Public Health and Industry: Partners In Reducing Lead Exposure

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Angela Eykelbosh, Ph.D.

Environmental Health and Knowledge Translation Scientist





Established by the Public Health Agency of Canada in 2005 to promote the use of knowledge and evidence by public health practitioners and policy-makers in Canada.

The NCCEH Mandate: Knowledge Translation

Synthesize & exchange knowledge

 Incorporate evidence from research and experience for the purpose of improving or developing policy/practice

Identify gaps in knowledge

 Catalyst for new research or application of research

Build capacity

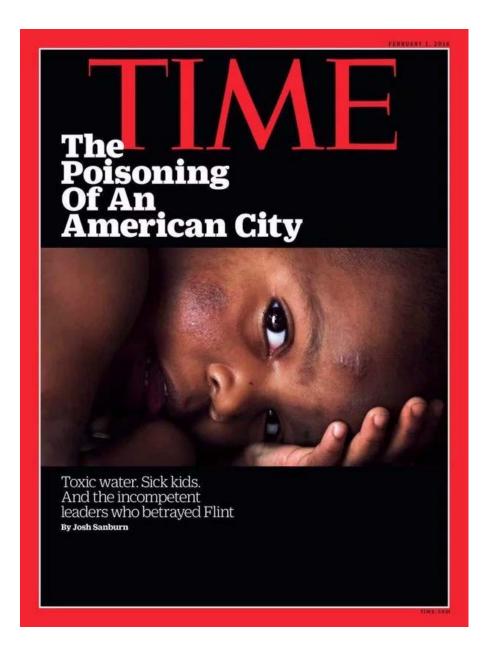
 Provide tools, establish networks, foster partnerships

Target Audience:

 Medical health officers, environmental health officers and other public health practitioners and policy-makers.

The Flint Disaster

- We know what happened...
- But how did it happen?
- What does it mean for the people of Flint?
- Can it happen in Canada?
- What role can the water treatment industry play in health protection?



Unfolding of a Public Health Crisis

2000: DWSD contract expires

Jan. 2015: Advisory for high THMs; FeCl₃ used



Jan. 2016: FEMA steps in, distributes water & filters

April 25 2014: DWSD Water turned off Dec 2014:

MDEQ

"testing" finds

"low" lead

levels



Oct. 8 2015: Revert to DWSD, but lead still leaching









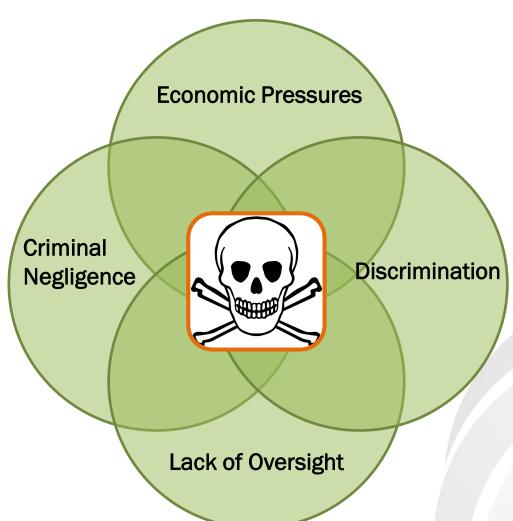
Flint: A tragedy of errors and wrongdoing

Emergency Managers

City officials

MDEQ employees

 MDHHS employees



Michigan
Civil Rights
Union
releases
report on the
role of
systemic
racism in the
crisis.

EPA regional administrator resigns; EPA sued for \$229 million

Emergency Response

- 9.3 million liters of water distributed
- 50,000 filters, 243,000 cartridges distributed
- Expansion of blood lead testing, Medicaid coverage, Head Start programs, and local health centers
- \$250 million from state, \$100 million from feds for water infrastructure
- Potentially billions in infrastructure, treatment, lost income... Partly for the lack of \$74,340 (531 days) of corrosion inhibitor!

Where are they at now?

 January 2017 lead levels back below federal limits, but still using filters.



"There's no reason to believe the water in Flint is more dangerous than other US cities"

-- Marc Edwards, Virginia Tech

What will the Flint Disaster mean for individuals and communities?

HIDEOUS

- Acutely toxic
- Multiple body systems
- Irreversible effects

Commonly present

- Effects at **low** levels
- Hard to diagnose
- Worse for children

INSIDIOUS







What does mass lead poisoning mean for individuals?







<10 µg/dL >10 μg/dL >40 μg/dL >60 μg/dL

>70 µg/dL

Blood Lead
Intervention
Level. Neurobehavioral
effects well
below this
level.

Increase in spontaneous abortion, reduced birth weights, and premature births.

Anemia, reduced sperm counts.

Kidney damage, reduced vitamin D levels.

Encephalopathy, coma, death.

CHMS Dataset: 1.2 ug/dL in adults, 0.68 ug/dL in children. Only 1% >10 ug/dL.

A note on guidelines and what they mean:

Country	Drinking Water	Blood Lead Intervention Level
US	15 ug/L	5 ug/dL
Canada	10 ug/L	10 ug/dL

- Guidelines are a <u>compromise</u> between health evidence and what is reasonably achievable.
- There is no safe level of lead exposure.
- There is more than one source of lead.

Where's all that lead coming from?

Estimated that humans have mined and released nearly *300 million tonnes* of lead into the environment... primarily in the last 500 years!

Atmospheric Lead:

Soil, dust, food, drinking water

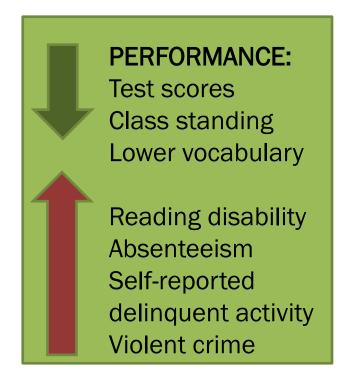
In the Home: dust, paint, pipes

Blood Pb Occupational Exposure

What does mass lead poisoning mean for individuals and communities?

Pb in blood & teeth (bone) of fetuses, children, & young adults.

CAPACITY:
Intelligence
Memory
Attention
Language
Visuospatial
skills
Motor skills
Affect/Mood



For every 10 ug/dL increase in blood lead, a child loses ~4 to 7 IQ points.



Lead exposure





Poor quality housing

Children impacted most

Lead
Perpetuates
Inequities



Irreversible neurological & behavioral consequences

Unrealized potential?

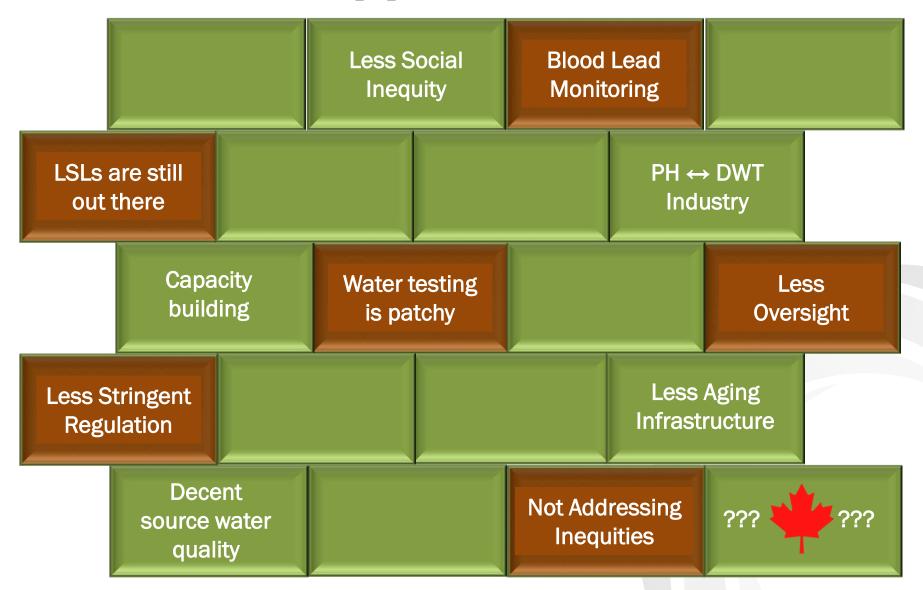


Poorer performance in school; coping issues

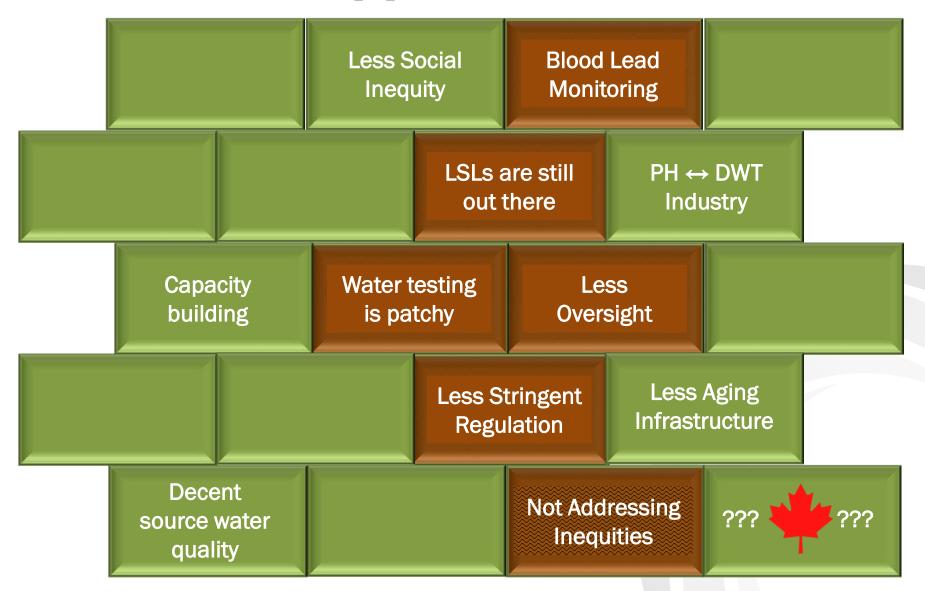




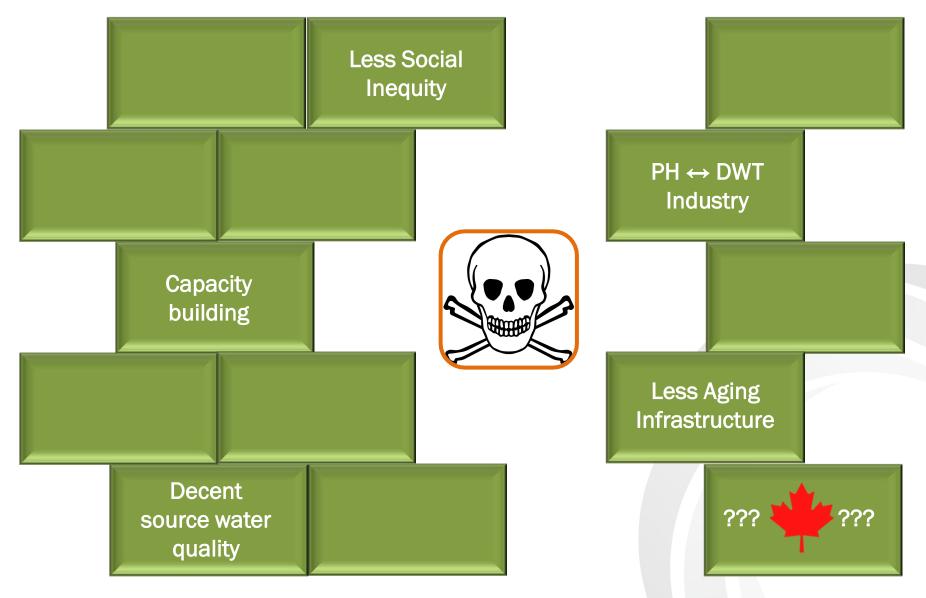
Can Flint Happen in Canada?



Can Flint Happen in Canada?



Can Flint Happen in Canada?







Social Inequities

Individual Choice:
Info + Means

Social Media

Local Public
Health:
Health Officers,
EHOs &
Physicians

Drinking Water
Treatment
Professionals

Natl & Provincial Guidelines and Regulations:

A compromise between health evidence and technical feasibility.

Friends

Other Stressors

DWT Professionals Occupy a Position of Trust

- Expertise proves itself
- Share technical knowledge
- Greater personal contact with public
- On-site assessment of issues
- Focused on individual benefit
- Problem solvers!

Building Bridges: What does Public Health Do?

- Inspections and advice
- Enforcing regulations
- Surveillance
- Setting/informing guidelines
- Policy Interventions
 - E.g., blood lead monitoring

Building Bridges: How Can We Help

Each Other?

DWT Professionals:

Connection to the public

Risk communication

 Collaborate with PH on policy vs. practice gaps.

DWT Industry

Public Health

What does PH offer?

Risk communication

Exposure assessment

- Hazard assessment
- Collecting the right information, at the right time, from the right people/houses

What Can You Do?

- Be ready with the facts.
 - Factsheets from most health authorities
 - Reduce lead exposure wherever possible... and not just in drinking water.
- Identify your partners in public health, and involve them where appropriate.
- Use guidelines cautiously
- Be aware of local lead abatement programs.



Questions?

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www.ncceh.ca www.ccnse.ca

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EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.



