

# 2010 Strategic Plan

## Eliminating Childhood Lead Poisoning in Colorado

## **Acknowledgements**

We would like to thank the members of the Strategic Plan Steering Committee for their efforts in creating the *2010 Strategic Plan: Eliminating Childhood Lead Poisoning in Colorado*—

Colorado Department of Public Health and Environment/  
Lead-based Paint Program

Colorado Department of Public Health and Environment/  
Lead Poisoning Prevention Program

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Region 8/Lead Paint Program

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Northeast Denver Housing Center

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Tri-County Health Department

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Gobbell Hays Partners, Inc.

We would also like to thank the over 100 Stakeholders who attended the meeting on February 17, 2005 and assisted in drafting the *2010 Strategic Plan: Eliminating Childhood Lead Poisoning in Colorado*.

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# FORWARD

This document is a product of the Colorado Lead Coalition (CLC), a group of entities focused on reducing childhood lead poisoning in the State of Colorado, and all references to “we” or “our” in the document refer to the CLC. The coalition works with any entity that will help us address lead poisoning-related issues in the state, developing this strategic plan to identify and direct the efforts being taken in order to achieve our objectives.

The plan is intended as guidance for stakeholders, providing strategies that the coalition and its partners have identified as possible remedies to specific issues. We see the range of stakeholders to encompass the following: families; childcare providers; health care

providers; housing providers; renovators; lead service professionals; environmental organizations; policy makers; local, state and federal governmental agencies; non-governmental agencies; citizens and other entities that have an interest in, or are affected by, lead poisoning issues. We anticipate that these stakeholders will work in partnership with the CLC to undertake the activities outlined in this document.

If you would like to help implement the 2010 Strategic Plan: Eliminating Childhood Lead Poisoning in Colorado or would like information about the Colorado Lead Coalition please call Rick Fatur at (303) 692-3261 or Dave Willer at (303) 692-3180. ■

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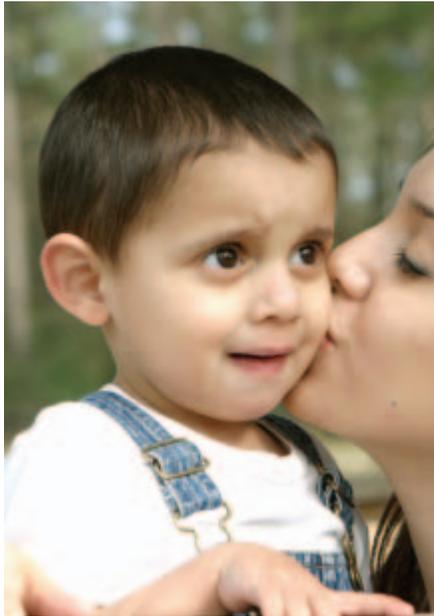
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## BACKGROUND/OVERVIEW

Lead poisoning has been identified as the number one preventable environmental health threat to children in the United States. It can cause significant and permanent health issues. The poisonous effects of lead are well established, and thought to affect nearly every organ system in the body. Children are most at risk for its effects.

Blood lead levels (BLLs) as low as 10 µg/dL (micrograms per deciliter), the established federal level of concern, are associated with adverse effects on a child's intelligence and behavior, as well as on growth and hearing. Higher levels of exposure may result in effects on the blood forming system and on peripheral nerve function, and at very high levels may lead to severe brain injury, coma and even death. Recent research suggests lead may affect a child's learning ability, even at blood lead levels below 10 µg/dL. In addition, some data suggest lead exposure may contribute to hyperactivity and increase a child's risk for antisocial and delinquent behavior. Thus, lead-exposed children may have trouble progressing in school and passing school advancement tests, and may be prevented from living at their full potential.

National survey data from 1999 through 2002 show that approximately 1.6 percent of children aged one through five years have elevated blood lead levels (EBLLs). These data indicate that about 310,000 children in this age range, in the United States, are at risk for EBLLs. Several subpopulations were identified as being at a higher risk of exposure, including non-Hispanic black and Mexican American children (CDC, Morbidity and Mortality Weekly Report, May 27, 2005).



A number of federal agencies are working with state and local entities to reduce lead exposure and/or poisoning. The U.S. Environmental Protection Agency has regulatory authority to implement lead-based paint regulations under the Residential Lead-based Paint Hazard Reduction Act of 1992. The U.S. Department of Housing and Urban Development is

tasked with addressing lead hazard control in federally-assisted housing. They work with the Department of Health and Human Services to meet the national goal to eliminate blood lead levels of 10 µg/dL and over in children up to six years of age by 2010. The Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics is one agency that tracks our progress using the National Health and Nutrition Examination Surveys (NHANES) and is the source of the 1.6 percent national prevalence data.

The Health Care Financing Administration (now called the

Centers for Medicare and Medicaid Services) recognized that low-income children are at higher risk than the general population and established BLL testing requirements. All Medicaid-eligible children are to be tested for lead at age one and at age two, or up to the age of six, if not previously tested. Despite this requirement, only a small fraction of Medicaid-eligible children have received a blood lead test.

Our past efforts have worked to an extent. The number of children with EBLLs has decreased largely due to federal regulations removing lead from residential house paint, removing lead from automobile fuels, and eliminating lead solder in food cans. However, there are still considerable numbers of children exposed to lead from environmental sources. For

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most children, the principal source of lead exposure is still house dust contaminated by deteriorated lead-based paint. Houses built before 1978 commonly have significant risk of exposure from layers of lead-based paint, with the greatest risks in 25.8 million pre-1950 housing units (national data, as of 2000). The second most frequent source of lead exposure is soil contaminated by leaded paint, decades of industrial wastes, and motor vehicle emissions. While these sources are slowly being decreased, we are recognizing an increased number of imported toys, candies, jewelry, and other household goods that contain lead.

Statewide, 2.4 percent of Colorado children tested from 1996 through 2003 had EBLLs. Sixteen counties had prevalence rates above the 2.4 percent statewide average. However, in some geographic areas, these figures are based on a small number of tests. In 2003, approximately seven percent of all Colorado children ages one through three were tested. Only 4.7 percent of the low-income Medicaid children in Colorado age one to six were tested in federal fiscal year 2005. Additionally, few efforts have been undertaken to link prevalence data to census, assessor, and other state information, due to a lack of funding. The full extent of childhood lead poisoning in Colorado is not known.

To protect Colorado's children and meet the national goal to eliminate childhood lead poisoning by the year 2010, the help of all stakeholders is needed. This includes parents and caretakers of young children, health care professionals, housing providers, home renovators and contractors, lead service professionals, and policy-makers. ■



## MISSION/GOALS

The mission of the Colorado Lead Coalition (CLC) is to coordinate the protection of Colorado children from lead exposure and poisoning.

### National Goal

By 2010, eliminate EBLLs in children under age six and eliminate lead paint hazards in housing where children under six live.

### Colorado Lead Coalition's Goals

**Ultimate Goal**—While recognizing that some BLLs less than 10 µg/dL are still of concern and we may want to address them in updates to the plan, the CLC's ultimate goal for Colorado is that no children have EBLLs, defined as equal to or greater than 10 µg/dL. Among our concerns are:

- There are thousands of homes in Colorado containing lead-based paint. Unless lead-based paint hazards in these homes are remediated, there is the potential for exposure through normal usage.
- The soil in some areas of Colorado contains lead. Unless all this soil is remediated, there is the possibility that children will ingest contaminated soil.

- Toys, pottery, candy and other sources of lead poisoning are continually entering Colorado without regulatory oversight.
- Some children with EBLLs may move into Colorado from other states or countries.

With these difficulties in mind, the CLC has developed some interim goals for the state to pursue as steps toward meeting the ultimate goal of complete elimination of childhood lead poisoning by 2010.

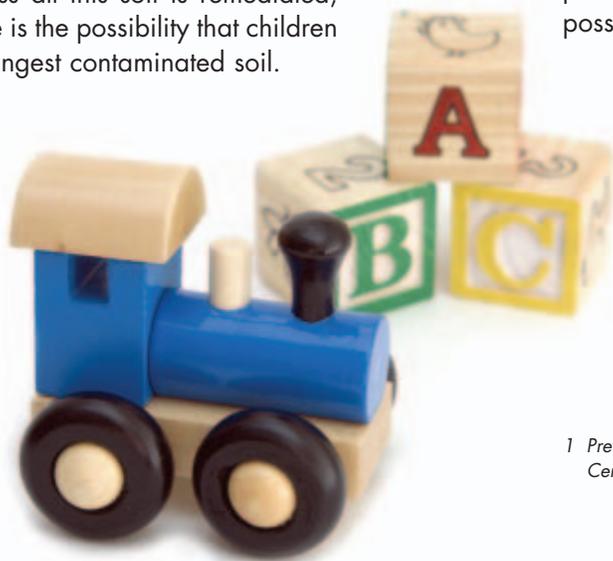
**Interim Goal 1**—By 2010, reduce all pockets of high prevalence of lead poisoning to levels below the 2003 statewide average of 2.4 percent.

There are some counties, cities and neighborhoods in the state that have a higher prevalence of lead poisoning than the statewide average. The CLC will focus its efforts on these pockets to ensure that no one area or region has a disproportionately higher prevalence. Reducing lead poisoning in these pockets will lower the statewide prevalence.

**Interim Goal 2**—Identify children with lead poisoning, including those who move to Colorado, and provide resources to reduce their BLLs as quickly as possible.

The CLC recognizes that mounting evidence suggests that BLLs below 10 µg/dL also have deleterious effects on young children.<sup>1</sup> Therefore, we also expect many of the strategies in this plan to reduce the average BLL in children in the state. As the plan is implemented and results are achieved, we may develop additional goals with regard to BLLs below 10 µg/dL. ■

<sup>1</sup> Preventing Lead Poisoning in Young Children, A statement by the Centers for Disease Control and Prevention, August 2005.



## OUR PURPOSE

As of May 1, 2005, 32 states have provided the CDC with strategic plans to eliminate childhood lead poisoning. The CDC has asked all states receiving federal funds to do the same so that we can make identifiable and measurable progress toward the national goal. This Plan may also be used to support efforts to obtain funding for our activities.

In Colorado, a steering committee of some 20 individuals, representing a variety of federal, state and local entities, both public and private, have partnered to coordinate the development of a statewide lead poisoning elimination plan. Through a series of meetings a draft format for the plan, tentative objectives, and a development plan were proposed and acted upon. A major step was a stakeholders' meeting held on February 17, 2005. Over 4,000 individuals, agencies, and organizations across the state were identified as potential stakeholders and contacted to join the process of developing appropriate action steps. Three hundred individuals expressed interest in being involved with the strategic planning project, and possibly with the implementation of specific strategies. Over 100 people attended the steering committee's February 17th stakeholders' meeting, with the remaining 200 individuals linked through the review and finalization process.

The results of that meeting, and the additional input received during the review and finalization process, focused on three general areas of concern:

1. Identifying children who are at risk of lead poisoning, testing those children, and initiating action;
2. Educating parents and the public at large about the risks of lead poisoning and the role we each play in preventing it; and
3. Identifying and controlling sources of lead in our environment. ■



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# OBJECTIVES / STRATEGIES

**W**e have identified a number of steps we believe will impact these three areas of concern, and grouped them under seven objectives. Each of the objectives is supported by long-term strategies, short-term strategies (identified as a, b, c, etc.), and in some cases with steps to develop these strategies. The work defined here is not meant to be all-inclusive or finite. It is anticipated that additional needs and strategies may be identified as we implement this plan, and that those items will be added. The goal of the CLC is to complete the short-term strategies on a yearly basis.

## **Objective 1: Maximize the results of inter-agency, business and public cooperation.**

**Long Term Strategy 1.1**—Identify the resources and efforts of all involved agencies, businesses and the public.

- a. Establish agency, business and public stakeholder contact lists.
  - Identify community leaders.
  - Identify and implement ways to get politicians involved in the process.
  - Make face-to-face contacts to build relationships.
- b. Identify the extent of each entity's regulatory and/or working authority and resources, including how funds can be distributed.
  - Determine the gaps that exist in the inter-agency activities to address lead poisoning so that activities can be focused on those gaps.
  - Identify barriers to Medicaid provider endorsement.

- c. Increase communication between agencies, businesses and the public to clarify the resources and needs of each.
  - Develop and use a flowchart identifying all partners' roles.
  - Coordinate and direct outreach efforts through a statewide lead coalition.
  - Establish local lead prevention coalitions throughout the state.
  - Establish communication processes through newsletters, minutes, forums, web-sites and other effective means.
- d. Establish inter-agency, business and public partnerships for funding and outreach.
  - Investigate funding opportunities for local counties and health departments in coordination with Objective 7 activities.
  - Research and/or develop motivational tools and reward systems to recognize and increase notable lead hazard control activities.

**Long Term Strategy 1.2**—Coordinate inter-agency activities and encourage partners to take on strategies based on their regulatory authority and resources.

- a. Conduct inter-agency and cross-agency trainings.
  - Increase awareness of the role of each entity.
  - Attempt to avoid duplication of efforts.
  - Coordinate outreach efforts by partners.
  - Use the lead coalition to share success stories with other agencies and organizations for replication.



- b. Develop methods to overcome differences between businesses, private agencies and government.
  - Determine needs of local, county, other governmental agencies and community partners.
- c. Solicit commitment for participation in the strategic plan implementation from all partners and stakeholders.
  - Develop lead reduction strategies with community family health centers.
- d. Coordinate and/or share databases of relevant information on lead exposure.
  - Emphasize data collection and sharing between all agencies to ensure that the development and analysis of the lead-related information is consistent.
  - Standardize criteria for a target area.
  - Address legal and other constraints that impede data sharing between agencies.
- e. Establish consistent statewide practices for dealing with lead hazard control, EBLI investigations and follow-up care for children with EBLIs.
  - Coordinate and share resources to provide training and funding to accomplish these activities.
- f. Approach partners to implement plan strategies.

**Measures of Success for Objective 1:**

1. Contact lists of appropriate partners are developed.
2. At least 25 percent of community partners have been approached to build relationships and encouraged to address strategic plan activities.
3. The specific responsibilities and roles of at least 25 percent of the community partners have been identified.
4. The needs of at least 25 percent of the partners have been identified.
5. All appropriate partners have been provided with the Strategic Plan and invited to implement activities. ■

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## Objective 2: Identify and map at-risk populations of children under six years of age.

**Long Term Strategy 2.1**—Identify relevant health and demographics data that will define target areas.

- a. Collect relevant data from governmental agencies, identifying the scope and format of the information and any data access issues.
  - Use birth and school enrollment records, or other data, to identify concentrated areas where children live.
  - Catalog school locations.
  - Obtain annual family income data for children in high-risk localities and/or meeting other high-risk criteria.
  - Identify the Superfund sites within Colorado that have lead contamination issues.
  - Identify pre-1978 housing.
- b. Collect relevant data from non-governmental agencies, identifying the scope and format of the information and any data access issues.
  - Identify where children who have learning delays and are served by the Early Childhood Connection and similar programs reside (zip codes, census block, or other).
- c. Analyze all available data to identify any correlations between housing and at-risk lead contamination criteria.
  - Investigate the relationship between ethnicity/primary language and housing information.
  - Investigate the relationship between annual family income and housing information.
- d. Define the geographic areas where strategic activities will be focused, i.e. those areas with multiple risk factors.

**Long Term Strategy 2.2**—Develop tools for displaying all lead-related data.

- a. Chart all existing data.

**Long Term Strategy 2.3**—Develop strategies to collect additional data and resolve challenges.

- a. Identify the basis for, and resolve, confidentiality restrictions, data sharing and other general data issues.
  - Define consistent data definitions and standards.
  - Resolve legal and other constraints that impede data sharing between entities.
  - Collect BLL data for children tested in Colorado.
- b. Identify resources for funding additional data collection and mapping activities.
- c. Develop a research protocol for a focused study to obtain sufficient BLL data in a defined geographic area.
- d. Obtain complete lead test findings data from laboratories.
- e. Use maps to encourage physicians to increase screening rates in coordination with the Objective 4 campaign.
- f. Identify target areas/hotspots annually to concentrate efforts, resources and funding.

**Long Term Strategy 2.4**—Assist partners in employing common data collection methods.

- a. Provide the consistent data definitions and standards to all partner entities.
- b. Share comprehensive data on the geographical distribution of EBLLs to concentrate efforts where they are most effective.



- c. Work with other entities, as appropriate, to produce more complete geographical information maps to display information in a confidential, protected manner.
- d. Build cultural trust when gathering data for specific communities.

**Measures of Success for Objective 2:**

1. Appropriate state held lead-related data has been identified and charted.
2. Data sharing issues have been identified and resolved.
3. Potential resources to fund data collection and mapping activities have been identified.
4. State-held data has been shared with partners in appropriate formats. ■

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## **Objective 3: Increase public awareness of the need to identify and eliminate lead hazards, and to test children for lead toxicity.**

**Long Term Strategy 3.1**—Develop outreach campaigns directed to the general public.

- a. Identify the materials that are already available.
  - Evaluate the effectiveness of each in target populations.
- b. Determine the messages that are needed for each population.
  - Develop messages for direct contact with families on (at least):
    1. Importance and widespread availability of free testing.
    2. The range of impacts of lead toxicity.
    3. Sources of lead.
    4. Care and cleaning of toys.
    5. Hand-washing, housekeeping, and cleanliness.
    6. Housing regulations.
    7. Testing of housing and child-occupied facilities for identification of lead sources.
    8. Lead hazard control measures
  - Define messages for childcare centers, schools, camps and similar settings.
  - Identify messages for homeowners, landlords and realtors on:
    1. Impacts on children and families.
    2. Housing regulations on disclosure, reporting, lead-safe work practices and abatement.

- c. Develop messages needed for non-profit organizations and other public groups not previously identified.
- d. Write and test messages in coordination with Objective 5 activities.
  - Identify and incorporate cultural sensitivities, languages and literacy needs.
- e. Produce outreach materials.
  - Identify funding sources.
  - Write grant proposals as needed.
- f. Link outreach campaigns to media opportunities.
  - Identify and utilize health fairs.
  - Employ billboards, bus placards and other widely viewed advertising resources.
  - Research/develop radio and television public service announcements.
  - Research and employ opportunities through utility (water, electric) and other notices.
  - Establish a public newsletter and web site that includes methods to reach non English-speaking communities.
  - Investigate other ways to reach non English-speaking communities.
  - Place lead-safe brochures in “key” places.

**Long Term Strategy 3.2**—Direct outreach campaigns for parents, guardians, and other caregivers.

- a. Utilize direct, face-to-face contact.
  - Employ parenting, English as a Second Language and pre-natal classes.
- b. Utilize preschools, schools, before and after school programs, daycare and childcare centers.
- c. Work through faith-based organizations and service organizations that support individual ethnicities or minorities.

- d. Utilize opportunities through home remodeling shows, garden shows and other fairs and shows.
- e. Provide materials at government offices where building/remodeling permits are obtained.



**Long Term Strategy 3.3**—Reach parents, guardians, and caregivers indirectly through government and other organized programs such as Medicaid, Head Start, WIC (Women, Infants and Children) sport and summer camps, and Section 8 housing.

- a. Identify programs with whom to partner.
- b. Identify appropriate areas with which to link.
- c. Develop and implement methods to link messages.

**Long Term Strategy 3.4**— Reach out to homeowners, contractors, landlords and realtors.

- a. Identify associations and other groups representing these audiences.
- b. Determine and implement the appropriate approaches for each group.

**Long Term Strategy 3.5**—Direct an outreach campaign toward health insurers.

- a. Identify key insurers.

- b. Determine and carry out appropriate approaches.

**Long Term Strategy 3.6**—Direct an outreach campaign for other public groups.

- a. Identify additional groups or populations to reach.
  - Educate local health departments and retail food establishments on potential sources of lead (e.g. candy, chili powder, etc.).
- b. Develop appropriate techniques to reach and pursue each new group.
- c. Use “success” stories to institute a statewide activity each year.

**Long Term Strategy 3.7**—Evaluate public awareness of the risks, sources, and impacts of lead hazards and the need for testing children.

**Measures of Success for Objective 3:**

1. Appropriate messages for families have been developed and focus tested for effectiveness.
2. Outreach materials for families have been produced.
3. Messages for other community partners have been written and tested.
4. Outreach materials have been supplied to all community health fairs.
5. A public newsletter has been developed, with at least one issue released.
6. Government agencies and other organized programs have received outreach materials.
7. A broad outreach campaign has been developed and implemented. ■

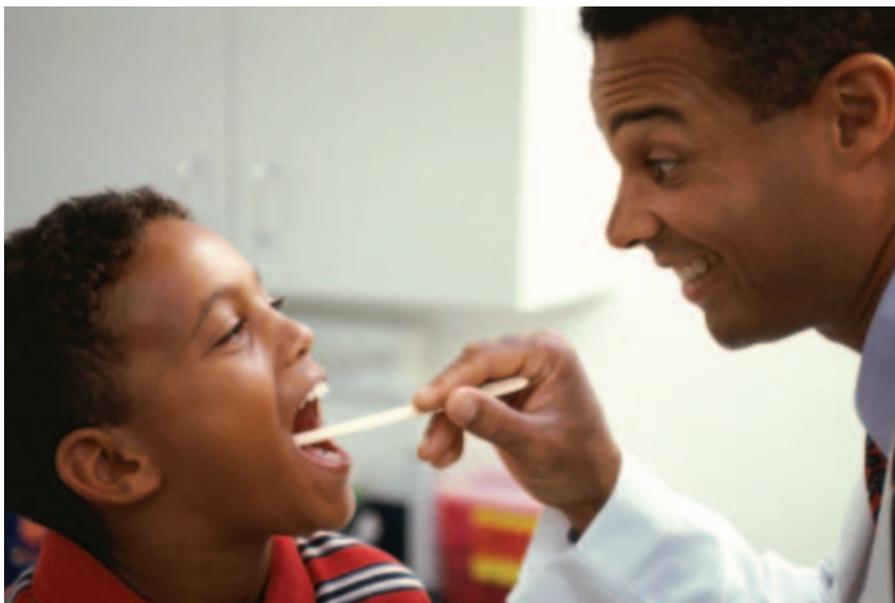
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## Objective 4: Assure that healthcare providers in Colorado will correctly test children and identify those with elevated blood lead levels.

**Long Term Strategy 4.1**—Develop and run a provider testing challenge campaign in collaboration with the Governor, Colorado Department of Education, Colorado Department of Public Health and Environment, community health centers, physicians, mid-level providers, child care providers and other partners.

- a. Approach health maintenance organizations, insurance companies, and other potential sources to seek financing.
- b. Compile and provide data on the impact of lead toxicity, links to developmental behaviors, risk factors, lead sources, and other pertinent information, as well as research information and data deficiencies, to motivate providers to test.

- Research the cost of testing versus the cost of inaction.
  - Research correlation between BLLs and social/behavioral development problems.
  - Identify geographic distribution of testing results.
- c. Promote the campaign.
  - Develop an outreach presentation to define the project.
  - Identify ways to reach the homeless, uninsured, under-insured, non-documented immigrant and migrant populations, including finding and development of alternate testing sites.
- d. Develop and distribute posters, magnets and other educational tools to support the campaign.
- e. Recognize performance through incentives and other means.
  - Monitor performance by documenting the number of children getting at least one test and number of children found with EBLs.



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**Long Term Strategy 4.2**—Work with professional associations (grassroots and leadership levels) to implement blood lead testing as a standard of practice.

- a. Identify key physicians to initiate contacts with organizations/groups and facilitate their participation.
- b. Review available guidelines and update state guidelines for lead screening as needed.
- c. Propose endorsement of lead screening by the professional organizations/groups.
- d. Advocate for hospitals and other health facilities to establish the policy of routinely testing children’s BLLs.
  - Develop a BLL testing flier to be included in the new baby packets given out by all hospitals in the state.
  - Develop and disseminate an educational seminar to be used in Grand Rounds.
- e. Develop and disseminate a child examination protocol for children at age one and two that includes blood lead screening for **all**, not just at-risk, children.
- f. Recommend that BLL screening is included in state medical school curricula.
- g. Use local health departments to implement outreach to their satellite offices and others in their communities to get local buy-in.

**Long Term Strategy 4.3**—Work with other health programs, such as the Women, Infants, and Children food supplement program and Medicaid, to get lead testing linked to current hemoglobin testing, immunizations and/or other health care periodicity schedules.

- a. Identify health care services needed through age three.

- b. Consult with local specialists to determine the best opportunities for linking services to increase utilization.

- c. Work with other programs to establish policies to link testing opportunities.

**Long Term Strategy 4.4**—Review the appropriateness of testing kindergarten children in low Colorado School Assessment Program (CSAP) scoring schools, and linking test results to risk factors for exposure to lead hazards.

- a. Identify low CSAP-scoring schools.
- b. Evaluate the school population for risk factors for lead exposure.
- c. Review data and target school populations for testing, if appropriate.
- d. Collect data and analyze findings.
- e. Share findings.

**Measures of Success for Objective 4:**

1. Significant numbers of providers are participating in the campaign.
2. Demonstrate an increase in the number of children receiving at least one blood lead screening.
3. Document a significant increase in the number of children referred for intervention, as appropriate.



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## Objective 5: Ensure lead-safe housing for children through existing and new guidelines and requirements.

**Long Term Strategy 5.1**—Ensure remodeling contractors, landlords, and real estate professionals are complying with real estate disclosure (Title X Rule 1018), pre-renovation education (406(b)) and other regulations.

- a. Advise these groups of their responsibilities under law and the impacts on families for failure to do so.
  - Identify contact lists of the target populations.
  - Develop effective outreach materials targeted for each group.
  - Contact real estate organizations and landlords to ensure knowledge of all requirements for disclosure of lead-based paint hazards.
  - Inform building contractors of the proper lead-based paint pre-renovation procedures to ensure they are being applied.
  - Provide information on remodeling and pre-renovation procedures in public outreach campaigns in coordination with Objective 3.
- b. Increase enforcement of disclosure and pre-renovation education by landlords and real estate professionals.
  - Increase outreach to emphasize the need to report violations.
  - Develop and distribute a more effective disclosure form.
  - Establish a method to track disclosure and pre-renovation violations.
  - Advocate for agency resources and response to violation reports.
  - Give tenants more rights and opportunities for recourse and legal protection.

- c. Develop a tiered enforcement plan on pre-renovation education for contractors that initially focuses on incentives rather than enforcement.
  - Research incentives for compliance.
  - Develop the plan.
    - Set deadlines for grace periods, incentives, and fines.
  - Implement an incentive program.
  - Implement enforcement procedures when incentives fail.

**Long Term Strategy 5.2**—Ensure entities using federal housing funds (e.g., housing authorities and city agencies) are complying with federal lead-safe work practice (Rules 1012 and 1013), as well as the disclosure, and pre-renovation education rules.

- a. Educate entities using federal housing money of their responsibilities under federal rules.
  - Identify all entities using federal housing money.
  - Develop a contact mechanism.
  - Create and distribute educational materials, as needed.
  - Ensure that agencies receiving federal money know their responsibility to document compliance.
- b. Ensure that funded entities are documenting compliance.
  - Develop a management plan that includes a reporting and tracking system for inspections and the use of lead safe-work methods in pre-1978 housing units.

**Long Term Strategy 5.3**—Encourage the use of lead-safe work methods in remodeling, painting and construction.

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- a. Provide lead-safe work methods information directly to affected professionals.
    - Deliver educational message to professional organizations.
    - Deliver educational messages to remodelers, contractors and painters.
    - Encourage participation in lead-safe work methods trainings.
  - b. Contact agencies, such as local building departments, that provide oversight of construction and remodeling contractors.
    - Identify appropriate agencies.
      - Develop a contact list.
    - Educate agency personnel on lead issues.
    - Provide each entity with educational materials to share with contractors.

**Long Term Strategy 5.4**—Develop new regulatory tools for controlling lead hazards in housing.

- a. Support the development of lead ordinances by local jurisdictions.
- b. Develop occupancy permits which will require lead inspections in rental units where children reside and include methods for blocking reprisals from landlords.
- c. Establish a requirement for lead inspection and/or risk assessment prior to property transfers of pre-1978 housing.
- d. Establish a requirement for lead inspections prior to renovation work in pre-1978 housing (e.g., as part of building permit process) to ensure the use of lead-safe work methods, that is funded by a permit fee (fund use described in Objective 7).
- e. Develop permit requirements prior to home renovation work in pre-1978 housing to ensure the use of lead-safe work practices and the completion of a lead-safe work practices training, funded by a permit fee (fund use described in Objective 7).

- f. Establish a requirement for lead hazard control in properties identified as source of lead hazards for children with EBLLs.
- g. Create a mechanism to file environmental liens against properties with identified lead hazards.
- h. Develop a regulation to prevent reprisals for reporting of violations to regulatory agencies.

**Long Term Strategy 5.5**—Develop a registry that will track all lead-based paint inspections and risk assessments performed in Colorado.

- a. Resolve confidentiality issues for inclusion of inspection data into county assessor records or other databases.
- b. Amend existing regulations to mandate reporting of inspections and risk assessments.
- c. Seek funds for development and maintenance of the registry database.

**Measures of Success for Objective 5:**

1. An increased number of registered remodeling contractors and real estate organizations received training and/or information.
2. Landlords and real estate professionals have been advised of the need to report violations.
3. A database to track disclosure and pre-renovation violations is established.
4. All entities using federal housing dollars have been identified and trained on their disclosure and educational responsibilities.
5. A tiered enforcement plan has been designed and implemented.
6. New regulatory requirements, including fees, have been established. ■

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**Objective 6: Revise existing state and local regulations, create new administrative policies to prevent, identify, control and eliminate lead paint hazards and also increase the number of firms and individuals certified pursuant to State Regulation No. 19.**

**Long Term Strategy 6.1**—Revise State Regulation No. 19 and Colorado’s lead-based paint program.

- a. Propose lead-based paint inspections and lead hazard control measures in child-occupied facilities prior to disturbing painted surfaces.
- b. Recommend lead hazard identification and reduction in target housing and child-occupied facilities as defined in State Regulation No. 19.
- c. Increase funding for monitoring efforts.
- d. Encourage violators to resolve enforcement actions through supplemental environmental projects, which identify or reduce lead hazards.

**Long Term Strategy 6.2**—Introduce new regulations.

- a. Develop a means to prevent exposure to lead hazards that result from renovation, repair and painting activities.
- b. Promote lead-safe work practices training as a prerequisite for obtaining a general contractor license.
- c. Advance more effective disclosure rules.
- d. Develop housing codes requiring property owners to identify and control lead hazards.

- e. Encourage a lead-based paint risk assessment upon transfer or sale of target housing.
- a. Recommend lead-based paint inspections prior to renovation or remodeling in target housing.

**Long Term Strategy 6.3**—Conduct outreach activities on state abatement rules.

- a. Link to the development of Objective 3 outreach plans.
  - Identify audiences with interest in state regulatory requirements regarding lead-based paint.
  - Contact the target audiences with information on preventing, identifying, controlling and eliminating lead paint, soil and dust hazards as well as available resources or assistance for lead hazard control activities.

**Long Term Strategy 6.4**—Stimulate the market to increase the demand for lead-safe work practices, approved training providers, trained and certified individuals and certified lead evaluation and abatement firms.

- a. Promote training on abatement rules.
  - Urge the public to have their homes assessed for lead hazards prior to renovation in coordination with Objective 3 activities.
  - Identify and advertise sources of funding for training and certification.
- b. Increase the number of lead abatement projects.
  - Identify agencies that provide lead abatement assistance to property owners.
  - Establish on-going relationships between certified lead abatement firms and agencies that provide lead abatement assistance.
- c. Increase inspections of abatement projects for compliance with state Regulation No. 19.

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### **Measures of Success for Objective 6:**

1. State Regulation No. 19 has been revised as described above.
2. State abatement rule outreach has been conducted.
3. An increase in the number of state-certified lead evaluation firms and lead abatement firms.
4. An increase in the number of state-certified lead inspectors, risk assessors, lead abatement workers and lead abatement supervisors.
5. An increase in the number of new local ordinances to control lead hazards.
6. More lead abatement projects.
7. An increase in the number of abatement project inspections. ■



### **Objective 7: Identify and solicit resources for supplemental funding to individual families and property owners for lead hazard control.**

**Long Term Strategy 7.1**—Identify and solicit current funding resources.

- a. Identify and share a list of public funds and resources available, including the acceptable uses for these funds.
- b. Identify and share a list of potential private sources of funds and resources.
  - Identify those available through private foundations.
  - Identify opportunities through corporations such as hardware stores, paint companies and media organizations.
  - Research other potential sources.

**Long Term Strategy 7.2**—Identify and solicit new funding resources.

- a. Implement new local permits/taxes to fund lead hazard control work.
  - Establish an annual landlord occupancy permit.
  - Develop a real estate transaction tax for property transfers.
  - Add to the sales tax on the purchase of construction items such as materials, tools and paint.

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b. Obtain new government sources of funds for lead hazard control projects.

- Establish the opportunity to contribute to a lead fund through the state income tax form.
- Request a portion of the state lottery funds.
- Implement a system for state tax credits for performing qualifying lead hazard control work.
- Lobby for increased prevention funding through federal agencies, based on savings in future needs for education, medical costs and loss of earning potential from lead poisoning.
- Investigate the feasibility of industries funding lead hazard control work.
- Offer vanity license plates to fund lead hazard control.
- Investigate the use of Centers for Medicaid and Medicare for funding lead hazard control work.

**Long Term Strategy 7.3**—Coordinate data sharing and resource solicitation efforts between government agencies and partners.

- a. Develop a mechanism for teaming efforts.
- b. Obtain assistance for solicitation efforts.
  - Solicit volunteers or private contractors to aid in grant writing.
  - Seek additional assistance from government and other agencies in obtaining funds.
  - Ask the state to apply for grant funds for dispersion to local governments and non-governmental organizations.

**Long Term Strategy 7.4**—Distribute the resources to achieve the greatest return.

- a. Create an inventory of current funds and resources, including a list of grant holders.
- b. Establish a strategic team of private and government entities to coordinate and monitor resource distributions.
- c. Develop a plan for the distribution of all funds and resources.
  - Incorporate plans for distribution of resources among agencies/partners to provide for plan activities.
  - Plan for the distribution of resources to the public.
    - Assist those who cannot afford inspections or lead abatement in residences, particularly for emergency abatements.
    - Pay for testing/medical services when no other resources are available.
    - Provide low-interest loans that require a 50 percent match by homeowners.
    - Provide for additional outreach efforts such as mailings, signs and public service announcements.
- d. Implement the distribution plan.

**Measures of Success for Objective 7:**

1. Private sources of funds and resources have been identified and approached.
2. New collaborative partners are involved in developing funding opportunities.
3. An increase in the resources secured for lead hazard control activities.
4. An increase in funds distributed for strategic plan activities. ■

# APPENDIX A

## Summary of Lead Reduction and Control Acts and Regulations

1. **Residential Lead-Based Paint Hazard Reduction Act of 1992**—Protects the public from exposure to lead from paint, dust, and soil.
2. **Section 2.24 of the Code of Federal Regulations, Part 35**—Identifies HUD's 1012/1013 requirements for the notification, evaluation, and reduction of lead-based paint hazards in federally owned residential property and housing receiving federal assistance.
3. **Section 1018 of Title X**—Directs HUD and EPA to require disclosure of information on lead-based paint and lead-based paint hazards before the sale or lease of most housing built before 1978. The rule would ensure that purchasers and renters of housing built before 1978 receive the information necessary to protect themselves and their families from lead-based paint hazards.
4. **Section 406 (b) of TSCA**—In an effort to protect families from exposure to the hazards of lead-based paint, Congress amended the Toxic Substances Control Act (TSCA) in 1992 to add Title IV, entitled Lead Exposure Reduction. Title IV of TSCA directs EPA to address the general public's risk of exposure to lead-based paint hazards through regulations, education, and other activities.
5. **Toxic Substances Control Act (TSCA)**—TSCA was signed into law on October 11, 1976. TSCA section 6 authorizes the Administrator to promulgate regulations to control any chemical or substances which ". . . presents or will present an unreasonable risk of injury to health or the environment . . ." Lead is one of the substances that is being or proposed to be regulated under TSCA. Examples are lead in fishing sinkers, solder, and water pipes and fixtures.
6. **Lead Contamination Control Act of 1988 (LCCA)**—The LCCA requires identification of water coolers that are not lead-free, repair or removal of water coolers with lead-lined tanks, a ban on the manufacture and sale of water coolers that are not lead free, the identification and the authorization of additional funds for lead screening programs for children.
7. **Lead and Copper Rule (LCR)**—Under the Safe Drinking Water Act, EPA promulgated the LCR. The LCR set the action level for lead in drinking water at 15 ppb. Utilities must ensure that water from the customer's tap does not exceed this level in at least 90 percent of the homes sampled. If water from the tap does exceed the limit, then the utility must take certain steps to correct the problem. Utilities must also notify citizens whenever the level is exceeded.
8. **Safe Drinking Water Act (SDWA)**—In June of 1986, Congress enacted the Safe Drinking Water Act Amendments of 1986. Two key sections of the law constitute the "lead ban". The provisions provide a prohibition on use of pipe, solder, or flux in public water systems that is not "lead free", has special public notice requirements for lead, provides for state enforcement of prohibitions and special public notice for lead, and has a definition of "lead free" materials.
9. **Clean Air Act (CAA)**—Regulations under the Clean Air act set an ambient air standard for lead, which should not be exceeded. Areas which may possibly exceed the standard are monitored for lead concentrations in the air. If exceedances are measured, the state must develop an enforceable plan to reduce lead emissions in the "non-attainment area." Second, for many years regulations under the Clean Air Act have mandated lower amounts of lead in gasoline, in addition to requiring the automobile industry to produce vehicles which operate on unleaded fuels. Third, Title III of the 1990 Clean Air Act

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Amendments will result in three new air toxics standards, which relate to lead. These standards will involve primary lead smelting, secondary lead smelting, and lead acid battery manufacturing.

10. **Resource Conservation and Recovery Act (RCRA)**—Lead as the metal, inorganic salt or organic lead—is regulated under the RCRA program. Under RCRA, hazardous wastes are either defined as a listed waste or can be hazardous through testing of certain physical or chemical characteristics. Lead has been used as the basis of listing for a number of wastes. Residuals from a number of commercial chemical products containing lead are U-listed wastes (e.g. U144—lead acetate and U145—lead phosphate).

11. **Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA)**—CERCLA amended by Superfund Amendments Reauthorization Act (SARA) in 1986, authorizes EPA to investigate and clean up hazardous waste sites, and to order potentially responsible parties to perform or fund such cleanups.



12. **Colorado Regulation No. 19**—Governs lead-based paint activities like inspection, risk assessment and abatement in housing and child-occupied facilities constructed prior to 1978. These activities must be done by state-certified professionals, and under the work methods outlined in this regulation.

13. **OSHA Lead Standard for the Construction Industry**—Applies to all construction projects where a worker may be exposed to lead. This includes all work activities disturbing materials containing lead. Employers of construction workers are required to develop and implement a worker protection plan. When an employee's lead exposure exceeds OSHA's permissible exposure level, respiratory protection must be used. ■







# Colorado Lead Coalition

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*The Lead Safe House was developed, and is run, by the Northeast Denver Housing Center. The house is a haven for families of lead-poisoned children to use while their children recover and their home is abated of lead hazards.*



*The Building Mural Project was developed by the Colorado Lead Coalition and is located in central Denver at 14th and Zuni, just south of Invesco Field. It was completed in January 2004, it is 40 ft. high and 200 ft. long and is the largest project of this type ever done in Denver, making the mural a public awareness tool which reaches as many as 500,000 people each day.*