

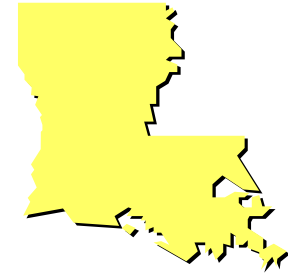
Louisiana Department of Health and Hospitals, Office of Public Health
Healthy Homes and Lead Poisoning Prevention Program
Healthy Homes Strategic Plan

August, 2012



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I. Summary

The Louisiana Healthy Homes and Lead Poisoning Prevention Program's vision is that all Louisiana residents live in a safe and healthy home. The program recognized the need for an integrated approach to improving health hazards in the home and formed an Advisory Committee with the mission of developing statewide partnerships, coordinating program activities that enhance the health of Louisiana children and families through the adoption of healthy home practices, reducing health disparities and improving the public's health.

The Louisiana Healthy Homes and Lead Poisoning Prevention Program has developed seven goals to achieve their mission. The goals address 1) strategic planning; 2) primary prevention; 3) care coordination; 4) strategic partnership; 5) surveillance; 6) policy; and 7) sustainability.

The program has enlisted the support for implementing the goals from the advisory committee members who represent federal, state and local government agencies, community and faith based organizations, health care providers, educational institutions and housing agencies. The goals are described in the work plan with objectives, activities, time frames and evaluation methods.

II. Healthy Homes and Housing Related Impacts in Louisiana

Since 1999, the Louisiana Office of Public Health has worked toward the goal of eliminating childhood lead poisoning as a public health problem. In 2009, the Surgeon General introduced the Call to Action to Promote Healthy Homes. The Call to Action emphasizes the public health importance of ensuring the availability of safe, healthy, affordable, accessible, and environmentally friendly homes for the entire U.S. population. This caused a program shift from a single focus (lead poisoning prevention) to address multiple health and safety risk factors affecting families' homes in Louisiana. The shift to a holistic healthy homes approach assesses more potential hazards within a home during a home visit and lead to a better coordination of referrals. Healthy Homes is a federal initiative undertaken by the Centers for Disease Control (CDC), U.S. Environmental Protection Agency (EPA) and the U.S. Department of Housing and Urban Development (HUD) to approach housing related hazards in a coordinated way to improve health and prevent injuries. The holistic approach is a more efficient and effective way of utilizing existing resources.

Evidence has shown that health problems are linked to housing conditions such as injuries, asthma, and poisoning. A "healthy home" is a home designed, constructed, maintained, or rehabilitated in a manner that supports the health and safety of the resident. The focus of the healthy home initiative in Louisiana is to identify health and safety hazards in the home that may lead to injuries, asthma triggers and poisoning and to offer education and/or intervention to reduce and/or eliminate these hazards. Louisiana's

focus is on injuries, asthma triggers, and poisoning due to data showing high prevalence of these hazards throughout the state.

There are a number of factors that influence health and safety in homes, including structural and safety aspects, its physical characteristics and presence or absence of safety devices, quality of indoor air and the house's immediate surroundings. These factors may support or neglect the health of those who live there. Louisiana's Strategic Plan will focus on enhancing the health of families in Louisiana through the improvement of the family's home environment. The plan identifies opportunities to incorporate healthy homes into home based initiatives such as the Healthy Start, and through contracted risk assessors.

i. High Risk and Vulnerable Populations

According to the 2010 census data, the state of Louisiana has a population of 4,533,372. The population by race is 62.6% White, 32.0% Black or African American, and 5.4% Other races. Despite the damaging effects of Hurricanes Katrina (2005), Rita (2005) and Gustav (2008), the state population has grown by 1.4%. (2010 Census Data) However the state continues to struggle with increasing numbers of at risk and vulnerable populations. Louisiana has 18.2% of its population living below the poverty level compared to 13.2% of the United States as a whole. An additional 21.8% of Louisiana residents live between 101% and 200% of the poverty level while only 18.7% of the United States population lives between 101% and 200% of the poverty level. (2008/2009 LA Medicaid Report)

Medicaid sheds further light on disabled, elderly, and lower socio-economic individuals and families that can be considered vulnerable or at risk populations. There were approximately 1.2 million Louisianans (28%) enrolled in Medicaid during the 2008/2009 fiscal year. This is a 26% increase from just over a million during the 2003/2004 fiscal year. Of those who participate in some type of Medicaid program 63.1% are under the age of 21 years, 8.9% are 65 years or older, 19% are disabled, and 59% are female. The parishes (the county equivalent in Louisiana) with the highest percentage of Medicaid recipients lay in Region 8 (a map of regions is found in Appendix A) with Morehouse, West Carroll, East Carroll, Madison, Richland, Franklin, and Tensas Parishes most affected. These parishes have 40%-52% of their population enrolled in some form of Medicaid.

ii. High Risk Housing

According to the U. S. Department of Housing and Urban Development (HUD) 2009 housing data and their definition of sub-standard housing, 1.65% of the housing in the state of Louisiana is substandard. This is higher than the national rate of 1.46% substandard housing. Additionally 56.84% of owner occupied houses and 60.92% of rented houses were built before 1980 and are at a high risk of having lead based paint in

the home. Data show that 13.37% of owner occupied housing and 19.01% of rented housing were built before the year 1950. These homes are at even greater risk of containing lead based paint and thus putting the occupants of these structures at a higher risk of adverse affects from lead and other environmental factors. (2000 US Census)

The Louisiana Housing Finance Agency (LHFA) reported in their November 2010 executive summary that housing problems disproportionately affect low income and very low income households. It is estimated that 63% of low income renters and 71.7% of very low income renters could be defined as having housing problems. These low income renters and very low income renters are at increased risk of housing problems compared to the state's overall rate of 44.7% of all renters with housing problems. Low income owners and very low income owners were also disproportionately affected compared by housing problems. Where 22.8% of all home owners in Louisiana have housing problems, 48% of low income home owners and 59% very low income home owners have housing problems. By parish, Orleans, Jefferson, and East Baton Rouge have the largest number of households in need of affordable and appropriate housing. (LHFA, 2010)

Children are especially vulnerable to health effects from housing related concerns. According to the National Survey of Children's Health, 19.1% of children in Louisiana live in neighborhoods with poorly kept or dilapidated housing. This rate is significantly higher than the U.S. rate of 14.6% .(NSCH, 2007) These older or poorly maintained homes put their occupants and neighborhoods at greater risk of not only lead related health problems but also other health problems such as asthma and injuries.

iii. Housing Related Health Concerns

High risk, dilapidated, and poorly maintained housing can be a significant contributor to the preventable disease burden of a community. In Louisiana three housing related health concerns are of priority: injury, asthma, and lead poisoning.

Injuries are the 4th preventable cause of death in Louisiana. A cost-analysis in 2004 of Louisiana injuries estimated that \$26 million are lost yearly to medical care for fatal injuries and another \$6 billion to quality of life lost for fatal injuries. Age-adjusted injury death rates have risen in Louisiana from 71.3 per 100,000 in 2000 to 89.5 per 100,000 in 2005. This is well above the US average of which ranged from 52.7 to 57.6 per hundred thousand for the same time span. In 2007, Orleans Parish, Jefferson Parish, and East Baton Rouge Parish had the highest injury rates at 9.0, 10.6, and 8.7 per 100,000 people. Falls, fire/burns, poisoning, drowning, and suffocation are all in the 2007 top ten causes of injury in Louisiana and have risk factors that can be modified or eliminated in the home.

Falls and poisoning are a specific major public health injury concern. Most falls occur in the home for elderly and children making the home an ideal place to prevent such injuries. Falls accounted for 36% of hospitalization and 4.4% of all injury deaths. Each

non-fatal fall costs a median of \$18,972 per fall for a total of \$169,262,624 in 2004. In children under 14 years falls are the leading cause of injury related hospital admissions accounting for nearly 20% of all injury related hospitalizations. The median hospitalization cost in 2004 per fall in a child was \$5,684. The total inpatient cost alone in 2004 associated with childhood falls was \$4,509,485. Poisoning related hospitalizations contributed 14% of all injury hospitalizations. In children under the age of 6 years the most common source of exposure was cosmetics and personal care products. Region 1 (Orleans, Jefferson, Plaquemines, and St. Bernard Parishes) has the highest poisoning rate at 110 per 100,000 people in 2004. The average hospitalization cost associated with poisoning injury in 2004 was \$11,405.51 with an average length stay of three days. Total costs were over \$44 million dollars for the year alone. (Injury Prevention Plan 2009)

Asthma rates range from 9.6% in females and 6.3% in males, 7.6% in Whites, 9.4% in Blacks, and 10.2% in Hispanics. In 2008 Medicaid asthma related expenditure ranged from \$1,764 to \$2,318 per person (depending on the region) resulting in a total of \$54,681,499 in Medicaid expenditures alone. (Louisiana Asthma Program 2008) Indirect cost in school age children due to missed school days and premature death were estimated to cost \$390 in 2003 dollars for a year. (Wang, 2005) Approximately, 5.1% of Louisiana students have missed school due to asthma symptoms. Thirty-three percent of asthmatics in Louisiana were unable to work at least one day due to asthma symptoms, 34.4% visited an urgent care due to worsening symptoms, and 20.2% visited an emergency department in 2006. This is an increase from 25.79%, 19.9%, and 17.4% respectively in 2004. (Louisiana Asthma Program 2008)

Lead screening is mandatory in all children between the ages six months to 72 months. However, only 21.1% of children were screened at least once in 2010. While the prevalence of elevated blood levels was less than 1% in most parishes, East Carroll (Region 8) had 4.3% of screened children with elevated blood (≥ 10 $\mu\text{g}/\text{dl}$) levels but only screened 5.3% of children in 2010. Tensas (Region 8), Claiborne (Region 7), Assumption (Region 3), West Feliciana (Region 2), and Orleans (Region 1) Parishes all had between 2.0-5.4% of tested children with elevated blood levels. (LA lead report, 2010) The principle cost in lead poisoning lies not in treatment but in social and economic loss. A one point decrease in intelligence leads to loss of lifetime earnings of \$17,815 in 2006 US dollars. Children with lead levels ≥ 25 $\mu\text{g}/\text{dl}$ require an additional \$14,317 per year for special education and extra assistance. A 1 $\mu\text{g}/\text{dl}$ reduction in blood lead levels in the average preschool cohort could potentially lead to a decrease in crime and the associated \$1.8 billion in direct costs and an additional \$11.6 billion in indirect cost saved nationwide. (Gould, 2009)

iv. Need Within High Risk Area

While this topic has been addressed in part in the above sections, it deserves specific attention. Region 8 has the highest proportion of persons on Medicaid (Medicaid Report 2009), some of the lowest lead testing rates in the state but yet some of the highest rates of childhood lead poisoning (Lead Report 2010). They have limited access to appropriate

health care in their own communities and often have to travel long distances to receive needed care. HUD does not have an active enough presence in many parishes in Region 8 to keep public statistics on housing in several of the parishes. This is despite the average income of some Region 8 parishes being the lowest in the state (HUD website, 2011).

Regions 1 and 2 contain the two major cities in Louisiana, Baton Rouge and surrounding suburbs as well as New Orleans and surrounding towns respectively. While these areas do not always have the highest prevalence of household related health problems, due to their sheer numbers they have the greatest number of affected individuals. Region 1 is the most populous with 836,420 people, while Region 2 is the second most populous region with a population of 663,255. According to the 2010 US Census, the two regions consist of over 33% of Louisiana's 4,533,372 residents (2010 Census). Education and outreach efforts in these regions would have the greatest impact on the highest number of people.

v. Disproportionate Burden of Disease

All three areas of specific focus asthma, injury, and lead disproportionately affect the poor and minorities. Despite the fact that African Americans only make up 32% of Louisiana's population, they have more children affected by lead poisoning than any other race. (Lead Program Data, 2009)

In 2008, 7.8% of persons with health insurance had asthma while 10.4% of those without health insurance suffered from asthma. The proportion of asthmatics was 15.8% in households with a yearly income of less than 15,000, 9.4% in those with a household annual income of 15,000-24,999, 7.3% in households with an income of 25,000-49,999. Those in the highest income bracket of 50,000 or more had the lowest rate of asthma at only 5.2%. The burden of morbidity and mortality were higher in Blacks requiring more ER and Urgent care visits for exacerbation, more days with sleeping difficulties than Whites, and had higher rates of asthma related deaths. Children under 5 years and elderly 70 years and greater also had higher hospitalizations related to asthma. (Asthma, 2009) The highest rate of nonfatal injury related hospitalizations were in adults age 65 years and older with females more likely to be hospitalized than males. Falls are the leading cause of injury related hospitalization in both children 14 years and under and elderly age 75 and older. (Injury Program Data, 2005)

Louisiana is a very diverse state with its own set of unique challenges and opportunities. Addressing health problems that are strongly related to the home environment has the potential to reach our most vulnerable people who unfairly bear a larger share of the burden of preventable disease. By addressing the actual causes and risk factors of disease at the source through the Healthy Homes model, Louisiana will be able to not only reduce the burden of morbidity and mortality due to housing related health concerns in the state but will prevent many unnecessary cases entirely. Healthy homes initiatives geared toward these populations will help alleviate some of these disparities.

III. Louisiana Strategic Plan for Healthy Homes

Vision

All Louisiana residents live in a safe and healthy home environment.

Mission

The mission of the Louisiana Healthy Homes and Lead Poisoning Prevention Program is to develop statewide partnerships, coordinate program activities that enhance the health of Louisiana children and families through the adoption of healthy home practices, reduce health disparities and improve the public's health.

Work Plan – Goals, Objectives and Strategies

i. Strategic Plan

Advisory Committee will meet quarterly to develop a Healthy Homes and Lead Poisoning Prevention Strategic Plan to focus on efforts and resources to eliminate home hazards, to track progress of the program and to focus on sustainability. The Advisory Committee will be broken down into several ad hoc committees to develop goals; objectives and activities that address Primary Prevention, Care Coordination & Plan of Care, Strategic Partnerships, Surveillance and Policy related to the areas of need that have been identified. The Ad Hoc committees will be Education and Outreach, Care Coordination/Referrals, Surveillance and Policy.

The role of the Advisory Committee will be:

- To develop ad hoc committees to establish goals, objectives and activities for Primary Prevention, Case Coordination & Plan of Care, Strategic Partnerships, Surveillance and Policy
- To develop a directory of resources that offer remediation services to those affected by health hazards in the home
- To conduct needs assessment to identify gaps in policy and services and to prioritize healthy homes activities.

Strategic Plan (cont)

Goal : To develop a strategic plan and identify resources to facilitate its implementation				
Objective: LACLPPP staff will establish an Advisory Committee to develop a healthy homes strategic plan by end of Yr 1				
For years 2 and 3, LACLPPP staff will maintain Advisory Committee to implement healthy homes activities.				
Activity	Lead Role	Evaluation	Target Date	Status
Establish strategic partnerships with strategic stakeholders such as community health, housing, weatherization, community members, professional organizations, and faith based leaders to participate on the Advisory Committee.	LAHHLPP Staff	Record of strategic partners and record of partners attending Advisory Committee Meetings	<i>September 1, 2011 – August 31, 2014</i>	TBD
Conduct quarterly Advisory Group meetings	LAHHLPP Staff	Record and minutes of quarterly Advisory Committee Meetings	<i>September 1, 2011 – August 31, 2014</i>	TBD
Create a Strategic Plan for healthy homes by developing the program’s mission, objectives and goals for healthy homes.	LAHHLPP Staff	Record of completed plan.	<i>September 1, 2011 – August 31, 2012</i>	TBD
Review completed objectives and implement objectives not met.	LAHHLPP Staff	Record of met and unmet objectives	<i>September 1, 2011 – August 31, 2014</i>	TBD
Evaluate plan on an on-going basis to determine if program activities are leading to desired objectives	LAHHLPP Staff	Record of activities and record of desired objectives	<i>September 1, 2011 – August 31, 2014</i>	TBD
Strengthen partnerships and initiate new partnerships with stakeholders	LAHHLPP Staff	Record of partners	<i>September 1, 2012 – August 31, 2014</i>	TBD
Use data from initial healthy homes assessments to determine the needs and target areas.	LAHHLPP Staff		<i>September 1, 2011 – August 31, 2012</i>	TBD

ii. Primary Prevention

LAHHLPP has developed a tool to assess housing conditions in populations most vulnerable to hazards in the home. This assessment tool (page 16) is based on the Visual Survey Report created by the Alliance for Healthy Homes. LAHHLPP will enlist the help of partners who perform home visits to at risk populations in Louisiana to use the survey to ascertain more information about potential hazards found in the homes they visit. The following partners will be enlisted to complete home assessments:

- Lead Investigators from LACLPPP
- Head Start
- Healthy Start

Training on how to conduct the visual survey will be performed by LSU Ag Center and LAHHLPP staff. The Visual Survey will be used to determine the age of the home, age of the residents of the home and if any potential hazards exist in the home. Information gathered from

this form will be used to provide the appropriate intervention to the home in order to reduce or eliminate the potential hazard.

LAHHLPP will provide focused efforts on Regions 1, 2 and 8 due to their increased rates of poverty, lead and older housing. Outreach will focus on the importance of reducing hazards related to lead, injury and asthma in the home. Strategic partners will be used to incorporate the safe and healthy homes concept into materials disseminated by partners.

(Please see the primary prevention section of the revised work plan for more detailed information regarding primary prevention.)

LAHHLPP will establish a hot line to provide technical assistance to professionals and lay people on the concept of healthy homes and what steps may be taken to eliminate or reduce hazards in the home. A resource directory will be developed to identify partners who can provide technical assistance as well as resources to help eliminate hazards found in the home.

Please see the primary prevention section of the revised work plan for more detailed information regarding primary prevention.

Goal : To use primary prevention strategies to increase awareness and access to services for home health hazards leading to an increase in safe and healthy homes				
Objective: Develop and disseminate resource directory and educational materials on home health hazards				
Activity	Lead Role	Evaluation	Target Date	Status
Develop a Statewide Resource Directory	LAHHLPP Follow-up Staff	Resource Directory active on website and a manual hard copy available on file	<i>September 1, 2011 – August 31, 2012</i>	TBD
Advertise the Healthy Homes Resource Directory through programs that use healthy homes components	Work Group	Links to LAHHLPP’s active website and other related Healthy Homes statewide websites.	<i>September 1, 2011 – August 31, 2014</i>	TBD
Provide healthy homes training to home visiting programs, contractors, housing professionals, community based organizations, and faith based organizations in target areas.	LSU Ag Dillard	Number and record of trainings.	<i>September 1, 2011 – August 31, 2014</i>	TBD
Identify programs that have brochures or literature for asthma, injury, lead and healthy homes or develop healthy homes literature	Work Group	Brochures/literature used by other programs or developed literature	<i>September 1, 2011 – August 31, 2014</i>	TBD
Increase the number of Head Start families who are knowledgeable about lead poisoning and other healthy homes principles	Head Start	Number of children enrolled in Head Start who received information	<i>September 1, 2011 – August 31, 2014</i>	TBD
Work with HUD to promote healthy homes through housing agencies	Work Group	Number of housing agencies utilizing healthy homes materials	<i>September 1, 2011 – August 31, 2014</i>	TBD

iii. Care Coordination/Plan of Care

Goal: Provide timely case management, education, referrals, resources or services to homes with health hazards.				
Objective: Identify the health hazard in the home, address the hazard and resolve the hazard				
Activity	Lead Role	Evaluation	Target Date	Status
Identify children with elevated blood lead levels	LAHHLPP Follow-Up Staff	Number of children with elevated blood lead levels/Number of children tested	<i>September 1, 2011 – August 31, 2014</i>	TBD
Provide timely and appropriate care to children with elevated blood lead levels	LAHHLPP Follow-Up Staff	Number of children who receive timely appropriate care/ Number of children with elevated blood lead levels	<i>September 1, 2011 – August 31, 2014</i>	TBD
Identify the health hazard from the healthy home assessment form provided by the home visiting program and address the issue by providing timely follow-up	LAHHLPP Follow-Up Staff	Number of homes with health hazards/ Number of inspected homes	<i>September 1, 2011 – August 31, 2014</i>	TBD
Connect family with community and government programs for services beyond the project resources.	LAHHLPP Follow-Up Staff	Record of referral to community or government program	<i>September 1, 2011 – August 31, 2014</i>	TBD
Determine if the issue has been resolved by contacting either the referring agency or the occupant of the home.	LAHHLPP Follow-Up Staff	Documentation of resolved issue	<i>September 1, 2011 – August 31, 2014</i>	TBD
Documentation in HHLPPSS once the issue has been resolved.	LAHHLPP Follow-Up Staff	Review of HHLPPSS system.	<i>September 1, 2011 – August 31, 2014</i>	TBD
Identify resources/referrals and gaps in healthy homes assessments	Work Group	Gap identified or resolved	<i>September 1, 2011 – August 31, 2014</i>	TBD
Identify and establish partnerships with Community Development Block Programs and housing agencies that participate in lead hazard abatement activities, weatherization and etc.	Work Group	Number of meetings with health and housing organizations	<i>September 1, 2011 – August 31, 2014</i>	TBD

iv. Strategic Partnerships

Goal: Work with strategic partners within and outside of the health department to promote safe and healthy homes
Objective: Establish and maintain strategic partnerships with key stakeholders and seek additional involvement from additional stakeholders to promote primary prevention.

Activity	Lead Role	Evaluation	Target Date	Status
Strengthen partnerships with internal partners involved in healthy homes initiative	LAHHLPP Staff	Meetings, conference calls and collaborations with internal partners	<i>September 1, 2011 – August 31, 2014</i>	TBD
Identify additional programs to enhance coordination of healthy homes activities	LAHHLPP Staff	Record of additional programs	<i>September 1, 2011 – August 31, 2014</i>	TBD
Identify state and local community partners to collaborate and promote a statewide approach to healthy homes	LAHHLPP Follow-Up Staff	Number of state and local community partners	<i>September 1, 2011 – August 31, 2014</i>	TBD
Build partnerships and strengthen partnerships with community and/or faith based organizations	LAHHLPP Follow-up Staff	Number of partnerships with community and faith based organizations	<i>September 1, 2011 – August 31, 2014</i>	TBD

v. Surveillance

Goal: To have statewide healthy homes surveillance system data complete, collected efficiently, and used effectively for management, evaluation and prevention of home health hazards

Objective: Manage a statewide healthy homes and lead poisoning surveillance system that will track housing-related health hazards and case management services.

Activity	Lead Role	Evaluation	Target Date	Status
Implement data sharing agreements with Asthma, Injury, Environmental Public Health Tracking System, and Immunization	LAHHLPP Epidemiologist	Memorandums of understanding or documentation of data sharing agreement	<i>September 1, 2011 – August 31, 2014</i>	TBD
Conduct data linkage using housing related health hazards for lead poisoning, asthma and injury data to identify areas of high risk specifically Regions 1, 2 and 8	LAHHLPP Epidemiologist	Number of lead, asthma and injury by zip code.	<i>September 1, 2011 – August 31, 2014</i>	TBD
Collect missing lead testing data from providers within three months after notification.	LAHHLPP Epidemiologist	Quarterly review of records for complete data	<i>September 1, 2011 – August 31, 2014</i>	TBD
Provide electronic case management data to CDC as part of the quarterly data submission	LAHHLPP Epidemiologist	Documentation data was sent to CDC.	<i>September 1, 2011 – August 31, 2014</i>	TBD
Conduct special analysis of initial home assessments to determine need and target areas for program planning and evaluation.	LAHHLPP Follow-Up Staff	Needs assessment	<i>September 1, 2011 – August 31, 2014</i>	TBD
Collaborate with the State Information Technology Department to set up electronic reporting for all laboratories and providers	LAHHLPP Epidemiologist	Number of providers submitting lead data electronically/Number of providers who submit lead data	<i>September 1, 2011 – August 31, 2014</i>	TBD

vi. Policy

Goal: To develop and improve policies, guidelines and practices to achieve a safe and healthy home				
Objective: Develop guidelines and practices				
Activity	Lead Role	Evaluation	Target Date	Status
Develop guidelines for conducting healthy home assessments for residential dwellings.	LAHHLPP Staff	Copy of guidelines	<i>September 1, 2011 – August 31, 2012</i>	TBD
Develop guidelines and practices for preventing home health hazards.	LAHHLPP Staff	Copy of guidelines and practices	<i>September 1, 2011 – August 31, 2012</i>	TBD
Develop guidelines and practices for conducting remedial activities.	LAHHLPP Staff	Copy of guidelines and practices	<i>September 1, 2011 – August 31, 2012</i>	TBD
Objective 2: Develop and enhance policies				
Identify Louisiana's Healthy Homes Policy priorities	LAHHLPP Staff	Record or list of priorities	<i>September 1, 2011 – August 31, 2012</i>	TBD
Identify existing public health, safety and housing policies	LAHHLPP Staff	Record or list of policies	<i>September 1, 2011 – August 31, 2012</i>	TBD
Identify LAHHLPP member roles and limitations in advocating and educating for policy.	LAHHLPP Staff	List of roles and limitation for policy	<i>September 1, 2011 – August 31, 2012</i>	TBD
Develop new policies as needed	LAHHLPP Staff	New policies implemented	<i>September 1, 2011 – August 31, 2014</i>	TBD

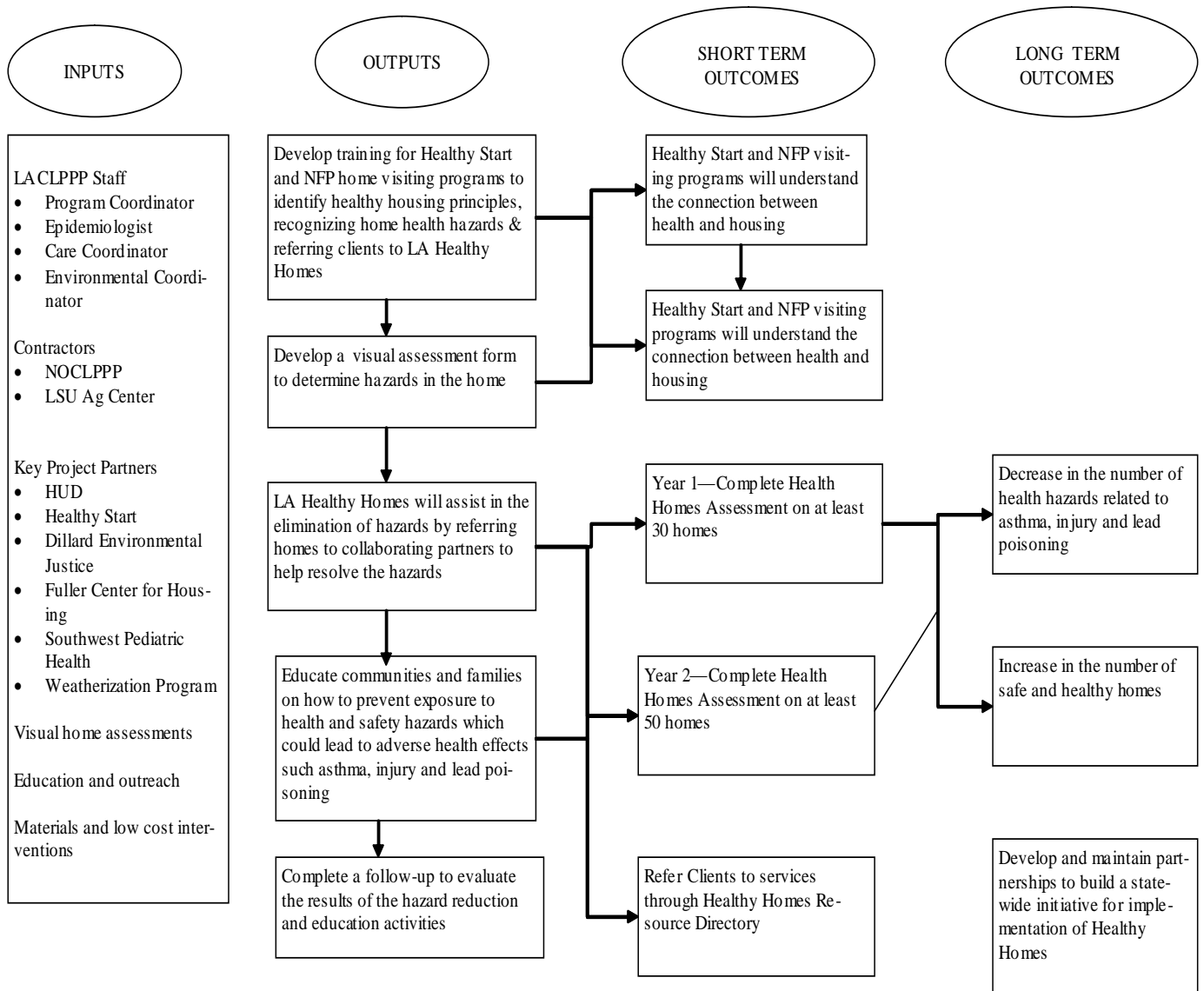
vii. Sustainability

Goal: Determine resources to sustain healthy homes program.				
Objective: Determine sources and obtain funding for healthy homes program				
Activity	Lead Role	Evaluation	Target Date	Status
Determine funding sources to sustain healthy homes program.	LAHHLPP Staff	Funding Sources	<i>September 1, 2011 – August 31, 2014</i>	TBD
Determine and work with key partners to leverage funding opportunities.	LAHHLPP Staff	Funding Opportunities	<i>September 1, 2011 – August 31, 2014</i>	TBD
Incorporate healthy homes program requirements into existing grant applications.	LAHHLPP Staff	Grant Applications	<i>September 1, 2011 – August 31, 2014</i>	TBD

IV. Figures

i. Logic Model

LOGIC MODEL—Louisiana Safe and Healthy Homes Program



ii. Healthy Homes Assessment

Visual Survey Report

Louisiana Healthy Homes and Lead Poisoning Prevention Program

Date of Survey: _____ Visual Conducted by: _____
 Client's Name _____ Client's Race: _____ Unique ID: _____
 Client's Address _____ Unit # _____ City _____ Zip Code _____
 How long at this address? _____ How many times has client moved in the past year? _____
 What type of dwelling is the home: Mobile / Single Family / Duplex / Multiple Family/ Shelter/ Other _____
 What year was dwelling built? _____ If renting in an apartment complex: Complex name _____
 How many children live in home: Infants <1 Year: _____ Children 1-4 Years: _____ Children 5-17 Years: _____
 How many adults live in the home: Ages 18-64 _____ Elderly ≥65 years: _____ Persons W/ Asthma: _____
 Child's primary care physician Name: _____ Phone: _____

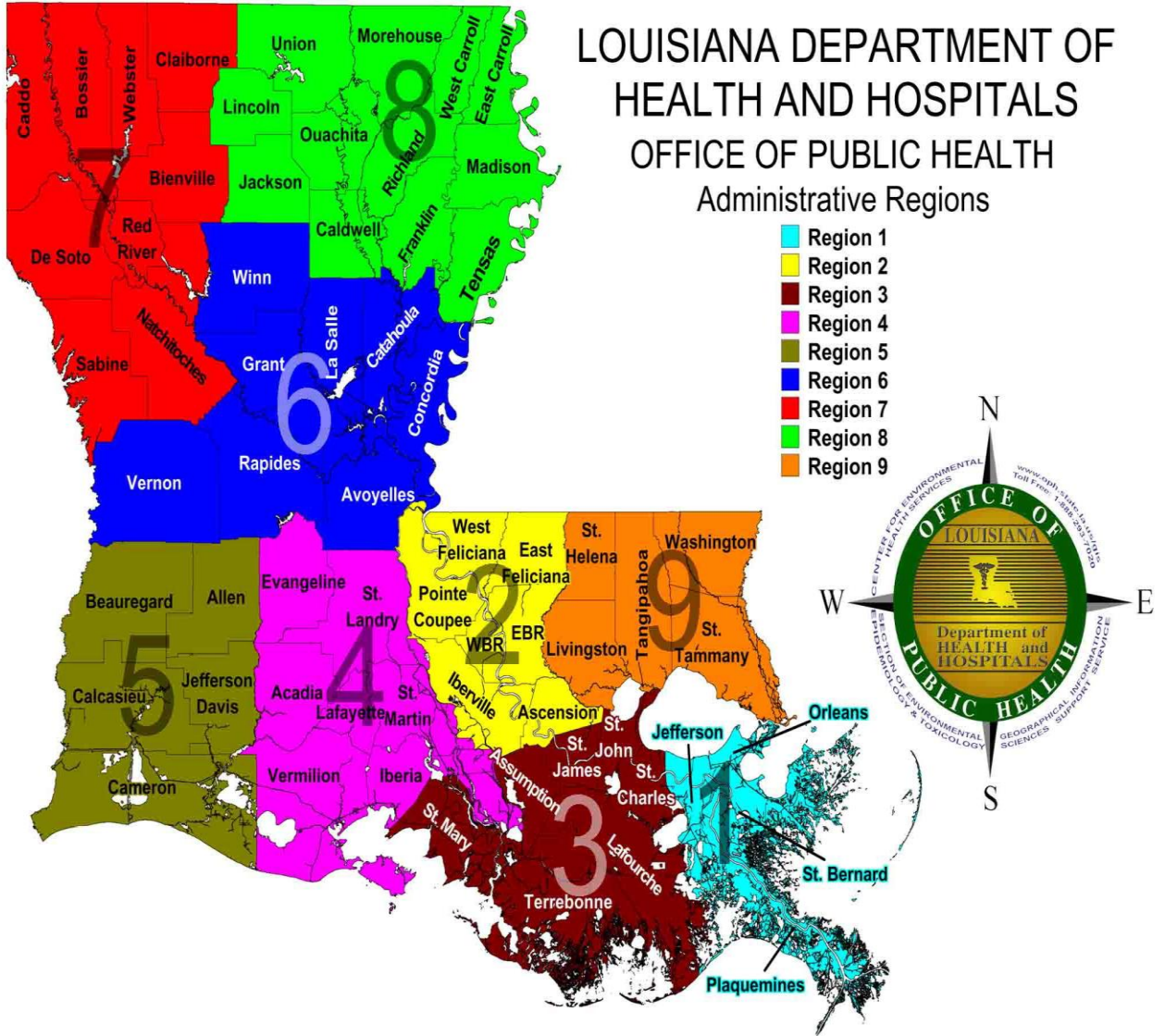
Issues To Be Evaluated <i>Check where applicable</i>		Exterior Front	Exterior Back	Entry Way	Kitchen	Bathroom	Living Room	Dining Room	Bedroom 1	Bedroom 2	Bedroom 3	Garage	Stairway	Other: _____
		Deteriorated Paint	Walls											
	Windows, Doors, Trim													
	Paint Chips on Floor													
Soil with no grass or mulch														
Cockroaches or signs of cockroaches														
Rodents or signs of rodents														
Mold/Mildew														
Musty Smell														
Are Scented Products used in the home? (i.e. Plug Ins, Candles, Air Fresheners)														
Natural Gas/Sewer Gas Smell														
Unvented gas oven/dryer/heater														
Carpeting														
Clutter (piles of clothes, papers, boxes)														
*Pets: Cat _____ Dog _____ Other _____														
Other:														

Areas/Issues To Be Evaluation	Yes	No	or Unk
Hot Water heater set at ≤120°F			
Hazardous Materials/Medicine ≥4 ft Off Ground or Locked Up			
Secure Handrails on All Stairways (Inside and Outside)			
Working Fire Alarm On Each Floor			
Working Carbon Monoxide Detector			
Do any smokers live in the home			
If Renting, Were Occupants Given a Lead Disclosure Statement			

Please Fax Completed Forms to the Louisiana Healthy Homes and Lead Poisoning at: 504-568-8253 for Questions Call: 504-568-8254

Comments/Observations:

iii. Map of La. Public Health Regions



IV. Current Louisiana Policies and Codes that Pertain to Healthy Homes

- *Housing*

Housing Authority (HUD)	International Property Maintenance Code (IPMC)
Fire Departments	Local Parish Government (LPG)
OPH Sanitarian	LA R.S.40:12099.21 - R.S.40:1299.29, (LPG)
State's Fire Marshall	IBC & LPG

- *Sanitary*

OPH Sanitarian	LA R.S., Local Municipalities & IPMC 305.1 -308.
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- *Property Maintenance*

Housing Authority	IPMC
State Fire Marshall	National Electrical Code (NEC) 2005; IBC; NFPA 101 & 2009; IPMC 604.2; ASHRAE 90.1
OPH Sanitarian	LA Title 51 – Public Health Sanitary Code
Local Municipalities	Parish Law or Ordinances

- *Health & Safety*

Housing Authority	IPMC 305.1 & 302.1
Fire Departments	R.S. 40:1581
OPH Sanitarian	LA Revised Statues; IPMC 305.1 & 302.1
Local Municipalities	Parish Laws and Ordinances
DEQ	LA Revised Statues
LA Tobacco Control Program	Developing State Policy, ACT No. 838
OPH/Injury Prevention Program	Developing State Policy, IMPC 603.2, 505.4, 304.1, 305.4, 604.2
Child Protection Services	LA Children's Code Articles 612 & 610
Elderly Protective Services	LA R.S. 14:403.2

V. Current Louisiana Statutes and Administrative Codes that Pertain to Lead

- RS 40:1299.21 Establishment of lead poisoning prevention program
- RS 40:1299.22 Collaboration with other organizations
- RS 40:1299.23 Mandatory reporting of lead poisoning cases required
- RS 40:1299.24 Program for detection of lead poisoning sources; voluntary and compulsory inspections; posting dangerous areas; medical physical examinations
- RS 40:1299.26 Sale and use of lead-based paint and other similar lead-based surface Coating material restricted; penalties
- RS 40:1299.27 Safety precautions; procedures for removal and repainting
- RS 40:1299.28 Violations; enforcement
- RS 40:1299.29 Liability of owners of residential property; damages
- LAC 48: V.7005 Mandatory Blood Lead Screening of Children in High Risk Geographical Areas – amended 10/20/2008
The amendment extends the designation of high-risk areas for childhood lead poisoning from Morehouse, Orleans, Tensas, and West Carroll to **ALL Parishes** in the state of Louisiana. Therefore, medical providers of routine primary care services to children ages 6 months to 72 months who reside or spend more than 10 hours per week in any Louisiana parish must have such children screened in accordance with practices consistent with the current Center for Disease Control and Prevention guidelines and in compliance with Louisiana Medicaid (KIDMED).
- LAC 48: V.7007 Mandatory Case Reporting by Health Care Providers
Amended 10/20/2008
To ensure appropriate and timely follow-up, medical providers must now report a lead case, which is a blood lead level ≥ 15 micrograms per deciliter ($\mu\text{g/dL}$), to the Lead Poisoning Prevention Program, Office of Public Health **within 24 business hours** (instead of 48 hours) by fax to (504) 219-4452, and the original lead case reporting form shall be mailed within 5 business days to the Louisiana Childhood Lead Poisoning Prevention program, Office of Public Health, Room 141, 3101 West Napoleon, Metairie, LA 70001.
- LAC 48: V.7009 Reporting Requirements of Blood Lead Levels by Laboratories and Health Care Providers Performing Office-Based Blood Lead Analysis for Public Health Surveillance
All results of blood lead testing for children under 72 months of age must be reported to the Louisiana Lead Poisoning Prevention Program by electronic transmission regardless of the blood lead level.