

WHE & PARTNERS LETTER TO ALLEGHENY COUNTY EXECUTIVE AND COUNTY HEALTH DEPARTMENT

We have identified several recommendations that we urge you to immediately adopt. These recommendations focus on primary prevention, best practices, and evidence-based results documented through scientific research, academia, and policies that have been adopted in similar cities across the country. Our specific thoughts and recommendations are provided below, in order of priority:

1. **Primary prevention** is the goal. We must stop using children as the “canary in a coal mine.”

The County must not solely rely on mandatory screening as the only viable solution to addressing the problem of lead exposure in the County. By taking this approach, the intervention only happens once the child exceeds an unacceptable blood lead concentration. A program must be developed that begins to screen homes for lead in paint/soil, dust and water, thereby, protecting the child before he/she is lead poisoned.

<https://www.cdc.gov/nceh/lead/publications/primarypreventiondocument.pdf>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3072906/>

2. **Create performance measures** for lead that must be developed by the County and updated annually. This would be associated with specific numbers and actions that address:

- a) Accounting of housing stock with lead exposure (paint, soil, dust); and
- b) Number of children tested for lead; and
- c) Percentage of investigations completed by Medicaid Managed Care Organizations; and
- d) Mapping of lead service lines; and

e) Accounting of early intervention services provided to children who test positive for lead (using latest available science on elevated blood lead levels).

The new Advisory Committee On Childhood Lead Poisoning Prevention (ACCLPP) recommendations to the CDC indicate a blood level reference value of 3.5 µg/dL. The ACCLPP is the Lead Poisoning Prevention (LPP) Subcommittee of the Board of Scientific Counselors (BSC) of the Centers for Disease Control and Prevention (CDC) National Center for Environmental Health/Agency for Toxic Substances and Disease Registry (NCEH/ATSDR).

[http://www.amjmed.com/article/S0002-9343\(16\)30600-3/fulltext](http://www.amjmed.com/article/S0002-9343(16)30600-3/fulltext)
https://www.atsdr.cdc.gov/science/docs/BSC_MEETING_MINUTES_JANUARY_2017_508.pdf
https://www.cdc.gov/nceh/lead/programs/docs/washington-2016_508.pdf

This data must be updated and maintained on a **public website**.

3. Protect the community from exposure to lead in drinking water.

a) Ensure that the City of Pittsburgh and Allegheny County work collectively to secure funding to ensure **lead service lines** are identified and replaced over the next ten-year period.

https://www.jstor.org/stable/jamewatworass.104.11.e596?seq=1%20-%20page_scan_tab_contents

b) Continue ceasing partial lead service line replacements across the County to ensure reduced risk of elevated lead in drinking water.

https://docs.wixstatic.com/ugd/55d3c4_fba7630ee9494f0fb5a65dbe841fef1b.pdf

c) Provide filters to those communities whose municipal water authority demonstrates elevated lead in drinking water (according to the Lead and Copper Rule, a sampling of 15 ppb or greater).

4. Establish a program that **tracks the case management** of children who have been identified with elevated blood lead levels of 5 µg/dL. This could be done through the County's Health and Human Services division.

5. Incorporate initiatives that address lead exposure through various local health **planning initiatives**, including the Plan for a Healthier Allegheny. This plan must include lead poisoning prevention as a goal with specific, measurable and achievable objectives identified. A workgroup (which could include representatives from the Maternal and Child Health and Environment workgroups) must be established to address this priority.

6. Adjust the **action level for elevated blood levels** from 10 µg/dL to 5, which is in alignment with the CDC Advisory Committee on Childhood Lead Poisoning Prevention.

As of mid-2016 CDC used national survey data (NHANES) to establish a new reference value for actionable blood lead levels. All levels above 5 µg/dL require environmental investigations.

7. Increase lead investigators to a number that can support up to **1,000 lead investigations per year**. A precedent has been set with the County to increase in number of restaurant inspectors. Testing should be prioritized in census tracts that report the highest number of elevated blood lead levels (above 5 µg/dL). ACHD staff reports there is one dedicated lead investigator for the County. This number is insufficient to meet the needs of the community.

8. Develop a **Rental Registry** that requires lead testing and certification as "lead-free" between occupancy/rental term agreements.

<http://mde.maryland.gov/programs/Land/LeadPoisoningPrevention/Pages/rentalowners.aspx>

9. Require that all **child care providers** seeking licensure provide documentation that their facility has been tested for the presence of lead (paint, water, soil).

<http://webserver.rilin.state.ri.us/Statutes/TITLE23/23-24.6/23-24.6-14.HTM>

http://www.michigan.gov/lara/0,4601,7-154-63294_5529_49572_53751---,00.html

10. Require **lead-free certification** for individual, privately held homes at time of sale.

<http://www.mass.gov/eohhs/gov/departments/dph/programs/environmental-health/exposure-topics/lead/lead/>

<https://www.mass.gov/service-details/learn-about-massachusetts-lead-law>

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