Meeting Notes

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

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 that Kala Ladenheim has joined the board. Barbara also reviewed the objectives of the meeting: 1) update board members on implementation of changes to the Lead Poisoning Control Act; 2) gather input and guidance on plan for implementing community-based and statewide prevention activities and proposed budget.

II. Implementing Changes to the Lead Poisoning Control Act
Eric Frohmberg, Supervisor of the Maine CDC’s Childhood Lead Poisoning Prevention Unit, summarized progress that the Maine CDC has made in implementing the changes to the Lead Poisoning Control Act made by the 127th Legislature (i.e., changing Maine’s definition of lead poisoning to align with the national pediatric blood lead reference value which is currently 5 ug/dL). These changes are expected to result in a major increase in the number of lead poisoned children and, consequently, the number of environmental investigations and other case management services needed for those children and their families. Eric provided the following updates.

- **New Staff:** The Maine CDC in the process of hiring staff to fill five Environmental Specialist positions. These positions will provide case management services for children identified with blood lead levels ≥ 5 ug/dL.
- **Rulemaking:** The Maine CDC has drafted rules associated with the changes to the Lead Poisoning Control Act. The public comment period for the draft rules closed on May 9. Maine CDC is preparing responses to public comments and anticipates the final rules being adopted in the next three to four months.
- **RFP for Environmental Lead Investigations:** The Maine CDC published a request for proposals (RFP) for the expected increase in environmental lead investigations associated with Maine’s new, lower definition of lead poisoning. Proposals are due at the end of June.
- **Program Changes:** The Maine CDC is working through updating case management procedures and protocols in anticipation of the increase in lead poisoning cases.
- **Abatement Contractor Capacity:** The Maine CDC is also monitoring the number of licensed abatement contractors currently operating in Maine due to concerns that there are not enough contractors to meet the anticipated increase in demand for these services.
- **Blood Lead Level Confirmation Rates:** The Maine CDC has been actively reaching out to providers to encourage better compliance with Maine CDC pediatric blood lead testing confirmation guidelines for capillary blood lead tests ≥ 5 ug/dL.
III. New Lead Poisoning Data on the Maine Tracking Network
Karyn Butts presented a demonstration of the impending major updates to the lead poisoning content found in the Maine Tracking Network, the Maine CDC’s interactive data portal for environmental public health data (data.mainepublichealth.gov/tracking). The updates are scheduled to be completed by the end of May, in time to be used by bidders in response to the community partner request for proposals process that will occur this summer. The updated content includes:

- New town-level data for blood lead, screening, and risk factor measures
- A new measure to describe the estimated number and percentage of children with a blood lead level > 5 ug/dL
- A re-organization of the lead poisoning topics to be more intuitive to users
- Updated census block group maps for the high-risk areas

The board offered suggestions for future development within the data portal, including: expanding table displays for lead poisoning measures to include a column for population estimates; presenting county aggregations excluding the high-risk areas; and thinking about how electronic medical records affect provider screening practices and if there was a way to present this information to complement the screening data in the portal.

IV. Discussion: Prevention Activities and Budget
Next, the Board discussed, provided guidance about, and approved by consensus the following staff recommendations concerning prevention activities supported by the LPPF and the corresponding FY17 budget implications.

- **Community-based prevention activities**
  - LPPF funds will continue to be used to support prevention activities in areas with greatest burden of lead poisoning and will be distributed to communities through competitively awarded contracts.
  - Maine CDC will conduct a competitive request for proposals (RFP) process in July-September 2016, with new contracts in place by January 1, 2017.
  - The community contracts cycle will be moved from the state fiscal year (July-June) to the calendar year to better align with the LPPF revenue collection cycle (paint fees are collected March-April).
  - Prevention activities included in the new community contracts will largely remain the same, and will be focused on using mass and small media and interpersonal channels aimed at parents and property owners. Changes to activities include: 1) partners will no longer conduct facilitated lead dust testing; 2) partners will be required to engage in local capacity building activities that support the adoption of local lead poisoning prevention policies and increase local stakeholder awareness.
  - The new contracts will also include outcome targets for reducing the percentages of children with blood lead levels > 5 ug/dL.

- **Home lead dust testing**
  - Maine CDC will continue to offer free lead dust testing to families with children at-risk for lead poisoning, but all home lead dust testing initiatives will be run by the Maine CDC.
  - Maine CDC is developing a partnership with Maine Families, Maine’s home visiting program for pregnant women and infants, to have home visitors conduct statewide facilitated lead dust testing. Maine Families will pilot an effort to conduct 250 facilitated lead dust tests in FY17.
• **Statewide prevention activities**
  - Maine CDC will continue its annual targeted mailing to parents of 1-year-olds offering free home lead dust testing. Results of the mailing have been consistent over time and the mailing continues to be an efficient method for reaching parents statewide.
  - Maine CDC will pilot some paid social media advertisements aimed at young parents and do-it-yourself homeowners with the goal of increasing information-seeking behaviors and lead dust testing.
  - Maine DEP will continue to operate the Lead-Safe Housing Registry.

The board also reviewed and approved by consensus the following: 1) the staffing plan and related expenditures; 2) the reduction in spending on environmental investigations associated with lead poisoning cases due to the availability of other state funds for this purpose; and, 3) plans to work with the Maine CDC Immunization Program over the next year to develop a scope of work and requirements for building functionality within the Maine CDC’s electronic immunization registry to communicate blood lead test results between providers and the Maine CDC.

Finally, the board discussed budget projections for FY18, noting that there are several variables that could have significant impacts on the budget, including: 1) the collection of enforcement fines for violations of the Lead Poisoning Control Act which would result in increased revenue that would be used to offset increased costs associated with enforcement actions; 2) an expected funding opportunity announcement for a federal lead poisoning prevention grant which may allow Maine CDC to shift some personnel and epidemiological support costs from the LPPF to the grant should Maine CDC receive a grant; and, 3) the currently unknown costs of implementing an informatics solution through the Maine CDC immunization registry.

V. **Next Meeting & Adjournment**
The board agreed to meet again in October to review progress made on awarding community contracts and other statewide prevention initiatives.