

**GOVERNOR'S LEAD POISONING PREVENTION COMMISSION**

Maryland Department of the Environment  
1800 Washington Boulevard  
Baltimore MD 21230

MDE AERIS Conference Room  
November 5, 2015

APPROVED Minutes

**Members in Attendance**

Melbourne Jenkins, Patricia McLaine, Cliff Mitchell, Paula Montgomery, John Scott, Ken Strong, Tameka Witherspoon

**Members not in Attendance**

Nancy Egan, Susan Kleinhammer, Edward Landon, Barbara Moore, Del. Nathaniel Oaks, Christina Peusch, Linda Roberts

**Guests in Attendance**

C. E. Burke (BCHD), Deputy Sec. Ellington Churchhill (DHCD), Kimball Credle (CDC), David Fielder (LSBC), Monica Grinnage (Baltimore County), Syeeta Hampton-EI (GHHI), Duane Johnson (MDE), Dawn Joy, (AMA), Ariane Kouamou (MDE), John Krupinsky (MDE), Manjula Paul (MSDE), Carol Payne (HUD), Victor Powell (HUD), Christine Schifkovitz (CONNOR), Tommy Tompsett (MMHA), Chris White (Arc), Ron Wineholt (AOBA).

**Introductions**

Pat McLaine called the meeting to order at 9:35 with welcome and introduction.

**Approval of Minutes**

No corrections were offered for the minutes for October 1, 2015. A quorum was not present; approval of minutes was deferred until the December 3<sup>rd</sup> meeting.

**Future Meeting Dates**

The next meeting is scheduled for Thursday December 3, 2015 at 9:30 in the Aeris Conference Room.

**Old Business**

**Lead Week Activities**

Baltimore City hosted a number of events at Total Health Care, lead education parties, an event in NW Baltimore. Dr. Wen was featured on Fox 45 News promoting an event at Park West clinic, which sees 4,000 children per week. Representatives were present from HUD and the City. The event helped to kick off the new universal testing approach and was an excellent event in an at-risk community, with lots of audience response. The new HUD videos feature Baltimore and will be shown at our December meeting. Friday was also National Weatherization Day, and Baltimore City promoted the synergy between lead and weatherization/housing treatments. Ken Strong noted that spotlight on the two programs

was very appropriate since funding comes from both sources. The Commission has encouraged coordination of services and funding. In the last 5 years, 8,000 low income families have received weatherization work in Baltimore City with expected savings of \$10 million for low-income families. Money is also earmarked for training for minorities and women; \$24,000 is set aside for RRP training. Syeetah Hampton-El noted that it was a pleasure for GHHI to partner on these events. Ruth Ann Norton was represented at the

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press conference on Monday, attended other events on Tuesday, went to Prince George's County on Wednesday for training with MDE for property owners with 50-60 people in attendance. GHHI also joined in efforts at Park West.

#### Update on DHMH regulations and Lead-testing Roll-out

Cliff Mitchell reported that DHMH, the City and others kicked off the press event on Monday at Total Health Care, with DHCD in attendance. Cliff Mitchell indicated he had also met with county health department nurses about 1 week ago, attended a meeting in Howard County with the United Health Care Advisory Board, and attended a rural health conference where he spoke about the importance of universal testing. DHMH had preliminary conversations with Kaiser about possible use of their mobile lab for testing. Cliff Mitchell indicated he had great appreciation for the testing efforts going on in Baltimore and realized there were many issues about insurance coverage and reimbursement; he is starting conversations with private insurers. There appears to be a lot of support by clinicians and the medical community for universal testing. Cliff Mitchell plans to reach out to pediatricians at AAP and to work with GHHI to create materials. He expects to be on the road to talk about health care practices, testing and case management. If there are any questions about the targeting plan, please send them to Cliff Mitchell. The DHMH web page has the regulations posted. Cliff Mitchell noted that the Commission has been very supportive of this effort, as has the Health Commissioner and Secretary of the Department of the Environment; Baltimore City has led the way on this.

Paula Montgomery stated she has been thinking about how MDE will handle several hundred more cases; nothing is budgeted currently to be able to absorb that workload. This will make the program "reactionary" and she expressed concerns that there will not be resources to meet primary prevention resource needs.

John Scott asked if it isn't better to identify and know about the kids. Pat McLaine suggested that the Commission could identify a workgroup to look at the issue and project the impact/workload on MDE and on local health departments. John Krupinsky stated that increasing screening will also increase work for the local Health Departments, asking how are we going to support county programs. Prince Georges County now has 33 cases and only one nurse, overseeing six programs. John Scott stated that from an outside perspective, it seems most important to identify kids. John Krupinsky stated that a big issue is lack of information: 5 to 6 parents are calling MDE every day, asking for more information about what lower BLLs mean and what they should do. A representative from Baltimore County noted that there would be unintended consequences: once the County identifies

kids, they will identify substandard housing. This is a real problem for which funds are limited. Deputy Secretary Churchill said he looked forward to working with other agencies on this matter. Cliff Mitchell projected that we will find more kids, probably in the 10-15µg/dL BLL range and that this will be a resource issue for MDE and the local health departments. He suggested that the impact won't occur all at once, and will probably take a year to roll in, so the biggest impact will be in the 2017 fiscal year. The first year will probably be a stretch. But the bigger impact will be in the increased numbers of 5-9µg/dL BLLs. DHMH will give Baltimore City, Somerset and other counties additional resources to advise other counties. It is not yet clear how case management will be done. Many parents and providers are concerned – providers will retest the child and ask about exposure sources, but local health departments will not inspect all of these. We will need to

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have a follow-up plan for environmental investigation at 5-9µg/dL. We must be able to identify when there is a problem, when BLLs are rising or likely to rise. Evaluation will be important.

Paula Montgomery asked if there were any new regulations in Baltimore City for BLLs 5-9µg/dL; Camille Burke indicated there were not, stating that Baltimore City is only doing full environmental investigations of children with BLLs of 10+µg/dL. Home visits are being made to families of a child with a BLL of 5-9µg/dL and a Notice of Defect will be issued if a problem is identified. Ron Weinhold asked what the end game was: if the CDC standard is 5µg/dL now, what will happen over time? Will the standard just keep dropping – maybe to a 3 or a 4 in another 5-10 years? Can laboratory equipment even detect levels that low? Pat McLaine indicated that most laboratories were able to analyze BLLs down to 1µg/dL, handhelds had accuracy down to 2µg/dL. At lower BLLs, accuracy is very important. We still need to get answers from the labs regarding continued acceptance of BLLs in purple top tubes.

### **New Business**

**CDC Update** - Kimball Credle from CDC was introduced. He stated that CDC has not recognized follow up for BLLs of 5-9µg/dL. CDC's Advisory Council recommended the change. CDC still recommends follow-up at 10µg/dL. He said that he would hate to see a mother with a young baby tested at one year and found to have a 6µg/dL BLL, then retested again at 8µg/dL, then retested again and now with a 10µg/dL. It is possible to prevent new cases – how will families react if they think cases could be prevented? There is potential for class action. CDC looked at a lot of data – there is a lot of room for improvement. We need to create synergy and maximize efforts to go into homes. We will want to make sure that follow up occurs. This will increase screening but decrease the risk of exposure. Evaluation is also key – are the outcomes statistically valid? How effective are our interventions? What is the impact on the community? Cliff Mitchell stated that ACCLPP had recommended using BLL of 5µg/dL – the 97.5%ile, and reevaluating every 4 years. Currently, about 97.5% of kids have BLLs less than 5 µg/dL. CDC agreed with the recommendations to use BLL to identify at-risk kids and lead exposure hazards. DHMH received one recommendation to change the state's follow-up to the CDC standard but said

he did not want to tie the state to this. Kimbell Credle indicated that several states have passed laws to adopt BLLs of 5-9µg/dL and have set up protocols for follow up at that level. CDC is not trying to tell states what to do. Vermont passed a law to require all providers to test. Ohio now focuses on 5-9µg/dL as does Arizona and Houston City. CDC has 35 grantee awards and most have adopted some form of reduction. Pat McLaine requested a list of CDC programs that have called for universal screening and addressed follow-up of BLLs 5-9µg/dL based clearly on the science. Ken Strong asked if CDC anticipated increasing funding to the states. Kimball Credle noted that CDC got \$13 million back, half of what they had. There is not enough money to focus on comprehensive programs – just surveillance, data management and outreach. Pat McLaine noted that the Commission had actively encouraged Maryland's Federal delegation to support an increase in funding for CDC, HUD and EPA. CDC would like to see a 20% increase in BLL screening. Victor Powell asked who was providing enforcement across the country. Many health departments are really hurting because of CDC funding cuts. Kimbell Credle stated that CDC had supported resources for GHHI programs and building partnerships. Ohio has maximized partnerships.

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Tommy Thompsett stated he was concerned about CDC's reference level – it isn't an elevated blood lead level, it is a "reference" level. A lot of exposure may come from soil in the community itself. We don't always know where it is coming from. This will expose property owners to litigation. He said he was concerned by the use of the term and concerned that it would negatively affect older housing stock.

Syeetah Hampton-El stated that at the end of the day, no level of lead in blood is safe. We are still dealing with the fact that affordable, safe housing in Baltimore City is rare. There was an article in the Saturday or Sunday Baltimore Sun, saying that it makes more sense to own than to rent a home. Many children are living in substandard, deteriorated housing. There will be a cost to fix this housing. Carol Payne stated that this is a public health imperative – children are at risk. We have to take a stand with the Mayor and Governor to identify the public health path we will take to protect children. If money can be pulled, it should be pulled. City Council and politicians must be informed about this issue. Should we have a hearing in the City about the failure to protect children from lead? We should use every opportunity that we can – write Representative Cummings. Write the HUD Secretary. Ken Strong stated that he was preparing a memo to Secretary Holtz to request that roofing costs be included as lead hazard activity. There is a plan to raise the tax on tobacco by one dollar, and that would create a fund of \$100 million. Money could go to healthy homes improvement. He stated he is hosting a meeting with Pete Hammond, House Subcommittee, about the need for additional money for health concerns like lead, asthma, tobacco and seniors. John Scott asked if the tobacco tax impacted lower income families more. Mel Jenkins stated he appreciated Carol Payne's eloquent remarks but was concerned about expressed anger towards property management. Property management is doing much better than the general population of owners. Mel Jenkins stated that he

represents Baltimore pre-1950 property managers on the Commission and believes that by far they are doing an excellent job. He said that he agrees 100% that if we want lead safety, we should be looking at much lower levels of lead, below 5µg/dL. Property managers want to know what to do, how to make it safe. He wants zero – he wants children to never have lead exposure. Pat McLaine thanked the Commission for this discussion. She said she would set up a subcommittee to talk more about the impacts of screening on MDE and local health departments.

Pat McLaine reported that she had spoken with Horacio Tablada about awards to the counties with high screening rates, as we have discussed in previous meetings. MDE and DHMH will be making awards to the counties with the highest screening rates. John Krupinsky noted that all these counties were “high risk”. He thinks Baltimore County should also be given an award: even though they are not at risk, 50% of their kids have been tested. Baltimore County is unique: strong screening efforts here are really the result of a combined metropolitan/Baltimore City/Baltimore County effort.

### **Agency updates**

**MDE** – Paula Montgomery reported that she and Cliff Mitchell presented to 200 child care providers about targeting plan, regulations and compliance with the lead law. MDE sent out 15,000 notices of non-compliance with registration and is following up on those currently. MDE will provide an update on registration in December.

**DHMH** – Noting more to report.

**DHCD (State)** – Nothing to report – will report next month.

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**Baltimore City Health Department** – Nothing more to report – will present next month.

**Baltimore City Housing and Community Development** – Ken Strong stated that Code Enforcement plans to add RRP training to the permit process within the next 60 days. Pat McLaine indicated that the Commission was very interested in hearing the details of what was decided, since this is such an important primary prevention issue. Ken Strong indicated that Baltimore County has money for contractors to get free training.

**Child Care Administration** – Manjula Paul reported that Childcare Administration has trained 110 licensing specialists who go out to inspect child care facilities. Providers, nurses and inspectors were also at the training. Manjula Paul stated she is getting calls from Centers now about what they can do and what funding resources are available. An out of state banker called yesterday about the law requiring child care centers to be lead free. She indicated that the Childcare Administration is very excited to be part of the lead poisoning prevention program and lead poisoning screening. Child Care will provide an update on their program soon.

**Maryland Insurance Administration** – John Scott noted that as an insurer of landlords, he has never given a presentation. He will make a presentation in February about the availability of insurance.

**Public Comment**

Tameka Witherspoon stated that she appreciates everybody and that she has gotten a lot of feedback from parents who are concerned. She did a radio show with Baltimore County Health Department and attended the press conference last week. She set up a table at the Silas Point Community Center.

Christine Schiffkovitz (Connor) reported on the effort to get paint retailers to post posters about lead hazards. Only Home Depot and Lowes had posted posters that had been sent out. An owner of one hardware store asked if lead paint was still around. ACE Hardware stores had outdated pamphlets. She gave them new pamphlets and access to website and twitter Town Hall with EPA, CDC and HUD. Christine Schiffkovitz will make a report to the Commission of her findings for this project. She also spoke about EPA Echo, a database on RRP violations. Connor includes this in their RRP classes and offered to provide a presentation at the next meeting.

**Adjournment**

A motion was made by John Scott to adjourn the meeting, seconded by Mel Jenkins. The motion was approved unanimously and the meeting was adjourned at 11:18 AM.