

## SUMMARY REPORT

# A Community of Action for Lead Safety

*Building, Mobilizing, and Supporting Municipal Action to Prevent Childhood Lead Poisoning*

## A New Hampshire Listens Summary Report

An opportunity grant from the Endowment for Health with support from the Conservation Law Foundation, New Hampshire Legal Assistance, and New Hampshire Housing Finance Authority

*Project Management and Facilitation by New Hampshire Listens*

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# ABOUT NH LISTENS



New Hampshire Listens is a civic engagement initiative of the Carsey School of Public Policy at the University of New Hampshire.

## **Our vision:**

We envision a New Hampshire where residents are connected, engaged, and heard in decisions that impact their lives and where all have equitable access to justice, opportunity, and liberty.

## **Our mission:**

Our mission is to help New Hampshire residents talk, listen, and act together so that communities work for everyone.

## **Our work:**

- Create engaged community conversations on local and statewide issues
- Serve as a resource and support network for new local Listens groups
- Cultivate a network of facilitators for public engagement and action

## **Our principles:**

- Bring people together from all walks of life
- Provide time for in-depth, informed conversations
- Respect differences as well as seek common ground
- Achieve outcomes that lead to informed community solutions

**New Hampshire Listens**

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## Executive Summary

New Hampshire Listens provides this public report to share the themes, questions, challenges, and solutions from the Community of Action for Lead Safety project. The information will help inform collaborative and sustainable efforts to keep people living in the Granite State safe from lead poisoning now and in the future.<sup>1</sup>

[Senate Bill 247](#), Preventing Childhood Lead Poisoning from Paint and Water, passed in February 2018. The bill provided an opportunity for municipalities to talk, listen, and act together to help prevent this longstanding public health *and* equity challenge, especially amongst vulnerable populations like young children under 6 years old (see <https://www.cdc.gov/nceh/lead/prevention/populations.htm>). From March through November 2019, seven municipal-based groups participated in the Community of Action for Lead Safety: Claremont, Concord, Franklin, Manchester, Nashua, Rochester, and Somersworth. Groups ranged from 2-7+ participants from private, non-profit, state, regional or county, and municipal entities. They held positions as code and health officers and other municipal employees, medical or public health professionals, legal experts, and non-profit staff members (e.g., community action programs, United Way). Regional Public Health Networks also joined in the exchanges.

Participants attended three learning exchanges; 33 attended on 5/31, 48 on 8/22, and 42 on 11/7. Each team also met 2-3 times in their communities to discuss leveraging the laws between exchanges. The level of engagement and knowledge of the issues surrounding lead poisoning and the new laws was variable, as was each team's knowledge of state-level resources. A longstanding group of stakeholders convened by the Conservation Law Foundation contributed to the project by providing technical assistance during and in between the learning exchanges. Partners who engaged in the learning exchanges along with the municipal-based groups included: Conservation Law Foundation, New Hampshire Legal Assistance, New Hampshire Department of Health and Human Services Healthy Homes and Lead Prevention Program, Drinking Water and Groundwater Bureau and Office Health Equity, New Hampshire Housing Finance Authority, and a legal expert on Health Officer authority.<sup>2</sup>

Overall, participants noted their appreciation for: resources and topic specific presentations, networking time and more structured learning with people who do not normally gather, hearing people's experiences and stories, having technical assistance in the room to ask questions, and gaining new perspectives. They expressed that because people have "a lot on their plate," focused technical support and conversation in a cohort and/or coalition model helps amplify their work capacity. Participants also wrote in their feedback and final evaluation that they would value future opportunities to gather, talk, and learn together. Teams identified a need to involve more elected and school officials, landlords, early childhood education and care providers, refugee or newcomer groups, and families who have experience with poisoning.

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<sup>1</sup>Note: This summary, themes and interpretations, challenges and solutions do not necessarily represent a group consensus on recommendations for action. New Hampshire Listens has provided this report to help document the work and conversations that ensued over the course of the project and to support continued community-based and cross-sector and systems-based work on this issue in the future. If you have any questions about the information shared, contact [Carrie.Portrie@unh.edu](mailto:Carrie.Portrie@unh.edu) or [NH.Listens@unh.edu](mailto:NH.Listens@unh.edu).

<sup>2</sup> Contacts available upon request

The cross-sector work will continue. New Hampshire Healthy Homes and Lead Poisoning Prevention Program has partnered with Community Health Institute/JSI to gather regional public health networks, who were integrated into the three learning exchanges, to continue coalition and outreach work which will include Community of Action for Lead Safety communities and participants. They have also created listservs that will keep stakeholders connected and informed. Furthermore, some participants also represent their organizations and communities in a stakeholder group convened by the Conservation Law Foundation (i.e., Claremont, Franklin, Manchester, and Nashua). All of these efforts will help communities further address this complex health equity issue together.

## Background Information

### Childhood Lead Exposure

Childhood lead exposure can seriously harm children's health. Lead poisoning can damage their brains and nervous systems, cause slowed growth and development, learning and behavioral challenges, and hearing and speech impairments (Center for Disease Control, 2019). New Hampshire has twice the national rate of lead poisoning, and the state has some of the oldest houses and buildings in the country, with 62% of the infrastructure and homes built before 1978 (i.e., when lead-based paint was banned) (NH DHHS Healthy Homes, 2016). The potential for lead poisoning increases when people in highly hazardous environments are unaware that lead is present in their everyday spaces. Poisoning can occur if preventative and mitigative methods do not remove the hazards. The potential for lead poisoning becomes even more concerning when young children under 6-years old whose brains are still developing or an expectant mother is in the hazardous space (e.g., houses, apartments, schools, office buildings, childcares). Very young children more readily absorb lead into their systems because it mimics the composition of calcium in many ways ([see Gross Science's video](#) and [Harvard Science in the News blogpost](#)). Often, it is families who have limited resources (e.g., access to healthy and affordable housing, access to healthy and calcium rich foods, [see Environmental Protection Agency's guide](#)) or who have members who work, learn, or live in high-lead environments that experience the greatest effects. For all these reasons, childhood lead poisoning has been a longstanding concern in New Hampshire.

### Updated NH Lead Laws (SB 247)<sup>3</sup>

[Senate Bill 247](#), Preventing Childhood Lead Poisoning from Paint and Water, passed in February 2018. It strengthened the state's lead laws (e.g., [RSA 130-A](#)) in the following ways:

- **New Hampshire became a “universal testing” state. All one- and two-year-old children should be tested for the presence of lead in their blood.** Families have more access to early detection of poisoning so they can get help and protect their children's health and development.
- **The state “action level” better aligns with the Center for Disease Control (CDC)'s recommended standard.** The “action level” refers to the blood lead level (BLL) that requires intervention by the state's Department of Health and Human Services (DHHS). The action BLL of 10 micrograms per deciliter (µg/dL) was twice the CDC level. The new law phased in a standard of 7.5 µg/dL in July 2019, and it will be 5 µg/dL in July 2021.

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<sup>3</sup> Information drawn from: Conservation Law Foundation, 2018 & 2019; New Hampshire Department of Environmental Services Bureau of Drinking and Groundwater, 2017; New Hampshire Healthy Homes & Lead Poisoning Prevention Program, 2016; New Hampshire Housing Finance Authority, 2020; New Hampshire Legal Assistance, 2018 (see references).

- **New requirements for tests in homes, schools, and childcare facilities can identify more exposures to lead in drinking water.** When a child receives a BLL test and has an elevated result, the state will test the home's drinking water for lead. Schools and childcare facilities are required to test their drinking water and take remedial measures if lead is detected above 15 µg/dL, the Environmental Protection Agency (EPA) standard.
- **Parents, landlords, and property owners have more resources to identify lead hazards early and take action toward prevention and remediation.** The state now provides information to parents and landlords when a child is diagnosed with a BLL of 3 µg/dL. This outreach identifies and addresses lead exposure before a child's BLL increases. Property owners have access to additional resources to assist with lead hazard elimination. The US Department of Housing and Urban Development (HUD) provides funds to help property owners remove lead hazards. Property owners and childcare centers also have access to a state loan guarantee program.

## Need for Collaborative Action

The Community of Action for Lead Safety project served as a means to generate partnerships for thinking and action. The project built upon current and past efforts within the state. For instance, the 2007-2008 New Hampshire study commission on childhood lead poisoning recommended that: (1) this health problem is everyone's responsibility, (2) there are no simple solutions, and (3) it will take many stakeholders working together to truly end lead poisoning. Also, a group of New Hampshire stakeholders have regularly gathered at the Conservation Law Foundation in Concord to discuss and advocate for solutions that will help eliminate high lead levels in communities. Furthermore, many communities have established efforts to combat lead poisoning. For example, Claremont framed their own efforts to remediate and prevent lead poisoning from the ground up by: (1) Understanding the issue, (2) Identifying Key Stakeholders, (3) Creating buy-In, not just top-down, (4) Identifying goals and desired outcomes, (5) Removing barriers, and (6) Keeping the momentum going. Building on many people's hard work, listed here and further on in this report, the Community of Action for Lead Safety project offered coaching for cross-sector groups to form, learn together, and talk across communities. Overall, the project sought to equip and mobilize seven municipalities to take local actions that will protect children from the avoidable, lifelong impacts of childhood lead poisoning through civic engagement.

## Project Overview

### Participants

From March through November 2019, seven municipal-based groups participated in the Community of Action for Lead Safety : Claremont, Concord, Franklin, Manchester, Nashua, Rochester, and Somersworth. Groups ranged from 2-7+ participants from private, non-profit, state, regional or county, and municipal entities. They held positions as code and health officers, medical and public health professionals, legal experts, and non-profit staff, among others (see Appendix A for comprehensive list). Throughout the project, teams talked about "who else" should be involved. They identified a need for more elected and school officials, landlords, early childhood education and care providers, refugee and/or newcomer groups, and families experienced with poisoning. Overall, teams worked to invite people who were implementing lead poisoning prevention and mitigative efforts and people who could help generate actionable ideas to further address lead poisoning in their communities.

## Learning Exchanges and Community-Based Meetings

Participants attended three learning exchanges (i.e., 33 attended on 5/31, 48 on 8/22, and 42 on 11/7, see Appendix B for an overview). Staff from the 12 regional Public Health Networks also joined the exchanges. Each municipal-based group included members with variable levels of previous engagement in and knowledge of the issues surrounding lead poisoning, the new laws, and state-level resources. Therefore, a longstanding group of stakeholders convened by the Conservation Law Foundation contributed to the project. Some partner organizations coordinated community groups and others provided technical assistance during and in between the learning exchanges. Partners who engaged in the exchanges along included: Conservation Law Foundation, New Hampshire Legal Assistance, New Hampshire Department of Health and Human Services Healthy Homes and Lead Prevention Program, Drinking Water and Groundwater Bureau, and the Office of Health Equity; New Hampshire Housing Finance Authority, and a legal expert on Health Officer authority.<sup>4</sup> Participants had the opportunity to network and learn about statewide supports first-hand.<sup>5</sup> State-level stakeholders had the opportunity to listen to and learn about local perspectives and provide technical support. Each municipal-based team met 2-3 times in between exchanges to build their coalitions and discuss leveraging the laws in their community. They discussed how partners can increase the blood lead level testing rates for children pre-natal to 6 years and lead testing in schools and childcare facilities. They talked about how to promote systems-change (e.g., new ordinances to strengthen the laws, a regional health officer to increase local capacity for regulation and outreach, local [certificate of compliance](#) for safe renovations), among other activities (see Appendix C).

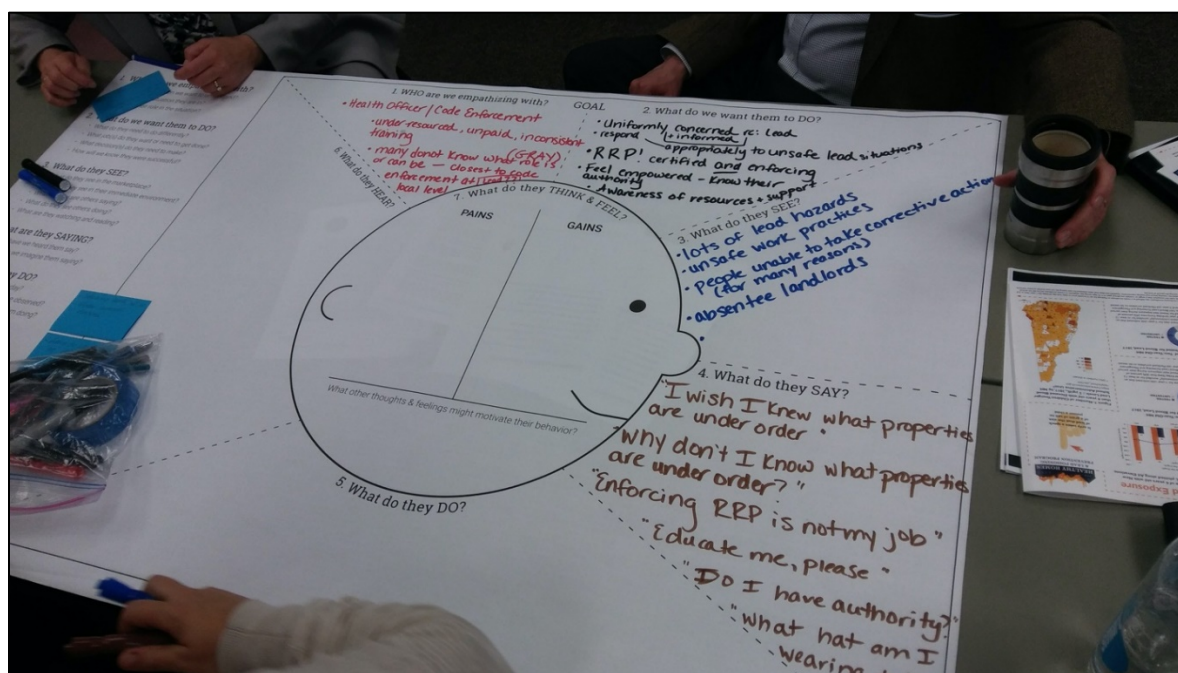


Figure 1. Participants engaged in empathy mapping<sup>6</sup> at the May 31, 2019 kick-off learning exchange at the Manchester Health Department, photo by: A. Mejias. 2019.

<sup>4</sup> Contacts available upon request

<sup>5</sup> e.g., [health equity](#), paint and water testing, prevention, regulations, laws, local authority, community organizing

<sup>6</sup> See <https://x.xplane.com/empathymap> for a template. Participants considered the viewpoints of Health Providers, Landlords-Families and Parents, Health Officers/Inspectors, and School Administrators.

## Themes from Discussions

Participants addressed many complex issues that surround lead poisoning, prevention, and remediation. Community teams were in many stages of forming and figuring out who would or could play certain roles so that the new lead laws could be leveraged effectively. This next section provides a thematic overview of the discussions that occurred.

### Variable Knowledge Requires Networked Technical Support

People have varying levels of knowledge about lead poisoning and its current effects on communities. This is not unlike other complicated health issues that point to systemic and structural inequities in health care, housing, nutrition, work, and learning environments. During the discussions, participants at every level (i.e., state, regional, county, municipal) realized they had different levels of knowledge and access to resources regarding lead poisoning hazards, preventative methods, regulations and rules, and options for remediation. Some people sat at the “table” with expert knowledge on laws, regulations, and testing data. Others who work regularly with children or parents knew more about testing or could identify how lead poisoning is ignored or directly impacts families on a daily basis. Municipal staff who enforce codes and ordinances could describe the rules of renovation, repair, and paint (RRP) or how they check for lead hazards in homes on a routine basis. Some participants realized they needed additional baseline knowledge about lead poisoning, data, and hazards to inform their work in the community. In each case, participants identified ongoing technical support as a need to address gaps in knowledge and increase coordination across sectors. There is too much for one or a few people to know and do, so networked resources and time to meet felt essential.

### Capacity Expands with Data, Partnerships, and Workforce

Participants learned about their local childhood lead poisoning and lead in drinking water data<sup>7</sup> so they could discuss how to pair this information with local regulatory power and community partnerships to generate a strong argument for investing in local prevention (i.e., testing blood lead levels, keeping clear water records, identifying and training more renovation, repair and paint contractors, also see footnote for links to data and Appendix E for other prevention suggestions). Participants knew that municipalities’ ability to address broad-based health challenges like lead poisoning are affected by their size and the capacity of their local workforce. Furthermore, partners have to work together to build a larger, informed, and skilled workforce to take shared action toward sustainable solutions. They discussed how partnerships or task-division can help them realize small- and large-scale planning and action. Participants talked about ways to share accessible public outreach materials and bring lead blood level screenings and education tents to local events. They began to map sources of lead in water systems and make plans to replace hazardous parts. They learned about the possibilities to adapt local ordinances and codes to increase accountability for lead safe housing and repair practices. Participants learned about how to identify lead hazards and what resources are available to protect young children from lead hazards in their home and in

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<sup>7</sup> (1) See community and region-based lead testing data by visiting the New Hampshire Bureau of Community Health Services Healthy Homes and Lead Poisoning Prevention Program (HHLPPP) page <https://www.dhhs.nh.gov/dphs/bchs/clpp/index.htm> which provides links to more information about childhood lead poisoning and the New Hampshire Health WISDOM website Tracking Childhood Lead Poisoning. (2) See lead in drinking water updated data on the New Hampshire Drinking Water and Groundwater Bureau page <https://www.des.nh.gov/organization/divisions/water/dwgb/lead-drinking-water.htm>.



school and child care. They sought solutions that could help vulnerable populations access healthy housing, medical care, and nutritious foods. Participants also acknowledged that many people are capable of helping. Students of all ages offer great promise – in high school and vocational programs, technical schools and community colleges, law schools, and undergraduate and graduate programs focused on community development, infrastructure, health, families, and children. Overall creative partnerships and data-informed decision-making can drive concrete changes for a healthier future and infrastructure.

## **Public Outreach, Education, and Engagement Drives Change**

Participants discussed effective and coordinated methods for public education and engagement. They acknowledged that accessible materials can help everyone learn about “taking on” preventative actions. The state has resources on its websites (see references), and municipalities are welcome to use and distribute these resources without having to expend extra time or funds creating materials. When providing outreach, it is also important to think about mitigating fear and easing the complexity of addressing hazards so people will want to take action. Participants talked about the need to, “go to where the people are already meeting” and maintain allies who may not always join the physical meeting table but are willing to support efforts in the community. Partnership can support informational campaigns on and offline that focus on target audiences (e.g., landlords, home buyers, families, local officials, local decision makers, schools). They can provide wider outreach about testing blood, water, and the home for lead using existing materials. They can help the public understand the potential linkages amongst blood lead levels, nutrition, and learning difficulties. Partners can emphasize and advertise the economics associated with lead remediation and full abatements when landlords and property owners do not complete preventative maintenance or renters do not report hazards or needed repairs in a timely manner. Overall, people can *learn* about lead poisoning and *do something about it*, especially when they pool resources and work together across sectors of their communities.

## **Local Solutions Develop through Shared Discussion**

Participants engaged in discussions at the three learning exchanges and in their local meetings. The following solutions emerged over the course of the project and are organized thematically.

### **Preventative maintenance is important for mitigating larger renovation and repair costs that result from neglect.**

- Landlords, developers, renovation contractors, chambers of commerce, homeowner associations, among others can be better informed about the effects of lead poisoning, tenants’ rights, and the benefits of preventative maintenance (e.g., investments in property, neighbors, families, the community).
- Municipalities and their partners need to develop incentives for landlords and homeowners to start remediation before a full abatement is required. The assumption is that many people may avoid addressing lead hazards because of the costs, and renters may neglect reporting hazards because they need or value the lower costs of housing that feel limited in the current market, especially when people have lower paying jobs, are living in poverty, or fear reporting may complicate their lives (e.g., disrupting landlord relationships).
- Stakeholders need to expand outreach and pathways for financial support to eliminate lead hazards in housing and infrastructure. The responsibility to remediate lead hazards often falls on landlords and homeowners. Sometimes elected leaders and engaged residents are among those who struggle to afford repairs and who are concerned about maintaining their tenants’ affordable rents; affordable housing is limited.

### **Families displaced by high lead levels need housing options.**

- Municipal-owned residential properties could become temporary spaces for people to stay while their homes are being mitigated.



- Municipalities could set up a revolving loan fund and build up their residents' capacity to address lead hazards in housing through a match.
- Local opportunities could include rent assistance tied with high lead level notifications.

### **Schools, early learning and childcare centers play a key role in outreach and education.**

- They can offer screenings and focus on increasing the number of young children identified with high blood lead levels early on, so they can receive proper care and support services (e.g., early intervention)
- Local early intervention programs for children birth to three years old and special education coordinators for children three to six years old could work to incorporate questions about lead screening/testing into the Individual Family Service Plan (IFSP) or Individual Education Plan (IEP) process (note: Head Start requires testing, and WIC offers free lead screening days).
- They can help provide nutrition education or access to healthy, calcium rich foods that help keep young bellies full, and high levels of lead absorption can be potentially prevented. They can help build awareness in schools, community centers, early learning, and childcare centers by integrating blood lead level screenings or education along with other preventative health clinics that are already offered, like flu clinics.

### **Municipal health and code officers and community planning and development need to play key roles in lead regulation, and they need partners that can help expand their capacities.**

- Changing local regulations requires strategic public engagement and elected officials who can support the actualization of solutions.
- Health and code enforcement officers can work with other municipal staff to help keep elected leaders and/or "community champions" informed, so they better understand the breadth and depth of hazards that families and children face in their homes, workplaces, learning and care facilities, and community buildings.
- They could develop a municipal-wide task force to combine efforts (e.g., asthma, lead, mold).

## **Community Frameworks**

At the third, and final, learning exchange on November 7th, 2019, the seven municipal-based groups shared framework for actions at the NH Audubon McLane Center. Each group presented their overall goals, actions they have taken, challenges they face, questions they still have, and resources they need to continue their work. The following questions provided a shared frame for final presentations to the group:

- What are the goals you have discussed or determined – short, medium, long-term?
- Who are your partners? Who are you missing? Who has the ability to make decisions? Enact policy change?
- What actions have you taken or are you working on? (ex. Primary prevention and/or education and outreach, blood lead level testing or home or water testing/inspection, community buy-in, regulations and ordinances).
- What are some of your challenges?
- What is a question you want the group to discuss/provide feedback on?
- What is a resource you need now or in the future? Or what is resource/information you can provide to others? You can provide links to materials, regulations, and/or programs that may be helpful for others to see.

## **Goals and Actions**

Specific goals and actions shared by teams included:

- **Claremont** participants focused on "[Getting the Lead Out](#)" with the Water Department investigating service lines, and reaching out to childcares for lead testing based on New Hampshire Department of Environmental Services data.

- **Concord** participants plan to develop a local task force with the commitment from their health and licensing officer to build local capacity and partnerships (e.g., Organization for Refugee and Immigrant Success and elected leaders) to increase education/outreach to childcares and pre-1978 homeowners. They developed an internship to expand municipal staff's capacity to address hazards.
- **Somersworth** has knowledgeable and dedicated code officers who will continue to partner with the Community Action Partnership of Strafford County to increase community outreach and education and attention to how to mitigate lead hazards in its historic district.
- **Franklin** participants plan to focus on increased blood lead-level testing – prenatal bloodwork and screening for children under two. They worked with the Partnership for Public Health, their fire chief, a local legal expert, and their school board to increase efforts with testing. Partnership for Public Health will pilot a regional public health officer study to increase municipal staff's capacity (i.e., a struggle for rural communities).
- **Manchester** participants identified barriers to cross-department collaboration. They discussed adding contractors' Renovation, Repair, and Paint certification number to the city's building permit for work on pre-1978 homes, childcares, and schools. Participants were part of established [lead prevention](#) in the Health Department and HUD [abatement programs](#) in Housing Initiatives, partnering with [The Way Home](#) who help low-income people with housing.
- **Nashua's L.E.A.D.** Initiative and staff in Public Health and Community Services and the staff administering the [HUD](#) grant in Community Development and Urban Programs focused on public outreach (e.g., a stakeholder conversation about lead prevention and NH Listens' facilitated feedback session about their outreach and education toolkits, a breakfast for landlords with New Hampshire Healthy Homes, and public health hour on Nashua public radio with their planning department and New Hampshire Listens as guests). L.E.A.D. is also [planning a 2020 Childhood Lead Poisoning Prevention Conference](#).
- **Rochester** participants held an information session for landlords and property owners with NH Healthy Homes. They want to generate a supplemental funding plan for lead hazard mitigation in homes of low- and moderate-income residents (anticipated 2021).
- **Somersworth** participants identified the historic district as a focus along with transitory renters. They plan to distribute "[Protect Your Tap](#)" information in people's water bills. Long-term plans include codes and ordinances that promote lead safety; many homes and buildings are historic and pre-1978.

## Challenges, Questions, and Needs

Along with their goals and current and/or future actions, communities also noted persisting challenges, questions, and needs to move forward with their work (see Table 2 in Appendix C for more details). Funding and staffing are a persistent challenge for communities. People dedicated to public health, planning and development, and providing services to young children face competing priorities. Community "buy-in" is also challenging, especially when people feel complacent about this longstanding health issue, and when there are marked shortages in staff capacity (e.g., enforcement, testing, follow-up). Some questions that emerged about how to take action and engage the public included:

- How can we get realtors to recommend lead testing at the house sale? How do we create landlord buy-in?
- Who protects the tenant's right to avoid eviction?
- Where do families relocate to with the housing shortage and increasing homelessness in cities and towns?
- How do you create a market for lead free homes like LEED and EPA?
- How do you effectively reach out to elected officials so they will take up the issue?
- How do communities write, propose, and adopt new ordinances?

Teams are in different places when it comes to coalition-building and shared action. They named some needs that would benefit their own learning and future coalition work, for example:

- Insights into local politics and systems (ex. city council, school boards)
- Subject experts for public presentations
- Legal help reviewing codes/ordinances, law changes to increase local authority
- Strategies to keep the momentum among entities involved in lead poisoning prevention efforts

- Input from other municipalities about successes/room for improvement
- Assistance in strengthening multi-agency relationships
- Find out if this approach has impacted communities
- Diverse representation and support incentivizing participation
- Help with action plans and streamlining ideas to what's doable
- Technical assistance – fiscal, resources and strategies for outreach and education, legal
- Talking points for community buy-in and the dangers of lead poisoning
- Empower residents to share stories effectively
- More discussion of landlord/tenant dynamics, beyond legal issues/rights
- Statewide strategies not dependent on the town level of ordinance
- Learning about local political climates and how to reach out to politicians and school board members
- A comprehensive and best practice model – efficient staffing and funneling resources
- Guidance through public health advisory committee (forming)
- Celebrated progress, shared advocacy, connection to new legislation

## **Conclusions and Opportunities**

### **Local Action Survives with Ongoing Dedication and Learning**

The issue of costs, the need for staff, and the systemic and structural barriers make lead prevention and mitigation challenging. Participants talked about the benefits of collaboration and the need to instill change at multiple levels (e.g., municipality, county, region, state). They discussed how people, like themselves, have “a lot on their plate” and focused support and attention to the issue (in a cohort or coalition model) can serve as a catalyst for building partnerships and work capacity. The reality, as participants talked about, is “we all pay the cost of lead poisoning,” in some way. Regardless of the stage of work, what these dedicated participants provided are recommendations for ongoing conversations about lead poisoning in New Hampshire and how everyone can play a role to address this complex health equity issue. Overall, participants appreciated the project with specific reference to:

- Resources and topic specific presentations
- Time for networking and more structured learning, with people who do not normally gather
- Hearing other people's experiences and stories
- Technical Assistance in the room (e.g., Conservation Law Foundation, NH Legal Assistance, Division of Public Health Services, NH Drinking Water and Groundwater Bureau, NH Office of Health Equity, NH Housing Finance Authority, NH Listens, and others) to ask questions, gain new perspectives and resources

### **Future Convenings and Work Toward Sustainability**

Based on feedback at the end of each learning exchange and a final survey, participants expressed the need and want to continue learning across communities. Respondents (n=33) to a brief survey (see Appendix D) leaned toward bi-annual half-day meetings concentrated in the morning or afternoon mid-week. Many participants who responded would prefer to workshop specific issues or strategies and to have time to share innovations.

This shared work at multiple levels of our communities in New Hampshire will continue on into 2020 and 2021. Many Community of Action for Lead Safety participants continue to represent their communities in a stakeholder group convened at the Conservation Law Foundation, [who also recently summarized the Community Action for Lead Safety's work](#). Many will also have a chance to continue their work not only through their local teams but also through the [NH Department of Health and Human Services Healthy](#)

[Homes and Lead Poisoning Prevention Program's](#) initiative to provide ongoing education and opportunity for cross-sector preventative action. They have contracted with the [Community Health Institute](#) to help gather and communicate with teams across 12 regional public health networks. Contact NH Healthy Homes for more information. Also, ongoing legislative efforts to improve New Hampshire's lead laws continue, and Community of Action Participants will be welcomed to weigh in. Contact [Conservation Law Foundation](#) or [NH Legal Assistance](#) for more information on legislative updates on [SB 599](#) and [HB 1539](#), respectively. Learn more about funding to support lead remediation in homes, schools, and childcares by visiting the [Nashua](#), [Manchester](#), or [NH Housing Finance Authority](#) websites for HUD grants and [NH Drinking Water and Groundwater Bureau](#) for more information about [water testing](#) in schools and childcares. Learn more about current lead levels in communities by visiting NH [Healthy Homes webpage](#). Stay up to date and learn more about the work people are doing to fight childhood lead poisoning by visiting [www.leadfreekidsnh.org/](http://www.leadfreekidsnh.org/) and perusing the resources in Appendix F. Finally, the Community of Action for Lead Safety needs local champions and strong coordinators for municipal efforts to gain traction. If you want to connect with a team, contact [NH Listens](#).

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# Appendix A: Participant Summary Lists

## Positions

- Community Action Partnerships/Program (CAP) and Head Start (e.g., nutrition and health manager, nurse, home visiting)
- Community Health (e.g., continuum of care, partnership and education coordinators, emergency preparedness and response, environmental health manager, WIC)
- County managers
- Graduate student and legal interns
- Grant managers, coordinators, or associates (e.g., state, HUD, CDC)
- Landlords
- Legal professionals and staff
- Medical professionals and staff (e.g., registered nurse, pediatrician)
- Municipal professionals and staff (e.g., health officers, code officers, licensing officers, city managers, planning and development, public health and community services, welfare, fire chief)
- Municipal-level elected officials (e.g., city council, school board, mayor)
- Early Intervention (i.e., birth to three)
- Non-profit organizations (e.g., board members, program directors and managers, executive directors, vice president, president, CEO, board members, trustees)
- Public Health Networks and Advisory Councils (i.e., coordinators, associates, directors)
- State-level (e.g., water treatment, environmental health and services, data analysts and field specialists, administrators, water treatment)

## Organizations/Municipalities

- Capitol Area Public Health Network
- Cheshire Medical Center
- City of Claremont (e.g., Department of Public Works and School Board)
- City of Concord (e.g., Health and Licensing)
- City of Franklin (e.g., Schoolboard and SAU)
- City of Manchester (e.g., Health Department and Planning and Community Development)
- City of Nashua (e.g., Community Health Department, Division of Public Health and Community Services, Environmental Health Department, Community Development Division, and Urban Programs Department)
- City of Rochester (e.g., Economic and Community Development, Health and Code Enforcement)
- City of Somersworth (e.g., Code Enforcement, Welfare Office)
- Community Action Partnership of Strafford County
- Community Partners Strafford County
- Conservation Law Foundation NH
- Dartmouth-Hitchcock Medical Center
- Goodwin Community Health
- Women, Infants, and Children (WIC)
- Greater Derry Community Health Services
- Greater Sullivan County Public Health Network
- Health First in Franklin
- JSI/Community Health Institute (CHI)
- Mid-State Health Center
- New Hampshire Division of Public Health Services (DPHS) Environmental Public Health Tracking
- NH Department of Health and Human Services (DHHS) - NH Healthy Homes
- NH Dept. of Environmental Services (DES) - Drinking Water and Groundwater Bureau
- NH DHHS Office of Minority Health and Refugee Affairs
- NH Housing Finance Authority (NHHFA)
- NH Legal Assistance (NHLA)
- North Country Health Consortium
- Organization for Refugee and Immigrant Success
- Partners in Health NH
- Partnership for Public Health NH in Laconia
- Public Health Council of the Upper Valley
- Rochester Main Street
- Seacoast Public Health Network
- Second Start Alternative High School in Concord
- Seufert Law Office
- Southern NH Area Health Education Center
- Strafford County Public Health Network
- Sullivan County
- Upper Valley Habitat for Humanity
- The Way Home in Manchester

# Appendix B: Project & Learning Exchange Overview

## Community of Action for Lead Safety

### *Building, Mobilizing, and Supporting Municipal Action to Prevent Childhood Lead Poisoning*

Project Goals: We will work together to develop local innovations and strategies and to share lessons learned. Some goals to keep in mind: (1) We want to keep in mind the importance of leveraging recent improvements in NH's laws about childhood lead poisoning. (2) We are drawing on our collective knowledge and experiences as community leaders (ex. building on initiatives in place, drawing on each other and experts focused on housing, the environment, law, health and human services, lead renovation, repair, and painting, etc. to help us learn more about actionable goals). (3) We are mobilizing local actions to protect children from the avoidable, lifelong health impacts of lead poisoning.

#### Learning Exchange 1

- To learn more about the strengthening of NH's lead laws – SB 247
- To spend time talking with each other about our experiences, knowledge, and ideas for action to make our communities lead safe and keep our children healthy
- To talk in municipal groups to begin framing where work has occurred, by who, and what are some areas of focus moving forward

#### Learning Exchange 2

- Focusing on building coalitions for action – keeping many people's lives, experiences, and perspectives in mind – health equity
  - Learning about local ordinances, regulations, and authority
  - Engaging in conversations across sectors about lead poisoning prevention and intervention that is locally sparked
1. Team Time – To continue building a framework for action

#### Learning Exchange 3

- Identify levers for change (e.g., state policy, local ordinances, early screening and referral processes, and education for property owners, health providers, etc.)
- Learn about municipal actions from each community - Short, Medium, and Long-term
- Discuss challenges and questions people are facing
- Learn more about state-level resources
- Discuss opportunities for moving forward

## Questions

- How does child lead poisoning and safety impact your work? What does the strengthening of NH's lead laws make you think about? What do you think we can do in our communities? In the state?
- How will keeping end-users in mind help remove barriers so collaboration, innovation, and action can occur?
- Action Road Maps - Where do we need to focus? Who do we need to involve?
- What do we need to learn? Or what data/information do we need? How can we build on what we've done?
- What did the presentations make you think about in terms of your local work? How will the information help you develop local action plans?
- Share some examples of what your community is already doing. What are some steps you will take in your community? Who will take these steps with you?
- What is our shared commitment to the safety and health of NH's children and residents?
- What sort of biases show up in our lead poisoning work? How can bias influence moving forward together? What will you do in your community to challenge bias to create municipal action to remove lead and make NH lead safe?
- How will you use your power to advance this issue? What power dynamics do you need to be aware of?
- What will help us sustain this work in our individual communities? Across regions? Across the state?
- Who needs to be involved? How will we build partnerships to increase the capacity for this work? What networks will you draw on? What opportunities do you see for the future?



## Appendix C: Municipal Team Plans

Each municipal team answered these prompts to frame their goals and needs to move forward:

- What are the goals you have discussed or determined – short, medium, long-term
- Who are your partners? Who are you missing? Who has the ability to make decisions? Enact policy change?
- What actions have you taken or are you working on? (ex. Primary prevention and/or education and outreach, blood lead level testing or home or water testing/inspection, community buy-in, regulations and ordinances).
- What are some of your challenges?
- What is a question you want the group to discuss/provide feedback on?
- What is a resource you need now or in the future? Or what is resource/information you can provide to others? You can provide links to materials, regulations, programs that may be helpful for others to see.

Tables 1 and 2 summarize team responses and presentations from the final learning exchange on November 7th, 2019.

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**Table 1. Municipal Team Goals and Actions Final Exchange**

<i>Goals</i>	<i>Actions</i>
<b>Claremont</b>	
<b><u>Getting the Lead Out</u> and Testing Schools &amp; Licensed</b>	<ul style="list-style-type: none"> <li>• <a href="#">Get the Lead Out: Claremont Water Department</a> is investigating service lines</li> <li>• Focus on childcare facilities – outreach and testing               <ul style="list-style-type: none"> <li>○ 11 Licensed Child Care Centers in Claremont (some in public schools): 3 tested, results on DES database</li> <li>○ Public school district comprised of 6 school buildings: All tested in 2016, but not posted on NHDES lead database</li> <li>○ Licensed Child Care listing provided starting point for further analysis: Discovered lead service line and lead goosenecks into one of the school buildings that housed a childcare center. Some childcare centers unknown to municipality or not consistently listed</li> </ul> </li> </ul>
Process for Engagement and Action <ul style="list-style-type: none"> <li>• Understand the issue</li> <li>• Identify Key Stakeholders</li> <li>• Create Buy-In – not just top-down</li> <li>• Identify goals and desired outcomes</li> <li>• Remove barriers</li> <li>• Keep the momentum going</li> </ul>	
<b>Nashua</b>	
<ul style="list-style-type: none"> <li>• Goal: build, mobilize, and support municipal action to prevent childhood lead poisoning</li> <li>• Focus: to create strategies for action that will create lead safe communities</li> <li>• Strategies: L.E.A.D. and <a href="#">Housing Urban Development (HUD) Lead and Healthy Homes program</a>, working to engage landlords and property owners in our region. Interest in engaging schools further in the future</li> </ul>	<ul style="list-style-type: none"> <li>• Lead information Session for <a href="#">Landlords and Property Owners</a></li> <li>• <a href="#">L.E.A.D.</a> initiative with outreach, provider toolkits, and stakeholder engagement (e.g., community events, public radio)</li> <li>• <a href="#">Planning 2020 Childhood Lead Poisoning Prevention Conference</a></li> </ul>

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## Concord

- Short-term goals: Educational offerings to Contractors and Enforcement Officials (RRP); Develop a task force with representatives from City Water, Concord School District, childcares, and the municipality; present the project to City Council
- Medium-term goals: Improve communication with childcare facilities; provide information for both parents and facilities. Educational offerings to the general public
- Long-term goals: Internship Program, Review of Ordinances, rental inspection program, improve testing rates
- Developed a pamphlet distributed during Dept of Ed and Daycare recertification inspections, held an educational meeting open to early childhood interventionists, Concord Hospital representatives, Concord PD, and others.
- Revised protocols for [Health & Licensing](#) when signing demolition permits and have conducted more robust follow-ups with complaints regarding lead paint removal at residential homes.
- Started an internship program to identify homes with lead paint and encourage remediation and education.

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## Franklin

- Increase the participation in the Franklin Community of Action for Lead Safety
- Provide educational outreach about lead testing (ex. blood, water, home)
- Increase the number of children who receive lead blood level testing prior to public school entry, with a focus on prenatal blood work, lead screening, and testing for children under two
- Develop a better understanding of policies that can include preventative measures regarding lead safety in order to begin increasing advocacy efforts in multiple sectors (e.g., if I am opening an in-home or other childcare center, I have to have my home/building, water, and all children tested)
- Regular coalition meetings
- Grew the coalition team – 19 members
- Attended two city council and school board meetings
- Education & outreach (Winnepesaukee Public Health region)
- Regional Public Health Officer study and pilot

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## Rochester

- Short-term goals: [Educate](#) targeted population on lead safety importance (e.g., landlords, school personnel, health care personnel)
  - Medium-term goals: Fund lead hazard mitigation work on Rochester homes occupied by low-to-moderate income residents
  - Long-term goals: Increase testing of Rochester children under age 6 and reduce number of lead poisonings for Rochester children
  - Past actions: Lead poisoning prevention summit for city staff, local elected official, and local non-profit housing providers (spring 2018); weatherization rehab work that includes lead evaluation, containment, and/or abatement, as applicable (ongoing)
  - Current and future actions: Lead safety outreach for landlords and property owners ([November 2019](#)), partnership with New Hampshire Housing Finance Authority to combine local [Community Development Block Grant](#) funds with state lead mitigation funds for lead abatement work in Rochester (FY 2021)
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## Somerset

### Short Term

- Outreach to Historic district
- Lead Awareness Booths at local events
- Reaching out to indigent clients
- NH Housing Pamphlet - Provide to homeowners during inspections – Protect the tap (e.g., Water bill inserts, visits to Daycares, schools, medical offices)

### Long term

- Adding language to codes and ordinances
- Outreach and testing at community events/ community dinner
- Streamlined system to get information to tenants versus via landlord
- Possible tenant portal on city website

- Convened the group three times
- Sending out Protect your Tap in all water bills (4,400)
- Outreach to schools, daycares, and local medical providers
- NH Housing pamphlet provided to homeowners during inspection; have requested 500
- Outreach to historic district: provide information to historic district committee and applicants
- Landlord campaign: created a list of landlords who own 5 or more units, very little response

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## Manchester

- Focus on primary prevention
- The EPA Lead Renovation, Repair, and Painting Rule requires that contractors who perform renovation, repair, or painting projects that could disturb lead-based paint in pre-1978 homes, childcare facilities and schools be certified by EPA and follow lead-safe work practices.
- Discussions to add a section to the City's Building permit requesting the contractor's RRP certification number for those renovations that could disturb lead-based paint in pre-1978 homes, childcare facilities and schools

### Current Activities

#### Manchester Health Department

- Case Management for children with elevated BLLs
- Appropriate, comprehensive, and coordinated medical and environmental follow-up
- Home visits to provide an assessment of home environment and education on reducing exposure to hazards at BLLs below the case management threshold
- Education is offered to property owners, homeowners, and tenants to reduce exposure to lead hazards
- Partnership with providers to ensure appropriate blood lead screening occurs and identification and reduction of barriers

#### The Way Home

- Ongoing partnership with City Departments to promote educational outreach to assist families in preventing hazards in homes and relocation services
- Coordination of program to rent HEPA vacuums and other cleaning devices to remediate children's exposure to lead and other substances

#### Planning and Community Development

- CIP Housing Initiatives - Abatement Program
  - 400+ rental units received abatement, since 2010
  - Every property pre-1978 receives marketing material about the risks of lead and the city's program
  - The Building Division enforces minimum housing code in rental units across the city through the issuance of the Certificate Of Compliance (CoC)
  - The program is in effect since 1991 and requires rental unit to be inspected every 3 years
-

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## Table 2. Municipal challenges, questions, and needs

### Challenges

- Lack of strong multi-agency partnerships
- Competing priorities and community buy-in -- Gathering people together: mayor, elected, and school leadership
- Inconsistent participation due to staff shortage, resources, and scheduling
- Administrative burdens and expenses associated with federal funding sources
- Multiple lead funding opportunities on different timelines and with different objectives
- Complacency among people directly affected - not ready to take action – many reasons
- Limited enforcement of safety standards due to lack of policies, staffing or both!
- Planning department fears lack of capacity to enforce and city's liability
- Getting local code and ordinances passed and talking about how that relates to state law

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### Questions

#### About Public Outreach

- How do you expand from hosting individual events to a comprehensive program with limited time and capacity?
- In order to maximize the greatest change, what key groups should be targeted?
- How do you get buy-in with city/town officials who feel overburdened with health issues?
- How do you effectively reach out to elected officials so they will take up the issue?
- How do we tap into the network of realtors and property managers and show importance?
- How can we get realtors to recommend lead testing at the house sale?
- How can we put a monetary value on lead testing?
- How do we create landlord buy-in?

#### About Lead Poisoning

- How do communities write, propose, and adopt new ordinances?
  - Who protects the tenant's right to avoid eviction? Does the landlord have liability for the child poisoned? Landlord has liability if child is proved poisoned.
  - What incentive could be provided to owners/property managers – attach it to the certification?
  - How do we help reduce unit shutdown? How do we help move people out of their homes? Do we have the resources to address this?
  - How do we try to figure out how to encourage landlords to test without any notion the child has been poisoned? If they test, then they are positive, are landlords going to say, "I don't want to know"?
  - Where do families relocate with the housing shortage and increasing homelessness in cities and towns?
  - Where do families relocate during remediation, given the lack of rental vacancies?
  - Can welfare decline a landlord with lead in the apartments or does that hurt?
  - For funding, can city block development grants address apartments?
  - How do you create a market for lead free homes like LEED and EPA?
-

## Needs

- More landlord and parent participation
  - Insights into local politics and systems (ex. city council, school boards)
  - Adapt Nashua's contractor RRP Certification Program to Manchester
  - Strategies to keep the momentum among entities involved in lead poisoning prevention efforts
  - Input from other municipalities about successes/room for improvement
  - Communication methods (e.g., access to educational materials, knowing what works best)
  - Subject experts for public presentations
  - List of contacts (landlords, realtors, property owners etc. ) and new home buyer information packet
  - Program coordinator or administrative support
  - Assistance in strengthening multi-agency relationships
  - Legal help reviewing codes/ordinances, law changes to increase local authority
-

## Appendix D: Evaluation Data

Community or Other Affiliation	Number of Respondents (n=33)
Nashua	6
Claremont	4
Manchester	4
Public Regional Health Network outside 7 communities listed	4
Concord	3
Franklin	3
Rochester	3
Somersworth	3
State Level Resource (e.g., NHLA, CLF, DHHS, NHHFA, etc.)	3

Convenings Attended	Counts
1 Convening	6
2 Convenings	13
3 Convenings	13

Convenings	Attendees
5/31 - Manchester Health Dept.	33
8/22 - Concord Audubon	48
11/7 - Concord Audubon	42

"usefulness" of the Community of Action for Lead Safety Learning Exchanges for each prompt.	Providing information and resources about the impacts of lead on children	Providing information and resources about local solutions that communities can implement to protect children from lead poisoning	Building a community to enable information and strategy-sharing across teams/communities
Extremely Useful	16	13	16
Very Useful	12	16	13
Moderately Useful	4	3	3
Slightly Useful	0	0	0
Not at all Useful	0	0	0

Comments - Anything else you would like to share here, including suggestions for meeting topics or formats.
<ul style="list-style-type: none"> <li>• Building more financial incentives for owners of rental property to do primary prevention.</li> <li>• Community of action has been great for Nashua. We hope to continue and expand our work in lead so having the gatherings/ sharing of information continued would be very useful.</li> <li>• Thank you [name omitted] for pulling these meetings together. I think we all were able to share valuable experiences and ideas.</li> <li>• I would also love for any ideas/strategies on how we can come together as a group to advocate for policies/laws to keep pushing this issue forward on a state level.</li> <li>• How to bring RRP training to your community (how to advertise, what it costs, necessary logistics)</li> <li>• Building partnership with diverse stakeholders</li> <li>• Applying for other funding sources</li> <li>• Thank you to NH Listens for a GREAT job leading and making these sessions so productive for all. We hope these sessions will be continued as we have so much work to do to reduce Childhood Lead Poisoning in NH, and rely on strong, active stakeholder groups such as these to ensure our progress.</li> </ul>

**All 33 respondents said they saw “value” in future gatherings and selected the times they preferred to meet.**

Preferred Meeting Times	Counts
All Day- between 9am-3pm	12
Morning - between 9am-12pm	21
Afternoon - between 12pm-3pm	18

Preferred Days	Counts
Monday	13
Tuesday	21
Wednesday	24
Thursday	24
Friday	10

Meeting Frequency	Counts
Twice a year	19
Three times a year	9
Quarterly	5

What would be most valuable for future gatherings?	Counts
Opportunity to continue sharing information and strategies from team to team	24
Devoting meetings to workshopping specific issues, strategies, or innovations found or tried by people in a specific community	23
Devoting meetings (or substantial portions of meetings) to in-depth learning about a specific lead-related issue	17
Other	1 (management of demolition materials from abatement)

## Selected Feedback Collected at the Learning Exchanges

### Appreciations

- To hear what other communities are doing, “brainstorm” on our challenges, resources. I believe watching other cities as they deal with lead has been useful. It’s like watching best practices evolving.
- I’m completely new to the concept of lead exposure risk in NH – I was able to gain a very useful level of understanding of the current challenges, available resources, and contacts. Thank you!
- Networking, sharing strategies, and finding consistent messaging
- Learning more about lead exposure in NH, prevention, actions that are being taken. Also, collaboration with other communities and learning about more resources
- Best part was networking with other communities and sectors
- Hearing about solutions that other cities are doing – sharing ideas and resources
- Policies and practices that work – outside the box ideas
- Learning from other communities has been invaluable – especially those working on lead for some time
- Great networking, opportunity to share ideas, challenges, and solutions

### Suggestions and Needs

- Technical assistance – fiscal, resources and strategies for outreach and education, legal information, connection to elected officials, help with action plans and streamlining ideas to what’s doable
- Talking points – to frame community buy-in and help people understand the dangers of lead poisoning and to empower residents to share their stories effectively.
- Communities need diverse representation and support incentivizing participation
- Continue conversation and find out if this approach has impacted communities
- More discussion of landlord/tenant dynamics, beyond legal issues and rights
- Have some statewide strategies that are not only dependent on the town level of ordinance
- Celebrate progress, share resources, share advocacy, stay connected to new legislation
- Learning to understand the political climate within each city/town (departments), and how to reach out to politicians and school board members in the state
- Discuss a comprehensive and best practice model/program – efficient staffing and funneling resources
- Guidance through public health advisory committee (forming)



# **Appendix E: Potential Actions and Coalition Partners**

*Compiled by NH Healthy Homes and Lead Poisoning Prevention Program*

## **Example of Primary Prevention Activities**

- Partner with your local high school Career and Technical Center to implement the Environmental Protection Agency's (EPA) Renovate, Repair, and Paint (RRP) lead safe work practices into the curriculum. Use funding to train instructors and/or purchase supplies.
- Train and certify local homeowners, contractors, and property managers in EPA RRP Lead-safe work practices. Use funding to hire trainer, offer free training, and off-set cost of EPA certification.
- Hire a licensed Lead Trainer or use the DPHS training resources to train staff performing inspections of Housing and Urban Development (HUD) Section 8 housing to be able to identify lead hazards.
- Hire a licensed Lead Risk Assessor to inspect local licensed childcare facilities to identify and prioritize the removal of lead hazards.
- Develop and adopt local ordinances
  - to address minimum housing standards for rental housing that include lead hazards
  - "to cause the repair" of buildings that are unfit for human habitation because of lead hazards
  - that require landlords to obtain a permit or certificate of compliance at certain times (every 3 years)
  - that require an inspection of the rental unit prior to the landlords obtaining certificate of occupancy
  - that require contractors to provide their EPA RRP certification number on building permit applications when working on pre-1978 buildings
- Adopt local building code regarding "construction, remodeling, and maintenance" of all buildings.
- Identify and secure funding sources to remove lead hazards from pre-78 housing in the community (e.g. HUD, Community Development Block Grant (CDBG), EPA).
- Change school district policy to require documentation of blood lead level tests for entry into public school.
- Partner with local hospitals and primary care providers to include blood lead level tests in well child visits for children 2 and under and in prenatal intake appointments for expecting mothers.

## **Example Partners**

- Elected Officials - City Councils and School Boards
- School Leaders - School Superintendents and Special Education Program Administrators
- Municipal Officers and Leaders – Health officers, code enforcement, planning and development
- Pediatric healthcare providers
- Landlords and homeowners
- Contractors and builders
- Regional planning commissions
- Early Head Start and Head Start
- Women Infants and Children (WIC)
- Early childhood education programs – childcare centers
- Early intervention service providers
- Home visiting agencies
- Businesses and workplaces
- Academic institutions, including Cooperative Extension
- Vocational schools

## Appendix F: Resources

### General Information about Childhood Lead Poisoning

- American Academy of Pediatrics (AAP) Council on Environmental Health. (2016). Prevention of childhood lead toxicity. *Pediatrics*, 138(1), e20161493. Retrieved from: <https://pediatrics.aappublications.org/content/140/2/e20171490>.
- Center for Disease Control (CDC). (2019). Childhood Lead Prevention Program. Retrieved from: <https://www.cdc.gov/nceh/lead/default.htm>.
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### New Hampshire Resources

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### Videos

- NOVA. (2017). Poisoned water: What exactly went wrong in Flint – and what does it mean for the rest of the country. Retrieved from: <https://www.pbs.org/wgbh/nova/video/poisoned-water>.
- PBS Digital Studios [Gross Science]. (2017, May 30). What does Lead Poisoning do to your brain? Retrieved from: <https://www.youtube.com/watch?v=76RKSQgduVQ>.
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