

# States Partner Across Sectors to Address Lead Poisoning

## Introduction

ASTHO partnered with the National Center for Healthy Housing ([NCHH](#)) to provide technical assistance and capacity-building support for lead poisoning prevention efforts in three state health agencies: Maryland Department of Health, North Dakota Department of Health and Human Services, and Arkansas Department of Health. This brief highlights each agency's strategies for collaborating across sectors along with accomplishments for strengthening lead poisoning prevention capacity in each jurisdiction. Many of these strategies align with those used in a health in all policies ([HiAP](#)) approach to [lead poisoning prevention](#).

## State Examples

### Maryland Department of Health

Maryland adopted a collaborative approach to prevent lead poisoning. The Maryland Department of Health (MDH) has an established lead poisoning prevention [program](#) that partners with the [Maryland Department of the Environment](#). The Department of the Environment oversees the childhood lead registry and case management, while MDH focuses on lead testing regulations and Medicaid services. This partnership has been implemented across the 24 local health departments in the state.

Maryland enhanced lead case management by providing staff support and tackling complex cases that require additional assistance. In addition to supporting an increase in lead case management activities and lead awareness, ASTHO funding also helped strengthen collaboration and coordination among local health departments, state agencies, and local healthcare providers. The MDH Environmental Health Bureau also improved efficiency by moving data from the lead registry to MDH for lead surveillance and case management. They also developed and launched sub-county lead testing data as part of their [Environmental Public Health Tracking public portal](#). These activities align with HiAP strategies of developing and structuring cross-sector relationships, coordinating funding and investments, and synchronizing communications.

### North Dakota Department of Health and Human Services

The North Dakota Department of Health and Human Services (NDHHS) made significant strides in building up the state lead program, which recently transitioned from the department of environmental quality to NDHHS. With support from ASTHO and NCHH, NDHHS developed a [lead prevention website](#) with a data dashboard, developed a lead screening questionnaire, and built collaborative partnerships. The activities in North Dakota align with the HiAP strategies of developing and structuring cross-sector relationships, synchronizing communications, and integrating research, evaluation, and data systems.

Building collaborative partnerships is a key initiative for the NDHHS lead program. Already developed partnerships include stakeholders such as Health Tracks and WIC. Health Tracks developed a newsletter article for their provider network so physicians can stay up to date and aware of the lead program transition and lead testing changes, and WIC will host informational lunch and learns to raise awareness about lead testing within their network.

North Dakota is also prioritizing building partnerships with tribal communities. A tribal communications plan was developed with the goal of establishing an effective communication plan between the state of North Dakota and each tribal government for lead-related events. Anticipated outcomes from the communication plan include testing for blood lead levels, conducting environmental assessments on tribal lands, and seeing if a tribal member or government is interested in hosting a lead screening event. Progress has been made with the Standing Rock Sioux Tribe, Turtle Mountain band of Chippewa, and NDHHS is hopeful to establish intertribal meetings with all four governmental tribal representatives.

### Arkansas Department of Health

The Arkansas Department of Health established its [lead program](#) in 2011 to support abatement of lead-based paint in residential and commercial properties. With support from ASTHO and NCHH, Arkansas has been using a data-driven approach to gain a more comprehensive understanding of lead exposure burden in the state. These activities align with the HiAP strategy of incorporating health data into decision-making and integrating research, evaluation, and data systems.

The Arkansas Department of Health conducts periodic audits on its data system to support access to timely and accurate data. To improve data quality and frequency of blood lead testing reports, the health department is establishing incentive programs to encourage facilities to report cases of elevated blood lead.

In addition to conducting outreach to its partners, the Arkansas Department of Health has been working to improve lead case data access and data quality through data mining efforts, case report matching, and migration to a new lead surveillance system. Arkansas has been working to modernize the current reporting system to facilitate automation and promote overall efficiency of data analysis and case identification.

### Conclusion

The collaborative efforts of Maryland, North Dakota, and Arkansas highlight the importance of multi-sector partnerships and data sharing in addressing lead poisoning prevention and align with many of the strategies used in a [HiAP](#) approach. Each state implemented tailored strategies that sought to grow collaboration in its unique context. These initiatives highlight the importance of cross-sector collaboration in public health initiatives and may serve as valuable models for other jurisdictions.