

Community Workshop: How to Increase Blood Lead Testing Participation

Tuesday, June 29th, 2010

11:00-2:00pm

Shoshone Room, Silver Mountain Resort, Kellogg ID

Notes, Agenda, and Attendees

WORKSHOP NOTES

A community workshop was held on June 29, 2010 in Kellogg to gather ideas on how to increase participation in the blood-lead testing program offered by the Panhandle Health District.

The workshop was hosted by the U.S. Environmental Protection Agency (EPA), the Idaho Department of Environmental Quality (IDEQ), the Panhandle Health District and the Basin Environmental Improvement Project Commission. In addition to the host organizations, attendees of the workshop included members of the general public, elected officials, representatives from public health agencies, members of environmental advocacy groups and the media.

A copy of the meeting agenda and a list of workshop attendees are attached to these workshop notes.

Background

The testing program, held annually at fixed locations throughout the Bunker Hill Superfund Site (BHSS), provides free testing of children 6 years old and younger in an effort to locate children with elevated blood-lead levels and to provide families of those children with information to help reduce their children's exposures to lead. The information gathered from this testing program also provides feedback on the effectiveness of the Superfund cleanup work at the BHSS. The current program provides a cash incentive of \$20 per child to test children living in the Basin portion of the BHSS. There is no cash incentive for the testing of children living inside the Bunker Hill "Box."

The current program is estimated to test roughly 10 percent of the children in the target age range at the BHSS. In 2009, the cash incentive for testing children living in the Basin was increased to \$40 and participation rates increased to nearly 30% of children in the target age range. The workshop was held to identify potential ways of increasing participation rates above the current rate that were not necessarily reliant on increasing the cash incentive.

Workshop Summary

Objective, Agenda and Groundrules Review and Group Introductions

Rob Hanson (IDEQ) and Bill Ryan (EPA) provided a review of the workshop objective, agenda and groundrules to be followed in participating in the workshop.

Presentations

The first presentation of the day was provided by Jerry Cobb of the Panhandle Health District, who discussed the history of lead health issues and blood lead testing at the Bunker Hill Superfund Site (Site). PHD has been conducting blood-lead testing in the Kellogg area since 1974, and since 1985 for the EPA. Blood-lead levels have dropped from some of the highest levels ever measured to levels that now approach national average levels. In conducting the testing program over the years, PHD has employed a wide variety of educational tools and outreach efforts to inform the public about the risks that lead poses to children's health and to encourage site residents to have their children's blood tested. The current program offers annual testing at a number of fixed locations in the Silver Valley. Children's education, cash incentives, and advertising are used to gain participation. Past testing efforts have

included a door-to-door education and a twenty dollar incentive after testing, which resulted in a high participation rate when compared to the current program. In addition to blood-lead testing, PHD offers consultation and educational services to families with children having elevated blood-lead levels. These services include in-home consultations in an effort to identify ways to reduce children's exposure to lead. These services are currently offered when a child's blood-lead level is 10 mg/kg or higher which exceeds the Center for Disease Control standards. The Center for Disease Control currently recommends in-home consultation be taken when a child's blood-lead level is 15-19 mg/kg for consecutive months, or 20 mg/kg in one test result.

The second presentation of the day was provided by Matt Wimmer and Dori Boyle of the Medicaid program administered by the Idaho Department of Health and Welfare. Medicaid are more focused on children's blood lead levels rather than any specific type of environmental exposure. Our efforts include a quarterly meeting with our Lead Screening Advisory Committee with representation from Head Start, Department of Health, etc. Our screening rate went from 2.2% in 2007 to 4.6% in 2008 (most recent data) for children 0-6. Because of evidence that children eligible for Medicaid may be at higher risk for lead exposure, the Centers for Medicare and Medicaid (CMS) has mandated that children eligible for Medicaid be tested for elevated blood lead levels (BLL) at 12 and 24 months, or between 24 months and 21 years of age if they have not been previously tested. According to the CDC Guidelines, a sample result of 10 µg/dL or greater is considered an elevated Blood Lead Level. Providers should begin asking questions when the child is six months old to determine the child's risk for high-dose lead exposure.

Medicaid will reimburse providers for lead testing (CPT 83655) performed by a venous blood draw or capillary test, and the Department of Health and Welfare (DHW) will provide a LeadCare Analyzer machine to providers at no cost. This machine tests for lead by a simple capillary test ("finger prick"). The results are available immediately.

If a child is diagnosed with an elevated blood lead level, providers are required, under Idaho law, to report the case to the public health authorities at the Idaho Department of Health and Welfare, Office of Epidemiology and Food Protection, or their local health district. Epidemiologists or Environmental Health Specialists at the local health district will provide parents or guardians with important educational resources such as information on household hazards and nutritional guidelines.

Karen Larson from the Agency for Toxic Substances and Disease Registry (ATSDR) briefly discussed ATSDR's role and history at the site and also mentioned that her agency funds the Pediatric Environmental Health Specialty Units (PEHSU), a health education service focused on children's environmental health issues. Karen suggested that PEHSU may be a resource that could be used to assist with educational efforts at the site. Information related PEHSU can be found at the following URL: <http://www.aoec.org/pesu.htm>.

Kat Hall of The Lands Council provided a summary of their recent experience providing education on childhood lead poisoning and blood-lead testing of at-risk kids in Spokane. She explained how the Lands Council received an EPA grant totaling \$72,000 which supported the following activities:

- research demographics and conduct GIS computer mapping,
- provide education and outreach to the targeted demographic,
- work with local Head Start facilities,
- contract with a certified nurse,
- pay staff members and cover other expenses,
- purchase a blood lead analyzer machine and test kits,
- provide blood-lead testing of at-risk children, and
- work with City of Spokane to follow-up with housing consultation for lead renovation.

Kat indicated that linking their efforts with Head Start to make blood lead testing a pre-requisite to enrollment was key to increasing the number of kids tested when

compared to a voluntary outreach approach. Kat provided additional information about the Spokane project in a handout. You can read about The Lands Council's education and blood-lead testing efforts at the following URL:

http://www.landscouncil.org/water/reducing_lead.asp

Personal Observations.

Following the presentations, there was an interactive discussion which was focused on the following question:

Do you have thoughts about why participation is low? Observations offered by workshop participants, which were recorded on poster paper, are presented below.

- Observations offered by workshop participants were recorded on poster paper to capture the persons' observation to their satisfaction
- A high number of family's yards are being cleaned up; people may think blood testing is no longer necessary.
- People might think that if the home environment doesn't have a high level of lead, that testing isn't necessary for the children in the household.
- There is a need to understand why people are saying no, why people who are aware still aren't getting their kids tested.
- People do not recognize all of the ways to become exposed to lead, particularly outdoor awareness.
- The Program may not have the resources to go to where kids are located to test them
- The length of time between the blood test results and the Basin Property Remediation Program remedy may be too long. Direct remedies may not be apparent.
- Perception of risk from blood lead problem is less because of long term history for residents. For example, extremely high blood leads were measured in the 1970's compared to the significantly lower blood lead levels being measured at the site now.
- People may not perceive that risk exists.
- Social status and stigma issue recently reported from Elsevier publishing (Moodie, S.M., et al., Community-and family-level factors influence care-giver choice to screen blood lead levels of children in a mining community. Environ. Res. (2010), doi: 10.1016/j.envres.2010. 03.012).
- National lead education is lead paint oriented.
- It is not clear that anyone is checking in with doctors on Medicaid testing.
- Local doctors may not see a concern, and therefore aren't encouraging or educating.
- Some may think that if the kids don't get tested that the EPA clean up will go away.
- Some people may not know the issues, particularly new residents.
- Lead awareness and education may compete with the numerous amounts of other health-risk messages for doctors and kids.

DEQ noted additional audience discussion related to the following:

- People may think that the blood test requires puncturing the vein, rather than finger-tip testing a drop of blood
- People have heard this issue for 30 years, the messages aren't new information. People know about these concerns but some voluntarily choose not to participate, and some are new and don't know about it.
- Despite warning signage on recreation areas, parents still take their children to recreate in those areas.

Ideas to Increase Participation.

Next, the group identified ideas that might be explored in an effort to increase participation. The workshop participants offered the suggestions that were captured on poster paper and are presented below.

- Look at barriers for physicians.
- Uncouple testing from the Superfund cleanup; Look at it as a children's health issue.
- Identify and promote the benefits of testing.
- Have a central contact or 'clearing house' for education materials & information. Some programs have a toll free hotline.
- Have a central contact, or clearing house for medical-related questions about lead.
- Make materials and information easily found in the Coeur d'Alene River Valley and Spokane River areas.
- Look at barriers for parents.
- Offer an increase of cash incentive for consecutive, multi-year testing participants.
- Consider non-cash incentives such as community-related vouchers from local businesses.
- Partner and outreach through volunteers.
- Simplify messages to highlighted points. Non-technical, common language.
- Make door-to-door education, outreach, survey, and/or testing.
- Partnering with people concerned about public health.
- Look at and consider refreshing outreach materials.
- Provided outreach to daycare mothers and church groups.

DEQ noted additional audience discussion related to the following:

- Hand out lead awareness information while conducting the direct-contacts with Basin Yard Remediation Program participants.
- Lead screening advisory committees and Head Start have been helpful resources for outreach and education
- Utilize existing American Academy of Pediatrics newsletter for advertising.
- Campaign around "Lead Awareness Week" in October.
- Provide poster/information for physicians' lobbies, paint stores.
- Messaging about why parents need to be concerned.
- Target a broader local area audience including Coeur d'Alene Lake and Spokane River area.
- Advertise at point-of contact areas such as boat launches and recreational areas.

Follow-up Actions

Bill Ryan concluded that suggestions for improving participation in the blood lead testing program would be considered by EPA, IDEQ and PHD and evaluated to determine which approaches would be good candidates to further investigate. Conclusions from that effort will be shared with workshop attendees.

AGENDA

Objective

To identify potential options for increasing blood lead testing of children at the Bunker Hill Superfund Site (BHSS)

Introduction (11:00-11:15)

- Please Sign-In
- Today's Objective, agenda review, & ground rules – Bill Ryan (EPA) and Rob Hanson (IDEQ)
- Plans for lunch
- Your name, affiliation and your role / interest in the Bunker Hill Superfund Site blood lead testing program

Presentation (11:15-11:45)

- Idaho Panhandle Health District 1, Kellogg – Review of blood lead testing for the Bunker Hill Superfund Site (BHSS)
- Idaho Department of Health and Welfare, Medicaid – Review of their agency's role and interest in blood lead testing at the BHSS
- ATSDR – Review of their agency's role and interest in blood lead testing at the BHSS
- Lands Council – Review of their recent blood lead testing effort in Spokane
- Questions from the Group

Personal Observations (12:00 – 12:30)

- Do you have thoughts about why participation is low? Open Discussion

Ideas to Increase Participation (12:30 – 1:45)

- Consider: Messaging & Advertising, Incentives, Education and more
- What options are available to increase participation?

Wrap Up (1:45-2:00)

ATTENDEES

Karen Larson, Agency for Toxic Substances and Disease Registry

Denna Grangaard, Idaho Department of Environmental Quality

Bonnie Douglas

Vera Williams

Jeri DeLange, BEIPC

Dana Wohlman, Shoshone Medical Center

Terry Harris, Kootenai Environmental Alliance

Julie Delsaso

Jon Cantamessa, Shoshone County

Vern Hanson, Shoshone County

W.C. "Bill" Rust, BEIPC TLG

Becky Kramer, Spokesman Review

Jim Vannoy, Idaho Department of Health and Welfare, Medicaid

Kara Stevens Idaho Department of Health and Welfare, Medicaid

Rob Hanson, Idaho Department of Environmental Quality

Bill Ryan, EPA Region 10

Kat Hall, Lands Council

Dan Meyer, Idaho Department of Environmental Quality

1 unnamed person chose not to sign the attendance sheet

By Phone:

Matt Wimmer, Idaho Department of Health and Welfare, Medicaid

Dori Boyle, Idaho Department of Health and Welfare, Medicaid

Not able to attend, but submitted comment: Rebecca Stevens, Coeur d'Alene Tribe

Community Invited to Workshop...

Bring Your Ideas on How to Increase Participation of Blood Lead Testing

Tuesday, June 29th 2010

11:00 am to 2:00 pm

Silver Mountain Resort, Shoshone Meeting Room

Exit 49 Kellogg, Idaho

Call Denna Grangaard,
DEQ in Kellogg for details!!

783-5781

Bring your own lunch or
purchase a delivered lunch



As a part of the Bunker Hill cleanup effort

**HELP INCREASE BLOOD LEAD TESTING PARTICIPATION
IN THE COEUR D'ALENE RIVER BASIN**

YOU ARE INVITED

The Idaho Department of Environmental Quality and the Environmental Protection Agency, in connection with the Basin Environmental Improvement Project Commission, are sponsoring a **Human Health Blood Lead Workshop** *comprised of* a valuable group of public health professionals and interested parties *to gather ideas* about how to increase participation in blood lead testing for children and pregnant women.

Your fresh ideas are needed.

Why is Blood Lead Testing Important in the Silver Valley?

While significant progress has been made to reduce the amount of lead that children and pregnant women are exposed to within the Superfund cleanup area, the blood lead testing program helps identify children who may be subjected to lead exposures and where health risks still exist.

Why is This Workshop Important?

To date, blood lead testing participation in the Basin has been relatively low. We are holding this workshop to gather your ideas on how to increase participation. We believe that we can improve efforts to find areas where elevated blood lead levels exist so that assistance can be offered to reduce lead exposure.

Are You Interested?

We are in the early planning stages of this workshop. We anticipate holding the workshop in May or June, 2010 in the Silver Valley. **Please respond with this information:**

I am interested in attending a workshop to generate ideas on how to increase participation of blood lead testing in the CDA River Basin: **YES/NO**

I may have information to share at the workshop to help achieve the goal: **YES/NO**

I would prefer the workshop be scheduled in the: **Morning/Afternoon/Evening/Any**

Contact Denna Grangaard at the Department of Environmental Quality with this information or with questions. She can be reached by phone at 208-783-5781 or by email at denna.grangaard@deq.idaho.gov.

~ Response Appreciated ~
At your earliest convenience or by May 14th, 2010

I would like to suggest that more outreach be provided to daycare mothers and church groups if it hasn't been looked into yet.

-Rebecca Stevens, Coeur d'Alene Tribe 6/9/2010

The Lands Council, as part of an '07-'09 EPA Targeted Lead Grant, offered free, voluntary, on-the-spot blood lead screening (using LeadCare II) to at-risk children 6 years of age and under; conducted targeted door-to-door neighborhood outreach and education (guided by GIS computer mapping) on the health effects, exposure factors, symptoms, and prevention of childhood lead poisoning; and worked to create sustainable community partnerships to help reduce childhood lead poisoning in Spokane. In total, we educated 1,950 inner-city Spokane families on childhood lead poisoning and distributed 4,350 informational packets. Of the 820 Spokane children screened, two tested positive for lead poisoning ($\geq 10 \mu\text{g}/\text{dL}$) and 91 exhibited elevated levels of lead in their blood (3.3-9.9 $\mu\text{g}/\text{dL}$). Roughly 1 in 9, or 11% of kids screened exhibited elevated blood lead levels.

-Kat Hall, The Lands Council, 5/18/2010