

Allen County, Indiana

Childhood Lead Poisoning Prevention & Elimination Plan

*“To promote and monitor a healthy community
by eliminating lead as a major public health threat
by the year 2010.”*

- Approved By Planning Committee April 27, 2004
- Updated with Indiana Childhood Lead Poisoning Prevention Budget June 30, 2004
 - Updated to include 2003 lead poisoning data provided by the Indiana State Department of Health July 28, 2004

Allen County, Indiana

**Childhood Lead Poisoning Prevention
& Elimination Plan**

Table of Contents

	Page
Part One: Development of this Plan: Community Participation	2
Part Two: Allen County’s Childhood Lead Poisoning Prevent & Elimination Plan	4
I. Summary of Lead’s Danger as a Public Health Issue	4
II. History of Lead Poisoning Prevention Efforts in Allen County	9
III. Goals and Strategies for Eliminating Lead as a Public Health Risk by 2010	10
Goal A: Ensure that Lead Poisoning is Understood by Parents with Children at Risk of Lead Poisoning, Property Owners/Brokers/Real Estate Agents, Educators and Health Professionals by 2006	10
Goal B: Determine Lead Levels of At-Risk Children Under the Age of Six in Allen County.	14
Goal C: Assist Individuals/Contractors/Landlords Assess Whether There Are Lead Hazards in Their Homes/Houses and Educate On Best Strategies or Practices That Remediate or Abate the Lead Hazard.	15
Goal D: Ensure There Is Adequate Affordable Lead-Safe Housing for Families With Children Under Age Six.	18
Goal E: Mitigate the Physical and Mental Consequences of Lead Poisoning Through Effective Case Management.	19
Part Three: Budget	21
Part Four: Appendix of Identified Resources & Reference Material	23
Exhibit I: Map showing number of children by zip code in Fort Wayne, IN	24
Exhibit II: CDC Recommendation & Report for Blood Lead Screening of Young Children	25
Exhibit III: Federal Register Ranking of Pre-1940 Rental Housing	39
Exhibit IV: Allen County’s Case Management Treatment Plan for Lead Poisoned Children	41
Exhibit V: Red Flags	44
Exhibit VI: Closed Case Protocol	45

Allen County, Indiana

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COMMUNITY PARTICIPATION:

With funding provided in the fall of 2003 from the Indiana State Department of Health's initiative to develop a statewide plan to address lead poisoning prevention and elimination, the Allen County Department of Health and the St. Joseph Community Health Foundation collaborated and hired a professional facilitator, Melanie Hall, to coordinate the development of a local plan.

Many community members responded and participated in a variety of focus groups and subcommittee meetings from December 2003 through to April 2004 in the development of this plan. Furthermore, at the final plan review meeting, the group agreed to meet quarterly to continue to assist with the implementation and ongoing modification of this plan so that lead poisoning is prevented and eliminated in Allen County, Indiana. Those participants follow:

Community Advisory & Planning Committee

Lead Elimination Plan Steering Committee

Dr. Deborah McMahan, Allen County Dept. of Health Commissioner
Loren Robertson, Allen County Dept. of Health Administrator
Meg Distler, Executive Director, St. Joseph Community Health Foundation
Amy Hesting, Allen County Dept. of Health Environmental Service Division
Nicole Gaunt, Allen County Dept. of Health Lead Case Manager
Melanie Hall, Lead Elimination Plan Coordinator

Lead Elimination Plan Subcommittees:

Lead Screening & Identification of Poisoned Children Subcommittee

Nicole Gaunt, Allen County Dept. of Health Lead Case Manager ,Chair
Joyce Stevens, First Steps
Renee Scheibel, CANI (Communication Action of Northeast Indiana)
Pamela Brookshire, CANI
Jean Joley, Safe Kids
Linda Graham, I PFW
Becky Talati, Fort Wayne Community Schools
Amanda McNary, Martin Luther King Montessori School
Melanie Hall, Lead Elimination Plan Coordinator

Environmental Clean-Up of Lead Poisoned Homes Subcommittee

Amy Hesting, Allen County Dept. of Health Environmental Service Division , Chair
Jana Farrell Sanders , Allen County Dept. of Health Environmental Service Division
John Thistlewaite, Realtor
Ron Stier, Stier Contracting
Brent Wake, Senator Evan Bayh's staff
Scott Crouch, HANDS
Melanie Hall, Lead Elimination Plan Coordinator
Meg Distler, Executive Director, St. Joseph Community Health Foundation

Case Management of Children Poisoned Subcommittee

Dr. Deborah McMahan, County Dept. of Health Commissioner ,Chair
Nicole Gaunt, Allen County Dept. of Health Lead Case Manager ,Co-Chair
Dr. Barbara Gelder, CNS – Child Psychologist
Pamela Brookshire, CANI
Rikki Goldstein, Neighborhood Health Clinics
John and Jonie Mason, parents
Danielle Cardenas, First Steps
Melanie Hall, Lead Elimination Plan Coordinator

Safe Housing Subcommittee

Loren Robertson, Allen County Dept. of Health Administrator, Chair
Greg Gettys, Project Renew
Joe Conrad, CANI
Bernie Beier, Mayor’s Office
Barbara Jones, HANDS
Jay Scott, Apartment Association of Fort Wayne
Scott Crouch, HANDS
Margaret Ankenbruck, Allen County Council
Melanie Hall, Lead Elimination Plan Coordinator
Meg Distler, Executive Director, St. Joseph Community Health Foundation
Nicole Gaunt, Allen County Dept. of Health Lead Case Manager

Community Participation



April 27, 2004: Community Advisory & Planning Committee making final edits & approving the Allen County Lead Poisoning Prevention Plan.

Allen County, Indiana

Childhood Lead Poisoning Prevention
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MISSION:

To promote and monitor a healthy community
by eliminating lead as a major public health threat
by the year 2010.

I. Summary of Lead's Danger as a Public Health Issue

Why Lead is So Dangerous

Scientists have been describing lead toxicity in children since 1904, and yet lead poisoning remains the number one environmental health threat to children. Lead toxicity has profound adverse effects on the urinary, gastrointestinal and hematopoietic systems of young children, however these results are usually reversible with intense medical treatment. Unfortunately, the negative impact of lead poisoning on a child's neurocognitive function is not. Lead has long been recognized as a neurotoxin that causes irreversible damage to the central nervous system. In fact, multiple studies have shown that children who become lead toxic will have a two to three point decrease in their IQ test scores for every increase of 10 ug per dL in the blood lead level.

Lead toxicity is also associated with neurobehavioral problems such as Attention Deficit Disorder and other learning disabilities. It is likely the neurocognitive effects of lead that are responsible for the fact that children with chronic lead poisoning have been reported to be seven times more likely to drop out of high school. Lead toxicity also causes other

significant public health problems including growth retardation, low birth weight, and hearing problems.

The definition of lead toxicity has varied over the last several years. Initially experts believed that only levels high enough to cause overt encephalopathy or confusion were of medical significance. It is now recognized that detectable venous lead, without obvious symptomology, can cause neurocognitive deficits.

“A Parent’s Point of View”

(Following is a testimonial from a family affected by lead poisoning in Allen County, 2004.)

At first thought, it’s a very scary prospect to think your children have lead poisoning. To add to that, they had a relatively high number. I kept thinking back to when I was younger and my parents always told me about getting lead poisoning, but this was because I was playing around with a pencil. You just never think about it...at least until it affects you personally.

My oldest daughter started kindergarten last year and as a requirement the school needed her to have her lead level tested. We fell on hard times and had to seek public assistance. By chance, we ran into a place that happened to be doing free lead testing that day. I had all of my kids tested and then left without so much as a second thought.

A few days later a woman from the health department called to notify us of the results. I could tell by the sound of her voice, or perhaps it was a gut feeling, that the news wasn’t going to be good. It goes without saying but indeed the news wasn’t good.

From there we had to have the kids’ blood drawn from their arms, because the results are said to be more accurate than that of the initial finger stick. We got those results back almost a month later. This time their levels tested higher than with the finger stick.

This was the point when the health department, in particular a caseworker from the Lead Prevention team, stepped in. She helped us understand the causes, effects and treatment that would help us and our children on the road to getting better.

A team then came to my home to test with special equipment that will detect lead. They tested the walls, dust, backyard, etc. – just about everywhere. They, as suspected, found several sources of lead in and around our home. They compiled the results and issued a report to the EPA. My landlord and I received a copy as well.

This leads me to the next part of our story. Apparently our landlord was supposed to give us a fair warning before we moved into the house -- a warning that there could be lead in the house. However, we were not informed and, while I truly believe that if the landlord had known he would have told us, it doesn’t change what we were dealing with then. Hopefully, we will use this as a learning experience and inform all potential tenants in the future.

It’s a parents’ nature to want to protect their children from anything harmful. You know you would never intentionally put your kids in a place that is slowly, but surely, eroding them. And you see, that’s thing about lead – you don’t even know it is there, and that makes it all the more dangerous. You can’t really see it, so how as a parent are you supposed to prevent its effects?

Another unfortunate reality is that some children simply don’t have parents who want to be involved or get involved. It is my opinion that, since these children are often too young to speak up, somebody has to, or more correctly, we have to. Often ours is the only voice they have.

I feel it is vital to have someone working actively with the parents and children who have lead poisoning. There is a point when you have to jump in and say, “enough!” You wouldn’t allow child abuse to go on knowingly, so why would – or how could – you let this go on? Essentially this is child abuse too. It’s been likened to denying a child with cancer their chemo treatments. Without intervention, the end result could be a disaster and a child’s potential future could be at stake.

Fortunately, my husband and I are in the group with a lucky few whose children don’t appear to have any serious damage and/or symptoms stemming from the lead poisoning. Other, though, are not as lucky and, though I can’t profess to know how those parents feel, I can tell you how I feel and what I think I would do if I were in their situation. I come out thinking that, above all, I would hope that I had somewhere or someone to turn to who knew about this issue and is there to help. It’s just the beginning, but you have to start somewhere.

There are some things that I, from a parent’s point of view, would like to see happen. Briefly I’ll mention some.

- *Make brochures/pamphlets available in more places where there are likely to be families affected by lead. Put them in the WIC clinics and anywhere that help is provided for low to no income families. Parents need to be made aware of the facts surrounding lead poisoning and they need to know that it’s something they should take seriously. By presenting information in facts rather than opinion, I feel there would be less hesitation among families to have their children tested. Many people just don’t know the effects lead has on vulnerable children.*
- *Doctors need to have more up-to-date information on lead and its effects and, ultimately, how to treat it. For example, a doctor with whom I’ve spoken regarding my children’s situation said, “I’m not worried until the number hits 40.” (40 ug/dL) So I ask, if the level isn’t dangerous until 40, then why would the CDC make the official number that a child is considered to have lead poisoning be 10?*

As I stated before, I am lucky that my kids are not affected much in the way of intelligence. In fact, my youngest (who has the highest level) has above average intelligence. My second oldest knows things that other children don’t comprehend by 1st grade. My oldest daughter has perfect report cards and has been on honor roll the entire year.

We still have a long way to go. At last test, my children’s lead levels have gone down. Although I wouldn’t consider them out of the risk zone, we’re definitely headed in the right direction. I am using my experience and the knowledge I’ve gained through my personal research to bring about awareness to those around me. I hope one day that the issue of lead poisoning in our children will be a thing of the past.

So, where do we go from here? The only way that I know how and that’s forward.

The Magnitude of the Problem in Allen County

Deteriorating lead-based paint in housing stock built before 1950 remains the primary source of lead toxicity. Studies have shown that some children are poisoned when they ingest leaded paint chips. However, the most common cause of lead poisoning in children occurs when the lead in dust that is created from lead contaminated friction surfaces, such as windows, contaminates surfaces that babies and toddlers routinely touch. The child can

then easily ingest lead by touching contaminated surfaces and then performing routine hand-to-mouth activities such as thumb-sucking.

Allen County has several zip codes with a significant proportion of older at-risk housing stock. The Median Year Structure Built (housing stock for each zip code) is oldest for 46802, 46803, 46805, 46806, 46807 and 46808. Zip codes 46802, 46803, 46805, 46806, 46807 and 46808 all have high percentages of housing built prior to 1950. Zip code 46809 has a high percentage of housing built prior to 1950, but a low population of children. All of the children that reside in these areas are at risk for lead toxicity.

Demographics

Lead toxicity like many other public health problems is found predominantly in children from low-income families and children who live in urban areas. The percentage of children living (less than or equal to 5 years of age) below poverty are among the highest in 46802, 46803, 46806, 46807 and 46808. Zip code 46809 actually has a higher level than 46808 and 46807, but a smaller number of children with lower percentages of elevated BLLs. Zip codes 46802, 46803 and 46806 have the highest percentage of households on public assistance. Similar percentages of households on public assistance exist in 46807, 46808, 46809 and 46816.

Elevated blood lead levels are also found more often in African-American children. Looking at each zip code population by race, 46803 and 46806 have by far the largest percentage of African-American, non-Hispanic. African – American populations greater than 10% exist in 46802 and 46816. *See Appendix, Exhibit I for Map showing number of children by zip code in Fort Wayne.*

Another at risk population is those served by federal health-care programs. In fact, three-fourths of all the children found with elevated BLLs were participants in Women, Infants and Children (WIC) or Medicaid. The 1991 to 1994 Center for Disease Control (CDC) surveys, which the General Accounting Office (GAO) analyzed, also found that the rate of children with elevated BLLs on these federally funded programs was five times higher than children not on these programs. *See Appendix, Exhibit II CDC Recommendation &*

Report for Blood Lead Screening of Young Children as February 2000. In Allen County, we currently have approximately 29,105 persons on Medicaid and approximately 17,627 children enrolled in Hoosier Healthwise. As you can see, Allen County has a significant number of children that fall into the high-risk categories.

Epidemiology

The CDC estimates that over 430,000 children in the United States have elevated lead levels. Locally, we have noted an increase in the number of lead poisoned children.

	1997			1999		
	White	Black	Other	White	Black	Other
No. tested	578	184	106	943	344	464
Percent Elevated	4	11	8	8	13	15

The chart below shows most recent blood lead levels from children in the high-risk zip codes who less than 6 years old.

Table 1
Blood Lead Levels in Children
High Risk Zip Codes
2003 Stellar Data

Zip Code	46802	46803	46806	46807	46808
Lead result: (Children less than 6 years old from 2003 STELLAR data)					
0-9 µg/dL	219	159	312	142	92
10-14 µg/dL	18	9	15	7	5
15-19 µg/dL	1	2	7	2	1
20-29 µg/dL	4	0	10	3	1
30-44 µg/dL	0	1	3	0	0
45-69 µg/dL	0	0	1	0	0
70+ µg/dL	0	0	0	0	0
Total	242	171	348	154	99
Percentage poisoned	9.5%	7.0%	10.3%	7.8%	7.1%
		Table II			
		2000			
		Census			
# Houses built before 1980 (2000 Census)	4,742	3,457	8,928	6,488	7,063
# Children under age 5 (2000 Census)	1,335	1,009	2,656	1,565	1,335
Total # children on Medicaid	1,779	2,533	5,330	2,016	1,779

Fort Wayne has a high percentage of older, high risk housing as shown by a study by the Federal Government in 2003 in which the top 100 areas in the United States were ranked by the number of pre-1940 rental housing units as determined by the year 2000 U.S. Census. Fort Wayne ranked #76 in the nation. *See Appendix: Exhibit III Federal Register Ranking of Pre-1940 Rental Housing.*

II. History of Lead Poisoning Prevention Efforts in Allen County

1998-2001

In the time period 1998 through 2001, studies were done to step up the process of lead poisoning prevention in Allen County. Health Visions performed lead screening, testing sample populations to determine the magnitude of the problem locally and high-risk areas were identified with governmental health departments.

2002-present

In 2002, an important step was taken in expanding case management services with the hiring of a lead case manager. This position was funded in 2002 and 2004 by the St. Joseph Community Health Foundation and Tobacco Settlement Funds, and in 2003 by Steel Dynamics, Inc. and the EPA. In 2003, screening efforts were increased as the Allen County Department of Health screened 599 children in three months with Tobacco Settlement Funds. Also in 2003, three local contracting firms were certified for lead abatement. This year also saw the piloting of the Windows of Opportunity Program to remediate leaded windows in 10 Homes, funded by Steel Dynamics, Inc. and the EPA. In addition, the Fort Wayne-Allen County Department of Health developed a lead treatment algorithm in 2003, and the Indiana State Department of Health Five City Grant funded a coordinator for a lead elimination plan preparation in 2003-2004. As part of this grant, a

lead elimination plan steering committee was formed, composed of a broad base of community medical providers, behavioral health specialists, housing authority representatives, families affected by lead poisoning, local and federal elected officials, social workers, educators and other not-for- profits. Four subcommittees focused on specific issues and strategies, including Lead Poisoning Screening, Case Management of Lead Poisoned Children, Safe Housing for Lead-Poisoned Children and Lead Abatement/Remediation Strategies. These subcommittees were formed to actively participate in the planning process, resulting in this plan.

III. Goals & Strategies for Eliminating Lead as a Public Health Risk by 2010

Goal A : Ensure that Lead Poisoning is Understood by Parents with Children at Risk of Lead Poisoning, Property Owners/Brokers/Real Estate Agents, Educators and Health Professionals by 2006.

Strategies:

1. Target parents expecting a child and/or with children ages six and under with an educational campaign :
 - a. Utilize visuals -- including pictures of windows;
 - b. Inform families about lead's toxic impact;
 - c. Educate families about how to recognize potential lead hazards;
 - d. Educate families about how to identify the warning signs, risk factors;
 - e. Inform families where they can get their children tested;

- f. Focus on behavioral issues;
- g. Communicate that lead poisoning is a serious health issue by showing



photos of children being
chelated as shown in *Photo
1* at left.

The information can be distributed
through a variety of outlets including health

fairs. Prenatal information for expectant and new parents can be distributed in
targeted locations in the following ways:

- a. Send a packet of information and a gift to new parents in high-risk
neighborhoods (identify through birth records in Health Dept.).
- b. Offer information at nursery schools and churches.
- c. Offer information at neighborhood and community centers.
- d. Offer information for doctors to share at babies' well baby appointments.
- e. Utilize a "lead mascot," such as "Lucky the Lead-Free Lemur" to get
children's attention so they will ask parents about lead and bring home lead
education materials.
- f. Produce a coloring book of "Lucky the Lead-Free Lemur" that educates
children about the dangers of lead.
- g. Utilize a slogan such as "No Lead Left Behind" to get attention and
encourage retention of information.

2. Target property owners/brokers/real estate agents and mortgage loan officers with an educational campaign about the impact of lead poisoning to children, as well as EPA regulations related to lead. Action steps include:
 - a. Enhance information given to home-buyers, sellers, brokers/agents and loan officers related to the serious danger of lead poisoning, including photos of children being chelated as shown above in Photo 1.
 - b. Focus efforts on transactions involving homes built prior to 1978.
 - c. Offer presentations to neighborhood associations, Apartment Association of NE Indiana, etc. through the development of a Lead Speakers Bureau.
 - d. Partner with ARCH, the local historic preservation group, to communicate about safe home restoration techniques.
 - e. Build a model home that looks like an old home to effectively show what lead looks like, including information on safe remediation techniques.

Move the model home around to different venues, including home shows.
3. Target health professionals with educational campaign about the danger of lead poisoning to children
 - a. Increase education of health care students (i.e. nursing, physician's assistants) by Health Department professionals speaking at all local nursing and physician assistant schools.
 - b. Develop strategies to effectively communicate with pediatric health care providers currently in practice.
 - c. Develop strategies to give doctors feedback on their lead screening results.

- d. Recognize physicians and clinics that do an outstanding job of testing children through positive public relations and awards for being “Allen County Lead Leaders.”
 - e. Recognize office managers in physician’s offices where outstanding lead testing and lead poisoning prevention education efforts are occurring through a special awards luncheon or other recognition efforts.
 - f. Utilize a slogan such as “Recognize, Refer and Remediate” to bring attention to the lead issue and directly communicate the desired actions.
4. Target educators with an educational campaign about the dangers of lead poisoning to children.
- a. Work with principals at elementary schools to schedule a good time to speak to teachers and school administration about lead poisoning
 - b. Provide a packet of information to educators
 - c. Provide an in-service to special education teachers
 - d. Provide speakers to PTO’s and other education forums through the Lead Speakers Bureau.
5. Create an ongoing Community Advisory Committee composed of parents, real estate professionals, health care workers and educators who will meet quarterly to ensure that communication and fundraising strategies created by the Lead Plan Implementation Coordinator and Lead Education Aide are effective and continuing.

Funding and Staffing:

Implementation of these strategies will be the responsibility of the Lead Plan Implementation Coordinator together with Lead Education Aide. Their salaries and educational materials have been budgeted in the plan. Allen County media stations have a history of supporting important altruistic causes in the community and the Steering Committee will work to entice their support in the development of this media campaign hopefully on a pro-bono basis.

Goal B : Determine Lead Levels of At-Risk Children Under the Age of Six in Allen County, Indiana.

Strategies:

1. Increase parents' understanding and concern about lead through heightened communication programs outlined in Strategy A above. Publish warning signs and high risk factors indicating a need for screening for lead poisoning.
2. Offer screening services through a phlebotomist at a wide variety of targeted venues, including:
 - a. Wayne Township Trustee's office;
 - b. FWCS Special Education Evaluations;
 - c. Neighborhood Health Clinic health fairs;
 - d. Martin Luther King Montessori School;
 - e. Early Childhood Alliance;
 - f. Head Start
 - g. The Zoo, at a special program with Lucky the Lead-Free Lemur

3. Bundle lead screening with other health screenings, such as Super Shot.
4. Equip parents with the knowledge to work with their own medical providers to get required screening services.
5. Direct children who receive a score of ≥ 10 $\mu\text{g/dL}$ to the Allen County Allen County Department of Health's Lead Case Manager for assistance in addressing the issue. See the proposed treatment protocol approved the Allen County Childhood Lead Poisoning Prevention and Elimination subcommittee in Appendix III.

Funding and Staffing:

Implementation of these strategies will be the responsibility of the Lead Plan Implementation Coordinator together with Lead Education Aide and the Allen County Department of Health's Lead Case Manager. The salaries and educational materials for the Lead Plan Implementation Coordinator and the Lead Education Aide have been budgeted in the plan. A local non-profit grantmaker, the St. Joseph Community Health Foundation has expressed an interest in funding the Lead Case Manager in 2005 as they have done in some past years. Parkview Hospital Community Benefits Program has expressed an interested in reviewing the loaning of phlebotomists to assist with testing of children in high risk neighborhoods.

Goal C: Assist Individuals/Contractors/Landlords Assess Whether There Are Lead Hazards in Their Homes/Houses and Educate on the Best Strategies or Practices That Remediate or Abate the Lead Hazard.

Strategies:

1. Increase parents' understanding and concern about lead poisoning to self-identify threats in their houses through heightened communication programs outlined in Goal III A above.
2. Canvas targeted areas in high-risk zip codes, involving community groups to offer environmental testing or blood screening to identify lead hazards in residences.
3. Offer environmental screening swabs and instructions for use at a wide variety of targeted venues, including locations such as Health Fairs and neighborhood parties to enable easier identification of possible lead hazards for referral to the Allen County Department of Health for further testing.
4. Develop an educational campaign to accompany a theme of "Seeing Red."
5. Partner with ARCH and neighborhood associations to do training on lead-safe remediation techniques.
6. Build the capacity of the Allen County Department of Health to investigate homes and identify lead hazards.
7. Look for a sponsor to underwrite a promotion where free lead remediation services would be provided to several qualifying homeowners identified in a limited time period.
8. Educate workers at retail operations such as Lowe's, Home Depot, Menard's about safe lead remediation techniques.
9. Offer lead-safe work practices programs and/or a lead information kiosk for homeowners, renters, landlords and contractors to identify and safely remediate lead

hazards through venues such as Lowe's, Home Depot, Menard's, Wal-Mart, Meijer and paint retailers.

10. Offer information on lead-safe work practices at the Allen County Building Dept.
11. Through H.A.N.D.S., partner to offer specialized in-depth lead-safe work practices training to contractors that would train them to identify and safely remediate lead hazards annually.
12. Provide an ongoing education system to appropriate governmental units and social service agencies, including the Fort Wayne Housing Authority, Project Renew, FNMA, mortgage bankers and consumer credit counseling agencies, to identify lead and a system to refer lead concerns to the Allen County Department of Health for follow up. A pocket resource/referral card concerning lead will be developed and provided to these agencies.
13. Determine a set of best practices in Allen County for remediating lead hazards through an in-depth study, that would involve the development, funding and implementation of a three-way testing approach :
 - a. Monitor the efficacy of remediating lead hazards in selected homes.
 - b. Monitor the efficacy of remediating lead hazards in all homes in a targeted area (i.e. all homes in one block)
 - c. Monitor the results from the development of new, lead-free homes.

Funding and Staffing:

Implementation of these strategies will be the responsibility of the Lead Plan Implementation Coordinator together with Lead Education Aide and the Allen County Department of Health's Environmental Services Division. The salaries, educational

materials and testing supplies for the Lead Plan Implementation Coordinator and the Lead Education Aide have been budgeted in the plan. The Allen County Department of Health has current budgeted for staff in the Environmental Services Division to assist with these strategies.

Goal D: Ensure There Is Adequate Affordable Lead-Safe Housing for Families With Children Under Age Six.

Strategies:

1. Research whether a database of lead-safe housing would be a useful tool.
2. Identify and obtain temporary lead-safe housing for children who are displaced due to remediation efforts or chelation therapy.
 - a. Contact hotel companies such as Marriott, which owns Residence Inns, to obtain discounts for affected families.
 - b. Work with the Homeless Task Force to use the channel of homeless shelters to provide temporary housing.
 - c. Work with First Call for Help for assistance with referrals.
 - d. Work with the Apartment Association to provide temporary housing in various apartment communities.
 - e. Look at building or establishing a “safe house” for families whose dwellings are undergoing lead remediation.

Funding and Staffing:

Implementation of these strategies will be the responsibility of the Lead Plan Implementation Coordinator together with members of the Planning Committee who have expressed an interest and willingness to assist in this area. The salary has been budgeted in the plan.

Goal E: Mitigate the Physical and Mental Consequences of Lead Poisoning Through Effective Case Management.

Strategies:

1. Maintain a lead case manager for all children identified with blood lead levels of ≥ 10 $\mu\text{g/dL}$.
2. Perform the Profile II on all children with blood lead levels of ≥ 10 $\mu\text{g/dL}$.
3. Enhance existing lead case management procedures protocol to include flowcharts for referrals to other social service agencies, when to provide home visits (“red flags”), and when to contact Child Protection Services due to refusal of services or lack of response to the Allen County Department of Health. *See Appendix Exhibit IV: Case Management Plan; Exhibit V: Red Flags.*
4. Provide a “lead survival tool kit” to the family.
5. Provide medical follow-up of the child, as per the algorithm, until the case is closed. *See Appendix Exhibit VI: Closed Case Protocol.*

Funding and Staffing:

Implementation of these strategies will be the responsibility of the Lead Plan Implementation Coordinator together with Lead Education Aide and the Allen County Department of Health’s Lead Case Manager. The salaries and educational materials for

the Lead Plan Implementation Coordinator and the Lead Education Aide have been budgeted in the plan. A local non-profit grantmaker, the St. Joseph Community Health Foundation has expressed an interest in funding the Lead Case Manager in 2005 as they have done in some past years.

Allen County, Indiana

Childhood Lead Poisoning Prevention
& Elimination Plan

Budget

Approved Expenses:

Lead Plan Implementation Coordinator	10 months	31,120.00
Lead Education Aide	12 months	34,852.00
Environmental Specialist	12 months	15,321.00
Lead Educational Materials		2,768.00
In-State Travel		4,680.00
Region V Conference	Participation	<u>1,036.00</u>
		\$89,777.00

Proposed Expenses were:

Lead Plan Implementation Coordinator		\$ 57,343.04
Lead Education Aide		\$ 34,852.92
Lead Educational Materials		\$ 2,768.04
Testing Swabs		\$ 4,000.00
Region V Conference	Participation	<u>\$ 1,036.00</u>
Total		\$100,000.00

Presented Budget Narrative:

Lead Plan Implementation Coordinator – The Lead Plan Coordinator will be a new position created to implement the local Allen County Childhood Lead Elimination Plan being created during the winter and spring of 2004 and coordinate Allen County’s activities with other statewide lead elimination strategies and plans. The Lead Case Manager’s responsibilities include:

- o implementing the Allen County Childhood Lead Elimination Plan either personally or by coordinating delegated activities;
- o facilitating the community lead advisory committee;
- o assuring consistency, quality and medically accurate content in all lead education and public announcement materials;
- o serve as primary spokesperson for the Allen County Lead Poisoning Prevention effort;
- o meet regularly and work closely with local health officials, medical providers and victims of lead poisoning to assuring effective dialog and understanding of best practices throughout the community,
- o and seeking out and soliciting additional funding sources and resources needed for the implementation of the Plan.

Compensation for the position:

Salary of a full-time employee at 37.5 hours weekly	\$38,000
Benefits	\$20,690
FICA	\$2,907
Perf	\$3,420
Health Insurance	\$11,369.16
Life Insurance	\$86.88
Travel Allowance (100 miles x 52 weeks x \$.30)	\$1,560

Lead Education Aide – Participants in the creation of the Allen County Childhood Lead Elimination Plan determined that a strong educational component was needed locally to ensure that parents; pediatric healthcare providers; property owners and renters in older, high-risk housing stock; and educators of young children understand the toxic impact of lead poisoning. Several very specific educational strategies are identified. In summary, the Lead Education Aide will be responsible for implementing the education strategies itemized in the Plan covering but not limited to the following topics:

- o general education on the toxic impact of lead poisoning;
- o how to recognize lead hazards in the home;
- o how to identify the warning signs of lead poisoning in children;
- o where and how to test the home using test swabs and when to contact the local health department professionals
- o where to get a blood lead level test done
- o understanding blood lead readings and resources in the community to help lead poisoned children and their parents.

Compensation for the position:

Salary of a full-time, 30 hours weekly x 52 weeks at \$12 per hour	\$18,720
Benefits	\$20,690
FICA	\$1,432.08
Perf	\$1,648.80
Health Insurance	\$11,369.16
Life Insurance	\$86.88
Travel Allowance (100 miles x 52 weeks x \$.30)	\$1,560

Lead Educational Materials - As a part of the overall lead education strategy itemized in the Plan, a variety of educational materials will be needed to raise the community awareness of the danger of lead and how to fix it. It is estimated that a standard brochure will cost \$.39 per brochure and this would underwrite approximately 7,000 brochures to be distributed by the Lead Education Aide and Lead Plan Implementation Coordinator at area educational talks, presentations, health fairs, medical offices and community centers.

Testing Swabs – Part of our plan to do primary prevention is to increase the identification of lead is to offer lead testing swabs at a wide variety of locations such as Health Fairs, neighborhood events and neighborhood canvassing. These swabs are easy to use and can readily identify the existence of lead. This budget would provide 4,000 swabs.

Region V Conference Travel – Two staff travel to Chicago, IL for the Region V Conference. Miles (328x.34) \$111.52, Hotel (\$155.00 per night, plus 15% for two nights) \$713.00, Parking \$19.00, Meals (\$32.00 per day for 3 days) \$192.00.

Allen County, Indiana

Childhood Lead Poisoning Prevention
& Elimination Plan

Appendix