MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land and Materials Administration • Lead Poisoning Prevention Program
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GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

MDE AERIS Conference Room
November 7, 2019

APPROVED Minutes

Members in Attendance
Anna Davis, Mary Beth Haller, Susan Kleinhammer, Patricia McLaine, John Martonick, Paula Montgomery, Manjula Paul, Christina Peusch

Members not in Attendance
Shana Boscak, Benita Cooper, Cliff Mitchell, Barbara Moore, Leonidas Newton, Adam Skolnik

Guests in Attendance
Shante Branch (MDE), Camille Burke (BCHD), Patrick Connor (CONNOR), Chris Corzine (OAG), Ludeen Green (GHHI), Elizabeth Heitz (MDH), Lisa Horne (MDH) Dawn Joy (AMA), Jessie Keller (MMHA), Dr. Ezatollah Keyvan (MDE), John Krupinsky (MDE), Kaley Laleker (MDE), Emily Leonard (MDH), Jamal Lewis (GHHI), Rachel Hess Mutinda (MDH), Lisa Horne (MDH), Bill Peach (HABC), Teresa Pfaff (Balt. Co.), Stephanie Soper (Arc Environmental), Chris White (Arc Environmental)

Welcome and Introductions
Pat McLaine called the meeting to order at 9:30 AM with welcome and introductions.

Approval of Minutes
A motion was made by Paula Montgomery, seconded by Mary Beth Haller to accept the minutes as written. Six Commissioners were in favor, two abstained; the minutes were accepted.

Old Business
Awards – three awards were made by the Lead Commission:

- Outstanding Child Health Advocate for 2019 to John Krupinsky, RN, MDE
- Outstanding Advocate Award for 2019 to Camille Burke, Baltimore City Childhood Lead Poisoning Prevention Program
- Special Recognition Award for 2019 to Baltimore City Childhood Lead Poisoning Prevention Program, accepted by Mary Beth Haller

Childcare Lead Testing – A meeting to discuss lead testing at 12 and 24 months was held with representatives from MDE, MSDE and MDH. For 8,065 licensed child care facilities, MSDE issued 15 health and safety non-compliance actions in the last calendar year (2018). Office of Childcare cannot tell if there are any lead testing concerns. One child care provider was cited twice for not having proper documentation of lead testing and brought comments to AELR. Christina Peusch requested a round table with MDE. MSDE confirmed that parents have 20 days to address any concerns about lead testing identified by a licensing specialist. Christina

Peusch said she would like to increase education to child care providers about lead testing at the meeting next year. Manjula Paul has sent an invitation to all 120 licensing specialists for all-

staff training in May 2020 that will include a presentation on lead; MDH, MDE and BCHD are all involved in developing the training.

Asset and Gap Analysis – Jamal Lewis indicated that GHHI has started researching publically available resources. The analysis will be completed and available January 15, 2020. The draft analysis outline and timeline was distributed. Christina Peusch asked to add childcare providers as another stakeholder group on topic #4 of blood lead testing and screening. Paula Montgomery will send out the draft outline and timeline to Commissioners who are requested to send any comments to Anna Davis.

New Business

Maryland Department of Health – Update on Lead Screening – Liz Heitz, MPH, CSTE Applied Epidemiology Fellow at the Environmental Health Bureau, gave a progress report on Maryland's blood lead testing initiative. Maryland had observed slight declines in testing from 2010 to 2015. New regulations went into effect in January 2016 for children born January 1, 2015 and after, who were required to be tested for blood lead at age 12 and 24 months. In 2016, testing state-wide went up about 5% and went up again about 5% in 2017 but dropped off slightly in 2018. Large increases in blood lead testing were reported in areas that previously had the lowest rates of testing. Areas with historically higher testing rates showed slight declines in the testing rates. The distribution of the highest and lowest rates is narrowing.

Rates for Medicaid testing were much higher than the rates for the state and counties as a whole. Testing increased about 3 percent for children aged 12-23 months to 62.7% and children aged 24-36 months to 80.4% for calendar year 2017 compared to 2015. This rate is based on children enrolled continuously in the same Managed Care Organization for at least 90 days. With regards to lead hazards identified for children with a BLL of 10µg/dL, in jurisdictions where more than 50% of the jurisdiction was declared "at risk" by the 2004 testing guidelines, the major lead hazards were identified as lead paint (70%) and lead dust (>10%), with exposure also noted to lead in water and soil (<5%), jewelry, toys and pottery (<10%). For the jurisdictions with less than 50% of the area identified as "at risk" by the 2004 testing guidelines, the major sources of lead hazards included recent arrival to the US (30%), cosmetics (<30%), spices (<30%), Jewelry/toys/pottery (<10%) with much lower levels of lead paint (about 15%), lead dust (<10%), and water and soil (<5%). Inspectors were unable to identify lead hazards in 12-18% of cases in jurisdictions primarily at risk in 2004 compared to close to 20% for jurisdictions not at risk in 2004.

Based on reported testing, MDH estimates that we may be missing 880 cases of BLL 5-9µg/dL in 2018. MDH plans to target outreach for 2020 to areas where testing is <50%, where the estimates of the number of children not being tested are the greatest, and to the areas where we would find both the highest number of children and areas with known environmental lead hazards. Anna Davis asked if MDH had any idea why we are missing 880 kids; where are we falling through the cracks. Liz Heitz said that we may need to look at information at the census

tract level to determine this. Camille Burke noted that some confusion remains with FQHC providers about when kids should be tested. There is also a delay of 1-3 months in getting the screening test results back from the lab to the chart. As many as 16,000 children were not tested

in Montgomery and Prince Georges Counties. As to why there was lower testing in rural areas. Liz Heitz replied she didn't know why, possibly due to lack of outreach. A good testing rate to aim for would be 85-90%. A question was asked about venous vs capillary testing: to what degree is the method an issue? Baltimore County gets high values once a month and needs to do venous testing.

Baltimore County Health Department – Theresa Pfaff, Nurse Supervisor of the lead and asthma program in Baltimore County reported on the follow-up efforts in Baltimore County for the last two years. The County manages the lead and asthma program for Medicaid-eligible children. The program has 3 community health workers and one public health nurse. Children with BLL of 5-9µg/dL get telephone case management. They are following 122 children with BLLs of 5-9µg/dL. They have had difficulty getting kids retested – 53% have been retested. County staffs are working with PCPs on this. In 2018, Baltimore County had 27 new cases of 10+µg/dL. Baltimore County has a lot of older housing stock and many families are moving from the city to the County.

With regards to lead hazards, Baltimore County has seen a sizeable percentage of children with exposure to spices. They are trying to do a large amount of education. The inspectors take test tube samples of all spices and ship them to the lab. Families know the results in five days. Many brands are bought in the dollar stores. The largest source is lead paint and dust, primarily in older rental properties. Testing decreased slightly from 2017 to 2018. There is confusion about testing based on what parents hear from providers.

The Asthma program wraps healthy homes around lead. This is the first time the program has had a CHW for all Medicaid and Medicaid-eligible children. If the family opts out, Baltimore County follows the child until they have one BLL of 5µg/dL or less, preferably 2 levels <5µg/dL. Communication is by mail, email and text. A team approach is used for children with BLL of 10+µg/d: the CHW or PHN meets the environmental inspector at the home. At lower levels, the CHW and PHN only visit the home. Staff focuses on the social determinants of health. Theresa Pfaff indicated that staff have found severe deterioration and mold in some housing where the BLL was ≥10µg/dL. County staffs have addressed conditions immediately. They have not done GIS mapping but there are definite hot spots where housing stock is in poor condition and there are disparities including Dundalk, Essex, Woodlawn and Randallstown. Baltimore City and County are cooperating to do follow-up with families living in both jurisdictions. They found several elevated BLLs in an apartment building and were able to move quickly and take action on the entire complex. Baltimore County wishes they had a stronger data system so they could look at the results by zip code and smaller sub-units.

MDE – Childhood Lead Registry Report for 2018 – In 2018, 149,000 children were tested, the majority 0-72 months of age and about 70% of children 2 and under. Capillary tests and Point of Care testing represent 43.5% of tests being reported now. The number of children with BLLs≥10µg/dL has continued to decrease. The minor increase in 2018 was probably related to the larger number of kids being tested. There are accidental exposures for 10µg/dL and higher. With regards to BLLs of 5-9µg/dL, the trend is for the numbers of children identified at this level

to continue to drop as a result of continued decrease in lead exposures. There is a continual increase in the percentage of children with BLLs =<4µg/dL.

Dr. Ezatollah Keyvan was asked if pregnant women are being tested. He indicated that the adult lead registry does not have a question about pregnancy now – this could be added, but 99% of the reports in the adult registry are for males. Lead testing is not a standard order during pregnancy. Many young people were exposed to high levels of lead in their blood when they were toddlers. If the Commission is concerned about this, they should look at a policy change to test pregnant women. Theresa Pfaff noted that universal testing of pregnant women would be easy to do since a pregnant woman's blood is tested many times during pregnancy. Mary Beth Haller stated she agrees it would be easier to test all mothers. Paula Montgomery indicated that CDC is pushing primary prevention as the major focus but indicated she would bring this to CDC at an upcoming meeting in December. Dr. Ezatollah Keyvan indicated that CDC had a Lead and Pregnancy workgroup and had done extensive review of the literature. Studies were inconclusive and the recommendation was made not to test women routinely. Pat McLaine indicated that many young Maryland women are at high risk due to BLLs of 10µg/dL and greater in childhood. Mary Beth Haller noted that if pregnant woman was tested for lead she would probably be more interested in lead testing for her child. Theresa Pfaff stated that routine testing would be non-invasive because labs are already being drawn. We do not have the data on pregnant women and lead. There is opportunity to do a pilot.

Manjula Paul thanked MDE for the report and asked if the increase in point of care testing had led to identifying many cases of elevated blood lead that needed to be followed up with venous testing. Dr. Ezatollah Keyvan indicated that mobile testing units were needed in the Counties that did not have fixed point of care testing locations. Manjula Paul asked if additional time was needed to evaluate Maryland's universal screening approach. Further discussions will be held with Cliff Mitchell.

Future Meeting Dates

The next Lead Commission Meeting is scheduled for Thursday, December 5, 2019, at MDE in the AERIS Conference Room – Front Lobby, 9:30 – 11:30 AM.

Agency updates

Because of time constraints, agency updates were not provided.

Public Comment

Announcement was made that Rachel Hess Mutinda, MDH, is changing positions and will be taking a new position at the School of Medicine working on opioid addiction. Today is her last Lead Commission meeting. Members wished her well and thanked her for her contributions.

Adjournment

A motion was made by Mary Beth Haller to adjourn the meeting, seconded by Anna Davis. The motion was approved unanimously and the meeting was adjourned at 11:34 AM.