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Agenda Item: ID17-486 (9:45 A.M.)

2017 APR 5 PM 4 58

Date: 4/6/17

FRESNO CITY COUNCIL



Supplemental Information Packet

Agenda Related Item(s) - ID17-486 (9:45 A.M.)

Contents of Supplement: Final with Table

Agenda Item Title

Briefing by the Fresno County health Department on Lead Hazards

Supplemental Information:

Any agenda related public documents received and distributed to a majority of the City Council after the Agenda Packet is printed are included in Supplemental Packets. Supplemental Packets are produced as needed. The Supplemental Packet is available for public inspection in the City Clerk's Office, 2600 Fresno Street, during normal business hours (main location pursuant to the Brown Act, G.C. 54957.5(2). In addition, Supplemental Packets are available for public review at the City Council meeting in the City Council Chambers, 2600 Fresno Street. Supplemental Packets are also available on-line on the City Clerk's website.

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The meeting room is accessible to the physically disabled, and the services of a translator can be made available. Requests for additional accommodations for the disabled, sign language interpreters, assistive listening devices, or translators should be made one week prior to the meeting. Please call City Clerk's Office at 621-7650. Please keep the doorways, aisles and wheelchair seating areas open and accessible. If you need assistance with seating because of a disability, please see Security.

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To your HEALTH Fresno County

Bringing you public health issues and ways to improve personal, family, neighborhood and community health

CITY CLERK, FRESHOOT IN PUBLIC Significance of Health



Department of Public Health www.fcdph.org

Dr. Ken Bird, Fresno County Health Officer @DrKenBirdHealthOfficer



Why is Lead a Problem

Lead is a very common heavy metal used extensively in automobile fuel (until 1985) and paints (until 1978) that poisons by inhibiting a wide variety of cellular functions, especially those requiring calcium (which the lead replaces).





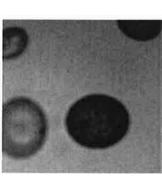


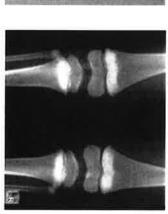


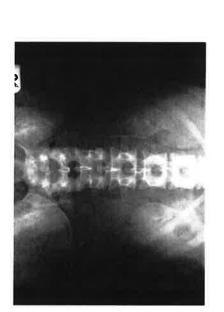


Lead is Toxic to Humans

Lead affects a multitude of organs and body systems range of symptoms and adverse effects.







Health Effects of Lead Poisoning

- O High exposure levels: coma, seizures, kidney failure, and death.
- O At moderate levels: high blood pressure, depression, forgetfulness, and infertility. anemia, kidney damage, irritability
- O At lower levels: reduction of IQ on poor hearing, speech and language developing brains, coordination problems, problems.



Source:

^{*}Agency for Toxic Substances and Disease Registry (ATSDR, Centers for Disease Control (CDC), Lead Toxicity:

Where is Lead Exposure Coming From?

Even though lead has been removed from automobile fuels and paints, the CDC estimates that 500,000 children between the ages of 1 and 5 have blood lead levels over 5 mcg/dl. Most of this exposure is from paint chips and paint dust from pre-1978 homes.

There is NO identified safe blood lead level for children.



Other Possible Sources of Lead Exposure

- Soil contaminated in the past with leaded fuel exhaust (particularly near highways and urban areas)
- Hobby and occupational exposures
- O Lead soldered plumbing fixtures
- Lead contaminated consumer products (such as toys and pottery)
- Old cribs
- O Some imported foods







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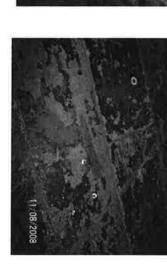




Those at Highest Risk for Lead Poisoning?







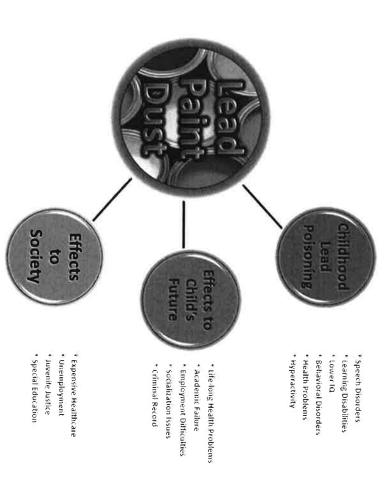
- Children under age 6
 (esp. 1 to 2 years old)
 Living in pre-1978 housing
 (especially those with
- Low income

condition)

paint that is in poor

- Pica behavior (ingestion of non-food items)
- Those exposed to contaminated consumer products

Consequences Long-Term



*Centers for Disease Control and Prevention (CDC), http://www.cdc.gov/niosh/topics/lead/health.html
*Agency for Toxic Substances and Disease Registry (ATSDR, Centers for Disease Control (CDC), Lead Toxicity:

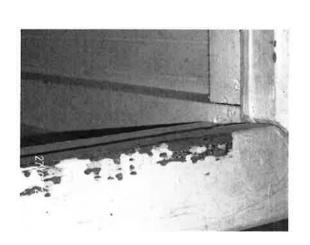
What Are the Physiologic Effects of Lead Exposure? http://www.atsdr.cdc.gov/csem/csem.asp?csem=7&po=10

Medsures to Prevent Lead Poisoning



Make sure children do not have access to peeling paint or chewable surfaces painted with lead based paint.





Measures to Prevent Lead Poisoning

- 0 Preventing children from playing in bare soil
- 0 Getting rid of all toys possibly painted with lead paint
- Avoiding canned goods from foreign countries
- 0 Being wary of lead in traditional folk remedies, cosmetics, and imported foods (<u>especially candies</u>)
- Showering and changing clothes after finishing work or
- hobby activities with lead based products
- 0 Regularly washing children's hands and toys

Medsures to Prevent Lead Poisoning

- Having everyone wash their hands before eating
- 0 Not storing wine, spirits, or vinegar based salad dressing in lead crystal for long periods of time
- 0 Keeping homes as dust free as possible, particularly window sills that may contain lead paint dust
- Taking off shoes when entering the home to prevent lead contaminated soil from entering
- Letting tap water run for a minute before drinking or cooking with it
- 0 Only using cold water for drinking, cooking, and baby formula

Testing

- Because the early effects of lead poisoning are difficult to detect, the only way of knowing if a child is being affected by exposure to lead is to test for lead in the blood.
- Both the Centers for Disease Control and Prevention and the American enrolled and eligible children, as well as those born outside the United Academy of Pediatrics recommend targeted screening of all Medicaid
- The Advisory Committee on Childhood Lead Poisoning Prevention recommends that all children enrolled in Medicaid be screened at 12 AND 24 months of age or at 36 to 72 months if not previously screened



CHILDHOOD LEAD POISONING PREVENTION PROGRAM

Department of Public Health
Community Health Division
www.fcdph.org

SCREENING AND ASSESSMENT

at each periodic assessment from 6 months to 6 Health Care Providers provide anticipatory guidance

- Screen(test): If the child is in a publicly supported program
- Assess: If the child is not in a publicly supported program
- Test based on other factors

MANAGEMENT OF LEAD EXPOSURE

Three main components:

- Surveillance (BLL 5-9 mcg/dL)
- Management of potential and confirmed cases:

Health Education Specialist and PHN monitoring and PHN Case
 Management with Environmental Investigation (BLL 10 mcg/dL+)

- Education and Outreach:
- Public
- Health Care providers
- Media

GUIDELINES FOR INTERVENTION

>20	15-19	10-14	4.5-9	<4.5	Blood Lead Level
47	43	125	821	21,746	5 Year BLL Average 2012-2016 All blood lead tests - 5 year total for children 5 and under - 113,910
 PHN case management Environmental investigation Repeat test every 1-4 weeks Home visit with environmental assessment within 1 week 	 PHN case management Environmental investigation Repeat test in 1-4 weeks Home visit with environmental assessment within 2 weeks 	 Potential case PHN case management Environmental investigation Repeat test in 1-3 months Home visit with environmental assessment within 4 weeks of confirmed case 	 Surveillance case Education provided by mail on lead prevention and exposure Retest within 1-3 months 	 Education provided by provider CLPPP provides education and finger stick trainings to providers throughout the year Health fairs targeted to the general public to increase awareness of lead exposure, common sources and prevention On-going consult with providers on blood lead testing requirements 	New Standard as of July 2016

DATA 2012-2016

- Of the total tests completed 92.6% were completed for children 5 and under
- 36,925 Increase of 60% in tests completed in 2016 up to
- risk zip codes were built before 1980 On average 75% (57% – 85%) of homes in our highest
- the CDC reference range of 5mcg/dL Continued average of 95% of test results fall below
- Regular review of lead testing data

PARTNERSHIPS

- Continued collaboration with Department of Public Health lead testing nursing programs to continue to educate families on blood
- Collaboration with UCSF Medical Education Program
- Upcoming changes to the State grant will allow for an increase in environmental health interventions at all levels
- On-going collaboration with City of Fresno
- Reporting of identified homes for code enforcement
- Assessment of homes with identified lead hazards

ON-GOING GOALS

Decrease harm to our most vulnerable populations:

- Identifying sources of lead
- Providing education to families to help identify risks
- Support health care providers in screening and assessing for elevated blood lead levels

Protect children in our community:

- Screening, surveillance, and case management
- Provide direct face to face education to health care providers

Increased interventions:

- Longer follow-up in all children with a blood lead level above 5 mcg/dL
- Home visitation and health education in the home for those in the moderate and higher blood lead level ranges

UNDUPLICATED VENOUS LEAD RESULTS AMONG CHILDREN AGE ≤5 YEARS OLD BY ZIP CODE, **COUNTY OF FRESNO, 2012-2016**

Unduplicated Venous Lead Results among Children Age ≤5 Years Old by	Venous Le	ad Results a	among Child	dren Age ≤5	Years Old by
	Zip Cod	Zip Code, County of Fresno, 2012-2016	f Fresno, 20	12-2016	
	Blood Lead Levels	ad Levels			No. of Children
Zip Codes	<5µg/dL	≥5µg/dL	Total	% ≥5µg/dL	<5 years of age
93701	541	96	637	15.1	1,257
93662	277	25	302	8.3	2,389
93702	1,775	1ps	1,900	6.6	4,512
93706	1,264	87	1,351	6.4	3,926
93703	1,179	55	1,234	4.5	3,413
93725	791	29	820	3.5	2,509
93654	249	9	258	3.5	2,638
93705	1,042	31	1,073	2.9	3,904
93722	1,659	4	1,703	2.6	6,839
93727	1,705	41	1,746	2.3	7,726
93726	1,199	27	1,226	2.2	4,350
Others	7,400	197	7,597	2.6	35,983
County Total	19,081	766	19,847	3.9	79,445