

National Center for HEALTHY HOUSING

Environmental Health Fact Sheet: Health Department Strategies for Implementing Health in All Policies to Reduce and Prevent Lead Exposure

Introduction

State and local health departments (HDs) face complex public health challenges due largely to decisions made outside of the health sector. Factors such as socioeconomic policies, land use and transportation decisions, and the quality of education shape access to resources and opportunities that affect quality of life and health outcomes. Problems such as health inequities, which are unfair and avoidable differences in health status within and between localities; healthcare costs; environmental exposures; and climate change are complicated, interrelated issues lacking simple solutions. In the cases of lead exposure, both the sources of lead exposure within a community and the impacts of lead exposure are multisectoral. For instance, lead may be found in paint, soil, water, food, and other consumer products (all regulated and managed by different entities) and impacts the housing, healthcare, education, criminal justice, and other sectors. Evidence-based solutions exist, but often require collaboration among stakeholders within a community.¹ One way HDs can begin to address such problems is by collaborating with partners from “non-health” sectors through a Health in All Policies (HiAP) approach that infuses health considerations into policy, planning, and program decisions. The National Association of County and City Health Officials (NACCHO) and the National Center for Healthy Housing

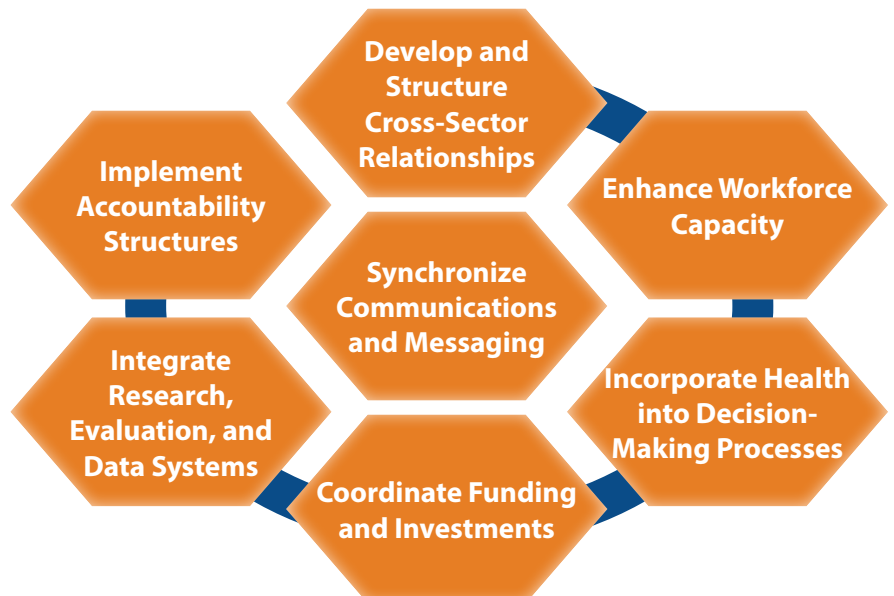
(NCHH) have produced this fact sheet to provide an overview of strategies that can help HDs implement HiAP to reduce and prevent lead exposure through state and local strategies.

About Health in All Policies

NACCHO defines HiAP as a change in the systems that determine how decisions are made and implemented by local, state, and federal governments to ensure that policy decisions have neutral or beneficial impacts on health determinants. HiAP emphasizes collaboration across sectors and breaking down “silos” to achieve common health goals. HiAP is an innovative approach to changing how policies, plans, and programs are created and implemented by ensuring that health and equity are considered prior to adoption and implementation. Because HDs possess the legal authority, responsibility, and mission to protect and promote the public’s health, they are natural leaders to implement HiAP at the state and local level by acting as facilitators to convene partners and stakeholders — such as public officials, planning or transportation departments, community-based organizations, local businesses, developers, and advocates — to address the policy and structural factors affecting health within communities. HiAP often fits within HDs’ ongoing efforts to improve population health through policy, systems, and environmental change strategies.

7 STRATEGIES for Implementing Health in All Policies

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Strategies for Implementing Health in All Policies

HiAP comprises different strategies and tactics for increasing health considerations in government practices and processes at multiple scales, scopes, and levels of government. HDs can use the following seven strategies for implementing HiAP at the state and/or local level to reduce and prevent exposure to lead in their jurisdictions.² Along with each strategy, local- and state-level examples are provided to illustrate the strategy in action; as possible, provided examples are hyperlinked to available case studies or additional resources. Additional examples are also available at http://bit.ly/NCHH_TA_HiAP.

 city- or county-level  state-level

Develop and Structure Cross-Sector Relationships

Meaningful collaboration is the foundation of successfully implementing HiAP. Tactics for developing and structuring cross-sector relationships can be formal or informal. Formal structures, such as councils, committees, task forces; management practices; and memorandums of understanding help ensure accountability but can lack flexibility. Informal structures, such as temporary workgroups and voluntary teams, can inform initial working relationships and provide the basis for a more formal relationship to take shape.

1

Incorporate Health into Decision Making

HDs can use a variety of tactics to integrate health into decision making, such as cross-sector needs assessments, strategic planning, priority setting, and developing common goals and objectives. HDs can refer to guides, protocols, and checklists when best practices exist on how to infuse health into specific decisions. For example, health impact assessments and community health assessments can help HDs to incorporate health considerations into land use or transportation policies by informing decisions or developing strategies to avoid or mitigate negative health effects.

2

HIAP IN ACTION: RELATIONSHIPS



Under New York City (NYC) Local Lead Law 1, once the NYC Department of Housing Preservation and Development (HPD) or the NYC Department of Health and Mental Hygiene issues a lead paint violation, the building owner has 21 days to repair the hazard or, if the presumed violation was issued, to contest the violation. If the owner either fails to meet the deadline for the repairs or is not given an extension (called a *postponement*), the city must try to perform, or contract for, the repairs at the owner's expense. The city's Department of Finance bills the property for the cost of the emergency repair, related fees, and/or the cost of any repair attempts. It is likely to be far more expensive for the city to arrange repairs than if the owner had taken care of them up front.



The Maryland Department of the Environment (MDE) has built robust cross-sector relationships to couple strong public enforcement of the Maryland Reduction of Lead Risk in Housing Act with local enforcement coordination and private enforcement actions by nonprofit agencies and *pro se* tenants to reduce childhood lead poisoning statewide. MDE utilizes a team from the state's attorney general's office to enforce actions, coordinate referrals from local housing code and landlord licensing officials at the city and county levels, and facilitate tenant access to family advocate attorney representation from the Green & Healthy Homes Initiative and other nonprofit legal services statewide.

HIAP IN ACTION: DECISION MAKING



In 2004, then-Michigan state Senator Virg Bernero encouraged local officials to work with Lansing Board of Water and Light (BWL) Commissioners to accelerate the removal of lead service lines (LSLs). The BWL, a municipally owned utility, funded the program as an infrastructure investment, and utility customers shared the cost through an increase in their water rates. Where possible, the lead service line replacement program followed planned street, sewer, and other infrastructure improvement projects to minimize street closures and reduce the cost of street reconstruction. BWL gave priority to lines serving schools and licensed day care facilities, areas where children had elevated blood lead levels, households with pregnant women or children under age six, and other places with high concentrations of LSLs.



Washington State Governor Jay Inslee issued a 2016 directive to the state Department of Health (DOH) and partner agencies to reduce lead exposure throughout the state. The directive instructs the DOH to take a series of actions to reduce lead exposure and help those with lead poisoning. It calls for additional investments in and funding for foundational public health services and infrastructure to help prevent, reduce, and remediate lead from water as well as other sources, such as paint. It also instructs the DOH to work collaboratively with a wide variety of stakeholders and report back to the governor on budget and policy recommendations relating to these actions.

3

Enhance Workforce Capacity

HDs can increase their capacity to implement HiAP by creating opportunities for staff to interact across sectors and with external stakeholders, training staff on how to develop and maintain partnerships, implementing hiring practices that incentivize collaboration with partners outside the health sector, hiring non-traditional staff (such as planners), and identifying specific staff to administer and sustain partnerships and coordinate HiAP implementation.

4

Coordinate Funding and Investments

HDs can incorporate health considerations into funding and investments by working with partners to develop funding announcements, cooperative agreements, and contracts that include health criteria; coordinate investments; and review and score funding applications that weight the inclusion of health objectives.

5

Integrate Research, Evaluation, and Data Systems

HDs can use data from research and evaluation to identify the potential impact of cross-sector policies on health and find opportunities to maximize the positive health impacts of such policies. For example, HDs can integrate cross-sector data and indicators such as access to parks and healthy food into health data sets, include health indicators in program evaluation, and use data to validate health performance measures.

HIAP IN ACTION: WORKFORCE



Staff of the Erie County (NY) Department of Health’s Healthy Neighborhoods Program (HNP) and Lead Poisoning Prevention Program (LPPP) are trained and deputized code enforcement officers, which enables health department staff to formally cite for violations of the Erie County Sanitary Code while conducting home assessments. Deputizing health and/or housing agencies to enforce each other’s code provisions assures a unified perspective toward housing-based lead poisoning primary prevention.



Using a unique Illinois state-financed bond, the Comprehensive Lead Education, Reduction, and Window Replacement Program (CLEAR-WIN) provides grants and loans for low-income properties to participate in a window replacement program. CLEAR-WIN also fixes additional lead-based paint hazards and allows for other minor repairs. In addition to the program’s health and environmental benefits, it was also designed to support the state’s economy by training workers in lead-safe work practices and carpentry skills and creating market opportunities for Illinois window manufacturers, assemblers, and installers.

HIAP IN ACTION: FUNDING AND INVESTMENTS



The Multnomah County (OR) Lead Poisoning Prevention Program is jointly funded by the Portland Water Bureau (PWB), State of Oregon Health Authority, and Multnomah County. Services provided include The Leadline, a telephone information and referral line for questions about lead, lead testing, and lead in drinking water; community outreach and education; home investigations for families who have children with high blood lead levels to assist with identification and reduction of exposure to lead; lead screening for children and those at greatest risk; and coordination of services with other agencies to create an efficient program designed to prevent lead poisoning from all sources.



In order to provide additional funds to pay for training, licensing of inspectors, and public education purposes related to the Massachusetts lead law, Massachusetts imposes surcharges of \$25 to \$100 on the annual fees of a variety of professional licenses, including real estate brokers, property and casualty insurance agents, mortgage brokers and lenders, small loan agencies, and individuals licensed to perform lead inspections. The collected revenue, roughly \$2.5 million annually, is deposited into a retained revenue account, known as the Lead Paint Education and Training Trust Account, for use by the Department of Public Health.

HIAP IN ACTION: RESEARCH, EVALUATION, AND DATA



The Greater Cincinnati (OH) Water Works utility has created an interactive, online searching tool for customers to check for lead service lines servicing their home or business from both the utility-owned public side as well as the customer-owned private side. Additional resources collected in the utility’s “Lead Awareness” website information section include: testing information for homes, school, and child care facilities; newsletters focused on the utility’s lead service line replacement activities; FAQs on lead in drinking water; general resources outlining the health risks of lead exposure.



The Massachusetts Department of Public Health, Bureau of Environmental Health’s Environmental Public Health Tracking portal for childhood lead poisoning not only connects multiple data sources related to lead (such as blood lead levels and screening rates by census tract, community, county, region, regional coalition area, the most recent high risk community list, and statewide) but also links to other resources such as screening and educational tools, community progress reports for pediatric clinicians, and public awareness fact sheets.



“Lead poisoning is a problem we can solve. We can eliminate unnecessary lead exposures, but only if we commit to looking at lead exposure holistically and to implementing comprehensive solutions that address the entire range of exposures within a given community.”

— Amanda Reddy, Executive Director, NCHH

Synchronize Communications

Communication is the foundation for building a common vision among HDs and partners. Tactics include framing activities in terms of how they relate to different sectors, developing common messages across sectors, establishing a shared platform for cross-sector communication, and developing joint policy statements.

6

Implement Accountability Structures

Accountability structures help HDs and partners to sustain HiAP efforts in the long term by assigning responsibility and ensuring transparency. Such structures include budget oversight and public reporting, performance measures and objectives that include health considerations, and monitoring and enforcing laws that might affect health.

7

HIAP IN ACTION: COMMUNICATIONS



The City of Lawrence (MA) Lead Abatement Program partnered with the Mayor’s Health Task Force (MHTF) and the Merrimack Valley Lead Poisoning Prevention Program to host a Lead Awareness Community Fair, where attendees received cleaning kits, education, and child lead screenings. In promoting this initiative, the partners presented at a MHTF meeting, issued a press release, included community stakeholders, and published outreach and advertisements on social media, radio, and local newspapers. Since the event, the Lead Abatement Program has remained connected to 80 other agencies through the MHTF and other partnerships created during the initiative.



Washington, DC passed the Childhood Lead Screening Amendment Act of 2006, mandating that all District children be tested twice by the time they are two years old; additional screening is required up to age six under certain circumstances. Laboratories must report all test results to DOEE’s Childhood Lead Poisoning Prevention Program and healthcare providers must notify DOEE about lead-poisoned children within 72 hours. To increase compliance with the District’s lead screening and reporting law, DOEE provides education to healthcare providers and builds community awareness, especially among at-risk populations. DOEE has also created formal data-sharing agreements with several District agencies to identify and reach out to families who need to update their children’s screenings.

HIAP IN ACTION: ACCOUNTABILITY



The City of Rochester’s (NY) lead law requires regular, proactive inspections for lead paint hazards as part of the city’s certificate of occupancy (C of O) process for most rental properties. The policy integrates a visual inspection for deteriorated paint into the existing C of O inspection system for pre-1978 rental housing and requires property owners to correct any identified lead hazard violations before receiving a C of O. In addition to this proactive, regular inspection structure, the city maintains a public database of all residential properties where lead hazards have been identified, reduced, and controlled with federal HUD funds, as well as online accessible databases of all lead-safe units and all properties granted a C of O.



In New Hampshire, a newly updated law requires that the blood lead level that triggers notification be reduced to 3 ug/dL and mandates universal blood lead screening because virtually all homes in the state were built before 1978, a revised lead certification process for day care centers, loan guarantees to help cover the cost of abatement, and drinking water testing, among other provisions.

Conclusion

HDs can use a HiAP approach to address lead exposure and other highly complex health challenges in their communities by changing the decision-making process at the local and state levels. The seven strategies above provide a menu of options for incorporating HiAP into HD work. NACCHO, NCHH, the National Environmental Health Association (NEHA), and the Association of State and Territorial Health Officials (ASTHO) advocate for HDs to take a leadership role at all levels to help convene cross-sector partners and drive systems-level change to improve health outcomes.

Additional Information

For more HiAP information or resources, visit:

<http://www.naccho.org/topics/environmental/hiap/>

<https://nchh.org/build-the-movement/grants-and-scholarships/health-in-all-policies-mini-grants/>

<http://www.astho.org/programs/hiap/>

<http://www.neha.org>

<https://www.cdc.gov/policy/hiap/index.html>

References

- ¹ The Health Impact Project. (2017, August 30). *10 policies to prevent and respond to childhood lead exposure*. Washington, DC: The Pew Charitable Trusts and the Robert Wood Johnson Foundation.
- ² Gase, L. N., Pennotti, R., & Smith, K. D. (2013). "Health in all policies": Taking stock of emerging practices to incorporate health in decision making in the United States. *Journal of Public Health Management and Practice*, 19(6), 529-540.



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Fact Sheet

Strategies for
Implementing
HiAP as a
Part of Lead
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