

**A Public Health Action Plan for the
Elimination of Childhood Lead Poisoning
In Kansas by 2020**

Kansas Department of Health and Environment

Bureau of Environmental Health

Healthy Homes and Lead Hazard Prevention Program

Revised and Updated September 29, 2011

Executive Summary

A Public Health Action Plan for the Elimination of Childhood Lead Poisoning in Kansas by 2020 (The Action Plan) is a call to action for a society-wide effort to eliminate childhood lead poisoning. The Kansas Department of Health and Environment (KDHE), through its Kansas Childhood Lead Poisoning Prevention Program (KHHLPP), is charged with the task to create a workable plan dedicated to the elimination of childhood lead poisoning throughout the state. This undertaking required the input of a variety of stakeholders both within the state and local governments as well as private sector interest groups and individuals. This process began with the appointment/establishment of the Lead Advisory Committee in 2000 which has been blended with the Healthy Homes Advisory Council in 2010. The group is still dedicated to the eradication of this serious environmental concern. The group has a wider participation base and allows for state and local partners to work together.

A brief history of the KHHLPP and the need to eliminate lead poisoning

In 2000 KDHE received funding from Centers for Disease Control (CDC) to establish a childhood lead poisoning prevention program in Kansas. The KHHLPP continued the work previously begun by the KDHE in 1991 and provided a new statewide focus on this health-based issue. Most of the early work involved screening and identification of lead-exposed children within the state, as well as lead-hazard identification and recommendations for hazard reductions in the home. With a focused lead poisoning prevention program in place, new efforts to inform and educate populations at risk were provided – resulting in broad-based awareness of potential sources of lead poisoning throughout the state.

Because Kansas is geographically large, there was immediate need to identify the areas of highest risk and to efficiently concentrate resources and efforts to optimize positive results. For example, 85% of the entire population of Kansas lives in just 36 of its 105 counties.¹ Even within these 36 counties, most communities are small urban centers with only five having populations greater than 100,000. Nonetheless, there are concentrations of low-income households within many of these smaller communities, and many such families live in lead-hazardous housing. Since forty-two percent of all existing housing in Kansas was built prior to 1960, many families (both urban and rural) live in residences containing lead-based paint. Once the KHHLPP identified the target population (and in particular the target age group within that population), it demonstrated that 30% of these children lived in counties having >50% pre-1960 housing.² The population-at-risk is mainly concentrated in the eastern one-third of the state and the KHHLPP has concentrated efforts and resources to meet these needs. In the last five years, KHHLPP data collection of testing results have indicated that rural areas are just as effected if not more than urban areas. New efforts are focusing on maintaining urban partners with resources while looking at regionalization of efforts in predominantly rural areas of Southwest, Southeast and Northwest areas of the state. Local health departments and environmental leaders in those areas are dedicated to working with our program to find sustainable solutions to building capacity to provide assessments, education and outreach at the local level for a regional target area.

The Action Plan addresses this urgent need for action. Key partners, public health experts, environmentalists, contractors and educators came together to develop targeted recommendations and specific action steps toward achievement of this goal.

How the Lead Advisory Committee and The Action Plan Emerged

In November 1991, Kansas began to develop a lead program when the Kansas Department of Health and Environment (KDHE) established the Blood Lead Working Group. The group consisted of KDHE representatives from various bureaus and offices that addressed the changes in the blood lead action

levels recommended by the federal government. In October 1996, Kansas received funding from the Environmental Protection Agency (EPA) to establish the current lead program. The current program reorganized the original Blood Lead Working Group into the Lead Council in July 1997. An Executive Medical Advisory Committee (EMAC) was formed from members of the Lead Council in 2002. The EMAC served as an advisory board responsible for developing policies and procedures for the Kansas Childhood Lead Poisoning Prevention Program (KHHLPP). The Lead Council provides insight on current lead issues. Both groups include representatives from local health departments, Medicaid, insurers, professional associations, agencies involved with controlling lead hazards, community groups, and health care professionals. The Lead Advisory Committee (LAC) was a select group of individuals representing city, county and state health officials, environment, housing, human services, child care, advocates for children's health, and lending institutions, whose mission was to analyze the lead poisoning prevention problem in Kansas and to develop the Kansas Elimination Plan. The LAC represented a broad range of individuals needed to address the lead poisoning problem in Kansas. However, we will continue to close the gaps in our representation by merging this group into a broader issue based advisory council (HHAC) that is a community level participant group mixed with a professional based group of experts to capture those items of importance at the neighborhood level and not the single focus of the expert panel. Efforts to continue building membership including but not limited to realtors, property owners, and insurance industry representatives are still underway.

The process to develop *A Public Health Action Plan for the Elimination Plan of Childhood Lead Poisoning in Kansas by 2020* began in the Spring of 2003 when stakeholders from the Lead Council joined together to begin development of the *Action Plan*. Several meetings were held with the stakeholders and the KHHLPP staff. A consultant from Healthy Housing Solutions provided a framework for discussions to begin around education and outreach, funding/resources, housing, and legislation/enforcement. Working groups were developed to review, refine and address goals and objectives for the areas of health and housing. This *Action Plan*, represents work completed by the KHHLPP staff and the LAC. The LAC will continued to meet to begin implementation of the Action Plan and as priorities for activities change and evolve, currently the LAC has been merged with HHAC and this is the group that will continue to provide recommendations.

The Action Plan will continue to be a living document. Although it identifies short and long term strategies, as progress is evaluated and successes and barriers are identified, these strategies may change or be reprioritized.

Providing the Action Plan

The Action Plan represents a comprehensive public health strategy to assist in the elimination of lead poisoning and healthy home hazards through surveillance, identification and abatement. This strategy depends on a balanced investment in effective intervention approaches – from policy and environmental changes (designed to eliminate risk factors) to assurance of quality care for lead poisoned children – and it includes educational support for individual and community awareness of risk factors that contribute to lead poisoning.

The main areas of focus for *The Action Plan* are health and housing. Within the areas of focus, five essential components are evident: education and outreach; surveillance; housing; code enforcement and legislation; and primary prevention. In these five areas, recommendations and supporting action steps are proposed for implementation over the course of this long-term plan. Action steps within these defined components tend toward advancing primary prevention and less often are concerned with secondary intervention processes, except in cases of identified lead poisonings.

There are two fundamental requirements for the successful implementation of the Plan. First, we must communicate the urgent need and unprecedented opportunity to prevent childhood lead poisoning to the public-at-large and to State and local policy-makers. Second, we must transform the infrastructure to provide leadership and to develop and maintain effective partnerships and collaborations to support the needed actions described within the Plan.

Future Commitments

KHHLPP and the Lead Advisory Committee will provide state leadership to assure meaningful progress in implementing the plan. This includes bringing the public health community together with new and existing partners representing every interested segment of society. An important aspect of this process is continued coordination between the state and local community partners participating and yet to participate in the Healthy Homes Advisory Council to focus on the goals of Healthy Homes and Community area of *Healthy People 2020*.

A detailed implementation plan – with priorities and timeframes – aligns proposed action steps with the interests of individual partners and recommends feasible approaches for evaluation. The KHHLPP is committed to providing leadership and support to convene these ongoing efforts, inviting all interested partners to collaborate in action areas congruent with their own interests. KHHLPP anticipates that as the Healthy Homes Advisory Council continues its efforts over the next few years, the *Public Health Action Plan to Eliminate Childhood Lead Poisoning in Kansas by 2020* will be amended and expanded to reflect the changing situations in Kansas.

A Public Health Action Plan for the Elimination of Childhood Lead Poisoning in Kansas by 2020 is a call to action for a society-wide effort to eliminate childhood lead poisoning. The elimination of this preventable disease will be a major public health accomplishment. KHHLPP acknowledges many individuals from such areas as public health, academia, environmental, code enforcement, legislation and community organizations, whose dedicated efforts have helped produced the *Action Plan*. By implementing this plan through collaborations with these and other partners, we can make the state's public health system more effective in protecting the health and enhancing the daily lives of all Kansans.

Mission Statement

The *mission* of The Kansas Healthy Homes and Lead Poisoning Prevention Program is to prevent childhood lead poisoning and healthy homes hazards through reduction of all hazards in the home environment. This mission will be accomplished through the following action steps:

- Improved identification of high-risk populations
- Improved educational efforts to heighten public awareness of potential home hazards
- Increased numbers of lead-safe and healthy housing units.
- Building capacity at the local level to provide assessments and education

Methodology and Format

Stakeholders

A Public Health Action Plan for the Elimination of Childhood Lead Poisoning in Kansas by 2020 is a call to action for a society-wide effort to eliminate childhood lead poisoning. The elimination of this preventable disease will be a major public health accomplishment. KHHLPP acknowledges many individuals from such areas as public health, academia, environmental, code enforcement, legislation and community organizations, whose dedicated efforts have helped produced the *Action Plan*. By

implementing this plan through collaborations with these and other partners, we can make the state's public health system more effective in protecting the health and enhancing the daily lives of all Kansans.

Membership list of the Kansas Health Homes Advisory Council can be found as Attachment A.

Statement of Purpose

Since 2000, KHHLPP and its key stakeholders have identified many programmatic successes, assessed what remains to be done and created a comprehensive public health strategy for elimination of childhood lead poisoning. This *Action Plan* will require a vigorous and sustained commitment to implementation if it is to achieve its final goal. *The Action Plan* addresses these requirements and has been prepared in accordance with the direction and guidance from the U.S. Centers for Disease Control and Prevention.

Kansas decided to address two primary methods to reach our mission. Primary prevention is the first method and means taking action to prevent children from becoming poisoned. The second method is to aggressively treat those who have become poisoned and to eliminate the source of the lead poisoning as a treatment method and prevention method to whomever may live in the unit in the future.

For successful implementation and elimination of lead poisoning and healthy home hazards by 2020, public health agencies and the overall public health community must join with new and existing partners to assure that meaningful progress is made.

The Challenge – Childhood Lead Poisoning in Kansas

Lead-based paint is a major source of lead exposure for children in Kansas. Leaded paint was ubiquitous in the decades preceding the 1960's. Therefore, identification of the population of children living and spending substantial time in housing from that era is necessary to direct remediation/elimination efforts. Forty-two percent of housing in Kansas is pre-1960. Thirty percent of the target age group lives in counties that contain 50% or more pre-1960 housing. To reverse the lead poisoning Kansas needs to target efforts to eliminate lead poisoning in children. This is very important in a state with an uneven population distribution and as geographically large as Kansas. The population is mainly concentrated in the eastern one-third of the state with many of the central and western counties designated as frontier. Sixty-nine of the 105 counties (66%) is home to less than 15% of the population. Attempting to "serve" the entire state would require a greater amount of resources than are currently available.⁵

KHHLPP is a well established program and a leader in the healthy homes professional circle. While a universal screening plan has been in place for all Medicaid eligible children under 6 years of age since 2001, the reporting of all screening results was not mandated until the state regulation was revised and approved in December 2002. Due to this change and the targeting Mapping Model for designated high-risk areas, it has resulted that a higher percentage of the children with elevated blood lead levels has been identified. Kansas also has growing health disparities in certain populations, especially racial or ethnic minorities and people of low income or education.

The increases of childhood lead poisoning can be expected to continue, with an increasing burden and widening disparities, unless public health efforts are mounted to arrest and reverse it. This challenge will test the ability of local communities to fulfill their obligation to eliminate lead and healthy home hazards. Three factors affect the current challenge.

- Support for community coalitions for the elimination of lead risk factors.

- Cost for Lead Abatement is very high. *The economic cost of lead abatement rises each year. These cost include identification of lead hazards, risk assessment and abatement cost. In 2006 the Wyandotte County HUD Lead Hazard Control Grant utilized an approximate average of \$6,800 per housing unit for the abatement of lead hazards.*
- An unprecedented opportunity to eliminate childhood lead poisoning exists in Kansas. *We know what causes lead poisoning and how to prevent childhood lead poisoning, largely because of the decades of research supported by CDC, EPA and HUD. Healthy People 2020 has outlined clear goals that enable communities to participate in supporting activities to reach elimination and incorporate standards and housing codes that would sustain elimination of lead and home hazards across the state. Currently the KHHLPP is working to increase collaboration and action at the community level.*

KHHLPP has made progress towards the elimination of lead poisoning and healthy home hazards, but they are insufficient to arrest or reverse the problem. Public health serves society by guaranteeing conditions of life in which people can be healthy and by addressing three core functions – assessment, policy development, and assurance. Achievements in these areas include the following:

- Assessment. For several decades researchers have collected data on lead poisoning and conducted research on how to control it. Although gaps persist in Kansas’s surveillance, accumulated knowledge provides a solid evidence base for public health decision-making.
- Policy development. Kansas has only developed a few policies on the basis of this knowledge. Some policies have been implemented effectively but await broader, more intensive consensus and application to achieve an impact. Evaluating these policies requires implementation on a sufficient scale and adequate resources for evaluation.
- Assurance. Assurance, measured by how many Kansas children are protected from lead poisoning, remains to be achieved despite recent progress with the HUD Lead Hazard Control Grant. Community coalitions can put current knowledge to work through a targeted plan of action. Unfortunately, most of the community coalitions in the targeted high-risk areas in Kansas are not yet well equipped for this task.

Implementing the Strategic Work Plan

A Five Year Strategic Plan

Since the beginning of the strategic planning process in August 2003, the members of the Kansas Healthy Homes and Lead Poisoning Prevention Program through efforts with the Healthy Homes Advisory Council identified two major focus areas of health and housing and the five essential components of:

- Education and outreach
- Surveillance
- Housing
- Code enforcement
- Primary prevention.

Goals and objectives were developed to address the challenges found in each focus area, followed by strategies and activities that would help reach elimination of lead poisoning and healthy home hazards in Kansas. The Lead Advisory Committee was asked to identify which stakeholders were best suited to assume responsibility for the implementation of the activities identified in each portion of the strategic

plan. The last step included identifying implementation resources presently available as well as those resources that would be necessary to accomplish the mission outlined.

This section will outline the work of each focus areas as identified by the Lead Advisory Committee. The Lead Advisory Committee will continue to review the strategic plan in order to modify and reevaluate the plan's effectiveness in progress toward our mission.

Goals and Objectives

Housing Goal: To eliminate lead hazards from where children live, play, and visit by providing a mechanism to allow the public to make lead-safe housing choices.

Health Goal: To increase the number of children <72 months of age that have received a blood lead test.

To decrease the % of children tested whose blood lead levels are ≥ 10 $\mu\text{g/dL}$.

EDUCATION AND OUTREACH

The following are brief descriptions of proposed activities within the education and outreach elements for the Kansas Elimination Plan. They associate directly and by number with those listed on the Work Plan Activities sheet attached. These descriptions will identify the intent of the action (Objective), the logic or need for the action and approximate position of the action in timeframe. Within each activity, there may be described more than one task to be performed.

Objective 1: Optimize Lead Awareness (in general and professional populations)

Activity 1: Expand all current education and outreach efforts to both public and private health-care providers not yet receiving these efforts (doctors including maternity/obstetrics, clinics and staff). First task is to identify those sectors not yet receiving messages and see that materials and messages are sent. Include follow-up contact for clarifications. This included distributing the 2006 Revised Testing and Case Management Guidelines. *Logic: some medical providers (frontier area, and others) may not be receiving or using lead poisoning prevention information, and there is need for these areas to increase screening and surveillance activities. If they choose not to use the guidance, perhaps the local medical society might attempt to gain compliance.*

Activity 2: Develop and make available culturally sensitive materials to families in Kansas and improve this distribution and use. *Logic: Language differences are major barriers to desired actions. Kansas' Hispanic population will be best served with Spanish-language materials.*

Activity 3: Encourage lead-poisoning curriculum in medical training (nursing, EMS, Police, Fire and physician students). *Logic: the curriculum should include one of the major public health concerns for children. This curriculum should be reviewed and introduced to medical school administrators by peer group (doctor or medical society).*

Activity 4: Provide increased education and outreach to contractors, property owners including Section 8 property owners, property maintenance crews, and homeowners. This activity might include printed materials, increased opportunities to attend and present at landlord meetings, section 8 meetings, etc. *Logic: Particularly to educate owners of rental properties about the risks of paint deterioration and childhood lead poisoning. Clear guidance regarding simple*

maintenance and cleaning of leaded surfaces is frequently appreciated and then practiced by rental unit owners.

Activity 5: Encourage insurance companies to include lead-literature with their promotional materials sent to new homeowners. *Logic: Inclusion of a simple message about prevention of lead exposures may be viewed as a “public service” by both the company and the recipient homeowner.*

Activity 6: Encourage understanding of the need for lead safe training by material suppliers, paint stores, and home improvement suppliers.

Activity 7: Continue current collaboration with Medicaid to include lead awareness materials in promotional mailing to members.

Activity 8: Utilize contract lead nurses/county lead contacts to expand marketing efforts for lead hazard control program to include lead prevention materials in all high-risk areas.

Objective 2: Increase Lead Testing in children. and ensure Medicaid compliance for testing.

Activity 1: Communicate testing requirements through medical societies, direct mailings and other means. In particular, use peers to communicate with doctors as much as possible so that attention to message is optimized. Includes distribution of the Revised Testing and Case Management Guidelines. *Logic: since most medical practices are busy with numerous issues, the lead issue may need a strong peer to advocate for lead testing of children at risk and particularly the Medicaid child (as scheduled). Be certain that the clinics and physicians are getting the messages and attending to the guidance.*

Activity 2: Identify and serve the underserved populations. Kansas may have many areas of underserved families that have not been identified (based on low numbers of Medicaid children being tested, for instance). These populations need to be identified and then specific actions taken to have testing available. This may require bilingual communications or temporary testing sites. *Logic: given the somewhat inadequate numbers of tests performed on Medicaid children, the rate of lead poisoning is not certain in many areas of the State.*

Activity 3: Develop a means to project and plan blood lead testing based on known numbers of births within counties. This project will use birth records to project how many children within a zip code area should be tested during the next 12 months, for instance. This will become a valuable planning and evaluation tool. *Logic: Department of Vital Statistics gathers and keeps records of all births and can provide accurate numbers for each zip code area of the State. Using this data for planning and projecting will help to determine how closely the screening is following the national CDC guidance for testing.*

Activity 4: Provide collaborative efforts for testing through various child-based agencies (social welfare, WIC clinics, etc), faith-based organizations, tribal organizations, school systems and community-based organizations. These collaborations may provide access to untested populations in various locations in the State. *Logic: Utilize existing child-focused programs to encourage lead testing in youngest children throughout the State.*

Activity 5: Advocate for blood lead testing before pre-schools and day-care entrance. *Logic: pre-school and day-care providers might require evidence of lead-test at time of enrollment.*

Activity 6: Access potential sources for funding for blood lead testing, to include sources such as, but not limited to Medicaid, Maternal and Child Health, EPA Environmental Justice Grants, federal, state or local grants specific to community capacity building, major institutions, foundations and corporations.

Activity 7: Assess Medicaid compliance for testing children < 72 months for lead poisoning.

Activity 8: Coordinate the development of legislative efforts to mandate blood lead testing requirements increasing testing in high-risk areas.

Activity 9: Provide lead awareness materials and testing guidelines to maternity and obstetric clinics and hospitals for expecting and new parents.

Objective 3: Advance exposure intervention activities at the earliest possible time.

Activity 1: Provide and disseminate clearly written/illustrated instructions for cleaning typically lead-hazardous surfaces in the home. The CLPPP intends to promote primary prevention and simple but effective cleaning interventions will provide immediate hazard reductions. *Logic: whenever a home visit is made to a family with young children, this information should be provided and explained/demonstrated. Families receiving notification of a blood lead level that indicates some exposure to lead dust should receive this cleaning information as a part of the notification packet. Consider the use of video for this demonstration (perhaps a joint project with KU Department of Communications).*

Activity 2: Increase the practice of assisted cleaning interventions in homes of EBLL children. This practice is now carried out in some homes by the case manager or the risk assessor. Tool kits will be provided to EBL families along with the cleaning demonstration. *Logic: same need as in Activity 1 above, and extended in practice during any household visits by professional staff.*

Activity 3: Provide notification of exposure at greater than or equal to 5 µg/dL in children less than 36 months of age. This notification provides an opportunity to make the parent aware that lead exposures are occurring and that a cleaning intervention is needed to immediately reduce dust lead levels and risks of further exposure. *Logic: if a child less than 36 months of age is showing any lead level at or above 5 µg/dL active exposure to lead dust is likely occurring. Cleaning will provide at least temporary relief and with repeated cleanings, the child may pass through the normal cycles of hand-to-mouth activities without further high-risks of exposure. This action will improve understanding of both medical practitioners and parents that any level of lead in a young child is unhealthy and must be interrupted. There is no “safe” threshold for exposure as the current guidance implies.*

Activity 4: Utilize KHHLP website to make lead educational materials and resources available. Quarterly newsletters and annual report will also be available via www.kshealthyhomes.org .

SURVEILLANCE AND SCREENING ACTIVITIES

The following are brief descriptions of proposed activities within the surveillance and screening elements for the Kansas Elimination Plan. They associate directly and by number with those listed on

the Work Plan Activities sheet attached. These descriptions will identify the intent of the action (Objective), the logic or need for the action and approximate position of the action in timeframe. Within each activity, there may be described more than one task to be performed.

Objective 1: To establish a consistent plan for screening and surveillance

Activity 1: Work with Medicaid to develop and use a survey instrument to identify and analyze current providers testing for lead. This survey tool will collect information regarding locations of low testing rates (where children at risk as not being tested as directed by CDC guidance for Medicaid eligible households) and determine current medical clinics and practitioners in these areas. An estimated (or known) number of such Medicaid age appropriate children is available to determine the actual rate of testing. This indicator will provide “targeted medical providers” for the re-education process. *Logic: the KHHLPP needs to identify which practitioners are not testing the population at risk and then focus their efforts on these medical providers. Once providers are identified the project should attempt to determine barriers to testing that are present. The outcome of such a method will impact screening rates in once-deficient areas of the State, and these outcomes are readily evaluated.*

Activity 2: Influence local use of screening guidelines through consistent surveillance of practices. This activity is the follow-up activity for Activity 1 (above). Practitioners that continue to fail to test appropriate age groups of Medicaid children may require specific letters of concern from the State Health Director, or other appropriate agent (perhaps the local Medical Society). A consistent analysis of testing practices will influence practices at a local level if influential partnerships (medical society, for instance) agrees to participate. *Logic: the Lead Program cannot be solely responsible for changing/influencing medical practices in the private sector, but it can be effective when linked to a peer-group with access to the medical provider. Seek a partnership for this activity.*

Activity 3: Utilize birth record data to project (plan) and analyze actual testing patterns on a local level. This data (not individual names of births) is kept in county specific geographic database files and may be available to the Lead Program for planning purposes. Indications of births within a single county may be used to project the number of children to be tested during the following twelve-month period. This projection may be used to establish the success or failure to achieve an acceptable rate of testing in the at-risk populations in a local area. *Logic: using already gathered data is efficient and expedient, and may only require a concise request for files on a quarterly basis.*

Activity 4: Continue surveillance to analyze/compare lead-exposure data over time, to account for age-differences, zip code (risk-estimated factors), with the intent of modifying and updating the action steps and focal areas of the Elimination Plan on an annual basis. *Logic: Using the data provided through Activities 1 and 3 (above) the analytic strategy would direct future activities on a more accurate estimate of need and provide clear evidence for needs to modify planned activities for a better outcome.*

Activity 5: Provide “early notification of exposure” letter for $>5\mu\text{dL}$ in child less than 36 months of age. This activity is also noted in the Education and Outreach component of the Elimination Plan and intends to provide the earliest possible warning to the parent that a very young child is exposed to lead dust. *Logic: if the most effective steps for primary prevention are to be taken, they must include a very early warning to parents when any lead exposure is identified through a blood lead test. The physician should also be notified that the parent has*

been sent a letter of concern and instructions on how to identify possible sources of lead hazards and how to eliminate the sources through a cleaning intervention.

Activity 6: Utilize GIS maps for high-risk areas to determine effectiveness of the Revised Testing and Case Management Guidelines.

Objective 2: Increase the capacity of blood lead testing in Kansas

Activity 1: Determine the barriers for non-testing in local medical practices and provide actions to improve. This activity is related to Activity 1 & 2 above and focuses on barriers evident at the local level. Barriers may arise from the medical providers and others may arise from the parent rejection of testing of young child. The survey instrument noted in Activity 1 might identify unknown barriers and their origin. This might inform possible steps to modify negative responses to blood testing. *Logic: If barriers are at the practicing clinic because of lack of concern about lead exposures, the message may be best sent through a peer (doctor) to reconsider this position. If the parent rejects the blood test for personal reasons, the message for reconsideration needs to be aimed at that level.*

Activity 2: Educate medical providers through professional groups, using newsletters and meetings. The intent is to use peer-advocates to inform doctors or other professional groups of specific lead-testing information necessary to increase the practitioner's rate of testing at-risk populations. *Logic: through a collaborative agreement with various medical professional groups, the KHHLPP may gain advocacy actions for greater testing and earlier identification of populations at risk for lead poisoning.*

Activity 3: Continue to provide medical practitioners (clinics, etc) with a limited and clear recommendation for the first blood lead test. For example, well-baby visits schedule vaccinations and provide an ideal opportunity for the lead education to the parent and the blood lead test at age 12 months. *Logic: assist the practitioner with one concrete suggestion for the inclusion of education and testing on a one-time basis at the child's first birthday. In this way, the practitioner is less prone to view it as a limitless list of expectations and a first test may reveal earliest lead exposures that can be used to intervene in a timely manner.*

Activity 4: Advocate for mandatory testing of children < 72 months especially those enrolled in Medicaid.

Activity 5: All units enrolled in Project Lead Safe KCK or Safe at Home Wichita will require a blood lead test result on file to be considered for the program.

Objective 3: Increase general and medical awareness of potential lead exposures and risks.

Activity 1: Provide maps and other means for increasing and maintaining vigilance for potential lead exposures in both high-risk and low-risk populations. The Targeted Lead Model intends to provide this opportunity to advance current graphic information to target zip codes and medical care providers in these areas. If posted for the clinic patient's attention the general lead awareness will be increased for the public. Information used by the practicing physician will increase his/her consistency in awareness and testing of age-appropriate children. *Logic: If both the patient and the practitioner are given visual reminders of risk-centers in the area maps and graphs showing prevalence), the blood lead test will be performed more frequently.*

Activity 2: Provide medical practitioners with projections of lead tests needed within the areas of their practice and urge compliance to test Medicaid-eligible children on schedule. Using projections made with birth record data, KHHLPP can indicate to local physicians approximately how many children should be tested in the year following those births. This gives both a target to the physician and some guidance as to how closely that projected goal is being met. *Logic: A clear indication of what is expected may be lacking in many of clinical practices in Kansas and being as concise as possible about target numbers may improve the performance rates of blood lead testing.*

Activity 3: Encourage all family physicians and pediatricians to discuss potential lead exposures during “well-baby” visits. Some lead hazards are incidental to work being performed in an otherwise hazard-free house and parent needs to be asked about such possible activities in the home. Furthermore, households outside of high-risk areas may not have any information about potential for lead dust exposures since most educational and outreach efforts have been focused on high-risk communities. *Logic: a brief discussion about potential for exposures through normal hand-to-mouth activities is appropriate, and a follow up question about renovation or painting work is desirable.*

HOUSING

The following are brief descriptions of proposed activities within the Housing component of the Kansas Elimination Plan. They associate directly and by number with those listed on the Work Plan Activities sheet attached. These descriptions will identify the intent of the action (Objective), the logic or need for the action and approximate position of the action in timeframe (on Work Plan only). Within each activity there may be described more than one task to be performed.

Objective 1: Influence the availability of lead-safe housing at local levels

Activity 1: Assist communities with identifying and defining “high-risk” neighborhoods by using the GIS System, criteria to include is age of home and number of EBL children. This would assist communities in addressing homes with the highest potential of lead hazards. *Logic: this activity introduces various stakeholders to the issues directly bearing on childhood lead poisoning in Kansas – namely the origin of exposure through lead-based paint deterioration. Using the conditions agreed as sub-standard, the local agencies might be encouraged to proactively enforce local codes.*

Activity 2: Promote and encourage local efforts to improve or remove high-risk housing. *Logic: Many communities condemn and demolish abandoned and dilapidated structures and are encouraging neighborhoods to rebuild by using Neighborhood Reinvestment Tax Credits.*

Activity 3: Encourage communities to include lead specific activities in their Consolidated Plan. At the State level, promote and support a limited list of actions to be taken specifically to increase lead-safe environments across the State. *Logic: Most Consolidated Plans (State or Entitlement city) lack specific plans to eradicate lead hazards, and give a paragraph or two to the issue without real references elsewhere in the plan itself. For instance, in Con Plan the code enforcement division could have specific actions to take to ensure that paint deterioration in older housing is not ignored (as it usually is) and make the case for this to protect children from environmental hazards. Often the Consolidated Plan only identifies activities that will require actions that impact federal housing dollars, but private sector housing (particularly private-*

sector rental housing is a major contributor to lead exposures) and should be noted as an action plan to correct these deficiencies (using private sector money as much as possible - but also dedicating a portion of the federal dollars to some specific lead-reduction actions (maybe just code enforcement in the name of lead-based paint.)

Activity 4: Increase educational capacity for training landlords in lead safety.

Activity 5: Encourage communities to develop a plan and collaborate with local community-based organizations to increase the number of lead safe work practice educational opportunities for local property owners, landlords and contractors. *Logic: the KHHLPP holds regular training of RRP, however a more effective schedule might be established through collaborative events allowing a trainer from the local community to provide this service to the local property owners.*

Activity 6: Conduct meetings and participate in local workshops & training sessions to provide education to contractors, homeowners, tenants, landlords, etc. on RRP Regulations. Education and outreach will continue to educate contractors on the RRP requirements and enforcement actions taken throughout the state.

Activity 7: Maintain a contractor database. As contractors are identified they will be added to the contractor database. The database will be used to identify contractors for enforcement and compliance activities within the lead program.

Activity 8: Utilize elevated blood lead level investigation to ensure compliance with remodeling activities. When children who have elevated blood lead levels have been identified the EBL investigator will determine if any remodeling activities have taken place previously. If remodeling has been done, the investigator will try to identify the contractor. Compliance education and recommendations for lead safe work practices will be given to the contractor.

Activity 9: Collaborate with city and county officials to increase awareness of RRP regulations. In an effort to raise lead awareness the RRP program will continue to work with policy makers in an effort to strengthen the lead safe work practice requirements throughout the state.

Activity 10: Conduct inspections to confirm individuals performing renovation and remodeling activities are in compliance and implement the provisions of the KHHLPP Enforcement response policy when violations are confirmed.

Activity 11: Utilize the HUD Lead Hazard Control grant funds in Wyandotte County, Sedgwick County and Shawnee County to address lead hazards in 269 housing units, which will provide a registry of properties remediated for lead hazards including rental property. KHHLPP continues to work to obtain additional HUD grant funding and was awarded another round in Fall 2006.

Objective 2: Advance lead-safe housing through State-wide policies

Activity 1: Develop a committee to evaluate and recommend additional state legislative rules and regulations to promote the elimination of childhood lead poisoning, funding alternatives, enforcement activities (especially for EBL cases) and reducing lead hazards in commercial and residential building and remodeling. *Logic: Support the lead-safe standard at a statewide level. If communities support the statewide legislation it may help to remove some of the "political fallout" at the local level.*

Activity 2: Acquire statewide authority for enforcement and remediation in cases of EBLI identification. Mandate lead hazard control investigations.

Activity 3: Make available lead safe work practices guidance to local jurisdictions regarding effective and efficient methods of paint repair and component replacement necessary to make deteriorated housing lead-safe. *Logic: a centralized source for learning the easiest and most effective methods for lead hazard reduction is an efficient use of the CLPPP expertise. Readily available experience in lead-hazard reductions might be summarized and disseminated to local housing agencies and code enforcement agencies.*

Activity 4: Encourage communities to require that all rehabilitation activities in pre-1978 residential and commercial structures be completed by a contractor who is trained and certified or licensed by CLPPP. Will continue to work with the legislative committee to pass at the state level.

Activity 5: Develop a plan to collaborate with lending institutions to require that the EPA pamphlet be distributed when homeowners apply for rehabilitation loans. *Logic: Many homeowners will apply for rehabilitation loans so that they may complete the work themselves. If the information is given to them at the time the loan is applied for it could prevent them from creating lead hazards.*

Activity 6: Determine feasibility of implementing lead professional training in the curriculum for technical colleges and other educational programs. *Logic: If training curricula can be implemented in technical colleges and other educational programs a strong infrastructure of trained professionals will be available throughout the state.*

Objective 3: Increase collaborative and community-involved action steps to ensure lead-safe housing.

Activity 1: Work with local communities to establish community-based activities to identify, assist and refer lead paint concerns to local offices for information or action. This will require collaborative agreements from local code agencies and other community groups. This may present sharing opportunities for funding and resources of state, federal and private grants. *Logic: members of a community empowered to identify and report specific deficits to authorities with responsibilities to enforce code compliance are more likely to report deficiencies than tenant occupants fearing retribution from owners (such as evictions, termination of rental options). Properly trained and limited to specific terms, these community-based individuals may provide local code inspectors added support for enforcement.*

Activity 2: Identify the focus of local efforts and existing partnerships. *Logic: There are many different groups that are interested in developing safe housing and if efforts can be made to identify each group's strengths and the strengths can be coordinate, then all the programs will reach their goals in a more timely fashion.*

Activity 3: Compile a list of stakeholders from the KS Lead Council to target membership for local councils. *Logic: See Activity 2*

Activity 4: Assist in exploring funding resources to develop or expand partnership capacity. *Logic: See Activity 2*

Activity 5: Support policy change and provide data and/or testimony for local policy changes.
Logic: See Activity 2

CODE ENFORCEMENT AND LEGISLATION

The following are brief descriptions of proposed activities within the code enforcement and legislation elements for the Kansas Elimination Plan. They associate directly and by number with those listed on the Work Plan Activities sheet attached. These descriptions will identify the intent of the action (Objective), the logic or need for the action and the approximate position of the action may be found on the Work Plan. Within each activity there may be described more than one task to be performed.

Objective 1: Fully integrate lead-safety into code and housing regulatory jurisdictions

Activity 1: Initiate and improve collaboration among diverse agencies with responsibilities for regulatory oversight and implementation of housing rehabilitation programs, standards and code compliance. This activity will require reality-based expectations for capacities of each agency and careful consideration of overlaps and potential collaborative actions. (Midterm time frame is anticipated for any real activity). *Logic: If there is tacit agreement that paint code violations can be a focus in target areas where lead poisoning is most prevalent, then collaboration between code compliance office and federally funded housing programs might be effective to provide referrals or minimal financial assistance for repairs.*

Activity 2: Provide educational support and help communities identify practical, effective means for implementation of lead-safe work practices in housing repair programs and code enforcement actions. *Logic: Preparation and presentation of the most important findings from these two documents will ease potential resistance from programs not familiar with lead hazard control methods. Provide usable information.*

Activity 3: Initiate collaboration and develop a plan with state child care licensing board to require that lead inspections and risk assessments for day-care centers and pre-school facilities, particularly in at-risk communities are conducted on a regular basis. *Logic: Young children in day care often spend significant amounts of time in the school environment and lead-safe conditions are essential.*

Objective 2: Provide guidance to communities about current lead rules and regulations.

Activity 1: Provide information about professional training opportunities as lead safe worker, lead abatement workers, lead abatement supervisors, lead inspector, risk assessor and lead abatement project designers to individuals and companies who disturb lead based paint in residential housing. Encourage code offices to have all code enforcement officers trained at least as lead inspectors and risk assessors and in lead safe work practices.

Activity 2: Continue to work with the legislative committee to expand current lead abatement requirements to include commercial structures.

Primary Prevention

The strategies and activities within the Kansas Elimination Plan encompass a wide variety of efforts aimed at diminishing and finally eliminating childhood lead poisoning in the State. The commitments of the KHHLPP, the LAC and their partners are stated throughout the foregoing sections of the Plan and include both expansions of previous strategies and newly devised activities to bring closure to this environmental health problem. Certain of these activities are essential to the final elimination while others provide short term benchmarks along the way, indicating whether or not the planned strategies are having optimal impact on lead exposures in targeted populations of at-risk children.

Action steps from each of the key components of the Plan are included in this *Primary Prevention* section and are highlighted under the same component headings used throughout the text and worksheets of this Plan. These selected strategies and activities are viewed as standing apart by virtue of their focus on the specific goal of final eradication of lead poisoning in Kansas's children.

Education and Outreach

Education of the Professional Service Providers

Even though the KHHLPP is a young program, its Elimination Plan shows innovative efforts to raise awareness and inform specific audiences. As a part of its primary prevention planning, the Program intends to conduct broader outreach to institutions of higher learning where medical care professionals are schooled and trained. This outreach effort will encourage inclusion of lead toxicity in the student's training curriculum – students such as nursing and medical students, paraprofessionals in medical sciences and students training as social workers. It is anticipated that increased awareness at the training level will ultimately assist in the early detection and intervention processes at the clinical setting. These actions are found in Objective 1 of the Education and Outreach section of the Kansas Elimination Plan.

Closely allied with the rigorous outreach to the medical community is one designed to reach the statewide providers of pre-school and daycare providers. This strategy will be an effort of the legislative committee. The legislative committee will be working to advocate for lead testing prior to preschool and daycare enrollment as well as to encourage individuals authorized to inspect and license these facilities are educated on childhood lead poisoning and the potential lead hazards found in older buildings. The legislative committee will also encourage testing of all pre-1978 structures utilized as preschool or daycare centers to receive a lead inspection and risk assessment prior to licensing the facility. Through this educational process, the KHHLPP will encourage the establishment of stricter guidelines for the process of inspection and licensure of preschool and day-care facilities – a primary prevention agenda to ensure a lead-safe environment during a child's earliest years of development (see Education and Outreach Work plan, Objective 2, Activity 5).

Creating Linkages with other Agencies and Programs

As mentioned in the *Screening and Surveillance* section of the Elimination Plan, notable attrition from WIC and other similar programs as well as a consistent movement to the managed-care clinics (for both well-child and sick-child care) have contributed to lost opportunities to test and treat lead-poisoned children in Kansas. KHHLPP feels there may be a benefit to link a child's earliest lead history to other data shared between these two categories of medical care providers. The KHHLPP might be the conduit for this process and provide assurance that potential intervention opportunities will not be overlooked. Through this specific outreach effort, the Program will advocate for and encourage high levels of well-

child visits at least through age three years, particularly for children found in the at-risk populations in the State. This format intends to bring a proactive, primary prevention focus to the outreach and educational agenda.

The Program's early intervention initiative described in the *Screening and Surveillance* section is also worthy of note as a primary prevention outreach effort. Previous protocols required that notices for elevated blood lead levels $>10\mu\text{g/dL}$ would be sent to parents indicating a need for retest (unless the first sample was venous blood). In 2004 the KHHLPP began sending notices to parents if the blood lead level was greater than $5\mu\text{g/dL}$. This early intervention notice indicates that the child is experiencing lead exposure and provides information and education to parents and/or guardians empowering them to identify possible lead hazards in their home and helpful hints for the immediate reduction of the lead hazards. Printed materials to assist in the identification of typical lead sources are sent with simple instructions on cleaning practices to reduce risk. This early initiative received positive attention from parents as well as physicians who understand that sources of lead hazards need to be eliminated as soon as identified. The KHHLPP plans to continue this activity in the high-risk areas as well as to encourage the other counties to continue this early intervention strategy.

Screening and Surveillance

Within the activities and strategies offered to improve the Program's efforts in screening and surveillance of childhood lead poisoning, there are four that will impact substantially on the goals of the Plan. These key actions, discussed below as topics worthy of inclusion in the State's focus on *Primary Prevention*, are: (1) The Focus on Medicaid; (2) Expansion of Testing; (3) Data Analysis and Plan Projections; and (4) the Public Awareness Campaign.

The Focus on Medicaid

As previously noted, Kansas has not yet succeeded in testing adequate numbers of Medicaid children, particularly those living in outlying areas of the state in smaller communities and rural settings. Although the exact reasons for this deficiency are not yet known, the KHHLPP has recently taken an essential step to correct the very low rates of blood lead testing. Working directly with Electronic Data Systems, the State agency responsible for Medicaid payments (reimbursements) to physicians, a plan has been put in place to actively enforce the requirement to test all children on Medicaid eligible children ages 12, 24, 36 and 72 months. One avenue being developed is for Medicaid to require that the physician provide evidence that he/she actually administered the blood lead test or that a referral process resulted in the test being administered prior to Medicaid reimbursement for any services associated with that child's visit.

It is anticipated that this aggressive solution to the problem may also reveal why previous testing has not been carried out according to the Medicaid and CDC guidelines and specific corrective actions can follow. The importance of this first step can hardly be overstated as a major contribution to the *Primary Prevention* position of the Program. An accurate demonstration and assessment of the statewide prevalence of lead-exposed children will inform virtually every action step and direct resources toward the goal of outright elimination.

Data Analysis and Plan Projections

A second important aspect of the changing surveillance strategies of the KHHLPP is creation and use of a central strategy for analyzing and projecting data. With a consistent strategy, the collected data can be analyzed for specific findings, compared from year to year, and it can provide a means for projecting

plans and activities tailored to the needs of a specific target area. This important strategy needs to accommodate a number of variables noted within the State. It is clear that the larger cities have significant populations of young children living in housing built prior to 1960, but it is also notable that a large rural area in the State is substantially untested and un-assessed. Analysis of current and future blood lead data will continue to account for ages of children tested, ranges of blood lead levels, and other demographic factors not previously sorted out by the program. If the strategy includes birth data for local jurisdictions, the KHHLPP will have the capacity to project the anticipated number of blood lead tests for 12-, 24- and 36-month-old children and more easily determine deficiencies in these test numbers should they occur. Having a means to project and plan statewide activities and campaigns will increase efficiencies and improve outcomes for every aspect of lead poisoning prevention.

Raising Public Awareness

As the KHHLPP moves toward a primary prevention model, information found through data analysis will be used to enhance awareness in both the general public and the narrower community of households-at-risk. Two important initiatives are already underway in Kansas. During the past year, the KHHLPP utilized a conceptual strategy to notify parents of one-year-olds found with blood lead levels of $>5-15 \mu\text{g/dL}$. Enclosed with the notification of a child's lead level is a set of clear instructions for identification of typical lead hazards and simple cleaning methods to reduce the lead dust hazards most commonly found in older housing. The Program sought to actively intervene with low-level exposures at an earlier stage. This primary prevention activity has been well received, by both families and their medical care providers. Parental concern and responses have encouraged KHHLPP that actions would be taken to decrease or eliminate the hazards from the child's environment. Furthermore, providers are including these cleaning interventions, developed and recommended by KHHLPP, when they send notification to families on their child's test result – underscoring the preventive actions that are key to primary prevention strategies. This highly proactive intervention will continue across the state with culturally and linguistically appropriate materials for the recipient household.

The second initiative of note is the Program's effort to increase public awareness regarding the need to test the very young child for potential lead exposure. This activity and its underlying strategy are receiving critical focus by the KHHLPP. Over the past several months, the Program has developed the Lead Targeting Model (LTM) with the capacity to generate maps of high-risk neighborhoods within key cities having a high prevalence rate for lead poisoning. Generated using standard demographic and geo-coded information, the individual map indicates precisely where the high-risk housing and communities are located within the State and on a local scale as well. Provided to providers across Kansas, these maps demonstrate the critical need for lead testing of children living in specific areas. As this program expands, additional cities and communities will be mapped and current data will be used to reconfigure these visual aids as needed. These maps are intended to raise awareness of both the parent and the clinical staff and to provide visual definition to areas of lead hazardous housing. The LTM is used to support and supplant the use of a verbal screen to identify risks associated with lead exposure and it is expected to increase parental requests for blood lead testing of young children.

Expansion and Refinement of Testing Strategies

Early in its history, Kansas chose to use a simple blood lead collection method to facilitate broad testing of young children. Using a filter paper collection of a capillary droplet simplifies the clinical procedure and alleviates the more rigorous requirements of whole blood collected in a micro-container. This uncomplicated method of testing makes expansion of blood testing sites relatively easy and practical. During the process of strategic planning, the KHHLPP began actively seeking collaborations with WIC and immunization clinics as potential sites for blood lead collection. Aware that major attrition from

well-baby programs (such as WIC and immunization clinics) occurs around the time of the final immunization – approximately 12 months of age – the KHHLPP is actively recruiting these clinics to collect the child’s first blood lead test at that particular visit. The Program intends to encourage each clinic to include blood lead testing on their formal schedule of procedures for children until age three and to be particularly mindful of that first test at 12 months of age.

Lead Hazard Reduction in Housing

Current Status of Lead Hazard Reduction in Kansas

The KHHLPP, its Lead Advisory Committee and Lead Council recognize the critical role of addressing housing issues in reducing childhood lead poisoning prevention efforts. In an effort to develop an effective and comprehensive Elimination Plan KHHLPP enlisted local and state housing professionals who provided valuable insight, recommendations and suggestions for solutions to reducing lead hazards in the homes of Kansans. It was determined that private sector property owners have the majority of interest in homes and rental properties throughout Kansas. Therefore, education and raising awareness of the hazards of lead to this group will be required if we expect them to contribute resources and efforts to help with the cleanup and repairs needed in much of the pre-1960 housing stock. The KHHLPP through the Renovation, Repair and Painting Rule (RRP) will expand its current commitment and efforts to expand working relationships with both homeowners and rental property owners.

In 2003, 2006 and 2011, Kansas received a Lead Hazard Control Grant (HUD) dedicated to lead hazard reduction activities in Sedgwick County (Wichita, Kansas), Shawnee County (Topeka, Kansas) and Wyandotte County (Kansas City, Kansas). The Lead Hazard Control Grant has and will continue working diligently with contractors, homeowners and community leaders to reduce the number of homes with lead hazards. The majority of housing in Kansas is privately owned and is repaired and maintained using private sector resources, including personal savings and bank loans. Current Kansas regulations do not require that contractors performing work in privately owned housing to use lead safe work practices. The majority of contractors working on federally assisted projects do not perform work on privately owned housing therefore there is almost no crossover for the lead-certified home improvement contractor. Current RRP compliance efforts are helping to correct this. The number of contractors engaging in lead safe work practice as a common practice continues to increase.

Impacts on Housing

During the last years the previous PRE-Renovation Education (PRE) program now transitioned into the new regulatory standard of Renovation, Repair and Painting Rule (RRP) program has provided compliance education on lead regulations and using lead safe work practice standards to contractors, landlords and maintenance companies working in homes built prior to 1978. In an effort to be more proactive and prevent children from being lead poisoned the RRP program will be utilizing the GIS system to identify high-risk housing and children who have been identified with elevated blood lead levels. This information will allow the RRP program to target its compliance and enforcement programs to the highest risk areas of the state. The RRP program expects as more contractors, landlords and maintenance companies are educated about the RRP regulations the number of lead hazards created in target housing will significantly decrease during rehabilitation, remodeling and maintenance.

In addition to using the GIS system the RRP program will be working with target communities to develop a method of reporting contractors who are performing work on pre-1978 housing. RRP staff will perform follow up inspections to assure that the Kansas Lead Rules and Regulations are being followed. It is expected that as this program develops contractors will be more vigilant about

performing their work in a manner that prevents children from being exposed to lead hazards. The partnerships with the communities will allow the KHHLPP and the community to expand its current capabilities of limited human resources.

Code Enforcement and Legislation

Revision of Statutes and/or Regulations and Primary Prevention Action

As in most states within the U.S., childhood lead poisoning in Kansas is usually caused by exposure to deteriorated lead-based paint in older housing. Current lead regulations in Kansas rely on discovery of an elevated blood lead, finding the source of the child's exposure and providing that information to the property owner, but it stops short of giving authority to any agency for follow-through to ensure that repairs are made and the lead hazard is removed. Since this regulation relies on a blood lead threshold to trigger action, it is a reaction-based law rather than a proactive one and provides virtually no protection until an elevated blood lead is detected. Although this is rather typical of earlier lead regulations, it has proven to be ineffective and difficult to administer and needs revision. As the State of Kansas revisits this regulation, the KHHLPP intends to focus the revisions on paint condition in pre-1978 housing, rather than the blood lead level of a child. The results of such revisions will likely be similar to standardized residential code regulations that cite deficiencies and state requirements for remediation or enforcement actions. In the meantime, the KHHLPP has taken a major step to build action-oriented partnerships to advance primary prevention in specific high-risk communities.

Since the KHHLPP program started they have actively worked with communities to identify and develop ways of educating the policy makers about the hazards and impacts that lead can make on a community. KHHLPP will provide education and support to policy makers to encourage them to adopt stricter code and enforcement policies that address lead paint hazards in an effort to improve or remove high-risk housing. KHHLPP will provide communities sample ordinances and regulations that can be implemented. Many communities in Kansas do not have any type of code enforcement policies; therefore the implementation of basic lead hazard reductions codes will be a step forward in protecting the children in their communities. Cities will be encouraged to include methods of addressing lead hazards when they review their consolidated plans.

The KHHLPP developed a committee in 2004 to evaluate current lead rules and regulations. They have identified and successfully prepared enhanced legislation that will provide stricter requirements for individuals and companies working with lead paint to the state legislature in FY 2010. The committee will address the needs of requiring all contractors who work in pre-1978 housing and commercial properties to use lead safe work practices, and try to identify additional resources for addressing homes with identified lead hazards. RRP was adopted by legislature on April 9, 2010 for Kansas to be a self authorized state for enforcement and oversight of the new regulation requiring training to occur and for Lead Hazard Control Notices to be issued for every unit with identified child with a confirmed elevated blood lead level.

The Detailed Plan for Implementation

A Public Health Action Plan to Eliminate Lead Poisoning in Kansas by 2020 designed with the Lead Advisory Committee is ambitious yet achievable. While subject to modifications, to meet the needs of an evolving and growing program, the Action Plan provides the basic outline for the tasks which will be accomplished in each year of the program. The following pages outline the work plan by each year of implementation.

(NOTE: Activities that will be high priority are marked with “XX”)

Education and Outreach

Objective 1: Optimize lead awareness in general and professional populations.

Activity	Responsible Agency/ Organization	2011	2012	2013	2014
1. Expand outreach to private and public health care providers	KDHE, Lead Nurses, WIC, KBH	X	X	X	X
2. Make available culturally appropriate material.	KDHE, Lead Nurses, Local Health Depts.	X	X	X	X
3. Encourage lead curriculum and content for medical and nursing students	KDHE, Poison Control Center, Medical & Nursing Programs	XX	X	X	X
4. Provide increased educational outreach to property owners.	KDHE, CBOs	XX	XX	XX	XX
5. Encourage insurance companies to include lead awareness materials in promotional mailings to homeowners at least once per year.	KDHE, State Partner Agencies	XX	X	X	X
6. Encourage understanding of the need for LSWP by material suppliers, paint stores and home improvement suppliers.	KDHE	XX	XX	XX	XX
7. Continue current collaboration with Medicaid to include lead awareness materials in promotional mailings to members.	KDHE, State Partner Agencies	XX	XX	XX	XX
8. Expand marketing efforts for lead hazard control program to include lead prevention materials in high risk areas.	KDHE, Media Outlets, Lead Nurse, county lead contacts	X	X	X	X

Objective 2: Increase lead testing in children and encourage Medicaid compliance for testing.

Activity	Responsible Agency/ Organization	2011	2012	2013	2014
1. Communicate testing requirements through medical societies, direct	KDHE, Lead Nurses	XX	XX	XX	XX

mail, and other means.					
2. Identify and serve the underserved populations.	KDHE, State Partner Agencies	XX	XX	XX	XX
3. Develop means to project and plan screening based on birth records in zip code areas/towns, etc.	KDHE	X	X	X	X
4. Provide collaborative efforts with appropriate agencies, CBOs, schools, etc.	KDHE, CBOs, schools, State Partner Agencies	XX	XX	XX	XX
5. Advocate for blood lead testing before preschool/daycare entrance. Kan Be Healthy develop a form to make lead testing mandatory.	KDHE, Childcare Licensing and Daycare Providers	X	X	X	X
6. Access potential sources for funding for blood lead testing. Ex: pursuing Medicaid reimbursement for case management and environmental investigations	KDHE, Lead Nurses, LAC Members	XX	XX	XX	XX
7. Assess Medicaid compliance for testing children <72 months of age	KDHE, Medicaid, Lead Nurses	XX	XX	XX	XX
8. Coordinate the development of legislative efforts to mandate blood lead testing requirements increasing testing in high risk areas and Medicaid compliance	KDHE, LAC	XX	XX	XX	XX
9. Provide lead awareness materials and testing guidelines to maternity and obstetric clinics and hospitals for expecting and new parents.	KDHE, Lead Nurses	X	X	X	X

Objective 3: Advance exposure intervention activities at earliest possible time.

Activity	Responsible Agency/ Organization	2011	2012	2013	2014
1. Provide and disseminate instructions for cleaning interventions in homes.	KDHE, EPA, Lead Nurses, Home Visitors	XX	XX	X	X
2. Increase practice of assisted cleaning interventions in homes linked to EBLs.	KDHE, Environmental Investigators, Local Health Depts., Lead Nurses	XX	X	X	X
3. Provide notification of exposure at >5 µg/dL for children less than 72 months of age.	Lead Nurses, Local Health Depts., Providers	X	X	X	X

4. Utilize KHHLPP website to make lead education resources available.	KDHE	X	X	X	X
---	------	---	---	---	---

Surveillance and Screening

Objective 1: Establish consistent plan for screening and surveillance.

Activity	Responsible Agency/ Organization	2011	2012	2013	2014
1. Develop and use a survey instrument to identify and analyze current screening practices.	KDHE, Medicaid	XX	X	X	X
2. Influence local use of screening guidelines through consistent surveillance of practices.	KDHE	X	X	X	X
3. Utilize birth record data to project and analyze actual testing patterns.	KDHE	X	X	X	X
4. Establish strategy to compare data over time, accounting for ages, zip codes, risk factors, etc.	KDHE	X	X	X	X
5. Provide “early notification of exposures” at > 5 µg/dL for children <72 months of age. (See Ed. Objective 3 #3)	Lead Nurses, Local Health Depts., Providers	X	X	X	X
6. Utilize GIS maps for high-risk areas to determine effectiveness of the Revised Testing and Case Management Guidelines.	GIS Technical Support, STELLAR Coordinator	XX	X	X	X

Objective 2: Increase capacity of lead testing in Kansas.

Activity	Responsible Agency/ Organization	2011	2012	2013	2014
1. Determine barriers for non-testing in local practices. Provide guidance to improve.	KDHE	XX	X	X	X
2. Educate medical providers through professional groups, newsletters, and meetings	KDHE, Medicaid, Lead Nurses, LAC	X	X	X	X
3. Provide medical providers ample data and information to encourage blood lead testing at earliest ages.		X	X	X	X
4. Advocate for mandatory testing of children <72 months of age with	KDHE, Medicaid, LAC	XX	XX	XX	XX

Medicaid.					
5. Blood lead test result on file will be required for participation in Project Lead Safe KCK.	KDHE	XX	X	X	X

Objective 3: Increase general and medical awareness of potential lead exposures and risks.

Activity	Responsible Agency/ Organization	2011	2012	2013	2014
1. Provide maps and other means for increasing and maintaining vigilance for potential lead exposures in both high and low risk populations.	KDHE	X	X	X	X
2. Provide medical practitioners with projections of lead tests needed within the areas of their practice and urge compliance to test Medicaid eligible children on schedule.	KDHE, Lead Nurses	X	X	X	X
3. Encourage all physicians to discuss potential lead exposures during “well baby” visits.	KDHE, Lead Nurses, Local Health Depts.	XX	XX	XX	XX

Housing

Objective 1: Increase the availability of lead safe housing in Kansas.

Activity	Responsible Agency/ Organization	2011	2012	2013	2014
1. Assist communities with identifying and defining “high risk” neighborhoods by using the GIS system.	KDHE, Local Code Offices and Health Agencies	X	X	X	X
2. Reinforce lead specific activities and plans within the jurisdictions Consolidated Plan	KDHE, Entitlement Cities	XX	XX	X	X
3. Promote educational activities for training landlords in lead safety.	KDHE	X	X	X	X
4. Encourage communities to develop a plan and collaborate with local community based organizations to increase the number of lead safe	KDHE, Local Communities, Property Owners, Landlords, and	X	X	X	X

work practice educational opportunities for local property owners, landlords and contractors.	Contractors				
5. Conduct meetings and participate in local workshops and training sessions to provide education on RRP Regulations	KDHE	X	X	X	X
6. Maintain a contractor database	KDHE	X	X	X	X
7. Utilize EBLL investigation questionnaires to ensure compliance with regulations on remodeling activities.	KDHE	X	X	X	X
8. Collaborate with city and county officials to increase awareness and ensure compliance with the RRP regulations.	KDHE, City and County Officials	XX	XX	XX	XX
9. Conduct inspections to confirm individuals performing renovation and remodeling activities are in compliance and implement the provisions of the KHHLPP Enforcement Response Policy when violations are confirmed.	KDHE	X	X	X	X
10. Use HUD Lead Hazard Control Grant funds to address lead hazards in 269 housing units in Wyandotte County.	KDHE, Wyandotte County Partners	XX	X	X	X

Objective 2: Advance lead safe housing through statewide policies.

Activity	Responsible Agency/ Organization	2011	2012	2013	2014
1. Develop a committee to evaluate and recommend additional state legislative rules & regulations to promote the elimination of childhood lead poisoning, funding alternatives, enforcement activities (especially for EBL cases) & reducing lead hazards in commercial, residential buildings and remodeling	KDHE, LAC and Lead Council Members	XX	XX	XX	XX
2. Acquire state wide authority for enforcement in cases of EBL identification	KDHE	XX	XX	XX	X
3. Make LSWP guidance available to	KDHE, City				

local jurisdictions regarding effective and efficient paint repair techniques.	Housing Offices, Dept of Commerce	XX	XX	XX	XX
4. Encourage communities to require that all rehabilitation activities in pre 1978 residential and commercial structures be completed by a contractor who is trained and certified or licensed by KHHLPP.	KDHE	X	X	X	X
5. Develop a plan to collaborate with lending institutions to require that the EPA pamphlet be distributed when homeowners apply for rehabilitation loans.	KDHE	X	X	X	X
6. Determine feasibility of implementing lead professional training in the curriculum for technical colleges and other educational programs.	KDHE	X	X	X	X

Objective 3: Increase collaborative and community involved action steps to ensure lead safe housing.

Activity	Responsible Agency/ Organization	2011	2012	2013	2014
1. Work with local communities to establish community-based activities to identify, assist and refer lead paint concerns to local offices for information or action.	KDHE, Local Communities	XX	XX	XX	XX
2. Identify the focus of local efforts and existing partnerships.	KDHE	X	X	X	X
3. Compile a list of stakeholders from the KS Lead Council to target membership for local councils.	KDHE	X	X	X	X
4. Assist in exploring funding resources to develop or expand partnership capacity.	KDHE, Local Community	X	X	X	X
5. Support policy change and provide data and/or testimony for local policy changes	KDHE	XX	XX	XX	XX

Code Enforcement and Legislation

Objective 1: Fully integrate lead safety into code and housing regulatory jurisdictions.

Activity	Responsible Agency/ Organization	2011	2012	2013	2014
1. Initiate and improve collaboration among diverse agencies with responsibility for regulatory oversight and implementation of housing programs, standards, and code compliance.	KDHE, Local Code Offices, Housing Resource Commission, Dept of Commerce	X	X	X	X
2. Provide educational support and help communities identify practical, effective means for implementation of lead safe work practices in housing repair programs and code enforcement actions.	KDHE, Local Code Offices, Housing Resource Commission, Dept of Commerce	X	X	X	X
3. Initiate collaboration and develop a plan with state child care licensing board to require that lead inspections and risk assessments for daycare centers and pre school facilities particularly in high risk areas are conducted on a regular basis.	KDHE	X	X	X	X

Objective 2: Provide guidance to communities about current lead rules and regulations.

Activity	Responsible Agency/ Organization	2011	2012	2013	2014
1. Provide information about professional training opportunities as lead safe worker, lead abatement worker, lead abatement supervisors, lead inspector, risk assessor, and project designers to individuals and companies who disturb lead based paint in residential housing.	KDHE, Local Code Offices, Housing Resource Commission, Dept of Commerce	X	X	X	X
2. Continue to work with the legislative committee to expand current lead abatement requirements to include commercial structures.	KDHE, Legislature	XX	XX	X	X

Evaluation Plan

Evaluation will provide the means to assess the effectiveness of specific activities and interventions. It will also help the state to identify our progress overall in the Healthy People goal of 2020.

Please refer to following Attachment B “Lead Measures”.

References

¹ Census Bureau 2001

² Census Bureau 2001

³ Census Bureau 2001