

CENTERS FOR DISEASE CONTROL AND PREVENTION

**SOUTHERN NEVADA HEALTH DISTRICT
CHILDHOOD LEAD POISONING PREVENTION PROGRAM
ANNUAL REPORT
FY2006**

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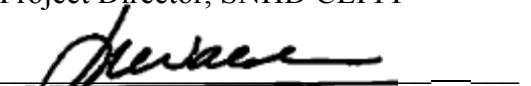
SOUTHERN NEVADA HEALTH DISTRICT
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ANNUAL REPORT FY2006

Approved by:




Wilbert L. Townsend, MPH, MBA, CIH
Project Director, SNHD CLPPP

09/20/07
Date



Michael T. Walsh
Director, SNHD Administration Division

09/20/07
Date



Lawrence Sands, DO, MPH
Chief Health Officer, SNHD

09/20/07
Date

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EXECUTIVE SUMMARY

On August 2, 2006, the Southern Nevada Health District (SNHD) was awarded a 5-year grant by the Centers for Disease Control and Prevention (CDC) under its Childhood Lead Poisoning Prevention Program (CLPPP). The grant award was unprecedented in the State of Nevada and was made available to the SNHD via approval from the State to act as its bona fide agent. The primary goal of the grant was to develop a Childhood Lead Poisoning Strategic Elimination Plan (EP) in support of CDC's overarching goal of eliminating childhood lead poisoning by the year 2010.

The following is a listing of the CLPPP accomplishments during FY06:

- The SNHD developed a written strategic Elimination Plan (EP) to eliminate childhood lead poisoning as a significant health risk in Clark County and the entire State of Nevada by the year 2010.
- A strategic advisory coalition (SAC) was established and its charter was adopted. The Environmental Protection Agency (EPA), Housing Authority, and State of Nevada officials are members of the SAC.
- A screening and case management plan was developed for children between 0 and 6 years of age focusing on Medicaid-eligible children.
- High risk areas of Clark County for potential lead exposure and hazards have been identified by age of housing and zip codes.
- To increase screening rates, the application process was initiated to get State approval to deploy the Lead Care II, blood-lead analyzer, for field use in Nevada.
- On November 16 and December 8, 2006, respectively, the Southern Nevada District Board of Health and the Nevada State Board of Health approved a proposed regulation that mandated all positive BLL screening results collected in Clark County, NV to be reported to the SNHD.
- A proclamation on childhood lead poisoning was drafted and passed the Nevada State Legislative in May 2007.
- The STELLAR data management system is utilized for data collection, storage, maintenance, and sharing of BLL and related data.
- Brochures, information for physicians, and other education and outreach materials (in English and Spanish) were provided to the community via Nursing Immunization and three health fairs attended in FY06.
- A continuing medical education (CME) seminar entitled, "They Run Better Unleaded" was provided to more than 30 physicians and childcare professionals.
- Two 5-day training sessions were held during the fiscal year, and eight persons received the risk assessor training. Four additional persons were certified for a total of six certified risk assessors in support of the CLPPP.
- More than 30 comprehensive investigations of the homes of EBLL children were conducted for lead hazards.
- Developed a standard letter and provided EPA with addresses of EBLL children living at multi-family dwellings.
- Efforts are underway and dialogue has begun with Medicaid officials to increase blood-lead screening, education, and outreach among Medicaid recipients.

1.0 Elimination Plan

The SNHD developed a written strategic Elimination Plan (EP) to eliminate childhood lead poisoning as a significant health risk in Clark County and the entire State of Nevada by the year 2010. A strategic advisory coalition (SAC) was established and participated in the development of the EP.

Letters of invitation to join the SAC were sent out to federal, state, and local governmental agencies, healthcare providers, childcare providers, community and civic organizations, and others who had indicated their support of our efforts during the grant application process. The first meeting was held on September 25, 2006, whereby the SAC was established. A charter was also adopted for the SAC (see Appendix A). The SAC agreed to meet at least quarterly.

To facilitate development of the EP and our overall goal of eliminating lead poisoning, subgroups (subcommittees) were formed of the members comprising the SAC. The following subcommittees with specific goals and objectives make up the SAC: a) Primary Prevention, b) Screening and Case Management, c) Surveillance, d) Legislative Affairs, and e) Evaluation.

In addition, the SNHD CLPPP employed a project staff with specific roles, including participation in planning activities, in support of the daily requirements with respect to the EP. Project staff members met monthly to discuss CLPPP activities, issues, concerns, and to otherwise participate in assuring the accomplishment of EP goals. The

project staff consists of: a principal investigator, project director, surveillance coordinator, public health/case management nurse, risk assessors, administrative assistant, a contractor, and consultant.

In January 2007, the SNHD CLPPP began utilizing the services of the CDC consultant, National Center for Healthy Housing, to provide technical assistance for certain aspects of the EP. Technical assistance included, but was not limited to: a) facilitation of partnering and participation of state agencies, particularly, Medicaid offices, b) data collection strategies and management, and c) strategies to increase blood-lead level screenings and case management.

All SNHD project staff attended training sessions relevant to their areas of focus at the CDC-sponsored Lead Poisoning Prevention Training in Alexandria, Virginia. Project staff also attended the Partners' Conference in Savannah, Georgia and the West Coast Conference on lead poisoning prevention held in Long Beach, California.

Activities to monitor/evaluate the elimination plan

The SAC was required to meet at least three times during the first fiscal year and to provide guidance in the development and implementation of the EP. The SAC met four times in the first fiscal year in support of the development of the EP. Project staff members met monthly to monitor/evaluate EP activities and to participate in assuring the accomplishment of EP goals and objectives. A work plan and schedule were also

developed with specific evaluation measures to monitor/evaluate the EP (see Appendix B).

2.0 Screening/Case Management

The Screening/Case Management Subcommittee developed a screening plan for BLL's in children <6 years of age that focused on Medicaid eligible children in Clark County. The screening/case management nurse continued to work to assure that all children with lead poisoning receive proper medical, environmental, and case management services. The application process was initiated to get State approval to deploy the Lead Care II, blood-lead analyzer, for field use in the NV CLPPP in an effort to increase screening rates, particularly in increased-risk/target areas. High risk areas of Clark County have been identified by age of housing and zip codes (see Appendix C).

Written protocols for lead screening and case management of children with elevated blood-lead levels were developed and included in the Elimination Plan. Screening, case management, and legislative documents from the following CLPPP were reviewed, primarily, to support the development of goals to be presented to the Nevada State Legislature which convenes in 2009: Wisconsin, Ohio (Greater Cleveland), New Jersey, Michigan, Indiana, and California.

On November 16, 2006, the Southern Nevada District Board of Health approved a proposed regulation that mandated all positive BLL screening results collected in Clark County, NV to be reported to the SNHD. Subsequently, the Nevada State Board of Health also voted in favor of the proposed regulation on December 8, 2006. **Thus, the**

“Southern Nevada Health District, Regulations Governing the Reporting of Diseases, Exposures, and Sentinel Health Events (Chapter 4, Section 4.2)” gives SNHD the authority to investigate each report of a person being exposed to lead to: a) verify the exposure, b) describe the circumstances and cause of the exposure, c) determine the severity and extent of the exposure, and d) make recommendations for remediation and prevention of future exposures.

Investigations of homes of EBLL children is typically done with a team that includes the screening/case management nurse. During the investigation, a verbal disclosure is made to the tenants of the protection afforded them under EPA/HUD guidelines and the federal Fair Housing Act regarding retaliatory eviction and/or discrimination directed towards them for providing information on lead hazards.

3.0 Surveillance

Two 5-day training sessions were held during the fiscal year, and eight persons received the risk assessor training. Four additional persons are now certified for a total of six certified risk assessors in support of the CLPPP.

The Surveillance Subcommittee developed policies and published procedures to conduct and report lead hazard screenings and risk assessments. With primary prevention in mind, the CLPPP conducted more than 30 home investigations. These home investigations served the purpose of identification of potential lead hazards to allow and focus appropriate remediation actions and to remove children as expeditiously as possible from being exposed to lead. Childhood cases having a BLL ≥ 10 $\mu\text{g}/\text{dL}$ were given the

top priority and were investigated in a hierarchical order (i.e., from highest to lowest BLL).

The CLPPP received a total of 6004 childhood BLL screening reports for calendar year 2006. All of the reports were received electronically; however, since the format is not compatible with STELLAR, the reports must then be input manually. We are working with local laboratories to correct the formatting issue in an effort to preclude or minimize the need to manually input BLL data. A grand total of 7333 BLL screening results were received by the CLPPP.

The STELLAR data management system made available by CDC is utilized for data collection, storage, maintenance, and sharing of BLL screening, case management, and environmental data. We explored and had anticipated the possibility of inputting data from an approved satellite location. Satellite capabilities for input of environmental data remain non-functional. Thus, all data entry is performed at the central site located at SNHD.

4.0 Primary Prevention

The Primary Prevention Subcommittee assisted in the development of brochures, information for physicians, and other materials that were provided to the community via the SNHD Immunization Program as part of our community education and outreach efforts. Education and outreach materials (in English and Spanish) were provided during three health fairs attended in FY06. Health fairs attended include:

- *Ventanas de Salud* Health Fair, Howard E. Hollingsworth Elementary School, October 7, 2006;

- Prevention Doesn't Have to Be Spooky! Health Fair, SNHD Henderson Public Health Center, October 31, 2006; and
- LV Housing Authority, HUD, Sunrise Children's Foundation-HIPPY Program Health Fair, Sherman Gardens Public Housing Development, November 17, 2006.

In addition, the Area Health Education Center (AHEC) developed presentation materials (English and Spanish versions) about lead poisoning prevention that are being used to educate the public. AHEC distributed over 1800 additional lead poisoning prevention brochures at nine health fairs, Urban League WIC centers, primary school affairs, and other community events.

A protocol is being developed for the collection of lead hazard materials and working with local, state and federal partners to initiate product recall. The protocol will be become a part of the Elimination Plan. Also, a database of lead contaminated materials collected and products recalled was established and is being maintained.

A plan was developed to provide continuing medical education (CME) and outreach to the medical and childcare providers. The consultant, who is a physician, provided direct physician-to-physician education and outreach on childhood lead poisoning to the medical community. This physician-to-physician interaction should serve to breakdown potential communication barriers and enhance our screening efforts. Records were maintained of healthcare providers receiving education and outreach communications and materials. A CME seminar entitled, "They Run Better Unleaded" was held on Wednesday, June 20, 2007. This seminar featured Dr. David C. Bellinger, PhD, Professor, Department of Environmental Health, Harvard School of Public Health, who

gave a presentation on “Pediatric Lead Poisoning: A Research Update.” Attendance included approximately 30 physicians. One of our partners, AHEC, supported the CLPPP through its efforts in providing education and outreach to childcare providers and helping to coordinate the CME seminar.

FY06 was a planning year primarily for the development of the written Elimination Plan.

Although this was a planning year, regulations were approved that authorizes SNHD to investigate any positive blood-lead screening result and to recommend corrective/remediation actions if warranted. We incorporate the EPA DISCLOSURE RULE during our investigations of EBLL children and inform the tenants and owners of lead-safe work practices training made available through UNLV and organizations such as “Atrium Environmental Health & Safety Services, 11495 Sunset Hills Road, Suite 210, Reston, Virginia 20190.” In addition, we informed EPA of the addresses of multifamily dwellings presenting a lead hazard and having an EBLL child as a resident (see Appendix D).

5.0 Strategic Partnerships

Upon recommendation by the CDC Project Officer, the Strategic Partnerships Subcommittee was absorbed by the Legislative Affairs Subcommittee. Goals and objectives of the former Strategic Partnerships Subcommittee are now incorporated and addressed under the Legislative Affairs Subcommittee. The Legislative Affairs Subcommittee tracks activities related to lead poisoning on an ongoing basis, particularly those having legal implications.

The Nevada State Legislature is a citizen legislature which meets for 120 days every two years, in odd numbered years. During the first year of the CLPPP project, which ran through the 2007 Nevada Legislative Session, the Legislative Affairs Workgroup worked to establish legislative partners, raise awareness regarding childhood lead poisoning among policy makers, and worked with the other project subcommittees/workgroups to identify model legislation to begin drafting a bill for introduction in the 2009 Nevada Legislative Session. In an effort to raise awareness during the first year of the project and to gauge legislative support of the CLPPP's efforts, the Legislative Affairs Subcommittee drafted a proclamation that was passed in May 2007 by the Nevada State Legislative (see Appendix E).

We also partnered with the Nevada State Medical Association (NSMA). As a result of this partnership, NSMA passed two resolutions (Resolutions #2007-13 and #2007-22) in support of the CLPPP. These resolutions support mandatory reporting of all elevated blood-lead levels and screening of children prior to school entry (see Appendix F).

Working relationships have been established with agencies concerned with public health at national, state, and local levels. The Environmental Protection Agency (EPA), Housing Authority, and State of Nevada officials are members of the SAC. Arrangements have and continue to be discussed for making joint residential investigations at multi-family dwellings of children with EBLLs. EPA has reviewed and provided comments on the joint investigative protocol. The SNHD worked with these agencies and an agreement was made that records obtained during lead

investigations may be shared with other health agencies having jurisdiction in the State of Nevada. Additionally, local/county housing representatives have participated on joint investigations of EBLL children and have agreed to continue this support.

Efforts are underway and dialogue has begun with Medicaid officials to increase blood-lead screening, education, and outreach among Medicaid recipients. It has been a challenge to obtain screening data from Medicaid; however, we remain optimistic since Medicaid representatives are members of the SAC and appear to understand the need for data sharing.

A plan and logic model was developed to engage faith-based organizations and community-based organizations to support community education and outreach efforts. AHEC is a community-based organization that supported the CLPPP in coordinating the medical providers CME seminar. AHEC also provides community-based education and outreach to the Hispanic community (an at risk group) through a HUD grant. Members of AHEC serve on the CLPPP SAC. Efforts are on the way to get churches more involved in our education and outreach activities.

Brochures, information for physicians, and other materials were developed and provided to the community through the SNHD Immunization Program as part of our community education and outreach efforts. Blood-lead screenings and lead poisoning prevention educational materials are provided by the SNHD Nursing Division to parents of children returning for routine immunizations at 12 and 24

months. A team that includes a public health nurse, environmental health specialist, disease investigator (on occasions), and a contract risk assessor typically conducted the residential investigations of children with EBLL.

6.0 Annual Progress

Please refer to **Appendix G** for a table that lists each objective, a brief report/narrative addressing each work plan objective, and each work plan objective's status.

7.0 Program Management

The SNHD CLPPP is managed by the Project Director/Program Manager who is responsible for managing the day-to-day operations and activities of the program. The Principal Investigator, who was promoted to the Chief Health Officer during FY06, provides general oversight of the CLPPP. The CLPPP also enlists the support of the following staff who have specific responsibilities under the program: a) Surveillance Coordinator, b) Screening/Case Management Nurse, c) Environmental Health Specialists, d) Administrative Assistant, e) Consultant, f) Program Advocate, g) Evaluation Coordinator, h) Lead Risk Assessors, i) Surveillance & Data Management Coordinator, j) Director, Nevada Centers for Environmental Health Surveillance, k) Senior Neighborhood Specialist, and l) Manager, Office of Epidemiology. Key personnel supporting the CLPPP as defined in the "Notice of Award" are as follows:

Principal Investigator -- Lawrence Sands, D.O., M.P.H.; and

Project Director -- Wilbert L. Townsend, M.P.H., M.B.A., C.I.H.

No key personnel were hired during this fiscal period.

**CHILDHOOD LEAD POISONING PREVENTION PROGRAM
APPENDIX A - STRATEGIC ADVISORY COALITION
CHARTER**

I. MISSION STATEMENT

The Strategic Advisory Coalition (SAC) endeavors to reduce and eventually eliminate childhood lead poisoning as a significant health risks in Clark County and the State of Nevada.

II. PURPOSE

The SAC is established to advise and support the Southern Nevada Health District (SNHD) in the development of an effective jurisdiction-wide Childhood Lead Poisoning Strategic Elimination Plan (Elimination Plan). In addition, it serves to promote coordination between the various community partners involved with the prevention and control of childhood lead poisoning.

III. MEMBERSHIP

- A. The Chief Health Officer, or his/her designee, is invited to participate on the SAC.
- B. Membership is comprised of stakeholders (public and private entities) within the Clark County community and the State of Nevada at large having an interest in eliminating childhood lead poisoning. All stakeholders will have the level of authority necessary to commit staff and resources to develop and implement the Elimination Plan.
- C. Members of the Strategic Advisory Coalition serve because of their commitment to public health and the well-being of the community without any financial compensation.

IV. PLAN EXECUTION AND IMPLEMENTATION

- A. The Elimination Plan is an element of the SNHD Childhood Lead Poisoning Prevention Program (CLPPP). The SNHD CLPPP is administered by a SNHD Project Director with guidance from the SNHD Principal Investigator.
- B. The SAC functions as the steering group for project planning and has oversight of the development of the Elimination Plan in Year I. In addition, the SAC will support project sustainability and implementation of the Elimination Plan state-wide.

V. MEETINGS

- A. The SAC will meet on a quarterly basis at a time and date agreed upon by its membership.
- B. Additional SAC meetings may be scheduled as necessary by the Project Director and/or the Principal Investigator.
- C. Subcommittee members may meet as frequently as necessary as agreed upon by its members.

VI. AUTHORITY

- A. The SAC is established pursuant to a mandate by the Centers for Disease Control and Prevention.
- B. The SAC has authority to develop and support the execution of a plan to achieve the mission of this charter.
- C. The SAC may make recommendations to the Chief Health Officer on issues regarding its mission and the sustainability of the CLPPP.
- D. Neither the Chief Health Officer nor the District Board of Health is bound by actions taken by the SAC.

STRATEGIC PLAN FOR ELIMINATION OF CHILDHOOD LEAD POISONING IN CLARK CO AND NV

APPENDIX B - WORK PLAN MATRICES

I. Elimination Plan

Project Goals	Objectives	Activities	Timeframe	Responsibility	Evaluation Measure
1. By October 2006, employ qualified, culturally appropriate project staff.	a. Recruit qualified candidates	a. Advertise positions and interview applicants	07/01/06 - 08/31/06	Principal Investigator	a. Recruitment for vacant positions completed
	b. Interview and select staff	b. Hire selected staff	07/01/06 - 09/28/06		b. All vacant positions filled
	c. Conduct staff training.	c. Conduct training	07/01/06 - 09/28/06		c. Number of staff trained and training sessions held.
2. By June, 2007 develop and publish a plan to eliminate lead poisoning in children in Clark County by 2010.	a. Convene a 20-member Clark County CLPP Advisory Coalition to meet 3 times in Year 1 to guide planning & implementation activities	a. Schedule Coalition meetings; prepare agendas; maintain and disseminate meeting minutes.	07/01/06 - 06/30/07	Project Director & Coalition members	Maintain records of meetings, agendas, attendees, minutes, and post meeting activities related to the Advisory Coalition.
	b. Develop mission statement; statement of purpose and plan goals, objectives and activities.	b. Work with coalition members to develop a mission, statement of purpose and proposed Plan goals, objectives, activities and timelines.	10/04/06 - 10/11/06	Project Staff & Coalition Members	All required Plan elements will be addressed and each coalition member will identify an action area to facilitate grant activities. Records shall be maintained of the minutes and post meeting activities that address this objective and activity of the Elimination Plan.
	c. Develop baseline assessment data for planning /tracking project progress & outcomes.	c. Provide members with accurate assessment data targeting lead elimination for children 6 and under.	09/15/06 - 09/30/06	NCEHS & Project Staff	Baseline data will be established from reports of childhood elevated blood-lead levels in Clark County that were received between 2004 and 2006 for comparison purposes and to measure program progress.
	d. Develop Plan drafts for review by Advisory Coalition members;	d. Revise Plan document per Coalition recommendations and edits.	10/26/06 - 04/30/07	Project Staff & Coalition Members	Stakeholders will be provided a draft copy of the Plan for review by a specific response date. Progress shall be formalized in the minutes.
	e. Finalize and disseminate Plan	e. Prepare final Clark County Lead Elimination Plan.	05/01/07 - 06/30/07	Project Staff	Copies of the Plan will be provided to all stakeholders, including CDC on or before the scheduled date of delivery.

II. Screening/Case Management Plan

Project Goals	Objectives	Activities	Timeframe	Responsibility	Evaluation Measure
1. Screening Goal: By June 30, 2007 develop a screening plan for BLL's in children <6, focusing on Medicaid eligible children in Clark County.	a. Establish guidelines to conduct lead screening in all children under age 6.	a. Work with Advisory Coalition to design culturally appropriate policies/procedures to conduct and report blood lead level screenings for Clark County children.	10/26/06 - 01/26/07	Project Staff & Screening Work Group	A protocol for lead screening for children will be included in the Elimination Plan.
	b. Explore legislation requiring universal screening for children under age 6 receiving Medicaid and/or children in high risk target areas and in high risk groups living in Clark County	b. Review legislation from other states and establish consensus recommendations from stakeholders for Nevada legislation	10/26/06 - 04/30/07	Advisory Coalition Legislative Subcommittee & Screening Work Group	Maintain records of minutes showing legislative documents review from other states and recommendations regarding screening goals to be presented to the State Legislature.
2. Case Mgmt. Goal Assure that all children with lead poisoning receive proper medical, environmental, and case management services.	a. Develop a collaborative plan to integrate existing case management strategies for children with EBLLs across all relevant programs.	a. Establish collaborative Case Management Protocols to ensure all children with lead poisoning or with elevated BLL's receive appropriate care and timely follow up.	10/26/06 - 01/26/07	Case Management Work Group & Project Staff	Case Management protocols will be established, disseminated and included in the Plan.
	b. Develop an electronic tracking system to facilitate case management and ensure appropriate and timely follow up.	b. Work with the Screening Work Group to develop a uniform tracking and data management system to electronically link appropriate stakeholders	10/26/06 - 04/30/07	Project Staff & CCHD Nursing Staff	An electronic system of communication and reporting will be included in the Plan to facilitate case management and client follow-up.

III. Surveillance Plan

Project Goals	Objectives	Activities	Timeframe	Responsibility	Evaluation Measure
1. By December 2006 Risk assessors for the project will be certified	a. Conduct training and certification of lead risk Assessors (two or more) to conduct home lead surveillance activities.	a. NCEHS will conduct training to secure and maintain certified risk assessors for the project.	09/01/06 - 11/30/06	NCEHS	Number of training sessions held and risk assessors trained/certified in the program.
2. By June 30, 2007 CCCLPPP will develop and publish a Lead Risk Assessment Process that meets CDC standards.	a. Establish guidelines to conduct lead hazard assessments in 100% of Clark County homes built prior to 1979 across the five years of the project.	a. Work with Advisory Coalition Surveillance Work Group to design culturally appropriate policies and procedures to conduct and report lead hazard screening and assessments	10/04/06 - 06/30/07	Project Staff & NCHES	A full program of lead hazard assessment practices and procedures shall be included in the Elimination Plan.
	b. Establish guidelines to ensure appropriate lead hazard remediation in homes with a lead poisoned child and in homes with high BLL's	b. Identify homes where a child is either lead poisoned or has a significantly elevated BLL and recommend remediation activities, if warranted.	07/01/06 - 06/30/07	NCEHS & SNHD	A full program of lead hazard remediation, including homes recommended for remediation, will be included in the Elimination Plan.
	c. Establish guidelines to ensure follow up as appropriate based on BLL information gathered through case management.	c. Procedure will be established to ensure that children with lead poisoning will receive appropriate follow up surveillance as required.	10/04/06 - 06/30/07	NCEHS & SNHD	Follow-up requirements shall be included in the Elimination Plan.

IV. Primary Prevention

Project Goals	Objectives	Activities	Timeframe	Responsibility	Evaluation Measure
1. Develop a plan to conduct culturally relevant community outreach/education regarding lead hazards.	a. To increase awareness of lead hazards in high risk target areas.	a. Develop educational materials and outreach strategies to inform parents of lead screening recommendations.	10/05/06 - 06-30-07	Project Staff Advisory Coalition	Parent education program is included in Elimination Plan. Records shall be maintained of health fairs, seminars, radio/television broadcasts, and other such events directed toward lead hazard education and outreach. In addition, records will be maintained of the types and amount of education and outreach materials developed and distributed to the public.
	b. To increase collection of lead hazard materials and facilitate necessary recalls.	b. Develop protocols for the collection of lead hazard materials (e.g. candy in schools) to include processes for conducting product recalls.	10/05/06 - 06-30-07	Project Staff NCEHS Advisory Coalition	A protocol for the collection of lead hazard materials and working with local, state and federal partners to initiate product recall will be included in the Elimination Plan. Records will be kept of lead contaminated materials collected and products recalled.
	c. To increase access to lead hazard information and resources among high risk populations, especially in Hispanic communities.	c. Develop culturally appropriate materials and outreach strategies for at risk populations in primarily Hispanic communities within Clark County.	10/05/06 - 06-30-07	Project Staff Advisory Coalition	The amount and types of culturally and linguistically appropriate education/outreach materials developed and made available to the public will be increased. Also, records will be maintained of contacts and relationships established with community organizations (e.g., churches, LUCES, etc.) as a strategic effort to reach high risk communities.
2. Develop a plan to disseminate blood-lead screening guidelines to health care professionals.	a. Increase the number of health care providers who receive Continuing Medical Education for blood lead screening and case management	a. Establish recommended methods to inform and educate health care providers of childhood lead poisoning elimination program, screening, and case management guidelines.	10/05/06 - 06-30-07	Project Staff Advisory Coalition & <i>HealthInsight</i>	Continuing Medical Education for health care providers is included in the Elimination Plan. Records shall be maintained of healthcare providers receiving education regarding childhood lead poisoning elimination program, screening, and case management guidelines. and who were provided lead educational materials.
3. Develop a plan to disseminate lead hazard education to child care providers	a. Increase collaboration among county and state child serving agencies regarding lead hazard screening/management	a. Establish recommended methods to inform and educate child care providers of lead elimination program and screening guidelines.	10/04/06 - 06-30-07	Project Staff Advisory Coalition	Education/training for child care providers is addressed in the Plan. Maintain records of communications focused on childhood lead exposure and elimination and lead educational materials provided to childcare providers.

V. Strategic Partnerships

Project Goals	Objectives	Activities	Timeframe	Responsibility	Evaluation Measure
<p>I. Establish effective working relationships within public health and related agencies at national, state and community levels.</p>	<p>a. Integrate lead hazard elimination and primary prevention strategies in the annual action and 5 year consolidated housing plan for each of the 3 local housing jurisdictions</p>	<p>a. EPA, Housing Authority, and State of Nevada officials are invited to be representatives on the Lead Advisory Coalition. The CCHD and other project staff will work with these agencies to integrate lead hazard risk assessments, outreach and education into planning activities.</p>	<p>10/04/06 - 06-30-07</p>	<p>Project Staff Housing Authorities</p>	<p>County-wide housing plans will include comprehensive lead elimination goals. Communication documents (letters, memos, electronic mail, etc.) as well as copies of Housing Plans integrating lead mitigation/elimination goals shall be maintained.</p>
	<p>b. Integrate blood-lead screening into Medicaid, maternal/child health, and childhood immunization programs in Clark County.</p>	<p>b. Include Medicaid and Maternal and Child Health and SNHD immunization representatives on the Lead Advisory Coalition; work with these entities to integrate blood-lead screening, outreach and education into on-going activities.</p>	<p>10/04/06 - 06-30-07</p>	<p>Project Staff Medicaid and MCH Advisory Coalition representatives</p>	<p>BLL screenings will increase for Medicaid children; MCH protocols include lead screening. Data and records showing the number of BLL screenings, education and outreach activities associated with the MCH and Immunization Programs shall be maintained.</p>
	<p>c. Collaborate with HUD and EPA Offices in ensuring enforcement of the Lead Disclosure Rule.</p>	<p>c. Coordinate Clark County enforcement activities with HUD and EPA Offices.</p>	<p>Ongoing</p>	<p>Project Staff HUD/EPA</p>	<p>c. Maintain records of joint investigative activities and case information referrals.</p>
<p>i. Develop written protocol for childhood lead poisoning case investigations to include references as to when to refer findings to EPA and HUD</p>		<p>07/01/06 - 09/30/06</p>	<p>SNHD</p>	<p>i. Provide HUD and EPA with copies of protocol</p>	
<p>ii. Provide appropriate case information to HUD and EPA per protocol</p>		<p>Ongoing</p>	<p>SNHD</p>	<p>ii. Maintain monthly records of cases/case information provided to HUD and EPA.</p>	

	<p>d. Organize an Advisory Coalition legislative affairs subcommittee responsible for coordinating advocacy activities to ensure adoption of laws and regulations necessary to support project goals and objectives.</p>	<p>i. Promote adoption of childhood lead poisoning reporting to State Legislators. ii. Coordinate coalition member testimony and legislative contacts. iii. Track legislation, hearings and other legislative activities related to lead poisoning reporting legislation and program funding, and report to Advisory Coalition the results.</p>	<p>Initiate by December 2006, and to meet at least monthly during the legislative season, and at least quarterly afterward until activity is satisfied.</p>	<p>Advisory Coalition Legislative Affairs Subcommittee</p>	<p>i. Maintain records of minutes, hearings, legislative session reports, etc. that address lead reporting legislation and program funding decisions. ii. Attendance at legislative hearings and meetings. iii. Testimony presented.</p>
	<p>e. Monitor blood-lead levels in Medicaid children age ≤ 6yrs.</p>	<p>i. Work directly with State Medicaid to obtain baseline data by month the number of children < 6yrs and the number screened for blood lead levels. ii. Obtain monthly reports of same</p>	<p>i. Initiate by October 31, 2006</p>	<p>State Medicaid and SNHD</p>	<p>Successfully obtain and analyze Medicaid BLL screening data monthly.</p>
	<p>f. Integrate childhood blood lead screening education into existing SNHD children's programs dealing with Medicaid and uninsured children</p>	<p>i. Obtain baseline screening rates</p>	<p>i. Establish baseline by 10/31/06</p>	<p>SNHD Epidemiology and Nursing</p>	<p>Provisions for childhood blood-lead screenings will be included in program documents addressing Medicaid and the uninsured. Medicaid children baseline screening rate data will be obtained from the State Medicaid Administrator's Office.</p>
		<p>ii. Provide blood-lead screenings education to parents for children returning for routine immunizations at 12 and 24 months.</p>	<p>ii. Initiate by 09/30/06</p>	<p>SNHD Nursing</p>	<p>Increase screening rate. Records of BLL screenings shall be maintained for evaluation and reporting purposes.</p>
<p>2. Establish working relationships with project partners and CDC to share lead poisoning case-related information.</p>	<p>a. Integrate the project data management system with existing CDC programs as shown in NHANES.</p>	<p>a. Review potential software solutions with Data Work group b. Install data management system</p>	<p>Complete review by 11/30/06 Complete system installation by 12/31/06</p>	<p>Data Work Group; NCEHS</p>	<p>A coordinated Data Management System will be in place for the lead Elimination Program.</p>

VI. Evaluation Plan

Project Goals	Objectives	Activities	Timeframe	Responsibility	Evaluation Measure
1. By June 30, 2007 CCCLPPP will design and incorporate an on-going evaluation system into its Lead Poisoning Elimination Plan.	a. Design a process evaluation based on objective data to monitor progress in the five major project goals for Year I	a. Convene regular meetings of the Evaluation Work Group to design evaluation strategies and monitor progress	09/25/06 - 04/30/07	Evaluation Team	Evaluation will be an integral part of the Lead Elimination Plan
	b. Design an outcome evaluation to monitor progress in reaching lead elimination targets	b. Establish process data collection variables	09/26/06 - 10/25/06	Evaluation Team	A data collection system will provide objective evaluation data
	c. Evaluate Year I targets to: - Increase # of Medicaid children screened from 296 to 500 - Increase # of home investigations with EBL's > 10 ug/dl from 0 to 100% - Increase # of pre-1978 homes screened for lead paint from an average of 75 to 150.	c. Disseminate evaluation findings to Lead Advisory Coalition and other state and community stakeholders	10/26/06 - 03/31/07	Evaluation Team	Lead Advisory Coalition will have evaluation findings to make judgments about project activities and outcomes
		d. Use evaluation findings to make adjustments to the Lead Elimination Plan in Year I and throughout the project	04/01/07 - 04/30/07	Project Staff and Lead Advisory Coalition	Evaluation findings will be used in project management decisions

Figure 2: Top 25 Most Prevalent Pre-1950 Housing by Zip Code Clark County, Nevada -- 2007

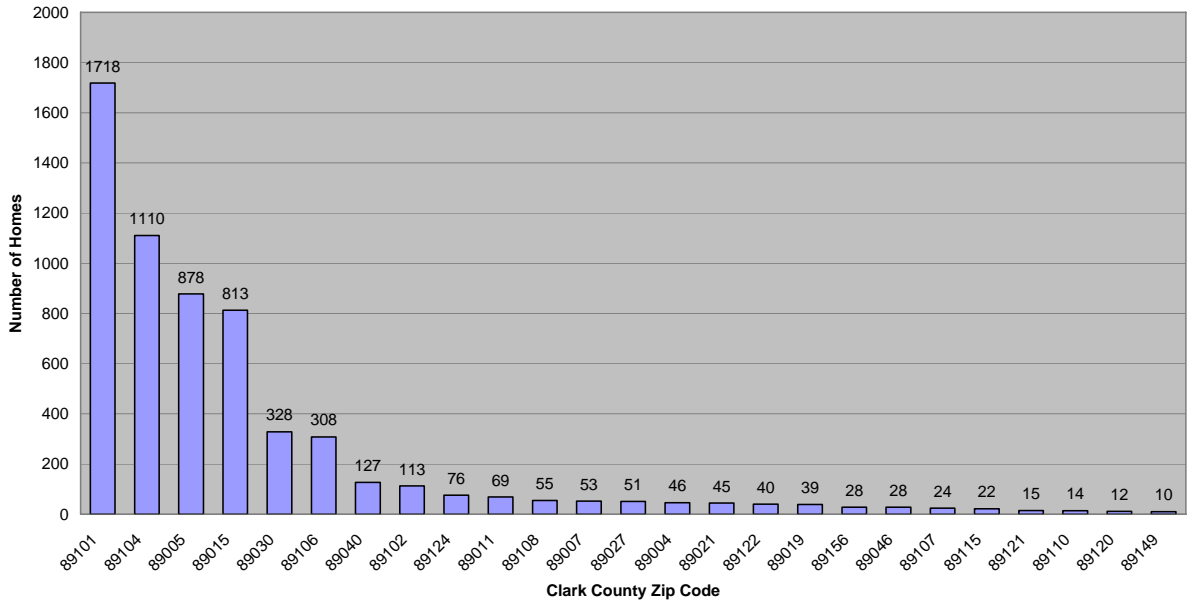
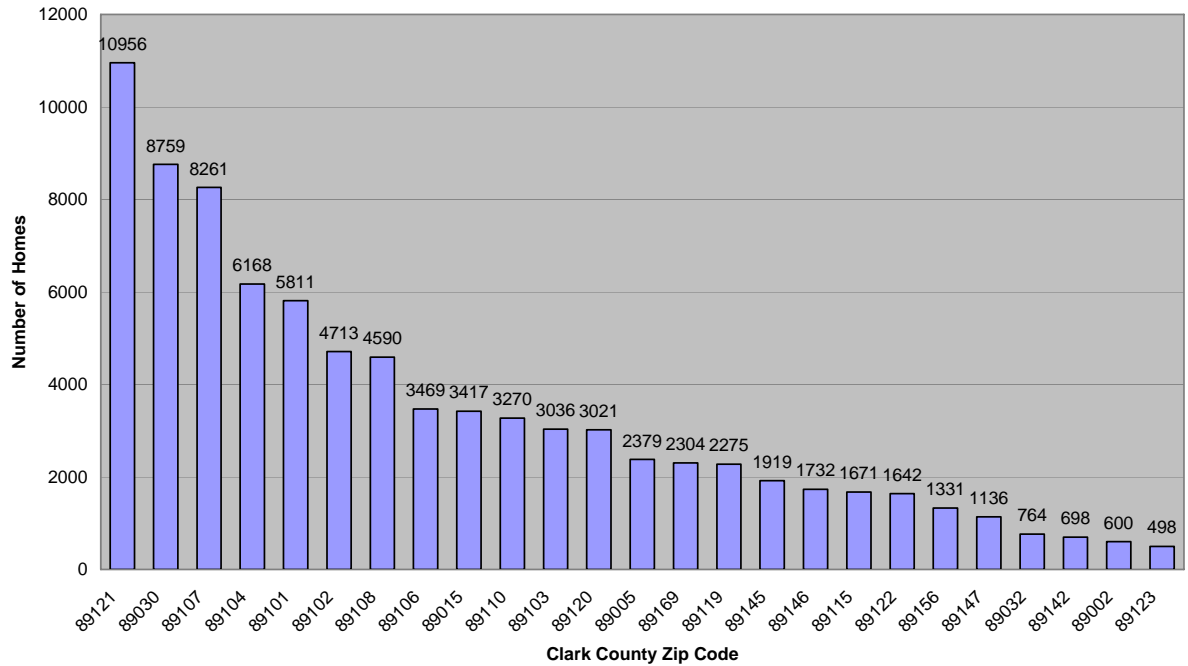


Figure 3: Top 25 Most Prevalent Pre-1978 Housing by Zip Code Clark County, Nevada -- 2007



APPENDIX D

May 9, 2007

Paula Bisson, Manager
Toxics Office
Communities and Ecosystems Division
U. S. Environmental Protection Agency
75 Hawthorne Street, Mailcode: CED-IV
San Francisco, CA 94105

RE: NOTIFICATION OF EBL CHILD AT MULTI-UNIT RENTAL DWELLING
WITH LEAD-BASED PAINT HAZARD

Dear Ms. Bisson:

Pursuant to our agreement to provide the US EPA with street addresses of multi-unit residential rental buildings with confirmed childhood lead poisoning cases, we hereby notify you of the following address of such a case: **3390 Athens Street, #3, Las Vegas, NV 89169.**

In addition, enclosed is a letter we provided to the home owner summarizing our findings and recommending corrective actions within 30 days.

Should you have questions or desire additional information, please contact me at the number and/or e-mail address indicated below.

Sincerely,

Wilbert L. Townsend, MPH/MBA/CIH
Project Director, CLPPP
Southern Nevada Health District
PO Box 3902
Las Vegas, NV 89127
PH: (702) 759-1295
Fax: (702) 759-1414
Email: townsendw@snhdmail.org

Enclosures: As stated

Cc: Lawrence Sands, D.O., M.P.H., Chief Health Officer, SNHD
Rory Chetelat, M.A., EMT-P, Director, SNHD Community Health Division
Glenn Savage, B.S., Director, SNHD Environmental Health Division
Patricia C. Rowley, B.S., CPH, Manager, SNHD Office of Epidemiology
Brenda Argueta., B.A., Surveillance Coordinator, SNHD Office of Epidemiology

LEGISLATIVE PROCLAMATION

Supporting the Childhood Lead Poisoning Prevention Program

WHEREAS, The State of Nevada supports a safe environment for all children and is dedicated to the promotion of good health for all children; and

WHEREAS, The Southern Nevada Health District, in collaboration with community partners, has secured funding from the Centers for Disease Control and Prevention to develop a Childhood Lead Poisoning Prevention Program; and

WHEREAS, Lead poisoning, which is an elevated level of lead in the blood, is especially dangerous for children, particularly those under 6 years of age, and can cause serious health problems, such as learning disabilities and behavioral problems, and at very high levels can cause seizures, coma and even death; and

WHEREAS, Lead-contaminated paint, dust and soil may be found in and around buildings constructed before 1978 and is the primary source of lead exposure for children, making it vital that older homes and childcare facilities be tested and made lead safe; and

WHEREAS, All children can be affected by lead exposure, but children of some racial and ethnic groups and those living in older housing are disproportionately affected; and

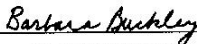
WHEREAS, Since lead poisoning is preventable if proper precautions are taken, and treatable if identified early, all Nevadans, especially parents and childcare givers, should be aware of the dangers and should seek screening for children; now, therefore, be it

RESOLVED, That the implementation of the recommendations of the Centers for Disease Control and Prevention for screening children for lead exposure, especially those at high risk, is hereby encouraged and health care providers are hereby urged to ensure that all children under age 6 are screened for lead exposure; and be it further

RESOLVED, That the efforts of the Childhood Lead Poisoning Prevention Program to enhance awareness of the dangers of childhood lead exposure, to support data collection and research efforts and to provide strategies to prevent childhood lead exposure should be supported; and be it further

RESOLVED, That all public and private entities are hereby encouraged to support the goal of eliminating childhood lead poisoning in Nevada by 2010, and to support continual monitoring to protect against any resurgence of childhood lead poisoning; and be it further

RESOLVED, That the Health Division of the Department of Health and Human Services is hereby requested to distribute a copy of this proclamation to each town, municipality, city council, board of county commissioners and health district in this State.



Assemblywoman Barbara Buckley
Speaker of the Assembly



Attachment 02
Reference Committee B

Reference Committee B met at 9:30am in Southern Pacific AG, at John Ascuaga's Nugget, Sparks, Nevada, April 28,2007, with the following members present: Patrick W. Gunn, MD; Florence N. Jameson, MD; Ronald M. Kline, MD; Lawrence K. Sands, DO; Shannon L. Zamboni, MD and your Chairman T. Brian Callister, MD.

Resolution #2007-11, "STANDARDIZED ADVANCED DIRECTIVES", was discussed and recommended for a DO PASS AS AMENDED.

RESOLVED: THAT THE AMA BE ASKED TO DEVELOP A NATIONALLY RECOGNIZED STANDARDIZED ADVANCED DIRECTIVE THAT MAY BE APPLIED IN THE ABSENCE OF AN EXISTING ADVANCED DIRECTIVE; and, be it further

RESOLVED: THAT THE AMA DELEGATES TAKE THIS RESOLUTION TO THE AMA FOR CONSIDERATION AT THEIR HOUSE OF DELEGATES MEETING THIS YEAR

MR. SPEAKER, I MOVE THE ADOPTION OF THIS RESOLUTION AND RECOMMEND THAT YOU VOTE, "YES" IF YOU AGREE WITH YOUR REFERENCE COMMITTEE.

DO PASS

Resolution #2007-12, "PREVENTING PERINATAL TRANSMISSIONS OF HIV", was discussed and recommended for a DO PASS AS AMENDED.

RESOLVED: THAT NSMA SUPPORT ROUTINE PRENATAL HIV TESTING UTILIZING THE OPT-OUT APPROACH; and, be it further

RESOLVED: THAT NSMA ENCOURAGE ALL MEDICAL FACILITIES AND PROVIDERS TO OFFER RAPID BTV TESTING, UTILIZING THE OPT-OUT APPROACH; FOR ALL WOMEN WHO PRESENT FOR LABOR AND DELIVERY WHO DO NOT HAVE A DOCUMENTED PRENATAL HIV TEST,

MICRO-SPEAKER, I MOVE THE ADOPTION OF THIS RESOLUTION AND RECOMMEND THAT YOU VOTE, "YES" IF YOU AGREE WITH YOUR REFERENCE COMMITTEE.

DOPASS

Resolution #2007-13, "PREVENTION OF CHILDHOOD LEAD POISONING", was recommended for a DO PASS AS AMENDED.

RESOLVED: THAT THE NSMA SUPPORTS THE ROUTINE SCREENING OF CHILDREN FOR ELEVATED LEAD LEVELS PRIOR TO SCHOOL ENTRY; and, be it farther

RESOLVED: THAT THE NSMA SUPPORTS MANDATORY REPORTING OF ALL ELEVATED BLOOD LEAD LEVELS TO LOCAL PUBLIC HEALTH AUTHORITIES; and, be it further

RESOLVED: THAT THE NSMA SUPPORTS EFFORTS TO EDUCATE HEALTH PROFESSIONALS AND THE PUBLIC REGARDING THE IMPORTANCE OF SCREENING FOR BLOOD LEAD LEVELS, THE RISKS OF ELEVATED BLOOD LEAD LEVELS, AND THE METHODS FOR ELIMINATING SOURCES OF LEAD EXPOSURE.

MR. SPEAKER, I MOVE THE ADOPTION OF THIS RESOLUTION AND RECOMMEND THAT YOU VOTE, "YES" IF YOU AGREE WITH YOUR REFERENCE COMMITTEE.

DO PASS

Resolution #2007-14, "MEDICAL RESERVE-CORPS ", was discussed and recommended for a DO PASS AS AMENDED.

RESOLVED: NSMA SUPPORTS ONGOING DEVELOPMENT OF THE MEDICAL RESERVE CORPS, AND WILL EDUCATE THE MEMBERS REGARDING THE IMPORTANCE OF PARTICIPATION AND REGISTRATION.

MR. SPEAKER, I MOVE THE ADOPTION OF THIS RESOLUTION AND RECOMMEND THAT YOU VOTE, "YES" IF YOU AGREE WITH YOUR REFERENCE COMMITTEE.

BOPASS

Resolution #2007-15, "PRESCRIPTION DISPENSING", was recommended for a DO PASS AS AMENDED.

RESOLVED: THAT NSMA SUPPORT LEGISLATION THAT REQUIRES PRIVATE INSURANCE COMPANIES TO AUTHORIZE PRESCRIPTION MEDICATION OF 90 DAYS. SDPLY WHEN WRCTTEN BY A PHYSICIAN.

MR. SPEAKER, I MOVE THE ADOPTION OF THIS RESOLUTION AND RECOMMEND THAT YOU VOTE, "YES" IF YOU AGREE WITH YOUR REFERENCE COMMITTEE.

REFERRAL TO GOVERNMENTAL AFFAIRS

V.

Resolution #2007-16 and #2007-17 were combined into, 'IMMUNIZATION REGISTRIES',
and was recommended for a DO PASS AS AMENDED.

RESOLVED: THAT THE NSMA ENCOURAGE THE STATE GOVERNMENT TO ESTABLISH A WEB BASED IMMUNIZATION RECORD THAT CAN BE ACCESSED BY ALL PHYSICIANS; and, be it further

RESOLVED: THAT THIS SYSTEM WILL SEAMLESSLY INTERFACE WITH LOCAL REGISTRIES; and, be it further

RESOLVED! THAT NSMA EDUCATE AND ENCOURAGE PHYSICIANS ON THE IMPORTANCE OF PARTICIPATING IN IMMUNIZATION REGISTRIES IN THEIR COMMUNITIES.

MR. SPEAKER, I MOVE THE ADOPTION OF THIS RESOLUTION AND RECOMMEND THAT YOU VOTE, "YES" IF YOU AGREE WITH YOUR REFERENCE COMMITTEE.

DO PASS AS AMENDED

Resolution #200748, "PREVENTION OF ECONOMIC PROFILING", was recommended for a DO PASS AS AMENDED.

RESOLVED: THAT THE NSMA SUPPORT LEGISLATION TO PREVENT THE USE OF ECONOMIC PROFILING OR CREDENTIALING.

MR. SPEAKER, I MOVE THE ADOPTION OF THIS RESOLUTION AND RECOMMEND THAT YOU VOTE, "YES" IF YOU AGREE WITH YOUR REFERENCE COMMITTEE.

DO PASS AS AMENDED

Resolution #2007-19, "MEDICARE MANAGED CARE", was recommended for a DO PASS AS AMENDED.

RESOLVED: THAT NSMA DEVELOP AND SUPPORT A PUBLIC RELATIONS CAMPAIGN TO EDUCATE PATIENTS AND PHYSICIANS ON THE DIFFERENCES BETWEEN STANDARD MEDICARE AND MEDICARE MANAGED CARE PLANS; and, be it further

RESOLVED:* THAT NSMA DIRECT THE AMA DELEGATES TO WORK WITH THE AMA TO MAINTAIN PATIENT CHOICE IN THE MEDICARE SYSTEM.

MR. SPEAKER, I MOVE THE ADOPTION OF THIS RESOLUTION AND RECOMMEND THAT YOU VOTE, "YES" IF YOU AGREE WITH YOUR REFERENCE COMMITTEE.

DO PASS AS AMENDED

Resolution #2007-21, 'PROPOSED ACQUISITION OF SIERRA HEALTH SERVICES BY UNITEDHEALTH GROUP', was recommended for a DO PASS AS AMENDED

RESOLVED; THAT THENSMA MONITOR AND PARTICIPATE IN ALL REGULATORY OR OTHER VENUES THAT IMPACT UPON THE PROPOSED MERGER OF SIERRA HEALTH SERVICES AND UNITEDHEALTH GROUP AND OPPOSE ANY PLAN THAT LIMITS THE ACCESS, CHOICE, OR AVAILABILITY OF MEDICAL CARE TO THE PEOPLE OF NEVADA; and, be it further

OLVEP; THAT THENSMA CONTACT BOTH STATE AND FEDERAL CTED OFFICIALS TO ENCOURAGE THEM TO ACTIVELY OPPOSE THIS MERGER.' * -

MR. SPEAKER, I MOVE THE ADOPTION OF THIS RESOLUTION AND RECOMMEND THAT YOU VOTE, ^YES* IF YOU AGREE WITH YOUR REFERENCE COMMITTEE.

DO PASS

Resolution #2007-22, 'MAKE LEAD SCREENING A REQUIREMENT BEFORE SCHOOL ENTRY', was recommended for REFERRAL TO THE PUBLIC HEALTH ISSUES COMMISSION.

RESOLVED; THAT THENSMA USE ITS BEST EFFORTS TO ENCOURAGE SCHOOL DISTRICTS TO REQUIRE LEAD SCREENING PRIOR TO SCHOOL ENTRY; and be it further

RESOLVED; THAT IF THESE EFFORTS ARE NOT SUCCESSFUL, THAT THE NSMA SEEK LEGISLATION TO ENSURE CHILDREN WITH ELEVATED BLOOD LEJ D LEVELS ARE IDENTIFIED PRIOR TO SCHOOL ENTRY SO THAT THEY MAY RE dffiiYE-APPROPRIATE TREATMENT AND INTERVENTION.

MR. SPEAKER, I MOVE THE REFERRAL OF THIS RESOLUTION AND RECOMMEND THAT YOU VOTE, "YES" IF YOU AGREE WITH YOUR REFERENCE COMMITTER

REFERRED

The following reports were reviewed by this committee and recommended for a DO PASS.

Commission on Public Health Report

Commission on CMB Accreditation Report

MR. SPEAKER, I MOVE THE ADOPTION OF THIS RESOLUTION AND RECOMMEND THAT YOU VOTE, "YES" IF YOU AGREE WITH YOUR REFERENCE COMMITTEE.

a*

DO PASS

The following report was reviewed by this committee and recommended for a **DO PASS AS AMSJNDED.**

NStilA Tobacco Strategy

MR. SPEAKER, I MOVE THE **ADOPTION** OF THIS PORTION OF THE REPORT AND THE REPORT AS A WHOLE.

DO PASS

MR. SPEAKER, this concludes the report of the committee. I extend my appreciation to the committee members and the delegates who participated in these deliberations.

T. Brian Callister, MD, Chairman
Reference Committee B

r

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I. Elimination Plan

Objectives	Narrative	Status
a. Recruit qualified candidates	The Public Health Nurse was hired and began work on 11-27-06. All vacant positions have been filled. A total of eight Risk Assessors (2 UNLV and 6 SNHD) have been trained.	Met
b. Interview and select staff		Met
c. Conduct staff training.		Met
a. Convene a 20-member Clark County CLPP Advisory Coalition to meet 3 times in Year 1 to guide planning & implementation activities	The 56-member Strategic Advisory Coalition (SAC) is established. Four meetings were held during FY06. Meeting dates were as follows: Sept 25, 2006; Dec 7, 2006; March 13, 2007; and June 11, 2007.	Met
b. Develop mission statement; statement of purpose and plan goals, objectives and activities.	The SAC was established and a mission, statement of purpose and proposed Plan goals, objectives, activities and timelines have been developed. These are included in the Elimination Plan.	Met.
c. Develop baseline assessment data for planning /tracking project progress & outcomes.	Baseline data from reports of childhood elevated blood-lead levels in Clark County were compiled from the Office of Epidemiology records for the years 2004 to 2006. Such data was provided to SAC members and maintained to measure program progress.	Met.
d. Develop Plan drafts for review by Advisory Coalition members;	The Elimination Plan was developed. Per our schedule, the first draft was provided to the SAC on 05/14/07. A resulting draft was provided to CDC on 06/29/07.	Met
e. Finalize and disseminate Plan	The CDC Consultant assisted in refining the draft EP. A final draft was provided to CDC on 09-13-07.	Met

II. Screening/Case Management

Objectives	Narrative	Status
a. Establish guidelines to conduct lead screening in all children under age 6.	The blood-lead level screening protocol has been developed and is included in the Elimination Plan.	Met.
b. Explore legislation requiring universal screening for children under age 6 receiving Medicaid and/or children in high risk target areas and in high risk groups living in Clark County	The Nevada Legislature convenes biennially. A Proclamation entitled, "Childhood Lead Poisoning Prevention Program" was provided to the Nevada Legislative Session that convened on 02/05/07. The proclamation was signed and approved in May 2007.	Met.
a. Develop a collaborative plan to integrate existing case management strategies for children with EBLLs across all relevant programs.	The Case Management Protocol has been developed and is included in the Elimination Plan.	Met.
b. Develop an electronic tracking system to facilitate case management and ensure appropriate and timely follow up.	The STELLAR data management system has been established and is being utilized per CDC direction.	Met.

III. Surveillance

Objectives	Narrative	Status
a. Conduct training and certification of lead risk Assessors (two or more) to conduct home lead surveillance activities.	Two 5-day training sessions were held this fiscal year. A total of 8 persons were trained to support the CLPPP. Six certified risk assessors now support the CLPPP.	Met.
a. Establish guidelines to conduct lead hazard assessments in 100% of Clark County homes built prior to 1979 across the five years of the project.	Lead poisoning risk/hazard assessments are conducted weekly of affected children homes. Written procedures have been developed and are an adjunct to Elimination Plan.	Met.
b. Establish guidelines to ensure appropriate lead hazard remediation in homes with a lead poisoned child and in homes with high BLL's	Lead poisoning risk/hazard assessments are conducted weekly of affected children homes. Data is being collected and homes (home structures) are being identified that warrant remediation. Some funding sources to assist low-income property owners in remediation activities have been located and other sources are still being explored.	Ongoing.
c. Establish guidelines to ensure follow up as appropriate based on BLL information gathered through case management.	Guidelines have been established and described in the Case Management protocol. The protocol is included in the EP.	Met.

IV. Primary Prevention

Objectives	Narrative	Status
<p>a. To increase awareness of lead hazards in high risk target areas.</p>	<p>Brochures, information for physicians, and other materials have been developed and are being provided to the community via Nursing Immunization as part of our community education and outreach efforts. In addition, education and outreach materials were provided during three health fairs attended in FY06. Health fairs attended include: Ventanas de Salud Health Fair, Howard E. Hollingsworth Elementary School; Prevention Doesn't Have to Be Spooky! Health Fair, SNHD Henderson Public Health Center; and LV Housing Authority, HUD, Sunrise Children's Foundation-HIPPY Program Health Fair, Sherman Gardens Public Housing Development.</p>	<p>Met.</p>
<p>b. To increase collection of lead hazard materials and facilitate necessary recalls.</p>	<p>A protocol is being developed for the collection of lead hazard materials and working with local, state and federal partners to initiate product recall. The protocol will be included in the Elimination Plan. We are currently maintaining a database of lead contaminated materials collected and products recalled.</p>	<p>Ongoing.</p>
<p>c. To increase access to lead hazard information and resources among high risk populations, especially in Hispanic communities.</p>	<p>Brochures (in English and Spanish), information for physicians, and other materials have been developed and are being provided to the community via Nursing Immunization as part of our community education and outreach efforts. In addition, such material are provided to families during Home Investigations of children with elevated blood-lead levels. Area Health Educational Centers (AHEC), a community-based organization is a member of our SAC. AHEC has developed lead hazard information specifically for the Hispanic community.</p>	<p>Met.</p>
<p>a. Increase the number of health care providers who receive Continuing Medical Education for blood lead screening and case management</p>	<p>Medical education and outreach is being provided to health care providers by a consultant of the CLPPP who is also a physician. This physician-to-physician interaction facilitates the dissolution of potential communication barriers and the enhancement of our screening efforts. A continuing medical education (CME) seminar was held on June 20, 2007, to increase providers education and outreach. Records are maintained of healthcare providers receiving education and outreach communications and materials.</p>	<p>Met.</p>
<p>a. Increase collaboration among county and state child serving agencies regarding lead hazard screening/management</p>	<p>Education/training for child care providers is addressed in our Elimination Plan. The Area Health Education Center of Southern Nevada (AHEC) is member of our SAC and is supporting our education and outreach efforts. Records are being maintained.</p>	<p>Met.</p>

V. Strategic Partnerships

Objectives	Narrative	Status
a. Integrate lead hazard elimination and primary prevention strategies in the annual action and 5-year consolidated housing plan for each of the 3 local housing jurisdictions		Met.
b. Integrate blood-lead screening into Medicaid, maternal/child health, and childhood immunization programs in Clark County.	Medicaid and Maternal and Child Health and SNHD immunization representatives are members of the SAC. Efforts are underway and dialogue has begun with Medicaid officials to increase dramatically blood-lead screening, education, and outreach among Medicaid recipients. A data sharing agreement is trying to be established with Medicaid.	Ongoing.
c. Collaborate with HUD and EPA Offices in ensuring enforcement of the Lead Disclosure Rule.	EPA has reviewed and provided comments on our joint investigative protocol. Our protocol provides for coordination with HUD and EPA offices. Records are maintained of all investigative activities and will include joint agency activities. HUD and EPA were provided copies of our protocol. Case information has been provided to HUD and EPA pursuant to the established protocol.	Met.
d. Organize an Advisory Coalition legislative affairs subcommittee responsible for coordinating advocacy activities to ensure adoption of laws and regulations necessary to support project goals and objectives.	A Legislative Affairs Subcommittee has been established. A proclamation entitled, "Childhood Lead Poisoning Prevention Program" was drafted and provided to the Nevada State Legislature which was approved in May 2007. Blood-lead level screenings are now mandatory in Clark County pursuant to regulations adopted on December 8, 2006. The Legislative Affairs Subcommittee tracks activities related to lead poisoning on an ongoing basis.	Met.
e. Monitor blood-lead levels in Medicaid children age \leq 6yrs.	Medicaid representatives are members of our SAC. We have initiated dialogue with State Medicaid and have been assured that the baseline and monthly data will be available on their website once the "dashboard" is up and running. We were told this should happen after the Nevada Legislative Session adjourns (April 2007); however, this has not happened. The CDC Project Officer and Consultant has intervened in an attempt to expedite the process with Medicaid.	Unmet.
f. Integrate childhood blood lead screening education into existing SNHD children's programs dealing with Medicaid and uninsured children	Blood-lead screening and case management protocols have been developed and are included in the Elimination Plan. The protocol incorporates provisions for Medicaid and uninsured children.	Met.
a. Integrate the project data management system with existing CDC programs as shown in NHANES.	The STELLAR data application has been incorporated into our CLPPP.	Met.

VI. Evaluation

Objectives	Narrative	Status
a. Design a process evaluation based on objective data to monitor progress in the five major project goals for Year I	Regular meetings of the Evaluation Work Group occurred during FY06 to design evaluation strategies and monitor progress. Logic models were developed and the detailed evaluation strategy has been established. In addition, the FY06 Evaluation Report has been written.	Met.
b. Design an outcome evaluation to monitor progress in reaching lead elimination targets	Data collection variables have been established. Some variables considered for evaluation purposes include: total number of home investigations, home investigations of elevated BLL children, home investigation of Medicaid eligible children, home investigation of targeted homes, total BLL screenings, BLL screenings of Medicaid children, demographic variables (race, ethnicity, age, sex, etc.).	Met.
c. Evaluate Year I targets to: - Increase # of Medicaid children screened from 296 to 500 - Increase # of home investigations with EBL's > 10 ug/dl from 0 to 100% - Increase # of pre-1978 homes screened for lead paint from an average of 75 to 150.	Data collection is ongoing. Efforts were/are being made with Medicaid for a data-sharing and other agreements to facilitate screening of Medicaid children. Thirty or more homes of EBL children were investigated and plans have been expanded to include the conduction of "limited inspections" of pre-1978 home in "target/high risk" zip codes as part of the Home-based Primary Prevention efforts.	Ongoing