

# Meaningful Metrics:

## A compilation and assessment of the Iowa Childhood Lead Poisoning Prevention Program Metrics

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## Introduction

The Iowa Department of Public Health (IDPH) is dedicated to improving the health of Iowans through numerous governmentally sponsored public health programs that are effective, efficient, well-organized and well-coordinated. One important program that impacts Iowa's youngest residents is the Childhood Lead Poisoning Prevention Program (CLPPP). The goal of this program is to reduce the prevalence of childhood lead poisoning in Iowa. The CLPPP provides identification and case management for children with elevated blood lead levels, identification and control of lead paint hazards, surveillance of elevated blood lead levels, and provides education and outreach in communities across the state. This program is carried out statewide through a variety of contracts, collaborations and partnerships, as well as direct services that are centrally coordinated by the IDPH.

The Iowa Institute of Public Health Research and Policy (IIPHRP), at the University of Iowa, College of Public Health was contracted by IDPH to complete several activities related to the Childhood Lead Poisoning Prevention Program, one of which is to compile a summary of existing program metrics of which data is collected for the Iowa CLPPP. IIPHRP completed this assignment with assistance from the Iowa Childhood Lead Advisory Workgroup (CLAW). This multidisciplinary group provided input into which metrics are most meaningful, what metrics are missing, and what metrics would be collected in the "ideal world". The outcome of this exercise will identify the most meaningful data that can be communicated to contractors, physicians, public health agencies, and the public. This information can also inform data driven decisions regarding program enhancements, promotion and education.

## Methods

The following process was used to compile the program metrics into a single document. The process began with the IIPHRP team developing a table to compile all metrics, delineating three components for each metric: metric name, data collection entity, and defined measurement. The team collected a list of metrics from the Iowa CLPPP manager which included metrics that CLPPPS report to IDPH as well as a list of metrics that IDPH reports to the Centers for Disease Control and Prevention (CDC). IIPHRP collected, metrics that are currently tracked on the Iowa Public Health Tracking Portal regarding the topic of lead. After collecting the Iowa data, additional information about program metrics in regards to lead were searched for from the following entities: CDC, Environmental Protection Agency (EPA), Healthcare Effectiveness Data and Information Set (HEDIS), Housing and Urban Development (HUD), American Academy of Pediatrics (AAP), and American Medical Society (AMS). These entities were chosen due to their relation with lead and each individually explored. From these agencies, metrics were only identified from HEDIS and HUD. A total of fifty-five metrics were compiled and all metrics were organized in the table for easy viewing and future accessibility (full metric table can be found in the Appendix).

## Assessment

The compiled metrics were taken to the first meeting of the Iowa Childhood Lead Advisory Workgroup (CLAW) to determine what metrics are seen as the most meaningful for the Iowa Childhood Lead Poisoning Prevention Program. The group was introduced to the Iowa CLPPP and were provided with a basic overview of the problem of lead poisoning in Iowa. All group members provided their viewpoint on a number of topics including metrics. The group members received a copy of the compiled metrics (as seen in the Appendix) as well as a hand out with three questions: of these metrics, which are most important; what metrics does your organization collect (if any); what other ideal metrics would you like to see collected (that will provide you with meaningful information about the problem). CLAW members were randomly put into groups to facilitate a small group discussion about these questions and the group reconvened to share their thoughts. Below you will find the responses to the three questions discussed at the first CLAW meeting.

### Most meaningful metrics

Once all CLAW members reconvened, the most meaningful metrics were discussed first. This workgroup identified the top five most meaningful metrics, not ranked in any order. These metrics encompassed testing, confirmed elevated blood lead level (BLL), and increased knowledge and awareness through education and outreach. Each of the five identified metrics are defined as follows:

- Children tested annually by county by age group is a metric that is tracked by the IDPH Public Health Tracking Portal which is defined as the number of children under age six tested for blood lead level (BLL) during the year by county and age group.
- Percent of population tested is a metric that is tracked by the IDPH Public Health Tracking Portal and is defined as the percent children tested among the age group specific population.
- Children with confirmed elevated BLL annually by county by age group is a metric that is tracked by the IDPH Public Health Tracking Portal which is defined as the number of children under age six tested for blood lead level (BLL) during the year and had a confirmed result greater than or equal to 10 µg/dL by county and age group.
- Increased knowledge and awareness among the lay public, public health professionals, childhood lead prevention workforce members, and other partners and stakeholders about childhood lead poisoning and prevention interventions through tailored education and outreach. This metric is reported to the CDC by IDPH and is defined as Number of educational outreach events concerning lead poisoning risks and interventions delivered to the lay public held in targeted high-risk areas during the reporting period (April 1, 2018 – March 31, 2019).
- Lead Screening in Children (LSC) is a HEDIS metric which is a Healthcare Effectiveness Data and Information Set that is a widely used set of performance measures in the managed care industry, developed and maintained by the National Committee for Quality Assurance (NCQA). The LSC is defined as the percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

### Missing metrics

While multiple stakeholders were at the table together, time was utilized to discuss what metrics were missing from this sheet, what metrics do these other organizations collect that could be impactful for the Iowa Childhood Lead Poisoning Prevention Program.

The city of Davenport has public files that contain the addresses of homes that have been remediated and have been tested for lead. Housing and Urban Development (HUD) has a HUD lead registry that is public that contains homes that have been tested. In addition, data regarding the economic impact for Iowa in regards to lead has been collected, but not readily shared. It was noted that this is a great opportunity for an infographic to be developed.

### Ideal Metrics

Following the discussion on what metrics are currently available, the floor was opened for individuals to share what metrics would be ideal metrics to be collected. Trends were seen around housing code, housing registries, mitigation cost, return on investment, and linking blood lead testing to the immunization registry. A full list of detailed ideal metrics can be found in the appendix.

### Conclusions

As a result of this exercise, there are next steps that the program can take to facilitate more informed data sharing, new data sharing partnerships, and consideration of new or refined data collection areas.

It is clear from the assessment that the most meaningful metrics to communicate to the public include “ children tested annually by county, by age group; percent of population tested; children with a confirmed elevated BLL by county, by age; increased knowledge through education and outreach”; and the Lead Screening in Children HEDIS measure. Reporting these numbers to the public in an easy to understand manner will likely increase awareness of the problem of lead poisoning in Iowa.

The Iowa CLPPP should continue to foster these partnerships and build collaborations to collect additional information that will tell the story of lead poisoning in Iowa, including how to grow the future collection of these ideal, desired metrics. Collecting and sharing information regarding cost, return on investment, housing code, and linking blood lead testing to immunizations can help provide a basic understanding of the impacts of lead poisoning to various groups from physicians, to public health personal to parents.

## Appendix

Below you will find the detailed responses from attendees of the first CLAW meeting. Following those responses you will find a list of members in attendance at the first meeting and a detailed list of program metrics that were provided to all CLAW meeting attendees. Invited members come from a multitude of backgrounds professionally and geographically across the state of Iowa to encompass representation of all groups.

### Detailed Responses

<b>Of these metrics, which are most important?</b>
Children tested annually by county by age
Percent of population tested – under age 6
Children with confirmed EBLL by county by age
Number of education and outreach events for lay public
Increased knowledge
HEDIS measure

<b>What metrics does your organization collect?</b>
City of davenport – addresses, remediation files, testing of the property files. These are public files.
Registry of homes that have been tested – HUD lead registry (it is public)
Title 5 reports to the IDPH measures
Economic impact for Iowa - need infographic

<b>What other ideal metrics would you like to see collected?</b>
How many units have been tested?
How many units have been remediated?
Assessment of housing codes across Iowa – who is covered, level/degree/capacity of enforcement
Actual cost of mitigation
Refugee housing placements – registry where refugee placement groups can go to look if homes have been labeled as lead safe
Track whether high BLL are rental units or owner occupied
Minimum public health standard – mandatory housing code (they mandated state electrical code, so they should do a mandatory housing code. International property Maintenance code
Putting the testing in IRIS
Financial incentives – return on investment for the money you put into a property
Adding in mandatory lead-based paint inspections when buying a house (property transfer) – how can this be made affordable? Disclosure statement being recorded (like groundwater)

## Members in Attendance

Name	Organization – Position
Alexa Andrews	IIPHRP – Program Coordinator
Analisa Pearson	IDPH – Title V Child & Adolescent Health Program
Andrew Lietzow	Iowa Real Estate Investors & Iowa Landlord Association – Executive Director
Cindy Harpenau	Mid-Sioux Opportunity – WIC/MCH Coordinator
Dianna Daly-Husted	Iowa Environmental Health Association – Board of Directors (ADLM Counties)
Heather Johnson	City of Davenport – Community Development Resources Manager
Joyce Brown	Iowa Economic Development Authority – Community Development Block Grants (CDBG)
Julie Sleeper	HUD Office of Field Policy and Management – Senior Management Analyst
Karen Goff	Broadlawns Medical Center – WIC Coordinator
Kevin Officer	IDPH – CLPPP Manager
Lina Tucker Reinders	IPHA – Executive Director
Lori Hoch	Shelby County Public Health – Director of Public Health at Myrture Medical Center
Ruby Perin	Linn County Public Health – Healthy Homes Branch Supervisor
Veronica Guevara	Iowa Coalition Against Domestic Violence – Director of Equity and Inclusion
Vickie Miene	IIPHRP – Director

Program Metrics		
Metric Name	Entity	Measurement
Children Tested Annually	IDPH/Tracking Portal	number of children under age six tested for blood lead level (BLL) during the year.
Children Tested Annually - Ten Largest Cities	IDPH/Tracking Portal	number of children under age six tested for blood lead level (BLL) during the year in the ten largest cities.
Children Tested Time Trend - Ten Largest Cities	IDPH/Tracking Portal	number of children under age six tested for blood lead level (BLL) over time in the ten largest cities.
Children Tested Annually by County	IDPH/Tracking Portal	number of children under age six tested for blood lead level (BLL) during the year by county.
Children Tested Annually by Age Group	IDPH/Tracking Portal	number of children under age six tested for blood lead level (BLL) during the year by age group.
Children Tested Annually by County by Age Group	IDPH/Tracking Portal	number of children under age six tested for blood lead level (BLL) during the year by county and age group.
Children with confirmed elevated BLL Annually	IDPH/Tracking Portal	number of children under age six tested for blood lead level (BLL) during the year and had a confirmed result greater than or equal to 10 mcg/dL
Children with confirmed elevated BLL Annually - Ten Largest Cities	IDPH/Tracking Portal	number of children under age six tested for blood lead level (BLL) during the year and had a confirmed result greater than or equal to 10 mcg/dL in the ten largest cities
Children with confirmed elevated BLL Time Trend- Ten Largest Cities	IDPH/Tracking Portal	number of children under age six tested for blood lead level (BLL) during the year and had a confirmed result greater than or equal to 10 mcg/dL in the ten largest cities over time
Children with confirmed elevated BLL Annually by County	IDPH/Tracking Portal	number of children under age six tested for blood lead level (BLL) during the year and had a confirmed result greater than or equal to 10 mcg/dL by county
Children with confirmed elevated BLL Annually by Age Group	IDPH/Tracking Portal	number of children under age six tested for blood lead level (BLL) during the year and had a confirmed result greater than or equal to 10 mcg/dL by age group
Children with confirmed elevated BLL Annually by County by Age Group	IDPH/Tracking Portal	number of children under age six tested for blood lead level (BLL) during the year and had a confirmed result greater than or equal to 10 mcg/dL by county and age group
Children with Confirmed Elevated BLL Time Trend - State	IDPH/Tracking Portal	number of children under age six tested for blood lead level (BLL) during the year and had a confirmed result greater than or equal to 10 mcg/dL over time
Children with Confirmed Elevated BLL Time Trend - County	IDPH/Tracking Portal	number of children under age six tested for blood lead level (BLL) during the year and had a confirmed result greater than or equal to 10 mcg/dL over time by county
Percent of children with confirmed elevated BLL Annually	IDPH/Tracking Portal	percent of children tested that had Confirmed Elevated BLL result annually
Percent of children with confirmed elevated BLL Annually by County	IDPH/Tracking Portal	percent of children tested that had Confirmed Elevated BLL result annually by county
Percent of children with confirmed elevated BLL Annually by Age Group	IDPH/Tracking Portal	percent of children tested that had Confirmed Elevated BLL result annually by age group
Percent of children with confirmed elevated BLL Annually by County by Age Group	IDPH/Tracking Portal	percent of children tested that had Confirmed Elevated BLL result annually by county and age group
Children Tested Time Trend	IDPH/Tracking Portal	number of children under age six tested for blood lead level (BLL) during the year
Percent of the population tested	IDPH/Tracking Portal	percent Children Tested among the age group specific population
Ten Largest Cities - City by Blood Lead Level	IDPH/Tracking Portal	Number of children tested by blood lead level category by city
Ten Largest Cities - City by Blood Lead Level	IDPH/Tracking Portal	Percent of children tested by blood lead level category by city
Lead Exposure Risk Model	IDPH/Tracking Portal	((% population) + (% poverty) + (% housing, 1950 or 1980) + (% annual tests =>10 µg/dL) + (% confirmed cohort tests =>10 µg/dL) + (% confirmed cohort tests =>15 µg/dL))/6 = CLPPP Risk Score.

Increased numbers of children less than 6 years (72 months) of age tested for blood lead	CDC	[(number of Medicaid-enrolled 1-2 year-old children tested for blood lead levels / total number of Medicaid-enrolled 1-2 year-old children in the jurisdiction) *100] or CMS-416 Line 14a/Lines (1b+1c)*100		
Increased numbers of children less than 6 years (72 months) of age tested for blood lead	CDC	[(number of Medicaid-enrolled 1-2 year-old children tested for blood lead levels / total number of Medicaid-enrolled 1-2 year-old children in the jurisdiction) *100] or CMS-416 Line 14a/Lines (1b+1c)*100		
Increased numbers of children less than 6 years (72 months) of age tested for blood lead	CDC	(number of Iowa children aged one and two years tested for blood lead in 2016 / total number of children under three years of age in Iowa in 2016) *100		
Improved availability and use of data that leads to improved identification of geographic areas and populations at high risk for lead exposure	CDC	(number of laboratory-reported blood lead test results that were electronically reported / total number of laboratory-reported blood lead test results received during the reporting period) *100]		
Increased ability to target interventions (e.g. education and outreach) to high-risk geographic areas and populations.	CDC	Number of new partner organizations and institutions engaged in brainstorming, strategizing, planning, implementing, or evaluating interventions for lead poisoning prevention in targeted geographic areas during the reporting period (April 1, 2018 – March 31, 2019)		
Increased ability to target interventions (e.g. education and outreach) to high-risk geographic areas and populations.	CDC	Number of new partner organizations and institutions engaged in brainstorming, strategizing, planning, implementing, or evaluating interventions for lead poisoning prevention for targeted at-risk populations (to include low-income and immigrant/refugee children) during the reporting period (September 30, 2017 – March 31, 2018)		
Increased ability to target interventions (e.g. education and outreach) to high-risk geographic areas and populations.	CDC	Number of regularly scheduled and held meetings with partners and stakeholders during the reporting period (April 1, 2018 – March 31, 2019)		
Increased ability to target interventions (e.g. education and outreach) to high-risk geographic areas and populations.	CDC	Number of new memoranda of understanding or equivalent documents like memoranda of agreement and joint work plans related to population-based childhood lead surveillance enhancement and targeted interventions for lead poisoning prevention developed and signed during the reporting period (April 1, 2018 – March 31, 2019)		
Increased ability to target interventions (e.g. education and outreach) to high-risk geographic areas and populations.	CDC	Number of new data-sharing agreements for enhanced population-based childhood lead surveillance developed and signed during the reporting period (April 1, 2018 – March 31, 2019)		

Increased knowledge and awareness among the lay public, public health professionals, childhood lead prevention workforce members, and other partners and stakeholders about childhood lead poisoning and prevention interventions through tailored education and outreach.	CDC	Number of educational outreach events concerning lead poisoning risks and interventions delivered to the lay public held in targeted high-risk areas during the reporting period (April 1, 2018 – March 31, 2019)
Increased knowledge and awareness among the lay public, public health professionals, childhood lead prevention workforce members, and other partners and stakeholders about childhood lead poisoning and prevention interventions through tailored education and outreach.	CDC	Number of mass communication campaigns directed at the lay public to increase knowledge and awareness of lead poisoning risks and interventions deployed during the reporting period (April 1, 2018 – March 31, 2019)
Increased knowledge and awareness among the lay public, public health professionals, childhood lead prevention workforce members, and other partners and stakeholders about childhood lead poisoning and prevention interventions through tailored education and outreach.	CDC	Number of educational outreach events – including trainings – directed at public health professionals, clinical providers, and other lead prevention partners about childhood lead poisoning and interventions held during the reporting period (April 1, 2018 – March 31, 2019)
Increased identification of children with elevated blood lead levels who receive appropriate linkages to recommended followup services	CDC	Number of public health professionals and clinical providers who received guidance documents for follow-up care for children who are identified with elevated blood lead levels during the reporting period (April 1, 2018 – March 31, 2019)
Increased identification of children with elevated blood lead levels who receive appropriate linkages to recommended followup services	CDC	(number of children with elevated blood lead levels referred for follow-up services / number of children with elevated blood lead levels) *100]
Increased identification of children with elevated blood lead levels who receive appropriate linkages to recommended followup services	CDC	(number of children with elevated blood lead levels who received referred follow-up services / number of children with elevated blood lead levels referred for follow-up services) *100]
Number of website hits following National Lead Poisoning Prevention Week	CDC	The number of hits the IDPH CLPPP received as a result of the National Lead Poisoning Prevention Week Social Media Campaign

<p>Increase the number of children in the CLPPP service area between the ages of 12 and 35 months who had a blood lead test</p> <p>Increase the percentage of children in the CLPPP service area before the age of 6 who receive a blood lead test</p>	IDPH CLPPP	# children tested from July 1, 2018 - June 30, 2019 that were between 12 months and 35 months in age at time of test.
	IDPH CLPPP	Numerator = # children tested from July 1, 2018 - June 30, 2019 that were less than 6 years in age at time of test. Denominator = total # children less than 6 years in age in CLPPP service area.

<p>B3. Ensure that at least 95% of children with capillary blood lead levels greater than or equal to 20 µg/dL receive confirmatory venous blood lead tests within the scheduled time frame according to CLPPP protocols.</p>	<p>IDPH CLPPP</p>	<p>Numerator = # children tested between July 1, 2018 - June 30, 2019 that were less than 6 years in age with a capillary BLL result greater than or equal to 20 micrograms per deciliter that was confirmed with a venous test within scheduled timeframe. Denominator = # children tested between July 1, 2018 - June 30, 2019 that were less than 6 years in age with a capillary BLL result greater than or equal to 20 micrograms per deciliter.</p>
<p>B4. Ensure that at least 75% of children with capillary blood lead levels greater than or equal to 10 µg/dL receive confirmatory venous blood lead tests within the scheduled time frame according to CLPPP protocols.</p>	<p>IDPH CLPPP</p>	<p>Numerator = # children tested between July 1, 2018 - June 30, 2019 that were less than 6 years in age with a capillary BLL result greater than or equal to 10 micrograms per deciliter that was confirmed with a venous test within scheduled timeframe. Denominator = # children tested between July 1, 2018 - June 30, 2019 that were less than 6 years in age with a capillary BLL result greater than or equal to 10 micrograms per deciliter.</p>
<p>B5. Ensure that at least 75% of children confirmed with an initial case making blood lead level between 10-14 µg/dL receive follow-up testing at an interval of 12 weeks/84 days.</p>	<p>IDPH CLPPP</p>	<p>Numerator = # children tested between July 1, 2018 - June 30, 2019 that were less than 6 years in age with a confirmed BLL result between 10 - 14 micrograms per deciliter that received a follow-up test (capillary or venous) within 12 weeks. Denominator = # children tested between July 1, 2018 - June 30, 2019 that were less than 6 years in age with a capillary BLL result greater than or equal to 10 micrograms per deciliter.</p>
<p>C6. Ensure that at least 95% of children confirmed with an initial case making blood lead level greater than or equal to 15 µg/dL receive a home nursing or outreach visit within the scheduled time frame according to CLPPP protocols.</p>	<p>IDPH CLPPP</p>	<p>Numerator = # children tested between July 1, 2018 - June 30, 2019 that were less than 6 years in age with a confirmed BLL result greater than or equal to 15 micrograms per deciliter that was the initial case making result and received a home nursing or outreach visit within the scheduled time frame. Denominator = # children tested between July 1, 2018 - June 30, 2019 that were less than 6 years in age with a confirmed BLL result greater than or equal to 15 micrograms per deciliter that was the initial case making result.</p>
<p>C7. Ensure that at least 95% of children confirmed with an initial case making blood lead level greater than or equal to 15 µg/dL receive a nutrition evaluation within the scheduled time frame according to CLPPP protocols.</p>	<p>IDPH CLPPP</p>	<p>Numerator = # children tested between July 1, 2018 - June 30, 2019 that were less than 6 years in age with a confirmed BLL result greater than or equal to 15 micrograms per deciliter that was the initial case making result and received a nutrition evaluation within the scheduled time frame. Denominator = # children tested between July 1, 2018 - June 30, 2019 that were less than 6 years in age with a confirmed BLL result greater than or equal to 15 micrograms per deciliter that was the initial case making result.</p>
<p>Ensure that 100% of children with an initial case making venous blood lead level greater than or equal to 20 µg/dL receive a complete medical evaluation from a physician.</p>	<p>IDPH CLPPP</p>	<p>Numerator = # children tested between July 1, 2018 - June 30, 2019 that were less than 6 years in age with a venous result greater than or equal to 20 micrograms per deciliter that was the initial case making result and received a medical evaluation from physician within the scheduled time frame. Denominator = # children tested between July 1, 2018 - June 30, 2019 that were less than 6 years in age with a venous result greater than or equal to 20 micrograms per deciliter that was the initial case making result.</p>

Refer 100% of children with confirmed blood lead levels greater than or equal to 15 µg/dL to the local Area Education Agency for the appropriate developmental testing, evaluation, and assessment.	IDPH CLPPP	Numerator = # children tested between July 1, 2018 - June 30, 2019 that were less than 6 years in age with a confirmed result greater than or equal to 20 micrograms per deciliter that was the initial case making result and referred for the appropriate developmental testing, evaluation, and assessment within the scheduled time frame. Denominator = # children tested between July 1, 2018 - June 30, 2019 that were less than 6 years in age with a confirmed result greater than or equal to 20 micrograms per deciliter that was the initial case making result.
Ensure that at least 95% of children confirmed with an initial case making blood lead level greater than or equal to 20 µg/dL receive the appropriate developmental testing, evaluation, and assessment from their local Area Education Agency.	IDPH CLPPP	Numerator = # children tested between July 1, 2018 - June 30, 2019 that were less than 6 years in age with a confirmed result greater than or equal to 20 micrograms per deciliter that was the initial case making result and received the appropriate developmental testing, evaluation, and assessment within the scheduled time frame. Denominator = # children tested between July 1, 2018 - June 30, 2019 that were less than 6 years in age with a confirmed result greater than or equal to 20 micrograms per deciliter that was the initial case making result.
Complete environmental investigations for 100% of homes associated with children having venous blood lead levels greater than or equal to 20 µg/dL or persistent blood lead levels from 15-19 µg/dL within scheduled time frame.	IDPH CLPPP	Numerator = # of environmental investigations completed between July 1, 2018 - June 30, 2019 in homes associated with a child less than 6 years in age with an initial case making venous blood lead level greater than or equal to 20 µg/dL or persistent blood lead levels from 15-19 µg/dL. Denominator = # of homes associated with a child less than 6 years in age with an initial case making venous blood lead level greater than or equal to 20 µg/dL or persistent blood lead levels from 15-19 µg/dL
Contact at least 95% of the occupants and/or owners of dwellings where lead hazards have been identified within 30 days of the initial investigation to check their progress towards making the dwelling lead-safe.	IDPH CLPPP	Numerator = # of addresses followed up on within 30 days of an initial EBL investigation between July 1, 2018 - June 30, 2019. Denominator = # of addresses where an environmental inspection occurred between July 1, 2018 - June 30, 2019.
Follow up on 100% of investigations completed in previous years at least once every 12 months (annually) until lead hazard remediation has been completed.	IDPH CLPPP	Numerator = # of addresses open since January 1, 2008 due to an environmental inspection that has been followed up on between July 1, 2018 - June 30, 2019. Denominator = # of open addresses where an environmental inspection occurred between January 1, 2008 - December 31, 2018.
Lead Screening in Children (LSC)	HEDIS	The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.
Number of at-risk HUD housing units made healthy, physically safe and lead-safe each year	HUD	The number of housing units made healthy and lead-safe through HUD's Lead Hazard Control Grants, Healthy Homes Grants, and Lead Disclosure Rule Enforcement.

Prevalence of children with elevated blood levels in high-risk communities and regions	HUD	This measure will track the prevalence (number or percentage TBD) of children from birth to age 5 exposed to lead in targeted, high-risk communities (i.e., communities where lead hazard control grant work is being conducted), and the overall reduction over time.
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