

## Governor Lamont's Lead Poisoning Prevention Initiative

Lead Work Group Meeting 8/4/2022

In Attendance:

- Commissioner Manisha Juthani
- DCA (DPH)
- Lori Mathieu (DPH)
- Laura Fournier
- Howard Smith
- Patrick McCormack
- Dr. Luis Diez-Morales
- Sue Dubb
- Claire Botnick (DPH)
- Chlo-Anne Bobrowski
- Daniel Aubin (DPH)
- Lisa Kessler
- Chris Corcoran
- Michael Santoro
- Rep. Jonathan Steinberg
- Owen Rood
- Margaret Flinter (CHC)
- Jessica Kristy
- Erin Nozetz (Pediatrician – Yale)
- Jennifer T. Haile (Pediatrician)
- Aisling McGuckin
- Claudio
- Amanda Decue
- Miriam Miller (DPH Policy Director)
- Betsy Gara

Note Takers:

- Chris Silver
- Olivia Hine
- Jesus Blanco-Vazquez

Started Meeting off with Introductions of DPH Staff and the 27 attending

- Branch Chief of Environmental Health and Drinking Water Lori Mathieu
  - Started meeting off with introduction and description of Lead Working Group under Governor Lamont's Lead Poisoning Prevention Initiative
- Commissioner Manisha Juthani
  - Started off with her introduction and gave thanks and expressed excitement for this workgroup to help come up with solutions for this 'age-old problem'

- Deputy Commissioner Heather Aaron for DPH
  - followed next with her introduction and expressed her excitement to work with everyone
- Dan Aubin extending his assistance for any administrative needs
- Under Secretary Claudio
  - Introduced himself and expressed excitement for this group
- Owen Rood
  - Introduced himself as the Budget Analyst for the OPM Budget Division Health and Human Services Section.
  - Primarily here to support the development and administration of fiscal policies associated with the Department and its programs
- State Rep Jon Steinburg
  - Introduced himself and how pleased he was to be a part of this group and how quickly it was to get it together quickly
  - Spoke about how there has been talking about lead poisoning in public health committees for years and that we simply didn't have the resources. He acknowledged that we are now in a different place with money available to look at the infrastructure and public health/environmental issue
- Chris Corcoran – Healthy Homes Program
  - Spoke about their partnership with the Department of Housing over the last several years and how they are trying and helping to make homes safer and healthier than currently
- Aisling McGucken – Waterbury LHD
  - Director of Public Health in Waterbury. Stated that there is a big Lead housing problem in Waterbury. They have a great lead abatement program through the Healthy Homes program, but still have a large burden to respond to. Just last year 252 children had Lead Bloods levels above 3.5.
- Patrick McCormick – Director of Health for the Uncas Health District
  - Patrick covers 11 communities in Eastern CT including the city of Norwich. Some concerns that they are facing are workforce and staffing challenges. While they are trying to address lead issues, they are having training requirements for staff that would need to be met when they are going to be working on Lead. They also have a reliance on municipal resources for property owners that they need to make sure are in place when addressing Lead issues. They have potential delays in compliance with lead orders, which requires a great deal of effort on the part of staff to make sure that the landlords are compliant and parents are compliant.
- Claire Botnick
  - Office of the Governor
  - Worked with DPH team and subject matter experts on lead poisoning prevention to advance the governor's vision to make a meaningful impact
- Drizella Rivera
  - Health Specialist for Alliance for Community Empowerment
  - Tracks and follows up on the levels of the children

- Gets info from physicals and communicates with doctors to get any results and follows up if needed.
- Also there to support parents and communicate the importance of getting lead tested.
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- Dr. Luis Diez-Morales
  - Chief Medical Officer for the Charter Oak Health Center
  - Serves about 22,000 patients for primary care located in 18 clinical sites, including school-based clinics and about 95% of the patients are minorities
- Ebony Jackson-Shaheed
  - Director of Health and Social Services for the City of Bridgeport
  - Has own lead division
  - Between 50-60% of units have been identified as having possible lead. Most homes in Bridgeport were built before the 1950's
  - Some of the biggest issues are lack of education and cost of abatement.
- Margaret Flinter – CHC Senior VP and Clinical Director Statewide
  - Huge concern for CHC. They treat many patients, many of whom are children. Their clinical teams are highly attuned and adhere to the standards of practice for risk assessment for timely screenings to ensure that these children are check if they haven't been assessed before.
- Amanda Decue – Fair Haven Community Health Care NP Department of Ped's
  - Amanda serves on the Lead Advisory Committee for the City of New Haven.
- Miriam Miller – DPH Policy Director
  - Working to make sure that our work is in line with the legislation and provide feedback when necessary
- Howard Smith - P.A Ped's @ Southwest Community Health Center in Bridgeport
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- Jessica Kristy
  - Director of Health for Naugatuck Valley Health District
  - A Community made up of many different demographics, but post industrialized, milled communities
  - Ran several multimillion-dollar HUD grants to try to begin to address this over the years, doing preventative and outreach work as well as abatement and education programs
  - Working with providers and parents to try and get people back into pediatrician's office to do testing.
  - Trying to do some education around cleaning properly and things people can do without a lot of money.
- Betsy Gara
  - Betsy represents the Connecticut Council of Small Towns. An Association of towns with roughly 115 member towns throughout Connecticut. Betsy also represents the Kennecott Waterworks Association which represents the public water suppliers throughout Connecticut. Betsy and the organizations she represents have been working with Lori and her team in efforts towards reduce lead service lines and looks forward to the continue comprehensive effort.
- Chlo-Anne Bobrowski

- Education Manager for the Department of Education
- Represents a school health and students support services
- School districts have a responsibility and is critical to working with their communities to contribute to both primary prevention and early intervention efforts on behalf of children in their school communities.
- Schools should develop policies that address students affected by lead poisoning. Educate school personnel, collaborate with their communities, and refer children if they have a known exposure to lead.
- Laura Fournier
  - Child Licensing Supervisor with the Office of Early Childhood
  - Part of the mission and vision are to ensure all young children in CT are safe, healthy, learning and thriving.
  - Ensuring that this important work moves forward on lead poisoning prevention.
- Michael Santoro
  - Policy director for the State of Connecticut Department of Housing
  - Familiar with and dealing with lead abatement, particularly in multifamily affordable housing.
  - We've had a variety of programs over the years, we worked very closely with Chris Corcoran, and Connecticut Children's Medical Center through the Healthy Homes program, through not only providing state bond dollars in support of their activity, but had been the primary applicant for those federal lead dollars
- Sue Dubb
  - Public Health Nurse for the Uncas Health District
  - Current president of the Connecticut association of public health nurses.
  - Busy lead department in Uncas as well. Managing Childhood Lead has its challenges. Resources are often a barrier, we do have the fortune of working with Norwich that they often have the HUD funds to help homeowners with support and abatement issues. But for our smaller towns, sometimes that becomes quite an issue.
  - We do have a lot of older housing stock here. A lot of the same issues in some of the larger centers with older housing stock.
- Jennifer Haile
  - Pediatrician with Connecticut's Children
  - Director of the Connecticut Children's Lead Poisoning Prevention Center
  - Role is to not only educate practitioners, but also families

## **Presentation**

### **Commissioners Presentation**

#### Governor Lamonts Lead Poisoning Prevention Initiative

- The big difference right now, both under President Biden, Governor Lamont is that we have an infusion both federal dollars and those appropriated by the state to be able to address this issue of lead poisoning in children.
- Through this statute and in this working group, we're going to be addressing several different areas

- Lowering the blood levels, which are sections one through four of public act 22-49.
- The working group is specifically mentioned in Section Five
- Infusion of funds through the bipartisan infrastructure law to specifically address lead service lines
- Funding coming through that mechanism that is geared towards early child care centers, and schools
- Behavioral crisis
- Quote from Governor Lamont “Blood poisoning has catastrophic impacts on the health and development of children, including irreversible learning, and developmental disabilities, and in particular, it most frequently impacts those who live in disadvantaged communities. By strengthening these laws, we are taking an evidence based, cost effective approach to reducing these negative impacts. I look forward to signing this into law”. And that was then done on with this press release on May 3 2022.

#### Four Sections of Public Act 22-49

- Step wise approach
- Currently, the parental notification standard is 10 micrograms per deciliter. Onsite inspection is required at 15 micrograms per deciliters. Epi investigation where further investigation is done is that 20. So what we're doing over the next several years is reducing these numbers
- Moving forward, parental notification is going to happen at 3.5 micrograms per deciliter. Onsite inspection is going to be reduced from 15 to 10. An epi investigation from 20 to 15 by 2024, that parental notification is already going to be set as you can see at 3.5 Starting from January 1 onwards, but now onsite inspection will be required at five and epi investigation at 10. And by 2025 and beyond, we will reach the levels where we think we should be, which is parental notification again at 3.5.\

#### Working Group

- Lead screening for pregnant persons or persons who are planning pregnancy
- Lead in schools and childcare centers
- The reporting the results of lead tests or lead screening assessments to schools and childcare centers, in health assessments for new students
- Reporting additional data from blood lead test laboratories, and providers to the Department of Public Health
- Any other matters regarding lead poisoning lead poisoning prevention and treatment

Working group has a report due by 12/1/22

Commissioner of public health shall report to the joint standing committees of the general assembly having cognizance of matters relating to public health, education and appropriations and the budgets of state agencies regarding the recommendations of the working group. Working group shall terminate upon submission of the report

Report- Written by DPH staff

Work group report to

- Meet and provide input
- Meet 4 to 6 times, August to October
- Review draft report- to be shared by mid/end of October
- Provide input on draft report October/ November
- Final report December
- Email: [DPHLeadWorkingGroup@ct.gov](mailto:DPHLeadWorkingGroup@ct.gov)

## Q&A

- Data drives a lot of the work that is done. So, are there enough providers to be able to handle the influx of work that's going to be potentially coming.
  - lead abatement contractors, lead consultant contractors, lead inspectors, lead inspector risk assessors, lead planner, Project designers, RP certified folks.
  - Is there an incentive enough for new people to take on that level of work and become certified. Are there enough people out there that are certified and qualified to do that work and do it appropriately. That type of data I think is going to be important to know what's the extent of the work that's going to be required and then whether or not there's going to be enough folks to be able to do that work.
- Bringing in the Office of Workforce Strategy, which is responsible for a lot of pipeline programs and workforce development initiatives some point over the next few months.
- Bring on DCF
  - Occasionally run into families that are very resistant to following through with the let the lab work and have to send out multiple reminders
- Set aside money for public education campaign
- Get an obstetrician on the panel so they can take this info back to their group