

Kentucky's Department for Public Health, Healthy Homes and Lead Poisoning Prevention Program

Strategic Plan

Developed by: Kentucky's Healthy Homes and Lead Poisoning
Prevention Program Staff and Strategic Planning Committee

Approved and Accepted by Kentucky's Healthy Homes and Lead Poisoning
Prevention Program Advisory Committee



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Kentucky's Healthy Homes and Lead Poisoning Prevention Program Strategic Plan

Executive Summary

Kentucky's Healthy Homes and Lead Poisoning Prevention Program's (KHHLPPP's) Strategic Plan is an important tool in helping focus efforts and resources toward eliminating housing-related environmental health hazards as a public health problem in Kentucky. This plan will assist KHHLPPP in measuring progress, determining midpoint adjustments necessary to ensure success of the program, and incorporating measures for sustainability.

This plan presents KHHLPPP's mission **to improve, through our partnerships, the health and safety of Kentucky families by identification of housing-related environmental health hazards and reduction/elimination of these health hazards, including but not limited to hazards related to lead poisoning, asthma, and injury** and provides a detailed outline of the goals, objectives, and activities (page 19) needed to carry out this mission.

KHHLPPP's Strategic Plan reveals the results of a compressive needs assessment, which clearly demonstrates the burden of exposures among Kentucky's high-risk populations and the need to have a Healthy Homes program. Work Plan Phase I (page 19) and Phase II (page 21) present the necessary goals, objectives, and activities to reduce or eliminate housing-related environmental health exposures. The program's Evaluation Plan (page 29) not only outlines the objectives and activities of KHHLPPP, but also includes specific indicators for each activity. These indicators serve as a way to measure or evaluate the progress KHHLPPP has made in achieving goals throughout the project period.

A detailed description of the meaningful partnerships essential for the program's success can be found on page 37. Without these partners the mission of KHHLPPP would almost be impossible to achieve. Therefore, this plan also describes activities that will assure the engagement of these meaningful partnerships.

This Strategic Plan includes guidelines for collecting and using data to evaluate and modify this plan as needed. In addition, a Sustainability Plan, which ensures continuation of services to high-risk populations if CDC funds become minimal or lacking, is incorporated into this Strategic Plan.

Kentucky's Healthy Homes and Lead Poisoning Prevention Program will utilize this plan as a tool to ensure compliance in achievement of goals and the overall mission. Based on the progress of the program and continuous evaluation, the plan will be refined accordingly.

Kentucky's Healthy Homes and Lead Poisoning Prevention Program Strategic Plan

Mission Statement

To improve, through our partnerships, the health and safety of Kentucky families by identification of housing-related environmental health hazards and reduction/elimination of these health hazards, including but not limited to hazards related to lead poisoning, asthma, and injury.

Statement of Purpose

To use strong strategic partnerships and appropriate resources to identify and aid in the reduction/elimination of housing-related environmental health hazards in the Commonwealth of Kentucky, with special emphasis on populations that suffer disproportionately.

Comprehensive Needs Assessment

Overall Need of Kentucky

Kentucky's estimated poverty rate (17.4%) is significantly higher than the National rate of 14% (US Census Bureau, 2008-2009). Of Kentucky's children under the age of five, 27.4% live at or below the federal poverty level (US Census Bureau, 2008-2009). Almost half (45.2%) of Kentucky's children are enrolled for Medicaid services (KY Dept. for Medicaid Services, 2009). People living in poverty or low income situations are more likely to live in unhealthy homes and be at an increased risk for lead poisoning.

In addition, it is estimated that 57% of Kentucky's housing stock, or approximately 1,092,010 units were built on or before 1979 (US Census Bureau, 2006-2008). These older homes have greater potential for housing-related health hazards, such as structural deficiencies, poor ventilation, and hazardous agents (i.e. dust mites, pests, and mold). Seventeen percent of all Kentucky homes were built before 1950, thereby increasing the risk of lead-based paint hazard exposures and other housing-related health hazards (US Census Bureau, 2006-2008).

Kentucky's largest urban areas (Northern Kentucky (NKY) and Louisville/Jefferson County) run a higher risk for lead poisoning due to a higher concentration of pre-1950 housing, higher number of older homes poorly maintained, larger number of children enrolled in Medicaid, larger minority populations, and a greater number of children in general. Kentucky's Healthy Homes and Lead Poisoning Prevention Program (KHHLPPP) has sub-grantees in each of these areas to focus on those high-risk populations due to their overall need.

Programmatic Housing-Related Health Concerns Need

Lead. The Centers for Disease Control and Prevention (CDC) recommends public health action be initiated if a blood lead level of 10 micrograms of lead per deciliter of blood (10µg/dL) is present in a child under the age of six (CDC, 2005). Young children are especially vulnerable to the adverse health effects of lead because their nervous systems are still developing and their common hand-to-mouth behaviors increase their risk for ingesting lead in their environment (Jones, et al., 2009). In particular, children living at or below the poverty level and live in older housing are at the greatest risk for lead poisoning (CDC, 2009, June 1). Widely known effects of lead poisoning in children include anemia, learning disabilities, lowered intelligence quotient (IQ), behavioral disorders, seizures, growth failure, hyperactivity, hearing loss, and in severe cases coma or death (CDC, 2005).

Since 2000, 306,167 children <6 years of age have been screened for elevated blood lead levels (EBLLs), which is any level greater than or equal to 10µg/dL. The number of Kentucky children screened for lead has increased by 10% since 2000 (Table 1). Furthermore, the number of lead poisoned children in Kentucky has decreased from 1,925 children in 2000 to 346 children in 2010 (Table 1). There was a total of 121 case management services provided and 100 risk assessments conducted in 2010 in response to this number of lead poisoned children. The decline in childhood lead poisoning cases in Kentucky illustrates the effectiveness of Kentucky's Childhood Lead Poisoning Prevention Program (KCLPPP), which recently expanded into Kentucky's Healthy Homes and Lead Poisoning Prevention Program.

Table 1. Number and Rate of Children (<72 Months of Age) Screened for Lead in Kentucky by Year and BLL Group

Year	Population	Number of Children Tested	Screening Rate as %	Total EBLL Children (Over 10 µg/dL)	Prevalence Rate per 1,000	Number of EBLL Children					
						10-14 µg/dL	15-19 µg/dL	20-24 µg/dL	25-44 µg/dL	45-69 µg/dL	>=70 µg/dL
2000	320,380	24,685	7.70%	1,925	6.01	1395	321	86	96	15	12
2001	321,464	27,637	8.60%	1,933	6.01	1343	320	105	112	31	22
2002	322,120	29,529	9.17%	1,409	4.37	994	235	72	85	15	8
2003	324,090	33,226	10.25%	1,258	3.88	875	222	57	74	24	6
2004	326,385	25,364	7.77%	696	2.13	457	133	48	47	11	0
2005	328,672	28,405	8.64%	851	2.59	535	162	70	74	5	5
2006	328,672	17,310	5.27%	399	1.21	240	80	40	35	3	1
2007	333,531	35,031	10.50%	462	1.39	273	89	48	43	7	2
2008	343,261	26,738	7.79%	552	1.61	334	104	42	70	1	1
2009	344,443	31,100	9.03%	625	1.81	360	108	63	82	11	1
2010	338,977	27,142	8.01%	346	1.02	189	66	22	51	16	2

Data Source: KY CLPPP Surveillance System; Kentucky State Data Center, 2000-2009 Population Estimates; and US Census Bureau, American Fact Finder, 2010 Population Data.

Children living at or below the poverty line (please refer to the following link: <http://aspe.hhs.gov/poverty/12poverty.shtml#guidelines> to determine current poverty guidelines based on household size) have been considered to be at greater risk for lead poisoning (CDC, 2009, June 1). The state of Kentucky mandates that if a child is enrolled in Medicaid or Passport (a statewide public assistance program), he/she must have a blood lead level drawn at ages 1 and 2. In addition, this regulation recommends that children up to 72 months of age receive a blood lead test if they have not been previously tested (**KRS211.903**).

Table 2 below provides a breakdown of Kentucky’s Medicaid data for children ≤12 months, 13-24 months, and 25-71 months from 2006 to 2010. Although Kentucky’s Medicaid screening rate among children is far below the CDC’s recommended rate of 100%, this rate has increased since 2006 for all age groups.

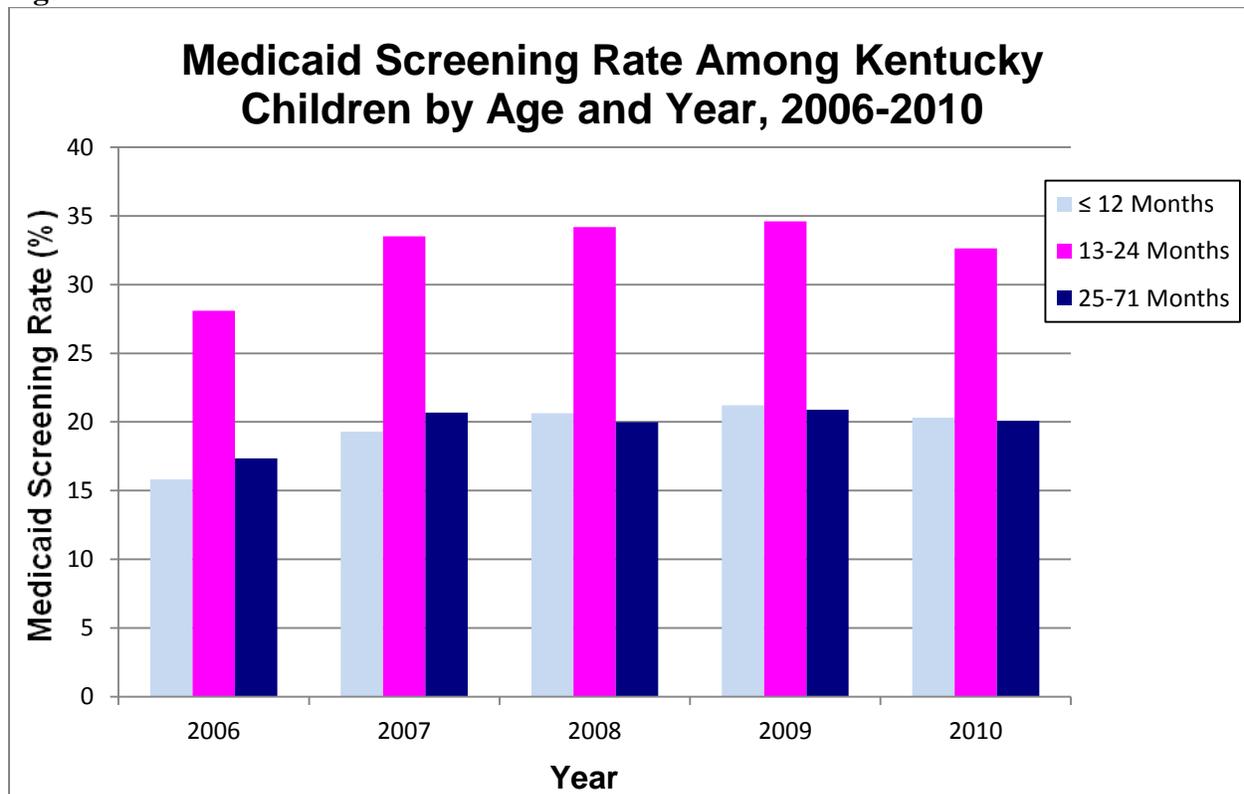
Table 2. Medicaid Screening Rates among Kentucky Children by Age and Year, 2006-2010

Age	Year	# of Children Enrolled in Medicaid	# of Children Tested for Lead	Medicaid Screening Rate (%)
≤ 12 Months	2006	70,609	11,175	15.83
	2007	74,189	14,304	19.28
	2008	76,109	15,708	20.64
	2009	77,900	16,533	21.22
	2010	77,900	15,821	20.31
13-24 Months	2006	31,536	8,857	28.09
	2007	32,325	10,833	33.51
	2008	35,547	12,150	34.18
	2009	37,610	13,016	34.61
	2010	38,605	12,600	32.64
25-71 Months	2006	86,908	15,085	17.36
	2007	88,404	18,277	20.67
	2008	92,190	18,415	19.98
	2009	100,918	21,080	20.89
	2010	107,367	21,552	20.07

Data Source: Department for Medicaid Services Data System

The Medicaid screening rate has been consistently higher among children aged 13-24 months compared to the screening rate of children ≤ 12 months and children aged 25-71 months (Figure 1). Over the years, the Medicaid screening rate among children ≤ 12 months has been relatively the same as the Medicaid screening rate among children aged 25-71 months. This indicates that KHHLPPP needs to increase efforts towards educating physicians on the importance and the requirement of screening at risk children, with an emphasis on children 12 months of age.

Figure 1.



Data Source: Department for Medicaid Services Data System

An estimated \$15,600,000 is spent annually on lead screening and other related activities. In Kentucky, Medicaid spent nearly \$844,818 for lead screening in 2009 (KY Dept. for Medicaid Services, 2009).

Although the number of lead poisoning cases among Kentucky children has decreased, lead is still one of the most detrimental environmental hazards to our children. Lead poisoning is 100% preventable and a simple blood test can prevent a lifetime of irreversible effects on the body (CDC, 2009, June 1). Continued efforts of education, primary prevention, surveillance activities, identification of lead hazards, and correction of these hazards is a must in order to eliminate this preventable health burden among Kentucky's children.

Asthma. Multiple asthma triggers can be linked to housing and living conditions. Asthma is more prevalent in low income children and may be in large part due to poor indoor air quality in their homes. Pests, such as cockroaches, mites, and mice are known asthma triggers. A recent study in *The Journal of Allergy and Clinical Immunology* shows a significant relationship between exposure to mice and cockroaches and asthma episodes in children (Gruchalla, R.S., et al., 2005). Moreover inappropriate treatment for the pest infestation, such as use of pesticides, can exacerbate asthma, as well as other health problems. Mold is also considered an asthma trigger and a housing-related health hazard. In the U.S, it is estimated that 21% of asthma cases are linked to dampness and mold, which can lead to an annual cost of \$3.5 billion (HUD, 2009).

In Kentucky, a common preventable indoor air pollutant is environmental tobacco smoke (ETS), also known as second-hand smoke. Children with asthma living in a home with smokers have more severe and more frequent episodes, and are more likely to be hospitalized. In Kentucky 38% of children live in homes with smokers. Other adverse exposures, such as to asbestos particles, radon, gas, and carbon monoxide, as well as ETS, are more concentrated indoors than out. Radon when present attaches to second-hand smoke particles that are breathed directly into the lungs (US Dept. of Health and Human Services, 1990). Radon is the second leading cause of lung cancer, following cigarette smoking (Alberg A.J., Ford J.G. & Samet J.M., 2007).

Asthma hospitalizations for children in Kentucky average 2,380 hospitalizations per year (KY Respiratory Disease Program, 2000-2008). Kentucky's highest age-specific hospitalization rates for asthma are children less than 4 years of age (424 per 100,000). The youngest children spend the most time in the home environment. In 2006, 12.4% of Kentucky Medicaid children 3 years of age and younger received asthma-related services, while only 8.4% of Medicaid children between the ages of 11 and 14 received asthma-related services, further demonstrating the disproportionate burden of asthma among younger children (KY Respiratory Disease Program, 2009). The Kentucky Asthma Partnership has developed a state plan and is actively working on approaches to reducing the burden of asthma in KY.

The total cost to the U.S. economy for asthma during 2007 was nearly \$19.7 billion (National Institutes of Health, 2007). In Kentucky, there were more than 6,000 hospitalizations with asthma as the primary diagnosis (all ages), with charges totaling approximately \$62 million dollars annually (KY Respiratory Disease Program, 2009).

Injury/Fire. Both nationally and in Kentucky, unintentional injuries are the leading cause of death in people ages 1-44 (NCIPC, 1999-2009). The majority of these injuries occur at home. The National Safe Kids Campaign identifies fire, suffocation, drowning, choking, poisons, and unintentional firearm injury as leading causes of death in the home. Younger children, males, minorities, and children from low income families tend to suffer disproportionately from injury (Safe Kids USA, Retrieved February 24, 2011). The Healthy Homes approach will allow us to coordinate efforts to address the housing issues related to these injuries with programs currently working on prevention efforts.

Table 3. Ten Leading Causes of Injury Death in Kentucky by Age Group, 1999-2009

Rank	Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Unintentional Suffocation 176	Unintentional MV Traffic 102	Unintentional MV Traffic 104	Unintentional MV Traffic 154	Unintentional MV Traffic 2,192	Unintentional MV Traffic 1,679	Unintentional Poisoning 1,560	Unintentional Poisoning 1,321	Unintentional MV Traffic 822	Unintentional Unspecified 1,759	Unintentional MV Traffic 9,320
2	Homicide Other Spec., classifiable 22	Unintentional Drowning 74	Unintentional Fire/burn 43	Unintentional Other Land Transport 34	Unintentional Poisoning 573	Unintentional Poisoning 1,239	Unintentional MV Traffic 1,451	Unintentional MV Traffic 1,295	Suicide Firearm 544	Unintentional Fall 1,624	Unintentional Poisoning 5,303
3	Homicide Unspecified 21	Unintentional Fire/burn 70	Unintentional Drowning 17	Unintentional Drowning 22	Suicide Firearm 458	Suicide Firearm 635	Suicide Firearm 834	Suicide Firearm 819	Unintentional Poisoning 358	Unintentional MV Traffic 1,499	Suicide Firearm 4,154
4	Unintentional MV Traffic 21	Homicide Unspecified 26	Unintentional Other Land Transport 16	Unintentional Fire/burn 19	Homicide Firearm 376	Homicide Firearm 411	Homicide Firearm 325	Homicide Firearm 213	Unintentional Fall 220	Suicide Firearm 855	Unintentional Fall 2,263
5	Unintentional Fire/burn 12	Unintentional Suffocation 22	Unintentional Struck by or Against ---	Suicide Suffocation 16	Suicide Suffocation 202	Suicide Suffocation 269	Suicide Suffocation 245	Suicide Poisoning 211	Unintentional Fire/burn 115	Unintentional Suffocation 738	Unintentional Unspecified 2,111
6	Homicide Suffocation ---	Homicide Other Spec., classifiable 16	Homicide Cut/pierce ---	Unintentional Suffocation 16	Unintentional Drowning 126	Suicide Poisoning 138	Suicide Poisoning 225	Unintentional Fall 181	Unintentional Suffocation 107	Adverse Effects 333	Homicide Firearm 1,515
7	Unintentional Drowning ---	Unintentional Pedestrian, Other 10	Homicide Unspecified ---	Homicide Firearm 12	Unintentional Other Land Transport 100	Undetermined Poisoning 98	Undetermined Poisoning 155	Suicide Suffocation 162	Homicide Firearm 94	Unintentional Fire/burn 250	Unintentional Suffocation 1,351
8	Unintentional Poisoning ---	Unintentional Poisoning 10	Unintentional Firearm ---	Unintentional Firearm 12	Unintentional Firearm 63	Unintentional Drowning 76	Unintentional Fire/burn 106	Unintentional Fire/burn 135	Suicide Poisoning 93	Unintentional Poisoning 228	Suicide Suffocation 997
9	Undetermined Poisoning ---	Unintentional Natural/ Environment ---	Unintentional Suffocation ---	Suicide Firearm ---	Suicide Poisoning 55	Unintentional Suffocation 68	Unintentional Fall 105	Undetermined Poisoning 134	Unintentional Unspecified 87	Unintentional Natural/ Environment 127	Unintentional Fire/burn 861
10	<u>Two Tied</u> ---	<u>Two Tied</u> ---	<u>Two Tied</u> ---	Unintentional Poisoning ---	Unintentional Fall 53	Unintentional Other Land Transport 66	Unintentional Drowning 100	Unintentional Suffocation 93	Adverse Effects 71	Unintentional Other Spec., NEC ^N 109	Suicide Poisoning 774

Data Source: WISQARS - National Center for Health Statistics (NCHS), National Vital Statistics System

According to Dr. Susan Pollack, Director of the Pediatric and Adolescent Injury Prevention Program at Kentucky's Injury Prevention and Research Center, University of Kentucky the following points constitute major injury-related issues throughout the Commonwealth of Kentucky.

- Motor-vehicle crashes are the leading cause of death among individuals between ages 1 and 34 years (Table 3).
- The leading cause of injury-related deaths for infants under age 1 in Kentucky is suffocation related to unsafe sleep environments.
- Most pool-related drownings in Kentucky occur at home, not in public pools.
- Emerging injury issues, such as crush fatalities from tip-overs of furniture and televisions also occur and are preventable at home.
- While fatalities from falls in the pediatric population are few in Kentucky, falls are a leading cause of nonfatal injury/reasons for seeking emergency care, and many occur at home (Table 4.).

Table 4. Traumatic Injury Emergency Department (ED) visits for KY Residents (all ages) Treated in KY ED Facilities, 2010

Traumatic injury ED visits for KY residents treated in KY facilities, 2010					
By Cause	By Intent				Total
	Unintentional	Intentional	Other/ Undetermined	Missing information on intent	
MV Traffic	30,037	10	*	0	30,048
Firearm	288	109	26	0	423
Poisonings	30	5	7	0	42
Falls	77,814	9	43	0	77,866
Suffocation	*	24	*	0	27
Drowning	25	*	*	0	27
Fire/burn	4,123	20	26	0	4,169
Cut/pierce	22,792	889	21	0	23,702
Struck by/against	27,269	3,804	94	0	31,167
Machinery	1,115	0	0	0	1,115
Other pedal cyclist	2,370	0	0	0	2,370
Other pedestrian	140	0	0	0	140
Other transportation	4,320	0	0	0	4,320
Natural/Environmental	4,571	0	0	0	4,571
Overexertion	34,329	0	0	0	34,329
Other Specified and classifiable	5,199	241	*	0	5,444
Other specified, not elsewhere classifiable	4,111	1,333	46	0	5,490
Not specified	7,648	1,258	23	0	8,929
Missing information on cause of injury	48	0	0	53,547	53,595
Total	226,231	7,703	293	53,547	287,774

*Totals less than 5 were suppressed by state data management policy

**Cases without valid external cause of injury E-codes cannot be classified by intent and/or cause

*** Recommended framework on E-code grouping for presenting injury data by cause and intent

http://www.cdc.gov/injury/wisqars/ecode_matrix.html

Data Source: Kentucky Injury Prevention and Research Center, Inpatient and Emergency Department Traumatic Injury Data

The estimated cost of unintentional injuries is over \$400 billion each year (Corso et al., 2006). These costs include direct medical care, rehabilitation, lost wages, and lost productivity. The federal government pays approximately \$80 billion each year in injury related medical costs and about \$18.4 billion in death and disability benefits. It is estimated that insurance companies and other private sources pay approximately \$161 billion annually (Corso et al., 2006). According to Children's Safety Network, the average annual total cost for fatal injuries in Kentucky is a little over \$10 million a year (Table 5.). This total cost includes work-loss costs.

Table 5. Average Annual Aggregate Total Costs of Fatal Injuries (Thousands of 2006 Dollars) by Intent, Mechanism, and Age: Kentucky, 2001-2004

Intent	Mechanism	Age Groups						
		<1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	>25
Unintentional	Cut/pierce	\$0.00	\$1,275	\$1,187	\$0.00	\$0.00	\$0.00	\$4,164
Unintentional	Drowning	\$3,592	\$32,517	\$9,940	\$10,289	\$30,284	\$33,908	\$110,506
Unintentional	Fall	\$2,333	\$1,272	\$2,590	\$2,534	\$10,663	\$14,339	\$282,230.00
Unintentional	Fire/flame	\$5,036	\$29,840	\$19,997	\$3,858	\$13,042	\$20,556	\$151,984.80
Unintentional	Hot object/subs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,602.40
Unintentional	Firearm	\$0.00	\$2,468	\$3,785	\$5,150	\$21,141	\$19,804	\$77,806.00
Unintentional	Machinery	\$0.00	\$0.00	\$0.00	\$0.00	\$2,661	\$5,317	\$50,297.00
Unintentional	MVT Occupant	\$11,108	\$11,322	\$15,053	\$20,597	\$208,128	\$197,823	\$742,638.70
Unintentional	MVT Motorcycle	\$0.00	\$0.00	\$0.00	\$2,623	\$22,662	\$37,093	\$156,300.60
Unintentional	MVT Pedal cyclist	\$0.00	\$0.00	\$7,384	\$7,654	\$5,318	\$0.00	\$8,845.80
Unintentional	MVT Pedestrian	\$1,179	\$11,106	\$6,157	\$11,592	\$16,818	\$18,232	\$115,369.40
Unintentional	MVT Unspecified	\$0.00	\$17,078	\$26,832	\$31,161	\$300,186	\$302,164	\$1,125,844.90
Unintentional	MVT Other	\$0.00	\$0.00	\$0.00	\$0.00	\$2,541	\$0.00	\$0.00
Unintentional	Pedal cyclist	\$0.00	\$0.00	\$2,616	\$0.00	\$0.00	\$0.00	\$1,487.40
Unintentional	Pedestrian	\$0.00	\$2,461	\$1,299	\$2,643	\$5,188	\$7,690	\$33,486.70
Unintentional	Other land transport	\$1,258	\$1,294	\$6,165	\$21,894	\$22,234	\$22,206	\$99,056.10
Unintentional	Other transport	\$0.00	\$0.00	\$1,298	\$2,521	\$3,985	\$3,983	\$34,695.60
Unintentional	Natural	\$1,258	\$2,463	\$2,481	\$1,197	\$2,535	\$5,180.00	\$58,071.80
Unintentional	Overexertion	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$315.60
Unintentional	Poisoning	\$2,435	\$7,371	\$1,208	\$7,656	\$61,612	\$197,024	\$1,416,138.60
Unintentional	Struck	\$0.00	\$2,452	\$2,515	\$0.00	\$2,652	\$0.00	\$66,934.20
Unintentional	Suffocation	\$84,127	\$11,188	\$1,310	\$10,548	\$10,269	\$21,779	\$176,197.20
Unintentional	Other specified	\$0.00	\$2,563	\$2,588	\$5,261	\$5,312	\$15,823	\$108,023.90
Unintentional	Unspecified	\$0.00	\$3,752	\$3,776	\$5,275	\$11,587	\$14,629	\$222,464.90
Self-inflicted	Cut/Pierce	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,987.00	\$11,514.60
Self-inflicted	Fall	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,748.50
Self-inflicted	Firearm	\$0.00	\$0.00	\$0.00	\$6,581	\$73,705	\$170,046	\$1,051,259
Self-inflicted	Poisoning	\$0.00	\$0.00	\$0.00	\$0.00	\$7,482.00	\$15,252	\$237,254.00
Self-inflicted	Suffocation	\$0.00	\$0.00	\$0.00	\$5,246	\$27,369	\$61,339	\$250,799.80
Self-inflicted	Other specified	\$0.00	\$0.00	\$0.00	\$0.00	\$1,213	\$5,173	\$41,328.40
Self-inflicted	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,329	\$7,761.60
Assault	Cut/Pierce	\$0.00	\$1,275	\$2,481	\$0.00	\$5,193	\$13,294	\$76,529.90
Assault	Firearm	\$0.00	\$1,284	\$0.00	\$1,305	\$63,991	\$105,772	\$407,631.00
Assault	Struck	\$1,259	\$0.00	\$0.00	\$0.00	\$0.00	\$2,658	\$7,775.00
Assault	Other specified	\$13,548	\$22,092	\$1,186	\$1,200	\$3,740	\$9,649	\$57,596.80
Assault	Unspecified	\$6,125	\$10,988	\$2,589	\$0.00	\$8,936	\$9,800	\$53,198.50
Undetermined	Poisoning	\$3,694	\$1,282	\$0.00	\$0.00	\$1,331	\$6,512	\$105,228.80
Undetermined	Other specified	\$1,258	\$0.00	\$0.00	\$1,315	\$6,398	\$8,898	\$38,200.00
Undetermined	Unspecified	\$2,431	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,054.80
	Legal/Military	\$0.00	\$0.00	\$0.00	\$0.00	\$2,662	\$0.00	\$11,527.50
Total		\$140,641.00	\$177,343.00	\$124,437.00	\$168,100.00	\$960,838.00	\$1,351,259.00	\$7,426,869.80

Source: Children's Safety Network Economics & Data Analysis Resource Center, at Pacific Institute for Research and Evaluation, Calverton, MD, 2008. Incidence based on the National Center for Health Statistics Multiple Cause-of-Death File, 2001-2004. The costs were adapted using state-specific price adjusters.

The Kentucky Injury Prevention and Research Center (KIPRC) houses and analyzes statewide Emergency Department (ED) and hospital discharge data on injury, as well as data on elder falls. This data will make linking injuries with housing hazards more feasible. KIPRC's data and knowledge of effective injury prevention strategies will greatly support and aid in achieving the overall mission of KHHLPPP. In addition, the DPH Child Fatality and Injury Prevention Program regularly review these deaths and injuries through state and local teams in order to develop prevention strategies. Kentucky's child fatality data is reported annually to the legislator and then placed on the website (<http://chfs.ky.gov/dph/mch/cfhi/childfatality.htm>) for public access (KY Child Fatality and Injury Prevention Program, 2010).

Many types of injury such as fire, drowning, poisoning, and falls occur in the home and have effective prevention strategies. Some of these prevention strategies include:

- Fire Prevention – fire detection through smoke detectors and fire escape planning
- Education on the importance of safe sleep environments
- Fall Prevention- elimination of clutter and secure handrails by stairs
- Securing heavy furniture and TVs

Out of all the community based efforts (i.e. health departments, primary medical care providers for children, and Safe Kids coalitions) that address home safety through education and outreach efforts, HANDS (Health Access Nurturing Development Services) is the only home visiting program that has in-home education for injury prevention. The HANDS program have staff who go into about 10,000 homes of first time parents each year; part of their protocol is to do a home safety checklist (including smoke detectors and safety plan) and discuss prevention with families. Evaluations of the HANDS program show lower ER utilization (suggesting lower injury rates) for those participating in the program, compared to a similar group (Illback, R.J., et al., 2008).

Despite these efforts, unintentional injuries continue to take a high toll in Kentucky. For example, in 2008, almost half of all Kentucky fires resulted in the death of a child (KY Child Fatality and Injury Prevention Program, 2010). According to the United States Fire Administration, Kentucky had the 14th highest death rate due to fire (US Fire Administration, 2007). The Office of the Kentucky State Fire Marshal, Richard Peddicord, recommends identification and improvements in substandard housing, more smoke detectors and a population more educated on both fire prevention and fire escape for reducing this death toll.

The majority of childhood injuries are potentially preventable, yet they remain the leading cause of death to children over 1 year of age (KY Child Fatality and Injury Prevention Program, 2010). The unique contribution of the Healthy Homes approach will allow home visitors and other meaningful partners to use strategies that have been found to be successful from *The Surgeon General's Call to Action to Promote Healthy Homes* and provide effective prevention strategies for people in the community, which in turn will lead to less injuries occurring in the home.

Need among Kentucky's High Risk Populations

Need of Northern Kentucky. Since 2006, Northern Kentucky Independent District Health Department (NKIDHD) has received CLPPP grant money to provide education on lead poisoning prevention, conduct risk assessments, and provide case management services for one of Kentucky's high-risk areas. In Northern Kentucky, the number of children under the age of 72 months who received a blood lead test has increased from 3,981 children in fiscal year 2010 to 4,656 in fiscal year 2011, a 17% increase. Of those tested this past fiscal year, 120 children had blood lead levels greater than or equal to 10µg/dL. There were a total of 116 home visits conducted by the Lead Case Manager and 17 certified risk assessments conducted by the Environmental Department of NKIDHD.

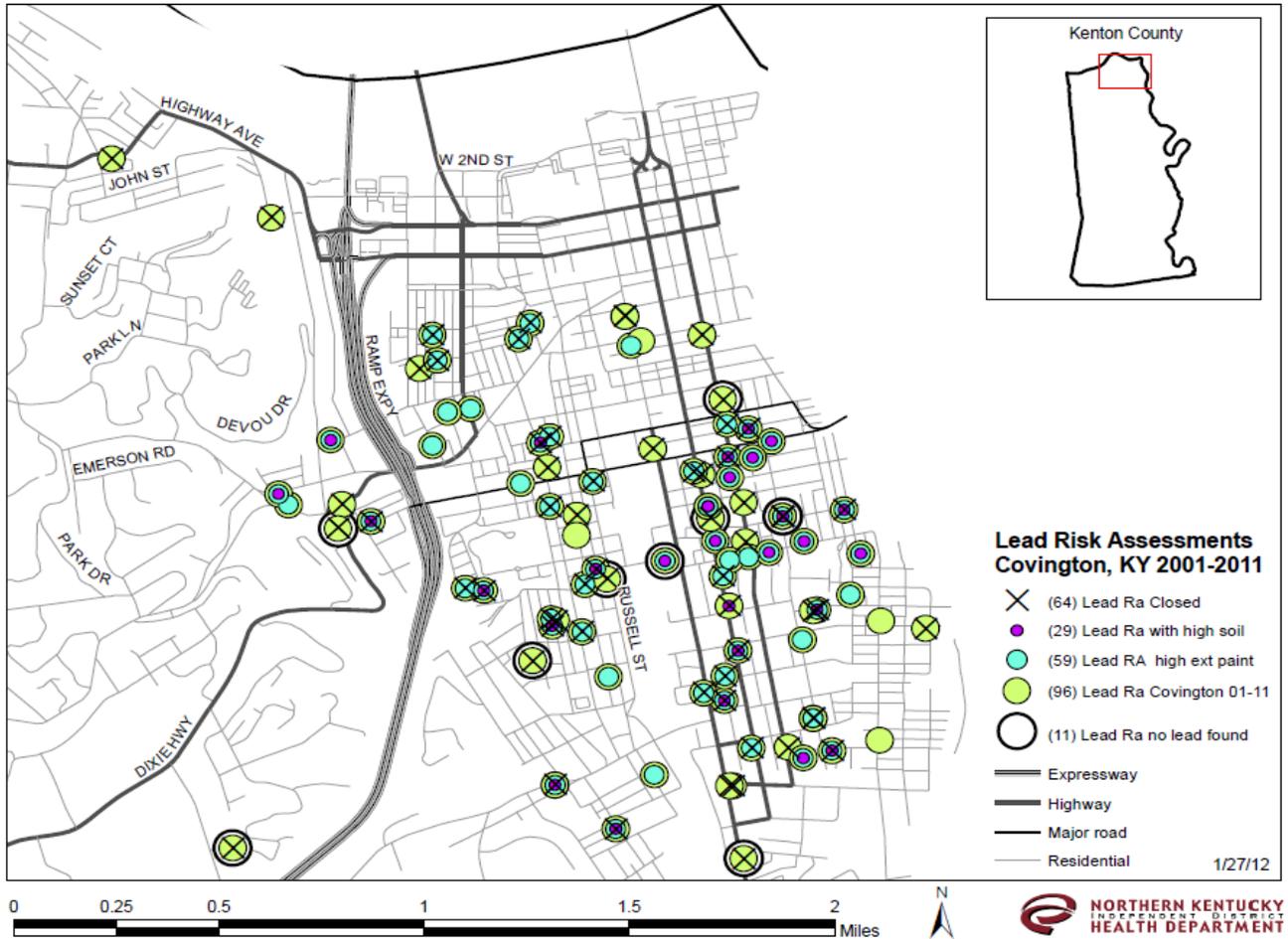
Despite the efforts of NKIDHD, Northern Kentucky still remains a high-risk area due to the percentage of pre-1978 homes. The housing stock of Northern Kentucky consists of many rental units, mainly located in the cities of Covington and Newport. According to Northern Kentucky's Property Valuation Administration (PVA), 52.9% of Covington's residential housing stock was built prior to 1978, while 86% of Newport's housing stock is pre-1978. These older homes not only have greater potential for lead contamination, but also pose a threat of additional housing-related health hazards, such as structural deficiencies, poor ventilation, and hazardous agents (i.e. dust mites, pests, and mold).

Due to the lower value of housing units some owners choose to have homes set empty once lead hazards have been identified instead of hiring certified lead abatement companies to make the necessary repairs. As of April 2012 there are forty four (44) properties under enforcement notice for lead hazards.

NKIDHD partnered with Kentucky's Environmental Lead Program and Community Action Commission to utilize awarded grant moneys for abatement projects throughout the Northern Kentucky region. Community Action will aid in overseeing the distribution of funds, as well as match NKIDHD's abatement efforts with weatherization efforts. This meaningful partnership is needed in order to ensure housing units identified with environmental health hazards are permitted, abated, and cleared for occupancy.

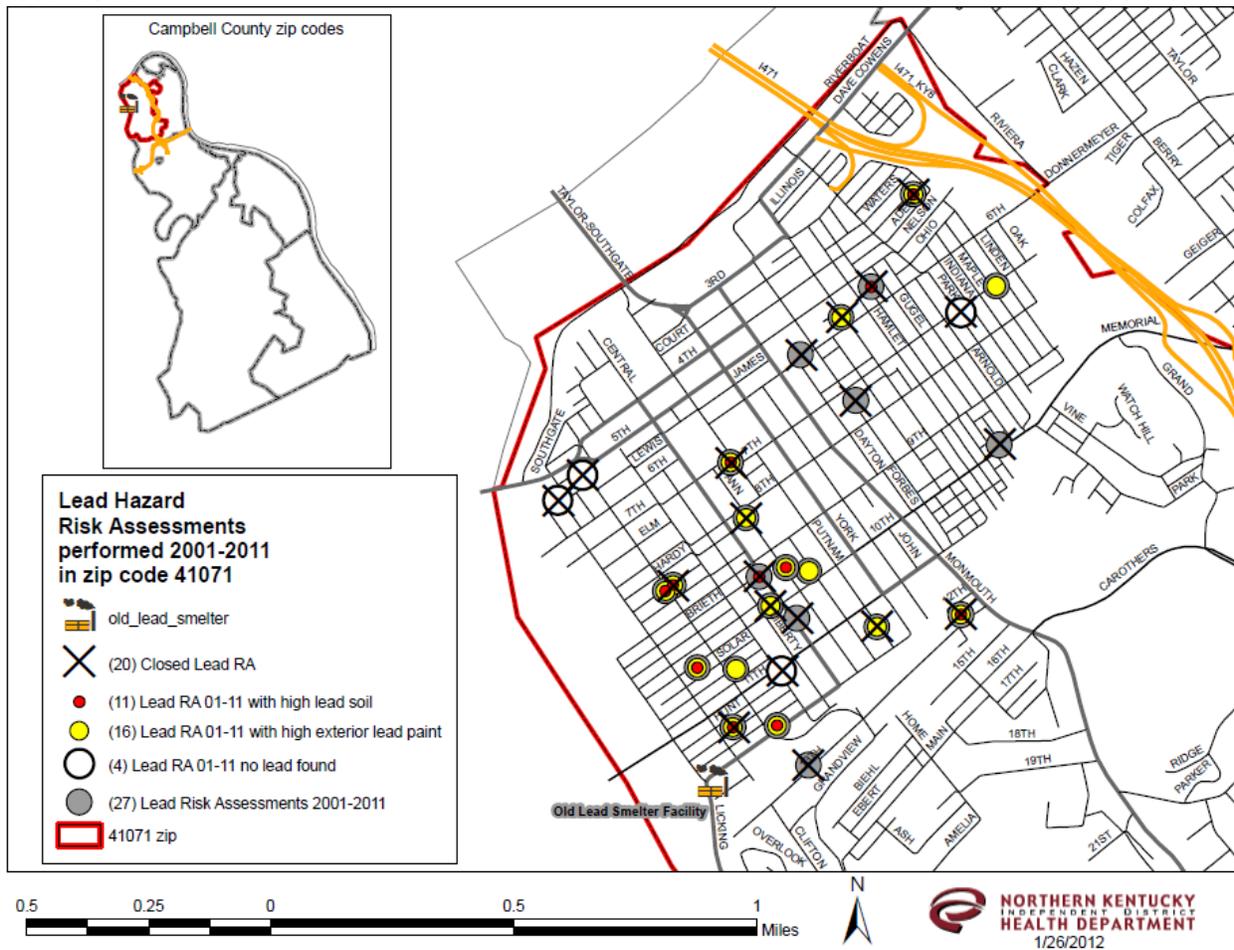
The following map (Map 1.) identifies the ninety six (96) risk assessments conducted in Covington from 2001-2011. The area located in western Covington where the majority of assessments have been conducted will be targeted to receive the above mentioned grant money to abate properties.

Map 1. Lead Hazard Risk Assessments Conducted in Covington Kentucky, Combined Years 2001-2011.



Map 2 identifies the twenty-seven (27) risk assessments that have been conducted in Newport since 2001. The North West portion of Newport will be targeted to receive grant money for lead hazard abatement.

Map 2. Lead Hazard Risk Assessments Conducted in Newport Kentucky, Combined Years 2001-2011.



In Northern Kentucky, Healthy Home initiatives could easily be incorporated into existing programs. While NKIDHD does not have a mold program, they do have local code enforcement offices that address these concerns. In addition, NKIDHD has a radon education program that distributes free radon test kits to Northern KY residents. By having three certified risk assessors on staff, NKIDHD has sufficient resources for extensive visual/environmental assessments when needed. The Northern Kentucky team also supplies families with cleaning supplies and demonstrates thorough wet cleaning processes with parents as part of a home visit.

Need of Louisville Kentucky/Jefferson County. Table 6 below compares blood lead screenings among children living in Louisville’s targeted zip codes and children living in other areas around Louisville Metro. From 2009 to 2011, the total number of Louisville children screened for elevated blood lead levels (EBLLs) increased each year (10,988, 10,996, and 11,174, respectively), while the number of children who tested over 10µg/dL declined each year (214, 174, and 114, respectively).

These trends were also observed in the Six (6) Target Areas in Jefferson County. Only 1% Louisville Metros' child population had an EBL (≥10µg/dL). A disturbing statistic is that the percentage of children testing above 10µg/dL in the entire Metro Louisville area was only 1% of the population, while this figure was 4% for just the Target Areas (Table 6). Targeted education, screening, and preventative action are needed to address this disparity.

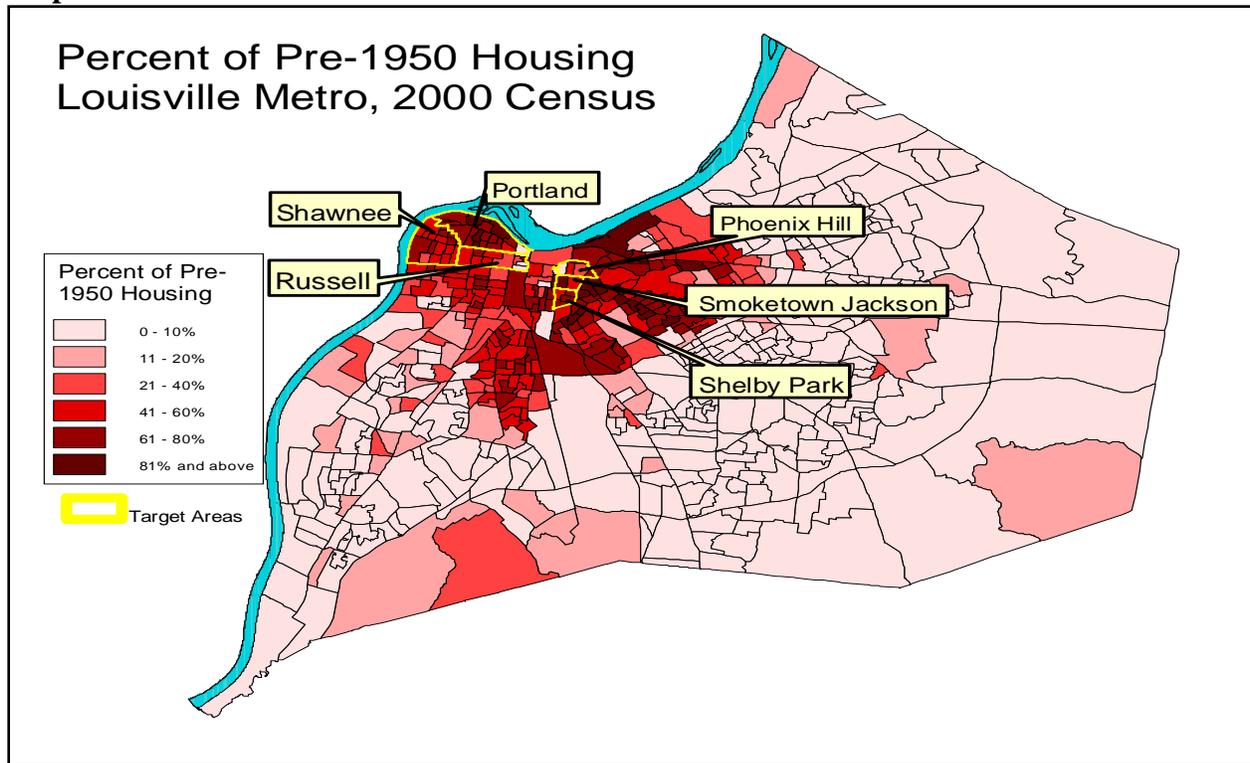
Map 3 displays the location of the Six (6) Target Areas located in Louisville Metro. These neighborhoods are part of the largest urban areas in Jefferson County and have a very high number or percentage of older homes. Over 60% of Louisville's housing-stock built before 1950 is found in these Target Areas, and tend to have housing for low income, immigrant, and refugee families.

Table 6. Blood Lead Screenings among Louisville Children (<72 months) Residing in Lead Target Areas by Year

LEAD TARGET AREAS	YEAR	* TOTAL CHILDREN UNDER 72 MONTHS	TOTAL SCREENED	SCREENED BLL >= 10	PERCENT BLL >= 10
PHOENIX HILL	2009	604	114	3	3%
	2010		96	1	1%
	2011		94	0	0
PORTLAND	2009	1,155	398	40	10%
	2010		398	40	10%
	2011		318	33	10%
RUSSELL	2009	1,174	471	8	2%
	2010		417	8	2%
	2011		371	12	3%
SHAWNEE	2009	692	363	16	4.4%
	2010		356	12	3%
	2011		304	6	2%
SHELBY PARK	2009	347	121	5	4.1%
	2010		91	10	11%
	2011		96	4	4%
SMOKETOWN JACKSON	2009	389	168	6	4%
	2010		163	2	1%
	2011		168	1	1%
TOTAL TARGET AREAS	2009	4361	1635	78	5%
	2010		1521	73	5%
	2011		1351	56	4%
LOUISVILLE METRO	2009	55,831	10988	214	2%
	2010		10996	174	2%
	2011		11174	114	1%

*Population data for all 3 years is based on 2000 Census

Map 3.



In order to enhance and increase the provision of primary prevention services in high-risk communities through strategic partnerships, outreach activities, and environmental interventions, Louisville's HHLPPP aims to:

1. Hire and Train community residents (summer workers) to conduct door-to-door education in their neighborhoods. Workers will distribute pamphlets explaining the dangers of lead in paint, asthma triggers, and how to attain and maintain a safe and healthy environment at home.
2. Each home visit will include a "pre-screening" activity: client will be asked if all children (≤ 6 years old) living in the house have been screened for lead. If the client answers no or unsure, the worker will give information to the parent/guardian regarding lead screening and its importance and refer them to their primary care provider or one of LMDPHW clinics. In addition, residents will be questioned about smoking activity in their home, smoke detectors, and general household safety and hygienic measures.
3. Home visits will be performed to encourage parents to bring in children with initial blood lead levels $\geq 10\mu\text{g}/\text{dL}$ for a follow-up test. The same will be required for children with substandard specimens (zero test result).
4. Families not on WIC, but potentially eligible, will be referred to the WIC program for enrollment.

Goals, Objectives, and Activities

Program Work Plan

KHHLPPP has two programmatic work plans. Work Plan Phase I outline long-range goals for the duration of the 3 year project period, and includes SMART (specific, measurable, achievable, realistic, and time-phased) objectivities and activities to be carried out during year 1 of the grant cycle (September 1, 2011 to August 31, 2012).

KHHLPPP Work Plan Phase I

Long Term Goal 1: Reduce unsafe & unhealthy housing conditions in Kentucky's high risk populations.	
Intermediate Goal 1A: Reduce exposures to housing-related environmental health hazards that cause illness, injury or death in the Commonwealth of Kentucky, with an inference on children in high-risk populations.	
Objective 1A-a: Develop a KHHLPPP Strategic Plan	<ul style="list-style-type: none"> ● Activities: Strategic Plan workgroup meets monthly to develop a strategic plan based on the outcomes of the needs assessment and develop a mission statement and a statement of purpose. Sub-committees will be established (as needed) to develop specific goals, objective and activities for needed program work plan. ● Outcomes: Regular reports of progress to full Advisory Council; Comprehensive Strategic Plan based on Healthy Homes, including, Mission Statement, and Statement of Purpose to reduce housing-related environmental health hazards and promote housing that is healthy, safe, affordable, and accessible; Approval of Strategic Plan by full Advisory Council. ● Date of Completion: 8/31/12 ● Staff Responsible: KHHLPPP staff, sub-grantees, AC members, SP workgroup, and partners
Objective 1A-b: Improve skills of sub-grantees and other key partners in identifying housing-related health hazards.	<ul style="list-style-type: none"> ● Activities: 1.) Expand lead risk assessment training & technical assistance to address and/or educate on housing-related environmental health hazards for these high-risk vulnerable populations & develop a training tool for sub-grantees 2.) Make available on website. ● Outcomes: Sub-grantees trained to address and/or educate on housing-related environmental health hazards. ● Date of Completion: 8/31/12 - ongoing ● Staff Responsible: KHHLPPP staff and sub-grantees
Objective 1A-c: Increase the standardization of enforcement processes across the state that prevents or controls	<ul style="list-style-type: none"> ● Activities: Utilize and adapt tools from CDC Community Guide and Healthy Communities to develop, implement, and evaluate state policy addressing housing-related environmental health hazards to determine standard operating guidance; study policies and practices in other states. ● Outcomes: Mapping of policies and procedures to assure

housing-related environmental health hazards.	<p>consistent control and enforcement.</p> <ul style="list-style-type: none"> • Date of Completion: 8/31/12 - ongoing • Staff Responsible: KHHLPPP staff, sub-grantees, AC members, and partners
Long Term Goal 2: Build a consortium of strategic partners to address unsafe and/or unhealthy housing conditions.	
Objective 2a: Expand knowledge of the Kentucky Healthy Homes Lead Poisoning Prevention Advisory Council (KHHLPPAC)	<ul style="list-style-type: none"> • Activities: 1.) Provide a Healthy Homes training that focuses on housing-related environmental health hazards and the future of our program directed to the AC members. 2.) Conduct a pre- and -post assessment to measure increased knowledge. 3.) Discuss gaps in current Council based on the expanded scope. 4.) Determine Strategic Plan Workgroup. • Outcomes: Quarterly meetings; Strategic Plan workgroup developed; Identified gaps in knowledge of Healthy Homes. • Date of Completion: 3/30/12 - ongoing • Staff Responsible: KHHLPPP staff, sub-grantees, AC members, & partners
Objective 2b: Build capacity of KHHLPPAC	<ul style="list-style-type: none"> • Activities: Identify & invite new partners to each KHHLPPAC meeting. Identify active advocates. • Outcomes: Meaningful partnerships established. • Date of Completion: 6/30/12 - ongoing • Staff Responsible: KHHLPPP staff, sub-grantees, AC members & partners
Goal 3: Utilize a surveillance system that tracks blood lead levels, environmental test results, and healthy housing variables	
Intermediate Goal 3A: Centralized Tracking System in place.	
Objective 3A-a: Ensure HHLPSS includes all required variables & cases with housing-related environmental health hazards are tracked.	<ul style="list-style-type: none"> • Activities: 1.) Appropriate staff will be identified to address all aspects of the surveillance system & confirm health and housing data is collected and compiled electronically. 2.) Continue and update Data Cleaning Plan to identify & correct errors. • Outcomes: HHLPSS in place, all required variables tracked correctly; ongoing monitoring & quality control according to the Data Cleaning Plan. • Date of Completion: 1/31/12 - ongoing • Staff Responsible: KHHLPPP Epidemiologist, HHLPSS Migration Team, and sub-grantees
Objective 3A-b: Educate sub-grantees of the new CDC surveillance system (HHLPSS)	<ul style="list-style-type: none"> • Activities: HHLPSS trainings, webinars, & technical support for sub-grantees. • Outcomes: Sub-grantees will effectively & efficiently use HHLPSS to track blood lead levels, environmental test results, and healthy housing variables. • Date of Completion: 3/31/12 - ongoing • Staff Responsible: KHHLPPP staff, KOIT, CDC IT, and sub-grantees.

<p>Objective 3A-c: Increase awareness of internal & external stakeholders on lead & healthy housing data.</p>	<ul style="list-style-type: none"> ● Activities: 1.) Broaden & expand the Data Dissemination Plan to include the entire HH concept 2.) Provide feedback to sub-grantees and partners. ● Outcomes: Data Dissemination Plan revised ● Date of Completion: 12/31/11 ● Staff Responsible: KHHLPPP staff
<p>Goal 4: Assure follow-up care is provided for high-risk populations who are identified with housing-related environmental health hazards.</p>	
<p>Objective 4a: Establish protocols to ensure appropriate referrals and follow-up care is provided when housing-related environmental health hazards are identified.</p>	<ul style="list-style-type: none"> ● Activities: 1.) Collaborate with AC members to develop a list of available resources to educate, address/remediate, & control potential housing-related health hazards 2.) Integrate HH components into the Certified Risk Assessment Tool (see Appendix A for new HH Risk Assessment Tool) to collect & document housing-related health hazards 3.) Provide training to sub-grantees on its use. ● Outcomes: Referral list, follow-up protocols, and modified risk assessment tool developed & trainings conducted will allow for hazards to be identified more quickly; decrease the time to referral. ● Date of Completion: 8/31/12 - ongoing ● Staff Responsible: KHHLPPP staff, sub-grantees, AC members, and partners
<p>Objective 4b: Increased proportion of cases closed by case management & environmental</p>	<ul style="list-style-type: none"> ● Activities: 1.) Expand protocols to assure follow-up care is provided on identified health & housing concerns 2.) Expand referral protocols for identified health & housing concerns. ● Outcomes: Collaborate with sub-grantees and key partners to decide vital information for follow-up protocols; expand Data Dissemination Plan ● Date of Completion: 3/31/12 – ongoing ● Staff Responsible: KHHLPPP staff, sub-grantees, and partners

Work Plan Phase II is a tentative work plan for years 2 and 3 of the project period and entails long-term and short-term goals, and includes SMART objectives and activities to be carried out from September 1, 2012 to August 31, 2014. This work plan will be updated annually to ensure consistency with the strategic plan. **The goals, activities, and objectives outlined in Work Plan Phase II are solely contingent upon funding.** See Phase II Work Plan below.

KHHLPPP Work Plan Phase II

<p>Long Term Goal 1: Reduce unsafe & unhealthy housing conditions in Kentucky’s high risk populations.</p>	
<p>Intermediate Goal 1A: Reduce exposures to housing-related environmental health hazards that cause illness, injury or death in the Commonwealth of Kentucky, with an inference on children in high-risk populations</p>	
<p>Objective 1A-a: Sub-grantees conduct an accurate HH Risk Assessment for every child identified to be lead poisoned (BLL\geq15μg/dL).</p>	<ul style="list-style-type: none"> ● Activities: 1.) Ensure risk assessors/home visitors accurately utilize the HH Risk Assessment Tool (see Appendix A) 2.) Ensure housing-related environmental health hazards are accurately identified by risk assessors/home visitors 3.) Provide continuous TA to risk assessors/home visitors on the utilization of the new tool and identification of housing-related environmental health hazards. ● Outcomes: Housing-related environmental health hazards will be accurately identified for lead poisoned children; Adequate TA provided to risk assessors/home visitors. ● Date of Completion: 8/31/13 - ongoing ● Staff Responsible: KHHLPPP staff, sub-grantees, risk assessors/home visitors
<p>Objective 1A-b: Sub-grantees accurately follow and utilize HH protocols for referrals when a housing-related environmental health hazard has been identified.</p>	<ul style="list-style-type: none"> ● Activities: 1.) Ensure Sub-grantees expand current practices and adopt HH referral protocols 2.) Ensure sub-grantees have an updated referral list and it is being used according to the new protocols 3.) Provide continuous TA to sub-grantees regarding HH referral protocols. ● Outcomes: Sub-grantees adopt and appropriately follow the HH referral protocols; Adequate TA provided to sub-grantees regarding HH referral protocols. ● Date of Completion: 8/31/13 - ongoing ● Staff Responsible: KHHLPPP staff and sub-grantees
<p>Objective 1A-c: Increase family/participant knowledge of housing-related environmental health hazard.</p>	<ul style="list-style-type: none"> ● Activities: 1.) Ensure Sub-grantees and risk assessors/home visitors provide the necessary education when a housing-related environmental health hazard has been identified 2.) Ensure risk assessors/home visitors give families the newly developed pre- and post- knowledge survey and teach back questionnaire at appropriate times in accordance with HH protocols 3.) Provide continuous TA to sub-grantees regarding educating families and administering the survey and questionnaire. ● Outcomes: Sustained behavioral and environmental changes by families/participants, which in turn results in primary prevention efforts to eliminate or reduce housing-related environmental health hazard; Sub-grantees provide adequate education and successfully administer surveys/questionnaires; Adequate TA provided to sub-grantees. ● Date of Completion: 8/31/14 - ongoing

	<ul style="list-style-type: none"> • Staff Responsible: KHHLPPP staff and sub-grantees
<p>Objective 1A-d: Increase the standardization of enforcement processes across the state that prevents or controls housing-related environmental health hazards.</p>	<ul style="list-style-type: none"> • Activities: 1.) Determine the best standard operating guidance, policies, and practices for the state of Kentucky 2.) Educate legislators and policy makers of the need for standardization of enforcement processes across the state and present findings of best practices. • Outcomes: Increased awareness of policy holders and legislators of the need for standardization of enforcement processes across the state that prevents or controls housing-related environmental health hazards, which in turn could result improved/increased enforcement. • Date of Completion: 8/31/13 - ongoing • Staff Responsible: KHHLPPP staff, sub-grantees, AC members, and partners
<p>Short Term Goal 1B: Improve case coordination efficiency and timeliness</p>	
<p>Objective 1B-a: Develop and implement strategies to improve case coordination.</p>	<ul style="list-style-type: none"> • Activities: 1.) Ensure AC members and sub-grantees meet quarterly to develop/adapt strategies to improve case coordination based on evaluation of current processes 2.) Ensure sub-grantees implement the strategies recommended by the AC members 3.) Provide continuous TA to sub-grantees regarding case coordination. • Outcomes: Effective and efficient case coordination and plan of care, which will lead to prevention or reduction of illness, injury, & death related to housing-related environmental health risk factors; Adequate TA provided to sub-grantees regarding case coordination. • Date of Completion: 8/31/13 - ongoing • Staff Responsible: KHHLPPP staff, sub-grantees, and AC members
<p>Long Term Goal 2: Build a consortium of strategic partners to address unsafe and/or unhealthy housing conditions.</p>	
<p>Intermediate Goal 2A: Create a capacity-building mechanism, with partners, that will provide training, education, technical support, mobilization and consensus to improve the communities' ability to detect housing-related environmental health hazards.</p>	
<p>Objective 2A-a: Build capacity of KHHLPPAC - Identify and invite at least 3 new strategic partners who address housing-related environmental health hazards to AC meetings - Invite at least 2</p>	<ul style="list-style-type: none"> • Activities: 1.) Assess effectiveness of existing partners and determine new partners to invite 2.) Ensure partnerships are meaningful. • Outcomes: Existing partners evaluated; Meaningful partnerships strengthened and new ones established. • Date of Completion: 8/31/13 - ongoing • Staff Responsible: KHHLPPP staff, sub-grantees, AC members, and partners

community/faith-based partners to AC meetings	
<p>Objective 2A-b: Develop and implement strategies for leveraging resources.</p>	<ul style="list-style-type: none"> ● Activities: 1.) Investigate opportunities to leverage resources within KHHLPPP AC partners. 2.) Establish opportunistic plan to provide trainings, education, technical support, mobilization to improve the communities’ ability to detect housing-related environmental health hazards 3.) Implement strategies in plan. ● Outcomes: Resources will be leveraged for preventive community trainings and education, which in turn will result in mobilization to improve the communities’ ability to detect housing-related environmental health hazards ● Date of Completion: 8/31/14 - ongoing ● Staff Responsible: KHHLPPP staff, sub-grantees, AC members, and partners
<p>Objective 2A-c: AC members will participate in quarterly meetings to monitor and refine the strategic plan.</p>	<ul style="list-style-type: none"> ● Activities: 1.) Ensure AC members stay engaged in the Strategic Plan monitoring process 2.) Program partners will ensure their individual programs’ needs, goals, objectives, and activities are on track 3.) Revisit, review and revise the Strategic Plan based on evaluation and barriers identified through TA. ● Outcomes: The AC members will stay engaged and the Strategic Plan will be revised as needed. ● Date of Completion: 8/31/14 - ongoing ● Staff Responsible: KHHLPPP staff, sub-grantees, AC members, and partners
<p>Objective 2A-d: Utilize advocates and external stakeholders to increase awareness of legislators</p>	<ul style="list-style-type: none"> ● Activities: Reach out to community leaders and families/participants that could serve as active advocates. ● Outcomes: Build & enhance effective partnerships to improve environmental health. Increased public and legislator awareness, which could lead to an improved enforcement process through legal action. ● Date of Completion: 8/31/13 - ongoing ● Staff Responsible: KHHLPPP staff, sub-grantees, advocate AC members, and partners
<p>Long Term Goal 3: Utilize a surveillance system that tracks blood lead levels, environmental test results, and healthy housing variables.</p>	
<p>Intermediate Goal 3A: Centralized Tracking System in place.</p>	
<p>Objective 3A-a: Educate sub-grantees of the new CDC surveillance system (HHLPSS)</p>	<ul style="list-style-type: none"> ● Activities: HHLPSS trainings, webinars, & technical support for sub-grantees. ● Outcomes: Sub-grantees will effectively & efficiently use HHLPSS to track blood lead levels, environmental test results, and healthy housing variables. ● Date of Completion: 3/31/12 - ongoing ● Staff Responsible: KHHLPPP staff, KOIT, CDC IT, and sub-grantees.

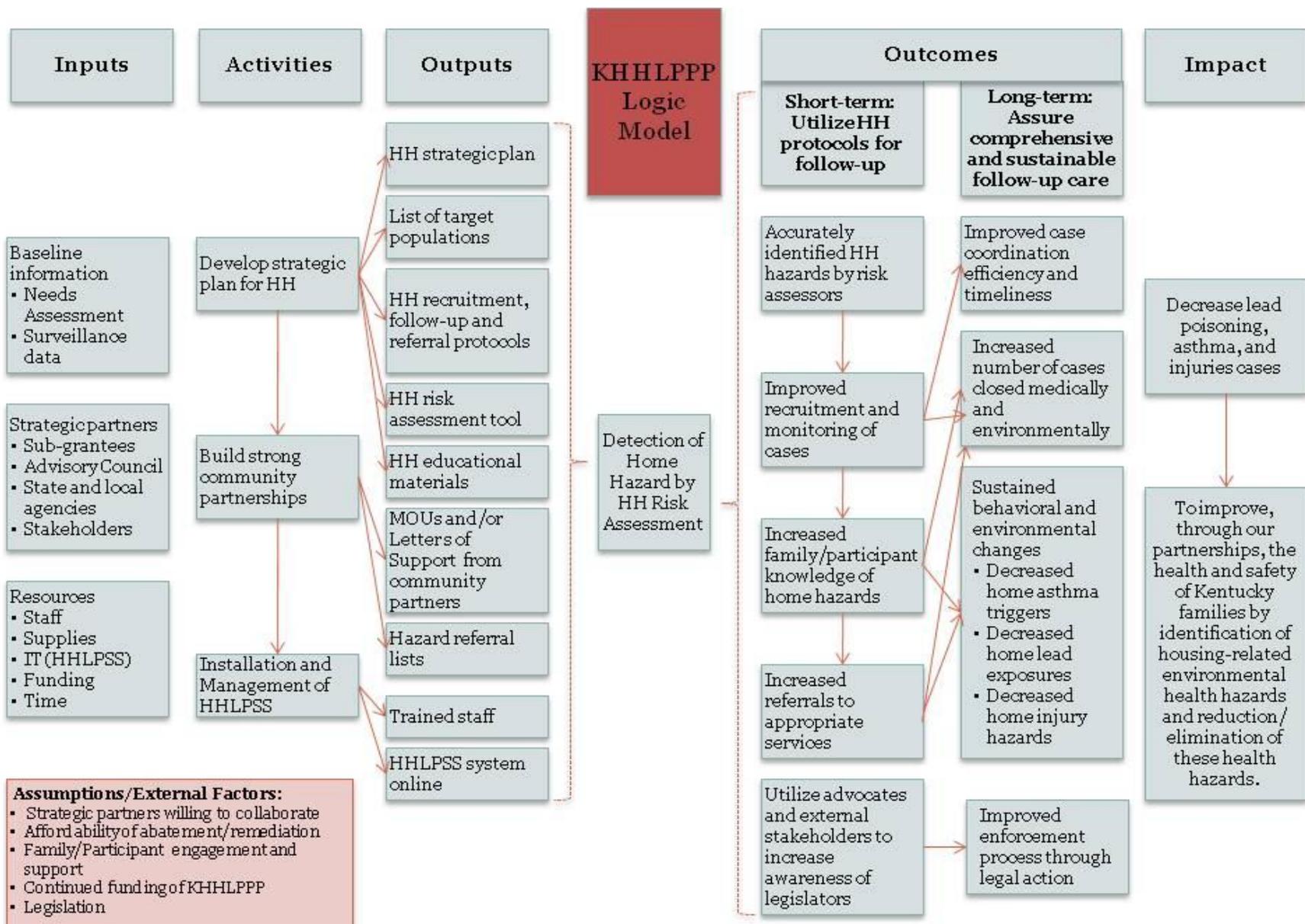
<p>Objective 3A-b: Ensure sub-grantees are utilizing HHLPSS and all required variables & cases with housing-related environmental health hazards are tracked.</p>	<ul style="list-style-type: none"> ● Activities: 1.) Continuous evaluation of HHLPSS and sub-grantees' data entry 2.) Provide continuous TA to sub-grantees regarding HHLPSS. ● Outcomes: Required variables and cases tracked correctly, which in turn ensures identified housing-related environmental health hazards are addressed in a timely manner; ongoing monitoring & quality control according to the Data Cleaning Plan. ● Date of Completion: 8/31/13 - ongoing ● Staff Responsible: KHHLPPP Epidemiologist and sub-grantees
<p>Objective 3A-c: Increase awareness of internal & external stakeholders on lead & healthy housing data.</p>	<ul style="list-style-type: none"> ● Activities: 1.) Report the analysis/interpretation of surveillance data and present trends to internal and external stakeholders, including the Governor, the General Assembly, and the Legislative Research Commission, via an Annual report and other core reports 2.) Make Annual report available on website. ● Outcomes: Increased awareness of internal and external stakeholders, including legislators, which could lead to an improved enforcement process through legal action. ● Date of Completion: 8/31/13 - ongoing ● Staff Responsible: KHHLPPP Epidemiologist, sub-grantees, AC members, and partners
<p>Goal 4: Assure follow-up care is provided for high-risk populations who are identified with housing-related environmental health hazards.</p>	
<p>Objective 4a: Sub-grantees accurately follow and utilize HH protocols for follow-up when a housing-related environmental health hazard has been identified.</p>	<ul style="list-style-type: none"> ● Activities: 1.) Ensure Sub-grantees expand current practices and adopt HH follow-up and referral protocols 2.) Ensure sub-grantees follow-up in a timely manner and in accordance to the new protocols when housing-related environmental health hazards have been identified 3.) Provide continuous TA to sub-grantees regarding HH follow-up and referral protocols. ● Outcomes: Sub-grantees adopt and appropriately follow the HH follow-up and referral protocols; Adequate TA provided to sub-grantees regarding HH follow-up and referral protocols. ● Date of Completion: 8/31/13 - ongoing ● Staff Responsible: KHHLPPP staff and sub-grantees
<p>Objective 4b: Decrease the length of time between identification of a housing-related environmental health hazard and a referral to an appropriate agency for remediation</p>	<ul style="list-style-type: none"> ● Activities: 1.) Increase standardization of protocols & improve tracking of available resources to educate, address/remediate, and control potential housing-related environmental health hazards 2.) Multiple trainings for staff to adequately conduct Healthy Home assessments 3.) Site visits and chart reviews. ● Outcomes: Timely response to identified housing-related environmental health hazards; prevention or reduction of illness, injury, & death related to environmental risk factors.

<p>or control of the environmental health hazard.</p>	<ul style="list-style-type: none"> ● Date of Completion: 8/31/13 – ongoing ● Staff Responsible: KHHLPPP staff and sub-grantees
<p>Objective 4c: Increased proportion of cases closed by case management & environmental</p>	<ul style="list-style-type: none"> ● Activities: 1.) Ensure improved recruitment and monitoring of cases through continuous evaluation 2.) Provide continuous TA regarding case coordination and plan of care. ● Outcomes: Decrease in the time to follow-up for lead cases; decrease in the time to follow-up from identification of housing-related environmental health hazard to the time of referral and/or remediation, thus resulting in prevention or reduction of illness, injury, & death related to environmental risk factors. ● Date of Completion: 8/31/13 – ongoing ● Staff Responsible: KHHLPPP staff and sub-grantees

Program Evaluation Plan

KHHLPPP's Logic Model addresses the program as a whole and laid the foundation for the Evaluation Plan. The logic model includes inputs and activities of staff and strategic partners, outputs, short-term and long-term outcomes, and the overarching goal or impact of the program. The logic model also takes into consideration assumptions and external factors that may have an impact (negative or positive) on the pathway to reaching these objectivities and goals. The current logic model for Kentucky's Healthy Homes and Lead Poisoning Prevention Program is presented on page 28.

KHHLPPP's Evaluation Plan (page 29) is a comprehensive plan for assessing overall programmatic progress by the end of year 1, as well as by the end of year 2 and 3. The evaluation plan not only outlines the objectives and activities of KHHLPPP, but also includes specific indicators for each activity. These indicators serve as a way that we can measure or evaluate the progress KHHLPPP has made in achieving our goals throughout the project period. This evaluation plan will be updated annually to ensure consistency with the strategic plan.



KHHLPPP Evaluation Plan

Long Term Goal 1: Reduce unsafe & unhealthy housing conditions in Kentucky's high risk populations.	
Intermediate Goal 1A: Reduce exposures to housing-related environmental health hazards that cause illness, injury or death in the Commonwealth of Kentucky, with an inference on children in high-risk populations	
<p>Objective 1A-a: Develop a KHHLPPP Strategic Plan</p>	<ul style="list-style-type: none"> • Process: Strategic Plan workgroup meets monthly to develop a strategic plan based on the outcomes of the needs assessment and develop a mission statement and a statement of purpose. Sub-committees will be established (as needed) to develop specific goals, objective and activities for needed program work plan. • Outcomes: Regular reports of progress to full Advisory Council; Comprehensive Strategic Plan based on Healthy Homes, including, Mission Statement, and Statement of Purpose to reduce housing-related environmental health hazards and promote housing that is healthy, safe, affordable, and accessible; Approval of Strategic Plan by full Advisory Council. • Data Collection: Submission of strategic plan to CDC by 09/2012, HH recruitment, follow-up, and referral protocols, updated list of at-risk populations, HH Risk Assessment Tool, and compiled HH educational materials. • Analysis Strategies: Ensure the Strategic Plan, protocols, HH Risk Assessment Tool, and HH educational materials are in place and support the mission of KHHLPPP. • Staff Responsible: KHHLPPP staff, sub-grantees, AC members, SP workgroup, and partners. • Approach: The above documents and tools will be updated as needed based upon continuous evaluation of KHHLPPPs' progress.
<p>Objective 1A-b: Improve skills of sub-grantees and other key partners in identifying housing-related health hazards.</p>	<ul style="list-style-type: none"> • Process: 1.) Increased collaboration with agencies to educate, address/remediate, & control potential housing-related environmental health hazards. 2.) Increased awareness of sources of lead & other housing-related environmental hazards 3.) Expand lead risk assessment training & technical assistance to address and/or educate on housing-related environmental health hazards for these high-risk vulnerable populations & develop a training tool for sub-grantees 4.) Make training tool available on website. • Outcomes: Sub-grantees trained to address and/or educate on housing-related environmental health hazards and increased opportunities to intervene & prevent or reduce illness, injury, and death related to environmental risk factors. • Data Collection: # of trainings, # trained risk assessors/certificates, # of educational sessions giving to families from case coordinator, family/participant teach back question scores, % HH hazards corrected of referrals made, and HH screening rates. • Analysis Strategies: Analyze incidence/prevalence data & generate a report; provide quarterly & annual feedback reports, and quarterly & annual

	<p>reports of # trainings and # trained out of total.</p> <ul style="list-style-type: none"> • Staff Responsible: KHHLPPP staff, sub-grantees, AC members, and partners • Approach: Focus on areas that need improvement & provide periodic feedback reports – continuous evaluation.
<p>Objective 1A-c: Sub-grantees conduct an accurate HH Risk Assessment for every child identified to be lead poisoned (BLL\geq15μg/dL).</p>	<ul style="list-style-type: none"> • Process: 1.) Ensure risk assessors/home visitors accurately utilize the HH Risk Assessment Tool 2.) Ensure housing-related environmental health hazards are accurately identified by risk assessors/home visitors 3.) Provide continuous TA to risk assessors/home visitors on the utilization of the new tool and identification of housing-related environmental health hazards. • Outcomes: Housing-related environmental health hazards will be accurately identified for lead poisoned children; Adequate TA provided to risk assessors/home visitors. • Data Collection: # of trainings, # trained/certificates, results from Pre- and post- HH training survey, results from chart reviews and site visits, and HH screening rates. • Analysis Strategies: Analyze incidence/prevalence data & generate a report; provide quarterly & annual feedback reports, and quarterly & annual reports of # trainings and # trained out of total. • Staff Responsible: KHHLPPP staff and sub-grantees • Approach: Focus on areas that need improvement & provide periodic feedback reports – continuous evaluation.
<p>Objective 1A-d: Sub-grantees accurately follow and utilize HH protocols for referrals when a housing-related environmental health hazard has been identified.</p>	<ul style="list-style-type: none"> • Process: 1.) Ensure Sub-grantees expand current practices and adopt HH referral protocols 2.) Ensure sub-grantees have an updated referral list and it is being used according to the new protocols 3.) Provide continuous TA to sub-grantees regarding HH referral protocols. • Outcomes: Sub-grantees adopt and appropriately follow the HH referral protocols; Adequate TA provided to sub-grantees regarding HH referral protocols. • Data Collection: protocols in place, updated referral list, # of referrals made, results from chart reviews and site visits, and family/participant pre- and post- knowledge survey results • Analysis Strategies: Analyze incidence/prevalence data & generate a report; provide quarterly & annual feedback reports. • Staff Responsible: KHHLPPP staff and sub-grantees • Approach: Focus on areas that need improvement & provide periodic feedback reports – continuous evaluation.

<p>Objective 1A-e: Increase family/participant knowledge of housing-related environmental health hazard.</p>	<ul style="list-style-type: none"> ● Process: 1.) Ensure Sub-grantees and risk assessors/home visitors provide the necessary education when a housing-related environmental health hazard has been identified 2.) Ensure risk assessors/home visitors give families the newly developed pre- and post- knowledge survey and teach back questionnaire at appropriate times in accordance with HH protocols 3.) Provide continuous TA to sub-grantees regarding educating families and administering the survey and questionnaire. ● Outcomes: Sustained behavioral and environmental changes by families/participants, which in turn results in primary prevention efforts to eliminate or reduce housing-related environmental health hazard; Sub-grantees provide adequate education and successfully administer surveys/questionnaires; Adequate TA provided to sub-grantees. ● Data Collection: # of educational sessions giving to families from case coordinator, family/participant teach back question score, Pre- and post-knowledge survey results, % HH hazards corrected of referrals made, and HH screening rates. ● Analysis Strategies: Analyze incidence/prevalence data & generate a report; provide quarterly & annual feedback reports. ● Staff Responsible: KHHLPPP staff and sub-grantees ● Approach: Focus on areas that need improvement & provide periodic feedback reports – continuous evaluation.
<p>Objective 1A-f: Increase the standardization of enforcement processes across the state that prevents or controls housing-related environmental health hazards.</p>	<ul style="list-style-type: none"> ● Process: 1.) Utilize and adapt tools from CDC Community Guide and Healthy Communities to develop, implement, and evaluate state policy addressing housing-related environmental health hazards to determine standard operating guidance; study policies and practices in other states 2.) Determine the best standard operating guidance, policies, and practices for the state of Kentucky 3.) Educate legislators and policy makers of the need for standardization of enforcement processes across the state and present findings of best practices. ● Outcomes: Increased awareness of policy holders and legislators of the need for standardization of enforcement processes across the state that prevents or controls housing-related environmental health hazards, which in turn could result improved/increased enforcement. ● Data Collection: Improved KRS, # new/improved state/local regulations or guidelines, HHL PSS data, & Policy Research ● Analysis Strategies: HHL PSS data will be analyzed & interpreted monthly, quarterly, and annually in reports to compare baseline numbers (prior to KRS) to current numbers. ● Staff Responsible: KHHLPPP Staff, sub-grantees, and AC members. ● Approach: Continuous evaluation of Kentucky laws to determine if aligned with current standard operating guidance.
<p>Intermediate Goal 1B: Improve case coordination efficiency and timeliness</p>	
<p>Objective 1B-a: Develop and implement strategies to</p>	<ul style="list-style-type: none"> ● Process: 1.) Ensure AC members and sub-grantees meet quarterly to develop/adapt strategies to improve case coordination based on evaluation of current processes 2.) Ensure sub-grantees implement the strategies

<p>improve case coordination.</p>	<p>recommended by the AC members 3.) Provide continuous TA to sub-grantees regarding case coordination.</p> <ul style="list-style-type: none"> ● Outcomes: Effective and efficient case coordination and plan of care, which will lead to prevention or reduction of illness, injury, & death related to housing-related environmental health risk factors; Adequate TA provided to sub-grantees regarding case coordination. ● Data Collection: # cases closed, # participants lost to follow-up, % of follow-up, % HH hazards corrected ● Analysis Strategies: Analyze incidence/prevalence data & generate a report; provide quarterly & annual feedback reports. ● Staff Responsible: KHHLPPP Staff, sub-grantees, and AC members. ● Approach: Focus on areas that need improvement & provide periodic feedback reports – continuous evaluation.
<p>Long Term Goal 2: Build a consortium of strategic partners to address unsafe and/or unhealthy housing conditions.</p>	
<p>Intermediate Goal 2A: Create a capacity-building mechanism, with partners, that will provide training, education, technical support, mobilization and consensus to improve the communities’ ability to detect housing-related environmental health hazards.</p>	
<p>Objective 2A-a: Expand knowledge of the Kentucky Healthy Homes Lead Poisoning Prevention Advisory Council (KHHLPPAC)</p>	<ul style="list-style-type: none"> ● Process: 1.) Provide a Healthy Homes training that focuses on housing-related environmental health hazards and the future of our program directed to the AC members. 2.) Conduct a pre- and -post assessment to measure increased knowledge. 3.) Discuss gaps in current Council based on the expanded scope. 4.) Determine Strategic Plan Workgroup. ● Outcomes: Quarterly meetings; Strategic Plan workgroup developed; Identified gaps in knowledge of Healthy Homes. ● Data Collection: # of meetings, # of attendees, # of members, meeting minutes, and results of pre- and –post assessment. ● Analysis Strategies: Generate quarterly and annual reports of # meetings, # of attendees, and # of members out of totals. Provide feedback reports on how KHHLPPP is doing on overall mission ● Staff Responsible: KHHLPPP staff, AC members, and other key partners. ● Approach: Use reports to inform members of KHHLPPPs’ progress & to initiate collaborative efforts on how to improve program efforts.
<p>Objective 2A-b: Build capacity of KHHLPPAC - Identify and invite at least 3 new strategic partners who address housing-related environmental health hazards to AC meetings - Invite at least 2</p>	<ul style="list-style-type: none"> ● Process: 1.) Assess effectiveness of existing partners and determine new partners to invite 2.) Ensure partnerships are meaningful. ● Outcomes: Build & enhance effective partnerships to improve environmental health. ● Data Collection: # of meetings, # of attendees, # of members, meeting minutes, Letters of Support and/or MOUs, and HHLPS data. ● Analysis Strategies: Generate quarterly and annual reports of # meetings, # of attendees, and # of members out of totals. Provide feedback reports on how KHHLPPP is doing on overall mission ● Staff Responsible: KHHLPPP staff, sub-grantees, AC members, and other key partners. ● Approach: Use reports to inform members of KHHLPPPs’ progress & to

community/faith-based partners to AC meetings	initiate collaborative efforts on how to improve program efforts.
<p>Objective 2A-c: Develop and implement strategies for leveraging resources.</p>	<ul style="list-style-type: none"> ● Process: 1.) Investigate opportunities to leverage resources within KHHLPPP AC partners. 2.) Establish opportunistic plan to provide trainings, education, technical support, mobilization to improve the communities’ ability to detect housing-related environmental health hazards 3.) Implement strategies in plan. ● Outcomes: Resources will be leveraged for preventive community trainings and education, which in turn will result in mobilization to improve the communities’ ability to detect housing-related environmental health hazards. ● Data Collection: plan in place, # of resources being used ● Analysis Strategies: Track resources ● Staff Responsible: KHHLPPP staff, sub-grantees, AC members, and other key partners. ● Approach: Collaborate with members to determine potential resources, continuous evaluation of partners to ensure meaningful partnerships.
<p>Objective 2A-d: AC members will participate in quarterly meetings to monitor and refine the strategic plan.</p>	<ul style="list-style-type: none"> ● Process: 1.) Ensure AC members stay engaged in the Strategic Plan monitoring process 2.) Program partners will ensure their individual programs’ needs, goals, objectives, and activities are on track 3.) Revisit, review and revise the Strategic Plan based on evaluation and barriers identified through TA. ● Outcomes: The AC members will stay engaged and the Strategic Plan will be revised as needed. ● Data Collection: Revisions made to Strategic Plan, # of meetings, meeting minutes. ● Analysis Strategies: Track & monitor (on a regular basis) KHHLPPP activities to ensure strategic plan is being followed. ● Staff Responsible: KHHLPPP staff, Strategic Planning Committee members, and other key partners. ● Approach: Continuous evaluation.
<p>Objective 2A-e: Utilize advocates and external stakeholders to increase awareness of legislators</p>	<ul style="list-style-type: none"> ● Process: Reach out to community leaders and families/participants that could serve as active advocates. ● Outcomes: Build & enhance effective partnerships to improve environmental health. Increased public and legislator awareness, which could lead to an improved enforcement process through legal action. ● Data Collection: # advocate AC members, # attempted contacts with legislator or public official, # media releases, # legal memos, petitions, or bills files ● Analysis Strategies: Track and monitor all public media and legislator outreach to ensure effectiveness. ● Staff Responsible: KHHLPPP staff, advocate AC members, and other key partners.

	<ul style="list-style-type: none"> • Approach: Continuous evaluation.
Goal 3: Utilize a surveillance system that monitors blood lead levels, environmental test results and healthy housing variables	
Intermediate Goal 3A: Centralized Tracking System in place.	
Objective 3A-a: Installation and Management (ensuring sub-grantees can enter data into the system correctly) of the new CDC surveillance system (HHLPSS)	<ul style="list-style-type: none"> • Process: HHLPSS trainings, webinars, and technical support for sub-grantees. • Outcomes: Sub-grantees can effectively & efficiently use HHLPSS to track blood lead levels, environmental test results, and healthy housing variables. • Data Collection: # of people/sub-grantees trained, # of user IDs provided, # logins per week, feedback reports, TA for sub-grantees, annual reports, quarterly CDC data, and HHLPSS • Analysis Strategies: Track to ensure appropriate sub-grantees have attended trainings and are using HHLPSS • Staff Responsible: KHHLPPP staff and sub-grantees. • Approach: Contact sub-grantees not using HHLPSS to ensure they receive training & a user ID.
Objective 3A-b: Ensure sub-grantees are utilizing HHLPSS and all required variables & cases with housing-related environmental health hazards are tracked.	<ul style="list-style-type: none"> • Process: Increase the tracking & monitoring of blood lead levels, environmental test results, and healthy housing variables throughout the Commonwealth of Kentucky. • Outcomes: Monitoring of data will allow for the development of effective and efficient interventions that will prevent or reduce illness, injury, and death related to environmental risk factors. • Data Collection: HHLPSS • Analysis Strategies: Evaluate HHLPSS during migration phases and annually once in production. • Staff Responsible: KHHLPPP Epidemiologist and HHLPSS Migration Team • Approach: When data errors are identified they will be corrected & results of evaluation will be shared with CDC – continuous evaluation
Objective 3A-c: Increased awareness of internal & external stakeholders on lead & healthy housing data.	<ul style="list-style-type: none"> • Process: 1.) Development & dissemination of Annual Lead and Healthy Home Report & periodic supplementary reports for stakeholders 2.) Reports available via website. • Outcomes: Increased awareness of internal and external stakeholders, including legislators, which could lead to an improved enforcement process through legal action. • Data Collection: # of reports developed, # of reports sent out, HHLPSS data • Analysis Strategies: Reports will capture prevalence of hazards, time to follow-up, demographics, trends, & important public health findings • Staff Responsible: KHHLPPP Epidemiologist, sub-grantees, AC members, and partners • Approach: Stakeholders ambitions to improve their jurisdictions will increase & improve outreach efforts – continuous evaluation.
Goal 4: Assure follow-up care is provided for high-risk populations who are identified with housing-related environmental health hazards.	

<p>Objective 4a: Establish protocols to ensure appropriate referrals and follow-up care is provided when housing-related environmental health hazards are identified.</p>	<ul style="list-style-type: none"> ● Process: 1.) Collaborate with AC members to develop a list of available resources to educate, address/remediate, & control potential housing-related health hazards 2.) Integrate HH components into the Certified Risk Assessment Tool to collect & document housing-related health hazards 3.) Provide training to sub-grantees on its use. ● Outcomes: Referral list, follow-up protocols, and modified risk assessment tool developed & trainings conducted will allow for hazards to be identified more quickly; decrease the time to referral. ● Data Collection: Referral lists, Established protocols, HH Risk Assessment Tool, % of HH hazards corrected of referrals made, # participants lost to follow-up, % of follow-up ● Analysis Strategies: Analyze incidence/prevalence data & generate a report; provide quarterly & annual feedback reports, and quarterly & annual reports of # trainings and # trained out of total. ● Staff Responsible: KHHLPPP staff, sub-grantees, AC members, and key partners. ● Approach: Use reports to inform sub-grantees of their progress & areas that need improvement.
<p>Objective 4b: Sub-grantees accurately follow and utilize HH protocols for referrals and follow-up when a housing-related environmental health hazard has been identified.</p>	<ul style="list-style-type: none"> ● Process: 1.) Ensure Sub-grantees expand current practices and adopt HH follow-up and referral protocols 2.) Ensure sub-grantees follow-up in a timely manner and in accordance to the new protocols when housing-related environmental health hazards have been identified 3.) Provide continuous TA to sub-grantees regarding HH follow-up and referral protocols. ● Outcomes: Sub-grantees adopt and appropriately follow the HH follow-up and referral protocols; Adequate TA provided to sub-grantees regarding HH follow-up and referral protocols. ● Data Collection: protocols in place, updated referral list, # of referrals made, results from chart reviews and site visits, and family/participant pre- and post- knowledge survey results, % of HH hazards corrected of referrals made, # participants lost to follow-up, % of follow-up ● Analysis Strategies: Analyze incidence/prevalence data & generate a report; provide quarterly & annual feedback reports ● Staff Responsible: KHHLPPP staff and sub-grantees ● Approach: Use reports to inform sub-grantees of their progress & areas that need improvement.
<p>Objective 4c: Decrease the length of time between identification of a housing-related environmental health hazard and a referral to an appropriate agency for remediation or control of the</p>	<ul style="list-style-type: none"> ● Process: Increased standardization of protocols & improved tracking of available resources to educate, address/remediate, & control potential housing-related environmental health hazards & multiple trainings for staff to adequately conduct Healthy Home assessments. ● Outcomes: Timely response to identified housing-related environmental health hazards; prevention or reduction of illness, injury, & death related to environmental risk factors. ● Data Collection: # of trainings, # trained/certificates, pre- and –post HH survey, established referral lists for communities, # of referrals made, # HH education materials available, % of HH hazards corrected of referrals made,

<p>environmental health hazard.</p>	<p># cases opened, # active cases, site visits and chart reviews.</p> <ul style="list-style-type: none"> • Analysis Strategies: Analyze incidence/prevalence data & generate a report; provide quarterly & annual feedback reports, and quarterly & annual reports of # trainings and # trained out of total. • Staff Responsible: KHHLPPP staff and sub-grantees • Approach: Use reports to inform sub-grantees of their progress & areas that need improvement.
<p>Objective 4d: Increased proportion of cases closed by case management and environmental</p>	<ul style="list-style-type: none"> • Process: 1.) Ensure improved recruitment and monitoring of cases through continuous evaluation 2.) Provide continuous TA regarding case coordination and plan of care. • Outcomes: Decrease in the time to follow-up for lead cases; decrease in the time to follow-up from identification of housing-related environmental health hazard to the time of referral and/or remediation, thus resulting in prevention or reduction of illness, injury, & death related to environmental risk factors. • Data Collection: HHL PSS data – # cases closed, # lost to follow-up, % HH hazards corrected, % of follow-up, time from first HH risk assessment to follow-up assessment, time from first HH risk assessment to referral if necessary. • Analysis Strategies: Reports will capture prevalence of hazards, time to follow-up, demographics, trends, & important public health findings • Staff Responsible: KHHLPPP staff and sub-grantees • Approach: Those not adhering to follow up protocols will be contacted & resolutions established.

Partners

Below is a list of KHHLPPP's partners. Without these meaningful partnerships the mission of KHHLPPP would almost be impossible to achieve. To find a complete list of KHHLPPP's advisory council members please see Appendix B.

Kentucky's Department for Public Health

1. Local Health Departments (LHDs): provide blood lead screening and follow up services for elevated blood lead levels. Services include follow-up blood lead tests, family preventive education, nutrition education, home visits including a visual assessment and with lead poisoned clients, a certified risk assessment. LHD's refer clients with elevated blood lead levels to the primary care physicians for medical evaluations and if needed, chelation therapy. LHD's also provide community education on housing related health hazards.
2. Primary Care Physicians (PCP): provide blood lead screening and follow up tests for at-risk populations. PCP's may provide family preventive education and referrals to the LHD for case management services.
3. Cabinet for Health and Family Services (CHFS) Department for Public Health (DPH) Division of Maternal and Child Health (MCH) Child and Family Health Improvement Branch (CFHI), Child Fatality Review and Injury Prevention: provides data sharing and assists in educating local health departments, physicians and the general public on preventing housing related health hazards and ensuring healthy and safe homes for Kentucky families.
4. CHFS DPH MCH Early Childhood Development Branch (ECD), Health Assessment Nurturing Developmental Services (HANDS): assists the HHLPPP by addressing and providing education on safety issues as they pertain to the families served through eh home visitation program. After an RN assesses the family needs, families are educated on preventive strategies to protect the health and safety of their family, including providing preventive education on lead poisoning. Some programs have incorporated the Healthy Homes Assessment tool to identify other housing related health hazards and provide families on the needed preventive education.
5. CHFS DPH MCH Health Promotion Branch, Tobacco Prevention and Cessation: provides technical assistance and materials to reduce exposure to secondhand smoke.
6. CHFS DPH MCH Nutrition Services Branch, Women's, Infants and Children (WIC): assists in assuring at-risk populations receive a blood lead test if an at-risk patient < 6 years of age has not been previously tested. Although not a WIC requirement, many children receive screening and follow up blood lead testing at the WIC clinics. Nutrition Services collaborate on policy decision regarding nutrition therapy for at-risk children. Education on the lead poisoning prevention diet is provided to families of children and pregnant women who present with an elevated blood lead level.

7. CHFS DPH MCH CFHI, Prenatal Program: assists in educating physicians and local health departments to assure at-risk prenatal patients are tested with a blood lead test. Follow up case management services are provided through the local health department.
8. CHFS DPH MCH CFHI, Well Child Program: assures blood lead screenings for at-risk populations for children ages 6 months through 72 months of age. Lead risks are determined, starting at age 6 months of age using the verbal lead risk assessment questionnaire during the Early Periodic Screening Diagnostic Treatment (EPSDT) Well Child visits. If a child is at-risk a blood lead specimen is drawn.
9. CHFS DPH Division of Administration and Financial Management (AFM) Office of Administration and Technology Services (OATS): has been working diligently and assisting KY HHLPPP to establish the web based Healthy Homes and Lead Poisoning Prevention Surveillance System (HHLPPSS). They assure that the electronically reported blood lead levels are being correctly cleaned, de-duplicated and placed into the lead database, CLPPP. The team also assures that the blood lead levels reported through the web based form CLPPPNet are being correctly uploaded into CLPPP. The data will be uploaded into HHLPPSS.
10. CHFS DPH Division for Public Health Protection and Safety (PHPS) Public Safety Branch (PSB), Environmental Lead Program (ELP): shares the goals in preventing and eliminating lead poisoning. ELP contributes applicable data on housing lead investigations. ELP provides recertification training's for the public health risk assessors. ELP assists the Healthy Homes Program in following up on assuring identified lead hazards are corrected in a timely manner when a contractor has requested a permit to complete corrective work. Lead safe work practices are also assured on those cases not involving a child/pregnant women, such as contractors requesting permits to complete work on identified lead hazards for abatement. Certified abatement companies to safely remove lead hazards are listed and update certifications on their website. The ELP provides guidance pertaining to the environmental lead laws.
11. CHFS DPH PHPS PSB, Environmental Public Health Tracking Network: assists in data collection and sharing of blood lead levels in children and affected persons. The program is working to establish funding on a project to identify areas of high-risk for health concerns in relation to housing related health hazards secondary to heavy flooding occurring in of several of Kentucky's counties in 2011.
12. CHFS Department for Medicaid Services (DMS): provides reimbursement for screening at-risk populations with a blood lead test, follow up blood tests, preventive education, home visits, nutrition services, medical evaluation, chelation therapy and certified risk assessment services. DMS supports partnerships to address the need for healthy homes through children services programs including First Steps, HANDS, and EPSDT screenings as well as the KY Children's Health Insurance Program Outreach (KCHIP). DMS assures blood lead screenings of Medicaid eligible and enrolled children at ages 1 and 2 years and ages 3-72 months of age if the child does not have a documented blood lead test.

13. CHFS DPH PHPS Environmental Management Branch (EMB): provides education to consumers needing information pertaining to mold, radon, and/or septic systems. This environmental team provides educational materials to help consumers mitigate mold and radon issues within their homes, and provide lists of industry contacts that perform work relating to mold and radon mitigation. This team also offers advice relating to septic system issues and provides further contact with local health departments regarding septic system installation and/or repair if necessary.
14. CHFS DPH Division of Prevention and Quality Improvement (PQI) Chronic Disease Prevention Branch, Asthma Program: provides current surveillance data regarding the burden asthma in KY. The program assists in providing training and educational resources to physicians, families and the general public regarding best practices for asthma and other housing related health concerns. Asthma assists in providing education for families needing information on housing related health hazards in relation to asthma such as mold and other contaminants.
15. University of Kentucky, College of Public Health: assists with providing lead poisoning education to students enrolled in the Masters in Public Health program. Students can apply for internships to be used in various projects in communities, local health departments and we are working to secure internships here at KY's Department for Public Health for our Healthy Homes Program.
16. University of Kentucky, Injury Prevention and Research Centers (KIPRC): provide KY injury data and assists analyzing related data. They provide links to national pediatric resources not readily available without their assistance. Eligible homeowners are provided with smoke detectors, training and installation. KIPRC assists KY HHLPPP in injury prevention by educating the public on housing related health hazards and providing referral information to appropriate agencies that address these hazards. KIPRIC provides training to home visitors who will be better equipped to educate and talk with families on preventing illness and injury.
17. Western Kentucky University, College of Health and Human Services, Department of Public Health: assists with providing lead poisoning education to students enrolled in the Masters in Public Health program. Students can apply for internships to be used in various projects in communities, local health departments and we are working to secure internships here at KY's Department for Public Health for our Healthy Homes Program.
18. Eastern Kentucky University, College of Health Science, Department of Health Promotion and Administration: assists with providing lead poisoning education to students enrolled in the Masters in Public Health program. Students can apply for internships to be used in various projects in communities, local health departments and we are working to secure internships here at KY's Department for Public Health for our Healthy Homes Program.

19. Northern Kentucky University: helped to support the inception of the Lead Collaborative in the Northern KY region in 2008. With partners, this coalition was able to support educational initiative that resulted in approximately 40 students at the undergraduate, honors and graduate level completing educational offerings on the prevention of lead poisoning at the elementary, middle school and high school levels. These offerings also included Head Start Advocate training sessions, presentation to health care providers, on the importance of screening, and caregiver training in an effort to assist parents to advocate for the screening of their children with their provider. This offering is in both English and Spanish. The coalition continues to support this educational offering.
20. Northern Kentucky University, College of Health Profession: provides education and requires nursing students to complete community screenings and health teachings during public community health classes
21. Kentucky Cooperative Extension: assists local communities with educational outreach to include lead poisoning prevention as well as other housing related health hazards.
22. Kentucky Office of Rural Health: assists in educating rural health providers on the need to provide blood lead testing for at-risk populations under the age of 72 months for Medicaid eligible and enrolled children as well as families on lead risks and preventive strategies..
23. Area Health Education Centers (AHEC): Assists with providing education to primary care physicians and to the general public in local communities. Education includes testing at-risk populations with a blood lead test, lead poisoning prevention strategies and when to follow-up with the local health department to receive needed case management services
24. University of Louisville, School of Public Health: assists with providing lead poisoning education to students enrolled in the Masters in Public Health program. Students can apply for internships to be used in various projects in communities, local health departments and we are working to secure internships here at KY's Department for Public Health for our Healthy Homes Program.
25. Kentucky Regional Poison Center: assists in providing preventive education on housing related health hazards when presenting to groups on how to prevent, thus reducing injury and fatalities
26. Lexington Fayette Urban County Government-Code Enforcement Office: assists with the local health officer in follow up on cases where identified lead hazards have not been corrected with in specified time frame by poisonings.

Northern Kentucky Independent District Health Department Community Resources

1. Cincinnati Children's Hospital Medical Center: Serves as a primary referral for Lead Specialist. Works cooperatively with the health department in patient education and

follow up. Performs venous BLL's and reports results to local health departments. The program is led by Dr. Nick Newman, a pediatrician and local supporter of Children's Preventative Medicine Programs. Children's along with us are working on an MOU to allow Case Manager to participate in weekly lead clinic activities. In addition, Children's will take asthma referrals.

2. Healthpoint Family Care, 4 centers: A group of health care centers that provide family practice medicine to low income families based on a sliding scale. They perform venous BLL's and report results to local health departments. They work cooperatively with the health department in education and primary prevention.
3. St. Elizabeth Medical Center: Serves as a referral source for children who need to obtain a venous BLL. Also allows the health department to participate in yearly health fair.
4. Northern Kentucky University: Assists the health department with community outreach by allowing us to educate nursing students on the Lead Poisoning Prevention Program.
5. Girl Scouts, Licking Valley Council: Works cooperatively with the Health Department in community outreach. Currently working with Girl Scout leaders to allow the Girl Scouts to earn a community service badge by handing out information in targeted zip code areas.
6. Gateway Community College: Assists the Health Department with community outreach by allowing the Health Department to educate nursing students on the Lead Poisoning Prevention Program.
7. Beckfield College: Assists the Health Department with community outreach by allowing the Health Department to educate nursing students on the Lead Poisoning Prevention Program.
8. People Working Cooperatively: Volunteer group. Provide free house cleaning and minor repair work for low income families. Funding is limited.
9. Head Start: Assists the Health Department with Primary Prevention by requesting our assistance with the yearly Head Start Extravaganza where parents of preschoolers are provided with health information for primary prevention of Lead Poisoning in children.
10. Action Ministries Inc.: Local Food Bank providing free food and other household supplies to low income families in our targeted zip code area. Has agreed to work cooperatively with the Health Department by allowing education of clients on Lead Poisoning Prevention.

11. Covington Independent School District: Assist with providing information to the general public on Lead Poisoning Prevention and Healthy Homes via health fairs and making presentations to school groups.
12. Newport Independent School District: Assist with providing information to the general public on Lead Poisoning Prevention and Healthy Homes via health fairs and making presentations to school groups.
13. Latonia Business Association Children's Fest, Latonia KY 41015: Assist with providing information to the general public on Lead Poisoning Prevention and Healthy Homes via health fairs.
14. Newport and Covington's Housing Authorities: Local Housing authorities through block grants purchase available housing. These properties are inspected for lead and one of the following methods are utilized once problems are identified: lead abatement, encapsulation, or demolition of structure with new housing built in its place. This process ensures our local cities have addressed lead issues prior to allowing residency of families with young children.

Louisville Metro Department of Public Health & Wellness (LMDPHW) Community Resources.

1. University of Louisville Hematology & Oncology Clinic: provides treatment to children with elevated blood lead levels. The program is led by Dr. Salvatore Bertolone, a pediatric hematology and oncology specialist and local supporter of Children's Preventative Medicine Programs. LMDPHW has a contract that covers the services including a quarterly patient chart review with HHLPPP's Case Manager.
2. Bellarmine University; Indiana University South-East; University of Louisville; Spalding University (Schools of Nursing): send nursing students to LMDPHW for a case management and community outreach practicum allowing us to educate the students on the Lead Poisoning Prevention Program.
3. Community Services & Revitalization: provides assistance to clients identified by LMDPHW HHLPPP for renovation/abatement. HHLPPP refers clients (properties with identified lead hazards) to this partner for assistance. The Lead Safe Louisville Project assists housing units (rental units and owner occupied homes) in the form of forgivable loans to qualified homeowners and on a match basis to qualified landlords. The Lead Safe Louisville Project works to increase public awareness about lead hazards. HHLPPP refers clients to The LSL Project for lead training classes, such as lead safe work practice. HHLPPP joins The LSL Project to create educational materials and provide lead awareness presentations to schools, daycares, etc. HHLPPP shares data about elevated

blood lead levels and information on court cases with this partner to help with financing regarding correction of identified lead hazards.

4. Louisville Housing Authority (Section 8): provides assistance to clients identified by LMDPHW HHLPPP as needing housing assistance. They also refer their clients with lead-based paint issues to LMDPHW for inspections.
5. Inspections, Permits, & Licenses (IPL): enforces housing codes in Metro Louisville. LMDPHW HHLPPP refers complaints (no EBLL children involved) on houses with perceived lead hazards to IPL for action. IPL collaborates with HHLPPP via referrals to conduct inspections and complete risk assessments in all of Metro Louisville. IPL joins HHLPPP in addressing concerns and implementing corrective action to housing issues, especially in the 6 targeted high-risk areas; expanding awareness of childhood lead poisoning prevention; lead hazard identification, and prevention strategies. HHLPPP works with IPL in distributing educational materials on measures to reduce/eliminate lead exposure to children in the community.
6. Jefferson County Public Schools' (JCPS) Head Start: Provides a forum to screen children for lead. HHLPPP offer presentations to daycare centers and elementary schools on universal precautions and awareness of other sources of lead hazards to reduce/eliminate childhood lead poisoning.
7. Catholic Charities of Louisville; Jewish Community Center; Kentucky Refugee Ministries: work cooperatively with LMDPHW by identifying new immigrants and refugees in the community and arrange for HHLPPP to screen their children for lead. These clients are also given educational material on Healthy Homes and Lead Poisoning Prevention.
8. Louisville Water Company: tests water samples for LMDPHW HHLPPP.
9. New Direction: provides lead-safe housing to families served by HHLPPP and also refers clients for blood lead testing.
10. KOSAIR Children's Hospital: serves as site for inpatient care for children receiving treatment (i.e. chelation).

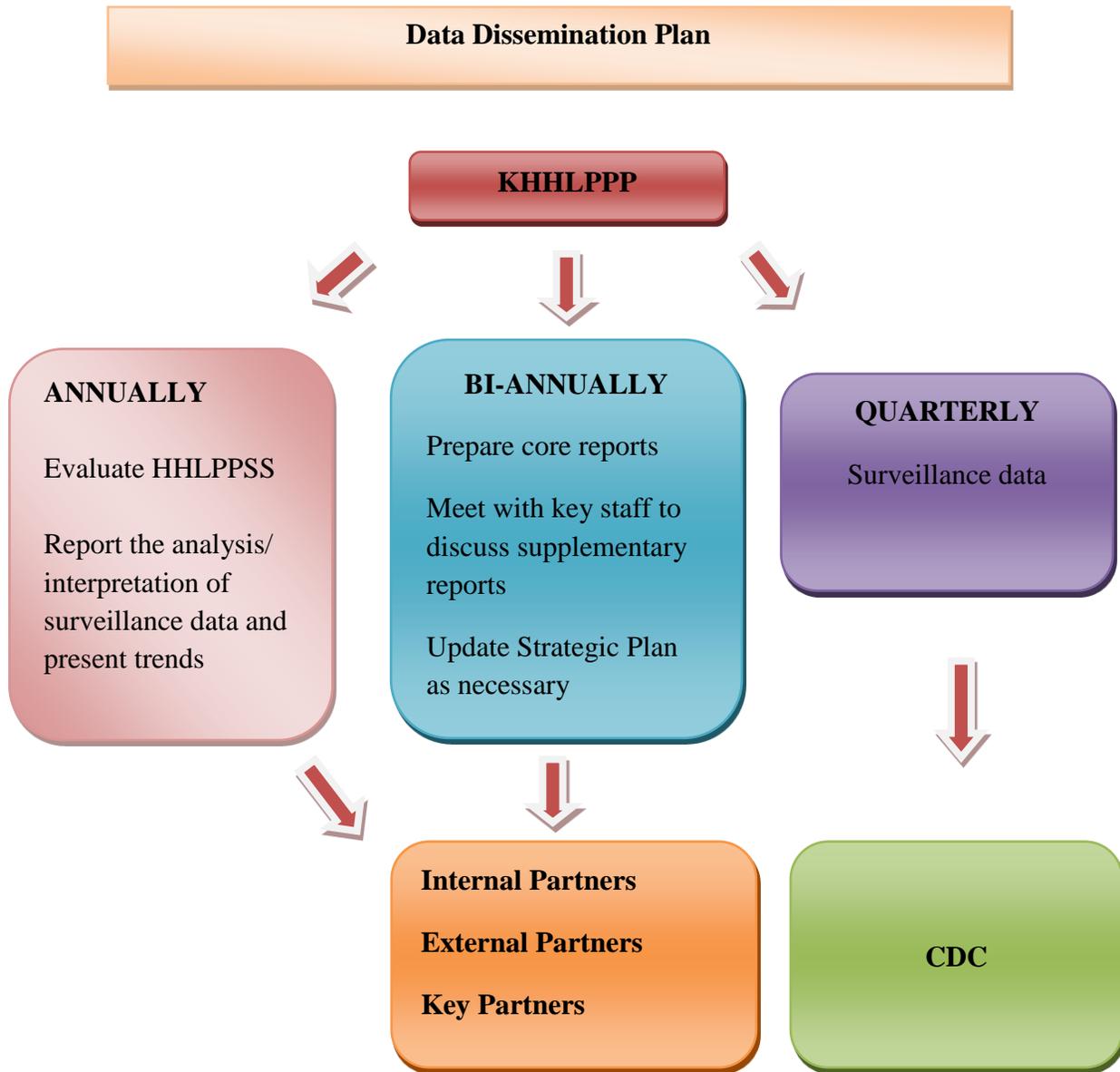
Data Guidelines

Kentucky plans to utilize the new CDC supported internet browser based surveillance system (Healthy Homes and Lead Poisoning Surveillance System – HHLPSS) that captures and tracks housing related health hazards, including but not limited to lead, asthma, and injury/fire. This new surveillance system will allow for improved data quality with integrated state data stores and improved accessibility, maintenance, and workflow. KHHLPPP's goal is to have this new surveillance system in full production by September 1, 2012.

Kentucky plans to utilize HHLPSS to its full potential and disseminate data to internal and external stakeholders, the CDC, and any other key partners (Figure 2). Kentucky will prepare an annual report of Kentucky's surveillance data, which will present trends and important public health findings for internal and external stakeholders. KHHLPPP will utilize HHLPSS to submit quarterly surveillance data extractions to CDC. Furthermore, KHHLPPP plans to identify and create core reports based upon requests and periodic supplementary reports for specific internal and/or external key partners twice a year.

KHHLPPP, the Strategic Planning Committee, and other key partners will meet twice a year to discuss supplementary reports and ways of improving the quality and utility of surveillance and other data to best meet KHHLPPP needs. Based upon these discussions, the Strategic Plan will be updated as necessary and the newly collected housing-related environmental hazard data will be incorporated into the plan. In addition, HHLPSS will be evaluated on an annual basis.

Figure 2.



Activities of Engagement

To assure the engagement of the advisory committee (AC) members in the process of monitoring and refining this strategic plan, Kentucky's Healthy Homes and Lead Poisoning Prevention Program aims to meet quarterly with the AC members to review the plan and present new updates in the data. The progress of the program and the results of continuous evaluation will be shared with the members at these quarterly meetings. The members will be encouraged to provide feedback and suggest ways the activities of the program can be improved based on the results of the evaluation. The strategic plan will be altered accordingly to the members' recommendations.

In addition, KHHLPPP will allow time for members to present new updates in their area of work, which could potentially improve/affect the processes of the program. Based on the updates and new data provided from other programs and partners and the consensus of the members to make specific changes, the strategic plan will be refined.

If funds are minimal or lacking, KHHLPPP will revert to sharing necessary information and updates via emails, live meetings, phone conferences, etc.

Sustainability Plan

Partnerships

Kentucky's Healthy Homes and Lead Poisoning Prevention Program's mission and goals are critical in ensuring the health and safety of Kentucky families. In order to sustain KHHLPPP's efforts when funds are minimal or lacking, it is crucial to build lasting, meaningful relationships with partners who can help carry out the program's mission. Beginning on page 37 of this strategic plan is a list of partners and a description of the activities these partners contribute to the overall mission of KHHLPPP. Each of these activities will sustain the primary efforts of KHHLPPP as they are today.

Existing Infrastructure

Kentucky's Healthy Homes and Lead Poisoning Prevention Program is part of the Child and Family Health Improvement Branch in the Division of Maternal and Child Health (MCH). In the event of reduced or loss of funding, the core public health services of MCH are required to be carried out. Childhood Lead Poisoning Prevention is a core public health service that constitutes primary prevention of elevated blood lead levels (EBLLs) and secondary prevention of lead poisoning in children less than 72 months of age and in pregnant women. The Kentucky Revised Statute (KRS) 211.901 establishes the statewide program in assuring the prevention, screening, diagnosis, and treatment of lead poisoning.

The Core Lead Poisoning Prevention Services that are required under existing Kentucky statutes include:

1. Assure blood lead screenings and follow-up.
 - Blood lead screening is required for at-risk populations and provided at the local health departments and by primary care physicians (PCP). Reimbursement is through Medicaid or by sliding fee scale.
 - “At-risk persons” are all children seventy two (72) months and younger and PREGNANT women who meet one of the following criteria:
 - Medicaid recipients; *KRS 211.903*
 - Living in high-risk zip codes, (based on number of pre-1978 housing in zip code area, number of Medicaid recipients and poverty level of that same area). *KRS 211.900 (7)*
 - Has a “yes or don’t know” response to any questions on the verbal lead risk assessment questionnaire *KRS 211.900 (7)*
 - Priority is to be given to 1) high risk areas and 2) children one to three years of age. Outreach programs shall be included if necessary. *KRS 211.903 (2)*
 - Lead testing is to be made available as part of the immunization program offered by and provided without charge by the cabinet and LHDs. *KRS 21.903 (1)*.
2. Assure blood lead results $>2.3\mu\text{g/dL}$ are reported electronically within 7 days to the Cabinet.
 - The contents of the reports are to include:
 - The full name and address of the person tested;
 - The date of birth of such person;
 - The type of specimen and the results of the appropriate laboratory tests made on such person; and
 - Any other information about such person deemed necessary by the cabinet to carry out the provisions of this section. *KRS 211.902 (1)*
 - Records shall be analyzed and geographically indexed by county annually in order to determine the location of areas with a high incidence of elevated blood lead levels reported. *KRS 211.902 (4)*
 - The records and analysis shall be public record and are to be provided annually by October 1 to the Governor, the General Assembly, the Legislative Research Commission, and the Lead Poisoning Prevention Advisory Council. *KRS 211.902 (4)*
3. Assure follow-up for EBLL’s through case management services
 - Follow-up services are required for those who were previously diagnosed and treated for lead poisoning and/or those who were previously found to have an EBLL. *KRS 211.903 (3)*
 - Once a child has been identified as having a BLL $\geq 10\mu\text{g/dL}$, case management services should be initiated at the LHD.
4. Assure Comprehensive Environmental Lead Home Assessments

- Home assessments (Certified Risk Assessments) are completed by LHD’s risk assessors and reimbursed by Medicaid. Non-Medicaid assessments are reimbursed by the MCH 811 grant funds.
- When a child <72 months of age or younger is identified to have an EBLL, the patient’s home or other places the child routinely spends more than six (6) hours per week shall be inspected for the purpose of ascertaining the existence of lead-based hazards. Samples may be removed for laboratory analysis to determine the presence of lead-based hazards. *KRS 211.905 (1)*

5. Assure Lead Data Surveillance.

- Shall maintain comprehensive records of all reports submitted to the Cabinet, which will allow for the data to be analyzed and geographically indexed. *KRS 211.902 (4)*

6. Assure Lead Poisoning Prevention Outreach and Education

- Outreach programs to promote blood lead testing in high-risk areas, if necessary, shall be made available to those at-risk persons seventy-two (72) months of ages and younger. *KRS 211.903 (2)*
- Educational programs are to be provided to inform parents, teachers, personnel of human resource agencies, owners of dwellings and dwelling units, health service personnel, and the general public of the dangers, frequency, and sources of lead poisoning and methods of prevention. *KRS 211.904*

Other services that KHHLPPP deem necessary in order to carry out our mission include:

1. Train additional Risk Assessors from various regions to ensure that Certified Risk Assessors are equally dispersed throughout Kentucky. In the long run, this will cut travel costs and ensure risk assessments occur in a timelier manner for those children identified with EBLLs.
2. Assure Continuance of the Healthy Homes and Lead Poisoning Prevention Advisory Council (KHHLPPAC).
3. Work closely with the State’s Asthma program to assure specific activities and functions can be maintained by the Asthma program if funds are cut for the Healthy Homes and Lead Poisoning Prevention Program.

Regulatory Infrastructure

KHHLPPP aims to increase the standardization of enforcement processes that prevents or controls housing-related environmental health hazards across the state by investigating evidence-based practices. KHHLPPP plans to utilize and adapt tools from CDC Community Guide and Healthy Communities to develop, implement, and evaluate state policy addressing housing-related environmental health hazards and to determine the most appropriate evidence-based operating guidance for the state of Kentucky.

Furthermore, KHHLPPP proposes to utilize advocates and external stakeholders to increase awareness of legislators and policy makers of the need for standardization of enforcement

processes across the state. KHHLPPP will provide advocates with the necessary information to present to the legislators in hopes of getting them on board.

Once the best standard operating guidance for the state of Kentucky has been identified and the legislators and policy makers have been educated, KHHLPPP and the AC members will propose amendments to current statutes and regulations accordingly. It is KHHLPPPs' hope that having informed legislators on the Legislative Review Committee (LRC) will result in the passing of the proposed amendments.

Additional Resources

If CDC funds are minimal or lacking, KHHLPPP will continue investigation of additional funding and/or resources to sustain the program. KHHLPPP plans to search and apply for grants that would assist in carrying out the program's mission, such as Robert Wood Johnson Foundation or HUD grants.

Since KHHLPPP is housed in the Maternal and Child Health (MCH) Division, the program will be sustained through the MCH Title V Block Grant. Funding from this block grant would allow for the program to be sustained at the state level and allow for continued surveillance activities.

Letters of Support

To ensure that the contributions of KHHLPPP's partners are consistent with the program's overarching mission, letters of support have been obtained (see Appendix C). These letters specifically outline the activities and the commitment of our partners in sustaining the primary efforts of KHHLPPP and ensuring the health and wellness of Kentucky's families.

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Appendix A

KHHLPPP's Healthy Home Risk Assessment Tool

KHHLPPP's
Healthy Home Risk Assessment Tool
Home Visit and Onsite Evaluation

Part 1: Home Visit (To be filled out by the Case Manager at BLL's 10µg/dL and greater)

Date of Visit: _____

Patient Data:

Health Department _____ County _____

Name of Patient _____ Patient ID # _____ Birth Date _____

Address _____

County Code (FIPS) _____ Sex _____ Race _____ Ethnicity _____

Parent/Guardian Name: _____ Phone # _____

Alternate Contact Person: _____ Phone # _____

How many people live in patients household by age?

Children less than 6 years? Number and Age _____

Children age 6 and over? Number and Age _____

Adults ages 18-64? Number and Age _____

Adults age 65 and over? Number and Age _____

Does anyone in home smoke ? Yes No Do visitors smoke in home Yes No

Reviewed Lead Poisoning Prevention Information with Parent/Guardian:	Yes
1. Elevated Blood Lead Levels (EBLL); 2. Lead Poisoning; 3. Ill effects of EBLL's and Lead Poisoning; 4. Common Sources of Lead Exposure and hand to mouth route of exposure 5. Importance of monitoring blood lead levels and the importance in keeping scheduled appointments to assure the decrease of blood lead levels to below the level of concern. 6. The importance of the Lead Poisoning Prevention Diet, high in Calcium, Iron, Vitamin C and low in Fat. 7. The importance of washing face & hands frequently, especially before meals or snacks and sleep times? 8. Lead Poisoning Prevention Strategies in Reducing exposure such as: <ul style="list-style-type: none"> • Housecleaning techniques such as damp dusting, daily vacuuming with a HEPA filter vacuum and daily mopping in pre-1978 homes with increased dust. • Covering chipping/peeling paint temporarily with duct tape and plastic/cardboard or large pieces of furniture. • Restricting child from playing in areas with potential hazards • Keeping the child's play area cleaned daily, wiping of the child's toys frequently and placing in a clean and covered tote? 	
Parents verbalize an understanding that if child BLL is being followed by PCP that the child will still be followed by case management at the LHD.	

Asthma

Has anyone ≤ 6 years old who lives in the home been diagnosed with asthma by a health professional?

Yes No Don't Know Anyone ≥ 6 years old? Yes No Don't Know

If yes, has this person been to emergency room for asthmas within the past 12 months Yes No

Has this person been admitted to the hospital for asthma within the past 12 months Yes No

Carpet throughout house? _____ Pets in home? _____

Comments: _____

Injury Hazards:

For the purposes of this form, injury is defined as cuts, punctures, scrapes, bruises, fractures, or similar accidents. In the last 6 months, has any child had an injury or accident in the home that resulted in a visit for medical care?
 ___ No ___ Not Sure ___ Yes Explain _____

Comments: _____

Healthcare Provider

- Provider Name: _____ Provider ID _____
- Provider Address: _____
- Provider Group Name: _____ Provider Phone # _____
- Is this the patient’s medical home? Yes No
- Is the patient going to any other clinics (WIC clinics, Specialists, Physical Therapy, etc.)? Yes No
- Has the patient been referred to this or any physician for a Medical Evaluation? Yes No
- **Indicate any medical treatment, including physician and hospital visits:** _____

Patient/Sibling Testing and Results (*Type – Capillary or (V) Venous*Location – Health Department, Physician’s Office, et)c

Name	Age	Date	Location*	Type*	Result

Childcare Information:

Is the child cared for away from the home (daycare, family members, friends, church, etc...) Yes No
 If yes, list the name of the contact and their relationship to the child, their address, the number of hours a week the child is at this address and the general condition of the home.

Contact Name/ type of relation	Address	# hours per week (approx.)	General condition of dwelling—including any remodeling/renovation.

Please complete patients past 12 month addresses:

Dates _/_-_-/_-_-	Address	Age of Dwelling (if known)	General condition of dwelling—including any remodeling/renovation, chipping/peeling paint?.

Child Behavior and Environmental Risk Factors

- Where does the child like to play outdoors? _____
- Type of surface in the child’s primary outdoor play area? _____
- Does child suck his/her fingers? Yes No
- Does child put objects into his/her mouth? Yes No If yes, what types of objects? _____
- Does child chew on any surfaces or other household items? Yes No If yes, what surfaces or items? _____
- Does child have a favorite cup or eating utensil that is ceramic or painted/ metal? Yes No
- Are any of the child’s toys painted? Yes No
- Does the child take baths in a porcelain bathtub that is chipping/peeling? Yes No

Occupational/ hobby Lead Risk Factors

Where do adult family members work?

- Name: _____
Place of Employment: _____
Job Duties: _____
- Name: _____
Place of Employment: _____
Job Duties: _____

Other Household Risk Factors

- Does the family ever use any home remedies or herbal treatments or imported products? (Please see list in lead section)? Yes No If yes, what are they? _____
- Does anyone in the family use hair dyes? Yes No If yes, what brands? _____
- What type of container (i.e. ceramic, aluminum, iron, stainless steel,) is used to prepare the families food?

- Are any liquids stored in metal, pewter or crystal containers? Yes No
If yes, what liquids and containers? _____
- Does the family use imported canned items or products? Yes No
If yes, explain: _____

Please check if Family Members participate/work in these potential lead hazards:

Work	Hobbies	Paint Removal / Chemical Stripper Remodeling or Repairing Buildings
		Plumbing
		Paint Remover/Chemical Stripper
		Repairing/Recycling Radiators
		Melting Metal for Reuse (smelting)
		Pouring Molten Metal (Foundries)
		Welding, Burning, Cutting, or Torch work
		Auto Body Repair Work
		Working at a Firing Range
		Making Explosives or Making Ammunition/Reloading or Making sinkers
		Salvage/Recycling Batteries
		Making Paint or Pigments/ use of artists paints
		Making or Splicing Cable or Wire
		Making or Repairing Jewelry
		Making Pottery/ painting pottery
		Building, Repairing, or Painting Ships/Boats
		Working at a Chemical Plant
		Working with leaded/stained glass or at a Glass Factory
		Working at an Oil Refinery

Additional information concerning activities above: _____

Signature _____ (Case Manager/Nurse _____ Date _____

Part II: Investigation Detail

General Information (Check one)

Date of Investigation: _____

Year Dwelling Built? _____

Does the parent/guardian own or rent? Own Rent Land Contract

Are there any subsidies? Yes No

If **yes**, what type? Section 8 Federal Rent Subsidy Other

When did family move into this home _____

Has there been any **recent (within the past year)** remodeling or repairs inside or outside the residence?

Yes No

If yes, discuss _____

Comments _____

Owner/Landlord: Information

Name _____

Address _____

Phone # _____

Alt. Phone # _____

Type of Dwelling: Single Multi- Unit # of Units _____

Single and Multi Unit:

1 story with basement 1 story on slab concrete foundation 1 story on dirt foundation

Does this structure have an attic? Yes No

Are there attic vents? Yes No Visible Per Home Owner

2 story with basement 2 story on slab concrete foundation 2 story on dirt foundation

Does this structure have an attic? Yes No

Are there attic vents? Yes No Visible Per Home Owner

3 story with basement 2 story on slab concrete foundation 2 story on dirt foundation

Does this structure have an attic? Yes No

Are there attic vents? Yes No Visible Per Home Owner

Location and number of Bedrooms

Basement # _____ 1st Floor # _____ 2nd Floor # _____ Higher Floor # _____

Comments _____

Ceiling, Floors and Walls

Bulging, buckling or alignment problem No bulging, buckling or alignment problems

Large holes/Cracks (>8 ½ X 11) Medium (< 8 ½ X 11) Small No holes/Cracks

Deteriorating paint in any area/room > 2 ft² Deteriorating paint in any area/room < 2 ft²

Deteriorating /Peeling/Chipping paint > 2 ft² Deteriorating /Peeling/Chipping paint < 2 ft²

No damage (Deteriorating /Peeling/Chipping paint)

Water stain or damage < 4 ft² Water stain damage >= 4 ft² No water stain or damage

Condensation on windows, door, walls No condensation on window, door, walls

Visible mold >= 4 ft² on any surface Visible mold < 4 ft² on any surface No mold observed

Musty odor anywhere in the home? Yes No N/A (cannot smell due to cold or other resp. problem)

Comments _____

Windows

_____ All windows intact and can be opened _____ One or more windows cannot be opened

_____ One of more windows cracked or broken _____ One or more windows missing

_____ No strangulation hazard: blind/shade cords not looped or tied together

_____ Yes strangulation hazard is present: blind/shade cords are looped or tied together.

Explain _____

_____ Window guards on windows 2nd floor and above are missing/not operational

_____ Window guards present & operational

Comments _____

Stairs

No Steps interior or exterior

Steps Interior Exterior Both

Steps Intact, not broken or missing one or more steps are broken or missing Int Ext

Explain: _____

Stair Covering Interior Exterior Both

No covering on stairs Type of Covering _____ Covering on stairs is firmly attached and is in good condition Covering on stairs is not firmly attached or is in poor condition

Stair Gates

Stair Gates/door Present at top of stairs Stair gates secured to wall at top of stairs Yes No

Stair gates/door present at bottom of stairs Stair gates secured to wall at bottom of stairs Yes No

Stair gates/door not present at: top of stairs bottom of stairs

Stair Lighting

Light present at top Not present at top of stairs

Light present at bottom of stairs Not present at bottom of stairs

Stair Railings

Stair railings appear secure Stair railings missing Stair railings broken or insecure

Does not apply, why? _____

Comments _____

Smoke and Carbon Monoxide Detectors

Smoke Alarm Present & Operational Not operational No smoke alarms

Carbon Monoxide (co) Alarm Present & Operational Not Operational No CO alarms

Fire extinguisher Present Homeowners know how to use Extinguisher(P.A.S.S) No Fire Extinguisher

Comments _____

Electrical Equipment Information

- Exposed wiring: An open breaker port or exposed wiring
- A cover is missing and electrical connections are exposed
- All covers present/intact/no exposed wiring

- Extension cords used properly
- Extension cords NOT used properly (i.e. too many appliance plugged into one extension cord)
- No extension cords used

- Extension cord condition good Extension cord condition not good No extension cord use

- No tamper-resistant outlet covers in units with young children
- Installed tamper-resistant outlet covers in units with young children
- Not applicable, no young children

Comments

Bathroom

- Does Bathtub/showers have non-slip surface? Yes No
- Exhaust fan: Present and Working Present and not working Not Present
- Window present

Comments

Pests

- Evidence of Cock Roaches present? (bodies or fecal pellets) Yes No Maybe
- Evidence of rodents? (bodies, fecal pellets, gnaw marks) Yes No Maybe
- If evidence seen, what and where?

Chemicals and Poisoning Hazards

- Does the home contain unvented combustion appliances? Yes No
- If yes, please check all that apply:
- Fuel-fired space heaters Gas clothes dryer Gas logs Charcoal
- Stove Gas Water Heater
- Are these appliances vented? Yes No If not, explain

Poisoning

- Can children reach storage areas for chemicals, pesticides, paints, cleaning supplies or medications?
- Yes No

Comments

Basement, Crawl Space, Utility and Laundry Areas

Water Heater

No Hot Water Heater Present

Hot Water Heater Present Water Heater Working Temperature set at _____ °F

Instructions given to home owner on keeping temperature set at 120°F Yes No

In the past 6 months has anyone been scalded by the water in this home? Yes No

Did this require medical treatment? Yes No

If water heater is gas, is the water heated vented to the outside of home? Yes No

Furnace/Air Conditioner

Furnace/AC filter clean? Yes No Changed on regular basis? Yes No

Clothes dryer vented to outside? Yes No Is dryer vent cleaned annually? Yes No

Home tested for radon? Yes No If yes, results? _____

If above 4, was home mitigated? _____

Outer House and Yard

Standing water & food sources present? _____ No _____ Yes Describe _____

Solid trash cans with covers used? _____ No _____ Yes

Shoes removed at door before entering house? _____ No _____ Yes

Gutters & downspouts maintained? _____ No _____ Yes

Exterior of home condition _____

Comments

Cleanliness and Clutter Free

Is the home clean and free of clutter? Yes No

Comment:-

Referrals to other Agencies

Agency _____

Reason for Referral _____

Agency _____

Reason for Referral _____

Water Lead Hazards

Source of drinking water: Municipal Private Well Cistern Other _____

Is tap used to prepare drinks for children? Yes No

Location of faucets where family obtains drinking water? Kitchen Bathroom Other _____

Has new plumbing/pipes been installed within the last 5 years? Yes No

Lead in Soil Risk Factors

Any lead industries near the residence? Battery Plant Radiator Repair Soldering Industry
Other _____

Approximate distance of the residence from the street or roadway: _____

Are there any nearby buildings or structures being: (pick one) renovated repainted demolished NA
Describe. _____

Are there visible paint chips in the soil? Yes No If yes, describe: _____

Appendix B

List of KHHLPPP's Advisory Council Members

Advisory Council Member List 2012

CES- Community Environmental Section
CFHI- Child and Family Health Improvement
CHFS- Cabinet for Health and Family Services
DPH- Department for Public Health
DMS- Department for Medicaid Services
ECD- Early Childhood Development
ELP- Environmental Lead Program
EMB_ Environmental Management Branch
EPHTN- Environmental Public Health Tracking Network Workgroup
HANDS- Health Access Nurturing Development Services

KCHIP- KY Child Health Insurance Program
KHHLPP- Kentucky Healthy Homes and Lead Poisoning Program
KPRIC- Kentucky Injury Prevention and Research Center
LMDPHW- Louisville Metro Department of Public Health and Wellness
MCH- Maternal and Child Healthy
NKDIHD- Northern KY Independent District Health Department
PSB- Public Safety Branch
PHPS- Division for Public Health Protection and Safety
PQI- Division of Prevention and Quality Improvement

	Habitat for Humanity	KYHabitat@kyhfh.org
Amber Agee	CHFS DPH PHPS PSB, ELP Environmental Health Inspector Program	Ambern.agee@ky.gov
Angela Billings	CHFS DPH PHPS EMB, CES Environmental Health Program Administrator -Sewage	Angela.Billings@ky.gov
Barbara Motley	Department of Community Services and Revitalization, Housing and Community Program Coordinator	Barbara.Motley@louisvilleky.gov
Bart Weigel	Catholic Charities of Louisville, Inc.	bweigel@archlou.org
Becky Jordan	KY Office for Refugees	bjordan@archlou.org
Bobbye Gray	CHFS PQI Health Promotion Branch (HPB), Prevention and Tobacco	bobbye.gray@ky.gov
Brenda English	CHFS DPH MCH Early Childhood Development HANDS	brenda.english@ky.gov
Brian Short	CHFS-PHPS Division/ Public Safety Branch/ELP Program Administrator	Brian.Short@ky.gov
Brooke Wilson	Kentucky Regional Poison Control Center Health Educator	brooke.wilson@nortonhealthcare.org
Carrie Anglin	KCHIP	carrie.anglin@ky.gov
Catherann Terry	CHFS Department for Medicaid Services (DMS) Nursing Consultant Inspector	catheranne.terry@ky.gov
Clarice Gregory	EBLL Parent Advocate/Campbellsville	cchall1006@hotmail.com
Colleen Kaelin	CHFS DPH PHPS PSB, EPHTN Epidemiologist II	Colleen.Kaelin@ky.gov
Dana Heavrin	LMDPHW- Environmental Health Specialist	dana.heavrin@louisvilleky.gov
Daniele Bray	CHFS DPH Commissioners Office Accreditation	daniele.bray@ky.gov
Deborah Knight	HUD	deborah.knight@hud.gov
Dennis Peyton	CHFS PQI HPB, Prevention and Tobacco Cessation Epidemiologist I	Dennis.Peyton@ky.gov
Dr. Ashok Raj	Kosair's Lead Clinic Medical Clinic Faculty /Physician	502-629-7750
Ed Galligan	LMDPHW Environmental Manager	edward.galligan@louisvilleky.gov

Erica Brakefield	CHFS DPH PHPS EMB Environmental Health Inspector Program Evaluator-Mold	erica.brakefield@ky.gov
Frank Hawkins	CHFS DPH MCH Nutrition Services Program Branch Manager	Fran.Hawkins@ky.gov
Heather Robbins	CHFS DPH PHPS EMB, Environmental Health Inspector Program Evaluator -Radon	heather.robbins@ky.gov
Irene Centers	CHFS PQI HPB, Prevention and Tobacco Cessation	irene.centers@ky.gov
Jeff Campbell	The Amos Project	campbellj5@xavier.edu
Jennifer Bell	CHFS DPH PHPS PSB Environmental Health Branch Manager	jennifera.bell@ky.gov
Jennifer Schilling,	CHFS DPH Asthma Program Epidemiologist /Interim Program Coordinator	Jennifer.schilling@ky.gov
John Bennett	KY Baptist Association Coordinator	john.bennett@kybaptist.org
Jordan Cappel	LMDPHW- Environmental Health Specialist	Jordan.Cappel@louisvilleky.gov
Justin Carey	CHFS DPH PHPS PSB Environmental Health Program Administrator - Methamphetamines	justint.carey@ky.gov
Kim Dinsey-Read	Northern KY University Nursing Instructor/Lead Coalition	dinseyreadk@nku.edu
Larry Allen,	KY Office for Rural Health	Lalle2@pop.uky.edu
Laura Strevels	NKIDHD Environmental./Lead/ HHLPPP Administrator	laura.strevels@nkyhealth.org
Lisa Lee	CHFS DMS Branch Manager	lisa.lee@ky.gov
Liz Hoo	CHFS DPH PHPS PSB Environmental Public Health Tracking Network/CDC Fellow	Liz.Hoo@ky.gov
Margaret Stevens	CHFS PQI Immunizations	Margaret.Stevens@ky.gov
Marty Carter	LMDPHW HHLPPP Lead Case Manager	marty.carter@louisvilleky.gov
Melanie Tyner-	Kentucky Injury Prevention and Research Centers (KIPRC) staff	melanie.tyner-wilson@uky.edu
Melissa Gibson	KHHLPPP Health Policy Assistant I	Melissa.gibson@ky.gov
Melody Stephenson	CHFS DPH MCH HANDS Program Administrator	melody.stephenson@ky.gov
Michael D	Labor Cabinet-Occupational Safety and Health Standard	mike.hutcherson@ky.gov
Mike Singleton	Kentucky Injury Prevention and Research Centers (KIPRC) staff	msingle@email.uky.edu
Monica Clouse	CHFS DPH MCH CFHI KHHLPPP Epidemiologist I	Monica.clouse@ky.gov
Paula Goff	CHFS DPH MCH ECD First Steps Program Administrator	paula.goff@ky.gov
Sandi Clark	CHFS DPH MCH CFHI School Health Nurse Consultant Inspector /Interim Well Child NCI	SandiK.Clark@ky.gov
Shelley Adams	CHFS DPH MCH CFHI Branch Manager/ KHHLPPP Grant Principal Investigator	Shelley.adams@ky.gov
Sherry Rock	CHFS DPH MCH CFHI KCHIP Program Administrator	Sherry.Rock@ky.gov
Susan Lawson	CHFS DPH MCH CFHI KHHLPPP Nurse Consultant Inspector/Program Manager/ Health Educator	Susand.lawson@ky.gov

Susan Pollack	Kentucky Injury Prevention and Research Centers (KIPRC) Medical Center Faculty	shpoll@uky.edu
Teddy Slone	CHFS DPH MCH CFHI Child Fatality Review Program Administrator	Teddy.Slone@ky.gov
Trina Miller	CHFS DPH MCH CFHI Prenatal Program Nurse Consultant Inspector	TrinaM.Miller@ky.gov
Troi Cunningham	CHFS DPH MCH ECD Newborn Screening Section Supervisor	Troi.Cunningham@ky.gov
Vonia Grabeel	CHFS DPH PHPS EMB Environmental Health Section Supervisor - Mold/Radon	vonia.grabeel@ky.gov
Wayne Long	Jefferson County Cooperative Extension	phillip.long@uky.edu
Yoofi Crentsil	LMDPHW HHLPPP/ Program Manager	Yoofi.Crentsil@louisvilleky.gov

Appendix C

Letters of Support



LOUISVILLE METRO HOUSING & FAMILY SERVICES

LOUISVILLE, KENTUCKY

GREG FISCHER
MAYOR

February 23, 2011

Shelley Adams, MSN, RN
Maternal and Child Health Division
Kentucky Department for Public Health
275 East Main Street, HS 2W-A
Frankfort, Kentucky 40621

Dear Ms. Adams:

I am pleased to support the proposal from the Kentucky Department for Public Health to the Centers for Disease Control and Prevention (CDC) to expand Kentucky's Childhood Lead Poisoning Prevention Program (KCLPPP) toward a more holistic approach of addressing a variety of environmental health and safety concerns in the home. We recognize that lead poisoning is preventable and our organization shares the goals of the KCLPPP to continue to work toward the elimination of childhood lead poisoning thereby ensuring healthy, safe, affordable, accessible and environmentally friendly homes. We also recognize that some Kentucky populations are disproportionately affected by health and housing issues and are at increased risk for injury and illness, and that collaborative efforts are needed to address such issues.

As a joint endeavor, our program will attend and participate in the quarterly Healthy Homes Strategic Plan Advisory Group meetings. As a lead hazard control grantee we will continue to share best practices and information gleaned from our contacts with the Advisory Group. As KCLPPP expands into the new Healthy Homes and Lead Poisoning Prevention Program (HHLPPP), we will continue to work with the HHLPPP through this budget period and into the future.

Thank you for the opportunity to provide support and input into this important project. I believe that KCLPPP, through their strategic partnerships, will reduce the burden of illness and injury related to an unsafe and unhealthy home environment throughout Kentucky.

Sincerely,


Adria S. Johnson, Acting Director
Housing and Family Services

ASJ:bem



College of Health Professions
Office of the Dean
Albright Health Center 206
Nunn Drive
Highland Heights, Kentucky 41099

tel 859.572.5248 | fax 859.572.1934

www.nku.edu
www.nku.edu/~nursing

March 9, 2011

Shelley Adams, MSN, RN
Maternal and Child Health Division
Kentucky Department for Public Health
275 East Main Street, HS 2W-A
Frankfort, Kentucky 40621

Dear Ms. Adams:

I am pleased to support the proposal from the Kentucky Department for Public Health to the Centers for Disease Control and Prevention (CDC) to support the expansion of Kentucky's Childhood Lead Poisoning Prevention Program (KCLPPP) toward a more holistic approach of addressing a variety of environmental health and safety concerns in the home. We recognize that lead poisoning is preventable and our organization shares the goals of the KCLPPP to continue to work toward the elimination of childhood lead poisoning and ensuring healthy, safe, affordable, accessible and environmentally friendly homes. We also recognize that some Kentucky populations are disproportionately affected by health and housing issues and are at increased risk for injury and illness and collaborative efforts are needed to address such issues.

Northern Kentucky University is committed to addressing Lead Poisoning Prevention in Northern Kentucky and more importantly the overall health and wellbeing of families in our region. The College of Health Professions and the Scripps Howard Center University Partnership grant at Northern Kentucky University helped to support the inception of the Lead Collaborative in the Northern Kentucky Region in 2008. With these partners and a gift from the George A Renaker Foundation the Coalition was able to support educational initiatives that resulted in close to 40 students at the undergraduate, honors and graduate level completing educational offerings on the prevention of lead poisoning at the elementary, middle school and high school levels. These offerings also included Head Start Advocate training sessions, presentations to health care providers, on the importance of screening, and caregiver training in an effort to assist parents to advocate for the screening of their children with their provider. The funding also included the development of website which offers information on lead poisoning for children, caregivers and health care providers. The educational offerings are developmentally appropriate and offered both in English and Spanish. The Coalition will continue to support this site and educational offering in partnership with KCLPPP.



College of Health Professions
Office of the Dean
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The curriculum in the Bachelor of Science in Nursing requires students to complete community screenings and health teachings during the Public Community Health classes and in the Leadership courses students must complete a 2 semester capstone project. Every semester slots are allotted to address lead poisoning prevention education with approximately 60 students per semester needing these experiences. The College of Health Profession is in a position to not only provide education to our students but use the need for experiential experiences to support this initiative.

As KCLPPP expands into the new Healthy Homes and Lead Poisoning Prevention Program (HHLPPP), we will continue to collaborate through the Lead Coalition and work with the HHLPPP to provide educational offerings that are essential for the health of families in the Northern Kentucky region. Northern Kentucky University is committed to public service and civic engagement to our region and the State of Kentucky. Our commitment will also include our attendance and participation in the quarterly Healthy Homes Strategic Plan Advisory Group meetings.

Thank you for the opportunity to provide support and input into this important project. I believe that KCLPPP, through their strategic partnerships, will reduce the burden of illness and/or injury related to an unsafe and unhealthy home environment throughout Kentucky.

Sincerely,

A handwritten signature in cursive script that reads 'Kim Dinsey-Read'.

Kim Dinsey-Read, MSN, RN
Assistant Professor
Director of ABSN Program
Director of Lead Coalition
Department of Nursing
859-572-5711
dinseyreadk@nku.edu

A handwritten signature in cursive script that reads 'Denise L. Robinson'.

Denise L. Robinson
Dean and Regents Professor
College of Health Professions
859-572-5688
Robinson@nku.edu



**COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF ADMINISTRATIVE AND TECHNOLOGY SERVICES
275 EAST MAIN STREET, 4W-E
FRANKFORT, KY 40621**

Frank Lassiter, Executive Director
Kathy Frye, CIO/Deputy Executive Director

Division of Systems Management
Shari Randle, Director
Gargi Chatterjee, Assistant Director
Lula Ray, Assistant Director

Division of Infrastructure & User Support
Rodney Murphy, Director

February 23, 2011

Shelley Adams, MSN, RN
Maternal and Child Health Division
Kentucky Department for Public Health
275 East Main Street, HS 2W-A
Frankfort, Kentucky 40621

Dear Ms. Adams:

The Kentucky Office of Administrative and Technology Services (OATS) supports the Kentucky Child Lead Poisoning Prevention Program (CLPPP) in the realm of promoting healthy homes in the Commonwealth of Kentucky. The CLPPP staff have decided to utilize the CDC provided Health Homes Lead Prevention Surveillance System (HHLPSS) software to monitor and follow-up with children who have elevated blood lead levels. This software contains the capability of tracking various household hazards to obtain a more holistic approach to manage cases where children are living with environmental risks. We recognize that a comprehensive surveillance system is necessary for this expansion and OATS will provide assistance with the migration of data into the new CDC supported surveillance system (Healthy Homes and Lead Poisoning Surveillance System-HHLPSS).

The responsibility of OATS for this initiative will be to install the CDC software in both test and production environments, apply upgrades as needed, and maintain the database and servers that house the software and data. OATS staff will assist the KY CLPPP staff in regards to technical issues of server maintenance data storage.

Thank you for the opportunity to provide support and input into this important project. I believe that KCLPPP, through a comprehensive surveillance system, will be able to effectively track lead poisoning and housing-related health hazards throughout Kentucky.

Sincerely,

Kathy Frye
CIO/Deputy Executive Director
Office of Administrative & Technology Services





**Kentucky Injury Prevention
and Research Center**

College of Public Health
333 Waller Avenue, Suite 206
Lexington, KY 40504-2915
Phone (859) 257-4954
Fax: (859) 257-3909
www.kiprc.uky.edu

February 22, 2011
Shelley Adams, MSN, RN
Maternal and Child Health Division
Kentucky Department for Public Health
275 East Main Street, HS 2W-A
Frankfort, Kentucky 40621

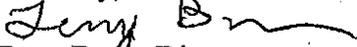
Dear Ms. Adams:

I am pleased to support the proposal from the Kentucky Department for Public Health to the Centers for Disease Control and Prevention (CDC) to expand Kentucky's Childhood Lead Poisoning Prevention Program (KCLPPP) toward a more holistic approach of addressing a variety of environmental health and safety concerns in the home. We recognize that lead poisoning is preventable and our organization shares the goals of the KCLPPP to continue to work toward the elimination of childhood lead poisoning thereby ensuring healthy, safe, affordable, accessible and environmentally friendly homes. We also recognize that some Kentucky populations are disproportionately affected by health and housing issues and are at increased risk for injury and illness, and that collaborative efforts are needed to address such issues.

As a joint endeavor, our program will attend and participate in the quarterly Healthy Homes Strategic Plan Advisory Group meetings. The KY Injury Prevention and Research Center (KIPRC) serves as the *bona fide* agent of the KY Department for Public Health regarding injury and violence prevention. KIPRC is well positioned to provide HHLPPP with access to KY injury data and will assist the HHLPPP in analyzing injury related data. KIPRC through several of its programs, KY Safety and Prevention Alignment Network, KY Safe Aging Coalition and Fire Injury Prevention Program (provides smoke alarms, training and installation), will provide the HHLPPP access to an extensive network of injury prevention stakeholders who share KCLPPP's vision in developing a more holistic approach to address environmental health and safety concerns in the home. As KCLPPP expands into the new Healthy Homes and Lead Poisoning Prevention Program (HHLPPP), we will continue to work with the HHLPPP through this budget period and into the future.

Thank you for the opportunity to provide support and input into this important project. I believe that KCLPPP, through their strategic partnerships, will reduce the burden of illness and injury related to an unsafe and unhealthy home environment throughout Kentucky.

Sincerely,


Terry Buff, Director

Commonwealth of Kentucky



Department for Public Health

An Equa

University



STEVEN L. BESHEAR
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH
DIVISION OF MATERNAL AND CHILD HEALTH
275 EAST MAIN STREET, HS2W-A
FRANKFORT, KENTUCKY 40621-0001
(502) 564-4830
FAX: (502) 564-8389

JANIE MILLER
SECRETARY

February 18, 2011

Shelley Adams, MSN, RN
Maternal and Child Health Division
Kentucky Department for Public Health
275 East Main Street, HS 2W-A
Frankfort, Kentucky 40621

Dear Ms. Adams:

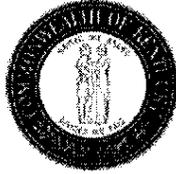
I am pleased to support the proposal from the Kentucky Department for Public Health to the Centers for Disease Control and Prevention (CDC) to expand Kentucky's Childhood Lead Poisoning Prevention Program (KCLPPP) toward a more holistic approach of addressing a variety of environmental health and safety concerns in the home. We recognize that lead poisoning is preventable and our organization shares the goals of the KCLPPP to continue to work toward the elimination of childhood lead poisoning thereby ensuring healthy, safe, affordable, accessible and environmentally friendly homes. We also recognize that some Kentucky populations are disproportionately affected by health and housing issues and are at increased risk for injury and illness, and that collaborative efforts are needed to address such issues.

As a joint endeavor, our program will attend and participate in the quarterly Healthy Homes Strategic Plan Advisory Group meetings. The Tobacco Program will provide in-kind support for staff time, technical assistance, and materials to reduce exposure to secondhand smoke. As KCLPPP expands into the new Healthy Homes and Lead Poisoning Prevention Program (HHLPPP), we will continue to work with the HHLPPP through this budget period and into the future.

Thank you for the opportunity to provide support and input into this important project. I believe that KCLPPP, through their strategic partnerships, will reduce the burden of illness and injury related to an unsafe and unhealthy home environment throughout Kentucky.

Sincerely,

Irene Centers, Program Manager,
Tobacco Prevention and Cessation
Health Promotions Branch



STEVEN L. BESHEAR
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH
DIVISION OF MATERNAL AND CHILD HEALTH
275 EAST MAIN STREET, HS2W-A
FRANKFORT, KENTUCKY 40621-0001
(502) 564-4830
FAX: (502) 564-8389

JANIE MILLER
SECRETARY

February 23, 2011

Shelley Adams, MSN, RN
Maternal and Child Health Division
Kentucky Department for Public Health
275 East Main Street, HS 2W-A
Frankfort, Kentucky 40621

Dear Ms. Adams:

I am pleased to support the proposal from the Kentucky Department for Public Health to the Centers for Disease Control and Prevention (CDC) to expand Kentucky's Childhood Lead Poisoning Prevention Program (KCLPPP) toward a more holistic approach of addressing a variety of environmental health and safety concerns in the home. We recognize that lead poisoning is preventable and our organization shares the goals of the KCLPPP to continue to work toward the elimination of childhood lead poisoning thereby ensuring healthy, safe, affordable, accessible and environmentally friendly homes. We also recognize that some Kentucky populations are disproportionately affected by health and housing issues and are at increased risk for injury and illness, and that collaborative efforts are needed to address such issues.

As a joint endeavor, our program will attend and participate in the quarterly Healthy Homes Strategic Plan Advisory Group meetings. As KCLPPP expands into the new Healthy Homes and Lead Poisoning Prevention Program (HHLPPP), we will continue to work with the HHLPPP through this budget period and into the future.

Thank you for the opportunity to provide support and input into this important project. I believe that KCLPPP, through their strategic partnerships, will reduce the burden of illness and injury related to an unsafe and unhealthy home environment throughout Kentucky.

Sincerely,

A handwritten signature in black ink, appearing to read "Paula E. Goff".

Paula E. Goff,
Part C Coordinator



KENTUCKY REGIONAL POISON CENTER
of Kosair Children's Hospital
P.O. Box 35070
Louisville, KY 40232-5070

Louisville (502) 589-8222 • Kentucky 1-800-222-1222 • Secretary 502-629-7264 • Administration 502-629-5326
FAX 502-629-7277

Shelley Adams, MSN, RN
Maternal and Child Health Division
Kentucky Department for Public Health
275 East Main Street, HS 2W-A
Frankfort, Kentucky 40621

Dear Ms. Adams:

I am pleased to support the proposal from the Kentucky Department for Public Health to the Centers for Disease Control and Prevention (CDC) to expand Kentucky's Childhood Lead Poisoning Prevention Program (KCLPPP) toward a more holistic approach of addressing a variety of environmental health and safety concerns in the home. We recognize that lead poisoning is preventable and our organization shares the goals of the KCLPPP to continue to work toward the elimination of childhood lead poisoning thereby ensuring healthy, safe, affordable, accessible and environmentally friendly homes. We also recognize that some Kentucky populations are disproportionately affected by health and housing issues and are at increased risk for injury and illness, and that collaborative efforts are needed to address such issues.

As a joint endeavor, our program will attend and participate in the quarterly Healthy Homes Strategic Plan Advisory Group meetings. We here at the Kentucky Regional Poison Control Center are especially interested in preventing childhood poisonings through lead prevention and safe homes. As KCLPPP expands into the new Healthy Homes and Lead Poisoning Prevention Program (HHLPPP), we will continue to work with the HHLPPP through this budget period and into the future.

Thank you for the opportunity to provide support and input into this important project. I believe that KCLPPP, through their strategic partnerships, will reduce the burden of illness and injury related to an unsafe and unhealthy home environment throughout Kentucky.

Sincerely,

Brooke Wilson
Education Program Coordinator
Kentucky Regional Poison Control Center
PO Box 35070
Louisville, KY 40232



Designated as a Regional Poison Control Center by the
American Association of Poison Control Centers





UNIVERSITY OF KENTUCKY

Shelley Adams, MSN, RN
Maternal and Child Health Division
Kentucky Department for Public Health
275 East Main Street, HS 2W-A
Frankfort, Kentucky 40621

**Kentucky Injury Prevention
& Research Center**

*College of Public Health
333 Waller Avenue, Suite 206
Lexington, KY 40504-2915
(859) 257-4954
Fax: (859) 257-3909
www.kiprc.uky.edu*

February 25, 2011

Dear Ms. Adams:

I am writing to express my strong support for your application to the CDC to expand the scope of the Kentucky Childhood Lead Poisoning Prevention Program to encompass other aspects of pediatric health at home and environmental exposures that impact that health.

My clinical practice has shown that there is a great need for the kind of program you propose. Many families whose children have asthma are unaware of the issue of indoor air quality, and the role that cleaning agents themselves plus scented laundry soaps and candles can have on breathing and asthma exacerbations. Both mold and insects are an issue at some warm and wet times, and just last summer the mother of an infant approached me in a non-clinical setting to ask whether her husband's plan to eradicate some spiders inhabiting their home through the use of a pesticide bomb was safe for their baby. There are good precedents for the cross-training of home visitors to assess issues in the home beyond their original focus; we have had some success in doing so around the issue of fire prevention/smoke detectors in Ky.

To accomplish your proposed expansion of the Childhood Lead Program, both the state leadership and the home visitors themselves will need access to legitimate, reliable scientific information about environmental exposures in a form comprehensible to non-scientists. New training for home visitors will need to be developed and ongoing consultative resources made available to them. There are a number of ways in which the Pediatric and Adolescent Injury Prevention Program at KIPRC can assist in this, and we pledge to help in any way that we can to move this effort forward! We work closely with the other units at KIPRC that have already written a letter to you, but wanted to offer this additional letter given our pediatric emphasis, expertise and past experience in the area of pediatric environmental health. Our program will attend and participate in the quarterly Healthy Homes Strategic Plan Advisory meetings. We can provide links to national pediatric resources including the Children's Environmental Health Network, the Regional Pediatric Environmental Health Specialty Units, and the American Academy of Pediatrics section on Environmental Health, which focuses on these issues and publishes a manual of Pediatric Environmental Health, and the section on School Health, which has dealt quite extensively with indoor air quality issues and the balance of infection and pest control with good air quality for children with asthma. We have access to home environmental health assessment resources here at UK through the Department of

Commonwealth of Kentucky



Department of Public Health

An Equal Opportunity University

Preventive Medicine and Environmental Health in the College of Public Health and are familiar with environmental health programs at other universities across the state. We look forward to working with you on this endeavor and hope that your application will be favorably regarded!

Sincerely,

A handwritten signature in cursive script that reads "Susan H. Pollack".

Susan H. Pollack MD, FAAP
Assistant Professor, University of Kentucky
College of Medicine, Department of Pediatrics
College of Public Health, Dept. of Preventive Medicine and Environmental Health
Kentucky Injury Prevention and Research Center (KIPRC)



DEPARTMENT OF PUBLIC HEALTH & WELLNESS

LOUISVILLE, KENTUCKY

GREG FISCHER

MAYOR

MATT ZAHN, M.D., ACTING DIRECTOR

February 21 2011

Shelly Adams, MSN, RN
Maternal and Child Health Division
Kentucky Department for Public Health
275 East Main Street, HS 2W-A
Frankfort, Kentucky 40621

Dear Ms. Adams:

The Louisville Metro Department of Public Health and Wellness (LMPHW) supports the Kentucky Department for Public Health in its proposal to the Centers for Disease Control and Prevention. The proposed work will expand Kentucky's Childhood Lead Poisoning Prevention Program (KCLPP). When funded, this proposal will bring about a holistic approach to address environmental health and safety concerns in the home.

We recognize that lead poisoning is preventable. LMPHW shares the goal of the KCLPP to ensure the health of our children through the elimination of lead in their home environments. We recognize that some Kentucky populations are disproportionately affected by lead exposure increasing their risk of injury and illness. Collaborative efforts are needed to address such issues. In a joint endeavor, LMPHW's CLPP will participate in the quarterly Healthy Homes Strategic Plan Advisory Group meetings. We will continue to provide primary and secondary interventions for children. These interventions will include lead surveillance and screenings; clinical and environmental case management; and health education and community outreach to families, providers and the community at-large. Furthermore, LMPHW will provide technical assistance and resource information to regional CLPPs across Kentucky.

As KCLPP expands into the Healthy Homes and Lead Poisoning Prevention Program, we will continue to work with the HHLPPP throughout the current and future budget periods. Through strategic partnerships, KCLPP will assure healthy children by increasing safe and healthy homes environments throughout Kentucky.

Sincerely,

Matt Zahn, M.D.
Acting Director

www.louisvilleky.gov



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH**

Steven L. Beshear
Governor

Division of Public Health
Protection and Safety
275 East Main Street, HS1EB
Frankfort, Kentucky 40621
Phone (502) 564-4537
Fax (502) 564-0885

Janie Miller
Secretary

Shelley Adams, MSN, RN
Maternal and Child Health Division
Kentucky Department for Public Health
275 East Main Street, HS 2W-A
Frankfort, Kentucky 40621

Dear Ms. Adams:

I am pleased to support the proposal from the Kentucky Department for Public Health to the Centers for Disease Control and Prevention (CDC) to expand Kentucky's Childhood Lead Poisoning Prevention Program (KCLPPP) toward a more holistic approach of addressing a variety of environmental health and safety concerns in the home. We recognize that lead poisoning is preventable and our organization shares the goals of the KCLPPP to continue to work toward the elimination of childhood lead poisoning thereby ensuring healthy, safe, affordable, accessible and environmentally friendly homes. We also recognize that some Kentucky populations are disproportionately affected by health and housing issues and are at increased risk for injury and illness, and that collaborative efforts are needed to address such issues.

As a joint endeavor, our program will attend and participate in the quarterly Healthy Homes Strategic Plan Advisory Group meetings. The Division of Public Health Protection and Safety supports the sharing of data between programs that collect information on lead levels in housing and programs that collect information on blood lead levels in children and affected persons. This information is a crucial component of the Environmental Public Health Tracking Network, which is a federal program designed to link data on exposure to environmental hazards with data on chronic diseases. As KCLPPP expands into the new Healthy Homes and Lead Poisoning Prevention Program (HHLPPP), we will continue to work with the HHLPPP through this budget period and into the future.

Thank you for the opportunity to provide support and input into this important project. I believe that KCLPPP, through their strategic partnerships, will reduce the burden of illness and injury related to an unsafe and unhealthy home environment throughout Kentucky.

Sincerely,

A handwritten signature in cursive script that reads "Colleen Kaelin".

Colleen Kaelin, MSPH, RS
Environmental Public Health Tracking Network Workgroup



CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF THE SECRETARY

Steve Beshear
Governor

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Janie Miller
Secretary

Shelley Adams, MSN, RN
Maternal and Child Health Division
Kentucky Department for Public Health
275 East Main Street, HS 2W-A
Frankfort, Kentucky 40621

Dear Ms. Adams:

I am pleased to support the proposal from the Kentucky Department for Public Health to the Centers for Disease Control and Prevention (CDC) to expand Kentucky's Childhood Lead Poisoning Prevention Program (KCLPPP) toward a more holistic approach of addressing a variety of environmental health and safety concerns in the home. We recognize that lead poisoning is preventable and our organization shares the goals of the KCLPPP to continue to work toward the elimination of childhood lead poisoning thereby ensuring healthy, safe, affordable, accessible and environmentally friendly homes. We also recognize that some Kentucky populations are disproportionately affected by health and housing issues and are at increased risk for injury and illness, and that collaborative efforts are needed to address such issues.

As a joint endeavor, our program will attend and participate in the quarterly Healthy Homes Strategic Plan Advisory Group meetings. The **Quality Improvement Team (QIT)** focuses on strengthening and improving the quality of the practice of public health through performing quality improvement site visits to local health departments. The Quality Improvement Team site reviews encompass program and practice issues, efficiency, documentation, and other clinic and community issues based on the PHPR protocols and guidelines. The team monitors the utilization of the Verbal Lead Risk Assessment questions and appropriate Lead Level testing per KRS requirements and that case management has been initiated and carried out according to KCLPPP. The LHD's also ensure that Lead education/counseling is part of the lead screening to the parent/patients. The results of our assessments and site visit reports are accessible for review on the DPH shared drive.

The PH Improvement Branch, Quality Improvement Section also maintains the Public Health Practice Reference (PHPR) and Medical Record Forms. The PHPR contains guidelines, protocols, definitions, and actions for LHDs to use in providing services. The QI Section collaborates with KCLPPP to assure the LHDs have guidance for the continuation of Lead Services for the citizens of the Commonwealth of KY.

As KCLPPP expands into the new Healthy Homes and Lead Poisoning Prevention Program (HHLPPP), we will continue to work with the HHLPPP through this budget period and into the future.

Thank you for the opportunity to provide support and input into this important project. I believe that KCLPPP, through their strategic partnerships, will reduce the burden of illness and injury related to an unsafe and unhealthy home environment throughout Kentucky.

Sincerely,

Jan Hatfield, NA
Danielle Bray, NCI
Margaret Cooper, RN, BSN, BSEP, NSA
Kentucky
UNBRIDLED SPIRIT™

KentuckyUnbridledSpirit.com

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STEVEN L. BESHEAR
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
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JANIE MILLER
SECRETARY

February 24, 2011

Shelley Adams, MSN, RN
Maternal and Child Health Division
Kentucky Department for Public Health
275 East Main Street, HS 2W-A
Frankfort, Kentucky 40621

Dear Ms. Adams:

I am pleased to support the proposal from the Kentucky Department for Public Health to the Centers for Disease Control and Prevention (CDC) to expand Kentucky's Childhood Lead Poisoning Prevention Program (KCLPPP) toward a more holistic approach of addressing a variety of environmental health and safety concerns in the home. We recognize that lead poisoning is preventable and our organization shares the goals of the KCLPPP to continue to work toward the elimination of childhood lead poisoning thereby ensuring healthy, safe, affordable, accessible and environmentally friendly homes. We also recognize that some Kentucky populations are disproportionately affected by health and housing issues and are at increased risk for injury and illness, and that collaborative efforts are needed to address such issues.

The Kentucky Respiratory Disease Program (KRDAP) recognizes the importance of effective environmental control for a healthy indoor home environment for people with asthma. As a joint endeavor, the KRDAP will attend and participate in the quarterly Healthy Homes Strategic Plan Advisory Group meetings. Along with our participation on the advisory group, our program will take an active role to provide information such as current surveillance data regarding the burden of asthma in Kentucky. We will engage our state partners to assist in providing training and educational resources regarding best practices for asthma management and treatment as needed by the Healthy Homes and Lead Poisoning Prevention Program (HHLPPP).

As KCLPPP expands into the new Healthy Homes and Lead Poisoning Prevention Program (HHLPPP), we will continue to work with the HHLPPP through this budget period and into the future.

Thank you for the opportunity to provide support and input into this important project. I believe that KCLPPP, through their strategic partnerships, will reduce the burden of illness and injury related to an unsafe and unhealthy home environment throughout Kentucky.

Sincerely,

Connie Buckley RN, BSN
Kentucky Respiratory Disease Program Manager



STEVEN L. BESHEAR
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH
DIVISION OF MATERNAL AND CHILD HEALTH
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JANIE MILLER
SECRETARY

February 22, 2011

Shelley Adams, MSN, RN
Maternal and Child Health Division
Kentucky Department for Public Health
275 East Main Street, HS 2W-A
Frankfort, Kentucky 40621

Dear Ms. Adams:

I am pleased to support the proposal from the Kentucky Department for Public Health to the Centers for Disease Control and Prevention (CDC) to expand Kentucky's Childhood Lead Poisoning Prevention Program (KCLPPP) toward a more holistic approach of addressing a variety of environmental health and safety concerns in the home. We recognize that lead poisoning is preventable and our organization shares the goals of the KCLPPP to continue to work toward the elimination of childhood lead poisoning thereby ensuring healthy, safe, affordable, accessible and environmentally friendly homes. We also recognize that some Kentucky populations are disproportionately affected by health and housing issues and are at increased risk for injury and illness, and that collaborative efforts are needed to address such issues.

As a joint endeavor, our program will attend and participate in the quarterly Healthy Homes Strategic Plan Advisory Group meetings. The Prenatal Program and Kentucky's Childhood Lead Poisoning Prevention Program should work together on prenatal cases of lead exposure or lead poisoning. Lead crosses the placental barrier and the developing nervous system of the fetus and may result in adverse pregnancy outcomes including spontaneous abortion, premature birth, stillbirth, birth defects, and decreased intellect and/or behavior problems in the child. A special concern for pregnant women is that past bone lead accumulation may be released into the blood during pregnancy. Each patient in the Prenatal Program should be screened using the Verbal Risk Assessment and a blood lead test should be performed if the patient has a positive Verbal Risk Assessment. Interventions and follow up should be performed according to protocol developed by the Kentucky's Childhood Lead Poisoning Prevention Program, in conjunction with Prenatal Program. As KCLPPP expands into the new Healthy Homes and Lead Poisoning Prevention Program (HHLPPP), we will continue to work with the HHLPPP through this budget period and into the future.

Thank you for the opportunity to provide support and input into this important project. I believe that KCLPPP, through their strategic partnerships, will reduce the burden of illness and injury related to an unsafe and unhealthy home environment throughout Kentucky.

Sincerely,

Trina Miller RN
Perinatal Nurse Consultant



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Steven L. Beshear
Governor

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Janie Miller
Secretary

Neville Wise
Acting Commissioner

February 23, 2011

Shelley Adams, MSN, RN
Maternal and Child Health Division
Kentucky Department for Public Health
275 East Main Street, HS 2W-A
Frankfort, Kentucky 40621

Dear Ms. Adams:

I am pleased to support the Kentucky Department for Public Health proposal to the Centers for Disease Control and Prevention (CDC) to expand Kentucky's Childhood Lead Poisoning Prevention Program (KCLPPP) to address environmental health and safety concerns in the home. The Department for Medicaid Services (DMS), Division of Provider Operations (PO) recognizes that lead poisoning is preventable and shares the goals of the KCLPPP to work toward the elimination of childhood lead poisoning and ensuring healthy, safe and environmentally friendly homes. The DMS also recognizes that collaborative efforts are needed to address the increased risk for injury and illness incurred by Kentucky populations that are disproportionately affected by health and housing issues.

As a joint endeavor, the Department for Medicaid Services (DMS) will attend and participate in the quarterly Healthy Homes Strategic Plan Advisory Group meetings. Through contract with the Department for Public Health, the DMS supports partnerships to address the need for healthy homes through children's services programs including First Steps, Health Access Nurturing Development Services, and Early Periodic Screening Diagnostic and Treatment Services and the Kentucky Children's Health Insurance Program Outreach. Additionally, lead screening and children's health services data are available through the DMS data system resources. As KCLPPP expands into the new Healthy Homes and Lead Poisoning Prevention Program (HHLPPP), we will continue to work with the HHLPPP into the future.

I appreciate the opportunity to support this important project. I believe KCLPPP, through their strategic partnerships, will reduce the burden of illness and injury related to unsafe and unhealthy home environments in Kentucky.

Sincerely,

A handwritten signature in black ink that reads "Lisa Lee".

Lisa Lee, Director
Division of Provider Operations
Department for Medicaid Services





NORTHERN KENTUCKY
INDEPENDENT DISTRICT
HEALTH DEPARTMENT

Linking people with resources to
promote, achieve and maintain
a healthier community

February 16, 2011

Shelley Adams, MSN, RN
Maternal and Child Health Division
Kentucky Department for Public Health
275 East Main Street, HS 2W-A
Frankfort, KY 40621

Re: KCLPPP Healthy Homes Initiative

Dear Ms. Adams,

The Northern Kentucky District Health Department offers this letter of support regarding the Kentucky Department for Public Health's proposal to the Centers for Disease Control and Prevention to expand Kentucky's Childhood Lead Poisoning Prevention Program (KCLPPP) toward a more comprehensive approach of addressing environmental health and safety concerns in the home. Our department recognizes that lead poisoning is preventable and shares similar goals of the KCLPPP in eliminating childhood lead poisoning in Kentucky. We also believe that it would be beneficial for these households to consider other potential risks associated with housing issues.

Our health department will participate in quarterly Healthy Homes Strategic Plan Advisory Group meetings with KDPH partners as appropriate. Additionally, our local lead program will continue to manage child EBL cases and perform related lead paint risk assessments, enforcement activities and educational events. This will include continued interaction with local community partners to help address lead poisoning prevention efforts and sharing program data to KDPH related to program activities. Our health department will continue to work with KDPH as the state program expands into the Healthy Homes and Lead Poisoning Prevention Program.

It is my hope that KCLPPP will be awarded this grant from the CDC so that it can help reduce the prevalence of illness and injury related to unsafe and unhealthy home environments throughout Kentucky.

Sincerely,

Lynne M. Saddler, MD, MPH

Lynne Saddler, MD
District Director of Health



CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH

Steven L. Beshear
Governor

Division of Public Health
Protection and Safety
275 East Main Street, HS1EB
Frankfort, Kentucky 40621
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Fax (502) 564-0885

Janie Miller
Secretary

Shelley Adams, MSN, RN
Maternal and Child Health Division
Kentucky Department for Public Health
275 East Main Street, HS 2W-A
Frankfort, Kentucky 40621

Dear Ms. Adams:

I am pleased to support the proposal from the Kentucky Department for Public Health to the Centers for Disease Control and Prevention (CDC) to expand Kentucky's Childhood Lead Poisoning Prevention Program (KCLPPP) toward a more holistic approach of addressing a variety of environmental health and safety concerns in the home. We recognize that lead poisoning is preventable and our organization shares the goals of the KCLPPP to continue to work toward the elimination of childhood lead poisoning thereby ensuring healthy, safe, affordable, accessible and environmentally friendly homes. We also recognize that some Kentucky populations are disproportionately affected by health and housing issues and are at increased risk for injury and illness, and that collaborative efforts are needed to address such issues.

As a joint endeavor, our program will attend and participate in the quarterly Healthy Homes Strategic Plan Advisory Group meetings. The Kentucky Environmental Lead Program will contribute applicable data and training for public health Risk Assessors. We will also provide guidance pertaining to the Kentucky Environmental Lead Program regulations. As KCLPPP expands into the new Healthy Homes and Lead Poisoning Prevention Program (HHLPPP), we will continue to work with the HHLPPP through this budget period and into the future.

Thank you for the opportunity to provide support and input into this important project. I believe that KCLPPP, through their strategic partnerships, will reduce the burden of illness and injury related to an unsafe and unhealthy home environment throughout Kentucky.

Sincerely,

A handwritten signature in black ink that reads "Jennifer A. Bell".

Jennifer A. Bell
Public Safety Branch Manager



CABINET FOR HEALTH AND FAMILY SERVICES
Department for Public Health

Steven L. Beshear
Governor

275 East Main Street, HS2W-D
Frankfort, Kentucky 40621
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Janie Miller
Secretary

February 17, 2011

Shelley Adams, MSN, RN
Maternal and Child Health Division
Kentucky Department for Public Health
275 East Main Street, HS 2W-A
Frankfort, Kentucky 40621

Dear Ms. Adams:

I am pleased to support the proposal from the Kentucky Department for Public Health to the Centers for Disease Control and Prevention (CDC) to expand Kentucky's Childhood Lead Poisoning Prevention Program (KCLPPP) toward a more holistic approach of addressing a variety of environmental health and safety concerns in the home. We recognize that lead poisoning is preventable and our organization shares the goals of the KCLPPP to continue to work toward the elimination of childhood lead poisoning; thereby ensuring healthy, safe, affordable, accessible and environmentally friendly homes. We also recognize that some Kentucky populations are disproportionately affected by health and housing issues and are at increased risk for injury and illness, and that collaborative efforts are needed to address such issues.

As a joint endeavor, the Nutrition Services Branch which includes the WIC Program, community nutrition, medical nutrition therapy, breastfeeding promotion and the Breastfeeding Peer Counselor Program will attend and participate in the quarterly Healthy Homes Strategic Plan Advisory Group meetings. As a member of the same Division, we collaborate with KCLPPP on policy decisions since our mutual service arm is the local health departments. Additionally, the Branch Program's provide referrals of clients to KCLPP. As KCLPPP expands into the new Healthy Homes and Lead Poisoning Prevention Program (HHLPPP), we will continue to work with the HHLPPP through this budget period and into the future.

Thank you for the opportunity to provide support and input into this important project. I believe that KCLPPP, through their strategic partnerships, will reduce the burden of illness and injury related to an unsafe and unhealthy home environment throughout Kentucky.

Sincerely,



Fran Hawkins, MS, RD, LD
Manager
Nutrition Services Branch



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH**

Steven L. Beshear
Governor

275 East Main Street—HS1GW-A
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Janie Miller
Secretary

February 11, 2010

Shelley Adams, MSN, RN
Maternal and Child Health Division
Kentucky Department for Public Health
275 East Main Street, HS 2W-A
Frankfort, Kentucky 40621

Dear Ms. Adams:

I am pleased to support the proposal from the Kentucky Department for Public Health to the Centers for Disease Control and Prevention (CDC) to expand Kentucky's Childhood Lead Poisoning Prevention Program (KCLPPP) toward a more holistic approach of addressing a variety of environmental health and safety concerns in the home. We recognize that lead poisoning is preventable and our organization shares the goals of the KCLPPP to continue to work toward the elimination of childhood lead poisoning thereby ensuring healthy, safe, affordable, accessible and environmentally friendly homes. We also recognize that some Kentucky populations are disproportionately affected by health and housing issues and are at increased risk for injury and illness, and that collaborative efforts are needed to address such issues.

As a joint endeavor, our program will attend and participate in the quarterly Healthy Homes Strategic Plan Advisory Group meetings. The HANDS Program will continue to work closely with KCLPPP to address home safety issues as they pertain to the families that we serve through our home visitation program. As KCLPPP expands into the new Healthy Homes and Lead Poisoning Prevention Program (HHLPPP), we will continue to work with the HHLPPP through this budget period and into the future.

Thank you for the opportunity to provide support and input into this important project. I believe that KCLPPP, through their strategic partnerships, will reduce the burden of illness and injury related to an unsafe and unhealthy home environment throughout Kentucky.

Sincerely,

Brenda English

Brenda English
HANDS Program Administrator



STEVEN L. BESHEAR
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH
DIVISION OF MATERNAL AND CHILD HEALTH
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JANIE MILLER
SECRETARY

Shelley Adams, MSN, RN
Maternal and Child Health Division
Kentucky Department for Public Health
275 East Main Street, HS 2W-A
Frankfort, Kentucky 40621

Dear Ms. Adams:

I am pleased to support the proposal from the Kentucky Department for Public Health to the Centers for Disease Control and Prevention (CDC) to expand Kentucky's Childhood Lead Poisoning Prevention Program (KCLPPP) toward a more holistic approach of addressing a variety of environmental health and safety concerns in the home. We recognize that lead poisoning is preventable and our organization shares the goals of the KCLPPP to continue to work toward the elimination of childhood lead poisoning thereby ensuring healthy, safe, affordable, accessible and environmentally friendly homes. We also recognize that some Kentucky populations are disproportionately affected by health and housing issues and are at increased risk for injury and illness, and that collaborative efforts are needed to address such issues.

As a joint endeavor, the Child Fatality Review program will participate by collaborating with KCLPPP to help with strategic planning, attend meetings and data sharing as needed. As KCLPPP expands into the new Healthy Homes and Lead Poisoning Prevention Program (HHLPPP), we will continue to work with the HHLPPP through this budget period and into the future.

Thank you for the opportunity to provide support and input into this important project. I believe that KCLPPP, through their strategic partnerships, will reduce the burden of illness and injury related to an unsafe and unhealthy home environment throughout Kentucky.

Sincerely,

Teddy Slone, MPH
Child Fatality Review and Injury Prevention
Health Program Administrator
Division of Maternal and Child Health
Child and Family Health Improvement
Department of Public Health
Phone: (502)564-2154 x 3857
Fax: (502) 564-5766
Teddy.Slone@ky.gov



STEVEN L. BESHEAR
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
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JANIE MILLER
SECRETARY

February 17, 2011

Shelley Adams, MSN, RN
Maternal and Child Health Division
Kentucky Department for Public Health
275 East Main Street, HS2W-A
Frankfort, Kentucky 40621

Dear Ms. Adams:

It is with pleasure that I write a letter in support of the proposal from the Kentucky Department for Public Health to the Centers for Disease Control and Prevention (CDC) to expand Kentucky's Childhood Lead Poisoning Prevention Program (KCLPPP) toward a more holistic approach of addressing a variety of environmental health and safety concerns in the home.

Lead poisoning is preventable, yet many children are diagnosed with elevated levels of lead in their blood each year and thousands of children go untested. Due to lead's effect upon a child's brain, a great number of children fail to reach their full potential and hundreds of communities are prevented from the benefits of the child's long-term productivity. Lead poisoning causes irreversible damage to the brain and nervous system as well as the heart and red blood cells resulting in learning disabilities, lowered I.Q., hyperactivity, Attention Deficit Disorder, speech delay, hearing loss, slowed or reduced growth, behavioral problems and violent or aggressive behavior, even severe cognitive disabilities, convulsions, coma and death. Due to lost wages and burden on taxpayers caused by anti-social behaviors and increase special education needs, it is estimated that the general public also lose millions of dollars each year.

Many schools across the Commonwealth of Kentucky have local health department satellite school clinic sites where these children may be seen on a daily basis. The School Health program works collaboratively with the Kentucky's Childhood Lead Poisoning Prevention Program (KCLPP), sharing data, and supporting the requirements of the program to ensure those current standards of practice and the integrity of the program is maintained. We must be the voice for the children of the Commonwealth in order to protect of our future against this threatening environmental hazard.

Sincerely,

Sandi Clark RN
School Health Nurse Consultant
Maternal and Child Health



STEVEN L. BESHEAR
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH
DIVISION OF MATERNAL AND CHILD HEALTH
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JANIE MILLER
SECRETARY

February 17, 2011

Shelley Adams, MSN, RN
Maternal and Child Health Division
Kentucky Department for Public Health
275 East Main Street, HS 2W-A
Frankfort, Kentucky 40621

Dear Ms. Adams:

I am writing this letter in support of expanding Kentucky's Childhood Lead Poisoning Prevention Program (KCLPP) within the Kentucky Department for Public Health (KDPH) to the Centers for Disease Control and Prevention (CDC). As the Well Child Program Manager for KDPH, I recognize that lead poisoning is preventable and share the goals of the KCLPP to continue to work toward the elimination of childhood lead poisoning. KCLPP with their knowledge and background of lead poisoning in Kentucky will allow for an integration of programs to reduce or eliminate housing-related health hazards and to promote housing that is healthy, safe, affordable and accessible to all Kentuckians.

As the Well Child Program Manger, I will attend and participate in the quarterly Healthy Homes Strategic Plan Advisory Group meetings. Lead screening is a required laboratory test (Kentucky Public Health Reference) from 6 months through five years of age, as part of the well child/pediatric preventive health care performed by nurses in local health departments and schools. Working in collaboration with various programs within the LHD's (WIC/HANDS/First Steps/Healthy Start in Child Care/School Health) and community programs, lead poisoning can be reduced and eliminated for Kentucky's children through KCLPPP. As KCLPPP expands into the new Healthy Homes and Lead Poisoning Prevention Program (HHLPPP), I will continue to work with the HHLPPP through this budget period and into the future in helping to reduce and eliminate housing-related health issues that affect our children and adults in Kentucky.

Thank you for giving me the opportunity to provide support and input into this important program for Kentucky's citizens. KCLPPP through their strategic partnerships, their background and knowledge, Kentucky will reduce the burden of illness and injury related to an unsafe and unhealthy home environment throughout our 120 counties.

Sincerely,

Eileen M. Deren, RN
Well Child/ Pediatric Obesity Nurse Consultant



Kentucky Office of Rural Health
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800 851-7512
fax 606 435-0038
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February 15, 2011

Shelley Adams, MSN, RN
Maternal and Child Health Division
Kentucky Department for Public Health
275 East Main Street, HS 2W-A
Frankfort, Kentucky 40621

Dear Ms. Adams:

I am pleased to support the proposal from the Kentucky Department for Public Health to the Centers for Disease Control and Prevention (CDC) to expand Kentucky's Childhood Lead Poisoning Prevention Program (KCLPPP) toward a more holistic approach of addressing a variety of environmental health and safety concerns in the home. We recognize that lead poisoning is preventable and our organization shares the goals of the KCLPPP to continue to work toward the elimination of childhood lead poisoning thereby ensuring healthy, safe, affordable, accessible and environmentally friendly homes. We also recognize that some Kentucky populations are disproportionately affected by health and housing issues and are at increased risk for injury and illness, and that collaborative efforts are needed to address such issues.

Thank you for the opportunity to provide support and input into this important project. I believe that KCLPPP, through their strategic partnerships, will reduce the burden of illness and injury related to an unsafe and unhealthy home environment throughout Kentucky.

Sincerely,

A handwritten signature in black ink that reads "Larry J. Allen". The signature is written in a cursive style with a large initial "L" and "A".

Larry J Allen, Director
Kentucky Office of Rural Health