

Child Lead Exposure Elimination Commission Action Plan



The Child Lead Exposure Elimination Commission was established by Executive Order 2017-2 to coordinate all efforts to eliminate child lead exposure throughout Michigan. Housed within the Michigan Department of Health and Human Services, the 15-member commission acts in an advisory capacity to the Governor and department director to coordinate and collaborate with all levels of government and stakeholders regarding programs and policies related to the elimination of child lead exposure.

Building upon the work of the former Child Lead Poisoning Elimination Board's ["Roadmap to Eliminating Child Lead Exposure,"](#) the Commission worked to prioritize 51 specific action steps to be taken to create a state free of lead exposure to benefit the health of Michigan's children. The commission organized the recommendations in that report into a five-year Action Plan, with a priority on the prevention of exposure before children are lead poisoned.

The Commission organized this Action Plan into key topic areas and will work with federal, state, local and community leaders, healthcare providers, private sector/academic experts, privacy law experts, local health departments, childcare centers and homeowners and tenants to continue its efforts to eliminate child lead poisoning in Michigan.

Topic areas include:

- Enhanced Testing
- Education
- Data
- Partnerships
- Funding
- Regulations/Law

Enhanced Testing

- Develop pilot projects to require that 100 percent of children are tested for lead poisoning at 9 to 12 months and at 24 to 36 months of age.
- Recommend routine prenatal blood lead screening for pregnant women.
- Design a model assigning roles to responsible parties to ensure 100 percent of blood lead testing is fully implemented.
- Support continued state research and development of policy and procedures for water testing in homes and for the interpretation of test results.
- Expand soil testing programs for lead:
 - ✓ By requiring basic soil sampling in areas deemed as high-risk areas before commencing urban gardening.
 - ✓ By developing soil testing algorithms for land around demolition sites.
 - ✓ By increasing availability of soil sampling kits and the lab analysis of those kits at affordable rates in identified high-risk areas.

- ✓ By establishing baseline soil testing in high risk areas, including community gardens, parks, and areas around schoolyards and childcare centers.
- ✓ By ensuring U.S. Department of Housing and Urban Development guidelines are implemented, including testing soil in the yards of pre-1978 residential properties, especially within 36 inches of the drip line.
- ✓ By providing funding for soil lead testing kits and analysis every two years for residences in zip codes where lead prevalence is greater than 7 percent or where more than 50 percent of the housing stock was built before 1978.
- ✓ By developing soil testing guidelines or algorithms for areas where interim remediation measures have been implemented or where exposure control or engineered barriers have been put in place in lieu of soil removal, and periodically monitor soil lead levels.

Education

- Ensure all licensed Michigan providers caring for children (e.g., pediatricians, family nurse practitioners, family practitioners, general practitioners, etc.) receive professional education regarding lead testing and elevated blood lead level management.
- Add multiple lead questions or a lead module to the state residential builders and plumbers licensing exams.
- Improve public availability of information on abated/lead-cleared homes; ensure that Lead Safe Housing Registry data can be linked to other publicly-available databases.

Data

- Explore and support an analysis at the state level to determine whether data on past poisonings, age of housing, housing condition, proximity to other lead poisoned houses, and other factors can accurately indicate homes where primary prevention of lead hazards could reduce childhood lead poisonings.
- Form a workgroup to explore under what conditions the state could publicly share the addresses of homes that have historically been locations where lead poisoned children and/or lead hazards were identified.
- Encourage local health departments to conduct hearing(s) and/or training(s) of local residents in zip codes with a substantially elevated number of lead poisoning cases. Begin working with local governments, private sector/academic experts, privacy law experts, and others to: develop protocols for improving the collection of high-quality data, data analysis, and data sharing, with a focus on primary prevention. Such protocols should be founded on the understanding that the key to eliminating exposure is to identify all risks and to deploy resources accordingly.
- Begin working with local governments, private sector/academic experts, privacy law experts, and others to: develop a protocol specifically targeted at identifying

residence “hot zones” where young children are currently being exposed to lead and implement this protocol statewide.

- Develop a centralized data system to target remediation and abatement resources, coordinate efforts, catalogue tests and home data, and improve coordination among public health case managers..
 - Create a workgroup of knowledgeable data and legal professionals to identify the challenges in privacy, data sharing, funding, and the division of responsibilities in creating this system.
- Develop a single data system that captures child testing data, children poisoned, data necessary to assist case management, data regarding lead hazards in housing unit(s), housing status relative to the elimination of hazards, and code and law enforcement status.
- Create a dashboard to present publicly across time and geographies (i.e., state, counties, and cities over 5,000) key indicators of the fight to eliminate lead poisoning in Michigan.
- Develop and manage a centralized data reporting system with the MDHHS Childhood Lead Poisoning Prevention Program for the above coordinated bodies to track cases of children with elevated blood lead levels, to determine whether and/or which follow-up services are being provided, and to measure the effectiveness of case management activities.
- Require that the Lead Safe Home Registry or its successor include updated information related to all lead exposures, remediation and abatement, and inspection history.

Partnerships

- Work with local governments, private sector/academic experts, privacy law experts, and others to develop pilot programs to assess primary prevention protocols in selected local units, determine data shortcomings, recommend improvements to the collection, analysis, and sharing of relevant data, develop budget proposals to implement recommendations, execute revised protocols, and assess the impact on child lead exposure rates in the local units.
- Look beyond lead-focused programs to programs that may, as a consequence of their primary objective, reduce lead risk (e.g. energy efficient window replacement programs and blight removal programs can both have a positive effect on eliminating lead exposure risk.)
- Enhance the distribution of educational toolkits distributed annually by the MDHHS Childhood Lead Poisoning Prevention Program to local and community partners throughout the state; ensure the inclusion of Great Start Collaborative, Head Start, community centers, childcare centers, birthing centers, and maternal infant support programs; and improve communication of risk to parents/caregivers.
- Ensure local health departments have the infrastructure and funds to create a broad coalition for the case management team.
- Collaborate with identified state departments for increasing lead abatement workforce in Michigan.

- Create an interagency group that includes external stakeholders to develop a voluntary relocation option for remediation and abatement programs (particularly for high elevated blood lead level cases in homes where remediation/abatement cost exceeds the cost of relocation), and conduct a pilot to identify the challenges and logistics of offering this option statewide.
- Provide outreach/training to homeowners and tenants regarding lead safety on do-it yourself home renovation, lead awareness, health effects of lead exposure, and the availability of testing and remediation options.
- Disseminate information widely about blood lead testing and lead poisoning levels.
- Make blood lead data available to experts for mapping: heat maps, incident maps, times series charts and other displays by county, city, zip code, census tract.
- Meet with the U.S. Environmental Protection Agency and the U.S. Department of Housing and Urban Development to discuss federal regulations for remediation and abatement, and coordinate and harmonize the requirements of both agencies.

Funding

- Find adequate, dedicated, and sustained funding to support activities to prevent lead exposure (testing, data, remediation and abatement, training, outreach, etc.).
- Establish a permanent source of funding to perform elevated blood lead level investigations that are not covered by Medicaid, the U.S. Department of Housing and Urban Development, or general fund funding.
- Allocate sufficient funding for the maintenance and upkeep of the Lead Safe Housing Registry.
- Provide local health departments with greater incentives to build capacity to perform elevated blood lead level investigations.
- Allocate funding at state and local levels for follow-up at housing units where an elevated blood lead level investigation determines risk and the property owner fails to remediate the hazard.
- Allocate funding for lead inspection and risk assessments in homes in high-lead neighborhoods where children or pregnant mothers are living.
- Provide funding, IT, and infrastructure support to local departments and organizations to encourage jurisdiction-wide elevated blood lead level case management.

Regulations/Law

- Require a one-time lead inspection and risk assessments before the transfer or leasing of a pre-1978 home, including water testing. The owner must then disclose this information to any future buyers or renters under federal law. Provisions will be necessary to prevent these and other rental property requirements from being waived in the event of sale through land contract.

- Conduct or require a rental certification program that includes lead inspection and risk assessment in high-risk housing until the housing is deemed to be lead-free. Rental certification shall not be valid for more than five years, and interim requirements, such as clearance testing, may be required to ensure occupant safety.
- Review current licensing requirements and grandfathering provisions for childcare and adult-care facilities to: require a one-time lead inspection and a risk assessment, including water, every two years, coinciding with state renewal requirements for facilities operating in pre-1978 buildings. Require dust, soil, and water testing at facilities operating in post-1978 buildings.
- Recommend changes to current licensing requirements and grandfathering provisions for childcare and adult-care facilities to: require a one-time lead inspection and a risk assessment, including water, every two years, coinciding with state renewal requirements for facilities operating in pre-1978 buildings. Require dust, soil, and water testing at facilities operating in post-1978 buildings.
- Update “Landlord Penalty” law to allow for use when child’s blood level is greater than or equal to 5 micrograms per deciliter ($\mu\text{g}/\text{dL}$).
- Set a health-base standard based on best evidence for household action limit levels for water that should not exceed 10 parts per billion (ppb) or the current scientifically acceptable standard, if more stringent.
- Adopt a consistent, statewide housing code enforcement model that is proactive and explicitly addresses exposure from lead based paint.
- Pass legislation requiring a contractor seeking a building or renovation permit on a pre-1978 home to provide proof of his/her Lead-Safe Certification as required by the federal Renovation, Repair and Painting Rule of 2010.