

TN CLPPP Advisory Committee Meeting
April 24, 2009
Mid-Cumberland Regional Health Office/Nashville
MEETING MINUTES

++++
A list of all meeting participants is attached.

CLPPP Director Judith Baker called the meeting to order at 9:33 AM. She spoke briefly on the importance of "end[ing] the cycle" of unsafe housing, wherein children with elevated blood lead levels are treated and subsequently relocate, leaving behind a home that affects new families with lead poisoning.

Judith also reminded everyone of the need for follow-up documentation in all cases. Recording lead tests as either venous or capillary is particularly important and should not be overlooked.

HEALTH DEPARTMENT REPORTS:

Davidson County:

Sandra Kaylor reported that her health department rarely finds elevated blood levels in any but older refugee/immigrant children whose lead poisoning came with them from their country of origin.

Sandra's comments led to discussion on some of the complexities and flaws within reporting; such as, only occasional, random referrals are being received from private providers and the constantly changing addresses of patients that render surveillance and case management difficult.

Upper Cumberland:

Judy Barclay noted that the most recent case in her region was referred from a private physician; the source of the elevated BLL was mini blinds at a rental property. She bemoaned the inability to enforce clean up where known problems exist. Faye Ralston informed everyone that TN LEAP is willing to talk to landlords and remind them of disclosure laws. Judith Baker also reminded the group that HIPAA laws do not prevent public health from making referrals to TN LEAP for remediation. Participant folders contain a confirmatory letter from the EPA that addresses this issue.

****REMINDER**** Referral to TDEC for environmental investigations is handled by Rebecca Walls. Health department policy is to refer homes of those children with EBLLs at 20 $\mu\text{g}/\text{dL}$ or above. Investigations will be conducted by James Adkins at TDEC, and results will go directly to the State Department of Health. **HOWEVER, there are no minimum EBLLs required to directly refer a home to TN LEAP.**

South Central:

Deborah Molder mentioned that their IT Department compiles a report of the EBLLs from all of the counties within their region. She added that, often, they have problems with parents pursuing follow-up after the first (capillary) test. This, in some instances, is because the parents are illegal immigrants and fear detection, so they relocate, and the child never receives the venous confirmatory test.

Northeast:

Teena Johnson noted that their single biggest issue remains the Exide Battery Plant. [See remarks from Sullivan County for additional information.]

Hamilton County:

Patti Gervin reported that Hamilton County boasts an aggressive educational outreach component. New clients, particularly those in CSS, HUGS, and TENNder Care, receive educational counseling. Those clients living in older homes receive especial attention, and the health department has three bilingual employees in place to bridge any communication gaps. Hamilton County also works very closely with incarcerated pregnant women, including lead poisoning prevention as part of that outreach program.

Sullivan County:

Becca Wright updated everyone on the current status of Exide Battery, with whom she met early in 2009. The company is under new, more cooperative management and has undertaken a series of steps to prevent cross-contamination within the plant (a long-time concern). The first phase of a \$2 million renovation should be complete by the end of April. May will bring with it layoffs for approximately

two-thirds of the company's employees, and there are unconfirmed reports that the plant may cease operations entirely by August of this year.

Cindy Mottern reported that she is working closely with local Head Starts. Sullivan County has commenced using Lead Check II for capillary tests, which provides results at the time of testing. This has enormously simplified the follow-up process, eliminating the necessity of "tracking down" those who exhibit EBLLs.

Memphis-Shelby County:

Betsy Shockley reported that the Shelby County program has compiled, and released to the EPA, a list of almost 1,700 properties renovated over the last 15 years.

Their latest educational outreach provides lead information as part of their communities' *Happy Birthday, Baby Book*, thereby reaching target audiences through a new venue.

Among the projects for next year is lead screening for those children enrolled in pre-K facilities.

ENVIRONMENTAL INVESTIGATIONS:

James Adkins (of TDEC) reminded the committee that lead, asbestos, and PCBs are all included in the Toxic Substances unit of TDEC. He discussed the loopholes in Tennessee's Abatement rule, noting that it will be strengthened significantly on April 22, 2010.

Jim implored everyone to exert their best efforts in entering data on lead forms as legibly as possible. Incomplete or illegible information contributes to delays in conducting environmental investigations. He reminded everyone that the results of investigations are provided to the Tennessee Department of Health, *not* to the case managers.

LEAD SURVEILLANCE:

Phillip Woodard (of UT Extension) included in participant packets a list of those laboratories submitting their results. Any CLPPP personnel who are aware of other laboratories *not* on the list should contact Phillip in order that they can be added to the database.

There is reason to believe that some testing in the state may be conducted via hand-held devices. Betsy Shockley suggested that the manufacturers of these devices might be contacted to provide a list of purchasers to ensure that their results are recorded.

Dr. Martha Keel urged everyone to assist UT Extension in any way possible in keeping data accurate and complete. She also requested everyone to consider what additional information might be useful. She mentioned that UT Extension will be a partner in making application for the HUD Supernova grant, which would enable LeadTRK to include a housing registry. If this grant application is successful, she will be seeking input from CLPPP partners.

Dr. Keel distributed copies of lead logic models, which are currently works in progress. She solicited everyone's assistance in fine tuning these documents and noted that an electronic environment will be established for Advisory Committee members to offer input and suggestions. She indicated, as well, the desire to compose a logic model for both lead investigations and case management.

EDUCATION and OUTREACH:

Bonnie Hinds (of UT Extension) urged the Advisory Committee to share relevant information as it becomes available. Information and materials of a timely nature can be e-mailed to all members or shared during meetings simply by contacting Bonnie (bhinds@utk.edu). She discussed several of the items in participant packets, many of which were contributed by committee members.

Bonnie complimented CLPPP health department coordinators on their timely submission of quarterly reports for their regional activity, urging them, however,

TN CLPPP Advisory Committee Meeting

April 24, 2009

Page Five

to dialogue more thoroughly with departments such as WIC, TENNder Care, and Health Promotion to be certain they are capturing all the outreach that is being accomplished. Bonnie feels certain that health departments are doing even more work than that which is being reported.

TN LEAP (Lead Elimination and Action Program)

Dr. Faye Ralston reported that her program is revealing huge lead dust levels, especially in those homes constructed before 1960. She once again reminded everyone that referrals to TN LEAP can be made directly and do *not* rely upon an EBL. TN LEAP can finance up to \$15,000 per property to remediate qualifying homes.

TN LEAP has completed 100 projects to date, with 22 in progress at this time, and 22 applications pending. Funding is available for an additional 150 homes. Dr. Ralston estimated that 1.3 million people have been reached by radio and other media outreach.

A new TN LEAP office is now open in the Catholic Charities building in Knoxville (across the street from the Knox County Health Department).

The meeting adjourned at 11:34 AM, with CLPPP health department coordinators to reconvene at 1:00 PM for LeadTRK training

The next CLPPP Advisory Committee meeting will be held on **Friday, June 26, 2009, in Chattanooga**. The meeting venue will be announced at a later date.

Respectfully submitted,
Bonnie L. Hinds

