

A black and white photograph of a child's hand stacking wooden blocks. The top block has a grid of small car icons. The block below it features a large cartoon character with a wide smile. The child is wearing a striped long-sleeved shirt. The background is dark and out of focus.

CHILD LEAD EXPOSURE ELIMINATION COMMISSION

2019 Annual Report

Report Contents	
Message from the Chair	3
About the Childhood Lead Exposure Elimination Commission.....	4
2019 CLEEC Members.....	5
State of Michigan Departmental Representatives.....	6
Mission, Vision and Values.....	7
Responsibilities and Procedure	8
2019 Meeting Dates	9
2019 Key Accomplishments	10
CLEEC Strategic Planning.....	10
Ongoing Advocacy Efforts.....	10
Expanding Access	10
Funding Year 2018 CLEEC Grantee Summaries.....	11
Detroit Health Department	11
District Health Department #10	12
Healthy Homes Coalition of West Michigan.....	12
Institute for Population Health	13
Jackson County Health Department.....	13
Michigan State University.....	14
National Center for Healthy Housing.....	14
Oakland County Health Division.....	15
Our Kitchen Table.....	16
Southeastern Michigan Health Association/CLEARCorps Detroit	17
Funding Year 2019 CLEEC Grantee Summaries.....	18
Arab Community Center for Economic and Social Services	18
District Health Department #4	18
Macomb County Health Department	19
Eastern Michigan University.....	19
Next Steps for the CLEEC	20

Message from the Chair

It is with great pleasure we share the Child Lead Exposure Elimination Commission's (CLEEC) Annual Report! This past year has truly demonstrated the value of shifting paradigms; practicing primary prevention as the method to tackle lead in our communities. I am proud to say the CLEEC is holding that banner high, continuously encouraging us to do more. Michigan is taking important steps to preserve the potential of all our children and always looking for new innovations and ways to be on the cutting edge of lead exposure reduction.

The Michigan Department of Health and Human Services has prioritized **reducing lead exposure for children** and the work of the CLEEC significantly complements that effort. The CLEEC has been a trusted partner as the department explores ways to identify risk factors at the local level, improve identification and monitoring of lead exposed children and target services and resource to localities.

This report is intended to highlight the work of the CLEEC and serve as a public reference for legislators, community-based organizations, health professionals, and all who seek information on lead poisoning prevention in Michigan. This report only provides a glimpse into all the effort this Commission has contributed this year but does highlight the many ways Michigan is innovative and working to ensure children are not at risk.

I would like to thank the CLEEC and its leadership this past year. As we work together to eliminate childhood lead poisoning, the CLEEC will be a critical partner between government and local communities.

I look forward to the continued work on this very important public health issue.

Sincerely,
Joneigh S. Khaldun, MD, MPH, FACEP
Chair
Chief Deputy Director for Health/Chief Medical Executive
Michigan Department of Health and Human Services

About the Childhood Lead Exposure Elimination Commission

The Childhood Lead Exposure Elimination Commission (CLEEC) acts in an advisory capacity to the Governor and to 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. 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 the 2016 Report Child Lead Poisoning Elimination Board's [Roadmap to Eliminating Child Lead Exposure Report](#).

2019 CLEEC Members



Christine Callahan
Early Childhood Education
and Development



Paul Haan
Lead Exposure
Advocacy



Mona Hanna-Atisha
Vice Chair
Physician



Joneigh Khaldun
Chair
Chief Deputy for Health/Chief
Medical Executive
Michigan Department of Health
and Human Services



Joanna Kica
General Public



Rebecca Meunick
Lead Exposure
Advocacy



Tina Reynolds
General Public



William Ridella
Local Public Health



Anthony Russo
Michigan Public Health
Institute



Lyke Thompson
Research and
Technology



Trina Townsend
Child Family Agency



Al Vanderberg
Local Government

State of Michigan Departmental Representatives



Dan Lince
Michigan State
Housing Development
Authority



Bart Pickelman
Michigan Department
of Licensing &
Regulatory Affairs



Jack Schinderle
Michigan Department
of Environment, Great
Lakes & Energy



Carin Speidel
Michigan Department
of Health and Human
Services

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 Procedure

The CLEEC's main purpose is to ensure successful implementation of the Child Lead Poisoning Elimination Board's recommendations set for in the [Roadmap to Eliminating Child Lead Exposure 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:

- Review and prioritize the recommendations within the report.
- Implement recommendations as guided by the prioritization.
- Monitor ongoing lead exposure issues across the state.
- Coordinate lead elimination efforts across the state.
- Collaborate with stakeholders to assure coordinated lead elimination efforts.

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 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 safe 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

2019 Meeting Dates

January 7, 2019

February 4, 2019

March 4, 2019

April 1, 2019

May 6, 2019

June 3, 2019

July 1, 2019

August 5, 2019

September 9, 2019

October 7, 2019

November 4, 2019

December 2, 2019

2019 Key Accomplishments

CLEEC Strategic Planning

The Commission took this year as an opportunity to revisit the recommendations set forth in the [Roadmap to Eliminating Child Lead Exposure Report](#) and curate new specific action steps to be taken to create a state free of lead exposure to benefit the health of Michigan's children. The newly refined priority areas are: Regulations and Law, Funding, Testing, Data, Partnerships and Education. As the CLEEC moves into the next year, these areas will guide the direction of many of the CLEEC's activities. The CLEEC is also looking to formalize the plan by rewriting the objectives with a refined vision, mission and reporting structure for monitoring progress.

The Michigan Department of Health and Human Services has also highlighted reducing lead exposure for children as one of its strategic priorities and there is significant overlap between the CLEEC's priority areas, and the initiatives set forth in MDHHS' lead strategy.

Ongoing Advocacy Efforts

The CLEEC has been closely monitoring lead paint-based lawsuits across the nation as a method for reconciling the damages from childhood exposure. The CLEEC received guidance from the Michigan Attorney General regarding [the *People of the State of California v. ConAgra Grocery Products Company*](#) and the challenges of bringing a similar case in Michigan. The CLEEC has also been involved in much of the proposed legislation regarding lead in Michigan and educating legislators on the dangerous effects of lead and necessary steps that can be taken to eliminate it.

Expanding Access

The Michigan Childhood Lead Poisoning Prevention Program (MI CLPPP) used CLEEC funds to develop educational materials from the toolkit into Arabic and Spanish. That might be a good way to indicate CLEEC supported culturally appropriate outreach to address health disparities/equities in immigrant populations.

Funding Year 2018 CLEEC Grantee Summaries *

The Child Lead Exposure Elimination Commission 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.

Below are descriptions of the projects in addition to some of their findings.

Detroit Health Department

The Detroit Health Department received two grants:

It 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.

Each child who was tested received a resource packet that included educational materials developed by the MI CLPP Program, information regarding Detroit Health Department programs, health resources, WIC eligibility and enrollment information. In total 521 children were tested for lead, 27 children tested positive (result greater than or equal to 4.5mcg/dL), seven received venous confirmatory testing and three were found to have a confirmed elevated blood lead level (EBLL). A partnership meeting that included four different Head Start and Early Head Start organizations was held to discuss the goals of the grant and access the needs of the Head Start Agency. Also, a data sharing agreement was established between DHD and New St. Paul Head Start.

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 has been successful in establishing 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.

** Funding Year 2018 was from June 2018 - May 2019*

District Health Department #10

Implemented an 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.

Healthy Homes Coalition of West Michigan

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



The Healthy Homes Coalition hosted a training for Head Start for teachers and visitors on how to identify homes with urgent lead hazards, make referrals, and provide initial education.

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.

Michigan State University

Implemented a 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 have been provided with information regarding take-home lead exposures and guidelines for how to reduce the amount of lead dust taken home. We also began disseminating information on cleaning up lead dust from vehicles and homes. Follow-up establishments also received a flyer promoting free blood lead testing for workers and their children.

[National Center for Healthy Housing](#)

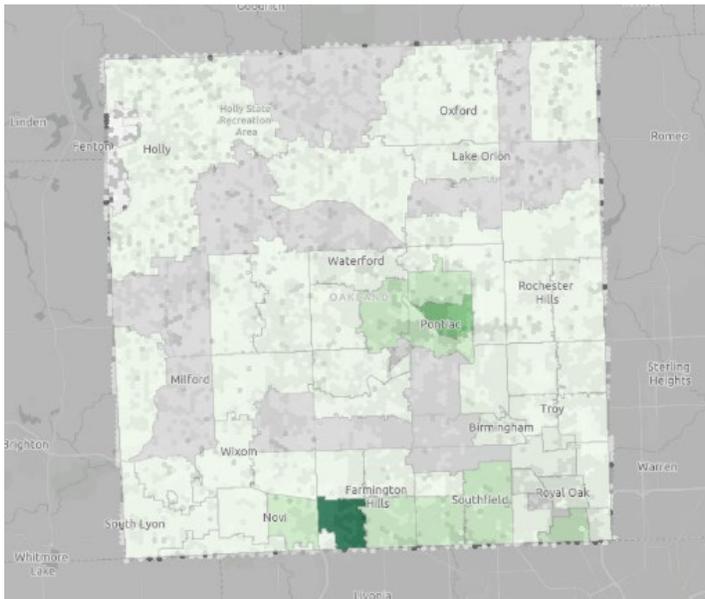
Compared city code language to the National Healthy Housing Standard and national models and met with city staff and community members to present enforcement practices and specific opportunities for improvement.

The National Center for Healthy Housing concluded using housing code to prevent lead poisoning presented several opportunities:

Structural	Health	Economic	Housing
<ul style="list-style-type: none"> •Ending the divide between housing and public health •Health in all policies approach •Active engagement of philanthropy and the private sector •Explains how existing resources can be used for compliance 	<ul style="list-style-type: none"> •Acting before children are harmed •Aggressively addressing health equity 	<ul style="list-style-type: none"> •Potential for new job creation •Reducing the prospect of unanticipated housing repairs and avoidable litigation •Stop shifting the costs of lead poisoning to our medical, educational, and criminal justice institutions 	<ul style="list-style-type: none"> •Building public trust in democratic institutions to address preventable diseases •Establishing a high standard for housing infrastructure

Oakland County Health Division

Promoted universal testing, increasing knowledge and awareness, identifying high-risk areas, and reducing 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. There is currently a plan for distributing nearly 1,000 toolkits and the electronic version has been shared with all 45 local health departments.



This data layers shows how many children in the Oakland County area that were tested who were: less than age size with Blood Lead Levels of less than or equal to 5 ug/dL. Here is the full [map](#).

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 Rapid’s 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 CLPPP and Healthy Homes.

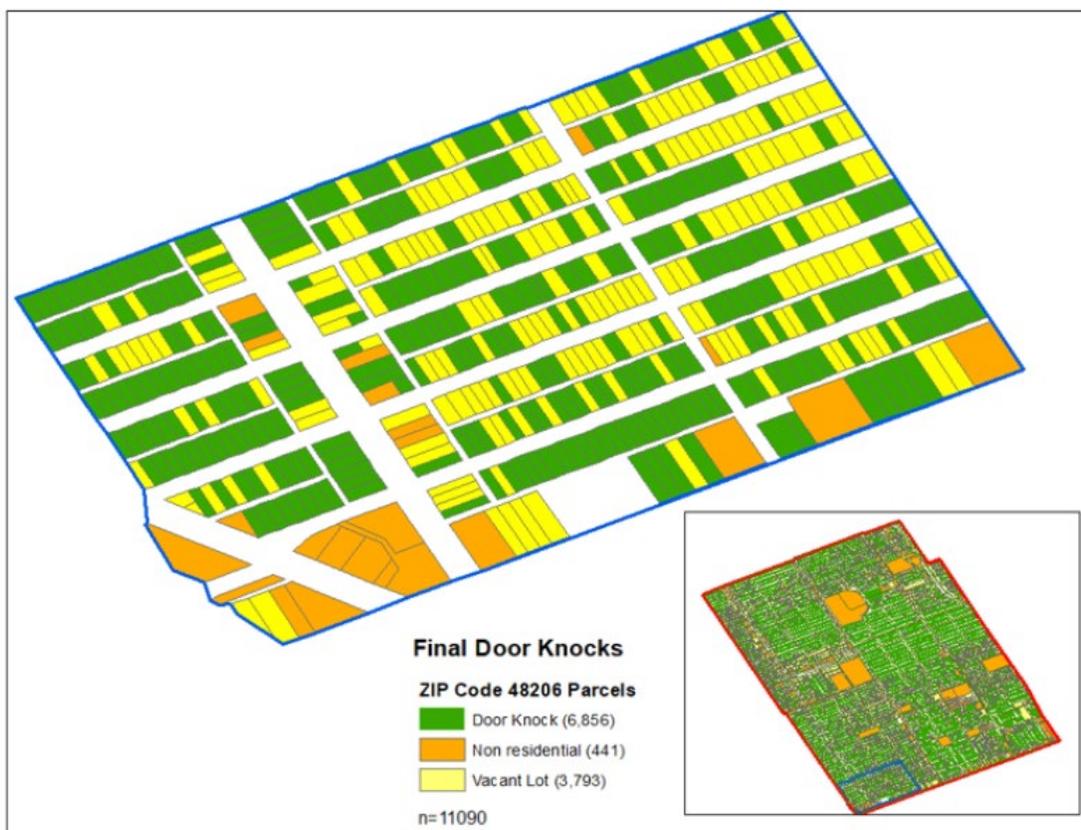


Our Kitchen Table’s Program for Growth workshop emphasized eating to prevent lead poisoning.

Southeastern Michigan Health Association/CLEARCorps Detroit

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. 260 households received a home visit and a home safety assessment, 131 houses had a positive lead swab and 102 families received case management services.



Funding Year 2019 CLEEC Grantee Summaries

In the second year of grant funding, the CLEEC sought two categories for 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; and 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. The funding year 2019 funds were used to support new projects and extension of projects funded in 2018.

The new projects under Funding Year 2019 were:

Arab Community Center for Economic and Social Services

ACCESS is leveraging 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 will provide 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.

District Health Department #4

To screen the maximum number of children, District Health Department #4 purchased four LeadCare II Blood Lead Testing Systems. This device would allow 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. Staff coordinated efforts to contract with private insurances for billing purposes and for sustainability. Education to prenatal offices is also being provided to encourage screening of all pregnant women for potential exposure during their routine lab work.

Macomb County Health Department

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

Eastern Michigan University

This project takes 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 purpose is to reduce lead exposure and lead poisoning through strengthening the high-risk community through multi-section primary prevention program and strengthening processes to identify lead-exposed children and linkage to services. The project team will work 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.

Next Steps for the CLEEC

The CLEEC is excited to continue its work into 2020. The group recently revisited their strategic plan, aligning to the needs of the current environment. The CLEEC is looking at ways to intentionally expand the table and invite more voices to the work. There are ongoing opportunities to educate legislators and decision-makers while highlighting the innovations that communities have brought to lead exposure reduction activities. Though the work is just beginning, the CLEEC is committed to advancing policy and best practice recommendations that ensure Michigan children are no longer exposed to lead.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.