

**Lead Poisoning Prevention Fund
Advisory Board Meeting
January 22, 2016 • 9:00 AM – 11:00 AM
Maine Health Access Foundation
150 Capital Street, Augusta, Maine**



Meeting Notes

Board Members Present: Barbara Leonard (Chair), MaryAnn Amrich, Peter Doran, Michele Polascek, Syd Sewall, Kala Ladenheim (Prospective Member); **Absent:** Gail Lombardi; **Maine CDC Staff:** Karyn Butts, Eric Frohmberg, Andrew Smith; **Maine State Housing Authority Staff:** Daniel Drost; **Maine DEP Staff:** Jamie Tansey

I. Introductions, Meeting Overview, and Objectives

Barbara Leonard, Chair of the Lead Poisoning Prevention Fund Advisory Board, welcomed the group to the meeting and led introductions, noting the presence of Kala Ladenheim, who attended the meeting as a prospective board member. Barbara also reviewed the three objectives of the meeting: 1) decide on board meeting scheduling; 2) develop understanding of new surveillance measures and analyses in order to inform the strategic allocation of prevention funding; and, 3) gather input and guidance on future direction of community-based lead poisoning prevention activities supported by the LPPF.

II. Summary of Board Member Individual Feedback

Karyn Butts, Health Communication and Community Outreach Specialist for the LPPF, summarized the individual discussions held with board members in January 2016. The purpose of these discussions was to: 1) to determine if there are adjustments we should consider making to how the LPPF Advisory Board functions in order to make the most of board members' time and expertise; and, 2) confirm that current members would like to continue to serve on the board. A summary of the discussions is appended at the end of this document. Based on suggestions made during these individual conversations, the Board discussed the following.

- The Board reviewed its statutory responsibility to review and advise on the allocation of funds from the Lead Poisoning Prevention Fund, and was reminded that the Board uses an informal consensus approach to fulfill this responsibility.
- The Board agreed to resume a quarterly meeting schedule to the extent this is feasible given staff time. The Board suggested scheduling meetings for the year ahead and using scheduling polls to confirm availability as meeting dates approach.
 - Action Item: Karyn Butts to develop potential meeting schedule and circulate to the Board for approval.

Finally, the Board welcomed Kala Ladenheim, PhD, who attended the meeting as a prospective board member. Karyn explained that the Maine CDC was in the process of formally inviting Dr. Ladenheim to join the board, and working with current Board members to identify other potential members. The reason: to expand the breadth of expertise on the Board to match the emerging recognition that lead poisoning is as much a housing issue as it is a public health issue, and build additional depth of expertise to guard against future turnover among current members.

III. Data Update

Andy Smith, State Toxicologist and Maine CDC's Director of Environmental and Occupational Health Programs, gave a presentation on the new childhood lead poisoning surveillance measure currently under development by the Maine CDC. The measure is a response to Maine's newly adopted statutory definition of lead poisoning. The definition lowers the blood lead threshold considered lead poisoning to

a confirmed blood lead level equal to or greater than 5 micrograms lead per deciliter of blood (≥ 5 ug/dL). The following represent the major points covered in the presentation.

- Maine CDC's current surveillance measure is based on confirmed blood lead levels of ≥ 10 ug/dL. Until recently, Maine CDC's guidance to health care providers was to only conduct confirmatory venous blood lead testing for children with blood lead levels ≥ 10 ug/dL. Capillary blood lead test results are considered unconfirmed due to the increased potential and occurrence of sample contamination from lead on the child's finger. Venous blood lead levels are considered confirmed.
- In early 2015, Maine CDC issued new guidance for healthcare providers to confirm all capillary blood lead levels 5-9 ug/dL with a venous blood lead test. Currently only about 30% of children who have a capillary blood lead level of 5-9 ug/dL are getting a confirmatory venous test.
- Until providers more fully implement the new guidance, we cannot directly measure the number of children with blood lead levels ≥ 5 ug/dL.
- But, we would like to have a single surveillance measure that corresponds to the legal definition of lead poisoning and avoids confusion about unconfirmed and confirmed blood lead levels.
- The solution: Maine CDC's Environmental Public Health Tracking and Childhood Lead Poisoning Prevention Programs are developing a measure to estimate the number of children with a confirmed blood lead level ≥ 5 ug/dL. The estimate is derived by summing the number of children with a confirmed blood lead level ≥ 5 ug/dL, with the number of children who have unconfirmed blood lead levels ≥ 5 ug/dL multiplied by the percentage of children with a capillary test of ≥ 5 ug/dL that end up having a venous blood lead level of ≥ 5 ug/dL. Currently, of the 116 children that have had a capillary blood lead level ≥ 5 ug/dL and a confirmatory venous test, 44% end up having a venous blood lead level ≥ 5 ug/dL. As more data become available, program staff will monitor the estimation factor and adjust it as appropriate.
- Using a lower blood lead level for surveillance means that there is a lot more data to work with. Preliminary data show that there are an estimated 2,800 children with a blood lead level ≥ 5 ug/dL for the years 2010-2014, compared to 437 children with a blood lead level ≥ 10 ug/dL.
- With the additional data, Maine CDC's surveillance data products will have a lot more information and provide enough data in enough towns to produce data for many more towns than was previously possible.
- With the new data, Maine CDC is also reviewing what is considered a high-risk area for childhood lead poisoning and how these new data may influence how LPPF funds are distributed to communities for lead poisoning prevention activities.
- Maine CDC expects to make the new measure and town-level data available on the Maine Tracking Network in the next couple of months.

Following the presentation, the Board provided feedback on the new estimated surveillance measure. There was general support for using the measure and concurrence that the rationale and methods are appropriate and sensible. The Board advised program staff to be very transparent about how the estimated measure is being calculated and to think carefully about when the estimation factor would be updated and how that would be messaged.

IV. Approaches for Community-based Lead Poisoning Prevention

Next, the Board discussed how to move forward with community-based lead poisoning prevention efforts funded by the LPPF. Karyn Butts presented background information to inform the discussion, including the following points.

- The funding landscape for childhood lead poisoning prevention efforts in Maine has changed, especially because of a) the lack of federal grant funding for core lead poisoning prevention activities such as epidemiological surveillance and program management; b) lower revenue from the LPPF paint fee since the 2008 recession; and c) use of LPPF surplus monies over time to maintain flat spending levels on prevention activities.
- As a result of these changes to resources, in the current fiscal year, there was a major curtailment of funds available for community-based activities funded by the LPPF. Maine CDC funded community-based work in four high-risk areas only, discontinuing contracts for activities in all other communities.
- In addition, for the first time, Maine CDC is being required to award contracts for the LPPF funded lead poisoning prevention community partners through a competitive procurement process (i.e., through a request for proposals process).
- Maine CDC is also interested in growing community ownership of lead poisoning prevention, similar to local efforts adopted by the cities of Lewiston and Auburn over the past couple of years.
- And, with the new data presented by Andy Smith earlier in the meeting, Maine CDC must decide what it considers areas at high-risk for childhood lead poisoning.
- Karyn also reviewed the community-based strategy and activities of the LPPF funded community partners over the last five years, and reminded the Board of the drops in lead poisoning rates seen over this same time period in the high-risk areas.

With this background, the group held a discussion of two key questions: 1) Where should we be funding community-based activities, and 2) What community-based activities should we be supporting? The following summarizes the Board's input and recommendations generated during the discussion.

- The Board agrees that LPPF funds should continue to be focused in areas at highest risk for childhood lead poisoning.
- The Board recognized the need to address what looks like a concentration of children with lead poisoning in towns along the upper Kennebec River valley such as Skowhegan, Madison, Waterville, and Augusta. The Board recommended that Maine CDC staff explore building a coalition of organizations and funders in the area to develop a regional strategy for lead poisoning prevention. The Board suggested that program staff work on building connections and developing a strategy in the area over the next one to two years. Board members brainstormed possible organizations and individuals in the area to enlist in these exploratory conversations, including the following: the two HMPs in the area which are both associated with hospitals, New Balance Foundation, KVCAP, HealthReach, Council of Governments, Alford Foundation, Boys & Girls Club, Colby College.
- The Board also agreed that Maine CDC should include building local ownership of lead poisoning prevention in future contracts for community-based lead poisoning prevention activities.
- The Board did not object to making major changes to the structure of the community-based contracts, provided that a new strategy is evidence-based.
- The Board suggested that the next round of community contracts be limited to a two-year project period.
- Finally, the Board agreed to review program staff's plan for a Request for Proposals at the next Board meeting.

V. Next Meeting & Adjournment

The board agreed to meet again in a few months to discuss the next budget cycle, as well as the Maine CDC's plan for community-based lead poisoning prevention.

LPPF Board Phone Calls Summary

January 2016

Purpose: 1) to determine if there are adjustments we should consider making to how the LPPF Advisory Board functions in order to make the most of board members' time and expertise; 2) confirm that current members would like to continue to serve on the board

Process: Phone conversations occurred on January 13 with three board members. Two board members did not provide feedback due to scheduling conflicts. Conversations were facilitated by the board chair and program staff and were 20 to 30 minutes in duration.

Topics Discussed with Each Member (*Chair discussed in 1:1 situation.)

- General thoughts about serving on the board and the board's function
- Current Board Capacity/Expertise
- Meeting Frequency
- Meeting Format
- Engagement Between Meetings
- Other Feedback or Suggestions for Staff*
- Continue Service?*

Summary of Feedback:

1. There is a high level of satisfaction with service on the board.
 - Time is well spent.
 - Meetings are functional, purposeful and productive.
 - The board is presented with specific questions which allow the board to provide suggestions and contribute to an overall feeling that the Board's input and time is valued by program staff.
2. There is a high level of satisfaction with the meeting format (ie, presentation from staff followed by discussion).
 - Board members appreciate staff efforts to put together helpful information and present it in thoughtful ways to foster good understanding and decision-making.
3. Participants agreed that the board should convene at least quarterly.
 - Board members were very aware that meetings have occurred less frequently in the last year or two, and were understanding of reasons for longer intervals.
 - However, longer intervals between meetings leave members feeling like they spend too much time and effort catching up when the board meets.
4. Participants agreed that it would be useful to have more information prior to meetings to help board members prepare, and updates in between meetings should occur if there are major changes or events.
5. Among those who provided feedback, there was not a strong consensus on whether or not the current board capacity and expertise should be expanded.
 - In general, participants feel that we have a good level of depth and breadth.
 - There was some interest in expanding the group. Housing expert, CAP agency staff, landlord, or someone who lives in the high-risk areas were identified as the type of individuals who may offer value to the board.
 - Board members agreed to think more about the board's capacity and expertise and share thoughts.

Other points brought up during phone calls:

1. It may be a good time to review and clarify the board's statutory responsibilities.
2. Staff should consider publishing and/or presenting the story of the Lead Poisoning Prevention Fund and its progress and accomplishments to date.
3. In general, we should continue to look carefully at the data and assess where needs are.
4. There was recognition that there have been, and continue to be, hurdles (i.e., staff capacity) that impede progress and sustainability.