

Overview of Programs in the Bureau of Environmental Epidemiology (BEE)

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Questions and Answers

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Below you will find the summary of the questions and answers (Q & A) from the live Webinar Series. For clarity and brevity, the live session of Q & A was trimmed from the original recording. Please keep in mind that this document is meant as a job aide. It does not create or confer any right for or on any person and does not operate to bind federal, state, or local food safety regulatory agencies. If you have questions concerning interpretation or application of various portions, please reach out to your Regional Specialist for assistance. Current Regional Specialist and District Supervisor maps are linked on the main BEHS INFO HUB page.

Q: Contact info for HRAP?

A: Porter.volk@health.mo.gov

Q: If we have residents asking about workplace environmental hazards, can we refer them to HRAP?

A: We can take that information and assess it and see if it's something we can work with or refer them to OSHA or another agency.

Q: I would add to that question to ask does that change if the workplace is a food production plant?

A: Go through BEHS initially, probably the Manufactured Program, then depending on the circumstances there can be a conversation among bureaus.

Q: CDC lead reference value has changed over the years. Can you explain how it's changed over the years and how it's affected your workload?

A: The blood lead reference value determined by the CDC is the top 2.5% of children across the nation. That's how we Missouri) also determine our reference value. It's the higher than the national reference value. The reference value is not based on health effects but on the percentage of children with elevations. For Missouri, the workload and volume has significantly changed when we started public health action at 3.5 micrograms per deciliter ($\mu\text{g}/\text{dL}$). Previously the levels had been 10 $\mu\text{g}/\text{dL}$ then dropped down to 5 $\mu\text{g}/\text{dL}$ in 2012, and in 2021, they dropped down to 3.5 $\mu\text{g}/\text{dL}$. We went from 300 cases above 10 $\mu\text{g}/\text{dL}$ to 3,000 cases above 3.5 $\mu\text{g}/\text{dL}$. So, we see a significant number of children that have an elevation somewhere between 3.5 and 10 $\mu\text{g}/\text{dL}$.