State of Minnesota

2010 Childhood Lead Poisoning Elimination Plan

Year 1 Progress Report

June 2005

2010 Childhood Lead Poisoning Elimination Plan

Year 1 Progress Report

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Governor Tim Pawlenty

Diane Mandernach, Commissioner
Minnesota Department of Health

Patricia Bloomgren, Director
Environmental Health Division

Childhood Lead Poisoning Prevention Project (CLPPP) Staff

- Daniel Symonik, Supervisor
- Erik Zabel, Principal Epidemiologist
- Myron Falken, Principal Epidemiologist
- Katherine Carlson, Project Director
- Maureen Alms, PHN, Case Monitor
- Julia Wooldridge, Database Manager
- Becky Bernauer, Special Projects Coordinator
- Larry Olson, QA/QC Coordinator
- Segunda Schneider, Data Entry
- Mollie Moore, Data Entry
- Delores Daniels, Data Entry

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Minnesota Department of Health
Environmental Health Division
Environmental Impacts Analysis Unit
CLPPP
P. O. Box 64975
St. Paul, MN 55164-0975
(651) 215-0911, TDD (651) 215-8980

Introduction

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In 2003, the U.S. Centers for Disease Control and Prevention (CDC) directed childhood lead poisoning prevention program (CLPPP) grantees to develop a state plan to eliminate childhood lead poisoning by 2010. The Minnesota Department of Health (MDH) Minnesota CLPPP, working cooperatively with an advisory group consisting of a wide range of interested stakeholders, developed the state's *2010 Childhood Lead Poisoning Elimination Plan*.

The Minnesota CLPPP work plan for Year 2 of the state's Cooperative Agreement with the CDC (US7/CCU522841-02) calls for a summary of plan activities from July 1, 2004, to June 30, 2005. This summary report includes an overview of the 2010 plan development; overall program indicators; activities completed, underway or ongoing; outcomes achieved and barriers encountered during the plan's first year of implementation; and a plan for ongoing evaluation and modification of the 2010 plan. Because of the diverse partners in this plan, a list of acronyms or abbreviations frequently used is included as Appendix A.

Background

In September 2003, the 2010 Plan Advisory Work Group met for the first time and approved a vision statement to guide its deliberations and decisions:

"To create a lead-safe Minnesota where all children have blood lead levels below 10 ug/dL by the year 2010."

The Work Group was led by Rebecca Kenow, manager of the MDH Environmental Surveillance and Assessment Section, and Ed Petsche, lead project manager for the Greater Minneapolis Daycare Association and board member of the national Alliance for Healthy Homes. (See Appendix B. for a list of Work Group members.) The Work Group consisted of members representing a wide variety of interests: physicians; community-based organizations; federal, state and local public health agencies; housing agencies; industry groups; property owners; development interests and more. Decisions were made by majority rule.

The Work Group established five broad goals, under which specific plan objectives and tasks would be ranged. These five goals are:

- Strategies for lead education and training;
- Strategies for identifying at-risk properties and children;
- Strategies to better coordinate health and housing enforcement;
- Strategies to identify resources to increase the supply of lead-safe housing in Minnesota; and
- Strategies to assess the availability of lead liability insurance for single-family property owners, responsible property owners (RPOs) and contractors.

The detailed plan was written to include benchmarks for conducting ongoing evaluation and developing new objectives and tasks. An advisory group consisting of Work Group members planned to meet regularly to discuss progress, update the plan and identify barriers to achieving the overall goal of eliminating childhood lead poisoning by 2010. The Minnesota Legislature also requested a study of lead poisoning in Minnesota to answer specific questions about lead poisoning prevention in Minnesota, a study which helped stage implementation efforts.

The *State of Minnesota 2010 Childhood Lead Poisoning Elimination Plan* was issued in June 2004. Governor Tim Pawlenty introduced and promoted the plan, calling it "an important tool to help protect the children of our great state."

Organization of Lead-Poisoning Prevention Activities

In Minnesota, a complex network of public and private partners performs the core public health functions of assessment, assurance, and policy/planning for lead poisoning prevention activities. The MDH Division of Environmental Health has the primary state responsibility for lead poisoning prevention. The Environmental Impacts Analysis

(EIA) unit is responsible for lead-related surveillance and implementing the CLPPP. The Asbestos/Lead Compliance (ALC) unit ensures compliance with state rules and statutes dealing with lead hazards.

Other state agencies with responsibilities related to lead include the Minnesota Pollution Control Agency, Minnesota Department of Human Services, Minnesota Department of Agriculture, Occupational Safety and Health Administration, Department of Natural Resources, Housing Finance Agency and Department of Employment and Economic Development.

Locally, cities of the first class and local/county public health agencies conduct lead risk assessments and case management. Nongovernmental advocacy organizations, such as the Sustainable Resource Center (housing CLEARCorps), the Greater Minneapolis Daycare Association and Project 504 provide education, training, assessments and primary prevention pilot projects. Health service providers, such as health maintenance organizations (HMOs) and community clinics, implement statewide guidelines for lead screening and case management.

Private laboratories perform blood lead testing and reporting. Contractors obtain certification for lead hazard control activities and practice lead-safe work practices on the job. As primary prevention becomes the major strategy for eliminating childhood lead poisoning, housing organizations are playing an increasing role in lead hazard control.

Frequent communication among these varied partners takes places every day, as referrals and collaborative projects abound. The MDH supports information sharing, problem solving and cooperation among partners by sponsoring two meetings each year (May and October) of the Minnesota Collaborative Lead Education and Assessment Network (M-CLEAN).

Funding for Lead Poisoning Prevention

Federal funding provides the basic support for lead poisoning prevention activities in Minnesota. Cooperative agreements and grants from the CDC, HUD and the U.S. Environmental Protection Agency (EPA) provide the foundation for state and local programs, along with funding appropriated by the Minnesota Legislature and private organizations and foundations. Enforcement penalties also contribute a small amount of lead poisoning prevention dollars to the mix, but that may change as federal agencies indicate more interest in undertaking enforcement actions against property owners with buildings where multiple lead poisoning cases have originated or the lead disclosure rules have been violated.

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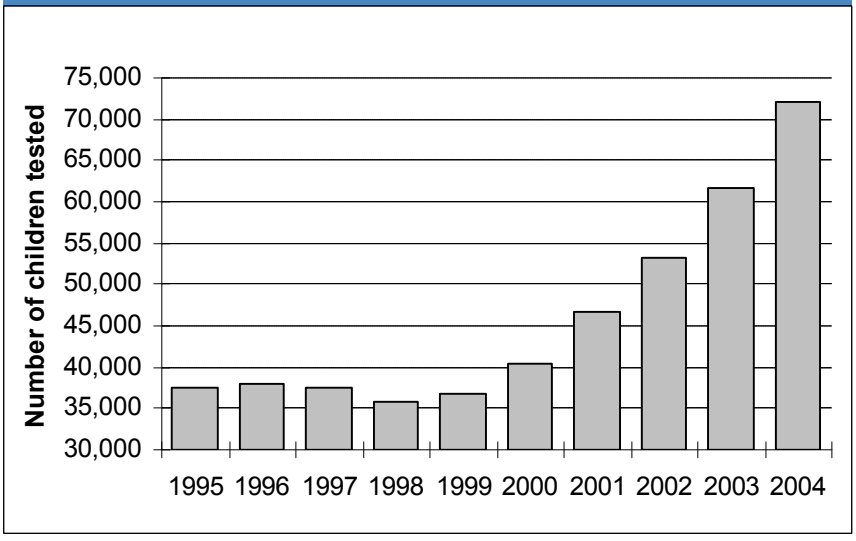
Within the past five years, the number of children tested for blood lead has increased continuously.

Indicator #1: Number of Children in Minnesota Tested for Lead



Surveillance and Guidelines

The MDH manages a surveillance system, the Blood Lead Information System (BLIS), to ensure that data informs and supports the goals and objectives of the 2010 plan. (See Appendix C. for a flow diagram showing how blood lead tests are reported.) The MDH also has developed guidelines for blood lead screening, clinical treatment and case management in children and blood lead screening for pregnant women. These widely disseminated guidelines help Minnesota health-care providers offer effective and consistent screening, testing, treatment and case management. (The guidelines are on the MDH Web site at www.health.state.mn.us/divs/eh/lead/reports/index.html#screening.)

Lead Statutes and Rules

The Minnesota Lead Poisoning Prevention Act (Minn. Stat. Sec. 144.9501-144.9509) was enacted to prevent and reduce lead exposure to children up to the age of 72 months and pregnant women from the adverse health effects caused by elevated blood lead levels. The Lead Poisoning Prevention Act provides:

- Monitoring statewide trends using our blood lead surveillance data. This is classified as private data.
- Identifying and evaluating potential hazards to children and others and assisting them in locating hazard reduction resources.
- Establishing standards for hazard reduction and assisting our partners and the regulated community in meeting these standards.
- Credentialing and compliance monitoring procedures to assure the proper identification and safe reduction of lead hazards.

The Act also authorizes the adoption of lead rules (Minn. Rules 4761.2600 – 4761.2700) to:

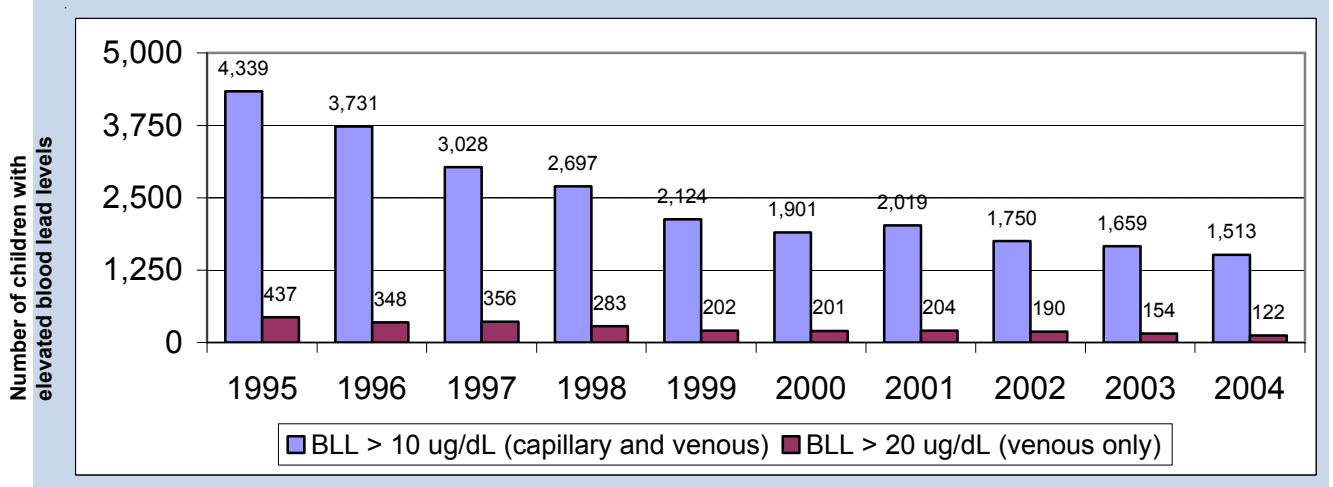
- Set standards for the lead content of paint, dust, drinking water and bare soil and establish methods for sampling and analyzing these components;
- Establish methods for lead hazard reduction;
- Establish licensing of persons who perform regulated lead work; and
- Establish permit requirements for training courses.

In addition, federal regulations apply in Minnesota, including Sec. 1018 of Title X (lead disclosure rule) and Toxic Substances Control Act (TSCA) 406(b) (pre-renovation lead information rule).

Data Practices

Increasingly, federal agencies are seeking data from the state's lead surveillance system to use in housing-related enforcement or analysis. The Minnesota Government Data Practices Act (MGDPA) sets out certain requirements relating to the right of the public to access government data and the rights of individuals who are the subjects of government data. The MGDPA is contained in Minnesota Statutes, Chapter 13. Under the MGDPA, data (including address information) in the Blood Lead Information System database is defined as private.

Indicator #2: Elevated Blood Lead Levels in Minnesota (greater than 10 ug/dL)



*** Note: For an environmental risk assessment to be triggered, a child's BLL must be confirmed by venous sampling.**

Setting the Priorities: 2004 Legislative Study

The Minnesota Legislature required that the MDH, in consultation with the Department of Employment and Economic Development, the Minnesota Housing Finance Agency, and the Department of Human Services, "develop and evaluate the best strategies to reduce the number of children endangered by lead paint" (enabling text, Laws of Minnesota 2004 Ch. 288, Article 31). The resulting study, published in January 2005, brought many partners together to make consensus recommendations on primary prevention, screening/testing children at risk, incentives for property owners, resources for local jurisdictions and more. This study, corresponding with the publication of the 2010 plan, helped set early priorities for plan implementation.

Biennial Legislative Report Recommendations

Requiring Legislative action and approval:

- Amending Minn. Stat. 144.9504 so that all venous reports greater than 15 ug/dL receive an environmental intervention and changing the emergency reporting level from 70 to 60 ug/dL.

Actions for current lead programs:

- Promotion of primary prevention as the strategy of choice for eliminating childhood lead poisoning, using current resources to address lower blood lead levels for at-risk populations, where feasible.
- Education and training targeted to both professionals and the public based on current research that reflects the position that there is no "safe" level of lead in children.
- Collaboration between health and housing agencies; continued information sharing among public, private and nonprofit organizations; and joint efforts locally and regionally toward the common goal of reducing lead hazards.
- Implementation of Minnesota's *2010 Childhood Lead Poisoning Elimination Plan*.

Considerations for the future:

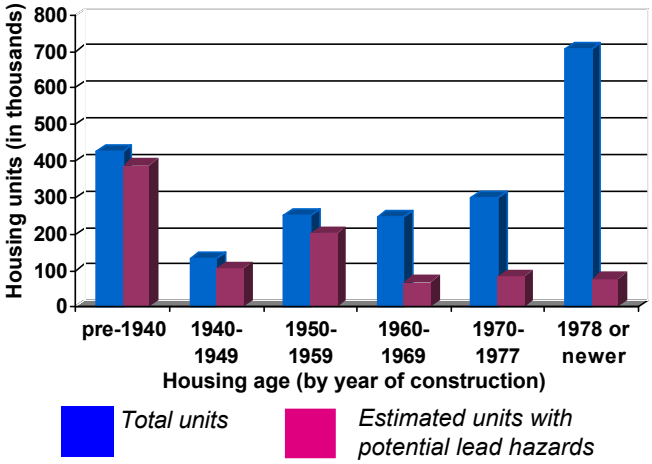
- Review comprehensive lead funding biennially to identify likely sustainable sources and help ensure federal and state resources are available to meet future demand.

The study, contained in an appendix to the lead program's *Biennial Report to the Legislature (February 2005),* helped all partners work together to adopt one of its goals for Year 1 -- reducing the environmental intervention level from 20 to 15 ug/dL blood lead. The study provided data and support for bills in both the Minnesota Senate and House that recommend the 15 ug/dL lead levels. Partners across the spectrum -- city and county officials, private nonprofit agencies, state agencies, housing groups and other interested persons -- testified on behalf of the measures, often using the study's data and consensus recommendations to support their arguments. The 2005 Legislature changed the law and the 15 ug/dL intervention level went into effect on August 1, 2005.

The consensus recommendations (see box at left) complement the 2010 Plan, providing partners in lead poisoning prevention with preferred strategies, common causes and some first targets for Minnesota's efforts.

The following is a summary of the progress Minnesota has made in the first year of the 2010 Plan implementation. It includes major accomplishments, key indicators that will be used in future reporting, and a brief discussion of trends, barriers to success and potential opportunities. A tracking sheet showing progress for each 2010 Plan objective and strategy follows this narrative portion of the report.

Indicator #3: Estimated Housing Units in Minnesota with Potential Lead Hazards*



* *Based upon 2000 census data and a HUD formula for calculating units with hazards.*

Year 1 Progress Summary

Minnesota's partners in lead poisoning prevention have made substantial progress in implementing the state's 2010 Childhood Lead Poisoning Elimination Plan. The table beginning on page 11 provides a detailed summary of progress on each goal, objective and task. The following sections highlight significant accomplishments in Year 1, as well as potential focus areas for Year 2 of the plan.

Funding for Lead Hazard Control Efforts

For many years, efforts to prevent childhood lead poisoning were hampered by the lack of funding to undertake lead hazard control work in housing. U.S. Housing and Urban Development (HUD) funding has dramatically altered the picture in Minnesota, providing the dollars that are being used to reduce lead hazards. In Year 1, the Department of Employment and Economic Development (DEED) awarded funding in the form of Small Cities Development Grants for lead hazard control in Beltrami, Blue Earth, Otter Tail, Stearns and Winona Counties, as well as a group of 21 counties in southwest Minnesota. HUD grants are supporting primary prevention efforts in Minneapolis, St. Paul, Hennepin County, Ramsey County, and Duluth. Sustaining and adding to funding for lead hazard control work is an ongoing challenge, which was met successfully in Year 1.

A United Presence in Policy and Legislation

Minnesota's 2010 Plan brought together partners in lead poisoning prevention to set goals. Efforts to continue coordinated planning and policy continued in Year 1 with the completion of a study for the Minnesota Legislature in January 2005. Partners reached consensus on several issues, and in the 2005 legislative session this coordinated approach resulted in the reduction of the blood lead intervention level from 20 ug/dL to 15 ug/dL. In addition, legislators introduced other measures, including tax credits for lead hazard control work and a tax on paint to provide funding for primary prevention. The success of future measures will be enhanced by the united presence of lead poisoning prevention partners and the emergence of legislative champions for primary prevention.

Blood Lead Screening, EBLL Trends Continue

In Year 1, more children than ever before received a blood lead test. Test results for more than 70,000 children were entered into the BLIS database in 2004. Even with an increase of more than 10,000 tests over 2003, the number of EBLL cases continued to decline (see Indicators #1 and #2). This may be partially due to increased screening of low-risk children, but is more likely due to ongoing efforts statewide to make homes lead safe and educate providers and parents about lead poisoning.

State Lead Rules Promulgated

In November 2004, Minnesota promulgated lead rules that established certification for lead sampling technicians, made the state lead dust standard consistent with EPA's standard, modified notification requirements, and modified lead hazard reduction requirements for interior small and large areas, exterior painted surfaces and soil.

Reaching High-Risk Populations

Federally funded High-Intensity Targeted Screening (HITS) projects are beginning or underway in Women, Infants and Children (WIC) clinics in Year 1. St. Paul-Ramsey County Health Department is conducting a HITS project in St. Paul and Hennepin County is conducting a HITS project in Minneapolis WIC clinics. The Minneapolis Community Lead

Outreach Project (MCLOP) is also reaching high-risk populations in targeted areas throughout the city. The Sustainable Resources Center (SRC) has worked to develop special outreach efforts for Hispanic/ Latino, Native American and African immigrant/ refugee populations. Successful strategies to find and screen high-risk children have included:

- Partnerships with Women, Infant and Children (WIC) clinics;
- Initiatives with health care providers;
- Partnerships with daycare centers;
- Outreach at events that draw the targeted audiences; and
- Staff who are bilingual or multilingual.

One high-risk group for whom the statistics are encouraging are the immigrant/refugee population, which is growing rapidly in the Twin Cities Metro area. The MDH CLPPP has worked with the agency's Refugee Health program to incorporate lead testing into refugees' intake medical exams. This, along with substantial outreach efforts on the part of the partners listed above, likely had an impact on an increase in testing and a decrease in EBLLs in these populations. (See table below.)

Screening Children on Medical Assistance

The Minnesota Department of Human Services (DHS) and MDH are in process of matching blood lead testing data to DHS data regarding children receiving services from Medical Assistance, Minnesota Care, or WIC from 1999 through 2004. In Year 1, DHS continued to provide an incentive for health plans that complete 10 health measures in children, one of which is blood lead testing. A $30 incentive is provided for every child above the previous year's level who recives these measures. DHS also includes a measure of blood lead screening among its health plan contract withhold. While the data are still being analyzed, the 13.3 percent screening rate among childen on MA/Minnesota Care found in 1998 appears to have improved. More work must be done to ensure that this high-risk population is tested, but Minnesota has made good progress.

Pregnancy Screening Guidelines Issued

Working with physicians and other providers, the MDH developed blood lead screening guidelines for pregnant women. The guidelines, approved by the Minnesota Chapter of the American College of Obstetricians and Gynecologists, have been distributed to health plan directors and promoted among local health departments. The guidelines are available on the MDH Web site.

Raising Awareness

Many partners in lead poisoning prevention have increased public awareness of its impacts. Selected efforts that took place in Year 1 include:

- SRC and MedTox Laboratories partnered on an education campaign to promote the filter-paper testing, appearing in Metro news media.
- SRC developed an updated version of the play "Jimmy's Getting Better" illustrating the impacts of lead poisoning on one family and presented in several local, regional and national venues.
- MDH's Web site, updated at least weekly and often daily, has linked users to the newest research, lead-related resources and more.
- *The Journal of Environmental Health* has accepted an overview of the Countryside study on prevalence of EBLLs in rural Minnesota for publication in September 2005.

For updates on all of the objectives and tasks included in the 2010 Plan, see page 11.

Number and Percent of Refugee Children (0-5 Years) Tested and with Elevated Blood Lead Levels in 2004

Ethnicity/ Region of Origin	Refugee Children	Children tested for lead		Children tested for lead within three months of arrival		Children w/elevated level (10 µg/dL)		2003 Comparisons: Children tested for lead within three months of arrival		2003 Comparisons: Children w/ elevated level (10ug/dL)	
Somalia	115	78	68%	76	97%	4	5%	27	59%	6	22%
Liberia	45	30	67%	30	100%	2	7%	27	60%	3	10%
Rest of Africa	27	18	67%	16	89%	3	17%	28	55%	7	25%
Burma	24	20	83%	20	100%	2	10%	N/A		N/A	
Hmong	863	571	66%	565	99%	16	3%	5	50%	1	20%
Former USSR	49	33	67%	31	94%	0	0%	14	40%	0	0%
Totals	**1,123**	**750**	**67%**	**738**	**98%**	**27**	**4%**	**103**	**54%**	**17**	**16%**

Year 2 Plans and Challenges

In Year 2 of *Minnesota's 2010 Childhood Lead Poisoning Elimination Plan* implementation, partners in prevention will face challenges similar to those in Year 1. However, during meetings of the 2010 Plan Task Force planned for late summer and fall 2005, we will try to solve problems identified in the first year of implementation. In addition, new strategies may emerge for childhood lead poisoning prevention that will be added to the 2010 Plan.

Maintain Housing Focus and Funding

The synergy developed among HUD funding entities and childhood lead poisoning prevention programs has paid off in a big way. At a recent meeting of the City of Minneapolis/ Hennepin County Joint Lead Task Force, HUD grantees reported "green lights" all around, signaling that targets are continuing to be met for lead hazard control and other work to prevent lead poisoning in Minnesota.

Finding housing with lead hazards and tracking housing that has been made lead safe continues to be a challenge. The 2000 census data and HUD formulas have provided an estimate of potential housing units with lead hazards in Minnesota (930,308 out of 2,065,946). Assessing how many lead-safe units have been created since 2000 would be difficult. Developing a method for tracking progress in making housing lead safe is a topic for research and discussion as Minnesota updates the 2010 Plan.

Using Geographic Information System (GIS) technology to identify areas where outreach and lead hazard control efforts might be productive is one strategy for finding the housing. Hennepin County has used GIS to map housing age, and piloting further applications would help find locations where lead poisoning prevention partners can focus their efforts.

Data Sharing Limitations

Data sharing and matching are of great interest to federal agencies trying to find housing units that are implicated in documented childhood lead poisoning. In many states, CLPPP staff can routinely provide surveillance data to EPA, HUD and other agencies interested in housing enforcement. Minnesota is able to share only limited data. The Minnesota CLPPP has been advised by legal staff that much information requested by federal partners is considered private under the Minnesota Data Practices Act and the Lead Poisoning Prevention Act. The MDH will discuss potential amendments to the law to allow surveillance data to be shared with appropriate partners.

The Minnesota CLPPP's Blood Lead Information System (BLIS) provides accurate data on lead testing, but has limitations of its own. The Lead Compliance Unit's data are not accessible to CLPPP staff, nor is BLIS accessible to compliance staff. In 2005, the CLPPP made major improvements to the speed, cleaning capability, and case management functions of the BLIS database. Pending pilot tests of the lead Program Area Module (PAM) developed by the CDC, the state may adopt the system to more quickly obtain Web accessibility and greater connectivity.

Identifying Strategies to Reach High-Risk Groups

Minnesota has been successful in designing strategies to reach high-risk groups and target high-risk housing. Special efforts have been directed toward immigrant/refugee populations defined as high-risk (Africans, Latinos and Southeast Asians, among others). Those efforts will continue in Year 2 with HITS projects in clinics serving these populations and outreach activities.

Early in Year 2, DHS and MDH will have the results of data matching from 1999-2004 for children receiving MA. Lead screening and testing for this high-risk group must improve, and Minnesota's

health plans and providers are already working to achieve this.

Children attending WIC clinics are another group of interest to partners in prevention. Partnering with WIC clinics to incorporate blood lead screening and testing has been effective in clinics where resources have been provided to defray the costs of pilot projects, and where WIC systems could be adapted without loss of efficiency or use of federal WIC funds. At the federal level, the CDC and WIC are discussing more cooperation and partnership.

Housing Code Enforcement and Education

Interest among federal agencies (CDC, HUD, EPA) is growing in finding addresses with multiple EBLLs, violations of Sec. 1018 of Title X (lead disclosure rule), and violations of Toxic Substances Control Act (TSCA) 406(b) (pre-renovation lead information rule). Therefore, both enforcement cases and education efforts will be stepped up in Year 2 to housing interests: home sellers and buyers, realtors, rental property owners, home inspectors, local government inspectors and appraisers may be among the targeted groups.

Project 504, a community-based advocate for housing issues, worked with the Alliance for Healthy Homes to prepare a flow-chart showing to whom the Residential Lead-Based Paint Hazard Reduction Act of 1992 applies. (See Appendix D.) Its complexity illustrates how housing interests might not know which requirements apply to specific situations. The partners in lead poisoning prevention will continue to work with housing interests to ensure that requirements are widely known and understood.

An ongoing strategy in the 2010 Plan is to increase understanding of and compliance with the pre-renovation lead information rule among the general public and contractors. In Year 2, these efforts will be expanded to extend the awareness of lead hazards and laws to major home improvement chains, hardware stores and window manufacturers. Another group that may be interested in lead issues are developers working on renovations of historic properties (old warehouses to lofts, for example).

Lead Sources, Old and New

While lead paint is clearly the most important cause of childhood lead poisoning, other sources exist and emerge as larger threats than previously known. While the major efforts in Year 2 will focus on primary prevention in housing, strategies for other lead sources may develop. Examples include:

- Minnesota's Countryside study demonstrated that the incidence of EBLLs in rural areas is comparable to the state and national average (2-3 percent). As part of an outreach effort associated with the Small Cities lead hazard control grants, the MDH and DEED will focus attention on greater Minnesota in Year 2, beginning with the higher risk rural counties.
- Each year, EBLLs spike as children become exposed to lead-contaminated soil revealed after winter snow melt. An innovative Nebraska program involves CLPPP staff with Extension Service master gardeners, testing soil and providing landscaping advice.
- With the growth in the immigrant population, businesses are carrying more products catering to their needs and tastes. Some candies, toys, home remedies, cosmetics, jewelry and pottery contain lead.
- "Take home" lead, transfered from adults who work with or have hobbies that use lead, can be a source of lead poisoning. Minnesota's Adult Blood Lead data may be useful in exploring the connection.
- Preventing lead poisoning is the best strategy, and finding children under six with EBLLs is very important. What happens, however, to the children between ages six and 18 years -- especially if they are lead poisoned but undiagnosed? Children for whom developmental damage is done need information, support and services to prevent poor outcomes.
- Site-specific lead sources, including former lead sites or smelters, brownfield redevelopment sites, auto racing facilities, firing ranges and others might also be interesting to investigate in the future.

Year 2 Updating the Plan

Building Infrastructure for 2010

This report is incomplete, for several reasons. Many strategies to prevent childhood lead poisoning have been implemented by Minnesota partners that were never included in the published 2010 Plan. Progress updates in the detailed table were gathered from state agency staff and information, rather than reporting from all partners. However, the report clearly shows Minnesota is on-track with those goals and objectives outlined in the 2010 Plan.

By June 30, 2006, the CLPPP hopes to develop systems to ensure a more thorough evaluation of progress on the 2010 plan. Among those elements that would assist partners to update the plan:

- An electronic reporting system for partners in childhood lead poisoning prevention, allowing them to enter information that will be incorporated into databases.
- Exploring options for tracking data on lead-safe housing in Minnesota.
- Exploring legislative measures to amend the Data Practices Act and Lead Poisoning Prevention Act to allow limited data sharing with housing and enforcement partners.
- Continued improvement in the BLIS database, with potential interest in the CDC's lead PAM pilot tests.
- Evaluating various uses of GIS technology in lead poisoning prevention.

2010 Plan Update Begins

The CLPPP has recruited partners from the 2010 Task Force and others to work in subgroups on prospective updates to the 2010 Plan. As in the original plan, subgroups will form around each of the five major goals:

- Developing strategies for lead education and training.
- Developing strategies for identifying at-risk properties and children.
- Developing strategies to better coordinate health and housing enforcement.
- Developing strategies to identify resources to increase the supply of lead-safe housing.
- Developing strategies to assess the availability of lead liability insurance for single-family property owners, rental property owners, and contractors.

An additional subgroup, tentatively called the opportunity subgroup, will examine emerging issues, non-housing-related lead sources, and other issues that fall outside of the five main strategies. In addition, we will report opportunities that have been explored by partners and found successful in the Year 2 summary.

None of this progress would be possible without the hard work, dedication and commitment of Minnesota's many partners in childhood lead poisoning prevention. The state will continue to work hard to achieve the goal of lead-safe housing and lead-free children in 2010.

For more information about *Minnesota's 2010 Childhood Lead Poisoning Elimination Plan*, contact:

Katherine Carlson, CLPPP Director
Environmental Impact Analysis Unit
Division of Environmental Health
Minnesota Department of Health
Metro Square Building
121 East Seventh Place, Suite 220
P.O. Box 64975
St. Paul, MN 55164-0975
(651) 215-0911
katherine.carlson@health.state.mn.us

Notes

Completed | Partly completed, underway or in planning stage | Unsuccessful or being reconsidered | Not yet begun

2010 Childhood Lead Poisoning Elimination Plan for Minnesota
Implementation Plan – Year One Progress Report, July 2004 – June 2005

Goal I.
Strategies for Lead Education and Training.

Objective A1.
Raise general public awareness of and increasing compliance with the Federal Pre-renovation Disclosure Law (406B).

Current Strategies	Sponsor Agency	Progress
1A. Extend provision of disclosure information on 406b (and 1018) in building permit, rental license, and other information packets, based on Minneapolis prototype.	Minneapolis Housing Inspections and Inspections Departments statewide	In Minneapolis information is included with renewal information for rental licensing, all paint orders and sandblasting permits. No data on other jurisdictions following model.
2A. Provide disclosure education during home shows, other outreach.	Sustainable Resources Center (SRC)	During Year One, SRC included disclosure education routinely in outreach contacts in both English and Spanish, an estimated 260 contacts.
3A. Require abrasive blasting permits before lead work occurs. If lead is present, lead-safe work practices are required.	Minneapolis Housing Inspections	This ordinance is in place in Minneapolis.
4A. Disseminate disclosure information packets to interested parties, including camera-ready copies of EPA pamphlet, "Protect Your Family from Lead in Your Home."	MDH Lead Compliance	The MDH disseminated approximately 1,000 information packages, with an estimated 300-400 interested parties downloading and reprinting the EPA brochure from the Web site.

New Strategies for FY05 (Beginning or continuing after July 1, 2004)	Sponsor Agency	Progress
1B. Develop summary document of EPA disclosure pamphlet based on Minneapolis version. Goes out with rental licenses and other permits. Assure that the short form is for education only and cannot be used during disclosure.	Minneapolis Housing Inspections, MHFA , SRC and Project 504	
2B. Identify previously untapped at-risk families using Advisory Group expertise for targeted education efforts.	SRC	SRC has worked with the Lead Testing Task Force and its Board (consisting of a broad constituency) to target education efforts toward Native Americans (partnership and referrals from the Indian Health Board), Hispanic/Latino populations, and African immigrants/ refugees in Year One.
3B. Include disclosure information in homestead application materials to reach all Minnesota property owners.	Minnesota Department of Commerce	
4B. Work with neighborhood organizations receiving Neighborhood Revitalization Program (NRP; Minneapolis) funding or other similar housing-based support to provide education.	NRP, Hennepin County, HUD-approved counseling agencies, neighborhood advocacy organizations	
5B. Provide education to families/contractors that work with the Housing Resource Center.	Housing Resource Center	
6B. Work with statewide health plans to distribute information and facilitate links among Web sites.	Minnesota Council of Health Plans; Individual Health Plans	
7B. Extend practice of requiring lead testing before sand blasting paint, based on Minneapolis model.	Minneapolis; permitting jurisdictions statewide	

Goal I. **Strategies for Lead Education and Training.**		
Objective A2. **Raise contractor awareness of and compliance with the Federal Pre-renovation Disclosure Law (406B).**		
Current Strategies	**Sponsor Agency**	**Progress**
1A. Support Hardware Store "Lead Centers" – small "mom and pop" contractors serving property owners who seek information and HEPA-vac rental.	SRC	SRC continues to support lead centers, but have scaled back due to resource depletion (broken equipment and filter costs). Equipment is now provided to the 25 locations where the higher-risk population is centered and where homeowners/renters most frequently use the HEPA-vacs. SRC also continues to loan HEPA-vacs at its offices at the rate of 2-3 a week.
2A. Disseminate disclosure information packets to interested parties, including camera-ready copies of EPA pamphlet "Protect Your Family from Lead in Your Home."	MDH Lead Compliance	See Goal I, Objective A1-4A
New Strategies **(Beginning or continuing after July 1, 2004)**	**Sponsor Agency**	**Progress**
1A. Provide one-hour lead refresher workshops for Department of Commerce (approximately 10/year).	MDH Lead Compliance	Provided two workshops in Year One, with agreement to offer training every Friday, January – March 2006.
2B. Provide one-on-one training on 406b through building associations and other professional contractor groups (approximately 300/year).	MDH Lead Compliance	Provided an estimated 150-160 one-on-one training sessions on 406b during Year One.

3B. Develop summary document of EPA disclosure pamphlet based on Minneapolis version to be distributed through professional organizations.	SRC (will get master from Minneapolis Housing Inspections)	
4B. Conduct 406b training through SRC; will also subsidize other certified firms to conduct training.	Hennepin County Housing/SRC	Hennepin County and SRC offer contractor eight-hour training. SRC also offers in-house training for new CLEARCorps members twice a year.
5B. Work through partner agencies that already work with potential trainers (e.g. technical colleges, apprenticeship programs) to raise their awareness of lead disclosure as a training topic.	Community Action for Suburban Hennepin County (CASH)	
6B. Examine ways to incorporate lead-safe work practices into ongoing rehab support programs	Minn. Housing Finance Agency	
Goal I. **Strategies for Lead Education and Training.**		
Objective B1. **Raise purchaser/tenant awareness of the Federal 1018 Disclosure Law.**		
Current Strategies	**Sponsor Agency**	**Progress**
1A. Provide one-on-one education to at-risk families re: disclosure through Tenant Remedies Act (MS 504b).	Project 504	
2A. Distribute EPA lead pamphlets to property owners, real estate professionals, and rehab agencies.	Private and public sector housing agencies/professionals	
New Strategies (Beginning after July 1, 2004)	**Sponsor Agency**	**Progress**
1B. Provide one-on-one property owner education to at-risk families re: 1012/1013 and disclosure.	Project 504, SRC, City of Minneapolis	This is done on an ongoing basis with rental property owners.

2B. Provide one-on-one property owner education to at-risk families who are considering or scheduled for rehab.	DEED	DEED has a completed work plan for one-on-one outreach in WIC clinics, county fairs, and direct mail to interested homeowners. Events begin in July 2005.
Goal I. **Strategies for Lead Education and Training.**		
Objective B2. **Raise seller/rental property owner (RPO) agent awareness of the Federal 1018 Disclosure Law.**		
Current Strategies	**Sponsor Agency**	**Progress**
1A. Distribute Minneapolis RPO video.	Minneapolis Housing Inspections/SRC	
New Strategies (Beginning after July 1, 2004)	**Sponsor Agency**	**Progress**
1B. Provide educational materials during "homeowner's permit night."	Minneapolis Community Education Program; Community Education Programs statewide	
2B. Educate Rental Property Owners (RPOs) receiving financing through MHFA.	Minnesota Housing Finance Agency (MHFA); RPO groups	
3B. Disseminate lead disclosure information during "Truth in Housing" inspection.	Minneapolis Housing Inspections; other local housing jurisdictions; private inspectors	
Goal I. **Strategies for Lead Education and Training.**		
Objective C. **Inform health care providers about anticipatory guidance for lead poisoning prevention.**		

Current Strategies	Sponsor Agency	Progress
1A. Obtain ACOG review and endorsement in Minnesota for existing pregnancy screening guidelines.	MDH CLPPP	In September 2004, the MDH issued "Blood Lead Screening Guidelines for Pregnant Women in Minnesota," endorsed by the ACOG.
2A. Educate providers in outer-ring Hennepin County suburbs about MDH Blood Lead Screening Guidelines and encourage screening.	MDH CLPPP/Hennepin County Health Department	Hennepin Co. recruited seven pediatric and family practice offices in the Far Western suburbs and 17 in the 2nd ring suburbs in a Hennepin County Supplementary Lead Surveillance (HCSLS) initiative from October 2002 to December 2003, with a median increase in number of tests of 96%. (UCare's lead testing initiative was happening in the same area at the same time.) MDH CLPPP contracted for the Hennepin Co. project using CDC funding.
New Strategies (Beginning after July 1, 2004)	**Sponsor Agency**	**Progress**
1B. Disseminate pregnancy-screening guidelines to clinic Medical Directors through Medicaid Health Plans.	MDH CLPPP/DHS	The MDH CLPPP sent the pregnancy screening guidelines to health plan directors in December 2004, following up with phone contacts in April 2005.

2B. Educate physicians in high-risk counties about blood lead screening requirements for at-risk children.	Hennepin County Health Department	See Goal I, Objective C2B. Hennepin County Human Services and Public Health Dept. also presented county lead surveillance data to Park-Nicollet pediatricians, Children's Hospital Mpls. And Children's Hospital St. Paul in May and June 2004.
3B. Convene a physician work group to develop anticipatory guidance for childhood blood lead levels below 10 ug/dL.	MDH CLPPP	The MDH CLPPP principal epidemiologist worked cooperatively with key physician consultants on comments regarding a draft guidance document for levels 10 ug/dL and below. The resulting guidance will be drafted and disseminated in Year Two
4B. Partner with the Minnesota Institute for Public Health to disseminate lead and pregnancy information to the Minnesota Council of Preventive Medicine during Lead Week 2004	MDH CLPPP	The MDH explored the concept in 2004, but did not find the project viable.
Goal I. **Strategies for Lead Education and Training.**		
Objective D. **Train RPOs and contractors in lead-safe maintenance and work practices.**		
Current Strategies	**Sponsor Agency**	**Progress**
1A. Promote free, lead-safe trainings offered by the NPCA.	MDH Lead Compliance; others	The MDH promotes the training, through the Web and other channels, but the NPCA contractor conducting the training has conditions that limit its viability.

2A. MDH will continue to approve training courses, and license/certify lead professionals.	MDH Lead Compliance	The MDH approves training and licenses/certifies lead professionals, as an EPA-authorized program.
3A. Conduct quarterly lead-safe work practices training for rehab contractors/workers.	St. Paul/Ramsey County Public Health	

4A. Conduct quarterly lead-safe work practices training for rehab contractors/workers.	Duluth Housing Rehab Authority	
5A. Conduct lead-safe work practices training for Section 8 property owners.	St. Paul/Ramsey County Public Health--Duluth Housing Rehab Authority--Dakota County Public Health	
New Strategies (Beginning after July 1, 2004)	**Sponsor Agency**	**Progress**
1B. Promote free, lead-safe NPCA trainings.	MDH Lead Compliance	See Goal I., Objective D1A
2B. Train at least 5 minority/small business contractors and provide on-the-job training in 40 units.	SRC	
Goal I. **Strategies for Lead Education and Training.**		
Objective E. **Increase the supply of licensed and certified lead professionals, including lead sampling technicians.**		
Current Strategies	**Sponsor Agency**	**Progress**

1A. Developing administrative rules to allow for the lead sampling technician discipline.	MDH Lead Compliance	The MDH Lead Compliance Unit drafted rules that allowed for lead sampling technician certification, made the state lead standard for dust consistent with EPA's standards, modified notification requirements, and modified lead hazard reduction requirements for interior small and large areas, exterior painted surfaces and soil. The rules were adopted and became effective on November 22, 2004.
New Strategies (Beginning after July 1, 2004)	**Sponsor Agency**	**Progress**
1B. Provide six worker, supervisor, and sampling technician trainings over 42 months.	MDH Lead Compliance/DEED	The work plan for outreach/education for the DEED Small Cities grants was completed in April 2005 and training events will be scheduled soon.
2B. Contract with certified firms to offer subsidized training to become lead professionals.	SRC/Hennepin County Housing	SRC and Hennepin County Housing have contracted with certified firms to offer training.
3B. Conduct semi-annual lead sampling technician training for certified home inspectors and truth-in-sale of housing evaluators	St. Paul/Ramsey County Public Health	
4B. Explore ways to support supervisor and sampling technician training statewide.	Current private training agencies and other available providers	

Goal II. **Strategies for Identifying At-Risk Properties and Children.**		
Objective A. **Continue to maintain and improve the statewide blood lead surveillance system.**		
Current Strategies	**Sponsor Agency**	**Progress**
1A. Complete formal evaluation of surveillance system.	MDH CLPPP	Using the CDC's "Guidelines for Evaluating Surveillance Systems," the CLPPP senior epidemiologist performed an evaluation of the BLIS database in late 2004.
2A. Complete data matching with DHS MA data.	MDH CLPPP/DHS	In February 2002, MDH and DHS completed the first ever data match of children with EBLLs and children enrolled in MHCP. Children enrolled in MHCP had higher lead poisoning rates. MHCP children were nearly twice as likely as non-MHCP children to have EBLLs (9.8 percent compared to 5 percent). At the time of this report, 2004 data matching is underway.
3A. Develop data sharing agreement with UCare.	MDH CLPPP	The MDH and UCare have had a data-sharing agreement and an updated version will be finalized in June 2005.
4A. Develop data sharing with CUHCC clinic/University of Minnesota	MDH CLPPP	The MDH and CUHCC clinic/University of Minnesota have a data-sharing agreement signed in July 2004.

5A. Obtain GIS software and training.	MDH CLPPP	The MDH has purchased GIS software and staff has taken online training. Applications for GIS are pending.
6A. Begin issuing a "date year" for surveillance data.	MDH CLPPP	BLIS was programmed to add the date year in 2004, as well as integrate other improvements
7A. Share Section 8 voucher data with local lead program.	St. Paul/Ramsey County Lead Program	
8A. Conduct data matching with Hennepin County Lead Program to determine data quality (i.e. duplicates/inconsistencies).	MDH CLPPP/Hennepin County Lead Program	MDH and Hennepin County have conducted data matching since December 2000, improving the quality of MDH lead surveillance data.
9A. Begin geo-coding blood lead surveillance data for county-level use.	Hennepin County Lead Program	The Hennepin County 2004 lead surveillance data are now geocoded.
10A. Complete blood lead testing pilot in outer-ring Hennepin County suburbs. Contract ended 12/03.	MDH CLPPP/Hennepin County Lead Program	See Goal I, Objective C2A
New Strategies (Beginning after July 1, 2004)	**Sponsor agency**	**Progress**
1B. Continue to work with MDH NEDSS work group to assure increased electronic reporting.	MDH CLPPP	The MDH is waiting for two major labs to begin electronic data transfer, but neither has completed the process in Year One.
2B. Contact all labs reporting blood lead results to MDH to determine their minimum detection limits.	MDH CLPPP	MDH contacted all reporting labs to determine detection limits and included the results in the June 2005 annual reports to labs about data quality.

3B. Work with MDH ITSM to resolve department-wide data privacy issues, in order to make lead surveillance data available to local public health via the Internet.	MDH CLPPP	Security issues continue to be a barrier to providing data via internet to local partners. The MDH is considering additional options to achieve this objective.
4B. Investigate ability to make GIS mapping available on MDH lead Web site for local public health and other partner use.	MDH CLPPP	See Goal II, Objective A3B
5B. Investigate strategies to report 5-9 ug/dL results to MDH in a timely manner. Current statutory language gives labs 30 days to send reports less than 15 ug/dL.	MDH CLPPP	Currently, state law gives labs 30 days to send reports of 15 ug/dL or less to MDH. However, most labs currently provide any levels 10 ug/dL or above in a timely fashion. Legislative change would have to be considered to achieve this objective.
6B. Evaluate local HRA offices to determine the extent to which they share Section 8 housing inspection data with local lead programs.	NAHRO/SRC	
7B. Work with RPOs training to become Section 8 providers; work with families who obtain Sec. 8 vouchers.	SRC/Hennepin County Housing	
8B. Continue to match DHS Medicaid claims and MDH blood lead surveillance data to monitor trends in the MN C&TC population.	MDH CLPPP/DHS	See Goal II, Objective A2A
Goal II. **Strategies for Identifying At-Risk Properties and Children.**		
Objective B. **Promote blood lead screening activities for at-risk children and pregnant women, including increasing compliance with existing policies concerning blood lead testing.**		

Current Strategies	Sponsor Agency	Progress

1A. Provide lead regional workshops to encourage MA testing.	Health Plans/MDH CLPPP/SRC	In 2003, the sponsoring agencies conducted several provider trainings statewide. Because of turnover in Metro county providers, new workshops are being developed for fall 2005.
2A. Consider incentive pay for previously untested kids on MA.	DHS	Currently, DHS offers a $30 incentive to providers who perform a complete C&TC exam (including lead screening) for children on MA. In addition, DHS withholds funds from programs that do not meet targeted lead screening rates.
3A. Support WIC pilot projects to encourage screening through WIC clinics. Final step is to develop and disseminate screening protocol to all WIC clinics in Minnesota.	MDH CLPPP	WIC pilot screening projects are underway in Hennepin County and St. Paul/Ramsey County with CDC funding. A Lead Program/WIC Joint Statement on collaborations between lead programs and WIC clinics is in draft form but was rejected by the state WIC board.
4A. Implement individual health plan strategies to address corrective action orders and contract withholding targets from DHS.	DHS/Health Plans	
5A. Conduct HITS projects in Minneapolis and St. Paul.	MDH CLPPP/City of Minneapolis/St. Paul-Ramsey County/SRC	Hennepin County has HITS projects underway targeting high-risk groups in Minneapolis. St. Paul – Ramsey County Health Department has a HITS project underway at St. Paul WIC clinics. The City of Minneapolis HITS project finished in Year 1, testing 150 children in North Minneapolis.

6A. Conduct EPA-funded pilot to test children through licensed daycare.	SRC/City of Minneapolis/Health Plans	The EPA-funded pilot ended in 2003, but SRC and the City of Minneapolis continue to test children through licensed daycares and other community based settings.
7A. Train providers on C&TC (MA) requirement for blood lead testing through Web-based training tool.	Minneapolis Department of Health and Family Support	
8A. Complete blood lead testing pilot in outer-ring Hennepin County suburbs. Contract ended 12/03.	MDH CLPPP/Hennepin County Health Department	See Goal I, Objective C2A
New Strategies (Beginning after July 1, 2004)	**Sponsor Agency**	**Progress**
1B. Develop a one-on-one campaign to "ask your doctor" about a lead test.	SRC, GMDCA	SRC is partnering with MedTox on a media campaign to educate parents about lead testing and motivate parents to contact health providers if their children are at risk. Major metro newspapers and television stations carried lead screening information in spring 2005.
2B. Incorporate blood lead testing message with other health activities e.g. immunization database.	MDH CLPPP/Immunization Program	The MDH has been working with DHS to link blood lead data with other C&TC data, making the whole available to counties. The MDH continues to explore blood-lead screening messages on the immunization database.
3B. Encourage clinics/administrators to include a lead check sheet in files i.e. quality measure. Focus on cost-savings.	SRC/All Health Plans	SRC and Health Plans are sending a chart flag for lead testing on an ongoing basis.

4B. Develop policy on follow-up for BLLs of 5-9ug/dL.	MDH CLPPP	The MDH has developed draft guidelines for BLLs under 10 ug/dL, which has not been finalized nor distributed.
5B. Continue to match MDH surveillance data with DHS Medicaid data.	MDH CLPPP/DHS	See: Goal II, Objective A2A. The 2004 data match is almost complete.
6B. Continue to match MDH surveillance data with MDH Refugee Health Data.	MDH CLPPP	The MDH has matched surveillance data with Refugee Health data since 1998. In 2004, testing of African immigrants increased from 2003 data (from 142 to 187children tested) and children with EBLLs (greater than 10 ug/dL) decreased among Somalis (22% to 5%); Liberians (10% to 7%); and other African immigrants (25% to 17%).
7B. Work with project-based Section 8 housing tenant groups.	Project 504/SRC/Legal Aid	
8B. Test 450 children/175 pregnant women in Minneapolis for MCLOP project.	City of Minneapolis/SRC	In the first 18 months of the project, the MCLOP tested 351 children under age 6 and 85 pregnant women.
9B. Provide technical support to WIC programs interesting in starting up blood lead testing at their clinics.	MDH CLPPP	
10B. Collaborate with DHS to disseminate lead and pregnancy guidelines to Medical Directors via Health Plans.	MDH CLPPP	See: Goal I, Objective C1B
11B. Organize a physician advisory group to develop anticipatory guidance for blood lead levels below 10 ug/dL.	MDH CLPPP	See: Goal I, Objective C2B

12B. Promote lead and pregnancy guidelines statewide	MDH CLPPP; Local public health departments; non-profit advocacy groups, health plans	See: Goal I, Objective C3B
Goal II. **Strategies for Identifying At-Risk Properties and Children.**		
Objective C. **Use census and other data to identify risk factors such as poverty and pre-1978 housing.**		
Current Strategies	**Sponsor Agency**	**Progress**
1A. Use GIS mapping to determine high-risk areas for lead exposure and children in need of blood lead testing.	Hennepin County Lead Program	GIS mapping capacity has been in place for more than four years and has been used to provide information for HUD and EPA grant applications by Henn. Co. and the City of Minneapolis. It is available on an "as needed" basis, supplementing ongoing lead surveillance activities.
2A. Incorporating census data (census block and census tract) to county blood lead database to compare with assessor's office data re: age of housing.	Hennepin County Lead Program	This process is ongoing. The Henn. Co. Lead Program is preparing a letter regarding use of geocoded housing data obtained from municipal assessors of Henn. Co. in comparison with U.S. census-derived data in response to an article on the Public Health Disparities Geocoding Project in the *American Journal of Public Health*.
New Strategies **(Beginning after July 1, 2004)**	**Sponsor Agency**	**Progress**

1B. Enhance annual surveillance report with GIS and blood lead results from 5-9 ug/dL.	MDH CLPPP	The state's annual surveillance report includes blood lead results of 5-9 ug/dL. GIS data has not yet been integrated into the surveillance system.
2B. Mail compliance reports to all labs reporting blood lead analysis to the MDH.	MDH CLPPP	Compliance reports were mailed to all reporting labs in June 2005.
3B. Mail annual letter to clinics including results of blood lead and MA data matching to remind clinics to screen their 1 & 2 year old MA patients.	MDH CLPPP	Annual letters to clinics in June 2005 included blood lead testing results, but not MA data.
4B. Investigate working with universities to include GIS mapping in class project.	MDH CLPPP	
5B. Review professional literature to identify new risk factors for lead exposure.	ALL	Recent studies suggest that African and Southeast Asian immigrants/refugees may have special risk factors for lead poisoning. Jewelry, Mexican-made candy, pottery, traditional remedies and other consumer products have been discovered with high levels of lead.
Goal II. **Strategies for Identifying at-Risk Properties and Children.**		
Objective D. **Work with partner agencies to identify at-risk property and assure disclosure through the 1018 rule.**		
Current Strategies	**Sponsor Agency**	**Progress**

1A. Work with U.S. Attorney's Office to identify multiple EBLL cases in multi-family housing within the limits of state data privacy requirements to support DOJ, EPA, HUD, and state and local efforts to enforce 1018 Disclosure.	HUD/EPA/MDH/ U.S. Attorney's Office	MDH is researching the locations of multiple EBLLs, but is limited by data practices considerations. Discussions are ongoing.
2A. Develop a database of properties occupied with children with EBLLs. Data weighted for number of children present, number of venous tests performed, age of property, and condition of property. Database used to determine risk areas for Hennepin County Round XI HUD lead grant submission.	Hennepin County Lead Program	The scope of this activity has expanded beyond the Round XI HUD grant application to ongoing lead abatement/reduction activities of Hennepin County Housing, Public Works and Transit, as well as more recent grant applications.
New Strategies (Beginning after July 1, 2004)	**Sponsor Agency**	**Progress**
1B. Continue to work with U.S. Atty. Office to identify multiple EBLL cases in multi-family housing, within the limits of state data privacy requirements.	MDH CLPPP	See Goal II, Objective D1.
2B. Compile data into a consumer data base for clients seeking housing; data will include peeling paint violations (Section 8), history of evictions, etc.	Project 504	
3B. Conduct informational seminars for code enforcement officials and Section 8 inspectors. Encourage referrals of at-risk housing occupied by young children from these partner agencies to local lead program.	St. Paul/Ramsey County Public Health.	
4B. Develop database to record properties that received lead hazard reduction through a HUD Round XI Grant	HUD Grantees	
5B. Review compliance database (ACES) to determine how many properties with multiple EBLL cases exist.	MDH Lead Compliance	

6B. Develop a database of properties occupied with children with EBLLs. Data weighted for number of children present, number of venous tests performed, age of property, and condition of property. Database used to determine risk areas for Hennepin County Round XI HUD lead grant submission.	Hennepin County Lead Program	See Goal II, Objective D2A
7B. Put 1018 information on MDH Lead Program Web site.	MDH CLPPP	The information is available on the Web site at www.health.state.mn.us/divs/eh/lead/rule.html#federal
Goal II. **Strategies for Identifying at-Risk Properties and Children.**		
Objective E. **Perform primary prevention risk assessments (visual and environmental).**		
Current Strategies	**Sponsor Agency**	**Progress**
1A. Continue to conduct lead risk assessments on properties undergoing renovation following HUD 1012/1013 regulations.	St. Paul/ Ramsey County Public Health--Duluth Housing Rehab Authority--MDH Lead Compliance --SRC	SRC performs approximately eight assessments per week;
2A. Perform 1° risk assessment; dust sampling for 200 homes in Minneapolis (60% of pre-1950 housing has lead hazards).	EPA pilot – Minneapolis/SRC	Throught March 2005, a total of 436 children and pregnant women have been tested and 311 visual assessments were completed for those who tested under 20 ug/dL.

New Strategies (Beginning after July 1, 2004)	**Sponsor Agency**	**Progress**
1B. At the request of the parent, perform risk assessments within the state's jurisdiction in properties where a child with a BLL <20 ug/dL resides, based on the availability of resources.	Assessing Agency	

2B. Continue to follow-up on requests for primary prevention risk assessments via SRC/CLEARCorps.	SRC	SRC routinely follows up on requests for primary prevention risk assessments.
3B. Continue performing visual inspections through the "Section 8" program, using peeling paint is a marker. Information should be shared with local lead programs.	HRA's/NAHRO (local Section 8 offices)	
4B. Train HQS inspectors to do dust wipe sampling.	NAHRO	
5B. Request lead hazard control HUD funding through "Small Cities" program for eligible properties (300 properties/600 children over 3 years).	DEED/MDH Lead Compliance	Small Cities HUD funding awarded for counties of Winona, Blue Earth, Stearns, Ottertail, and multi-county Southwestern Minnesota initiatives. Three awareness/outreach events scheduled in target counties in July-August 2005. Estimate: 80-90 properties to date.
6B. Perform visual assessments for an expected 625 people who are tested in MCLOP.	SRC/City of Minneapolis	A total of 773 children were tested and visual assessment completed for 384 under 20 ug/dL.
7B. Explore possibility of identifying lead hazards and remediating lead through truth-in-housing inspections.	Project 504, in collaboration with local housing agencies	
8B. Finish lead rules allowing certification of lead sampling technician.	MDH Lead Compliance	See Goal I, Objective E1A.
9B. Enroll 15 children in "entitlement zone" in rural MN into State HUD Award for LHR	MDH CLPPP	The MDH enrolled 15 children with EBLLs into the state HUD grant for lead hazard control activities.

10B. Perform dust wipe sampling in homes of 20 women in high-risk counties. Do this through partnership with local Home Visiting Programs.	MDH CLPPP	The MDH performed five dust wipe samplings in Year 1, but found that local health departments in high-risk counties had limited interest or staff to undertake dust wipe sampling.
11B. Conduct primary prevention lead risk assessments on properties occupied by low in come tenants or Section 8 children.	Referrals from Section 8 inspectors or housing code officials	
12B. Provide risk assessments when state of local housing funds are used to renovate properties built before 1978.	MHFA; Local housing rehabilitation authorities	

Goal III. **Strategies to Better Coordinate Health and Housing Enforcement.**		
Objective A. **Coordinate lead enforcement through housing code.**		
Current Strategies	**Sponsor Agency**	**Progress**
1A. Include lead in code compliance activities.	Minneapolis Housing Inspections is currently evaluating this approach; Minn. Dept. of Administration, Minn. Housing Authority, and local jurisdictions have authority for implementation statewide.	Minneapolis Housing currently is aggressively targeting paint stabilization during rental licensing inspections under the maintenance code.
New Strategies **(Beginning after July 1, 2004)**	**Sponsor Agency**	**Progress**

1B. Promote awareness of lead issues and provide training opportunities for weatherization crews (lead-safe work practices) and housing code inspectors (lead sampling technician).	DEED/MDH Compliance Unit/MN Department of Commerce	Contacts with the Minn. Dept. of Commerce are ongoing, but resulting agreements are still pending.
2B. Encourage local housing authorities to incorporate lead enforcement responsibilities in Housing Inspections Departments.	Minneapolis Housing Inspections has implemented; other jurisdictions will evaluate	Minneapolis has moved EBLL response into Environmental Management and Safety, however, Housing Inspections continues to focus on maintaining intact painted surfaces.
3B. Work with Minn. Department of Administration and building code officials (10,000 Lakes Chapter) to encourage support for putting lead in code enforcement.	Builder's Association of Minnesota	
4B. Support development of statewide maintenance codes that include lead (lacking in many small communities).	Minnesota Area Housing Code Officials (MAHCO)/MDH Lead Compliance	
5B. Work with technical colleges to develop lead worker/supervisor curriculum and market availability of classes.	DEED, MHFA	
Goal III. **Strategies to Better Coordinate Health and Housing Enforcement.**		
Objective B. **Assure compliance and enforcement of lead paint laws through existing enforcement tools.**		
Current Strategies	**Sponsor Agency**	**Progress**
1A. Provide compliance assistance to regulated parties and licensed entities.	MDH Lead Compliance	The MDH provides ongoing assistance as an EPA-authorized program.
2A. Enforce lead licensing requirements and regulated lead work practices.	MDH Lead Compliance	The MDH enforces regulated lead work practices and licensing requirements on an ongoing basis.

3A. Continue to provide information and promote federal lead requirements e.g. HUD 1012/1013, 1018, EPA 406b, OSHA.	MDH Lead Compliance/Hennepin County Housing/SRC/St. Paul-Ramsey	All entities provide information about HUD 1012/1013, 1018, EPA 406b, OSHA. However, the federal lead rules may not be promulgated, so no promotion has taken place.
4A. Provide compliance oversight of HUD 1012/1013 for DEED/MDH grant. May result in compliance/enforcement activities based on MDH requirements.	MDH Lead Compliance	The MDH provides ongoing compliance oversight of HUD 1012/1013.
New Strategies (Beginning after July 1, 2004)	**Sponsor Agency**	**Progress**
1B. Continue to provide compliance assistance to regulated parties and licensed entities.	MDH Lead Compliance	See Goal III, Objective B1A
2B. Enforce lead licensing requirements and regulated lead work practices.	MDH Lead Compliance	See Goal III, Objective B2A
3B. Continue to provide information and promote federal lead requirements e.g. HUD 1012/1013, 1018, EPA 406b, OSHA.	MDH Lead Compliance/SRC HC/SPRC Project 504 Minneapolis Housing/Permits	See Goal III, Objective B3A
4B. Provide compliance oversight of HUD 1012/1013 for DEED/MDH grant. May result in compliance/enforcement activities based on MDH requirements.	MDH Lead Compliance	See Goal III, Objective B4A
Goal III. **Strategies to Better Coordinate Health and Housing Enforcement.**		
Objective C. **Identify partner agencies that go into family housing (single and multi) to determine the extent to which compliance and enforcement of lead paint laws can occur through these partners.**		
Current Strategies	**Sponsor Agency**	**Progress**

1A. Work to establish a partnership with the Department of Commerce re: code enforcement. Goal is to determine the feasibility of housing code inspectors becoming lead sampling technicians and including the visual identification of deteriorated lead paint surfaces as part of their work write-up; inclusion of lead-safe work practices (by weatherization crews) in the project specs.	MDH Lead Compliance	While contacts have been ongoing with the Minn. Dept. of Commerce, no progress on this objective to date. Efforts continue.

New Strategies (Beginning after July 1, 2004)	**Sponsor Agency**	**Progress**
1B. Establish partnership with Minn. Dept. of Administration on feasibility of housing code inspectors becoming lead sampling technicians and including the visual ID of deteriorated lead paint surfaces in work write-up; inclusion of lead-safe work practices (by weatherization crews) in the project specs.	Minn. Department of Administration	
2B. Work with local public health home visiting programs to perform dust wipe sampling in the homes of pregnant women living in <1978 housing. Train CLPPP PHN as dust sampling technician. Eligible families will be enrolled in HUD for lead clean up.	MDH CLPPP	See Goal III, Objective A10B

Goal IV.
Strategies to Identify Resources to Increase the Supply of Lead-Safe Housing in Minnesota.

Objective A.
Improve access/coordination with programs such as DHS, CAP, DEED, HUD, SRC, MHFA, and HRA with health and lead hazard control programs.

Current Strategies	**Sponsor Agency**	**Progress**
1A. Implement lead hazard control activities through the Small Cities Program, using CDBG funding to rehab existing homes.	DEED	Small Cities funding awarded to selected counties in Spring 2005.
2A. Continue rural development efforts to rehab properties for the elderly and those with very low incomes.	USDA	

3A. Complete lead hazard control through standard loan programs, deferred loan programs, and home improvement programs.	MHFA	
4A. Encourage applications to the Federal Home Loan Bank for lead hazard control (must apply through family lender).	Federal Home Loan Bank	
5A. Use MHFA/CDBG funds for lead /rehab through St. Paul Planning and Development.	St. Paul/Ramsey County Health Department	
6A. Develop a clearinghouse for lead hazard control funding.	Housing Resource Center; Greater Metropolitan Housing Corporation; Greater Minnesota Housing Fund.	
New Strategies (Beginning after July 1, 2004)	**Sponsor Agency**	**Progress**
1B. Meet with discussion group to discuss MDH CLPPP submission to HUD for Demonstration Grant	MDH CLPPP	The MDH, in partnership with Healthy Homes groups, applied for a Demonstration Grant in July 2004. It was not awarded to Minnesota.
2B. Create a list of program contacts for housing rehab/lead funding information; ensure information is readable and culturally competent.		
Goal IV. Strategies to Identify Resources to Increase the Supply of Lead-Safe Housing in Minnesota.		
Objective A2. Leverage private and non-federal funds such as state tax incentives, private funding/banks, and Fannie Mae to control lead paint hazards.		
Current Strategies	**Sponsor Agency**	**Progress**
1A. Implement Mayo Foundation "First Homes" program to build new housing for employees.	Mayo Clinic Foundation	

2A. Use Community Reinvestment Act as matching dollars for HUD grant.	Hennepin County Housing	
3A. Seek foundation funding for lead hazard control from Prudential; Honeywell.	GMDCA	
4A. Support Habitat for Humanity, now providing training in lead-safe work practices.	Twin Cities Habitat for Humanity Chapter	
5A. Seek funding through AmeriCorps/CLEARCorps for lead hazard reduction and education	NPCA	
New Strategies (Beginning after July 1, 2004)	**Sponsor Agency**	**Progress**
1B. Develop policy subcommittee to research possible legislation for new funding sources; monitor state and federal proposals.	MDH CLPPP	The MDH and partners completed a study that recommended changes in the intervention and emergency EBLLs, which is now making its way through the Legislature. Legislation for new funding sources has also been introduced during the 2005 session, but is less likely to be passed. All partners monitor state and federal proposals for future funding, although there is not a central clearinghouse for this information.
2B. Investigate Medicaid waivers for lead hazard reduction funding	DHS	The MDH and DHS have explored this strategy, consulting with Indiana, in which it is underway. Minnesota development is pending.

3B. Investigate unused CHIP dollars for lead hazard reduction.	Policy subcommittee/DHS	The federal waiver that would be required to use Children's Health Insurance Program funding would be a complex undertaking. This objective is being reconsidered.
4B. Work with new partners, i.e. asthma, to encourage new healthy homes partnerships	Policy subcommittee/MDH	
5B. Investigate using new/existing taxes (Petrofund, paint companies, water utility) to create lead hazard reduction fund.	Policy subcommittee	
6B. Investigate new legislation to fund primary prevention activities and provide incentives.	Minnesota Legislature	Urban Minneapolis legislators proposed measures that would provide tax credits for lead hazard control work, impose a tax on paint, and lower the intervention limits in the 2005 Session. Bills are pending at the time of this report.
7B. Create subcommittee to develop clearinghouse (a list of program contacts) of Foundations that offer housing rehab/lead funding; assure information is readable and culturally competent.		
8B. Establish lead hazard reduction guidelines for state and local housing programs requiring and providing reimbursement for lead assessment and lead hazard control.	MHFA; Metropolitan Council; local housing and redevelopment agencies	
Goal V. **Strategies To Assess the Availability of Lead Liability Insurance for Single-Family Property Owners, RPOs, and Contractors.**		
Objective A. **Determine who is underwriting lead liability insurance in Minnesota and determine current costs.**		
Current Strategies	**Sponsor Agency**	**Progress**

1A. 2010 Advisory Group Member presented information on all known carriers.	Pat Kennedy, Krause Anderson Insurance	

Goal V. **Strategies To Assess the Availability of Lead Liability Insurance for Single-Family Property Owners, RPOs, and Contractors.**		
Objective B. **Determine how the availability of lead liability insurance would increase the use of lead-safe work practices and the supply of lead-safe housing.**		
New Strategies (Beginning after July 1, 2004)	**Sponsor Agency**	**Progress**
1B. Survey lead contractors, supervisors and workers on how availability of affordable liability insurance would change work practices or willingness to perform lead hazard reduction.		

Goal V. **Strategies to Assess the Availability of Lead Liability Insurance for Single-Family Property Owners, RPOs, and Contractors.**		
Objective C **Increase availability of affordable, lead liability insurance, if needed.**		
New Strategies (Beginning after July 1, 2004)	**Sponsor Agency**	**Progress**
1B. Investigate options for developing purchasing pools for affordable lead liability insurance.		

Appendix A List of Acronyms

ACOG – American College of Obstetricians and Gynecologists
CBO – community-based organization
CDBG – Community Development Block Grant
CDC – U.S. Centers for Disease Control and Prevention
CLEARCorp – Minnesota Community Lead Education and Reduction Corp
CLPPP – Childhood Lead Poisoning Prevention Program (CDC grant to MDH)
C&TC - Child and Teen Check-up (MN equivalent of federal EPSDT)
DEED – Minnesota Department of Employment and Economic Development
DHS – Minnesota Department of Human Services
EBLL – Elevated Blood Lead Level (defined by MN statute as > 10 ug/dL)
EIA Unit – Minnesota Department of Health Environmental Impacts Analysis Unit
EPA – U.S. Environmental Protection Agency
FH – Minnesota Department of Health Family Health Division
GIS – Geographic Information System
GMDCA – Greater Minneapolis Day Care Association
HRA – Housing and Rehabilitation Authority (local housing jurisdiction)
HUD – U.S. Department of Housing and Urban Development
LHR – Lead Hazard Reduction
LSWP – lead-safe work practices
MA – Medical Assistance (Minnesota equivalent of Medicaid)
MCDA – Minneapolis Community Development Agency
MDH – Minnesota Department of Health
MHFA – Minnesota Housing Finance Agency
NAHRO – National Association of Housing and Redevelopment Officials
NPCA – National Paint and Coatings Association
NRP – Neighborhood Revitalization Program
RPO – rental property owner
SRC - Sustainable Resources Center
WIC – Women, Infant and Children (Supplemental Nutrition Programs)

Additional definitions for lead in Minnesota can be found in statute (MS 144.9501) and in the MDH Childhood Blood Lead Case Management Guidelines for Minnesota at **www.health.state.mn.us/divs/eh/lead**
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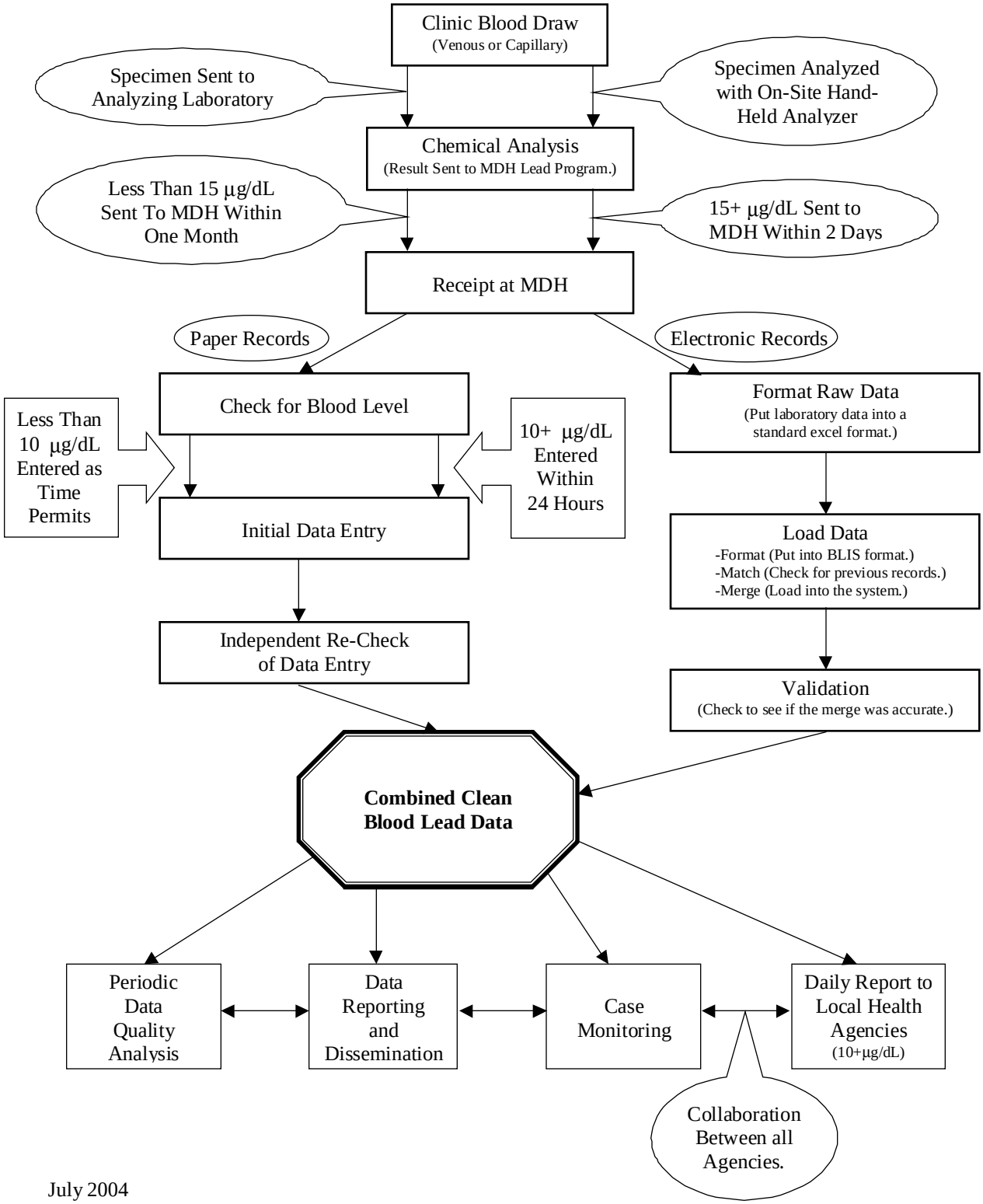
Appendix B Members of the 2010 Childhood Lead Poisoning Elimination Advisory Work Group

Emma Avant, U.S. Environmental Protection Agency, Region 5 – Chicago
Bill Brand, MDH Immunization Program
Jim Cegla, Minnesota Housing Finance Agency
Betsy Clarke, MDH Women, Infants, and Children's (WIC) Program
Dale Darrow, U.S. Housing and Urban Development
Jackie Deneen, Minnesota Polution Control Agency
Megan Ellingson, Minneapolis Department of Health and Family Support
Representative Keith Ellison, Minnesota House of Representatives
Christopher Galler, Minnesota Association of Realtors
Jim Graham, Hennepin County Housing Inspections
Sue Gunderson, Sustainable Resources Center/Minnesota CLEARCorp
Lisa Heilman, Builders Association of Minnesota
Jack Horner, Minnesota Multihousing Association
Leona Humphrey, Minnesota Department of Employment and Economic Development
Patrick Kennedy, Krause Anderson Insurance Agency
Cheryl Lanigan, Minnesota Visiting Nurse Agency
Greg Luce, Project 504
Joan Mailander, Metropolitan Health Plan, Minnesota Council of Health Plans
Johanna Miller, Sustainable Resources Center
Nancy Mischel, Legal Services Advocacy Project
Paula Maccabee, City of Minneapolis
Colleen Olson, Minnesota Department of Human Services
Bill O'Meara, Community Action for Suburban Hennepin County
Susan Palchick, Hennepin County Community Health Department
Ed Petsche, Greater Minneapolis Daycare Association
Jeff Schiffman, Douglas County Housing Redevelopment Authority
Sandy Simar, Minnesota Department of Education, Head Start Program
Sue Spector, Dakota County Child and Teen Checkup
JoAnn Velde, City of Minneapolis Housing Inspections
Jim Yannarelly, St Paul/Ramsey County Lead Program

MDH staff who attended meetings were:

Linda Bruemmer, Manager, Asbestos, Lead, Indoor Air, and Radiation Section
Tom Hogan, Supervisor, Lead and Asbestos Compliance Program
Rebecca Kenow, Manager, Environmental Surveillance and Assessment Section
Andrea Michael, Program Manager, MN CLPPP
Daniel Symonik, Principal Investigator, MN CLPPP
Erik Zabel, CLPPP Senior Epidemiologist,
Myron Falken, CLPPP Principal Epidemiologist,
Coyleen Johnson, CLPPP PHN/State Case Monitor,
Dan Locher, Lead and Asbestos Compliance Unit Industrial Hygienist.

Appendix C Minnesota's Blood Lead Information System



July 2004

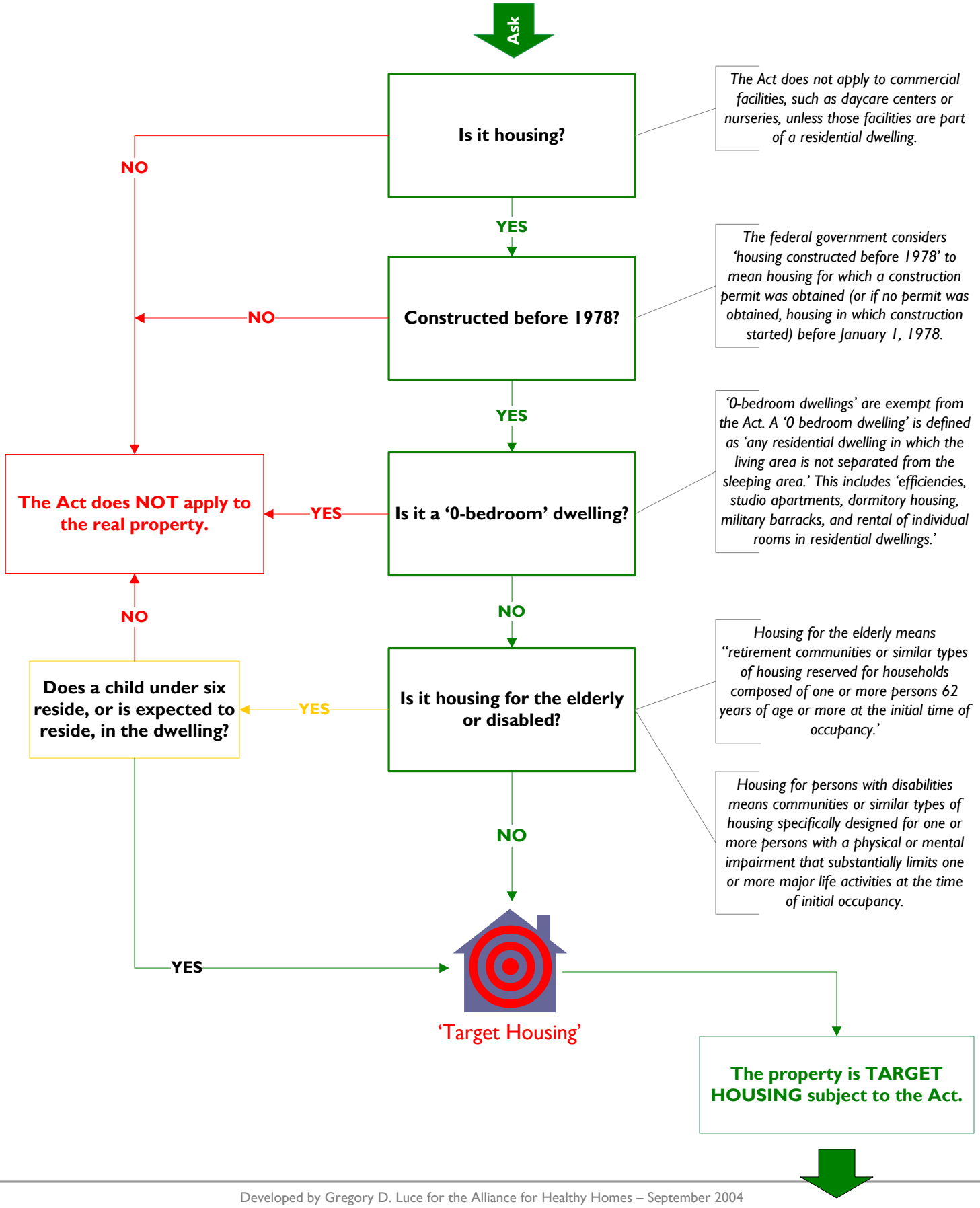
Appendix D Application of the Residential Lead-Based Paint Hazard Reduction Act of 1992

The table on the following four pages was developed by Gregory D. Luce for the Alliance for Health Homes, September 2004

①

Application of the Residential Lead-Based Paint Hazard Reduction Act of 1992

Answering the Question: What Real Property Is Covered by the Act?



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Application of the Residential Lead-Based Paint Hazard Reduction Act of 1992

Answering the Question: Who Is Protected by the Act?

Target Housing

PURCHASERS

LESSEES

Is the Target Housing being purchased in foreclosure?

YES

Is the Target Housing certified as 'lead-paint free?'

The inspector must be certified under the Federal certification program or under a federally accredited State or tribal certification program

NO

The Act Does NOT Apply to These Purchasers or Lessees of Target Housing

YES

Is the lease a short term lease of 100 days or less with no chance of renewal or extension?

NO

This is intended to exempt most short-term vacation rentals, hotel and motel stays, and other forms of short-term lodging. The provision does NOT exempt month-to-month lease transactions.

NO

Is an existing lease being renewed?

NO

Has the lessor (landlord) come into possession of any new information that must be disclosed to the lessee?

YES

Has the lessor (landlord) previously disclosed to the lessee all information required by the Act?

YES

NO

YES

NO

The Act Protects These Purchasers of Target Housing

The Act Protects These Lessees in Target Housing

GO

GO

Who Is Obligated Under The Act to These Purchasers?

Who Is Obligated Under The Act to These Lessees?

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Application of the Residential Lead-Based Paint Hazard Reduction Act of 1992

Answering the Question: What Duties Do Sellers and Lessors Owe to Purchasers and Lessees?

IMPORTANT NOTE: The Duty of Agents is Not Covered in this Chart

Sellers of Target Housing

Lessors of Target Housing

DISCLOSURE REQUIREMENTS

Provide a Lead Warning Statement

LEAD WARNING STATEMENT

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

LEAD WARNING STATEMENT

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Disclose the Presence of any Known Lead-Based Paint and/or Lead-Based Paint Hazards, *Including Providing Copies of All Reports or Records Concerning the Hazards*

Sellers and lessors must also disclose any additional information available concerning the known lead-based paint and/or lead-based paint hazards, such as the basis for the determination that lead-based paint and/or lead-based paint hazards exist in the housing, the location of the lead-based paint and/or lead-based paint hazards, and the condition of the painted surfaces

State that Seller or Lessor Has Disclosed Information on Known Lead-Based Paint and/or Lead-Based Paint Hazards

If no hazards are known, the statement must indicate no knowledge of the presence of lead-based paint and/or lead-based paint hazards.

Supply an EPA-Approved Lead Hazard Information Pamphlet

Provide a List of any Records or Reports Available Pertaining to LBP and/or LBP Hazards That Have Been Provided to the Purchaser or Lessee

Secure the Statement of Purchaser or Lessee that They Have Received Required Disclosure and the Informational Pamphlet

Purchasers of Target Housing

Signatures of Sellers, Agents and Purchasers Certifying to the Accuracy of Their Statements

Lessees of Target Housing

Signatures of Lessors, Agents and Lessees Certifying to the Accuracy of Their Statements

LESSEES

PURCHASERS

Seller must allow 10 days for the Purchaser to conduct a lead risk assessment of the housing. The inspection may be waived if the waiver is in writing. The Purchaser must affirm in writing that he/she had the opportunity for the inspection.

LEGEND

- *Applicable to Sellers & Lessors*
- *Applicable to Lessors*
- *Applicable to Sellers*

Developed by Gregory D. Luce for the Alliance for Healthy Homes – September 2004

4

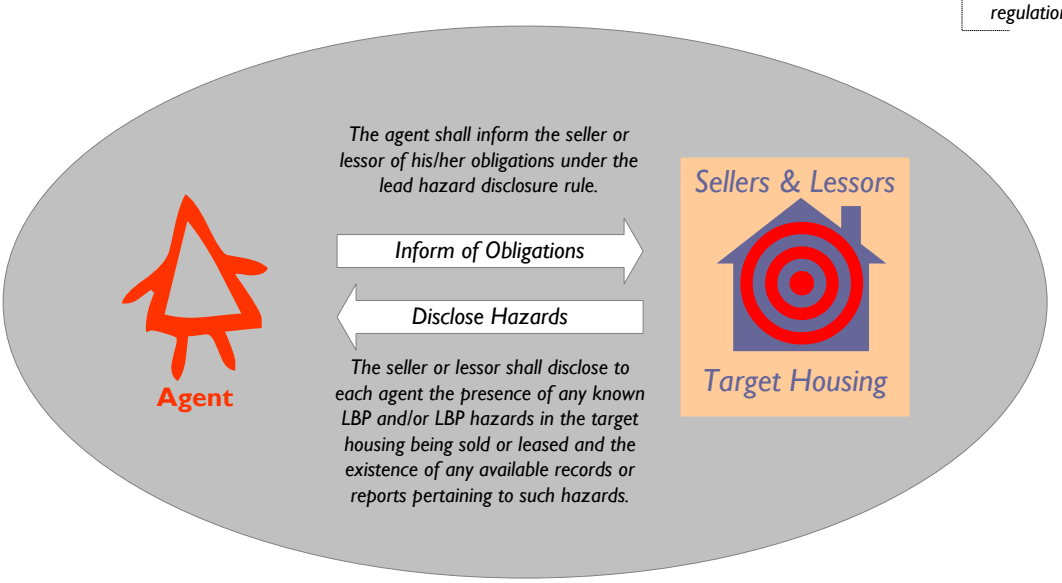
Application of the Residential Lead-Based Paint Hazard Reduction Act of 1992

Answering the Question: What Are the Duties of an Agent Under the Act?

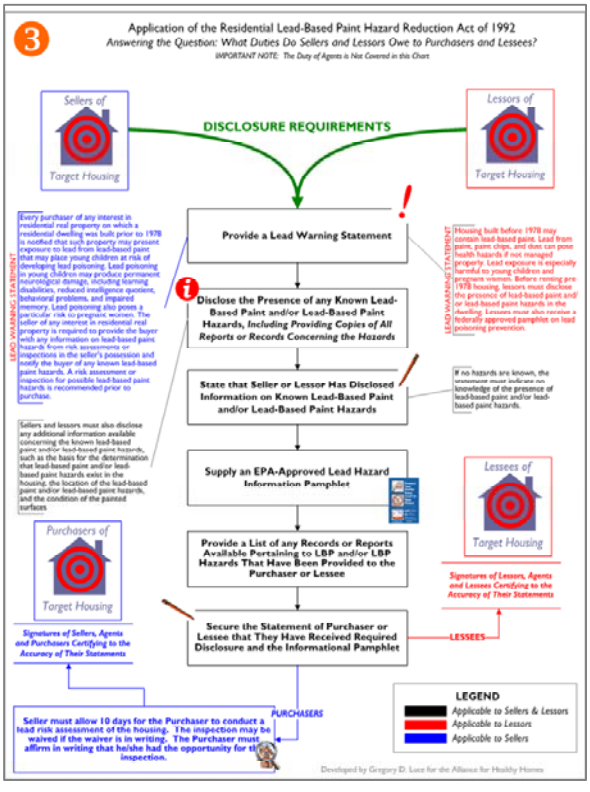
AGENT

Any party who enters into a contract with a seller or lessor, including any party who enters into a contract with a representative of the seller or lessor, for the purpose of selling or leasing target housing.

At least two federal courts have held that the Act does NOT apply to buyer's agents, despite the regulations stating otherwise.



Agent must ensure that the seller or lessor has performed all actitives required by the lead hazard disclosure rule (see page 3) or personally ensure compliance with the rule.



If the seller or lessor knows of LBP and/or LBP hazards but does not disclose the information to the agent, then the agent is not liable for any failure to disclose, so long as the agent has complied with the requirement of informing the seller/lessor of the lead hazard disclosure rule obligations.

Any agent involved in a transaction to sell or lease target housing must state that he/she has informed the seller or lessor of the obligations under the Act AND that the agent is aware of his/her duty to assure compliance with the Act.

Minnesota Department of Health
Environmental Health Division
Environmental Impacts Analysis Unit
CLPPP
P. O. Box 64975
St. Paul, MN 55164-0975
(651) 215-0911, TDD (651) 215-8980