



## MEMO

**TO:** Lead Poisoning Prevention Fund Advisory Board

**FROM:** Karyn Butts, MPH  
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**DATE:** June 11, 2018

**SUBJECT:** Lead Poisoning Prevention Updates

This memo provides updates on the major activities funded by the Lead Poisoning Prevention Fund administered by the Maine CDC Environmental and Occupational Health Program, as well as related lead poisoning prevention work of interest.

### LPPF Funded Community Partners

1. **Building Local Capacity:** Partners are making progress in building local capacity and ownership of lead poisoning prevention efforts. In addition to supporting our partners with the work highlighted below, we continue to explore ways in which we can foster local ownership and develop more comprehensive prevention strategies at the local level.
  - **Portland/Westbrook Builds New Coalition:** City of Portland, our Portland partner, has built a strong multi-sector lead poisoning prevention coalition to engage partners throughout the high-risk area to coordinate lead poisoning prevention activities. The collective engagement has yielded new funding for expanded local mass media outreach to families, and several new partnerships with agencies serving the New Mainer community. The coalition has chosen to work together on improving blood lead testing in Portland, and kicked off 2018 by sending a letter from the City of Portland's Director of Public Health asking local providers to join a city-wide effort to improve testing.
  - **Lewiston Works Toward Rental Property Registry:** Healthy Androscoggin, our Lewiston partner, is engaged with the City of Lewiston code enforcement office, the Lewiston City Council, and the Lewiston Area Public Health Committee in drafting a proposal for a rental property registry that will include provisions to ensure rental units do not have lead hazards before they can be rented. The City Council had the first meeting about the registry in May to provide initial input and ask questions; work will continue to craft a proposal over the next several months.
  - **Biddeford Revives Landlord Association:** Coastal Healthy Communities Coalition, our Biddeford partner, has teamed up with the Biddeford Housing Authority to revive a landlord association that has been inactive for several years. The newly revived association

met for the first time in May with about 25 local landlords attending. Maine CDC staff gave a presentation at the meeting about how landlords can proactively address lead in their units and what their responsibilities are if a child who lives in one of their units is identified with lead poisoning. Our partner will continue to engage with the association on the topic of lead poisoning prevention, including helping to organize a training on lead-safe work practices required under EPA's Renovation, Repair, and Painting Rule, at the request of the members.

- **Bangor Sparks Coalition to Address Quality of Rental Housing:** The Bangor Public Health and Community Services Department, our Bangor partner, has joined with several other City of Bangor departments and local agencies to develop a plan to improve the overall quality of rental units in Bangor. This new city-wide effort was born out of our funded partner's work with the City's General Assistance Office to collaborate to address lead in the local rental housing stock. The group will kick-off this summer with a series of educational and information gathering meetings that will lead to the formulation of a strategic plan in 2019.
  - **Augusta Forms Coalition and Engages Local Code Officers:** Healthy Communities of the Capital Area, our Augusta partner, has also formed a new multi-sector coalition to bring stakeholders together around the issue of lead poisoning prevention. Out of this coalition building, our partner has developed new relationships with the code enforcement offices in both Augusta and Gardiner that is just starting to bear fruit. For starters, in the coming months, both cities will begin distributing packets of information on lead safety along with building permits granted for pre-1978 properties.
2. **New Funding to Improve Blood Lead Testing:** We recently added \$10,000 to each partner's contract to support activities aimed at improving blood lead testing in their communities. Examples of activities the partners will conduct include distributing Maine CDC's blood lead testing guidelines to provider offices, convening lunch and learns with provider offices and Maine CDC's clinical lead staff to discuss testing guidelines, supporting quality improvement initiatives with provider offices to improve testing protocols, and conducting local mass media aimed at increasing awareness among parents of the need for testing. The activities focused on screening are part of our federal CDC lead poisoning prevention grant work plan that intentionally leverages funds freed up in the LPPF with the restoration of federal grant funding for core program management and surveillance activities.

### **LPPF-Funded Major Media Campaign**

1. **Social Media Campaign:** We are planning a modest pilot Facebook paid advertising campaign aimed at increasing parents' knowledge and awareness about childhood lead poisoning and prompting them to request a free lead dust test kit through our website. We will have results to report on when we meet in the fall. This is another activity in our CDC grant work plan that leverages the LPPF to expand our primary prevention activities.
2. **Annual Targeted Mailing:** We are on track to conduct our annual targeted mailing by the end of September 2018. We will be sending the mailer to parents of 1- and 2-year-old children this year instead of just 1-year-olds as we have done for several years. The expansion is also made possible by our CDC grant. Pending the results of the social media pilot described above, we may

run a second Facebook paid campaign concurrent with the targeted mailing to amplify the messages across the two channels.

3. **Newly Hired Health Communication Specialist:** All of these media activities are being coordinated by our health communication specialist, Erin Arneson, who joined our team in January 2018. Erin comes to us as 2017 graduate of the University of Iowa where she received a Master of Public Health degree in Health Communication and completed a year-long practicum at the American Lung Association's Asthma Coalition of Queens in New York. We are delighted to have Erin join our team and look forward to introducing her to you in the fall.

#### **Home Visiting Lead Dust Testing Pilot: Results Presented to Legislature, Leads to Request for Report**

In December, we completed a year-long pilot study and report to assess the feasibility of partnering with Maine DHHS' Maternal, Infant, and Early Childhood Home Visiting Program to provide free, preventative facilitated lead dust tests to families receiving home visiting services throughout the state. The pilot study confirmed that the initiative positively supplements our other home lead dust testing initiatives (i.e., the annual targeted mailing) by reaching more families in rental housing and is just as cost-efficient at identifying homes with high levels of lead dust. Appended to this memo is a two-page summary of the pilot results that we prepared for the Legislature's Joint Committee on Health and Human Services. Please let us know if you would like a copy of the full report that was prepared for the Committee.

In February, Andrew Smith, Maine CDC's State Toxicologist, presented the results of the pilot during a work session on LD 691, An Act to Prevent Lead Poisoning in Children, which proposed to have home visitors provide free lead tests to families. Ultimately, the Committee voted "ought-not-to-pass" on LD 691, based on the progress already being made to conduct lead dust testing via home visitors without a legislative mandate. During the work session, the Committee asked several questions about all of the State's lead poisoning prevention efforts, and subsequently requested that we submit a comprehensive report by January 2019 to include: trends in lead poisoning rates, blood lead testing practices, and rates of blood lead testing in the MaineCare program and among non-MaineCare enrolled children; actions of municipalities in high-risk areas; efforts to conduct outreach to municipalities from the Lead Poisoning Prevention Fund; efforts to promote primary prevention of lead poisoning; and updated information about lead dust testing initiatives. We look forward to preparing the report and soliciting the LPPF Advisory Board for input on the report when we meet in the fall.

#### **LPPF Paint Fees Collected in 2018**

We have collected \$665,409 in paint fees for paint sold in Maine in calendar year 2017 to date. This is about the same as our revenue from 2016 sales which totaled \$668,962. We will present the board with a budget for State Fiscal Year 2019 at the fall meeting.

#### **Related Lead Poisoning Prevention Work of Interest**

1. **Year 2 of Funding for US CDC Childhood Lead Poisoning Prevention Grant:** In May, we submitted our Year 1 Progress Report and Year 2 Continuation Request for our US CDC Childhood Lead Poisoning Prevention grant. As of now, we are being told that funding will remain flat for the new grant period that will begin on September 30. Activities in the new grant year will focus on:
  - Conducting surveillance;
  - Operating and maintaining a new blood lead module with the State's immunization registry;

- Planning for a new data system for lead poisoning case management and surveillance activities;
  - Continuing funding to our partners in high-risk areas to improve blood lead testing; and
  - Continuing expanded mass media and outreach activities (targeted mailing, social media, facilitated home lead dust testing via home visitors) paid for by the Lead Poisoning Prevention Fund.
2. **2016 Lead Poisoning Data on Maine Tracking Network with New Maps:** In January, we added lead poisoning and blood lead screening data for 2016 to the Maine Tracking Network. You can view the data at <https://data.mainepublichealth.gov/tracking>. Of note is that the estimated rates and counts of children identified with blood lead levels of 5 ug/dL or above were flat in 2016 compared to previous years. Along with the new data, we also launched a new mapping tool that provides enhanced interactivity for maps of towns as well as census block groups within Maine's high-risk areas. New features include a dual map view to allow side-by-side comparisons of the enhanced, interactive maps; the ability to locate a user-entered address; zooming and panning; and customizable base maps, layer transparencies, and thematic layer cut points.
  3. **Blood Lead Module in Maine Immunization Registry:** This winter we completed the development of a blood lead module within Maine's immunization registry that is currently in the final phases of testing. Once fully deployed, the module will enable Maine CLPPU to achieve nearly 100% electronic reporting of in-office blood lead test results that are currently faxed and hand-entered into our database, and it will allow both Maine CDC and providers the ability to assess and improve compliance with blood lead testing guidelines among patient populations at the individual practice level. We expect to do a phased roll out of the module to provider offices beginning this summer.
  4. **Study Comparing Lead Paint Hazards Across Blood Lead Levels:** This spring we completed a collaborative project with Maine Medical Center Research Institute to use our case management data to compare lead paint hazards found in the homes of children with blood lead levels of 5- <10 µg/dL to those of children with blood lead levels ≥10 µg/dL. A manuscript from the project has been submitted for publication. Findings from the project indicate homes associated with these lower blood lead levels are nearly as likely to find identifiable lead hazards that require abatement as inspections of homes of children with blood lead levels ≥10 µg/dL. As might be expected, we found evidence that there are differences in the severity and nature of lead paint hazards at lower blood lead levels (e.g., more lead dust only hazards). In exploratory analyses we have also found that lead abatement lowers blood lead levels further in the vast majority of children with blood lead levels of 5-9 µg/dL. Together, these results provide supporting evidence of the public health benefit of performing inspections of dwellings associated with these lower blood lead levels.

Maine CDC  
 Lead Dust Testing via Maine Families Home Visiting  
 Program Pilot Test Overview  
 February 9, 2018



**About the Pilot**

- A partnership between Maine CDC and the Maine DHHS-funded Maine Families Home Visiting Program
- Purpose: Assess feasibility of providing free, facilitated home lead dust tests to families with children at risk for lead poisoning enrolled in the Home Visiting Program
- Timeframe: December 1, 2016 – November 30, 2017
- Lead Dust Test Volume
  - Budgeted: 200 lead dust tests
  - Completed: 91 lead dust tests
- Cost and Funding Source
  - \$4,641 in laboratory fees, paid for by Lead Poisoning Prevention Fund
  - No additional funding was provided to Maine Families Home Visiting Program



**What is facilitated home lead dust testing?**

- The purpose is prevention – to find and address lead dust in the home before a child is poisoned, raise awareness, and encourage blood lead screening
- Uses trained, in-home service providers
- Helps families overcome barriers and complete a do-it-yourself test kit for lead dust in the home
- Kit includes three lead dust wipe samples, two from floors and one for a windowsill
- Supplements Maine CDC’s broader efforts to promote non-facilitated lead dust testing:
  - Annual targeted mailing mailed directly to families with 1-year-olds
  - Website
  - Brochures distributed by health care providers and community organizations

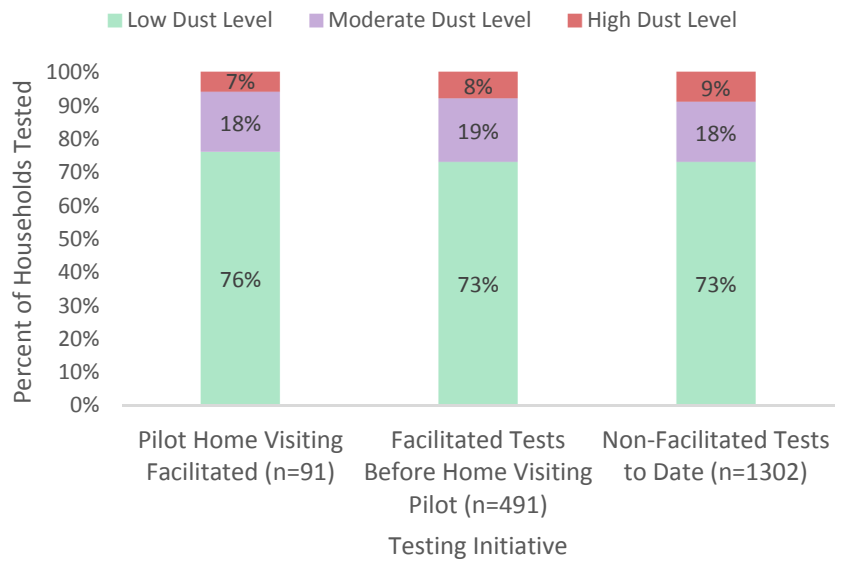
**What did we learn during the pilot?**

1. Most of the lead dust tests were done in areas at high-risk for childhood lead poisoning, and by agencies that had prior experience with lead dust testing.
  - 60% of tests were done in the high-risk areas of Lewiston/Auburn, Biddeford/Saco, and Portland
  - No tests done in the high-risk areas of Augusta and Bangor

County	Number of Tests Completed
Androscoggin	25
York	25
Cumberland	20
Kennebec	7
Aroostook	4
Penobscot	3
Sagadahoc	2
Hancock	1
Oxford	1
Somerset	1
Waldo	1
Washington	1
Franklin	0
Knox	0
Lincoln	0
Piscataquis	0

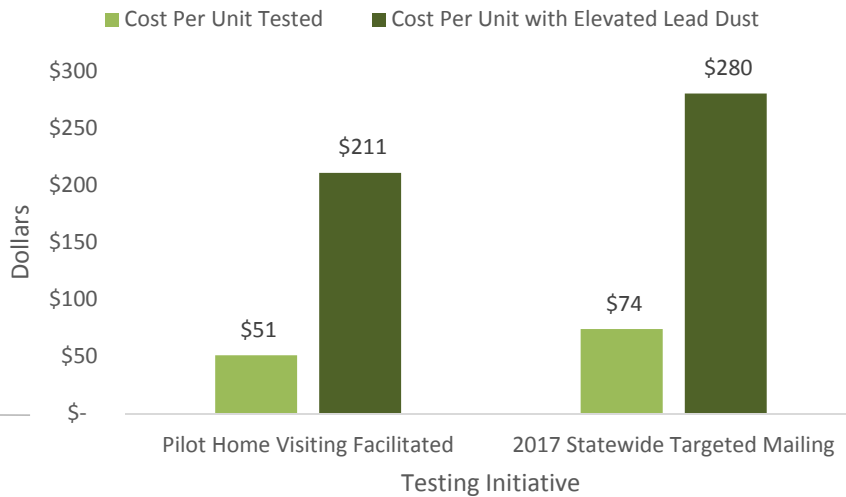
2. Facilitated lead dust testing through home visitors finds homes with lead dust problems consistent with the Department’s other lead dust testing initiatives.

- 80% of tests completed were done in rental units compared to 40% of tests done through the targeted mailing.



3. Facilitated lead dust testing through home visitors is as cost efficient as the Department’s other lead dust testing initiatives as a means to identify lead dust.

- Direct costs for pilot were laboratory analysis (\$51 per test kit); Direct costs for targeted mailing include printing, postage, and laboratory analysis



4. The number of facilitated lead dust tests completed was lower than expected due to concurrent changes to home visiting program requirements.

- New Home Visiting data system and performance measures were competing priorities.
- Anecdotal reports from home visiting agencies also indicate that some families refused testing over concerns it would result in eviction or other landlord retaliation; underscores connection between lead poisoning, poverty, and housing quality and some families may feel they have to choose between finding out if they have lead dust in their home or risking a crisis or major disruption in their housing.

**Conclusions and Path Forward**

- Partnership with Maine Families Home Visiting is feasible and cost-efficient relative to other Maine CDC lead dust testing initiatives
- Supplements Maine CDC’s other lead dust testing initiatives; reaches different, at-risk population
- Maine CDC recommends continuing the pilot with double the testing volume and broader geographic reach
- Expand evaluation to assess effectiveness of the program in preventing lead exposures and encouraging blood lead testing for children at-risk for lead poisoning.