NEW YORK STATE ADVISORY COUNCIL ON LEAD POISONING PREVENTION
NYS DEPARTMENT OF HEALTH
JUNE 26, 2009
ALBANY, NEW YORK
EMPIRE STATE PLAZA, MEETING ROOM 4

Topics	Discussion	Follow-Up Action
Attendees	**Council Members:** • Rachel de Long, M.D., M.P.H., Director, Bureau of Child and Adolescent Health, NYSDOH (Commissioner Designee Meeting Co-Chair Representing Dr. Birkhead) • Dick Svenson, Director, Division of Environmental Health Protection, Center for Environmental Health, NYSDOH (Commissioner Designee Meeting Co-Chair Representing Dr. Birkhead) • David Broadbent, M.D., M.P.H., Co-Chair, Coalition to End Lead Poisoning in NYS (Community Group) • Matthew J. Chachere, Staff Attorney, Northern Manhattan Improvement Corporation (Environmental Group) • Alison Cordero, Deputy Director for Community Preservation, St. Nicholas Preservation Council, Williamsburg (Real Estate) • Maureen Cox, Director, Division of Safety and Health, NYS Department of Labor (Commissioner Designee) • Susan Duchnycz, Child and Family Services Specialist 2, Division of Child Care Services, NYS Office of Children and Family Services, (Commissioner Designee) • Joan Facelle, MD, Commissioner, Rockland County Health Department (Local Government) • Abby Greenberg, M.D., Director, Center for Public Health, Nassau County Health Department; Representative, American Academy of Pediatrics – Division II (Professional Medical Organization) • Pamela Hadad Hurst, Special Assistant, Commissioner's Policy Office, NYS Department of Environmental Conservation (Commissioner Designee) • Thomas P. Mahar, Code Compliance Specialist, Assistant Director, Regional Services, NYS Department of State, Code Division (Commissioner Designee) • Dr. Kallanna Manjunath, Chief Medical Officer and Pediatrician, Whitney M. Young J. Health Services (Undesignated At Large Public Member) • Andrew McLellan, President/Director, Environmental Education Associates Inc, Amherst, NY (Undesignated At Large Public Member) • Mary Elizabeth Mokrzycki, Program Manager, City of Syracuse Lead Program (Local Housing Authority) • John Shannon, Administrative Director for the Upstate New York Laborers' Education and Training Fund (Labor Union) **Additional Attendees:** • Michael Cambridge, R.S., Director, Bureau of Community Environmental Health and Food Protection, NYSDOH • Thomas Carroll, Section Chief, Bureau of Community Environmental Health and Food Protection, NYSDOH • Eileen Franko, Dr.P.H., M.P.H., Director, Bureau of Occupational Health, NYSDOH • Howard Freed, MD, Director, Center for Environmental Health • Bruce Phillips, Counsel, Division of Legal Affairs, NYSDOH • Susan Slade, RN, MS, Manager, Child Health Unit, BCAH	

	Absent Council Members: • Guthrie S. Birkhead, M.D., M.P.H., Deputy Commissioner, Office of Public Health (Council Chair) • Mary Binder, Environmental Analyst, Division of Housing and Community Renewal (Commissioner Designee) • Clotilde Perez-Bode Dedecker, President/CEO, Community Foundation for Greater Buffalo (Child Health Advocate) (watched via web casting) • Juanita Hunter, Ed.D., Professor Emeritus, School of Nursing, SUNY Buffalo (Undesignated At Large Public Member) • Thomas Keenan, Temporary Assistance Specialist, NYS Office of Temporary Disability Assistance (OTDA), Bureau of Refugee and Immigrant Assistance (BRIA) (Adjunct Member) • Philip J. Landrigan, M.D., M.Sc., FAAP, Director and Professor of Pediatrics, Division of Environmental and Occupational Medicine, Mount Sinai Medical Center (Hospital) • Lindsay Lake Morgan, R.N., Ph.D., A.N.P., Assistant Professor, Decker School of Nursing, SUNY Binghamton (Educator) • Deborah Nagin, M.P.H., Director, NYC Department of Health and Mental Hygiene (NYCDOHMH) – Lead Poisoning Prevention Program (Adjunct Member) • Clifford Olin, President, EcoSpect, Inc. (Industry)	
Welcome and Introductions **Council Discussion**	• The meeting was convened at 10:17 a.m. • Dr. Rachel de Long and Richard Svenson co-chaired the meeting in Dr. Birkhead's absence. • Mr. Svenson welcomed and introduced a new member of the Advisory Council, Dr. Joan Facelle, Commissioner of the Rockland County Health Department and past president of the New York State Association of County Health Officials (NYSACHO). Mr. Svenson also welcomed new Council members Andy McLellan and Alison Cordero to their first Advisory Council meeting. • Mr. Svenson provided opening remarks regarding compliance with relevant executive orders: ▪ In accordance with Executive Order #3 and the Open Meeting Law, this meeting is being made available on the internet. The meeting notice and links to the webcast are at http://www.nyhealth.gov/events. (Note: this webcast is archived until July 26, 2009. All future webcasts are anticipated to be announced at this website and will be archived for one month following the meeting.) ▪ In accordance with Executive Law, section 166, members of the public who appear before the Council and represent any agency regulated by the Department of Health must fill out a Notice of Appearance form located at the registration table. ▪ Mr. Svenson provided an overview of the meeting agenda. • Mr. Chachere asked if Council webcasts could be archived for more than 30 days. Dr. de Long will find out and report back to the Council.	All webcasts are available on-demand for a minimum of 30 days, and retained for

	• Mr. Chachere asked if there is a way for members of the public who cannot attend the meeting to provide public comment. Dr. de Long will find out and report back to the Council. • Prior to the meeting, and at the meeting, Mr. Chachere asked about the process for introducing agenda items. Dr. de Long replied that input is welcome and solicited at each meeting. An email will be sent to Council members prior to the next meeting to solicit items. • Dr. de Long responded to the question raised by Mr. Chachere prior to and again at the meeting how the Council formally develops and adopts recommendations. Dr. de Long replied that any Advisory Council member can introduce a proposal for a formal recommendation. The Council will follow general rules of order, in which a motion is made, seconded, discussed, and then voted upon if there is a quorum (majority) present. The outcome will be recorded in the minutes and in the annual report to the Legislature. Mr. Svenson added that decision-makers at the Department of Health (DOH) attend these meetings, and listen and consider the discussion, even if no formal recommendations are produced.	a minimum of 4 months. Lead Advisory Council has a 30-day archive period after which the links are removed, and a DVD is maintained. All meeting participants, including Council members or members of the public, must be physically present at the meeting or visibly present via videoconferencing from another officially designated public meeting site. All members of the public must fill out a Notice of Appearance form.
Review and Approval of Minutes	• Mr. Svenson asked members if there were additions or edits to the minutes from the last Council meeting. • Mr. Chachere requested that a statement regarding county participation in primary prevention activities be clarified, and also suggested identifying speakers by name in the minutes. • A motion to accept the minutes with the above revision was made by Mr. Mahar, seconded by Dr. Greenberg. The motion carried, and the minutes were adopted.	The transcript from the March meeting was reviewed and the 3/31/09 minutes revised accordingly. Final minutes were sent out to members, with other material requested.
Governmental Affairs Update, Jim Clancy, Office of Governmental and External Affairs, DOH	In early June, the Governor announced the creation of the Governor's Task Force on the Prevention of Childhood Lead Poisoning. Eradicating lead poisoning is one of the Governor's top priorities, as reflected in the creation of the task force, expansion of the primary prevention program, and the legislation linking the lead and immunization registries. This is an interagency task force, whose goal is to make sure state agencies' efforts are coordinated and informed of each other's efforts. The Governor will announce today or tomorrow that Medicaid will cover in-office lead testing starting September 1, 2009.	

Council Discussion	**Advisory Council discussion took place on several issues, including:** • Mr. Chachere stated there should be a way to have public input into the task force. Mr. Clancy responded that stakeholder input is important, though at this time, the structure and operation of the task force has not been established. Ms. Valerie Gray, First Deputy Secretary to the Governor, will chair the task force. • Dr. Facelle and Mr. McClellan asked how recommendations could be conveyed from the Advisory Council to the task force, and if there was a formal procedure for obtaining a response from the task force to council recommendations. Mr. Clancy responded affirmatively, though the specific procedure has not been determined. • Dr. Manjunath asked if physicians were on the task force. Mr. Clancy clarified that the task force is comprised of state agencies and Governor's office staff, though it will seek input from other stakeholders. • Mr. Svenson referred to the Executive Order provided in the meeting packet, which includes statements indicating that the task force will consult with the Advisory Council, as well as outside advocates and experts, and issue a report both to the Governor and the Advisory Council. The task force and Advisory Council will be connected. • Dr. Manjunath expressed concern that the Medicaid fee for office-based lead testing should be large enough to motivate doctors to administer the test. If the fee is break-even or less, small practices might not pursue it. He noted that the cost savings will be great over the long-run, so it is worth reimbursing adequately.	Staff will develop a procedure to convey information from the Advisory Council to the Governor's Task Force
Regulations Update, Rachel de Long, M.D., M.P.H., Director, Bureau of Child and Adolescent Health **Council Discussion**	Revisions to State regulations Subparts 67-1 and 67-3 went into effect June 20, 2009. Key provisions include: • Authorizing lead testing by Provider Office Labs and Limited Service Labs, and requiring electronic reporting of results to DOH; • Clarifying that follow-up services are required for all children with elevated blood lead levels (EBLLs) up to age 18 years; • Expanding the criteria for comprehensive follow-up services from a blood lead level (BLL) of 20 mcg/dL to a BLL of 15 mcg/dL. Letters and information on the new regulations were sent to local health departments and disseminated to pediatric health care providers via the Health Provider Network and public DOH web sites, as well as the NYS Chapters of the American Academy of Pediatrics, the Academy of Family Physicians, and the NYS Medical Society. Details regarding Medicaid reimbursement for office-based lead testing will be in the forthcoming July Medicaid Update. **Advisory Council discussion took place on several issues, including:** • Dr. Facelle suggested that it be clarified to local health departments that a hard copy of materials to health care providers has not been sent, to encourage local health departments to follow-up locally. Dr. Greenberg stated that counties have their own medical societies with email lists. DOH might want to include them in distribution efforts. • Dr. Broadbent and Dr. Greenberg commended DOH for keeping the emailed regulations letter signed by Dr. Birkhead to one page. Ms. Cordero suggested the use of bullets, so that key points are not buried in a lot of text. • Dr. Broadbent cautioned the use of the word "screening" because it is unclear to providers. Dr. de Long stated that DOH is using the term "blood lead testing" in correspondence, and the term was also clarified in recent amendments	Copy of the July Medicaid Update is attached.

Michael Cambridge, RS, Director, Bureau of Community Environmental Health and Food Protection **Council Discussion**	to Public Health Law Section 1370. Mr. Cambridge discussed revisions to Regulations Subpart 67-2, currently in progress. DOH has sent the proposed revisions to the Governor's Office of Regulatory Reform for review. The proposed changes update the regulations to reflect current practice and include: new definitions that are consistent with EPA rules; requirements that investigations be performed by certified personnel, and hazard control work be performed by trained personnel; lowers the definition of lead in paint to 1 mg/cm^2; new requirements for a written remediation plan and for clearance testing. DOH is currently exploring the impact of requiring abatement, versus interim controls, for all children with elevated blood lead levels. **Advisory Council discussion took place on several issues, including:** • Ms. Hurst asked if regulations require abatement if there is not a child with an EBLL but a dwelling tests positive for lead hazards. Mr. Cambridge explained that there are no regulations to require abatement or other lead hazard control, but notification of a new owner or occupant of lead hazards is required under federal law. • Dr. Broadbent asked if this regulation removes the need for localities to have their own regulations. Mr. Cambridge replied that 67.2 regulations are in addition to and separate from local housing codes. Mr. McClellan further explained that 67.2 is specific to environmental management of children with EBLLs, and that codes in Rochester and NYC, for instance, are not tied to identifying an EBLL index case. • Mr. Chachere expressed concern that the State is allowing use of interim controls to remediate lead hazards for EBLL cases, rather than requiring abatement exclusively, and EPA certified workers. Mr. Svenson responded that DOH is exploring using 67.2 for both EBLL-related abatement and primary prevention, and is exploring the requirement for certified workers. Certified workers are now required for all abatement projects. The cost of abatement is a major issue, and DOH is working to find additional funding. Dr. Facelle pointed out that New York City already requires abatement in response to EBLLs. Mr. Chachere urged DOH to go beyond the EPA's minimum requirements. • Mr. Chachere expressed concern that the draft regulations went to the Governor's office without review by the Advisory Council. Mr. Svenson explained that the Advisory Council did review them before the department sent them to GORR and the Governor's office for review. Any additional change to the proposed regulations would be sent back to DOH and shared with the Council. Mr. Chachere requested that the Council make a formal recommendation or vote on the revised version of the 67.2 regulations. • Ms. Mokrzycki and Mr. McClellan emphasized the need for consistency among EPA and New York State regulations and definitions, to eliminate confusion. • Ms. Mokrzycki suggested that there should be educational programs to teach local partners how to partner with federal agencies to get resources for abatement. Mr. Svenson stated that there are ten city/county primary prevention partnerships in New York, which is far ahead of other states. The local health departments (LHDs) have been very successful at leveraging funds.	Draft regulations to be distributed to Council members and scheduled for discussion at the next Council meeting. Council members may offer formal recommendations.

Primary Prevention of Childhood Lead Poisoning Update, Thomas Carroll, Section Chief, Bureau of Community Environmental Health and Food Protection	Mr. Carroll provided an update on the status of the Childhood Lead Poisoning Primary Prevention Program (CLPPPP). Mr. Carroll explained that the primary prevention project does not depend on EBLL cases, but is targeted to high-risk areas with high concentrations of EBLLs. The pilot project started in 2007 with $3 million in eight cities/counties: Albany; Erie; Oneida; Onondaga; Orange; Westchester; Monroe; and New York City. In Year 2 (08-09), the funding increased to $4.9 million to include four more counties: Broome; Chautauqua; Dutchess; Schenectady. In year three (09-10) funding will increase another $2.5 million to $7.4 million total, and include five additional counties: Niagara; Rensselaer; Ulster; Fulton; Montgomery. The program is no longer a pilot, but is a permanent program. Mr. Carroll reviewed progress made to date, including number of home visits, inspections, referrals for testing, education. The year one final report, and preliminary report results for year two are on the DOH web site: (www.nyhealth.gov/environmental/lead/exposure/childhood/primary_prevention/pilot_program/)	
Council Discussion	**Advisory Council discussion took place on several issues, including:** • Dr. Facelle asked how 'lead-safe housing unit' is defined. Mr. Carroll replied that the county health commissioner can declare an area to be high-risk, and thereby mandate housing inspections for lead and require remediation as needed (issue of Notice and Demand). Interim controls do count as 'lead-safe' under current regulations. • Dr. Manjunath asked if it would be possible to pilot a project that focuses on BLLs of 5 to 9 mcg/dL, and whether that would change the priority areas. Dr. de Long stated that the pattern of children with 5-9 mcg/dL tends to parallel the ≥10 mcg/dL population. The primary prevention project allows communities flexibility in determining targeting methodology. Monroe County is using data for children 5-9 mcg/dL for targeting areas. • Dr. Manjunath asked if it is feasible to evaluate pre and post BLLs at the individual level, given the concern that lead hazard control measures can create lead exposures. Mr. Carroll and Dr. de Long said they will follow-up on this. • Dr. Manjunath asked if stimulus monies are being earmarked for lead poisoning prevention. Mr. Svenson replied that there has been an increase in HUD lead hazard control funding. HUD's weatherization program also received additional funding, and the new task force will explore how this can best be used for lead poisoning prevention. • Ms. Cordero asked how prevention programs have interfaced with the state's rural and neighborhood preservation programs. Mr. Carroll stated that most programs are in urban areas and he is not aware of linkages with these programs. Ms. Cordero stated that these programs do a lot of renovation and code enforcement work. There is a conference in October, at which the lead program could be promoted. Neighborhood preservation rules could be used by programs to find out where renovation is occurring. Mr. Carroll replied that DOH should explore this linkage, and that the Healthy Homes Program would also be interested. • Mr. McClellan asked if there is going to be some standardization of the program, based on existing local programs' experiences. Mr. Carroll replied that there will be more standardization, but it is important to continue to allow counties some flexibility to accommodate local conditions and resources. Ongoing technical assistance is provided	Further analysis of studies including this type of pre- and post-child-level BLL data incorporated into the literature review on effectiveness of lead hazard control interventions that is currently in progress Mr. Carroll will contact Ms. Cordero to discuss linkages with neighborhood preservation programs.

	to share effective strategies amongst grantees. Additional resources related to best practices will be developed in the future. • Ms. Cordero asked about the experience of working with immigrant populations. Mr. Carroll said that DOH has been working with Tom Keenan, a Council member from OTDA's Bureau of Refugee and Immigrant Assistance, to translate materials. Grantees have used resettlement programs for partnerships. Dr. Franko offered to send Ms. Cordero materials in Polish that the Bureau of Occupational Health has developed. • Mr. Chachere stressed the importance of data for targeting and suggested obtaining data by race, and by those on public assistance. Mr. Carroll stated that New York City uses vital records for newborns to target houses. DOH is also geocoding data to better target areas. • Dr. Broadbent asked how primary and secondary prevention efforts can be combined. Mr. Carroll stated that there is not a clear line between primary and secondary prevention, and that LHDs typically don't have two different programs, it's the same staff. Primary and secondary prevention programs often focus on the same neighborhoods, using different tools. Dr. de Long added that primary prevention projects must have a mechanism for educating and referring children and pregnant women at risk. LHD lead poisoning prevention program work plans also have primary prevention components. • Dr. Broadbent commented that the incidence of childhood lead poisoning in some rural counties is relatively high, and it could make sense to target primary and secondary prevention efforts in those counties. There are lessons learned in the urban areas that can be brought to rural areas, and the rural areas should be made aware that their incidence rates are high. Dr. Franko commented that rural counties such as Columbia are proactive and aware of the issue. • Mr. Svenson stated that the National Center for Healthy Homes is doing the primary project evaluation, and it would be a good idea to have them present to the council when they are ready. The goal is to develop a protocol to identify and maintain lead-safe housing. For the next round in October, DOH will become more prescriptive with its grantees to increase cost effectiveness.	Dr. Franko will send Ms. Cordero educational materials in Polish.
Take Home Occupational Exposure, Eileen Franko, Dr. P.H., Director, Bureau of Occupational Health (BOH) **Council Discussion**	Dr. Franko reviewed the follow-up services provided by BOH to adults age 16 years or older with an elevated blood lead test result. She reviewed statistics from the State's Heavy Metals Registry, including data showing that the number of women of childbearing age with a BLL of $\geq$ 10 mcg/dL has dropped from 428 in 2000 to 278 in 2008. Dr. Franko also reviewed the most common occupations for adult lead exposure, including bridge repair, "shooters," and residential remodeling. She also listed some of BOH's recent published articles and trainings. **Advisory Council discussion took place on several issues, including:** • Dr. Broadbent asked about how good a job obstetricians are doing in testing pregnant women for lead. Dr. Franko	

	replied that Regulations Subpart 67.1 require lead risk assessment with targeted blood lead testing. Because the state registry collects only blood lead test results, it is not known what percentage of pregnant women who are identified as being at risk are getting tested for lead. Dr. de Long added that risk assessment questions for pregnant women are posted on the DOH web site, part of the DOH Lead Poisoning Prevention Guidelines for Prenatal Care Providers (www.nyhealth.gov/environmental/lead/). These questions and the guidelines are being updated, and there will be additional education and outreach when completed. • Dr. Broadbent asked who is working on educating prenatal care providers about lead poisoning. Dr. de Long stated that, in addition to posting on the DOH web site, and collaborating with provider organizations, there is a statewide network of Regional Lead Resource Centers, contracted by DOH. Part of the work plans for these centers include outreach and education to prenatal care providers through a variety of channels including Grand Rounds, newsletters, and one on one consultation. • Dr. Manjunath asked if PCAP (Prenatal Care Assistance Program) requires lead testing or screening. Dr. de Long replied that the program requires a lead risk assessment, and testing if a risk is identified, in accordance with state regulations. • Dr. Manjunath asked if the new point-of-care testing technology could be of benefit in the OB/GYN setting. Dr. Franko remarked that the point-of-care testing is being used for adults. Dr. de Long stated that the extent that this device is used in prenatal care is not known. Pregnant women get blood drawn for a number of tests already, so getting blood drawn might not be a barrier as it is for some children. • Dr. Manjunath noted the possibility of working with the Centers for Disease Control, to require lead testing for immigrants, since, currently, blood is drawn for required testing for HIV and other illnesses. Identifying EBLLs would be beneficial for pregnant women and for identifying possible behavioral risk factors, such as use of certain cosmetics, that might continue to put them and their children at risk in this country. • Ms. Cordero stated that she is concerned about educating residential remodelers. In New York City, it has been difficult to access stores such as Lowe's and Home Depot. Dr. Franko replied that BOH has pursued education of sales people in these stores. Mr. McClellan also has experience conducting outreach to these large chains, and stated that each store must be dealt with separately, and that high turnover is a challenge. Ms. Cordero suggested that there is a need to reach someone at a higher level in these organizations, and to use their information channels. Mr. McClellan stated that the EPA is exploring how to conduct this kind of outreach, to provide education on its new rules. • Mr. Chachere asked if there is a protocol for evaluating other family members for take home lead when an occupational exposure is identified. Dr. Franko replied that during the follow-up interview, those questions are asked and information is provided on the risks.	
Lead Surveillance and Testing Update,	Dr. de Long introduced Susan Slade as the new manager of the Bureau of Child and Adolescent Health's Child Health Unit, including the DOH Lead Poisoning Prevention Program and the Children with Special Health Care Needs Program. Ms. Slade provided an update on surveillance and testing data. DOH is striving to make data timelier, and	

Dr. Rachel de Long, Susan Slade, RN, MS, Manager, Child Health Unit, BCAH	preliminary 2008 data should be finalized by the end of 2009. DOH is also working to incorporate New York City data into state surveillance and testing reports. Ms. Slade reviewed data showing that testing rates have increased while the prevalence and incidence of childhood lead poisoning has decreased markedly over the past ten years. Ms. Slade reported on enhancements to LeadWeb, the State's childhood lead testing database. There is a work group helping to inform the design of dynamic reports for local health departments. This work should be completed by the end of the summer. In addition, the linkage of the statewide immunization and lead registries has been initiated. Ms. Slade reviewed point-of-care lead testing technical requirements and recently revised regulations to cover this new technology. Ms. Slade ended her presentation with a review of a recent statewide mailing on the potential harm of BLLs less than 10 mcg/dL, and related new educational material, "What Your Child's Blood Lead Test Means." DOH has also instituted changes to the comment language for blood lead lab reports for results less than 10 mcg/dL. The language now states, "Blood lead levels in the range of 5-9 mcg/dL have been associated with adverse health effects in children aged 6 years and younger."	
Council Discussion	**Advisory Council discussion took place on several issues, including:** • Dr. Manjunath asked when the testing and surveillance regulations first went into effect. Dr. de Long responded that they were initiated in 1992. • Ms. Mokrzycki asked if the testing data are linked to housing-related data. Dr. de Long replied that LeadWeb includes environmental data and that additional linkages are being explored. Ms. Mokrzycki stated that it might be possible to match an EBLL child with what programs have been provided. In Syracuse they use the LeadPro data program that can track patient information by program intervention. One can see how much money has been spent, and how much the BLL has dropped. It is important to be able to analyze if people are being helped by programs, or if BLLs are going up after an intervention. It is important to bring housing and lead together. Mr. Carroll replied that this is a good goal, but noted that a challenge is maintaining confidentiality. Mr. Cambridge added that the primary prevention projects are working to strengthen the linkages. • Dr. Broadbent inquired as to the extent that LHDs have the ability to analyze their own data in LeadWeb. Dr. de Long and Ms Slade noted that static reports are already in place, to address common needs and day-to-day management, which every LHD can use. New dynamic reports will add further functionality, but will depend on the LHDs to utilize these. Dr. Facelle added that some LHDs don't have the staff to run their own reports, but the greater functionality of the system will increase their capacity. She noted that the development process has been positive, and that the existing and planned functionality meets the needs of local health departments. • Dr. Manjunath stated that the new immunization-lead database linkage will be very helpful to providers as historical data is added, and asked if LeadWeb will be accessible to health care providers. Dr. de Long replied that LeadWeb is for state and local health department use, but the lead testing information will be displayed to providers through the NYSIIS linkage. • Ms. Cordero stated that a priority is to get the children tested who are not being tested. The immigrant population is particularly challenging.	

	• Mr. Chachere stated that it would be helpful to have some charts in the reports that combine New York City and State data, to have the data together. • Mr. Chachere remarked that the number of children with EBLLs is not large, making increased enforcement and abatement more feasible. He urged that enforcement should be increased for children with BLLs of 10 to 15 mcg/dL. Dr. Broadbent also stated that it is time for the state to lower the action level to 10 mcg/dL. • Mr. Chachere stated that the increase in lead poisoning is between ages 1 and 2, but that is the same age for the fall off in testing. He concluded that it's possible there are a lot more children who are poisoned who are not getting tested. Dr. de Long replied that the data show that as more children are tested the number of children and rates continue to drop. This indicates that testing is being targeted to higher risk children; there is probably not the same incidence among those tested and those not tested. Dr. Facelle added that it is a challenge to get parents of a 2 year old at low risk to get tested. Parents and providers are reluctant to do it. • Dr. Manjunath stated that the new educational material explaining test results was well done. • Dr. Broadbent asked for clarity about the responsibility of Regional Lead Resource Centers (RLRCs). Are they responsible for outreach to health care providers, versus direct mailings from DOH? Dr. de Long responded that DOH used multiple approaches, including RLRCs, and that redundancy in its outreach efforts helps reinforce messages.	
Council Member Updates	**Advisory Council members provided the following updates on lead-related activities:** • Mr. Mahar explained briefly, for the benefit of new and continuing council members, how the Department of State (DOS) operates. o The DOS is responsible for the Uniform Code, which includes the building code, fire code, and property maintenance code. The Uniform Code is based on the international codes. New York City has its own codes. o New York State is a home rule state. This means every community is responsible for enforcement of the Uniform Code. There are minimum standards they must enforce, and they must have a local law stating how uniform codes will be enforced. The State cannot directly tell localities that they have to enforce a lead-based paint standard, for example. o The property maintenance code applies to all buildings, not just housing. It includes child care centers. o The property maintenance code has only one sentence dealing with paint, "Peeling, chipping, flaking, or abraded paint shall be repaired, removed, or covered" (PM 305.3). NYS tried to get one sentence about lead-based paint into the code at the national level three years ago. The next national meeting on updating the international code is in October, 2009. The Department of State will reintroduce a proposal for this code change into the national code book. It is easier for NYS to adopt the change if it is already in the national code book. o Mr. Mahar shared the text of the proposed code change and rationale, as prepared by the DOS. The proposed change to the code is, "Deteriorated lead-based paint shall be controlled using approved lead-	

	safe working practices." Mr. Mahar stated that DOS is working with the National Association of Homebuilders, which in the past opposed changing the code regarding lead paint. o Dr. Franko asked why the change applied only to interior surfaces, not exterior, and Mr. Mahar replied that this limitation makes the proposal more likely to pass. o Mr. Svenson asked whether some reference should be made to the age of the housing, rather than the paint, which could require testing to verify the presence of lead. Dr. Franko added that she spoke with state code officials at the last national meeting and they were concerned about any new language that would require testing of paint for lead. She urged Mr. Mahar to clarify in his testimony at the next national meeting that the proposed change would not require paint testing, but that lead paint would be assumed based on the age of the building. o Mr. Mahar stated that DOS's goal is to get a simple statement in the national code, which can then be used for justification for expansion at the state level. o Mr. Svenson suggested that this issue would be appropriate for the new state task force, which includes the Secretary of State, and that there could be action at the state level without corresponding action at the national level. Mr. Mahar added that it could also be done by the state legislature. o Mr. Chachere commented that the revision of the building codes is very important. NYS has the power to change its code now and should go ahead and do it. • Mr. Chachere asked to put on a future meeting's agenda the issue of tightening up the regulations for lead-safe work practices in the state, with the goal of developing some proposals, such as a ban on dry scraping, as currently exists in New York City. Educating staff at hardware stores is not going to reach enough people. Ms. Cordero agreed. • Dr. Facelle related a recent experience from Rockland County that highlighted the need for better coordination between local agencies. The LHD visited a child center and inspected the kitchen area, but did not notice lead paint hazards in the rest of the facility. The LHD is working with OCFS to improve coordination of inspections. • Dr. Broadbent praised DOH staff for the progress they have made. He suggested DOH should pursue the concept of Healthy Homes, and wondered if the Advisory Council could assist with thinking on this. Mr. Svenson replied that DOH is actively taking part in the Healthy Homes initiative, and has conducted training with LHD staff on the certifications and concepts involved. A representative from the CDC provided an overview of the Healthy Housing Initiative at a previous Advisory Council meeting. • Dr. Broadbent asked if DOH is working on other educational materials. Mr. Baskin, health educator in the BCAH, replied that they are working on a document explaining state regulations for child care providers, and working with Thomas Keenan, Advisory Council member from the Office of Temporary Disability Assistance, to translate the new flyer on lead testing into multiple languages. • Dr. Broadbent requested that material for Council meetings be sent earlier, at least one or two weeks in advance. • Ms. Hurst related that Monica Kreshik has changed positions and will be replaced by herself on the Council as the representative for DEC. • Dr. Broadbent asked if DOH was working with medical societies in the state to distribute information. Dr. de Long	This topic will be added to a future meeting agenda for further discussion The September 10th meeting was rescheduled for

	replied that DOH is working with them to distribute information on the new regulations. Feedback from the field would be helpful. • Dr. de Long informed the Council that the next meeting will be September 10. A call for agenda items will be sent, but members are invited to send in suggestions at any time. The PowerPoint presentations from this meeting will be sent out shortly.	October 19, 2009, and notification of change was sent out. PowerPoint presentations from the June 26th meeting were sent out electronically to Council members, along with a call for agenda items for the October meeting.
Public Comment	No comments were received.	
Adjournment	Meeting adjourned at 3:40 p.m.	