

# New Mexico Childhood Lead Poisoning Prevention Program

*Helping Protect NM Children from Environmental Health Hazards*

In September 2014, New Mexico's Childhood Lead Poisoning Prevention Program (CLPPP), part of the Environmental Health Epidemiology Bureau (EHEB), received new Centers for Disease Control and Prevention (CDC) funding to support the collection, analysis and sharing of surveillance data and other lead-related information with its partners and the public.

The CLPPP wanted our Lead Surveillance Data Users (LSDU) Survey to answer the following questions:

- Who is using NM lead surveillance data?
- How are they using it?
- What formats and types of data and information would be most useful to NM stakeholders? (including stakeholders who aren't using data now)

Results from our survey (collected July-December 2015) will be used to help the CLPPP plan surveillance and communication activities during the next two years.

## Findings

Over 1,100 people were invited to participate in the survey, and 101 responses were received from healthcare providers (HCPs, 25%), epidemiologists (18%), early childhood development professionals (17%), health education/ promotion specialists (13%), public health workers (9%), social workers (8%), housing professionals (2%), and others (8%). Survey respondents reported working in all regions of the state, with the highest percentages working in the Albuquerque Metro area (30%) and in the Southwest (23%).

### *Who is using lead surveillance data and how are they using it?*

Only 8 survey respondents reported using lead data during the past year. The majority of them were healthcare providers and work in the Albuquerque Metro area. They were asked how they had used their lead data and how useful they had found it. The most commonly-reported use of lead data was "to understand the scope of the health problem or community need" (57%). Just under 15% of respondents used LD "to create or update educational materials," "to program priorities and plan activities," "to advocate for or justify program resources needed," or "to advocate for policy change or policy development."

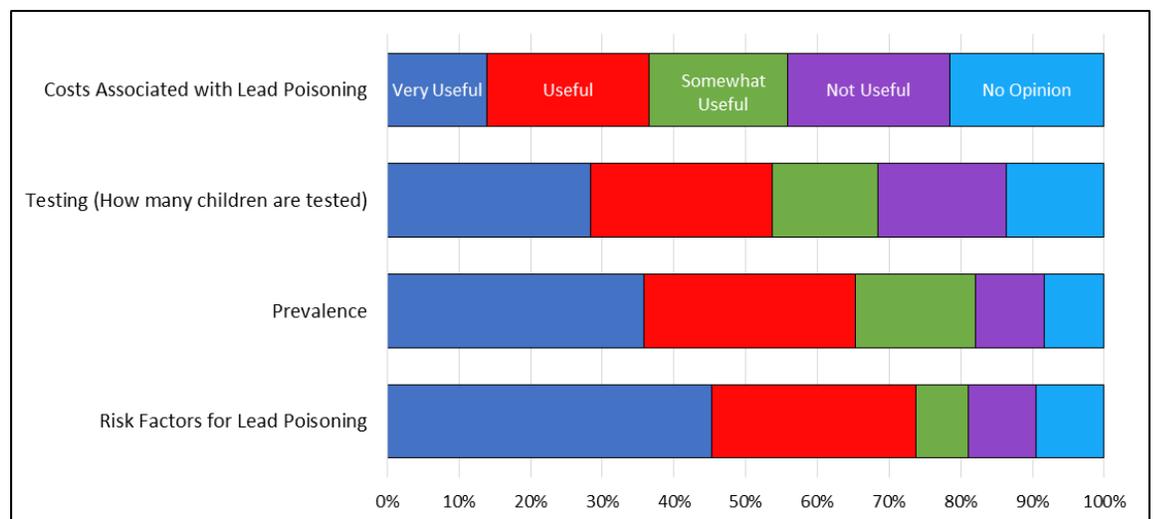
### *What kinds of data would be most useful to NM stakeholders?*

When asked about the **usefulness** of the different types of lead data, data on risk factors had the broadest support, with the highest proportion of "very useful" and lowest "not useful" responses. There was a consensus (over 80% of respondents) that prevalence data, the number of children tested who had elevated blood lead levels (BLLs), was useful, although perhaps not as strongly useful, with more respondents choosing "useful" and "somewhat useful."

When asked **where** they would like to find lead-related data, 44% of survey respondents chose the CLPPP website. Support was

fairly evenly divided among the other options, with 10 to 13% choosing NM-IBIS, NMTracking, other health organization websites, or data requests to the CLPPP epidemiologist as preferred methods.

When asked which **format** would be most useful, nearly half of survey respondents (48%) chose a short, summary format (factsheet, brochure, or newsletter). A written report or a presentation were each selected by more than 10 percent of respondents, and webinars, data workshop/roundtable, and newspaper articles/radio broadcasts/Public Service Announcements by less than 10 percent.

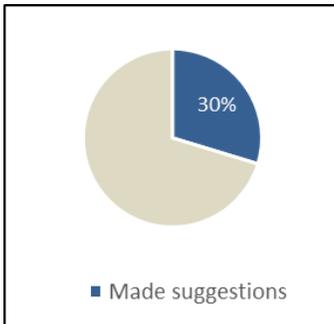


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## Suggestions from Survey Respondents

Close to one-third of respondents provided an answer to the final open-ended question, which asked how the CLPPP could help them use lead-related data in their work.



Suggestions included using professional organizations like the NM Pediatric Society to *disseminate information* and making sure data are easily available and timely; helping reinforce *lead testing* “practice wide”; CLPPP staff communicating better with clinics and HCPs; *making connections* inside and outside of NMDOH; providing updated materials that could be used with *parents*; supporting *training and presentations* that could be offered or enhanced with CLPPP materials. Two respondents *shared concerns* about lead poisoning in NM from food, water, and pottery.

## Recommendations

### Data

- Continue updating lead data through NM-IBIS and NMTracking, and expand the timeliness and variety of data available
- Provide and present the latest NM CLPPP data, information, and resources to stakeholders
- Educate HCPs and others about the Healthy Homes Lead Poisoning Surveillance System (HHLPSS) for data collection and data dissemination
- Explore ways to make lead data more useful to those seeking legislative or grant-based funding for projects
- Make additional use of media to communicate significant updates about lead data for NM

### Collaboration

- Continue to collaborate with other programs within NMDOH and EHEB, including NMTracking, Biomonitoring, and the Private Wells Program
- Provide data and information to trainers in housing, early childhood, and healthcare organizations who can use it in their programs

### Technical Assistance

- Develop a procedure to efficiently handle queries regarding BLL test results for patients and communities
- Support HCPs advocating for testing and screening in their clinics and work done by other organizations, including lead poisoning prevention training for housing, early childhood and healthcare professionals
- Increase the number and timeliness of NM-specific materials available through the CLPPP website, particularly factsheets for different audiences. Include WIC and early childhood development organizations in planning to determine what would be most useful to them and their clients.

## Conclusion

With minimal funding over the past decade, the EHEB’s Lead Program has tracked and shared basic surveillance data through the NM Tracking website. However, our survey results suggest program connections with many key stakeholder groups need to be strengthened. As the CLPPP works to expand awareness and support prevention activities, it will need to develop additional surveillance data resources and increase program efforts involving outreach, training, and education in collaboration with program partners.

The CLPPP would like to thank all the organizations and individuals who took the time to respond to this survey, especially the members of the CLPPP Evaluation Planning Group and the New Mexico Pediatric Society.

Key Suggestion Topics
Accessibility and relevance of data and information
Testing, screening, and support for HCP actions
Connections with other services and organizations
Updated materials to promote awareness and prevention
Training and presentations
Address concerns about lead poisoning risk in NM
More specific data reports and guidance when cases are identified

To learn more about the survey findings and respondents’ suggestions for lead poisoning prevention in NM, please see the 2015 Lead Surveillance Data Users Survey Brief Report, available on the CLPPP website at [nmhealth.org/go/lead](http://nmhealth.org/go/lead).

