State of Minnesota

2010

Childhood Lead Poisoning Elimination Plan

Year 2 Progress Report

June 2006

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2010 Childhood Lead Poisoning Elimination Plan

Year 2 Progress Report

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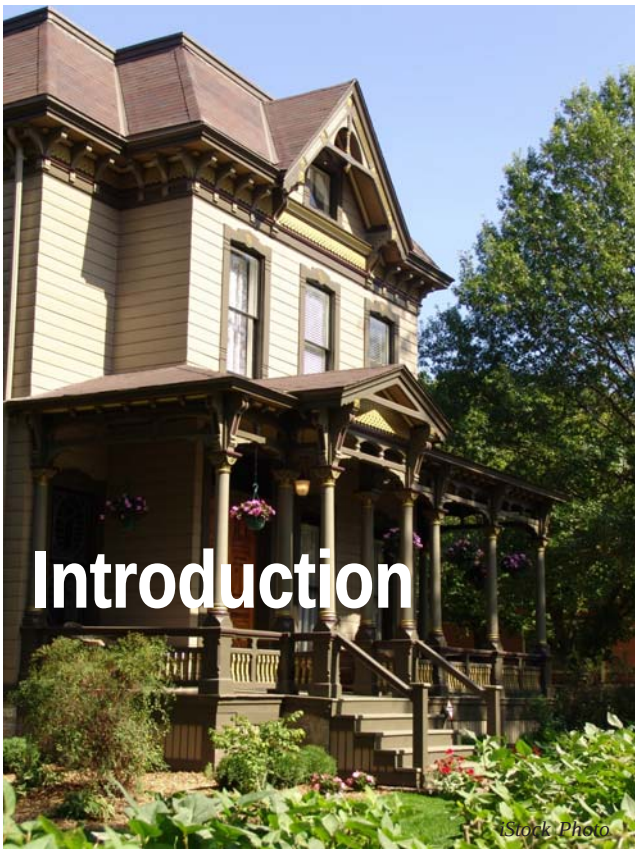

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This report summarizes the progress that Minnesota partners in lead poisoning prevention have achieved in the second year of implementing the *State of Minnesota 2010 Childhood Lead Poisoning Elimination Plan*.

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* and released it in June 2004.

The Minnesota CLPPP work plan for Year 3 of the state's Cooperative Agreement with the CDC (US7/CCU522841-03) calls for a summary of plan activities from July 1, 2005, to June 30, 2006. 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 second year of implementation; ongoing evaluation; and the plan's first update, completed in June 2006. Because of the diverse partners in this plan, a list of acronyms or abbreviations frequently used in this report 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 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. (See Appendix B. for a list of original Work Group members and members who helped update the plan.)

The Work Group established five broad goals, under which specific plan objectives and tasks were 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.

Between January and May, 2006, many partners gathered again to streamline, prioritize and update the plan. The revised plan is found in Appendix C.

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 childhood 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, Minnesota Occupational Safety and Health Administration, Department of Natural Resources, Minnesota Housing Finance Agency, Department of Commerce and Department of Employment and Economic Development.

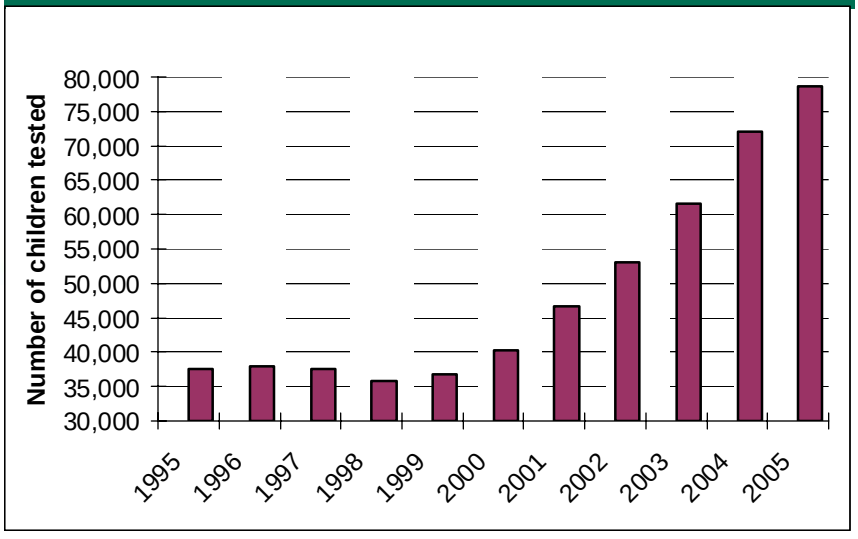
Locally, cities of the first class and local/county public health agencies conduct lead risk assessments and case management. Nongovernmental advocacy organizations, such as the Sustainable Resource Center (housing CLEARCorps), the Greater Minneapolis Daycare Association and Project 504 provide education, 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. Several health maintenance organizations have offered patients incentives for blood lead testing and education for clinic staff on the importance of screening activities.

Private laboratories perform blood lead testing and reporting. Renovation and building 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 place 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 (MCLEAN) and routinely relaying information to the MCLEAN list (members are listed in Appendix D).

The number of children in Minnesota tested for blood lead (all test types) increased for the seventh year in a row, from 18.2 to 20.0 percent of children under age six.

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



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.

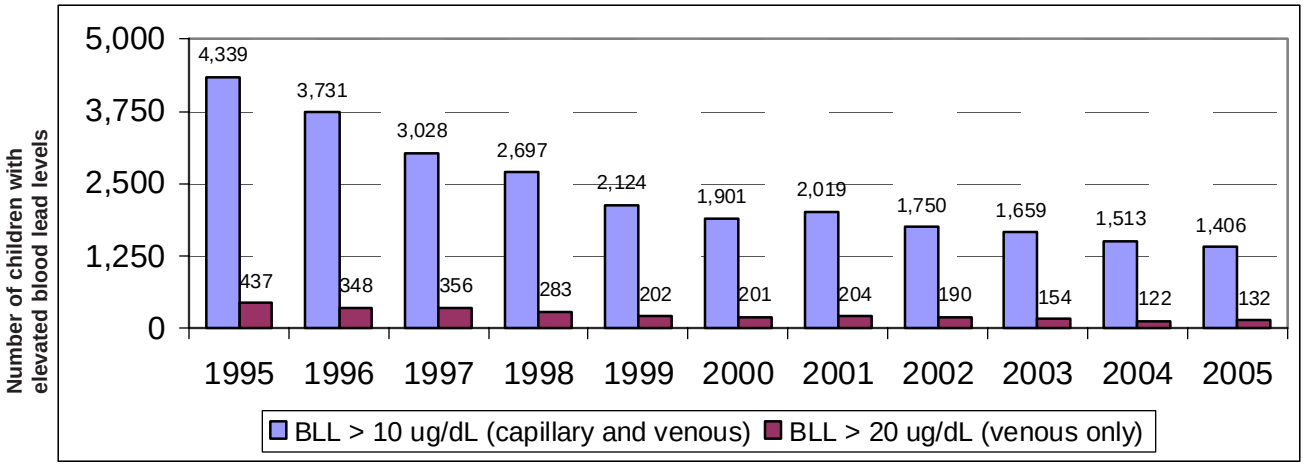
Increasingly, costs of childhood lead poisoning prevention are being carried locally. Public health departments outside the Twin Cities Metro area assume the costs of environmental assessment and case management for children with elevated blood lead levels. The Minnesota Housing Finance Agency (MHFA) has begun reimbursing for risk assessments on properties involved in state financed programs. And changes in local code, such as St. Paul-Ramsey County Health Department's requirement for lead-safe work practices training for any remodeling or renovation project, are moving some costs of primary prevention into private contractors' bid calculations.

Other developments in financing lead poisoning prevention in Year 2 of the 2010 Plan include:

- CDC cooperative agreement; the CLPPP successfully competed for funding in FY06.
- EPA funding for lead compliance and enforcement remained stable. State fees for licensing and certification provide ongoing program support;
- HUD grants for education and outreach, healthy homes, demonstration projects and lead hazard control supported primary prevention efforts throughout Minnesota;
- Health providers such as Medica and MedTox laboratories provided grants for specific screening, education and outreach projects. Providers also supported blood lead training for clinic staff.
- Partners took a first step toward MA funding of risk assessment costs by introducing legislation.

HUD dollars leveraged other federal, state and local funding, such as Community Development Block Grants, Small Cities Development Grants and others. Among those partners with successful HUD grant activity: St. Paul - Ramsey County Public Health, City of Minneapolis Department of Health and Family Support, City of Minneapolis Healthy Homes and Lead Hazard Control, Hennepin County Department of Housing, Community Works and Transit and the Department of Employment and Economic Development (DEED).

Indicator #2: Blood Lead Levels (BLLs) in Minnesota



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

Setting Priorities: 2010 Plan Updated

In the first year of 2010 Plan implementation, the partners who make up the Minnesota Collaborative Lead Assessment Network (MCLEAN) and the de facto Plan steering team, have discovered that some of the strategies in the Plan are outdated, while others important to achieving the elimination of childhood lead poisoning are missing. In addition, many of the strategies listed in the Plan could be combined and streamlined. Therefore, the updated Plan (Appendix C.), which will be final on June 30, 2006, has been reduced in size and altered in focus.

Goal V, Lead Liability Insurance, Eliminated
With pending EPA rules for Renovation and Remodeling, improved awareness about Pre-Renovation Education 406(b) requirements, increased numbers of certified lead professionals, lead-safe work practices training widely available, and more housing agencies requiring paint assessment as part of remodeling, the concept of lead liability insurance for rental property owners and contractors was deleted from the updated Plan.

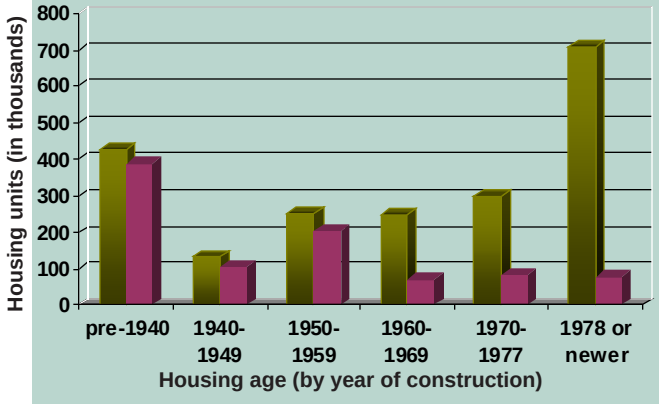
New Goal V, Reponding to New Information
The flexibility of the 2010 Plan to take in new research, identified trends, population demographic changes and emerging risks has been enhanced with a new goal: Strategies to Respond to Emerging Issues, such as New Research, Legislation, Trends, Populations Conditions and Other Developments.

Prioritize Tasks, Reduce Duplication and Set Measures for Evaluation
The subgroups that updated the 2010 Plan wanted more strategic priority-setting reflected in the Plan, as well as less guesswork about funding and timelines, both of which are fluid for many partners. The updated Plan signals whether goals are completed or ongoing, in planning or process, should be extended to other jurisdictions, should be completed in later years because of difficulty or lower priority, or should be deleted. Measures were identified in the updated plan for each task.

Responsibility to Implement, Not Sponsorship
The subgroups wanted to denote which agency or organization is primarily responsible for implementation of each task. Many tasks were "sponsored" by organizations that had never been involved in the initial Plan or in any partnership activities to date.

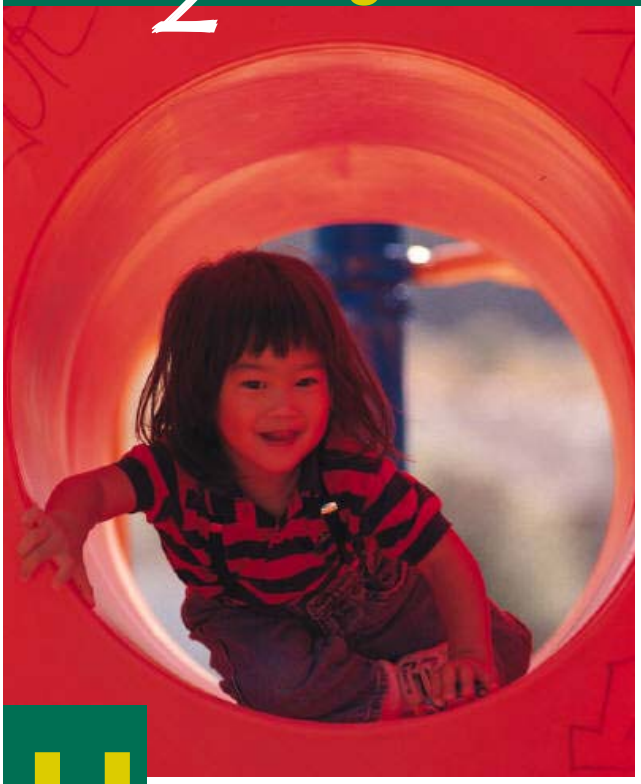
The following summary of Minnesota's progress in Year 2 of the 2010 Plan implementation is based on the original Plan, not the update. The summary covers major accomplishments, key indicators, a trends, barriers to success and potential opportunities. A tracking sheet showing progress for each 2010 Plan task follows the narrative.

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 2 Progress Summary



Heartbreaking news faced Minnesota's partners in lead poisoning prevention during what was otherwise a successful Year 2 of 2010 Plan implementation. A four-year-old Minneapolis boy died of lead poisoning after swallowing a charm from a piece of children's jewelry which contained 90 percent lead. It is the first documented lead-poisoning death in Minnesota.

The fatality challenged Minnesota's partners in lead poisoning prevention to review how the public health system works when such a tragedy occurs. Here are some conclusions:

- The child had routine blood lead screening at appropriate ages, including a followup test two months earlier showing a BLL of 1.0 ug/dL.
- When the child had an BLL of 12 a year earlier, Minneapolis performed a risk assessment on the home, despite 15 ug/dL being the environmental intervention level.
- The EBLL result was faxed immediately to MDH, the State Case Monitor relayed the information immediately to the City of Minneapolis Healthy Homes and Lead Hazard Control, which performed a housing inspection the next day.
- The child's sibling was tested immediately.
- The Consumer Products Safety Commission (CPSC) had a policy in place regarding maximum allowable lead content of children's jewelry.
- The CDC helped speed up lab analysis, move the CPSC process faster, and put out a notice in the *Morbidity and Mortality Weekly Report*.
- News was released in a coordinated, empathetic manner.
- Lead partners protected the patient's family from undue news media attention and remained silent on the matter until definitive information was available from the lab and the Medical Examiner.
- The CPSC recalled the product approximately one month from the date of the child's death.

Despite all of the ways in which the system worked to protect children from lead poisoning, there were several areas where improvement was needed.

- The child's lead poisoning symptoms bore a close resemblance to the flu or routine stomach upset, delaying hospitalization and treatment.
- The public was unaware that some children's jewelry had lead in it, even though multiple recalls had been issued by CPSC.
- Testing the object for lead took an inordinately long time (almost a month), during which time the product remained in circulation.
- It was difficult to determine when or how to legally issue a statewide alert to merchandisers to remove the product from the store shelves, even if lab testing results were available and confirmed lead content.
- The intense national, state and local media attention to this unusual lead poisoning exposure detracted from the main message: lead paint and paint dust are the primary culprits in lead poisoning cases in Minnesota.

The updated 2010 Plan includes new elements that deal with lead in consumer products and defining a critical path for product recall at the state level. Minnesota's lead partners can't predict whether another fatal lead poisoning case will occur, but can take steps to prevent this type of lead exposure from happening again.

Progress in More Areas of the Strategic Plan

As the Work Plan table of this report illustrates, there has been substantial progress in achieving the strategies laid out in the original Plan. This progress is evident in the following facts:

- Of the 154 strategies listed in the plan, implementation is underway in all but 24. In Year 1, implementation was underway in all but 61.
- This report includes 11 strategies or initiatives that support 2010 Plan goals, but were not included in the original plan.
- Those projects successful in one jurisdiction have begun to be implemented in others.
- Those projects designed to build lead poisoning prevention into policy or infrastructure were successful, achieving some of the sustainability that will be needed in the future.
- Cooperation among partners continues to build, with several joint or team projects underway, many of which link government agencies with nonprofits or geographically distinct agencies with one another.
- Initiatives among housing partners, such as the Minnesota Housing Finance Agency (MHFA) lead paint assessment policy and reimbursement for lead risk assessments, contribute to primary prevention in ways that are long-lasting.

Legislation on Lead in Year 2

Efforts to coordinate legislative planning and policy continued in Year 2, with consensus developed on two actions: a housekeeping bill that would streamline the process of applying for swab team grants and a bill allowing the Department of Human Services (DHS) to work with the federal government on allowing Medicaid to reimburse for lead risk assessments. Lead partners also were interested and generally supportive of a measure that would limit lead levels in imported children's jewelry to that set in the Consumer Product Safety Commission (CPSC) recommendations. Both the housekeeping bill and the funding for risk assessment on MA cases will be reintroduced in 2007, with continued coordinated support among partners.

The legislature's action in Year 1 to lower the environmental intervention level from 20 to 15 ug/dL has increased the number of cases in Minnesota by an estimated three percent.

Trends: Screening Increases, EBLLs Decrease

In Year 2, more children than ever before received a blood lead test in Minnesota. Test results for more than 78,000 children were entered into the BLIS database in 2005. Even with an increase of more than 10,000 tests over the previous year, the number of EBLL cases continued to decline (see Indicators #1 and #2), although the results greater than 20 ug/dL increased slightly. This translates to a 20 percent screening rate overall, 22 percent in both Hennepin and Ramsey Counties.

Screening rates improved in many rural Minnesota counties. This may be the result of the availability of HUD/DEED Lead Hazard Control grants that were paired with Small Cities Development Program grants in 26 counties.

In addition, the Sustainable Resources Center (SRC) has developed productive working relationships and outreach and screening events with several public health agencies, such as the Aitkin-Itasca-Koochiching County Health Board and Kanabec-Pine Community Health Services.

Number and Percent of Refugee Children (0-5 Years) Tested and with Elevated Blood Lead Levels in 2005

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)	
Somalia	85	55	65%	51	97%	5	9.1%
Liberia	36	17	47%	15	100%	2	12.0%
Rest of Africa	25	14	56%	11	89%	1	7.1%
Burma	18	16	89%	15	100%	1	6.3%
Hmong	406	353	87%	346	98%	17	4.8%
Former USSR	27	15	56%	15	100%	0	0.0%
Rest of S.E. Asia	4	2	50%	2	100%	0	0.0%
Totals	**601**	**472**	**79%**	**455**	**96%**	**26**	**5.5%**

2004 Comparisons

Children tested for lead within three months of arrival		Children w/elevated level (10ug/dL)	
76	97%	4	5%
30	60%	2	7%
16	89%	3	17%
20	100%	2	10%
565	99%	16	3%
31	94%	0	0%
N/A		N/A	
738	**98%**	**27**	**4%**

In Itasca County, for example, percent of children screened increased from 18 percent in 2004 to 27 percent in 2005.

Pending EPA R&R Rules, 406(b) Get Attention

The proposed EPA Renovation and Remodeling Rules, open for public comment until May 2006, helped partners expand conversations with busy general contractors about lead-safe work practices, lead disclosure and licensing/certification. Whether contractors are trying to prepare for the rules or distinguish themselves from business competitors, there is more interest in lead-safe training. Among those efforts specifically directed toward contractors and rental property owners:

- MDH conducted targeted outreach to 15,000 licensed contractors about 406(b) requirements, including a direct mail piece, Web page, CD with helpful resources and tools and an informal survey of contractors.
- St. Paul-Ramsey County Public Health developed relationships with neighborhood development agencies in high-risk areas and local contractors to perform lead hazard control on identified houses.
- Minnesota Multi-Housing Association published an article on lead paint issues in its publication to rental property owners.
- The National Association of Housing and Rehabilitation Organizations (NAHRO) sponsored a workshop on federal and state regulations and lead paint issues at its spring "Working Together" conference for rental property owners.

High-Risk Populations -- or Are They?

Federally funded High-Intensity Targeted Screening (HITS) projects in Women, Infants and Children (WIC) clinics in Year 2 yielded surprising results in both Hennepin and Ramsey Counties. Results have not been fully analyzed, but the assumption that children in the WIC program are are greater risk for lead poisoning does not seem to be borne out by the initial data. In the HITS project conducted by St. Paul - Ramsey County Public Health, for example, only 0.47 percent of the 907 children screened had EBLLs. This compares to the rate of Ramsey County overall, which is 4.7 percent.

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:

- Outreach activities in partnership with MedTox Laboratories and Medica, a health maintenance organization, to reach high-risk populations;
- Partnerships with daycare centers, community and neighborhood groups;
- Initiatives with faith communities, such as mosques, to provide lead education and outreach.
- Using the "Leadie Eddy" van, a highly visible mobile screening and education van, at events in high-risk communities; and
- Staff who are bilingual or multilingual.

One high-risk group for whom the statistics are encouraging is 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. In addition, St. Paul-Ramsey County Public Health collaborated with MDH Refugee Health and the CLPPP on a project to test CDC's recommended screening guidelines for immigrants, with results pending. These efforts, along with substantial outreach efforts on the part of SRC and others, likely had an impact on an increase in testing in these populations. (See table on previous page.)

Screening Children on Medical Assistance

The Minnesota Department of Human Services (DHS) and MDH published a report in Minnesota Medicine magazine regarding blood lead testing among children receiving services from Medical Assistance, Minnesota Care, or WIC from 1999 through 2003. DHS and MDH continue to perform data matching annually. In Year 2, 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 receives these measures. DHS also includes a measure of blood lead screening among its health plan contract withhold. The 13.3 percent screening rate among childen on MA/Minnesota Care found in 1998 has increased to 30 percent. More work must be done to ensure that this high-risk population is tested, but Minnesota has made good progress.

Year 3 Plans and Challenges

In Year 3 of *Minnesota's 2010 Childhood Lead Poisoning Elimination Plan* implementation, partners in prevention will face challenges in funding, screening and outreach efforts. The 2010 Plan has been updated to reflect emerging issues, and will streamline and prioritize activities leading to the elimination goal.

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. However, HUD funding can only be a part of the lead hazard control mix, which complicates its use. The HUD/DEED Lead Hazard Control Grants, for example, are paired with other state and federal funding to remodel entire houses -- not just reduce lead hazards. Completion and clearance has been long in coming at some projects. Minnesota will experience gaps in funding in Year 3, where HUD dollars will be unavailable, even for EBLL cases. Further state funding for lead poisoning prevention has not been forthcoming. The integration of lead safety into housing policies, codes and practices has begun and will be essential in sustaining lead poisoning prevention efforts.

The 2000 census data and HUD formulas have provided an estimate of housing units with potential lead hazards in Minnesota (930,308 out of 2,065,946). Assessing how many lead-safe units have been created or eliminated since 2000 is not possible with existing data. Risk assessment agencies in Minnesota helped plan a method to collect housing data in Year 3. In addition, a pilot project by Hennepin County Housing will work with the providers of an affordable housing registry to integrate lead education and information into a system with older housing on one hand and high-risk families on the other.

Data Sharing Limitations

Blood lead data are considered private under the Minnesota Data Practices Act and the Lead Poisoning Prevention Act. This classification severely restricts use. The MDH will continue to examine potential amendments to the law to allow surveillance data to be shared with appropriate partners for strictly limited purposes that assist in eliminating childhood lead poisoning.

The Minnesota CLPPP's Blood Lead Information System (BLIS) provides accurate data on lead testing, but has limitations. Major improvements got underway in Year 2. The State Case Monitor has access to environmental risk assessment information. Data entry staff eliminated a backlog. The CLPPP also undertook a project to develop an improved BLIS application, to be completed in September 2006.

Identifying Strategies to Reach High-Risk Groups

Minnesota has been successful in designing strategies to reach high-risk groups and target high-risk housing. In Year 3, the Emergency Health Communication and Outreach (ECHO) Minnesota Collaborative will host a television program on Twin Cities Public Television (tpt17) about childhood lead poisoning, which will then be translated into six languages: Hmong, Khmer, Laotian, Spanish, Somali and Vietnamese. A DVD of the broadcast will be widely distributed to partners and communities.It will air on National Lead Poisoning Prevention Week in October.

Another task added to the 2010 Plan is the development, with other state partners such as DHS, of a telephone line allowing non-English-speaking clients to request information from someone who speaks their languages.

And while Minnesota has a good track record of ensuring children are covered by health insurance, the state still has many families without coverage. This high-risk group requires special effort on the part of partners conducting lead screening to find a suitable, affordable medical home for children without health insurance.

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 eliminating childhood lead poisoning in Minnesota by 2010.

Notes

Sustainable Resource Center's Leadie Eddie is coming soon to a community event near you. See the schedule of events at www.src-mn.org/SRC_HOME_Absolute.htm and click on "calendar."

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Completed or Ongoing	In Planning or Implementation	Scheduled for Later Fiscal Years	Successful in One Jurisdiction, Extend to Others	Delete from Plan

2010 Childhood Lead Poisoning Elimination Plan for Minnesota
Implementation Plan – Year Two Progress Report, July 2005 – June 2006

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 Healthy Homes and Lead Hazard Control and Inspections Departments statewide	• In Years 1 and 2, Minneapolis included information on 406(b) and 1018 with renewal information for rental licensing, all paint orders and sandblasting permits. • In Year 2, MDH applied for CDC funding for a pilot Lead-Safe Cities project to be implemented in Years 3 and 4, in which rural cities would be encouraged to adopt this and other models.
2A. Disclosure education provided during home shows, other outreach.	Sustainable Resources Center (SRC)	• In Years 1and 2, SRC included disclosure education routinely in outreach contacts in both English and Spanish, an estimated 260 contacts annually.
3A. Abrasive blasting permits – city requires test for lead before work occurs. If lead is present, lead-safe work practices are required.	Minneapolis Healthy Homes and Lead Hazard Control	• In Year 1, Minneapolis implemented this strategy, which should be extended to other jurisdictions. • In Year 2, MDH applied for CDC funding for a Lead-Safe Cities project to encourage rural cities to adopt this and other models.

4A. Disclosure information packets are disseminated to interested parties including camera-ready copies of EPA pamphlet, "Protect Your Family From Lead in Your Home."	MDH Lead Compliance Unit	• In Year 1, MDH disseminated 1,000 information packages, with 300-400 downloads of the EPA brochure from the Web. • In Year 2, The MDH mailed brochures about the Pre-Renovation Disclosure requirements to 15,000 licensed contractors in the state, offering a CD that contains all needed forms, fact sheets, and publications needed to comply with 406(b). These tools are also available on the MDH Web site. • In Year 2, the updated 2010 Plan requires all partners to disseminate the EPA brochure at all outreach events.
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 and cannot be used during disclosure.	Minneapolis Housing Inspections, MHFA , SRC and Project 504	• In Year 2, 2010 Plan Update subgroup advocated use of the standard EPA/CPSC/HUD brochure as less confusing, more consistent for recipients. This strategy has been deleted from the updated 2010 Plan.
2B. Identify previously untapped at-risk families using Advisory Group expertise for targeted education efforts.	SRC	• In Years 1 and 2, SRC implemented education efforts that have included outreach to faith communities serving immigrant/refugee populations; work with ECFE programs; partnerships with rural county health departments; partnerships with the New Families Center to screen and educate families entering public schools; and Hispanic/Latino events. The Leadie Eddie van, a portable screening and outreach vehicle, was delivered in spring 2006 and will allow for even more such education efforts.
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	• In Year 1, NRP funding substantially decreased, making this a less attractive strategy for Minneapolis Housing than others. • In Year 2, this strategy was eliminated from the updated 2010 Plan

5B. Housing Resource Center – will provide education to families/contractors they work with.	Housing Resource Center	• In Year 2, Housing Resource Center teamed with Hennepin County Housing to provide lead-safe work practices training. Families using the Housing Resource Center are referred to Hennepin County for risk assessment and lead hazard control and to SRC for education.
6B. Work with statewide health plans to distribute information and facilitate links between websites.	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	See Goal 1, Obj. A1, 3A
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 & pop" contractors and property owners seek information and HEPA-vac rental here.	SRC	• In Years 1 and 2, SRC did not have sufficient resources to continue maintaining hardware store Lead Centers, but continues to offer HEPA-vac use at their new offices at the rate of 2-3 loans a week. • In Year 2, this strategy was removed from the updated 2010 Plan.
2A. Disclosure information packets are disseminated to interested parties including camera-ready copies of EPA pamphlet "Protect Your Family From Lead in Your Home."	MDH Lead Compliance Program	See Goal I, Objective A1-4A

New Strategies (Beginning or continuing after July 1, 2004)	Sponsor Agency	Progress
1B. Provide 1 hour lead refresher workshops for Department of Commerce (approximately 10/year).	MDH Lead Compliance Unit	• In Year 1, provided 2 workshops. • In Year 2, provided 3 workshops.
2B. Provide one-on-one training on 406b through building associations and other professional contractor groups (approximately 300/year).	MDH Lead Compliance Unit	• In Year 1, provided an estimated 150-160 one-on-one training sessions on 406b. • In Year 2, provided one-on-one training to 153 participants.
3B. Develop summary document of EPA "disclosure pamphlet" based on Minneapolis version to be distributed through professional organizations.	SRC (will get master from MN Housing Inspections)	See Goal 1, Obj. A1-1B
4B. 406(b) training through SRC; will also subsidize other certified firms to conduct training.	Hennepin County Housing/SRC	• In Years 1 and 2, Hennepin County and SRC offered contractor 8-hour training. SRC offers twice-yearly in-house training for new CLEARCorps members.
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)	• In Years 1 and 2, CASH's *Renter's Guide* includes information about lead paint risks and required disclosures prominently; training professionals is not its major focus. • In Year 2, this strategy was removed from the updated 2010 Plan.
6B. Examine ways to incorporate LSWP into ongoing rehab support programs	MN Housing Finance Agency	• In Year 2, MHFA established *MHFA's Lead Paint Policy in Programs with Health/Safety Components*, incorporating requirements for a lead risk assessment for pre-1978 properties undergoing rehab. A checklist provided for applicants for rehab assistance clearly outlines requirements in federal law for lead assessment and/or lead hazard control. • In Year 2, MHFA provided reimbursement for risk assessment on rehab properties it supports.

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. Distribution of EPA Lead pamphlet by property owners, real estate professionals, and rehab agencies	Private and public sector housing agencies/professionals	• In Year 2, the Minnesota Multi-Housing Association provided an overview of existing and pending lead regulations and resources in the MMHA's e-newsletter, which goes to an estimated third of all rental property owners in the state. • In Year 2, the MDH, as part of collaboration with DEED on HUD lead hazard control grants, provided a lead overview and resources at a Wilder Foundation meeting of Section 8 rental property owners, as well as presenting at the National Association of Housing Rehabilitation Organizations (NAHRO) conference. • In Year 2, MDH promoted a disk with 406(b) tools, including a master of the EPA Lead pamphlet for copy and distribution. • In Year 2, Hennepin County contractors distributed the EPA pamphlet, and realtors and property owners attending training are instructed to do so.
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	• In Year 2, families in rehab programs receive one-on-one education, approximately 300 families/RPOs.
2B. Provide one-on-one, property owner education to at-risk families.	DEED	• In Year 2, DEED outreach events reached 2,264 individuals at events in high-risk counties.

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	• In Year 2, the RPO video was distributed during required lead-safe work practices training (20 RPOs so far). This will continue, as Minneapolis requires lead-safe work practices training for RPOs.
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 (RPO) receiving financing through MHFA.	Minnesota Housing Finance Agency (MHFA); RPO groups	See Goal 1, Obj. 1A - 6
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. Obtaining existing pregnancy screening guidelines for ACOG review and endorsement in Minnesota.	MDH EIA Unit	• In Year 1, the MDH issued "Blood Lead Screening Guidelines for Pregnant Women in Minnesota," endorsed by the ACOG. • In Year 2, health plans, MDH, and City of Minneapolis collaborated on presentations statewide about all the guidelines, including the pregnancy guidelines. • In Year 2, the MDH produced a brochure on lead in pregnancy and breastfeeding, placed it on the Web for downloading, and introduced it to public health nurses statewide. An estimated 6,000 have been distributed, and requests made for a Spanish version.

2A. Educate providers in outer-ring Hennepin County suburbs about MDH Blood Lead Screening Guidelines and encourage screening.	MDH EIA Unit/Hennepin County Health Department	• In Year 1 (and previously) Hennepin Co. recruited 7 pediatric and family practices offices in the far Western suburbs and 17 in the 2nd ring suburbs in a HC Supplementary Lead Surveillance initiative from October 2002 to December 2003, with a median increase in the number of tests of 75.5%. • In Year 2, Hennepin County conducted a multi-site HITS project in cooperation with WIC Clinics that included suburban area sites, screening more than 1,000 children.
New Strategies (Beginning after July 1, 2004)	**Sponsor agency**	**Progress**
1B. Disseminate pregnancy-screening guidelines to clinic Medical Directors through Medicaid Health Plans.	MDH EIA Unit (CLPPP)/DHS	• In Year 1, the MDH CLPPP sent the pregnancy screening guidelines to health plan directors (December 2004), following up with phone contacts in April 2005. • In Year 2, the MDH provided pregnancy and breastfeeding brochures to clinics and public health nurses, with plans to translate into Spanish in Year 3.
2B. Educate physicians in high-risk counties about blood lead screening requirements for at-risk children.	Hennepin County Health Department	• In Years 1 and 2 (and before), Hennepin County Health Dept. provided physician education about screening requirements. • In Year 2, health plans, MDH and City of Minneapolis collaborated on provider training in Metro and higher-risk rural counties.
3B. Convene a physician work group to develop anticipatory guidance for childhood blood lead levels below 10 ug/dL.	MDH EIA Unit (CLPPP)	• In Year 1, the MDH worked cooperatively with key physician consultants on comments regarding a draft guidance document for levels 10 ug/dL and below. • In Year 2, those comments were reflected in revised Case Management Guidelines released in June 2006.
4B. Partner with the MN Institute for Public Health to disseminate lead and pregnancy information to the MN Council of Preventive Medicine during Lead Week 2004	MDH EIA Unit (CLPPP)	• In Year 1, the MDH explored the concept, but did not find the project viable. • In Year 2, the strategy was deleted from the updated 2010 Plan.

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	• In Year 2, the MDH sponsored free NPCA training for 70 participants.
2A. MDH will continue to approve training courses, and license/certify lead professionals.	MDH Lead Compliance Unit	• The MDH approves training and licenses/certifies lead professionals, as an EPA-authorized program. • In Year 2, MDH approved 19 training courses for lead professionals and licensed/certified 706 individuals or firms.
3A. Conduct quarterly lead-safe work practices training for rehab contractors/workers	St. Paul/Ramsey County Public Health	• In Year 2, St. Paul-Ramsey County did two lead-safe work practices trainings for Section 8 RPOs, two for contractors, and planned one Spanish-language training for early in Year 3.
4A. Conduct quarterly lead-safe work practices training for rehab contractors and workers	Duluth Housing Rehab Authority	• In Year 2, Duluth did one lead-safe work practices training for contractors.
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	• In Year 2, Minneapolis notified the city public housing authority about EBLL cases in Section 8 property. • In Year 2, the Minneapolis PHA took initiative on ensuring Section 8 properties were licensed and clearance tests were required for paint orders. • In Year 2, St. Paul-Ramsey County conducted two trainings for Section 8 property owners.
New Strategies (Beginning after July 1, 2004)	**Sponsor Agency**	**Progress**
1B. Promote free, lead-safe NPCA trainings	MDH Lead Compliance	See Goal 1, Obj. D-1A

2B. Train at least 5 minority/small business contractors and provide on-the-job training in 40 units.	SRC	• In Year 2, MDH and DEED planned a project to work with Hispanic/Latino contractors interested in developing small businesses to perform lead hazard control. • In Year 2, SRC trained an estimated 10 minority/small business contractors. • In Year 3, St. Paul-Ramsey County Public Health and MDH plan a project to provide lead-safe work practices and on-the-job training in lead hazard control in concert with neighborhood development groups. In addition, St. Paul-Ramsey County plan a Spanish-speaking lead-safe work practices training in summer 2006.
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. Develop administrative rules to allow for the lead sampling technician discipline.	MDH Lead Compliance	• In Year 1, the state adopted rules that allowed for lead sampling technician certification, made the dust standard consistent with EPA's, modified notification requirements, and modified lead hazard reduction requirements.
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	In Year 2, MDH/DEED provided four worker trainings in the Metro, Grand Rapids, Marshall and Rochester for 60 participants.
2B. Contract with certified firms to offer subsidized training to become lead professionals	SRC, Hennepin County Housing	In Years 1 and 2, SRC and Hennepin County contracted with certified firms to offer training.
3B. Conduct semi-annual lead sampling technician training for home and truth-in-sale inspectors.	St. Paul – Ramsey County Public Health	
4B. Explore ways to support supervisor and sampling technician training statewide.	Current private training agencies and other providers.	• In Years 1 and 2 (and before), MDH offered free meeting space and marketing assistance (via the Web site) for private training agencies. • In Year 2, MDH and DEED developed a contract with several private training agencies to offer lead-safe work practices training.

Completed or Ongoing | **In Planning or Implementation** | **Scheduled for Later Fiscal Years** | **Successful in One Jurisdiction, Extend to Others** | **Delete from Plan**

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. Formal evaluation of surveillance system.	MDH EIA Unit	• In Year 1, using the CDC's "Guidelines for Evaluating Surveillance Systems," the CLPPP senior epidemiologist performed an evaluation of the BLIS database. • In Year 2, the evaluation was submitted for publication to various journals and it was posted on the MDH Web site. • In Year 3 (and subsequent years), the CLPPP plans to perform evaluation of the surveillance system and include it in annual surveillance report.
2A. Data matching with DHS MA data.	MDH/DHS	• In Years 1 and 2 (and previously), MDH and DHS completed data matches of children with blood lead tests and children enrolled in MA. • In Year 2, MDH and DHS published a report on the MDH lead program Web site at www.health.state.mn.us/divs/eh/lead and the *Minnesota Medicine* article is available at www.mmaonline.net/publications/MNMed2006/May/clinical-zabel.htm
3A. Data sharing agreement with UCare.	MDH	• In Year 1 (and previously), the MDH and UCare have had a data-sharing agreement, updated in June 2005.
4A. Data sharing with CUHCC clinic/University of Minnesota	MDH	• In Year 1, the MDH and CUHCC clinic/University of Minnesota developed a data-sharing agreement signed in July 2004.
5A. Obtaining GIS software and training.	MDH	• In Year 1 (and before), the MDH purchased GIS software and staff has taken online training. • In Year 2, an initiative to improve the BLIS database included GIS coding as part of future improvements.

6A. Began issuing a "date year" for surveillance data.	MDH	• In Year 1, BLIS was programmed to add the date year. • In Year 2, an initiative to improve the BLIS database resolved a number of outstanding issues and included enhancements for data analysis and electronic transfer.
7A. Sharing Section 8 voucher data with local lead program.	St. Paul/Ramsey County Lead Program	• In Years 1 and 2 (and ongoing), St. Paul PHA began to share Section 8 data with St. Paul-Ramsey County Public Health for purposes of promoting lead hazard control in Section 8 housing.
8A. Data matching with Hennepin Lead Program to determine data quality i.e. duplicates/inconsistencies	MDH/Hennepin County Lead Program	MDH and Hennepin County conduct data matching on an ongoing basis, and make corrections in data as problems are detected.
9A. Geocoding blood lead surveillance data for county-level use.	Hennepin County Lead Program	Hennepin County continues to geo-code blood lead surveillance data.
10A. Blood lead testing pilot in outer-ring Hennepin County suburbs. Contract ended 12/03.	MDH/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 EIA Unit (CLPPP)	• In Year 2, Mayo Laboratories, one of two major labs without electronic reporting capability, began sending data electronically, but glitches in the system postponed the process. • In Year 2, the MDH requested assistance from other CLPPP programs and the NEDSS program to work with the Chicago Quest lab not currently providing data electronically to update its practices.
2B. Contact all labs reporting blood lead results to MDH to determine their minimum detection limits.	MDH EIA Unit (CLPPP)	• In Year 1, 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 EIA Unit (CLPPP)	• In Year 2, the CLPPP consulted the MDH electronic security manager and discussed options for providing data via secure e-mails. • In Year 2, the CLPPP worked on improvements to BLIS that would allow for internet access to data for counties in the future.

4B. Investigate ability to make GIS mapping available on MDH lead website for local public health and other partner use.	MDH EIA Unit (CLPPP)	See Goal II, Objective A-5A
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 EIA Unit (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 PHA 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	• In Year 2, Hennepin County received 31 referrals for risk assessment from public housing authorities, and is planning an additional 40-70 in Year 3. Hennepin County also is providing an incentive for Sec. 8 RPOs of covering 66 percent (rather than 50 percent) of lead hazard reduction costs.
8B. Continue to match DHS Medicaid claims and MDH blood lead surveillance data to monitor trends in the MN C&TC population.	MDH EIA Unit (CLPPP)/DHS	See Goal II, Objective A2.

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. Lead regional workshops encouraged MA testing.	Health Plans/MDH/SRC	• In Year 2, MDH, SRC, City of Minneapolis and health plans implemented provider workshops to encourage use of screening guidelines and MA testing.
2A. Incentive pay for previously untested kids on MA.	DHS	• In Years 1 and 2 (and ongoing), DHS offered 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 screening project to encourage screening through WIC clinics. Final step is to develop and disseminate screening protocol to all WIC clinics in Minnesota.	MDH EIA Unit	• In Years 1 and 2, WIC pilot screening projects began in Hennepin County and St. Paul/Ramsey County with CDC funding. • In Year 3, the results of these projects and the Countryside WIC study will be analyzed and recommendations made for WIC screening statewide.
4A. Implement individual health plan strategies to address corrective action orders and contract withholding targets from DHS.	DHS/Health Plans	• In Year 2, a health plan initiative to focus efforts on clinics where lead screening rates are low was added to the 2010 Plan. • In Year 2 (and 3), SRC partnered with a health plan to work with 70 children to provide at-home education and screening. Goal is 125 for Year 3. • In Year 2, SRC partnered with an additional health plan foundation to perform free lead screening in Greater Minnesota. Goal to screen 400 children. • In Year 2, SRC is reaching out to smaller health plans to offer services.

5A.Conduct HITS projects in Minneapolis and St. Paul.	MDH EIA Unit/City of Minneapolis/St. Paul-Ramsey County/SRC	• In Years 1 and 2, Hennepin County and the City of Minneapolis had HITS projects underway targeting high-risk groups in Minneapolis (150 children tested in Year 1). St. Paul – Ramsey County Health Department has a HITS project underway at St. Paul WIC clinics, completed in Year 2, screening 907 children. • In Year 2, St. Paul-Ramsey County completed a HITS project in which 907 children were screened in WIC clinics in high-risk areas, with only 0.47 percent with EBLLs.
6A. Conduct EPA-funded pilot to test children through licensed daycare.	SRC/City of Minneapolis/Health Plans	• In Years 1and 2 (and previously), the EPA pilot ended, 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.	MDH FH	• In Year 1, MDH Community and Family Health and DHS developed an online training regarding blood lead testing and treatment at www.health.state.mn.us/divs/fh/mch/webcourse/lead/index.cfm • In Year 2, the course was updated to include new information.
8A. Complete blood lead testing pilot in outer-ring Hennepin County suburbs. Contract ended 12/03.	MDH EIA Unit/Hennepin County Health Department	See Goal I, Objective C2
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	• In Year 1, SRC partnered with MedTox on a media campaign to educate parents about lead testing and motivate parents to ask for a lead test. • In Year 2, SRC worked with ECFE programs to discuss when to request a lead test, approximately 25 ECFE programs. • In Year 2, GMDCA and MDH Indoor Air received a grant to pilot a project to evaluate daycare environmental quality, including lead paint, and work with daycare staff on reducing asthma triggers and other environmental exposures.

2B. Incorporate blood lead testing message with other health activities e.g. immunization database.	MDH EIA Unit (CLPPP)/Immunization Program	• In Year 2, the MDH developed language with DHS to incorporate a pop-up message on blood lead screening on MA patients. It is close to implementation at the time of this report. Estimates from other states indicate that it may increase screening on MA patients by 18 percent.
3B. Encourage clinics/administrators to include a lead check sheet in files i.e. quality measure. Focus on cost-savings.	SRC/All Health Plans	• In Years 1 and 2, SRC and health plan partners sent chart flags for lead testing. • In Year 2, SRC and City of Mpls. flagged Early Childhood Special Education and Way to Grow children for lead testing.
4B. Develop policy on follow-up for bll of 5-9ug/dL.	MDH EIA Unit (CLPPP)	• In Year 2, the MDH and partners updated the Case Management guidelines to incorporate follow-up recommendations for blls of 5-9 ug/dL.
5B. Continue to match MDH surveillance data with DHS Medicaid data.	MDH EIA Unit (CLPPP)/DHS	See: Goal II, Objective A2.
6B. Continue to match MDH surveillance data with MDH Refugee Health Data.	MDH EIA Unit (CLPPP)	The MDH has matched surveillance data with Refugee Health data annually since 1998. • In Year 1, 67 percent of incoming refugee children were tested for blood lead and 4 percent had EBLLs. • In Year 2, 79 percent were tested for blood lead and 5.5 percent had EBLLs.
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 Year 1 (and previously), Minneapolis tested 351 children under age 6 and 85 pregnant women. • In Year 2, Minneapolis tested 251 children under age 6 and 94 pregnant women.
9B. Provide technical support to WIC programs interesting in starting up blood lead testing at their clinics.	MDH EIA Unit (CLPPP)	• In Year 1 (and before), MDH worked with WIC clinics in the Countryside public health study. • In Year 2, HITS projects in WIC clinics in Ramsey and Hennepin Counties were successfully completed. MDH also attended the statewide WIC conference and the State Case Monitor provides ongoing consultation.

10B. Collaborate with DHS to disseminate lead and pregnancy guidelines to Medical Directors via Health Plans.	MDH EIA Unit (CLPPP)	See: Goal I, Objective C-1B
11B. Organize a physician advisory group to develop anticipatory guidance for blood lead levels below 10 ug/dL.	MDH EIA Unit (CLPPP)	See: Goal I, Objective C-3B
12B. Promote lead and pregnancy guidelines statewide	MDH EIA Unit (CLPPP); Local public health departments; non-profit advocacy groups, health plans	See: Goal I, Objective C-1B
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	• In Years 1 and 2 (and previously), Hennepin County used GIS mapping to identify high-risk areas.
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	• In Year 2, Hennepin County completed this analysis and published recommendations, discussed at the spring MCLEAN meeting.
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 EIA Unit (CLPPP)	• Years 1 and 2, the state's annual surveillance report included blood lead results of 5-9 ug/dL. • In Year 2, planning for BLIS updates included geocoding potential.
2B. Mail compliance reports to all labs reporting blood lead analysis to the MDH.	MDH EIA Unit (CLPPP)	Compliance reports are mailed to all reporting labs annually.

3B. Mail annual letter to clinics including results of blood lead and MA data matching to remind clinics to screen their 1 and 2 year old MA patients.	MDH EIA Unit (CLPPP)	• In Years 1 and 2, annual letters to clinics included blood lead testing results and Web site location of MA data on lead testing.
4B. Investigate working with universities to include GIS mapping in class project.	MDH EIA Unit (CLPPP)	
5B. Routinely review professional literature to identify new risk factors for lead exposure.	ALL	Recent information of note: • Lead impacts on children found at lower levels, younger ages. • Lead in children's jewelry led to Minnesota fatality, several CPSC recalls. • Lead in battery casings used to fill septic systems, a unique local source in Dakota County. • Reports from teachers regarding Mexican candies being brought in student lunches. • Lawsuits involving violation of lead disclosure among landlords were settled with penalties to landlords. • In Year 2, CLPPP became involved with the Nontoxic Shot Advisory Committee, looking at rules to ban lead shot for upland game hunting.
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	• In Year 1, MDH consulted with the state Attorney General staff and were advised on limits on data release in compliance with the Minnesota Data Practices Act. • In Years 1 and 2, the CLPPP proposed minor changes to the Act to allow data sharing with housing and federal government entities under clearly defined guidelines. Changes were not forwarded by the MDH legislative team to the Governor for action.

2A. Develop a database of properties occupied with children with EBLL. 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	• In Year 1, Hennepin County Housing began collecting this data for ongoing lead abatement/reduction activities. • In Year 2, Hennepin County is working with Housing Link, an affordable housing Web-based resource, on a pilot project. If it is successful, the MDH will consider supporting a statewide expansion.
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 EIA Unit (CLPPP)	See Goal II, Objective D-1A.
2B. Compile data into a consumer database for clients seeking housing; data will include peeling paint violations (Section 8), history of evictions, etc.	Project 504	• In Year 2, Hennepin County Housing developed a partnership with Housing Link, an affordable housing registry, to pilot a project to provide lead information to both prospective RPOs and registry users.
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.	• In Years 1 and 2 (and previously), St. Paul-Ramsey County Public Health and St. Paul HRA worked cooperatively on lead hazard control projects in Section 8 housing and educational efforts. • In Year 2, St. Paul-Ramsey County worked cooperatively with the Metropolitan Council on Section 8 properties in other Metro counties.
4B. Develop database to record properties that received LHR through a HUD Round XI Grant	HUD Grantees	• In Year 2, all assessing agencies met to develop a method for statewide environmental data collection. In addition, the MDH has developed links between the ACES (lead compliance) database and the BLIS (blood lead) database.

5B. Review compliance database (ACES) to determine how many properties with "multiple" cases exist.	MDH Lead Compliance Unit	• In Years 1 and 2 (and before), the cities of Minneapolis and St. Paul, as well as Hennepin and Ramsey Counties, compile this information. • In Year 2, this strategy was eliminated from the updated 2010 Plan because the state EBLL cases in ACES are so widespread and focused on single-family housing, therefore not valuable for multiple cases.
6B. Develop a database of properties occupied with children with ebll. 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, Obj. D-2A
7B. Put 1018 information on MDH Lead Program Web site.	MDH EIA Unit (CLPPP)	In Year 1, the information was made 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 Unit--SRC	• In Years 1 and 2 (and ongoing), St. Paul-Ramsey County required all properties undergoing renovation to have risk assessments, estimated to be hundreds per year. • In Years 1 and 2 (and ongoing), the City of Duluth required all properties undergoing renovation to have risk assessments. • In Year 2, as part of a HUD demonstration grant, Hennepin County Housing conducted risk assessments on properties undergoing renovation.
2A. Performed 1° risk assessment; dust sampled 200 homes in Minneapolis – 60% of pre-1950 housing had lead hazards.	HUD – Minneapolis/SRC	• In Year 1, 436 children and pregnant women were tested and 311 visual assessments 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, begin to 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	• In Years 1 and 2, MDH compliance performed approximately 15-20 risk assessments for primary prevention. • In Years 1 and 2, Minneapolis and SRC conducted in-home visual inspections in 516 properties as part of its HUD grant. • In Year 2, St. Paul – Ramsey County performed approximately 50 risk assessments in properties with a child with BLL of 15 ug/dL or less.
2B. SRC will continue to follow-up on requests for primary prevention risk assessments via CLEARCorps.	SRC	See Goal II, Obj. E-1B
3B. Visual inspections will continue through the "Section 8" program – peeling paint is a marker. Need to share information with local lead programs.	HRA's/NAHRO (local Section 8 offices)	• In Year 2, new MHFA guidelines were issued for lead paint inspections for housing where public funding is used for rehab, including Section 8. • In Year 2, St. Paul PHA worked closely with the St. Paul-Ramsey County Health Department on lead hazard control in Section 8.
4B. Train HQS inspectors to do dust wipe sampling	SRC/NAHRO	
5B. Funding will be requested through "Small Cities" program to be eligible for HUD funding (300 properties/600 children over 3 years).	DEED/MDH Lead Compliance Unit	• In Year 1, Small Cities HUD funding awarded for counties of Winona, Blue Earth, Stearns, Otter Tail, and multi-county Southwestern Minnesota initiatives. • In Year 2, recruitment efforts in cooperation with public health nurses, county fairs, direct mail, and other strategies resulted in 258 contacts for housing partners. To date, an estimated 265 projects are scheduled for lead hazard control work or completed.
6B. MCLOP – visual assessment expected for 625 people who are tested in project.	SRC/MDHFS	• In Years 1 and 2, 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 inspection.	SRC/Project 504 in collaboration with local housing agencies	
8B. Finish lead rules allowing certification of lead sampling technician.	MDH Lead Compliance Unit	See Goal I, Objective E1-1A

9B. Enroll 15 children in "non-entitlement zone" in rural MN into State HUD Award for LHR	MDH EIA Unit (CLPPP)	• Years 1 and 2, the MDH enrolled 19 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 EIA Unit (CLPPP)	• Year 1, the MDH performed 5 dust wipe samplings, but found local health departments in high-risk counties had limited staff to undertake dust wipe sampling. • In Year 2, several Greater Minnesota public health nursing services began routinely carrying Lead Checks on home visits. • Year 2, this strategy was deleted from the updated 2010 Plan.
11B. Conduct primary prevention lead risk assessments on properties occupied by low-income tenants or Section 8 children.	Referrals from Section 8 inspectors or housing code officials	• In Year 2, Hennepin County Housing performed risk assessments on Section 8 properties, rehab or rental properties as part of HUD demo grant, half of which were for primary prevention.
12B. Provide risk assessments when state or local housing funds are used to renovate properties built before 1978.	MHFA; Local housing rehabilitation authorities	See Goal 1, Obj. A2-6B

Completed or Ongoing | **In Planning or Implementation** | **Scheduled for Later Fiscal Years** | **Successful in One Jurisdiction, Extend to Others** | **Delete from Plan**

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.	• In Year 1, Minneapolis Housing targeted paint stabilization during rental licensing inspections under the maintenance code. • In Year 2, Minneapolis Housing obtained administrative citation authority for lead orders and began implementation. • In Year 2, St. Louis Park (suburb of Mpls.) required paint inspection and, if needed, lead remediation before property transfer. • In Year 2, MDH applied for CDC funds for a Lead-Safe Cities project to extend this strategy in other jurisdictions in Year 3.
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	See Goal I, Obj. D-1B
2B. Encourage local housing authorities to incorporate lead enforcement responsibilities in Housing Inspections Departments.	Minneapolis Housing Inspections has implemented; other jurisdictions will evaluate	• In Year 2, Minneapolis began notifying city inspectors about properties housing children with BLLs less than 15 ug/dL.
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	• In Year 2, MDH proposed a Lead-Safe Cities project to work with pilot cities on incorporating lead into local inspection codes.

5B. Work with technical colleges to develop lead worker/supervisor curriculum and market availability of classes.	DEED, MHFA, MDH	• In Year 1, MHFA funded curriculum development in partnership with Hennepin Technical College.
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 as an EPA-authorized program. • In Year 2, MDH issued 6 project designer, 8 lead sampling technician, 101 worker, 144 certified firms, 161 risk assessor, and 286 supervisor licenses.
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, and OSHA routinely. • In Year 2, MCLEAN hosted EPA to discuss the R&R rule prior to comment period end. • In Years 2 and 3, MDH sent 406(b) information to 15,000 licensed contractors. • In Year 2, providing the EPA disclosure pamphlet by all partners at all outreach activities was added to the updated 2010 Plan.
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 In Year 2, strategies 1B-4B were deleted from the 2010 Plan update.
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. Determine the feasibility of housing code inspectors becoming lead sampling technicians. Include identification of deteriorated paint surfaces as part of work write-ups; include lead-safe work practices in project specs.	MDH Lead Compliance	• In Year 1, MDH contacted Dept. of Commerce and completed rule allowing for lead sampling technician. • In Year 2, MDH and Labor and Industry collaborated on lead-safe work practices training.

New Strategies (Beginning after July 1, 2004)	Sponsor Agency	Progress
1B. Establish partnership with Minn. Dept. of Commerce 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	See Goal III, Obj. C-1A. • In Year 2, this strategy was deleted from the 2010 Plan update.
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 In Year 2, this strategy was deleted from the 2010 Plan update.

Completed or Ongoing | **In Planning or Implementation** | **Scheduled for Later Fiscal Years** | **Successful in One Jurisdiction, Extend to Others** | **Delete from Plan**

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	• In Year 1, Small Cities funding was awarded to selected counties. Marketing plans developed involved direct mail, public health nursing involvement, events, advertisements, and other strategies. • In Years 1 and 2, an estimated 265 properties enrolled for rehab and lead hazard control. Extension requested until December 2007.
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	See Goal I, A2-6B
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	• In Years 1 and 2 (and ongoing), St. Paul-Ramsey County worked with MHFA and CDBG funds for lead rehab.
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	• In Year 1, the MDH, in partnership with Healthy Homes groups, applied for a Demonstration Grant in July 2004. It was not awarded to Minnesota. • In Year 2, this strategy was removed from the updated 2010 Plan.
2B. Create a list of program contacts for housing rehab/lead funding information; ensure information is readable and culturally competent.	MDH Lead Program	• In Year 2, developed plans to create a geographically based Web page or site listing funds available for lead hazard control.
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	In Year 2, this strategy was removed from the updated 2010 Plan, as new housing does not pose lead risks to children.
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	Habitat for Humanity does not provide training in lead-safe work practices. Many of its projects in the Twin Cities are new construction, rather than rehab.
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	• In Year 1, the MDH and partners completed a study that recommended changes in the intervention and emergency EBLLs. The legislature lowered the environmental intervention level to 15 ug/dL. This resulted in an estimated 40 additional cases in Year 2. • In Year 2, a coalition of groups worked with legislators to develop a bill to allow Medicaid to pay for environmental assessment costs in Minnesota. It did not pass.
2B. Investigate Medicaid funding for lead hazard reduction.	DHS	• In Year 1, DHS developed cost estimates, partnerships and bill language to accomplish this. • In Year 2, a coalition of groups worked with legislators on a bill, which did not pass. It will likely be reintroduced in the 2007 session.
3B. Investigate unused CHIP dollars for lead hazard reduction.	Policy subcommittee/DHS	• In Year 2, this strategy was deleted from the 2010 Plan update.
4B. Work with new partners, i.e. asthma, to encourage new healthy homes partnerships	Policy subcommittee/MDH	• In Year 1, Hennepin County applied for a HUD Healthy Homes grant, which it received. SRC applied for a HUD Healthy Homes grant, which it did not receive. • In Year 2, SRC reapplied for a HUD Healthy Homes grant, and MDH's Indoor Air unit also applied. • In Year 2, MDH's Indoor Air unit applied for a demonstration grant with Greater Minneapolis Daycare Center and other partners to evaluate indoor air issues in selected daycares.
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	• In Year 1, 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. Only the last measure passed. • In Year 2, several initiatives involving funding for lead poisoning prevention, tax credits, paint taxes, and prohibition of lead-containing children's jewelry were introduced. None passed.
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.	MDH, Housing Partners	• In Year 2, developed plans to create a geographically based Web page or site listing funds available for lead hazard control.
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	• In Year 2, MHFA established a policy on lead hazard reduction for state housing programs. See Goal 1, Obj. A2-6B. • In Year 2, MHFA began to reimburse for risk assessments.

Completed or Ongoing	In Planning or Implementation	Scheduled for Later Fiscal Years	Successful in One Jurisdiction, Extend to Others	Delete from Plan

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	In Year 2, the subgroups updating the 2010 Plan determined to remove this strategy.

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.	No sponsor	In Year 2, the subgroups updating the 2010 Plan determined to remove this strategy because of 406(b) educational efforts and pending R&R rule.

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.	No sponsor	In Year 2, the subgroups updating the 2010 Plan determined to delete this strategy.

In addition to those goals and objectives specifically listed in the State of Minnesota 2010 Childhood Lead Poisoning Elimination Plan, Minnesota partners in lead poisoning prevention have undertaken a number of strategies that fall within the 2010 Plan's major goals. These opportunities to further lead poisoning prevention in Minnesota are listed in the table below.

Opportunity Activities to Enhance and Supplement the 2010 Plan		
Tasks and 2010 Goal Supported	**Sponsor Agency**	**Progress**
Goal 1: Disseminate poster "Toxic Treats" (lead in Mexican candy) in both English and Spanish, to public health agencies, health providers and other groups statewide.	MDH, Local Public Health	• In Year 2, the MDH printed and distributed these widely in areas of the state with Hispanic/Latino populations.
Goal 1: Develop an event for Hispanic/Latino groups on children's health issues, including lead poisoning, to bring information to immigrants in the community.	Catholic church, MDH, SRC	• In Year 2, the first day-long event provided Hispanic/Latino leaders with information to bring back to communities.
Goal 1: Provide lead-safe work practices training to individuals working on the Phillips neighborhood housing initiative.	Minneapolis Healthy Homes and Lead Hazard Control	• In Year 2, Minneapolis provided four trainings for Phillips neighborhood.
Goal 1: Launch a countywide education campaign about lead hazards, including lead paint, lead in soil, lead in consumer products and lead in septic system construction.	Dakota County Environmental Health	• In Year 2, Dakota County launched the campaign countywide.
Goal 1: Train 102 Paint-a-thon volunteers in lead safety and provide them with exterior XRF readings on homes scheduled for painting during the event	Minnesota Council of Churches, St. Paul-Ramsey County Public Health	• In Years 1 and 2, St. Paul – Ramsey County conducted a one-hour training and provided XRF readings for volunteers scraping and painting older housing.
Goal 1: Educate adults who use or handle lead fishing lures about the risks lead poses to children and wildlife through a lead tackle exchange.	MPCA, Partners	• In Year 2, the MPCA launched its second lead tackle exchange event, providing non-toxic tackle in exchange for lead tackle.

Goal 2: Work with African immigrant/refugee groups to determine best methods of screening these at-risk populations.	MDH, SRC, Consortium of African Community Organizations	• In Year 1, SRC screened Liberian immigrants at a special event. MDH provided an article on lead poisoning for the *Ngaad Times* Somali newsletter. • In Year 2, MDH attended Consortium health conference and provided lead information, consulted with Liberian human rights organization on screening and policy issues. • In Year 2, SRC arranged education events for the Somali population in three mosque settings. • In Year 2, partners planned the ECHO project, providing lead information in Somali and five other immigrant/refugee languages.
Goal 2: Promote primary prevention by contacting by telephone families with children testing between 5 – 15 ug/dL	Minneapolis Dept. of Health and Family Support, SRC	• In Years 1 and 2, Minneapolis followed up 453 test results less than 15 ug/dL.
Goal 2: Encourage public health nurses to consider the impacts of childhood lead poisoning on patients they visit and illustrate case management of lead-poisoned children.	Minnesota Visiting Nurse Association	• In Year 2, MVNA published an article and case study about a lead-poisoned child.
Goal 3: Obtain administrative citation authority for the City of Minneapolis to increase compliance with and closure of lead paint orders.	Minneapolis Health Homes and Lead Hazard Control	• In Year 2, Minneapolis received this authority and is using it in enforcement cases.
Goal 4: Provide comment when requested on federal laws, rules or actions that may improve lead enforcement.	Minnesota Pollution Control Agency, Minneapolis/Hennepin County Joint Lead Task Force, MDH Lead Compliance	• In Year 2, MPCA and the Task Force commented on a Sierra Club petition to EPA regarding better research and enforcement related to lead containing children's jewelry. • In Year 2, MDH commented on the EPA's R&R rule.
Goal 2: Develop and implement a child health fair at Powderhorn Park geared to the Hispanic/Latino population.	SRC, MHP	• In Year 2 (and 3) SRC and MHP partnered to hold the fair, in which all presenters are bilingual in Spanish.

Appendix A.

List of Acronyms

ACOG – American College of Obstetricians and Gynecologists
ALCU – Asbestos/Lead Compliance Unit
BOMA – Building Owners and Managers Association
CBO – Community-based organization
CDBG – Community Development Block Grant
CDC – U.S. Centers for Disease Control and Prevention
CFH – Minnesota Department of Health Community and Family Health Division
CLEARCorps – Minnesota Community Lead Education and Reduction Corps
CLPPP – Childhood Lead Poisoning Prevention Program (CDC grant to MDH)
CPSC – Consumer Products Safety Commission
C&TC – Child and Teen Check-up (Minnesota 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 Minnesota statute as > 10 ug/dL)
EIA Unit – Minnesota Department of Health Environmental Impacts Analysis Unit
EPA – U.S. Environmental Protection Agency
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
MPCA – Minnesota Pollution Control Agency
MVNA – Minnesota Visiting Nurse Association
NAHRO – National Association of Housing and Redevelopment Officials
NPCA – National Paint and Coatings Association
NRP – Neighborhood Revitalization Program
OSHA – Occupational Safety and Health Agency
PHA – Public Housing Authority
PHN – Public health nurse
RPO – Rental property owner
SRC - Sustainable Resources Center
WIC – Women, Infants and Children (Supplemental Nutrition Programs)

Additional definitions for lead in Minnesota can be found in statute (Minn. Stat. 144.9501) and in the MDH Childhood Blood Lead Case Management Guidelines for Minnesota at www.health.state.mn.us/divs/eh/lead.

Appendix B.

The 2010 Childhood Lead Poisoning Elimination Plan Update Advisory Subgroup Members

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MDH staff participating in the 2010 Plan Update meetings were:

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Steven Robak, Minnesota Department of Health, Community and Family Health
Daniel Symonik, Supervisor, Environmental Impact Analysis Unit
Erik Zabel, CLPPP Principal Investigator

Appendix C.

State of Minnesota
Childhood Lead Poisoning Elimination Plan Update
July 2006

This 36-page updated 2010 Plan is available on the Minnesota Department of Health Web site at www.health.state.mn.us/divs/eh/lead. In the interests of conserving resources, we will provide copies only upon request.

Appendix D.

Members of the Minnesota Collaborative Lead Education and Assessment Network (MCLEAN)

The table on the following six pages contains a list of members of MCLEAN, the advisory body that participates in development, implementation and evaluation of the State of Minnesota 2010 Childhood Lead Poisoning Elimination Plan.

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