APPROVED

COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
JANUARY 23, 2014
MINUTES

COMMISSIONERS

Jean G. Champommier, Ph.D., Chairperson*
Crystal D. Crawford, J.D., Vice-Chair*
Waleed W. Shindy M.D., M.P.H.*
Michelle Anne Bholat, M.D., M.P.H. **
Patrick Dowling, M.D., M.P.H.**

DEPARTMENT OF HEALTH SERVICES REPRESENTATIVE

Jonathan E. Fielding, Director of Public Health and Health Officer***

Angela Haley, Secretary*
Public Health Commission

PUBLIC HEALTH COMMISSION ADVISOR
Cynthia Harding, Chief Deputy**
Public Health

PUBLIC HEALTH COMMISSION YOUTH ADVISOR
Vacant

***Present** ****Excused** *****Absent**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
I. CALL TO ORDER	*The meeting was called to order at approximately 10:07 a.m. by Chairperson Champommier at Central Public Health Center.*	*Information only.*

COUNTY OF LOS ANGELES
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JANUARY 23, 2014
MINUTES

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
II. ANNOUNCEMENTS & INTRODUCTIONS	*Introductions of Commissioners and guests were conducted.*	*Information only.*
III. APPROVAL OF MINUTES	***MOTION: APPROVAL OF DECEMBER 12, 2013 MINUTES***	*Vice-Chairperson Crawford proposed a change of the word count to county on page 5. The motion passes with Commissioners Champommier, Shindy, and Crawford voting in favor by saying yes.*
	MOTION: APPROVAL OF JANUARY 9, 2014 MINUTES	*Vice-Chairperson Crawford proposed a change of the wording, instead of high levels to evidence of on page 16. The motion passes with Commissioners Champommier, Shindy, and Crawford voting in favor by saying yes.*

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
IV. PUBLIC HEALTH REPORT	*Carrie Brumfield provided the Commission with a Public Health Report and discussed public health activities since the last report on January 9, 2013.* ***Discharge Data From Substance Abuse Treatment Services For AB 109 Population*** *Ms. Brumfield informed the Commission on December 17, 2013, following the presentation on Year Two of the Ab 109 program, the Board instructed Dr. Fielding to clarify what constitutes discharge from substance abuse treatment programs for the AB 109 population, including a subset of outcomes for those exiting treatment programs.* *For the AB 109 population, discharge status is defined per the California Outcome Measurement System (CalOMS) and the L.A. County Participant Reporting System (LACPRS) as the following:* *<u>Completion:</u>* • *Completed Treatment/Recovery Plan – The patient has successfully completed his/her recovery plan, and has met the major goals set forth in the plan.*	

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
IV. PUBLIC HEALTH REPORT CONTINUED	*Non-Completion:* • *Left Before Completion with Satisfactory Progress – The patient did not complete the program, but was in treatment services long enough to (in the judgment of the provider's staff) have made significant progress toward achieving the goals set forth in his/her recovery plan.* • *Left Before Completing Treatment/Recovery Plan with Unsatisfactory Progress – The patient has dropped out of or has been dismissed from treatment services in this facility.* *As part of classifying a patient as completing an episode of treatment, treatment programs develop a discharge plan that is integral to ensuring a patient's success. Discharge planning includes the following practices, but is not limited to:* • *Frequent interactions and communications with the assigned Deputy Probation Office who is advised of the patient's progress during treatment, including plans for ancillary referrals such as medical, vocational, housing, or other resources as needed.* • *No positive urinalysis results or unexcused absences for testing for a minimum of 30 days.* • *No unexcused absences from scheduled services for 60 days.*	

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
IV. PUBLIC HEALTH REPORT CONTINUED	• *Fulfillment of identified problems, goals, and objectives as stated in the patient's treatment plan.* • *Development of support network including alumni groups, mentorship programs, and self-help groups.* *A table showed the break downs discharge status by outcomes for those exiting substance abuse treatment programs.*	

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
V. *UPDATE – ISSUES SURROUNDING EXIDE*	*Angelo Bellomo, Director, Environmental Health (EH), and Dr. Cyrus Rangan, Director, Bureau of Toxicology & Environmental Assessment, provided the Commission with an update of the Exide Technologies Briefing and Community Toxic Risk Reduction Project.* *Mr. Bellomo informed the Commission that EH works historically on sites is solely public health, but there are lead regulatory agencies that focus on just public health and not whether the sites are being regulated. The regulatory experience gets over shadowed by the concern the public have for their health. As a result, Public Health gets involved after the fact, not in the beginning.* *Mr. Bellomo discussed a slide that showed an Exide facility (industrialized area) in the city of Vernon, where car batteries have been recycled. Mr. Bellomo explained the process of how lead is extracted from the batteries. Mr. Bellomo indicated you can have healthy air (meeting the standards), and still have a dangerous facility that is significantly impacting the health of people who lives right next to the facility. When you have certain facilities, that are handling toxic substances in the state of California, you have to conduct an evaluation of whether those toxic substances are dangerously exposed to the public.*	

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V. UPDATE – ISSUES SURROUNDING EXIDE CONTINUED	*Dr. Rangan discussed the slide of Exide Health Risk Assessment Summary, and explained how people living in the area of the Exide facility have a 10 times greater cancer risk, people living in the red area have a 25 times greater cancer risk, and people living in the green area have a 100 times greater cancer risk.* *Chairperson Champommier asked how long have this Exide exposure been going on. Mr. Bellomo indicated a risk assessment was done in the last year or two, but it has been going on for decades (under different owners), and causing these emissions. The current regulations are not enough, and more needs to be done.* ***Chronology of Recent Events at Exide*** • *Jan 2013: Public release of health risk assessment* • *Apr 2013: DTSC issues order to close facility* • *Jun 2013: Judge overturns DTSC closure order* • *Jun 2013: Settlement between Exide and DTSC* • *Aug 2013: Public meeting with three State legislators* • *Oct 2013: AQMD requested administrative law panel to approve closure order (decision pending)* • *Jan 2014: AQMD amends Rule 1420.1*	

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V. UPDATE – ISSUES SURROUNDING EXIDE CONTINUED	***DPH Objectives for the Exide Site and Surrounding Community*** • *Ensure site emissions and associated health risks are reduced to levels established jointly by AQMD, DTSC, and County Health Officer.* • *Ensure soil contaminants in the surrounding community are below levels expected to cause harm.* ***Legal Options to Achieve Objectives*** • *File public nuisance claim in State Court* • *Work with DTSC and AQMD to strengthen regulatory actions; seek to participate in existing litigation Exide v. DTSC* ***Near-Term Regulatory Actions*** • *Conduct offsite soil and dust investigation* • *Implement offsite cleanup* • *Make final determination on DTSC permit application*	

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
V.UPDATE – ISSUES SURROUNDING EXIDE CONTINUED	***A Los Angeles County Initiative*** ***Goals*** • *Leverage State and local regulatory interventions to reduce cumulative risk in highly burdened communities* • *Provide public health perspective and recommend land-use policies to better inform local decisions in highly burdened communities* ***Objectives*** • *Convene "interagency workgroup" to develop strategies for risk reduction in highly burdened communities* • *Establish Priority List of communities with greatest cumulative health risks due to chemical exposures; select two for pilot project* • *Initiate pilot project; implement potential risk reduction measures, and assess improvements in cumulative risks* • *Develop draft public health policy measures aimed at influencing proposed land-use and regulatory decision in highly burdened communities*	

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
V.UPDATE – ISSUES SURROUNDING EXIDE CONTINUED	***Interagency Workgroup*** • *County DPH (Chair)* • *State Department of Toxic Substances (DTSC)* • *Air Quality Management District (AQMD)* • *Cal/EPA Office of Environmental Health Hazard Assessment (OEHHA)* • *Others* ***Establish Priority List of Communities with Greatest Cumulative Health Risks*** • *California Communities Environmental Health Screening Tool, Version 1* • *State Office of Environmental Health Hazard Assessment Cal/EPA* ***Cumulative Risk Based on Pollution & Population Indicators*** ***<u>Pollution Burden</u>*** • *Ozone concentration* • *PM concentration* • *Diesel PM emissions* • *Pesticide use* • *Toxic releases*	

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
V.UPDATE – ISSUES SURROUNDING EXIDE CONTINUED	• *Traffic density* • *Contaminated sites* • *Groundwater threats* • *Hazardous wastes* • *Impaired water bodies* • *Solid waste sites* ***Population Characteristics*** • *Prevalence of children & elderly* • *Rate of low birth-weights* • *Asthma emergency visits* • *Educational attainment* • *Linguistic isolation* • *Poverty* • *Race & Ethnicity* ***Ten Highest Scoring Zip Codes in L.A. County*** • *Vernon* • *Baldwin Park/Irwindale* • *East Los Angeles* • *Compton/Rancho Dominguez* • *Carson/Long Beach* • *South El Monte* • *Gardena* • *Paramount* • *Boyle Heights* • *Bell Gardens*	

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
V.UPDATE – ISSUES SURROUNDING EXIDE CONTINUED	***Potential Health Risk Reduction Measures for Use in Pilot Project*** • *Outreach to Agencies, Industry and Communities* • *Financial Assistance* • *Focused Enforcement & Site Clean-up* • *Stricter Criteria for Permit Decisions (Alternative Standards)* • *Enhanced Environmental Monitoring* ***Other Actions to Influence Decisions*** • *Bring community risks to attention of local planning agencies to encourage consideration of public health in permit and land-use determinations (e.g., sensitive land-use near freeways)* • *Encourage cooperative agreements among industrial operators to reduce emissions beyond regulatory standards ("better neighbors"/"environmental stewards")* • *Outreach to raise awareness and educate communities about toxic risks*	

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
V. UPDATE – ISSUES SURROUNDING EXIDE CONTINUED	***Expected Results*** • *County leads successful pro-active approach to dealing with toxic exposure in highly burdened communities, reducing need for reactive interventions* • *DPH assumes more effective role with planning agencies through policy development, and by becoming earlier partner in permitting processes* • *Planning agencies demonstrate to DPH that proposed permits will result in zero-impacts – or a reduction in cumulative risk – to public health* • *Operations become community partners by adhering to stricter, self-imposed guidelines for toxic emissions; also likely to reduce potential liability and litigation* • *Improvements will occur in pilot communities, and will promote more health-protective planning and permitting decisions in all L.A. communities*	

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
V. UPDATE – ISSUES SURROUNDING EXIDE CONTINUED	*Mr. Bellomo indicated he believes that EH can reduce the risk of toxic exposure in highly burdened communities by working with federal agencies and other community partners. Mr. Bellomo indicated EH has included in their budget, four positions that will work with Dr. Rangan that will focus on this.* *Mr. Bellomo stated EH would like to also focus on the following:* • *Outreach to agencies and industries* • *Outreach to raise awareness and educate the communities* • *Work closely with regulatory agencies* *The Commission thanked Mr. Bellomo for an excellent presentation and keep up the good work.*	*Vice-Chairperson Crawford informed Mr. Bellomo of a program called the Women's Policy Institute which is implemented by the Women's Foundation of California, and typically they look at critical issues happening around the state that need legislative fixes. Ms. Crawford indicated she thinks having a team of advocates who are being trained to be involved in advocacy around health (health related issues not exclusively health), would be a great asset to Mr. Bellomo and staff and this might be a great opportunity to partner with the Women's Foundation of California, in particularly, since EH is planning on adding four new positions to focus on the Exide issue. Mr. Bellomo stated he thinks this is a great idea to be able to work with a group that is looking more globally at issues in general which would be beneficial.*

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
VI. NEW BUSINESS	*Chairperson Champommier suggested at the next meeting, the Commission discuss what they can do differently to get more proactively involved, and how to support the efforts of the department, such as, the presentation today on, "reducing the risk of toxic exposure under highly burden communities", and also the lead issue that was presented at the Commission meeting last month. He asked that each Commissioner think about an issue they would like to focus on and the Commission can choose two or three of those issues.* *The meeting adjourned at 11:10 a.m.*	

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***Present** ****Excused** *****Absent**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
I. CALL TO ORDER	*The meeting was called to order at approximately 10:08 a.m. by Chairperson Champommier at Central Public Health Center.*	*Information only.*

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TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
II. ANNOUNCEMENTS & INTRODUCTIONS	*Introductions of Commissioners and guests were conducted.*	*Information only.*
III. APPROVAL OF MINUTES	***MOTION: APPROVAL OF SEPTEMBER 12, 2013 MINUTES***	*Chairperson Champommier entertained a motion from Commissioner Dowling, seconded by Commissioner Bholat and carried unanimously.*
	MOTION: APPROVAL OF OCTOBER 10, 2013 MINUTES	*Chairperson Champommier entertained a motion from Commissioner Shindy, seconded by Commissioner Bholat and carried unanimously.*

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
IV. PUBLIC HEALTH REPORT	*Carrie Brumfield provided the Commission with a Public Health Report and discussed public health activities since the last report on December 12, 2013.* ***Management Changes*** *Ms. Brumfield informed the Commission of the management changes within DPH.* • *Cristin Mondy, RN, PHN, MSN/MPH, has been appointed Area Health Officer for Service Planning Areas 3 and 4, Community Health Services.* • *Wesley Ford, MA, MPH, will serve as Director, Substance Abuse Prevention and Control.* • *Anna Long, PhD, MPH, will serve as Interim Director, Children's Medical Services.* • *Stella Fogleman, RN, MSN/MPH, CNS, will serve as Interim Director, Emergency Preparedness and Response Program.* • *Stephanie Caldwell, MPH will serve as Interim Chief of Staff, for Dr. Fielding.*	

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
IV. PUBLIC HEALTH REPORT CONTINUED	***Lead Paint Declared a Public Nuisance by Superior Court*** *The L.A. County Department of Public Health (DPH) applauds the California Superior Court ruling of holding three paint companies liable for public health hazards resulting from the sale and use of lead paint. Santa Clara Superior Court Judge James P. Kleinberg issued his final verdict ordering Sherwin Williams, National Lead and ConAgra to pay $1.15 billion into a fund to remove lead paint from homes in various counties and cities in California. The County of Los Angeles share of this fund is 55% or $632.5 million. L.A. County is currently reviewing Judge Kleinberg's decision and is working on a plan to implement the court's order for lead-paint abatement and remediation.* *The Fund is to be administered by the Director of the California CLPPB program for the benefit within the 10 jurisdictions and the costs incurred by the State of California to administer the Fund shall be paid from the Fund.* *The jurisdictions shall apply for grants from the Fund with a three-step program as described. Exterior abatement and remediation is excluded from this order.*	

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IV. PUBLIC HEALTH REPORT CONTINUED	*The program shall last for four years from the date of total payment by defendants into the Fund. If, at the end of four years, any funds remain, those monies shall be returned to the paying defendants in the ratio by which the program was initially funded. The Superior Court of California, County of Santa Clara, shall have continuing jurisdiction over the Plan and its implementation.* *Ms. Brumfield will keep the Commission informed of how the program is doing with the abatement process.*	

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
V. *CHILDHOOD LEAD POISONING PREVENTION PROGRAM (CLPPP)*	*Angie Toyota, Director, Childhood Lead Poisoning Prevention Program (CLPPP), provided the Commission with an update of the activities within CLPPP.* ***Vision:*** *Healthy, lead free environments for children.* ***Mission:*** *To prevent the adverse impact of lead poisoning on the children of L.A. County by reducing the incidence of lead poisoning and providing a comprehensive response to support lead burdened children and their families.* ***Why is Lead Poisoning Still an Issue?*** • *Lead poisoning for the most part is asymptomatic.* • *Even at lower levels, lead can negatively impact health and productivity throughout the life span.* • *We know much more about the association between lead poisoning and the deficits in cognitive functioning, academic achievement and poor pregnancy outcomes.* • *CDC lowered reference level from 10mcg/dL to 5mcg/dL.* • *There are over 1.5 million properties in L.A. County built before 1978.*	

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
V. CLPPP REPORT CONTINUED	***Why Is Lead Poisoning Still An Issue In L.A. County?*** • *In 2011, three out of one thousand children tested were found to have elevated blood lead levels (EBLLs).* • *From 2008 to 2012 thre were 3,152 children (ages <21) in L.A. County who had EBLLs at > to 10 mcg/dL.* • *2012 there were over 5,000 children with > 5 mcg/dL.* • *More than 80% of the cases identified were children under the age of five.* ***Public Health Strategic Priorities*** *Health & Safe Community Environments* *Goal 1.4: Reduce community environmental hazards* *Empowered Health Consumers* *Goal 3.1: Improve DPH & partner capacity to help consumers understand basic health information and make appropriate health decisions* *Public Health Protection* *Prevent, detect and respond to health threats*	

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
V. CLPPP REPORT CONTINUED	***Goals of CLPPP*** • *Minimize the number of children exposed to lead* • *Inform the public to enable them to protect children from lead exposures* • *Develop full capacity to track lead exposure countywide and to monitor the management of lead burden children* • *Identify sources of lead and assist with effective and safe elimination of the sources* • *Develop strong infrastructure for preventing children's exposure to lead through partnerships with other government agencies, community based organizations and the private sector* • *Maintain full compliance with federal and State statutory and regulatory requirements* ***CLPPP Program Funding*** *Childhood Lead Poisoning Prevention Act of 1991* • *Primarily funded by State Childhood Lead Poisoning Prevention Branch and Title XIX ($4.7 million per year).* • *Fees assessed on primarily paint & oil industries* • *Provides comprehensive services:* • *Nursing case management* • *Environmental case management*	

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
V.CLPPP REPORT CONTINUED	• *Outreach and Health Education* • *Data Collection, Surveillance, Analyses* ***Lead Litigation Decision 1/7/14*** • *Initiated by Santa Clara County in 2001* • *L.A. County joined in 2010-2011* • *Trial July 2013* • *Lead Paint Declared a Public Nuisance by Superior Court* • *Ordered three paint companies (ConAgra, NL, & SW) to fund an abatement program - $1.15 billion.* • *Appeals process* ***Lead Litigation Decision*** • *Press Release* • *Early Stages in Planning – Administrative infrastructure, Contracts, Data Collection & Reporting* • *Priority – "worst-first", i.e. children with EBLL, high risk properties, repeat or multiple housing code violations*	

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
V.CLPPP REPORT CONTINUED	***Health Education and Outreach*** • *Inform families and child caregivers who are responsible for children at risk of lead exposure about how to prevent lead exposure.* • *Promote screening of at risk children.* • *Targeted community outreach and education, i.e., health fairs, schools (art contest), & presentations* • *Toll-Free telephone line 1-800-LA-4-LEAD* • *Bookmarker contest* • *Outreach to L.A. County Libraries* ***CLPPP Case Management*** *Nnenne Okonko, Acting Nurse Manager, discussed CLPPP Case Management.* ***Case Definition*** *One venous BLL greater than or equal to 20 mcg/dL or* *Two blood lead levels greater than or equal to 15 mcg/dL drawn at least 30 days and no more than 600 calendar days apart. The first specimen may be a capillary specimen.*	

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
V.CLPPP REPORT CONTINUED	***Core Case Management Interventions*** • *Case Management* • *Collaboration and Coordination* • *Outreach* • *Disease Investigation* • *Health Teaching* • *Referral and Follow-up* ***Case Closure Criteria*** *Two consecutive venous BLLs below 15 mcg/dL measured at least six months apart.* ***Nursing and Environment Health Case Management Challenges*** • *Parent's working hours make arranging PHN visits and contacts difficult.* • *Lead for the most part is asymptomatic so parents don't see follow-up doctor visits as a priority.* • *Cultural beliefs, values, and attitudes make changes in behavior challenging.* • *Gaining the families confidence may take numerous visit/contacts before you can assess fully the needs of the family.* • *Providers don't see lead poisoning as a problem.*	

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
V.CLPPP REPORT CONTINUED	***New Case Management Activities*** *Non-case defined patients receiving some case management and environment services:* • *Single Elevated Blood Lead Level of 15-19 mcg/dL* • *10-14 mcg/dL* • *5-9 mcg/dL* ***CLPPP Surveillance Data and Implications for Prevention*** *Qian Guo, Epidemiologist, discussed surveillance data in CLPPP.* ***Epidemiology Unit*** • *Maintain the Response and Surveillance System for Childhood Lead Exposure (RASSCLE) according to Branch security and confidentiality standards.* • *Ensure access to timely and accurate information on individual cases, exposure sources, summary statistics, and quality of care indicators.*	

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V. CLPPP REPORT CONTINUED	***Epidemiology Unit Activities*** • *Process laboratory reporting forms* • *Enter Lead Poisoning Follow-up Form data* • *Analyze data for program planning and evaluation* • *Estimate prevalence, incidence, and trends* • *Identify High Risk Areas using ArcGIS* • *Respond to data requests* • *Disseminate and share data with the public and other collaborating agencies* *Ms. Guo discussed the following data graphs and charts:* • *Number of Defined Lead Poisoning Cases, by Year 2008-2012 (N=436, age<21 years)* • *Number of Defined Lead Poisoning Cases by Year (Age<21 Years)* • *Defined Lead Poisoning Cases by Gender* • *Defined Lead Poisoning Cases by Age Groups* • *Defined Lead Poisoning Cases by Race/Ethnicity*	

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
V. CLPPP REPORT CONTINUED	• *Number of Defined Cases, by Year and Case-Defined Blood Lead Level (the higher the blood level, the sooner health education should be conducted).* • *Defined Lead Poisoning Cases by Reason of Initial Blood Lead Test* • *Defined Lead Poisoning Cases by Fund of Initial Blood Lead Test* • *Defined Lead Poisoning Cases by Identified Source of Lead Exposure* • *Defined Lead Poisoning Cases by Built Year of Housing* • *Children Reporting Having BLL's>10 ug/dL, by Blood Lead Level and Year* • *Children Reported Having Blood Lead Levels >5 ug/dL in 2011. CDC has recommended levels 5 and above need to be tested.* • *Children Reported Having BLLs>5 ug/dL in 2011, by Blood Lead Level* • *Children Reported Having Blood Lead Levels in L.A. County in 2011 Map, by City and Community.*	

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V.CLPPP REPORT CONTINUED	*Ms. Toyota also distributed handouts of the sources of lead poisoning, such as, paint, imported toys, pottery, and jewelry, candy, traditional remedies and cosmetics, etc.* *The Commission and guests had a discussion of the recall efforts of red vines candy (red & black), and requested Ms. Toyota to share any recall information CLPPP may receive in the future.* *Commissioner Dowling asked if there's any elevated blood level correlation of foreign born students vs. U.S. born students. Ms. Guo indicated any child born outside the U.S. should be tested.* *Chairperson Champommier asked is there a breakdown of the cost of abatement. Ms. Toyota indicated abatement costs can range from $5,000 to $13,000. HUD requirements are very restrictive and expensive.*	*Commissioner Dowling requested a copy of the data powerpoint presentation.*

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V.CLPPP REPORT CONTINUED	*Vice-Chairperson Crawford asked has CLPPP seen evidence of lead in lipstick, especially with younger girls (teens) wearing lipstick. Ms. Toyota indicated CLPPP hasn't seen or heard of any high level of lead in lipstick. Ms. Okonko indicated nursing in CLPPP has noticed there has been an issue of lead in eyeliner that comes from India or Pakistan culture, which has been put on female babies to ward off evil spirits. As a result, they have seen high levels of lead in those babies. Staff is disseminating health education information to the families.* *The Commission thanked Ms. Toyota and staff for a comprehensive and focused presentation.* *The meeting adjourned at 11:16 a.m.*	*Angela Haley, Staff Liaison, informed the Commission of the information in their packets regarding the New Brown Act Change – SB 751. This change requires that when a Brown Act body takes an action, the vote or abstention of each member present at the meeting must be publicly reported. Ms. Haley requested that the Commission review the information.*