

**Department of Health and Human Services
Lead Exposure and Prevention Advisory Committee (LEPAC) meeting
National Center for Environmental Health (NCEH)
Centers for Disease Control and Prevention (CDC)**

**December 3, 2021
9:00 a.m. ET to 4:05 p.m. ET**

Meeting Summary

The Lead Exposure and Prevention Advisory Committee (LEPAC) convened on December 3, 2021. Remote participation through a virtual ZOOM meeting was used to hold the meeting. Approximately 124 public participants attended the meeting or a portion of the meeting. Approximately 63 Federal employees attended the meeting or a portion of the meeting. The meeting was open to the public.

LEPAC Members Present (in alphabetical order):

- Matthew Ammon, M.S., LEPAC Chair, Director, Office of Lead Hazard Control and Healthy Homes, U.S. Department of Housing and Urban Development (HUD)†
- Jeanne Briskin, M.S., Director, Office of Children’s Health Protection, U.S. Environmental Protection Agency (EPA)†
- Tammy Barnhill-Proctor, M.S., Supervisory Education Program Specialist, Office of Innovation and Early Learning, Office of Elementary and Secondary Education, U.S. Department of Education (DOE)†
- Wallace Chambers, Jr., M.H.A., Deputy Director, Environmental Public Health, Cuyahoga County Board of Health
- Tiffany DeFoe, M.S., Director, Office of Chemical Hazards-Metals, Occupational Safety & Health Administration (OSHA), U.S. Department of Labor†
- Monique Fountain-Hanna, M.D., M.P.H., Senior Regional Medical Consultant, Maternal and Child Health Bureau, Division of Home Visiting and Early Childhood Systems, Region III, Health Resources and Services Administration (HRSA)†
- Nathan Graber, M.D., M.P.H., Pediatrician, St. Peter’s Pediatrics, St. Peter’s Health Partner Medical Associates
- Karla Johnson, M.P.H., Administrator, Healthy Homes Environmental Consumer Management and Senior Care Department, Marion County Public Health Department
- Donna Johnson-Bailey, M.P.H., R.D., Senior Nutrition Advisor, Office of Policy Support, Food and Nutrition Service, U.S. Department of Agriculture (USDA)†
- Erika Marquez, Ph.D., M.P.H., Assistant Professor, School of Public Health, University of Nevada at Las Vegas
- Howard Mielke, Ph.D., M.S., Professor, Department of Pharmacology, Tulane University School of Medicine
- Anshu Mohllajee, Sc.D., M.P.H., Research Scientist Supervisor I, Childhood Lead Poisoning Prevention Branch, California Department of Public Health
- Jill Ryer-Powder, Ph.D., M.N.S.P., Principal Health Scientist, Environmental Health Decisions

Absent LEPAC Members:

- Dr. Michael Focazio, Ph.D., Program Coordinator, Environmental Health Mission Area, U.S. Geological Survey (USGS)†

Speakers (in alphabetical order):

- Sharunda Buchanan, Ph.D., M.S., Director, Office of Priority Projects and Innovation, National Center for Environmental Health (NCEH)/Agency for Toxic Substances and Disease Registry (ATSDR), Centers for Disease Control and Prevention (CDC)*
- Daniel Cohn, Vice President, Strategy, Mt. Sinai Health Foundation†
- Joseph Courtney, PhD, Epidemiologist and Team Lead, Lead Poisoning Prevention and Surveillance Branch (proposed), NCEH, CDC*
- Kathryn Egan, Ph.D., M.P.H., M.Phil., Epidemiologist, Lead Poisoning Prevention and Surveillance Branch (proposed), NCEH, CDC*
- Andrew Geller, PhD, Acting National Program Director, Sustainable and Healthy Communities Research Program at Office of Research and Development, EPA†
- Veronica Helms, MPH, Social Science Analyst, Department of Housing and Urban Development, Office of Lead Hazard Control and Healthy Homes†
- Robert Jones, PhD, Chief, Inorganic and Radiation Analytical Toxicology Branch, NCEH, CDC*
- Valerie Zartarian, PhD, Senior Exposure Scientist and Research Environmental Engineer, EPA's Office of Research and Development†

Public Commenters (in alphabetical order):

- No one registered to make a public comment.

CDC Attendees who participated in the LEPAC Meeting (in alphabetical order):

- Paul Allwood, Ph.D., M.P.H., RS, Branch Chief, LEPAC Designated Federal Officer (DFO), Lead Poisoning Prevention and Surveillance Branch (proposed), NCEH/ATSDR, CDC*
- Patrick N. Breyse, Ph.D., CIH, Director, NCEH/ATSDR, CDC*
- Perri Ruckart, Dr.P.H., M.P.H., Lead Health Scientist, Program Development, Communications, and Evaluation Team, Lead Poisoning Prevention and Surveillance Branch (proposed), NCEH, CDC*

Federal Attendees (in alphabetical order):

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|------------------------|---------------------|------------------------------|
| • Carlove Bourdeau* | • Aaron Ferster† | • Madeline Jones* |
| • Yulia Carroll* | • Stephanie Foster* | • Marjorie Jones† |
| • Arthur Chang* | • Stiven Foster† | • Matt Karwowski* |
| • Ginger Chew* | • Melanie Franklin* | • Brian Kennedy* |
| • Jessica Chu† | • Warren Friedman† | • Anna Khan* |
| • Stella Chuke* | • Athena Gemella* | • Tameka Lawler* |
| • Suzanne Condon* | • Tina Hanes† | • Tanya LeBlanc* |
| • Amy Cordero* | • DeAndrea Harden* | • Carolina Lecours* |
| • Kimball Credle* | • Eric Hooker† | • Monica Leonard* |
| • Jace Cujet† | • Carole Hossom* | • Ronney Lindsey* |
| • Kenneth Davidson† | • Sabrina Harper* | • Chanya Liv† |
| • Paul Diegelman† | • Candis Hunter* | • Katherine Marsack* |
| • Kristin Dortch* | • Aarti Iyert† | • Kathleen McDavid Harrison* |
| • Scott Douglas† | • Wilma Jackson* | • Karlyn Middleton† |
| • Sheryl Driskell* | • Jeff Jarrett* | • Moriah Newton* |
| • LaShaundra Everhart* | • Deanna Jones* | • Priyadarshini Pattath* |

- Pam Protzel Berman*
- Alexis Pullia*
- Hope Roobol*
- Amber Ross*
- Marie Schneider†
- Rio Schondelmeyer*

- Rachel Shaffert†
- Scott Sudweeks*
- Jerry Thomas*
- Nancy Tourk*
- Samantha Ty*
- David Valiant†

- Padmaja Vempaty*
- Cynthia Ward*
- Noelle Watanabet†
- Katie Wood†

*Attendees from CDC

†Attendees from other federal agencies

Public Attendees (in alphabetical order):

- Daniel Albright
- Lucas Allen
- Michelle Almeida
- Renee Bailey
- Ryan Barker
- Brenda Bass
- John Belt
- Axel Berky
- Miyuki Blatt
- Heidi Bojes
- Shannon Brown
- Pam Campbell
- Gerri Cannon-Smith
- Paula Carrasco
- Lisa Caton
- Maria Cisneros
- Rochelle Coleman
- Marjorie Coons
- Angelica DeCianni
- Diane Davis
- Ginny De La Cruz
- Janie Delgado
- Kelley Doll
- Mary Dussol
- Henry Falk
- Mariya Fishbeyn
- Keri Fisher
- Mary Franzen
- Alicia Fraser
- Daniel Fries
- Mackenzie Gearin
- Matthew Geiger
- Donna Gilbird
- Perry Gottesfeld
- Brigitta Gruenberg
- Rosalia Guerrero
- Tena Hand-Schafale

- Marcus Hanfling
- Kuki Hansen
- Alexia Harrist
- Amy Hayes
- Lori Horowitz
- Michaela Horn
- Theresa Howard
- GerriAnne Huey
- Cori Ice
- Paul Ice
- Anneke Jansen
- Kate Koehler
- Michael Kosnett
- Paul Krievins
- Kelly Lamonda
- Megan Lane
- Gabrielle Lanich
- Bruce Lanphear
- Paula Larson
- Crystal Lee Pow Jackson
- Debra Lewis
- Jennifer Liebreich
- Christopher Lindsay
- Craig Llewellyn
- Elisabeth Long
- Margaret Major
- Laura Matthias
- Steve May
- Shonda Mayo
- Kert McAfee
- Naudia McCracken
- Angela Medina
- Roger Miksad
- Alyssa Monaghan
- Donna Monroe
- Jaime Moore
- Wilmarie Muniz

- Riley Mulhern
- Talor Musil
- David Namey
- Melinda Nann
- Melanie Napier
- Julianne Nassif
- Alyce Nelson
- Lien Nguyen
- Jim Nowicki
- Sharon Odom
- Kevin Officer
- Denise Ortiz
- Erica Park
- Patrick Parsons
- Aurelia Payne
- Maeve Pell
- Melody Princes-Kelley
- Susan Quigley
- Jeff Raiche Gill
- Sudha Rajagopalan
- Amanda Reddy
- Neisha Reynolds
- Kristy Richardson
- Garry Ritter
- Michelle Rolfson
- Michael Sage
- Lorisa Seibel
- Kimberly Schneider
- Mary Schneider
- Karin Shafer
- Samantha Sites
- Jeffrey Smedley
- Megan Snow
- Rachael Stough
- Michele Sturgeon
- T.J. Thomas
- Lindee Tollefsen

- Michelle Twichell
- Kristina Usack
- Crystal Veazey
- Rebecca Vidak
- Beth Weaver
- Brian Weaver
- Mark Werner
- Caroline West
- Shawn Williams
- Erica Wood
- Htet Htet Wrigley
- Huiqin Wu
- Stephanie Yendell

Public comment: No one registered to make a public comment.

Common Themes: Federal activities to prevent, reduce, and eliminate childhood lead exposure; primary and secondary prevention; CDC’s blood lead reference value (BLRV); environmental justice; declines in rates of blood lead screening; barriers to lead screening; recall of point of care (POC) testing devices; increasing blood lead testing among U.S. children; initiatives at the state and local level; lead in aviation fuel; lead in consumer products; proficiency testing criteria for blood lead testing; mapping lead exposure risk; federal activities to address disparities in lead exposure.

Identified Research Gaps: Identifying high-risk communities; accuracy of laboratory tests; accuracy of point-of-care instruments in identifying lower blood lead levels (BLLs); barriers to lead screening; impact of pandemic on screening rates; impact of recall on screening rates; federal mapping initiatives; data visualization; increasing and enhancing screening in underserved populations.

Meeting Notes:

Avgas Update

Robert Jones, PhD, Chief, Inorganic and Radiation Analytical Toxicology Branch, NCEH, CDC

- In October 2021, the Federal Aviation Administration (FAA) announced approval of approximately 611 piston aircraft engines to use unleaded avgas. This approval accounts for about 70 percent of the general aviation aircraft piston engines.

Updates from Federal LEPAC Members on Lead-Related Activities

Federal LEPAC members

- HUD is supporting state and local funded programs and communities through HUD’s Lead Hazard Reduction grant program and grants that focus on neighborhoods with the highest lead-based paint abatement needs and those that will result in the highest impact. This year is the first time that HUD has announced over \$500 million for programs related to lead and other health and safety hazards. Additionally, HUD is providing Healthy Housing supplemental funding and HUD’s Healthy Homes Production grants can be used to address a variety of housing-related health hazards, including lead-based paint, simultaneously. HUD has identified lead as an agency priority goal within their current five-year strategic plan.
- CPSC limits the lead content of children’s products and bans lead containing paints intended for consumer use, certain furniture articles, children’s toys, and other items intended for children. CPSC enforces these regulations and labeling requirements and provides surveillance efforts at U.S. ports of entry to screen imported goods. CPSC also continues to work internationally to improve foreign suppliers’ compliance with requirements for U.S. lead in products.
- EPA has released a draft strategy to reduce lead exposures and disparities in the United States communities for public comment and that document can be found at epa.gov/lead. EPA is currently reviewing the National Ambient Air Quality Standard (NAAQS) for lead and updating the emissions standard for lead emitting sources. They have developed an all-ages lead model to extend their capacity to estimate blood lead levels for adults and allow for modeling periodic spike exposures and chronic exposure. They are also developing rapid methods to evaluate lead

bioavailability and sequester lead in insoluble forms to reduce bioavailability in soil. Additionally, EPA is trying to increase the number of certified firms under the Renovation, Repair, and Painting Rule (RRP) and expand consumer demand for lead safe work practices.

- HRSA is working to facilitate three core activities. These include (1) developing state action plans and improving access to coordinated systems of care for children exposed to lead; (2) providing one-on-one risk assessments concerning lead exposure and developmental milestones and providing resources related to lead exposure for families through the maternal and child environmental health network; and (3) providing training to family-to-family health information centers on the implications of lead exposure and resources to support families exposed to lead.
- The USDA Food and Nutrition Service (FNS) is encouraging state agencies responsible for administering the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to voluntarily adopt the updated BLRV, while recognizing that updates to the WIC management information system to account for the revision may take some time.
- The Department of Education has a student health website that focuses on student environment. The website is a partnership with EPA, CDC, Substance Abuse and Mental Health Services Administration (SAMHSA), and HRSA. The website provides quality federal and federally supported information and resources to support individual health and healthy school environments. The Office of Special Education Programs also includes lead as one of the screening mechanisms for young students and provides continued support to aid the cognitive development of students dealing with impacts from lead exposure.
- OSHA is currently in the final stages of developing an Advance Notice of Proposed Rulemaking to update the lead standards for general industry and construction. These updates will appear both on the Unified Agenda of Federal Regulatory and Deregulatory Actions and OSHA's websites (osha.gov/lead).

[1988 CLIA Amendment – Overview \[PDF – 883 KB\]](#)

Robert Jones, PhD, Chief, Inorganic and Radiation Analytical Toxicology Branch, NCEH, CDC

- The Clinical Laboratory Improvement Amendments of 1988 (CLIA) were enacted in response to problems with laboratory accuracy and precision. CLIA was initiated to make labs compliant under a number of requirements.
- Laboratories testing human specimens and reporting patient-specific results must be compliant, but not certified, with CLIA (57 FR 7139, Sec. 493.1).
- Some states operate their own regulatory programs for labs in place of CLIA. These programs have to be at least as stringent as CLIA.
- Current CLIA blood lead proficiency testing criteria for acceptable performance is $\pm 4 \mu\text{g}/\text{dL}$ or $\pm 10\%$, whichever is greater.
- After an extensive review, it was determined that most labs could maintain proficiency testing criteria of $\pm 2 \mu\text{g}/\text{dL}$ or $\pm 10\%$.
- In 2011, the Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP) proposed changing the acceptable performance criteria to $\pm 2 \mu\text{g}/\text{dL}$ or $\pm 10\%$, whichever is greater, to the U.S. Department of Health and Human Services (HHS) Secretary. These recommendations were shared with the Centers for Medicare and Medicaid Services (CMS) CLIA group, who published this proposed change in the Federal Register. However, it has not been finalized.

Blood Lead Reference Value Update

Paul Allwood, Ph.D., M.P.H., RS, Branch Chief, LEPAC Designated Federal Officer (DFO), Lead Poisoning Prevention and Surveillance Branch (proposed), NCEH/ATSDR, CDC

- CDC is concerned about declining rates of blood lead testing and screening nationwide as a result of the COVID-19 pandemic and recent recalls of LeadCare point-of-care (POC) test kits. CDC has formed an internal workgroup to identify innovative ways to reach non-traditional audiences and increase awareness of this issue.
- CDC announced the updated BLRV on October 28, 2021. The announcement was part of a broad communication effort including reaching out to stakeholders and partners, a press release, and a MMWR Policy Note.
- Communication products (such as emails to funded recipients, partners, other CDC programs; communication briefs to state/local health departments, labs, and providers; website updates; and social media messages) were shared across a variety of channels (including outreach to other federal agencies and LOCS, COCA Now, and Epi-X platforms) to reach all relevant audiences.
- Epi-X notifications reached 6,000 subscribers. COCA Now messages were distributed to 100 clinical partner organizations and over 65,000 individual clinician subscribers. Health Alert Network (HAN) messages were shared with 250,000 subscribers.
- Since the BLRV announcement, overall response is positive, and CDC has received relatively few questions.
- A prior fidelity assessment shows various barriers to adopting the BLRV, and states initiate follow-up at different blood lead levels. Knowledge of these barriers were used to inform development of the implementation and communications plans.
- Preliminary planning is currently underway for post implementation follow-up.
- Overall, the implementation of the updated BLRV has been a success so far. However, there is still more work to do to protect children who are at a higher risk for exposure to lead and advance health equity.

[Mapping Efforts to Identify Populations at Higher Risk of Lead Exposure \[PDF – 3 MB\]](#)

Kathryn Egan, PhD, MPH, MPhil, Epidemiologist, Lead Poisoning Prevention and Surveillance Branch (proposed), NCEH, CDC

- CDC’s Childhood Lead Poisoning Prevention Program (CLPPP) and Geospatial Research, Analysis, and Services Program (GRASP) are collaborating to create a publicly available, interactive web-based tool using nationally consistent data to map community-level lead exposure risk throughout the U.S. The platform will be called the Lead Exposure Risk Index (LERI).
- LERI aims to assist health care providers and the general public in identifying small geographic areas at high-risk for lead exposure to guide targeted blood lead testing and population-based interventions.
- Reliance on surveillance data alone is not an adequate indicator of lead exposure risk. The LERI can help to identify areas which may be at risk but where not many children are being tested.
- LERI develops an overall composite indicator for lead exposure in the U.S. based on risk factors for four themes: 1) sociodemographic, 2) housing, 3) environmental, and 4) geographic.
- LERI stands out from other federal mapping initiatives by
 - Aiming to identify census tracts where children may need blood lead screening and primary prevention efforts versus identifying areas that need lead remediation and mitigation efforts.
 - Using nationally representative BLL data from the National Health and Nutrition Examination Survey (NHANES) to weigh the covariates included in the model.
 - Predicting lead exposure risk for children in each census tract versus percentage of housing units at risk for containing large areas of deteriorating paint and predicted BLLs for young children.
 - Giving two scores for each census tract: (1) comparison to other census tracts nationally and (2) comparison to other tracts in the state.
- The LERI Team is undertaking ongoing validation and calibrating efforts to identify opportunities for improvement.
- CDC staff will continue to evaluate the platform to ensure national data used in the model are applicable at the local/regional level.

[EPA Mapping Efforts to Identify Populations at Higher Risk of Lead Exposure \[PDF – 3 MB\]](#)

Andrew Geller, PhD, Acting National Program Director, Sustainable and Healthy Communities Research Program at Office of Research and Development, EPA

Valerie Zartarian, PhD, Senior Exposure Scientist and Research Environmental Engineer, EPA's Office of Research and Development

- EPA mapping efforts aim to identify communities with high lead exposures and improve their outcomes. This mapping effort is a priority research area in EPA's draft lead strategy, which is currently open for public comment through March 16, 2022.
- EPA mapping efforts are related to the Federal Lead Action Plan to Reduce Childhood Lead Exposure's Goal 4, Action 2: "Generate data, maps, and mapping tools to identify high exposure communities or locations with disparities for prioritization efforts to reduce children's blood lead levels."
- EPA's mapping approach emphasizes primary prevention of lead exposure in children whereas other agencies focus on the health impacts of lead exposure and lead exposure in housing.
- Data sources include housing age, sociodemographic data, and environmental lead exposure indicators.
- The methodology for identifying areas of high lead exposure involves analyzing convergence of three publicly available indices (EJSCREEN which combines environmental and demographic indicators, a regression model predicting children's BLLs published in the Journal of Environmental Justice, and HUD's Deteriorated Paint Index) and evaluating their statistical hotspot locations using available blood lead data at the census tract level.
- Currently, EPA is working on taking the methodologies developed at the state level and scaling them up to the national level.
- Through the mapping efforts presented, EPA anticipates being able to better address and support EPA's regulatory agenda, develop guidance for lead mitigation and environmental justice actions, build partnerships with states and local governments, and collaborate with other federal agencies working on the Federal Lead Action Plan.
- EPA hopes these efforts will help states and communities more effectively focus and prioritize lead risk reduction, prevention, and mitigation efforts in the most vulnerable locations/populations.
- Next steps include examining environmental data in lead hotspots, leveraging opportunities to synergize federal lead mapping tools, conduct modeling with available data to identify key environmental pathways and drivers of lead exposure, and disseminate results to inform decisions and coordinate risk communication.

[HUD Mapping Efforts to Identify Populations at Higher Risk of Lead Exposure \[PDF – 5 MB\]](#)

Veronica Helms, MPH, Social Science Analyst, Department of Housing and Urban Development, Office of Lead Hazard Control and Healthy Homes

- HUD has developed the [Deteriorated Paint Index \(DPI\)](#) mapping tool. The goal of the DPI is to develop a national, data-driven approach to identify housing units with a high probability of exposure to peeling paint.
- This study used microdata from the 2011 and 2015 American Housing Survey (AHS) and the 2009-2013 American Community Survey (ACS) to predict lead dust exposure attributable to peeling paint.
- Using data standardization, data from the AHS were merged with the ACS, resulting in the development of a risk score for each state, county, and census tract.
- Groups at higher risk include low-income renters, households headed by black persons, and housing located in the northeast.
- States with highest predicted percent of housing units with lead dust exposure risk (in order) are New York, Rhode Island, New Jersey, Massachusetts, Pennsylvania, Connecticut, Maine, Vermont, New Hampshire, and Illinois.

- The DPI study was published in the November/December 2021 issue of the Journal of Public Health Management and Practice. Currently, the product is an interactive map and not an easy-to-use tool. HUD hopes to build upon the DPI by creating a Housing and Lead Index tool in the future.
- Findings from this study can help policymakers identify and focus on areas with a high probability of lead dust exposure.

[Local Innovation: Lead Safe Cleveland \[PDF – 3 MB\]](#)

Daniel Cohn, Vice President, Strategy, Mt. Sinai Health Foundation

- In 2019, the city of Cleveland launched the Lead Safe Cleveland Coalition as a large-scale cross-sector public-private partnership. The coalition now has over 500 members with over 125 organizations represented.
- The coalition was instrumental in getting the Cleveland City Council to pass numerous ordinances, one of which includes a proactive rental inspection system.
- Most rental property owners in Cleveland are local landlords who own a small number of properties in their neighborhood. Therefore, the coalition added the Lead Safe Home Fund to provide loans and grants to aid these property owners in complying with the new lead ordinances.
- The coalition created the Lead Safe Resource Center to ensure partners have the resources and support to navigate the new lead safe certification system and to foster relationships between the City of Cleveland and property owners.
- LEPAC members discussed blood lead testing as part of the lead safe laws for children under age 6 and how testing could be incorporated into the work that the coalition is doing to increase testing and screening rates.
- LEPAC members inquired about requirements for sampling lead in housing. Mr. Cohen stated that the minimum requirement to comply with the law and get a Lead Safe Certification is to pass a clearance examination. This includes a visual examination and a dust wipe test with laboratory analysis of the lead dust. To get resources through the Lead Safe Home fund, a full risk assessment is necessary.
- LEPAC members inquired about lead safe play areas around homes and how this could be incorporated into the work the coalition is doing. Mr. Cohen stated lead safe play areas have not been a top priority of the coalition, however the coalition is pursuing policy for lead safe childcare centers.
- LEPAC members asked if the coalition is accounting for exposures from non-paint lead sources. Mr. Cohen stated that on a local level, the coalition is required to use public health response funds for exposures related to lead paint. At this time, numbers of lead-based paint exposures have not substantially decreased to allow them to begin to examine other exposures.

Updates from Federal LEPAC Members on Environmental Justice Efforts Focused on Lead

Federal LEPAC members

- HUD is continuing to provide grants to state and local governments, which support controlling lead-based paint hazards in unassisted privately owned housing of low-income families. HUD has also awarded Healthy Home production grants to control housing-related health and safety hazards in privately owned housing of low-income families to specifically support state, tribal, local governments, as well as nonprofits. HUD continues to partner with

their field offices and other HUD programs and other agencies to expand program benefits to achieve the Justice40 goals.

- CDC is working to make sure [environmental justice](#) is a part of all agency work. Some projects at CDC include environmental justice mini grants to grassroots groups, the All Things Equal Campaign, the Lead-Free Communities initiative, and work via the President's Task Force on Environmental Health Risks and Safety Risks to Children.
- CPSC is engaging in new and continuing efforts to address product hazards that disproportionately affect vulnerable communities. These include hiring a Diversity Risk Manager and two mathematicians to support CPSC's data collection and analysis capabilities with a focus on consumer product safety risks among socially disadvantaged individuals and other vulnerable populations. CPSC is also conducting a study to evaluate differences in consumer safety risk by different demographic groups.
- EPA is supporting environmental justice efforts through their research, trainings for home contractors, partnerships with tribal communities, and regulatory enforcement. EPA has also formed an agency equity team to respond to Executive Orders 13985 and 14008. This team is working in all areas to incorporate environmental justice and equity into EPA's practices.

Discussion on Best Practices for Increasing and Enhancing Screening in Underserved Populations

LEPAC members

- LEPAC members discussed the following best practices:
 - Focusing more on engaging families and communities - going beyond health departments and traditional medical settings to meet the community where they are for testing and follow-up.
 - Tailoring messaging to community concerns.
 - Working harder to engage parents of lead-exposed children and emphasizing the severity of the issue when communicating with families.
 - Simplifying processes for blood lead testing in healthcare settings and interpretation of blood lead test results for parents.
 - Decreasing missed opportunities by combining healthcare services provided in healthcare offices during a single well care visit. This includes combining screenings for anemia and lead or offering blood lead tests when children come to the office for immunizations.
 - Incentivizing healthcare providers to carry out blood lead testing and having the appropriate consequences in place when screening does not take place.
 - Having more funding available to property owners to conduct renovations. It was mentioned that landlords may intimidate tenants not to get lead tests because they cannot afford to put money into renovations.
 - Educating healthcare providers.

Wrap-up, final thoughts, potential topics for next meeting:

- Great strides have been made in the field of lead; however, collectively, it is imperative that lead work is continued and progress is maintained.
- It is important that we look at health through the lens of environmental justice, social justice, and health equity when considering social determinants of health.
- Chair requested LEPAC members' assistance with providing potential discussion topics for the next LEPAC meeting.

I hereby certify that, to the best of my knowledge, the minutes of the December 3, 2021 meeting of the Lead Exposure and Prevention Advisory Committee (LEPAC) are accurate and complete.

Date

Matthew Ammon, Chair, Lead Exposure and
Prevention Advisory Committee