

Flint Water Recovery Group Meeting Notes

Thursday, March 24, 2016

3:00 p.m.

Welcome

- Update from HHS (Geraldyn Lasher)
 - Question from last week about stores providing ready to feed formula
 - List available
 - Hard copies available/can be emailed
 - Nursery water availability
 - Recommending bottled water for infant formula
 - Access to distilled water for medical reasons
 - Lead in water would not have changed need for distilled water
 - No supply of distilled water to distribute
 - Continues to be individual responsibility
- Ground Rules
 - **No** recording devices
 - **No** offensive language
 - Q&A period is after **all** report outs are complete
 - Be respectful towards those asking questions
 - Be respectful towards those answering questions

Updates from Good360/United Way of Genesee County

- Bus passes still available at meetings
- Can continue to request commodities pertaining to water crisis
- Most requests are centered around diapers, hand sanitizer, baby wipes
 - United Way will purchase these items
 - Diapers are available to everybody
 - Diapers are readily available through Food Bank
 - United Way will pay annual fee for membership in Food Bank if needed for water crisis
 - United Way will also work to help with delivery fees (\$1 per case)
- Bottle openers for seniors
 - Valley Area Agency on Aging distributing some openers
 - United Way looking to purchase a few thousand to distribute
 - Can be distributed through Meals on Wheels, Family Agency, can also be checked out with bus passes
- Several grants made this week
 - Flint Housing Commission
 - Valley Area Agency on Aging
 - Community Resolution Center
 - Grants pending for three other organizations

- Quest Diagnostics will come out to do blood lead level testing
 - Guidelines will be available by next meeting about how to make request for testing

Workgroup Report Outs

- Recovery Resources
 - Four possibilities for hubs right now
 - Other services will still be going out into community in addition to hubs
 - Ideally in hubs various services will be merged—mental health, physical health, water resources, education, etc.
 - Resources are not being withheld even though hubs are not yet established
 - Met with physical health
 - Nutrition
 - Food Bank Mobile Nutrition Program
 - Four trucks per week
 - No requirements of income, just need to provide zip code and number in household
 - Will provide lead mitigating foods
 - Partnership with United Dairy Industry of Michigan
 - Once established, will start transporting semis of milk to Food Bank
 - PODs
 - Locations in Ward 1 and 6 confirmed
 - Greater Holy Temple (Ward 3) working on logistics, up and running
 - No transitions out of fire stations right away
 - Community schools may work on a few PODs hopefully in Wards 2 and 8
 - Still looking for Wards 4, 5, and 9
 - Currently in process of hiring work experience positions in PODs as laborers and team leaders
 - Each worksite will have an agreement with GST Works
 - Mentors will be onsite
 - More work positions will be created as needed
- Education Workgroup
 - Have list of vetted frequently asked questions
 - Document is ready to forward to Communications group
 - Working on translations of documents from health department
 - Documents are vetted by group
 - Less text dense, user friendly
 - Looking forward to working with physical health workgroup
 - Re-evaluating some messaging
 - For example, getting information relevant to dental issues

- Inviting any other agency producing documents to come to meetings at 8:30 am on Tuesdays at GISD on Pilgrim Rd.
- Need to connect with group(s) that have been canvassing door to door
 - GISD has been canvassing
 - Would like input
- Communications Workgroup
 - Make sure information given in these meetings is disseminated through all levels of organization, especially to staff who work directly with residents
 - Identified need to make sure filters are being used and installed correctly
 - Working on communication channels in a subgroup
 - Working to understand what methods are available
 - Media, community canvassing groups, church bulletins, etc.
 - Send any information about potential channels to Jamie-Lee Venable
 - Information will go out in two local papers by April 2
 - Working on getting website up and running
 - Need to get materials from other workgroups to disseminate
- Mental Health Workgroup
 - Upcoming community educational sessions
 - Tips for health, stress management, activities and screenings for children
 - Upcoming session on water crisis & racism
 - Dr. Camara Jones
 - March 28-29, 8:30 am to 12:30 pm, Riverfront Banquet Center, Flint
 - Several trainings scheduled
 - Some workgroup members able to attend a resilience training through GCCARD
 - Grant being written to support outreach efforts
 - Hoping to use some of this funding to supplement hubs
- Physical Health Workgroup
 - Updates on rash investigation
 - Now in eleventh week
 - CDC team has been providing support for last seven weeks
 - 470 people called in with rash reports
 - 336 of those have an active rash
 - 265 have been interviewed by CDC with standardized epidemiological questionnaire
 - 75% of these individuals have substantially altered bathing and water use habits
 - Approximately 100 individuals 66% female, average age 44
 - Some reports of eye irritation and hair loss in addition to rash
 - No specific risk factors identified yet
 - Epidemiological interviews, EPA water testing, dermatological screenings
 - Water testing
 - 131 homes have been referred to EPA for testing

- No chemical identified to date that could be connected to causing rashes
 - Still need to analyze data further
 - EPA testing will continue until all interviewed individuals have been referred
- Dermatologist appointments
 - Dermatologists have committed their efforts through the end of January to do screenings
 - Not making any referrals to dermatologists unless individuals already have a primary care provider
 - Dermatologists make their recommendations for treatment to primary care provider
 - About 60% of individuals who come for screening have eczema
 - Many who come in for screening are often getting a diagnosis for the first time
 - Eczema linked to a wide variety of variables
- Epidemiological interviews
 - Continuing through Friday
 - When CDC team returns to Atlanta, they will focus efforts on entering and analyzing data that has been collected
 - Anticipate having a preliminary report in about 4-5 weeks
- Investigation focusing on rashes that have responded or worsened with current water supply
- Nothing has been identified so far
- Questions
 - Highly public messages in media from figures and experts credible in the community about water not being safe to bathe in causing conflict in opinions
 - Lack of trust in communications (especially authoritative statements)
 - Guarantees and affirmations of certainty about water seem inappropriate for communications in light of failures of these assurances in the past
 - Are interactions between water treatments and other chemicals not found in water being evaluated?
 - Link between eczema and anxiety in environment?
 - Anxiety exacerbates eczema
 - Before definitively making this particular link need to exclude other variables first
 - What about water-related physical health complaints other than rashes?
 - Assessing for other signs and symptoms in investigation
 - Is water being tested for carcinogens? Any links to MRSA?

- Are populations without primary care providers excluded from this investigation?
 - The next step for anyone who calls reporting a rash and doesn't have a primary care provider is to get them a provider
 - Any concerns about change to warmer weather and health issues?
 - Alerts have been sent to healthcare providers with up to date information as data is collected and analyzed
 - Incidence of rashes goes up in the summertime
 - Eczema peaks in summertime
 - Is the testing done by EPA addressing not just metals but other contaminants and byproducts in water? Are contaminants being tested not only individually but in interactions/combinations with each other as well?
 - Testing for biologics would then be counterproductive, since data indicates that the rashes are not infectious
 - EPA are expanding their testing protocols
 - Why hasn't data been input and analyzed on an ongoing basis?
 - CDC has been focusing more on data collection so far, but is now turning to analyze data
 - Is there a plan for future research after this investigation concludes?
- Physical Health Workgroup
 - Working through case management
 - Challenges in getting good educational materials out
 - Next physical health meeting will be combined with education group
 - Medicaid expansion waiver
 - State system not yet ready
 - Working on coordination of service among six Medicaid health plans
 - Mass blood testing clinics
 - Important to make sure these results are connected to primary care physicians
 - One test result does not mean you don't need further care and screening
 - Auto-assignment through health plans
 - If individuals do not choose a physician within 30 days of changing or starting a health plan, they will be automatically assigned a doctor
 - These auto assignments can disrupt pre-established relationships with providers or split up families across different doctors
 - Continuing to convene meetings between six different health providers in community
 - Focusing on health information
 - Working to establish longitudinal record
 - CHAP is a resource for families with children
 - Volume has gone up considerably in last few months
 - Over 60 dental providers in community

- Important to make more referrals for dental care
- Doctors in community met to discuss upcoming legionelle season
 - Preparing to be proactive to address this issue as warmer weather approaches
- How to find doctors who are deaf-friendly and can provide interpreters?
 - If you are auto-assigned to a doctor you do not want, there is a period of time to call your health insurance company and ask them to reconnect you with a doctor of your choice if this doctor is included in the network of your health plan
 - Communication Access Center provides interpreter services for a fee
 - Any idea of establishing a fund for interpretation fees?
 - How to deal with physicians who refuse to provide interpreters?
 - Will be pursued by Medicaid teams and health department