
CHILDHOOD LEAD ADVISORY WORKGROUP

REPORT OF ACTIVITIES

JULY 2020

IDPH
IOWA Department
of PUBLIC HEALTH


THE UNIVERSITY
OF IOWA
Institute of Public Health
Research and Policy

THIS REPORT WAS REQUESTED BY THE IOWA DEPARTMENT OF PUBLIC HEALTH (CONTRACT NUMBER 5889LP20) AND SUPPORTED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION GRANT FUNDS UNDER COOPERATIVE AGREEMENT NUMBER, NUE2EH001367-02-02. ITS CONTENTS ARE SOLELY THE RESPONSIBILITY OF THE AUTHORS AND DO NOT NECESSARILY REPRESENT THE OFFICIAL VIEWS OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION OR THE DEPARTMENT OF PUBLIC HEALTH.

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About the Childhood Lead Advisory Workgroup

The Iowa Department of Public Health (IDPH), Childhood Lead Poisoning Prevention Program (CLPPP) and the Iowa Institute of Public Health Research and Policy (IIPHRP) have collaborated to form a statewide workgroup to facilitate improved outreach, education, and program changes to prevent childhood lead poisoning in Iowa. The Childhood Lead Advisory Workgroup (CLAW) members include local housing officials, medical professionals, public health officials, elected officials as well as other child health and housing services professionals. The group, formed in FFY20, develops comprehensive strategies to prevent childhood lead poisoning through statewide policy and program changes.

Purpose of the CLAW

There is no safe level of lead exposure and although the incidents of childhood lead poisoning have decreased over time, mostly due to restrictions on the use of lead-based products, there are still lead hazards present in the environment which can result in lead poisoning. During the 2018 calendar year 2,436 children in Iowa had a Blood Lead Level (BLL) of 5 µg/dL. The CDC recommends public health interventions at this level, to remove the source of lead exposure and to prevent continuous exposure to the hazard which can result in permanent cognitive and behavioral disabilities. Guidelines for blood testing for lead have been established by the Centers for Disease and Control and Prevention and by the American Academy of Pediatrics, however testing rates in Iowa remain low. The aim of this workgroup is to prevent childhood lead poisoning in Iowa through

- Increasing awareness through education
- Increasing blood lead testing and confirmation rates in Iowa
- Strengthening strategies for creating lead-safe housing, risk identification, and service delivery

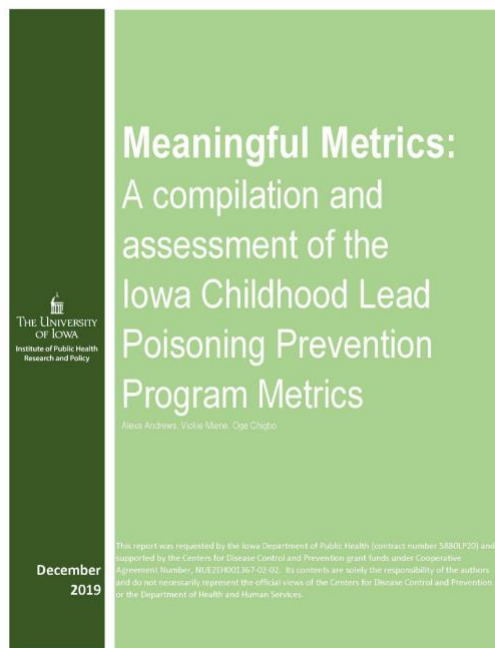
The CLAW was convened for three separate meetings during this fiscal year. The group met on November 15 for a day long convening. On February 27 and June 23, the group met for shorter meetings via video-conferencing.

Accomplished Activities

Activities of the CLAW are facilitated by the IIPHRP through grant number 5889LP20. Below are the activities that have been in part, inspired and shaped by the CLAW during FFY20 contract year.

Meaningful Metrics

The IIPHRP, at the University of Iowa, College of Public Health was contracted by IDPH to complete several activities related to the Childhood Lead Poisoning Prevention Program, one of which is to compile a summary of existing program metrics of which data is collected for the Iowa CLPPP. IIPHRP completed this assignment with assistance from the Iowa CLAW. This multidisciplinary group provided input into which metrics are most meaningful, what metrics are missing, and what metrics would be collected in the “ideal world”. The outcome of this exercise identified the most meaningful data that can be communicated to contractors, physicians, public health agencies, and the public. This information also informs data driven decisions regarding program enhancements, promotion and education.



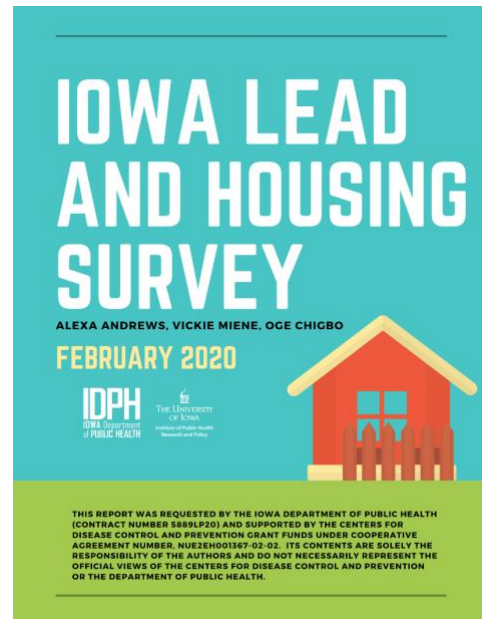
While multiple stakeholders were present, time was utilized to discuss what metrics were missing, and what metrics other organizations collect that could be meaningful for the Iowa Childhood Lead Poisoning Prevention Program.

Metrics concerning housing codes, housing registries, mitigation costs, return on investment were discussed. An idea that was popular was the idea that it would be greatly beneficially to link blood lead testing to the State Immunization Registry. A full list of detailed ideal metrics can be found in the appendix of the metrics report. Read the Meaningful Metrics report [here](#).

Lead & Housing Survey

The IIPHRP was contracted by IDPH to develop, conduct, and analyze a short survey to determine how IDPH can better meet the needs of the housing sector in terms of education and resources. The purpose of this survey was to understand the knowledge and awareness of lead hazards in properties (rental and owner-occupied) of property owners and managers.

The CLAW was crucial in the development, testing, and distribution of this survey. At the first meeting of the CLAW, members were asked to brainstorm questions for the survey. The survey and follow-up education (see handout below) was then sent to the CLAW for feedback, revised and reviewed for distribution. This process ensured the questions were understandable and would provide useful information to the project.



Broad participant identification was completed through a series of planning conversations between the IIPHRP team, the IDPH Lead Program team, and the CLAW. Through these conversations, target audience groups were identified, including property owners as well as property managers. The CLAW provided valuable access to their networks to assist with board survey distribution. Read the Lead & Housing Survey Report [here](#).

Lead & Housing
What You Need To Know

Repair, Remodeling, and Painting Rule
Requires that firms performing renovation, repair, and painting projects that disturb lead-based paint in homes, child care facilities and pre-schools built before 1978 have their firm certified by EPA (or an EPA authorized state), use certified renovators who are trained by EPA-approved training providers and follow lead-safe work practices.
For additional information visit:
<https://www.epa.gov/lead/lead-renovation-repair-and-painting-program>
https://www.hud.gov/program_offices/healthy_homes/training/rpp/rpp

Federal Disclosure Rule
Requires the disclosure of known information on lead-based paint and lead-based paint hazards before the sale or lease of most housing built before 1978.
For additional information visit:
https://www.hud.gov/program_offices/healthy_homes/enforcement/disclosure
<https://www.epa.gov/lead/real-estate-disclosures-about-potential-lead-hazards>
<https://www.epa.gov/lead/lead-residential-lead-based-paint-disclosure-program-section-1018-title-x>

Pre-Renovation Notification
Requires notification that lead-based paint may be present prior to renovation, remodeling, or repainting in pre-1978 target housing.
For additional information visit:
<https://idph.iowa.gov/Environmental-Health-Services/Lead-Professional-Certification/Pre-Renovation-Notification>

Lead Hazard Repair
Is applicable in jurisdictions in which a local board has adopted this chapter for the purpose of requiring control of lead-based paint hazards where a child has been identified with an elevated blood lead level.
For additional information visit:
<https://www.legis.iowa.gov/docs/iac/chapter/641.68.pdf>

Lead Exposures
Who is most at risk for lead poisoning?
Children under the age of 6 who live in a home built prior to 1978.
Where can lead be found in a pre-1978 home?
Chipping/peeling interior paint
Chipping/peeling exterior paint
Lead water lines
Old windows
Doors and door frames
Painted porches
Soil surrounding the perimeter of the home

Lead Safe Work Practices

Safe
Wet Sanding
Wet Scraping
Hiring a lead-certified contractor
Containment

NOT Safe
Dry Sanding
Dry Scraping
Power Washing

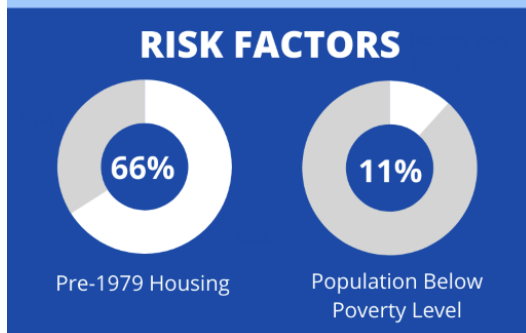
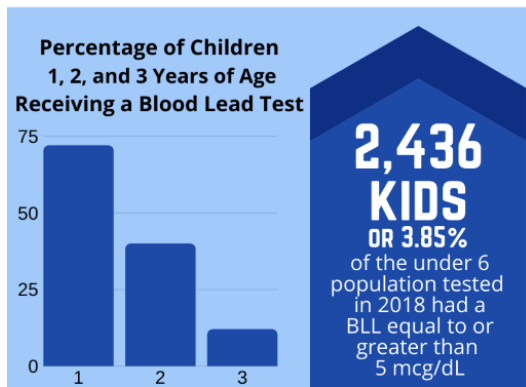
Figure 1.

Educational handout survey participants were directed to after survey completion.

Data Templates

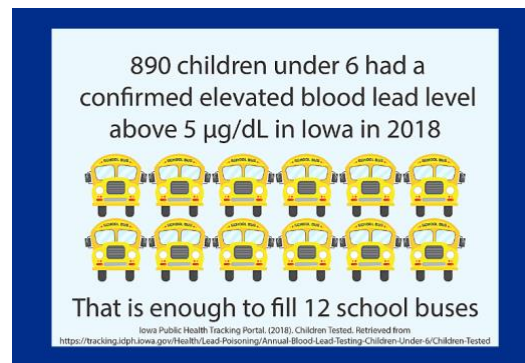
The CLAW helped review and determine key data points that should be shared in outreach materials which incorporate understanding the effects of lead poisoning with meaningful data that is currently collected. To best do this, the IIPHRP team drafted a template that includes key data points on one side with educational information about the effects of lead poisoning on the other for the state of Iowa, as well as county specific templates. These templates have been developed as easy to print resources and will be housed on the IPDH website for easy access.

2018 IOWA LEAD REPORT CARD



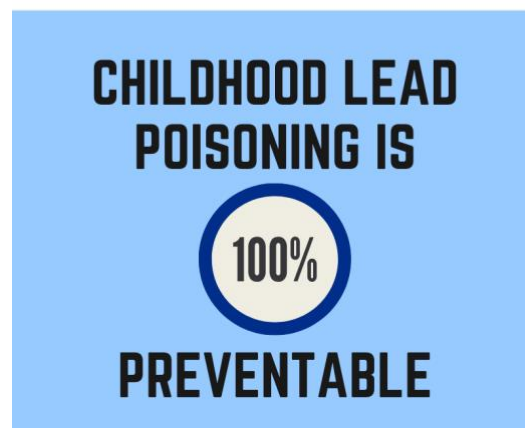
References:
Iowa Department of Public Health. (2018). Iowa Public Health Tracking Portal. Retrieved from <https://tracking.idph.iowa.gov/>
State Library of Iowa. (2018). American Community Survey: Poverty status in the past 12 months.
State Library of Iowa. (2018). American Community Survey: Year structure built.

IDPH
IOWA Department of PUBLIC HEALTH



HEALTH IMPACTS

- Damage to brain & nervous system
- Slowed growth & development
- Hearing & speech problems
- Learning & behavior problems



Progress Towards Goals & Next Steps

The statewide CLAW has made great strides over its inaugural year. The CLAW has assisted in defining metrics, understanding meaningful data to be shared, providing feedback on the data templates used for education and outreach, and informing and executing the lead and housing survey. The CLAW has provided an opportunity to understand lead poisoning prevention from multiple sectors, allowing for better communication about lead poisoning prevention across the state. This first year of the CLAW has provided a framework to build future collaborations and networking to assist the state in preventing childhood lead poisoning.

Looking at the year ahead, next steps include convening two subcommittees of the CLAW. The first subcommittee will be focused on the development of improved blood lead screening tools and guidelines for medical providers. The second subcommittee will be focused on housing. This subcommittee will provide input to the development and execution of an in-depth lead and housing survey to better understand motivations and challenges of property owners to repair lead hazards. The process of convening these subcommittees over the next year will lead to a deeper understanding of the impacts of lead poisoning in Iowa, informing future policy change.

Appendix

CLAW Members

Name	Organization
Alexa Andrews	University of Iowa Institute of Public Health Research and Policy
Amanda Beckett	IDPH
Amy Bentley	Harkin Institute
Amy Thoreson	Scott County Public Health
Analisa Pearson	IDPH
Andrew Lietzow	Landlord Association
Ann Olson	Linn County Public Health
Art Staed	Iowa State Representative
Berdette Davis	IDPH
Brenda Music	Parent - Iowa Parents Against Lead
Brian Sullican	Iowa Finance Authority
Carolyn Schaefer	Polk County Public Health
Carri Casteel	University of Iowa Injury Prevention Research Center
Cecilia Martinez	Iowa Department of Human Rights Latinos CAN Coalition
Cindy Litchfield	Henry County Public Health
Cynthia Harpenau	Mid-Sioux Opportunity - WIC
Dianna Daly-Husted	Iowa Environmental Health Association
Elizabeth Cramer	UIHC
Heather Johnson	City of Davenport
Jen Stout	EveryStep
Joyce Brown	IEDA
Julie Sleeper	HUD
Karen Goff	WIC - Des Moines
Kathy Leinenkugel	IDPH
Kelley Pennington	AmeriGroup
Kevin Officer	IDPH
Kim Fineran	Crawford County Public Health
Lina Tucker Reinders	Iowa Public Health Association
Lisa Roth	University of Iowa Injury Prevention Research Center
Lori Hoch	Myrtue Medical
Madelyn Brunow	Harrison County Health
Marc Gillette	Landlords of Iowa
Mary Kay Bowen	Peoples Clinic
MaryNelle Trefz	Child and Family Policy Center
Melissa Walker	Iowa Department of Education
Meredith Field	UIHC
Michael Bergan	Iowa House of Representatives

Nichole Hansen	Iowa Economic Development Authority
Paula Paider Licht	Hillcrest Family Services - WIC
Rossany Brugger	IDPH
Ruby Perin	Linn County
Ryan Page	Iowa DHS
Sandra Granger	Unity Point Sioux City
Sandra Granger	Unity Point Sioux City
Shannon Lundgren	Iowa House of Representatives
Shruti Tewar	UIHC
Steve Eggleston	HUD
Temitope Awelewa	UIHC
Teri Bos	Sioux County Community Health Partners
Veronica Guevara	Iowa Coalition Against Domestic Violence
Vickie Miene	University of Iowa Institute of Public Health Research and Policy

Meaningful Metrics Report

You can find the Meaningful Metrics Report here:

https://www.public-health.uiowa.edu/wp-content/uploads/2020/01/Meaningful-Metrics_FINAL.pdf

Lead & Housing Survey

You can find the Lead & Housing Survey Report here:

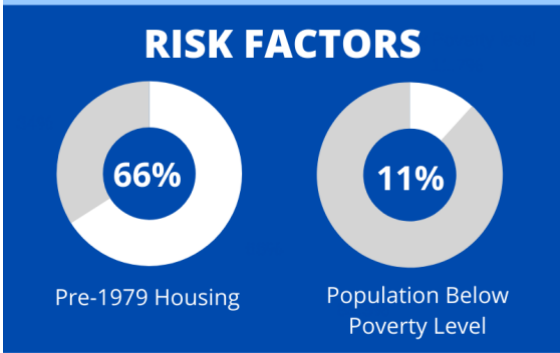
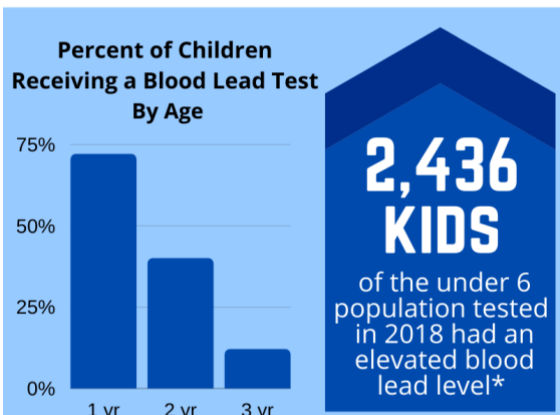
https://www.public-health.uiowa.edu/wp-content/uploads/2020/04/Lead-and-Housing-Survey-Report_FINAL.pdf

2018 IOWA LEAD REPORT CARD

OF ALL IOWA CHILDREN
0 TO 6 YEARS OLD ONLY

26.5%

WERE TESTED FOR LEAD



*Elevated Blood Lead Level is equal to or greater than 5 mcg/dL
<https://www.cdc.gov/nceh/lead/data/blood-lead-reference-value.htm>
 References:
 Iowa Department of Public Health. (2018). Iowa Public Health Tracking Portal. Retrieved from <https://tracking.idph.iowa.gov/>
 State Library of Iowa. (2018). American Community Survey: Poverty status in the past 12 months.
 State Library of Iowa. (2018). American Community Survey: Year structure built.



890 children under 6 had a confirmed elevated blood lead level above 5 µg/dL in Iowa in 2018

That is enough to fill 12 school buses

Iowa Public Health Tracking Portal. (2018). Children Tested. Retrieved from <https://tracking.idph.iowa.gov/Health/Lead-Poisoning/Annual-Blood-Lead-Testing-Children-Under-6/Children-Tested>

HEALTH IMPACTS

-  Damage to brain & nervous system
-  Slowed growth & development
-  Hearing & speech problems
-  Learning & behavior problems

CHILDHOOD LEAD POISONING IS

100% PREVENTABLE