Kent County Lead Task Force
Proposed Recommendations

Community Meetings
November 30 and December 1, 2017
Purpose of the Kent County Lead Task Force

• Created in late 2016 by charge from Jim Saalfeld, chair of the Kent County Board of Commissioners as a result of increase in the rate of elevated blood lead levels (EBLL) in Kent County
  • Identify the contributing environmental factors of lead-based exposure and illness in Kent County, and
  • Investigate possible interventions, and
  • Make a formal report and recommendations to the community

• Task Force met monthly and received expert testimony from toxicologists, service providers, pediatricians, epidemiologists, environmental health experts, water service providers, and other officials including the Lt. Governor
Kent County Lead Task Force Roster

- Emily Brieve (Chair), Kent County Board of Commissioners
- Senita Lenear (Vice Chair), Grand Rapids City Commission
- Amna Seibold, Mayor of East Grand Rapids
- Matthew VanZetten, Kent County Administrator’s Office
- Rebecca Rynbrandt, City of Wyoming
- Julie Rietberg, Grand Rapids Association of Realtors
- Shannon Wilson, Grand Rapids African American Health Institute
- Dan Koorndyk, Kent County Board of Commissioners
- Paul Haan, Healthy Homes Coalition
- Carol Hennessy, Kent County Board of Commissioners
- Cameron VanWyngarden, Plainfield Township
- Connie Bohatch, City of Grand Rapids
- Ken Fawcett, Spectrum Health Healthier Communities
- Adam London, Kent County Health Department
Health Impacts

- No safe threshold of lead in the human body
- Easily absorbed into bones, blood, and vital organs
- Especially dangerous for growing children

Exposure to lead can seriously harm a child’s health.

This can cause:
- Lower IQ
- Decreased ability to pay attention
- Underperformance at school

-Centers for Disease Control and Prevention
Children with Tested for Lead - Kent Co.

(children 0-5 years of age)

Source: Michigan Department of Health and Human Services

2016 data provisional
Children with Elevated Blood Lead Levels - Kent Co.

(children 0-5 years of age, BLL ≥5.0 ug/dL)

Source: Michigan Department of Health and Human Services
2016 data provisional
City of Grand Rapids
Lead Hazard Control Program

Seven competitively awarded federal grants since 2003, resulting in:

- 1,335 housing units made lead safe
- 2,870 people trained in lead-safe work practices
- 107 people trained as lead abatement professionals
- Establishment of a Lead Safe Housing Registry (1,452 units to date)

Visit the Lead Safe Housing Registry at www.grcd.info
City of Grand Rapids
Lead Hazard Control Program

Program Eligibility

- 1 to 4 unit owner-occupied or rental properties
- Household income ≤ 80% of Area Median Income (AMI)
- Child under age 6 in residence or in childcare
- Vacant rental units may also qualify

Financial Assistance

- Up to $16,000 for owner-occupied units
- Up to $14,000 (SF) and $18,000 (2-4 unit) rental properties
- Up to $4,725 for Healthy Homes interventions

For more information
call 456-3030 or visit www.grcd.info
Lead Hazard Control
Limited New Resources

Medicaid Children’s Health Insurance Program (CHIP) Funding

- Limited to high EBLL households - Identified by Kent County Health Department
- CHIP-enrolled children under age 6
- Includes all of Kent County
- To begin January 2018

For more information
call 456-3030 or visit www.grcd.info
Services to Reduce the Incidence of Lead Poisoning in Kent County
State of Michigan Lead Safe Homes program

**General Fund assistance** for homes of children with elevated blood lead levels **outside** of the city of Grand Rapids
Services to Reduce the Incidence of Lead Poisoning in Kent County

U.S. Environmental Protection Agency

Renovate Right – the Renovation, Repair and Painting Rule (RRP)
Requires that landlords and contractors disturbing paint in pre-1978 housing:

• Be trained
• Be certified
• Work lead-safe

Requirements:
• More than 6 square feet per room inside
• More than 20 square feet outside
• Any window replacement or partial/full demolition regardless of size
Services to Reduce the Incidence of Lead Poisoning in Kent County
Healthy Homes Coalition of West Michigan

CLEARCorps (2007-2011) – 100+ families/year


Healthy Homes for Healthy Kids (2011-2017) – 50+ families/year

Classes: Lead-Safe Cleaning, Lead-Safe Work Practices

Healthy Babies, Bright Futures DIY test kits – 50 families Limited Time!

Healthy Homes Coalition of West Michigan
Lessons Learned

• Drinking water is not the primary problem in Kent County
• There are isolated homes with fixtures containing lead
• Paint and dust are the primary exposures in Kent County
• The shortage of low-income housing is exacerbating the situation
• Remediation is extremely expensive (approximately $25,000 per house)
• There are preventative actions that people can take to reduce risk
• Our urban zip codes have some of the highest EBLL rates in the state
• This problem effects every community
• Children in Suburban/rural areas are probably tested at a lower rate than urban children
Proposed Recommendations

The Lead Task Force concludes that actions should be taken to identify causes of lead poisoning, eliminate exposures, and create universal testing of children.

Overarching Recommendations to the Kent County Board of Commissioners for Immediate Action:

• Charge the Kent County Community Health Advisory Committee (CHAC) to work with stakeholders to develop plans by June 30, 2018, for how the community can work toward fulfilling this report’s recommendations.

• Charge CHAC to review elevated blood lead levels (EBLL), monitor progress on this report’s recommendations, and update the community at least once a year

• Encourage State of Michigan officials to implement the recommendations of the Governor’s Child Lead Poisoning Elimination Board in its November 2016 report, A Roadmap to Eliminating Child Lead Exposure.
1. Public Education Objectives

A. Inform the community about how to reduce the risk of lead exposure
B. Inform the community about how to mitigate exposure impacts through better nutrition and other best practices
C. Educate about buyer/renter beware and to inform people about relief resources
D. Provide information for building permit officials, hardware stores, etc.
E. Provide information to medical providers for distribution to clients
1. Public Education Objectives (continued)

F. Partner with the efforts of the NAACP, local churches, and other community-based organizations to advance lead prevention campaign

G. Encourage refugee resettlement agencies to educate on the need for testing and hazard identification

H. Create a speakers bureau for education community groups

I. Inform rental property owners and realtors of their obligation to distribute the Protect Your Family From Lead in Your Home Environment and lead disclosures at the time of leasing or sale
2. Policy Objectives

A. Expand data sharing agreements with MDHHS

B. Identify creative solutions for leveraging resources for preventing lead exposures in homes such as using existing Medicaid funding and reimbursements, leveraging HUD policy and resources, identifying new sources of funding, and other possibilities

C. Coordinate resources with other housing rehabilitation and weatherization resources and private sector investments, supplementing with local resources to leverage external investments

D. Maintain the current programs and practices offered by local agencies and organizations
2. Policy Objectives (continued)

E. Encourage State of MI to provide additional funding for outreach, education, assessment, and abatement to zip codes with the highest number of children with EBLLs

F. Advocate for the Michigan Health Endowment Fund to support lead poisoning prevention initiatives in Kent County

G. Ordinances regarding inspections for rental properties and lead in Kent County communities should be studied and summarized

H. Identify model ordinances and polices for lead prevention and share with local units of government in Kent County
2. Policy Objectives (continued)

I. Explore regulatory strategies for addressing homes that have had multiple cases of children with elevated blood lead levels
J. Study whether rental property owners are providing required educational materials and disclosures to renters
K. Use GIS to link data related to housing, epidemiology, and other important factors for informing better policy and interventions
3. Risk Identification and Elimination Objectives

A. Explore all opportunities to make funds available for lead assessments and for home improvements designed to eliminate household lead exposure

B. Offer periodic training about lead hazard identification for local government employees, public playground owners, child care providers, residents

C. Educate contractors and rental property owners, especially individuals new to those occupations, about the federally mandated certification program (Lead Renovation, Repair, and Painting training)
3. Risk Identification and Elimination Objectives (continued)

D. Partner with rental property owners and realtors to identify strategies for preventing lead exposure while avoiding significant increases to housing prices

E. Create a public access data system where residents can report assessments such as soil lead levels, water quality, childhood lead levels, and home lead assessment data

F. Encourage municipal water suppliers to seek opportunities to identify high-risk plumbing features and to distribute educational materials
4. Health Care Objectives

A. Encourage medical providers to test all children at 9 to 12 months and 24 to 36 months of age

B. Encourage medical providers to collect venous blood samples within one month of discovering elevated results with capillary blood tests

C. Improve/increase the collection of demographic data for children tested

D. Health insurance companies should include lead screening in expectations for provider quality incentive programs to create aligned incentives for providers to engage in these critical screening programs
4. Health Care Objectives (continued)

E. Home healthcare providers should be trained to recognize lead risk factors and about the resources that are available in the community to address these situations. They should also be prepared to discuss lead poisoning prevention with their clients.

F. Implement community-based strategies to increase testing via mobile clinics, events, etc.

G. Work with insurance companies to identify ways KCHD could receive contact information for distributing lead prevention messaging to expecting mothers.

H. Engage Kent County’s vast maternal and infant health home visiting network with primary prevention through providing early education to expecting and new parents, linking those parents to resources to assess their homes for hazards and remediation as needed, and helping to identify particularly high-risk housing for intervention.
Next Steps

• A full report with final recommendations will be written and approved by the Lead Task Force in December
• The report will be presented to the Kent County Board of Commissioner in Dec or Jan
• Work toward some of the objectives will begin immediately by the Kent County Health Department
• In February, the Community Health Advisory Committee will organize a subcommittee to work on a plan for accomplishing all of the report’s objectives
• That plan will be finalized in mid-2018 and presented to the public
Questions, Comments, Suggestions?

Thank You for Participating!