

**SHIP Childhood Lead Poisoning Prevention Coalition
8/7/17 Meeting Minutes**

Attendees: Darlene Abbate (CCMC RLTC); Andrea Boissevain (DOH, Stratford); Judith Dicine (Dept Criminal Justice); Christine Hahn (DPH); Suzanne Piacentini (HUD); Kristin Sullivan (DPH); Krista Veneziano (DPH); Marta Wilczynski (Yale New-Haven Hospital RLTC); Fredericka Wolman (DCF)

Called In: Carl Baum (Yale-New Haven Hospital RLTC); Maritza Estremera (United Illuminated); Chandel Gibbs (Neighborhood Housing Services of NH); Rich Haffey (Mystic Air); Kristen Noelle Hatcher (CT Legal Services); Helen Li; Amanda Moore (DPH); Mike Santoro (DOH)

Action Item	Owner	Due Date
Complete 2018 Action Agenda Planning Worksheet (attached to email), and send to C. Hahn	Coalition	August 25
Move all 2017 Action Agenda strategies that are marked "ongoing" to an appendix	C. Hahn	August 31
Schedule quarterly Coalition meetings in 2018	Coalition	August 31
Research whether tax credit for lead abatement legislation was passed	K. Veneziano	By next meeting
Share materials on Promise Zones project in Hartford	S. Piacentini	When available
Delete DECD from Partners list on the DPH Lead Poisoning Prevention Dashboard and add Federal HUD	C. Hahn (to ask T. Hung)	Completed

I. Announcements

- a. SHIP Advisory Council Meeting is on September 26
- b. The final 2018 Action Agenda is due September 1
 - i. K. Sullivan posed this question to the Coalition: How do we do things differently to create a bigger impact? And asks that we use this question to help guide the creation of 2018 strategies.
- c. 2018 Legislative Proposals are also due September 1

II. Review Healthy CT 2020 Performance Dashboard on DPH Website

- a. Group voted to move all action items marked "ongoing" to an appendix
- b. Regarding the goal of 1.9% for the incidence rate of children in Connecticut, a Coalition member asked how that percentage was determined

- i. After consulting the DPH Lead Program Data Manager, the 1.9% is an arbitrary goal, determined in relation to the larger goal if the incidence rate being below 2%. The percentage is also based on historical trend data and relative risk calculations.

III. Review 2017 Action Agenda

- a. K. Veneziano guided the Coalition through the Action Agenda
- b. Group voted to move all action items marked “ongoing” to an appendix

IV. Discussion to Update 2018 Action Agenda 2018

- a. F. Wolman: suggested creating a strategy related to improving data quality
 - i. In relation to the childhood blood lead data shared between DCF and CHN
- b. F. Wolman: add strategy asking the American Academy of Pediatrics to send messages to providers regarding their screening responsibilities and the Risk Assessment tool
 - i. Someone on SHIP team write an article for their quarterly newsletter
- c. The real estate industry was discussed. Do we attempt to involve them in the SHIP and how would we go about doing that? Send them an email separately?
- d. M. Wilczynski: suggested a designing a pilot project to focus efforts, selecting one community known to have chronic lead poisoning and a high proportion of pre-1978 houses. Then measure outcomes.
 - i. Similar to the Promise Zones project in Hartford
- e. M. Wilczynski: suggested the Coalition create a checklist of all potential target audiences in order to identify groups to educate

V. Discuss Legislative Proposals

- a. K. Sullivan asked the Coalition to consider any legislative proposals that need to be put in place in order to move the needle with our work
 - i. Please contact K. Sullivan and K. Veneziano if you have a proposal(s)