MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land Management Administration • Lead Poisoning Prevention Program
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GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

MDE AERIS Conference Room
November 1, 2018

APPROVED Minutes

Members in Attendance
Anna L. Davis, Susan Kleinhammer, Cliff Mitchell, Paula Montgomery, Barbara Moore, Manjula Paul, Christina Peusch, Adam Skolnik

Members not in Attendance
Shana G. Boscak, Benita Cooper, Mary Beth Haller, John Martonick, Patricia McLaine, Leonidas Newton, John Scott

Guests in Attendance
Shante Branch (MDE), Amanda Breon (PGHD), Camille Burke (BCHD), Jack Daniels (DHCD), Sheneka Frasier-Kyer (BC DHCD), Ludeen Green (GHHI), Ali Golshiri (PGHD), Yasmine Harding (PGHD), Elizabeth Heitz (MDH), Dawn Joy (AMA), Ezatollah Keyvan-Larijani (MDE) Ashley Lane (PGHD), Romarius Longmire (MDH), Bill Peach (HABC), Madeleine O'Neill (GHHI), Chris White (Arc) Ron Wineholt (AOBA)

Welcome and Introductions
Adam Skolnik called the meeting to order at 9:43AM with welcome and introductions.

Approval of Minutes
There was not a quorum at the start of the meeting. Approval of the October meeting minutes was postponed until 10:41 am. At that time, a motion was made by Christina Peusch, seconded by Susan Kleinhammer, to accept the October 4, 2018 minutes as amended. Mary Beth Haller abstained as she was not present at the October meeting; all other Commissioners in attendance approved the minutes.

Old Business

Strategic Planning Meeting – Paula has secured a location and the facilitator for the Commission's strategic planning meeting on January 10, 2019. Paula met with Secretary Gumbles and Deputy Secretary Tablada, who agreed that the meeting should be open to the public. Paula suggested and the Commissioners agreed that we will ask the public to RSVP due to limited seating and ordering food. An email will be sent in December to the Commissioners and all interested parties. The Commission will not meet in January on the regularly scheduled 1st Thursday of the month; rather the strategic planning session on the 10th will take the place of the usual meeting. Secretary Grumbles and Deputy Secretary Tablada will attend. The planning committee for the meeting has not met yet, but will do so soon. Adam Skolnik said the facilitator

will send out a survey to Commission members, as well as any interested parties, to ask for their thoughts on agenda items. The facilitator is Russ Webb– he will be in touch with Secretary Grumbles and develop an agenda. Webb will advise on how best to incorporate public input. Paula clarified that Adam Skolnik volunteered to provide lunch. Christina Peusch volunteered to provide a continental breakfast.

Report on National Lead Poisoning Prevention Week – Before turning it over to Camille Burke and GHHI to report on the activities for National Lead Poisoning Prevention week, Paula Montgomery noted that MDE issued a press release and an annual report. MDE attended events for Prevention Week and coordinated with partners, but did not host events. Camille Burke reported that BCHD spent the week in the community focusing on West Baltimore and Sandtown/Winchester. They tested a lot of people. She noted that they ended up focusing much of the attention regarding education and prevention to the adults based on many of the conversations they had with people in the neighborhoods. BCHD literally walked the neighborhood and knocked on doors. They also hosted a health fair and had a film crew following them. Ludeen Green attended a summit, which was a week-long event. The U of MD hosted an event in PG County. The lead symposium was a big event. Ludeen Green reported that a number of elected officials attended the symposium during which a robust policy discussion took place. There were a number of new community health workers in field who attended as well. Cliff Mitchell asked whether PG County did any other events. The only event sponsored by the county was the symposium.

New Business

MDE Childhood Lead Registry Report – Annual Review – Childhood blood lead surveillance in Maryland. Paula Montgomery presented the MDE Annual Report 2017 Medical and Environmental Case Management. She noted that the data in this report is multidimensional and complicated. It was a monumental effort by the Department that she wanted to note that this was the result of much hard work and effort on the part of so many people that she wanted to take a moment and express her appreciation to everyone who put it together. At the outset, she noted one correction in the report: page 32 the prevalence and incidence columns/numbers are switched.

Paula Montgomery then proceeded to report on the Case Management aspect of the report. The highlights of the surveillance report are that 143,200 children 0-18 years of age were tested in 2017. The total number of blood test results reported to the CLR was 151,206. In CY 2016, the Department began comprehensively tracking sources of lead exposure in children. While lead based paint is still the most frequent source, it should be noted that a significant number of children aged 0-72 months identified with an elevated BLL of $\geq$10 μg/dL may have been exposed from other sources, including cosmetics and spices.

There are 4 staff members in health surveillance. The hard copy reports of POC testing in 2017 increased to 35.8% of these results, up from 23.2% in 2016. POC testing results in more hard

copy reports submitted by clinics and the staff have to physically check to make sure there are no duplicates and then manually enter the data. Paula estimated that this translated to about 45,000 pieces of paper that the staff had to work with. She also noted that, in addition, the electronic information has to be reviewed for accuracy as well.

The statewide average number of children aged 0-72 months tested for lead has increased from CY 2010 – 2015 when it was 110,706. In CY 2016 testing was 17.8% higher than the historical average. The number increased again in CY 2017 and was 19.1% higher than the 2010-2015 average at 131,832 children tested.

Blood lead testing of children 0-72 months increased by more than 19% compared to CY 2015 when universal testing was not in place. Despite increased numbers of children tested, the number of children with blood lead levels ≥10 µg/dL increased by less than 3% while the number of children with blood lead levels 5-9 µg/dL decreased by 7.1%, compared to 2015. Paula Montgomery said that this was not a result they were expecting to see and that what is a particularly interesting finding is that the numbers of kids identified decreased in Baltimore City but increased in the counties, which is in large part due to the excellent work of Camille Burke and the BCHD.

Last year MDE began the comprehensive tracking of the sources of lead exposure, including other sources than lead paint. Knowing all the potential sources is an important factor in case management and prevention efforts. Cliff Mitchell stated that the MDE case management guidelines is for 10 µg/dL and above, while the state uses 5 µg/dL and above. The CDC grant to Baltimore City to go out to investigate on cases for 5-9 µg/dL is a very successful program, but unfortunately there is no more funding for that. MDE goes out for 10 µg/dL. MDE follows the questionnaire similar to what HUD uses, but asks additional questions, including questions about other sources of exposure that otherwise might not be addressed.

There were 81 confirmed cases in Baltimore City in CY 2017, which is an amazing accomplishment especially while testing is relatively consistent. They have consistently gone lower and lower and are now at 0.9%, which is the lowest level in history.

The confirmed cases in CY 2017 in Baltimore City were still mostly in rental housing rather than in owner-occupied housing. In those 81 cases in Baltimore City, 55 of them (67.9%) were in pre 1950 rental occupied. There were none in 1950-1977 (Baltimore City doesn't have many of these properties) and 2 in post -1977.

Regarding case management outcomes, Baltimore City completed 90% of medical home visits. Paula Montgomery noted that Baltimore City does all its own medical management and environmental investigations and that no other jurisdiction has that completion rate.

The data on lead sources held no surprises. In pre-1950 rental housing the source was lead based paint in 67% of the cases. 11% were from jewelry, toys, etc. and 22% were other sources/unable

to determine. In owner-occupied housing, 79% of the sources were from lead paint, 4% from lead dust, and 17% were other/unable to determine.

In the counties, of the 260 confirmed cases during CY 2017, 179 were directly related to universal testing. The 19% increase in testing was significant in the counties. In these confirmed cases, 81 were found in 1950-77 rental properties. In post-1977 rental properties, there were 18 cases, which should not be because there is supposedly no lead paint in those properties. Adam Skolnik noted that MDE includes the confirmed cases in the housing numbers even when it is determined that the source is not from lead paint, but from another source of lead exposure. There was a brief discussion about the various agency authority and protocols depending on what type of property it is. Paula Montgomery reiterated the definition of a rental property and said that if it is determined that a lead poisoning problem exists on that property, the state has the authority to investigate and take action. But the state does not have the same authority if it is an owner-occupied property. The definition for DHCD is different – for the purposes of receiving funding, if the owner is not in the property, it is considered rental and the occupant can receive services. Cliff Mitchell said that MDE and DHCD look to see whose name is on the lease and who has decision making authority. It was pointed out that DHCD has no enforcement authority; they only process applications to give funds to the person who owns the property. DHCD only leveraging funds and can't force a family to come to them to get funds for abatement. If the property is pre-1978, it must be registered with MDE. If they are not registered, the property is not legally offered for rent. But, it was stressed that in terms of the child being treated, nothing changes from a case management perspective. Susan Kleinhammer asked about dormitories and how do dorms differ from a rooming house? Mary Beth Haller asked about grandchildren living in a house that maybe a grandparent owned who is now deceased and so the property is not officially a rental. Cliff Mitchell answered that such a case is exactly the situation that the new Medicaid program was created for, although he underscored that the deed should and must be switched. Paula Montgomery suggested that this is an area in which we may want to push for greater compliance.

Returning to the Annual Report, of the lead sources identified in all jurisdictions other than Baltimore City, in pre-1950 rental housing 44% was due to lead paint, 38% to lead dust. Lead paint hazards are still statistically relevant in the housing stock. In post – 1978 rental housing, spices and cosmetics are the main culprits and these are from recent arrivals and families with recent travel outside US. There were only 21 of those cases. The bulk of the cases are in 1950-77 rental housing, where only 2% of the cases were due to lead paint. 98% of those cases were from other sources of lead. The numbers in Prince Georges County were significant and were thought to be due mostly to the use of surma. One of the representatives from PG County said that environmental sources should not be ruled out and that these cases are due to a combination of sources. Ron Wineholt asked whether the 179 cases correlated to the pie chart shown and the

breakdown of sources. Paula Montgomery clarified that the pie chart took into account that there could be multiple sources that would feed into the 179 cases. She also noted that unable to determine (UD) does not relate to a refusal to allow inspection and that MDE never uses UD unless an inspection was completed. Baltimore City clarified that UD also means that the child

could be in multiple locations, too – grandparents' house, child care, etc., and that UD just means that we can't know for sure the source of exposure.

Adam Skolnik asked for clarification on Table 2 on page 5 of the report. With regard to BLL above 10, the total number of new cases is 305, whereas the total incidence is 388. Paula Montgomery explained that the 388 is the combination of new and old cases. There were 305 new cases and 83 old cases; new cases were counted as anyone with ≥10 µg/dL and that old cases were children who may have carried from CY 2016 or had a blood test with ≥10 µg/dL in a previous year.

Finally, Paula Montgomery pointed out the post-1978 high numbers of cases due to spices, which represents imported spices brought into country by people themselves or found in specialty stores. These are coming mostly from the Indian subcontinent and are in chili or turmeric.

Paula Montgomery concluded her presentation at approximately 10:35.

MDE Lead Poisoning Prevention Progarm Statewide Childhood Lead Registry Annual Report. The Annual Report to the Commission was made by Dr. Ezatollah Keyvan-Larijani.

In CY 2017 over 143,000 children were tested for lead. Nearly 70% of children tested were aged 1 to 2 years. 98% of children had BLLs of ≤4 µg/dL.

The number of children age 0-72 months tested for lead went up in 2017, while the number of children that had a BLL of ≥10 µg/dL were down. More significant is that the number of children with BLL of 5-9 µg/dL (2000 – 2016) are way down, which indicates the state of exposure and is a better indication of how well the program is working.

BLL distribution of children 0-72 months tested for lead in 1997, 2007, and 2017 shows that in 2017 nearly all of the cases were in the ≤4 µg/dL range, which demonstrates that there is lead in the environment that cannot be completely removed. Bill Peach asked whether the data indicate ambient exposure? Dr. Keyvan clarified that the POC threshold is 3.3, but that BLL levels below 5 µg/dL cannot be precisely determined. Mary Beth Haller asked whether there is any data on kids with BLL above 4 needing chelation.

The main source of childhood lead exposure is still lead based paint in older houses. The county data presented shows relation between percent tested and the year of housing.

State initiatives on blood lead testing: The Maryland Lead Testing Strategy of 2015 replaced the earlier strategy (2004) of targeted areas. Under new strategy the whole state of MD is declared as "at risk" with requirement that for 3 years (2016-2018) all children within the state are to be tested at 1 and 2 years of age and anytime that there is suspicious lead exposure. Under the new initiative testing rates have gone up. Children born in Jan 2015 are subject to the new universal

testing policy. As the policy went into effect in March 2016, 2017 is first year in which we see the impact of universal screening. The projected numbers of tests was 127,091, but in reality, there were 131,832 children tested, which speaks to the impact that the policy is having on testing.

The increase in testing was mostly among children aged 1 and 2 with 49.4% of kids tested in 2017 being in that age category. There is somewhat of a trade off in that children of other ages are not being tested at previous rates. For example, 3 year olds have fairly high percent of BLL >5 µg/dL and may be showing the cumulative effects of lead poisoning. 4 and 5 year olds also have fairly high rates.

Compared to the pre-universal screening years (2010-2015), most jurisdictions had an increase in childhood blood testing in 2017. The average percentage drop is much less than the average percentage increase. The availability of POC may increase the number of testing; some jurisdictions have no POC testing. Cliff Mitchell commented that it is worth noting that in those jurisdiction that did show a drop in percentage testing, they nevertheless have a higher baseline of numbers of testing than they did previously.

Children who go to a provider's practice with access to POC are more likely to be tested for lead than are children who go to establishments with no access to POC.

The availability of POC may also increase the number of tests per child whether a child is exposed to lead or not. The average number of tests per child from 2011 to 2016 increased steadily, but dipped in 2017. In those first years, it may be that more tests were done because of the skill level of people conducting test which may have resulted in more false positives.

2015 had the highest number of cases of follow up with a capillary BLL $\geq$ 10 µg/dL and the percentage of 1st capillary BLL $\geq$10 µg/dL with same or next day follow up. The number of cases dipped in 2016, but rose again in 2017. Data indicate that increase of POC testing increases follow up in care.

Program achievements – overall 97.5% of children 1-5 have a BLL below the CDC "Reference Value" of $\leq$ 5 µg/dL. Compared to other parts of nation, MD is doing relatively well in terms of testing of children 0-72 months. Maryland ranks below New Jersey, Connecticut, Rhode Island, New York City, and Massachusetts. 22 states do not provide data to CDC. Compared to nationwide percentage of children with BLL $\geq$10, Maryland is doing pretty well.

That concluded the presentation. Commissioners were given a chance to comment or ask questions. Mary Beth Haller noted that with universal screening, there are a lot of areas in the state that are 60% or even close to 70% testing. Cliff Mitchell said that MDH is working with APA and GHHI to reach out to providers and noted on the chart the bump in 2017. He said that when they put universal screening in place, the idea was to do this for 3 years. MDH will have to see when they tease out the data where opportunities for increases are. It is good that with the increase in testing rates MD has not seen an increase in the proportion of kids with high BLLs.

Any increases in numbers of kids is due to the increase in numbers of kids tested and not an increase in exposure. Proportion of kids with $\geq$5 µg/dL is decreasing and that the state should ask, as we get closer to the midpoint of the experience, whether we are confident that the numbers are more representative of population. Currently, the data suggests that we can be confident that there is not a big reservoir of kids out there with high levels of exposure. The next challenge will be to be able to test more kids in the immigrant community because we know that children aren't being exposed here in Maryland -- but they could be treated here and get the educational information families need.

Manjula Paul cautioned that it takes time to get the immigrant community into the system. But, she noted, there are counties where they can get into the local health care system. There is a need for POC. She asked whether all health departments have information on lead exposure and POC when immigrant families come in for immunizations, etc. Cliff Mitchell said that Baltimore City is the only local health department that does POC testing. There was some discussion as to whether the Commission should recommend that other health departments follow Baltimore City's lead. It was noted that while the Commission can make a recommendation, it becomes a resource question – and having POC testing in all local health departments will require a lot of resources. Most of local departments don't have the staff and resources to do POC testing. Mary Beth Haller said that WIC offices do blood testing and that it seems like a good opportunity, though she noted there would be challenges. Wicomico County had a pilot program a few years ago that was successful.

There were a number of representatives from the Prince Georges County Health Department in attendance. Ali Golshiri, PGHD, said that in PG County the majority of immigrants or new arrivals have high BLLs when they arrive. PG County tests regardless of insurance. When an immigrant family arrives or has been here for a while and has a child with high blood lead levels, the problem very often is that they use surma or kohl eye cosmetics that contain high levels of lead. PG County takes the packages and confiscates the make up. They try to educate people, but they continue to use these traditional products.

Cliff Mitchell introduced the PG Team. He said the team will be going out to look for kids with lead and asthma and will conduct environmental assessments. They will also be talking about health care behaviors as well as triggers in the physical environment.

DHCD 1st Quarter Update – As the meeting was running long, Jack Daniels volunteered to table his presentation until next month.

Future Meeting Dates

The next Lead Commission Meeting is scheduled for **Thursday, December 6, 2018**, at MDE in the AERIS Conference Room – Front Lobby, 9:30 – 11:30 AM.

Agency Updates

Maryland Department of Environment – nothing further to report.

Maryland Department of Health – nothing further to report.

Maryland Department of Housing and Community Development – nothing to report.

Baltimore City Health Department – nothing further to report.

Baltimore City Housing and Community Development – nothing to report.

Office of Child Care – nothing else to report.

Maryland Insurance Administration – no representative present.

Public Comment

Ludeen Green requested that a representative from MDE talk about lead in water and have another discussion.

Adjournment

A motion was made by Christina Peusch to adjourn the meeting, seconded by Mary Beth Haller. The motion was approved unanimously and the meeting was adjourned at 11:35. AM.