

**Illinois Lead Poisoning Elimination Advisory Council  
Meeting Minutes  
Friday, October 12, 2012**

1. **Roll Call and Introductions:** Kert McAfee, Illinois Lead Program (ILP) Manager, opened the meeting of the Illinois Lead Poisoning Elimination Advisory Council (“Council”) on October 12, 2012 at approximately 9:30 am, hosted at the Plumbers and Pipe Fitters Local 99 Hall at 406 S. Eldorado Street in Bloomington. Roll call was taken and those in attendance included:

<b>Participant</b>	<b>Organization</b>
Clora Aikens	Chicago Department of Public Health (CDPH)
Gerald Allison	Public Health and Safety
Helen Binns	Children’s Memorial Hospital
Roberta Burns	Peoria City/County Health Department
Hannah Danish	Centers for Disease Control and Prevention (CDC)/CDPH Intern
Eleanor Davis	ILP
John Fee	ILP
Curt Fenton	Peoria City/County Health Department
Roxane Fleming	ILP
Frida Fokum	ILP
Xiomara Hardison	CDPH
Emile Jorgensen	CDPH
Karole Lakota	PCC Community Wellness Center
Angela Tin	American Lung Association (ALA)
Aaron Martin	Illinois Department of Public Health (IDPH)
Kert McAfee	ILP
Nicholas Peneff	Public Health and Safety
Armour Peterson	IDPH Rockford Regional Office
Bev Potts	Plumbers and Pipefitters Union Local 99
Mohammed Shahidullah	IDPH
Lynn Shelton	East Side Health District
Eddie Simpson	ILP
Connie Sullinger	Illinois Environmental Protection Agency (IEPA)
Sandy Trusewych	Two Rivers Regional Council of Public Officials
Kim White	Southern Illinois University at Edwardsville

2. **Approval of Minutes:** The minutes of the April 13, 2012 Advisory Council meeting were approved.

3. **Lead Program Updates**

Kert McAfee provided updates on the status of delegate agency grants, the CLEAR-WIN Program, Illinois Lead Poisoning Prevention Act and Code revisions and RRP authorization:

**a. Delegate Agency Grants**

This year the ILP awarded \$1.2 million to delegate agencies. Currently there are approximately 80 delegate agencies and 63 provide case management services only. Since the CDC Healthy Homes and Lead Poisoning Prevention Grant expired on August 30, 2012, the money awarded to delegate agencies came entirely from state funds. IDPH received \$500,000 more than it received last year.

The program increased the amounts available for reimbursement for certain services this year. Previously the amounts available for blood draws and environmental inspection services were \$7 and \$400. With changes to the reimbursement schedule, the program can now offer \$8 per blood draw and up to \$500 per case for environmental inspection services. Moreover, this year's delegate agency agreements have been amended to allow delegates to receive reimbursements for responding to cases with a blood lead level between 5 to 9 micrograms per deciliter ( $\mu\text{g}/\text{dl}$ ).

**b. CLEAR-WIN Program**

ILP received notice last week that CLEAR-WIN funds for the current fiscal year have been allocated by the Governor's Office of Management and Budget. Currently the program is waiting on the IDPH Director's Office to execute the grant agreements with local partners.

Angela Tim, ALA, notified the Council that she has grant funds available to be used for pre- and post radon measurements in candidate homes undergoing any type of weatherization project; not just window replacement. Limited funds also are available for mitigation projects in homes where high radon levels are identified. These funds are available on a first come, first served basis.

**c. Illinois Lead Poisoning Prevention Act and Code Revisions**

Kert McAfee, John Fee, Armour Peterson, Glen Garner (IDPH), and an IDPH Attorney recently finished a major overhaul/amendment to the Act and submitted it to IDPH Division of Governmental Affairs for review and approval. Once Governmental Affairs has approved the changes (there were quite a few significant changes), we hope to present the amendment to the Illinois Lead Safe Housing Advisory Council and get it on the legislative agenda for the spring session. Presently Kert, John, Armour, and Glen are working on an amendment to the Code to include provisions from the U.S. Environmental Protection Agency (USEPA) Renovation, Repair, and Painting (RRP) Rule.

**d. RRP Authorization**

The reason for the aforementioned amendments is that in order to become an RRP-authorized state Illinois must have statutory authority. IDPH will apply for

RRP authorization from USEPA and establish a state RRP Program after the amendments are passed.

4. **2011 Annual Surveillance Report**

Frida Fokum, ILP Quality Assurance Manager presented a final draft of the ILP's 2011 Annual Surveillance Report and requested comments from the Council. The report is a draft and has not yet been submitted to IDPH Division of Communications for review.

Frida highlighted and contrasted two maps displaying new cases of confirmed lead poisoned children by county. The first map displays confirmed cases with a blood lead level of greater than or equal to 10 µg/dl (1,003 cases), while the second displays cases with a blood lead level greater than or equal to 5 µg/dl (10,693 cases). Frida generated these maps to highlight the potential increase in cases due to the recent CDC Advisory Panel's recommendation to decrease the level of concern at which children are deemed to have too much lead in their blood from 10 to 5 µg/dl or greater.

Helen Binns pointed out the use of the term "reference value" rather than "level of concern." Frida explained that the level of concern refers to a blood lead level of 10 µg/dl or greater. The reference value refers to the blood lead level of the top 2.5 percent of children aged 1 to 5 years in the U.S. Based on the most recent National Health and Nutrition Examination Survey, or NHANES, the current reference value is 5 µg/dl and above.

5. **HHLPSS**

Eddie Simpson, ILP Data System Administrator, provided an update on the status of the Department's implementation of Healthy Homes and Lead Surveillance System (HHLPSS). Jeff Grieve, our IT Support Technician, has been working with both the Department of Central Management Services and CDC to complete the installation of HHLPSS Version 4.0.0.4. Even though this installation is not yet completed, the ILP received HHLPSS Version 4.0.0.5 on October 11. Since the previous installation and testing are incomplete, it isn't yet clear what will be done with the newest version.

Eddie continues to meet with the CDC's Data Systems Group concerning HHLPSS implementation and electronic laboratory records submission. The CDC is looking to retain the group long term and has extended their contract for another year. Eddie and Jeff Grieve also have been working with Magellan Diagnostics to establish an electronic reporting mechanism for Lead Care users (of which there are presently 259 registered users and 363 units in the field).

Bertrand Dias is the ILP's new intern. Bertrand is currently mapping environmental data from the Access database currently used by IDPH environmental staff so that it can be converted to HHLPSS. Eddie anticipates that this conversion will be complete "in the next month or so."

## **6. Directory of Code Enforcement Officials**

Aaron Martin, Illinois Healthy Homes Program Manager, summarized a code enforcement directory project. This summer, an intern was assigned to compile a list of Illinois municipal and county code enforcement officials and their contact information. The intern was able to compile a list of approximately 430 municipal code enforcement officials from communities with a population greater than 20,000. When this list is finalized, we plan to deploy a Web-based survey/needs assessment to the officials. The needs assessment is intended to gather information about adoption of various I-codes, characterize responses to hazards including mold and water damage, lead or deteriorated paint, bed bugs and other pests, hoarding, and more, and assess current levels of training and credentialing.

## **7. Directory of Services for Referrals for Healthy Homes**

Aaron Martin also summarized a health education and referral guide that has been shared with ILP Nursing Case Managers. The guide includes an Illinois Environmental Protection Agency Quick Answer Directory, IDPH Office of Health Protection Topical Directory, lists of Illinois community action agencies that provide weatherization services, local health department environmental health directors, municipal code enforcement officials, and healthy homes educational materials available from IDPH.

## **8. CDC Strategic Plan**

Kert McAfee summarized a list of program changes and activities that occurred before and after the ILP was notified that the Healthy Homes and Lead Poisoning Prevention Grant would no longer be funded. He explained that the ILP received a no cost extension for the grant until December 31, 2012, at which time our Healthy Homes Strategic Plan is due.

Aaron Martin presented a rough draft of the Programs' Healthy Homes Strategic Plan and requested feedback. The current draft contains six major themes or strategies related to healthy homes: improving internal communication and collaboration, policy development, increasing workforce capacity, increasing monitoring and evaluation for other diseases and conditions, developing information systems, and redefining the mission of the current advisory council.

### **a. Overall**

Helen Binns asked, "Where is this going? Is it funded? As written it seems like a reasonable approach going forward." John Fee added, "Another point, even without CDC funding we still want to forge into Healthy Homes. This is a mechanism to move forward." CDC has been unclear about its expectations for the program.

Mohammed Shahidullah recommended looking for opportunities to collaborate with other CDC-funded programs within the agency, such as Asthma and

Tobacco. IDPH recently received a 5-year multi-million dollar grant for prevention activities (Community Transformation Grant). Can we market healthy homes as a prevention effort and tap into these funds?

Emile Jorgensen commented that even though there are currently no grant funds from CDC (for healthy homes and childhood lead poisoning prevention), the strategic plan helps us focus where to look for money.

Curt Fenton asked if there was value in referencing the State Health Improvement Plan (SHIP). If the SHIP contains healthy homes components, then that would “add more power to attempts to secure funds for these activities.” Mohammed Shahidullah responded that there is quite a bit of information on healthy homes in the SHIP and it would add another dimension to support our strategic goals. Mohammed suggested contacting Laticia Reyes, IDPH Healthy Policy Division Chief, and making a funding proposal. Ms. Reyes is in charge of leading implementation.

**b. Policy Development and Enforcement**

Helen Binns asked if it was too far reaching to propose a statewide housing code. She also suggested collapsing down the strategies into major themes (i.e., strengthening data systems, strengthening monitoring and enforcement, and enhancing state agency communication) for a preamble and softening the approach.

Aaron Martin and later Roxane Flemming asked about enforcement versus consultation. Are we going to pursue enforcement authority or focus on referrals and connecting people? Can we do both? Angela Tim responded, “We look to state agencies for enforcement. If that piece isn’t there, then all of the education we do . . . if you won’t do enforcement, then who will?” You need enforcement to bolster education.

Roxane Fleming asked about the role of nursing case managers. Should nurses make telephone calls to other agencies or put the onus on clients? She also expressed concern about putting clients at risk for eviction. This might be a good topic for presentation to landlords, property management groups and realtors.

Nick Peneff suggested exploring the interface between Public Health Preparedness and Prevention, as well as potential funding opportunities.

**c. Workforce Capacity**

NEHA has a healthy homes credential but it is primarily targeted at environmental health specialists or practitioners. Is it possible to develop comprehensive healthy homes and/or disaster recovery training and even a credential for contractors? Is there an existing model upon which we could build

or utilize, such as for weatherization contractors? There is a definite need for cross-training and awareness among building trades. Credentialing and certification motivates people.

**d. Monitoring and Evaluation**

Mohammed mentioned the Health Information Exchange (HIE) as another possible future source of case-based information for monitoring and surveillance. Mary Driscoll is in charge of a HIE Public Health Working Group and would be a good contact. I-Query is another candidate that offers rate-based data and Tom Szpyrka, IDPH, has offered to do an I-Query presentation for the Council.

Helen Binns suggested adding a measureable product, such as an annual report.

**9. New direction of Advisory Council and group discussion of proposed bylaws**

The Council discussed its future role in advising IDPH on Lead and Healthy Homes activities and whether or not to adopt formal bylaws.

The current Council was convened to fulfill a CDC Grant requirement to build a consortium of strategic partners; however, the Department also co-chairs the Illinois Lead Safe Housing Advisory Council. Aaron Martin asked if the Council should broaden and refocus its mission on healthy homes and indoor environmental quality or disband and request that the Illinois Lead Safe Housing Advisory Council establish a standing Healthy Homes subcommittee.

The Advisory Council members appreciate each others' diverse backgrounds and consider themselves as an informal advisory group or "think tank" unlike other State boards and commissions. The State would be better served to maintain the Council in some format, rather than disband it.

The Council regarded the membership criteria, modeled after other IDPH advisory groups, as too exclusive. The Programs were advised to maintain as informal a structure as possible. If bylaws are deemed necessary or required, then consider a few things:

- Instead of recruiting members from a specific organization, focus on finding enthusiastic people with the right expertise. Since members or participants are not reimbursed, enthusiasm is a key. The current Council members are all volunteers.
- Consider adding a representative from a metropolitan Chicago health department in addition to local health department representation from north, central and southern Illinois.

- There seems to be a conflict when IDPH is a member of its own advisory council, so consider building a structure similar to federal advisory groups like the Advisory Committee on Childhood Lead Poisoning Prevention. IDPH and others could participate in the Council as non-voting State representatives and liaisons.
- Since the group has been around for a long time, it may be a good idea to make some evaluation of ourselves as a Council. Maybe that will help formulate or change the Council.

**10. Meeting Adjourned at 2:00 PM**

**11. Next Meeting:** To be announced.