indiana's plan to eliminate lead poisoning focuses on prevention. In order to address the scope of the challenge to eliminate childhood lead poisoning, planning involved collaboration and coordination with and among a diverse group of stakeholders representing numerous private and public agencies.

Establishing an Elimination Plan Advisory Committee

In early August of 2003, Dr. Wilson, State Health Commissioner, invited representatives of a diverse group of people ranging from the Chair of the House Ways and Means Committee, local health officials, financial community, housing, to the parent of a lead-poisoned children. Representatives of state and federal agencies and private sector organizations also served on the State Elimination Plan Advisory Committee (EPAC).

The individuals agreeing to serve on EPAC are as follows:

- Chairman - John Hall, Field Office Director, U. S. Housing and Urban Development
- Deborah A. McMahan, M.D., Commissioner, Allen County Health Department
- State Representative William Crawford, Chair of the House Ways and Means Committee

- State Senator Beverly Gard
- Mary Ann Suero, Regional Team Manager Children's Health, U.S. EPA
- Paula Smith, Director, Office of Planning and Assessment, Indiana Department of Environmental Management
- John Barth, Director, Medicaid Managed Care, Office of Medicaid Policy and Planning
- John Ellis, M.D., The Health Care Group
- Tom Neltner, Executive Director, Improving Kids' Environment
- Kim Wize, Executive Director, Indiana Housing Finance Authority
- Karen Long, Public Health Nurse/Risk Assessor, Howard County Health Department
- Grant Hawkins, Judge, Superior Court #5
- Lynn Moistner, Executive Director, Apartment Association of Indiana
- Joe Overton, Vice President, Van Rooy Properties, Inc.
- Wyman L. Wedding, Business Manager, Secretary/Treasurer, Painters' Union District Council 91
- Wendy Gettelfinger, Assistant Commissioner, Family and Community Health Services, Indiana State Department of Health
- Paul Freeman, Executive Vice President, Indiana Bankers' Association
- Matt Brase, Government Affairs Manager, Indiana Association of Cities and Towns
- David Bottorff, Legislative Director, Association of Indiana Counties
- David Miller, Executive Director, Hoosier Uplands Economic Development Corporation
- Karla Johnson, Parent of Lead-Poisoned Child
- John Thistlethwaite, Realtor
- Sarge Visher, Chief of Staff, Office of Congresswoman Julia Carson

- Bud Meyer, Executive Director, Indianapolis Housing Agency
- Michael Murray, Assistant Director, Division of Family and Children, Family and Social Services Administration

EPAC held its first meeting on October 2, 2003. The Committee deliberated a set of Guiding Principles for its work and the work of the subcommittees. EPAC also provided guidance on process and content for development of draft recommendations from the subcommittees.

At its first meeting, EPAC approved the creation of six subcommittees, Housing, Environmental, Medical, Screening, Resources, and Evaluation.

Establishing the Mission and Purpose of the Committee

The Elimination Plan Advisory Committee's mission and purpose are clear:

- Mission : To make Indiana children safe from lead poisoning.
- Purpose: To prevent exposure of Indiana children to lead.

Developing Working Subcommittees

ICLPPP and the subcommittee chairpersons recruited an array of people with impressive resumes and affiliations to assess the needs and solutions for accomplishing the elimination goal. The six subcommittees, Housing, Medical, Environmental, Screening, Resources and Evaluation made recommendations to EPAC based on their areas of expertise and study.

The subcommittee members brought years of experience and knowledge in the areas of housing, medical, legislation, finance, legal, and other areas needed for a comprehensive plan**.**

Setting Parameters for Local Plan Development

Localities that received 2003 funding from ICLPPP to develop local plans are Indianapolis, Fort Wayne, South Bend, Gary and Hammond. 2004 funding includes a grant to East Chicago and Hammond as well.

Contracts for the target areas included deliverables to ensure that local processes mirrored the state process, including an EPAC with subcommittees, and broad representation and involvement in developing their plans.

Laying the Foundation For an Elimination Plan Framework

Primary prevention, focused on making older homes lead-safe, is the key to eliminating lead poisoning in Indiana. In order to address the scope of primary prevention, a variety of socio-economic, political and economic factors affecting implementation of a plan to eliminate childhood lead poisoning must be addressed. Key factors for the success of the Plan are as follows:

- Financial infrastructure
- Tracking system
- Public awareness
- Health professional capacity
- Testing and case management capacity
- Workforce capacity
- Policy infrastructure
- Home testing and treatment capacity.

Evaluating the Plan

The Plan will be a living, dynamic document that will be modified as baselines are determined, as measures are implemented and evaluated, and as resources become available.

Continued evaluation and mid-course corrections ensure that program goals are achieved. The Plan includes a comprehensive evaluation component that will provide the means for measuring success and providing guidance for appropriate revisions to the Plan during its implementation.

The evaluation will have two components:

- ***Process evaluation*** examines program delivery from design to implementation in order to identify bottlenecks, efficiencies, what worked, what did not work, political constraints, institutional constraints, and potential improvements. The key to effective process evaluation is the ability to provide this information in a timely manner in order to permit corrections along the way.
- ***Impact evaluation*** examines the program's success toward achieving its goals. The emphasis of impact evaluation is on measurement based on specified quantifiable objectives. A major challenge for impact evaluations is the attribution of change to a specific intervention, when many factors may contribute to the change. A challenge remains in trying to describe "what would have happened in the absence of the program?"

Framing the Logic Model

A clear description of the program is essential to its evaluation. The object of evaluation is to assess the success of the proposed program. Elimination Plan evaluation questions will be structured around the Elimination Plan logic model which diagrams the program elements and includes the following elements necessary for evaluation:

- ***Summarizes*** the key elements of the program
- ***Explains*** the rationale behind program activities
- ***Clarifies*** the difference between the activities and the intended outcomes
- ***Shows*** the cause-and-effect relationships between the activities and the outcomes
- ***Helps identify*** the critical questions for evaluation
- ***Provides*** the opportunity for stakeholders to discuss the program and agree upon its description

The logic model will be a useful means of communicating the elements of the program to policy makers, staff, and external funding agencies.

Presenting the Elimination Plan Logic Model

The EPAC subcommittee recommendations are included in the activities of the logic model found under Tab 3.

Detailed components of logic model are presented as follows:

Tab 4 establishes the measurements for the long-term goals.

Tab 5 presents the short-term objectives.

Tab 6 details the activities that will be conducted and evaluated for effectiveness at reaching the short-term objectives.

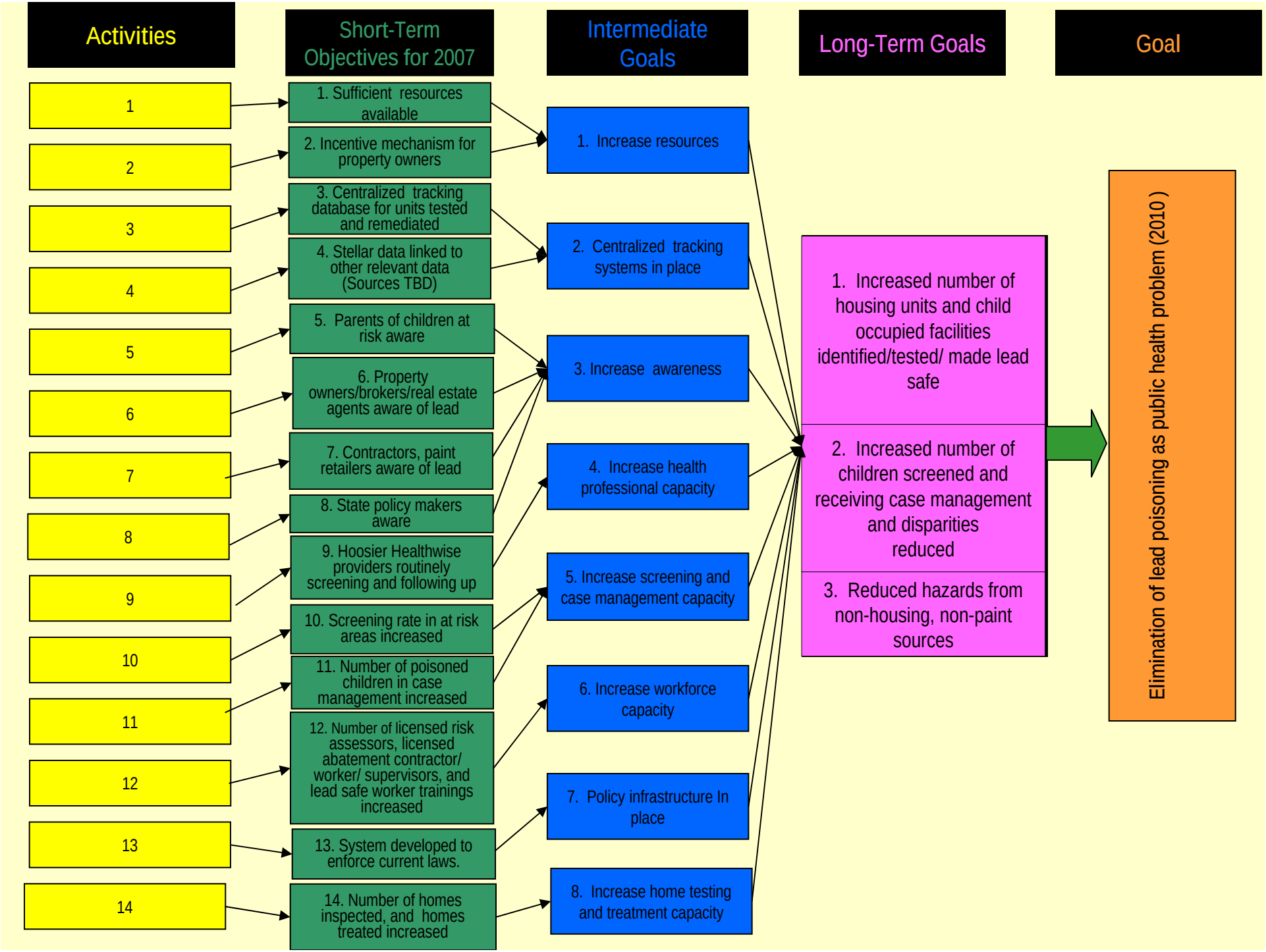
Coordinating Local Plans with the State's EPAC Plan

Four of the local targeted areas worked closely with EPAC and its subcommittees; therefore, local activities "nest" into the EPAC activities as demonstrated under Tab 7.

Implementing the Plan

ICLPPP is developing a work plan that will outline steps to ensure a systematic approach to developing on-going self-sustaining elimination activities. Implementing the Elimination Plan requires the efforts and collaboration of all those who assisted in its development and many others as well.

Through an awareness campaign to educate all the citizens of Indiana, cross training among a variety of children's programs, workforce development, and enforcement of laws, rules and regulations, all Indiana children can be protected from the devastating effects of lead poisoning.


Activities
Short-Term Objectives for 2007
Intermediate Goals
Long-Term Goals
Goal
1
2
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9
10
11
12
13
14
1. Sufficient resources available
2. Incentive mechanism for property owners
3. Centralized tracking database for units tested and remediated
4. Stellar data linked to other relevant data (Sources TBD)
5. Parents of children at risk aware
6. Property owners/brokers/real estate agents aware of lead
7. Contractors, paint retailers aware of lead
8. State policy makers aware
9. Hoosier Healthwise providers routinely screening and following up
10. Screening rate in at risk areas increased
11. Number of poisoned children in case management increased
12. Number of licensed risk assessors, licensed abatement contractor/ worker/ supervisors, and lead safe worker trainings increased
13. System developed to enforce current laws.
14. Number of homes inspected, and homes treated increased
1. Increase resources
2. Centralized tracking systems in place
3. Increase awareness
4. Increase health professional capacity
5. Increase screening and case management capacity
6. Increase workforce capacity
7. Policy infrastructure In place
8. Increase home testing and treatment capacity
1. Increased number of housing units and child occupied facilities identified/tested/ made lead safe
2. Increased number of children screened and receiving case management and disparities reduced
3. Reduced hazards from non-housing, non-paint sources
Elimination of lead poisoning as public health problem (2010)

MEASUREMENTS FOR LONG TERM GOALS

MEASUREMENTS FOR LONG TERM GOALS	MEASUREMENTS FOR GOAL
Increased number of dwellings & child occupied facilities identified/tested/made lead safe 1. By 7/1/11, Dwellings and child occupied facilities that have poisoned a child will not poison another child. Ninety-five percent will be made lead safe. Baseline: Currently unavailable 2. By 7/1/11, 90% of rental units built before 1940 identified and tested for lead. Baseline: 126,214 units 3. By 7/1/11, 80% of rental units built before 1940 that have been identified to have lead hazards made lead safe. Baseline: Currently unavailable 4. By 7/1/11, 60% of housing units built before 1960 identified and tested for lead. Baseline: 1,048,060 units 5. By 7/1/11, 80% of housing units built before 1960 and identified with lead hazards are made lead safe. Baseline: Currently unavailable DATA COLLECTION: Indiana State Department of Health will use and maintain a database of units that have been tested for lead and/or made lead safe, to measure and monitor progress annually.	**Eliminate lead poisoning as a public health problem by 2010.** **Reduction in number of children with elevated blood lead levels** No children with confirmed blood lead levels ≥ 45 µg/dL (Baseline: 12 confirmed) Fewer than 30 children with blood lead levels 20 – 44 µg/dL (Baseline: 235) Fewer than 200 children with blood lead levels 10 – 19 µg /dL (Baseline: 1198) Fewer than 2000 children with blood lead levels 5 to 9 µg/dL (Baseline: 7990) DATA COLLECTION: Measured annually through STELLAR
Increased number of children screened and receiving case management/disparities reduced 1. By 7/1/11, 85% of Hoosier Healthwise, and 70% of children participating in Women and Infant Children tested for lead. Baseline: 10% of Hoosier Healthwise children currently tested. Women Infants and Children: Currently unavailable 2. By 7/1/11, 85% of children with confirmed elevated blood lead level benefit from active case management and have risk assessment to their residence or child occupied facility. Baseline: Case-management currently unavailable. Baseline: Risk assessment currently unavailable. 3. By 7/1/11, the percentage of Hoosier Healthwise children with elevated blood lead levels will be similar to non-Hoosier Healthwise children. Baseline: 2.4% difference based on FY 2002 data. DATA COLLECTION: Indiana State Department of Health will integrate STELLAR, Hoosier Health, and Women Infants and Children data into a centralized database to annually measure and monitor progress.	
Reduced hazards from non-housing, non-paint sources (place holder for future specifics ----identified gaps)	

Current Baseline	Objective Completion Criteria	Short-term Objectives By 7/ 1/05	Short-term Objectives By 7/1/06	Short-term Objectives By 7/01/07	1. INTERMEDIATE GOAL INCREASE RESOURCES (Increase o be determined based on first 3 years)
Funding available for basic Indiana Childhood Lead Poisoning program and Marion County Health Department functions; minimal resources for planning available in four targeted areas. Currently no State-wide funding designated for lead hazard control.	2005, 2006: Number of applications for funding as well as total funds needed and available statewide for lead hazard control, training of workforce, targeted testing of units and at-risk children, and case management 2007: Funding needs for Plan implementation met annually	*1. Four Housing and Urban Development Lead Hazard Control Grants and five Maternal Child Health grant applications submitted. Foundation Project implemented and funds for foundations Project increase by $300,000 for lead hazard control.	1. Eight Lead Hazard Control Grant applications submitted. Foundation funding increased by 75% from previous year. Funding needs determined annually.	1. Sufficient resources available to maintain all phases of Plan implementation, including workforce training, targeted testing of units and at-risk children and case management. Sufficient funding to be determined during first two years of implementation.	
Aside from increasing property value, no incentives to remediate housing are in place.	2005, 2006, 2007: Number of property owners using incentive to remediate lead hazards	2. A sustainable incentive mechanism for property owners to remediate homes identified, established and available for 20 property owners.	2. An additional 100 property owners receive incentive to control lead hazards.	2. A total of 500 property owners receive incentive to control lead hazards.	

Current Baseline	Objective Completion Criteria	Short-term Objectives By 7/ 1/05	Short-term Objectives By 7/1/06	Short-term Objectives By 7/01/07	2 (a). INTERMEDIATE GOAL SYSTEMATIC CENTRALIZED TRACKING DATABASE FOR HOUSING WITH LINKED DATA
Centralized database for tracking housing units tested or remediated not available. All data reside within individual agencies.	2005: Number of agencies identified 2006: Number of inter-agency agreements in place 2007: Tracking system developed. Number agencies sharing data for centralized housing database	3. All agencies with pertinent data identified and analyzed for appropriateness; negotiations for sharing data started.	3. Interagency data sharing agreements in place with identified agencies.	3. Centralized database in place and linked with other related data systems for units tested and remediated.	
One memorandum of understanding to share Medicaid data. Most data on at-risk children reside within individual agencies.	2005: Number of agencies identified 2006: Number of inter-agency agreements in place 2007: Number of agencies sharing data with STELLAR	4. All agencies with pertinent data identified. Two memoranda of understanding with State agencies in place.	4. Interagency agreements in place for maximum Plan implementation efficiency Five additional memoranda of understanding for sharing data with State agencies.	4. STELLAR data linked to other relevant data.	2(b).INTERMEDIATE GOAL STELLAR DATABASE WITH LINKED DATA

*Numbered items in green correspond to numbered items in green in the "Activities" document.
An annual progress report will be compiled for each objective.

Current Baseline	Objective Completion Criteria	Short-term Objectives By 7/ 1/05	Short-term Objectives By 7/1/06	Short-term Objectives By 7/01/07	3. INTERMEDIATE GOAL INCREASE AWARENESS OF LEAD HAZARDS TO 30% OF TOTAL POPULATION
Percent of parents of at-risk* children aware unknown.	2005: Baseline percentage of parents with children on Hoosier Healthwise aware is determined 2006: Media campaign completed 2007: Percentage of parents with children on Hoosier Healthwise aware is determined	5. Funds obtained for awareness campaign. Baseline for awareness of parents of at risk children determined.	5. Media campaign implemented.	5. 70% of parents of at-risk children aware of lead and lead hazards.	
Percent of property owners/brokers/real estate agents aware of lead hazards unknown.	2005: Awareness baseline of property owners/brokers/ real estate agents is determined 2006: Media campaign completed 2007: Awareness level of property owners/brokers/ real estate agents is determined	6. Baseline determined. Funds for awareness campaign obtained.	6. Media campaign implemented.	6. 50% of property owners/brokers/real estate agents aware of lead hazards.	
Percent of contractors aware of lead hazards unknown; number of contractors unknown; percent of paint retailers aware of lead hazards unknown.	2005: Baseline of contractors and paint retailers aware is determined 2006: Media campaign completed 2007: Percentage of contractors and paint retailers aware is determined	7. Baseline determined. Funds for awareness campaign obtained.	7. Media campaign implemented.	7. Increase by 40% contractors aware of lead hazards. Increase by 80% number of paint retailers aware of lead. ; increase risk assessments and case management for those ≥ 20 µg/dL to 90%.	
Approximately 30 State **policy makers and elected public officials aware of lead hazards and issues.	2005, 2006, 2007: Number of contacts and awareness sessions with State policy makers and elected public officials	8. Implement awareness campaign for State policy makers, and elected officials. 20 additional policy makers and elected public officials aware.	8. 50 additional State policy makers aware.	8. 150 State policy makers aware and public officials aware of lead hazards and issues.	

*"At-risk children" is defined as children who are low income, on Hoosier Healthwise children living in pre 1978 housing, or children on Women Infants and Children

**"Policy makers" defined as those individuals that can impact the implementation of the Elimination Plan and who are responsible for implementing program policies, and funding.

A survey will be conducted in 2005 to determine baselines and in 2007 to measure progress.

Current Baseline	Objective Completion Criteria	Short-term Objectives By 7/ 1/05	Short-term Objectives By 7/1/06	Short-term Objectives By 7/01/07	4. INTERMEDIATE GOAL INCREASE Capacity of Health Professionals by 90%
Number of Hoosier Healthwise providers, Women Infants and Children clinics and local health departments testing and following up on lead testing unknown.	2005, 2006, 2007: Number of Hoosier Healthwise providers, WIC clinics and local health departments routinely testing and following up	9. Determine baseline number of providers routinely testing and following up on lead testing. Number of Hoosier Healthwise, Women Infants and Children clinics and local health departments testing and following up increased by 50.	9. Increase by 150 the number of Hoosier Healthwise providers, Women Infants and Children clinics and local health departments testing and following up.	9. 80% of Hoosier Healthwise providers testing and following up. 70% of Women Infants and Children clinics and 90% of local health departments testing and following up.	

Current Baseline	Objective Completion Criteria	Short-term Objectives By 7/ 1/05	Short-term Objectives By 7/1/06	Short-term Objectives By 7/01/07	5. INTERMEDIATE GOAL INCREASE TESTING TO 80% OF HH and 65% OF WOMEN INFANTS AND CHILDREN. INCREASE CASE MANAGEMENT TO 70% OF CONFIRMED ELEVATED BLOOD LEAD LEVEL. ≥ 10
% of all children tested under 6. Statewide: 8% Marion: 15%; Gary: 8%; Hammond: 8%; East Chicago: 17%; Ft. Wayne: 11%; South Bend: 12% Hoosier Healthwise under age six: 10%. .	2005, 2006, 2007: Percent of children in Hoosier Healthwise and WIC tested Statewide and each of the target areas tested as determined by linked databases	10. 10% Statewide testing rate of at-risk children. 20% testing rate in target areas. 20% of Hoosier Healthwise children under 6 tested.	10. 20% Statewide testing rate of at-risk children. 35% testing rate in target areas. 45% of Hoosier Healthwise children under six screened	10. 25% Statewide testing rate of all children. 50% testing rate in target areas. 70% of Hoosier Healthwise children under six screened.	
In 2003, of 161 children with confirmed BLL ≥ 20 µg/dL, 68 received risk assessment and/or a nurse visit; currently unable to track case management statewide, specifically at the 10 to 19 µg/dL level.	2005: Established statewide tracking system; baselines for case management 2006, 2007: Percent of children with elevated blood lead levels receiving case management	11. Development and implementation of Statewide tracking system for case management; baselines established for confirmed elevated blood lead levels of ≥ 10 µg/dL that receive case management and risk assessments; 30% of confirmed elevated blood lead levels ≥ 10 µg/dL receive case management and risk assessments; increase risk assessments and case management for those ≥ 20 µg/dL to 70%.	11. 45% of confirmed elevated blood lead levels ≥ 10 µg/dL receive case management and risk assessments; increase risk assessments and case management for those ≥ 20 µg/dL to 80%.	11. 60% of children with confirmed elevated blood lead levels ≥ 10 µg/dL receive case management and environmental risk assessments; ; increase risk assessments and case management for those ≥ 20 µg/dL to 90%.	

An annual progress report will be compiled for each objective.

Current Baseline	Objective Completion Criteria	Short-term Objectives By 7/ 1/05	Short-term Objectives By 7/1/06	Short-term Objectives By 7/01/07	6. INTERMEDIATE GOAL INCREASE WORKFORCE CAPACITY (Increase to be determined during first 3 years)
Licensed lead based paint trainers for lead licenses and lead safe work-practices - unknown Lead based paint contractors - 9 Licensed lead based paint risk assessors - 235 Licensed project supervisors - 83 Number trained in lead safe work-practices - unknown	2005, 2006, 2007: Number of relevant training and licenses 2005, 2006, 2007: Number of lead-safe work practices trainers, trainings offered and maintained, number trained, and number attending 2005, 2006, 2007: Number of contractors, workers and homeowners licensed to deal with lead in a safe manner 2005, 2006, 2007: Number of workers, home owners, paint retailers trained in lead safe work practices	12. 16 new trainers in place Statewide to provide lead safe work practices, lead assessor, lead abatement, and lead workers training. Method to track and maintain records of lead safe trainings developed and in place. Method to encourage contractors, workers and home owners to be licensed and deal with lead hazards in a lead safe manner and paint retailers to have employees trained on lead-safe practices developed and in place.	12. 25 new trainers in place State wide to provide lead safe work practices, lead assessor, lead abatement, and lead workers training. 200 new licensed abatement contractors. 150 new licensed risk assessors. 700 new licensed project supervisors. 5,000 workers, home owners, paint retailers trained in lead safe work-practices.	12. Increase to 50 the number of trainers State wide providing lead safe work practices, lead assessor, lead abatement, and lead worker's training. Increase to 300 the number of licensed abatement contractors in Indiana. Increase to 400 the number of licensed risk assessors. Increase to 1,000 the number of licensed project supervisors. 10,000 workers, home owners, and paint retailers trained in lead safe work practices.	

An annual progress report will be compiled for each objective.

Current Baseline	Objective Completion Criteria	Short-term Objectives By 7/ 1/05	Short-term Objectives By 7/1/06	Short-term Objectives By 7/01/07	7. INTERMEDIATE GOAL POLICY INFRASTRUCTURE IN PLACE
Inventory of current laws, rules and regulations and their enforcement not available.	2005: Completed assessment of current laws, rules and regulations 2006: Recommendations for needed legislation, rules and regulations and/or policy changes in place 2007: Number of local jurisdictions that have effective laws, rules and regulations and enforcement procedures in place	13. Assessment of best practices in other states completed. Current laws identified and assessed for effectiveness, pervasiveness, and means to implement and enforce through local jurisdictions. Gaps in current laws, rules and regulations identified.	13. If appropriate, legislation, rules and regulations and/or policy changes sought to address current gaps.	13. Policies, laws, rules and regulations adequate and enforced.	

Current Baseline	Objective Completion Criteria	Short-term Objectives By 7/ 1/05	Short-term Objectives By 7/1/06	Short-term Objectives By 7/01/07	8. INCREASE HOME TESTING AND TREATMENT CAPACITY (Increase to be determined during first 3 years)
Number of units inspected and made lead safe unavailable.	2005: Best practices for making units lead safe identified and available; number of units tested and number made lead safe 2006: Number of units tested and number made lead safe 2007: Number of unites inspected and number made lead safe	14. Best practices assessed for dealing with lead in at risk areas, to include methods to target testing based on most at risk and to make units lead safe. Handbook listing best practices available. 400 units tested for lead. 30 units made lead safe.	14. 7,000 units tested for lead. 3000 units made lead safe.	14. 15,000 units inspected. 6,000 units made lead safe.	

An annual progress report will be compiled for each objective.

INDIANA CHILDHOOD LEAD POISONING ELIMINATION PLAN

ACTIVITIES - 7/1/04 – 6/30/07

1. Sufficient resources available

1	Determine funding needs at each stage of Plan implementation.
	Assess current resources (e.g., Family and Social Services Administration, Housing and Urban Development, Environmental Protection Agency, Centers for Disease Control) and work with those programs to include lead awareness for their clients, referral of children for lead testing and/or for testing homes for lead.
	Work to ensure that the five high risk communities (Allen, Marion, Lake, St. Joseph, and Vanderburgh) apply for lead hazard control funding.
	Work with communities to assist them in applying for available Housing and Urban Development, Indiana Housing Finance Authority, and other lead hazard grants annually.
	Annually send Housing and Urban Development super notice of funding availability to county commissioners and mayors, community action agencies, local health departments, and other interested local agencies. Provide assistance with geographic information system maps, data, etc., to assist with the grant application process.
	Implement the Foundation Project to bring in private dollars for match of federal grants and media campaign.
	Apply for funding for training to increase the number of lead trainers, risk assessors, supervisors, and workers and lead safe classes.
	Work with financial community to establish a low interest loan pool and/or grant program specifically for lead hazard control.
	Seek funding for an awareness campaign to inform pertinent professionals (real estate agents, brokers, bankers etc.) about the rights of tenants to lead-safe housing.
	Seek funding for test kits and informational materials to empower tenants about lead hazards.
	Seek necessary funding for startup and ongoing costs of developing, establishing and running a database for tracking risk assessments, clearance exams, and units with lead hazards.
	Begin discussion on how lead hazard control activities may be financed through existing programs at Indiana Housing Finance Authority, the Indiana Department of Commerce, Housing and Urban Development, and Rural Development Corporation.
	Seek funding for developing transitional housing options for families with lead-poisoned children.
	Seek funding to provide security deposits and/or moving expenses for families with lead poisoned children.
	Identify and obtain the resources necessary to enforce existing laws, regulations and ordinances.

2. Incentive mechanism for property owners

2	Develop a mechanism to reduce the financial burden on landlords and agencies for lead hazard control.
	Establish a pilot program for home day care facilities, in which funding is provided for lead control and weatherization.

3. Centralized database for units tested and remediated

3	Study the databases used by other agencies to determine gaps in lead data.
	Establish memoranda of understanding with other state, federal and local agencies to share housing data, e.g., Energy Assistance Program Weatherization, Foster care Program, Section 8, Housing and Urban Development, Community Development Programs.
	Develop a centralized system to track risk assessments, homes made lead safe, and clearance exams.
	Develop a standardized report format for risk assessments and clearance exams.
	Develop methods to determine the percent of lead-poisoned children that live in rental units versus owner-occupied units.

4. Stellar data linked to other relevant data (Sources TBD)

4	Collaborate with agencies and private organizations involved with childcare and foster care facilities to collect baseline data.
	Develop written plans for data management and inter-program data sharing agreement.
	Establish memoranda of understanding with other state, federal and local agencies to share data.
	Develop links with Hoosier Healthwise, Energy Assistance Program, and other State programs to access and integrate available data.

5. Parents of at-risk children aware

5	Conduct State-wide awareness campaign
	Provide pre-written press releases, radio announcements, and other information to the media, and assist local agencies in their awareness campaigns with informational materials for dissemination.
	Collaborate with local Step Ahead Councils to launch a campaign on lead poisoning.
	Distribute materials through faith communities, e.g. including lead information in church bulletins in targeted areas to reach the families with children at high risk.
	Collaborate with the Minority Health Coalition to inform at risk minority families of the prevalence and dangers of lead poisoning.
	Provide target community agencies with at-risk Census blocks and maps based on 2000 Census to raise awareness of high risk areas.
	Raise awareness of lead poisoning risks and the need for testing younger siblings of school-age children by informing school nurses in various available venues.
	Educate multiple local and regional agencies that work with high-risk families (Head Start, Healthy Families, First Steps, Step Ahead) about the need for prevention activities.
	Incorporate lead hazard awareness education into local and regional staff case management training of agencies that work with high risk children and distribute information through their newsletters and monthly mailings.
	Provide case workers with lead check swabs and information materials so to enable their clients who are living in high risk dwellings to identify lead hazards.
	Make presentations at local, regional and state meetings of pertinent agencies and entities.

5. Parents of at-risk children aware (continued)

5 (cont.)	Link with the Children and Hoosier Immunization Registry to automate mailing of screening information and reminders to parents of at-risk one- and two-year-old children.
	Encourage Hoosier Healthwise primary care providers to provide standing orders for blood test to laboratories in order to facilitate and increase number of children tested.
	Encourage primary care providers to distribute vouchers for free lead testing to promote and expand testing.
	Develop and distribute to the public a guide that prioritizes best practices for specific lead hazards to make units lead safe.
	Collaborate with Indiana Department of Environmental Management as part of Earth Day education activities.
	Participate and/or exhibit at conferences, e.g., Indiana Early Childhood Conference, Indiana Rural Health Conference.
	Encourage mayors to proclaim Childhood Lead Poisoning Prevention Week to increase opportunities for free media.

6. Property owners/brokers/real estate agents aware of lead hazards

6	Conduct an awareness campaign to inform supportive services professionals about the rights of tenants to lead-safe housing.
	Study and implement methods to integrate lead information into training programs for real estate brokers and agents.
	Develop and implement methods to provide complete lead hazard information to prospective property owners.
	Develop and distribute a guide that prioritizes best practices for making homes lead safe.
	Widely distribute information to the general public about suggested practices for addressing specific lead hazards.

7. Contractors and paint retailers aware of lead hazards

7	Develop methods to encourage home inspectors to become licensed lead professionals and conduct lead testing.
	Work with interested parties to develop a non-rule policy document regarding interpretation of the lead based paint abatement rules. (Because funding and resource issues are constraining, the Indiana Department of Environmental Management will identify funding and resource needs to effectively implement the policy and law.)
	Present at the 2005 Affordable Housing Conference to reach contractors and those working with housing rehabilitation.
	Prepare articles on lead hazards and primary prevention for trade magazines which are circulated statewide. Provide the articles to local communities to circulate among their constituents.
	Evaluate the extent of the need for using lead abatement contractors.
	Develop and distribute a guide that prioritizes best practices for making homes lead safe.
	Consider creating a lead-safe contractor's certification registry.

8. Increase the number of State policy makers aware

8	Inform policy makers and elected officials by providing them with information on lead hazards and data specific to their areas and/or districts.
	Partner with the Association of Cities and Towns and the Association of Counties to provide training to mayors and county officials at their regularly scheduled meetings.
	Partner with the Association of Cities and Towns and the Association of Counties to provide regular updates of progress on the Elimination Plan.
	Submit a policy resolution to the Association of Cities and Towns for consideration.
	Annually notify the Association of Cities and Towns and the Association of Counties of the Housing and Urban Development's super notice of funding availability so they can inform their constituents of the opportunities.

9. Hoosier Healthwise providers routinely screening and following up

9	Provide health care providers of children with elevated blood lead levels with guidelines and resource toolkits on case management and the providers of the need for long term developmental surveillance for lead poisoned children.
	Encourage local health departments and primary medical care providers to refer lead poisoned children, either with developmental delay or who are at risk for developmental delay, to First Steps for assessment and early intervention.
	Pilot the filter paper method of obtaining blood samples in physician offices and community health centers.
	Conduct an educational campaign targeted to physicians to increase awareness of the need to routinely test at-risk children.
	Using the Children and Hoosier Immunization Registry Program, send electronic reminders to test all one- and two-year-old at-risk children (and 3 to 5 year olds also) to participating physicians and health care providers.
	Develop and make available a Continuing Medical Education module on lead poisoning and its prevention with access through the Indiana State Department of Health and other web sites.
	Encourage physicians interested in lead poisoning to make phone contact with individual Hoosier Healthwise providers to encourage routine testing of at-risk children.
	Identify incentives to increase testing rates by Hoosier Healthwise primary medical providers

10. Increase testing rate of at-risk children

10	Facilitate collaboration with Women, Infants and Children clinics.
	Develop models that target minority children and those on Medicaid and /or women, Infants and Children.
	Provide Census data and geographic information system maps that include housing and screening data to local health departments to increase knowledge for targeted testing.
	Explore the feasibility of requiring that children be screened before they enter special education preschool.
	Include lead screening at pre-Kindergarten enrollment health fairs.

10. Increase testing rate of at-risk children

10. cont.)	Train caseworkers in child development programs, e.g., Head Start, Healthy Families, First Steps, Step Ahead, to make referrals to local health departments or primary medical providers for testing
	Include lead poisoning education in Child Development Associate certification.
	Modify language in Hoosier Healthwise managed care contracts to promote routine lead tests for all young children enrolled in Hoosier Healthwise, including performance standards to increase blood lead testing rates.

11. Increase number children with elevated blood lead levels in case management

11	Encourage comment on State Consolidated plan for use of HOME funds for tenant based rental assistance for families with lead poisoned children.
	Determine the need, and various options for providing transitional housing for families with lead-poisoned children.
	Develop methods to provide security deposits or moving expenses for families with lead poisoned children.
	Determine the need and various options for transitional housing for families with lead poisoned children.
	Increase local health department and provider capacity for case management.

12. (a) Increase number of licensed risk assessors, abatement contractors, workers, and supervisors, and (b) increase the number of workers trained in lead-safe-work practices

12	Study and implement methods to encourage home inspectors to become licensed lead professionals and conduct lead testing.
	Study and implement method for increasing the number of contractors and maintenance workers using lead safe work practices and becoming licensed abatement personnel.
	Work with interested parties to develop a non-rule policy document regarding interpretation of the lead based paint abatement rules. (Because funding and resource issues are constraining, the Indiana Department of Environmental Management will identify funding and resource needs to effectively implement the policy and law.)
	Evaluate the extent of the need for using lead abatement contractors
	Increase and publicize the number of lead based paint trainings offered for professionals and other contractors.
	Evaluate and implement methods for increasing the number of contractors and maintenance workers using lead safe work practices.
	Study and create a certification registry to track contractors trained in lead safe work practices.
	Work with Housing and Urban Development, Weatherization, and the Indiana Department of Environmental Management to provide lead safe work practices to homeowners, painters and workers.

13. Systems developed to enforce laws

13	Contract for an independent assessment of merits and gaps in laws, rules, regulations, local ordinances and current and best practices.
	Require that all risk assessment results be reported in a standard format to a central location.
	Assess current programs for best practices in enforcement of laws in other states, cities, towns and counties.
	Evaluate and identify resources (time, money and staffing) necessary to adequately enforce existing Indiana Department of Environmental Management and Environmental Protection Agency Protection regulations, and explore costs.
	Study and implement creation of a clearance exam requirement after disturbance of lead based paint.
	Compare effectiveness of an existing local program (Marion County) with authority to mandate hazard reduction, versus without that authority (Allen County).
	Consider the feasibility and economic impact of having local health departments report all case management, risk assessment and remediation information to the Indiana State Department of Health.
	Study the creation and enforcement of a statewide mandate to correct lead hazards once a poisoned child is identified.
	Provide test kits and informational materials to empower tenants to deal with lead hazards t
	Enforce the state's Fair Housing Act, the Housing and Urban Development and Environmental Protection Agency regulations under Title X.
	Evaluate means for Indiana Department of Environmental Management to take enforcement actions based on investigations conducted by licensed risk assessors employed by local health departments.
	Study the creation of a clearance exam requirement after disturbance of lead based paint where not already required.
	Evaluate ways to allow local health departments to implement and enforce their lead rules.

14. Increase the number of units inspected and made lead safe

14	Provide target community agencies with census blocks and geographic information system maps based on the 2000 Census to help communities identify at-risk housing areas.
	Develop a guide prioritizing best practices for making homes lead safe that addresses targeting of homes based on at-risk factors such as age of home, age of children, race and income.
	Develop incentives and facilitate training to increase the number of licensed risk assessors, lead abatement contractors.
	Increase the number of maintenance workers trained in using lead safe work practices
	Pilot a program using grant funds and community partners to conduct risk assessments/clearance exams on Section 8 properties.
	Develop and implement a mechanism for making lead safe transitional housing available during lead hazard control.
	Implement loan pool concept.
	Coordinate with Indiana Housing Finance Authority, the Indiana Department of Commerce, Housing and Urban Development, and Rural Development Corporation, as appropriate, to implement lead hazard control activities.
	Establish a pilot program for home daycare facilities in which funding is provided for lead control and weatherization.
	Build on Indiana's Five Star Program to collect baseline data and assess current programs for best practices in order to develop measures to protect children in childcare facilities.

INDIANA CHILDHOOD LEAD POISONING
ALLEN COUNTY ELIMINATION PLAN

ACTIVITIES

1. Sufficient resources available

1	Assist HANDS and the City of Fort Wayne in applying for a 2004 HUD Lead Hazard Control Grant.
	Will work with other local agencies to pursue funding for lead poisoning prevention activities.
	Find funding for the development and implementation of a three-way testing approach to determine a set of best practices in Allen County for remediating lead hazards.

2. Incentive mechanism for property owners

2	Develop incentive programs for homeowners and landlords to identify and remediate lead hazards.
	Develop public listings and database of lead-free homes that have the "The choice for me is lead-free" stamp of approval.
	Research whether a database of lead-safe housing would be a useful tool in the community.
	Develop, find funding for and implement a three-way testing approach to determine a set of best practices in Allen County for remediating lead hazards.
	Look for a sponsor to underwrite a promotion where free lead remediation services would be provided to several qualifying homeowners identified in a limited time period.
	Offer educational lead-safe work place programs and/or a lead kiosk for homeowners, renters, landlords and contractors to identify and safely remediate lead hazards through venues such as Lowe's, Home Depot, Menard's, Wal-Mart, Meijer and paint retailers.

3. Centralized database for units tested and remediated

3	Research whether a database of lead-safe housing would be a useful tool in the community.

4. Share data with local agencies

4	Work to simplify the process of sharing housing data and blood testing information with the Fort Wayne Housing Authority.
	Provide ongoing education system to appropriate governmental units and social service agencies, including the Fort Wayne Housing Authority, Project Renew, FNMA, mortgage bankers and consumer credit counseling, to identify lead and develop a system to refer lead concerns to the Allen County Department of Health for follow-up and develop and provide a pocket resource/referral card for these agencies.

5. Parents of at-risk children aware

5	Conduct community awareness campaign focused on high-risk zip codes.
	Increase parents' understanding and concern about lead poisoning to self-identify threats in their houses through heightened communication programs and distribution of lead check swabs.
	Target parents expecting a child and/or with children ages six and under with an education campaign using incentives, mascots, slogans, etc.
	Canvass targeted areas in high-risk zip codes, involving community groups to offer environmental testing or blood screening to identify lead poisoning residences.

6. Property owners/brokers/real estate agents aware of lead hazards

6	Target property owners/brokers/real estate agents and mortgage loan officers with an education campaign about the impact of lead poisoning on children as well as state and federal regulations related to lead.
	Enhance information given to home-buyers, sellers, brokers/agents and loan officers related to the serious danger of lead poisoning, including photos of children being chelated.
	Focus efforts on transactions involving homes built prior to 1978.
	Offer presentations to neighborhood associations, Apartment Association of Northeast Indiana, etc. through the development of a Lead Speakers Bureau.
	Partner with ARCH, the local historic preservation group to communicate about safe home restoration techniques.
	Build a model home that looks like an old home to effectively show what lead looks like, including information on safe remediation techniques. Display the model home at different educational venues, including home and remodeling shows.

7. Contractors and paint retailers aware of lead hazards

7	Offer educational lead-safe work place programs and/or a lead kiosk for homeowners, renters, landlords and contractors to identify and safely remediate lead hazards through venues such as Lowe's, Home Depot, Menard's, Wal-Mart, Meijer and paint retailers.
	Partner with ARCH and Neighborhood Associations to do training on safe remediation techniques.
	Offer information on safe remediation practices at the Allen County Building Department.
	Through HANDS, partner to offer specialized in-depth lead-safe work practices training to contractors that would train them to identify and safely remediate lead hazards annually.
	Develop a list of "best practices" to assist the community in dealing with deteriorated paint and potential lead hazards.
	Educate workers at retail operations such as Lowe's, Home Depot, and Menard's about lead-safe remediation techniques.

8. Increase awareness of local policymakers

8	Conduct broad-based community-awareness campaign.

9. Hoosier Healthwise providers routinely screening and following up

9	Target health professionals with educational campaign about the danger of lead poisoning to children.
	Recognize physicians and clinics that do an outstanding job of testing children through positive public relations and awards for being "Allen County Lead Leaders."
	Recognize office managers in physician offices where outstanding lead testing and lead poisoning prevention education efforts are occurring through a special awards luncheon or other recognition efforts.
	Utilize a slogan such as "Recognize, Refer and Remediate" to get attention and directly communicate the desired actions.
	Develop strategies to give doctors feedback on their lead screening results.
	Develop strategies to effectively communicate with pediatric health care providers currently in practice.
	Increase education of health care students (i.e. nursing, physician's assistants) by Health Department professionals speaking at all local nursing and physician's assistant schools.

10. Increase testing rate of at-risk children

10	Increase screening services through a phlebotomist (new position) at a wide variety of venues.
	Bundle lead screening activities with other health screenings, such as Super Shot.
	Equip parents with the knowledge to work with their own medical providers to get required testing.

11. Increase number children with elevated blood lead levels in case management

11	Identify and obtain temporary lead-safe housing for children displaced due to remediation efforts or chelation therapy.
	Maintain case manager for all children identified with blood lead levels of ≥ 10 µg/dL.
	Perform the Profile II on all children with blood lead levels of ≥ 10 µg/dL.
	Make the appropriate referrals to agencies that will be able to assist the child and their family in minimizing the impact of lead poisoning.
	Provide medical follow-up of the child until the case is closed.
	Provide "lead survival tool kit" to the family.
	Enhance existing case management procedures protocol to include flowcharts for referrals to other social service agencies, when to provide home visits, and when to contact Child Protective Services due to refusal of services or lack of response to the Health Department.

12. (a) Increase number of licensed risk assessors, abatement contractors, workers, and supervisors, and (b) increase the number of workers trained in lead-safe-work practices

12	Build the capacity of local contractors to remediate homes by providing training courses on a regular basis.
	Develop a list of "best practices" to assist the community in dealing with deteriorated paint and potential lead hazards.
	Continue to assist local contractors in receiving lead safe work, remediation and abatement programs.
	Develop, find funding for and implement a three-way testing approach to determine a set of best practices in Allen County for remediating lead hazards.
	Offer educational lead-safe work place programs and/or a lead kiosk for homeowners, renters, landlords and contractors to identify and safely remediate lead hazards through venues such as Lowe's, Home Depot, Menard's, Wal-Mart, Meijer and paint retailers.
	Partner with ARCH and Neighborhood Associations to do training on safe remediation techniques.
	Offer information on safe remediation practices at the Allen County Building Department.
	Through HANDS, partner to offer specialized in-depth lead-safe work practices training to contractors that would train them to identify and safely remediate lead hazards annually.

13. Systems developed to enforce laws

13	Consider a city ordinance that requires remediation of homes or locations where children under age six may be lead poisoned.

14. Increase the number of units inspected and made lead safe

14	Engage the community in resolving the lead threat.
	Consider a city ordinance that requires remediation of homes or locations where children under age six may be lead poisoned.
	Continue to assist local contractors in receiving lead safe work, remediation and abatement programs.
	Canvas targeted areas in high-risk zip codes, involving community groups to offer environmental testing or blood screening to identify lead poisoning residences.
	Offer lead check swabs and instructions for use at a wide variety of targeted venues, including locations such as health fairs and neighborhood parties to enable easier identification of possible lead hazards for referral to the Allen County Department of Health.
	Build the capacity of the Allen County Department of Health to investigate homes and identify lead sources.
	Look for a sponsor to underwrite a promotion where free lead remediation services would be provided to several qualifying homeowners identified in a limited time period.

INDIANA CHILDHOOD LEAD POISONING
GARY HEALTH DEPARTMENT ELIMINATION PLAN

ACTIVITIES

1. Sufficient resources available

1	Identify funding sources and prepare and submit grant applications according to grantor guidelines.

2. Incentive mechanism for property owners

2	Identify homes where more than one child has been lead poisoned and assist the home/property owner with identifying the resources to eliminate the sources of lead in the home.

3. Centralized database for units tested and remediated

3	Develop an ordinance that requires landlords to register all rental properties with City Hall.
	Collaborate with screening sites, hospitals, and health care providers to ensure that they report screening results on a monthly basis to the City of Gary Department of Health.
	Establish specific program measurement indicators and evaluation tools.
	Evaluate the processes and outcomes of the Elimination Plan strategies and activities on an on-going basis.

4. Stellar data linked to other relevant data (Sources TBD)

4	Collaborate with screening sites, hospitals, and health care providers to ensure that they report screening results on a monthly basis to the City of Gary Department of Health.

5. Parents of at-risk children aware

5	Develop and implement a public awareness/education campaign for general public.
	Develop an educational resource packet for physicians including information to disseminate to patients.
	Collaborate with the city's prenatal care coordination and WIC programs to identify and screen low-income pregnant women for elevated blood lead levels.
	Identify and educate parents working in jobs with an increased risk of lead exposure.
	Collaborate with the local Minority Health Coalition to identify and inform at-risk minority families of the prevalence and dangers of lead poisoning.

6. Property owners/brokers/real estate agents aware of lead hazards

6	Develop and implement a public awareness/education campaign for general public.

7. Contractors and paint retailers aware of lead hazards

7	Partner with local housing and environmental agencies to ensure the enforcement of code requirements regarding lead hazards and to educate property owners, tenants, real estate professionals, and building contractors about lead hazards in housing.
	Develop and implement a public awareness/education campaign for general public, contractors, and paint retailers.

8. Increase the number of State policy makers aware

8	Develop and implement a public awareness/education campaign for general public.

9. Hoosier Healthwise providers routinely screening and following up

9	Develop an educational resource packet for physicians including information to disseminate to patients.
	Develop educational/awareness in-service dinners for local physicians sponsored (funded) by the filter paper companies.

10. Increase testing rate of at-risk children

10	Establish physician or WIC based pilot filter paper sites.
	Utilize CHIRP to send reminder/recall lead testing mailers.
	Ensure newborn screening and follow-up of prenatal women identified with elevated lead levels.
	Partner with Hoosier Healthwise providers to increase screening rates and reporting.
	Develop and implement High Intensity Screening (HITS) programs in the identified lead "hot spots" utilizing the city's mobile health unit, "Health Ranger".
	Partner with Gary community School Corporation, Step Ahead, Head Start, private home day cares, and foster placement agencies to establish lead testing as a requirement for school entrance or program participation.
	Collaborate with WIC on the state and local levels to ensure screening of all children enrolled in the WIC program.

11. Increase number children with elevated blood lead levels in case management

11	Utilize CHIRP to send reminder/recall lead testing mailers.
	Ensure medical and environmental follow-up of pregnant women identified with elevated blood lead levels.
	Ensure newborn screening and follow-up of prenatal women identified with elevated lead levels.
	Ensure appropriate screening of children in homes of parents working in jobs with an increased risk of lead exposure and complete the necessary follow-up as indicated by the screening results.
	Ensure that all screens ≥ 10 µg/dL are confirmed in a timely manner.
	Refer all children ages 0-1 ½ identified with confirmed blood lead level of ≥ 10 µg/dL to First Steps for cognitive assessment and evaluation for developmental delays.
	Refer all children ages 3-5 years of age with a blood lead level of ' ≥ 10 µg/dL to Special Education Preschool for cognitive assessment and evaluation.
	Collaborate with primary health providers to ensure appropriate medical follow-up.
	Utilize CHIRP to send reminder/recall lead testing mailers.
	Ensure appropriate environmental follow-up.

12. (a) Increase number of licensed risk assessors, abatement contractors, workers, and supervisors, and (b) increase the number of workers trained in lead-safe-work practices

12	Collaborate with the Gary Urban Construction Enterprise and YouthBuild to increase the number of local lead-safe practice workers and remediation contractors.

13. Systems developed to enforce laws

13	Ensure that all identified homes be properly remediated according to EPA standards.
	Improve disclosure of rental housing where lead sources exist by collaborating the Lake County Assessor's Office to educate landlords of their responsibility to inform prospective tenants of lead hazards.
	Partner with local housing and environmental agencies to ensure the enforcement of code requirements regarding lead hazards and to educate property owners, tenants, real estate professionals, and building contractors about lead hazards in housing.

14. Increase the number of units inspected and made lead safe

14	Increase the number of city employed licensed lead inspector/risk assessors by sponsoring EMI approved training courses and offering incentives for those who obtain licensure.

INDIANA CHILDHOOD LEAD POISONING
MARION COUNTY ELIMINATION PLAN

ACTIVITIES

1. Sufficient resources available

1	Pursue funding to enable landlords to conduct clearance examinations on property and make units lead safe.

2. Incentive mechanism for property owners

2	Develop report evaluating options to educate real estate agents not to discourage buyers to evaluate lead hazards in houses.
	Pilot efforts to help local buyers obtain a clearance examination, lead inspection or risk assessment.

3. Centralized database for units tested and remediated

3	Pilot test various proactive methods such as Systematic Code Enforcement (SCE) to identify lead hazards in high risk rental property.
	Simplify address matching process between MCHD and IHA
	Enhance methods to monitor progress
	Establish inventory of child-occupied homes with lead hazards identified by health and housing agencies
	Identify licensed renovation contractors
	Track and report progress on obtaining the goal of 75% of children participating in WIC having a blood lead test consistent with ISDH and CDC guidelines.
	Identify licensed or registered child care facilities built before 1960

4. Share data with local agencies

4	Simplify address matching process between MCHD and IHA
	Ensure reimbursement by Hoosier Healthwise Managed Care Organizations for services provided and data as documentation

5. Parents of at-risk children aware

5	Pilot test efforts to help tenants to use the spot test kits and clearance examinations to evaluate lead hazards before and after signing a rental lease.
	Identify licensed or registered child care facilities built before 1960

6. Property owners/brokers/real estate agents aware of lead hazards

6	Implement program with contractors, owners and occupants to ensure compliance with EPA's Pre-Renovation Notice
	Ensure compliance with disclosure rule for rental property subject to code enforcement
	Develop guidance for owners, landlords, tenants and realtors.
	Develop hazard control recommendations for tenants and landlords

7. Contractors and paint retailers aware of lead hazards

7	Identify renovation contractors
	Pilot test local efforts to train renovation contractors and monitor their work using a clearance examination
	Publish a report evaluating merits of requiring training of contractors and clearance examinations to monitor their work
	Provide training and outreach services to Hispanic/Latino contractors and workers
	Develop mechanism to distribute essential lead hazard information with building permits and IHPC approvals are issued
	Implement program with contractors, owners and occupants to ensure compliance with EPA's Pre-Renovation Notice
	Publish report evaluating options to ensure paint retailers provide sound advice regarding lead based paint that is consistent with Indiana law.
	Implement program with contractors, owners and occupants to ensure compliance with EPA's Pre-Renovation Notice

8. Increase awareness of local policymakers

8	Educate policy makers and elected officials.
	Increase awareness of lead poisoning with policymakers by publishing a report evaluating the merits of treating lead poisoning as a disability under the Fair Housing Law
	Produce and distribute annual report outlining the status of Marion County children that have been tested for lead poisoning and that are receiving case management and environmental investigation services
	Publish a report evaluating merits of requiring training of contractors and clearance examinations to monitor their work
	Publish report evaluating options to ensure paint retailers provide sound advice regarding lead based paint that is consistent with Indiana law.

9. Hoosier Healthwise providers routinely screening and following up

9	Incorporate lead into the existing Immunization CASA/AFIX to make specific recommendations to individual clinics and health professionals to improve compliance with screening guidelines as set forth by ISDH and CDC
	Educate Hoosier Healthwise health professionals regarding screening (blood lead test) and follow-up requirements
	Produce and distribute annual report outlining the status of Marion County children that have been tested for lead poisoning and that are receiving case management and environmental investigation services

10. Increase testing rate of at-risk children

10	Increase screening services through a phlebotomist (new position) at a wide variety of venues.
	Bundle lead screening activities with other health screenings, such as Super Shot.
	Equip parents with the knowledge to work with their own medical providers to get required testing.

11. Increase number children with elevated blood lead levels in case management

11	Maintain current efforts of ensuring that 95% of children identified with elevated blood lead levels are covered by active case management and have had a risk assessment for their residence and child occupied facilities they visit consistent with ISDH and CDC guidelines.

12. (a) Increase number of licensed risk assessors, abatement contractors, workers, and supervisors, and (b) increase the number of workers trained in lead-safe-work practices

12	Identify licensed renovation contractors.
	Pilot efforts to train renovation contractors and monitor with clearance test
	Publish training and outreach services to Hispanic/Latino contractors and workers.
	Develop systems to document, publish and reassess progress.

13. Systems developed to enforce laws

1	Ensure compliance with disclosure rules for rental property subject to code enforcement
	Publish report evaluating the merits of treating lead poisoning as a disability under the Fair Housing Law
	Publish a report evaluating merits of requiring training of contractors and clearance examinations to monitor their work
	Publish report evaluating options to ensure paint retailers provide sound advice regarding lead based paint that is consistent with Indiana law.

14. Increase the number of units inspected and made lead safe

14	Develop guidance for owners, landlords, real estate agents and tenants.
	Develop systems to document, publicize and reassess progress.
	Pilot local enhanced management of high-risk rental property in coordination with city's Lead Hazard Grant.
	Produce and distribute annual report outlining the status of Marion County children that have been tested for lead poisoning and that are receiving case management and environmental investigation services

INDIANA CHILDHOOD LEAD POISONING
ST. JOSEPH COUNTY ELIMINATION PLAN

ACTIVITIES

1. Sufficient resources available

1	Improve coordination between the local Health Department, the Lead Task Force and community entities that currently receive Federal and Sate grants for child oriented services so that each will target the at risk population for childhood lead poisoning, focusing on the medically underserved.
	Identify local, sate or national entities that will fund lead check swabs at low or no cost to the local Lead Task Force.

2. Incentive mechanism for property owners

2	N/A

3. Centralized database for units tested and remediated

3	Ensure that the lead database used for quarterly and annual reports reliably tracks all pertinent lead poisoning data.
	Track GIS information and prepare a database along with GIS maps of sites with known or suspected lead hazards to guide the selection of HITS projects.
	Form an alliance with County Building Department to update data on remodelers and building contractors.

4. Stellar data linked to other relevant data (Sources TBD)

4	Utilize the STELLAR system both as a tool to document dwellings that have been identified by health and housing agencies as lead hazards to prevent the same dwelling from poisoning future child occupants, and as a tool for quarterly and annual reports.
	Ensure that the lead database used for quarterly and annual reports reliably tracks all pertinent lead poisoning data.
	Track GIS information and prepare a database along with GIS maps of sites with known or suspected lead hazards to guide the selection of HITS projects.

5. Parents of at-risk children aware

5	Develop an informational brochure that is unique to South Bend/Mishawaka area for distribution to parents of young children and the general public and
	Distribute brochures to the households identified to have children <7 years of age.

6. Property owners/brokers/real estate agents aware of lead hazards

6	Develop informational brochures for distribution to tenants, landlords and homeowners that list lead hazard controls and include resources for remediation for South Bend/Mishawaka area.

7. Contractors and paint retailers aware of lead hazards

7	Develop informational brochures for distribution to renovation contractors and their employees that list lead hazard control recommendations.
	Remodeling contractors who may disturb lead based paint will be made aware of lead hazards
	Paint retailers will receive lead poisoning elimination information.

8. Increase the number of State policy makers aware

8	Continue the Lead Task Force quarterly meetings with the interim HEALTH subcommittee meetings and electronic communiqués as necessary.
	Maintain the structure of the Lead Task Force quarterly meetings with interim HOUSING subcommittee meetings and electronic communiqués as necessary.

9. Hoosier Healthwise providers routinely screening and following up

9	Contact the pediatricians and family practitioners offices in South Bend / Mishawaka.

10. Increase testing rate of at-risk children

10	Maintain the current infrastructure for screening children < seven years of age as it exists in South Bend with directed efforts for Mishawaka inclusion.
	Provide staff training for upcoming implementation of filter paper testing.
	Utilize the GIS maps to target High Intensity Targeted Screening areas for screening children < seven years of age.
	Utilize the CHIRP and its new electronic reminder modules, as proposed by ICLPPP, to identify clients who need certificates of "free" lead screens.

11. Increase number children with elevated blood lead levels in case management

11	Develop a physician's reference card for distribution to area physicians especially pediatricians and family practitioners.
	Pursue efforts to locate suitable temporary housing of families displaced during remediation of their dwelling.

12. (a) Increase number of licensed risk assessors, abatement contractors, workers, and supervisors, and (b) increase the number of workers trained in lead-safe-work practices

12	Improve communication with the County Building Department to ensure they inform contractors and renovators of the Lead Pre-Renovation Education (PRE) Rule and the availability of lead-safe work practices training sessions.

13. Systems developed to enforce laws

13	Improve communication with the County Building Department to ensure they inform contractors and renovators of the Lead Pre-Renovation Education (PRE) Rule and the availability of lead-safe work practices training sessions.

14. Increase the number of units inspected and made lead safe

14	Maintain the current infrastructure for conducting lead risk assessments on dwellings in South Bend with directed efforts for Mishawaka inclusion.
	Provide staff training for implementation of dust wipe clearance testing.
	Section VIII child occupied rental units will have a “lead safe” status.
	Dwellings that have been identified by health and housing agencies as lead hazards will be remediated to a “lead safe” status.
	Licensed childcare facilities, including Head Start Centers, built before 1978 will receive lead poisoning elimination awareness education.