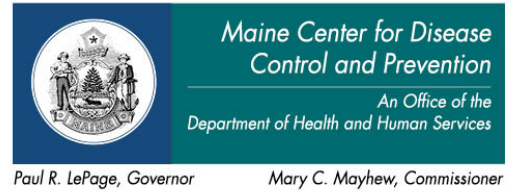


**Lead Poisoning Prevention Fund
Advisory Board Meeting
October 16, 2015 • 9:00 AM – 11:00 AM
Maine Health Access Foundation
150 Capital Street, Augusta, Maine**



Meeting Notes

Board Members Present: Barbara Leonard (Chair), Gail Lombardi, Syd Sewall; **Absent:** MaryAnn Amrich, Peter Doran, Michele Polascek; **Maine CDC Staff:** Karyn Butts, Eric Frohberg, Andrew Smith; **Maine State Housing Authority Staff:** Daniel Brennan, Megan McDonough; **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 new partner agency staff participation from Dan Brennan of Maine State Housing Authority and Jamie Tansey of the Maine Department of Environmental Protection.

Andy Smith, State Toxicologist and Maine CDC’s Director of Environmental and Occupational Health Programs, provided an overview of the meeting, explaining that when the Board last met in April 2015, there were several uncertainties that when resolved could have a major impact on lead poisoning prevention activities in Maine. Andy explained that while some of those uncertainties had been resolved since April, there were now other uncertainties and opportunities to discuss with the board. Andy presented the diagram below, showing the interconnectedness of the many moving parts currently influencing the Lead Poisoning Prevention Fund activities. Andy also explained that the purpose of the present meeting was to give the Board updates on these moving parts in order to get the Board’s input on how to move forward with activities supported by the Lead Poisoning Prevention Fund.



II. Updates on the Ever-Changing Landscape of Lead Poisoning Prevention in Maine

a. Outcomes from the Legislative Session

Andy Smith summarized changes to the Lead Poisoning Control Act that came out of the 127th Legislature's first session. As part of this summary, and to give some context for the statute changes, Andy reminded the group that there is no safe level of exposure to lead and that even very low blood lead levels can negatively impact children's ability to learn and their academic performance. Andy then explained the Legislature's changes to the Lead Poisoning Control Act as follows.

- The definition of lead poisoning (i.e., blood lead threshold) was changed to align with the pediatric blood lead reference level set by the U.S. Centers for Disease Control and Prevention (CDC). The reference level adopted by the U.S. CDC is the 97.5th percentile of blood lead levels in children in the U.S. as measured by a national health survey.
- This means that Maine now has a lower threshold for what is considered a lead poisoned child. Prior to the 2015 amendments, a child was considered lead poisoned, for the purposes of Maine CDC regulatory activity, with a confirmed blood lead level of ≥ 15 ug/dL or a persistent (i.e., measured with two consecutive tests, at least 60 days apart) blood lead level of 10-14 ug/dL. With the amended law, and once rule-making is completed, a child under six years of age will be considered lead poisoned with a blood lead level of ≥ 5 ug/dL. If the U.S. CDC, during their periodic review, find that the 97.5th percentile of blood lead levels in U.S. children has changed, Maine's definition will also change. The U.S. CDC will review the reference level every four years; the next review is scheduled to occur in 2016 or 2017.
- The law was also amended to allow Maine CDC/DHHS to impose administrative fines of up to \$500 for violations of the Lead Poisoning Control Act, with each day a violation continues constituting a separate offense.

After explaining the changes to the statute, Andy explained some of the impacts of these changes, as well as the implementation process, covering the following major points.

- This change in definition will result in a five-fold increase in the number of children identified with lead poisoning each year, which in turn could result in a nine-fold increase in the number of environmental investigations that the Maine CDC conducts each year.
- Implementation will require many months to: 1) establish new staff positions, as well as recruit and train new personnel; 2) go through the administrative rule-making process to establish rules and regulations pertaining to the provisions in the law; 3) go through a request for proposals process to obtain services to conduct additional environmental inspections; and, 4) allow contractors to build up capacity to handle increases in the number of inspections.
- As a result of the effort needed to implement these changes, as well as chronic staffing shortages for current positions in the lead program, Andy has shifted staffing responsibilities as follows: 1) Eric Frohberg will manage all case management services provided by the lead program, including the implementation of the new law; 2) Karyn Butts will assume responsibility for the management of, and activities supported by, the Lead Poisoning Prevention Fund; and, 3) Andy will manage the epidemiological data needs and surveillance activities needed to support the case management, primary prevention, and evaluation activities.

Following these updates, the group discussed progress made in implementing the new blood lead testing confirmation and follow-up guidelines (i.e., confirming all blood lead tests ≥ 5 ug/dL) issued

by Maine CDC in early 2015. Maine CDC staff informed the group that confirmation of blood lead levels of 5-9 ug/dL is low and that staff will be initiating reminders to providers about the new guidelines over the next few months. Maine CDC staff also informed the group that there is growing use of in-office capillary blood lead testing and analysis devices (LeadCareII) among provider offices which is increasing Maine CDC staff data entry volume because these in-office testing results are received by fax.

The Board discussed feasibility and resources needed to use Maine's immunization registry (IMMPACT) for blood lead testing management. For example, Maine CDC staff could enter blood lead test results into IMMPACT which would then allow providers easier access to results and potentially improve their ability to track patients' follow-up testing needs. Maine CDC could also build a reporting query that would allow Maine CDC and providers to track each practice's overall confirmation rates. Further, providers could potentially use IMMPACT to enter blood lead results from in-office testing, which would allow Maine CDC staff to receive results electronically and reduce need for the manual data entry. The Board and staff present agreed to think about potential resources that could be used to develop IMMPACT to support and improve blood lead testing services.

b. Lewiston and Auburn Lead Poisoning Prevention Activities

Eric Frohberg, Manager of the Maine CDC Childhood Lead Poisoning Prevention Program, updated the board on developments related to burgeoning lead poisoning prevention efforts in Lewiston-Auburn. Major points covered included the following.

- The Green and Healthy Homes Initiative (GHHI) has established an outcome broker to help coordinate activities and interests of the various organizations and agencies working on lead poisoning prevention in Lewiston-Auburn. GHHI is also working on an asset mapping process and work plan for moving the local lead poisoning prevention initiatives forward.
- Pine Tree Legal through its Kids Legal team has begun working with tenants in Lewiston-Auburn to provide assistance on housing issues, including facilitated lead dust testing services, taking property owners to court, and enforcing the posting of buildings where there are known lead hazards.

c. Lead Hazard Control Grants

Next, Eric Frohberg updated the Board on the status of funding coming into Maine from the U.S. Department of Housing and Urban Development through the Lead Hazard Control Grant (LHCG) program. These funds assist landlords who rent to low-income tenants with the costs of lead hazard abatements. Eric informed the Board that currently there are no statewide LHCG funds available. Maine State Housing Authority (MSHA) will apply for a statewide LHCG in the 2016 funding cycle; in the meantime, starting in January 2016, MSHA will make \$350,000 available to support lead hazard control activities statewide.

The only LHCG funding currently in Maine is being run by the City of Lewiston and is restricted to units located in the cities of Lewiston and Auburn. The LHCG is also funding a code enforcement officer to increase coordination between the cities' code and housing offices. At present, the cities have enrolled about 100 units in the LHCG; one-third of these units have lead abatement orders.

Eric also discussed how since the deadly fire in the multi-family building in Portland last year, and the destructive fires in Lewiston two years ago, there has been increasing interest among municipalities in initiatives to address housing safety locally. Eric referred the group to the press

clippings provided as handouts (see appendix) during the meeting that illustrate this growing interest in Portland, Bangor, and Augusta, among other cities and towns in Maine. Eric informed the group that he has been working with the LPPF funded partner in Bangor to encourage the fire department to include visual inspection for chipping and peeling paint during their housing safety inspection process. Eric will conduct visual inspection trainings for fire department personnel and develop a referral process when potential lead hazards are identified. Similarly, the lead program has reached out to its LPPF partner in Portland to find a way to work with Portland’s new housing department to make sure lead poisoning is part of the housing safety inspection process in the city.

The group discussed this apparent moment of opportunity to focus attention on lead poisoning issues as cities and towns are paying closer attention to the condition of the rental housing within their areas. There was consensus among present Board members that this was an important and appropriate lead poisoning prevention avenue to explore, and staff were encouraged to explore connections with development plans underway in downtown Waterville.

d. Community Partners, Uncertainties, and Opportunities

After reviewing the data-driven strategy used to identify where to focus LPPF community-based prevention activities, Karyn Butts, Health Communication and Community Outreach Specialist, provided an update on the current status of community partners. Karyn informed the Board that staff executed fiscal year 2016 contracts with four community partners serving four lead poisoning high-risk areas (note: Sanford is no longer considered a high-risk area) and suspended all other contracts for community-based services pending the resolution of budget considerations and availability of additional funding for these contracts. Karyn reminded the Board that this decision was made following the consensus suggestion the Board offered at their April 2015 meeting.

With this decision made, Karyn presented the comparison information in the table below, showing the difference in the current funding structure to the past.

| Fiscal Years 2009-2015 | Fiscal Year 2016 |
|--|--|
| ~\$300,000 total annual contracts | \$110,000 total contracts |
| 22 Community Partners -5 High-Risk Areas -4 Second Tier Areas -8 Public Health Districts -22 Local Service Areas | 4 Community Partners - 4 High-Risk Areas (no Sanford) |

Karyn also gave the following updates related to the LPPF Community Partners.

- Three out of the four high-risk area community partners experienced staff turnover in the positions doing lead poisoning prevention work. This has resulted in the need to hire and train new staff during the first quarter of SFY16. At the time of the meeting, one position had been filled recently, and two remained vacant but the partners were in the process of completing the interview and hiring process.
- Because of the change in the structure of the LPPF community partner contracts, in SFY17, Maine CDC will be required to competitively award contracts. This means that staff will be developing a request for proposals that will be open to any entity interested in responding.

III. Discussion

Karyn Butts provided a brief overview of the SFY16 LPPF budget, breaking down the total budget by statutory categories shown in a handout given to meeting participants and appended to these notes, and by prevention type (i.e, primary vs secondary), and making comparisons to prior year spending.

Due to meeting time constraints, the Board agreed to table further discussion of the budget and LPPF funded activities until the January meeting in order to have a majority of Board members present and allow for sufficient time for discussion.

IV. Next Meeting & Adjournment

The board agreed to meet again in January 2016, and made the following recommendations:

- Staff should convene an online meeting for Board members unable to attend today's meeting to share the information presented today.
- Staff should send the Board periodic updates between meetings to keep the Board members engaged and save time spent on informational and program updates during meetings.
- The next meeting's agenda should focus on finding consensus on current and future budget and work plan considerations, as well as a discussion of additional Board expertise and capacity needed to address emerging issues and new avenues of activities.

Action Items:

- Karyn Butts will schedule an interim update for Board members unable to make today's meeting.
- Karyn Butts will conduct a poll to schedule a Board meeting in January, and will work with Chair Barbara Leonard to develop and circulate an agenda.
- Maine CDC staff will circulate via email periodic updates for Board members.