



Florida's Strategic Plan for the Elimination of Childhood Lead Poisoning

2006 Annual Action Plan



**Created by:
Florida's Committee for the Elimination of Childhood Lead Poisoning
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Florida's Strategic Plan for the Elimination of Childhood Lead Poisoning 2006 Action Plan

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Florida's Strategic Plan for the Elimination of Childhood Lead Poisoning 2006 Action Plan

Executive Summary

The annual action plan presented in this document is a roadmap for the implementation of activities in 2006 towards the elimination of Childhood Lead Poisoning in the state of Florida. Lead poisoning is a serious environmental health problem that has life-long effects on children. The Center for Disease Control and Prevention (CDC) has described lead poisoning as one of the most common pediatric health problems in the United States. Even at low levels, childhood lead poisoning has been linked to learning disabilities, behavioral problems and developmental delays. Lead based paint and lead contaminated dusts and soils remain the primary sources and pathways of lead exposure for children. Fortunately, lead poisoning is entirely preventable.

The Committee for the Elimination of Childhood Lead Poisoning and the Florida Childhood Lead Poisoning Prevention Program (FL CLPPP) are committed to protecting children from this completely preventable disease. This plan is the result of intensive two day networking and planning meeting of the committee on November 21 and 22, 2005 in Tallahassee, Florida. During this meeting a group of 20 committee members discussed lessons learned from year one, shared ideas and identified new strategies for addressing childhood lead poisoning in 2006 and beyond. The discussions resulted in the creation of a set of core activities to be carried out by the committee in calendar year 2006. The committee also helped identify evaluation criteria and performance measures to assist in the monitoring of the implementation of this plan.

The long-term objectives included in this document replace the initial long-term objectives provided in Florida's Strategic Plan for the Elimination of Childhood Lead Poisoning updated in April of 2005. The purpose of this revision is to ensure that each long term objective continues to be realistic and measurable over the next five years.

Monitoring and evaluation of the committees efforts are important components of assuring success. This document also includes a logic model that addresses the program as a whole and an overview of the evaluation process that will be used to monitor the long-term objectives and short term activities defined in the plan. Each activity included in this plan has a set of three performance measures related to process, output and intermediate outcomes of the activities. These measures will be reviewed quarterly to assist the committee in monitoring how well the planned activities are being implemented and where improvements can be made. Performance related to each long term objective will be reviewed and documented annually. Together, these two activities will help members, participants and stakeholders see the overall impact of the program's activities towards our goal.





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Background

Childhood Lead Poisoning in Florida

Florida defines childhood lead poisoning as children less than 72 months with blood lead levels of $10\mu\text{g}/\text{dL}$ or greater of whole blood measured from a venous specimen or blood lead levels of $10\mu\text{g}/\text{dL}$ or greater measured from two capillary draws taken within 12 weeks of one another. According to the CDC, Florida ranks eighth in the nation for number of estimated children with elevated blood lead levels. The CDC has further estimated that there are 7,400 children with elevated blood lead levels in nine Florida cities that have a population of or greater than 100,000. The cities of Jacksonville and Miami rank thirty-first and thirty-second, respectively, among large cities in the United States with an estimated 1,900 lead poisoned children each.

Figure 1 shows the total number of cases each year. The total number each year represents the total case load as it includes new cases and cases from the previous year that have not yet closed. The number of cases of lead poisoning has fluctuated since 2000, with an overall drop in the number of cases since 2002 from 856 in 2000 to 600 in 2004.

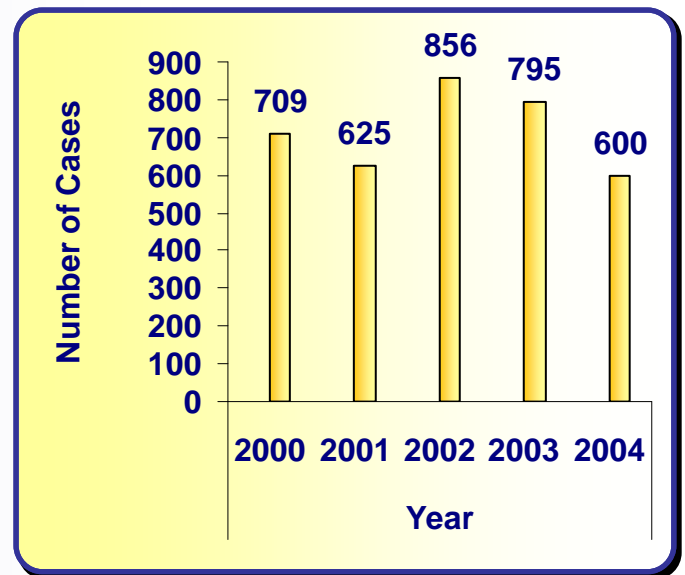


FIGURE 1. NUMBER OF KNOWN LEAD POISONED CHILDREN (< 6 YEARS OF AGE) BY YEAR, FLORIDA 2000-2004

Florida's At-Risk Populations

All children under the age of 72 months are potentially at risk for lead poisoning because children naturally have more hand-to-mouth activity, and their developing bodies absorb lead more readily than adults. Children less than six years of age, especially low-income children, children living in homes built before 1978, foreign-born children and children whose families participate in activities such as the use of leaded pottery and non-western home remedies have an increased risk of lead poisoning. Children cared for by adults involved in hobbies or occupations involving lead are also at higher risk for lead poisoning.

Risk for environmental exposure to lead has been shown to differ significantly by race and economic status at the national level. The many subtle demographic and socioeconomic differences in Florida's large pediatric population underscore the importance of addressing the preventable condition of childhood lead poisoning. Currently, Florida is the third largest state in the nation and has the nation's fourth highest live birth rate. It is home to over one million children less than 72 months of age. The state also has over 796,442 Medicaid-eligible children (indicating low income) less than 72 months of age. According to the 2000 census non-whites comprise roughly 22 percent of Florida's population and 16.7 percent of the population is foreign-born. These demographics illustrate the distinct vulnerability of Florida's pediatric population to lead sources.



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The Committee for the Elimination of Childhood Lead Poisoning

In December 2003, the CLPPP convened an advisory committee for the purpose of developing a comprehensive strategic plan for the elimination of childhood lead poisoning in the state of Florida by the year 2010. This task force brought together representatives from state, federal and local agencies, as well as international and community based organizations. The members of this committee participate in one or more of the following subcommittees: housing, screening and surveillance, outreach and education, case management and protective policy.

In 2005 the number of participants in the advisory committee nearly doubled and the committee is now referred to as the Committee for the Elimination of Childhood Lead Poisoning. The group meets as a whole quarterly via conference call. The work groups typically meet at least one time between each quarterly committee meeting to discuss special topics related to the implementation of the plan.

Mission

The mission of Florida's Committee for the Elimination of Childhood Lead Poisoning is to protect the health and cognitive development of children living in Florida by minimizing childhood exposure to all lead hazards.

Purpose

The purpose of the committee's activities are to leverage funding and combine public and private resources to increase and improve surveillance, screening, primary prevention, lead source identification, remediation and enact policy and legislation to protect Florida's children from lead poisoning.

2006 Action Plan Overview

The 2006 Action Plan is a roadmap for the implementation of activities towards the elimination of childhood lead poisoning in the state of Florida. The plan includes a set of activities related to each program component: primary prevention, screening, surveillance, case management, and protective policy. The activities also include a list of the contributing partners and a set of performance standards for evaluation.

The Action Planning Process

The plan is the result of intensive two day networking and planning meeting of the Committee for the Elimination of Childhood Lead Poisoning on November 21 and 22nd in Tallahassee, Florida. During this meeting a group of 20 committee members discussed lessons learned from year one, shared ideas and identified new strategies for addressing childhood lead poisoning in 2006. The discussions resulted in the creation of a set of core activities to be carried out by the committee in calendar year 2006. These activities are included in the work plan of this document

The long-term objectives included in this document replace the initial long-term objectives provided in Florida's Strategic Plan for the Elimination of Childhood Lead Poisoning updated in April of 2005. The purpose of this revision is to ensure that each long term objective is realistic and can be measured over the next five years.



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Evaluation Methods

2006 Evaluation Activities

Each of the activities included in the 2006 Action Plan includes a set of performance targets related to the process, output and outcome of each activity. Both qualitative and quantitative data will be collected each quarter to document the committees progress towards the desired short-term and intermediate outcomes. These measures will be used to ask two important evaluation questions; are we doing things right and are we doing the right things? The data that we collect will be documented on the 2006 Annual Action Plan Quarterly Monitoring Form. This form provides information including the data sources, data collection frequency and formula for determining actual performance. Evaluation will be conducted quarterly by comparing actual performance with the predetermined target defined in the 2006 Action Plan.

Long-Term Evaluation Activities

In addition to the quarterly performance monitoring and evaluation of the 2006 Action Plan activities, qualitative and quantitative data will also be collected and reported on each long term objective. This information will be collected and documented each year in the Elimination Plan Annual Monitoring Form. This document lists each long term objective with a description of the impact indicator used to measure it, the data source of the indicator and the processes by which the indicator is collected or calculated. Annual targets are set for each of the long-term objectives included in Florida's Elimination Plan. Progress towards the overarching goal of lead poisoning elimination will also be tracked in the Elimination Plan Annual Monitoring Form using the following chart:

Goal: Eliminate childhood lead poisoning in the state of Florida by 2010.

Objective: By December 31, 2010, reduce the statewide lead poisoning case rate to less than 50 cases per year.						
Indicator: Number of children with confirmed elevated blood lead levels January 1 – December 31 of each year.						
Data Source: FL CLPPP Surveillance Data						
2004	2005 Target	2006 Target	2007 Target	2008 Target	2009 Target	2010 Target
600	500	400	300	200	100	<50
2004 Performance	2005 Performance	2006 Performance	2007 Performance	2008 Performance	2009 Performance	2010 Performance
600						

The FL CLPPP Planning, Performance Measurement and Evaluation Framework

The Quarterly Performance Monitoring Form and the Elimination Plan Annual Monitoring Form are both part of the FL CLPPPs Planning, Performance Measurement and Evaluation Framework. The framework, available on the FL CLPPP website, provides additional information about how strategic planning, performance measurement and evaluation activities fit into the overall management of the FL CLPPP and the lead poisoning elimination initiative.



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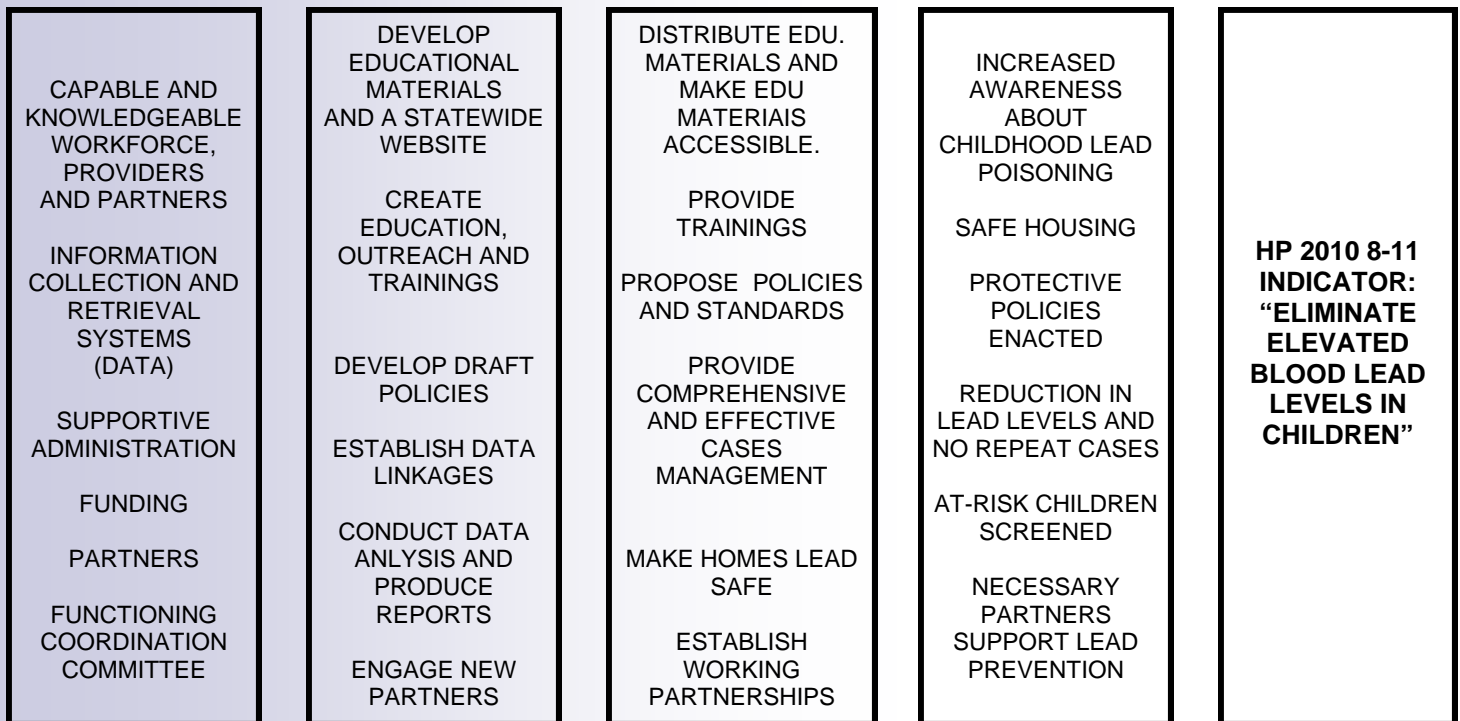
Florida's Childhood Lead Poisoning Elimination Logic Model

During the 2005 Annual Planning and Networking Meeting the Committee for the Elimination of Childhood Lead Poisoning created a logic model to depict the resources, inputs, activities and outputs necessary to achieve desired long-term objectives and impacts. The logic model is a simple and very visual way to illustrate how the activities listed in the 2006 Action Plan and in the Elimination Plan relate to the long-term objectives and goals. Details are purposefully left out of the logic model shown below as it is intended to serve as a simple framework for guiding the selection of activities and evaluation measures included in the elimination plan and in the annual action plans.

The Logic Model

Resources needed to operate the program **If** you have resources, **then** you can accomplish planned activities **If** you accomplish planned activities, **then** you will deliver service/product intended **If** you accomplish planned activities, **then** benefits accrue **If** benefits accrue, **then** organizational, community or system changes occur

Resources/Inputs ➡ **Activities** ➡ **Outputs** ➡ **Outcomes** ➡ **Impact**





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Protective Policy Work Plan

Goal: Establish regulations and policies at the state and local levels supporting the primary prevention of lead poisoning and ensuring care for children identified with elevated blood lead levels.

Long-Term Protective Policy Objectives:

1. By December 31, 2010 the state of Florida will have adopted state legislation to:
 - require reporting of all blood lead levels electronically
 - establish an EPA accredited Lead Based Paint Training and Certification Program,
 - provide state funding for the environmental and medical management of children with elevated blood lead levels and public education about lead hazards,
 - require state housing funds to be used according to the federal standards for lead safety
 - protect tenants from retaliatory eviction,
 - require elimination or control of lead hazards in housing units occupied by children with elevated blood lead levels, and to
 - create a statewide lead safe housing registry.

2. By December 31, 2010 three high risk counties will adopt local ordinances to protect children from exposure to lead based paint hazards.

2006 Activities and Performance Targets

2006 Protective Policy Activity 1: Identify local State Housing Initiative Partnership (SHIP) administrators and amend the Local Housing Assistance Plans (LHAP) in 2 target counties by December 31, 2006.		
Contributors: FCAAP, FL CLPPP, CEHAB, Local CLPPPs, local CAP agencies, neighborhood organizations.		
Performance Targets		
Process	Output	Intermediate Outcome
Jacksonville city LHAP policy researched and presented to other local LHAP administrators as an example.	2 local LHAP administrators will be contacted and presented with information on the importance of adopting policies for lead safe work practice standards for rehabilitation under the Florida SHIP program.	Three cities will adopt standards at least as protective as the HUD 1012 regulations for lead safety during renovation activities that utilize state SHIP dollars.



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Protective Policy Work Plan Continued...

2006 Activities and Performance Targets

<p>2006 Protective Policy Activity 2: Host a local lead summit meeting in at least 3 high risk counties to educate school board members, state legislative members and city commissioners about the importance of establishing a local lead ordinance by December 31, 2006.</p>		
<p>Contributors: Neighborhood associations, city governments, county health departments, county governments, FL CLPPP, Local CLPPPs, CEHAB, advocacy groups.</p>		
<p>Performance Targets</p>		
Process	Output	Intermediate Outcome
Contacts made with the target audience.	Meetings held in at least three counties with the following participants: school board, state legislators, city and county commissioners.	Commitment of parties to propose or support a local ordinance for protecting children from lead exposure.

<p>2006 Protective Policy Activity 3: Educate 5 state level advocacy groups and 5 local advocacy groups on the issue of childhood lead poisoning and the importance of establishing protective policies at the state and local level by December 31, 2006.</p>		
<p>Contributors: Builders associations, landlord associations, FL Paint Council, FCAAP, FL CLPPP, CEHAB, Local CLPPPs.</p>		
<p>Performance Targets</p>		
Process	Output	Intermediate Outcome
A general education presentation created to educate advocacy groups.	10 presentations made to 10 advocacy groups.	6 advocacy groups actively support lead legislation and/or local lead policies for protecting children.



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Surveillance Work Plan

Goal: Ensure data in the statewide blood lead surveillance system are complete, collected efficiently and used effectively for management, evaluation and the prevention of childhood lead poisoning.

Long-Term Surveillance Objectives:

1. By December 31, 2010 80% of all blood lead laboratory reports will contain complete information.
2. By December 31, 2010 80% of all data collected on inspections, risk assessments, case management services, EBLL investigations, abatements and interim controls will be complete and analyzed for inclusion in the annual data analysis report.
3. By December 31, 2007 local housing agencies, state Medicaid, ABLES, CHDs, HUD regional offices, EPA regional office, government officials, and the CDC will have access to desired blood lead, case management, and site specific housing and lead inspection/remediation data.

2006 Surveillance Activities and Performance Targets

2006 Surveillance Activity 1: Implement data sharing agreements between CLPPP, AHCA, Refugee Health and Housing Agencies by December 31, 2006.		
Contributors: FL CLPPP, AHCA, DOH Refugee Health, Regional HUD.		
Performance Targets		
Process	Output	Intermediate Outcome
Meet with various partners to discuss the data sharing agreements.	4 MOUs or data sharing agreements signed.	CLPPP data, Medicaid data, Refugee Data and Housing Data shared at least quarterly.

2006 Surveillance Activity 2: Educate laboratories about the updated rule that requires the reporting of complete demographic information for all blood lead test results in an approved electronic format.		
Contributors: FL CLPPP, private laboratories, Bureau of Epidemiology.		
Performance Targets		
Process	Output	Intermediate Outcome
Draft and distribute a letter announcing the new blood lead reporting requirements.	All laboratories contacted and trained about reporting under the new state regulation.	70% of laboratories with improved complete reporting rates. 2 laboratories reporting in the new electronic reporting format.



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Surveillance Work Plan Continued...

2006 Surveillance Activities and Performance Targets

2006 Surveillance Activity 3: Update the current CLPPP surveillance system to create a fully relational database with data links between state CLPPP and local CHDs via Merlin by December 31, 2006.		
Contributors: FL CLPPP, Division of Environmental Health, CHDs.		
Performance Targets		
Process	Output	Intermediate Outcome
Develop a plan and timeline for creating the fully relational database.	2 brainstorming sessions held with county health departments. Quarterly meetings held with EH IT staff.	CHDs have full access to blood lead surveillance data through a web-based system.

2006 Surveillance Activity 4: Improve the annual lead poisoning prevention data analysis plan for the annual report to include case management and EBLL investigation information.		
Contributors: FL CLPPP, Division of Environmental Health, Evaluation Committee, AHCA, Refugee Health.		
Performance Targets		
Process	Output	Intermediate Outcome
Data collection and analysis plan established.	100% of identified stakeholder groups receive the CLPPP Annual Report with blood lead and case management information. (Housing agencies, CHDs, Private physicians, contractors, realtors, advocacy groups, and community health centers)	80% of stakeholders report satisfaction with the CLPPP Annual Report.



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Primary Prevention Housing Work Plan

Goal: Families, communities, housing and health care professionals have access to affordable lead hazard reduction services and information that develops skills for ensuring a lead safe environment.

Long Term Primary Prevention Housing Objective:

1. By December 31, 2010 50% of Florida counties will have lead hazard identification and reduction resources and services easily accessible, available at reduced cost and marketed to low income families through other health and social service programs.

2006 Primary Prevention: Housing Activities and Performance Targets

<p>2006 Housing Activity 1: Develop a local and statewide network of lead risk assessor and abatement service providers. Ensure the network is fully operational in at least 4 high risk counties by December 31, 2006.</p>		
<p>Contributors: FL CLPPP, EPA, DCA, Local CAP agencies, Housing Authorities, UF TREEO, Weatherization Program, Division of Environmental Health.</p>		
<p>Performance Targets</p>		
Process	Output	Intermediate Outcome
Network created with website and county by county listing.	1 meeting in each high-risk county with partners to discuss the participants and operation of the network.	10 families receiving risk assessment or abatement or interim control services through the network in each county.

<p>2006 Housing Activity 2: Provide lead safe work practices trainings, risk assessor training and lead abatement supervisor training to housing officials, contractors and do it yourselves in 4 high-risk counties.</p>		
<p>Contributors: Local CLPPPs, DCA, UF Ag Extension, Weatherization Program, Regional HUD offices, local CAP agencies, UF TREEO.</p>		
<p>Performance Targets</p>		
Process	Output	Intermediate Outcome
Training curriculum and evaluation tools created.	15 trainings provided and 50 contractors, housing officials and do it yourselves that participated in trainings.	90% of trained individuals score a 90% or better on the post test 90% of participants report they will use the information from the training.



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**Primary Prevention
Housing Work Plan Continued...**

2006 Primary Prevention: Housing Activities and Performance Targets

2006 Primary Prevention Housing Activity 3: Identify financial incentives, local foundations, Community Reinvestment Act participants or other funding sources to support lead hazard reduction efforts in 4 high-risk counties.		
Contributors: CHDs, DCA, UF Ag Extension, Weatherization Program, Regional HUD offices, local CAP agencies, UF TREEO.		
Performance Targets		
Process	Output	Intermediate Outcome
Funding opportunities identified.	6 meetings held with potential funders.	9 families assisted through local funding sources. (3 per county)



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Primary Prevention Community Outreach and Education Work Plan

Goal: Families, communities, housing and health care professionals have access to affordable lead hazard reduction services and information that develops skills for ensuring a lead safe environment.

Long Term Primary Prevention Objective:

1. By December 31, 2010 50% of Florida counties will have lead hazard identification and reduction resources and services easily accessible, available at reduced cost and marketed to low income families through other health and social service programs.

2006 Primary Prevention Community Outreach and Education Activities and Performance Targets

2006 Community Outreach Activity 1: Distribute lead education materials to high-risk families through home visitation programs that serve pregnant women and children in four target counties by December 31, 2006.		
Contributors: AHCA, DOH Refugee Health, FIU, CEHAB, DOH School Health Program, Child Nutrition Program, Healthy Start, Head Start, Department of Children and Families, Early Intervention Program, Children's Medical Services.		
Performance Targets		
Process	Output	Intermediate Outcome
Educational materials and lead risk questionnaire prepared for families.	1,000 high-risk families receive lead education materials.	50 referrals made to the Healthy Homes Project.

2006 Community Outreach Activity 2: Expand the Lead Alert Network to include School Health, Community Services Block Grant, Weatherization Program, WIC, Head Start, Parent Teachers Association (PTA), private risk assessor firms, 200 childcare centers, and 67 CHDs.		
Contributors: CHDs, DCA, CAP agencies, community based organizations, School Health, WIC, PTA, CSBG and Head Start.		
Performance Targets		
Process	Output	Intermediate Outcome
Create an overview and website for the Lead Alert Network.	20 New organizations and programs contacted and enrolled in the Lead Alert Network.	40 Programs and organizations connected to the Lead Alert Network.



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Screening Work Plan

Goal: Identify and screen at-risk children for lead poisoning.

Long Term Screening Objectives:

1. By December 31, 2010 the number of Medicaid eligible children less than 72 months of age screened for lead poisoning will increase by 40%
2. By December 31, 2010 90% of all refugee children 6 months to 6 years of age will be screened for lead poisoning within 90 days of arrival.
3. By December 31, 2010 60% of children living in high-risk zip codes will be screened for lead.

2006 Screening Activities and Performance Targets

2006 Screening Activity 1: Evaluate, update and distribute the statewide screening guidance document by December 31, 2006.		
Contributors: FL CLPPP, AHCA, FCAAP, Physicians, DOH Health Tracking Program, Refugee Health.		
Performance Targets		
Process	Output	Intermediate Outcome
Evaluate the statewide screening guidelines.	# of health care providers with access to blood lead screening guidelines.	Level of satisfaction of health care providers with guidelines.

2006 Screening Activity 2: Identify, contact and educate provider or HMO groups serving the largest numbers of children < 36 months on the importance of blood lead screening twice a year by December 31, 2006.		
Contributors: Local CLPPPs, AHCA, CHDs, FIU.		
Performance Targets		
Process	Output	Intermediate Outcome
Process for identifying low screening providers developed.	>50 physicians contacted every 6 months.	25% increase in screening rates by large providers.



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Screening Work Plan Continued...

2006 Screening Activities and Performance Targets

2006 Screening Activity 3: Educate high-risk families about the importance of blood lead screening through DOH home visitation programs in 6 target counties by December 31, 2006.		
Contributors: Local CLPPPs, AHCA, DOH Refugee Health, CHDs, FIU.		
Performance Targets		
Process	Output	Intermediate Outcome
Protocol for educating high-risk families established.	1,000 high-risk families reached through outreach efforts.	Increase in the number of Healthy Start children that receive a blood lead test.

2006 Screening Activity 4: Add a blood lead test check box to the DOH/Governor's immunization card by December 31, 2006.		
Contributors: Local CLPPPs, AHCA, DOH Refugee Health, CHDs, FIU, Governor's Office, Private Providers, Hallmark.		
Performance Targets		
Process	Output	Intermediate Outcome
Proposal drafted for the Governor's office.	Proposal provided to governor's office.	Card revised to include a check box for blood lead test.



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Case Management

Goal: Ensure all children with elevated blood lead levels are offered timely and comprehensive case management services that effectively reduce blood lead levels and protect children from repeat exposure.

Long Term Case Management Objectives

1. By December 31, 2010, 85% of lead poisoned children will receive timely and comprehensive case management within the time frames identified in the FL CLPPP guidelines.

2006 Screening Activities and Performance Targets

2006 Case Management Activity 1: Develop a secondary prevention/case management training and a case management guidance manual and make it accessible to CHDs, physicians, families and other partners involved in caring for a lead poisoned child by June 30, 2006.		
Contributors: State CLPPP, Local CLPPPs, AHCA, Refugee Health, school health nurses, CMS, CHD case managers.		
Performance Targets		
Process	Output	Intermediate Outcome
Case management guidance manual created and posted on CLPPP website.	80% of CHDs and partners provided with the training.	80% of CHDs report that they are equipped to provide comprehensive case management services.

2006 Case Management Activity 2: Implement the lead poisoning case management monitoring and reporting system by December 30, 2006.		
Contributors: FL CLPPP, AHCA, DOH Refugee Health, MCH, CMS, DOH IT, Bureau of Epi.		
Performance Targets		
Process	Output	Outcome
Merlin enhanced Reporting training developed.	100% of CHDs trained in reporting procedures.	Ability to monitor and evaluate case management activities. Ability to establish a quarterly indicator for the Secretary's performance report.



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Glossary of Terms and Acronyms

- ABLES-** Adult Blood Lead Epidemiology and Surveillance Program.
- AHCA**—Agency for Health Care Administration.
- Annual Action Plan**—Florida's annual plan of activities under the Elimination Plan.
- Bioavailability** – readily absorbed and used by the body.
- BLISS** – Florida's Blood Lead and Intervention Surveillance System.
- BLL** (Blood Lead Level) – usually measured in micrograms per deciliter ($\mu\text{g}/\text{dL}$).
- CAP Agencies:** Community Assistance Program Agencies.
- CBO**—Community Based Organization.
- CDC** (Centers for Disease Control and Prevention) – part of the U.S. Department of Health and Human Services. Public Health Service.
- CEHAB**– Community Environmental Health Advisory Board.
- CHD** – County Health Department (those specific to Florida for this instance).
- Chelation Therapy** – the use of chelating agents (chemical compounds that bind to metals) to remove toxic metals such as lead from the body.
- Clearance Standards** – maximum allowable lead levels on surfaces (e.g., floors, windowsills, and window wells) after a residence has undergone lead abatement.
- CMS**—FL DOH Children's Medical Services Program.
- Compliance Assistance**—Education and Assistance to individual's regulated under the EPA Lead Disclosure Rule.
- CLPPP** – Childhood Lead Poisoning Prevention Program.
- CSBG**—Community Services Block Grant Program (Dept. of Community Affairs).
- DCA:** Department of Community Affairs.
- DOH** – Florida Department of Health.
- EBLL** (Elevated Blood Lead Level) – defined as any blood lead level $\geq 10 \mu\text{g}/\text{dL}$.
- Elimination Plan**– Florida's five year strategic plan for reaching the goal of eliminating childhood lead poisoning by 2010.
- Environmental Investigation** – an investigation by trained personnel at a child's residence (or any secondary addresses where the child spends significant amounts of time) to identify lead hazards.
- EPA**—The Environmental Protection Agency.
- FCAAP**—The Florida Chapter of the American Academy of Pediatrics.
- FLBPP** - Florida Lead Based Paint Program
- HUD** – United States Department of Housing and Urban Development.
- Lead Alert Network:** A network of child and family centered programs that receive e-mail alerts of lead contaminated products such as jewelry or dishes.
- Local Housing Assistance Plan** – A plan that must be developed by local communities to express needs and plans for distributing and using state housing funding.
- Merlin** – Web-based, electronic notifyable disease reportable database.
- $\mu\text{g}/\text{dL}$** – micrograms per deciliter, the usual unit of measure for blood lead levels.
- PCP** (Primary Care Provider) – the health professional who oversees a child's care, usually a physician, nurse, practitioner, or physician's assistant.
- Pica** – compulsive eating of nonnutritive substances such as dirt or flaking paint.
- Primary Prevention** – preventing a problem before it occurs. Primary prevention of lead poisoning would eliminate lead sources, thus preventing exposure.
- Secondary Prevention** – responding to a problem after it has been detected. Secondary prevention of lead poisoning involves identifying children with EBLLs and eliminating or reducing their lead exposure.
- SHIP** – State Housing Assistance Partnership.
- Target**—a predetermined level of performance.
- UF TREEO**—University of Florida's Training, Research and Education for Environmental Occupations.
- WIC**—Women's, Infants and Children's Nutrition Program.





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Additional Resources

For more information on lead poisoning, visit the following sites:

Florida's Childhood Lead Poisoning Prevention Program

<http://myfloridaeh/community/lead/index.html>

**The Centers for Disease Control and Prevention
Childhood Lead Poisoning Prevention Program**

<http://www.cdc.gov/nceh/lead/lead.htm>

The U.S. Environmental Protection Agency

<http://www.epa.gov/lead/>

The U.S. Agency for Housing and Urban Development

<http://www.hud.gov/offices/lead/>

The National Safety Council

<http://www.nsc.org/issues/lead/>

*For more information on Florida's Committee for the Elimination of Childhood Lead Poisoning
Please Contact:*

Florida's Childhood Lead Poisoning Prevention Program

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The FL CLPPP would like to extend a special thanks to all of the individuals that participated in the Annual Planning and Network Meeting of the Committee for the Elimination of Childhood Lead Poisoning on November 21-22, 2005. Also, a special thanks to Debbie Reich and Chris Abarca of the Florida Department of Health's Office of Planning, Evaluation and Data Analysis for their contribution to the planning and facilitation of the meeting and for their input on the creation of this document.

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DIVISION OF
Environmental Health

A horizontal row of five diamond-shaped icons. From left to right: 1. A yellow diamond with a blue water tap and a blue drop. 2. A blue diamond with a white flask and a blue liquid. 3. A green diamond with a yellow circle and a blue hammer and pickaxe. 4. A purple diamond with a yellow radiation symbol. 5. A yellow diamond with a blue skull and a blue drop.