



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

## Michigan Child Lead Exposure Elimination Commission Meeting

**July 14, 2025**  
**10:00 AM – 12:00 PM**  
*Virtual/Teams*

### Meeting Minutes

**Commissioners Present:** Dr. Natasha Bagdasarian (chair), Daniel Lince, Jameela Maun, Diane McCloskey, Dr. Rebecca Meuninck, Eric Oswald, Courtney Pendleton, Carin Speidel, Dr. Lyke Thompson, and Al Vanderberg.

**Commissioners Absent:** Christine Callahan, April Cook-Hawkins and Angela Hood.

**Staff and Guests Present:** Angela Dickson, Dr. Annette Gilmer, Kory Groetsch, Dr. Sarah Lyon-Callo, Angela Medina, Katie Nash, Dr. Anthony Oliveri, Chad Rhodes, Jennifer Shutts, Rick Stoner, Tina Wahl, and Jared Welehodsky

#### I. Call to Order – Jared Welehodsky

a. Roll Call (See attached Attendance Report).

Jared Welehodsky called the meeting to order with roll call. 10 Commission Members were present for a quorum.

b. Welcome and Introduction of Facilitator, Dr. Sarah Lyon-Callo and CLEEC Chair Dr. Natasha Bagdasarian.

Dr. Bagdasarian explained her role within the CLEEC and that of Dr. Sarah Lyon-Callo. Integrating the work of the CLEEC with the activities of lead services within the Environmental Health Bureau (EHB) and MDHHS. Creating a greater presence and visibility of EHB within the CLEEC (i.e. administrative duties, communication, meetings, support, etc.). Dr. Sarah Lyon-Callo will be the MDHHS/PHA representative and facilitate the meetings moving forward. Dr. Bagdasarian will attend as needed (with close collaboration with Dr. Sarah Lyon-Callo). This will help provide the CLEEC more clout while not having an actual budget (advisory vs. working). A positive change with the power of PHA and its additional work-related staff.

#### II. Review and Adopt Meeting Minutes – Action – All

a. March 24, 2025 – Minutes

b. May 12, 2025 – Minutes

No questions or concerns.

Alan Vanderburg moved to approve/adopt both previous meeting minutes.

Seconded by Dr. Rebecca Meuninck.

All approved.

No opposed.

No abstentions.

Meeting minutes are now official and will be forwarded to be posted to the CLEEC website.

### III. **CLEEC 2024 Annual Report and Status– Inform – Tina Wahl**

Tina Wahl provided an update (in Martha Stanbury's absence). Currently the draft 2024 annual report is moving up the chain for review. Members will soon be able to review it for feedback. Getting close to completion.

### IV. **Update on Filling CLEEC Member Vacancies – Inform – Jared Welehodsky**

Jared Welehodsky indicated there have been conversations with potential applicants and have informed the Governor's Appointments Office. However, there are no other updates at this time.

### V. **Department Updates**

#### a. **Universal Blood Lead Testing – Angela Medina**

Angela Medina provided an update. UT rules went live at the end of April. There has been much messaging out to partners and health care providers throughout Michigan. A press release and media interviews took place with numerous articles being sent out. Presentations, meetings, email blasts and health alert notices have also been sent to providers along with informational sessions with various provider groups. Updating the Provider Q&A to answer the questions being received.

#### b. **MDHHS Lead Ordinance Workgroup Status Update – Carin Speidel**

Carin Speidel provided a brief update. Lead Ordinance Workgroup is working with Public Sector Consultants (PSC) for a few weeks. PSC will be developing a list of individuals who will be part of the interviews and/or be a part of the actual workgroup. The purpose of the workgroup is to identify approaches to address childhood lead exposure while meeting state and federal laws (via ordinance). PSC will be reaching out to workgroup members to establish an upcoming meeting schedule.

Question (Diane McCloskey): Who are the stakeholder interviews with and who is included in the workgroup?

**ACTION ITEM:** Carin Speidel will follow-up and forward the requested information to CLEEC members.

#### c. **Data Update: Tracking Child Blood Lead Testing – Dr. Anthony Oliveri**

**See attached slides** for Dr. Oliveri's update and blood lead testing numbers.

#### d. **Legislative Updates – Tina Wahl**

**See attached document.**

### VI. **CLEEC Strategic Visioning and Goal Setting – Final Rankings, SWOT Analysis and Developing Action Items – Inform – Alan Vanderberg**

Alan Vanderberg worked with CLEEC Commission members to complete the SWOT analysis (**see attached**). Afterward, much discussion ensued regarding the CLEEC's direction and how to develop action items, action steps and address these items moving forward.

## **VII. Other**

## **VIII. Adjourn**

Motion to adjourn meeting by Dan Lince.

Seconded by Dr. Rebecca Meuninck.

No objections.

Meeting adjourned at 11:56 a.m.

**July 14, 2025, CLEEC ATTENDANCE REPORT**

	<b>Name/Affiliation</b>	<b>Voting Member</b>	<b>Present</b>	<b>Not Present</b>
<b>Commission Members</b>				
1	Dr. Natasha Bagdasarian, CME, Chair	X	X	
2	Christine Callahan/Early Childhood	X		X
3	April Cook-Hawkins/General Public	X		X
4	Angela Hood/General Public	X		X
5	Dan Lince/MSHDA	X	X	
6	Jameela Maun/Child Family Support	X	X	
7	Diane McCloskey/Lead Exposure Advocacy	X	X	
8	Dr. Rebecca Meuninck/Lead Exposure Advocacy	X	X	
9	Eric Oswald/EGLE	X	X	
10	Courtney Pendleton/LARA	X	X	
11	Carin Speidel/DHHS	X	X	
12	Dr. Lyke Thompson/Research & Technology	X	X	
13	Al Vanderberg/Local Government	X	X	
	Vacant/Physician	X		X
<b>Guests and Staff</b>				
1	Dr. James Bell III			X
2	Jennifer Bonsky/MDARD			X
3	Meli Garcia (Ecology Center – Guest)			X
4	Dr. Annette Gilmer		X	
5	Jennifer Gray			X
6	Kory Groetsch		X	
7	Dr. Sarah Lyon-Callo		X	
8	Angela Medina		X	
9	Dr. Anthony Oliveri		X	
10	Chad Rhodes		X	
11	Melissa Sargent (Ecology Center - Guest)			X
12	Jennifer Shutts		X	
13	Martha Stanbury			X
14	Tina Wahl		X	
15	Jared Welehodsky		X	
16	Katie Nash		X	
17	Alison Dickson		X	
18	Rick Stoner		X	

# Data Update: Tracking Universal Testing

CLEEC Meeting

July 14, 2025



# Definitions

- High-risk communities: 82 high-risk communities (MCDs) identified as high-risk based on blood lead testing, socioeconomic and housing risk factors.
- Age Groups:
  - Children Around Age 1: ages 9 to 17 months
  - Children Around Age 2: ages 18 to 30 months
  - Children Around Age 4: ages 42 to 54 months

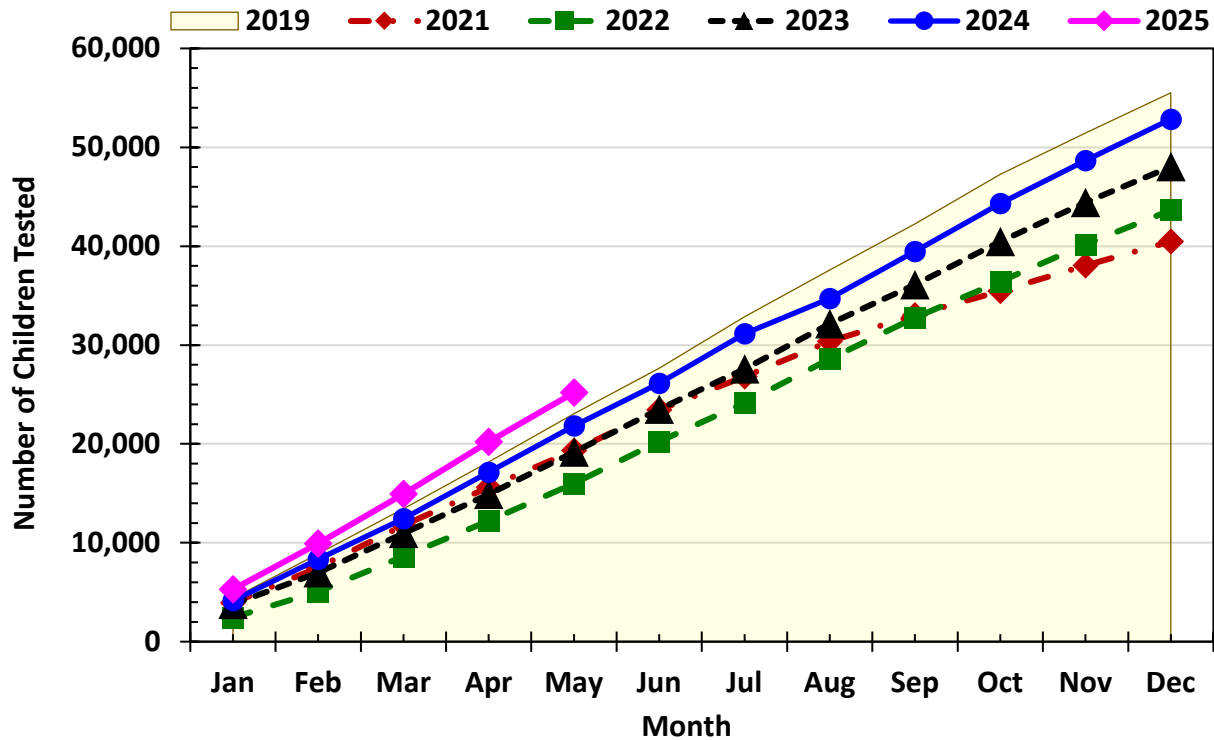
# Number and Percent of Children Around Ages 1 and 2 Tested by Year



Age Category	Year	Number Tested for Blood Lead <sup>1</sup>	% Population Tested <sup>2</sup>
Children around Age 1	2018	54,639	48.4
	2019	55,512	49.8
	2020	42,356	38.8
	2021	40,471	37.0
	2022	43,638	39.9
	2023	48,034	44.0
	2024	52,847	48.4
	2025*	25,188	*
Children around Age 2	2018	36,574	31.7
	2019	37,380	32.9
	2020	27,213	24.3
	2021	27,053	24.2
	2022	29,789	26.6
	2023	34,755	31.1
	2024	42,703	38.2
	2025*	21,246	*

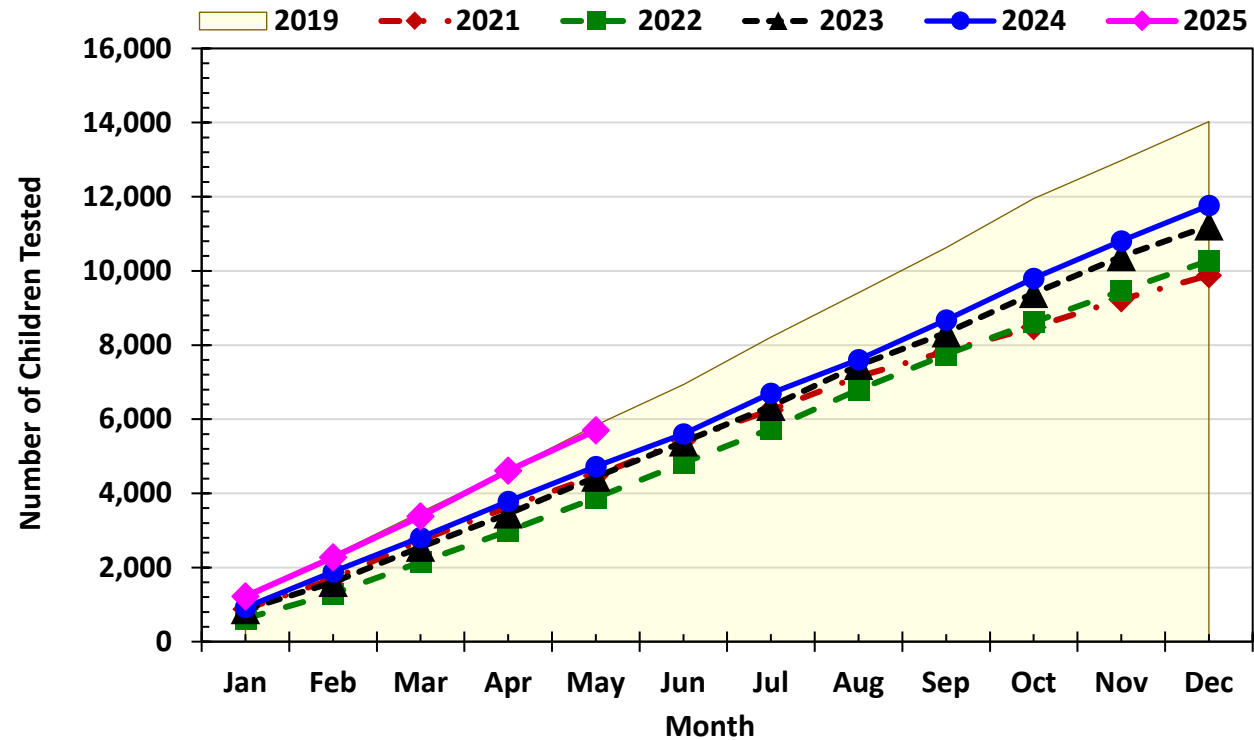
# Number of Children Around Age 1 Tested

**FIGURE 3. CUMULATIVE NUMBER OF MICHIGAN CHILDREN AROUND AGE 1 TESTED FOR BLOOD LEAD BY MONTH, JANUARY - DECEMBER 2019, AND JANUARY 2022 TO MAY 2025\***



Data source: MDHHS Data Warehouse, data current as of June 23, 2025

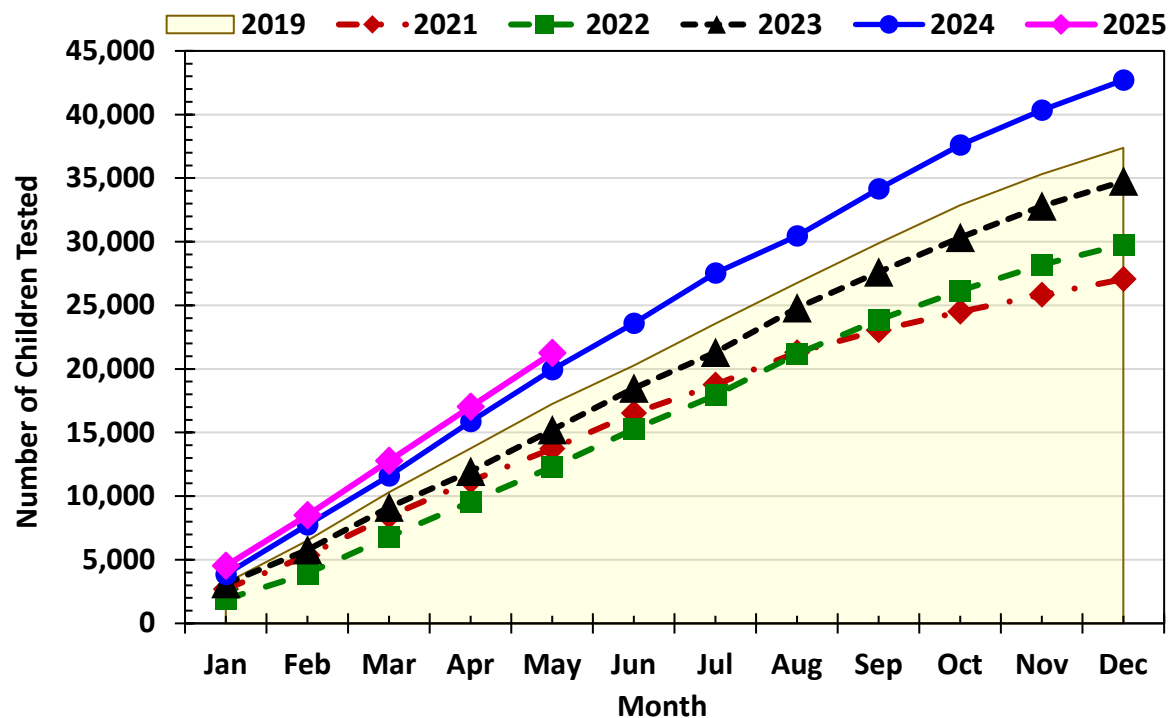
**FIGURE 8. CUMULATIVE NUMBER OF HIGH-RISK COMMUNITY RESIDENTS OF AROUND AGE 1 TESTED FOR BLOOD LEAD BY MONTH, JANUARY - DECEMBER 2019, AND JANUARY 2022 TO MAY 2025\***



Data source: MDHHS Data Warehouse, data current as of June 23, 2025

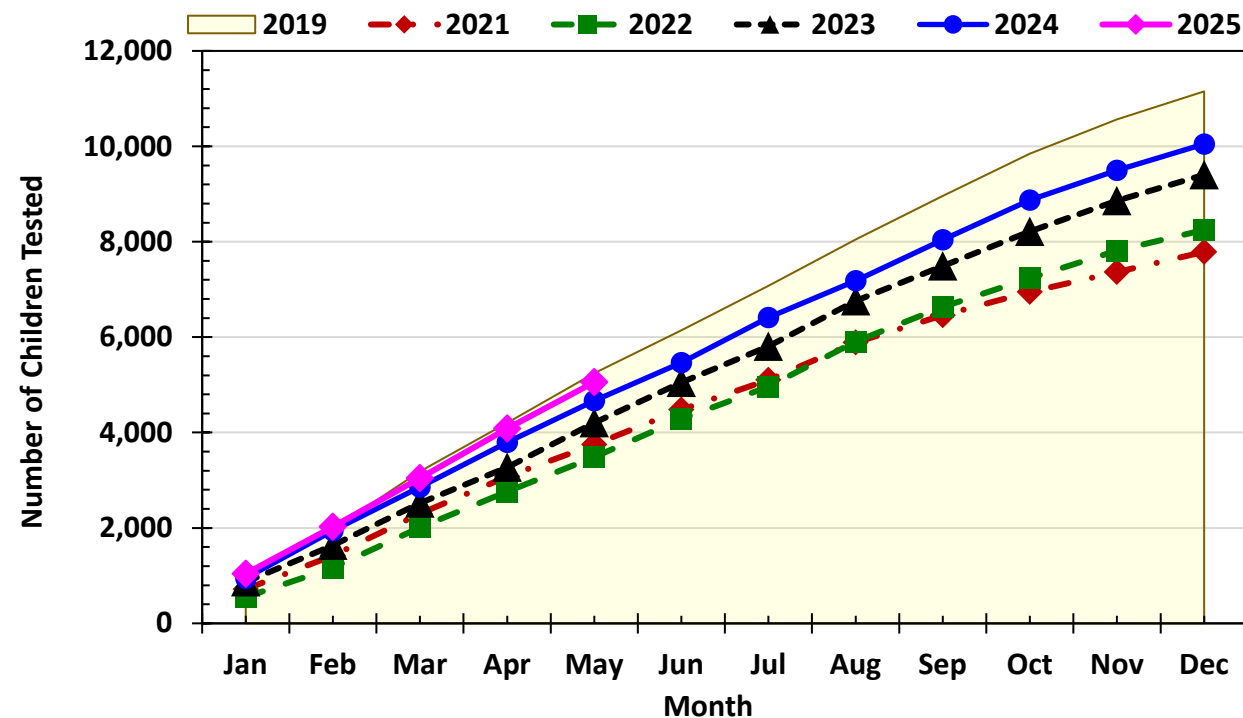
# Number of Children Around Age 2 Tested

**FIGURE 4. CUMULATIVE NUMBER OF MICHIGAN CHILDREN AROUND AGE 2 TESTED FOR BLOOD LEAD BY MONTH, JANUARY - DECEMBER 2019, AND JANUARY 2022 TO MAY 2025\***



Data source: MDHHS Data Warehouse, data current as of June 23, 2025

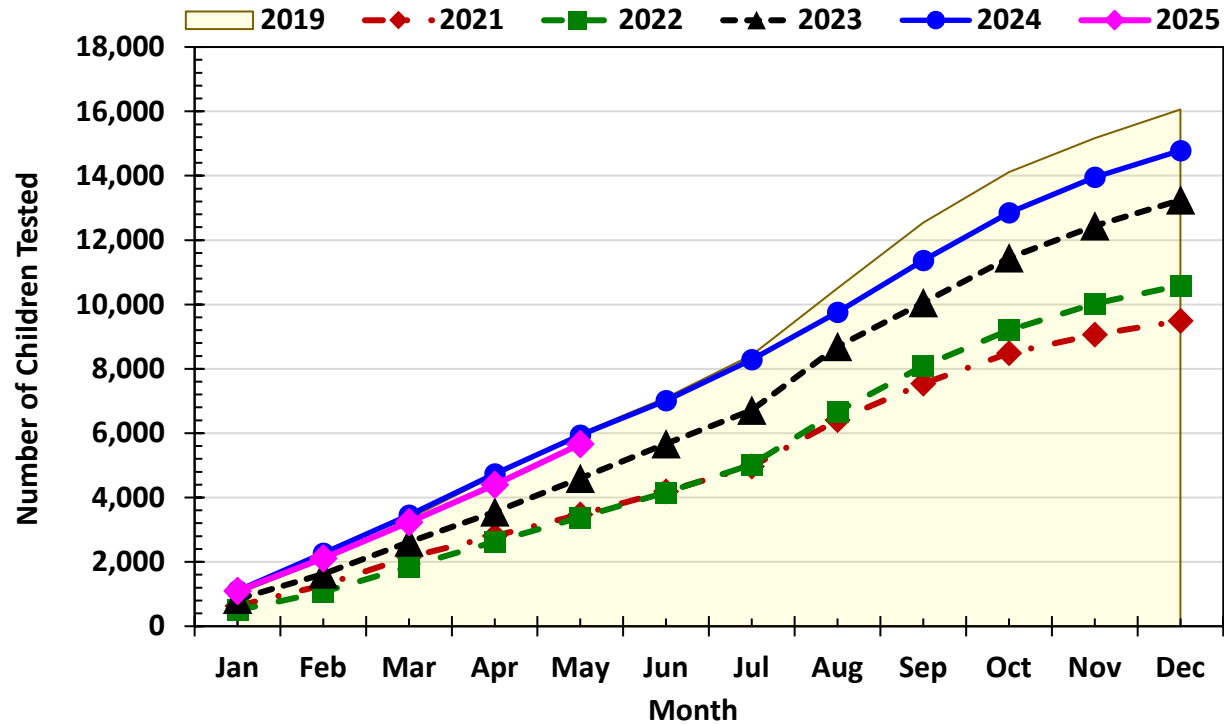
**FIGURE 9. CUMULATIVE NUMBER OF HIGH-RISK COMMUNITY RESIDENTS OF AROUND AGE 2 TESTED FOR BLOOD LEAD BY MONTH, JANUARY - DECEMBER 2019, AND JANUARY 2022 TO MAY 2025\***



Data source: MDHHS Data Warehouse, data current as of June 23, 2025

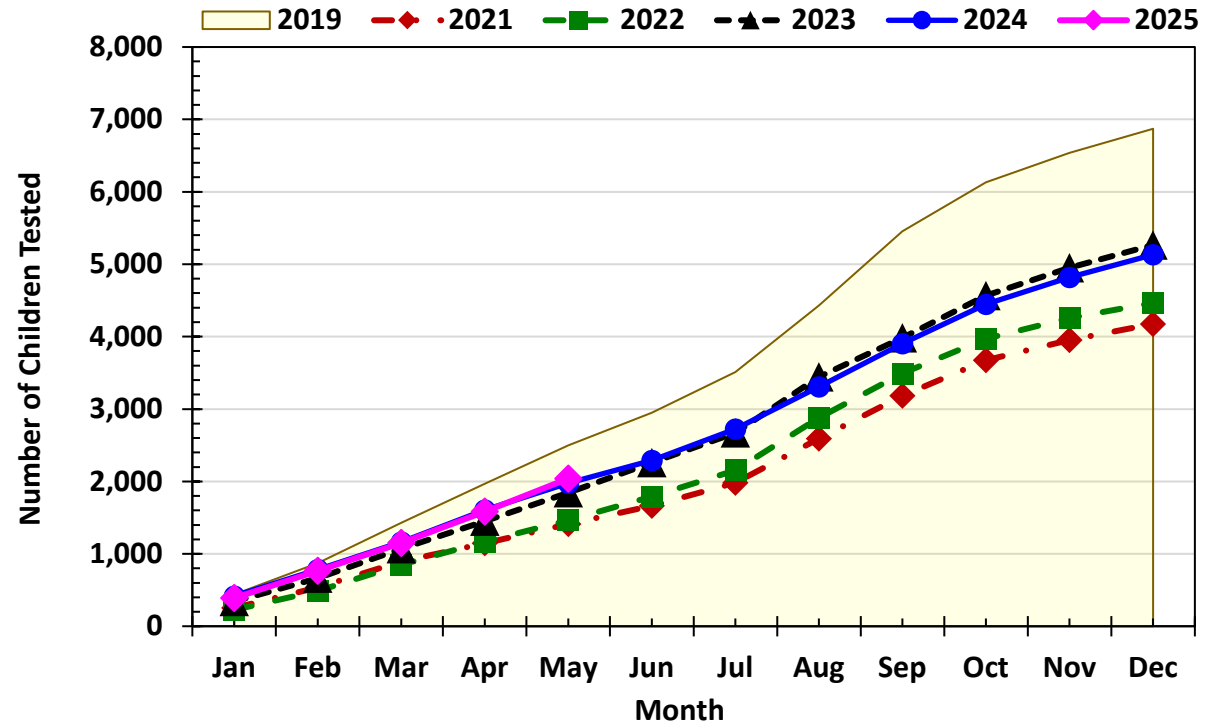
# Number of Children Around Age 4 Tested

**FIGURE 5. CUMULATIVE NUMBER OF MICHIGAN CHILDREN AROUND AGE 4 TESTED FOR BLOOD LEAD BY MONTH, JANUARY - DECEMBER 2019, AND JANUARY 2022 TO MAY 2025\***



Data source: MDHHS Data Warehouse, data current as of June 23, 2025

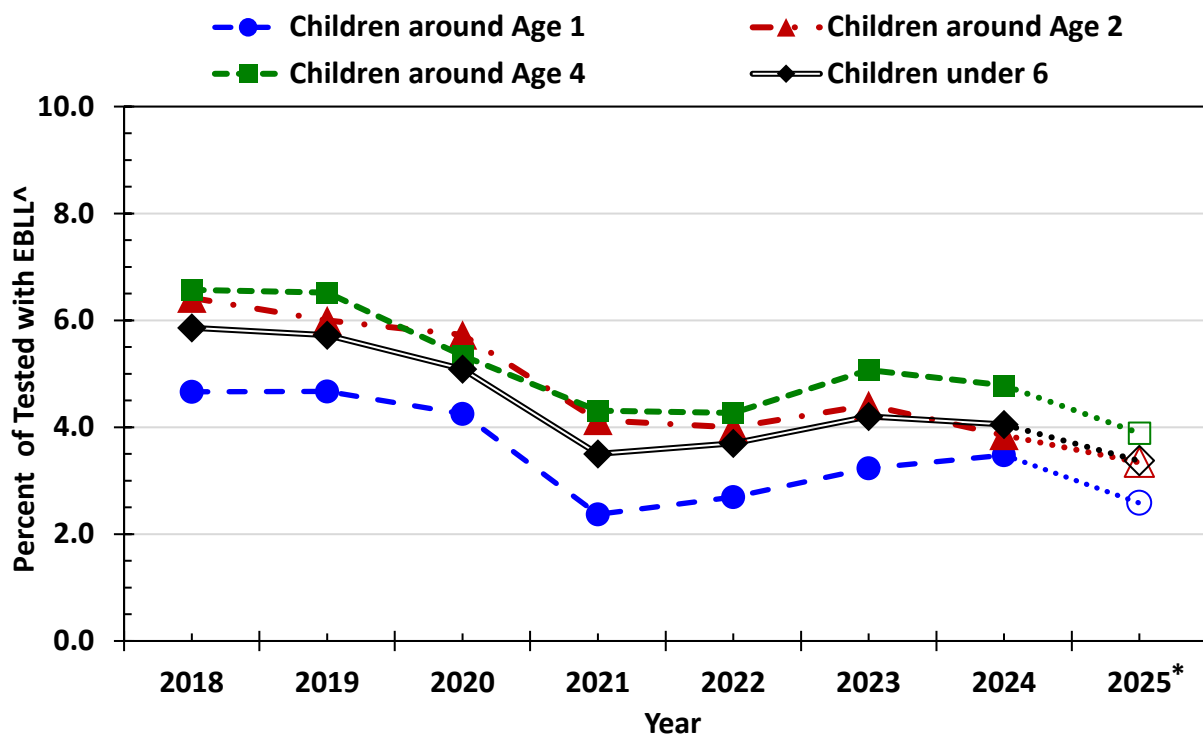
**FIGURE 10. CUMULATIVE NUMBER OF HIGH-RISK COMMUNITY RESIDENTS OF AROUND AGE 4 TESTED FOR BLOOD LEAD BY MONTH, JANUARY - DECEMBER 2019, AND JANUARY 2022 TO MAY 2025\***



Data source: MDHHS Data Warehouse, data current as of June 23, 2025

# Percent of Children with EBLL by Age Group and Geography

**FIGURE 11. PERCENT OF MICHIGAN RESIDENTS TESTED FOR BLOOD LEAD WITH ELEVATED ( $\geq 3.5$  MG/DL) BLOOD LEAD LEVELS BY AGE CATEGORY, JANUARY 2018 TO MAY 2025\***

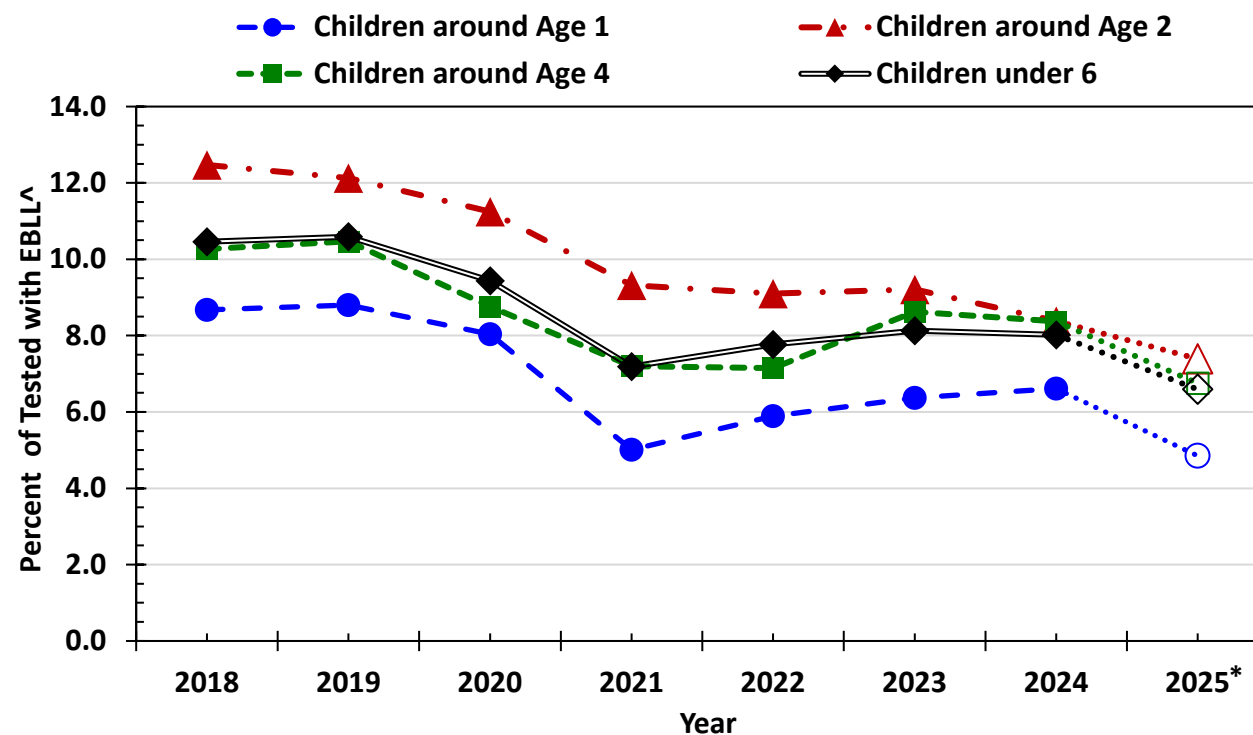


Data source: MDHHS Data Warehouse, data current as of June 23, 2025

\* Data for 2025 are incomplete and considered provisional

^ EBLL/Elevated: Blood lead level  $\geq$  CDC Blood Lead Reference Value (BLRV) of 3.5  $\mu$ g/dL

**FIGURE 12. PERCENT OF HIGH-RISK COMMUNITY RESIDENTS TESTED FOR BLOOD LEAD WITH ELEVATED ( $\geq 3.5$  MG/DL) BLOOD LEAD LEVELS BY AGE CATEGORY, JANUARY 2018 TO MAY 2025\***



Data source: MDHHS Data Warehouse, data current as of June 23, 2025

\* Data for 2025 are incomplete and considered provisional

^ EBLL/Elevated: Blood lead level  $\geq$  CDC Blood Lead Reference Value (BLRV) of 3.5  $\mu$ g/dL

# Other Data Available

- Number of tests, percent of population tested
- Number and percent of tests below LoD
- All metrics for children on Medicaid
- All ages, <6
- Technical document on methodology used to determine high-risk MCDs

## July 2025 CLEEC Legislative and Policy Update

### State

- We are expecting the introduction of 4 lead bills in July including 3 from last year (RRP, Early On, Definition update lowering EBL level) and a baby food bill. Advocates tell us final details are being worked out including looking for a Republican sponsor for a bipartisan package. The House is only scheduled to meet on 7/15 and 7/23 this month so unsure they will be introduced.
- Lawmakers adjourned for summer bypassing their July 1 statutorily prescribed date to pass a budget. So, the state budget picture is uncertain at this time for MDHHS and lead programs. As you review your SWOT analysis exercise in the coming hour, funding and legislative priorities may be hard to accomplish in the current state climate and is something to consider as the MI House, Senate of Gov's office are not working closely together to get major initiatives across the finish line.

### Federal

- EPA Region 5 program technician alerted the certification and enforcement program of available EPA TSCA supplemental grant funding for MDHHS. Funding includes \$72,000 for RRP implementation and ends on 9/20/2026. Program is pending official grant notification to respond." (Enforcement)
- CDC staff reduction in force on 2/14/2025 but have been reinstated and are back to work playing catch up now.
- Application for FY26 funding submitted in April 2025.
- No word directly from CDC other than they have received our application. Typically, we hear about continuation/approval of funding in July. Our FY25 grant period ends on 9/29/2025.
- Annual review of our application is scheduled with the Health Resources and Services Admin. (HRSA) on 9/25/2025.
- Notice of awards (NOAs) do not come consistently for this block grant, but instead sporadically throughout the year through several NOAs. The most recent NOA was received on 6/5 for continuation of funds for FY25. Michigan has received approximately 72% of its anticipated FY25 Title V award via several NOAs.
- FY25 grant period ends on 9/30/2025.
- Medicaid CHIP funding is uncertain currently.
- HUD has Issued a notice of funding for Lead and Healthy Homes grants and is expecting to award 50 grants nationwide which is encouraging.

All of this to say\_ We are holding our own in terms of federal funding and appear to be ok this FY. FY 27, 28 are uncertain but we are feeling ok at this time. Which is good news!

*The Child Lead Exposure Elimination Commission examined the strengths, weaknesses, opportunities, and threats affecting the Commission as a whole. The items in each category are not ranked by importance, nor is this intended to be an all-inclusive list. In addition, the items identified provide a view of potential issues that may impact the environment in which the Commission operates in the near- or long-term future.*

## STRENGTHS

- We've developed a coherent policy statement pointing to the necessity to focus on lead paint and dust in housing.
- CLEEC members represent diverse constituents with interest in the health and safety of young children.
- Multiple departments across the state are participating. (LARA, DHHS, EGLE)
- Continuity/history
- Solid vision of a state which eliminates lead in children
- Members are willing to raise difficult issues in a concrete manner
- Knowledgeable group
- Follow best practices with intention of helping to lead the way
- Good administrative staff
- Perseverance ex. Universal Testing

## OPPORTUNITIES

- The new requirement for blood lead testing will provide further data on prevalence and opportunities to advocate for funding and policy change.
- We have a new U.S. Health and Human Services Secretary who is concerned about exposure to toxins.
- Chance to tell the success stories
- Capabilities/history of the state to continue addressing the problem
- Possibility RRP becomes state delegated
- Evaluate the representation on CLEEC
- Improve housing supply

- We're advisory to the state, yet it seems that some changes that are necessary to improve conditions happen at the city ordinance level.
- No budgeted resources — no incentive lever
- Representation is narrow — no rental groups, mainly focused on government and advocacy
- Role clarity — CLEEC as a whole and as individual members
- Clarifying who is responsible for necessary research & connecting to research
- Divided legislature
- Federal funding
- Public knowledge/public visibility of CLEEC
- Lack of talking points/PowerPoint materials to spread the story
- Lack of ability to focus holistically on the highest priority causes of lead poisoning

- The federal /political deregulatory climate is a threat to promoting policies that are protective of families in housing with young children.
- Competing legislative priorities are a threat in a climate where states will likely be required to make up for reductions in federal funding.
- Divided legislature
- Federal funding
- Understanding & communicating the comprehensive impacts of federal funding cuts to health systems
- Federal policy
- State leadership succession
- Failure to adequately educate the public
- Failure to effectively utilize local health departments in remediation
- Resources available to local health departments with competing priorities
- Housing shortage

## WEAKNESSES

## THREATS