



## Summary

On Tuesday, August 18, forty lead and healthy homes professionals met via Zoom for the quarterly NC Lead and Healthy Homes Outreach Task Force meeting. Prior to the meeting, members were asked to submit their program updates on lead and healthy homes activities in an online survey. By submitting updates online, this provided for discussion time on substantive questions/topics and for a speaker in a two-hour (shortened) block of time. Research Associate, Megan Rodgers, in the UNC IE Center for Public Engagement with Science coordinates meetings of the task force. This meeting was supported by funding from the NC DHHS Childhood Lead Poisoning Prevention Program (NC CLPPP) and the National Institute of Environmental Health Sciences.

## Local & State Updates (submitted prior to meeting)

### **Chatham County Public Health Department – Elizabeth Fridley**

- Have completed 2 Community Hub events which we passed out info. No home visits.

### **Davidson County Health Department – Jill Hutchinson**

- Clearance at a school and we be going on third visit to school. Sent letter to an EBL case. Hand delivered a Maintenance Standard Plan, left at the door. Phone calls.

### **Forsyth County Department of Public Health – Doris Hogan**

- 5 total investigations (3 children, 1 daycare in plan review and 1 supplemental address), multiple clearances and Maintenance visits. 2 of the investigations for the children both had a similar exposure, lead solder on a metal and glass inlays of the coffee table. Both tables tested in the 40s with the XRF and dust levels around 1200ug.

### **Wilson County Environmental Health – Marian Robertson**

- 1 CLP investigation, a school building investigation, been in communication with a EBL prenatal case who's levels have gone down, providing information via phone/mail/email to EBL cases, one property completed remediation & passed clearance, one property in the process of trying to pass clearance, working with one property on remediation that have run into problems with the historic society

### **Duke Environmental Law and Policy Clinic – Nancy Lauer**

- We continue to work with NC Child on initiatives related to lead and housing. We are currently focused on an initiative to establish a lead housing registry for the state.

### **NC Child – Vikki Crouse**

- NC Child is continuing to lay the foundation for lowering the health standard for lead in water from 15 ppb to 5 ppb. We recently had a meeting with folks at the Division of Water Resources in an effort to get their support. We will need to connect with DEQ leadership to get the Department's endorsement for the proposal which will pave the way for the 2021 legislative session.
- NC Child is working with the Childhood Lead Poisoning Prevention Program, the UNC Institute for the Environment (Neasha and Megan) and the Duke Environmental Law and Policy Clinic to begin building a statewide housing lead-based paint safe database. Our goal is to have this database live by next summer.



**PEACH Durham – Lenora Smith & Dexter Richardson**

- Restarted the Steering Committee on August 11. The focus of the committee is to move Durham to a primary prevention city when it comes to lead exposure and children.
- Hosted PEACH Public Health Initiative Steering Committee Meeting - 27 virtual participants including community and parent advocates, State officials, NCCU, NCSU, NC State, UNC-CH Universities, and nonprofit orgs; initial task is education & outreach campaign, ultimate goal is Board of Health Rule recognizing Lead-based paint and its ancillaries as a public health issue.
- Lenora, Director, On the writing team for the Lead topic of the 2021 Durham County Community Health Assessment with W. Richardson, L. Sanders-Beck, & C. Wooten from the Durham County Health Department, under the supervision of Partnership for Healthy Durham
- Resumed teaching RRP classes in June. Class size is limited to 10, masks required, seats are 6 ft apart.
- Partnered with Cureamerica to hire Community Health Workers (CHW) to provide COVID-19 related resources to low income and marginalized residents.
- Submitted proposals to Durham Community Development Lead Hazard Control Program for the HUD Lead Hazard Control funding they received.
- Collaborating with NCCU and other community groups on COVID projects

**UNC-G Center for Housing and Community Studies – Atigre Farmer**

- Right before COVID began we reached many people doing door to door canvassing and handing out education materials. Out of that number, 53 had qualified for green cleaning kits, which we were only able to distribute 18 and plan on distributing those kits this quarter and reaching out to more residents

**NC Child Care Health and Safety Resource Center – Theresa Stenersen**

- Outreach and education to facilities regarding COVID via CCHC network.

**Children and Youth Branch, CMARC, NC DHHS – Stephanie Fisher**

- We continue to address multiple topics with monthly webinars for local health departments in lieu of our annual conference. The weekly webinar that addressed COVID-19 was recorded as technical assistance to local health departments only. CMARC services are being provided based on local protocol.

**UNC Institute for the Environment – Neasha Graves**

- Conducted asthma training for WakeMed Children's Pediatric Pulmonology
- Conducted lead training for NC DHHS Maternal Infant and Early Childhood Home Visitor Program
- Co-conducted 2 lead trainings with Reinvestment Partners for Durham volunteers and child care centers
- Scheduled healthy homes training for UNCG Center for Housing and Community Studies and Greensboro Housing Coalition staff and volunteers
- Release of healthy homes/COVID-19 resources page, <https://nhealthyhomes.com/covid-19-resources/>
- Release of interim controls/short-term measures fact sheet, [https://nhealthyhomes.com/files/2020/05/Short-term-Actions-to-Prevent-Exposure-to-Lead\\_English.pdf](https://nhealthyhomes.com/files/2020/05/Short-term-Actions-to-Prevent-Exposure-to-Lead_English.pdf)
- Re-emphasize the NC Disaster Recovery/Response Environmental Health Resources website during a busy hurricane season; <https://ie.unc.edu/cpes/disaster-response-recovery/>
- Re-emphasize archived virtual trainings; <http://nhealthyhomes.com/resources/>



### Children's Environmental Health, NC DHHS – Melanie Napier

- **Staff changes:** We said goodbye to Dr. Ann Chelminski who served as our Public Health Physician for almost four years. Ann accepted a full-time position as a medical officer with the EPA in Chapel Hill. Her last day with us was June 5<sup>th</sup>. We will miss Ann and wish her well.
- **Childhood Lead Poisoning Prevention Program Surveillance:** I sent out an email to those on the NCLEAD list-serv last week, but I'll reiterate here that during this time when COVID-19 has greatly affected your ability to conduct investigations, it would be great if you could take this as an opportunity to document any site visits, conversations, reports, 3460 and 3651 forms, and environmental sample results in NCLEAD. If you're not sure how to document any of these items, please don't hesitate to contact us. We can only get information out of the surveillance system when it is entered in. You may be getting contacted by Karima or one of us periodically about missing or incomplete items in NCLEAD.
- **CDC Grant News:** NC CLPPP applied for the one-year CDC supplement grant in April and recently received the notice of award. This one-year grant is an increase in grant funding that will allow the program to fund our entire data team, as well as partner with Chatham County Environmental Health for outreach efforts (a new collaboration), along with long-time collaborators UNC Institute for the Environment and Reinvestment Partners in Durham. That grant starts September 30.
- **EPA Grant News:** Earlier this year, NC CLPPP was awarded a two-year, \$964,000 EPA Water Infrastructure Improvements for the Nation (WIIN) Act grant to test for lead in drinking water at all licensed child care centers in the state. Since the last Task Force meeting in May, more than 1,100 centers have electronically enrolled to receive materials to test their water, EPA approved all the quality assurance plans, and sampling began end of July. NC CLPPP still intends to apply for an additional \$556,000 of WIIN grant funding to continue this project until fall 2023. With the additional funds, we will expand the initial scope of work to include voluntary water testing in elementary schools and family child care homes. We did not qualify to apply for the competitive EPA grant for water mitigation unfortunately.

### Group Discussion

#### How has COVID changed procedures in your agency to ensure safety?

- **Theresa Stenersen:** Childcare Health Consultants (CHCs) are now employed in every county; licensing is referring to CHCs a lot more b/c of the pandemic and emphasis on health and safety of children.
- **David Brown: Recently conducted an investigation with local HD environmental health specialist in Orange County.** He used measures that are part of the formal protocol of the NC DHHS CEHU.
  - Completed paperwork ahead of time, and got as much info from family as possible, family required to be out of house during investigation (protocol), sat in front yard for parent interview
  - Had hand sanitizer, used N-95 masks, had family get items they wanted to have inspected as potential sources of lead, called family when they were soon to finishing investigation
  - Weather was an issue (heat, mosquitos), didn't like being in house without family being there, didn't look into as many cupboards and cabinets as they normally would, tried to keep investigation as quick as possible for family.
  - Did not have 368 form so parent interview took longer than normal (about 45min); whole inspection took 3+ hours, including a debrief with the family at the end.
  - Wanted to work inside before going outside (worked high problematic areas first); exterior saved for last part of inspection.



**Discussion about lead investigation protocol:**

- Suggestion: Ideally the family would be present during home inspection to ask questions; if the family was going to be in the house, David would prefer they be in a separate room. Warren Richardson agreed.
- Liability issues with being in house when family not there; Warren Richardson suggested having family sign a release form that house is all in order, nothing amiss/taken
- Screening methods and forms will be completed before home inspection, as part of the protocol.
  - Stacey Robbins expressed concern that the temperature is not a very reliable screening method for COVID-19.
- Lenora Smith voiced concern that they are sending a duplicate message if they don't feel like protocol recommended by health professionals (6 ft, face masks) is sufficient enough to conduct their work and how they observe health guidelines and its effectiveness; suggests collecting data to assess effectiveness of protocol. Warren Richardson asked if this is an opportunity for educating the residents (about protection during the pandemic).
  - Ed Norman says they are taking every precaution necessary to protect family, his workers; even if that makes doing more than what the CDC recommends
  - Robert Hunt makes point that general guidelines are for retail, casual/less intimate interactions whereas the home inspections involve being in home for hours, and being around family.
  - Ed Norman: NC DHHS Children's Environmental Health is working on the protocol with the DHHS Health and Safety team; it is likely to include medical screening for the inspectors. Lenora Smith asked Ed to disseminate the protocol when it is done and if it is applicable to other agencies conducting home visits/inspections. The NC DHHS Health and Safety officer suggested that local agencies should use their own policies in accordance with their own safety protocols.

**Discussion about PPE (personal protective equipment) and professional development**

- David Brown: Issues with glasses fogging up with mask, face shield a hindrance to work (collecting samples, looking under things); felt gloves, sanitizer, and N95 were adequate to conduct work
- Ed Norman: Trying to get inspectors classified as first responders so that they can get all the PPE they need to conduct home visit, lead inspection
- NC DHHS extended the deadline to get refresher courses to 60 days after state of emergency lifts; reduced class size
- Kathleen Gray: re: goggles: Eye protection was associated with less infection.  
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31142-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31142-9/fulltext)

**Dustin and AJ, NC DHHS Health Hazards Control Unit: Provided updates on the Lead and Copper Rule changes.**

- EPA got 80K comments on rule revision. Other rules typically get only about 200 comments. Utilities are affected a lot by the potential changes. The final rule will likely be published in the next couple of months. Then there's a package that states have to draft to show how they will implement the rule – and that can take 2-3 years. The final rule won't be implemented for another 2-3 years. EPA is trying to expedite it.
- Regulated public water system will fall under this rule change. Improvements are made to the existing rule to include areas most likely to leach lead. This change also entails a lead service line inventory and strengthening treatment for water systems. Changes will be made to the way samples are collected (closer to how the customer collects normal drinking water). There's also the provision for protecting children in schools, which includes new requirements to reduce lead.



- Dustin shared slides on additional requirements related to schools. Ed commented that this effort with schools is similar to the protocol in the EPA WIIN grant. **Next step:** UNC will ask Dustin for his slides to share with the Task Force.

**Update on water testing in child care centers:**

- 1,200 centers have enrolled in the system to get their water tested; 3% of testing results are over 15 ppb.
- Teresa Stenersen said that child care health consultants could be helpful in encouraging centers to enroll and submit results. A lot more kits will be sent out in the next two weeks to get caught up on the backlog (which occurred during the pandemic). The program is reminding centers via email. **Next step:** Would be helpful if a newsletter article could be sent out.

**Q&A Session with Gerri Mattson, NC DPH Pediatric Medical Consultant**

Prior to the Task Force meeting, members submitted questions that Dr. Mattson could use and share feedback as a clinician. The following discussions/points were formed as a result of her responses to those questions.

**Questions: When a baby or young child is found with elevated BLLs do you screen the mother or parents or make a referral for them to be screened? How can we connect with OB-GYNs to ensure that pregnant mothers who may be at risk of lead exposure can be screened?**

- **Lead and pregnancy:** Request for Ideas to get more OBGYNs to test pregnant women. Task Force members seem to be encouraged to promote testing private practices too. Gerri suggested talking to Kate Menard about getting the screening form changed to include lead. Kate Koehler (State Lab) wants to enhance the effort to get even more pregnant women tested and screened. This effort would fold in nicely with the State Lab's work on biomonitoring with cadmium and mercury exposures. The State Lab has a new grant with the NC DHHS Children's Environmental Health Unit to address multiple heavy metals. Gerri suggested pushing outreach efforts to OBGYNs in high-risk communities, so that they know to be especially aware.
- **Enhancing testing among Medicaid recipients:** As a best practice, Dr. Mattson pushed for re-instating the efforts to share "report cards" with physicians, so that they are motivated to improve testing rates. This comparison of county-by-county data to gauge how well screening/testing is going. Data will help people to know that there is an actual problem. Another suggestion for best practice: Increased outreach to physicians during lunch and learns; even just 5-10 minute videos that walk them through the resources that are available for families and physicians.

**Question: Wouldn't it be possible that a child whose diet was nutritional adequate could still have high levels of lead in their blood without any negative repercussions from an exposure?**

- Dr. Mattson reviewed the American Academy of Pediatrics policy. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/lead-exposure/Pages/default.aspx>. Diet can impact anemia; anemia drastically connects to lead absorption. There is still an impact with only 5-10 micrograms/dL; so low levels are even an issue with subtle evidence of exposure like school cognitive tests.
- Studies are showing more about lead exposure than using calcium/iron to thwart lead exposure. There is a statistical connection to lead exposure and ADHD (Attention-Deficit Hyperactivity Disorder).



## Lead Advisory Committee and Healthy Homes Outreach Task Force

Quarterly Meeting Summary

August 18, 2020

### Question: Please discuss what evidence lead the CDC to lower the action level for blood lead levels.

- CDC used NHANES data to determine lowered elevated blood lead level (EBL). The 97.5 percentile is the gauge used. The CDC advisory board meets every 4 years. Wanted to lower the level in 2016 at their last meeting, but they couldn't because they missed having their 2020 meeting to determine a lower EBL.

### Attendees

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