



**South Dakota Childhood Lead Poisoning Prevention Program (SDCLPP)  
Lead Advisory Group Meeting  
September 23<sup>rd</sup> , 2024**

# Welcome & Introductions

# Ice Breaker

# Program Updates

# Budget Reduction

- CDC Funding reduced by 10% (FY Year 4: Sept 30, 2024 to Sep 29, 2025)
- No major impact on program activities
- Revised budget submitted to CDC



# Media Campaign Update

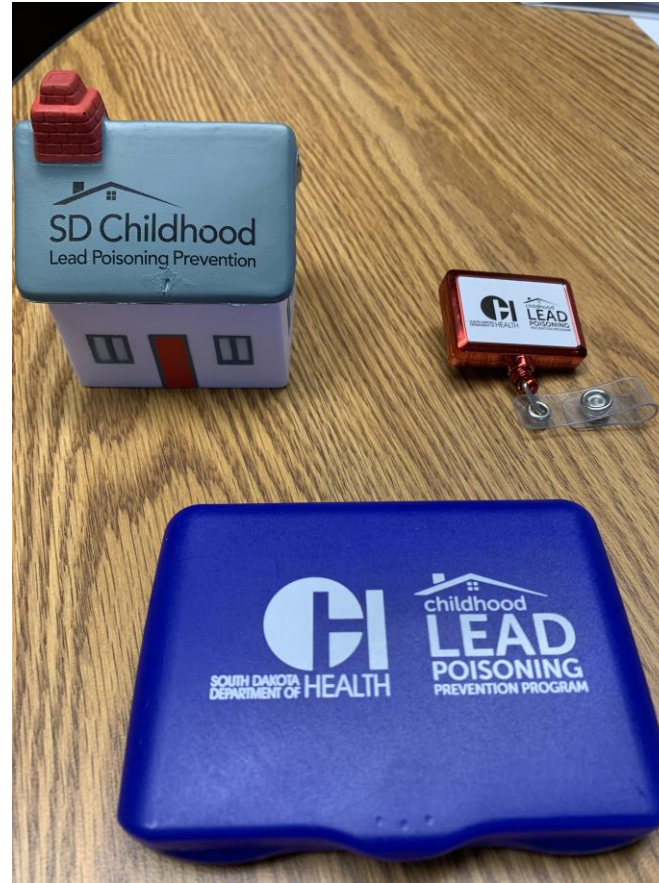
- Period: June - September 2024
- Outputs:
  - Radio: 15,618 spots throughout entire state
  - Billboards
    - Sioux Falls (2 digital): 12 weeks
      - 1 standard panel – rotates weekly
    - Watertown (1 digital): 12 weeks
    - I-90 (Digital) 2 boards
    - SF Static: 3-month placement
    - Oacoma Static: 2-month placement
  - Digital Ads: Keloland and KOTA
  - Social Media
  - Promo/Trade Show
  - Monthly Reports



# Media Campaign

## Promo/Trade Show

- Tablecloth
- First-Aid Kit: 250 units
- House Stress Ball: 250 units
- Badge Holder: 500 units
- Pen Light: 500 units



# Partnership with SD Women, Infants, and Children (WIC)

- **Plan:** SD CLPPP sought and receive approval for a one-time, end-of-year expense to purchase 30 Magellan Lead Care analyzers and test kits
- **Budget:** \$100,000
- **Geographic Targeting:** ~30 DOH offices that cover the high-risk zip codes
  - 1st Unit: Health Fairs Mobile Unit
- **Testing Duration:** April to June 2024
- **Outcome:** 163 children received lead testing and education
- **Next Steps:** SD CLPPP and WIC are seeking additional funding sources to resume testing



# Nurse Educator

- Presentation at SD Academy of PAs Fall Conference
- Presentations to USD Sioux Falls and Vermillion Nursing Programs
- Upcoming presentations for SDSU Brookings, Sioux Falls and Rapid City Nursing Programs and Sanford Health Women's and Children's Clinic Managers
- Collaborations with Avera and Sanford Pediatrics Departments
- Booth at SDAHO Conference



# Distribution of Medical Quick Guide for Lead Testing



## Child Medical Management Quick Guide for Lead Testing & Treatment



- Notices distributed in SD State Medical Association May Meeting and during outreach to medical providers

- 192 guides distributed from 9 survey responses

- 3 hospitals
- 4 clinics
- 1 IHS Service Unit
- 1 Head Start

- Available for ordering on DOH publication page: <https://apps.sd.gov/ph18publications/secure/PubOrder.aspx>

- There is no safe level of lead in the body. Exposure to lead can affect a child's development and behavior.
- South Dakota healthcare providers are recommended to follow the American Academy of Pediatrics Bright Future screening guidelines: assess all children for the risk of lead exposure at 6, 9, 12, 18, & 24 months, and at 3, 4, 5, and 6 years at well child visit. If a known or possible risk is identified, conduct a blood lead level testing.
- Use of soap and water prior to capillary specimen collection helps remove any lead from the skin for an accurate test result. Alcohol hand gel or alcohol pads do not.

If the Capillary Blood Lead Level is  $\geq 3.5$   $\mu\text{g}/\text{dL}$  Follow the Recommended Schedule for a Confirmatory Venous Sample

Capillary BLL	Retest Within*
3.5 - 9 $\mu\text{g}/\text{dL}$	3 months
10 - 44 $\mu\text{g}/\text{dL}$	1 month
45 - 59 $\mu\text{g}/\text{dL}$	48 hours
60 - 69 $\mu\text{g}/\text{dL}$	24 hours
$\geq 70$ $\mu\text{g}/\text{dL}$	Immediately


\*The higher the BLL on the screening test, the more urgent the need for confirmatory venous test

If the Confirmatory Venous Sample is  $\geq 3.5$   $\mu\text{g}/\text{dL}$  Follow the Recommended Schedule for Follow-Up Testing

Venous BLL	Follow-up Venous Test Schedule	Long-Term Follow-Up**
3.5 - 9 $\mu\text{g}/\text{dL}$	3 months	6-9 months
10 - 19 $\mu\text{g}/\text{dL}$	Within 3 months	3-6 months
20 - 44 $\mu\text{g}/\text{dL}$	2 weeks-1 month	1-3 months
$\geq 45$ $\mu\text{g}/\text{dL}$	Repeat venous blood test immediately	Based on chelation protocol

\*\*Health care providers may choose to repeat blood lead tests within a month to ensure that their BLL level is not rising more quickly than anticipated

### Recommended Follow-up Actions for Children Based on a Venous Blood Lead Level

< 3.5 $\mu\text{g}/\text{dL}$	3.5 - 9 $\mu\text{g}/\text{dL}$	10 - 44 $\mu\text{g}/\text{dL}$	45 - 69 $\mu\text{g}/\text{dL}$	$\geq 70$ $\mu\text{g}/\text{dL}$
<p>Repeat blood lead level in 6-12 months if the child is at high risk or risk changes during the timeframe</p> <p>Ensure levels are done at 1 and 2 years of age</p> <p>For children screened at age &lt;12 months, consider retesting in 3-6 months as lead exposure may increase as mobility increases</p> <p>Routine assessment of developmental milestones and nutritional status with a focus on iron and calcium intake</p> <p>Anticipatory guidance about common sources of lead exposure and how to prevent exposure</p>	<p>Refer child &lt; 6 years old to South Dakota Department of Health Childhood Lead Poisoning Prevention Program for case management services, referrals, and health education</p> <p>Schedule retest of the lead level based on confirmatory venous result</p>	<p>Perform steps as described for levels at 3.5 - 9 <math>\mu\text{g}/\text{dL}</math>.</p> <p><b>Consider:</b> Testing siblings or other children in the household</p> <p>Ensuring iron sufficiency with adequate laboratory testing (CBC, Ferritin, CRP) and treatment per AAP guidelines</p> <p>Performing structured developmental screening evaluations at periodic health visits to ensure appropriate developmental milestones are being met</p> <p>Assessing nutritional status (especially iron, calcium, and zinc)</p> <p>Checking and following neurologic and developmental status</p>  <p>AAP and PHSU Guidance Link</p>	<p>Perform steps as described for levels at 10 - 44 <math>\mu\text{g}/\text{dL}</math>.</p> <p><b>Consider:</b> Testing iron status, Neurodevelopmental monitoring, Abdominal X-ray (if particulate lead ingestion is suspected), Chelation therapy, Consultation with South Dakota Poison Center (800-222-1222) or Rocky Mountain Pediatric Environmental Health Line (877-800-5554)</p>	<p>Perform steps as described for levels at 45- 69 <math>\mu\text{g}/\text{dL}</math>.</p> <p><b>Consider:</b> Hospitalizing child and beginning chelation therapy (following confirmatory venous blood lead test)</p>

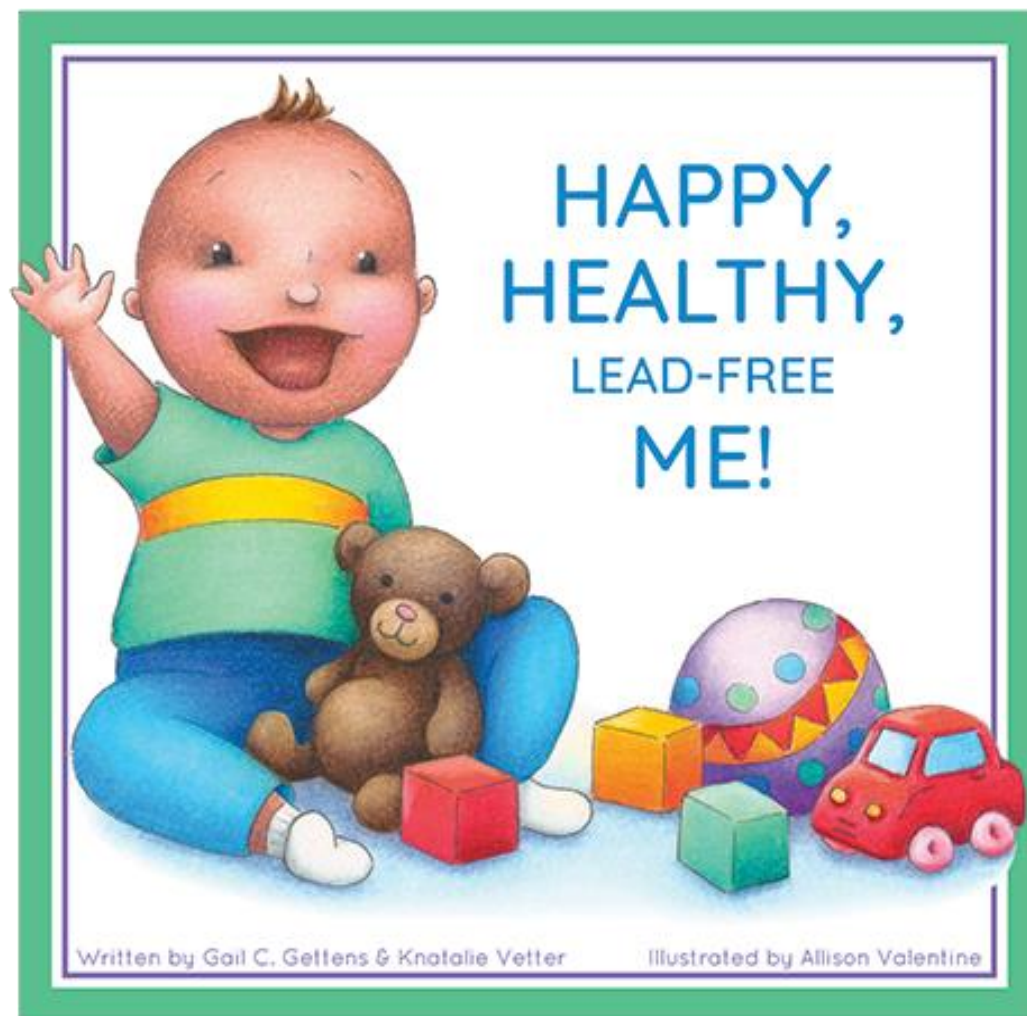
615 E. 4th St. | Pierre, SD 57501 | Phone: 605-773-3737 | Fax: 605-773-5509 | [doh.sd.gov/bloodlead](https://doh.sd.gov/bloodlead)



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# Book Orders for Providers

- SD CLPPP ordered 2,000 books, **Happy, Healthy, Lead-Free Me!**
  - 520 in Spanish
  - 1,480 in English
- Can be ordered at :  
<https://apps.sd.gov/ph18publications/secure/PublicOrder.aspx>



# FDA Public Health Alert: Ground Cinnamon with Elevated Lead Levels

- FDA issued a public health alert concerning 10 brands of ground cinnamon
- Reason for Alert: Elevated lead levels, ranging from 2.03 to 7.01 parts per million (PPM) detected in ground cinnamon.
  - The lead levels are significantly lower compared to those in the WanaBana cinnamon apple puree and applesauce products recalled in Fall 2023, which contained 2,270 to 5,110 ppm of lead.
- Collaborative Efforts: This alert is part of a cooperative agreement with states to investigate, monitor, and remove contaminated foods
- States first identifying elevated lead levels later confirmed by FDA:
  - California
  - Maryland
  - Missouri
  - Connecticut
  - Virginia

Full list of affected products and their lead levels:

[More Ground Cinnamon Products Added to FDA Public Health Alert Due to Presence of Elevated Levels of Lead | FDA](#)



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# Consumer Product Safety Commission Recall: Newmemo Children's Ring Sets

- Reason for Alert: Children's Jewelry Sets Recalled Due to Risk of Lead and Cadmium Poisoning
- Recalled sets were sold in a pack of 36 rings in multiple designs
- Sold Exclusively Online: Amazon.com from January 2022 through March 2024 for about \$12.
- Importer: Memovan Technology Industrial Co. Limited, (dba Newmemo), of China
- Manufactured In:China

[Link:Children's Jewelry Sets Recalled Due to Risk of Lead and Cadmium Poisoning; Violations of the Federal Lead Content Ban and Federal Hazardous Substances Act; Sold Exclusively on Amazon.com by Newmemo | CPSC.gov](#)



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# Questions

# HUD's Office of Lead Hazard Control and Healthy Homes

Karen M. Griego Healthy Homes Representative, HUD Regions IX & X, State of NM  
Senior Program Environmental Specialist  
Programs and Regulatory Support Division

&

Matt Cerny  
Program Analyst  
US Department of Housing and Urban Development



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# SD CLPPP Lead Advisory Group Activities and Goals

**Mission:** To promote age-appropriate blood lead screening and testing for South Dakota children.

## Activities

1. Assist in creating statewide recommendations for blood lead testing based on local data.
2. Advise on development of an appropriate statewide screening and testing plan based on local data.
3. Advise on development of an appropriate statewide plan to link children with elevated blood lead levels to recommended services.
4. Review educational material needed for care providers on screening, testing, and referrals.
5. Review data and make changes to the screening and testing plan or referral plan as needed.

## Goals / Objectives

1. Improve screening and testing for blood lead in South Dakota children.
2. Improve referral process for services for children with elevated blood lead levels.

**Lead Advisory  
Group Approval  
Requested**



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# Updated SD CLPPP Lead Advisory Group Activities and Goals

**Mission:** To promote age-appropriate blood lead screening, testing, and reporting for South Dakota children.

## Activities

1. Review and approve statewide recommendations for statewide blood lead screening and testing plan.
2. Advise on referral services available in South Dakota for children identified with lead in the blood(i.e., referral plan).
3. Review and approve educational materials to medical providers on screening, testing, and referrals.
4. Review lead poisoning surveillance data and advise on changes to the screening and testing plan or referral plan, as needed.

## Goals / Objectives

1. Improve screening, testing, and reporting of blood lead in South Dakota children.
2. Improve referral process for services for children identified with lead in the blood.
3. Increase awareness and knowledge to parents /caregivers about lead exposure as a health risk and the ability to test for lead in the blood.

**Lead Advisory  
Group Vote  
Requested**



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# Communication and Dissemination Plan Table

Target audience (WHO?)	Communication objectives (CO) (WHY?)	Communication Key messages (KMs) (WHAT?)	Dissemination channels (WHERE?)
<b>Families with children under 6, pregnant or lactating women, and immigrants/refugees</b>	CO1: Raise awareness about the importance of childhood lead poisoning prevention CO2: Engage with relevant stakeholders CO5: to increase the visibility of the program and its activities	<ul style="list-style-type: none"> <li>•Lead screening and testing recommendations for children</li> <li>• Impact of lead exposure</li> <li>•Populations at risk for having lead in blood</li> <li>•Ways to mitigate lead hazards in homes and the community</li> <li>•Traditional sources of lead exposure such as household paint</li> <li>•Non-traditional sources such as toys, spices, folk medicines, cookware, and occupational exposures.</li> </ul>	<ul style="list-style-type: none"> <li>•Direct mailing</li> <li>•Health Fairs</li> <li>•Public Service Announcements (PSA)</li> <li>•Social media</li> <li>•Newsletters (e.g., SD Public Health Bulletin)</li> <li>•Websites (e.g., doh.sd.gov or those of community partners)</li> </ul>
<b>Medical and Service Providers</b>	CO1: Raise awareness about the importance of childhood lead poisoning prevention CO2: Engage with relevant stakeholders CO3: Influence policy making CO4: Exchange ideas for case management, referrals, and linkage to care CO5: Increase the visibility of the program and its activities CO7: Disseminate blood lead surveillance reports CO8: Encourage data sharing, such as referrals to programs and linkage of data to improve health a awareness and outcomes	<ul style="list-style-type: none"> <li>•Lead screening and testing recommendations for children</li> <li>•Impact of lead exposure</li> <li>•Populations at risk for having lead in blood</li> <li>•Medical providers reporting requirements</li> <li>•Screening, Testing, and Follow-up guidelines for children with lead in blood</li> <li>•Findings from surveillance reports</li> </ul>	<ul style="list-style-type: none"> <li>•Direct mailing</li> <li>•Direct distribution (brochures, posters, infographics, etc.)</li> <li>•DOH Listserv</li> <li>•Newsletters (e.g., SD Public Health Bulletin)</li> <li>•Websites (e.g., doh.sd.gov or those of community partners)</li> <li>•Advertisements (e.g., South Dakota Medicine Journal, Dakota Nurse Connection)</li> </ul>
<b>Laboratory Facilities</b>	CO9: Engage laboratory facilities to submit all lead test results to the state and monitor data quality	Laboratory and medical provider reporting requirement	<ul style="list-style-type: none"> <li>•DOH Listserv</li> <li>•Meetings, conferences, trainings, and presentations</li> </ul>
<b>Elected officials, Federal and state agencies, and Community-based Organizations (CBO)</b>	CO1: Raise awareness about the importance of childhood lead poisoning prevention CO2: Engage with relevant stakeholders CO3: Influence policy making CO4: Exchange ideas for case management, referrals, and linkage to care CO5: Increase the visibility of the program and its activities CO6: highlight the program’s positive impact in the state CO7: Disseminate blood lead surveillance reports CO8: Encourage data sharing	<ul style="list-style-type: none"> <li>•Lead screening and testing recommendations for children</li> <li>•Impact of lead exposure</li> <li>•Populations at risk for having lead in blood</li> <li>•Ways to mitigate lead hazards in homes and the community</li> <li>•Traditional sources of lead exposure such as household paint</li> <li>•Non-traditional sources such as toys, spices, folk medicines, cookware, and occupational exposures.</li> <li>•Screening, Testing, and Follow-up guidelines for children with lead in blood</li> <li>•Laboratory and medical provider reporting requirement</li> <li>•Findings surveillance reports</li> </ul>	<ul style="list-style-type: none"> <li>•Direct mailing</li> <li>•Health Fairs</li> <li>•Direct distribution (brochures, posters, infographics, etc.)</li> <li>•DOH Listserv</li> <li>•Newsletters (e.g., SD Public Health Bulletin)</li> <li>•Websites (e.g., doh.sd.gov or those of community partners)</li> <li>•Public Service Announcements (PSA)</li> <li>•Social media</li> </ul>
<b>Media</b>	CO1: Raise awareness about the importance of childhood lead poisoning prevention CO5: Increase the visibility of the program and its activities, CO6: Highlight the program positive impact in the state CO7: Disseminate blood lead surveillance reports	<ul style="list-style-type: none"> <li>•Lead screening and testing recommendations for children</li> <li>•Impact of lead exposure</li> <li>•Populations at risk for having lead in blood</li> <li>•Ways to mitigate lead hazards in homes and the community</li> <li>•Traditional sources of lead exposure such as household paint</li> <li>•Non-traditional sources such as toys, spices, folk medicines, cookware, and occupational exposures.</li> <li>•Findings surveillance reports</li> </ul>	<ul style="list-style-type: none"> <li>•Social media</li> <li>•Newsletters (e.g., SD Public Health Bulletin)</li> <li>•Websites (e.g., doh.sd.gov or those of community partners)</li> </ul>

**Lead Advisory Group Approval Requested**

# Insurance Provider Discussion

## **Wellmark Blue Cross and Blue Shield**

- Cover blood lead testing for children aged 0-7
- Cover visit cost at 1 year old and sometimes at 2 years old
- Can cover additional testing for kids who are at risk for high lead level

## **Sanford Health Plans**

- Cover 2 visits for blood lead testing one at 12 months and one at 24 months
- Cover 2 lifetime visits, unless screening questions are positive, will cover 6, 9, & 18 months, 3, 4, 5 & 6 years

## **Avera Health Plans**

- Cover blood lead testing for children
- No limit on the number of times a child can be tested and covered for lead testing each year

# Current Screening and Testing Guidelines



South Dakota Lead Poisoning Prevention Program  
South Dakota Department of Health



## South Dakota Screening, Testing, and Follow-up Guidelines

### Screening and Testing

The South Dakota Childhood Lead Poisoning Prevention Program (SD CLPPP) recognizes there is **NO safe level of lead in the blood** and recommends that South Dakota health care providers to follow the American Academy of Pediatrics Bright Future screening guidelines: assess all children for the risk of lead exposure at 6, 9, 12, 18, & 24 months, and at 3, 4, 5, and 6 years at well child visit. If a known or possible risk is identified, conduct a blood lead level testing.

The risk assessment questions below can help identify a possible risk of exposure to lead hazards. If the answer to any question on the Verbal Risk Assessment is **“Yes”** or **“I don’t know”**.

Risk Assessment Questions			
Question	Yes	No	I don't know
Does this child Live in a high-risk ZIP code area for lead exposure?			
Does this child live or spend time in a house built before 1978?			
Does this child live or spend time in house built before 1978 with recent or ongoing remodeling within the past year?			
Is this child eligible for or enrolled in Medicaid, Head Start, or the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)?			
Is this child a recent immigrant, refugee, or foreign adoptee?			
Does this child live with parent or caregiver who has a job that causes them to have frequent contact with lead? (e.g., plumbers, construction, auto repair, metal/battery recycling, welders)?			
Does this child have developmental disabilities and persistent pica habits?			
Does this child have a sibling or playmate with a blood lead level ( $\geq 3.5$ $\mu\text{g}/\text{dL}$ ), or parent expresses a concern about or asks for their child to be tested for lead?			



South Dakota Lead Poisoning Prevention Program  
South Dakota Department of Health



### Testing Recommendations for Certain Populations

#### Medicaid

The Centers for Medicare and Medicaid Services (CMS) recommends for Medicaid-enrolled children:

- Blood lead level testing (either capillary or venous) should be performed at 12 and 24 months of age.
- Children 36–72 months who missed recommended testing at a younger age should be tested.

#### Immigrants, Refugees, and Foreign Adoptees

The Centers for Disease Control and Prevention (CDC) recommends initial testing for the following:

- All infants and children  $\leq 16$  years of age
- Adolescents  $>16$  years of age if there is a high index of suspicion, or clinical signs/symptoms of lead exposure
- All pregnant and lactating women and girls

Follow-up testing with blood test, 3–6 months after initial testing:

- All infants and children  $\leq 6$  years of age, regardless of initial screening result
- Children, adolescents, and pregnant or lactating women who had a blood lead result  $\geq 3.5$   $\mu\text{g}/\text{dL}$ .

### Timing of Follow-up Testing

For children identified with lead in blood ( $\geq 3.5$   $\mu\text{g}/\text{dL}$ ), the tables below will help ensure appropriate follow up.

If the Capillary Blood Lead Level is  $\geq 3.5$   $\mu\text{g}/\text{dL}$  follow the Recommended Schedule for a confirmatory Venous Sample

Capillary Blood Lead Level	Confirm test with venous within*
3.5 - 9 $\mu\text{g}/\text{dL}$	3 months
10- 44 $\mu\text{g}/\text{dL}$	1 month
45 - 59 $\mu\text{g}/\text{dL}$	48 hours
60 - 69 $\mu\text{g}/\text{dL}$	24 hours
$\geq 70$ $\mu\text{g}/\text{dL}$	Immediately as an emergency test

\*The higher the BLL on the screening test, the more urgent the need for confirmatory venous test

Venous Blood Lead Levels	Follow-up Venous Test Schedule	Long-Term Follow-Up**
3.5 - 9 $\mu\text{g}/\text{dL}$	3 months	6-9 months
10- 19 $\mu\text{g}/\text{dL}$	Within 3 months	3-6 months
20 - 44 $\mu\text{g}/\text{dL}$	2 weeks–1 month	1-3 months
$\geq 45$ $\mu\text{g}/\text{dL}$	Repeat venous blood test Immediately	Based on chelation protocol



# Proposed Screening and Testing Guidelines

## South Dakota Screening, Testing, and Follow-up Guidelines

### Screening and Testing

The South Dakota Childhood Lead Poisoning Prevention Program (SD CLPPP) recognizes there is **NO safe level of lead in the blood** and recommends the following:

- Universal testing of children at ages 12 months and 24 months.
- Catch-up testing if a child does not have two blood lead tests by age 3 years.
- Targeted testing for children aged 6 months and older based on the risk assessment questions.

The risk assessment questions below can help identify a possible risk of exposure to lead hazards. If the answer to any question on the Verbal Risk Assessment is **“Yes” or “I don’t know, proceed with testing.**

	Yes	No	I Don’t Know
Does the child live or spend time in a house built before 1978? <i>(especially if chipping or peeling paint is present or a renovation or remodel was completed in the past year)</i>			
Does the child live with a parent or caregiver who has a job with the potential to have frequent contact with lead? <i>(e.g., plumbers, construction, auto repair, metal/battery recycling, welders)?</i>			
Does the child have a sibling or playmate with a blood lead level 3.5 µg/dL or higher, or parent expresses a concern about or asks for their child to be tested for lead?			
Has the child recently arrived in the country as an immigrant, refugee, or foreign adoptee?			

### Testing Recommendation for Certain Populations

Medicaid: Centers for Medicare and Medicaid Services (CMS) recommends for Medicaid-enrolled children:

- Blood lead level testing (e.g., capillary or venous) should be performed at ages 12 and 24 months.
- Children 36–72 months who missed recommended testing at a younger age should be tested.

Immigrants, Refugees, and Foreign Adoptees: Centers for Disease Control and Prevention (CDC) recommends initial and repeat (3-6 months later) blood lead testing for the following:

- All refugee children birth to 16 years old
- All pregnant and lactating women and girls

### Timing of Follow-up Testing

For children identified with lead in blood ( $\geq 3.5$  µg/dL), the tables below will help ensure appropriate follow up.

#### If the Capillary Blood Lead Level is $\geq 3.5$ µg/dL follow the Recommended Schedule for a confirmatory Venous Sample

Capillary Blood Lead Level	Confirm test with venous within*
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\*The higher the BLL on the screening test, the more urgent the need for confirmatory venous test

#### If the Confirmatory Venous Sample is $\geq 3.5$ µg/dL follow the Recommended Schedule for Follow-Up Testing

Venous Blood Lead Levels	Follow-up Venous Test Schedule	Long-Term Follow-Up**
3.5 - 9 µg/dL	3 months	6-9 months
10- 19 µg/dL	Within 3 months	3-6 months
20 - 44 µg/dL	2 weeks–1 month	1-3 months
$\geq 45$ µg/dL	Repeat venous blood test Immediately	Based on chelation protocol

### South Dakota Lead Poisoning Prevention Contacts

- Call: 605-773-3737 for questions regarding elevated blood lead case management.
- Fax: 605-773-5509 to send results or submit via Secure website: [sd.gov/diseasereport](https://sd.gov/diseasereport)
- Mail or courier, address to: Infectious Disease Surveillance, Department of Health, 615 East 4th Street, Pierre, SD 57501; marked "Confidential Disease Report"

### Resources:

- South Dakota Department of Health: <https://doh.sd.gov/diseases/infectious/Blood-Lead/Resources.aspx>
- CDC: <https://www.cdc.gov/nceh/lead/advisory/acclpp/actions-blls.htm>
- Pediatric Environmental Health Specialty Unit (PEHSU): <https://www.denverhealth.org/services/community-health/pediatric-environmental-health-specialty-unit>
- South Dakota Poison Center: <https://sdpoison.org/>

# DANR's Recent Work Lead Assessment Line and Water Testing in Schools

**Mark Mayer**



SOUTH DAKOTA DEPARTMENT OF HEALTH



## National Lead Poisoning Prevention Week 2024 (NLPPW) **FEEDBACK**

- October 20–26, 2024
- Theme is “Bright Futures Begin Lead-Free!”
- Outreach opportunity around 3 key messages:
  - **Get the Facts:** Lead is still a problem in many communities
  - **Get Your Child Tested:** A blood test is the best way to find out if your child has lead poisoning
  - **Get Your Home Tests:** Minimize your risk of lead exposure by hiring a certified professional to test your home for lead if it was built before 1978
- **2024 Focus:** Social media and SD Medicine ad
- <https://www.epa.gov/lead/national-lead-poisoning-prevention-week>

Paint choices from '74 can cause big problems in '24

It's National Lead Poisoning Prevention Week, and South Dakota has thousands of homes with aging lead-based paint, older plumbing, and a host of other things that cause lead poisoning in children. If you have kids under the age of 6, talk to your pediatrician about getting them tested for exposure to lead. Together we'll make SD Lead-Free!

leadfree.sd.gov





# Additional LAG Members **FEEDBACK**

## Current Members

- **Ashley Lauing, Policy Strategy Manager – Department of Social Services**
- **Kelly Thomas, Laboratorian – Indian Health Service**
- **Mark Mayer, Engineering Manager – Department of Agriculture and Natural Resources**
- **Matt Cerny, Program Analyst -US Department of Housing and Urban Development**
- **Rea Riggle, Environmental Coordinator – South Dakota Department of health**
- **Rochelle Boote, MD – American Academy of Pediatrics (SD Chapter)**
- **Tim Jurgens, Director -LSS Center for New Americans**
- **Tina Boxley , Health and Safety Specialist -Head Start**

# Next Steps

- Next meeting /topics interest
- Help with reimbursement forms
- Closing

