

1. Program Overview:

Surveillance

- A total of 79,136 tests for elevated blood lead levels (EBLLs) were conducted in Fiscal Year (FY) 2010
- Screening rates improved 9% between FY 2009 – FY 2010
- In FY 2010, 336 children had EBLLs $\geq 10\mu\text{g/dL}$
- Exactly 117 children were new cases; 102 were six years old and under
- Of all children with EBLLs, 90% (n=303) were in the lower ranges of lead poisoning (10 to 19 $\mu\text{g/dL}$). The remaining 10% of children (n=33) were in the moderate to severe range of lead poisoning ($\geq 20 \mu\text{g/dL}$).

Case Management

- Approximately 43% of lead poisoning cases were Hispanic. The actual impact on Hispanic children may be under-represented due to the fact that 36% of cases were reported as “Ethnicity Unknown.”
- In cases where a source of exposure could be identified, traditional remedies (i.e. greta and azarcon) and lead contaminated pottery were the most frequently identified sources of exposure.
- AZ CLPPP has noticed an increase in out of country exposures, either from refugees, immigrants or adopted children.

Partnerships

- AZ CLPPP has created partnerships with:
 - The City of Phoenix Lead Hazard Control Program, which operates under a grant from the U.S. Department of Housing and Urban Development (HUD).
 - Head Starts of Maricopa county
 - Refugee resettlement entities such as The Arizona Department of Health Refugee Health Coordinator, Maricopa County Refugee Services Clinic, & refugee resettlement agencies International Rescue Committee (IRC), Lutheran Family Services and Catholic Charities
 - Arizona Women, Infant and Children (WIC) clinics
 - Native American health advocacy group, including the Inter Tribal Council of Arizona, Indian Health Services & Native American Connections
 - The Arizona Chapter of the American Academy of Pediatrics

Outreach

- A total of 58 cases were referred to the City of Phoenix Lead Hazard Control Program
- Collaborated with the Inter Tribal Council of Arizona & Indian Health Services in efforts to improve screening rates within Native American communities and throughout reservations
- Met with The Arizona Department of Health Refugee Health Coordinator, Maricopa County Refugee Services Clinic, & refugee resettlement agencies in order to improving awareness of and case management for refugee children with EBLLs

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- Presented in the WIC Face to Face Meeting, both to let them know about our program and to receive feedback on ways that AZ CLPPP can better provide services to WIC clients
- “Meet & greet” with West Valley Headstart to provide MEDTOX kits for improved screening and health education materials for distributed to members
- Met with City of Phoenix Lead Hazard Control Program to discuss future partnerships and reduce duplication of efforts in case management
- Brainstorming session with the executive director of the Arizona Chapter of the American Academy of Pediatrics to identify opportunities to educate chapter members on the importance of screening for childhood lead poisoning. Members include pediatricians, pediatric sub-specialists, academicians, hospital administrators and physicians, nurse practitioners, school nurses and other child health care providers
- Participated in several Health fairs:
 - Freeport McMoRan Ajo Health Fair, 1/26/10
 - Banner El Mirage Health Fair, 6/5/10
 - Choices Network Midtown Clinic Health Resources Fair, 6/24/10

Barriers and Challenges

- Identification of sources of exposure through home visits and interviews conducted over the telephone remain difficult. Despite the fact that investigations and interviews rarely reveal the source of exposure, they remain important because EBLLs tend to decrease in the months following the interview. One possible explanation may be that parents are unlikely to acknowledge use products investigators identify as poisonous, yet are willing to discontinue use once they learn of the harm to their children.
- Approximately 97% of data is reported electronically. All but 3 laboratories have agreed to report data electronically.
- Because of electronic submission, a substantial increase in the amount of data received and resources need to appropriately manage that data has increased. As a result, data stewardship activities have significantly impacted program productivity and the ability to advance other program goals such as primary prevention and the upcoming transition to Healthy Housing. Ultimately, the program will require additional staff and we anticipate requesting these resources from CDC at the next opportunity.

2. Work Plan Report

This work plan was developed when the Arizona Childhood Lead Poisoning Prevention Program was fully staffed with a program manager and state funded epidemiologist (January 2009). Because of severe budget cuts that occurred in the spring of 2009, the program no longer has a full time program manager and the state funded epidemiologist position was eliminated.

A. CHILDHOOD LEAD POISONING ELIMINATION PLAN

Goal: To continue implementation of the Lead Poisoning Elimination Plan for the State of Arizona.

Objectives: The Arizona CLPPP will prepare a revised updated Arizona Elimination Plan.

Activities:

- a. Review and update Arizona's Elimination Plan base on past assessments.

Measure: Completion of proposed plan revisions and submittal for review will constitute an outcome measure for this activity. *Met*

- b. Meet and provide assistance with the Elimination Subcommittee to assess progress and update the plan so that it reflects our progress and goals from 2008 forward.

Measure: Completion of at least one subcommittee meetings or dissemination of the updated plan and request comments will constitute an outcome measure for this activity. *Partially met*

- c. Assess progress of implementation on a bi-annual basis based on the activities listed in the revised elimination plan.

Measure: The completion of a semi-annual review and assessment report of the progress made towards the goals stated in the Elimination Plan will be used as a measure of evaluation. This report will include a detailed description of partnership activities and program staff progress in adding stakeholders to the Coalition as appropriate. This report will detail successes, failures and lessons learned and will be used as a guide to recommend future activities. *Ongoing*

Discussion: The Arizona Elimination Plan has been revised and was completed in June 2010. The plan reflects current trends and the needs of the program and the affected children of the state. Program staff is initiating a new Healthy Homes Coalition which will replace the existing Childhood Lead Poisoning Prevention Coalition. The plan was sent to two elimination

committee members for review and comments with respect to the modifications to the elimination plan. A review and assessment of the Elimination Plans goals was completed in June 2010.

SCREENING/CASE MANAGEMENT

Goal 1: To review and revise if necessary, the 2005 Arizona Targeted Screening Plan.

Objective: The Arizona CLPPP will utilize available data on housing, population and demographics to revise the procedure for determining high risk areas in the Targeted Screening Plan.

Activities:

- a. Update the 2005 Targeted Screening Plan with data sets from 2008.

Measure: Completion of this update will constitute an outcome measure for this activity.

Ongoing

- b. Plan and organize Screening Subcommittee meeting.

Measure: Completion of one subcommittee meeting will constitute an outcome measure for this activity. *Unmet due to staffing and time limitations*

- c. Analyze available screening data sets, including useful geographic information.

Measure: Preparation of an interactive GIS mapping tool with this data will constitute an outcome measure for this activity. *Ongoing*

- d. Present data to the subcommittee for discussion, review and comment.

Measure: Presentation of the proposed update and mapping tool to the subcommittee will constitute an outcome measure for this activity. *Unmet*

- e. Remove the zip codes and/or other geographic areas of interest from the Targeted Screening Plan that meet removal criteria.

Measure: Completion of removal update will constitute an outcome measure for this activity. *Unmet*

- f. Evaluate 2008 data received from the Arizona Health Care Cost Containment System (AHCCCS), the state Medicaid program, on blood lead screening and compare providers in that area to the screenings of children in high-risk areas. Work with health plans to ensure all providers are screening, particularly in targeted areas.

Measure: Completion of the evaluation will constitute an outcome measure for this activity. An increase of 10% provider screening compliance over a 2007 baseline will constitute a performance measure for this activity. *Unmet due to staffing and time limitations*

g. Through stakeholders and partners, determine if there are health fairs or health related activities in high-risk areas where the Arizona CLPPP can provide screening test kits (EPA grant) if still available.

Measure: Attendance at two health fairs or related activities will constitute an outcome measure for this activity. *Met and ongoing*

Discussion: The unmet objectives were not met because of staff elimination and time constraints and too many activities based one full time and 2 part time staff in the program. A new targeted screening plan with new objectives will be revisited as time allows. Staff will be utilizing GIS software to aid in the creation of the new plan.

We continued to work with AHCCCS to obtain their annual database of children screened for lead poisoning to determine if the areas of the Targeted Screening Plan are being screened appropriately and will continue with the revision of the targeted screening plan. With our electronic reporting at 97% all of our 2008 and 2009 data sets are complete in Stellar. We can now proceed with a revised targeted screening plan with complete data sets.

We have presented at five meetings and attended four health fairs during year 4.

Goal 2: To continue to take prompt and effective environmental management actions for children with elevated blood lead levels, which is the highest priority for the Arizona CLPPP.

Objective: All cases will be reviewed twice a year for close out.

1. Track all cases to blood lead levels <10 ug/dL to ensure that cases are closed with the lowest BLL possible:
 - a. No less than 85% of cases will be closed with blood lead levels <10 ug/dL
 - b. No less than 10% of cases will be closed with blood lead levels 10-19 ug/dL
 - c. No less than 5% of cases will be closed with blood lead levels >= 20 ug/dL

Activities:

- a. Update as necessary, current case management protocols using guidance and recommendations from the National Advisory Committee on Childhood Lead Poisoning Prevention.

Measure: Completion of an annual revision will constitute an outcome measure for this activity. *Met*

b. Complete monthly case reviews to assure appropriate and timely services.

Measure: Completion of 95% percent of scheduled monthly case reviews will constitute an outcome measure for this activity. *Met*

c. Update the Arizona CLPPP website to provide healthcare professionals with current and best practice information.

Measure: Ongoing reviews and updates of the program website will constitute an outcome measure for this activity. *Met and ongoing*

d. Determine the FY 2010 baseline number for cases closed.

Measure: Preparation and website posting of this information will constitute an outcome measure for this activity. *Ongoing*

e. Determine case closure numbers on a bi-annual basis.

Measure: Preparation and website posting of this information will constitute an outcome measure for this activity. *Ongoing*

Discussion: The AZCLPPP is current with all case management protocols. With our increased capacity to import data electronically into STELLAR from the majority of the labs, we are able to monitor and track our cases more effectively. We continue to develop and track program performance measures to better evaluate the effectiveness and efficiency of our case management services. All recall and alerts that we are notified of from CPSC or FDA are immediately posted on the AZCLPPP website. We have not posted case closures on the website but it is included in the FY 2010 surveillance report. 73 cases were closed in FY 2010.

SURVEILLANCE

Goal: To increase blood lead screening rates of Medicaid enrolled children living in high-risk areas as defined by the Arizona Targeted Screening Plan as well as any child that is considered at high risk for lead poisoning. And to utilize our data to better assist our primary prevention efforts.

Objectives:

1. To persuade AHCCCS to adopt the recent blood lead screening HEDIS measure.

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2. To coordinate with AHCCCS to send a reminder to all participating pediatricians of the blood lead testing requirement. Develop HEDIS-based report cards for individual health plans and pediatricians to be published on ADHS' website.
3. To receive all laboratory data in the HL7 format.
4. To meet annually with representatives of each of the health clinics that serve un-insured or under-insured Medicaid-ineligible populations to exchange information and identify opportunities for productive collaboration.

Activities:

a. Continue working with reporting laboratories that submit printed results to convert to a electronic format so that it will be compatible with STELLAR. This is dependent on the electronic reporting capabilities of the reporting laboratories.

Measure: A goal of 97% compliance with electronic reporting guidance will constitute an outcome measure for this activity. *Met and ongoing*

b. Collaborate with AHCCCS and their health plans to provide prevalence rates in the high-risk areas as well as data indicating screening rates from their providers in these areas.

Measure: Preparation of annual screening report cards for AHCCCS health plan/providers will constitute an outcome measure for this activity. *Unmet due to staff and time limitations*

c. Provide information about common and recurring sources of lead exposure so that AHCCCS can provide educational information to its providers. This will include, WIC and Head Starts statewide.

Measure: Provision of educational outreach materials to AHCCCS health plans will constitute an outcome measure for this activity. *Met and ongoing*

d. Partner with WIC, Head Start, City of Phoenix Lead Hazard Control Program and City of Tucson Lead Hazard Control Program to assist the Arizona CLPPP in increasing screening rates.

Measure: An increase in screening compliance by 5% will constitute a performance measure for this activity. Bi-annual communications to assess progress will constitute an outcome measure for this activity. *Met and ongoing*

e. Define the types of lead exposure by county to better address primary prevention in these areas.

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Measure: The availability of this information from the interactive GIS mapping tool will constitute an outcome measure for this activity, as will compilation and distribution of a Children's Environmental Health Annual Report. *Unmet due to staff and time limitations*

f. Continue to utilize STELLAR as the programs surveillance system and explore replacements if funding and systems become available.

Measure: There will be no outcome measure listed for this activity until an appropriate and feasible successor to STELLAR is identified and funding obtained. *Ongoing*

g. Continue to educate and work with sliding fee clinics that will work with children that are not Medicaid eligible.

Measure: The institution of a tracking system for referrals to such clinics throughout the state will constitute an outcome measure for this activity. *Unmet*

Discussion: Our efforts to improve data quality within the blood lead registry have met with continued success. All data (including non-elevated blood lead levels) from 2007 through 2009 has been successfully entered in to the STELLAR database. We continue to provide in-services to Head Start and WIC meetings and meet periodically with cities of Phoenix and Tucson.

Since the Head Start programs are now federally required to test all enrolled children for blood lead, the AZCLPPP has been making a constant effort to help the Head Start programs around the state. The surveillance epidemiologist attends Head Start meetings and provides in-services on childhood lead poisoning. Many Head Start programs have begun using the Lead Care II analyzers, currently all the Head Start programs using this analyzer are complying with our requirement to report electronically.

The GIS effort is ongoing. It draws from surveillance data and allows evaluation of lead exposure data by county and other geographic areas of interest to address primary prevention efforts. This GIS map will also serve as the targeted screening plan as it will identify high risk areas based on overlapping risk factors. The identified risk factors will be mapped on a GIS map and those layers will be overlapped. The areas with the most overlapping will be identified as high risk areas and special attention will be diverted to those areas. This activity is worked on as time allows.

The development of a successor to STELLAR is still in question at this time. We continue to explore the option of developing a lead module for MEDSIS, but at this time,

because of major funding issues with the HHELPS program and with MEDSIS, the AZCLPPP will continue to utilize STELLAR.

Because of the very low number of cases referred to sliding fee clinics, we have not developed a “tracking system” but we do work with and refer children that do not have insurance or are not on AHCCCS to our sliding fee clinics. One case was referred in FY 2010.

PRIMARY PREVENTION

Goal: To reduce the number of children exposed to lead paint and non-traditional sources of lead poisoning by utilizing our partnership with HUD Grantees, expanding the number of Lead Hazard Control grantees in the State, and utilizing the Arizona CLPPP’s media campaign along the Arizona\Mexico border communities and other high risk areas of the state.

Objective:

1. Coordinate with the Arizona Department of Housing to identify all communities eligible for Emergency Housing Repair Funds and conduct a direct mailing to inform them of their applicability to lead paint abatement situations.
2. Coordinate with Lead Hazard control grantees to increase enrollment in lead hazard control services.
3. Decrease the number of children lead poisoned by imported pottery and folk remedies by educating the public and health care providers in high-risk areas.

Activities:

- a. Contact county and cities housing authorities and solicit input into responding to EPA’s new RRP rule.

Measure: Preparation and coordination of one meeting will constitute an outcome measure for this activity. *Met*

- b. Meet with City of Phoenix, Maricopa County Lead Outreach, City of Tucson, Pinal County WIC, Yuma County Health Department and other WIC providers in the state as well as Head Starts throughout the state to determine if there are health fairs or health related activities in the high risk areas. During these activities the Arizona CLPPP can provide educational information, presentations and if applicable screening test kits (EPA grant).

Measure: Completion of three outreach events will constitute an outcome measure for this activity. *Met and Ongoing*

c. Support the Arizona WIC requirement of informing new participants about the dangers of lead poisoning.

Measure: Provision of educational outreach materials will constitute an outcome measure for this activity. *Met*

d. Submit an article on Childhood lead poisoning to the ADHS immunization newsletter to remind and educate the physician recipients that receive the newsletter about lead poisonings from pottery and folk remedies.

Measure: Preparation and submittal of this information will constitute an outcome measure for this activity. *Unmet due to staffing and time limitations.*

Discussion: We have provided data on lead poisonings and screening rates to several communities that are evaluating the data for HUD grants, such as Scottsdale, Flagstaff, Tucson, Cottonwood and Safford. We have not had discussions with the Arizona Department of Housing, county or city housing authorities about the RRP rule due to staffing and time constraints. We anticipate revisiting this activity within the context of a new Healthy Homes Coalition. We also continue to work with numerous partners to encourage education and provide screening test kits (EPA funded) when requested. We again have had challenges completing tasks because of a plan that is too detailed and reduced staffing.

STRATEGIC PARTNERSHIPS

Goal: To continue to work with our established partners and identify new viable partners to aid in the continued implementation of the Arizona CLPPP Elimination Plan.

Objectives:

1. To participate in partnership-building activities (meetings, health fairs, etc.) according to partnership Tier (grouped in terms of program impact and communication need) as follows:
 - a. Tier 1 (e.g. AHCCCS): Participate in one partnership building activity per quarter.
 - b. Tier 2 (e.g. City of Phoenix): Participate in at least one partnership building activity every six months,
 - c. Tier 3 (e.g. WIC): Participate in at least one partnership building activity per year.

2. Develop a working relationship with two new potential partners by setting up an introductory meeting in Year 3.

Activities:

- a. Continue our productive relationship with AHCCCS to further enhance our Surveillance capabilities.

Measure: Completion of quarterly meetings with AHCCCS will constitute an outcome measure for this activity. *Met and ongoing*

- b. Continue to identify and work with the Arizona State Housing Department and the housing authorities in the major cities of Maricopa, Pima and Yuma Counties to aid in lead paint remediation.

Measure: Convening of one Healthy Homes Coalition meeting, to include these stakeholders, will constitute an outcome measure for this activity. *Unmet*

- c. Continue to work with Maricopa and Pima County Health Departments as well as the Department of Economic Security (DES) who is responsible for refugee resettlement, to ensure that the high risk refugee population continues to be screened.

Measure: Completion of semi-annual meetings with ADHS refugee resettlement coordinator (this coordinator works with the county health departments and DES on all health related issues with refugees) will constitute an outcome measure for this activity. *Met*

- d. Continue to work with the WIC programs throughout the state to promote primary prevention activities.

Measure: Completion of semi-annual meetings with WIC will constitute an outcome measure for this activity. *Met*

- f. Continue to work with the ADHS Border Health Office and the bi-national workgroup addressing lead poisoning problems along the Arizona Mexico border.

Measure: Completion of semi-annual meetings with these groups will constitute an outcome measure for this activity. *Met*

- g. Expand our working relationship with the County Extension Service so that they will continue to be aware of lead poisoning and the challenges faced by Arizona and continue to investigate collaborative opportunities with the Arizona Rural Health Office.

Measure: Completion of one annual meeting with these groups will constitute an outcome measure for this activity. *Unmet do to time and staffing limitations*

Discussion: We continue working with AHCCCS and the AHCCCS providers. We have also partnered with several faith-based organizations (Catholic Charities) to convey messages to our target population. Another major partnership has been with the Head Starts throughout the state. The Pima and Maricopa County Health Departments continue to screen refugees. We have given presentations to the Maricopa County Refugee Clinic (which serves as the main screening venue for refugees in the state of Arizona) as well as refugee resettlement VOLAGs (volunteer agencies) to improve case management and interpretation services for refugee children with EBLL's. We continue to work with the ADHS refugee liaison to work directly with healthcare professionals who provide services to Arizona's refugee community. We actively participate in an ADHS workgroup that deals specifically with the issues facing children under six.

The program has been actively following Arizona's recent First Things First Initiative. This initiative, funded through a statewide tobacco tax, provides up to \$150 million in grants statewide to address the needs of children under five years of age. The program has participated in several meetings and has been successful in bringing environmental issues with young children to their attention. We anticipate with the change to a healthy homes program, additional partnering will occur.

As stated previously, we also continue to work with the State WIC and provide brochures and assistance when requested. We work with the Border Health Office through telephone assistants and providing educational information.

Highlight of Specific Areas by Funding Elements:

A. Elimination Plan

The elimination plan revision was completed in June and is attached. The program will work to organize a Healthy Homes Coalition during the current fiscal year.

B. Screening/Case Management

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A total of 79,136 children were tested in FY10. After numerous attempts, we were unable to obtain a baseline number of EPSDT enrolled and eligible children from AHCCCS for the period of July 2009 through June 2010.

Our program does not provide blood lead testing for AHCCCS children, we assist the managed care plans under AHCCCS to provide case management, we are not the sole provider of case management services therefore we are not seeking reimbursement for these activities. Based on a decision from the directors of both the Arizona Department of Health Services and the Arizona Health Care Cost Containment System, we are not to seek reimbursement for environmental investigation. Because the number is small (approximately 10 per year) the directors did not feel it was cost effective to set a payment system at this time.

Regulatory authority to require abatement or remediation of lead hazards in housing units containing children with elevated blood lead levels has not been obtained by the AZ CLPPP. Our proposals have been rejected because of the small number of housing units that such requirements would affect. This year, we have had no children with elevated blood lead levels that live in rental properties that the poisoning can be attribute to paint. It is important to note that the majority of the children lead poisoned in Arizona are poisoned from non paint associated sources such as Azarcon and Greta, and lead glazed pottery or an unknown source.

The Arizona Landlord Tenant Act prohibits the retaliatory eviction for tenants who report lead hazards or elevated blood lead levels. We are not aware of any retaliatory action occurring during the past four years. In fact, the Arizona Landlord Tenant Act is used as a means to breaking a lease.

Although no regulatory authority currently exists for clearance testing mandatory dust wipe testing and clearance standards are met following abatement or remediation work for those

abatement projects operated under HUD guidelines (e.g., HUD Lead Hazard Control programs and abatement projects performed under AZ Department of Housing). Many of our lead poisoned children live in owner occupied homes, if these families need assistance; we refer them to their local housing authority where they are able to obtain assistance.

C. Surveillance

Based on environmental investigations, none of our children with ≥ 20 ug/dL have required remediation.

Arizona law requires that all blood lead test results be reported to ADHS. In addition, the law also requires all physicians to report elevated blood lead levels. Approximately 97% of all blood lead test results are reported electronically. We are not pursuing regulatory authority because of excellent compliance at this time. Our struggle is with one national laboratory that has not been willing to work with us, but we have made progress in recent conversations. It would be helpful for the CDC to assist the CLPP programs nationwide to encourage electronic reporting from major reference labs.

D. Primary Prevention

Regulatory authority for mandatory inspection of rental property at resident turnover does not exist, nor is anticipated to be granted in the near future.

At this time such regulatory authority for the assurance of lead-safe work practices trainings targeted to landlords and management companies does not exist, nor is anticipated to be granted in the near future. However, the City of Tucson and the City of Phoenix provided such training to contractors and remodelers on a voluntary basis. The new EPA law has provided an additional level of training.

e. Strategic Partnerships

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Our lead epidemiologist attended the healthy homes practitioner course in June of 2010. We continue to put a list together to develop a new coalition to include previous members of the lead coalition in addition to asthma coalitions, injury prevention work groups, Children under 6 workgroup, children's environmental health workgroup, and IPM advocates.

City of Tucson Housing Authority Lead Hazard Control Program - Program staff continued to partner with the City through referral of elevated cases for housing remediation and abatement.

City Phoenix Lead Hazard Control Program – Program staff continued to partner with the City through referral of elevated cases for housing remediation and abatement.

Arizona Health Care Cost Containment System – Program staff provide notification of elevated blood lead levels to AHCCCS staff along with the participating health plans.

Arizona Department of Environmental Quality – The ADHS Children's Environmental Health Program staff, including all CLPPP staff, participated in monthly meetings with representatives of ADEQ to coordinate efforts and search for opportunities to leverage resources.

3. Surveillance Report for Stakeholders: Please see attached FY 2010 Surveillance report
4. Evaluation Plan: The evaluation plan is assisting us in our efforts on tasks and projects that will help the children and families with elevated blood lead levels.
5. Sustainability Plan: We are anticipating applying for future Healthy Homes funding opportunities through CDC, EPA and HUD. If these funding sources do not materialize, the Arizona Childhood Lead Poisoning Prevention Program will no longer exist due to the elimination of all state funding for the program.

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6. Program Management, Staffing and Resources:

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(Please note that this part-time position is filled through a temporary agency.)