

## **Community Advisory Group (CAG)** **for the** **Omaha Lead Site**

**Education Subcommittee**  
**Summary Notes from September 14, 2004 Meeting**  
**Douglas/Sarpy County Extension Office**

The following people were in attendance at the Education Subcommittee meeting:

<b>Name</b>	<b>Affiliation</b>
Sue Casteel	ATSDR
Julie Chytil	Douglas County Health Department (DCHD)
Jonah Deppe	OneWorld / League of Women Voters
Trent Erickson	Douglas/Sarpy County Extension
Patty Falcone	DCHD
Laurie Foral	DCHD
Kathy Leinenkugel	DCHD
Stacy Meacham	MFG, Inc.
Yolanda Outin	ATSDR
Paula Peters	ATSDR
Katy Spellerberg	MFG, Inc.
Rebecca Valdez	Chicano Awareness Center
Vernon Waldren	Douglas/Sarpy County Extension

Mr. Waldren introduced himself and said that the Education Subcommittee chairperson, Dr. Donna Polk-Primm, was not able to attend the meeting. Mr. Waldren requested each person introduce him/herself and state their affiliation.

Mr. Waldren began the discussion by distributing the draft *Community Awareness and Education Program for the Omaha Lead Safe Community Advisory Group*. He stated that the document provides a draft outline for the philosophy and delivery of the education and awareness program. Mr. Waldren further explained that the plan identifies the different audiences and then presents strategies that could be used to address the audiences, but that at this time, the plan does not define specific roles and responsibilities for implementation. Mr. Waldren stated that the goal is to develop the structure first, then fill in specific details regarding what is currently being done and what needs to be done, while still leaving sufficient flexibility in the plan for the individual work groups that will implement the program. Mr. Waldren also stated that a budget for this plan has not yet been developed, but the intent is for the plan to be strong enough that it can be used to solicit funding.

Mr. Waldren then requested the affiliates explain what is currently being done to address lead poisoning and prevention in their respective community awareness and education plans.

Ms. Foral explained that lead education and awareness is part of the outreach to minorities and communities project sponsored by Douglas County Health Department (DCHD). The health department received funds from ATSDR/EPA to contract with people from various agency or community groups and designates these people as community health workers. The health department teaches the community health workers DCHD's approach to preventing lead exposure so that that the workers may go back and educate members of their community. In turn, the community health workers educate DCHD on strategies that would be effective in educating members of their communities. DCHD instructs the community health workers to teach members of their communities four main points for preventing lead exposure:

- Wash your hands before you eat;
- Stay away from lead-based paint;
- Leave your shoes at the door; and
- See your doctor for a blood test.

DCHD began this program with a pilot study that was conducted during the first full week of September 2004. Ms. Leinenkugel instructed the community health workers, and Ms. Chytil and Ms. Falcone implemented the program with the community health workers.

Ms. Foral explained that 20 additional community health workers would be trained in the spring of 2005, and they would then deliver the information to their communities. Ms. Foral showed the materials used by community health workers to educate their communities. These included a flip-chart of lead facts and a three ring binder of more detailed information about lead exposure and lead poisoning.

Ms. Leinenkugel then discussed other programs sponsored by DCHD for lead awareness and education. Nebraska Methodist College and DCHD have partnered on a student service learning project that uses senior nursing students to contact residents within the Superfund area that have had soil remediation done. The students are given the addresses of houses where soils have been removed and are instructed to find out who occupies the residence, if children under the age of seven are living in the residence, and if children under the age of seven are present, have their blood lead levels been tested. Ms. Valdez asked if the students were wearing an identification badge or calling ahead when visiting these residences, and if they spoke in English and Spanish. Ms. Leinenkugel said the students wear photo identification badges but because the program was developed so quickly, the residents of the houses were not notified prior to the students' visits. Ms. Leinenkugel said none of the students speak Spanish. The students mark down if the residents are Spanish-speaking, but they do not attempt to present their questions to the residents in English.

Ms. Deppe asked how the houses were identified for the study. Ms. Leinenkugel said the list is comprised of addresses where the EPA has already remediated the soil. Remediation may occur at addresses where children had any type of blood test with a blood lead result greater than 10 µg/dL. Ms. Leinenkugel stated that EPA's remediation decisions are based on any test (capillary or venous) with a result greater than 10 µg/dL, regardless of whether the blood lead level was confirmed. Concern was stated that many blood lead tests done as outreach are false positive.

Ms. Leinenkugel described a second DCHD lead outreach program. The DCHD sends information to over 100 clinics throughout their area of service about lead awareness training DCHD offers to doctors. The doctors can then request this training from DCHD. Ms. Leinenkugel then showed children's sipper cups that are available in English and Spanish that are

distributed through physician offices or clinics to families with young children or pregnant women as a reminder to bring their children back in yearly for testing. Ms. Leinenkugel explained that in terms of education and outreach activities with physicians, DCHD wants to remain the lead agency conducting these activities so as not to confuse doctors' offices on who is doing follow up and what the recommendations are that are being given to families.

Ms. Peters asked if an Asian population or other groups of people speaking different languages were located within the Omaha Lead Site. Ms. Leinenkugel explained it was rare for an Asian child in Omaha to have an elevated blood lead level, most likely due to the smaller Asian population within the Omaha Lead Site. She indicated that occasionally a Sudanese child will have an elevated blood lead level, and in this type of case, DCHD hires an interpreter to work with the family. Ms. Leinenkugel stated that DCHD is seeing an increasing number of Spanish children with elevated blood lead levels.

Mr. Waldren asked Ms. Deppe to explain what she is working on with OneWorld Community Health Center. Ms. Deppe said she is working with the Promotora program. The Promotoras are community health workers with OneWorld who provide follow-up to patients with chronic diseases such as diabetes/hypertension and a new Promotora will be working with a new pediatrician at OneWorld. The promotoras are located at Liberty School and OneWorld Community Health Center. Ms. Deppe stated that clinics provide testing and education to kids who are patients as they come in, but that the promotoras are not going out into the community.

Ms. Deppe said the goal should be to connect people with physicians because there are children within the Omaha Lead Site with elevated blood lead levels that do not have health care providers, and there is presently no location at which a child can get a lead test without first signing up to be a patient, other than through the DCHD or Lead Safe Omaha Coalition (LSOC).

Ms. Leinenkugel noted that there are two options available to DCHD for getting blood lead tests without going through a child's physician. These are for DCHD to direct a blood test through the lab at Clarkson Hospital or for DCHD to go to homes and conduct testing. Ms. Leinenkugel noted that a major limitation to the screenings that DCHD and LSOC offer is that typically only children ages 4 to 6 years old are present at community events and have testing done. The families with children 1, 2, and 3 years of age have been less likely to participate in community health fairs or events where testing has been offered, even though this is the most likely age where lead exposure will occur.

Ms. Deppe relayed a concern expressed by Dr. McVea of OneWorld Community Health Center regarding the need to alert clinics, such as OneWorld Community Health Center, Charles Drew, and other federally qualified health care clinics, when organizations conduct outreach activities in the community. When outreach activities are conducted, the clinics see an influx of patients and many times are not equipped to handle them. Also, children screened through outreach community activities often have already had a blood lead test.

Mr. Waldren discussed activities of the Douglas/Sarpy County, which include three main areas, nutrition, housing issues (such as housekeeping and remodeling), and landscaping. One goal of the extension office is to provide educational materials, such as the growth chart and bibs they have developed, to all kids in the Superfund area. The extension office is also planning to provide training in spring 2005 to realtors that work in the Superfund area, so that realtors may educate buyers on how to help reduce lead risks.

The extension office is using money from a grant from the environmental trust, NDEQ and the NRD for water quality to demonstrate landscaping techniques that are not only effective for water runoff, but are also applicable to reducing lead exposure. These techniques include covering bare soil areas, planting grass, using mulch, and "raised bed gardens". The extension office also recommends materials that require less watering. Two demonstration homes incorporating the landscaping techniques will be included in an upcoming Habitat for Humanity Workshop scheduled for September 25<sup>th</sup>. Two to three additional demonstrations are anticipated for a second workshop to be held later this fall.

It was recommended that the extension office also look into applying for EPA's Safe Yards grant.

Mr. Waldren asked for a report from ATSDR. Ms. Peters said ATSDR has not done anything yet for the Omaha Lead Site but that ATSDR is reviewing the CAG's plan and DCHD's plan and determining how ATSDR can fit into these plans. Ms. Peters stated that ATSDR has a significant amount of resources and expertise, particularly in the area of health care provider education, which can be applied to this project, thereby saving money for other components of the program that ATSDR cannot fund.

The discussion was then opened up for ideas and comments for successful development and implementation of an education and awareness plan. Some of the topics discussed include the following:

- Collaboration of the CAG with doctors and agencies in implementation of the plan;
- Development of a plan focusing on primary prevention;
- Development of a core message for all agencies and educators to use when informing the community (ensure a consistent message);
- Development of materials to educate people of lead sources;
- Implementation of measures to address lead sources after identification;
- Development of a logic or precede/proceed model; and
- Development of Phase I educational materials with general information and Phase II materials with additional and more detailed information.

Mr. Waldren requested comments on the draft educational and awareness program. The group agreed to provide comments to Mr. Waldren by September 27, 2004.

The next education subcommittee meeting will be held on September 30, 2004, at 10:00 a.m. at Mr. Waldren's office located at 8015 W. Center Road. Ms. Outin and Ms. Peters will participate in the meeting by conference call.