

JULY 2021

IMPLEMENTING A HEALTH IN ALL POLICIES

APPROACH TO LEAD POISONING PREVENTION

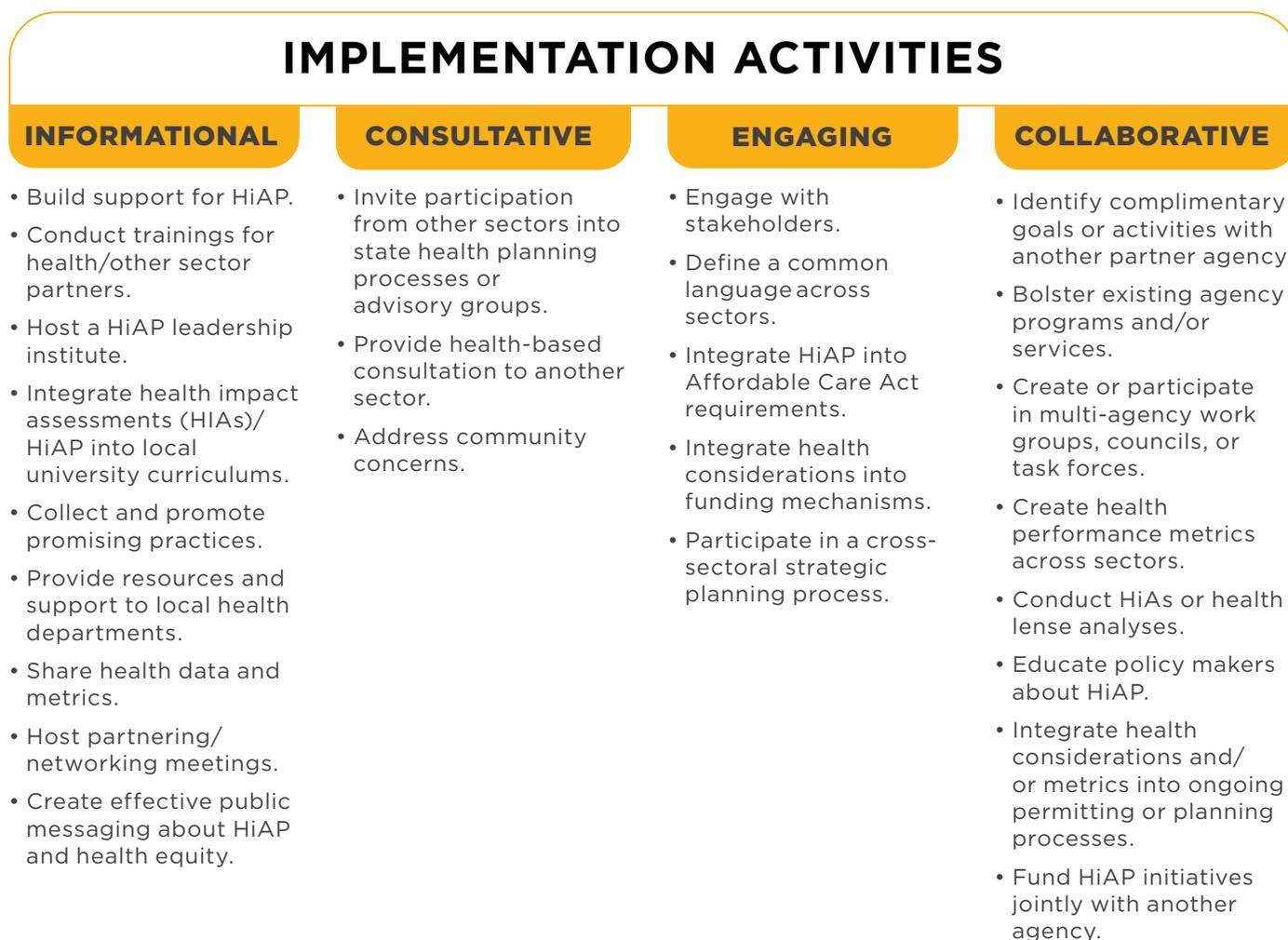


Background

One way to improve population health and equity is to work collaboratively with the sectors that shape social and environmental policies. Under a health in all policies (HiAP) approach, governmental entities can consider health and health equity in all decisions to improve health outcomes, mitigate health disparities, and achieve optimal health for all by establishing a multidisciplinary framework that facilitates cross-sector collaboration to unite and advance the health of the population.

In ASTHO's [HiAP Framework](#), we provide a menu of activities to help state and territorial health agencies pursue HiAP (see Figure 1, below). The model organizes activities into four strategic phases: informational, consultative, engaging, and collaborative. These phases are based on the Policy Consensus Initiative model and flow from activities that are the least to the most collaborative. As the [model](#) demonstrates, there are four main points on the spectrum of collaborative governance processes that provide opportunities for impact and change.

Figure 1. ASTHO's HiAP Framework



Health in All Policies and Lead



Arizona



Georgia



New Jersey



Ohio

Many state and local health agencies have implemented [HiAP](#) strategies as part of their lead prevention implementation program and activities. In 2020, ASTHO interviewed health agency staff from four states (Arizona, Georgia, New Jersey, and Ohio) to learn more about their state childhood lead poisoning prevention programs and better understand how each agency employs a HiAP approach in its programmatic work.

Although all four states used a HiAP approach to bolster their reach and capacity, each of their partnership activities fell into different phases along the spectrum of engagement. In addition, each agency was engaged in projects with activities that simultaneously fit into different stages of engagement, meaning that a single agency could span all four phases at the same time. This reaffirmed that there is no one-size-fits-all way of using HiAP. There were some natural places where early engagement was apparent across all of the states, as well as some go-to partners for lead programs (e.g., Medicaid, housing agencies, federally qualified health centers, and local lead coalitions). However, some states have also built more unique partnerships related to outreach, financing, and [environmental public health tracking](#).

This document catalogs activities implemented by the four states' lead poisoning prevention programs and aligns each activity with its corresponding phase of engagement. These examples are meant to show how other agencies may use a similar approach to incorporate HiAP into their lead poisoning prevention programs.

The Informational Phase

In this phase, health agencies are helping to build out new or existing relationships with partner agencies that result in basic information exchange.

This can take place through in-person events or through web-based trainings or other online events.

Current partners who work on topics with clear links to health (e.g., clinicians and housing agencies) are likely allies, but other partners in lead prevention can include departments of education and childcare

groups, economic and development service agencies, and community affairs agencies. Health agencies can initiate activities that result in information exchange to accomplish early successes with limited resources. Simply disseminating materials to partners or sitting in on a meeting to listen to a partner's priorities can be helpful for relationship building. This also supports a better understanding of the desired audience and can help you identify mutual goals. When reaching out to community groups, it is helpful to learn more about the languages spoken by the at-risk communities and provide educational materials that fit the languages of those most in need.

The Georgia Department of Public Health (GDPH) conducts outreach to partners at both the regional and local levels to provide lead poisoning prevention education and raise awareness in communities. GDPH invites partners to participate in educational efforts during special observances, such as National Lead Poisoning Prevention Week and National Healthy Homes Month, as well as local family events around Atlanta. GDPH is also able to identify at-risk areas for lead hazards by using geographic information system (GIS) mapping internally with other GDPH programs to prioritize state services to vulnerable communities.

In addition to organizing community events, GDPH has leveraged the opportunity to reach rural communities with disproportionately high rates of household lead exposures by working with organizers of the Georgia State Fair. Throughout this 10-day event, GDPH and lead coalition partners offer lead education directly to families and provide information on different aspects of healthy homes (e.g., healthy food, indoor air, mold, lead, safety and injury in the home, and water safety). GDPH's environmental health program helps arrange these educational booths, pays vendor fees, and organizes shifts to staff the full event. In addition, GDPH conducts direct outreach to pediatricians to help them stay up to-date on Medicaid recommendations for in-office blood lead level screenings. These occasions for information exchange can pave the way for future opportunities to establish more comprehensive partnerships.

Arizona's Childhood Lead Poisoning Prevention Program (ACLPPP) works closely with the state's environmental public health tracking division to share [data](#) on lead risk and screening. Like Georgia, Arizona used GIS data to create a lead risk map for high-risk areas of the state. Members of the public can add their address to an online program to see if they reside in an area of greater risk for housing with lead-based paint. The maps are also shared with healthcare providers so they can work with high-risk patients and encourage them to get tested for lead exposure. After originally publishing the map, ACLPPP saw a significant increase in screening rates. This initiative helped ACLPPP gain exposure and buy-in from partners and allowed Arizona to create a lead coalition with community



partners to help with health promotion around lead exposure and screenings.

The New Jersey Department of Health (NJDOH) has targeted efforts to engage pediatricians and increase lead poisoning prevention measures. The agency has created provider report cards focused on blood testing rates and developed and implemented a tiered recognition system for the top screening pediatricians in the state to identify the three highest rated pediatricians in each county. NJDOH provides certificates of recognition for the pediatricians based on the tier criteria, and the commissioner of health acknowledges tier winners on Twitter and Facebook. This work aims to keep communication open with healthcare providers and has helped to incentivize pediatric offices to increase their screening rates.

To better engage with healthcare providers, NJDOH provides public health detailing to provider offices, works with providers to offer parental education at primary care child visits and OB/GYN visits, and participates as an exhibitor at primary care conferences. Additionally, NJDOH hosts quarterly trainings about healthy homes for community health workers, as well as monthly LeadTrax classes. As part of their #kNOwLEAD campaign, the NJDOH has distributed laminated posters (or “[lead lammies](#)”) to providers to hand out to patients, which are available in both English and Spanish. They also hold school nurse webinars and do outreach to community doulas. All of these activities led by NJDOH provide a forum for two-way communication and build on the strengths and unique positions of each partner to advance lead poisoning prevention work in their communities.

The Consultative Phase

In the consultative phase, partners request feedback, advice, data, or input from other groups. The health agency may be driving the initiative when seeking consultation from a partner or supporting a partner's initiative when responding to requests for technical assistance or other needs.

This work can help partners take advantage of other groups' levers and expertise to supplement the efforts to improve health outcomes. There are numerous opportunities for consultation to and from health agencies. For example, many states periodically undergo a multisectoral state planning process, form advisory groups for federally funded programs, and state agencies routinely provide feedback to one another on large-scale projects. Health agencies often receive questions and requests from community members, so working with partner agencies to gather information and respond to requests also falls in this category.

NJDOH consults with many partners to progress their lead poisoning prevention work. In all local jurisdictions, children with a blood lead level greater than 5 ug/dL are referred to in-home nurse case management, and

abatement is required for all residences where a child with an elevated blood lead level is found. This type of partnership between health agency and case management staff is accomplished through cross-jurisdictional agreements.

In cases where a lead hazard is present, NJDOH also works with the Department of Community Affairs, which provides administrative support and funds for abatement and remediation. In addition, NJDOH works with the state Medicaid agency on eligible cases and has linked New Jersey Medicaid Management Information Systems with NJDOH's blood lead registry and immunization registry as a way to streamline data communication. When lead is found in the pipes of a school or daycare center, NJDOH partners with the Department of Environmental Protection to initiate lead remediation for drinking water sources. These partnerships offer win-win opportunities for NJDOH staff and partners to build informational resources by disseminating educational materials to individuals most in need and build personnel resources by leveraging staff capacity to work on their mutual efforts to reduce health risks to children.

In Arizona, ACLPPP provides health-based technical assistance to non-health partners to address community concerns. For example, ACLPPP established an initiative to work with the state's childcare licensing bureau to educate facility managers about lead poisoning. In collaboration with this bureau, ACLPPP led a [yearlong project](#) in 2017 to test drinking water in more than 1,000 child care facilities by collecting samples and testing them for lead in the state laboratory. ACLPPP shared the testing results and informational materials on tap flushing protocols with schools, facilities, and parents. Facilities that showed lead levels above the 15 parts per billion action level were given recommendations for determining the source of lead and remediation strategies to reduce lead levels in drinking water. ACLPPP also has a very strong partnership with the Arizona Department of Housing and Urban Development (HUD), which uses ACLPPP's lead data to inform and guide its lead outreach and training plan. HUD and ACLPPP regularly meet to discuss the current data and help HUD determine which jurisdictions would benefit from increased targeted outreach when lead hazard control grants become available. HUD will use the data to target the jurisdictions with the highest number of children with elevated blood lead levels.

The Engaging Phase

In the engaging phase, partners join the lead agency in planning and/or implementing activities. This is an opportunity for partners to generate solutions based on their extensive knowledge of issues.

In this phase, partners work together more closely and may even participate in policy implementation as a team. While the lead agency may still retain control over the ultimate outcome, they consider and incorporate partner feedback into the process. Examples of engaging activities include defining a common language across sectors and partners or integrating health considerations into funding mechanisms. In this phase, participation in a multisectoral statewide or agency strategic planning process can provide opportunities to insert health into goals and strategies.

In Georgia, GDPH leads the [Georgia Healthy Homes Coalition](#) a broad, voluntary group of more than 70 members working to improve housing conditions throughout the state through education and outreach to key stakeholders and decision-makers. Each organization in the coalition can have a mutually beneficial working relationship with the Georgia Healthy Homes and Lead Poisoning Prevention Program, as each organization has recognized expertise and demonstrated leadership in its respective field. Coalition members include state agency representatives, university faculty, nonprofit organizations, and community groups and individuals. The group focuses on promoting healthier and safer housing conditions in Georgia, particularly for low-income families, children, older adults, non-White individuals, and other vulnerable populations.

The Ohio Department of Health (ODH) Lead Poisoning Prevention Program aims to ensure that the public receives safe and proper lead abatement, detection, and analytical services. As part of the Lead Licensure and Accreditation Program, ODH licenses lead risk assessors, lead abatement contractors, lead abatement workers, lead inspectors, and lead project designers. The program also approves lead training providers, clinical laboratories, and lead analytical laboratories. ODH partners with development services agencies to offset the costs of training contractors on lead safe remediation. The lead program also provides high efficiency particulate air vacuums for loan to the public through local health and housing agencies. The program dispenses information and educational pamphlets about lead poisoning and its prevention upon request and conducts training sessions for lead professionals, training providers, landlords, tenants, real estate agents, remodelers, medical personnel, and the public. As of 2020, the [Ohio Lead Abatement Tax Credit Program](#) provides a state income tax credit of up to \$10,000 to Ohio property owners who incur qualifying lead abatement costs in connection with an eligible dwelling. This program aims to help more households with lead risks undertake abatement work and other mitigation measures.

In Arizona, collaboration with dedicated partners has been important for effectively helping vulnerable communities. For example, ACLPPP collaborates with resettlement agencies to provide education to refugee families about lead poisoning prevention and the

need for additional blood lead testing. Partnering with the refugee resettlement agencies gave ACLPPP a means to remedy some of the language barriers and other challenges of coordinating care for refugee cases. ACLPPP sends biweekly reports to the resettlement agency to identify the medical provider of the case and help ensure the necessary follow-up care.



The Collaborative Phase

In the collaborative and highest phase of engagement, partners across sectors share responsibility in decision-making and implementation.

This formal collaboration can often result in longer-term relationships and impacts. In this phase, partners have fortified relationships and have very functional working mechanisms with other agencies. In the collaborative phase, partners may have even worked together to create shared data systems or metrics for health.

In 2020, Georgia initiated the Georgia Immunization Registry (GRITS) system to address the gaps in lead testing through a data model that alerts medical providers if a child should be tested. Like most states, Georgia requires multiple childhood vaccinations, and GRITS serves as the state immunization registry system for these providers. The Georgia Childhood Lead Poisoning Prevention Program partnered with GRITS managers to add a lead testing module to the GRITS system to support medical providers who report lead testing results. The program also developed a zip code level predictive model that identifies the likelihood that a child in any Georgia zip code is at risk of lead exposure. This model is incorporated into the GRITS system to alert caregivers if testing is required or recommended.

NJDOH supports three perinatal care coalitions that were mobilized to address childhood lead poisoning: [Partnership for Maternal and Child Health of Northern New Jersey](#); Central NJ Coalition, Monmouth County Health Department; and the [Southern New Jersey Perinatal Cooperative](#). NJDOH provides grant funding to these coalitions for primary prevention and outreach. Some of their activities include hosting screening events and developing and disseminating healthy homes toolkits. While these regional coalitions are supported by NJDOH, the meetings for each coalition are led by different stakeholders in their respective regions, exemplifying a distribution of leadership and ownership. NJDOH also partners with the Green Healthy Homes Initiative and [Isles](#) to deliver quarterly trainings to public health professionals and provide technical assistance to public health and community partners. The New Jersey Health Homes Training Center, created by Isles, provides training and certification to public health staff and home health workers. In turn, both NJDOH and its partners benefit from staff trainings and capacity-building efforts to support healthy homes and lead poisoning prevention activities.

Ohio's state health improvement plan incorporates cross-cutting measures to incorporate HiAP across strategic priorities in all state agencies. This includes making connections between health and equity at the state leadership level and leveraging those partnerships to address social determinants of health. For example, the Ohio Governor's Lead Advisory Committee has facilitated connections between housing and health by seeking to address the challenge of homelessness in the state. The Ohio Department of Health also works in conjunction with other agencies to conduct health impact assessments for policy decisions being proposed in other sectors, such as housing and transportation.

Conclusion

There is no one-size-fits-all approach to using a HiAP strategy to address lead poisoning prevention. When implementing HiAP activities, health agencies can exist in multiple phases of engagement at the same time, depending on the types of activities. For instance, an agency may be in the informational phase with a new partner, while at the same time in the consultative phase with another. ASTHO's HiAP Framework is meant to provide supportive details about the different phases of HiAP implementation and ways to collaborate with common partners, including Medicaid, state environmental agencies, and local lead and/or housing coalitions. Leveraging these partnerships can help health agencies expand their lead poisoning prevention work to meet the common goal of reducing the impacts of lead poisoning.

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