



# TOWARD A LEAD-SAFE TEXAS

Texas Strategic Plan to Eliminate Child Lead Poisoning By 2010

July 2007 – June 2008



# EXECUTIVE SUMMARY

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Childhood lead poisoning continues to be a significant – and preventable – environmental health problem for the children of Texas. Despite considerable progress toward the goal of eliminating elevated blood lead levels (EBLL), children continue to suffer the consequences of exposure to this toxic metal.

The Texas Childhood Lead Poisoning Prevention Program (TX CLPPP) is committed to eliminating childhood lead poisoning in Texas. A result of this commitment is the *Texas Strategic Plan to Eliminate Child Lead Poisoning by 2010: Toward A Lead-Safe Texas*. This strategic plan was developed with extensive input from members of the TX CLPPP Strategic Planning Committee, the Lead Work Group, and the CLPPP Network. Over the course of nearly nine months, committee members worked together to draft the goals, objectives and activities that form the core of a three-year plan. It is anticipated that, as TX CLPPP and the committee members continue efforts in the years to come, the strategic plan will be re-evaluated, amended and expanded to meet changing circumstances in Texas.

This strategic plan describes the scope of the problem, outlines the strategies for prevention and elimination, and sets the course for an increase in the availability of healthy homes for Texas families with young children.

Thanks to all who have helped in the development of this plan and who are working towards the elimination of child lead poisoning in Texas. TX CLPPP is grateful to these members for their ideas, commitment, enthusiasm, patience and passion in developing this strategic plan. We look forward to continuing our work with and through the Committees to achieve our mutual goals.





# CONTENTS

<b>Executive Summary .....</b>	<b>i</b>
<b>Background.....</b>	<b>2</b>
TX CLPPP Mission Statement .....	2
The Reporting Law .....	3
Texas Department of State Health Services Mission and Vision Statements .....	3
<b>Childhood Lead Poisoning .....</b>	<b>4</b>
Lead Exposure .....	4
Preventing Lead Poisoning .....	4
Children at Greatest Risk .....	4
Elevated Blood Lead Level (EBLL) Defined .....	5
Venous vs. Capillary Testing.....	5
<b>Texas Statistics .....</b>	<b>5</b>
Texas Screening Plan .....	5
EBLLs in Texas .....	5
Housing Stock.....	6
High Risk Communities .....	7
Ways the Public and Parents Can Help Prevent Lead Poisoning .....	7
<b>Defining Strategic Goals .....</b>	<b>8</b>
Stakeholder Process .....	8
Areas of Focus .....	9
<b>Primary Prevention Goals .....</b>	<b>9</b>
Goal 1: Prevent lead poisoning by raising awareness of child lead poisoning in Texas.....	9
Goal 2: Reduce the number of children lead poisoned by non-paint consumer products in Texas .....	10
Goal 3: Assure availability of lead-safe housing units for families with young children. ....	11
<b>Secondary Prevention Goals .....</b>	<b>12</b>
Goal 4: Assure at-risk children are screened in Texas. ....	12
Goal 5: Assure appropriate and timely case management services for children with elevated blood lead levels in Texas. ....	13
<b>Surveillance Goal .....</b>	<b>14</b>
Goal 6: Assure the surveillance system provides the information and data needed to advance prevention activities. ....	14
<b>Strategic Planning Committee, CLPPP Network and Lead Work Group Members .....</b>	<b>15</b>
<b>Figures</b>	
Figure 1: Sources of Lead Exposure Found in Environmental Investigations in Texas, 2005.....	4
Figure 2: Percentage of Texas Children with Elevated Blood Lead Levels, Among Those Tested, by Year .....	5
Figure 3: Percentage of Residential Structures Remaining in Texas and in the U.S. Constructed Prior to 1950 and Constructed Between 1950 and 1979 .....	6
Figure 4: Elevated Rates for Dallas, Houston and San Antonio .....	7

# BACKGROUND

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## MISSION STATEMENT

The mission of the Texas Department of State Health Services Texas Childhood Lead Poisoning Prevention Program is to eliminate childhood lead poisoning as a public health problem in Texas, working together with health, housing, and environmental organizations.

TX CLPPP works toward the elimination of childhood lead poisoning in Texas through outreach, education, surveillance and environmental action.

The *Texas Strategic Plan to Eliminate Child Lead Poisoning by 2010: Toward a Lead-Safe Texas* supports the Texas Department of State Health Services' mission to promote optimal health for all Texans and its vision that all Texans live in safe and healthy communities.

This plan also supports Healthy People 2010, a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats over the first decade of the new century. The goals of Healthy People 2010 are to increase quality and years of healthy life and to eliminate health disparities.



## How the Centers for Disease Control and Prevention (CDC) and TX CLPPP Support Healthy People 2010:

CDC's Childhood Lead Poisoning Prevention Program is committed to the Healthy People (<http://www.healthypeople.gov/>) goal of eliminating elevated blood lead levels in children by 2010. CDC assists state and local childhood lead poisoning prevention programs, provides a scientific basis for policy decisions, and ensures that health issues are addressed in decisions about housing and the environment.

## THE REPORTING LAW

In 1995, the 74th Texas legislature passed a law requiring reporting of elevated blood lead levels in children under age 15. The Texas Department of State Health Services (DSHS) administers the law. TX CLPPP implements the law by maintaining a registry of blood lead results, analyzing the results, and conducting prevention activities.

On June 1, 2003 reporting became mandatory for **all blood lead tests** for persons under age 15. Physicians, laboratories, hospitals, clinics and other healthcare facilities must report all blood lead tests. In addition to clinical information such as blood lead level, reporting forms collect demographic data such as race and ethnicity that help TX CLPPP target screening and outreach activities to those most at risk.

Through a network of local and regional health department partners, TX CLPPP supports primary prevention activities and ensures that appropriate follow-up and case management services (medical and environmental) are provided to all children with elevated blood lead levels.



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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### Mission

The Texas Department of State Health Services promotes optimal health for individuals and communities while providing effective health, mental health and substance abuse services to Texans.

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### Vision

Texans have access to effectively delivered public health, medical care, mental health and substance abuse services and all Texans live and work in safe, healthy communities.

# CHILDHOOD LEAD POISONING

Lead poisoning can damage nearly every system in the body. Because it often occurs with no obvious symptoms, lead poisoning frequently goes undiagnosed. It can cause irreversible learning disabilities, behavioral problems, and at very high levels, seizures, coma, and even death.

## Lead Exposure

The major source of lead exposure among children in the U.S. is lead-based paint and lead-contaminated dust found in deteriorating housing. Lead content was phased out of house paint beginning in the 1950s and banned in 1978. However, almost 879,000 pre-1950 housing units were counted in Texas in the 2000 census, and almost 30% of these were renter occupied.

In addition to lead paint, known sources of lead poisoning include (but are not limited to):

- Hobbies (making stained-glass windows, working with fishing weights)
- Occupations (recycling, battery manufacturing, radiator repair)
- Drinking water (lead pipes, solder, brass fixtures, and valves can all leach lead into water)
- Home remedies (azarcón and greta, which are used for upset stomach or indigestion; pay-loo-ah, which is used for rash or fever).
- Lead glazes on pottery

Figure 1 (below) indicates some of the varied sources of lead exposure discovered in environmental investigations performed in 2005 for Texas children with elevated blood lead levels.

## Preventing Lead Poisoning

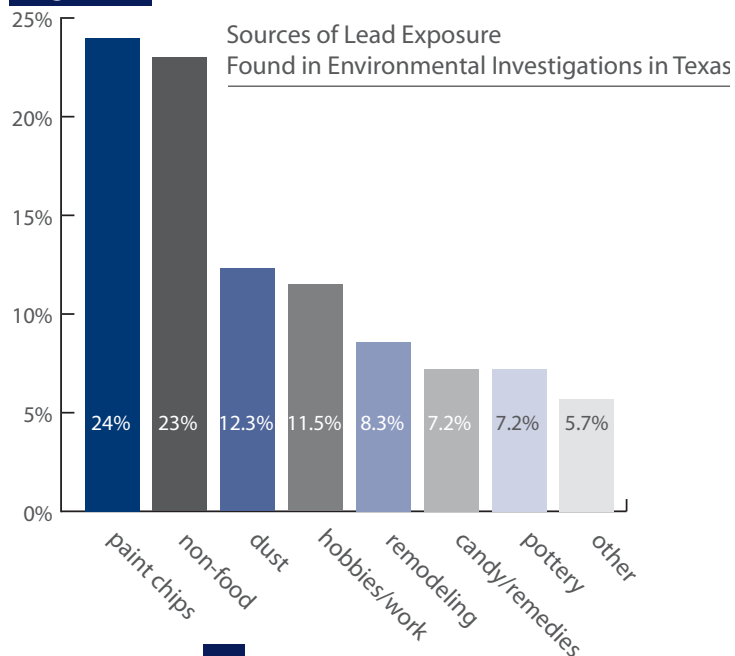
Childhood lead poisoning is entirely preventable. TX CLPPP identifies three keys to prevention.

- Lead hazards in a child’s environment must be identified and removed.
- The general public and healthcare professionals must be educated about lead poisoning and how to prevent it.
- Children who are at risk for lead poisoning must be tested, monitored and, if necessary, treated.

## Children at Greatest Risk

- Children under the age of 6 years old are at higher risk for lead poisoning because their digestive systems absorb a high percentage (as much as 50%) of any lead ingested. (Adults absorb 10-15%.)
- Children’s typical hand-to-mouth behaviors place them at risk.
- Children from all social and economic levels can be affected by lead poisoning, although children living in poverty and who live in older housing are at greatest risk.
- Children of some racial and ethnic groups living in older housing are disproportionately affected by lead. According to CDC, 22% of non-Hispanic black children and 13% of Mexican-American children living in housing built before 1946 have

Figure 1



In 2004, among Texas children under 72 months of age whose lead test results were reported to the registry, approximately 1.65% (4,645) had a blood lead level at or above 10µg/dL. If 1.65% of *all* Texas children under 72 months were found to have an elevated blood lead level, approximately 36,000 children in our state would be at risk for the long term damage caused by lead poisoning. It is crucial that Texas increase testing rates, especially among known high-risk groups.

### Housing Stock

Because of the use of lead in house paint until 1978, the age of housing stock in a community is an important factor in determining lead exposure risks. Houses built before 1950 may have paint with

the highest lead content. After 1950, the amount of lead was progressively reduced until 1978, when all lead was prohibited as an additive in residential paints. Texas housing stock is newer than the national average. However, certain areas of the state have much greater proportions of pre-1950 housing than the state as a whole.

Figure 3 (below) shows the estimated percentage of pre-1950, and 1950-1979 residential structures for Texas and for the U.S., for the year 2000 and the year 2005. These counts have been adjusted to reflect occupied structures and are a combination of single-units, multi-units, and mobile homes, based on data available for the U.S. Census Bureau.

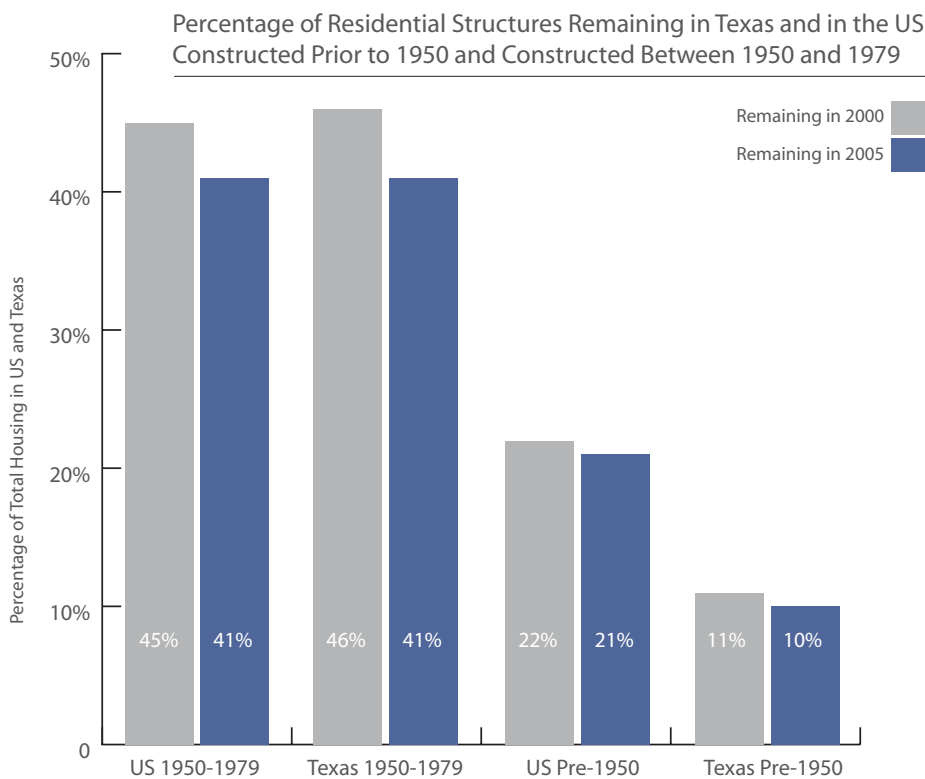
In 2005, the United States had a total of 124.5 million housing units, 11 percent

of which were vacant. Of the total housing units, 67 percent were in single-unit structures, 26 percent were in multi-unit structures, and 7 percent were mobile homes. Twenty-three percent of the housing units were built since 1990.

In 2005, Texas had a total of 9.0 million housing units, 12 percent of which were vacant. Of the total housing units, 67 percent were in single-unit structures, 25 percent were in multi-unit structures, and 8 percent were mobile homes. Twenty-nine percent of the housing units were built since 1990.

Both Texas and the U.S. have experienced a decline in the percentage of pre-1950 and 1950-1979 residential structures during the past 6 years, as newer structures are built and some older structures are demolished. Texas has about one-half the percentage of pre-1950 residential structures of the U.S. as a whole and a slightly lower percentage 1950-1979 residential structures than the U.S. as a whole. This is considered a result of the Texas population boom during the last 25 years and the large number of new residential structures that have been built. Still, over 50% of the residential structures in Texas were built before 1980 and may have lead-based paint contamination; of those, 10% (780,000) were built before 1950 and may have very high levels of lead contamination.

Figure 3





elevated blood lead levels, compared with 5.6% of non-Hispanic white children living in comparable older housing.

### Elevated Blood Lead Level (EBLL) Defined

Texas adheres to the CDC definition for an “elevated” blood lead level (EBLL): a level at or above 10 micrograms per deciliter (µg/dL) of whole blood. Also called the “level of concern,” this is the level at which interventions are triggered and resources are allocated. This should not be considered a “safe” level, as research has not demonstrated any “safe” amount of lead in a child’s blood.

### Venous vs. Capillary Testing

Blood is collected for lead testing via either a capillary site (finger stick) or a venous site (a vein). Healthcare providers must be aware of a crucial difference between these two collection techniques: Lead contamination may be present on a child’s hands, subjecting the capillary specimen to a false elevated result. An alcohol wipe alone will not remove lead contamination on the skin; washing with soap and water is necessary. TX CLPPP has produced a poster outlining the correct procedure for obtaining an uncontaminated capillary specimen, as well as techniques for achieving correct fill volumes in the collection tubes supplied by the DSHS laboratory. Medicaid requires that a child’s first lead test be sent to the DSHS lab for analysis.

Initiation of environmental investigation activities requires a “confirmed”

elevated blood lead level. Any venous test is considered a confirmed result, however a capillary test must be “confirmed” by a venous test.

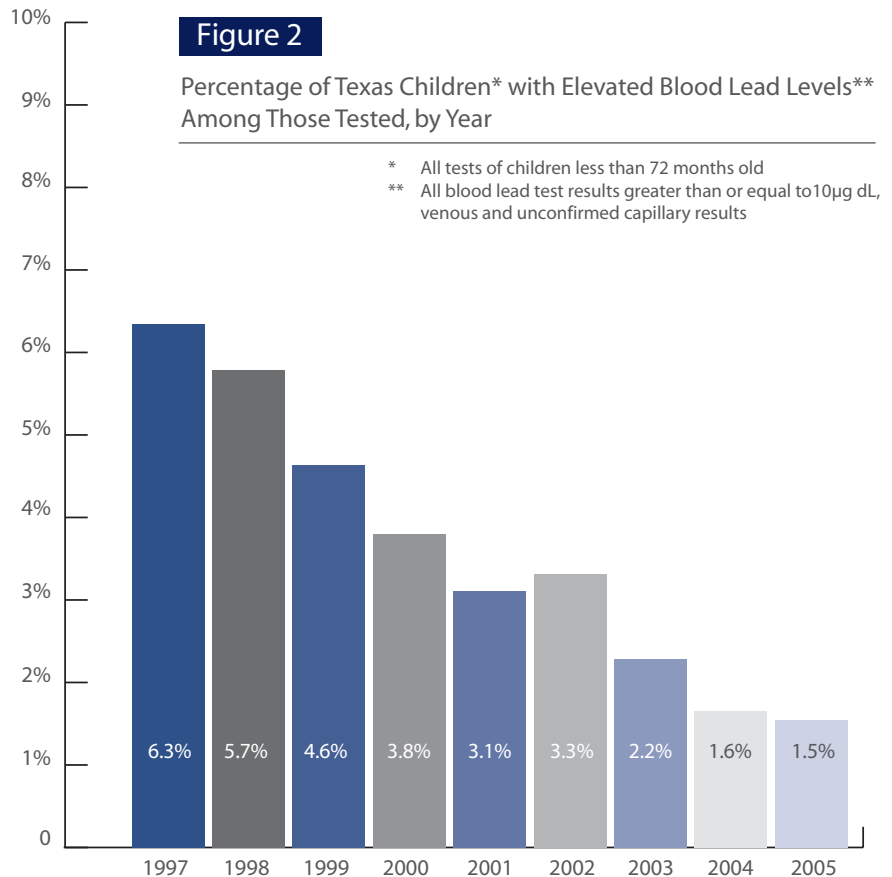
## TEXAS STATISTICS

### Texas Screening Plan

In 2001, the TX CLPPP, with the assistance of a Screening Advisory Group, developed a blood lead screening plan for Texas Children. That plan recommends that *all* Texas children be tested for lead poisoning at age 12 months and again at age 24 months. This schedule is required for children enrolled in Texas Health Steps (Medicaid).

### EBLLs in Texas

TX CLPPP performs analysis of data submitted to the Texas Lead Registry in the form of blood lead test reports. Figure 2 (below) shows the percentage of children less than 72 months of age with elevated blood lead levels (at or above 10µg/dL) among all children tested. From 1997 to 2005, for all age groups, the percentage of children with elevated blood lead levels decreased. (The numbers of children tested during these years has increased, effectively lowering the percentage of those found with elevated blood lead levels.) However data show that there has been a decrease in the real numbers of children with EBLL, from approximately 13,000 in 1997 to 4,000 children in 2005.



### High Risk Communities

TX CLPPP worked with local partners to identify cities in Texas at highest risk for incidence of lead poisoning among children under 72 months of age. Cities were identified based on percentages of pre-1950 housing, population living in poverty and population under age six. Under these criteria, Dallas, Houston and San Antonio were identified as the cities with highest risk. Figure 4 shows percentages for each of three high risk criteria as well as the number of children tested, the number of venous test results equal to or greater than 10 µg/dL and the percentage of tested children with an elevated blood lead level.

Figure 4

Testing Rates and High Risk Criteria in Dallas, Houston and San Antonio, 2004

City	Number Tested	Number Elevated*	Percent Elevated	Percent of Pre-1950 Housing	Percent of Population Below Poverty Level	Percent of Population >72 months
Dallas	23,699	58	0.24%	13.3%	22.1%	11.2%
Houston	38,455	238	0.62%	10.7%	23.0%	10.4%
San Antonio	15,853	99	0.62%	11.4%	17.6%	9.9%
<b>Texas</b>	<b>281,413</b>	<b>1,064</b>	<b>0.38%</b>	<b>9.8%</b>	<b>15.4%</b>	<b>9.9%</b>

\*Elevated child count is for venous tests greater than or equal to 10µg/dL

### Ways the Public and Parents Can Help Prevent Lead Poisoning

- Ask a doctor to test your child for lead at 12 and at 24 months or at any time you are concerned that your child may have been exposed to lead.
- If you live in a house or apartment built before 1978, talk to your state or local health department about testing paint and dust from your home for lead—especially if young children live with you or visit you.
- Damp-mop floors, damp-wipe surfaces, and frequently wash children’s hands, pacifiers, and toys to reduce exposure to lead contaminated dust or paint chips.
- Use only cold water from the tap for drinking, cooking, and for making baby formula. Lead in household water usually comes from the plumbing materials, not from the local water supply. Hot water is more likely to leach any lead present in plumbing.
- Avoid using home remedies (such as azarcón, greta, pay-loo-ah) and cosmetics (such as kohl, alkohol) that may contain lead.
- Take basic steps to decrease your own exposure to lead, for example, if you remodel buildings built before 1978 or if your work or hobbies involve working with lead-based products.
- Keep children away from any remodeling projects, especially in older homes.
- Do not use glazed pottery to cook, serve or store food unless you know it is lead-free.



# DEFINING STRATEGIC GOALS

## STAKEHOLDER PROCESS

TX CLPPP held the first Strategic Planning Committee meeting in May 2004. The committee was comprised of representatives from federal, state and local organizations. The meeting included plenary and breakout sessions to focus on specific strategy development. The group formed working committees to focus on objectives. These working committees continued to review their portion of the plan and produced a more detailed action plan. The entire group reviewed and approved the *Texas Strategic Plan to Eliminate Child Lead Poisoning by 2010: Toward a Lead-Safe Texas* in June 2004. The plan included five goals:

1. Leverage dollars for making housing lead safe.
2. Foster compliance with lead safe housing practices.
3. Prevent exposure of children to non-paint lead sources.
4. Increase identification of young children under age 6 who are at risk for lead poisoning.
5. Raise awareness about childhood lead poisoning among decision makers and those with power to make housing lead safe.

In June 2006, the committee reconvened to evaluate the plan and review progress toward goals. Members are listed on page 15. Day one of the two-day conference included a *Childhood Lead Poisoning Overview* and a presentation titled *Environmental Overview and Statistics on Lead Poisoning in Texas*. Barry Brooks with the Center for Disease Control and Prevention (CDC) spoke on the CDC 2010 elimination goal. Committee members were provided with a progress report detailing accomplishments on specific goals, objectives and strategies. On day two, members participated in work groups which reviewed and developed new goals and objectives.

The proposed goals were presented to the CLPPP Network monthly meeting and at the quarterly meeting of the Lead Work Group in October 2006. Members of groups are listed on page 15. Both groups provided feedback, and revisions were made to the goals.

The proposed goals were presented to the Strategic Planning Committee semi-annual meeting in November of 2006. Committee members met to approve the goals, objectives and activities. TX

CLPPP staff incorporated changes and additions to the revised *Texas Strategic Plan to Eliminate Child Lead Poisoning by 2010: Toward a Lead-Safe Texas* draft.

The draft plan was emailed to the Strategic Planning Committee in December 2006. Final comments were incorporated into the draft. A copy of the draft plan was provided to and approved by the CDC in March 2007. The final plan was approved by the Strategic Planning Committee in March 2007.

This plan identifies three focus areas for eliminating child lead poisoning: primary prevention, secondary prevention and surveillance. The goals in each focus area are listed on pages 9 through 14.

The long term objective of each goal is designed to be accomplished in three years. The short term objectives should be accomplished in 2007.

The Strategic Planning Committee will provide ongoing oversight, evaluation and recommendations for corrective action to the strategic plan. TX CLPPP staff will continue to implement the plan and provide progress reports to the committee.

# PRIMARY PREVENTION GOALS

## Goal 1: Prevent lead poisoning by raising awareness of child lead poisoning in Texas.

### Long Term Objective:

Decrease the number of children being exposed to lead hazards in 2007-2010.

### Short Term Objective 1.1:

Increase educational programs on lead poisoning prevention conducted in 2007.

#### Activities:

- Identify and determine baseline for educational programs conducted in 2006.
- Develop and guide local CLPPPs in conducting family and community education that supports primary prevention activities in places including, but not limited to: churches, daycares and Head Start programs.
- TX CLPPP will develop and guide local CLPPPs in conducting professional training activities to increase lead poisoning prevention awareness.

#### Position(s) Responsible:

Outreach Coordinator.

#### Evaluation Measure:

The baseline identified. The number of community and professional programs conducted.

### Short Term Objective 1.2:

Inform stakeholders, medical societies, state and local leaders on lead issues identified by surveillance data at in-services and meetings.

#### Activities:

- Publish and disseminate annual report.
- Provide public access to data without personal identifiers.
- Conduct quarterly stakeholder meetings.
- Participate in local or state medical society meetings.

#### Position(s) Responsible:

Program Coordinator, Outreach Coordinator and Epidemiologist.

#### Evaluation Measure:

The number of annual reports printed and distributed. The number of data requests submitted and released. The number of meetings held.

## AREAS OF FOCUS

### Primary Prevention

Primary prevention protects children from being exposed to lead. Activities include providing education and increasing the supply of lead-safe housing.

### Secondary Prevention

Secondary prevention reduces the harmful effects of elevated BLLs after an elevation has occurred. Activities include screening for BLLs, and offering follow-up care.

### Surveillance

Surveillance provides information that forms the basis for planning, evaluation, and public support of policies and programs. Activities include developing systems to monitor childhood BLLs, sources of exposure, reduction of lead hazards and availability of lead-safe housing.

**Goal 2: Reduce the number of children lead poisoned by non-paint consumer products in Texas.**

**Long Term Objective:**

Increase awareness of lead poisoning exposures from non-paint consumer products.

**Short Term Objective 2.1:**

During 2007, develop working relationships with agencies that will support development of regulations pertaining to consumer products which contain lead hazards.

**Activities:**

- Develop working relationship with Texas Department of State Health Services (DSHS) Product Safety Division, Foods Group, Environmental and Consumer Safety Section and the Office of Border Health.
- Develop working relationship with Texas Attorney General’s Office.
- Develop procedures and mechanism for sharing non-paint exposure data with DSHS Product Safety Division, Foods Group, Environmental and Consumer Safety Section and the Office of Border Health.
- Develop mechanism for sharing environmental data with medical schools, health educators and hospital districts.

**Position(s) Responsible:**

Program Manager and Environmental Specialist.

**Evaluation Measures:**

The number of meetings held to develop procedures and mechanism for sharing data.



### Goal 3: Assure availability of lead-safe housing units for families with young children.

#### Long Term Objective:

Increase the number of lead safe housing units in 2008 - 2010.

#### Short Term Objective 3.1:

During 2007, pursue working relationships with government and non-government agencies to develop regulations and establish a baseline for increasing lead safe housing.

##### Activities:

- Assist local Childhood Lead Poisoning Prevention Programs (CLPPPs) in the development of local regulations requiring elimination or control of lead paint in housing units occupied by children with EBLs.
- Develop stakeholder support of passing regulations for the reduction of lead hazards including performance of mandatory dust wipe testing to assure clearance standards are met after abatement work, remediation, remodeling or other hazard control work is completed.
- Assist local CLPPPs in ensuring information accessed during environmental inspections (related to the HUD Disclosure Rule) will be forwarded to HUD and EPA regional offices for enforcement.
- Develop infrastructure for sharing blood lead and environmental data with federally subsidized housing authorities, HUD and EPA.
- Collaborate with housing and environmental agencies to develop systematic standardized assessment of housing in the state, identify available resources for lead hazard control and refer families to available resources.
- Collaborate with environmental agencies and housing authorities to

ensure performance of inspections in housing where a child with an EBL lives or spends a significant amount of time, (for example secondary residence or adjacent units, etc.).

##### Position(s) Responsible:

Program Manager, Surveillance Coordinator, Outreach Coordinator and Environmental Specialist.

##### Evaluation Measures:

The number of meetings held to develop regulations and implementation of regulations. The number of reports for sharing data provided to agencies.

#### Short Term Objective 3.2:

During 2007, collaborate with local CLPPPs, home improvement retailers and other agencies in promoting lead-safe work practices awareness.

##### Activities:

- Identify and collaborate with agencies for the distribution of information resources on lead-safe work practices.
- Develop information resources to educate families, building owners and housing rehabilitation workers on lead safe-work practices.

##### Position(s) Responsible:

Program Coordinator and Outreach Coordinator.

##### Evaluation Measures:

The number of information resources developed, the number distributed and the number of collaborations created.

# SECONDARY PREVENTION GOALS

## Goal 4: Assure at-risk children are screened in Texas.

### Long Term Objective:

Increase by 10% annually the number of at-risk children screened.

### Short Term Objective 4.1:

In 2007, identify and target screening for high-risk populations.

#### Activities:

- Identify and determine baseline for screening at-risk children.
- Review, evaluate and revise the targeted screening plan annually.
- Develop methodology used to measure screening performance of providers.

#### Position(s) Responsible:

Program Staff and TX CLPPP Screening Advisory Committee members.

#### Evaluation Measure:

The baseline identified. Percentage of increase in screening rate of at-risk populations.

### Short Term Objective 4.2:

In 2007, identify children in rural areas at risk for lead poisoning.

#### Activities:

- Identify and determine baseline for screening rural at-risk children.
- Review and analyze data for rural counties.
- Identify and determine at-risk rural counties.
- Develop outreach programs targeting rural at-risk counties.

### Position(s) Responsible:

Program Staff and TX CLPPP Screening Advisory Committee members.

### Evaluation Measure:

The baseline identified. Percentage of increase in screening rate of at-risk populations in rural areas.



**Goal 5: Assure appropriate and timely case management services for children with elevated blood lead levels in Texas.**

**Long Term Objective:**

Increase percentage of children with EBLs receiving appropriate and timely case management services annually between 2007 and 2010.

**Short Term Objective 5.1:**

In 2007, improve timely and appropriate case management services provided by sub-grantee CLPPPs.

**Activities:**

- Conduct site visit to local CLPPP to review charts and data for compliance with CDC guidelines.
- Gather and enter electronic case management and environmental data.
- Identify and establish baseline for case management and environmental evaluation.

**Position(s) Responsible:**

Case Management Coordinator, Follow-Up Coordinator and Environmental Specialist.

**Evaluation Measure:**

The number of site visits conducted at local CLPPPs.



# SURVEILLANCE GOAL

## Goal 6: Assure the surveillance system provides the information and data needed to advance prevention activities.

### Long Term Objective:

Improve the reliability of the existing surveillance system as an effective tool for identifying the nature and scope of the existing childhood lead poisoning problem, high risk populations and the effectiveness of the interventions.

### Short Term Objective 6.1:

Use surveillance data to identify children with EBLs.

#### Activities:

- Identify children with elevated blood lead levels and promptly forward information to case manager for intervention and follow-up.
- Contact reporting entities to discuss proper procedures for prompt reporting of EBLs.

#### Position(s) Responsible:

Surveillance Coordinator and Database Coordinator.

#### Evaluation Measure:

The number of children identified and referred. The number of reporting entities contacted and educated.

### Short Term Objective 6.2:

Use surveillance data to identify at-risk populations.

#### Activity:

- Analyze surveillance data to identify at-risk populations.

#### Position(s) Responsible:

Epidemiologist, Surveillance Coordinator and Database Coordinator.

#### Evaluation Measure:

The baseline identified. Percentage of increase in screening rate of at-risk populations.

### Short Term Objective 6.3:

Use surveillance data to identify areas with high concentrations of pre-1978 housing.

#### Activity:

- Analyze surveillance data to identify Zip codes or census tracts for areas with high concentrations of pre-1978 housing.

#### Position(s) Responsible:

Epidemiologist, Program Manager, Surveillance Coordinator and Database Coordinator.

#### Evaluation Measure:

High-risk Zip codes identified and listed in screening plan.



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### **Peter Tadin**

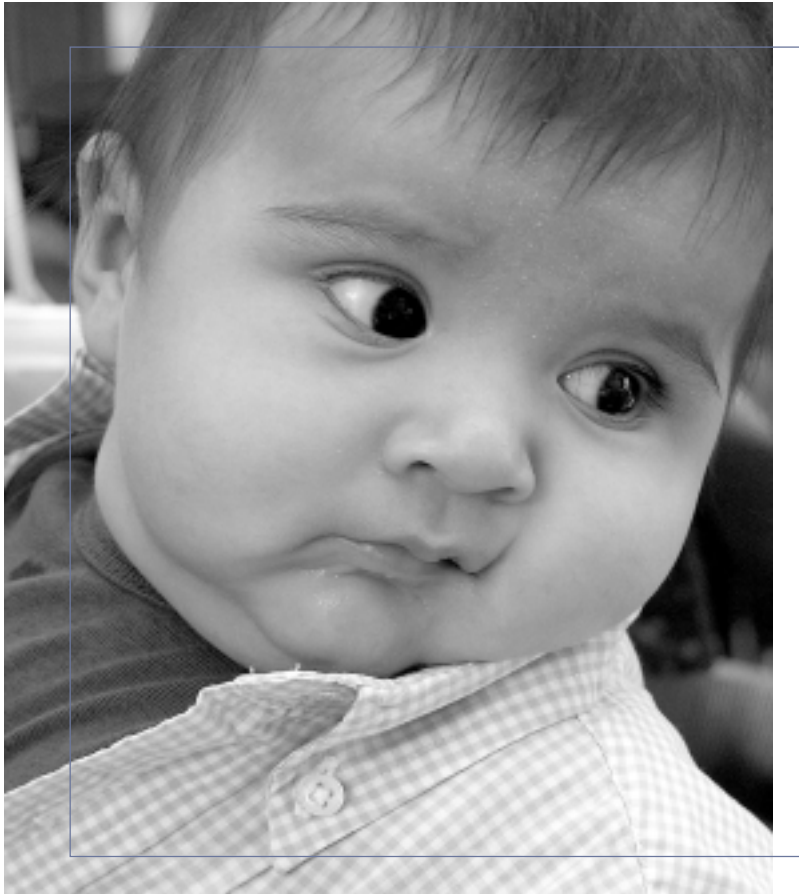
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## TEXAS CHILDHOOD LEAD POISONING PREVENTION PROGRAM

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<http://www.dshs.state.tx.us/lead>

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