

Forming a Local Childhood Lead Poisoning Prevention Workgroup:



Best Practices for Successful Implementation



Forming a local childhood lead poisoning prevention workgroup: Best practices for successful implementation

Throughout Ohio, local groups at city and county levels have joined in the common cause of childhood lead poisoning prevention. Local collaborations keep childhood lead poisoning prevention at the forefront of child welfare issues.

This best practices tool is intended to assist local parties in establishing a childhood lead poisoning prevention workgroup by forming new partnerships or adding the issue to an existing child welfare agenda at the local level. Best practices are defined as those ideas and strategies that have been successfully implemented in local communities throughout the state and would provide a useful framework for others.



Why is it important to focus on childhood lead poisoning prevention?

Lead is a soft metal that has no physiological function in humans. Humans typically are lead poisoned by inhalation or ingestion of lead. Although there are many sources of lead in our environment, most children are lead poisoned by ingesting or inhaling lead particles from deteriorated lead-based paint.

Although there are many health effects associated with lead poisoning, most children do not exhibit specific symptoms. The only way a child can be diagnosed with lead poisoning is with a blood lead test. A blood lead level greater than or equal to 10 µg/dL in a child younger than 6 years of age is considered lead poisoned by the Centers for Disease Control and Prevention (CDC) and the Ohio Department of Health (ODH).

Lead is detrimental to virtually every body system and can cause problems with kidney function, the formation of blood cells and gastrointestinal and reproductive issues. However, lead is primarily classified as a nervous system poison because its effects on the nervous system are permanent. Because the nervous system is rapidly developing in small children, it is children under the age of 6 (more so under the age of 3) who are the most affected by lead poisoning. The nervous system damage manifests in the reduction of cognitive abilities, lowered IQ, attention deficits, aggressive behavior and even hearing loss.

Lead poisoning costs are not limited to medical care and/or lead hazard control expenses to the property owner. Communities pay a price, too. Many of the children who are lead poisoned require special education. Another societal cost is that many children who are in the juvenile justice system were chronically poisoned as small children.

Lead is the No. 1 environmental health threat to children. Lead poisoning is entirely preventable and is an issue that is better addressed as a community than by individuals. Any workgroup that focuses on child health issues should have lead poisoning as part of its agenda. In 2005, there were more than 3,300 Ohio children lead poisoned. Any child 6 to 72 months of age who resides or spends an appreciable amount of time in a house built before 1978 is at risk for becoming poisoned (lead-based paint was banned for use in residential settings in 1978). Because of this risk, communities that conduct awareness activities that stress the health effects of lead poisoning, promote testing and offer prevention activities are most likely to improve the health outcomes of children.

Is it the time to form a lead poisoning prevention workgroup or to expand the local child health agenda?

Adding lead poisoning prevention to the list of local child issues must be timely to attract local buy in. Consider the following steps as you explore this issue.

The first step: assess community readiness.

- Determine whether there is an existing workgroup focused on child health issues.
 - If yes, ask if the workgroup will add the issue to its agenda
 - If no, decide if there is a need to start something new
- Perform community study to identify all agencies and their connection to lead issue.
- Identify what specific work they could do within the workgroup.
- Raise awareness and educate about lead issues and ask for participation in workgroup.

The next step: examine current funding and political climate.

- Are local stakeholders and funders primed to address the issue?
 - If yes, determine priorities of the workgroup to seek and pursue funding opportunities
 - If no, strategize and act to make it their issue
- Develop a presentation on behalf of all stakeholders.
 - Know your audience and purpose
 - Use the opportunity to persuade/perform/inspire
 - Structure presentations and materials to their background and experience
- Identify and reiterate what their participation and funding could do.
- Be prepared to answer questions quickly and effectively.

Who should be included in local efforts?

If it is the right time to form a workgroup, it is important for organizers to identify key stakeholders to childhood lead poisoning prevention in the community. Organizers will want to consider the following questions:

- Is the workgroup a neighborhood, community, city or countywide effort?
- Is there a local “champion” to spearhead this initiative?
- Who should be involved in the effort and what is the buy in to encourage participation from each stakeholder?
- How will we include all levels of involvement, from concerned residents to local agency staff to elected officials?

It’s important to determine appropriate partners and to establish the link between lead poisoning prevention and your stakeholders. A partial list of stakeholders follows, although each community may have unique players to involve in the workgroup:

- Affordable housing advocates - Tenants have a right not only to affordable housing, but to safe housing; we must find real alternatives for safe and affordable housing for our children.
- Budget analysts/grant writers - Able to assist in developing and implementing a plan for long-term sustainability of the initiative.
- Child care providers - Some need lead information to be compliant with Head Start standards; centers should be lead safe and must comply with state regulations if a child is lead poisoned at the facility. Also a key opportunity to reach the target population.
- Community development corporations - Have access to homeowners (at block club meetings); healthy communities and housing are the core of their mission, and participating in the workgroup will help them achieve their mission.

- Community organizers - Able to organize meetings with elected officials, testify at public hearings, gather public support for lead poisoning prevention activities.
- Contractors - Need to come into compliance according to state law; expanding message of lead safety in communities will increase the demand for lead abatement contractors. Include organizations such as renovator and remodeler groups.
- Elected officials - Able to share message with constituents and initiate legislation to promote lead poisoning prevention measures and funding allocations.
- Faith-based agencies - Have potential access to large numbers of people; trusted by communities they serve.
- Federal agencies - Part of mission of agencies to eliminate childhood lead poisoning, expand role within community (e.g., Housing and Urban Development, Environmental Protection Agency, CDC).
- Home visitors - Already have contact with families at risk and are able to add this issue to the service plan (e.g., Help Me Grow, Moms First).
- Insurance carriers, specifically Medicaid managed care organizations - Must comply with blood lead testing requirements; participating in workgroup can help them with their mandate set by the State of Ohio.
- Landlords/landlord associations - If a child is lead poisoned on their property, they will have to comply with a lead hazard control order anyway, so prevention is best; must disclose lead hazards under federal law.
- Legal Aid - Advocates within Legal Aid often assist with tenant rights and housing issues for low-income families.
- Local community development departments - Community development departments should follow lead-safe work practices in all of their projects.
- Local foundations - Able to fund lead activities, assist workgroup in identifying and pursuing additional resources.
- Local health department - The buy in of local health departments in this process is essential. Eliminating childhood lead poisoning will be implemented primarily through the intervention of local health departments, so elimination needs to be a priority of the department.
- Medical providers - Help to promote and implement best practices in blood lead testing, eliminate barriers to testing and assist in improving communication with parents about lead.
- Metropolitan Housing Authority or other local provider of housing for low-income tenants.

- Ohio Department of Health - ODH develops state policy and knows what programs are working at a statewide level.
- Parents and children directly affected by lead - Parents and children have the strongest voice in the collaboration because they are directly affected by the problem and are the key to finding the solution.
- Policy analysts - Offer the ability to understand and defend how lead fits into overall health and social policy.
- Refugee groups - Ensure service providers for refugee groups or advocates from within the refugee population are included if applicable. Relocation of refugees and exposure to lead hazards that may have occurred outside of the United States are of particular concern for this population.
- School psychologists - Understand how lead affects development and what role lead could/should have in creation of Individualized Education Programs (IEPs).
- Social service agencies that have children's well-being and/or health as mission (e.g., WIC, Voices for Children, local department of Job and Family Services).
- Teachers - Need to understand how lead poisoning affects a child's learning and the classroom and are able to advocate for early intervention to avoid those problems.
- Tenants' rights associations - Help tenants secure stable and safe housing by informing them of their rights under state and local housing laws; help tenants understand disclosure rights.

What are next steps in forming a childhood lead poisoning prevention workgroup in my area?

First, you will want to identify the type of workgroup or collaborative effort you hope to establish. There are a number of working definitions for this type of collaboration, including:

- Coalition - Union of people and organizations working to influence outcomes of a specific problem or accomplish goals (e.g., information sharing, coordination of services, community education, advocacy that reaches beyond the capacity of any individual member organization) who participate in an ongoing set of meetings.
- Advisory committee - Respond to organizations or programs by providing suggestions or technical assistance.
- Commission - Usually consists of residents appointed by official bodies.
- Consortium or alliance - Consists of organizations and coalitions that span large geographical areas that address broad policy-oriented goals.
- Network - Loose-knit group formed primarily for the purpose of resource and information sharing.
- Task force - Organized by an overseeing body to accomplish a specific series of activities.

Facilitating the formation of the workgroup

In order to facilitate the process of developing a workgroup, consider the following steps:

- Have an initial meeting to address the roles, responsibilities, functions and funding relationships between partners within the workgroup.
- Educate new workgroup members about the history of the funded partners and previous group dynamics, if applicable.
 - If another meeting needs to be held to address authority, contractual agreements and roles within the funding/workgroup, do it
- Establish working structure of group (e.g., core committee, subcommittees/working groups).
- Determine and implement leadership structure and additional roles within workgroup (e.g., officers, steering committee, Board of Trustees, etc.).
 - Formalize group structure and expectations
 - Choose/elect co-chairs/chairpersons of subcommittees or workgroups to direct group activities to ensure goal attainment
 - Establish meeting timeframes for all subcommittees and workgroups
 - Assure the right people are on the right committees, and remember that some may bring expertise to a particular workgroup without participating in the broader workgroup
 - Plan and conduct meetings (e.g., establish agendas)
 - Establish reporting process for oversight agency and membership
- Recognize and manage the phases of team development (forming, norming, storming, performing).
 - Identify the current phase of the group
 - Maintain team focus
 - Put out small fires that may go ablaze and destroy group
 - Keep all decisions and decision-making processes transparent
 - Maintain open communication with all team members
- Remain flexible with structure(s) of group and/or working subcommittees.

Developing a mission statement

Once you have identified the type of group you will establish, it is important to develop a mission statement. The mission statement:

- Gives focus to the group.
- Is a snapshot view of what the group is and what the group does.
- Explains goals in a clear, concise manner.
- States what the group is going to do and why.
- Is the common or primary purpose of the group.
- Clarifies the group's objectives.

A mission statement should be concise, about one sentence in length. It should explain the fundamental outcome your group is working to achieve. The following steps will assist in developing a mission statement:

- Determine what the group hopes to accomplish or the scope of its activities.
- Determine how the group will effect change in the community or determine the types of interventions or strategies the group will employ to achieve its goals such as:
 - Influencing policy and legislation
 - Changing organization practices
 - Fostering coalition and networks
 - Educating providers
 - Promoting community education
 - Strengthening individual knowledge and skills

Examples of mission statements

Our mission is to prevent childhood lead poisoning through public education and targeted outreach to promote prevention and early detection.

Our mission is to strategically reduce and eliminate childhood lead poisoning in the city by adhering to the following essential actions: increased awareness, public health education, abatement in high-risk housing, blood lead testing, interim hazard control measures and preventive actions to reduce exposure.

Our mission is to create lead-safe networks that bring together local organizations, businesses and public and private health and housing agencies to develop community-specific lead reduction strategies.

Our mission is to educate the public about the dangers of lead exposure and the actions that will protect children.

Building relationships with key stakeholders

The following will assist in establishing relationships with key workgroup members and stakeholders:

- Identify and set up meetings with groups or organizations with a common interest or that may strengthen goals of the workgroup.
 - Identify common interest and service delivery between partners
 - Thoroughly explain your goal, mission and objectives
 - Understand the goals, missions and objectives of your partners
- Explore ideas/proposals/activities that mutually benefit collaboration partners (e.g., different projects that may fulfill multiple program/grant requirements, community health assessment).
- Create an atmosphere of cooperation.
 - Support and promote nonrelated partner programs
 - Develop an atmosphere of trust

- Schedule face-to-face meetings with decision-makers of proposed partners periodically in lieu of phone/e-mails.
 - Do not be afraid to give out compliments regularly. Showing gratitude, appreciation and respect to workgroup partners can go a long way and help to avoid the creation of a combative atmosphere
 - Put all issues on the table
 - Identify possible competitions/fights/turf issues and urge members to create unity instead of divisions
- Know your allies and be allies to them.
 - Recognize and manage threats
 - Do not attempt to overly avoid conflict because it is a natural part of the workgroup dynamic and can be extremely helpful if addressed in a productive manner
 - Ensure and create an atmosphere/dynamic that immediately addresses conflict in a proactive and productive manner
- Examine previous observations or reasons for failure and explain why this attempt will be different.
- Explain the mutual benefits and outline the strengths of forming a partnership.
 - All stakeholders have great and necessary services/perspectives to bring to the group. Recognize them and stay focused with the positive as much as possible
- Be patient - it's a slow process.
 - Maintain a positive attitude
 - Acknowledge the politics and stay focused on the cause
 - Understand that creativity is beneficial

Securing resources for the effort

The level of funding or resources necessary to support the workgroup effort will vary depending on the mission and objectives of the group. Funding and resources to consider include:

- Member agencies - Will contribute in-kind goods and services (e.g., time, materials, supplies, copies, etc.).
- Private foundations - May give small amounts of seed money to coalitions; research local and regional opportunities.
- Public grants (e.g., HUD, EPA).
- Local service clubs - Rotary or Kiwanis that contribute to broad-based community efforts.
- Universities - Contributions of in-kind goods or services through student internship programs via students who are seeking experience in areas of public relations, environment, health education or health care who can participate in the group's initiatives.

It is important to pool and leverage resources to stretch funding and make the project more attractive for additional funding.



How can advocacy efforts position the issue for funding?

Once the workgroup has formed its identity and established objectives, the following steps will assist in securing additional resources:

- Create and communicate a sense of urgency.
 - Recognize affiliated groups and roles of community organizers and parents of lead poisoned children
 - Put a “human face” on the issue
- Be sensitive to parents.
 - Recognize and plan for inclusion of parent issues
 - Assure materials and resources are written in a sensitive and readable manner
 - Don’t make excuses for shortcomings within the system, but do try to understand the shortcomings better and then plan on how to address them
- Advocacy can be a positive, proactive role that changes structural or systemic issues and not just symptoms of the problem.



How will the workgroup measure success?

Evaluation is the process of collecting and examining information (quantitative and qualitative) to determine the accomplishments, strengths and weaknesses of an intervention, plan or program. In the simplest terms, evaluation is a process or activity that involves assessing or measuring the value of something. Evaluation answers the questions: “Are we doing the right things?” and “Are we doing things right?”

Evaluation is a management tool to improve programs/strategies; evaluation should be integrated into program planning from the very beginning. Evaluation encourages critical upfront thinking about program goals and objectives and appropriate measures of success. Evaluation should be conducted at two levels: 1) process - looks at the tasks and procedures of the program; and 2) outcome - looks at the results/changes in the target population from the program.

Different evaluation questions need to be asked at different phases of program development. The questions for new programs are different than for programs that are in mid-stages of implementation or that are more mature. Evaluation is an evolving process.



Why evaluate?

- Determines whether and how well program objectives are met.
- Determines strengths and weaknesses of program for decision-making and program planning.
- Establishes a level of quality assurance and control.
- Meets the demand for public or fiscal accountability.
- Improves staff skill in program planning, implementation and evaluation.
- Promotes positive public relations and community awareness.
- Fulfills grant or contract requirements.

Levels of evaluation

Formative:

- Takes place after a program is designed but before it is broadly implemented.
- Examples: readability tests, focus groups, individual in-depth reviews.

Process:

- Mechanism for checking on the progress of activities.
- Answers questions such as:
 - How well did we plan?
 - How are individual activities progressing?
 - Is the intended audience being reached?
 - Are people responding?
 - Are there any problems or issues that need to be addressed?

Outcome:

- Determines whether program/intervention is making a difference/has an effect.
- Results may justify need for additional or continued funding.
- Results may be used to improve and revise an ongoing program.

Evaluating the process

An evaluation of the process will yield useful insights for improving future assessment efforts or for updating prior efforts. Use the nine-step cycle below to develop questions for each step. An example is provided below.

The Nine-step Cycle	Sample Questions for Each Step
Self Assessment	What was our capacity to carry out the community assessment process? Did we have support of agency management/board, etc.?
External Assessment	What were the existing strengths of the community with regard to community assessment?
Partnership Building	What worked? Lessons learned?
Planning	Was a written plan developed? Was there ownership in the plan? Were community members involved in its development?
Data: Needs/Capacity	Were data available? What were the problems in collecting needed data?
Priority Setting	Was there consensus on priority problems?
Planning for Implementation	Was problem analysis done before deciding on interventions?
Implementation	Were written plans for implementation developed? Was funding available to implement the plan?
Evaluation	Did evaluation include a look at the process, the results and the outcome?

Questions? Please contact the Ohio Childhood Lead Poisoning Prevention Program at 614-466-5332 or 877-NOT-LEAD for more information.

Helpful resources

<http://www.clearcorps.org/serviceguide.htm> - community service guide

<http://www.preventioninstitute.org/eightstep.html> - an eight-step guide

http://www.fieldstonealliance.org/client/client_pages/tools.cfm#Collab - for resources and tools e.g. finance, evaluation of a workgroup

<http://www.cdc.gov/nceh/lead> - facts about lead poisoning by state

<http://www.hud.gov/offices/lead> - homepage

<http://www.hud.gov/organizing/index.cfm> - neighborhood organization checklist

<http://www.hud.gov/community/index.cfm> - community financial resources

<http://www.hud.gov/subscribe/signup.cfm?listname=Lead%20Based%20Paint%20Hazard%20Control&list=LBP-Grantees-I> - sign up for Lead Based Paint Hazard Control mailing list for updates; plus, forming a mailing list or listserv for your group

<http://www.epa.gov/lead/pubs/resourcecenter.htm> - lead resources such as outreach campaigns and materials, grants, brochures, and posters

<http://www.mchlibrary.info> - Healthy People 2010 resource

<http://leadconnections.org/OurMission.php> - example of a partnership between private, public, local and national organizations dedicated to lead safe housing

<http://www.ohiocdc.org/HELP/HELPmission.htm> - example of a mission statement of HELP (Help End Lead Poisoning), a statewide, nonprofit organization committed to eliminating lead poisoning in Ohio's children

<http://www.cmwf.org/> - Commonwealth Fund

