

AGENDA / MINUTES & PERFORMANCE OUTCOMES

Meeting:	Illinois Lead Poisoning Elimination Advisory Council	Date:	October 24, 2014	Start:	10:00 a.m.	Finish:	2:00 p.m.
Purpose:	Coordinate advisory efforts with IDPH Lead and Healthy Homes Program and outside resources	Location:	Plumbers and Pipefitters Union #99 Hall				
Facilitator:	Kert McAfee	Recorder:	Eleanor Davis				
Attendance: 11 members and one guest were present							
Illinois Lead Program & IDPH Staff		Local Health Departments			Other Organizations		
Eleanor Davis					Helen Binns – Lurie Children’s Hospital, M.D.		
John Fee							
Frida Fokum		Agencies					
Kert McAfee		Burton Hughes – IL Housing Development Authority					
Jon Pressley		Connie Sullinger - IEPA					
Mohammed Shahidullah		Patrick Daniels - IEMA					
		Lise Jankowski - DHS					

		MINUTES	PERFORMANCE	
Topic	Reporting	Discussion Summary	Commitment / Progress <small>(Action, Status, Outcome)</small>	Accountable <small>(Who / When)</small>
Welcome	Kert McAfee	<ul style="list-style-type: none"> Opened meeting by introducing himself and other members Minutes from April 24, 2014 meeting were reviewed and approved Agenda for current meeting was approved 		
Lead Program Updates	Kert McAfee	<ul style="list-style-type: none"> Reported that a new Office Associate, Kathy Kassing, has been hired for the licensing section of the Program Reported two Lead Risk Assessor Refresher courses have been scheduled for November 6 at the Chicago Department of Public Health and November 20 at the IDPH Training Center in the Dept. of Natural Resources 		
Delegate Agency Agreements	Kert McAfee	<ul style="list-style-type: none"> Reported all but one local health department has completed the delegate grant agreement Reported Putnam and Hancock County have received a case management grant agreement for FY 15 and Adams County will add the environmental activities to their case management grant beginning FY15. East Side Health District has dropped their environmental activities and Kendall County has dropped their grant agreement for case management 		

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HB5410	Kert McAfee Dr. Helen Binns	<ul style="list-style-type: none"> Reported that the newly revised Lead Poisoning Prevention Act will become effective January 1, 2015 Reported Press Release is planned to announce the new Act Emphasized this Act will allow for penalties for non-compliance Inquired if she could get a summary of the changes so she could write a brief for a Medical Journal to inform physicians of the changes 	Send summary to Dr. Binns	Kert McAfee
Code revisions	Kert McAfee	<ul style="list-style-type: none"> Reported changes to the Lead Poisoning Prevention Code were being reviewed and discussed in weekly meetings Indicated Community Health Board is scheduled to meet in January and he would like to have all the revisions made to the Code and ready to submit for review 	Continue meetings and discussions	Kert McAfee
HFS - Billing Code for home visits	Kert McAfee	<ul style="list-style-type: none"> Announced a meeting is scheduled with Healthcare and Family Services to further discuss the issuance of a billing code to allow local health departments to bill for home visits 	Continue discussion on status of billing code	Kert McAfee and Eddie Simpson
The Centers for Disease Control and Prevention (CDC) Grant	Kert McAfee Dr. Helen Binns	<ul style="list-style-type: none"> Announced that the program applied for a 3 yr. grant for lead poisoning prevention activities from CDC and was awarded \$420,284.00. Reported grant period included September 30, 2014 – September 29, 2015 Reported no Healthy Homes objectives were included in the grant announcement Asked if Kert could email the IL Lead Poisoning Elimination Advisory Council members a copy of the Grant Application 	Submit Grant Application to members	Kert McAfee
Healthy Homes and Lead Poisoning Surveillance System (HHPSS)	Kert McAfee	<ul style="list-style-type: none"> Explained that meetings with CDC, Central Management Systems and IDPH I.T. staff have resulted in several changes needed to implement the system in Illinois Reported CMS has requested a new charter and IDPH has requested that all three modules for the new system; Q.A., Test and Production modules all be installed and functioning at the time the pilot program is initiated 	Continue to meet with IDPH, CMS and CDC staff for implementation	Kert McAfee and Eddie Simpson

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Clear-Win Project	Jon Pressley	<ul style="list-style-type: none"> • Reported: <ul style="list-style-type: none"> ➤ The Interim Report was prepared, published and distributed to Legislators ➤ Peoria has money left over to continue to use for window replacement ➤ Application for new grant being filed through E-Grams ➤ Window replacement companies where windows were being purchased have both gone out of business and Grantees will need to purchase windows on their own from an Illinois business which meet the required window specifications ➤ Jeff Gordon retired from U of I is working with Richard Nivens to finish his obligation for the survey and research report ➤ Dave Jacobs will be conducting a scientific based research report • Suggested including some testimonials from clients who received window replacement on how it impacted their lives • Agreed this would be a good addition to the final report 		
	Dr. Binns			
	Jon Pressley			
IL Housing and Developments State Consolidated Plan	Burton Hughes	<ul style="list-style-type: none"> • Explained that data used in the application for a HUD grant to be used for affordable housing by IHDA is collected from four programs: DHS Medicaid, Community Development Block Grant, IHDA for new home and rehab, and IDPH from the Division of HIV/AIDS and the Lead Program • Explained that a State Consolidated Plan, Market Analysis and Surveillance Report is required to be submitted to HUD every 5 years • Submitted copies of the 2007 5-Year Consolidated Plan, Market Analysis and Strategic Plan for the council members to review • Asked members to make suggestions as to what might need to be in the plans for the upcoming 5-Year plan due in 2015 • Inquired as to whether this plan would include reports of blood lead levels (BLL) data at the 5 mcg/dL and above level, the CDC recommended action levels 	Submit newest updates to Kert	Burton Hughes
			Review and submit ideas	All members

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	Burton Hughes Eleanor Davis Dr. Helen Binns Burton Hughes	<ul style="list-style-type: none"> • Answered that the reports of BLLs of 5 – 9 mcg/dL would be included in the tables for this report • Inquired to whether this would include all BLLs including capillary and venous draws • Stated she believed all results of all blood lead draws should be included in the report • Agreed to include all blood lead results from 5 – 9 mcg/dL 		
2013 Lead Surveillance Report	Frida Fokum	<ul style="list-style-type: none"> • Reported that the final revisions were in process for the 2013 Lead Surveillance Report • Indicated that the surveillance report served as a standard reference for legislators, community-based organizations, city, state and federal agencies, and researchers seeking information on Illinois lead poisoning prevention activities. • Presented summarized data contained in the 2013 Report: <ul style="list-style-type: none"> ➤ The Department had grant agreements with 83 delegate agencies (DA) to provide case management services for lead poisoned children in 90 of 102 counties ➤ Additionally, 18 of the delegate agencies also performed environmental investigations ➤ An estimated 60% of Illinois housing units contained lead and 39% of the units had significant lead hazards ➤ 220 laboratories analyzed blood samples from more than 270,000 children and 18% was performed by the State lab ➤ 2,400 children had blood lead levels ≥ 10 mcg/dL and 1,200 were confirmed with venous tests ➤ 20,110 children had blood lead levels ≥ 5 mcg/dL and 12,000 were confirmed with a venous test ➤ 60% of children tested had at least one venous test ➤ About 41% of children tested were 2 years of age or younger ➤ 76% of children tested were Medicaid recipients ➤ Bonus was paid to primary care physicians who tested at least 71.41% of Il Health Connect qualifying patients for lead ➤ Of the 328 Refugee children ≤ 6 years who completed initial health assessment in Il, 77% had blood lead recorded, and 		

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	<p>Dr. Helen Binns</p> <p>Mohammed Shahidullah</p>	<p>183 of the recorded (72%) had lead levels of 5 mcg/dL or greater</p> <ul style="list-style-type: none"> ➤ Adult blood lead registry made 35 referrals to OSHA for 16 companies with employees with blood lead of 40 mcg/dL or greater ➤ Noted that race and ethnicity data was very sparse • Suggested gathering information from HFS through matching lead testing against Medicaid recipient records • Reminded members the Department as well as the Program has a data sharing agreement for the enterprise data warehouse with HFS • Explained that the legislators recently passed the Unified Race Classification Act which made Hispanic a race • Agreed to send link to new Act 	<p>Send link to Act to Kert</p>	<p>Mohammed Shahidullah</p>
Radon Program Updates	Patrick Daniels	<ul style="list-style-type: none"> • Explained changes in laws for radon disclosure during real estate transactions • Explained changes to housing construction requiring radon systems in new construction • Explained all HUD Housing must have radon testing conducted • Explained DCFS licensed Day Care facilities must be tested for radon and a disclosure made to the parents <ul style="list-style-type: none"> • Reported 41% of licensed facilities are in homes • Day Care “Centers” must be inspected by a licensed radon inspector • Schools which contain day care facility can allow school staff who have qualified under a state course may conduct a radon inspection at a school • Announced HUD is funding a licensed radon inspector course in Marion through a program called Youth Build • Announced the states Cancer Control Board will be holding a planning conference 		
Sub-Committee Reports		<ul style="list-style-type: none"> • No reports were given at this time due to the changes in the CDC Grant removing healthy homes objectives and reverting back to lead poisoning prevention and intervention activities • Committees to review the Work Plan included in the CDC application and redefine each committee goals at January 		

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		meeting		
Adjourned	Kert McAfee	<ul style="list-style-type: none"> • Inquired as to any further business or questions • Discussed methods and locations for conducting future meetings • Announced next meeting would be held on January 30, 2015 conducted by video conference. 		
		<p style="text-align: center;"><u>Be sure and mark your calendar for the next Lead Poisoning Elimination Advisory Council Meeting:</u></p> <p style="text-align: center;">Friday, January 30, 2015 10:00 a.m. - 12:00 p.m.</p> <p style="text-align: center;">Video conferencing available at the following locations:</p> <p style="text-align: center;">IL Department of Public Health 525 W. Jefferson St. - 3rd Flr. Springfield, IL</p> <p style="text-align: center;">Illinois Department of Public Health Laboratory 2121 W. Taylor Chicago, IL</p> <p style="text-align: center;">IL Department of Public Health Peoria Regional Office 5415 North University Peoria, IL</p> <p style="text-align: center;">IL Department of Public Health Edwardsville Regional Office #2 Kettle River Drive Glen Carbon, IL</p>		