



## ABOUT THE COALITION TO PREVENT LEAD POISONING

The Coalition to Prevent Lead Poisoning (CPLP) is an education and advocacy organization composed of hundreds of individuals and community organizations dedicated to eliminating childhood lead poisoning and other environmental home health hazards. Located in Rochester, NY our mission is to provide leadership and advocacy to empower communities and their residents to prevent childhood lead poisoning by sharing information, educational materials and best practices, and working towards public policy change. The Coalition is comprised of members who share the following conviction: childhood lead poisoning can and must end.

The majority of lead-poisoned children live in economically challenged neighborhoods, although lead poisoning occurs anywhere homes were built before 1978.

Children diagnosed with lead paint poisoning will suffer permanent brain damage that can result in learning disabilities, behavioral challenges, and lifelong health deficits. This damage is the result of ingesting lead dust and the cause is nearly always because of deteriorated lead-based paint in the home. Lead poisoning is untreatable, but almost entirely preventable.

Our community has rallied to the cause of ending childhood lead poisoning for several reasons: 1) once people understood how straightforward the solution, failure to act became morally, economically, and politically unacceptable; 2) preventing lead poisoning is a genuinely non-partisan issue; and 3) solving this problem realizes immediate and tangible benefits.

Scroll down or click the links to view the following sections

<b>ABOUT THE COALITION TO PREVENT LEAD POISONING</b>	<b>1</b>
<b>CPLP EXECUTIVE COMMITTEE MEMBERS</b>	<b>3</b>
<b>CPLP VOLUNTEER COMMITTEES</b>	<b>4</b>
<b>CPLP GUIDING PRINCIPLES</b>	<b>5</b>
<b>CPLP HISTORY</b>	<b>6</b>

## CPLP EXECUTIVE COMMITTEE MEMBERS

**Mel Callan**, Chair

*Family Nurse Practitioner at Highland Family Medicine Center; former staff to state Senator Rick Dollinger*

**Katrina Smith Korfmacher, PhD**, Co-chair Government Relations Committee

*Community Outreach Coordinator, Environmental Health Sciences Center, University of Rochester Medical Center*

**Donna Lawrence**, Co-chair Screening and Professional Education Committee

*Senior Industrial Hygienist, Finger Lakes Occupational Health Services*

**Dr. Stanley Schaffer**, Co-Chair Screening and Professional Education Committee

*Pediatrician at Strong Pediatrics; Co-Director for the WNY Lead Resource Center, University of Rochester Medical Center*

**Elizabeth McDade**, CPLP Consultant/Program Manager

*RENEW Full-Time Program Director*

## CPLP VOLUNTEER COMMITTEES

The Coalition does all its work through Volunteer Committees.

**1. The Screening and Professional Education** Committee informs healthcare providers about lead hazards, advocates for enforcement of NYS mandated testing of children for exposure to lead at 1 and again at 2 years of age, and works to implement systemic policy change.

Members of the committee include pediatricians, nurses, educators, insurers, and representatives of the Monroe County Department of Public Health, University of Rochester Medical Center, ABC HeadStart, Finger Lakes Occupation Health Services, Excellus, Rochester City School District, Monroe Plan for Medical Care, Western NY Lead Resource Center, Rochester Primary Care Network, Ontario County Health Department, and MVP Healthcare.

**2. The Government Relations Committee** translates the work of the other committees into actionable legislative and regulatory initiatives and provides legal and legislative insight to Coalition discussions.

Members of the committee include representatives of the University of Rochester, Rochester Housing Authority, Monroe County Dept of Public Health, Monroe County Dept of Human Services, Empire Justice, Action for a Better Community, Common Ground Health, NeighborWorks Rochester, City of Rochester, Housing Council at PathStone, and Highland Family Medicine.

## CPLP GUIDING PRINCIPLES

**Primary Prevention**– The only way to truly protect children and their families from environmental health hazards is to identify hazards and take corrective and preventive action before harm occurs.

**Right To Know** – Community members have the right to know about environmental hazards in their homes, neighborhoods, and communities.

**Community Organizing** – Communicating directly, exchanging ideas regularly, and developing projects jointly with local communities is our organizing strategy. We understand that for solutions to be sustainable, those directly affected must be full partners in the project design and implementation.

**Community Empowerment**– Community residents are effective agents of change when they are provided with information and resources. Information about primary prevention is the most effective means to maintain a long-term lead safe community. Resources to test housing stock and abate lead hazards are required to establish lead safe environments for our children and families.

**Environmental Justice** – All people, regardless of income or color, deserve to live in housing that is decent, affordable, and safe from environmental hazards and to live, work, learn, and play in healthy communities.

**Responsibility** – Our responsibility is to communicate the best health hazard information and to educate the residents about steps they can take to reduce health risks.

**Accountability** – The central purpose of this effort is to hold property owners, governmental agencies, health care providers, insurers, and the legal system accountable for protecting the health and safety of our children and families.

**Outcome-Oriented** – The Coalition will consistently be outcome-oriented. Hence, its goals, objectives and actions will be directed toward achieving measurable outcomes within a specified period of time.

**Collaboration** – Coalition members will work together as a team to make this community's environment lead-safe. Because we recognize and value the differing perspectives of our Members, we seek to achieve a consensus on all Coalition decisions, and use a formal consensus-building model to that end.

**Science-Based** – All initiatives, reports, proposals publicly issued by the Coalition shall be based on the best scientific evidence available.

**Respect** – Individuals and organizations that share common values and work on kindred issues deserve mutual respect, honesty, trust, and candor, even when they may differ on tactics or short-term objectives.

## CPLP HISTORY

The Coalition to Prevent Lead Poisoning (CPLP) is an education and advocacy organization composed of hundreds of individuals and community organizations dedicated to eliminating childhood lead poisoning and other environmental home health hazards. Located in Rochester, NY our mission is to provide leadership and advocacy to empower communities and their residents to prevent childhood lead poisoning by sharing information, educational materials and best practices, and working towards public policy change. The Coalition is comprised of members who share the following conviction: childhood lead poisoning can and must end.

In the late 1990s the rate of childhood lead poisoning in Monroe County was alarming, especially among low-income children. Out of nearly 1,700 zip codes in New York State, only 36 of them accounted for over 41% of the incidents of childhood lead poisoning—six of those zip codes were in Rochester. These City of Rochester zip codes were home to 78% of Latino children and nearly 80% of African-American children under the age of five. In the City of Rochester, 87% of the housing was built prior to 1950, and virtually all of these structures contained lead paint. There was a clear need to promote equity in housing and health.

Children diagnosed with lead paint poisoning may suffer permanent brain damage that can result in learning disabilities and behavioral challenges. Long term health deficits in adults include hypertension, kidney damage, osteoporosis, and current research points to a possible connection to dementia. This damage is most often caused by ingesting lead dust from deteriorated lead-based paint in the home. Lead poisoning is untreatable, but almost entirely preventable. From a public health perspective, it was necessary to prevent any exposure among children to deteriorated lead paint and lead-contaminated dust.

In 1999, Rochester City School District School #17 Principal Ralph Spezio (a founding member of the Coalition) discovered that 41% of children entering the school had a history of elevated blood lead levels (EBLLs). At about the same time, the Monroe County Department of Public Health, Dr. Rich Kennedy (a pediatrician with the Health Center attached to School 17 and founding member of the Coalition), the University of Rochester, and a VISTA volunteer conducted a study of 100 homes in the JOSANA neighborhood surrounding the school. The study found that 98% of the homes had lead hazards and that these hazards could be addressed for an average cost of \$3,300 per home. Understanding the enormity of the danger, as well as the actual costs to remedy the situation, made a compelling argument for a housing intervention. The data collected from this project was used to build community support for public policy changes that eventually resulted in the City of Rochester Lead Based Paint Poisoning Prevention Ordinance.

The Coalition to Prevent Lead Poisoning was established in 2000 with a mission to "end childhood lead poisoning in Monroe County." That same year there were 1,293 children age six years and younger in Monroe County whose testing results revealed blood lead levels of at least 10 µg/dL (micrograms per decilitre).

The Coalition worked hard to include community members at all levels to bring expertise, visibility, and credibility to the organization and the issue. CPLP By-laws called for at least 30% of the Board of Directors to represent "most highly affected communities." Goals and committees were created to focus on the areas to be addressed:

Government Relations, Science, Screening and Provider Outreach, Finance, Communications, Leadership, and Housing.

The Coalition identified a strong base of support including neighborhood groups, the Monroe County Department of Public Health, City of Rochester, housing organizations, parent groups, healthcare providers, Rochester City School District, educators, Empire Justice, the University of Rochester, Causewave Community Partners (formerly the Ad Council of Rochester), Preferred Care, faith communities, United Way of Greater Rochester, Excellus BlueCross BlueShield, childcare providers, students, Finger Lakes Lead Poisoning Prevention Program and Treatment Center, National Center for Healthy Housing, elected representatives, health insurers, Roberts Communications, WXXI Broadcasting, and the League of Women Voters.

The Coalition had grown from a small group of concerned parents, educators and clinicians to an effective entity of over 100 individuals that was broad, science-based, action-focused, and involved multiple sectors. CPLP moved forward with mobilizing the community to understand the issues and advocate for needed changes.

In 2002, while the Coalition was working to identify efficient objectives to protect children from lead poisoning in the shortest time possible, the Monroe County Director of Public Health commissioned the Center for Governmental Research to generate a community-wide Needs Assessment that (1) used Monroe County Department of Public Health data on lead screenings to identify Census tracts with the highest rates of lead poisoned children, (2) projected the number of children expected to test high for blood lead levels over the next 10 years, and (3) identify “next steps” for community stakeholders. This third party assessment and evaluation tool was incredibly helpful in providing data and strategies to pave the way forward.

A careful and inclusive strategic planning process, based on science, data, and best practices, drove all Coalition activities and identified the Coalition’s first priority—getting two policy changes made:

- A new City ordinance to require lead hazard inspections as part of the existing Certificate of Occupancy process for rental housing and
- A County policy adding lead hazard inspections to existing “move in, move out” inspections of housing rented by public assistance recipients.

It would take the Coalition’s creativity, problem solving skills, and determination to make these policy changes a reality.

CPLP had a great strategy but needed more support. The Coalition’s leadership approached the United Way of Greater Rochester (UWGR) because they were in the process of developing a new public policy agenda. In 2004, after a rigorous prioritization process, UWGR’s policy team ultimately chose preventing childhood lead poisoning as their top policy issue. They believed that the city and county could implement the policy changes as proposed by the Coalition. The Coalition had the data and evidence to back-up their case for a new lead ordinance and the United Way could add influence to help move decision-makers.

Though support for ending childhood lead poisoning eventually became robust, the initial challenge was convincing the community-at-large and policy makers to care about this issue. Lead poisoning was not exactly a household term in 2004.

The Coalition decided to organize a "Community Lead Summit." Coalition members worked with the United Way and the University of Rochester to organize this day-long event, involving national experts and over 500 community members. CPLP backed up messages about the health dangers of lead poisoning by publicizing Coalition to Prevent Lead Poisoning History [www.letsmakeleadhistory.org](http://www.letsmakeleadhistory.org)

estimates of the costs in terms of juvenile justice, special education, and medical care and refrained from pointing fingers at government, landlords, or paint companies. CPLP focused on the community's obligation to protect its children and maintained that all groups had a role to play in solving the problem. The summit concluded with a "commitment session," in which elected officials and leaders in neighborhood, health, education and religious sectors pledged to support the goal of ending childhood lead poisoning and committed to taking steps within their own communities to that end. Taped messages from Congressional Representatives and Senators praised the community for its effort. Most importantly, the Mayor and the County Executive pledged to support the two needed policy changes.

The next challenge was to get those two policy changes enacted. There was the usual "pocket" problem—the pocket that would save money was not the pocket that would spend the money. In other words, the eventual monetary savings to the health care, criminal justice, and education community from fewer cases of childhood lead poisoning in future years would not benefit local property owners who would be the ones paying for lead remediation? A small but vocal group of property owners opposed the policy proposals being developed. To understand their concerns, the Coalition invited the opposition to join them. The rules for coalition building say that you invite people who disagree with you. While these discussions were sometimes quite difficult, the Coalition believed it was crucial to have all voices at the table.

Property owners attended CPLP meetings and provided feedback on the policy proposals. However, at the end of the day, they decided to submit their own version of a local lead law to City Council. A key difference between the proposals was whether or not to target child-occupied homes (preferred by the landlords) or focus on all rental housing (as did the proposal supported by the Coalition).

Thus, there were two alternate proposals for a city ordinance, and a third was developed by City staff. With these proposals on the table, board and committee members began to connect directly with policy makers. Coalition board members scheduled one-on-one meetings with councilmembers, informed them of the need for a new law, provided data and research to support the cause, and answered questions and concerns.

In December 2005, the Rochester City Council, due in large part to the work of the Coalition to Prevent Lead Poisoning, unanimously passed an ordinance that added a lead hazard assessment to City inspections of rental properties.

The City of Rochester Lead-Based Paint Poisoning Prevention Ordinance took effect on July 1, 2006. The ordinance requires all rental housing in the City to "receive a visual inspection for deteriorating paint as part of their Certificate of Occupancy inspection." Homes in high risk areas of the city that pass the visual inspection are subject to a dust wipe test. At the same time, Monroe County also added lead hazards to their "move-in, move-out" inspection for public assistance housing. The combined passage of the City legislation and the changes to the County inspection process were major victories for the Coalition. To this day, the CPLP continues to monitor implementation of these policies, provide input on adaptations or changes, and work with the City and County to increase their effectiveness.

In 2009, CPLP and five community partners received the EPA Environmental Justice Achievement Awards. CPLP's application was selected as one of only five chosen nationwide based on "outstanding leadership in community-based efforts to prevent childhood lead poisoning."

CPLP has a long track record of successfully addressing issues related to the prevention of childhood lead paint poisoning. Like the Lead Ordinance, these successes were built on creative problem solving and innovation thinking.

Other Coalition and community successes include:

- Rochester City School District Lead Safe Schools Policy (one of the few in the country);
- distributing tens of thousands of educational brochures in eight languages (American Sign Language, English, Spanish, Burmese, Karen, Nepali, Swahili, Somali);
- encouraging Assemblyman Gantt and Senator Robach to introduce statewide legislation authorizing tax credits for property owners to make housing lead-safe (which Governor Patterson eventually vetoed);
- the WIC Program began including the question "Has your child been tested for lead?" on application and re-certification forms;
- creation of the Lead Safe Monroe County Plan with 20 community organizations and government agencies;
- persuading local clinical laboratories to change the wording on blood lead test results of  $<10 \mu\text{g}/\text{dL}$  from "normal" to "blood lead levels in this range still have the potential to cause neurocognitive deficits";
- 29 local municipalities and towns surveyed to assess existence of regulations or codes that enforce lead paint safety;
- Monroe County lowering the level of environmental investigation to  $8 \mu\text{g}/\text{dL}$  (the County will investigate by request if a child living within City limits has a reported venous blood lead test of  $5 \mu\text{g}/\text{dL}$  and above);
- and in 2013, City Council amended the Lead Ordinance to clarify aspects of the inspection process and increase inspection rate of high-risk one- and two-unit structures with interior lead hazards.

In 2016, the Coalition is working to get a statewide law changed so that all school nurses can access student blood lead level data and sharing best practices and supporting the formation of lead prevention coalitions and implementation of lead ordinances in Toledo, Buffalo, and Oneida County.

The Coalition to Prevent Lead Poisoning is a model for coalition building and policy change. The Coalition:

- shifted the battle to PRIMARY PREVENTION—looking for hazards in housing before children are poisoned;
- helped design and implement the first proactive lead hazard housing inspection program in the state; we made childhood lead poisoning prevention a community-wide "top-of-the-mind" concern; and
- Coalition members and staff are consulted on best practices throughout the country.

From 2000–2015 (latest available data), the number of children in Monroe County reported with an elevated blood lead level of  $10 \mu\text{g}/\text{dL}$  was reduced by 84% from 1,293 to 206. As of September 2015, since the implementation of the Lead Ordinance, the City of Rochester has inspected a total of 129,472 individual dwelling units and of those 95% passed the visual aspect of the inspection. This law is effectively compelling property owners to make the necessary changes to keep rental properties safe from lead hazards.

A 2014 report by Dr. Byron Kennedy, Monroe County Director of Public Health, and other Monroe County staff members studied declines in children reported lead poisoned across New York State. The study found that rates of lead poisoning decreased 2.4 times faster in Monroe County compared to all other counties. The study concluded that "In addition to national and statewide policies, local efforts may be important drivers of population-based declines in childhood EBLL rates." ("Declines in Elevated Blood Lead Levels Among Children 1997-2011" Amer. Journal of Preventive Medicine, March 2014, Vol 46, Issue 3).

While we are very proud of these achievements, there is still work ahead of us. We must continue to develop and implement innovative methods to protect all children from this preventable and devastating health risk. Current research continues to lower the threshold for exposure to lead. In 2012, the Centers for Disease Control eliminated

the phrase “level of concern” and stated that no exposure to lead was safe. As a result, the Coalition requested that the Monroe County Dept. of Public Health begin monitoring blood lead levels of 5-9 µg/dL.

In 2015, a total of 988 Rochester area children had unacceptably high blood lead levels (5 µg/dL or higher)—enough to fill more than 30 kindergarten classrooms. Children are particularly susceptible to the irreversible and devastating effects of lead poisoning. We must continue to raise the awareness of families to get their homes tested for lead hazards, get their children tested at ages one and again at two to avoid any possible developmental damage, and make sure that any renovation work done in a pre-1978 home is done by EPA Renovation, Repair & Painting (RRP) certified workers following lead safe work practices.

The board members, staff, volunteers, and funders of the Coalition to Prevent Lead Poisoning have made a profound and lasting impact on this community, making it a healthier and safer place to live, work, and play.

# Collaborating for Primary Prevention: Rochester's New Lead Law

Katrina Smith Korfmacher

In December 2005, the City Council of Rochester, New York, passed an amendment to its municipal code requiring inspection for and correction of lead hazards. Local lead poisoning prevention advocates had long recognized the need for stronger lead policy to address Rochester's high rate of childhood lead poisoning. Between 2000 and 2005, a diverse coalition of educators, healthcare professionals, community members, researchers, government officials, and many others worked to develop a strategy for ending childhood lead poisoning in Rochester by 2010. Their experience in defining the issue, mustering resources, and structuring their decision-making processes is informative for other communities seeking to overcome barriers to improved primary prevention policy.

KEY WORDS: coalitions, environmental health, lead poisoning, policy, primary prevention

Researchers, practitioners, and agencies increasingly embrace the concepts of coalition building and collaborative policy making in many issue areas. In part, this trend reflects necessity: it is difficult to change policy without support from multiple interests. Enthusiasm for collaboration also reflects a value-based view that widespread and meaningful participation is desirable in a democracy.<sup>1,2</sup>

However, experience with coalitions also shows that they can be challenging, time consuming, and ineffective.<sup>3,4</sup> Researchers who study collaborative policy efforts have endeavored to clarify what conditions increase the likelihood of their success. They have found that the effectiveness of collaborative processes depends on how groups define issues, what resources (human, technical, and financial) they control, and their decision-making processes.<sup>5</sup>

Citizen-initiated coalitions are often perceived as the weakest form of collaborative process.<sup>1</sup> However, a

community-based coalition can sometimes succeed in overcoming a long-standing policy impasse by government agencies. The Rochester, New York-based Coalition to Prevent Lead Poisoning (CPLP),\* is a good example of how careful issue definition, leveraging of limited resources, and a flexible structure led to a marked policy success. Within 5 years of its formation, the CPLP contributed significantly to vastly increased community awareness of lead poisoning, several new programs to reduce lead hazards, and an innovative local lead law.

## ● Lead in Rochester

In 2002, a report commissioned by the Monroe County Department of Public Health reported that nearly 25 percent of the children in high risk neighborhoods in the city of Rochester had blood lead levels (BLL) above 10  $\mu\text{g}/\text{dL}$ , which was over four times the state rate of lead poisoning.<sup>6</sup> During the same period, national rate of elevated BLL was 1.6 percent.<sup>7</sup>

This high rate of childhood lead poisoning reflects the fact that the City of Rochester has some of the oldest housing stock in the state, with 87 percent built before 1970. Much of this housing is in poor condition due to Rochester's weak housing market. The city's childhood poverty rate is among the highest in New York State.<sup>8</sup> Because of these conditions, a large percentage of children in Rochester live in high lead-risk housing.

---

Corresponding Author: Katrina Smith Korfmacher, PhD, Environmental Health Sciences Center, 601 Elmwood Ave, Box EHSC, University of Rochester Medical Center, Rochester, NY 14642 (katrina.korfmacher@urmc.rochester.edu).

---

Katrina Smith Korfmacher, PhD, is a Research Assistant Professor and Community Outreach Coordinator in the Environmental Health Sciences Center of the University of Rochester. She holds an MS and PhD in Environmental Studies from Duke University. As Community Outreach Coordinator, she provides a link between environmental health research and the information needs of the community. She is coauthor of a 2004 book, *COLLABORATIVE ENVIRONMENTAL Management: What roles for GOVERNMENT?*, as well as numerous peer-reviewed articles.

\*For more information on Rochester's Coalition to Prevent Lead Poisoning, see <http://www.leadsafeby2010.org>.

Past efforts to address the problem of childhood lead poisoning in Rochester did not eliminate lead risks in housing. In the early 1970s, community groups organized youth to test homes for lead hazards, but the program was short-lived and did not significantly reduce lead hazards. Since 1970, the county has investigated and ordered lead hazard repairs in the homes of children with elevated BLL under guidelines set by the New York State Health Department. New York adopted a state law in 1993 that mandates testing children's blood for lead at ages 1 and 2. Starting in 1998, a series of grants from the US Department of Housing and Urban Development funded lead hazard controls in hundreds of houses in the City of Rochester. Other than these grants and regulations on lead hazards in federally assisted housing, lead-related efforts were dominated by secondary prevention, which means finding children with elevated BLL, then removing lead hazards from their home environments.

Meanwhile, at a national level a consensus emerged that primary prevention—identifying and repairing lead hazards before children become poisoned—is both necessary and feasible.<sup>9–12</sup> Recognizing this consensus, in 2000 the federal government adopted a national goal of ending childhood lead poisoning by 2010 as one of the Healthy People 2010 goals.<sup>13,14</sup> Coincidentally, some of the key research contributing to the understanding of both the causes and impacts of childhood lead poisoning were conducted in Rochester.<sup>15–19</sup> Nonetheless, with the exception of limited lead hazard control grant programs and educational efforts, secondary prevention remained the principal approach to lead poisoning in Rochester.

In 1999, the principal of Rochester Elementary School #17 collaborated with the county health department to review student health records and discovered that 41 percent of the children entering this school had a history of elevated BLL. Building on the recently completed Rochester Lead in Dust study, the principal connected this statistic with his students' struggles to learn in school.<sup>15,16</sup> Educators, community leaders, doctors, nurses, and researchers responded to the news of these shocking lead-poisoning rates by organizing the CPLP (Table 1). At the time, a city official warned the group that the community simply did not have the economic resources to proactively address lead hazards. Despite this caution, the CPLP began working as a loosely organized group of volunteers to raise support for efforts to prevent lead poisoning.

## ● Issue Definition

The dominant perception at the time of CPLP's formation was that lead was an unsolvable problem. There-

**TABLE 1 ● Key interest groups represented on the coalition**

---

Child advocates
City housing department
Community members
County health department
Educators
Healthcare providers
Housing organizations
Human services groups
Neighborhood organizations
Public interest lawyers
Researchers
Risk assessors
United Way

---

fore, the group's first challenge was to redefine the issue of lead as a health problem with a feasible housing solution. There were three main components of this message:

1. Because lead impacts learning, behavior, and health, it is costly to our entire community.
2. Lead poisoning is a problem created by our society, so we are all responsible for solving it.
3. Ending childhood lead poisoning in Rochester by 2010 is an attainable goal.

The CPLP backed up these messages by publicizing estimates of the local costs of lead poisoning in terms of juvenile justice, special education, and medical care. It refrained from pointing fingers at government, landlords, or paint companies. Instead, the CPLP focused on the community's obligation to protect its children and maintained that all groups had a role to play in solving the problem. Finally, it emphasized new research showing that interim controls could effectively reduce lead hazards at much lower costs than previously believed.<sup>20,21</sup> This message was underscored by changing the coalition's original name, the Rochester Lead Free Coalition, to the Coalition to Prevent Lead Poisoning. This name change reflected an emphasis on low-cost hazard prevention rather than the more expensive lead abatement ("lead free") approach, which involves removing or permanently encapsulating all lead paint. By conveying these positive messages to a wide range of stakeholders, the CPLP aimed to make lead poisoning economically, politically, and morally unacceptable. This framing of the issue was reflected in the group's slogan, "Let's make lead history!"

## ● Resources

While the CPLP initially had very limited financial resources, it was eventually able to obtain funding

for two staff members. Starting as a voluntary organization with a small grant of \$15 000 in 2000, the CPLP grew to a budget of around \$200 000 in 2005. Funding came from a combination of local foundations, United Way, healthcare organizations (insurers), and government agencies. In addition to funding the organization's staff, the budget supported a widespread communications campaign to raise awareness about childhood lead poisoning. Despite this growth in financial resources, the most significant resource of the CPLP remained its broad-based volunteer membership, which contributed both human and technical resources. Because of their diversity, its members were able to provide access to and credibility with a wide range of community leaders. For example:

- Elementary school principals and teachers helped link lead's impacts on learning to educational outcomes and community costs.
- Several healthcare providers spoke publicly about the extent of lead poisoning in their pediatric practices and their inability as physicians to "treat" this disease.
- Child advocates emphasized the barriers parents faced trying to protect their children from lead in rental housing under current laws.
- Academics summarized recent research linking lead to violent behavior.
- Parents shared stories of the impacts of lead poisoning on their children.

The CPLP leadership organized meetings, presentations, and media coverage to help these members deliver their messages to elected officials, community groups, business leaders, insurance companies, housing agencies, government agencies, and the community at large.

One particularly effective example of how the CPLP mobilized technical resources in support of the advocacy efforts was the Get the Lead Out (GLO) project. Dr Richard Kennedy, then a family physician at the community health center attached to School 17, was frustrated by his inability to prevent lead poisoning among his patients. As he said, "when you learn that 41% of your patients are lead poisoned, what is a community doctor to do?" Kennedy responded by getting a small grant to test the homes of children in his practice for lead hazards. By partnering with the University of Rochester, VISTA volunteers, and the neighborhood group JOSANA, the GLO project provided important information about the extent of lead hazards in high-risk neighborhoods in Rochester and the feasibility of repairs.<sup>22</sup> The GLO found lead hazards in 98 percent of the homes it tested and estimated an average cost of repair at \$3 300. Perhaps most importantly, GLO showed that without a change

in policy, the community was powerless to prevent continued poisoning of its most vulnerable citizens. The CPLP used data collected through the GLO project to build community support for changing local housing laws to address lead hazards.

Other CPLP members contributed their expertise to the policy debate in a variety of ways. The CPLP's science committee reviewed policy statements for technical accuracy. The CPLP's housing committee drafted an ordinance that became one of three proposals to the Rochester City Council for a local lead law. Community organizers and leaders worked with the outreach committee to mobilize grassroots support for the CPLP's policy positions. Other members sought input from national groups such as the Alliance for Healthy Homes and the National Center for Healthy Housing, which provided lessons learned from applied research in other communities. Meanwhile, both the elected volunteer board of directors and staff leadership of the CPLP strove to augment the membership with new perspectives and skills, to reach key groups in the community, and to stay focused on strategies most likely to meet the goal of ending lead poisoning by 2010.

Although the CPLP made continued efforts to broaden its membership, there were several challenges. The CPLP repeatedly tried to involve parents of children affected by lead poisoning. While several families assisted the CPLP's mission by telling their stories at various times during the advocacy efforts, the CPLP was not able to maintain consistent involvement by directly affected families. This is not surprising because many of these families' resources were entirely devoted to dealing with their children's lead poisoning. To help compensate for this fact, the CPLP adopted institutional structures (described further below) to insure representation of affected communities. Notably, the CPLP did not recruit as members the lawyers who represent affected families in suits against landlords, believing that their involvement might detract from the organization's focus on *prevention* of lead poisoning.

Another group that was only minimally represented was property owners. Property owners were critical stakeholders because of their knowledge and experience in the housing market and because they would be directly affected by any policy change related to rental housing. Several property owners were members of the housing committee, and a brief attempt was made to maintain a property owners subcommittee. While the property owners involved had a strong commitment to preventing lead poisoning, they had predictable incentives to advocate for government-subsidized and voluntary policies. Therefore, as the CPLP began to discuss the details of the proposed lead law (including the nature of inspections, which housing would be affected,

and who should pay for repairs), conflicts between the property owners and other coalition members grew. As these differences of opinion mounted, property owners' participation in the CPLP dwindled. Eventually, property owners became the strongest opponents to the CPLP's proposals for a lead law.

Despite these challenges, the CPLP was able to use its human and technical resources to effectively make childhood lead poisoning a priority issue for a broad cross section of interest groups in Rochester. While health and child advocates had long been concerned about lead, the CPLP used their diverse membership to attract new supporters including business leaders, local foundations, housing agencies, and policy makers. Thus, despite minimal financial resources, the broad CPLP membership's expertise provided highly effective resources for advancing the organization's policy goals.

## ● Decision-Making Processes

Coalitions adopt a variety of structures and decision-making processes, each with its own strengths and weaknesses. The CPLP first formed as an informal forum for the healthcare providers, educators, child advocates, lawyers, and others interested in the issue. As the organization clarified its mission and recruited additional members, it adopted bylaws to guide its decision-making process. The CPLP's bylaws were intentionally designed to provide for flexibility while ensuring a meaningful role for members of communities most highly affected by lead. A leadership development committee helped develop and sustain leadership from the affected communities. The executive committee consisted of two co-chairs, a secretary, a treasurer, and "up to two additional officers" on recommendation of the leadership development committee. The executive committee members were elected by the membership to overlapping 2-year terms. The executive committee was the highest decision-making body of the coalition and was charged with overseeing staff and making decisions when time did not allow the board of directors to act.

The CPLP required members to participate in one of its working committees (housing, membership, outreach, government relations, science, finance, leadership development, and screening/professional education), which met regularly and made recommendations to its board of directors. The board consisted of committee chairs and several "at large" members. The "at large" seats were filled on recommendation of the leadership development committee to insure substantial representation by affected community members. According to the bylaws, the board was to be composed

**TABLE 2 ● Five principles for Rochester's local lead law**

- 
1. *Targeted roll out: protect the kids who are at the greatest risk first*  
Childhood lead poisoning is heavily concentrated in certain high-risk neighborhoods in the city. We know where lead hazards are likely to be found and we should go there first to protect the greatest number of children the fastest and most efficiently
  2. *Require inspection and lead hazard control: inspect buildings, not bodies, to find hazards before kids are poisoned*  
Properties must be inspected using the full complement of visual, dust, and soil tests; mandated lead hazard control work must be followed by a clearance test to ensure that hazards do not continue to exist, and interim controls must be reevaluated and maintained on a prescribed schedule
  3. *Lead safe work practices: do the work safely— do not make the problem worse!*  
Lead safe work practices (LSWP) must be used when any pre-1978 paint is disturbed; training is required for workers; information must be given about needed ongoing maintenance; the City is authorized to enforce LSWP including the right to issue stop work orders and enter a property to inspect work in progress
  4. *Disclosure: warn people about lead poisoning risks when they buy or rent and when work is being done*  
It is necessary to extend coverage of existing federal disclosure regulations to ensure that all situations are included and to provide local sanctions with private right of enforcement
  5. *Tenant protection: do not let the tenants be punished for asking for safe housing!*  
In addition to prohibiting retaliatory action, the code should identify uncorrected lead hazards as rent-impairing violations and should require the City to proactively provide tenants with information about their rights; it should also include a private right of enforcement and a comprehensive housing registry
- 

of between 11 and 21 members, at least 30 percent of whom were to represent the most highly affected communities. The vast majority of decisions were made by consensus. To facilitate action in the rare situations in which conflicts could not be resolved, however, the CPLP adopted a supermajority voting rule of 75 percent. While this system was sometimes cumbersome, it provided enough structure to maintain consistent advocacy messages. For example, when the City Council began seriously considering legislative options, the CPLP board approved five "principles" essential to a strong lead ordinance (Table 2). As the legislative proposals evolved, the CPLP members could comment on the debate in outreach presentations, individual meetings, or to the news media based on these principles without a new decision by the board.

This organizational structure also allowed for broad input into the CPLP's internal dialogue. For example, while government officials (agency or elected) were not on the CPLP's decision-making board, they participated extensively in committees. Thus, the CPLP

was able to benefit from the technical expertise of agency staff from agencies such as the county health department and the city housing department, yet still maintains independence and takes advocacy positions that were sometimes critical of government agencies.

### ● Leveraging Collaborative Resources for Policy Change

As the CPLP's evolving understanding of the lead-poisoning problem evolved, it quickly became apparent that policy change at all levels of government would be necessary to meet the 2010 goal. Given the barriers to state and federal policy change, it was clear that a local lead-poisoning prevention ordinance was the most feasible initial policy goal the coalition could pursue. However, the CPLP members realized that they would need widespread community support to achieve this goal.

The CPLP built community support by leveraging its broad-based membership. As noted above, different members were able to communicate effectively with a wide range of stakeholders including educators, neighborhood groups, housing advocates, insurance companies, clergy, the criminal justice system, and the business community. In all of these conversations, the CPLP members presented an attractive vision of a lead-safe Rochester as a city with a higher graduation rate, less juvenile crime, and healthier neighborhoods, they provided research based arguments supporting the feasibility of this goal. Individual contacts, presentations to these groups' board meetings, and media campaigns reinforced the message. The group's credibility and visibility increased significantly when the United Way selected lead poisoning as their primary public policy focus and the local public television station, WXXI, committed to a partnership for community education.

After educating key community stakeholders about the problem, in 2004 the CPLP organized a community lead summit to focus attention on feasible solutions. The night before the summit, WXXI produced a live call-in broadcast featuring local and national experts. At the summit, each of the nearly 500 attendees was asked to commit to specific actions he or she would take to help end childhood lead poisoning by 2010. The CPLP worked with public officials and community leaders to develop constructive commitments in advance of the summit. The goal has to establish a widespread community commitment to the goal of ending lead poisoning before focusing in the more divisive process of determining specific policies and actions. These commitments ranged from parents

who vowed to have their children tested for lead to the Mayor of Rochester, who pledged to enact comprehensive local lead legislation within the next 18 months.<sup>8,23</sup> The mayor's announcement started a policy process that involved three separate legislative proposals, an environmental impact statement, and dozens of public meetings.

Despite the CPLP's successes in gaining support from diverse stakeholders, the proposal for a new city lead law was still very controversial. In the end, the mayor, the CPLP, and the property owners' group each drafted a different proposal. Citing the need for an objective evaluation, the City hired an external consultant to conduct an environmental impact statement (EIS) on the three alternatives. The City Council's housing and economic development committee used input from the EIS, the CPLP, other stakeholders, and city staff to craft a final bill. While property owners claimed that the law would cause massive abandonment of housing, the CPLP continued to highlight the mayor's commitment to ending lead poisoning by 2010, the City Council's moral obligation to protect children, examples of successful actions taken by other cities, and the relatively modest compliance cost of the approach adopted in the final bill. When disputes arose over specific policy choices, the CPLP referred back to the commitments made at the summit to develop a comprehensive policy capable of ending lead poisoning by 2010.

After months of deliberation, in December 2005 the Rochester City Council unanimously passed the state's first comprehensive lead-poisoning prevention ordinance outside New York City. The law provides for inspection of pre-1975 rental properties as part of the existing certificate of occupancy inspections. This law has been heralded as embodying best practices for lead poisoning prevention in an economically feasible, practical framework.<sup>24,8</sup>

Recent data indicate that Rochester's approach is effectively preventing lead poisoning. According to the Monroe County Health Department, the number of children with BLL over 10 mcg/dL shrank from 3 710 in 1995 to 675 in 2005. In the 2 years of the lead law's implementation, the number of EBL cases declined to 571 in 2006 and 426 in 2007, which was lower than predicted based on past trends.<sup>25</sup> Many factors may have contributed to this decline, including changes in the housing market, education of parents and property owners, grants and government programs, and the local lead law. Nonetheless, it is clear that the CPLP's efforts to highlight the problem and advocate for policy change made a significant contribution to these changes. The City of Rochester and the CPLP recognize the importance of continuing to assess the effectiveness of this law and other efforts to prevent lead poisoning.<sup>26</sup>

Much remains to be done in the realm of state and federal legislation, financial support for lead hazard repairs, and programs for owner occupants. Nonetheless, the Rochester lead law\* is a major step forward that could not have been anticipated as recently as 5 years ago. The most critical factor in this change was the new connections forged by the CPLP between child health advocates and nontraditional partners such as housing, education, legal, and neighborhood groups. Together, the CPLP members were able to advance the vision of a lead-safe Rochester as an achievable goal that would benefit the entire community.

In summary, the CPLP's success was enhanced by framing the issue to make lead poisoning economically, politically, and morally unacceptable to the entire community. The CPLP used its diverse human resources (educators, healthcare providers, public interest lawyers, researchers, community leaders) to increase credibility with varied audiences and partnering with national organizations to provide "lessons learned" from other communities. Finally, CPLP built the community's commitment to policy change by presenting the end of childhood lead poisoning by 2010 as an achievable goal that would make Rochester a better place for everyone.

Every day, the news media reminds us that groups with economic power often influence public policy. However, community-based local efforts to promote primary prevention seldom have strong financial backing. Rochester's CPLP showed how strategic coalition building can leverage the interests and abilities of diverse professionals and community groups to overcome barriers to policy change despite limited funds.

## REFERENCES

1. Koontz TM, Steelman TA, Carmin J, Korfmacher KS, Moseley C, Thomas CW. *Collaborative Environmental Management: What Roles for Government?* Washington, DC: Resources for the Future; 2004.
2. Tickner JA. Democratic participation: a critical element of precautionary public health decision-making. *New Solut.* 2001;11(2):93–111.
3. Wondolleck JM, Yaffee SL. *Making Collaboration Work: Lessons From Innovation in Natural Resource Management.* Washington, DC: Island Press; 2000.
4. Coglianese C. The limits of consensus. *Environment.* 1999;41:28–33.
5. Steelman TS, Carmin J. Community based watershed remediation: connecting organizational resources to social and substantive outcomes. In: Rahm D, ed. *Toxic Waste and Environmental Policy in the 21st Century United States.* Jefferson, NC: McFarland Publishers; 2002:145–178.
6. Center for Government Relations. Lead poisoning among young children in Monroe County, NY: a needs assessment, projection model, and next steps. <http://www.monroecounty.gov/p/eh-LeadPoisoningAmongYoung.pdf>. Published 2002. Accessed March 27, 2007.
7. Centers for Disease Control and Prevention (CDC). Blood lead levels—United States, 1999–2002. *MMWR Morb Mortal Wkly Rep.* 2005;54(20):513–516.
8. Korfmacher KS. Rochester moves to make lead history. In: *Lead and Environmental Health Solutions.* Olney, MD: Lead and environmental hazards association (LEHA); March 2006.
9. Reyes N, Meyer P, Wang L, et al. Identifying housing that poisons: a critical step in eliminating childhood lead poisoning. *J Public Health Manag Pract.* 2006;12(6):563–569.
10. Brown MJ. Costs and benefits of enforcing housing policies to prevent childhood lead poisoning. *Med Decis Mak.* 2002;22(6):482–492.
11. Wilson J, Pivetz T, Ashley P, et al. Evaluation of HUD-funded lead hazard control treatments at 6 years post-intervention. *Environ Res.* 2006;102(2):237–248.
12. Lanphear B, Hornung R, Ho M. Screening housing to prevent lead toxicity in children. *Public Health Rep.* 2005;120(3):305–310.
13. Healthy People 2010. [www.healthypeople.gov](http://www.healthypeople.gov). Accessed July 1, 2007.
14. U.S. Department of Housing and Urban Development (HUD) and Environmental Protection Agency (EPA). President's Task Force on Environmental Health Risks and Safety Risks to Children. *Eliminating Childhood Lead Poisoning: A Federal Strategy Targeting Lead Paint Hazards.* Washington, DC: US Department of Housing and Urban Development and U. Environmental Protection Agency; 2000. <http://www.hud.gov/offices/lead/reports/fedstrategy2000.pdf>. Accessed July 1, 2007.
15. Canfield RL, Henderson CR, Cory-Slechta DA, Cox C, Juski TA, Lanphear BP. Intellectual impairment in children with blood lead concentrations below 10 µg per deciliter. *N Engl J Med.* 2003;348(16):1517–1526.
16. Lanphear BP, Dietrich K, Auinger P, Cox C. Cognitive deficits associated with BLLs <10 µg/dL in US children and adolescents. *Public Health Rep.* 2000;115:521–529.
17. Lanphear BP, Howard C, Eberly S, et al. Primary prevention of childhood lead exposure: a randomized trial of dust control. *Pediatrics.* 1999;103(4):772–777.
18. Lanphear BP, Byrd RS, Auinger P, Schaffer SJ. Community characteristics associated with elevated blood lead levels in children. *Pediatrics.* 1998;101(2):264–271.
19. Lanphear BP, Weitzman M, Winter NL, et al. Lead-contaminated house dust and urban children's blood lead levels. *Am J Public Health.* 1996;86(10):1416–1421.
20. Dixon SL, Wilson JW, Clark CS, Galke WA, Succup PA, Chen M. Effectiveness of lead-hazard control interventions on dust lead loadings: findings from the evaluation of the HUD lead-based paint hazard control grant program. *Environ Res.* 2005;98:303–314.
21. Lutter R. Getting the lead out cheaply: a review of the EPA's proposed residential lead hazard standards. *Environ Sci Policy.* 2001;4:13–23.
22. O'Fallon L. Go for the GLO. *Environ Health Perspect.* 2004;112(6):A35.

\*For more information on the Rochester lead law, see <http://lead.cityofrochester.gov>.

23. Stoss F. Building lead-free communities. *Ref User Serv Q.* 2005;44(4):289–295.
24. Korfmacher KS. How much does lead poisoning cost? *Your Health and the Environment* (newsletter, University of Rochester Medical Center, Environmental Health Sciences Center). Spring 2003:7.
25. Coalition to Prevent Lead Poisoning. [www.leadsafeby2010.org](http://www.leadsafeby2010.org). Accessed May 8, 2008.
26. Hu H, Brown MJ. Effectiveness of environmental health policies: a new frontier for epidemiologists. *Epidemiology.* 2003;14(3):257–258.