Stories from the Field: 2019 Health in All Policies (Childhood Lead Poisoning Prevention) Mini-Grantee
Houston Health Department Bureau of Community and Children’s Environmental Health

Introduction
From January to July 2019, the National Center for Healthy Housing (NCHH), in collaboration with the National Environmental Health Association (NEHA), the National Association of County and City Health Officials (NACCHO), and the Association of State and Territorial Health Officials (ASTHO), offered support to three local governmental agencies to implement a "Health in All Policies" strategy as part of their lead prevention implementation program and activities. Projects were chosen to build and support cross-sector relationships, integrate data systems, and incorporate health into a variety of existing decision-making processes. The experience of these grant recipients has significantly expanded the range of models and best practices using a Health in All Policies approach to reduce childhood lead exposure ("HiAP+Pb") by strengthening linkages of lead-exposed children to recommended services and strengthening targeted, population-based interventions. We’ve profiled one grantee’s story below to spotlight a small sample of the many innovative efforts occurring around the country and provide others working toward similar goals with additional ideas and examples to explore.

Synopsis
The Houston Health Department’s (HHD) Fifth Ward Health in All Policies Project has replicated existing strategies used in a pilot-based intervention in the Near Northside neighborhood (NNS) of the city and integrated Health
in All Policies (HiAP) strategies to address cross-sectoral gaps and create systems change in combating the issue of lead poisoning in the Greater Fifth Ward neighborhood of Houston, Texas. The Fifth Ward is an environmentally disadvantaged and a severe-needs community suffering from a strong history of childhood lead poisoning. With this combination of established and newly introduced strategies, the Houston Health Department has succeeded in increasing community capacity, identifying and targeting remediation efforts, and bridging vulnerable communities’ access to other health and service resources. Through innovative strategies of block-by-block assessments and a technological application, HHD has made significant strides in combating childhood lead poisoning by utilizing a neighborhood informed approach over this six-month grant period. This success not only demonstrates feasibility of HiAP strategies but also illustrates the ways in which they can be successfully integrated into localities to best suit their communities.

Challenge

The Houston Health Department’s primary goal within the framework of this grant was to reduce childhood lead poisoning rates in the Fifth Ward. The Fifth Ward represents an urban population of over 20,000 people, where 78% of homes potentially contain lead paint hazards and where as many as 51% of screened children have tested positive for elevated blood lead. Due to the prevalence of potential lead hazards, particularly in homes of low income children, HHD’s Fifth Ward HiAP project intended to address cross-sectoral and data gaps in order to refer community members for abatement or blood screening, and ultimately to decrease the prevalence of lead poisoning in children under age six living in the neighborhood.

Solution

In order to combat childhood lead poisoning rates in the Fifth Ward, the HHD integrated HiAP strategies of developing and structuring cross-sector relationships and of integrating research, evaluation, and data systems. This included expanding upon the scope of another anchor program in the Near Northside (NNS) area of Houston to identify lead poisoning hot spots. To identify these hot spots, the HHD developed a parcel level housing map of the entire Fifth Ward neighborhood that denoted homes that are at risk for containing lead-based paint, as well as homes that have already been remediated by the HHD. To supplement this effort, the HHD also created a historical screening overlay that shows, by block group, the number of children screened, from 2007 to 2016 with elevated blood lead levels. Utilizing this risk map, the HHD provided trainings to community members to educate them on the availability of lead poisoning prevention resources, how to perform block-by-block evaluations

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**BY THE NUMBERS**

<table>
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<tr>
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<th>Count</th>
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<td>Outreach event attendees</td>
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<tr>
<td>Train-the-trainer workshops</td>
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<td>Residents trained</td>
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<tr>
<td>Block captains</td>
<td>9</td>
</tr>
<tr>
<td>Home referrals</td>
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of lead hazards in their neighborhoods, how to identify homes that are exhibiting signs of lead-based paint, and the basic eligibility requirements to refer homes that potentially qualify for the HHD’s Lead-Based Paint Hazard Control Program (LBPHCP). Referred to by the HHD as “train the trainer” events, these workshops included educational lead discussions and roundtables designed to empower community members and partners.

Coupled with this community partner empowerment approach, the HHD also recorded the referrals in its Lead Hazard Housing Database to track the status of these homes. This database included information regarding the lead paint status of the homes, their eligibility status, findings that serve as barriers to eligibility, and recommendations for service linkage that would address these barriers so that the ineligible homes may then qualify for remediation through the HHD’s LBPHCP.

The development of the HHD’s community education and outreach events involved the partnership of many organizations including the Local Initiatives Support Corporation (LISC), Fifth Ward Community Redevelopment Corporation, and Greater Opportunities Neighborhoods.

**Results**

During the course of this grant, the HHD experienced two major challenges of staffing and administrative processes. Due to a citywide hiring freeze in Houston, the HHD was delayed in hiring the required personnel of a community relations specialist (CRS). Without the personnel to host the train-the-trainer workshops until mid-April, the HHD had to adjust and condense the timetables of the schedule of the workshops and their frequency. Staffing was also hindered by the human resources department’s regulations regarding employing temporary employees, further delaying the hiring of the CRS. Lastly, the HHD experienced a challenge due to administrative processes that delayed the review and execution of the grant contract, consequently delaying processing of invoices and the receipt of funding for the project.

Despite these staffing and administrative challenges, the HHD was able to successfully create a lead hazard evaluation map, foster community organizational relationships, and target remediation efforts. Using GIS software, an overlay of a historical lead screening rate map, and the information collected by community member “block captains,” the HHD created a map of single-family and multifamily housing in the Fifth Ward that is at risk for containing lead paint at the parcel level. The map also identifies homes that have previously been abated or cleared by the HHD. Trained block captains were aided by the use of the IRIS application (developed by Tolemi and introduced to the HHD by LISC) that allowed surveyors to upload information regarding individual properties directly onto the app and allowed the HHD to develop a lead abatement survey that was uploaded as part of the software. The success and scope of this map is directly a result of the HHD’s effort to increase community capacity and to foster cross-sectoral partnerships.

Along with the HHD’s partnership with LISC in the integration of the IRIS app, the HHD expanded its partner network for this project to include the Coalition of Community Organizations, the Fifth Ward Multi-Service Center Senior Program, the Fifth Ward Super Neighborhoods Council, the Fifth Ward BOND (Blocks Organizing Neighborhood Defense), the Fifth Ward Civic Club, the Kashmere Multi-Service Center Senior Program, and the Kashmere Gardens Super Neighborhoods Council.

With the completion of seven train-the-trainer workshops and implementation of the block captain system, the HHD has received 19 home referrals both as a result of partner organization outreach and the submissions of the trained block captains themselves.

**Lessons Learned**

Due to the lessons learned from the staffing and administrative challenges previously described, the HHD will consider possible administrative delays when planning and creating timelines for future projects, especially regarding those that are similarly short-term projects.

The HHD’s success can largely be attributed to its community-centered approach both in its understanding of the Fifth Ward’s challenges and in its approach to hiring the CRS. The HHD was mindful of other environmental challenges affecting the neighborhood, prioritized engaging
multisectoral agencies (e.g., faith-based organizations and community groups) to engage the community, and hired a CRS with a similar background to the target community. Due to her deeper understanding of the Fifth Ward's nuances and culture, she was better equipped to connect with the community organizations and residents.

Value of HiAP

HiAP approaches had a significant impact on the HHD's ability to engage and empower the community. Using HiAP strategies, the HHD developed community leaders into block captains and assisted them in taking ownership in improving their neighborhood's quality of health. This approach of utilizing the block captain network has revolutionized the HHD's traditional method of home recruitment, through which residents had to self-identify homes for abatement, into a system where neighbors are helping neighbors create a healthier community. Other significant achievements from using this approach include an improved ability to reach minority groups who are uncomfortable interacting with the government directly. Conversely, there is the drawback of not necessarily having enough information or resources available to address issues that go beyond the scope of the project. Furthermore, residents may not have a complete grasp of the issues that their community might be facing.

Value of Technical Assistance

The readily accessible expertise from NCHH was critical for improving the HHD’s avenues of communication with community partners. The initial meeting with Fifth Ward CRC that occurred during the site visit was rife with tension, due to a history of mistrust of governmental figures, but having NCHH present to mediate allowed for a constructive discussion that paved the way for a successful partnership throughout the project. Furthermore, the HHD received examples of MOUs that can be used to further solidify relationships with community organizations to varying extents, depending on the need at hand. NCHH's strong background in data analysis also provided the HHD with innovative methods on how to use data to address certain issues. For example, NCHH shared a technical assistance brief that outlined the steps to project the burden of childhood lead poisoning in communities with low screening rates, which allowed the HHD to improve estimates regarding the prevalence of children with elevated blood levels in the target community. Guidance from NCHH also brought about the strategy to use screening rate data to estimate the amount of Medicaid reimbursement that has been paid out to providers for lead screenings that had not, in actuality, been conducted during well-child visits (this figure is still being calculated).

Sustainability

Overall, the proposed project goals were accomplished, exceeded, and have laid the roots for sustainable systems change, making the Fifth Ward Health in All Policies Project a success. The block captain network is built upon a system of community resident volunteers who are passionate about improving their neighborhood’s health. As such, they are committed to continuing the process of identifying and referring potential homes that may benefit from the HHD's Lead-Based Paint Hazard Control Program even beyond the end of the project period. The HHD plans to continue engagement with the community by providing more training workshops when requested, attending meetings hosted by partner organizations, and tabling at health fairs to provide education and services. Similarly, the engaged community organizations have verbally committed to collaborating for this project beyond the scope of the project period, and the HHD is in the process of drafting formal written agreements with these partners. The HHD is also planning to fund trainings for members of the Fifth Ward CRC (one of the community partners from the project) to become certified lead-safe contractors and receive lead trainings to conduct risk assessments, and the HHD is currently in the process of securing funds to do so. This will allow for continued and strengthened partnerships and community capacity to sustain lead remediation activities in the neighborhood even beyond the project period. The biggest challenge in sustaining these efforts, however, is the need for funding to continue to support the CRS position.

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