



State of Minnesota
2010 Childhood Lead Poisoning
Elimination Plan Update

September 2007



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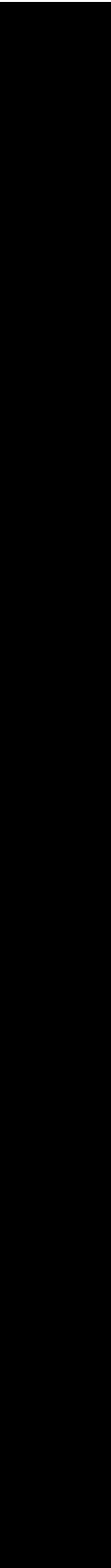
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List of Acronyms

ACOG – American College of Obstetricians and Gynecologists
ALCU – Asbestos/Lead Compliance Unit
BOMA – Building Owners and Managers Association
CAP – Community Action Program(s)
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
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.

Introduction

Although lead poisoning is preventable and rates are declining in Minnesota, children living in substandard, pre-1950 housing continue to be disproportionately affected by lead.

The Minnesota Department of Health (MDH) Childhood Lead Poisoning Prevention Program (CLPPP) worked with a wide range of partners from public and private organizations to develop a plan to eliminate statewide childhood lead poisoning by 2010. The “State of Minnesota 2010 Childhood Lead Poisoning Elimination Plan” (Plan) contributes to meeting the national goal established by the U.S. Centers of Disease Control and Prevention (CDC) of eliminating childhood lead poisoning as a public health problem by 2010. The Plan was originally released in 2004, and updated in 2006. This report documents progress on Plan objectives occurring from July 2006 to June 2007.

The Plan strongly advocates a collaborative, housing-based approach to primary prevention of childhood lead exposure, while still incorporating ongoing programs that are based on secondary prevention models. The vision statement for the 2010 Elimination Plan is:

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

The definition of “elimination” is:

“Lead poisoning will be considered eliminated when zero percent of at-risk children who are less than 72 months of age have blood lead levels > 10 ug/dL.”

The definition of who is “at-risk” may change over time based on 1) changes in trends in elevated blood lead levels determined by ongoing analyses of blood lead surveillance and related data; 2) ongoing childhood lead poisoning prevention activities by governmental and nongovernmental agencies; and 3) changes to federal or state guidelines regarding acceptable levels of childhood blood lead. Although there are no changes to the definition of elimination planned at this time, the statewide Screening Guidelines will be reviewed in late 2007. Program evaluation and literature review done as part of the review of the Screening Guidelines may be used in future elimination plans to amend the definition of elimination.

The Plan contains goals that address five broad focus areas:

Goal	Focus Area	# of tasks
I.	Strategies for Lead Education and Training	32
II.	Strategies for Identifying at-Risk Properties and Children	34
III.	Strategies to Better Incorporate Lead Paint Assessment and Control into Housing Activities and Infrastructure	16
IV.	Strategies to Identify Resources to Increase the Supply of Lead-Safe Housing in Minnesota	20
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The 2006 Plan is not reproduced here and is available at the MDH Lead Program website at: <http://www.health.state.mn.us/divs/eh/lead/reports/2010update2006.pdf> . There are 120 individual tasks distributed over the five primary goal areas. In the 2006 Plan tasks were characterized according to status as one of the following:

- Ongoing
- In Planning or Implementation
- Scheduled for Later Fiscal Years
- Successful in One Jurisdiction, Extend to Other Jurisdictions

Data was collected from collaborating partners in early 2007 to assess progress on individual tasks in the Plan. Efforts for 2007 are documented for each objective in the Plan using a tracking table. The table compares the status of individual tasks within that objective. The number of tasks within an objective reflects the amount of statewide activity. An example table representing 4 tasks in an objective is presented below. The row titled “2006 Plan” indicates the status of the tasks as they are presented in the 2006 Elimination Plan.

Year	Number of Tasks by Status			
	Ongoing	In Planning	Later Years	Success in One/Extend
2006 Plan	1	1	1	1
2007 Status	2	0	0	2

The row titled “2007 Status” reflects changes in the status of individual tasks that occurred during 2007. For example, in the table above, one of the “In Planning” tasks has been successfully implemented and is now counted as an “Ongoing” activity. In addition, one of the tasks proposed for “Later Years” has been successfully implemented in one jurisdiction and is now counted in the “Success in One/Extend” category. Tasks were not added during 2007. Therefore the total number of tasks in a row remains constant between years. A new version of the Plan will be issued in 2008 based on feedback from this update and new activities from all statewide partners.

Goal 1: Strategies for Lead Education and Training

The intent of Goal 1 is to ensure that appropriate educational materials are developed and training is provided to meet the needs of public health professionals, regulating agencies, health care providers, property owners, lead-safe work practitioners, and the general public. General concepts for lead education and training are based on established best practices and are supplemented with Minnesota-specific data whenever possible.

Objective A: Increase awareness of and compliance with the Federal Pre-Renovation Disclosure Law 406(b) and 1018 Disclosure Law among targeted audiences and the general public.

Year	Number of Tasks by Status			
	Ongoing	In Planning	Later Years	Success in One/Extend
2006 Plan	4	3	3	2
2007 Status	4	2	2	4

If conducted improperly, renovations in housing with lead-based paint can create serious health hazards to workers and occupants by releasing large amounts of lead dust and debris. Section 406 of the federal Toxic Substances Control Act established requirements for renovators to distribute a lead hazard information pamphlet to housing owners and occupants before conducting renovations in pre-1978 housing. The final rule became effective in 1999 and EPA has published a number of “Interpretive Guidance” documents since.

A fundamental barrier to compliance with 406(b) goals is the limitation put on data sharing by the private classification of statewide surveillance data (see MS 144.9502 Subd 9). Summary data can be (and is) shared to assist in enforcement efforts. Ultimate resolution of this issue will require legislative action.

Ongoing Minnesota efforts at educating the general public and contractors regarding disclosure included providing background information at a number of outreach venues, including the Minneapolis Home and Garden Show, Minnesota State Fair, Living Green Expo, and numerous regional and local events. Lead refresher workshops have also been regularly offered to help ensure awareness of and compliance with disclosure requirements. An overview of lead requirements and public health issues was published in the newsletter of the regional housing organization and links between websites were explored and implemented.

The Sustainable Resources Center (SRC) has hosted seven Lead Safe Worker Trainings. The requirements of 406(b)/1018 were heavily emphasized, with education about disclosure, the showing of a local newscast focusing on the responsibility of rental property owners, handouts, and assistance with obtaining materials. They have also provided one-on-one education to at-risk families.

Objective B: Ensure that health care providers statewide know and follow current guidelines on blood lead screening, medical case management, and treatment.

Year	Number of Tasks by Status			
	Ongoing	In Planning	Later Years	Success in One/Extend
2006 Plan	5	1	0	0
2007 Status	5	0	0	1

The Blood Lead Screening Guidelines for Minnesota were officially released in March 2000. They recommend physicians order blood tests for 1) children residing in specific geographic areas that have a high rate of elevated blood lead cases, and 2) children matching specific demographic groups that have a high rate of elevated blood lead. These guidelines are reviewed annually, and will be subject to a complete review/revision in early 2008.

In June 2004, MDH developed Blood Lead Screening Guidelines for Pregnant Women in Minnesota. They are designed for OB/GYN physicians, nurse practitioners, and midwives to assist them in screening and treating pregnant women for elevated blood lead levels, thus ensuring that both the women and their children receive intervention to reduce their lead

exposure. MDH presented an overview of these guidelines at the National Childhood Lead Poisoning Prevention conference (Savannah, Georgia) in 2007.

The Childhood Blood Lead Case Management Guidelines for Minnesota were officially released in June 2001. In 2006, the guidelines were revised to reflect current state statute, and the knowledge gained in the previous five years of implementation. The State Case Monitor works with local public health agencies and assessing agencies on a daily basis to manage elevated blood lead cases and implement the guidelines.

The Childhood Blood Lead Clinical Treatment Guidelines for Minnesota were officially released in July 2001. They represent the consensus opinion of eight physicians experienced in treating patients with an elevated blood lead level.

In addition to information on responses to elevated blood lead results, both the Case Management and Clinical Treatment Guidelines have incorporated recommendations for actions related to blood lead results between 5 and 10 ug/dL. All of the guidelines above are available at the MDH Lead Program website at: www.health.state.mn.us/divs/eh/lead .

Objective C: Train property owners and contractors in lead-safe maintenance and work practices.

Year	Number of Tasks by Status			
	Ongoing	In Planning	Later Years	Success in One/Extend
2006 Plan	3	1	0	0
2007 Status	3	0	0	1

Since November 2006, SRC has been approved to offer eight continuing education credit hours to residential building contractors. This has significantly increased attendance at the LWSP classes. MDH maintains a number of fact sheets and links to assist property owners and contractors in performing lead-safe work. The background fact sheets targeted to the general public are at: <http://www.health.state.mn.us/divs/eh/lead/homes/> while the list of training opportunities for lead professionals is at: <http://www.health.state.mn.us/divs/eh/lead/training/index.cfm> .

The city of Minneapolis recognized that more widespread voluntary adoption of lead safe work practices was needed in order to prevent lead poisonings. To address this issue they have proposed a city ordinance that would require rental property owners to provide certification that the person who completes or supervises the work to repair chipping and peeling paint in any pre-1978 rental property be certified in lead safe work practices. Specific steps to be taken would include:

- The city shall actively pursue grant funding and other resources to provide lead safe work practices trainings for free or at a nominal cost to contractors, homeowners and all interested parties in addition to rental property owners and their agents;

- All rental property owners and home owners issued notices of violation for chipping and peeling paint may be provided the following information as part of the notice:
 - (1) Information on available lead safe work practices training programs offered by providers recognized by the director of inspections;
 - (2) A regularly-updated list of local workers and firms licensed or certified in lead safe work practices;
 - (3) Information on obtaining HEPA (High-Efficiency Particulate Air)-filter vacuums at discounted rates from participating community sites; and
 - (4) An explanation of any available rehabilitation and grant resources to address and mitigate lead in residential properties.

This program is expected to be implemented in 2007 or early 2008.

Objective D: Increase the supply of licensed and certified lead professionals, including lead sampling technicians.

Year	Number of Tasks by Status			
	Ongoing	In Planning	Later Years	Success in One/Extend
2006 Plan	2	3	0	0
2007 Status	3	1	0	1

St. Paul/Ramsey County Public Health, using funds provided by the MDH CLPP, conducted a project to increase the capacity and expertise of contractors that can competitively bid on lead hazard control primary prevention projects managed by neighborhood housing agencies. The specific goals of the project were to:

- Provide support for four window installation contractors to attend Lead Supervisor Training.
- Conduct two sessions of lead safe work practices training to workers and staff of the four new contractors and several existing contractors. (20 individuals).
- Provide funding to two neighborhood housing agencies in targeted census tracts that would help defray labor costs and follow-up contractor training costs for primary prevention activities on 16 homes.

Objective E: Provide messages to the general public that make the connection between childhood lead poisoning and lead paint in pre-1978 housing.

Year	Number of Tasks by Status			
	Ongoing	In Planning	Later Years	Success in One/Extend
2006 Plan	2	0	2	1
2007 Status	2	0	1	2

The MDH and Minnesota Department of Human Services (DHS) developed an Online Training (see: <http://www.health.state.mn.us/divs/fh/mch/webcourse/lead/index.cfm>) for the lead-screening component of the Child and Teen Checkups (C & TC) Program. The training is

designed as a reference to promote accurate blood lead screening and testing to those Minnesota children and youth who are eligible for Medical Assistance (MA) and MinnesotaCare and who are enrolled in the C&TC program. Upon completion of this training, participants should be able to:

- Identify three risk factors for elevated blood lead levels in children
- State the blood lead level that is defined as elevated by CDC and MDH
- Describe three potential health effects of elevated childhood blood lead levels
- Identify the only method that can accurately determine whether a child has been exposed to lead
- List the required ages to receive blood lead testing in children who are enrolled in MA or MinnesotaCare and who are eligible to receive C&TC.

The MDH Lead Program webpage (www.health.state.mn.us/divs/eh/lead) is regularly updated with Hot Topics, updated information and links, and other resources to assist the general public in understanding lead risks and reducing exposures. We have received numerous anecdotal reports from other state lead programs and national lead partners regarding the high quality, timeliness, and usability of the MDH Lead Program webpage. For the year there were 222,397 hits, with an average length of visit of over 8 minutes. The two most visited pages were the Lead Home Page and the Hot Topics page. The most downloaded files were:

- Blood Lead Screening Guidelines for Pregnant Women in Minnesota
- Childhood Blood Lead Screening Guidelines for Minnesota
- What is Lead Poisoning? (fact sheet)
- Common Sources of Lead (fact sheet)

In 2006 MDH co-hosted and provided a meeting location for a Latino Mother-Baby Workshop to address a range of health concerns, including folic acid and lead. Hispanic children have increased risk factors for lead poisoning (e.g. diet, income, housing). This workshop was planned and produced in collaboration with a coalition of Catholic parishes that serve primarily Hispanic populations. In this workshop, MDH staff trained key individuals from the Hispanic community about awareness of public health risks and access to health care. These trainers are now better able to implement effective methods for informing their community on ways to prevent lead poisoning. The entire workshop was in Spanish. Collaborating partners included MDH Office of Minority and Multicultural Health, the Community and Family Health Division, and a range of public and private organizations.

Goal 2: Strategies for Identifying at-Risk Properties and Children

The intent of Goal 2 is to ensure that all available data are used to target limited resources for screening, testing, education, and compliance. This involves maintaining the current statewide surveillance system, providing data within the limits of Minnesota's strict privacy restrictions, and collaborating with state and local housing agencies to ensure that at-risk properties are managed in a way that minimizes exposure to lead.

Objective A: Continue to maintain and improve the statewide blood lead surveillance system.

Year	Number of Tasks by Status			
	Ongoing	In Planning	Later Years	Success in One/Extend
2006 Plan	6	4	2	1
2007 Status	7	1	3	2

MDH maintains a blood lead information system (BLIS) for the purpose of monitoring trends in blood lead levels in adults and children in Minnesota. Analyzing laboratories submit results to the MDH lead program, as mandated by Minnesota Statute 144.9502. The data are maintained in an Oracle software database platform that allows for high data security and is compatible with other current state agency systems for data transfer. As of January 1, 2007 the blood lead database contained 855,009 records of blood lead test results from 578,814 individual Minnesota residents dating back to 1992.

Ongoing tasks include generation of the Annual Surveillance Report (available at: www.health.state.mn.us/divs/eh/lead/reports/index.html#surv), annual data quality report (sent to all reporting analytical labs), maintenance/enhancements to the software platform, and producing the annual “data year” to be used for research purposes. An evaluation of the surveillance system is conducted annually with a complete report being issued periodically (the most recent report was in 2004).

Collaboration between surveillance and compliance staff was promoted by developing interoperability between data sets. Regular meetings are held to ensure all cases are managed efficiently and in coordination with local health agencies.

Objective B: Promote blood lead screening for at-risk children and pregnant women and increase compliance with existing screening, case management, treatment and pregnancy guidelines.

Year	Number of Tasks by Status			
	Ongoing	In Planning	Later Years	Success in One/Extend
2006 Plan	4	5	0	1
2007 Status	7	1	0	2

As described in Goal 1.B above, MDH maintains statewide guidelines for screening, case management, and clinical treatment of childhood lead poisoning. Over 85,000 children were screened in 2006 in Minnesota, which is nearly triple the number that were screened in 1998 and continues a steady, dramatic increase in the screening rates. Statewide case management is conducted by the assessing agencies and local public health agencies and is coordinated through the State Case Monitor at MDH.

SRC has worked with a number of radio stations to promote awareness of lead risks and screening, including:

- La Mera Buena (107.5 FM)
- KFAI Centro Informa (90.3 FM in Minneapolis and 106.7 FM in St. Paul)
- La Invasora (1400 AM)
- Radio Rey, La Ley (WDGY), and
- Brisas Latinas on Jazz88 (88.5 FM, Sunday radio program)

Some of these have been in conjunction with C&TC and other collaborations where increasing lead testing was an objective and one of the end results. SRC has also done live interviews in Spanish and some are intended to promote specific lead testing and education events (e.g. Lead Week, Health-o-ween).

MDH continues to link names of children in surveillance data with information from partners to assure data quality, assess trends, identify opportunities for increased screening, and promote compliance with current screening guidelines and regulations. Partners include the State Medicaid agency (Department of Human Services), and a number of health plans (UCare, Medica, HealthPartners). Reports detailing results of matching with Medicaid for 1995 – 1998 and for 1999 – 2003 can be found at:

<http://www.health.state.mn.us/divs/eh/lead/reports/index.html#medicaid> .

Objective C: Use data about housing age, population and income to identify properties that may have lead hazards, perform risk assessments and implement primary prevention.

Year	Number of Tasks by Status			
	Ongoing	In Planning	Later Years	Success in One/Extend
2006 Plan	3	5	0	3
2007 Status	5	0	1	5

An assessing agency has the authority and responsibility to conduct lead risk assessments in response to reports of children or pregnant women with elevated blood lead levels. All assessing agencies in Minnesota (there are eight) continue to address lead hazards identified through risk assessments done on all eligible cases within their jurisdictions (typically venous results above 15 ug/dL). As resources allow and at the discretion of the local assessing agency, advisory assessments are done for results below the required level of 15 ug/dL.

The CLEARCorps Education Team and SRC Education Staff provide in-home education for families with children who have lead test results <10 ug/dL. SRC has developed an educational protocol that uses the home as an educational tool. This method allows the trained lead educator to perform a visual inspection on the home while discussing potentially dangerous areas of the home with the family. The in-home education visits consist of lead poisoning prevention education, lead-safe cleaning demonstrations using the two bucket system (then leaving the cleaning kit for the family), preliminary dust wipe samples, advocacy and resource referral. Many of the families qualify for the lead hazard control grant programs and are referred into

SRC's housing program or another similar program. Since July 1, 2006 the SRC education program has referred 213 properties to lead hazard control programs

Hennepin County continues to geo-code lead surveillance data to help characterize high-risk neighborhoods and populations. All Minnesota HUD grantees have established relationships with Section 8 housing programs within their jurisdictions to help ensure that lead risks are properly addressed.

Goal 3: Strategies to Better Incorporate Lead Paint Assessment and Control into Housing Activities and Infrastructure

This goal intends to increase collaboration between health agencies and housing agencies so that lead exposure risks are more efficiently identified and mitigated.

The 2000 Census indicates there are 958,985 owner-occupied units built before 1980 and 357,059 occupied rental units built before 1980. The median year built is 1969 and 1970, respectively. Federal law permitted lead-based paint to be used in residential structures before 1978, so every residential unit built before 1978 (approximately 1.3 million) potentially could contain lead-based paint and lead-based paint hazards.

Objective A: Ensure that lead paint assessment, control and compliance is integrated into housing code and policy.

Year	Number of Tasks by Status			
	Ongoing	In Planning	Later Years	Success in One/Extend
2006 Plan	1	3	2	1
2007 Status	1	2	2	2

According to the 2007 State of Minnesota Consolidated Plan for Housing and Community Development, federally funded programs within the Department of Employment and Economic Development (DEED) and the Minnesota Housing Finance Agency (MHFA) comply with the lead-based paint requirements of 24 CFR part 35. Lead-hazard reduction is an eligible improvement in state- or MHFA-funded property improvement and rehabilitation loan programs. In December 2004, the MHFA board of directors approved a lead-based paint policy of substantially complying with the HUD lead rule at 24 CFR part 35 in state-funded programs with health and safety requirements. That policy is being implemented as funding becomes available for affected programs.

The state continues to develop the infrastructure that is required for lead-safe housing by:

- Providing Community Development Block Grant (CDBG) funds to support training of rehabilitation contractors and staffs of grantees.
- Arranging for the provision of free training on lead-safe work practices for contractors and building maintenance personnel.

Objective B: Ensure compliance with and enforcement of lead paint laws.

Year	Number of Tasks by Status			
	Ongoing	In Planning	Later Years	Success in One/Extend
2006 Plan	6	0	0	0
2007 Status	5	0	0	1

The MDH Lead Compliance Program ensures the public receives safe and proper lead hazard reduction, evaluation, and analytical services according to state regulations, and by trained and licensed personnel, and certified firms. The program licenses lead risk assessors, lead inspectors, lead workers, lead supervisors, lead project designers, and certifies firms who conduct regulated lead work. In addition, the Lead Compliance Program approves initial and refresher lead training courses for these disciplines.

Currently, Minnesota has 132 certified lead firms. The total number of firms includes 23 firms that conduct lead inspections, risk assessments and project design. The other 109 firms conduct actual lead reduction services. Of the 132 certified lead firms, 58 percent of the certified firms in the state are located in greater Minnesota.

MDH has started collecting data from statewide partners on their environmental assessments to assist in evaluating high risk areas, identify areas of collaboration, and help ensure that a consistent process is used in implementing lead paint laws.

Objective C: Identify partners who inspect family housing (single and multi) and encourage them to implement lead paint assessment and lead-safe work practices policies.

Year	Number of Tasks by Status			
	Ongoing	In Planning	Later Years	Success in One/Extend
2006 Plan	0	1	2	0
2007 Status	0	1	1	1

The projects described in Goal 1.B and 1.C above have worked to raise awareness of lead risks and increase the capacity to employ lead-safe work practices as part of routine maintenance and rehabilitation efforts. The Minnesota Multi-Housing Association continues to be an active partner in evaluating efficient approaches to removing lead risks and developing policy approaches to apply limited resources most effectively.

Goal 4: Strategies to Identify Resources to Increase the Supply of Lead-Safe Housing in Minnesota

This goal seeks to sustain the resources needed, both financial and collaborative, to maintain lead poisoning prevention programs across the state. Minnesota has historically been successful in competing for HUD Lead Hazard Reduction and Lead Demonstration funding, which are the primary federal funding sources for addressing housing-based lead risks. There were a number of

legislative proposals in the 2007 Session that sought to increase the available resources to address lead poisoning prevention.

Objective A: Improve coordination among DHS, CAP, DEED, HUD, USDA, SRC, MHFA, FHA, public health and lead hazard control programs.

Year	Number of Tasks by Status			
	Ongoing	In Planning	Later Years	Success in One/Extend
2006 Plan	2	1	4	1
2007 Status	2	1	3	2

Each HUD lead hazard control grant in Minnesota is part of a comprehensive approach to reducing lead hazards in Minnesota. This includes state agencies, Minneapolis, St. Paul, and Hennepin County. Periodic meetings are held to help ensure coordination of efforts between all grantees. All grantees in Minnesota assist each other in finding ways to resolve issues and overcome barriers to success.

The MHFA and DEED continue to implement HUD lead hazard control requirements in all state-funded housing programs with a health and safety component, consistent with the State Consolidated Plan. A key outcome of the recently completed DEED LHR grant from HUD was dramatically increased communication between local health agencies and local housing agencies with respect to coordinating responses to lead risks in housing.

Objective B: Leverage private and nonprofit funding mechanisms to identify and control lead paint hazards.

Year	Number of Tasks by Status			
	Ongoing	In Planning	Later Years	Success in One/Extend
2006 Plan	1	1	2	0
2007 Status	1	2	1	0

The largest non-profit organization in Minnesota addressing lead hazards is the Sustainable Resources Center (SRC). They host the Minnesota outlet for the CLEARCorps program. According to their website, SRC's Vision is that all families with low-incomes in Minnesota are healthy and live in healthy home environments. In addition, families must be able to identify in-home environmental hazards and have the information, skills and resources to be safe from the adverse effects.

SRC's weatherization program does participate in lead safe work practices training. Two energy auditors have been certified Risk Assessors. One energy auditor, as well as an SRC technical director, teach the Remodelers/renovators classes on a regular basis. During this update period, SRC performed 131 Risk Assessments for low income families. SRC, with CLEARCorps crews, also performed lead hazard remediation for 212 properties through the Hennepin County HUD Lead Hazard Control and Lead Hazard Control Demonstration grants.

Objective C: Evaluate potential legislation that would provide sustainable funding sources for lead surveillance and lead hazard control.

Year	Number of Tasks by Status			
	Ongoing	In Planning	Later Years	Success in One/Extend
2006 Plan	2	5	1	0
2007 Status	3	3	1	1

A number of bills were introduced during the 2007 session addressing lead funding, including:

- Language needed to enable use of federal Medicaid funding to expand the capacity to perform environmental interventions (passed);
- A window replacement revolving fund (1-time funding; not funded);
- Dedicated funding to perform lead hazard reduction and education (passed); and
- An excise tax on paint (SF836 awaiting additional action).

Goal 5: Strategies to Respond to Emerging Issues, such as New Research, Legislation, Trends, Population Conditions and Other Developments

This goal was newly developed in 2006 and was intended to encompass emerging research and information, as well as new legislative requests, population shifts, trends in surveillance data, and non-housing sources of lead that are not addressed elsewhere in the plan.

Objective A: Improve blood lead screening and testing through focused educational efforts with providers and insurers.

Year	Number of Tasks by Status			
	Ongoing	In Planning	Later Years	Success in One/Extend
2006 Plan	0	2	2	0
2007 Status	2	1	1	0

SRC has worked with clinics to educate providers, health educators and community health workers about the follow up services that SRC can provide to families, including screening and testing. SRC has set up referral systems and has open lines of communication with many clinics in Minneapolis. Local health plans have helped to identify clinics that have low screening rates and then SRC education staff works to coordinate follow up services and care for the families. SRC works with families to get them into their PCP for lead testing capillary screening and venous confirmatory as needed. SRC works with the clinic nursing staff via phone and fax to help families secure appointments that include lead tests. Many of the clinics now make referrals to SRC when a child tests between 5 ug/dL and 9 ug/dL.

The Minnesota DHS Contract for Medical Assistance, General Assistance and MinnesotaCare Medical Care Services, outlines a number of incentives and withholds to encourage appropriate lead screening. Details can be found at the DHS website at:

http://www.dhs.state.mn.us/main/groups/healthcare/documents/pub/dhs_id_054907.pdf. This

contract is for Managed Care Organizations that provide prepaid medical and remedial services and has prompted a wide range of mailings, seminars, meetings, and other outreach efforts by insurers to providers with respect to lead screening and primary prevention.

Objective B: Reduce childhood lead exposures by educating adults with EBLs or lead-intensive occupations about “take home” lead.

Year	Number of Tasks by Status			
	Ongoing	In Planning	Later Years	Success in One/Extend
2006 Plan	0	3	0	0
2007 Status	1	1	0	1

Dakota County, St. Paul/Ramsey County, and MDH held a number of meetings to discuss issues related to communication and coordination over elevated lead cases that were suspected to have a contribution from occupational lead sources that bring lead into the homes of children. Surveillance data were examined to clarify possible prevention activities.

MDH continues to contribute data to the Adult Blood Lead Epidemiology and Surveillance (ABLES) program, sending in 9,494 reports to CDC. There were 133 adults with BLLs of 25 ug/dL or greater identified through the ABLES program in 2006 (four female), and there were 18 adults with reported levels greater than 40 ug/dL (all male). The highest number of cases (78) occurred in the Lead Smelting occupation, while the next highest (21) was in Fishing Tackle Manufacturing.

In 2006 Minnesota Department of Natural Resources, Division of Fish and Wildlife (FAW), formed the Nontoxic Shot Advisory Committee comprised of constituents with interests in hunting and the environment, experts in lead poisoning, and representatives from the hunting industry. This advisory committee was asked to report back to the Division of Fish and Wildlife with recommendations for:

- future additional restrictions on use of lead shot in Minnesota,
- a time frame for implementation,
- an education/communication plan for the public including content, approach, and methods; and
- information gaps and potential research needs.

There was unanimous agreement that there is a need to begin restrictions on the use of lead shot for hunting beyond current federal and state regulations for waterfowl and state regulations for managed dove fields. The final report from this committee can be found at:

http://files.dnr.state.mn.us/outdoor_activities/hunting/nontoxic_shot_report.pdf .

Objective C: Develop methods to prevent children from exposure to lead-containing products.

Year	Number of Tasks by Status			
	Ongoing	In Planning	Later Years	Success in One/Extend
2006 Plan	1	1	1	0
2007 Status	2	0	1	0

Minnesota Statute (MS 325E.385) was amended in the 2007 session to regulate the manufacture and sale of jewelry products containing lead. Specific text of the changes adopted can be found at: <http://www.revisor.leg.state.mn.us/bin/bldbill.php?bill=S1262.3.html&session=ls85>. Jewelry for children sold in Minnesota will be limited to 0.06% lead by weight. The statute becomes effective September 1, 2007. Enforcement of the bill will be the responsibility of the Department of Commerce. Recalls of products containing lead are regularly posted on the MDH Lead Program website. The Minnesota Pollution Control Agency also posts information on how to avoid lead exposure in fishing tackle (see: <http://www.pca.state.mn.us/oea/reduce/sinkers.cfm>).

Objective D: Encourage technologies for accurate, effective and cost-efficient lead detection, lead hazard control, lead clearance testing and surveillance.

Year	Number of Tasks by Status			
	Ongoing	In Planning	Later Years	Success in One/Extend
2006 Plan	0	1	1	0
2007 Status	1	1	0	0

Minnesota Lead Programs continue to work with manufacturers and distributors of rapid lead testing equipment, including NITON, ESA Biosciences (LeadCare II), and Hybrivet Systems (LeadCheck Swabs) to identify ways to reduce the time needed to characterize lead risks. The LeadCheck Swabs are regularly distributed at high-volume public events (e.g. Minnesota State Fair, Minneapolis Home and Garden Show, Living Green Expo) to encourage awareness of lead and the need to limit exposure.

Objective E: Develop effective communication channels to reach immigrants/refugees and other populations at higher risk for lead poisoning.

Year	Number of Tasks by Status			
	Ongoing	In Planning	Later Years	Success in One/Extend
2006 Plan	0	4	1	1
2007 Status	2	2	1	1

The Emergency and Community Health Outreach (ECHO) Project produced six 20-minute television segments on the link between childhood lead poisoning and deteriorating lead paint or paint dust in pre-1978 housing. Each segment was developed in a different language, including Cambodian, Hmong, Lao, Somali, Spanish and Vietnamese languages. Each program included a question-and-answer segment with guests, who are native speakers and was broadcast during October 2006, as part of National Lead Poisoning Prevention Week. Following the broadcast the

program was placed for an indefinite period on the ECHO Web site. Public television tpt17 developed the segments. Funds provided for MDH sponsorship were matched dollar-for-dollar by partners in health care and local government. The first set of 1,600 copies of a DVD of each of the shows was distributed regionally and nationally over a period of 5 months, highlighting the popular demand for additional copies. An additional set of 1000 was ordered in 2007. The outreach effort is consistent with CDC lead poisoning prevention grant objectives, state lead poisoning elimination plans, and promotes the MDH priority to address health disparities (most lead exposure occurs to minority populations).

Two primary risk groups for lead exposure include individuals on public assistance (e.g. WIC) and new arrivals to the area from other countries. Data analysis is ongoing for a group of three screening studies conducted at WIC clinics. The projects targeted high-risk areas in Twin Cities and four rural counties. Of 2,772 children who were screened, only eight (0.3 percent) had results above 10 ug/dL; only one individual was above 20 ug/dL. In addition, in Hennepin County there were 305 pregnant women tested, resulting in only one test above 10 ug/dL (0.3 percent). A refugee screening project was also conducted to evaluate CDC guidelines. In early 2006 150 kids were tested in St. Paul in collaboration with the local public health agency. Results show that 93 percent got a second blood lead test and that most elevated cases likely acquired lead outside the US.