

TN CLPPP Advisory Committee Meeting
October 23, 2008
Ellington Agricultural Center/Nashville
MEETING MINUTES

The meeting was called to order by Tennessee's CLPPP Director, Judith Baker, at 9:13 AM. Participants were welcomed and subsequently introduced themselves. (A list of attendees is attached.)

In deference to the day's full agenda, Judith made only brief introductory remarks before requesting reports from metro health departments.

Sullivan County:

Becca Wright and Cindy Mottern explained that Sullivan County is currently in the process of reinvigorating their CLPPP outreach, after suffering from a series of staff vacancies. They continue to work with local Head Start programs and residents in "Weed and Seed" housing units. As has historically been the case, fully 85-90 percent of their ELLs have been attributed to the region's battery manufacturing facilities. With health department staffing now in place, plans are to re-establish a working relationship with the battery plant to reduce/eliminate future instances of lead poisoning.

Hamilton County:

Reporting for metropolitan Hamilton County, Patti Gervin announced that it is their health department's HUG nurses who work with clients with ELLs. A large number of Hispanics live in their service area, a fact that often causes difficulties in accomplishing home visitations.

Davidson County:

Delphine Gentry reported that their health department was handling 11 clients with ELLs, a number that dates from late 2007 through the present. Of those 11 cases, nine were among the city's immigrant population, all of whom suffered lead levels surpassing ten (10). Dr. Pinnock noted that jewelry and cooking seasonings are often the culprits in raising lead levels among the foreign born.

Memphis-Shelby County:

Betsy Shockley responded to a discussion that was generated by Head Start representative, Janet Coscarelli, who voiced alarm at the paucity of children entering Head Start programs with documentation of lead screenings, a requirement for all Head Start participants. Neither the 12- nor 24-month lead screenings have appeared on student records, a fact that results in Head Start staff's need to initiate screenings with their local health departments.

Betsy explained that the Memphis/Shelby Health Department has made a practice of traveling to Head Start locations and conducting screenings onsite.

As EPSDT examinations include the lead screening component for children of relevant ages, Dr. Pinnock and others in discussion were convinced that the screenings are, in fact, being conducted, albeit documentation is not noted on the green forms being carried from providers to Head Start. Dr. Pinnock further noted that a review of TN providers demonstrates that 80 percent of physicians are in full compliance in conducting all seven sections of the EPSDT examination. She feels certain that providers should be readily agreeable to providing lead screening confirmation to Head Start personnel upon request.

Following the protracted discussion, attention was turned to Memphis-Shelby's report. The health department was recently awarded \$4 million in funding from HUD to remediate homes in the metropolitan area, a victory shared by Los Angeles, Detroit, and Philadelphia. To date this year, 83 homes have been treated for lead, with a total of 609 properties undergoing remediation in the last four years.

Betsy voiced some frustration in confronting TN's HIPAA laws and the resultant difficulties in identifying homes of children with elevated lead levels. The health department believes it has solved this problem by obtaining release forms from clients. As of this date, Memphis-Shelby

is carrying 35 active CLPPP cases.

Betsy and Dr. Faye Ralston of LEAP reported a recent partnership in which a Memphis-developed PowerPoint presentation had been developed into a DVD, which is now in use training 4,000 social workers statewide on the CLPPP. Judith Baker commended both groups for this valuable educational partnership.

In her closing comments, Betsy noted some concerns regarding community-based clinics that are utilizing hand-held analyzers to obtain a lead reading for children. These devices register designations of "High/Medium/Low," rather than divulging an actual number. Under these circumstances, she questioned whether or not this data was being included in the lead surveillance program. Of the sites that Betsy and others were able to recall as using this equipment, Dr. Martha Keel was able to confirm that the results were, in fact, being reported to Extension and included in the state's data reporting.

Betsy also noted discrepancies in data Shelby County generated from LeadTrk. Because she has sometimes found errors in the data, she requested permission to access LeadTrk to make corrections. Martha Keel agreed to look in to these issues. She asked Betsy to send her specific information on cases not showing up in LeadTrk.

Knox County:

As no Knox County representative was able to attend the meeting, no report was rendered.

Case Management:

Rebecca Walls shared a PowerPoint presentation [attached] that outlined the protocol to be employed from the point of laboratory reporting through environmental investigations in any CLPPP cases.

Environmental Investigations:

James Adkins from TDEC offered a brief summary of TDEC's role in TN CLPPP. TDEC (typically James himself) is responsible for launching the environmental investigations once the health department has reported elevated lead levels. Funding for investigations is federal, with the source being the EPA.

While some consternation has been voiced at the delays in the investigatory process, Jim outlined some of the barriers to timeliness: i.e., legible request forms, accurate phone numbers, travel considerations, and difficulty in scheduling with clients. He lamented, as well, some of the attitudes of TN providers, who continue to believe that lead poisoning in 2008 only affects those in pre-1978 housing. As a counter, Jim revealed the sources of residential lead, as yielded by his investigations. (Please note that, because of multiple sources in some homes, percentages will surpass 100 percent.)

Readings revealed lead in the following sources:

Residential Sources	Percentage
Paint	41%
Dust	35%
Soil	28%
Vinyl mini blinds	20%
Occupational	16%
Ceramic/porcelain	9%
Hobbies	2%

Several advisory committee members expressed chagrin over the prevalence of lead (dust) emanating from vinyl mini blinds. Jim noted that those mini blinds with little or no lead bear a sticker asserting their "Lead Free" status.

TN LEAP (Lead Elimination Action Program)

Dr. Kathy Mathis and Faye Ralston spoke about the history of the TN LEAP program, which has been funded by HUD since 2003. During the week of

October 13, 2008, they received the good news that a new project will be funded to remediate homes in Knox County.

The primary focus of TN LEAP is housing, specifically, lead remediation in affected residences. The program generally relies upon referrals from other TN CLPPP partners, and Faye encouraged health departments to remember LEAP's services when new ELL cases are identified. LEAP's funding does *not* include working with lead clients, but, rather, with their *homes*. In fact, if a unit of housing meets LEAP's criteria (in terms of age of home, income guidelines, and residence to a child(ren) under the age of six), the home is eligible for remediation *regardless of whether or not an elevated lead level has been diagnosed for a child within the home*. Although dollars for that purpose are limited, funding is available for relocation of families if they cannot live in the home while remediation is ongoing. LEAP's ultimate goal is to clean up homes BEFORE children are subject to lead poisoning. LEAP's services are available statewide.

There is an outreach component to LEAP funding that allows MTSU to disseminate educational materials, and they have offered to reproduce copies of HUD videos to play on loop in the WIC waiting rooms of local health departments. They are also developing a video chronicling "positive lead partnerships across the state." A cameraman was on hand at the meeting to gather footage that may be used in the production to air late 2008. (Advisory committee members willing to be photographed as part of the general footage were required to submit release forms.)

Lead Surveillance, Evaluation, and Education:

Dr. Martha Keel provided handouts (all of which are attached) that demonstrate that Tennessee's lead prevalence rates mirror fairly closely national trends. Screening rates have increased from 2005 through 2007, with the number of confirmed cases of childhood lead poisoning continuing to decline. She assured committee members that lead elimination efforts will move forward, as HUD is including lead poisoning and asthma in their healthy housing initiatives.

She spoke briefly of the capabilities of the LeadTRK surveillance software and its documentation of case management and environmental investigations. Efforts are still ongoing to determine the best methodologies for cleaning data when discrepancies are revealed. Future plans include offering LeadTrk trainings and rendering the system web-based, to more closely resemble the Child Fatality Review surveillance system.

Copies of Extension's comprehensive lead folders were made available to all meeting attendees. The folders contain publications on a broad variety of lead topics. Individual publications are available for outreach events and activities upon request. To request materials, contact Bonnie Hinds at bhinds@utk.edu.

Following a wonderful lunch provided courtesy of TN LEAP, afternoon programming commenced. Bonnie Hinds briefly outlined her responsibilities as UT Extension's new CLPPP Educator. Bonnie will be the chief contact for the Advisory Committee, charged with meeting logistics and communication. She is also available as a resource for any educational outreach. As such, she encouraged all CLPPP partners to contact her when assistance is needed.

The remainder of the meeting was devoted to a group discussion, facilitated by Dr. Martha Keel, on the refinement of CLPPP processes and outputs. Under discussion:

- Q) What information should be included in the *CLPPP Annual Report*, and how might the report be used?
- A) The report should better reflect the **outcomes** of CLPPP. To be included are such items as:
- How long (and when) did cases close?
 - What percentage of success was achieved with case monitoring?

(Dr. Pinnock noted that this type of data will help to justify funding for program continuation.)

- Number of homes remediated under TN LEAP
 - Description of the screening/case management process/protocol
 - 1-page fact sheet (Key Findings)
 - Glossary of terminology
 - URLs for useful websites
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- Data on childhood ELLs under 10 (even though intervention is not undertaken for these children). [This suggestion garnered a good deal of discussion and support.]

Q) What are the most effective ways to use TN CLPPP websites (both the Department of Health's and UT Extension's)?

A) Post annual reports on the websites. (This data will help those seeking support for grant applications.)

B) Cross link all CLPPP partners' websites.

A list of questions for future consideration can be found attached. All Advisory Committee members are asked to review these questions and develop, as necessary, questions of their own for subsequent meetings.

The meeting adjourned at 2:54 PM.

Respectfully submitted,
Bonnie Hinds

