

# Childhood Lead Exposure Elimination Commission Annual Report

**2022**



# Letter from the Chair

Home should be a place of refuge and safety, but sadly for many Michigan children, home is also a place where they can be exposed to dangerous amounts of lead. Many of Michigan's homes were built prior to 1978, when the federal government prohibited the use of lead in paint. That often makes homes built before 1978 a possible source of lead contamination. There is no safe level of lead exposure. However, we know that childhood lead exposure is preventable. The keys to preventing lead poisoning are to stop children from coming in contact with lead and managing the care of those who have been exposed.

This report provides both an update on Michigan's progress in preventing and managing childhood lead exposure and a reflection on the advancements the Child Lead Exposure Elimination Commission (CLEEC) has achieved over the past five years. We believe every child deserves to live up to their full potential and refuse to allow their opportunities and dreams to be stifled by lead exposure. The CLEEC serves as a relentless advocate, pursuing change for our public health infrastructure and lead policy environment.

Even despite the COVID-19 pandemic, both the Michigan Department of Health and Human Services (MDHHS) and the CLEEC were able to sustain activities geared toward achieving their shared vision of a state free of lead exposure by 2030 to benefit the health of Michigan's children. Progress continues to be made in both identifying and treating children with elevated blood lead levels (BLLs) and reducing exposures to lead. With MDHHS and the CLEEC both developing a new strategic plan and a renewed focus on equity, the state is on a path for substantial programmatic improvements for years to come. Michigan is taking the right steps to prevent future lead exposure in children.

I am grateful to the members of the CLEEC for their time, expertise and tireless efforts to protect Michigan's children from lead exposure.

Respectfully yours,



A handwritten signature in black ink, appearing to read 'Natasha Bagdasarian', followed by a long horizontal line.

Dr. Natasha Bagdasarian, MPH, FIDSA  
Chair  
Chief Medical Executive  
Michigan Department of Health and Human Services

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# About the Child Lead Exposure Elimination Commission

The [Child Lead Exposure Elimination Commission \(CLEEC\)](#) acts in an advisory capacity to the Governor and the MDHHS director to coordinate and collaborate with all levels of government and stakeholders regarding programs and policies related to the elimination of child lead exposure.

This includes providing guidance to the Governor and MDHHS director regarding the state's coordination of all efforts to eliminate child lead exposure throughout the state and work with the previous temporary Child Lead Poisoning Elimination Board and stakeholders to prioritize the recommendations made in its 2016 Child Lead Poisoning Elimination Board [Roadmap to Eliminating Child Lead Exposure Report](#).

## *Vision*

The Child Lead Exposure Elimination Commission envisions a state free of lead exposure by 2030 to benefit the health of Michigan's children. To achieve this vision, the Commission believes a focus on primary prevention is essential in eliminating all sources of lead exposure.

## *Mission*

The Child Lead Exposure Elimination Commission will work with all levels of government and stakeholders throughout the state to eliminate lead exposure for Michigan's children.

## *Values*

The Child Lead Exposure Elimination Commission believes in eliminating lead in air, soil, water, products and homes by using health equity as a lens and leveraging policy, partnerships, programs and public engagement in a targeted way that accounts for the inequitable burden of lead exposure among individuals and communities.

# 2022 Child Lead Exposure Elimination Commission Membership



**Natasha Bagdasarian**  
Chief Medical Executive



**Christine Callahan**  
Early Childhood



**April Cook-Hawkins**  
General Public



**Chioma Ejiofor**  
Local Health Departments



**Paul Haan**  
Lead Exposure Advocacy



**Mona Hanna-Atisha**  
Physician



**Angela Hood-Beaugard**  
General Public



**Jameela Maun**  
Child & Family Support



**Rebecca Meunick**  
Lead Exposure Advocacy



**Kathy Moore**  
Local Health Departments



**Lyke Thompson**  
Research & Technology



**Al Vanderberg**  
Local Government

# 2022 Child Lead Exposure Elimination Commission

## Ex-Officio Members



**Emily Laidlaw**

Michigan Department of  
Licensing and  
Regulatory Affairs



**Dan Lince**

Michigan State Housing  
Development Authority



**Eric Oswald**

Michigan Department of  
Environment, Great Lakes &  
Energy



**Carin Speidel**

Michigan Department of  
Health and Human Services

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Tina Wahl  
Senior Lead Policy Specialist

# Introduction

Lead is a naturally occurring element that can be found in water, air, soil, and consumer products. Lead is hazardous to humans. There is no safe level of lead in blood. Lead exposure can cause numerous adverse health effects, including cognitive and developmental delays, behavior changes, and at higher levels, abdominal pain, vision and hearing loss, seizures and even death.<sup>1</sup>

Lead naturally exists in the environment. Soil can have lead from natural sources or be contaminated from lead-based paint, lead dust, leaded gasoline, or nearby factories or businesses that use lead. Lead poisoning from air emissions is also possible, but less common.

Lead-based paint and its dust is the most common source of lead poisoning. Lead was commonly added to interior and exterior paint in the United States. In 1978, the United States government banned the use of lead paint in residential settings. Though lead paint is not used today, it is still found in many of the more than 3 million homes built prior to 1978 in Michigan. Poisoning can occur when lead paint peels, chips, or is pulverized into dust and ingested or inhaled. This is common near points of friction, such as windowsills and door frames.

Lead exposure can also be caused by aging water systems. When plumbing materials containing lead corrode, they emit lead particles into water. Lead service lines, or the pipes that connect a home to the public water system, are the most significant source of lead in water. Today, most service lines are copper or galvanized iron, but many lead lines remain. Based on preliminary data submitted by Michigan's public water supplies in 2020, approximately 331,000 service lines across the state are known or likely to contain lead (roughly 12% of the total service lines in Michigan community water supplies). It is estimated that an additional 314,000 service lines are of unknown material.

While lead poisoning can affect individuals of all ages, children are at greatest risk. Due to their developing nervous systems and increased hand-to-mouth activity, children under the age of 72 months are at an increased risk of the effects of lead exposure. Children's bodies absorb lead more efficiently than adults, and they are less able than adults to detoxify their bodies of lead. Children with iron and calcium deficiencies may absorb even greater amounts of lead than their well-nourished peers, making food-insecure children at greater risk for poor outcomes.

Even small amounts of lead can cause very serious harm to the brain and other parts of the nervous system. Lead in a child's body can:

- Slow down or inhibit growth and development.
- Damage hearing and speech.
- Cause behavior problems.
- Make it hard to pay attention and learn.



Regularly testing children from birth to age 6 for elevated blood lead levels is essential. Michigan Medicaid policy requires that all Medicaid-enrolled children are tested for blood lead at 12 and 24 months of age.

Children are considered at elevated risk if they live in homes built before 1978, have family members with jobs or hobbies that involve contact with lead, or live near an industry known to generate airborne lead dust.

Though there is no safe level of lead exposure, the Centers for Disease Control and Prevention previously established a blood reference value (BLRV) of 5.0 micrograms of lead per deciliter of blood as the threshold for an Elevated Blood Lead Level (EBLL). The CDC's BLRV is a screening tool to identify children who have higher levels of lead in their blood compared with most children.

Last year the CDC updated the BLRV from 5.0 µg/dL to 3.5 µg/dL. Based on the CDC's updated BLRV, federal partners, health departments, health care providers, and others are encouraged to focus resources on children with the highest BLLs compared to most U.S. children ages 1-5 so more prompt actions can be taken to 1) reduce their levels, 2) mitigate health effects, and 3) identify and eliminate sources of exposure. MDHHS adopted the updated BLRV as the definition of EBLL in May 2022.



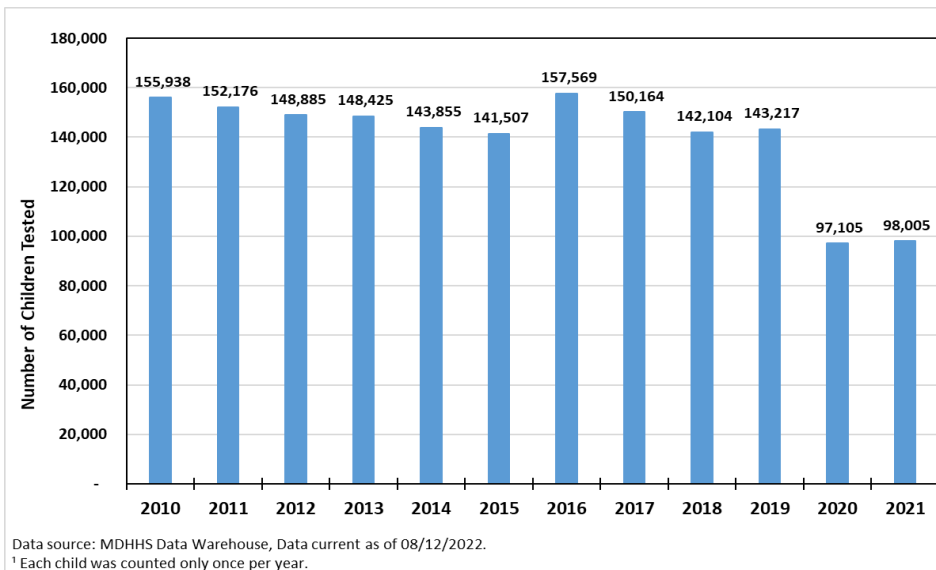
# 2021 Michigan Childhood Lead Testing Data

A blood lead test can reveal if a person has had recent or ongoing exposures to lead. A blood lead test cannot tell whether there were exposures in the distant past. Blood lead testing is particularly important for young children and pregnant persons because exposure to lead early in life has been shown to cause problems with neurological development, learning, behavior, hearing, and growth.

The most reliable way to test for lead is with a venous blood specimen, that is, blood that is taken from a vein. Blood tests using capillary blood specimens (taken by finger stick) may falsely identify tests as being elevated. Therefore, while instructive that there is a source of exposure for the child, capillary blood specimens are not considered as reliable as venous blood specimens for determining a health care response. COVID-19 disrupted outpatient pediatrics, postponing well-child care to address immediate patient concerns. Further, many parents chose to forgo well child visits to limit potential exposure to the COVID-19 virus. Testing in 2022 is improving, but year to date remains lower than pre-pandemic levels.

Clinical laboratories are required to report all tests for lead in blood to MDHHS, and MDHHS manages the reports in a surveillance database. This section summarizes data from the database.

*Figure 1: Number of Michigan children less than 6 years old tested for blood lead: 2010-2021*

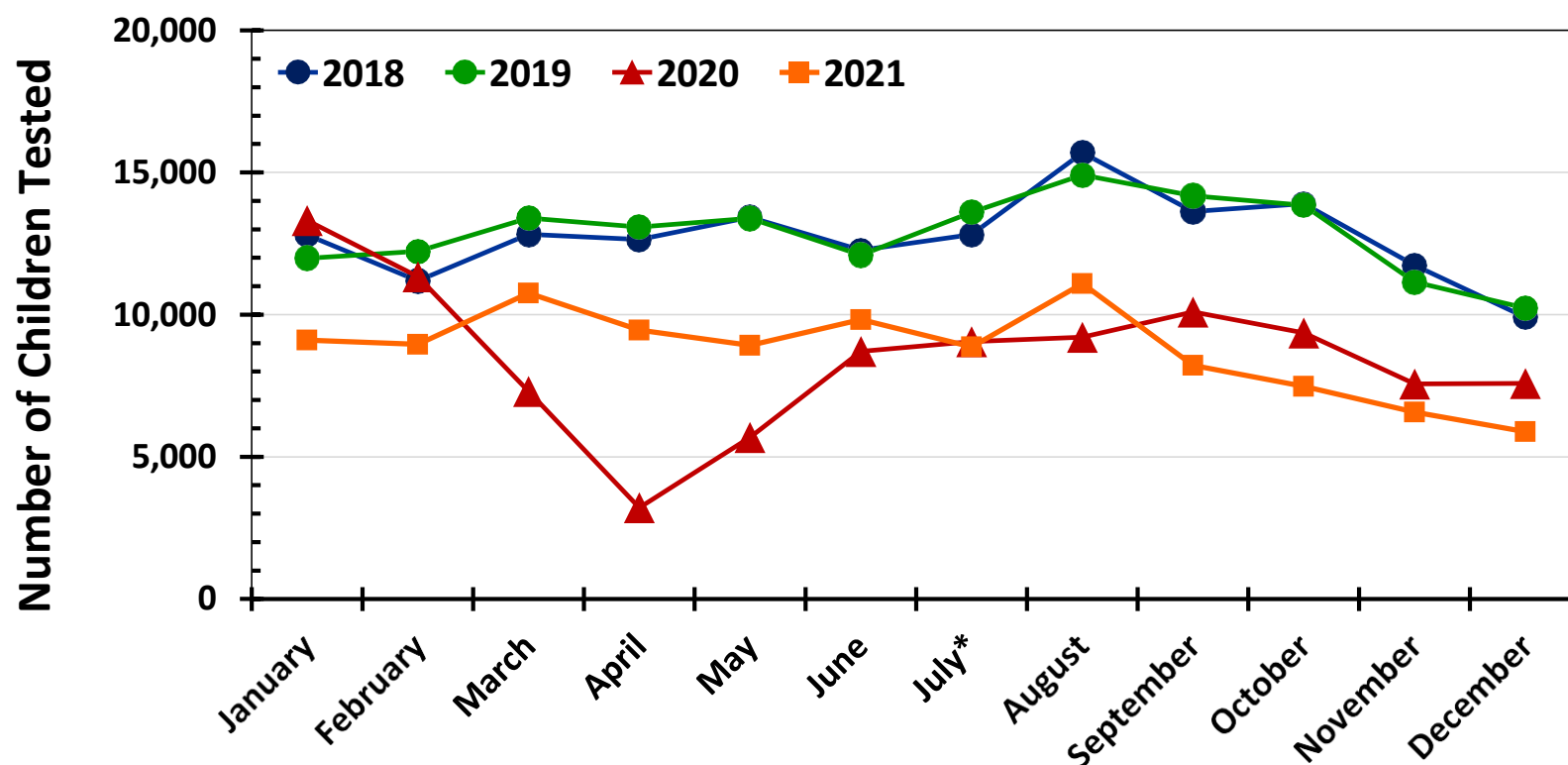


In 2021, 98,005 children were tested for blood lead. This represents a 31.6% decrease from 2019 and a .6% decrease from 2020 (Figure 1).

Figure 2 shows the numbers of children less than 6 years of age tested by month comparing 2018 and 2019 – the two years before the pandemic - to 2020 and 2021, illustrates the significant drop in testing by month with the onset of the pandemic shut-down in March 2020.

Of the children tested in 2021, 2% had an EBLL of 5 µg/dL or greater based on all test types – a decline from 6.3% in 2010 and 3.5% had an EBLL using the updated EBLL definition of >3.5 µg/dL in 2021 – a decline from 10.9% in 2010. (Figure 3). The percent of children under age 6 with a venous confirmed EBLL declined from 3.3% to 1.5% between 2010 and 2021. (Figure 4) Of the 1.5% children with a venous confirmed EBLL test in 2021, 71% were children with BLLs in the lowest range of 5-9 µg/dL (Tables 1 and 2).

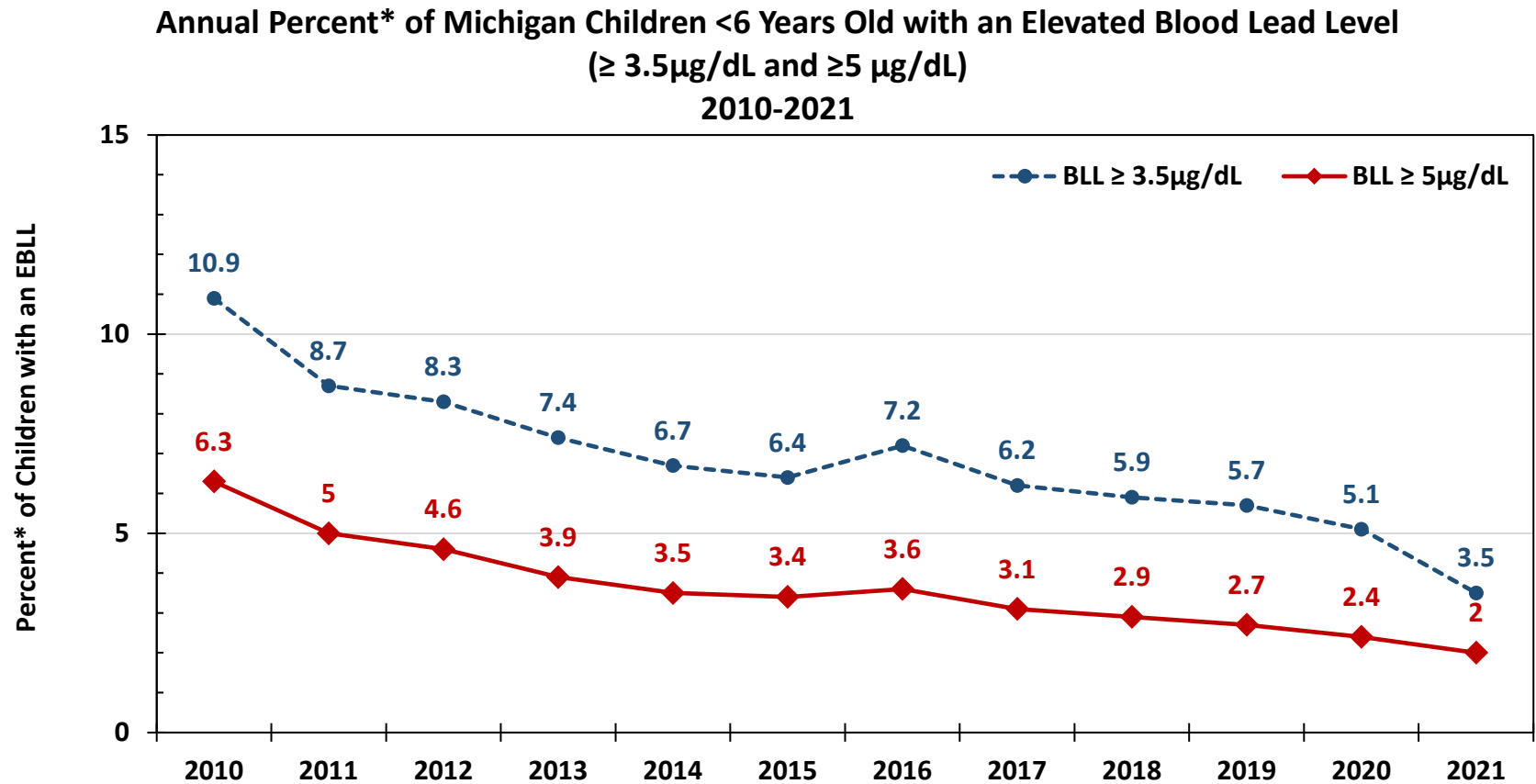
*Figure 2: Monthly number of Michigan children less than 6 years old tested for blood lead: January 2018 through December 2021*



Data source: MDHHS Data Warehouse, Data current as of 08/17/2022

Each child was counted only once per month.

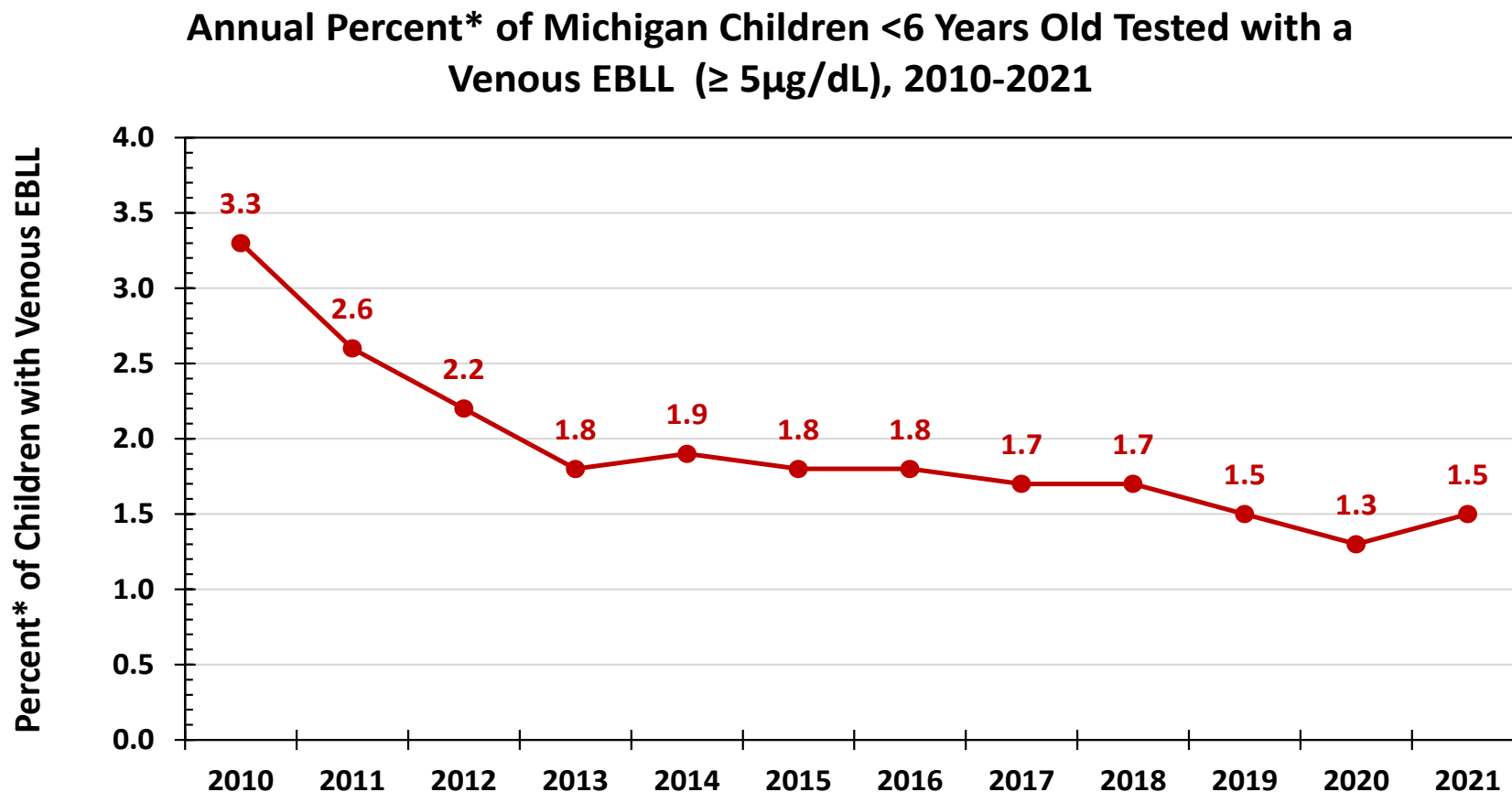
Figure 3: Annual percent of Michigan children less than 6 years old with an Elevated Blood Lead Level ( $\geq 3.5 \mu\text{g}/\text{dL}$  and  $\geq 5 \mu\text{g}/\text{dL}$ ) all test types, 2010-2021



Data source: MDHHS Data Warehouse, Data current as of 08/12/2022

Percent is among those tested (% EBL = (# EBL / # Tested)  $\times$  100)

Figure 4: Annual percent of Michigan children less than 6 years old with a confirmed venous EBLL ( $>5\mu\text{g/dL}$ ): 2010-2021



Data source: MDHHS Data Warehouse, Data current as of 08/12/2022

\* Percent is among those tested ( $\% \text{ Venous EBLL} \geq 5\mu\text{g/dL} = (\# \text{ Venous EBLL} \geq 5\mu\text{g/dL} / \# \text{ Tested}) \times 100$ )



*Table 1: Number of Michigan children tested with venous confirmed Elevated Blood Levels,  $\geq 5$  and  $10 \mu\text{g}/\text{dL}$ : 2021.*

Total Tested	Venous Test $5-9 \mu\text{g}/\text{dL}$	Venous Test $10-14 \mu\text{g}/\text{dL}$	Venous Test $15-19 \mu\text{g}/\text{dL}$	Venous Test $20-44 \mu\text{g}/\text{dL}$	Venous Test $45+ \mu\text{g}/\text{dL}$
98,005	1,018	244	83	76	8

*Table 2: Number and percent of Michigan children tested with venous confirmed Elevated Blood Levels, by blood lead level group: 2021.*

Total Venous Test $\geq 5 \mu\text{g}/\text{dL}$	% Tested with Venous Tests <sup>2</sup> $\geq 5 \mu\text{g}/\text{dL}$	# Venous Test $\geq 10 \mu\text{g}/\text{dL}$	% Tested with Venous Tests <sup>2</sup> $\geq 10 \mu\text{g}/\text{dL}$
1,429	1.5%	411	0.4%

Data Source: MDHHS Data Warehouse, Data current as of 08/12/2022

<sup>1</sup>Each child was counted only once per month.

<sup>2</sup>Percentage change was calculated as the difference in numbers tested between two years divided by the number tested in the first year.

# 2021 Statewide Lead Services Data

Michigan is committed to protecting the public from lead exposure by working together with families and local communities to reduce or eliminate all sources of lead in the home. MDHHS's Lead Safe Home Program (LSHP) helps families identify and remove lead hazards from homes across the state. To qualify for the program, eligibility is based on submitting a complete application, Medicaid status, and home location. In addition, MDHHS's Community Development Unit (CDU) provides grant funds, technical assistance and oversight to lead hazard control services to local communities. The purpose of this program is to expand lead hazard control in Michigan through community development.

The table below highlights the Lead Safe Home Program and Community Development Unit activity from FY21. In total, 746 children were served by these two programs, and lead abatements were completed in 297 residential units. The COVID-19 pandemic slowed many of the in-home lead removal efforts across the state by limiting the ability to get in homes.

*Table 3: Counts of activities by quarter, fiscal year 2021 (October 2020 – September 2021): LSHP and CDU*

Action	Q1 (Oct-Dec)	Q2 (Jan-Mar)	Q3 (Apr-June)	Q4 (Jul-Sep)	Cumulative
<b>Applications Received</b>					
LSHP Total Applications Received	152	156	161	184	653
CDU Total Applications Received	35	62	48	74	219
<b>Applications Denied/Closed</b>					
LSHP Applications Denied/Closed	50	131	84	112	377
CDU Applications Denied/Closed	12	20	11	10	53
<b>Total EIs Complete</b>					
LSHP Total EIs Complete	24	24	30	38	116
CDU Total EIs Complete	29	35	21	39	124
<b>Projects Under Contract, Awaiting Construction</b>					
LSHP Projects Under Contract, Awaiting Construction	27	12	17	20	76
CDU Projects Under Contract, Awaiting Construction	1	2	2	2	7
<b>Projects Completed and Cleared</b>					
LSHP Projects Completed and Cleared	50	42	51	60	203
CDU Projects Needing MDHHS Waiver	30	22	23	18	93
<b>Number of Children Served</b>					
LSHP Number of Children Served	139	130	132	156	557
CDU Number of Children Served	31	54	42	62	189

# Reflections on the Child Lead Exposure Elimination Commission

Michigan has made great, consistent progress in protecting children from lead exposure in the five years since Executive Order 2017-2 established the CLEEC. The CLEEC has played a vital role in promoting collaboration among government agencies and partners, providing advice and direction to the MDHHS and the Governor, and fostering innovation in child lead exposure elimination.

This look back describes the larger context of advances in lead exposure elimination policy and practice at the state and national levels, summarizes the major accomplishments of the CLEEC, and discusses challenges and opportunities for the future. It is informed by a review of past CLEEC annual reports and other records, data provided by MDHHS, and interviews with CLEEC members.



The "[Water Infrastructure Improvements for the Nation Act](#)" allocates funds to the Centers for Disease Control and Prevention (CDC) to enhance child lead poisoning prevention and establish the Flint [Lead Exposure Registry](#).

The Centers for Medicare and Medicaid Services (CMS) approves an amendment to Michigan's Children's Health Insurance Program (CHIP) for a Title XXI state-designed Health Services Initiative (HSI) for [expanded lead abatement activities](#) in Flint, Michigan and other high-risk communities across the state. Michigan became the first state to be approved to use CHIP funds for lead abatement services for properties of children enrolled in Medicaid who are not tied to a medical condition (elevated blood lead).

MDHHS' Medical Services Administration (MSA) approves an increased reimbursement rate to Local Health Departments (LHD) for delivery of elevated blood lead-nurse case management services. MDHHS establishes a system so that local health departments can bill at the increased amount for each home visit their nurses provide to families of children with elevated blood lead levels.

The United States Department of Housing and Urban Development (HUD) amends 24 CFR Part 35 to adopt the CDC definition of elevated blood lead level (EBLL) for requirements for environmental interventions in federally owned/assisted housing.



Michigan's Lead and Copper Rule (LCR) is revised to better protect citizens from exposure to lead in public drinking water supplies.

The Michigan Occupational Safety and Health Administration's (MIOSHA) standards to protect workers from exposure to [lead in general industry and construction](#) are revised to lower the blood lead level that triggers medical removal. Michigan is the first and, to date, only state with a standard that is more protective than federal OSHA's standard.





As a result of Michigan's revised Lead and Copper Rule, expanded water testing and filter distribution begin in communities where the public water supply has exceeded the [action level for lead](#).

Michigan's rules for laboratory reporting of blood lead test results to MDHHS are amended to require electronic reporting of more detailed numerical test results, including reporting of test results with decimals i.e., (not rounding to the nearest whole number) and indicating when results are below the laboratory's limit of detection. This level of detail allows the MDHHS blood lead surveillance system to provide better data for identification of lead-exposed children and for analysis that is more precise.

Michigan launches the Lead Prevention Fund, filling a critical gap for homeowners and income-property owners who don't qualify for free home lead services.





The Governor signs [Executive Directive 2021-9](#) which requires Michigan agencies and departments to undertake a comprehensive review of the state's role in drinking water systems and resulting in recommendations "to ensure every parent can hand their child a glass of water with confidence."

The [Lead Pipe and Paint Action Plan](#) is released, designating the deployment of resources from the federal Bipartisan Infrastructure Act to deliver clean drinking water, replace lead pipes, and remediate lead paint.

The CDC announces an updated "Blood Lead Reference Value" (BLRV). The BLRV previously set at 5 ug/dL, is now lowered to 3.5 ug/dL.

# CLEEC Priorities Update

The CLEEC prioritized the recommendations of the Child Lead Poisoning Elimination Board's [Roadmap to Eliminating Child Lead Exposure](#) and developed an [action plan](#) as its first major activity, in 2017. As part of the development of the action plan, the CLEEC conducted seven “listening” sessions in communities with high lead exposure impacts across the state. The CLEEC has overseen and participated in the implementation of the action plan, including policy support and advocacy for funding at the state and national levels.

Testing	
Recommendation	
Have universal blood lead testing at the ages of 9-12 months and again at 24-36 months to ensure that every child with an EBL receives treatment, case management, follow-up monitoring, and ongoing monitoring when necessary.	

## Data

<i>Recommendations</i>	<i>Progress to Date</i>
Develop a single data system that captures child testing data, children poisoned, data necessary to assist case management, data regarding lead hazards, housing status relative to the elimination of hazards, and code and law enforcement status.	<p>MDHHS's "Michigan Comprehensive Lead Exposure and Abatement Registry (MiCLEAR) data application went live in 2019. MiCLEAR contains detailed data on all environmental investigation results and lead home abatements in one, searchable data application.</p> <p>An application linking MiCLEAR with EBL nurse case management data and blood lead data from the surveillance data system ("MiCLPS") is under development.</p>
Create a dashboard to present publicly across time and geographies key indicators of the fight to eliminate lead poisoning, and (2) Make blood lead data available to experts for heat maps, incident maps, times series charts and other displays by county, city, zip code, census tract.	<p>Blood lead and census housing data are available to the public in an interactive, searchable, data application developed and maintained by MDHHS ("MiTracking") and are updated annually.</p> <p>A public facing dashboard of data on blood lead testing and EBLL, home abatements, EBL nurse case management, and population statistics will be available on the <a href="#">MDHHS lead website</a> by the end of 2022.</p> <p>Between 2017 and June 2022, MDHHS fulfilled 454 requests for blood lead data and established over 125 Data Use Agreements with outside researchers and agencies.</p>

## Laws/Regulations

<i>Recommendations</i>	<i>Progress to Date</i>
Require one-time lead inspection and risk assessment before the transfer or leasing of a pre-1978 home, including water testing.	HB 5364 has been introduced requiring lead inspection at the time of sale of a pre-1978 home.
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.	In July 2018, Michigan's "Lead and Copper Rule" was updated to lower the lead action level from 15 ppb to 12 ppb, to take effect January 1, 2025. The revised rule has other provisions to strengthen efforts to prevent exposure to lead in drinking water, including a requirement for removing lead services lines.

## Funding

<i>Recommendation</i>	<i>Progress to Date</i>
<p>Find adequate, dedicated, and sustained funding to support gamut of activities to prevent lead exposure (testing, data, remediation and abatement, training, outreach, etc.).</p>	<p>Currently MDHHS manages seven funding streams to support lead inspection and abatement services, including funds from HUD, Medicaid, and the General Fund. The total amount of funds for these programs in 2022 was over \$33,000,000, compared to \$3,000,000 in 2016 or 2015.</p> <p>Following approval of the CHIP SPA for Flint, MDHHS requested and received approval for the same waiver for the cities of Detroit, Benton Harbor, Hamtramck, Highland Park, and 17 rural counties.</p> <p>In 2022, MDHHS launched the Lead Poisoning Prevention Fund, making low-interest loans for home lead abatement to people who do not qualify for other free or low-cost lead abatement services.</p> <p>A significant increase in funding from CDC to state child lead poisoning prevention programs, including a 50% increase for MDHHS, starting in 2021.</p>

## Partnerships and Education

<i>Recommendation</i>	<i>Progress to Date</i>
Ensure case management for all children with EBLs	<p>Following approval by MDHHS for increased reimbursement for elevated blood lead levels nurse case management services, the number of children receiving EBL-NCM reimbursed to Local Health Departments annually went from about 75 before the fee change to more than 600 per year.</p> <p>MDHHS added a program to reimburse LHDs for the same nursing services for children not enrolled in Medicaid, and, in addition, began providing reimbursement for Local Health Department community health workers to provide non-nursing lead services.</p> <p>In May 2022, MDHHS changed its definition of “elevated blood lead level” from 5 to 3.5 ug/dL, in keeping with CDC’s announcement of the updated Blood Lead Reference Value (BLRV). Children with EBLs at this lower level are eligible for nurse case management provided by Local Health Departments, home inspection/lead abatement services, and other services. Almost twice as many children now are eligible for services.</p>

## Partnerships and Education

<i>Recommendations</i>	<i>Progress to Date</i>
Widely disseminate information about blood lead testing and lead poisoning levels.	<p>In 2022, MDHHS launched a major state-wide, multi-media public lead education campaign in 2022 including billboard and social media, postings, focused on testing, and sent postcards about lead exposure and testing to 160,000 residences living in homes built before 1978.</p> <p>In 2022, MDHHS mailed a “Lead Toolkit for Providers” to more than 6,000 health care providers in the state.</p>
Collaborate to expand the lead abatement workforce and lead abatement industry.	In 2022, MDHHS launched a lead abatement workforce media campaign to recruit professionals to the lead abatement industry. MDHHS also launched a contractor incentive program, which offers an additional \$1,000 per lead abatement project for up to five projects completed to offset costs for lead abatement supplies and requirements.

## *Pilot Projects*

In FY18, with General Funds directed to the CLEEC and with oversight by the CLEEC, MDHHS funded projects up to \$75,000 that demonstrated innovative approaches to eliminating child lead exposure through education, testing, and primary prevention and that had the potential for replication throughout the state. In the second year of grant funding (FY19), the CLEEC funded unique projects that demonstrated an innovative approach to the elimination of exposure to lead and have the potential for replication throughout the State of Michigan. The CLEEC focused on funding projects that included the development of innovative strategies to increase the number of children who are screened for blood lead by age 3, and/or to increase the number of children who have a confirmatory venous blood lead test within one month of having an elevated test result based on a capillary test.

Over the course of two years, the CLEEC selected the following projects for funding:

### *Arab Community Center for Economic and Social Services (ACCESS)*

ACCESS leveraged its existing WIC programs and safety-net primary care centers in Dearborn and Sterling Heights, and new mother Great Start home visiting program to reach and test as many Arab-American newborn children and pregnant women (and non-Arab-American individuals who access the organization's services) as possible. ACCESS provided safe, professional blood lead testing and confirmatory venous testing for those with elevated initial results for children between the ages of 9 and 12 months and between the ages of 24 and 36 months, and pregnant women, who attend ACCESS's WIC and primary care clinics in Dearborn and Sterling Heights.

### *Detroit Health Department*

The Detroit Health Department received two grants: The first organized a multilayer approach to promote a Universal Testing policy for the city. The Health Department collaborated with local clinics to engage the medical community and received support from Medicaid Health Plans (MHPs) to access data needed to target providers with low lead testing rates. The second Detroit Health Department grant focused on strengthening the partnerships between four existing programs focused on lead education and prevention for children and pregnant women. The project successfully established new community partnerships that service pregnant women, conducting home visits, establishing internal referral processes and increasing awareness of lead poisoning in the City of Detroit.

#### *District Health Department #4*

To screen the maximum number of children, District Health Department #4 purchased four LeadCare II Blood Lead Testing Systems to screen the maximum number of children. This device allowed for the health department to screen more children than just those with Medicaid, allowing screening of 100 percent of the WIC children for lead during their WIC appointments.

#### *District Health Department #10*

District Health Department #10 implemented and expanded lead safety educational and resource program for expectant mothers and new parents. District Health Department #10 conducted seven regional lead risk prevention and safe cleaning methods trainings for home visiting staff. Over 150 cleaning kits had been provided to home visiting staff, and 141 lead-safe cleaning kits were distributed to at-risk women and infants.

#### *Eastern Michigan University*

This project took evidence-based innovative approaches to target high-risk Asian Americans in Hamtramck/Detroit and engage multisector partner organizations to implement a culturally appropriate lead poisoning prevention program. The project team worked with collaborating partners to ensure that a comprehensive system of preventive measures, referrals, follow ups and evaluations is in place for high-risk children and pregnant women who experience risk factors for lead exposures including poverty, immigration, limited English Proficiency and low health literacy.

#### *Healthy Homes Coalition of West Michigan*

The Healthy Homes Coalition worked with home visitors to promote awareness of lead hazards, conduct environmental screenings of homes for lead hazards, and connect families with services to reduce young children's exposure to lead.



### *Institute for Population Health*

The Institute for Population Health piloted a project to screen pregnant women and infants under 3 years old using a Lead Risk Screening Tool. The tool was used to close the gap between what is known about screening and testing pregnant women for lead exposures that can be taken in advance to prevent lead exposure. Additionally, the screening inquired about the social determinants of health as risk factors for potential exposure or delayed follow-up.



Participants from the Institute for Population Health's Preventing Lead Exposure During Pregnancy Conference funded by the CLEEC.

### *Jackson County Health Department*

Through a consent-based referral system and partnerships with local health care providers, this program prioritized lead poisoning prevention in expectant mothers. The Health Department was able to include the lead assessment risk tool and resources for pregnant women and lead and breast-feeding women and lead on the EPIC system for all physicians to access and use/provide to their clients. Non-EPIC users also have access to that information. A total of 104 referrals were received since implementing their new workflow process.

### *Macomb County Health Department*

The Macomb County Health Department sought to increase the number of children tested by focusing on two targeted areas regardless of risk factors. The Health Department offered in-home lead testing of children 9 months to 3 years old residing in ZIP codes 48066 and 48021. The group also provided more comprehensive education in the home environment on the dangers of lead poisoning so that parents understand that the testing is worthwhile.

### *Michigan State University*

Michigan State University implemented take-home lead exposure identification, characterization, and intervention with companies not covered by the Michigan Occupational Safety & Health Administration (MIOSHA) lead standards to prevent take-home lead exposure. A total of 158 establishments were provided with information regarding take-home lead exposures and guidelines for how to reduce the amount of lead dust taken home.

### *National Center for Healthy Housing*

The National Center for Healthy Housing compared housing code language in four Michigan cities to the National Healthy Housing Standard and national models and met with city staff and community members to present enforcement practices and specific opportunities for improvement. The National Center for Healthy Housing concluded using housing codes to prevent lead poisoning presented several opportunities that would provide health, economic, and housing benefits.

### *Oakland County Health Division*

This project promoted universal testing, increased knowledge and awareness, identified high-risk areas, and reduced health care and educational costs. Oakland County was able to develop a Lead Poisoning Prevention Toolkit for cities, villages and townships in Oakland County that needed assistance dealing with lead hazards in their community.

### *Our Kitchen Table*

Our Kitchen Table focused on families living in designated “hot spots” by incorporating an environmental education approach to an existing food growing and nutrition program. Our Kitchen Table held workshops in one of Grand Rapids’ lead poisoning hotspots. A total of 151 families participated during the grant cycle and 72 families were referred to Healthy Homes. All participants learned about resources offered via MI Child Lead Poisoning Prevention Program (CLPPP) and Healthy Homes.



Our Kitchen Table's Program for Growth workshop emphasized eating to prevent lead poisoning.

*Southeastern Michigan Health Association/CLEARCorps*

This initiative tested a model to address lead-based paint hazards before children become lead-poisoned through outreach and code enforcement. This project targeted the 48206 ZIP code because 94.4 percent of all housing stock was built before 1980, 52.4 percent of the structures were rental properties and 7.4 percent of the population was under the age of 5. Home safety literature was left at 6,859 homes. Two-hundred-sixty households received a home visit and a home safety assessment, 131 houses had a positive lead swab and 102 families received case management services.



# The Future of The Child Lead Exposure Elimination Commission

In October 2021, the Centers for Disease Control and Prevention (CDC) updated from 5 µg/dl to 3.5 µg/dl the reference value that physicians should use to consider a child's BLL elevated. The CLEEC and MDHHS will continue to work to ensure the updated reference level is applied appropriately across all services and departments. This more stringent threshold will ensure children exposed to lead are identified earlier and steps are taken to prevent further exposure of lead-burdened children. This is an important step forward for achieving reduced rates of elevated BLLs across the state.

2021 also saw the beginning of a conversation on the state's policy for childhood blood lead testing within the state. A workgroup was convened in 2022 to make recommendations that would strengthen Michigan's approach. After meeting three times, the group concluded Michigan's approach should be changed and made the following consensus recommendation: **All children in Michigan should have a blood lead test. Test all children at 12 and 24 months, or if not tested at those ages at least once before 6 years of age. In addition to the universal age-based testing, children less than 6 years of age should be tested based on an annual individual risk assessment, but with revised MDHHS risk assessment questions.**

The CLEEC will continue to monitor the progress on adoption and implementation of this recommendation.

The CLEEC recognizes the importance of partnering with communities to co-develop and implement effective and equitable strategies that are needs-based and informed by partners. The CLEEC seeks to partner with all relevant stakeholders, including communities that are at highest risk, academic institutions, and from the private sector, to not only work toward eliminating lead exposure, but also support and empower partners in the process as well. As the CLEEC approaches another year, strategic planning has been conducted to identify opportunities and priorities for advocacy.

Michigan's long commitment to preventing and treating children's lead exposure has resulted in substantial health benefits, though there is still more work to be done to ensure all at-risk children are tested across the state, and to advance lead hazard reduction efforts. With continued support, sustained screening, case management activities, and other lead elimination activities we can expect to see continued declines in children's exposure to lead and the lifelong burden caused by lead exposure in the state of Michigan.

# Appendices

## *Appendix 1: 2022 Child Lead Exposure Elimination Commission Meeting Dates*

January 10, 2022

February 14, 2022

April 11, 2022

July 11, 2022

August 8, 2022

September 26, 2022

October 10, 2022

November 14, 2022

# Appendices

## *Appendix 2: References*

[1 <https://www.michigan.gov/mileadsafe/learn/lead-and-your-health>](https://www.michigan.gov/mileadsafe/learn/lead-and-your-health)

2 United States Environmental Protection Agency. (2022, May 25). Basic Information about Lead in Drinking Water. Retrieved from United States Environmental Protection Agency Web site: <https://www.epa.gov/ground-water-and-drinking-water/basic-information-about-lead-drinking-water>

[3 CDC updates blood lead reference value | Lead | CDC](#)

[4 MDHHS updating definition of elevated blood lead levels for children based on new CDC blood reference value \(michigan.gov\)](#)

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