



## Ad Hoc Lead Advisory Committee and Healthy Homes Outreach Task Force November 20, 2015 Quarterly Meeting – Summary Notes

### Summary:

On Friday, November 20, 2015, fifteen members of the task force met, in-person and over the phone, to provide program updates, learn about emerging sources of lead exposure from Christy Klaus, REHS, Lead Program Coordinator with Wake County Environmental Services, and discuss follow-up for children with BLLs of 5-9 ug/dL. Research Associate Megan Hoert Hughes in the UNC IE Environmental Resource Program coordinates meetings of the task force and these quarterly meetings are supported by funding from NC CLPPP through the Centers for Disease Control and Prevention (1UEIEH001276-1).

### Local Updates:

#### Sherry Rathod, City of Charlotte

- HUD Grant, meetings with police department presented LeadSafe Program to 80 attendees at CM Police Dept. Housing Registry Meeting.
- Working with Head Start (100 parents who attended fall health fair). Also presented at 5 Head Start parent meetings with Safe Kids-Protecting Children in Your Home.
- Conducted 10 orientations for new tenants of city housing.
- Third year with HUD grant; cleared 90 homes (over past 3 year); 93 with no lead; 53 in progress (14 homes under construction)

#### Doris Hogan, Forsyth County

- Joined up with Safe Kids NW Piedmont to talk about lead (attending their events such as car seat installation at the local bike rodeo and health fairs); 75 people attended last event
- Blast Back – Blast Fax to all the Pediatrician offices reminding them of the Local CLPPP rules, how BLLs round up or down to the nearest whole number and what levels are required to be reported. Also included a copy of the FC Followup testing schedule.
- New CDC public health associate will work with the health department for the next two years; going to work on lead, reach out to practices, assist with health fairs, conduct the education for children with BLLs of 5-7  $\mu\text{g}/\text{dL}$
- Working on “branding” – came up with Forsyth Lead Poisoning Logo; will share with group
- Neasha shared that they had a good experience with Kelly Jensen McAleer who was also a CDC associate
- 20 lead investigations for this year

#### Nellie Benitez, Elizabeth Fridley, Chatham County Health Department

- Continuing to do home visits and provider visits, lead investigations
- David Brown just helped them with an investigation

### **Lenora Smith, Reinvestment Partners**

- Continuing to teach RRP classes, with an average of 5-6 in each class; maximum of 10
- Working on strategy to get contractors and small businesses to work within the parameters of the RRP law
- Completed asbestos training (took supervisor training at Greenville Tech in Greenville, SC and AHERA asbestos certification training for inspectors at UNC Chapel Hill); Chapel Hill version was easiest to follow but both instructors were adequate
- Spearheaded effort for town to adopt a resolution so that contractors are required to have RRP permit
- When asked about Section 8 housing annual evaluation and whether it includes lead dust, Lenora replied that it does not.

### **Jan Jackson, Durham Health Department**

- Presence at Center Fest (2 day event) and Latino Fest through Parks & Rec; passed out literature about lead and healthy homes
- Attended Clinical Lead Training Oct 22-23; colleague Lakieta Sanders (health educator) presented at event

### **Lorisa Seibel, Reinvestment Partners**

- One environmental assessment with David Brown for Afghan refugee family with all 5 children with BLLs of 5-9. Lead in Afghan Tea, Turmeric, Chili, & Brass keys.
- 5 Lead Poisoning Prevention environmental assessments for families referred by Durham Connects. Lead sampling by Lenora Smith found hazards on porch floor & windows. Mailed RRP information to owner of 1915 house under renovation next door.
- Working with health providers at Duke, Lincoln & Health Department to follow-up with families with 60 children with BLLs of 5-9.
- 10 families referred by Durham Connects contacted for healthy homes visits. (5 done & scheduled).
- Trained Durham Connects Nurses who offer Lead & Healthy Home visits to every family of a newborn in Durham County.
- Applied for grant from Duke University Medical Center to do dust sampling
- Applied for grant from Duke University Medical Center to do dust sampling for any children with BLLs of 5-9.
- Provided Healthy Homes education for 17 home buyers in monthly home buyer classes.
- Coordinating large training at Lincoln Community Health Center; scheduled to be taught in new year.
- Conducted Oct 17 outreach with 15 "You Can Vote" volunteers; 10 people registered to vote, 7 people were interested in housing, 3 needed housing interventions immediately.

### **Barbara Donadio, Duke Children's Primary Care**

- Working on addressing education for 5-9µg/dL lead levels
- Her role in the practice is to make sure that physicians understand screening and follow-up protocol; have some info imbedded in Electronic Medical Records but also use handouts from manual
- Recent case: Child with a venous 7 BLL, previous exposure in an older home in Durham County; left dwelling and moved to Hillsborough

### **Debra Yarbrough, Craven County Health Department (\*did not attend but provided update)**

- Craven County received a \$5000 grant from the local hospital for their Environmental Asthma Trigger program. It will provide environmental trigger interventions to patients enrolled in the program.

## State Updates:

### DHHS Team (Ed Norman, Tena Hand, Kim Gaetz, David Brown)

- Childcare sanitation policy has been updated
- **Regional educational meetings** were held in Kinston (Lenoir County) on October 6th and Greensboro (Guilford County) on November 19th.
- The **Child Care State of Practice (SOP)** was held September 9-11 at Robeson Community College in Lumberton NC. The Lead State of Practice included hands-on investigation/sample collection training at a house owned by the local health department in Randolph County. The workshop also included hands-on exercises in NCLEAD, the statewide web-based surveillance system for Childhood Lead.
- The **Clinical Lead Training** (in person and webinar) concerning childhood lead testing and follow-up recommendations was held October 22-23rd at the State Lab in Raleigh. The recorded webinar is available online at: <https://ncnutrition.adobeconnect.com/p8zojx0yjc6/> and <https://ncnutrition.adobeconnect.com/p5sh90bha7a/>.
- Kim Gaetz attended the **Environmental Justice Summit** coordinated by NC Environmental Justice Network (There was no urban representation. Presentations were all from rural communities. Nothing on lead and housing and Kim suggests some folks present next year.)
- Kim Gaetz has been working with Christy Klaus on lead in spices. One item tested recently is Nestle Cereal Lac (1-2 mg/kg) which was manufactured in Europe. Rice flour also testing high for lead. Also connected with folks in Indiana and Minnesota state programs who work with Mung refugee population. Exposure is likely from fish products (fish sauce is consumed at least once a day – fish powder mixed with water and made into a paste so it is very concentrated). Also, catching fish and drying them on the hood of cars is a way for lead to move from car paint to fish. Mecklenburg, Union, Craven, Cabarrus, Wake counties are currently testing spices.
- David Brown and Ed Norman attended the **Safe Drinking Water** conference. Working on giving new moms (in hospital packet) coupon to test drinking water for lead.
- Upcoming Children’s Environmental Health Educational Meeting on Dec 1 in Henderson County.
- Tena Hand noted that two new environmental follow-up workflows have been put into **NCLEAD** to better manage environmental follow for confirmed lead poisoning cases. Call 919-707-5933 or 5953 or 5950 for assistance.
- Kim Gaetz notes that the **Clinical Lead Training Manual updates** will be done soon. Discussion ensued about how to get this information to private clinics and health departments. Possibly disseminate through NC pediatric society because they do regular updates. They used to do a snail mail mailing; possibly a postcard. Lenora has the names and addresses of all the clinics; Tena noted that a lot of these addresses come back. Tena recommends going through associations.
- Kim Gaetz is working on contacting the new **point of care lead analyzer labs**; please contact Kim if you know of a lab who has not been contacted; Doris asked if there is a way to get a list and Kim says that she will send out a list of the ones they know of
- Ed Norman noted that Kim Gaetz worked on a **legislative report** last week; part of a continuing review of all child health programs;
- Ed Norman also noted that he is hiring for Warren Richardson’s position and is now in the interview stage.

## **Neasha Graves and Megan Hughes, UNC Institute for the Environment**

- Work study student recently cleaned up NC CLPPP email address list for providers receiving information from NC CLPPP. In the coming weeks, she will also clean up hard copy mailing addresses for provider office.
- We have participated in all of the regional meetings conducted by NC CLPPP staff and have participated in a series of lead talks since September sponsored by the environmental health districts of local health departments.
- Neasha went with Ed Norman to CDC meeting in Atlanta and presented on the success of the Task Force as a longstanding force in improving issues around lead and healthy homes in NC.
- UNC was recently asked to assist with Native American/American Indian groups for trainings on home hazards that affect human health.
- Barbara D. asked if the burden is on the consumer or the provider to get lead tested. It is on the provider to use the questionnaire and identify at risk women.

## **Presentation Notes: Emerging Issue in Lead, Christy Klaus, REHS, Lead Program Coordinator, Wake County Environmental Services (see powerpoint slides attached)**

- Getting lots of inquiries about spices; has recently worked with 3 Indian families in newer homes and 1 Jamaican family with contaminated spices; referrals came from doctors office
- Working with FDA on monitoring Indian Spices at retail store in Wake County; spices were purchased at the same retail store; Another issue is consumer products (especially spices) found in unregulated retail stores
- Recent investigations for high lead levels in some local families who are recently arrived immigrants - Indian, Cambodian, Jamaican, families who are testing high for lead
- One issue is that many developing countries still use leaded gasoline; lead gets into soils and then plants take up the metal; smelters, battery manufacturing plants also produce lead that gets into soils
- Christy's approach is to focus on the family: "Let's find the lead source so your child gets better. What do you think is the source of the lead?"
- She asks some key questions:
  - Does the child consume any herbs, vitamins, teas, supplements from other countries?
  - Did the mother consume...? Is mom still breastfeeding?
  - Do you use any ceremonial powders? (Many families have altars or worship areas in their homes.)

Here are questions Christy answered during the presentation:

- **Who is supposed to be regulating these products?** In contact with the FDA who is considering recalls.
- **What about Indian restaurants? How do we know if their spices are okay?** Restaurants are probably using spices from international stores. A lot of people are eating these spices in restaurants.
- **In your discussions with FDA, have you found out if spices are being tested in major retailers (Whole Foods, etc.)?** It is possible that these spices are tainted too. FDA has said that they are researching this.
- **How did you tell the family that they can't do Rangoli anymore?** Christy tested regular sidewalk chalk and found no lead to show the comparison. She then suggested that they use sidewalk chalk to do Rangoli as a safe alternative.

- **What main points do you make to the adults?** Risk factors include behavioral issues and IQ issues, impotence, constipation, lethargy, or no symptoms. Also inform mothers about their cumulative lead levels if breastfeeding or planning to have another child.
- **Saffron is expensive. How do you recommend to a family that they throw it away?** One family put one strand in the ice cream and one strand in the milk to flavor it. But families have been good about giving Christy the spices.
- **Questions about other candies manufactured in China.** We just don't know if some of these other products are contaminated.

**Quick discussion on broader outreach to refugee population:**

Neasha noted that we invited Center for New North Carolinians to come today but they were not able to attend. They have worked with Guilford County on lead and healthy homes in previous years. It was suggested that Jennifer Morillo at DHHS may be interested in talking to group. She reviewed part of the clinical training manual that deals with testing refugees.

**Discussion Notes: Follow-up for children with BLLs of 5-9 ug/dL**

Summary of informal poll on pregnant women and children with 5-9 BLLs: Neasha sent out online surveys to the Task Force; nc-lead contacts from Tena and Kim; the environmental health listserv (local health departments). Results included: 69 responses (49 health departments; 17 private health providers; rest are "others"); 64 said they conduct blood lead testing on kids under 6; respondents from 29 different counties. Among the interventions that they conducted, the fewest responses were nutritional assessments, environmental histories, and referrals for environmental assessments. Most responded that they: report results to parents, educate family, continue follow-up testing, test other kids in the house.

In accordance with three-year goals that NC CLPPP outlined in its original proposal to the CDC, Neasha suggested three avenues we could use to address kids who test below 10µg/dL: Policy, Surveillance, and Outreach.

David – The lower the level of BLL, the broader the community that can help with prevention. For example, using XRFs are very helpful for identifying higher surface levels. But they are not good at detecting lower levels. But other resources – nutritional guidance, for example – are useful at low levels

Kim stated that she has been talking with WIC folks; WIC was previously in follow-up protocol starting at 10; now that is being revised to have WIC referral at 5µg/dL, in accordance with CDC's new reference. Barbara – It is important to add elevated lead level to patient's record in case another WIC factor falls off.

Identified issues for providers:

- Jan – there is confusion from provider offices because they don't know what to do at these lower levels; she refers them to follow-up schedule and has to educate them; a lot of people are unclear about what "environmental assessment" means.
- Loris – providers need several things: definition of environmental assessment, someone they can refer people to, a form for referral, a way to report on this
- Barbara – if it is 10 or greater, we report to Jan Jackson; providers don't know what to do if lower than 10; Who do we report this to at NC LEAD?; How are we supposed to do a home assessment?
- There was some extensive discussion about nutritional assessments, particularly that providers aren't sure what the nutritional assessment is. There is a nutritional assessment in the clinical lead manual appendix – Tab F – walks provider through what the assessment is supposed to look

like. It would help for providers to have a new nutritional assessment form (similar to the environmental assessment form/questionnaire) and specific nutritional information for parents. WIC should be involved as an advisor in developing the form.

- Ed – we have lost some of our connections to local providers with the advent of NC LEAD
- Barbara – providers are inundated, esp if they don't have someone in the nurse clinician role (like Barbara); it is fine that the manual is electronic (esp for younger physicians who want everything electronic); Tena reminded everyone that NC DHHS/CLPPP has lost the nursing consultant role in the past several years.
- Doris – tried mass mailing; found they got better response by health educator visit; Blast Back is pretty good; mailings get piled up somewhere

### **Definition of environmental assessment by Advisory Committee on Childhood Lead**

**Poisoning:** The scope of an "environmental assessment" will vary based on local resources and site conditions. However, this would include at a 4 minimum a visual assessment of paint and housing conditions, but may also include testing of paint, soil, dust, and water and other 5 lead sources discussed previously, e.g., [56]. This may also include looking for exposure from imported cosmetics, folk remedies, 6 pottery, food, toys, etc. which may be more important with low level lead exposure. Page 30: [http://www.cdc.gov/nceh/lead/acclpp/final document 030712.pdf](http://www.cdc.gov/nceh/lead/acclpp/final_document_030712.pdf)

The CDC response to these recommendations is here:

[http://www.cdc.gov/nceh/lead/acclpp/cdc response lead exposure recs.pdf](http://www.cdc.gov/nceh/lead/acclpp/cdc_response_lead_exposure_recs.pdf)

Ed – Forsyth, Guilford, and Chatham have local ordinances that support assessments for kids testing under 10; he reminded everyone that it is not a federal law, just recommended best practice; if NC CLPPP could find resources to support the interventions, we would do it. NC CLPPP can't handle the workload to address kids under 10 BLLs at the state level but if local staff work on this, the state NC CLPPP staff will support them.

Tena – Health Department staff do capture the low level environmental assessments in Guilford and Forsyth;

Ed – only 3 counties have local resources; but Durham is trying to develop this kind of system so that the home assessment actually happens. Lorisa stated that using form EH 3651 is useful for the assessment.

Lorisa – people don't know what to call the 5-9 lead level; CDC calls it intervention level; other calls it the reference value; Tena says action level; Lorisa likes this so that people know they are supposed to "take action" and not just follow-up

**Action Item:** Neasha will contact programs in the coming weeks to begin the process of developing a new nutritional form and will solicit input. Please let her know if you're interested in working on this with her.

**Handouts/Resources:**

- Christy Klaus’s powerpoint (attached)  
**Please note:** The products highlighted in this presentation were collected and tested in 2015 as part of a home lead investigation, and the lead level of these items was found to exceed the Food and Drug Administration’s (FDA) recommended maximum lead level of .1ppm for candy likely to be consumed by small children. The investigator used IC Mass Spec to test the sample of this product and the results were communicated to the FDA for follow-up. Further investigation is needed to determine a broader public health implication. For more information please visit [www.fda.gov](http://www.fda.gov).
- Lorisa shared a “Beware of Lead” flyer available at <http://www.health.ny.gov/publications/6517/index.htm> ; this document is translated in multiple languages: English, Spanish, Chinese, Italian, Russian, French, Haitian Creole, Arabic, Napali, Farsi, Somali, Burmese, Karen, Pashto
- Memo To Local Health Directors and Private Medical Providers from Ed Norman, July 5, 2012: <http://ehs.ncpublichealth.com/hhccehb/cehu/lead/docs/2012-08-15UpdatedLeadTestingAndFollow-UpRecommendationsMemoAndTable.pdf>
- Links to the CDC language about environmental assessment:  
[http://www.cdc.gov/nceh/lead/acclpp/final\\_document\\_030712.pdf](http://www.cdc.gov/nceh/lead/acclpp/final_document_030712.pdf)  
[http://www.cdc.gov/nceh/lead/acclpp/cdc\\_response\\_lead\\_exposure\\_recs.pdf](http://www.cdc.gov/nceh/lead/acclpp/cdc_response_lead_exposure_recs.pdf)
- New logo from Forsyth County Lead Poisoning Prevention Program:



**Announcements:**

- Proposed next meeting date: Wed, Feb 17, 2016, 10am-1pm at 100 Europa Drive, Chapel Hill, NC

**In Person Attendees:**

David Brown	Surveillance Coordinator	DHHS - Children's Env. Health	<a href="mailto:w.david.brown@dhhs.gov">w.david.brown@dhhs.gov</a>
Barbara Donadio	RN Nurse Clinician	Duke Children’s Primary Care	<a href="mailto:Barbara.donadio@duke.edu">Barbara.donadio@duke.edu</a>
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Neasha Graves	Community Outreach and Education Manager	UNC Institute for the Environment/Center for Environmental Health and Susceptibility	<a href="mailto:neasha.graves@unc.edu">neasha.graves@unc.edu</a>
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Megan Hughes	Educator & Research Associate	UNC Institute for the Environment/Center for Environmental Health and Susceptibility	<a href="mailto:meganhughes@unc.edu">meganhughes@unc.edu</a>
Jan Jackson	Env. Health Prog Specialist	Durham Department of Public Health	<a href="mailto:jjackson@dconc.gov">jjackson@dconc.gov</a>
Christy Klaus	Lead Program Coordinator	Wake County Environmental Services	<a href="mailto:christenklaus@wakegov.com">christenklaus@wakegov.com</a>
Ed Norman	Manager/DHHS	Division of Public Health	<a href="mailto:ed.norman@dhhs.nc.gov">ed.norman@dhhs.nc.gov</a>
Lorisa Seibel	Director of Housing Programs	Reinvestment Partners	<a href="mailto:loris@reinvestmentpartners.org">loris@reinvestmentpartners.org</a>

**On the Phone Attendees:**

Nellie Benitez	Lead Outreach Worker	Chatham Co. Public	<a href="mailto:nellie.benitez@chathamnc.org">nellie.benitez@chathamnc.org</a>
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Sherry Rathod	Lead and Outreach Coordinator	City of Charlotte	<a href="mailto:srathod@ci.charlotte.nc.us">srathod@ci.charlotte.nc.us</a>
Lenora Smith	Director	PEACH	<a href="mailto:peachlead@aol.com">peachlead@aol.com</a>