



**CHILD LEAD EXPOSURE
ELIMINATION COMMISSION**
2018 Annual Report

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FOREWORD

DECEMBER 2018

Unequivocally, the most precious and vital resource in our great state is our children. Investments in the health and development of our children yield investments in Michigan's future - from economic productivity to social capital to civic engagement. Healthy Michigan kids turn into healthy and happy Michigan adults.

The groundbreaking science of neurodevelopment teaches us that the milieu of early childhood is a critical and foundational period in setting the trajectory for a child's success. A well-known obstacle to the development of children, especially young children, is lead exposure. Studied for centuries, lead is a poison with no safe level in the human body. Pre-industrial humans had very little lead exposure; however, industrial uses of lead, even after its harm was clear, unnecessarily poisoned generations of children, aptly dubbing lead poisoning a "silent pediatric epidemic."

In 1967, scientist Rene Dubos said of preventable lead poisoning, "The problem is so well defined, so neatly packaged, with both causes and cures known, that if we don't end this social crime, our society deserves all the disasters that have been forecast for it."

We have come a long way since 1967. With national policies that restricted the use of lead in gasoline, paint, plumbing and other uses, the national and state rates of lead exposure decreased significantly. Yet to this day, hidden underneath layers of paint in older homes, buried underground in pipes that deliver our drinking water, and nestled in the soil of our yards, we live with the insidious legacy of lead. The risk to Michigan's children is not equal. A known environmental injustice, the burden of lead exposure disproportionately impacts our predominantly poor and minority Michigan children.

Through the initial Child Lead Poisoning Elimination Board established in 2016 and now with the permanent Child Lead Exposure Elimination Commission, Michigan is leading the nation with efforts to finally eliminate preventable lead exposure. With a shift in ideology to primary prevention - tackling lead in the environment before children are exposed rather than using children as detectors of environmental contamination - Michigan has taken significant steps to preserve the potential of all our children. A few of our 2018 successes include, 1) adopting a model Lead and Copper Rule to address lead in drinking water, 2) enacting the nation's strongest adult occupational lead exposure standards, 3) investing in lead education materials, 4) building and launching an online lead investigation and abatement data portal, and 5), funding innovative lead elimination pilot programs.

Our work is just beginning. We recognize we have much work more to do to ensure that no more Michigan children are exposed to lead.



Brian Calley
Lieutenant Governor
Chair, Michigan Lead Poisoning Elimination Board



Mona Hanna-Attisha MD MPH
Director, Michigan State University & Hurley
Children's Hospital Pediatric Public Health Initiative
Vice-Chair, Michigan Child Lead Elimination Exposure
Commission

This permanent Commission as established through Executive Order No.17-2, March 2017, is to act in an advisory capacity to the Governor of Michigan and to the Director of the Michigan Department of Health and Human Services (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; to provide guidance to the Governor and MDHHS Director regarding the state of Michigan'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 their November 2016 Report.

BACKGROUND

CHILD LEAD POISONING ELIMINATION BOARD

Implementation of important public health policies over the last fifty years have markedly decreased environmental lead contamination and the number of exposed children. But despite the state's efforts, there still remain pockets of predominately low-income areas where children continue to be exposed to lead.

The Michigan Childhood Lead Poisoning Prevention and Control Commission (2005-2010) worked extensively on issues surrounding the primary and secondary prevention of lead exposure in the state (see **Figure 1**). It produced three reports in 2006-2007 and a 2009 letter to address the problem of environmental lead, many recommendations from these reports were subsequently implemented. This Commission outlined their recommendations in areas of *Testing Children for Lead Poisoning, Funding for Lead Poisoning Prevention and Control at Every Level, Educating Parents, Rental Property Owners, And Residential Contractors About Appropriate Lead Hazard Abatement Practices, And Strengthening Enforcement Of Lead Safe Regulations, Maximizing Property Owner Inducements To Identify And Remediate Lead Hazards, and, Enhancing The Effectiveness Of Government Programs.*

In 2016, under Executive Order 2016-9, Governor Snyder created the *Child Lead Poisoning Elimination Board* on May 20, 2016 to address the need for a “coordinated effort to design a long-term strategy for eliminating child lead poisoning in the state of Michigan.” The board was a temporary commission chaired by Lieutenant Governor Brian Calley, and in November 2016, submitted 99 recommendations in a final Report to Governor Rick Snyder. Many of the recommendations expanded upon those advised by the Lead Poisoning Prevention and Control Commission; however, with the increased recognition of no safe level of lead exposure and its irreversible neurotoxicity, the members unanimously agreed that primary prevention by eliminating lead exposure would be the major goal of the Board's activities. Other sub-themes prevailed in the work of the Board, including health equity, increased funding and infrastructure for lead prevention and remediation, and universal access to investigations.

FIGURE 1.

Primary Prevention vs. Secondary Prevention	
<u>Primary Prevention</u>	<u>Secondary Prevention</u>
Proactive	Reactive
Focuses on exposure	Focuses on poisoning
All children	At-risk children only (typically those poisoned)
Emphasizes testing environments for hazards (testing houses)	Emphasizes testing children's blood
Stops the problem	Chases the problem

CHILDHOOD LEAD EXPOSURE ELIMINATION COMMISSION

Through executive order, EO 2017-2, the governor called for the creation of the Child Lead Exposure Elimination Commission. The Commission was established to review, prioritize and address the 99 recommendations laid out by the 2016 Child Lead Poisoning Elimination Board. In fact, one of the recommendations of the Board was to establish the permanent Commission.

This permanent commission includes the same diversified stakeholder and state department representation that was within the temporary Child Lead Poisoning Elimination Board. Fifteen voting members were appointed to serve terms of 1, 2, or 3 years, and represent local government, academia (research and technology community), local public health departments, early childhood education and development, child and family support, medicine, lead exposure advocacy, and the general public. Representatives from the Michigan Departments of Environmental Quality, Health and Human Services, Licensing and Regulatory Affairs and the Michigan State Housing Development Authority also serve on the Commission as voting members. In 2018, the Chief Medical Executive Dr. Eden Wells served as Chair and Dr. Mona Hanna-Attisha served as vice-chair for the Commission.

2018 MEMBERS



Christine Callahan
Early Childhood Education
and Development



Paul Haan
Lead Exposure Advocacy



Mona Hanna-Attisha
Vice Chair
Physician



Joneigh Khaldun
Ad-hoc Member
Local Public Health



Joanna Kica
General Public
(served part of 2018)



Rebecca Meuninck
Lead Exposure Advocacy



Tina Reynolds
General Public



William Ridella
Local Public Health



Anthony Russo
Ad-hoc Member, Michigan
Public Health Institute



Lyke Thompson
Research and Technology



Trina Townsend
Child Family Agency
(served part of 2018)



Alan Vanderberg
Local Government

State of Michigan Departmental Representatives



Shelly Edgerton
Michigan Department of
Licensing and Regulatory
Affairs



Jack Schinderle
Michigan Department of
Environmental Quality



Daniel Lince
Michigan State Housing
Development Authority



Carin Speidel
Michigan Department of
Health and Human Services



Eden Wells
Chair
Michigan Department of
Health and Human Services

Photos Unavailable

Harolyn Baker
Designee for
Joneigh Khaldun

Mary Challiss
Child and Family Agency
(served part of 2018)

Jeffrey Harthun
General Public
(served part of 2018)

MISSION, VISION AND VALUES

MISSION

The Child Lead Exposure Elimination Commission, established by Governor Snyder's Executive Order 2017-2, will work collaboratively with all levels of government and stakeholders throughout the state to eliminate lead exposure for Michigan's children.

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.

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.

- Primary Prevention: Identify and eliminate lead hazards before they impact children.
- Equity: Utilize targeted, culturally sound approaches that recognize significant social and socioeconomic disparities.
- Data-Driven Decision Making: Utilize evidence, data, research, and the best practices in the decision-making process.
- Engagement: Recognize that lead exposure is a shared problem requiring varied and collaborative solutions that can be created by engaging a wide diversity of partnerships with communities and families directly impacted by lead exposure.

RESPONSIBILITIES AND PROCEDURES

RESPONSIBILITIES

The Commission's main purpose is to ensure successful implementation of the Board's recommendations set forth in the Board's Report. The recommendations cover the following five key areas:

1. Testing children for elevated blood lead levels
2. Follow-up monitoring and services
3. Environmental lead investigations
4. Remediation and abatement
5. Dashboards and reporting

As part of its charge, the Commission will:

1. Act in an advisory capacity to the Governor and to the Director of the Department regarding current or emerging lead exposure issues
2. Coordinate and collaborate with all levels of government and stakeholders regarding programs and policies related to the elimination of child lead exposure.
3. Provide guidance to the Governor and the Director of the Michigan Department of Health and Human Services regarding the state's coordination of all efforts to eliminate child lead exposure throughout the state.
4. Work with the Child Lead Poisoning Elimination Board and stakeholders to prioritize the recommendations made in the Report.
5. Develop an Action Plan to implement the recommendations in the Report and other initiatives developed by the Commission.
6. Provide guidance to the Governor and the Director of the Department regarding the implementation of the Commission's Action Plan for the elimination of child lead exposure.
7. Monitor progress toward reaching the ultimate goal of eliminating child lead exposure in Michigan and advise the Governor and the Department as to the progress of implementing the Commission's action plan.
8. Continue to maintain and expand the master inventory of resources and programs related to the prevention of child lead exposure created by the Child Lead Poisoning Elimination Board.

OPERATING PROCEDURES

- The Commission will meet at least twice a month beginning in May 2017. Members should plan to attend each meeting, but teleconferencing is available if needed.
- Email will be the primary form of communication between meetings, and members wishing to provide supplemental information may email materials to the designated Commission contact.
- Meeting summaries will be prepared following each meeting and distributed to all members.
- The Commission may hold public hearings as necessary and appropriate to gather information from general public stakeholders.
- The Commission shall seek input from individuals or groups that have an interest in the elimination of child lead exposure including, but not limited to:
 - The medical community
 - The lead safety community
 - All levels of government
 - Families
 - Property owners and contractors
 - Realtors
 - The business community
 - Civic organizations
 - Advocacy organizations
 - Any other interested individuals or groups concerned with the elimination of child lead exposure that the Commission deems necessary

2018 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 leadfree. 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-based 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.

2018 MEETING SCHEDULE

February 23, 2018

March 6, 2018

March 19, 2018

April 2, 2018

April 16, 2018

April 30, 2018

May 14, 2018

May 29, 2018

June 11, 2018

June 25, 2018

July 23, 2018

August 6, 2018 (formation of Workgroups begins)

September 4, 2018

November 5, 2018

December 3, 2018

2018 ACTIVITIES ADDRESSING LEAD ELIMINATION

In Fiscal Year 2018, thanks to a state budget allocation of \$1.25 million, additional resources were directed toward enhancing state testing and surveillance capacity and innovative pilot projects.

As stated in the 2018 Michigan budget: “Sec. 1907. From the funds appropriated in part 1 for Child Lead Poisoning Elimination Board, the department [Michigan Department of Health and Human Services] shall implement recommendations of the board offered in the board’s report of November 2016. The recommendations implemented by the department under this section shall be based in science and best practices, and the department shall give priority to the implementation of the recommendations that are most in agreement with recommendations of nationally recognized organizations and authorities.”

Changes to Michigan Standards

The Michigan Department of Environmental Quality set new standards in June 2016 within Michigan for implementation of the U.S. Environmental Protection Agency's (EPA) Lead and Copper Rule. The maximum level of allowable lead in drinking water will be decreased to 12 parts per billion in 2025 from the current federally-mandated level of 15 ppb. The federal level as mandated by the EPA is 15 parts per billion. Further, the rule prohibits partial lead service line replacement. These new standards are the most stringent in the United States at the time of this Annual Report.

On December 11, 2018, under new MIOSHA rules, employees must be removed from lead exposure when their blood lead level reaches 30 µg/dL and cannot return to work involving lead exposure until their blood lead falls below 15 µg/dL. Previously, MIOSHA rules allowed employees to have BLLs of 50-60 µg/dL before they had to be removed from lead exposure, and a return to work when blood lead was less than 40 µg/dL. Michigan is the first state to lower these occupational lead standards.

Enhancing State Testing and Surveillance Capacity

Allocated dollars funded five XRF Lead Paint Analyzer machines for local agencies, Lead Care Analyzer machines to 45 WIC agencies across Michigan, and development of a toolkit of lead education materials targeting medical providers, parents, schools, businesses and pregnant women.

Through Medicaid resources, the MDHHS Healthy Homes Section built and launched Phase I of an online environmental lead registry. Phase I of the Michigan Comprehensive Lead Exposure and Abatement Registry (MICLEAR) went live in November 2018. This comprehensive data system will serve as a repository for environmental lead data as well as the public facing Lead Information Registry.

MDHHS Pilot Project Grants

Eleven one-year projects were funded for a total of \$757,500 in 2018-2019:

- City of Detroit Health Department – Head Start Service Integration Project: Lead Prevention
- City of Detroit Health Department – Lead Education and Prevention Service for Pregnant Women
- District Health Department #10 – Primary Lead Exposure Prevention Project for Pregnant Women and Families
- Healthy Homes Coalition of West Michigan, Inc. – Infant Toddler Home Screening
- Institute for Population Health, Inc. – Protect Michigan’s Children: Actions to Prevent Childhood Lead Poisoning
- Jackson County Health Department – Preventing Lead Exposure in Pregnant Women
- Michigan State University Division of Occupational and Environmental Medicine – Worksite Intervention to Mitigate Child Take-Home Lead Exposure
- National Center for Healthy Housing – Technical Assistance for Code Transformation and Innovation Collaborative
- Oakland County Health Division – Multi-Component Lead Poisoning Testing and Education Initiative for Oakland County
- Our Kitchen Table – Educate to Elevate
- Southeastern Michigan Health Association/CLEARCorps Detroit – Lead Safe Blocks: 48206 Primary Prevention Project

2018 PILOT SUMMARIES

*City of Detroit Health Department –
Head Start Service Integration Project: Lead Prevention*

This City of Detroit Health Department project will apply a data driven approach to service delivery to promote continual adoption of information to enhance program activities. The project has three major components: Education and Outreach, Service Delivery, and

Referrals and Linkages to additional services with the aim to reach over 30 Head Start centers over a 12-month period.

*City of Detroit Health Department –
Lead Education and Prevention Service for Pregnant Women*

As part of a coordinated effort across four existing programs (Women, Infants and Children [WIC], SisterFriends Program, 961 BABY Hotline, Nurse-Family Partnership), the City of Detroit Health Department seeks to launch a multi-tiered intervention to eliminate lead exposure, direct families to available resources, and encourage physician behavior change to better identify families with lead-poisoned children. The project will strengthen partnerships between the four existing programs to reach project goals.

*District Health Department #10 –
Primary Lead Exposure Prevention Project for Pregnant Women and Families*

District Health Department #10 will implement an expanded lead safety educational and resource program for expectant mothers as highlighted in the U.S. Centers for Disease Control and Prevention's "Building Blocks for Primary Prevention" guide. The goal of the project is to expand lead safety education and resources to pregnant women and new parents utilizing existing health department and community home-visiting programs and local OB providers.

*Healthy Homes Coalition of West Michigan, Inc. –
Infant/Toddler Home Screening Project*

The Infant/Toddler Home Screening Project will test a new primary prevention strategy for reducing young children's exposure to environmental lead and lead hazards in three of west Michigan's most heavily impacted zip codes. The project takes the innovative approach of working with early childhood home visitors who have existing relationships in the project target area, training them to use an environmental screening tool to identify homes most at-risk for lead poisoning and other environmental hazards as set forth in the 2012 Michigan Healthy Homes Statewide Strategic Plan (MDHHS). The home visitors will also be trained to promote awareness of lead safety and environmental hazards, provide basic education, and link parents to resources.

*Institute for Population Health, Inc. –
Protect Michigan's Children: Actions to Prevent Childhood Lead Poisoning*

The goal of the Institute for Population Health's pilot program is to prevent lead hazard exposure to pregnant women, newborns, and children under the age of 3 years old. Eight zip codes on the eastside of Detroit will be targeted for this intervention, for 300 pregnant women and 100 infants and children under the age of 2.

*Jackson County Health Department –
Preventing Lead Exposure in Pregnant Woman*

The Jackson County Health Department (JCHD) proposes the establishment of a consent-based pregnant woman referral system through the community enterprise electronic medical record system in use by multiple health care partners in Jackson County. By working together with local partners, JCHD’s intent is to use electronic medical record systems to identify an expectant mother when she first learns that she is pregnant, based on a positive pregnancy test or as a result of a first prenatal care visit. Lead poisoning prevention will then become the primary focus.

*Michigan State University Division of Occupational and Environmental Medicine –
Worksite Intervention to Mitigate Child Take-Home Lead Exposure*

This proposal will implement a program of take-home lead exposure identification, characterization, and intervention. It will target industries and worksites with lead exposure that are either not covered by the MIOSHA lead standard (e.g. private gun clubs without employees) or are smaller companies not likely to be visited by MIOSHA. Outreach to these industries will include on-site inspections and assessment of work tasks, processes, and current usage of exposure controls, with the goal of providing employers and employees with resources and recommendations for the prevention of take-home lead exposures.

*National Center for Healthy Housing –
Technical Assistance for Code Transformation and Innovation Collaborative*

The National Center for Healthy Housing will provide technical assistance to four local jurisdictions in Michigan to help them adopt, improve and enforce local housing codes that include lead paint hazard identification and control elements. Project goals will include analyzing and then rewriting housing codes for these four jurisdictions.

*Oakland County Health Division –
Multi-Component Lead Poisoning Testing and Education Initiative for Oakland County*

Oakland County Health Division’s project will develop a multi-component lead poisoning testing and education initiative. The project will promote universal testing, increase knowledge and awareness about lead hazards, identify high-risk areas for lead poisoning, improving health status and reducing health care and educational costs.

*Our Kitchen Table –
Educate to Elevate*

Our Kitchen Table proposes to reduce the likelihood of lead poisoning among families living in three “hot spot” zip codes in Grand Rapids. The project will center on 40 families who have students enrolled at the Martin Luther King Jr. Leadership Academy in Grand Rapids. The

project will incorporate an environmental education approach into an existing food growing/nutrition program being piloted.

*Southeastern Michigan Health Association/CLEARCorps Detroit –
Lead Safe Blocks: 48206 Primary Prevention Project*

The Lead Safe Block: 48206 Project will establish a true primary prevention model, bringing together partners from CLEARCorps Detroit, the Center for Urban Studies at Wayne State University, the City of Detroit Health Department and the Building Safety Engineering and Environmental Department of Detroit. While an earlier version of this model was implemented in zip code 48214, this project will build on past successes by adding several additional strategies to create and test a more expansive and developed primary prevention model.

Public Forum Listening Sessions

As charged by Executive Order No. 2017-2, public engagement was a major activity for the Commission in 2018. With the publication of the Child Lead Exposure Elimination Commission Action Plan, posted on the Commission’s website (www.michigan.gov/leadcommission), regional public forums were held across the state. The Commission would like to thank the local health departments who hosted these forums in their jurisdictions.

- Building Michigan Communities Conference – April 30, 2018, Lansing Center
- Western Michigan (2 events in one day) – May 31, 2018, Kent County Health Department
- Central Michigan – June 13, 2018, Jackson County Health Department
- Southeastern Michigan – June 25, 2018, Wayne County Community College (Detroit Health Department and Macomb County Health Departments)
- Northern Lower Peninsula – July 11th, 2018, Health Department #10, West Branch Quality Inn
- Northern Lower Peninsula – July 18, 2018, Grand Traverse County Health Department
- Upper Peninsula – September 27, 2018 Northern Michigan University (Public Health, Delta & Menominee Counties)

From the hundreds of comments and questions received from these public forums, several common themes emerged, which can be placed into the following categories:

- Education regarding lead abatement
 - Homeowners
 - Renters
 - Children
 - Teens- including skill development post-graduation
- Low-cost housing issues surrounding lead abatement and testing costs

- Disclosure of housing lead status
 - Fear of Child Protective Services notification if lead found
- Landlord responsibilities
 - Testing
 - Disclosure
- Universal testing
- Do-it-yourself partnerships (Lowe's, Home Depot, etc.)
- Treatment processes (after elevated blood lead identified)
 - Public education
 - Physician education
- Transparency in data reporting

Workgroups

Two workgroups were formed in the Fall of 2018 to address recommendations identified as needing immediate action. The Workgroups are currently in the process of forming recommendations to the Commission and the Department.

- The state should explore and support an analysis to determine whether data or past poisonings, age of housing, housing condition, propinquity to other lead poisoned houses, and other factors can accurately indicate homes where primary prevention of lead hazards could reduce childhood lead poisonings.
- Dashboards and reporting: A workgroup should be formed to explore under what conditions the state could publish publicly the addresses of homes that have historically been locations where lead poisoned children and/or lead hazards were identified.

NEXT STEPS

The Child Lead Exposure Elimination Commission will move forward in 2019 to advise the incoming Administration of the ongoing and evolving status of the Action Plan that was formulated in 2018. Further, considerations from the Public Forums will be considered in future iterations of the Action Plan to move towards the elimination of childhood lead exposure. Ongoing Workgroup meetings will continue and produce recommendations regarding lead data to improve the surveillance and management of lead within children and their environment.