

# CHILDREN'S ENVIRONMENTAL HEALTH & PROTECTION ADVISORY COUNCIL

March 6, 2006  
Minutes

Attendants: Maureen Edwards, Jane Wilson, Douglas Bradham, Christopher Loffredo, Judy LaKind, Betty Dabney, Mary Ellen Setting, David Jett, Vicki Taliaferro, Benjamin Gitterman, Phil Heard, Ruth Quinn, and Audrey Regan.

## Updates

### I. Legislation Review

#### 1. There are 14 bills pending related to Lead Poisoning Prevention:

A. There is proposed legislation (Lead Poisoning, Lead Testing HB 1676) that would require universal blood lead testing of all Maryland children. Currently all Medicaid-enrolled children, all Baltimore City children, and all children that have ever resided within designated at-risk zip codes are required to be tested. The proportion of these Maryland children tested is low (about 60%), but this is one of the best rates in the nation. Currently, there is universal screening, which consists of the physician using a questionnaire to identify susceptible children. Therefore, universal testing may capture additional persons and reduce on-going exposure. Universal testing also may be beneficial because lead is showing up in unsuspected places, e.g. candy, backpacks, toys, jewelry etc.

The problems are: (1) health care provider buy-in; (2) parent reluctance for potential unnecessarily testing; (3) cost-effectiveness concerns; and (4) property owners concerns. Cost-effectiveness considerations contain short-term costs and long-term benefits. Prevention often is problematic from a cost-effectiveness perspective because of data difficulties, as well as long-term benefits requiring a societal (not individual) perspective.

One barrier to testing is conducting the test. Filter paper testing could allow for additional testing by a less invasive method and in a non-clinical setting. However, filter paper testing presents implementation difficulties. If billed through Medicaid, an MCO would need to have a contract with the Lab for conducting the test. If public health dollars are utilized, this may lessen the concern. Opponents, including property owners, are concerned because of a potential increase in the number of positive and false positive identifications through filter paper testing.

Identifying lower levels of blood lead is important because these levels have the potential for negative consequences including lower IQ levels. At the macro level, small decreases in IQ levels of a society are important.

B. There are many bills designed to provide property owners with incentives to address and remove lead from their properties.

C. Parent education may be important. The Coalition to End Childhood Lead Poisoning and others continue to conduct educational events. However, many parents have worries more pressing issues such as a shortage of affordable, quality housing. Education and awareness are important and beneficial. It was recommended that more education be conducted for the owner-occupied audience.

D. Schools were discussed as a potential venue for testing children. It is acknowledged, however, that younger children need to be tested. While schools appear to be a good capture zone, schools are asked continually to address health and health care problems without additional resources. Questions raised were: (1) If a problem is identified, then what resources can be given to address the problem? and (2) federal policies focus on instruction, so how do schools fit all this “extra” stuff?

2. The Clean Indoor Air Act related to ETS received unfavorable reading in Senate and was not discussed within the House. However, it was a significant accomplishment for CEHPAC that the Council was able to take a position. This opportunity may enhance the future ability to provide Council input.

II. Shared and reviewed 2005 Annual Legislative Report.

III. EPA Updates

The National Children’s Study does not have funding within the President’s budget. This further hampers the ability to analyze necessary data. However, they continue to charge forward and establish protocols. Council members were interested in sending a comment. Council members stated they might many want to write letters to the editor and contact their national legislators and representatives.

The US EPA Office of Children’s Health Protection Advisory Committee recently discussed several issue: (1) Perchlorate levels. The level of clean up that must occur at a Superfund site is based upon the property’s anticipated longer-term use. The Advisory Committee feels that the goal level is too high for human exposure, primarily the mothers of breastfed infants. (2) National air quality standards may not be regulated in rural areas or for agricultural and mining industries. Also, the levels are set too high considering the impact on children. (3) Voluntary Children’s Chemical Evaluation Program. The program asks industry to sponsor and review a specific chemical. The process has been

very slow, has reviewed only a small number of chemicals and is currently being evaluated.

- IV. Regulation Review. Doug Bradham's questions were answered in the e-mail written by Phil Heard. Dr. Heard suggested that we have someone to discuss the regulations process. When considering regulations, it is important to reach a balance with agencies and industries to achieve feasibility.

### **Upcoming Activities**

1. School Health Interdisciplinary Program will have a session devoted to Environmental Health, as well as a session on asthma. The conference is scheduled for July 31 through August 3.
2. There is a conference March 13 in Baltimore to develop a national standard for neuro-toxicity levels in infants, which is sponsored by Johns Hopkins University's Center for Alternatives to Animal Testing.
3. The Maryland Asthma Control Program participated in an AHRQ Learning Partnership to addressing health disparities in pediatric asthma. A conference was held in Houston to develop an action plan. The completed plan will be disseminated for comments shortly.
4. Ruth Quinn and Lynn Goldberg at Johns Hopkins University have conducted a study of 300 mothers and babies to assess toxins and environmental hazards. They have been invited to speak at the next CEHPAC meeting on May 1. Dr. Gitterman is working with the CDC to determine recommendations for testing of pregnant women regarding environmental hazards.
5. The indicator report repeatedly demonstrates data gaps to frame or prioritize the issues.
6. National Public Health Week: April 9-15 is focused on the child and built environment. It was recommended that CEHPAC have a speaker on the built environment.
7. Fetal and infant mortality has increased for two consecutive years. There are many potential factors: (1) prematurity; (2) assisted reproductive technology; (3) maternal age (4) socio-economic status; (5) environment; (6) genetics; and (7) institutional racism. There are many unknown factors related to infant mortality. Several recent studies show an association between infant mortality and environmental pollutants. This issue needs more attention.

### **Discussion**

Four areas were discussed for continuing or increasing activities:

1. Completing the Environmental Health Indicator's Project, because these indicators should drive activities.
2. Increasing public awareness through education. Concerns were expressed about the ability of education to lead to behavior change. A message is successful if there is trust and believability.
3. Developing and presenting CEHPAC priorities and concerns to various state agencies that develop or review regulations.
4. Continuing to enhance the strategic plan so that it develops into a work plan.