

# MICHIGAN CHILD LEAD EXPOSURE ELIMINATION COMMISSION

## 2020 ANNUAL REPORT

March 2021

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## Message from the Chair

It is with great enthusiasm that I share the Child Lead Exposure Elimination Commission's (CLEEC) Annual Report.

We are now entering year two of our revised Michigan Department of Health and Human Services (MDHHS) strategic plan and reducing lead exposure for children continues to be a critical focus. The work of the CLEEC complements this effort by exploring ways to identify risk factors and targeting services and resources to localities. It has been rewarding hearing from CLEEC Grantees, who are testing innovation in their communities and highlighting the many opportunities we have in bringing these ideas to scale.

2020 was an unprecedented year in public health as we fought COVID-19 and its impacts. Critical testing for lead exposure has plummeted in many parts of the country, and Michigan is no different. Throughout the pandemic, families missed or delayed pediatric appointments for their children, who missed out on the opportunity to be tested for lead. MDHHS has been responsive in ensuring the safety of our lead abatement workforce and devising a strategy to ensure children who need testing and other services are prioritized.

Again, I would like to thank the CLEEC and its leadership over this past year. As we continue to fight against childhood lead poisoning, I am grateful to have the CLEEC as a thought partner and advocacy champion for government and our communities.

Sincerely,



Joneigh S. Khaldun, MD, MPH, FACEP

Chair

Chief Medical Executive and Chief Deputy for Health  
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](#).

## Mission, Vision and Values

### 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.

### Mission

The Child Lead Exposure Elimination Commission will work with all levels of government and stakeholders, throughout the state, to eliminate lead exposure for Michigan's children.

### 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 engaging a wide diversity of partnerships with communities and families directly impacted by lead exposure

## 2020 CLEEC Members



**Christine Callahan**  
Early Childhood Education  
and Development



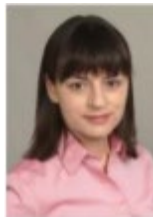
**Paul Haan**  
Lead Exposure Advocacy



**Mona Hanna-Atisha**  
Vice Chair  
Physician



**Joneigh Khaldun**  
Chair  
Chief Deputy for Health



**Joanna Kica**  
General Public



**Rebecca Meunick**  
Lead Exposure Advocacy



**Danielle Brown**  
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

## Ex-Officio Members



**Dan Lince**  
Michigan State Housing  
Development Authority



**Larry Horvath**  
Michigan Department of  
Licensing & Regulatory Affairs



**Eric Oswald**  
Michigan Department of  
Environment, Great Lakes &  
Energy



**Carin Speidel**  
Michigan Department of  
Health and Human Services

## 2020 Meeting Dates

January 6, 2020

February 2, 2020

May 4, 2020

July 6, 2020

September 8, 2020

October 5, 2020



## Active CLEEC Grantees

### Arab Community Center for Economic and Social Services (ACCESS)

ACCESS leveraged 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.

### Detroit Health Department Grant

The Detroit Health Department received two grants:

The first grant 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.

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.

### District Health Department #4

District Health Department #4 purchased four LeadCare II blood lead testing systems 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.

### District Health Department #10

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.

### Eastern Michigan University

Eastern Michigan University took 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.

### [Healthy Homes Coalition of West Michigan](#)

The 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

### [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.

### [Macomb County Health Department](#)

The Macomb County Health Department sought 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.

### [Michigan State University](#)

Michigan State University implemented a take-home lead exposure identification, characterization, and intervention with companies not covered by the Michigan Occupational Safety & Health Administration lead standards to prevent take-home lead exposure.

### [National Center for Healthy Housing](#)

The 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.

### [Oakland County Department of Health and Human Services](#)

The 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.

## The Impact of COVID-19

Lead testing rates and lead abatement efforts have been significantly impacted by COVID-19. Many of the clinics that typically test children's blood for lead exposure were closed and patients, afraid of contracting the disease have avoided medical appointments. Meanwhile, children who are exposed to lead in their homes were spending most of their time there.

The amount of child blood lead testing in Michigan in January and February of 2020 was consistent the numbers seen in those months in previous years. However, in March 2020, testing started to fall and in April, the number of children tested was 76 percent less than the number tested in April 2019. While testing has increased from that low mark, the number of tests performed each month has remained substantially below 2019 figures (through July). The number of blood lead tests during January-July 2020 was 33,000 less than the same period in 2019. Given that about 3.0 percent of children tested have an elevated blood lead level, it is likely that more than 1,000 children with EBLL have not been identified this year. Causes for the testing decrease include a suspension of testing at WIC clinics, televisits often replacing in-person visits, and patients less apt to seek medical care in general.<sup>1</sup>

At onset of the COVID-19 pandemic, the Michigan Department of Health and Human Services, Healthy Homes Section (HHS) worked to identify and continue mission-critical public health lead poisoning response services. As such, with the development and implementation of COVID-19 safety protocols, the HHS continued to provide environmental investigations and lead abatement within the homes occupied by children with elevated blood lead levels throughout the onset of the pandemic. Additionally, as Governor Whitmer's Executive Orders lifted some restrictions on general construction beginning in May 2020, HHS was able to resume all additional activities including lead inspection and risk assessments and lead abatement under the primary prevention model, as well as enforcement activities and other family service coordination. HHS experienced a slight decrease in annual metrics for these activities. This was primarily due to the time necessary to build and operate COVID-19 safety protocols for all HHS activities, and provide the highest level of protection for staff, contractors and program participants.

To address this downturn in lead response caused by the pandemic, the MDHHS Division of Environmental Health is promoting blood lead testing alongside vaccination efforts, planning a lead awareness campaign to alert parents of the importance of testing, and promoting alternative testing methods such as drive-through clinics. The CLEEC will continue to advocate at both the state and local levels to ensure lead testing and abatement services are available to children and families who need it most.

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<sup>1</sup> Zeltner, Brie. "Kids Are Missing Critical Windows for Lead Testing Due to Pandemic." *Kaiser Health News*, 11 Sept. 2020, [khn.org/news/kids-are-missing-critical-windows-for-lead-testing-due-to-pandemic/](https://khn.org/news/kids-are-missing-critical-windows-for-lead-testing-due-to-pandemic/).

## CLEEC Strategic Planning

As part of the 2019 CLEEC year, the CLEEC revisited its strategic plan, aligning to the needs of the current environment. This includes refining goals and objectives to best promote lead screening and treatment for children. MDHHS is in its second year of strategic planning and there is significant overlap between the CLEEC's priorities areas, and the initiatives set forth in the MDHHS lead strategy.

### CLEEC Proposed Goals

<b>Goal 1</b>	To support primary prevention efforts, including a regulatory environment that promotes best practice lead elimination.
<b>Goal 2</b>	To ensure that statewide lead elimination activities are fully and sustainably resourced.
<b>Goal 3</b>	To implement universal blood testing to better identify and support children exposed to lead.
<b>Goal 4</b>	To create and maintain an effective centralized database and information technology system for sharing of data and utilization technology best practices.
<b>Goal 5</b>	To develop and maintain robust stakeholder partnerships.

The proposed CLEEC goals and objectives can be found in Appendix 1.

## Next Steps For the CLEEC

As CLEEC moves into 2021, continued work and advocacy will be necessary to ensure children are not at risk for lead exposure. The Commission is looking for opportunities to learn from grantees and their experience in the field while identifying best practices for primary prevention. The CLEEC remains a trusted partner in advancing many of the strategies adopted by the department while also recognizing many initiatives at the national level that could be leveraged. The CLEEC is committed to advancing policy and practice recommendations that will protect Michigan's children.

## Appendix 1: 2020-2021 CLEEC Goals & Objectives

<p><b>Goal 1: To support primary prevention effort, including a regulatory environment that promotes best practice lead elimination.</b></p>	<p>Require a Lead Safe Certification, that consists of a Lead Inspection and Risk Assessment (LIRA) including determination of lead service line and water testing, at point of sale or transfer of high-risk homes (i.e.: pre-1978).</p>
	<p>Pass legislation requiring a contractor seeking a building or renovation permit on a pre-1978 home to provide proof of Lead Safe Certification.</p>
	<p>Expand Medicaid CHIP SPA Lead Safe Home inspection and abatement program to entire state.</p>
	<p>Implement a filter-first approach to prevent lead exposure from water.</p>
	<p>Update state’s “Landlord Penalty” law to allow for use in cases where the child’s blood lead level is <math>\geq 5</math> <math>\mu\text{g}/\text{dL}</math> (or the current CDC reference level) and to allow for a presumption of non-compliance when an affirmative defense is lacking.</p>
	<p>Ensure regulations protect against predatory landlords by placing a freeze on any eviction proceeding against a family within 6 months of a finding of an EBL in a child or a finding of any lead hazards in the home.</p>
	<p>Require lead safe practices in demolition, deconstruction, and blight removal to reduce lead dust hazard.</p>
	<p>Provide incentives to companies to improve their scrubbing processes and to integrate the best emission –reduction technologies into their facilities. There should be work to achieve rigorous enforcement of state regulations restricting lead air emissions.</p>
	<p>Support state and local entities with the creation and dissemination of culturally appropriate and primary</p>

	prevention-focused lead educational materials (i.e.: websites, toolkits, flyers, etc.).
	Educate policy makers and agencies at local and state levels regarding the importance of supporting primary prevention efforts, and support them with creating and adopting sound local policy and programs
<b>Goal 2: To ensure that statewide lead elimination activities are fully funded and sustainably resources.</b>	The state must find adequate, dedicated, and sustained funding sources to support the gamut of measures necessary (prevention, education/marketing, testing, data, remediation and abatement, training, outreach, etc.).
	Allocate funding for creation, maintenance and enforcement of Lead Safe Certification program and LIRA’s prior home transfer.
	Secure necessary match funding and waivers to continue and expand to entire state the Medicaid/CHIP SPA Lead Safe Home inspection and abatement program.
	The state must allocate sufficient funding for the maintenance and up-keep of the MDHHS Lead Information Registry ( <a href="https://leadinforegistry.state.mi.us/">https://leadinforegistry.state.mi.us/</a> ).
	Provide local health departments with greater incentives to begin (or resume) performing, and to build capacity to perform, EBL investigations. Such incentives could include continued stipends for training and certifications (MDHHS current practice), funding for XRF machines and their maintenance, increased Medicaid reimbursement rates, and continued mentoring from established EBL <i>investigators</i> .
	Establish long-term funding for case management.
	Build the capacity for completing abatements by encouraging local public health and housing

	<p>departments and non-profits to operate abatement programs with fund allocations</p>
	<p>Get dedicated funding for pilots and remove the "one-time funding" designation</p>
<p><b>Goal 3: To implement universal blood testing to better identify and support children exposed to lead.</b></p>	<p>Achieve universal blood lead testing. Work with local public health (WIC), insurance companies and medical organizations – including training and detailing of high-risk practices/physicians – to incentivize and increase child blood lead testing rates.</p>
	<p>Understand approach to help children already exposed (post-exposure best practices). Case management assistance should be comprehensive, equipping local public health departments with the infrastructure and funds to create a broad coalition for the case management team. Case management support should be offered to all children with EBL <math>\geq 5</math> <math>\mu\text{g}/\text{dL}</math> (or the current CDC reference level), with 1-2 visits from a trained educator. Nursing support should be offered monthly for those with EBL <math>&gt; 5</math> <math>\mu\text{g}/\text{dL}</math> until the EBL level is brought down below the current reference level. Support should include comprehensive education, early intervention qualification (Early On), housing abatement, relocation, micronutrient fortified foods, and transportation support for the healthcare needs of affected children.</p>
<p><b>Goal 4: To create and maintain and effective centralized database and information technology system for sharing of data and utilization of technology best practices.</b></p>	<p>The state should support the maintenance, expansion and promotion of the MDHHS Lead Information Registry (<a href="https://leadinforegistry.state.mi.us/">https://leadinforegistry.state.mi.us/</a>) to include a robust public-facing, as well as a restricted patient-protected interface. Registry should be expanded to include both rental and owned properties. Registry should include data regarding lead hazards in housing (including lead service line), housing status relative to elimination of hazards, and code and law enforcement status. Establish interface to capture individual child information including blood lead</p>

	<p>data and case management. Work to link to other publicly accessible databases on available homes.</p>
	<p>A dashboard should be created to present publicly across time and geographies (i.e., state, counties, and cities over 5,000) key indicators (such as # lead service line replacements, homes inspected and abated, blood lead testing, etc.) of the fight to eliminate lead exposure in Michigan.</p>
	<p>Within CLPPP, the state should develop and manage a centralized data reporting system for the above coordinated bodies to track cases of children with EBL, to determine whether and/or which follow-up services are being provided, and to measure the effectiveness of case management activities.</p>
<p><b>Goal 5: To develop and maintain robust stakeholder partnerships.</b></p>	<p>Continue to engage multiple sectors to establish lead elimination goals included, but not limited to, parents, educators, real estate/landlords, housing/construction, lawyers, health care practitioners, government officials, public health, academics, work force development, etc. Support and enable local partnerships.</p>
	<p>Create an interagency group that includes external stakeholders to develop a voluntary relocation option for remediation and abatement programs (particularly for high EBL cases in homes where remediation/ abatement cost exceeds the cost of relocation), and conduct a pilot to understand the challenges and logistics of offering this option state-wide.</p>
	<p>Collaborate with identified state departments for increasing and incentivizing lead abatement workforce in Michigan</p>



The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.