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Lead Screening and Prevention Programs in Indian Country Preliminary Report

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Mission Statement: Established by the Tribes to advocate as the united voice of federally recognized American Indian and Alaska Native Tribes, NIHB seeks to reinforce Tribal sovereignty, strengthen Tribal health systems, secure resources, and build capacity to achieve the highest level of health and well-being for our People.

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Agenda

- Project overview
- History of lead screening and prevention programming
- Elevated blood lead levels impact on children's health
- Overview of report

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Project Overview

The National Indian Health Board (NIHB) in partnership with the Centers for Disease Control and Prevention (CDC) hosted 7 interviews to:

- Understand current capacity and concern in Tribal Nations surrounding lead poisoning prevention and screening programs
- Understand barriers to blood lead screening and prevention programs for Tribal Nations

These insights will be used by CDC to inform future opportunities for lead screening and prevention programs in Indian Country.

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Benefit to Tribal Communities

- Increased awareness of current and past Tribal lead poisoning screening and prevention activities
- Increased programmatic opportunities for lead poisoning screening and prevention

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Background on Lead Screening and Prevention

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Important Terms

- **Elevated blood lead level (EBLL):** dangerous level of blood lead levels, or lead in the blood
- **Blood lead reference value (BLRV):** used to identify children whose blood lead levels are higher than majority of the population or defines an EBLL; the current BLRV is 5 micrograms per deciliter
- **Lead abatement:** removing lead-based paint hazards in a home

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However,

no lead is safe lead.

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Common Exposure Sources

- Lead-based paint, primarily found in houses built before 1978
- Drinking water, often due to lead pipes
- Food, due to high levels of lead in the soil, or animals shot with lead ammunition
- Recalled toys

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Populations at Higher Risk for EBLLs

- Children under 6
- Pregnant women
- Children who live in households at or below the federal poverty level or houses built before 1978
- Adults working in industries that expose them to lead may unknowingly expose their families

Source: https://www.cdc.gov/nceh/lead/prevention/sources/soil.htm

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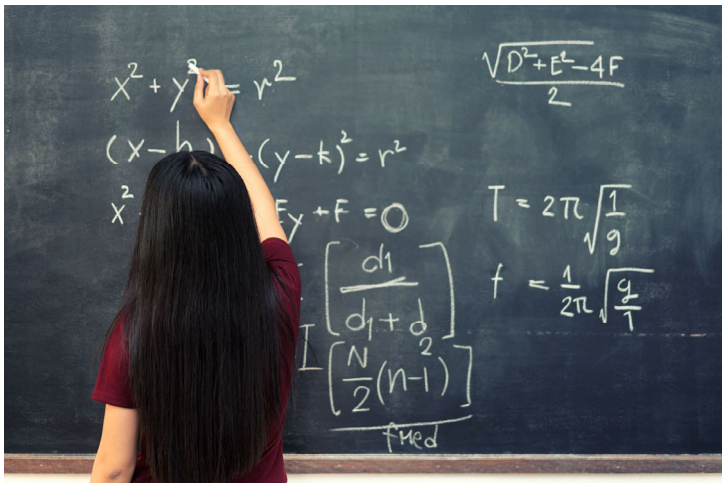
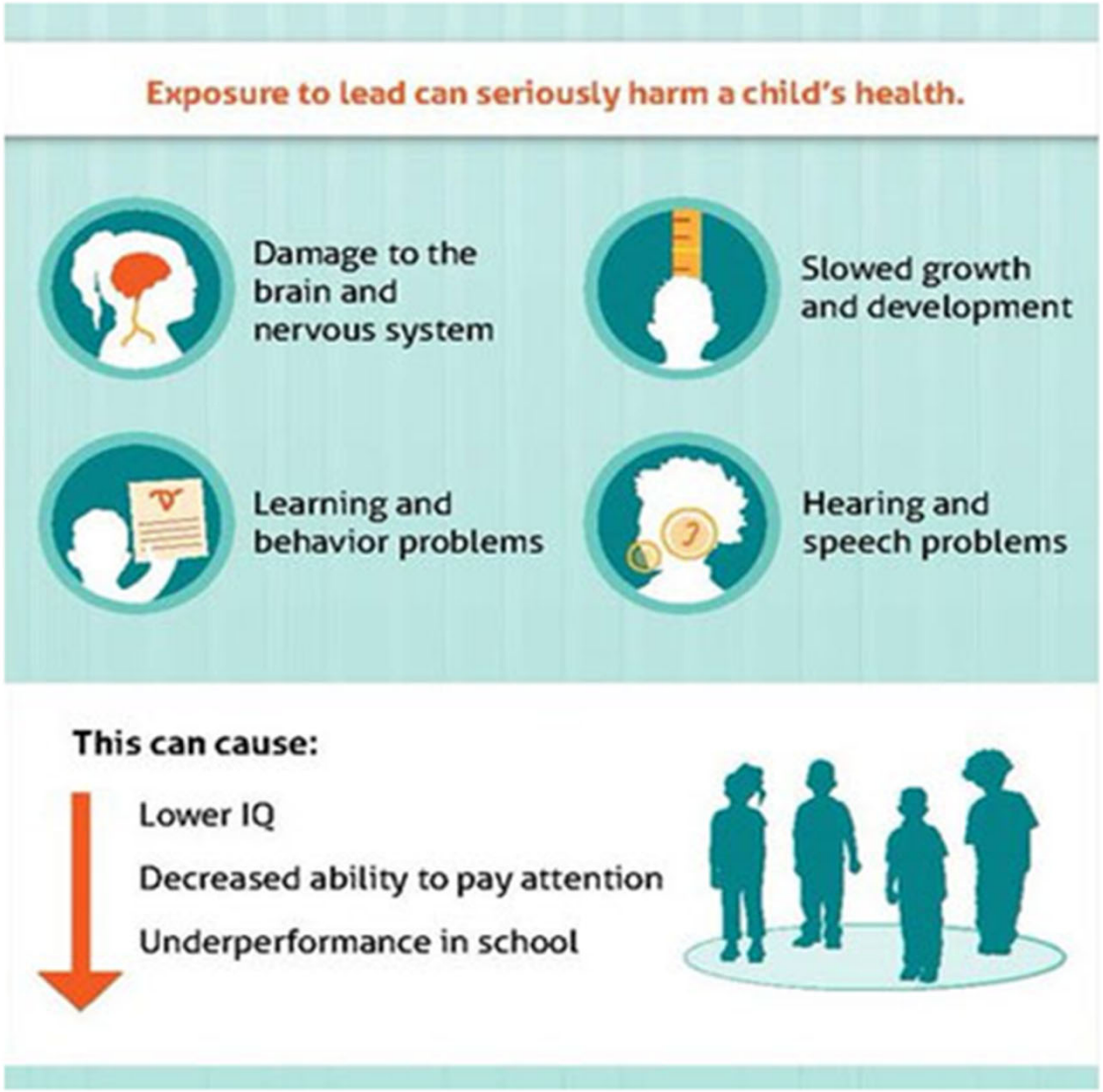
Health Concerns for Children with EBLLs



- EBLLs are associated with:
  - Damage to child's brain or nervous system
  - Slowed growth and development
  - Learning and behavioral issues
  - Hearing or speech problems
- These issues can lead to other challenges such as:
  - Lower educational attainment
  - Attention deficits/hyperactivity
  - Decreased executive functioning (strategic planning, controlling impulses, organization, self-monitoring)

Source: https://www.who.int/news-room/fact-sheets/detail/lead-poisoning-and-health



Source: https://www.cdc.gov/nceh/lead/prevention/infographic-lead-exposure.htm

When did we start addressing EBLLs?

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1971 Lead-Based Paint Poisoning Prevention Act

- Banned the use of lead-based paint in federally funded housing
- Established standards for lead abatement
- Lead poisoning was then formally addressed as a major public health issue

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Childhood Lead Poisoning Prevention Program (CLPP)

- 1988 Lead Contamination Control Act authorized CDC's CLPPP
- The program grants awards to state and local agencies to:
  - Screen infants and children for EBLLs
  - Ensure referral for medical and environmental intervention
  - Provide education to address EBLLs

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American Indian/Alaska Native Context

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Lead Poisoning Impact on Tribal Nations

- In 2019, 20.3% of AI/ANs live at or below the poverty line, more than 2x higher than their non-Hispanic white counterparts. [1]
- In 2019, 14.9% of AI/ANs did not have health insurance coverage. [1]
- Subsistence hunting, specifically with lead ammunition, increases the chance of accidentally ingesting lead. [2]
- Animals that may be sacred to a Tribe die from eating game shot with lead ammunition. This could also disrupt local ecosystems. [2]
- **CDC currently does not have national data for rates of EBLL among AI/AN children.**

Eagles are birds of prey and may eat lead exposed meat left behind by hunters.

1 https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62
2 https://www.nps.gov/pinn/learn/nature/leadinfo.htm

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Report Preliminary Findings

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Participants

NIHB advertised the interview opportunity through both targeted and general outreach via email and phone calls.

Interview	IHS Region	Tribal Affiliation	Department(s) Interviewed
#1	Nashville	Mississippi Choctaw	Public Health Department
#2	Bemidji	Oneida Nation	Community Health Services Department
#3	Bemidji	Forest Country Potawatomi	Public Health Department and Health Department
#4	Portland	Swinomish	Health Department
#5	Nashville	Shinnecock	Health Committee Member
#6	Nashville	Seneca Nation	Environmental Health Department
#7	Portland	Nez Perce	Natural Resources Department, Wildlife Division

Interviews

Participants with an Existing Operational Plan

- Design
  - How and when the program was established
  - Preparatory work
- Implementation
  - Who does what
  - Departments involved
  - Procedures and policies
- Barriers
  - Current barriers to implementation
  - Previous barriers during design phase
- Evaluation
  - How are you evaluating your program?

Participants without an Existing Operational Plan

- Are there any lead related activities happening and who does it?
- Barriers to program establishment or sustainability?
- Any technical assistance needed?
- Key to successful EBLL risk factors education and awareness?

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Conclusions

- Exposure sites varied widely, shifting the focuses of each lead program
- Negative or positive relationship with county or state health departments impacted access to testing data, resource sharing, and patient follow-up information
- Need for increased funding
- Environmental health departments play a vital role
- Lack of awareness of EBLL and prevention programs in the community

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NIHB Recommendations

- Increasing funding opportunities aimed at Tribal capacity to implement and sustain lead programs unique to their communities
- Increased TA and training opportunities for Tribal health staff at no cost or low cost
- Create space or support current collaborations between Tribes and/or Tribal Organizations
- Engage with health, environmental health, and housing departments

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Resources

- EPA
  - Tribal Lead Curriculum: https://www.epa.gov/lead/tribal-lead-curriculum
  - Renovation, Repair, and Painting Program (RRP): https://www.epa.gov/lead/lead-renovation-repair-and-painting-program
- APHA three-part webinar series: https://www.apha.org/Events-and-Meetings/Webinars/Lead-and-Public-Health
- CDC's Childhood Lead Program: https://www.cdc.gov/nceh/lead/about/program.htm

Questions?

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Thank you!

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