



Insider News

Lead and Healthy Homes
Division Newsletter
November 2019



Indiana State
Department of Health

Report Finds Toxic Chemicals in Baby Food & Progress Made to Find Solutions

A [report](#) released in October 2019 by Healthy Babies Bright Futures, a children's health advocacy group, revealed the findings of a study done to evaluate the levels of toxic chemicals that are present in baby food. Through tests on 168 foods consumed by babies and toddlers, the study found that 95% of the products tested contained detectable levels of heavy metals that lower babies' IQ, including arsenic and lead.

The issue of toxic chemicals in baby food was uncovered nearly a decade ago, but it continues to be a problem.

As stated in the report, "One in four foods contained all four metals assessed by our testing lab – arsenic, lead, cadmium, and mercury.

Even in the trace amounts found in food, these contaminants can alter the developing brain and erode a child's IQ. The impacts add up with each meal or snack a baby eats."

Although many foods are contaminated, a few stand out: 15 foods consumed by children younger than 2 years of age account for 55% of the risk to babies' brains. These include apple and grape juice, oat ring cereal, macaroni and cheese, puff snacks and 10 other foods. However, topping the list are rice-based foods— infant rice cereal, rice dishes and rice-based snacks. These popular baby foods are high in inorganic arsenic and nearly always contaminated with all four toxic metals.

The study goes on to offer that parents, baby food companies, farmers and the FDA all have a role in measurably reducing babies' exposures. Some of the recommendations offered in the study include:

- Baby food companies need to take additional steps to reduce heavy metals in their products, especially higher risk products (i.e. rice based)
- Parents are encouraged to follow the suggested actions for five foods to lower children's exposures to toxic heavy metals, all shown in the Executive Summary and the report.

Lead & Healthy Homes

Website Highlight

Lead Professional Licensing information available

Indiana law requires that any person who engages in lead-based paint activities must first obtain a license from ISDH for each activity. Lead-based paint activities means the inspection, risk assessment and abatement of lead-based paint in target housing and child-occupied facilities. In the Lead Professional Licensing section of the ISDH [website](#), information is available on a variety of topics related to licensing, such as "How Do I Apply for a License?," third party examination dates, and lists of Indiana-licensed Lead Based Paint Contractors and Risk Assessors.

More information can be found [here](#).

Lead Hazard Reduction Demonstration Grant Program - Request for Qualifications Application

The [Indiana Housing and Community Development Authority](#) (IHCDA) is seeking to select not-for-profit organizations and local units of government to participate in the Lead Hazard Reduction Demonstration (LHRD) Program. In 2018, IHCDA received funding through the U.S. Department of Housing & Urban Development (HUD) to administer the Lead Hazard Reduction Demonstration Grant Program throughout the State of Indiana.

Those who seek to apply for the LHRD Program will be expected to promote lead-safe and healthy homes, provide lead hazard control activities, healthy homes intervention measures, and lead paint poisoning and health hazards in households with children diagnosed with an elevated blood lead level, and/or children younger than 6 years of age who are living in target housing. Additional details surrounding the requirements of the grant can be found in the Scope of Services section of the Request for Qualifications (RFQ) application. The deadline for submission is rolling. Applications that do not contain all of the required forms/documents as listed in this RFQ may be determined ineligible for further consideration. Responses must be submitted via email and all documents must be submitted as a PDF. More information about the RFQ can be found [here](#).



State of the Division



In the world of public health, it's essential to find partners who can help amplify and share your message of health and safety. When working to prevent the impacts of those harmful elements — which often cannot be seen, smelled, or tasted, such as lead dust and radon — establishing and maintaining those partnerships are even more important.

Much of the work of our division over the past year has been to find those partners who have the ability to share a message about the significance that these hazards have in the lives of Hoosiers with an audience who is willing to listen. A prime example of this can be found in the recent launch of Indiana's new Lead Advisory Council. Formed at the request of State Health Commissioner Kris Box, M.D., FACOG, the council's mission is to help inform and shape the direction ISDH will take on some upcoming key issues. The first, and perhaps most important of these, is lowering Indiana's elevated blood lead level (EBLL) threshold.

The council is comprised of a wide variety of stakeholders, representing all facets of the work we do. Members include representatives from local health departments, Medicaid, the State Housing Authority, the American Academy of Pediatrics, the NAACP, the Hoosier Environmental Council, the Indiana Builders Association, and the Indiana Apartment Association. Each of these members recognize that lowering our EBLL threshold is critical, but that doing so will take wide-ranging organizational and political support as we look to provide well-rounded protection to Hoosier children.

As you go about your day-to-day work, I hope that you also recognize and utilize the partners who can help address lead and healthy homes issues, both inside and outside of your community, and that you know that you can count ISDH as one of those partners.

Thanks,
Paul Krievins

Lead and Health Homes Division Director

Indiana Lead Advisory Council Convened

On Aug. 28, State Health Commissioner Kris Box, M.D., FACOG, convened the first meeting on the Indiana Lead Advisory Council. The council was formed in an effort to bring together a wide-range of stakeholders from across the state to build support for tackling some of the most challenging issues surrounding lead hazards in Indiana. Issues discussed included: lowering Indiana's elevated blood lead level threshold, enforcement of rules and regulations surrounding lead paint and supporting local health department reimbursement for case management through Medicaid. Members of the council include representatives from CareSource, the American Academy of Pediatrics, Medicaid, local health departments, the McKinney School of Law, the NAACP and others.

Case Management & Risk Assessment Tips

Important Required Communication with ISDH

Healthy People 2010 defines health communication as “the art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues.” As local health department (LHD) lead case managers and risk assessors provide important health information regarding lead safety and awareness to the families they serve, it is also important that key pieces of information and the findings of those investigations are shared with ISDH. The information that ISDH receives from the LHDs is the only way ISDH case managers and risk assessors have to monitor the status of lead case activity across the state. The items listed below represent the key pieces of information that are to be provided to ISDH.

1. Completed Manifest

Following the receipt of a Manifest notifying you of a child with an EBLL, after making contact with the family, complete the bottom portion of the Manifest and return it to your case coordinator either by fax, or scanned and attached to a SECURE email.

2. Completed Home Visit Report

- Following the home visit, complete the Home Visit Report form and return it to your case coordinator either by fax, or scanned and attached to a SECURE email.
- Be sure to complete the “For Administrative Use Only” section located on page five.

3. Nurses/Progress notes documenting contact with family

Any time contact with the family is made and documented, including on internal record keeping systems, send those notes to your case coordinator, either by fax, or scanned and attached to a SECURE email. This documentation is the only way your

case coordinator has to monitor open EBLL cases.

4. Licensed Risk Assessor Reports

The licensed risk assessor should **enter the report of his/her findings into I-Lead as soon as possible** to assist with the processing and management of the case.

Family home, football field most dangerous spots for kids' head injuries

According to the National Center for Healthy Housing, a healthy home is “housing that is designed, constructed, maintained, and rehabilitated in a manner that is conducive to good occupant health”. Healthy housing is important for everyone. Trips and falls are a leading cause of unintentional home injury and often times caused by situations that are 100% preventable.

[HealthDay News](#) recently reported new research information showing that falls from beds and uneven floors, and playing football are leading causes of nonfatal brain injuries in American kids. For the study, researchers analyzed data on traumatic brain injuries among kids and teens treated at emergency departments of 66 U.S. hospitals between 2010 and 2013.

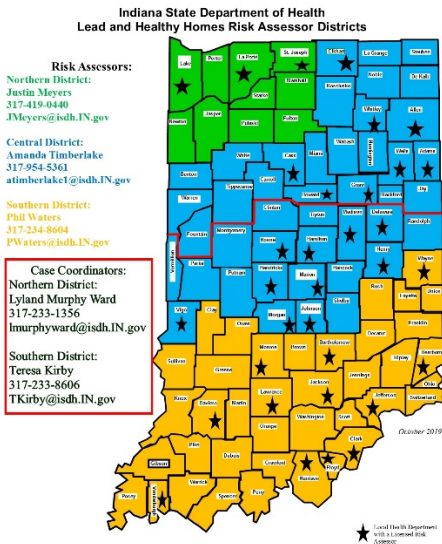
Of those cases, 72% were attributable to products regulated by the U.S. Consumer Product Safety Commission, according to the report published July 29 in the journal *Brain Injury*.

“Structural designs, such as uneven flooring, often contribute to falls, which is the leading cause of traumatic brain injury in children,” said lead author Bina Ali. She is a research scientist at the Pacific Institute for Research and Evaluation in Calverton, Md. “In most cases, infants and children are safe in bed and when playing sports outside, but our study highlights some of the risks and the priorities in different age groups for preventing serious head injuries,” Ali explained in a journal news release.

Young people account for about 1 million nonfatal traumatic brain injury cases treated in emergency departments each year, the researchers noted. In infants under a year old, one-quarter of such injuries were caused by falling from beds. Uneven floors were the second-leading cause at 14%.

Among 1- to 4-year-olds, 10% of injuries involved beds; 10% involved stairs; and 10% were related to floors. Bunk beds are especially risky, the findings showed. Between 5 and 9 years of age, floors were still the leading cause (6%) of head injuries, and bicycle accidents were second at 5%.

“Simple measures, such as removing trip hazards, using stair gates and guard rails, avoiding hard-surface playgrounds, and wearing helmets could help reduce the risk of injury, as well as adult education to ensure proper use of consumer products and adherence to safety guidelines,” Ali advised.



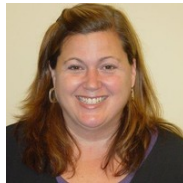
The Lead and Healthy Homes Risk Assessor Districts have been changed following the recent addition of Amanda Timberlake to the ISDH risk assessor staff. As shown in the map above, the Northern District risk assessor (in green) is Justin Meyers, the Central District risk assessor (in blue) is Amanda Timberlake, and the Southern District risk assessor (in yellow) is Phil Waters. The addition of Lyland Murphy Ward as the new Northern District case coordinator is also noted on the new map. The map can be found on the ISDH [Lead and Healthy Homes Division webpage](#).

Ordering Reminder!

To ensure that they are filled in a timely manner, when placing a supply order using the [Supply Order Form](#) found on the ISDH Lead and Healthy Homes website, please be sure to include your correct provider number and give all the requested information. If you have any questions, or need assistance with the form or your provider number, please email Kari Horsley at khorsley@isdh.in.gov

New ISDH Team Members

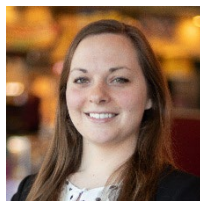
The Lead and Healthy Homes Division is pleased to welcome three new members to our team: *Katie Etter*, program manager, *Lyland Murphy Ward*, Northern case coordinator, and *Amanda Timberlake*, Central District risk assessor.



Etter brings to ISDH, years of leadership experience in managing operations and projects, and building relationships on a community, city and state level at such organizations as Community Action of Greater Indianapolis, John Boner Community Center and Anthem.



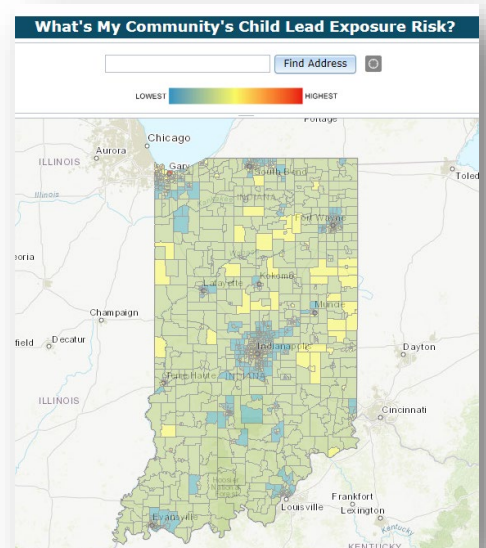
With more than 20 years of work as a career counselor in not-for-profit, private and educational organizations, Ward brings a background of experience in a variety of forms of case management. Her passion for supporting and serving families and partners toward advancing their health and economic standing is part of what drew her to her position as the Northern District case coordinator at ISDH.



Timberlake is a recent Purdue University graduate who received her MPH in 2018. After graduating, Amanda worked as a research assistant at Purdue on a project looking at the synergistic health effects of lead and arsenic exposure on children ages 5-12. She has also worked at the Clinton County Health Department and held internships at Hoosier Environmental Council and Purdue Extension.

New Lead Census Tract Risks Map

The Lead Census Tract Risks Map was developed by the Lead and Healthy Homes Division in 2016, and was updated in August 2019. This map is designed to help people determine their risk of lead toxicity based on the risk factors that are present where they live. However, this map does not calculate if a child has been exposed. A person living in a high risk census tract area may have a low exposure potential to lead and vice versa. The data used for the risk map includes blood lead level test results for the years 2005-2017 and demographic information from the American Community Survey. The Lead Census Tract Risks Map can be found at <https://www.in.gov/isdh/27317.htm>.



CONTACT US

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[Website found here](#)