



WELCOME

2022 VIRTUAL

LEARNING COLLABORATIVE

ON CHILDHOOD LEAD POISONING PREVENTION

AUGUST 24TH, 2022

9:00AM - 4:30PM

AGENDA

9:00am - 9:30am Welcome

9:30am - 10:30am New and Emerging Funding Opportunities for Lead Poisoning Prevention and Healthy Homes

10:30am - 10:45am Break


10:45am - 11:45am A Panel Discussion: Understanding funding for lead & Housing

11:45am - 12:15pm Black Hawk County Lead-Based Paint Regulations

12:15pm - 12:30pm Q & A Discussion Session

12:30pm - 1:00pm Lunch

AGENDA

- 
- 1:00pm - 2:00pm** Interpretation and Application of CDC's Blood Lead Reference Value
 - 2:00pm - 2:30pm** Exploring the Feasibility of Incorporating a Lead Screening Tool in the Electronic Health Record for Preventative Well Visits
 - 2:30pm - 2:45pm** Break
 - 2:45pm - 3:30pm** Analysis of Iowa Counties Facing a Double Burden of High Proportion of Elevated Blood Lead Levels and Low Testing Rates Among BIPOC Children 1 and 2 Years of Age
 - 3:30pm - 4:00pm** Lead and Our Children: How Head Start plays a role in proactive and responsive approaches to keeping children healthy
 - 4:00pm - 4:15pm** Q & A Discussion Session
 - 4:15pm - 4:30pm** Wrap-up & Closing Remarks



DISCLOSURES

The Iowa Institute of Public Health Research and Policy strives to ensure balance, independence, objectivity and scientific rigor in all of its educational programs. All planners, faculty members, moderators, discussants, panelist and presenters participating in this program have been required to disclose any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of this program. This includes relationships with pharmaceutical companies, biomedical device manufacturers or other corporations whose products or services are related to the subject matter of the presentation topic. The intent of this policy is to identify openly any conflict of interest so that the attendees may form their own judgments about the presentation with full disclosure of the facts. In addition, faculty is expected to openly disclose any off-label, experimental and/or investigational uses of drugs or devices in their presentation. Disclosures, Conflict of Interest (COI) and Resolution of COI policies are available via the APHA's website and in the printed program.

Medicine (CME) Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the American Public Health Association (APHA) and the (insert your organization). The APHA is accredited by the ACCME to provide continuing medical education for physicians.

Designation Statement: The APHA designates this live web educational activity for a maximum of 5.75 AMA PRA Category 1 Credit (s)[™].

Nursing (CNE) Accreditation Statement

American Public Health Association's Public Health Nursing Section (APHA/PHN), is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

Health Education (CHES) Statement

Sponsored by the American Public Health Association (APHA), a designated approver of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES®) to receive up to 5.75 total Category I contact education contact hours. Maximum advanced-level continuing education contact hours available are 0.

DISCLOSURES

Participants must complete the evaluation online in order to earn credit hours and obtain a CE certificate. A link to the online evaluation system will be sent to all registered participants who attend the activity that will contain instructions and a personal ID number for access to the system. All online evaluations must be submitted by 09/24/22 to receive continuing education credit for this activity.

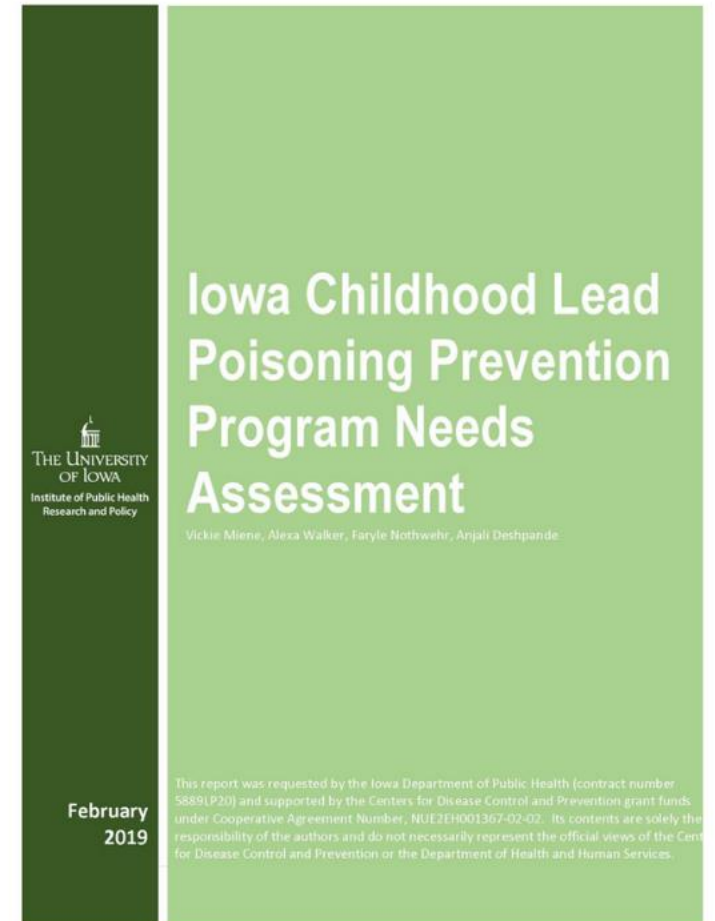
WHERE WE STARTED

Iowa CLPPP Needs Assessment

- Completed December 2018-February 2019
- Targeted those in the CLPPP and providers
- Highlighted strengths and weaknesses in the program

Some areas for improvement included:

- Inconsistent communication and training
- Lack of data communication
- Struggles with collaboration



COLLECTIVE IMPACT



- Addressing health disparities is best done through multiple sectors working together to solve the identified problem, but true collaboration is incredibly difficult to implement.
- Each collaborating entity has its own vision, goals, and regulatory and funding streams. Therefore, it's difficult to collaborate effectively in a way that fully supports a shared agenda and uses resources efficiently.
- Collective Impact is a model of collaboration that supports collaboration across sectors, encourages a shared agenda, and is adaptable to local strengths.

COLLECTIVE IMPACT



Collective Impact Is why we are all here today!

We are here to:

- Learn from one another
- Establish new connections
- Begin conversations with the end goal of preventing lead poisoning In Iowa

New and Emerging Funding Opportunities for Lead and Healthy Homes

Sarah Goodwin

Policy Analyst

National Center for Healthy Housing

National Center for Healthy Housing (NCHH)

- The National Center for Healthy Housing (NCHH) is a preeminent national nonprofit dedicated to **securing healthy homes for all**. Since 1992, NCHH has served as a highly regarded and **credible change agent**, successfully integrating healthy housing **advocacy**, **research**, and **capacity building** under one roof to reduce health disparities nationwide.



OUR PROGRAMS

Equipping Communities



People on the front lines must be equipped with the best data, tools, resources, and policies to create healthier homes in their community.

Advocacy & Awareness



Leading the charge to mobilize advocates, create awareness, exchange information, and voice the need for funding to solve important societal problems.

Practical Research



Taking complex research and putting it into practical solutions that are available to everyone.

Today's Outline

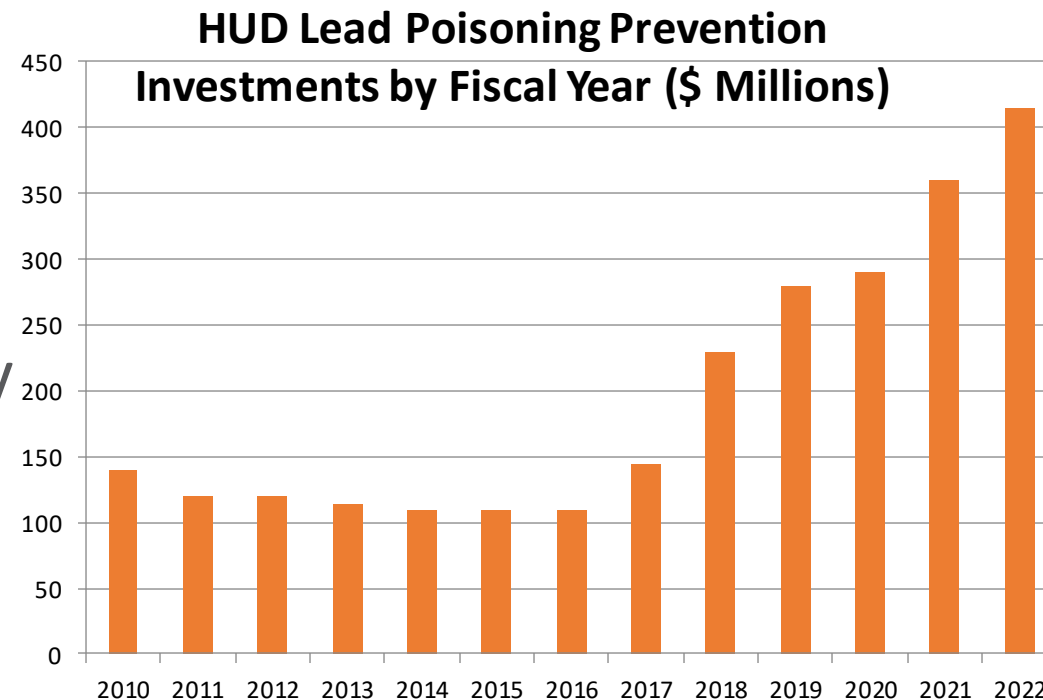
- Traditional funding streams
 - HUD: *primarily lead paint hazards and healthy homes*
 - CDC: *primarily EBLL surveillance and management*
 - EPA: *primarily lead in water*
- New federal funding streams
 - American Rescue Plan Act: *flexible funding*
 - Infrastructure Investment and Jobs Act: *lead in water*
- Innovative Local Examples
- Healthcare Financing
- Tools, Strategies, and Resources

What Are The Funding Options?

Traditional Federal Funding Streams

HUD Office of Lead Hazard Control and Healthy Homes

- \$415 million in FY22
- Includes \$90 million for healthy homes

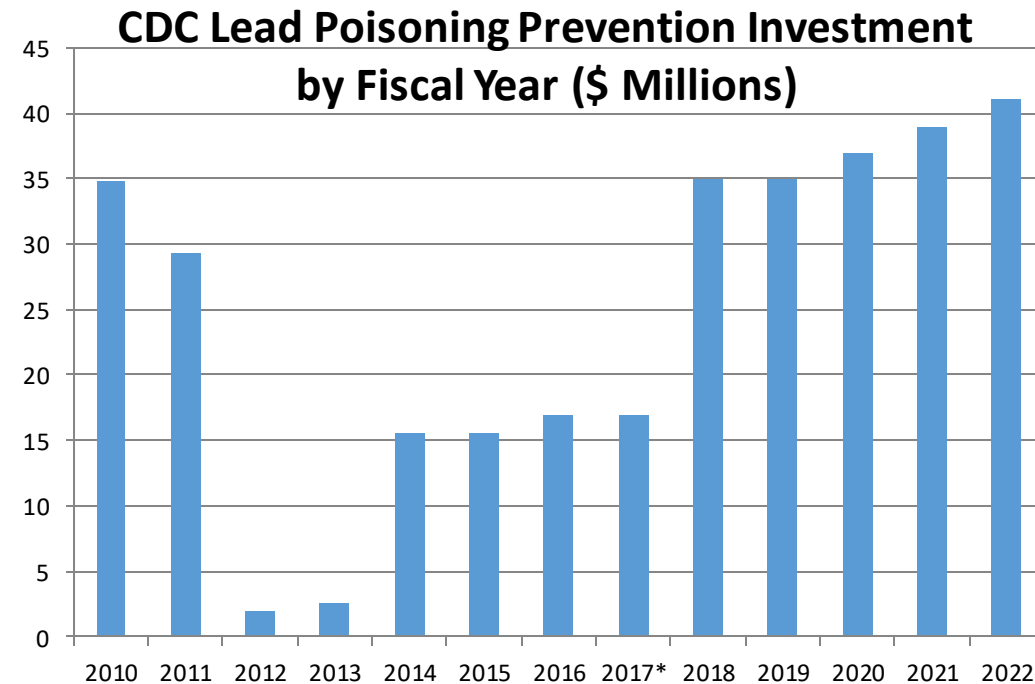


HUD Office of Lead Hazard Control and Healthy Homes

- New programs:
 - Tribal Healthy Homes Production Grants (first awarded 2018)
 - Healthy Homes Production Grants (first awarded 2022)
 - Aging in place (first awarded 2021)
 - Coordination with weatherization (first awarded 2021)
 - New lead grant category for new grantees (open in July 2022)

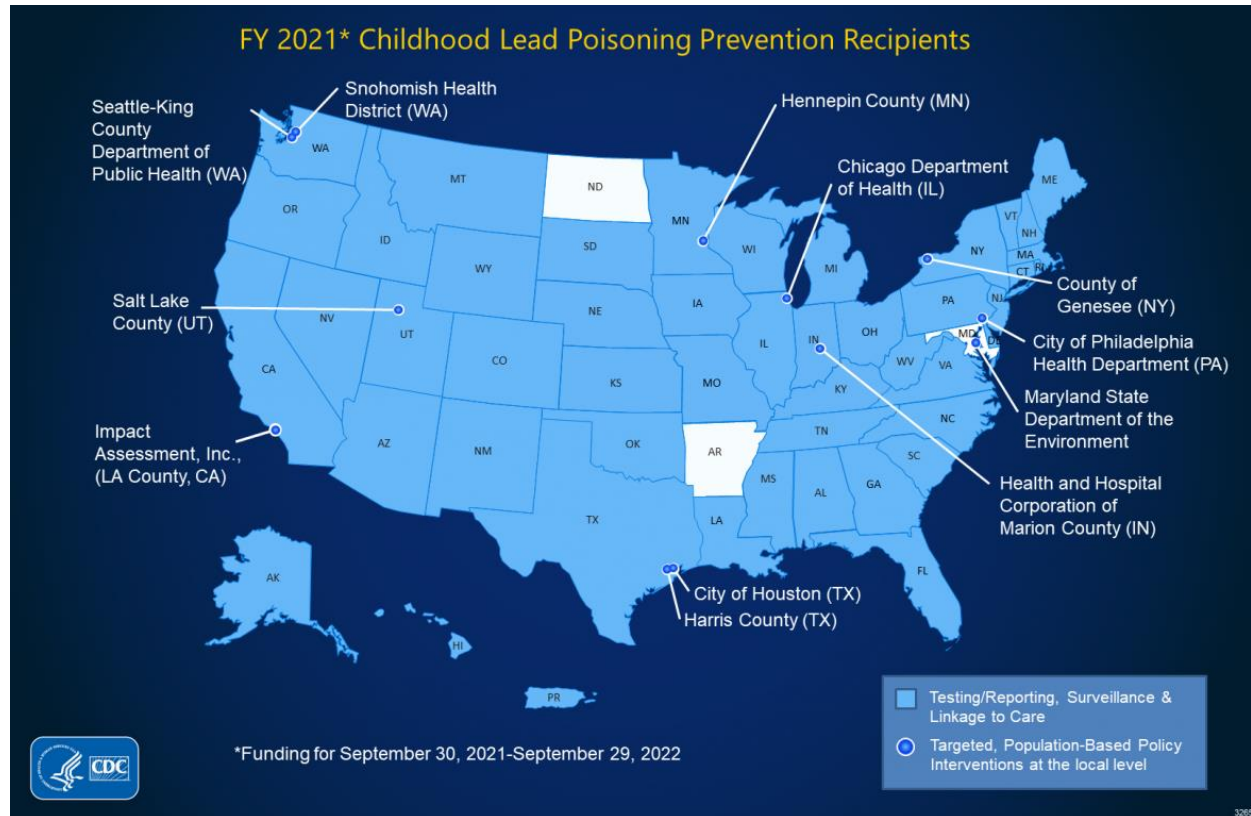
CDC Childhood Lead Poisoning Prevention Program

- \$41 million in FY22



** Does not include \$35 million additional one-time*

CDC Childhood Lead Poisoning Prevention Program



EPA's Lead Programs

- Lead Categorical Grants: determined by rule adoption
- Water Infrastructure Improvements for the Nation Act (WIIN) Grants: for lead in water testing and remediation in schools and child care
- Drinking Water State Revolving Funds

RESOURCES

WIIN Act Grant Programs

<https://www.epa.gov/dwcapacity/water-infrastructure-improvements-nation-act-wiin-act-grant-programs>

Drinking Water State Revolving Funds

<https://www.epa.gov/ground-water-and-drinking-water/funding-lead-service-line-replacement#DWSRF>

SRF funding and LSL replacement

State roles in replacement of lead service lines:

- Ensuring compliance with the safe drinking water rules, including the Lead and Copper Rule (LCR).
- Educating communities, utilities, and the public on health risks posed by lead; the benefits and challenges of replacing LSLs; and, hopefully, the resources offered by EPA and the LSL Replacement Collaborative.
- Establishing policies that enable or direct communities and utilities to fully replace LSLs.

RESOURCES

**Lead Service Line
Replacement
Collaborative**

<https://www.lslr-collaborative.org/>

**State efforts to support
LSL replacement**

<https://www.edf.org/health/state-efforts-support-lsl-replacement>

Important note about LSL replacement and equity

- Partial replacements can increase lead exposure
- Programs that require owners to cover costs favor wealthier, whiter neighborhoods and worsen disparities in lead exposure

RESOURCES

Lead Pipes and Environmental Justice

https://www.edf.org/sites/default/files/u4296/LeadPipe_EnvironmentJustice_AU%20and%20EDF%20Report.pdf?utm_source=presentation&utm_campaign=edf-health_none_upd_hlth&utm_medium=referral&utm_id=1597699006

Achieving Equity in Lead Poisoning Prevention Policy Making

<https://www.joycefdn.org/research-reports/achieving-equity-in-lead-poisoning-prevention-policy-making>

New Federal Funding Streams



AMERICAN RESCUE PLAN ACT OF 2021

- \$1.9 trillion package of federal spending to provide relief for the COVID-19 pandemic.
- Signed into law March 11, 2021.
- Includes \$350 billion in funding to states and localities:
 - \$195.3 billion for states
 - \$65.1 billion for counties
 - \$45.6 billion for cities
 - \$20 billion for tribal governments
 - \$19.5 billion for non-entitlement units of local government (distributed through states)
- Also known as ARPA.

American Rescue Plan: Overview

- Department of the Treasury issued their final rule on January 27, 2022 for use of the funds.
- 50% of funding distributed beginning in May 2021 and 50% 12 months later.
- Must be obligated by 12/31/24 and expended by 12/31/26.

RESOURCES

Treasury title: Coronavirus State and Local Fiscal Recovery Funds

<https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/state-and-local-fiscal-recovery-funds>

FACT SHEET

<https://home.treasury.gov/system/files/136/SLFRP-Fact-Sheet-FINAL1-508A.pdf>

American Rescue Plan: Eligibility

- Categories of eligible activities:
 - Support the COVID-19 public health and **economic response**.
 - Replace lost public sector revenue
 - Provide premium pay for essential workers
 - Invest in water, sewer, and broadband infrastructure
- Funding can and should be used to serve hardest-hit communities and families (qualified census tracts).

American Rescue Plan: Eligibility

- Treasury presumes the following have been impacted by the pandemic:
 - Low- or-moderate income households or communities.
 - Households that experienced unemployment.
 - Households that experienced increased food or housing insecurity.
 - Households that qualify for the Children's Health Insurance Program, Childcare Subsidies through the Child Care Development Fund (CCDF) Program, or Medicaid.
 - When providing affordable housing programs: households that qualify for the National Housing Trust Fund and Home Investment Partnerships Program.
 - When providing services to address lost instructional time in K-12 schools: any student that lost access to in-person instruction for a significant period of time.
- Some of the programs and projects that the Treasury includes as eligible for these populations are **home repair** and **home weatherization**.

American Rescue Plan: Eligibility

- Treasury presumes that the following have been disproportionately impacted by the pandemic:
 - Low-income households and communities.
 - Households residing in Qualified Census Tracts.
 - Households that qualify for certain federal 5 benefits.
 - Households receiving services provided by tribal governments.
 - Households residing in the U.S. territories or receiving services from these governments.
- Some of the programs and projects that the Treasury includes as eligible for these populations are **remediation of lead paint or other lead hazards**.

Accessing ARPA at the Local Level

- Most localities began allocating funding in summer/fall of 2021.
- Many places are allocating their funding in separate chunks.
- Several localities held resident surveys or public hearings to gain input.

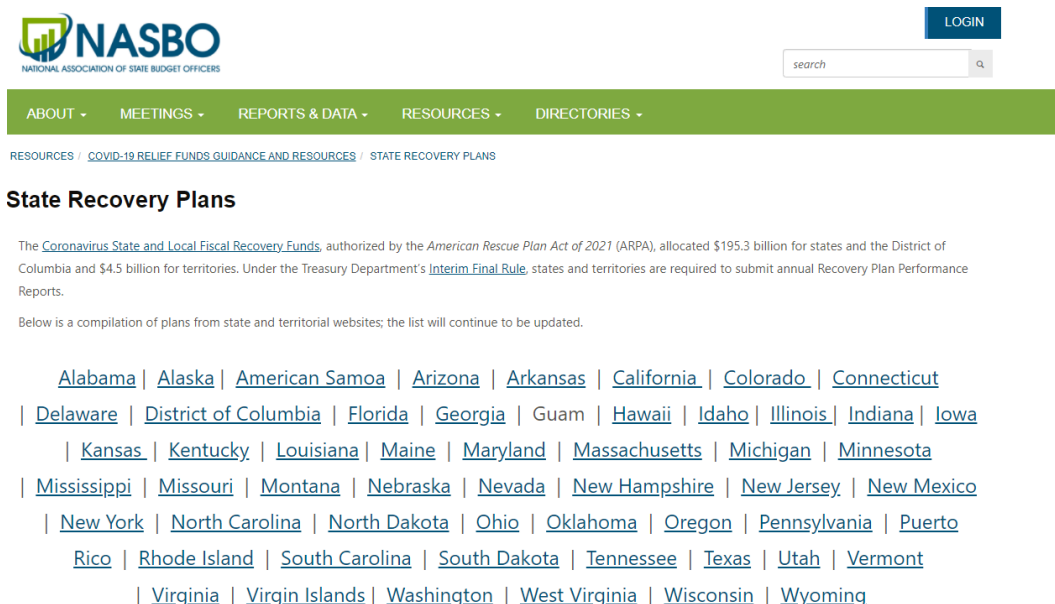
Resources for Tracking ARPA Actions

- National Conference of State Legislatures:
<https://www.ncsl.org/research/fiscal-policy/arpa-state-fiscal-recovery-fund-allocations.aspx>



Resources for Tracking ARPA Actions

- National Association of State Budget Officers:
<https://www.nasbo.org/mainsite/resources/covid-19-relief-funds-guidance-and-resources/state-recovery-plans>



The screenshot shows the NASBO (National Association of State Budget Officers) website. The header includes the NASBO logo, a search bar, and a LOGIN button. The navigation menu has links for ABOUT, MEETINGS, REPORTS & DATA, RESOURCES, and DIRECTORIES. The main content area is titled "State Recovery Plans" and contains a paragraph explaining the Coronavirus State and Local Fiscal Recovery Funds authorized by the American Rescue Plan Act of 2021 (ARPA). Below this, a list of links for various states and territories is provided, including Alabama, Alaska, American Samoa, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Virgin Islands, Washington, West Virginia, Wisconsin, and Wyoming.

NASBO
NATIONAL ASSOCIATION OF STATE BUDGET OFFICERS

LOGIN

search

ABOUT ▾ MEETINGS ▾ REPORTS & DATA ▾ RESOURCES ▾ DIRECTORIES ▾

RESOURCES / COVID-19 RELIEF FUNDS GUIDANCE AND RESOURCES / STATE RECOVERY PLANS

State Recovery Plans

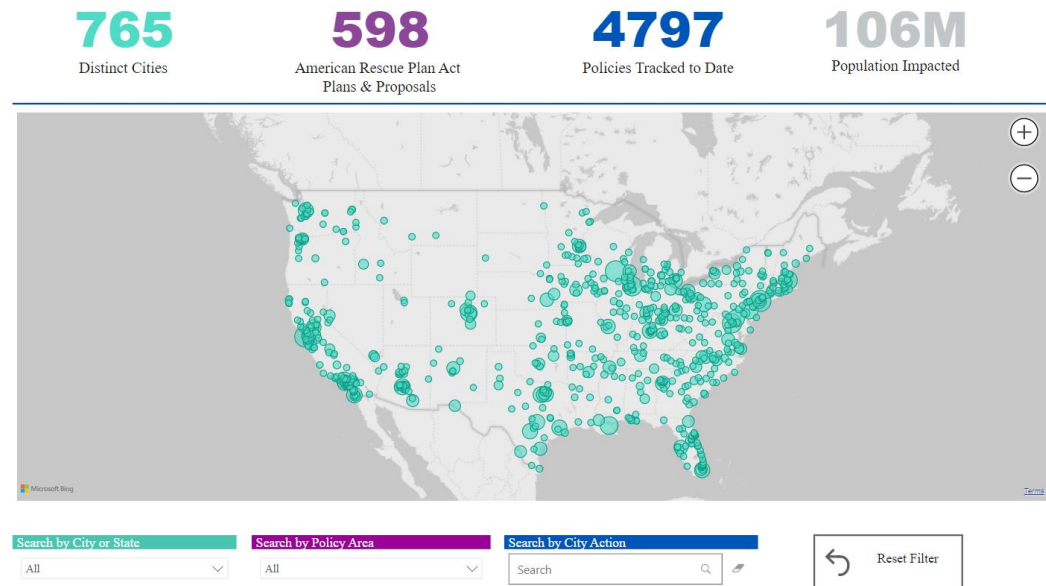
The [Coronavirus State and Local Fiscal Recovery Funds](#), authorized by the *American Rescue Plan Act of 2021* (ARPA), allocated \$195.3 billion for states and the District of Columbia and \$4.5 billion for territories. Under the Treasury Department's [Interim Final Rule](#), states and territories are required to submit annual Recovery Plan Performance Reports.

Below is a compilation of plans from state and territorial websites; the list will continue to be updated.

[Alabama](#) | [Alaska](#) | [American Samoa](#) | [Arizona](#) | [Arkansas](#) | [California](#) | [Colorado](#) | [Connecticut](#) | [Delaware](#) | [District of Columbia](#) | [Florida](#) | [Georgia](#) | [Guam](#) | [Hawaii](#) | [Idaho](#) | [Illinois](#) | [Indiana](#) | [Iowa](#) | [Kansas](#) | [Kentucky](#) | [Louisiana](#) | [Maine](#) | [Maryland](#) | [Massachusetts](#) | [Michigan](#) | [Minnesota](#) | [Mississippi](#) | [Missouri](#) | [Montana](#) | [Nebraska](#) | [Nevada](#) | [New Hampshire](#) | [New Jersey](#) | [New Mexico](#) | [New York](#) | [North Carolina](#) | [North Dakota](#) | [Ohio](#) | [Oklahoma](#) | [Oregon](#) | [Pennsylvania](#) | [Puerto Rico](#) | [Rhode Island](#) | [South Carolina](#) | [South Dakota](#) | [Tennessee](#) | [Texas](#) | [Utah](#) | [Vermont](#) | [Virginia](#) | [Virgin Islands](#) | [Washington](#) | [West Virginia](#) | [Wisconsin](#) | [Wyoming](#)

Resources for Tracking ARPA Actions

- National League of Cities: <https://www.nlc.org/resource/covid-19-local-action-tracker/>



The ARPA Innovators Series

- Introductory blog post: <https://nchh.org/2022/04/how-innovative-communities-are-using-arpa-funds-to-transform-housing-and-address-environmental-hazards/>
- We profiled six ARPA programs focused on lead and healthy homes.

The ARPA Innovators Series

- Vermont Housing Improvement Program: providing grants to property owners to repair properties that are vacant or threatening to become vacant due to code violations. Later rounds of this funding require property owners to rent the units to tenants exiting homelessness.
- Vermont Healthy Homes Programs: repairing water and wastewater systems in owner-occupied and manufactured homes.
- North Carolina Division of Public Health: testing water for lead and mitigating hazards in public schools, and supporting inspections and abatement for lead and asbestos at schools and child care facilities.

The ARPA Innovators Series

- [City of Pittsburgh](#): providing funds to replace lead service lines and support implementation of the new Pittsburgh Lead Safety Law, which address lead hazards in paint, water, renovation and repairs, and demolitions.
- [City of Utica](#): projects to support exterior home repair and replace windows, as well as an indoor asthma triggers pilot project and supplemental funds for lead hazard reduction.
- [Linn County PATCH Program](#): repairing homes damaged by a derecho storm in 2020.

Other Lead Examples

State

- Maine: \$25 million for water system improvements, include mitigation of lead in drinking water at schools and daycares.
- New Jersey: \$10 million for lead paint remediation.
- Virginia: \$3.75 million for lead in residential properties.

Other Lead Examples

Local

- Buffalo, NY: [\\$10 million for LSL replacement, \\$1 million for healthy homes inspection.](#)
- Syracuse, NY: [\\$4.5 million to address lead poisoning through housing remediation.](#)
- Tama, IA: [\\$98,000 for lead service line replacement.](#)

Other Healthy Homes Examples

- Detroit, MI: [\\$30 million for home repairs for seniors and low-income residents.](#)
- St. Louis, MO: [\\$2 million for home repairs to help seniors age in place.](#)
- Jamestown, NY: [\\$1.4 million for housing improvements.](#)

Infrastructure Funds

- The Infrastructure Investment and Jobs Act
 - Also known as the Bipartisan Infrastructure Law.
 - Included \$15 billion for removing lead service lines, through the Drinking Water State Revolving Loan Fund.
 - \$3 billion allocated in 2022, the first of five years.

Innovative Local Examples

Cleveland Lead Safe Home Fund

- Public-private partnership.
- Provides grants, loans, workforce development, service coordination, and supports implementation of the city's lead safe certification for rental housing.
- Initial five-year goal of \$99 million; surpassed that goal and have raised over \$115 million so far.
 - \$40 million from the Cleveland Clinic
 - \$17 million from the city's ARPA funds

RESOURCE

Lead Safe Cleveland Coalition One Pager:
https://www.hefn.org/sites/default/files/uploaded_files/lead_safe_cleveland_coalition_one_pager_8.7.2020.pdf

Home Repair Programs

- Typically run at the local level and supported by CDBG or HOME funds.
- Offer grants and loans to homeowners (and sometimes renters).
- Programs using CDBG funds have specific requirements around lead paint based on the expenditure per unit.



Innovative Home Repair Funding and Services

- Milwaukee, WI: uses a combination of local funds including returns on tax increment financing and local bank funding.
- Charlotte, NC: provides assistance to help new contractors purchase equipment and navigate the registration process.
- Dallas, TX: contracts with a local law firm to provide free services to clear up title issues for residents so they can be eligible for their home repair program.

Healthcare Financing

State Level: HSI/CHIP funding

- An HSI must directly improve the health of low-income children less than 19 years of age who are eligible for CHIP- and/or Medicaid, but may serve children regardless of income. In addition, to the extent possible, the state should use its efforts through an HSI to enroll eligible but unenrolled children in Medicaid or CHIP.
- As of February 2019, 71 HSI State Plan Amendment (SPAs) approved in 24 states
 - States with HSI waivers to do lead work: MI, MD, OH, MO, IN, WI
 - Ranges from testing to actual abatement work
 - CMS guidance specifically address lead abatement as an eligible activity



Local Level: Hospital Community Benefits

- Nonprofit hospitals are required to support community benefits to stay exempt from paying federal income taxes.
- Eligible activities include home assessments/services and housing development and improvements.

RESOURCE

Hospital Community Benefits:

<https://nchh.org/tools-and-data/financing-and-funding/healthcare-financing/hospital-community-benefits/>

Explore Partnerships with Healthcare and Across Sectors

- Healthcare Financing of Healthy Homes Resource Library
 - <https://nchh.org/tools-and-data/financing-and-funding/healthcare-financing/>
- Alternative delivery systems and other sustainable financing
 - <https://nchh.org/who-we-are/nchh-publications/case-studies/>

If you're interested in more information about how healthcare financing could work for you, contact us!

Tools, Strategies, and Resources

Data

Make the Case for Your Community

Demonstrate the costs and benefits:

- Value of Lead Prevention: valueofleadprevention.org

Data resources

- State of Healthy Housing: <https://nchh.org/tools-and-data/data/state-of-healthy-housing/>
- State Healthy Housing Fact Sheet: <https://nchh.org/who-we-are/nchh-publications/fact-sheets/state-hh-fact-sheets/>
- More: <https://nchh.org/tools-and-data/data/>

Coalition Building

Bring Stakeholders Together

- Building coalitions, mapping local assets, or conducting a landscape analysis is a good way to start identifying opportunities.
- **Resources:**
 - Bridging Silos: <https://mitpress.mit.edu/books/bridging-silos>
 - University of Kansas Community Tool Box: <https://ctb.ku.edu/en/toolkits>

Systemic Thinking

Consider your policies/programs holistically

- If going after larger funding/programs/policy changes is not feasible, consider intermediate ways to build up your local capacity.
- One example is including RRP certification in permitting:
 - Opportunities to Strengthen Local Lead-Related Policies: RRP Certification: https://nchh.org/resource-library/technical-assistance_opportunities-to-strengthen-local-lead-related-policies_rrp-certification.pdf

Example of holistic thinking: codes

Elements of an effective code enforcement program

1. Adopt a Strong Housing Code
2. Fund the Code Enforcement Program
3. Train Officers
4. Partner with Community Organizations
5. Promote Cross-Agency Coordination
6. Develop a Cooperative Compliance Model
7. Enforce the Local Housing Code
8. Adopt a Proactive Rental Inspection
9. Establish Supplementary Programs
10. Evaluate the Code Enforcement Program

RESOURCE

How to Make Proactive Rental Inspection Effective

<https://nchh.org/resource-library/how-to-make-proactive-rental-inspection-effective.pdf>

Up to Code Enforcement Guide

changelabsolutions.org/sites/default/files/Up-to-Code_Enforcement_Guide_FINAL-20150527.pdf

More Policy Resources

Lead-specific policies

- Opportunities to Strengthen Local Lead-Related Policies: Model Ordinance Language to Address Lead Risks in Existing Demolition Requirements
 - https://nchh.org/resource-library/technical-assistance_opportunities-to-strengthen-local-lead-related-policies_model-ordinance-language-to-address-lead-risks-in-existing-demolition-requirements.pdf
- Lead Service Line Replacement Collaborative
 - Replacement practices: <https://www.lslr-collaborative.org/replacement.html>
 - Policies: <https://www.lslr-collaborative.org/policies.html>
- Lead Poisoning Prevention Stories Case Studies: <https://nchh.org/who-we-are/nchh-publications/case-studies/lpp-stories-case-studies/>
- Better Lead Policy: <https://www.betterleadpolicy.org/>

More Policy Resources

Housing codes, rental inspections, code enforcement

- A Guide to Proactive Rental Inspection Programs: http://www.changelabsolutions.org/sites/default/files/Proactive-Rental-Inspection-Programs_Guide_FINAL_20140204.pdf
- Healthy Housing Through Proactive Rental Inspection: http://www.changelabsolutions.org/sites/default/files/Healthy_Housing_Proactive_Rental_Inspection_FINAL_20140421.pdf
- How to Make Proactive Rental Inspection Effective: <https://nchh.org/resource-library/how-to-make-proactive-rental-inspection-effective.pdf>

More Resources

Other financing and funding

- Local Funding/Incentive Programs:
<https://nchh.org/resources/financing-and-funding/local-funding-incentive-programs/>
- Sustainable Financing Mechanisms Case Studies:
<https://nchh.org/who-we-are/nchh-publications/case-studies/sustainable-financing-mechanisms-case-studies/>
- More: <https://nchh.org/resources/financing-and-funding/>

If you have question or want help thinking through how to use these funds in your community, contact Sarah Goodwin at sgoodwin@nchh.org!

www.nchh.org ♦ [@NCHH](https://twitter.com/NCHH) ♦ facebook.com/HealthyHousing

National Center for
HEALTHY HOUSING



MORNING BREAK

10:30AM - 10:45AM

**Check out all of the resources
we have put together!**

<https://idph.iowa.gov/Environmental-Health-Services/Childhood-Lead-Poisoning-Prevention/resources>

Bringing Together Partners for a Successful Lead Hazard Control Program

Presented by: Kim Glaser, ECIA

Michelle Spohnheimer, City of Marshalltown

Lead & Healthy Homes Program

ECIA

- 2017 Clinton awarded \$1,650,000 for lead hazard control and \$150,000 healthy homes supplemental funds
 - City of Maquoketa is a partner in this award and is included in the target area and commits to contributing to the required match
 - 54 housing units were made lead safe at program close end of 2020
- 2019 Dubuque County awarded \$2,999,996 lead hazard control and \$300,000 healthy homes supplemental funds
 - Delaware County requests to be included in the target area 2020 and commits to contributing to the required match
 - Goal is to make 120 Lead safe by program by July 2023
- 2020 Clinton awarded \$2,400,000 for lead hazard control and \$400,700 healthy homes supplemental funds
 - City of Maquoketa is a partner in this award and is included in the target area and commits to contributing to the required match
 - Goal is to make 86 units lead safe by program close July 2024

MARSHALLTOWN

- 2018 Marshalltown awarded 6th grant award \$2,999,788 for lead hazard control and \$450,000 healthy homes supplemental funds
 - City of Marshalltown is the target area and commits to contributing to the required match
 - Goal is to make 125 units lead safe by program close September 2023
 - Prior grants had included regional participation in up to 4 counties.

Funding Process – Lead Hazard Control and Healthy Homes Grants

- Notice of Funding Availability (NOFA) and awarding of funds
- Determine a target area based on the needs of the area
 - Where is the highest percentage of older housing stock?
 - Where are the low/mod income individuals living?
 - What area has the highest percentages of lead poisoned children?
- How many units can you complete?
- Determine the budget
- Match – 10% of the Lead Hazard Control Funds
 - Owner contributions (rental and single-family home owner)
 - Discounts from retailers
 - Discounts from hotels
 - Cash contribution from municipalities in your target area

Funding Process – Healthy Homes Supplemental Funds

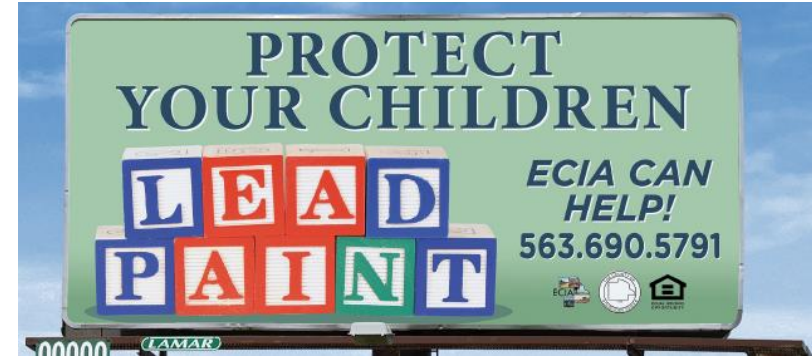
- Must be done in conjunction with a unit receiving Lead Hazard Control work
- Very flexible funding
- Complete home assessment
- Ranking of health and safety hazards
- Determine best use of funds

Collaboration & Partnerships

• COLLABORATION AND MARKETING THREE TIER APPROACH

• High Level

- Billboards
- Bus Wraps
- Vehicle Signage
- City and County Officials
- Corporate Partners
- Social Media Postings
- Media Interviews (Newspaper/Radio/TV)



Post Preview

Actions

Performance for Your Post

Reported stats may be delayed from what appears on posts.

451

People Reached

1 Reactions, Comments & Shares

1	0	0
Like	Wow	Love
0	0	0
Haha	Sad	Angry
0	0	
Comments	Shares	

2 Post Clicks

1	0	1
Photo Views	Link Clicks	Other Clicks



Collaboration & Partnerships

- **Mid Level**

Civic Groups

Realtor and Landlord Associations

Faith Based Organizations

Fire Departments (Organized and Volunteer)

Community Events

Delaware County Fair

Dubuque County Fair

Dyersville St. Patty's Day Parade

Rhubarb Fest

Healthy Family Fair



Collaboration & Partnerships

• Boots on the Ground

Yard Signs

Door Knockers

Community News Letters

Public Gathering Spaces (Gas Station, Hair Salon etc.)

Utility mailings



Free!

Windows, siding, gutters, paint, and much more!*

The City of Marshalltown Lead Hazard Reduction Program completes improvements to homes to remove lead paint hazards. These improvements can include items such as windows, siding, gutters, paint, and much more!*

Lead paint poisoning is detrimental to both children and adults; however, children are especially vulnerable. Therefore, if you meet all of the requirements below you are encouraged to take part in this exciting program!

- Your house must have been built before 1978.
- You must have a child that is the age of 5 or younger living in or visiting the home for at least 10 hours per week.
- You must income qualify. For example, a family of four must not make more than \$55,500 per year (subject to change).

Both owner-occupied and rental homes can participate. If you own your home, the program is **100% FREE!*** If you live in a rental property, your landlord must match the program costs by 10%.

Call 641-754-6583 today to see if you qualify or visit us at www.marshalltown-ia.gov/lead

MARSHALLTOWN
IOWA

Housing and Community Development Department
City of Marshalltown
36 N. Center Street
Marshalltown, IA 50158

*New windows, siding, gutters, and paint are not guaranteed. The improvements made will depend upon the location of lead paint hazards in each home. Please note there are caps on the amount of assistance each project may receive.

¡Gratis!

Ventanas, siding, canalones, pintura, y mucho más!*

El programa de Reducción del Riesgo de Plomo de la Ciudad de Marshalltown realiza mejoras a los hogares para eliminar los peligros de pintura de plomo. Estas mejoras pueden incluir elementos tales como ventanas, siding, canalones, pintura y mucho más! *

El envenenamiento por pintura de plomo es perjudicial para niños y adultos; ahora bien, los niños son especialmente vulnerables. Si cumple con todos los requisitos a continuación se le anima a participar en este programa!

- Su casa debe haber sido construida antes de 1978.
- Usted debe tener un niño de la edad de 5 años o menos que este viviendo o visitando la casa por lo menos 10 horas por semana.
- Usted debe calificar de acuerdo a los límites de ingresos. Por ejemplo, Una familia de cuatro personas no debe ganar más de \$55,500 por año. (sujeto a cambios).

Ambas casas ocupadas por sus propietarios y de alquiler pueden participar. Si usted es dueño de su casa, el programa es 100% gratis! Si usted vive en una propiedad de alquiler, el propietario debe coincidir con el 10% de los costos del programa.

Lláme al 641-754-6583 hoy para ver si usted califica o visítenos en www.marshalltown-ia.gov/lead

MARSHALLTOWN
IOWA

Housing and Community Development Department
City of Marshalltown
36 N. Center Street
Marshalltown, IA 50158

*Nuevas ventanas, siding, canalones y pintura no están garantizadas. Las mejoras realizadas dependerán de la ubicación del peligro de pintura del plomo en cada hogar. Por favor, tenga en cuenta que hay límites en la cantidad de asistencia que cada proyecto puede recibir.

Sustainability

- Education
- Contractor Training
- Neighborhood Association/Grass Roots
- Code Enforcement
- Weatherization
- Philanthropic Connections

WHAT WE
SEE:

Before



After



Before



After



Thank You

Kim Glaser

ECIA

kglaser@ecia.org

563-690-5774

Michelle Spohnheimer

City of Marshalltown

mspohnheimer@marshalltown-ia.gov

641-754-5756



Region XII COG

Karla Janning

Region XII COG

- Housing Programs administered by Region XII: Community Development Block Grant, HOME Down Payment Assistance with rehabilitation, Federal Home Loan Bank Owner Occupied, Housing Preservation Grant Owner Occupied, Housing Trust Fund
- Region XII self performs the Lead Inspector tasks:
 - Conduct initial visual risk assessments
 - Write specifications indicating work requiring LSWP
 - Inspect work under progress to confirm compliance by contractor
 - Conduct final visual risk assessments and take dust samples
- Challenges:
 - Attracting contractors: Region XII holds one-day training opportunities locally to obtain more contractor's
 - Region XII works with homeowners to educate them on the potential dangers of LBP
 - Region XII works with homeowners to relocate them during LSWP activities
 - Coordinate with work schedule
- Successes:
 - Over 12 Million in owner occupied construction over the last 10 years with CDBG funds
 - Hundreds of homes have reduced or eliminated LBP hazards

Thank you

Karla Janning

Region XII COG

kjanning@region12cog.org



Cerro Gordo County

Jenna Heiar

Cerro Gordo County

- Applied 5 times before we were awarded in 2016 with our first Lead Hazard Control Grant
- First Time Grantee in 2016-2019 – There was a lot to learn!
- Remediated 57 homes with a goal of 53.
- Initial Struggles & Successes, especially in rural areas
 - Contractor Capacity and Assistance
 - Staff Capacity and Hiring
 - Marketing
 - Relocating
 - Relationships with NIACOG and Area Landlords
- HHRS Supplemental Funds (Healthy Homes)
- Re-awarded in 2019, for 2020-2023 Grant – 65 Homes In
- Type of work – varies substantially

Thank you

Jenna Heiar

Cerro Gordo Public Health

jheiar@cghealth.com



ENVIRONMENTAL HEALTH
BLACK HAWK COUNTY
LEAD-BASED PAINT REGULATION
FOR
THE 2022 LEARNING COLLABORATIVE
ON CHILDHOOD LEAD POISONING PREVENTION



Agenda

- History
 - Recent History
 - Ordinance Work Group
 - Board of Health Work Group (March 2020 & September 22, 2021)
 - COVID-19 Impact
- Process of Review
 - External Sources
 - Existing Regulation 2-88
- Review of Proposed Ordinance
 - Title 8 Health and Safety
 - Chapter 8.30
 - Process of Review
 - Format
 - Content
 - Equity Assessment
- Public Presentations
 - Health Department Public Hearing
 - Request for Comments & Document Review
 - Board of Supervisors & Adoption
- Recommendations & Questions



Recent History

- Schools, Outreach, and Clinics
 - Community and Family Health
 - Shared Officer – EHO & Lead Inspector/Risk Assessor
 - Program Coordinator
 - Healthy Homes & CBDG
 - Previous and periodic Lead -Based Paint Hazard Control Programs
 - Environmental Referrals
- Migration to Environmental Health
 - Approximately 3.5 years ago
 - Healthy Homes
 - Lead-Based Paint Hazard Control Program
 - CLPPP
- Enforcement based upon IAC in lieu of Ordinance
 - Lead Regulation
 - Regulation 2-88



Board of Health Ordinance Review

- March of 2020
 - BoH Work Group to review Black Hawk existing ordinances
 - Key regulatory Staff alongside the BoH
 - Reviewed all Ordinances for content and prioritization
- Outcomes
 - Recommendation of a 3-year cycle of review
 - 2-88 was marked as High Priority
 - Recommended as a “Develop New”
 - Work was to begin
- COVID-19



Board of Health Work Group

- Board of Health Work Group
 - September 22, 2021
 - Pinecrest Building
 - Hybrid virtual/in person meeting
 - Board of Health members
 - Asst. County Attorney
 - Black Hawk County Public Health Director and key staff
- Conducted a review of the process
 - History
 - Review of the process
 - Review of proposed ordinance
- Outcome
 - Discussed adding an additional mitigation measure
 - Need to hold a Community Stakeholder Review



Stakeholder Review

- Partners in Abating Lead Poisoning
 - Community Partners invited to an ordinance focus group
 - Invitations include representatives from:
 - City of Waterloo Community Development
 - City of Waterloo Code of Enforcement
 - Representatives from City of Cedar Falls, La Porte City, Hudson, Dewar, Evansdale, Raymond, Gilbertville, Dunkerton, Elk Run Heights and Washburn
 - University of Northern Iowa, Public and Environmental Health
 - People's Community Health Clinic, other Black Hawk medical partners
 - Landlord Association, Board of Realtors
 - Board of Health and Board of Supervisors
 - Lead-Certified Contractors
 - Local Church groups
 - WIC, Operation Threshold



Process of Review

- Health Department Team
 - Andrea Magee – Healthy Homes Coordinator (CLPPP/Healthy Homes/LIRA & EBL)
 - Eric Heinen – Environmental Health Officer (Healthy Homes/REHS-RS)
 - Kelly Amador – Environmental Health Officer (Healthy Homes/LIRA/REHS-RS)
 - Jenna Diephouse – Environmental Health Supervisor
 - Lisa Sesterhenn – Public Health Planner
 - Jared Parmater – Environmental Health Program Manager (REHS-RS)
 - Michael Treinen – Asst. County Attorney
- Process began in late February 2021
 - Bi-weekly meetings to assess source documents and TTPs outside of the organization
- Equity Assessment
 - Completed in accordance with Health Department Strategic Planning Policy



Sources Utilized

- Federal Agency Policies & Documents
 - Department of Housing and Urban Development
 - 24 CFR Part 35 *“Lead; Requirements for Disclosure of Known Lead-based Paint and /or Lead-Based Paint hazards in Housing”*.
 - Protect Your Family from Lead in your Home (HUD, EPA and US Consumer Product Safety Commission)
 - Environmental Protection Agency
 - FACT Sheet EPA and HUD Move to Protect Children from Lead-Based Paint Poisoning; Disclosure of Lead Based Paint Hazards in Housing
- State Administrative Code/ Guidance Documents
 - IAC 641.68 Control of Lead Based Paint Hazards (7/2/08)
 - IAC 641.69 Renovation, Remodeling and Repainting – Lead Hazard Notification Process (6/16/21)
 - IAC 641.70 Lead Based Paint Activities (2/1/20)
 - Lead Poisoning: How to Protect Iowa Families (IDPH: Lead Poisoning Prevention Program)
- Local Ordinances Reviewed
 - Linn County
 - Benton County
 - Adams County
 - Story County
 - Cerro Gordo County
 - Black Hawk County 2-88
- Other Sources
 - Health Impact Partners
 - *“Achieving Equity in Lead Poisoning Prevention Policy Making: Proceedings from a consensus Conference”*



Regulation 2-88

- Existing lead regulation in Black Hawk County
 - Naming convention suggests 1988
- Definitions – 14 definitions to 30 applicable definitions
 - Includes descriptions of certifications needed to perform work, EBL, hazards, and lead abatement
- Terms and language utilized in need of modernization
 - “He” used on multiple occurrences when referring to EHO
 - General terms used when discussing lead hazards
- Abatement section is deficient when compared to other ordinances
 - Determined during review of peer organization ordinances
- Compliance and Enforcement
 - Outdated County reporting, enforcement, hearing and penalty process



Proposed Regulation

- Proposed Ordinance
 - “Control of Lead-Based Paint” ordinance
 - Be recognized under Title 8 Health and Safety
 - Recommended Chapter 8.30
- Format
 - Structure
 - Written in current County regulation format
 - Follows current County naming conventions
- Content
 - Increased number and current pertinent definitions
 - 14 vs. 30
 - Increased applicability
 - Clearer guidelines on when (and how) to pursue potential assessments
 - Robust Lead Hazard reduction requirements
 - Increased detail in specific areas, particular hazards and effective mitigation
 - Prohibited methods of hazard reduction



Proposed Regulation

- Content
 - Enforcement
 - Clear Compliance and Enforcement procedures
 - Utilizes updated County procedure for Enforcement
 - Retaliation
 - Provides added protection against retaliation from the lessor of a rental property
 - Updates for common ordinance language
 - Hearings
 - Requests for Variance
 - Injunction
- Equity
 - Assessment conducted



Document Review

- Chapter 8.30 Control of Lead Based Paint
 - Purpose & Applicability
 - Definitions
 - Hazard Nuisance and EBL Inspections
 - Lead Hazard Reduction & Prohibited Reduction
 - Retaliation
 - Compliance, Hearings, Enforcement



Public Presentations

- Scheduled Public Health Meeting
 - Open to the Public, with specific invitations
 - Very poor turn-out; 52 invitations, 6 representative attended
- Documents sent to Interested Parties
 - Desired comments and concerns
 - Allowed 2 weeks for response
 - 1 response was sent in
- Boards of Health and Supervisors
 - Document completed and approved by the BoH on April 27, 2022
 - Submitted to the BoS; approved on May 10, 2022
 - Published document in Public
 - Waterloo Courier
 - Hard copy in available Health Department and at numerous partners locations
 - Social Media announcement
 - Website



Adoption and Implementation

- Adoption and implementation of updated Lead-Based Paint Regulation
 - Has been implemented in Black Hawk County
 - Next Steps include targeted and continued education for:
 - Renters/Tenants
 - Landlords
 - Municipalities
 - Providers
 - CLPPP and Healthy Homes opportunities educate and inform



Questions & Recommendations

- What are your questions?
- What are your recommendations?





DISCUSSION SECTION

Send your questions for presenters In the chat!





LUNCH BREAK

12:30PM - 1:00PM

**Check out all of the resources
we have put together!**

<https://idph.iowa.gov/Environmental-Health-Services/Childhood-Lead-Poisoning-Prevention/resources>

Childhood Lead Poisoning Prevention at CDC

Perri Ruckart, DrPH, MPH

**Team Lead; Program Development,
Communications, and Evaluation Team
Lead Poisoning Prevention and
Surveillance Branch (proposed), NCEH**

Rio Schondelmeyer, MPA, MS

**Health Scientist (Policy)
Lead Poisoning Prevention and
Surveillance Branch (proposed), NCEH**

August 24, 2022

**National Center for Environmental Health
Agency for Toxic Substances and Disease Registry**



Learning objectives

Greater awareness of

- Lead exposure as a public health problem
- CDC's Childhood Lead Poisoning Prevention Program (CLPPP)
- Challenges in lead poisoning prevention
- Efforts to increase rates of blood lead testing
- Purpose and usage of the Blood Lead Reference Value (BLRV)

LEAD EXPOSURE AS A PUBLIC HEALTH PROBLEM

Lead is a toxic (poisonous) metal.

- **Lead exposure:** When a child comes in contact with lead by swallowing or breathing in lead or lead dust.
- Even low levels of lead can adversely affect the health of children.



Children have the greatest risk of exposure and negative health impacts

- **Key routes of lead exposure:**
inhalation and ingestion
- Risk factors include
 - Developing body systems and detoxification processes
 - Unique behavioral factors such as mouthing and crawling
 - Greater lead absorption per body size



Children are primarily exposed to lead from paint, soil, and water

- **Lead-based paint** in homes and buildings built before 1978
- **Contaminated soil** from exterior lead-based paint, car exhaust, and factories that use lead
- **Contaminated drinking water** delivered through lead plumbing materials



Lead in Housing

- Some homes are more likely to contain lead-based paint and have pipes, faucets, and plumbing fixtures containing lead.
 - Houses built before 1978, before the banning of lead-based paint
 - Houses in low-income areas
- Some populations, such as children from low-income households and who are African American are more likely to live in conditions where there is greater likelihood of exposure

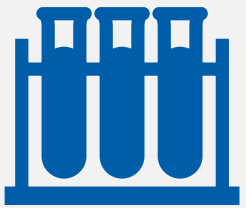
CDC'S CHILDHOOD LEAD POISONING PREVENTION PROGRAM

CDC's Childhood Lead Poisoning Prevention Program (CLPPP)

- **Vision:** To eliminate childhood lead poisoning as a public health problem
- **Mission:** To reduce blood lead levels in children and differences in average risk based on race and socioeconomic status



CDC focuses on strengthening four core strategies



**Blood lead
testing and
reporting**



**Surveillance of
child blood lead
levels**

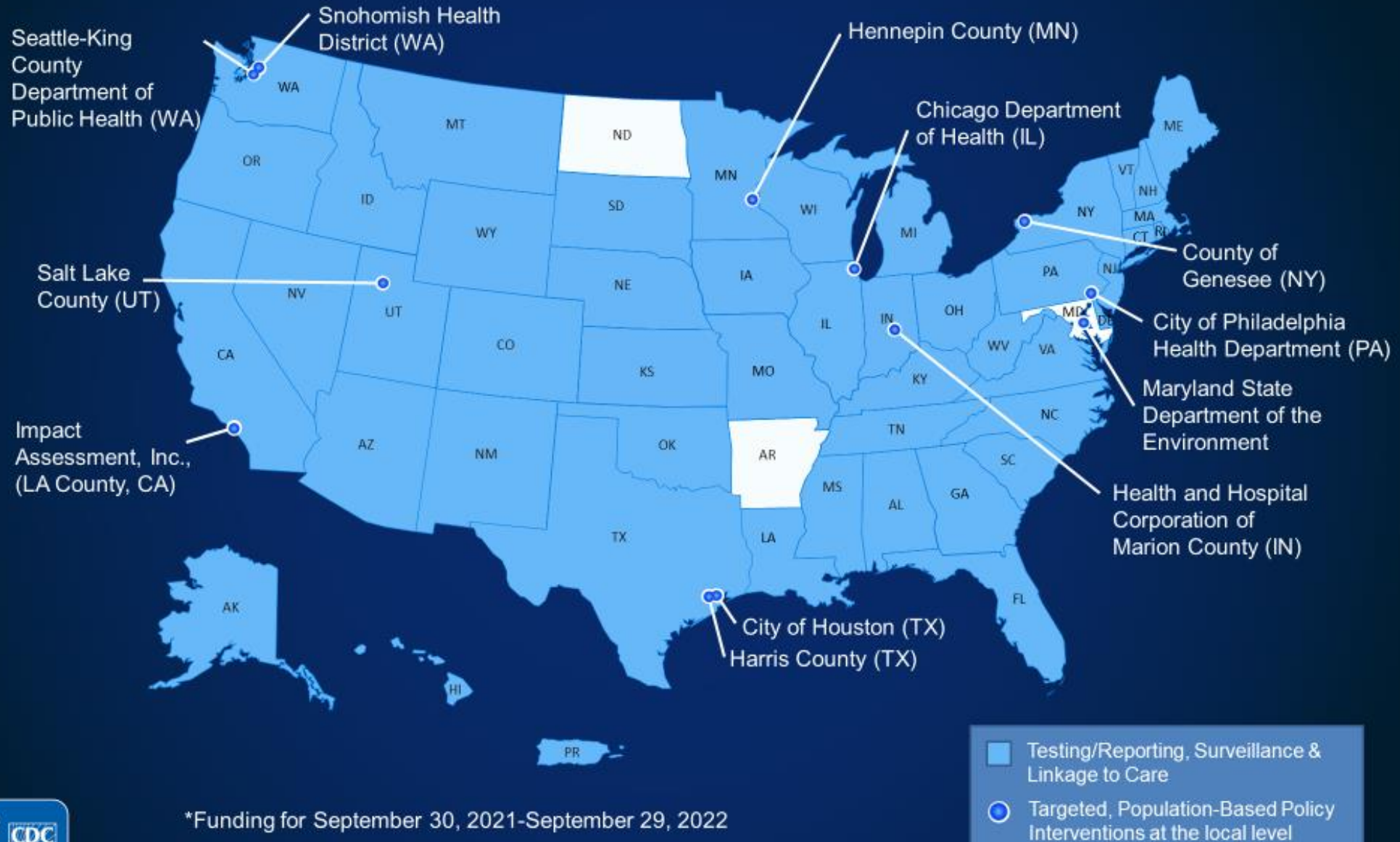


**Targeted,
population-based
interventions**

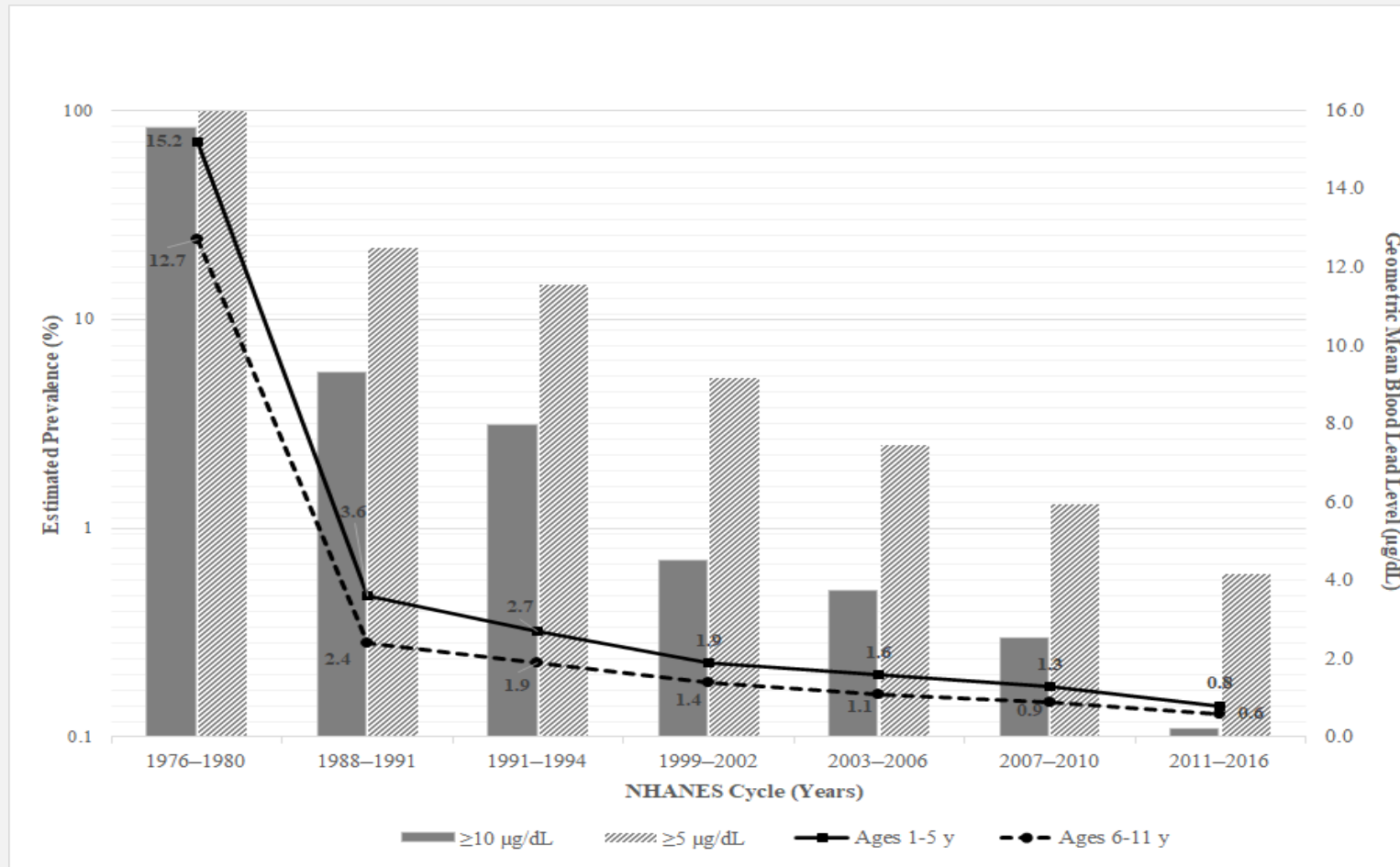


**Linkages of lead-
exposed children to
recommended services**

FY 2021* Childhood Lead Poisoning Prevention Recipients



U.S. children's blood lead levels (BLLs) have declined in the last 40 years



SOURCE: Egan KB, Cornwell CR, Courtney JG, Ettinger AS. Blood Lead Levels in U.S. Children Ages 1–11 Years, 1976–2016. Environ Health Perspect. 2021; 129(3):1-11.

CHALLENGES IN LEAD POISONING PREVENTION

Testing children for lead exposure

- A **blood test** is the best way to determine if a child has been exposed to lead.
- Children that have been exposed to lead may not show signs or symptoms
- **Two types of blood collections may be used:**
 - finger prick (capillary) blood collection
 - venous blood draw



There is also disparity in rates of BLL screening

In selected states, many children did not receive blood lead screening tests at required intervals.



38% of Medicaid-enrolled children did **not** receive a 12-month or a 24-month blood lead screening test.

In selected states, some children were never tested for elevated blood lead levels before their third birthday.



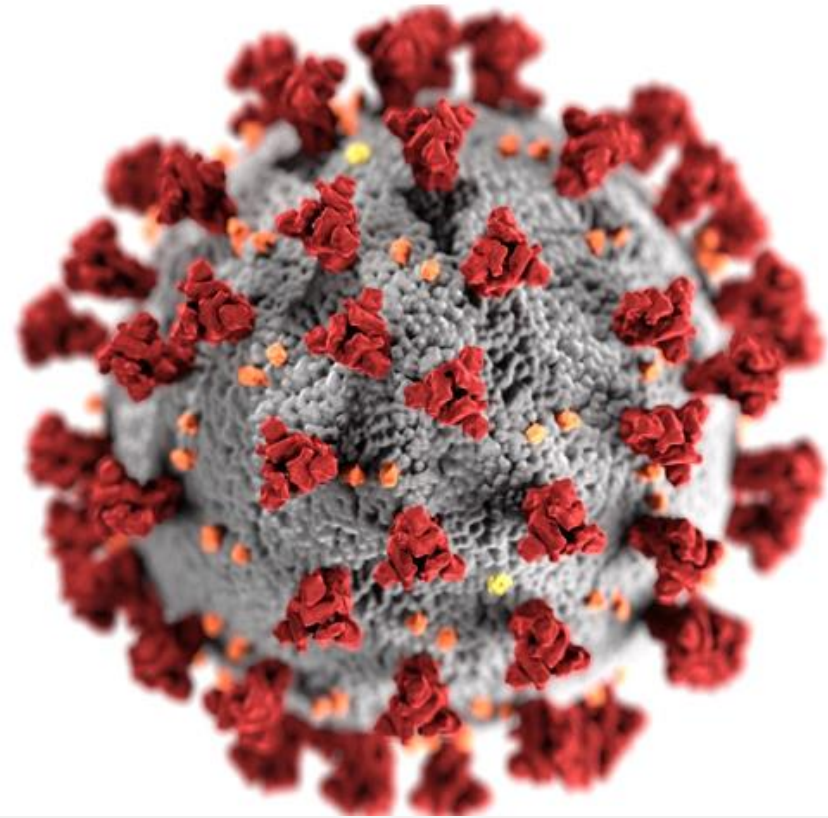
21% of children with continuous enrollment in Medicaid from birth did **not** receive a blood lead screening test by 3 years of age.

Source: OIG analysis of Medicaid claims data, 2021.

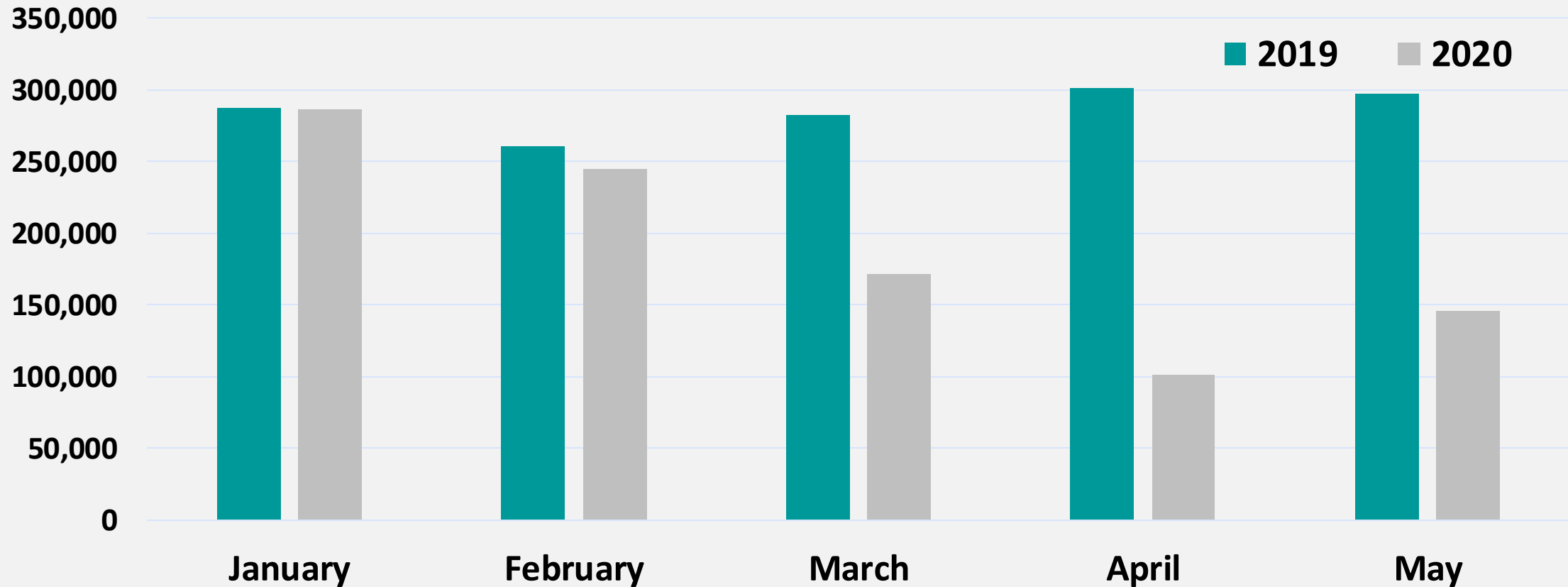
In all 5 states, a higher proportion of Medicaid-enrolled children received a blood lead screening test at 12 months of age than at 24 months of age.

Lead testing decline

**Decreases in Young Children
Who Received Blood Lead Level
Testing During COVID-19 — 34
Jurisdictions, January–May 2020**



Children age < 6 years tested for lead--United States, Jan-May 2019 vs. Jan-May 2020



SOURCE: Courtney JG, Chuke SO, Dyke K, et al. MMWR Morb Mortal Wkly Rep. Feb 5 2021; 70(50):115-161

LeadCare® test kits recalled in 2021

Magellan Diagnostics, Inc. is **recalling** LeadCare II, LeadCare Plus, and LeadCare Ultra Blood Lead Test kits due to a significant risk of falsely low blood lead level results. FDA has concerns that the falsely low results may contribute to health risks in special populations such as young children and pregnant individuals.



Expansion of Recall of LeadCare Blood Lead Tests Due to ...

 emergency.cdc.gov/han/2021/han00454.asp

EFFORTS TO INCREASE RATES OF BLOOD LEAD TESTING

By 2024, CDC will increase the blood lead screening rates up to 50% for children aged 0–3 years in the Medicaid-Eligible population

C

CULTIVATE Comprehensive health equity science

CDC will embed health equity principles in the design, implementation, and evaluation of its research, data, surveillance, and interventions strategies.

O

OPTIMIZE interventions

CDC will use scientific, innovative and data-driven intervention strategies that address environmental, place-based, occupational, policy and systemic factors that impact health outcomes and address drivers of health disparities.

R

REINFORCE and expand robust partnerships

CDC will seek out and strengthen sustainable multi-level, multi-sectoral and community partnerships to advance health equity.

E

ENHANCE capacity and workforce engagement

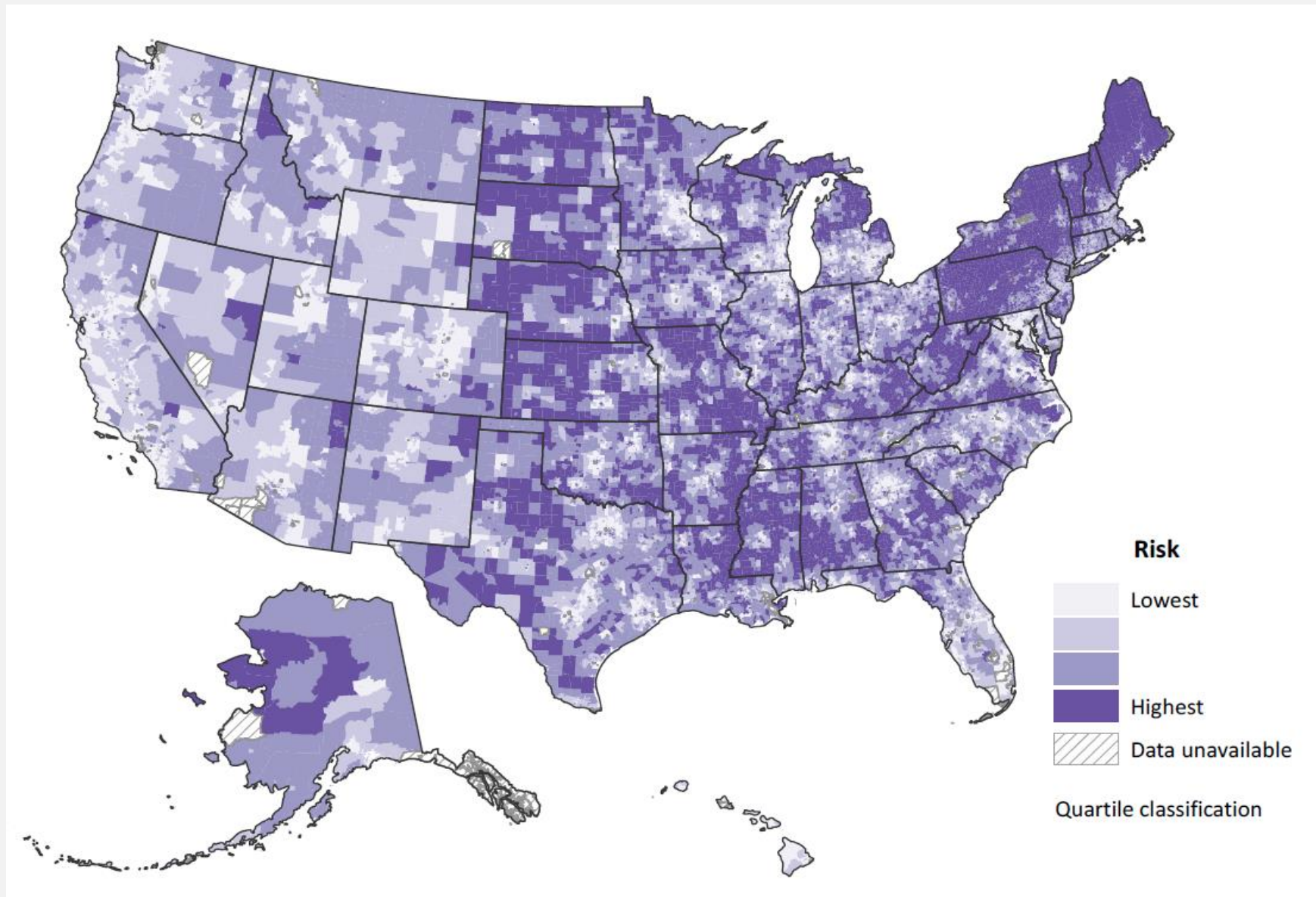
CDC will build internal capacity to cultivate a multi-disciplinary workforce and more inclusive climates, policies, and practices for broader public health impact.

CDC Efforts to Improve Testing

- Lowering the BLRV
- Epidemiology/surveillance activities
- Communication & Outreach
- Partnerships
- Lead Exposure Risk Index (LERI)



Lead Exposure Risk Index (LERI) is Coming



PURPOSE AND USAGE OF THE BLRV

Changes to Definitions for Interpreting Children's Blood Lead Levels Over Time

Year	Blood lead level (µg/dL)	Interpretation
1960	≥60	Not applicable
1970	≥40	Undue or increased lead absorption
1975	≥30	Undue or increased lead absorption
1978	≥30	Elevated blood lead level
1985	≥25	Elevated blood lead level
1991	≥10	Level of concern
2012	≥5	Reference value
2021	≥3.5	Reference value

SOURCE: https://www.cdc.gov/mmwr/volumes/70/wr/mm7043a4.htm?s_cid=mm7043a4_w

How health departments can use the BLRV

- Use the BLRV to determine the blood lead level required for case management and environmental investigation in their jurisdiction
- Widely promote using the BLRV to identify children with BLLs that are higher than most U.S. children's levels
- Encourage providers to follow CDC's recommended actions based on the BLL

How health departments can use the BLRV (cont.)

- Have a secondary prevention strategy to identify and follow up children who are exposed to lead
- Focus screening efforts on high-risk neighborhoods and children based on age of housing and sociodemographic risk factors
- Collaborate with public health and clinical professionals to develop screening plans responsive to local conditions using local data

How providers can use the BLRV

- Use the updated reference value to identify children at risk
- Follow CDC's recommended child-specific response actions at or above the BLRV
- Take earlier action to identify and mitigate exposures for children ages 1–5 years with BLLs at or above the BLRV of 3.5 $\mu\text{g}/\text{dL}$

How laboratories can use the BLRV

- The updated BLRV may create challenges and opportunities for laboratories that perform blood lead testing including
 - reduce lower reporting limits,
 - update data systems to include decimals (i.e., X.X µg/dL),
 - adopt new repeat testing practices, and/or
 - improve limits of detection of lab developed tests by
 - validating new laboratory-developed tests
 - acquiring new instrumentation

Goal and objectives of BLRV post implementation plan

CDC will review the progress of state and local public health agencies and laboratories using four approaches after announcement of the updated BLRV to **evaluate progress toward using the updated BLRV and associated impacts.**



Approaches for our BLRV post implementation plan

1. Outreach to select recipients

Approaches for our BLRV post implementation plan

1. Outreach to select recipients
2. Review surveillance data

Approaches for our BLRV post implementation plan

1. Outreach to select recipients
2. Review surveillance data
3. Analyze Awardee Lead Profile Assessment (ALPA) results

Approaches for our BLRV post implementation plan

1. Outreach to select recipients
2. Review surveillance data
3. Analyze ALPA results
4. Review Laboratory Quality Assurance (QA) and Proficiency Testing (PT)

The BLRV is only an effective intervention if children receive appropriate testing



Thank You!

**To all of you, to our colleagues across
NCEH/ATSDR, and to everyone in the
fight against childhood lead exposure**

For more information:

CDC's Childhood Lead Poisoning Prevention Program

<https://www.cdc.gov/nceh/lead/>

For more information, contact NCEH/ATSDR
1-800-CDC-INFO (232-4636)


TTY: 1-888-232-6348 www.atsdr.cdc.gov www.cdc.gov

Follow us on Twitter @CDCEnvironment

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.



Slides from the following presentation cannot be shared per the presenter's request. Please reference the presentation recording to hear this presentation.



Incorporating a Lead Screening Tool in Well-Child Note Templates Provider Lead Screening Practices

Tope Awelewa, MBCHB, MPH, IBCLC, FAAP
Clinical Associate Professor, Stead Family Department of Pediatrics
Associate Chief Quality Officer, Ambulatory Services
University of Iowa Carver College of Medicine



AFTERNOON BREAK

2:30PM - 2:45PM

**Check out all of the resources
we have put together!**

<https://idph.iowa.gov/Environmental-Health-Services/Childhood-Lead-Poisoning-Prevention/resources>

Elevated Blood Lead Levels Among Children Ages 1-2 (12-35 mo.) Years of Age

Data Evaluation 2019-2021, n = 99,284

Prepared by :

Amanda C. Hagerman, MPH

Childhood Epidemiologist & Healthcare Policy Analyst

&

Kevin Officer

Childhood Lead Program Manager



Background

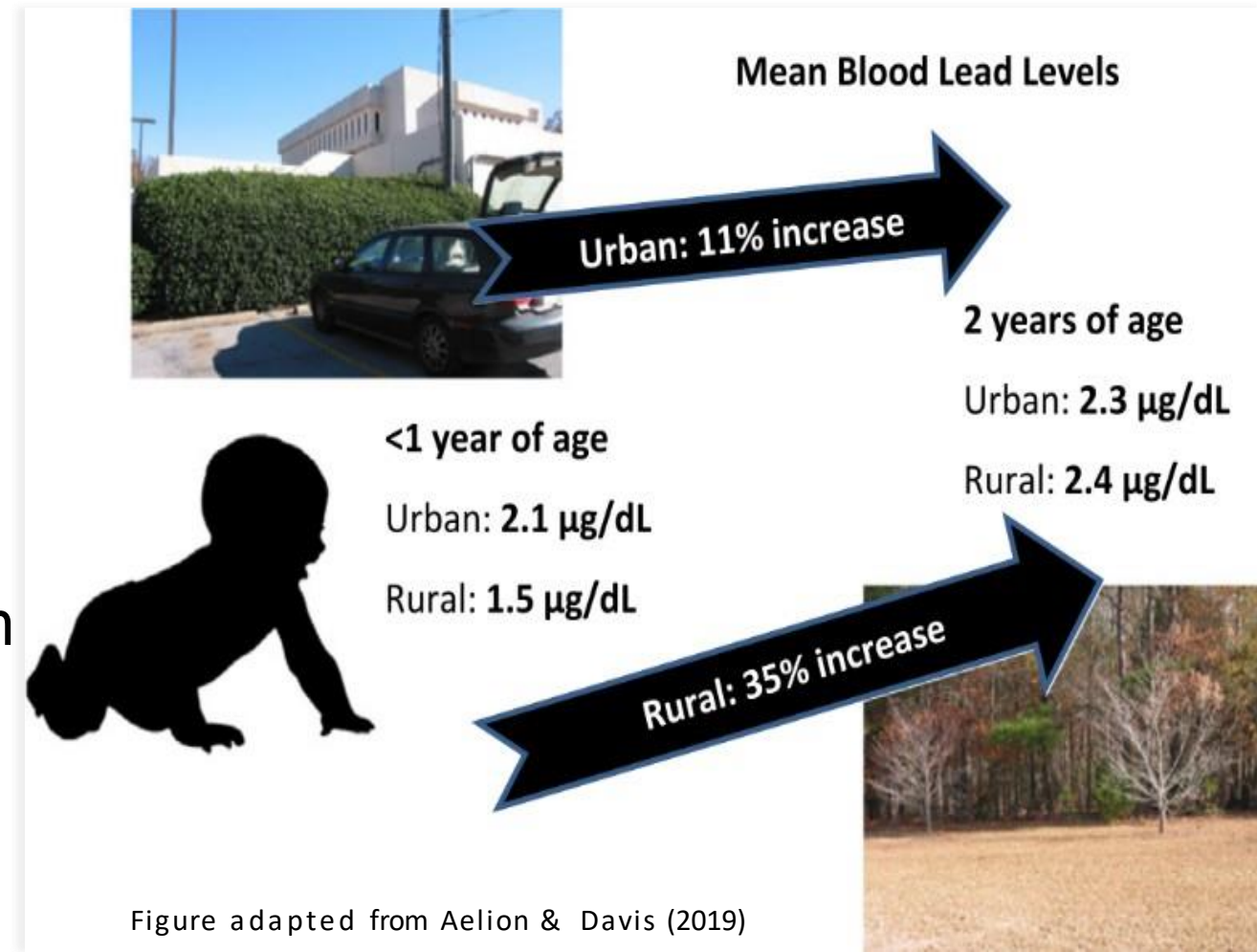


- No safe level of Lead has been identified for children.
- Children are most vulnerable. They absorb 4-5 times more than adults.
- Low levels of lead have been shown to impair a child's intelligence, ability to perform in school, delay physical development, create behavioral problems, and can result in Hearing Loss.
- Pediatric populations at elevated risk:
 - Lower SES
 - Housing built pre 1978,
 - < 6 years of age
 - Immigrant & refugee populations
 - Hispanic/Latinx and Black/African American communities.



Differences In BLLs And Exposures Of Children Living In Metro vs. Non-Metro Regions

- Most studies examining BLL in children have been performed in metropolitan communities
- Majority of studies examining metro vs. non-metro children have found that metro children have higher average BLLs
- Few studies have found that living in a non-metro area may be a risk factor for elevated BLL



Exposures For Hispanic/Latinx Children In Non-Metro Regions

Predictors for BLL ≥ 5 $\mu\text{g}/\text{dL}$

- gender & age
- generational status
- home language
- income
- head of the household education level
- age of housing & drinking water sources
- immigration from country with high levels of lead in environment

Exposure sources for Hispanic/Latinx communities

- older housing (pre-78)
- bare soil
- occupational exposures (construction or home renovation)
- lead painted or glazed ceramic pottery or cookware
- candies and foods imported from Mexico
- traditional folk remedies



Elevated BLL In Metro Non-Hispanic Black Children

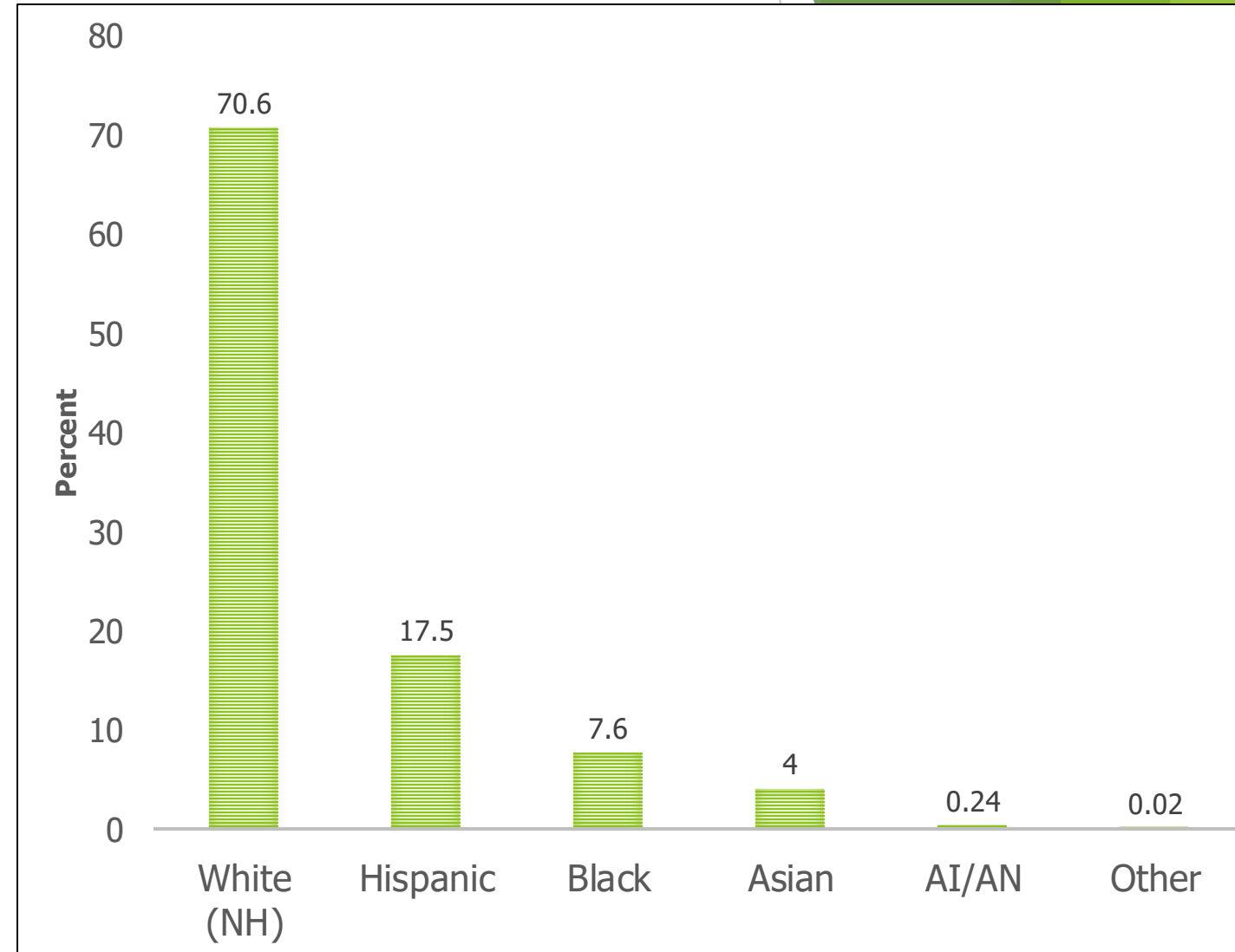
- ❑ Well established racial disparity in BLL
 - disparities persist despite overall decrease in lead exposure in the US
 - one study using NHANES data found that 21.8% of non-Hispanic Black children had a BLL between 2.5-5 μ g/dL compared to 11.71% of non-Hispanic White children
- ❑ Key exposures
 - household dust contamination
 - old housing
 - ambient air exposures
- ❑ Seasonal patterns to lead exposure
 - peaking in summer and autumn



The Sample

- ▶ Data from the Healthy Homes & Lead Poisoning Surveillance System (HHLPPSS)
- ▶ 99,284 children ages 1-2 years (12-35 mo.)
- ▶ Years 2019-2021
- ▶ 62% of the sample had unknown race/ethnicity
- ▶ 80% of samples were taken by capillary
 - 13% venous
 - 6.8% unknown

The Race/Ethnicity Composition of the Sample (2019-2021)



What are the Measures and Trends to Explore?



Geographic Variation

County of Residence &
Statistical Region



Demographic Variables

Race/Ethnicity, Age, & Gender

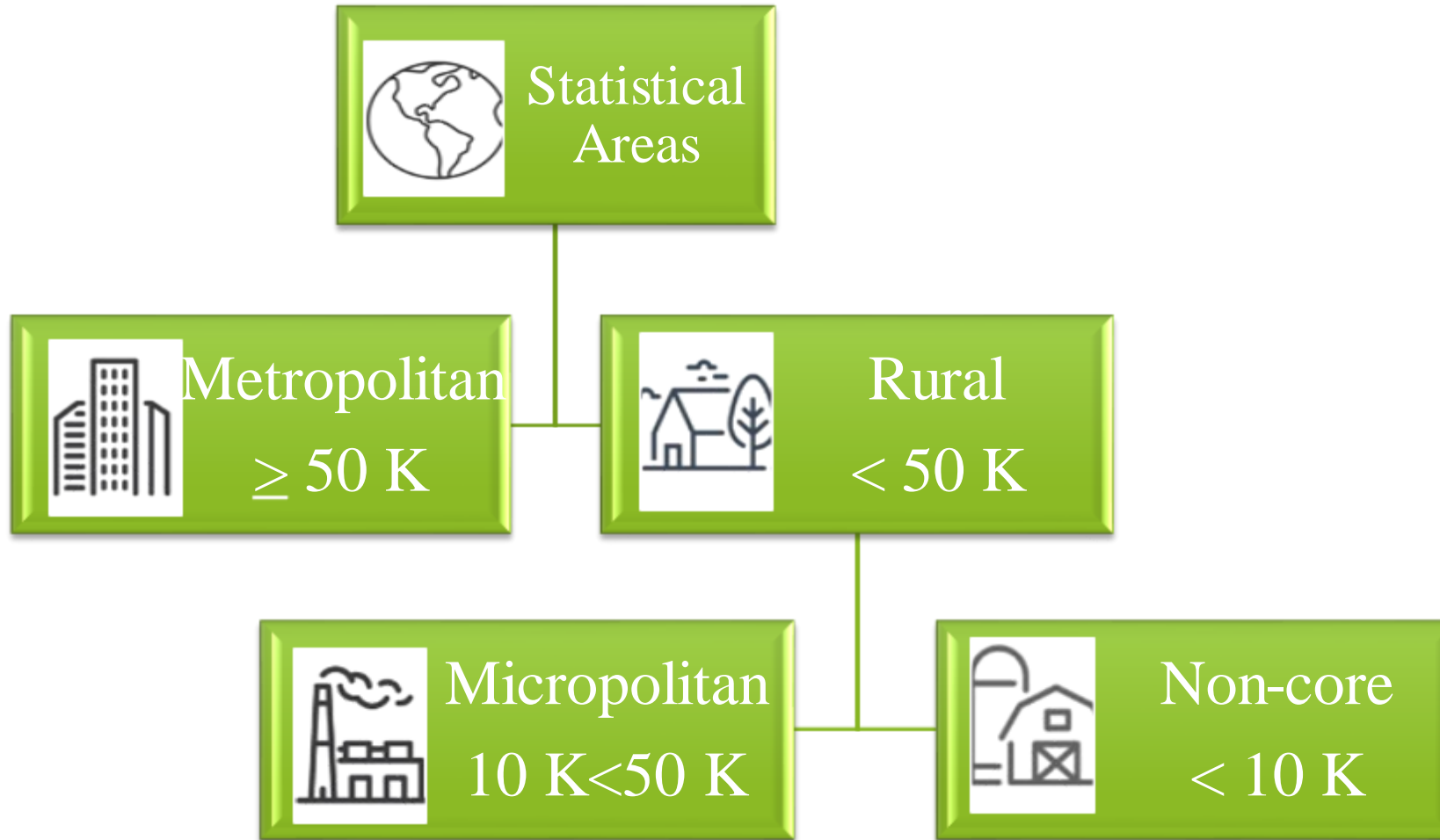


High Blood Lead Levels

CDC Definition: Children with a result of 3.5 $\mu\text{g}/\text{dL}$ or higher

* If a child was retested, the most recent test was analyzed.

The Definitions for Statistical Regions

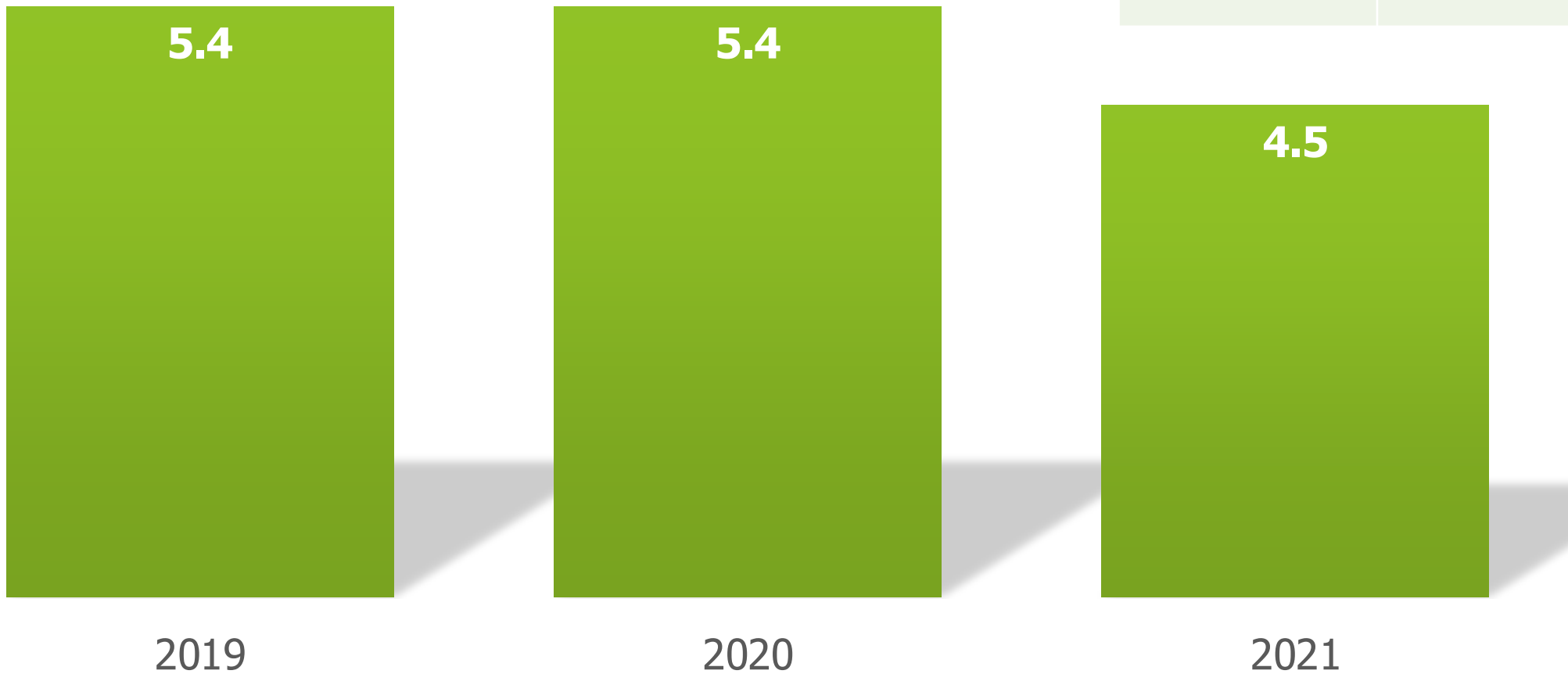


**Statistical Areas defined by The Office of Management and Budget (OMB)*

From 2019 to 2021, **5.1%** of children
ages 1-2 had a high blood Lead test result



What is the Proportion of Children with an EBL by Year?



Age	EBL in 2021 (%)
12-23	3.8 (M:3.9, F:3.8)
24-36	5.7 (M:6.3, F:5.2)

Where do Children Reside Who Had a High Blood Lead Test?



46%

reside in Metro (> 50 K)



21.9%

reside in Micropolitan ($10K < 50K$)



32.2%

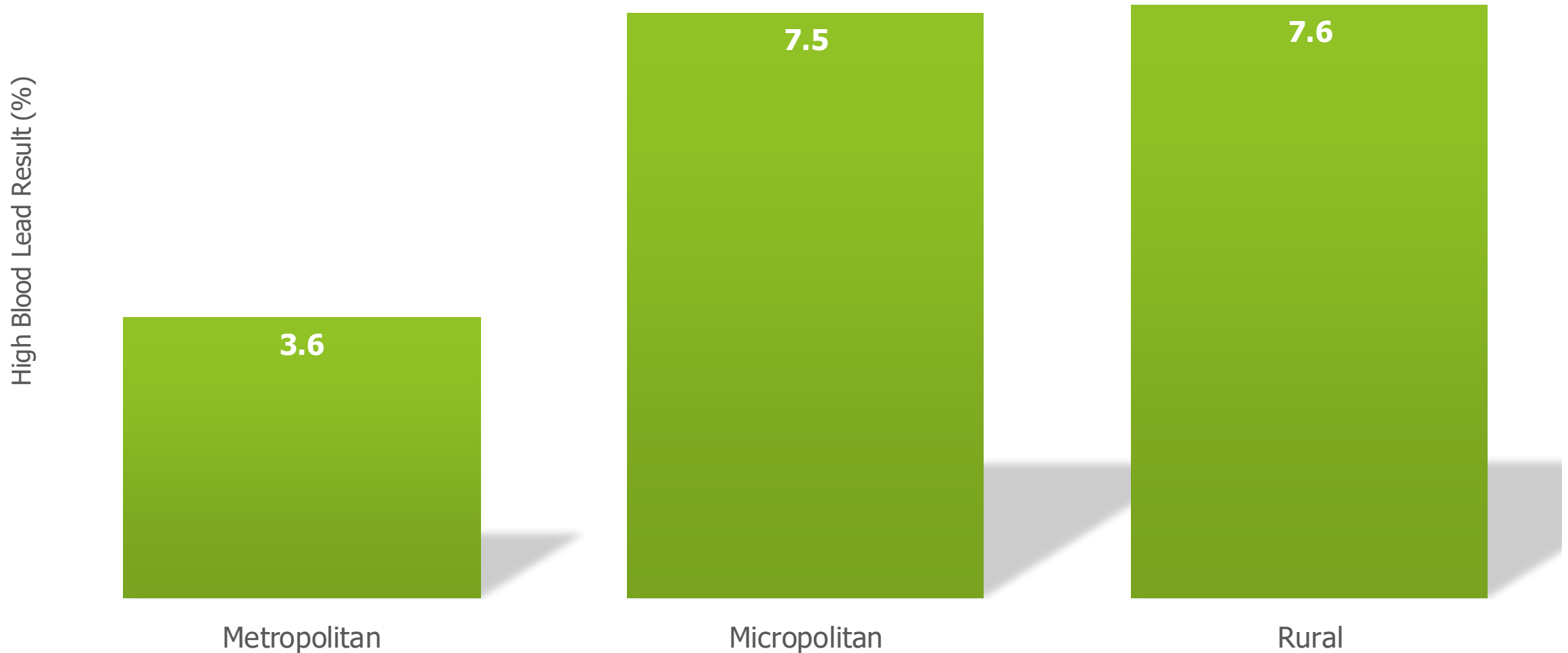
reside in non-core (< 10 K)

What Factors Predict EBLs?

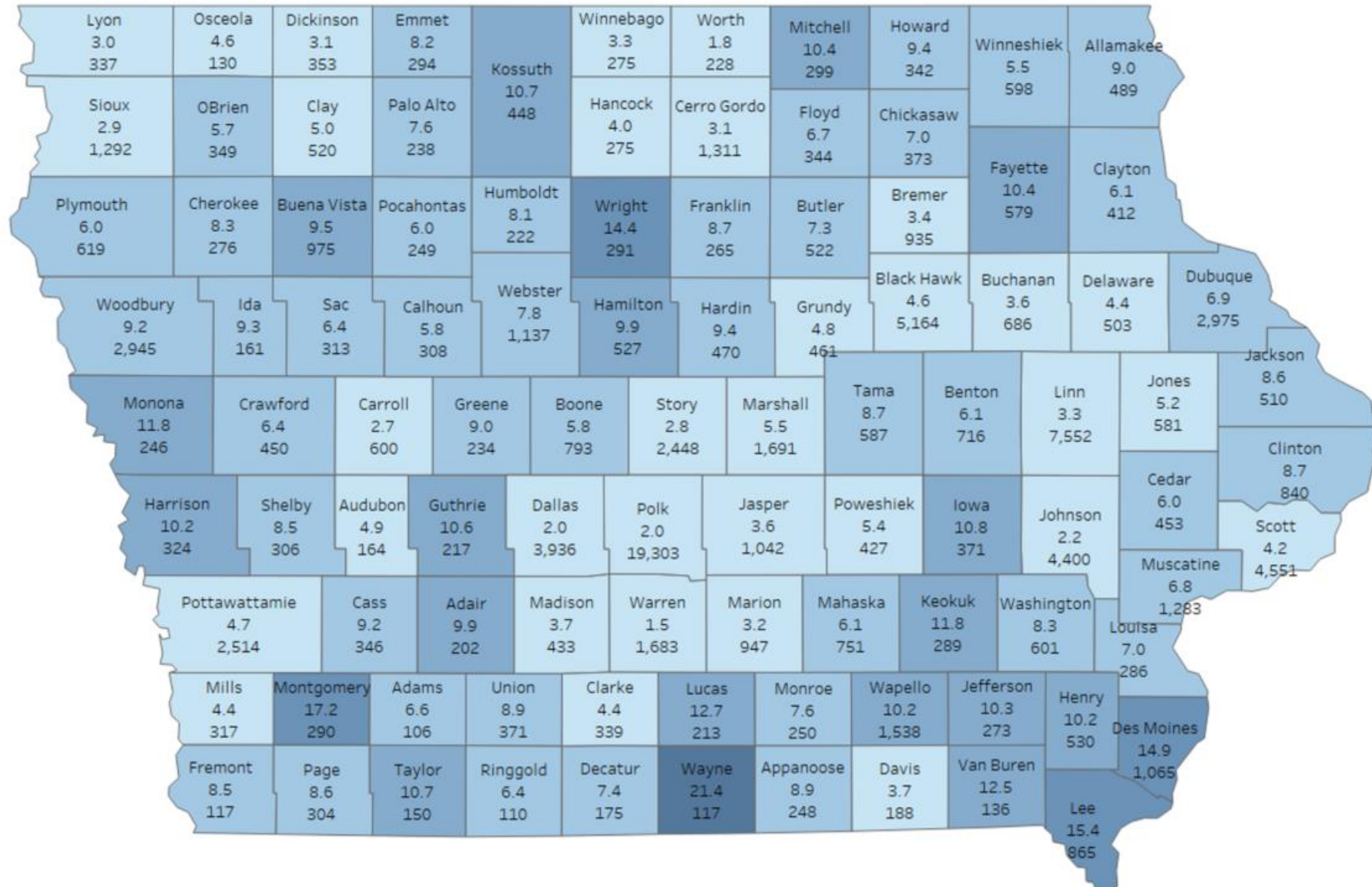
- ❖ Those who resided in non-core (OR: 2.6, CI: 2.2-3.1) and micropolitan locations (OR: 2.1, CI: 1.7-2.5) were more than two times more likely to have EBLs (ref. Metro).
- ❖ Hispanic (OR: 1.41, CI: 1.2-1.7), Black/AA (OR: 1.40, CI: 1.04-1.88), and AI (2.94, CI:1.03-8.39) populations all had higher odds of EBLs (ref. White).
- ❖ Two Year Olds were 1.5 times more likely to have EBLs than those who were younger (CI:1.31-1.80).
- ❖ There was no statistically significant difference in EBLs between children who were male and female.

** $p < .001$*

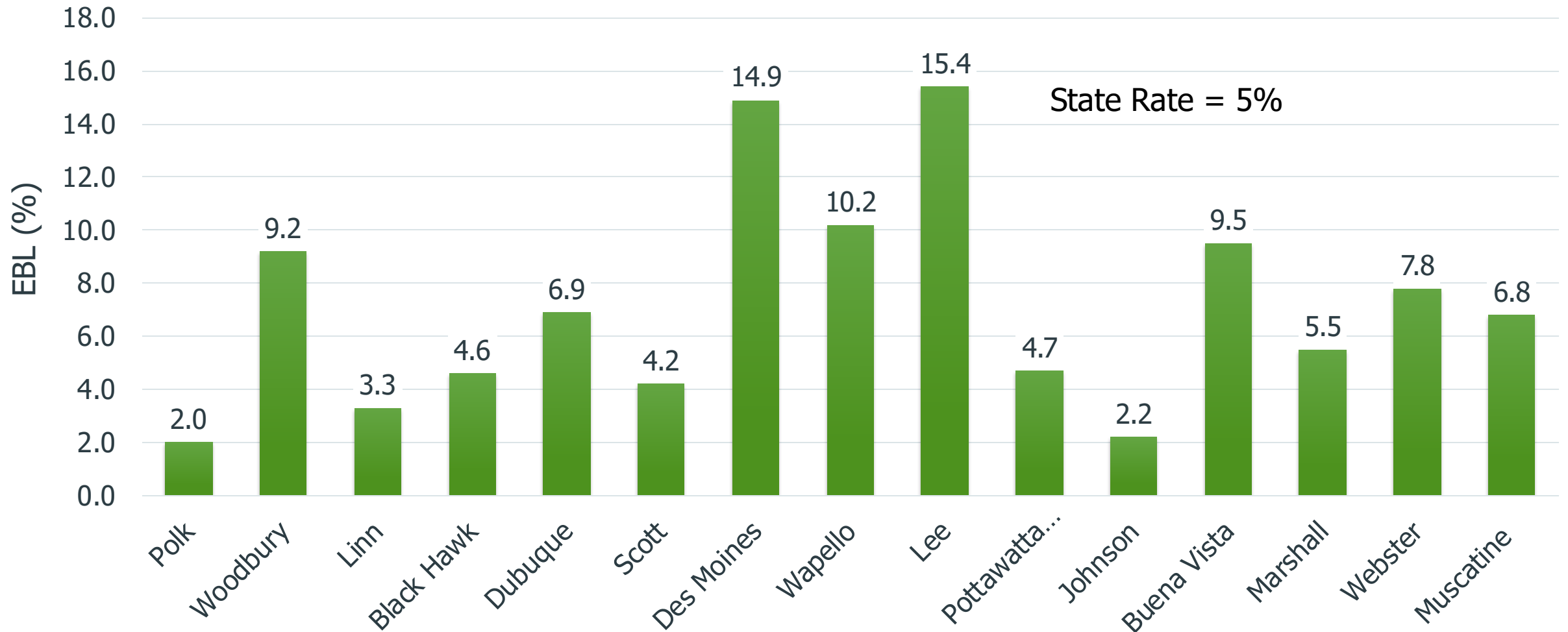
The Proportion of Children with a High Blood Lead Test Result by Statistical Region of Residence



The Proportion of Children with a 'High' Blood Lead Test Result by County of Residence

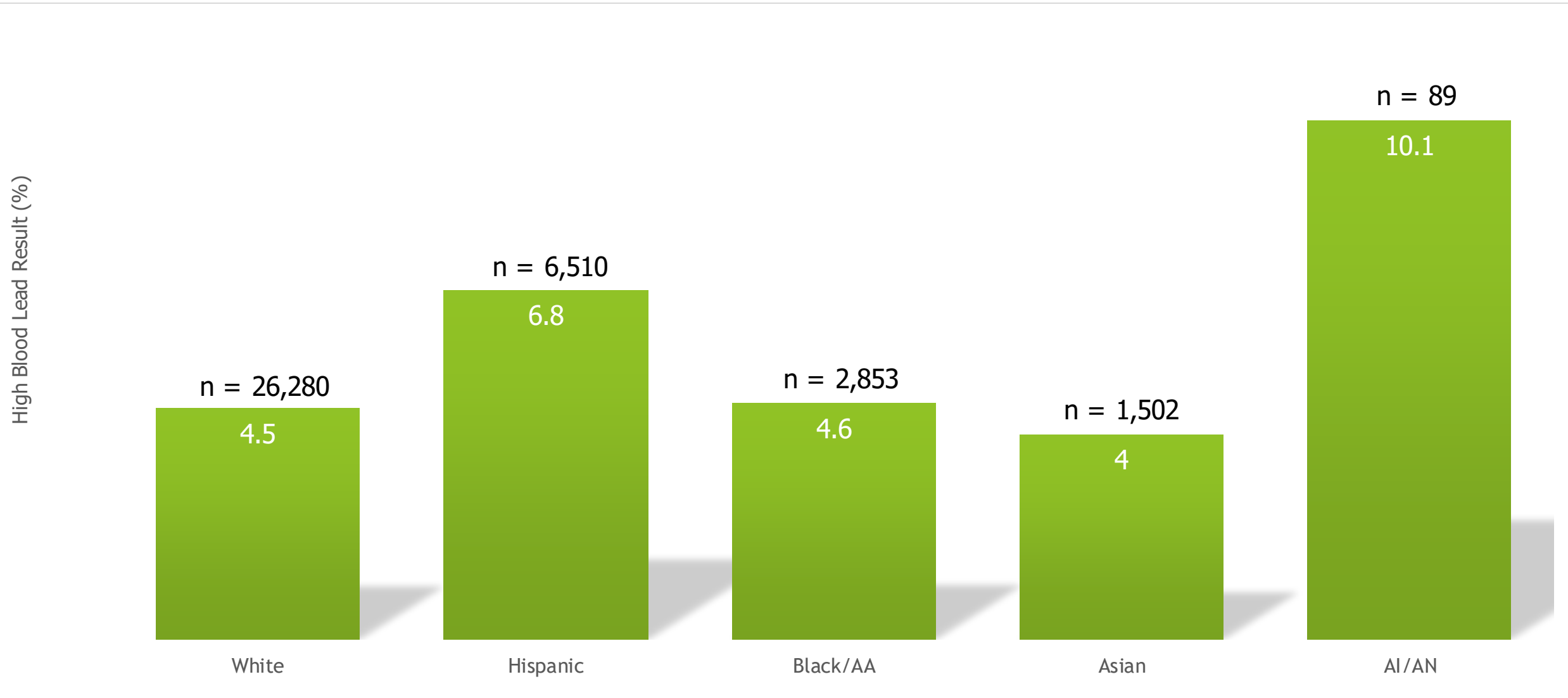


What is the Proportion of Children with a High Blood Lead Test Result Among Top Contributing Counties of Residence?

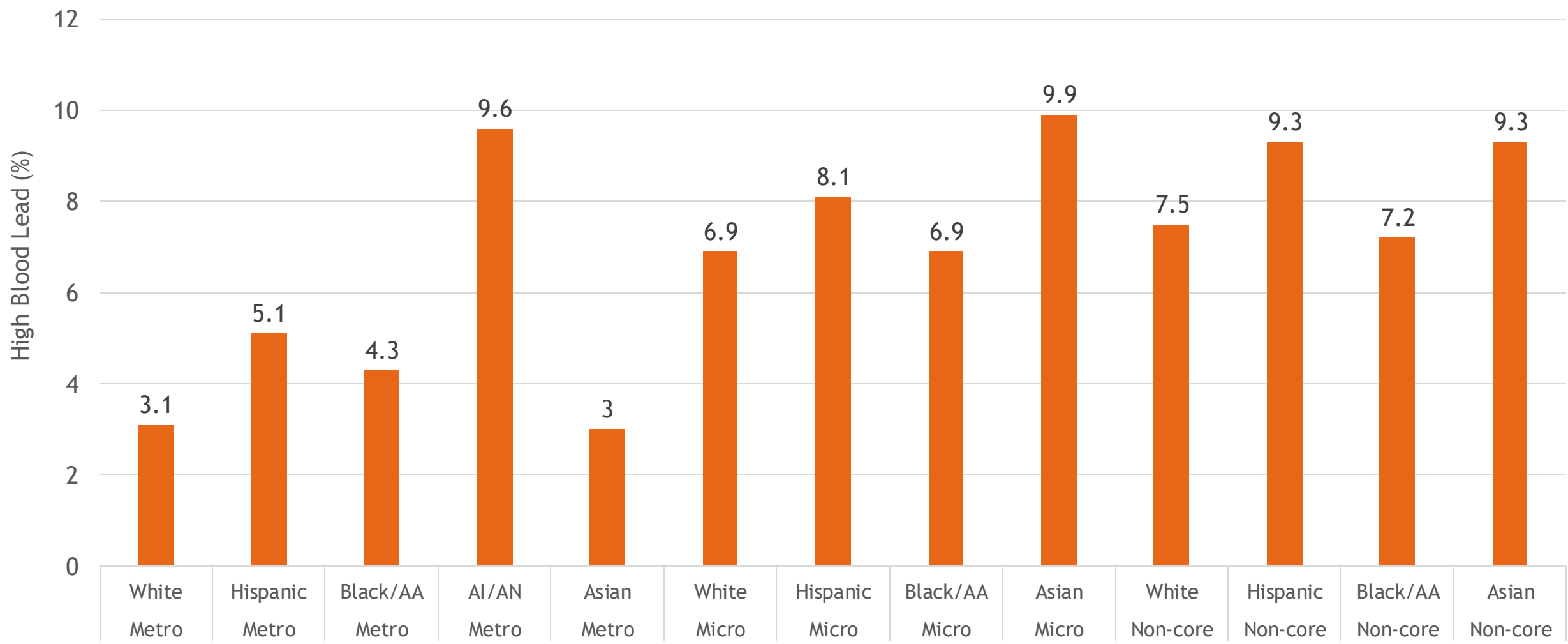


**Represents Top Contributing Counties of Residence with a High Blood Lead Test.*

What is the % of Children with a High Blood Lead Test Result by Race/Ethnicity?

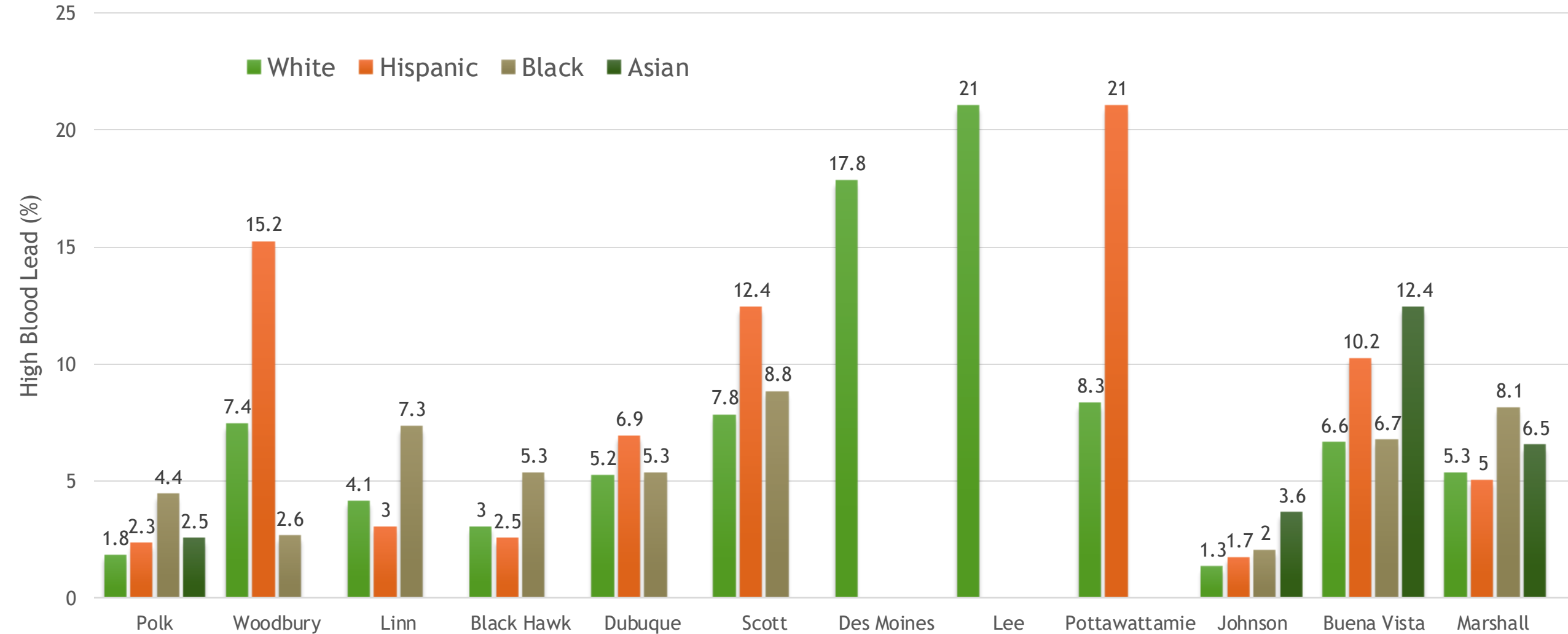


What is the % of Children with a High Blood Lead Test Result by Race/Ethnicity & Statistical Region of Residence?



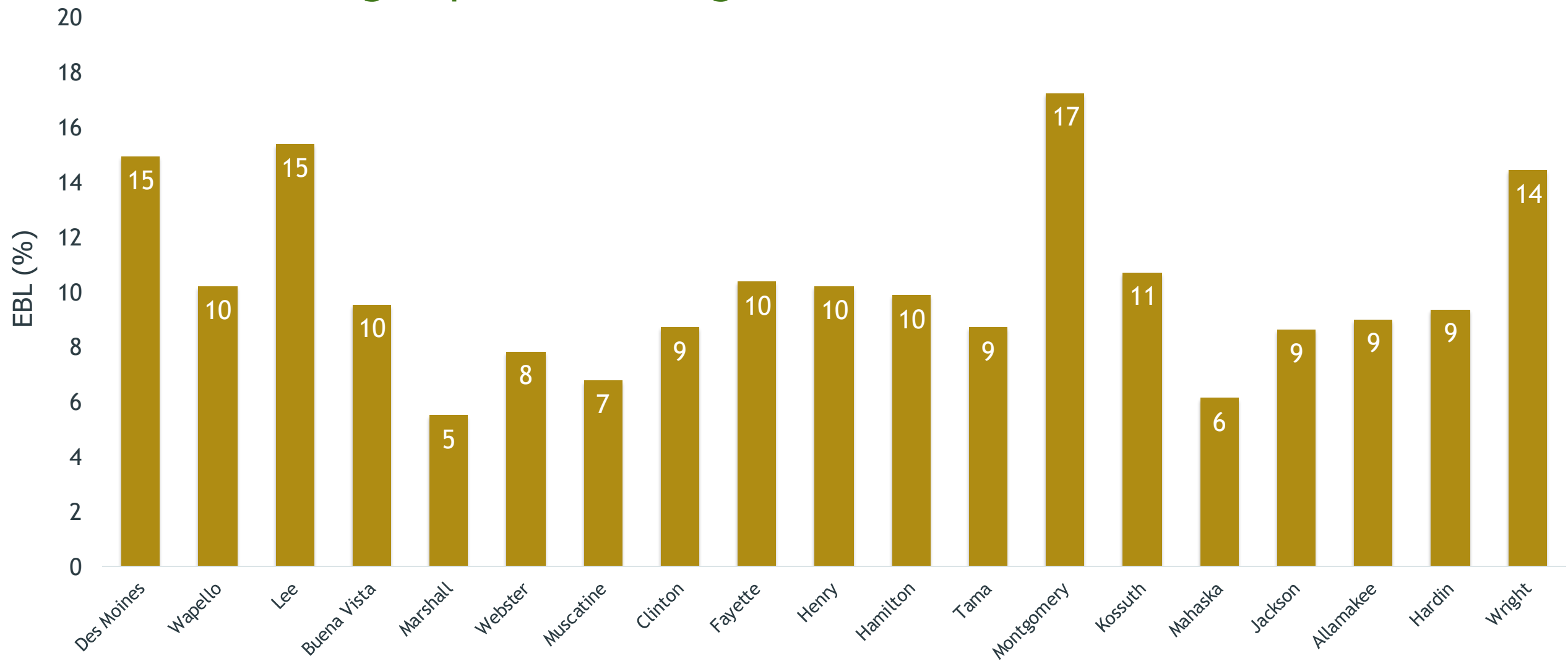
** Hawaiian/Pacific Islander not displayed due to low denominator.*

What is the % of Children with a High Blood Lead Test Result by Race/Ethnicity Among Top Contributing Counties of Residence?



**Represents Top Contributing Counties of Residence with a High Blood Lead Test. AI/AN and Hawaiian/Pacific Islander not displayed.*

What is the Proportion of Children with a High Blood Lead Test Result Among Top Contributing Rural Counties of Residence?

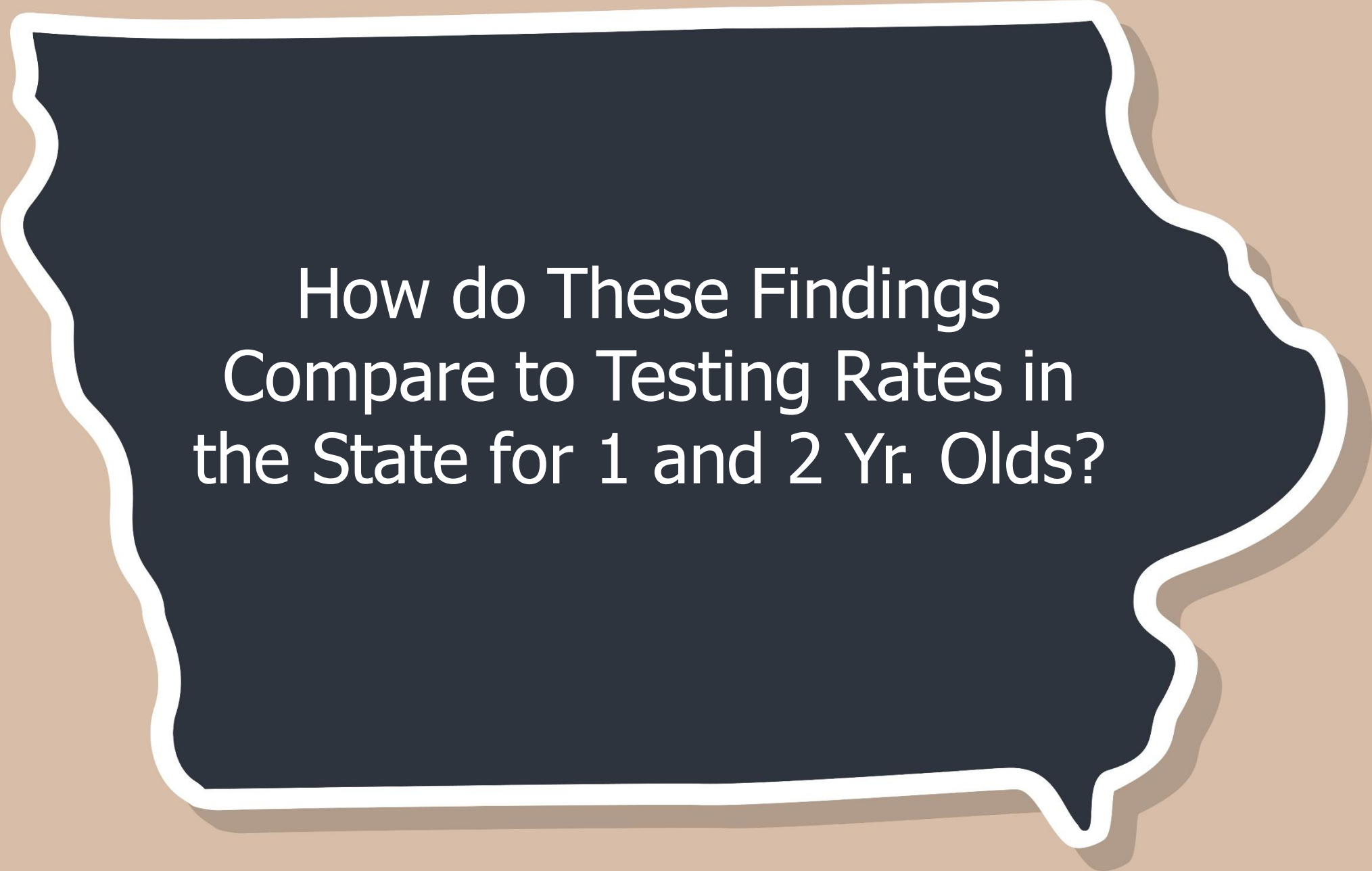


**Represents Top Contributing Rural Counties of Residence with a High Blood Lead Test.*

White (NH) Children in Des Moines County
have a high blood Lead test result of **17%**

Hispanic children in Buena Vista (**10%**)
and Wright County (**17%**) have EBLs.



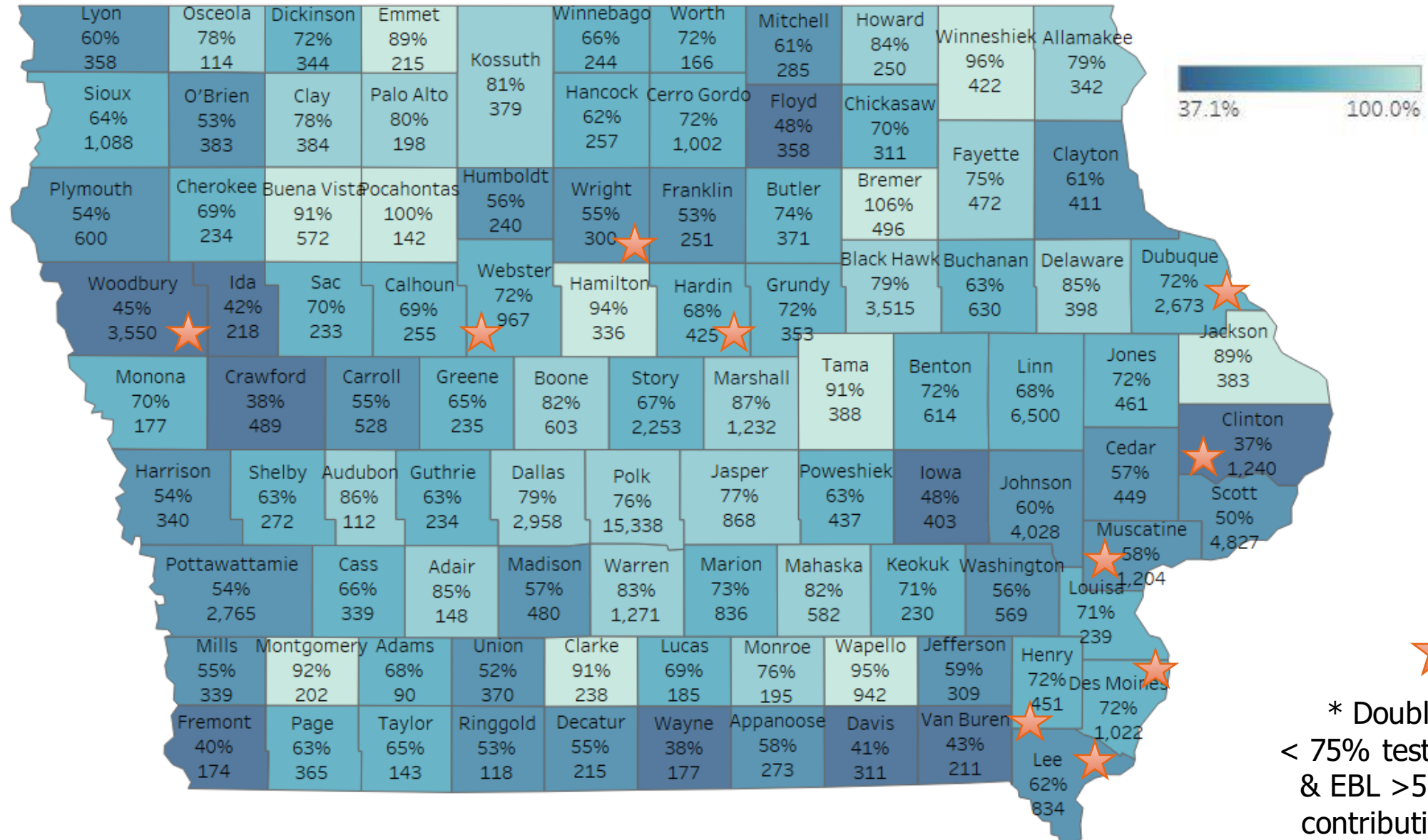


How do These Findings
Compare to Testing Rates in
the State for 1 and 2 Yr. Olds?

The avg. rate of testing for
2019 & 2020 was 67.9%



The Avg. Rate of Testing for 2019 & 2020 for 1 & 2 Yr. Olds in the State of Iowa



* Double Burden
< 75% testing coverage
& EBL >5.1% for top
contributing counties

Recap



- ▶ Overall, the proportion of children with EBLs has decreased since 2019 and 2020.
- ▶ Rural communities are more than 2 times more likely to have EBLs compared to those in Metro locations.
- ▶ American Indian children had the highest percentage of children with EBL (10%) followed by Hispanic (6.5%), Black/AA (4.6%), & White (NH, 4.5%).
- ▶ Apart from AI children who resided in metro areas, all other race/ethnicity groups had higher EBLs in rural counties (micro & non-core).
- ▶ In Metropolitan locations, children who identified as AI/AN and Hispanic had the highest % of children with a EBLs.
- ▶ The counties Woodbury, Dubuque, Des Moines, Wapello, and Lee not only contribute a larger percentage of children with high Lead levels in their blood but also have higher proportions.
- ▶ A large number of counties experiencing the 'double burden' are in the lower southeast corner of the state.

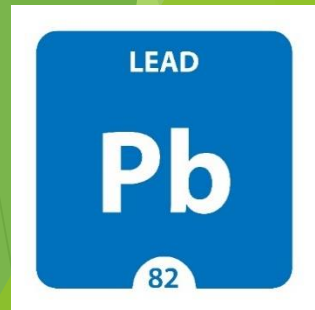
Discussion



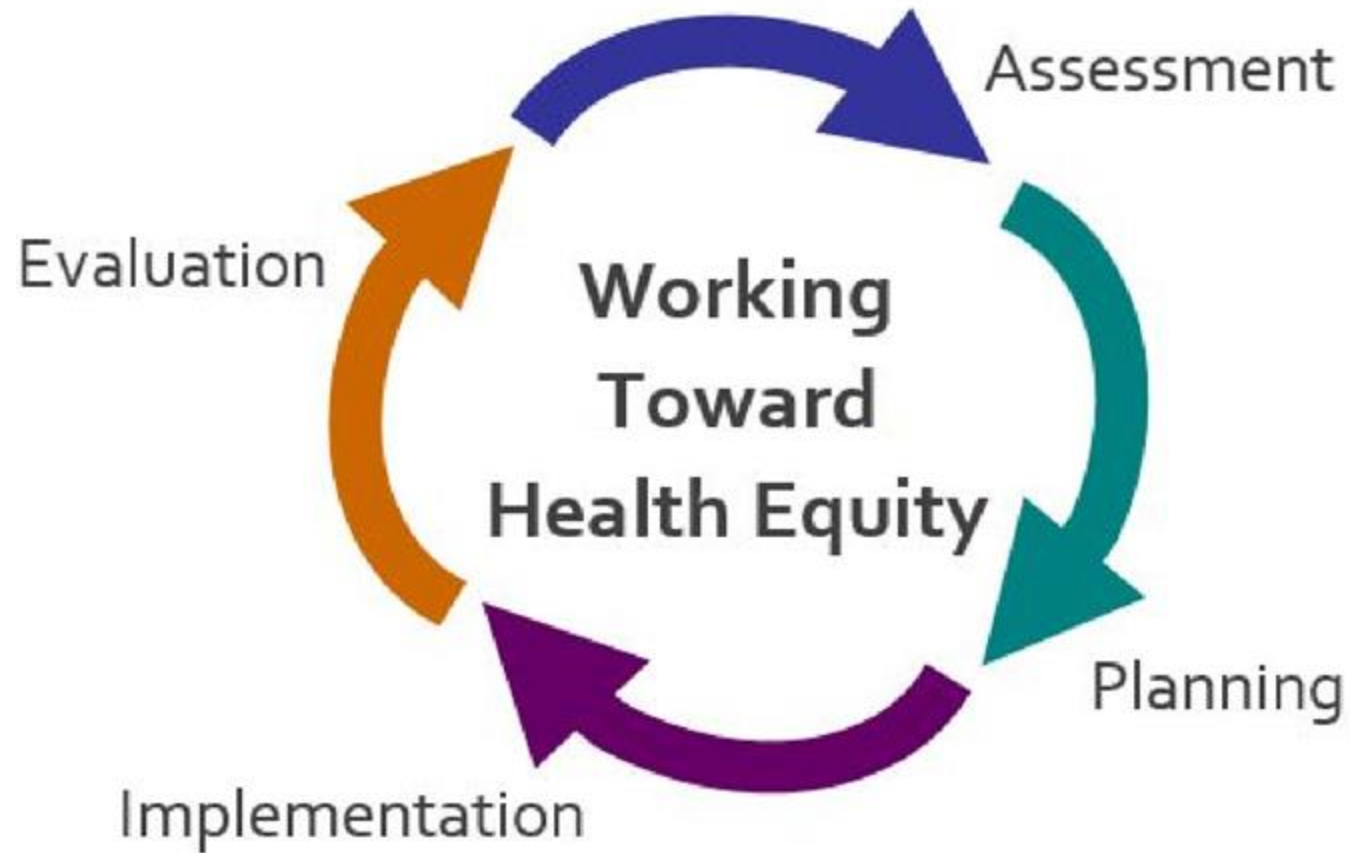
- Analysis needs to be performed to identify health behaviors and environmental factors that may be impacting EBLs in rural areas.
- The counties with higher EBLs among the Hispanic community were Woodbury (15%), Buena Vista (10%), Wright (17%), Wapello (9.7), Scott (12.4%), and Webster (19.8%).
- The Black/AA population who had the highest proportion of EBLs were those who reside in Dubuque (22%) followed by Scott County (8.8%).
- The Asian population who had the highest EBLs were those who reside in Buena Vista (12.4%).
- Lead exposure from water in Lead service pipes are a big issue in Iowa.
- National analysis a lot of times are helpful but state analysis tells the needs of a program! What may be a predictor for EBLs for one population may not be for another.

Limitations

- ▶ 8 out 10 samples were capillary.
- ▶ Some populations sizes were considerably small.
- ▶ More than 60% of the sample had unknown for race/ethnicity.
- ▶ Reduced Testing Rates for 2 year olds which impacts the assessment of EBLs among this population.
- ▶ Do not collect testing rates by race/ethnicity



How Are We Using This Data?



Addressing Double Burden: Health Equity Framework

Assessment



- Using data to health inequalities in specific population groups
- Identify WHY and HOW

Implementation



- Communication (Effective/Inclusive)
- Health Measures (Physical & Mental)

Planning



- Applying Health Equity Lens
- Engaging Community
- Program policy and guideline changes
- Health Equity Impact Assessment

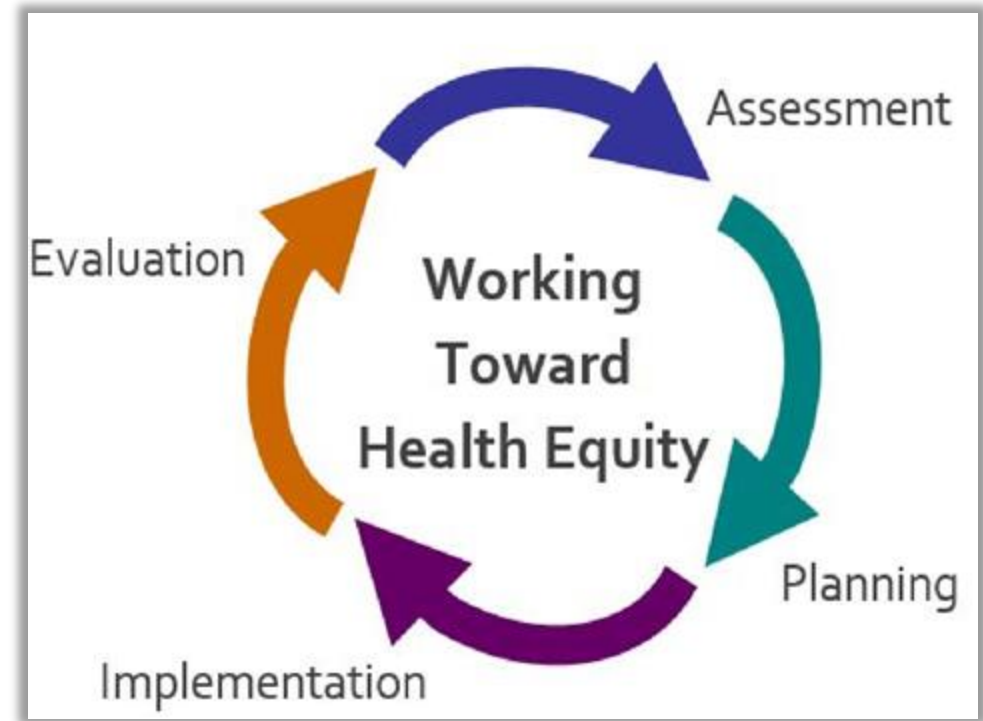
Evaluation



- Assess impact & effectiveness
- Share findings
- Ongoing QI

Tentative Implementation Plan

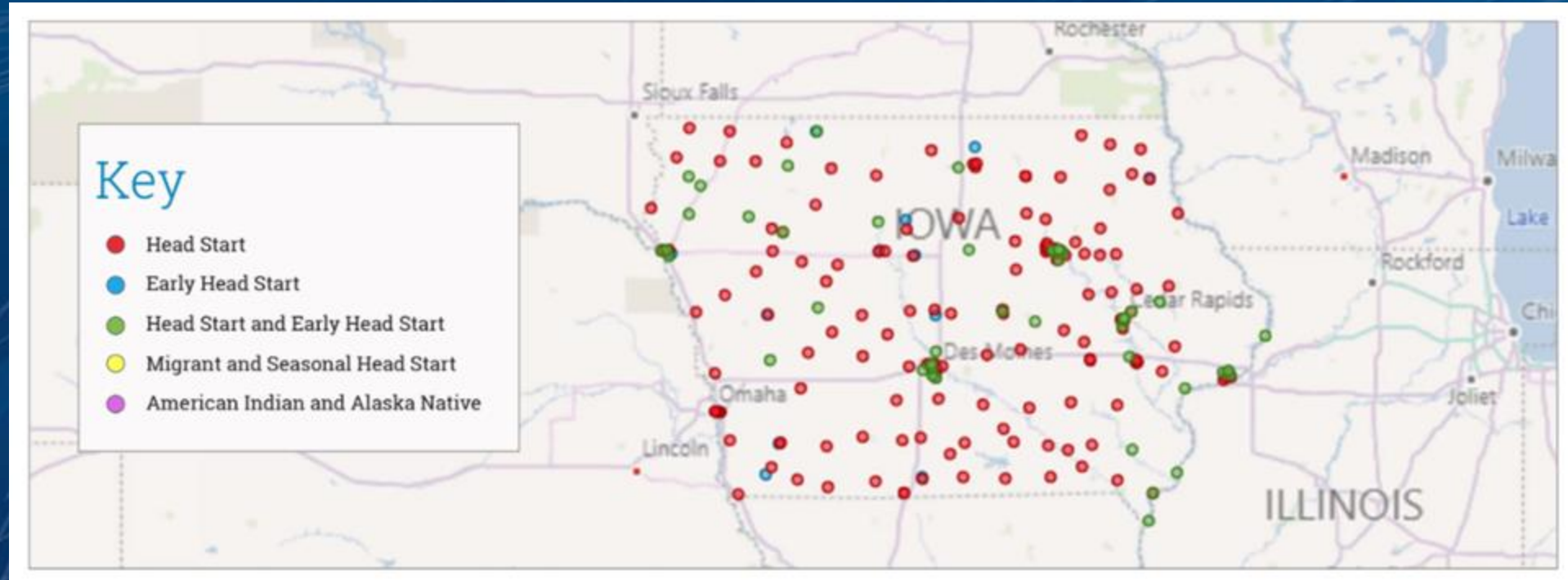
- Develop Strategy: Fall 2022
- Identify “Double Burden” County: Fall 2022
- Engage community: Winter 2022-2023
- Develop Health Equity Strategy: Winter 2022-2023
- Implement HE Strategy: Winter/Spring 2023
- Evaluate HE Strategy: Throughout 2023
- Health Equity Report: Fall 2023





Questions?

Head Start



Lead and our children: How Head Start plays a role in proactive and responsive approaches to keeping children healthy

Mission

Head Start promotes the school readiness of young children from low income families by enhancing their cognitive, social, and emotional development.

Support the comprehensive development of children from birth to age 5, in centers, child care partner locations, and in their own homes, in a variety of ways.

- Education
- Health
- Parent Involvement
- Social Services



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Pre-Birth to Five Services

Early Head Start

- Prenatal, Birth-age 3
- Purpose: Promote healthy prenatal outcomes for pregnant women including follow-up, enhance the development of very young children (infants and toddlers), and promote healthy family functioning.

Head Start

- Ages 3-5
- Purpose: Promote the school readiness of children ages 3 to 5 years.



Program options may include center-based or home visitation services.

Services

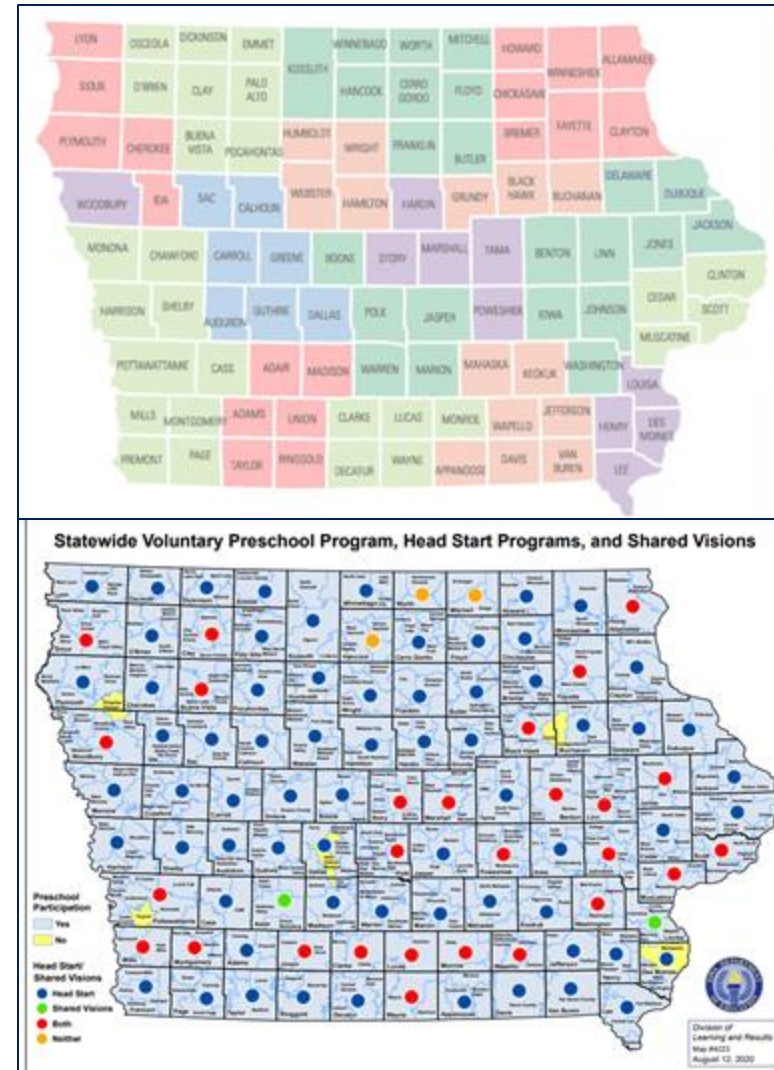
- Child development and education
- Determination of child's health status
- Services for children with disabilities
- Nutritious meals
- Mental wellness
- Parent education
- Home visits
- Transitions



Google images

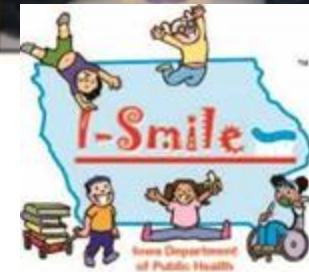
Accessibility

- **Meet family income guidelines**
- **Recipients** (grantees) may serve up to 35% of their enrollment with children whose incomes are between 100-130% of poverty. (This is in addition to the current 10% over-income.)
- **Categorical Eligibility:**
 - Children in foster care regardless of income
 - Children who are homeless
 - Families receiving FIP/SNAP



Health & Wellness Initiatives

- Lead Awareness
 - [Lead Prevention](#)
 - Leadie Eddie
 - [Get the Lead Out](#) (CHEEC) University of Iowa
 - HSPPS 1302.42- Child Health Status and Care-testing and follow-up
 - HSPPS 1302.46 Family Support Services for Health, Nutrition, and Mental Health- education
- Nutrition Building Blocks to prevent obesity
 - [I Am Moving I Am Learning](#) (IMIL) 2004
 - Health and wellness
 - Cognitive health for learning
- Oral Health
 - I-Smile
- Inclusion
 - Programs must use ten percent of the spaces for children with disabilities.
- PBIS (Positive Behavior Interventions and Supports)



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Health Advisory Committee

- HSPPS 1302.53
- Comprised of:
 - Community Health Professionals (ex. dentist, physicians...)
 - Community Partners ex. (Medicaid partners, substance abuse treatment providers..)
 - Head Start Families
 - Head Start Staff
- Purpose:
 - Identify resources;
 - Develop policies and procedures;
 - Other activities...



Google images

Drake University Head Start

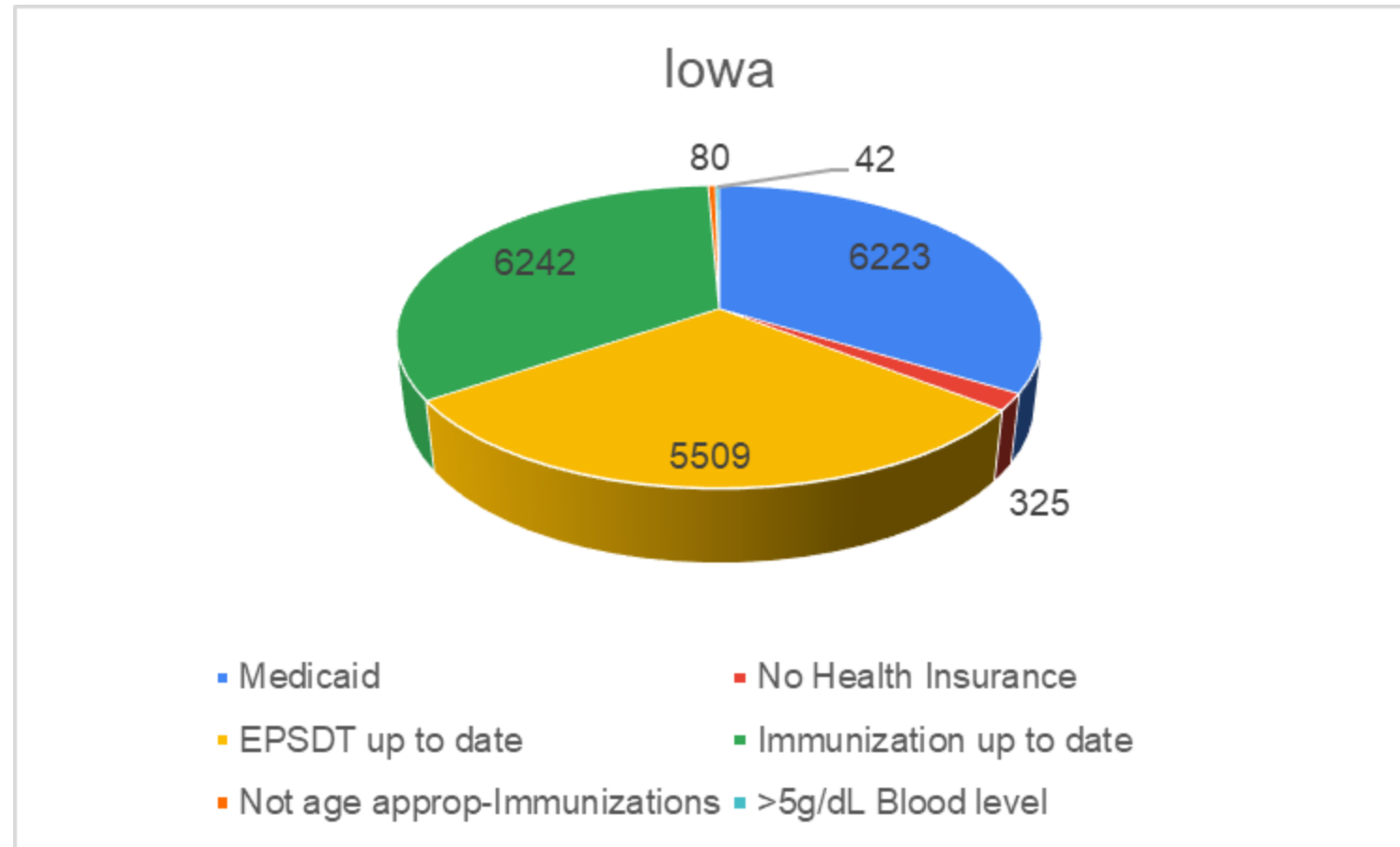


NEICAO

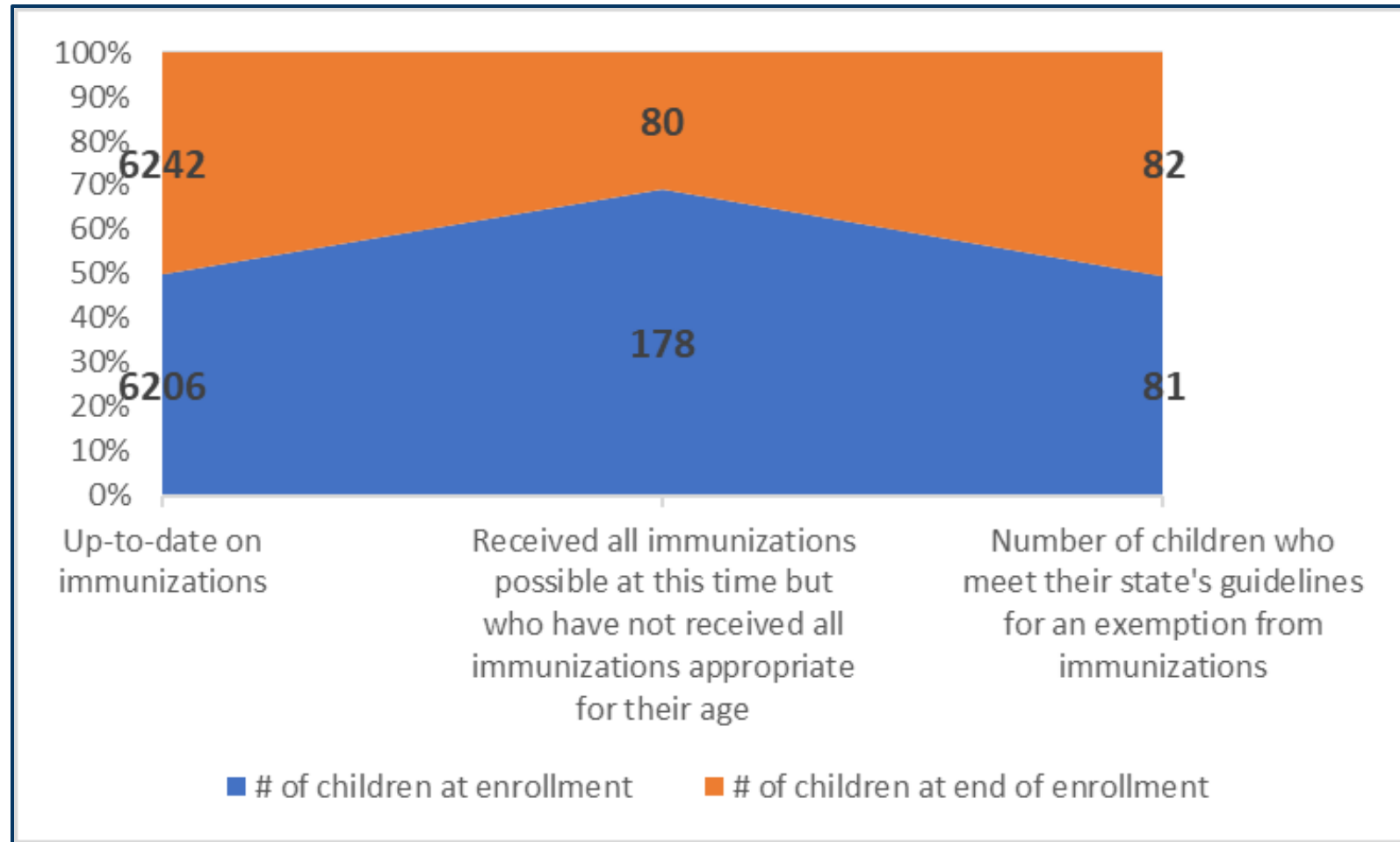


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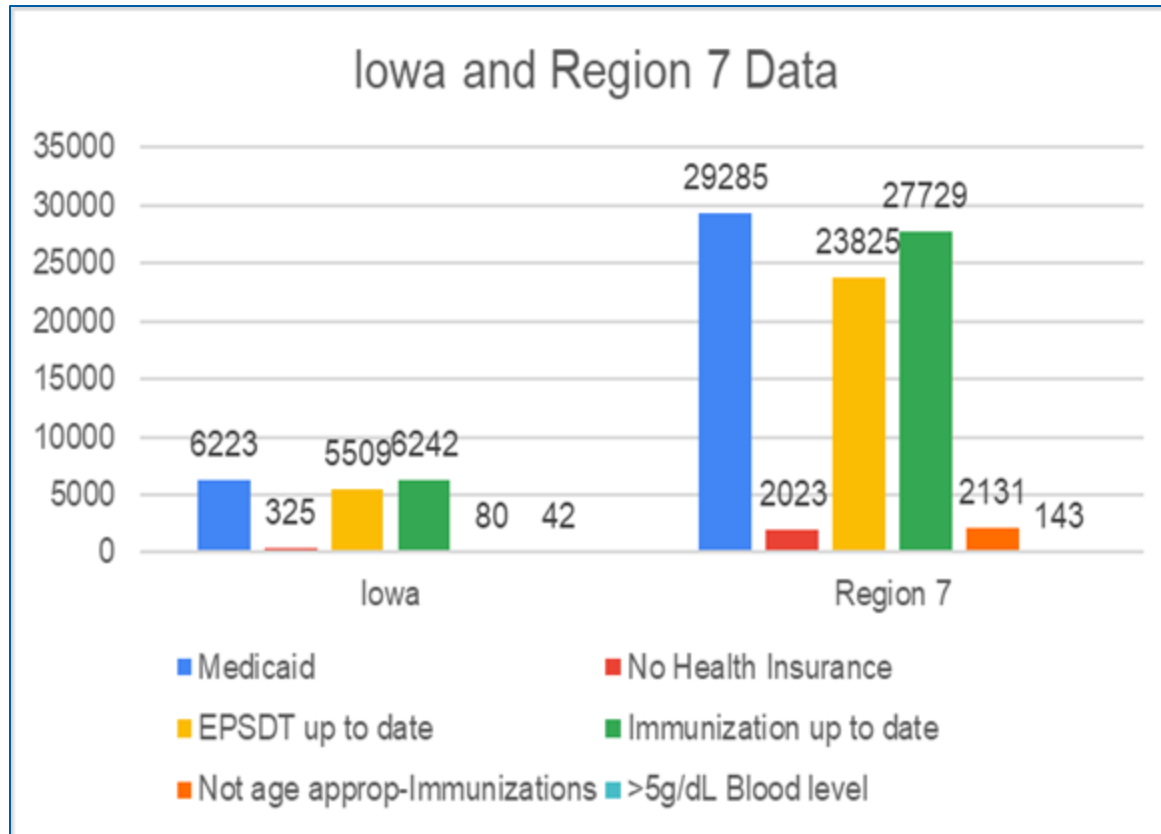
Iowa Data



Immunizations



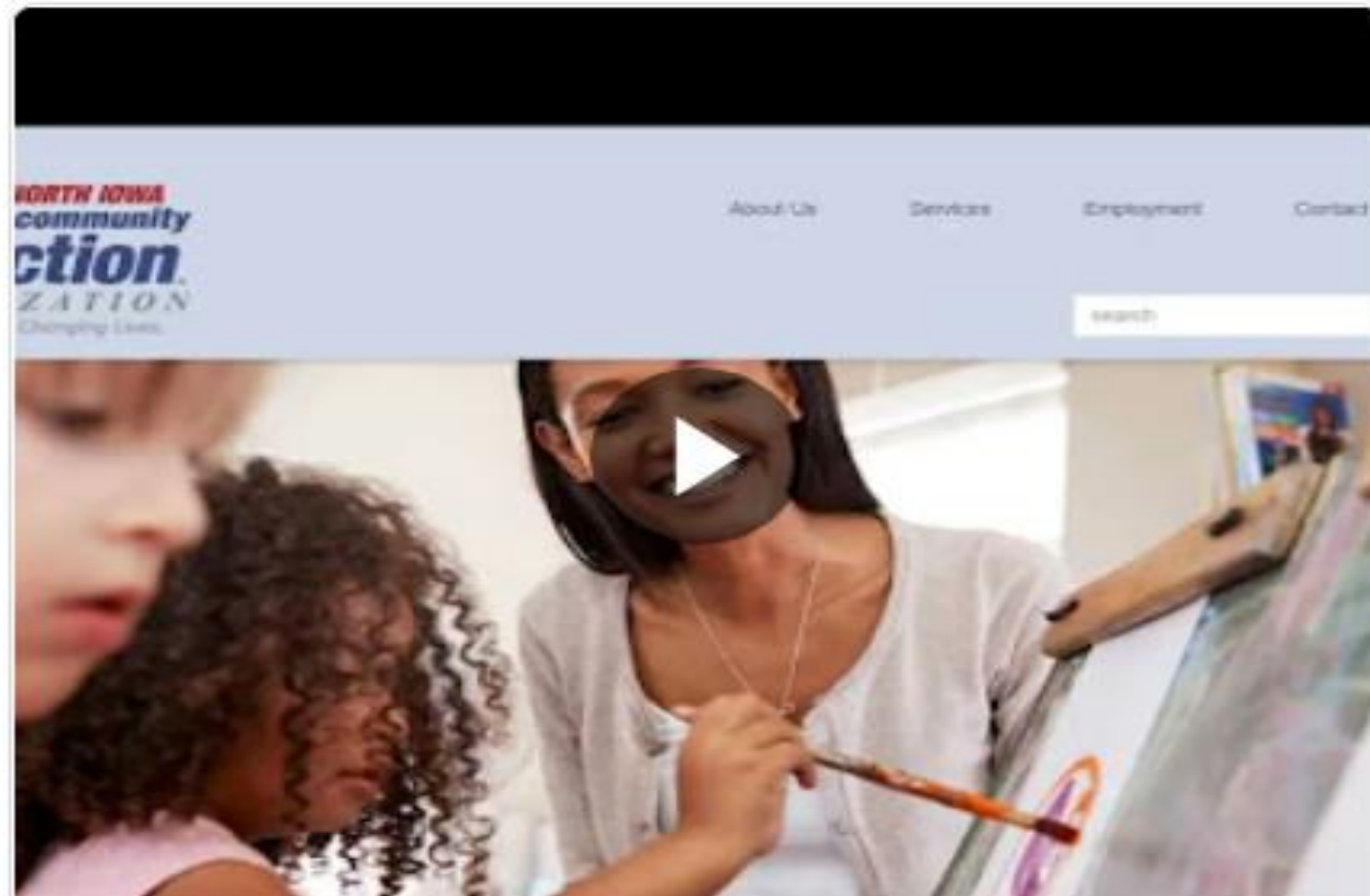
Comparative Data



Out of total enrollment

	Iowa	R7
Medicaid	86%	89%
No health insurance	4%	6%
EPSDT up to date	76%	72%
Immunizations up to date	86%	84%
Age appropriate Immunizations not up to date	1%	6%
>5g/dL Blood Level	>1%	>1%

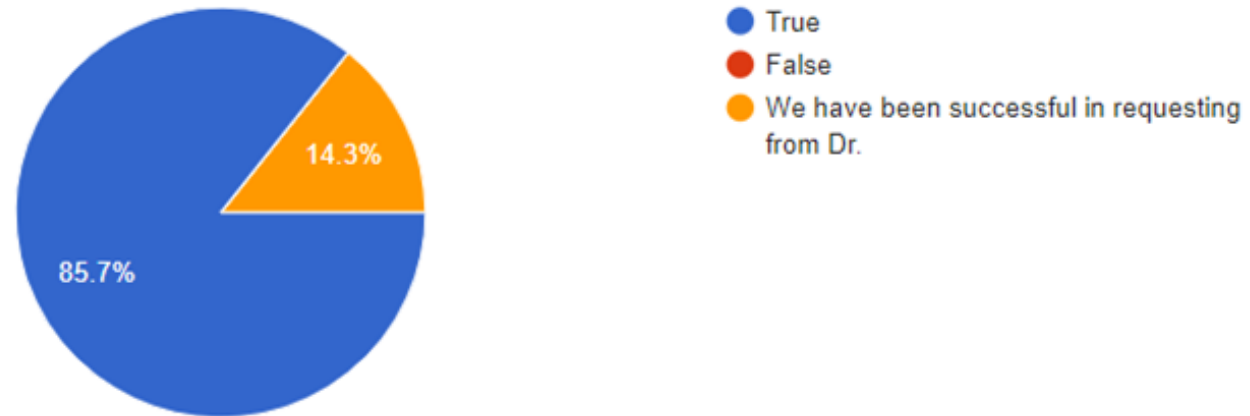
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Challenges

Head Start is unaware if a screening was done at a doctor's office if lead test results were/are not provided

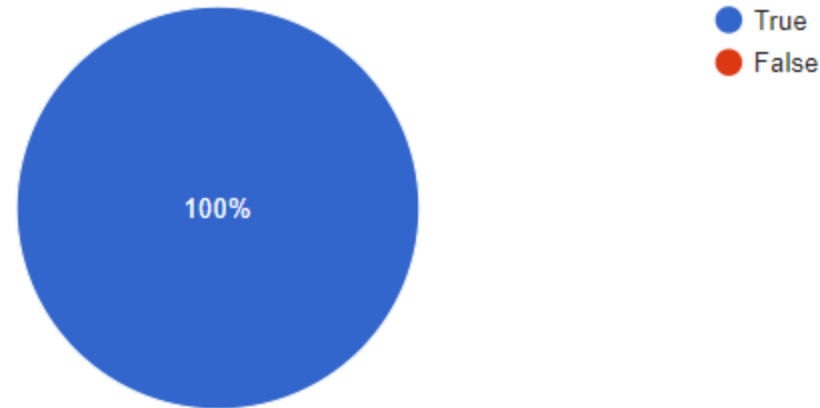


“Our families operate in a state of ‘survival.’ So for many it is difficult for us to obtain results because they do not remember clinic times for testing. If it isn’t done while they are at the doctors appointment the follow through with families is a challenge.”

Challenges

Providers refusal to do a lead test after 1yrs of age is a barrier to the mitigation of lead levels

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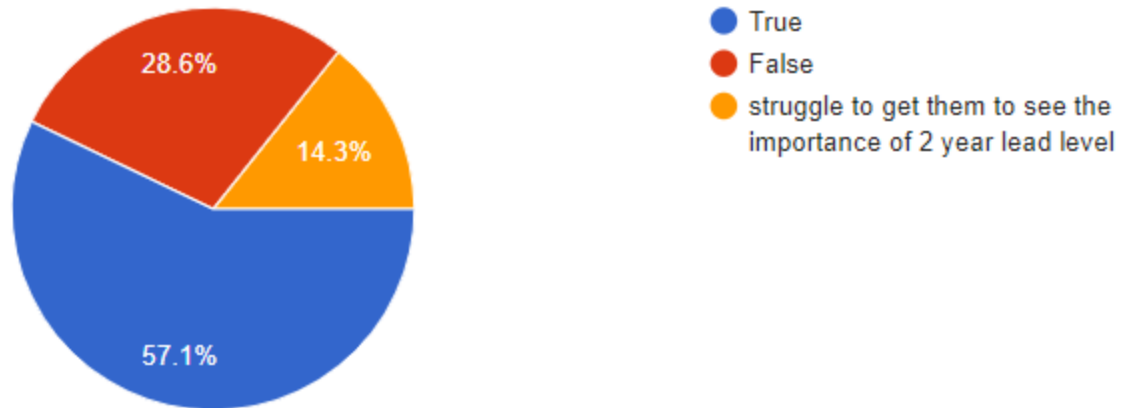


“Our families are transient, if they move into the area the providers are not looking at the historic data. Did they have a lead test prior, do they need one now? If it was listed on the Immunization list and in IRIS it would help us work on mitigation.”

Challenges

Collaboration with medical providers is a challenge

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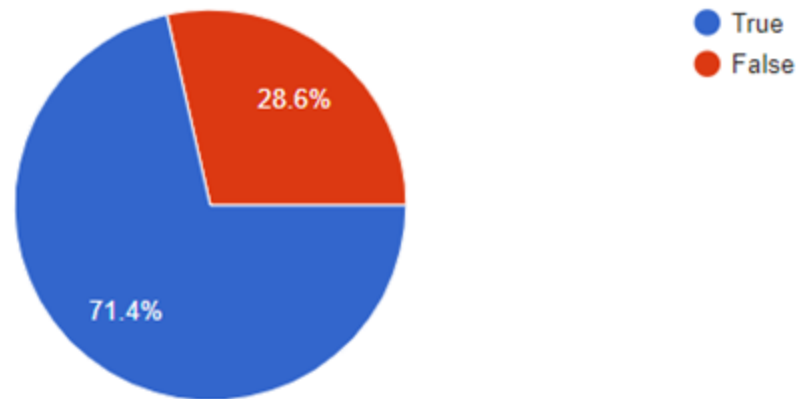


"We used to be fortunate to have lead prevention in our backyard but once it moved to the State it is hard to get results."

Challenges

Location of a lead service provider (Local Childhood Lead Poisoning Prevention Program provider) is more than 45 minutes away if a local medical provider will not test

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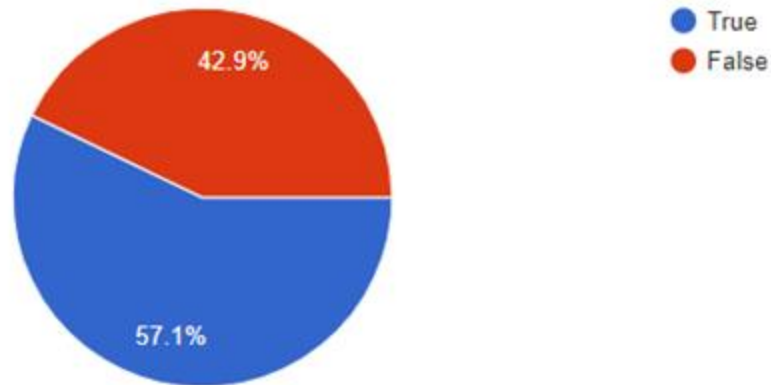


“Some of our families do not have insurance or clinics in our area do not accept medicaid. They are being asked to go 45min away for a test. With transportation barriers, gas, etc. it impedes testing from happening for these at risk children.

Challenges

Head Start provides lead blood testing to ensure children are getting tested initially or as a follow up

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“Access to results at the state-this would alleviate the issues of unnecessary retesting or trouble getting releases to medical providers. ”

History

- [May 18, 1965](#)
- Federal to local funding
- Local control of programming
- Local program options



**U.S. Department of Health
and Human Services**

ACF

Administration for Children
and Families

**ACF- Office of
Head Start**

ACF- Regional Office

Iowa- Region VII- Kansas City

Recipient

Head Start or
Early Head Start

Head Start

Educating Children

Empowering Families

Changing Communities



[Head Start Early Childhood Learning and Knowledge Center site](#)



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DISCUSSION SECTION

Send your questions for presenters In the chat!



CALL TO ACTION

Childhood Lead Advisory Workgroup (CLAW) Is practicing collective Impact throughout the year.

CLAW Contributions:

- Meaningful Metrics
- Lead and Housing Survey
- Annual Lead Report Cards
- Training Modules
- Annual Learning Collaborative
- Lead Stakeholder Survey
- Updated Lead Testing Screening Tool
- Social Media Message Review



2020 IOWA LEAD REPORT CARD

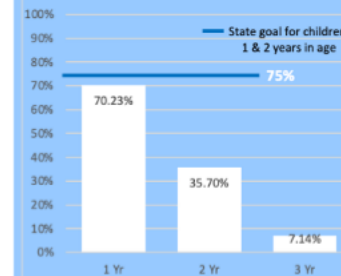
OF ALL IOWA CHILDREN
0 TO 6 YEARS OLD ONLY

22%

WERE TESTED FOR LEAD

ALL CHILDREN SHOULD BE TESTED
AT 1 AND 2 YEARS OF AGE

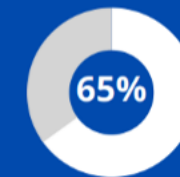
Percent of Children Receiving a Blood Lead Test By Age



1,148 KIDS

of the under 6
population tested
in 2020 had an
elevated blood
lead level*

RISK FACTORS



Pre-1980 Housing



Population Below
Poverty Level

*Elevated Blood Lead Level is equal to or greater than 3.5 mcg/dL
<https://www.cdc.gov/nceh/lead/data/blood-lead-reference-value.htm>
References:
Iowa Department of Public Health, (2020). Iowa Public Health Tracking Portal. Retrieved from <https://tracking.idph.iowa.gov/>
State Library of Iowa, (2020). American Community Survey: Poverty status in the past 12 months.
State Library of Iowa, (2020). American Community Survey: Year structure built.

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MODULE 1 SOURCES & IMPACT OF LEAD

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MODULE 2 LEAD AND HOUSING

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MODULE 3 Blood Lead Testing

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Module 4: INTERVENTION SERVICES

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MODULE 5: Lead Professional Certification

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CALL TO ACTION



Future of the CLAW:

- Resource Directory
- Quality Improvement of the screening tool
- Academic detailing for providers

**BE PART OF THE CONVERSATION,
JOIN THE CLAW TODAY!**



Thank you!!

- Please take our post evaluation
 - You will receive an email from APHA to complete the process for CEUs
 - You will have access to the slides as well as recording within the week
– keep an eye out for an email from us!
- 