

Board Chair Jim Saalfeld formed the Lead Task Force in September 2016 to investigate the issue and seek solutions to lead poisoning in children. One zip code in Grand Rapids led the state for the highest number of lead-poisoned children in 2015 according to the Michigan Department of Health and Human Services: 49507. Four out of five homes in Grand Rapids, and nearly three out of five homes in Kent County, were built before 1978, the year lead was banned from paint. The following is a draft of the recommendations to the Kent County Board of Commissioners.

Proposed Lead Task Force 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

- Deliver a comprehensive public education campaign which will:
 - 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
 - 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
- 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 ELLs
- 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 policies for lead prevention and share with local units of government in Kent County
- 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)
- 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
- 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