Chapter 4

Primary Prevention and Educating for Behavior Change

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Introduction

The purpose of primary prevention is to prevent disease before it occurs. Primary prevention of childhood lead poisoning focuses on children at risk and the environment(s) in which they live. In January 2012, the Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP, 2012) stated that the recommended approach to prevent lead poisoning is to reduce exposures to lead-based paint hazards and to make and keep the U.S. housing stock “lead-safe.”

The ACCLPP made specific recommendations with respect to primary prevention:

- Educate families, service providers, advocates and public officials on primary prevention of lead exposure in homes and other child-occupied facilities so that lead hazards are eliminated before children are exposed.
- CDC should encourage local, state, and other federal agencies to:
  - Facilitate data-sharing between health and housing agencies;
  - Develop and enforce preventive lead-safe housing standards for rental and owner-occupied housing;
  - Identify financing for lead hazard remediation; and
  - Provide families with the information needed to protect their children from hazards in the home.

The responsibility to recognize and address lead hazards extends beyond public health and medical professionals to all community members such as property owners, housing agencies, parents, construction trades, child advocacy groups, and neighborhood organizations.

Primary prevention includes activities at both the individual and the community level. At the individual level, public health activities focus on providing or assuring access to safe housing, good health care, nutrition and education for children and their families for effective prevention of lead poisoning. Within the community, the public health focus is on assessing and assuring that the community is alert and mobilized to address the lead hazards that threaten the children in their community.

Individual Level Primary Prevention Activities

To prevent childhood lead poisoning, parents of young children need to be informed about the dangers of lead and how to identify and control lead hazards, and be provided with the tools needed to protect their children from lead exposure.

Anticipatory Guidance for Families

During prenatal visits and pediatric preventive care visits (under age 6), health care providers should provide information to families about the hazards of deteriorating lead-based paint in older housing, the hazards associated with repainting and renovation of homes built prior to 1978, and other exposure sources that may be particular to a family (such as occupational exposure or traditional remedies). It is important that this information be presented to parents/caregivers at multiple and specific times during their child’s development. The risk of exposure increases as the child becomes mobile (crawling and walking) in his/her environment and engages in hand-to-mouth behavior.
An effective visual tool for sharing brief, but important, information about potential lead hazards that people can immediately recognize is the Visual Triggers of Paint Hazards (see Figure 4.1; see Appendix B for this tool). This is a useful instructional tool during home visits as well.

Figure 4.1 Visual Triggers of Paint Hazards, plus instructions for taking action to decrease possible lead hazards.

Lead information can be provided in settings such as:

- Well-child or HealthCheck visits
- Pre-school screening visits
- Head Start programs and home visits to families enrolled in Head Start
- Pre-natal and post-partum home or office visits
- Immunization clinics
- Women, Infants and Children (WIC) Nutrition Programs
- Child care facilities and pre-kindergarten and kindergarten classes

A comprehensive but easy-to-use tool (see Figure 4.2) developed by the National Center for Healthy Housing gives parents information about their child’s blood lead level. The reverse side of the factsheet contains a checklist to guide parents in looking around their child’s environment for a variety of possible sources of lead, such as paint that is in bad condition, bare soil, toys, candies, spices, drinking water, and work or hobbies. This can be used with pregnant women and families with infants to prevent lead exposure.
Community Level Primary Prevention Activities

Identifying collaborators who can expand the capacity to provide education is key to community level primary prevention. Neighborhood or community-based primary prevention of childhood lead poisoning requires partnerships between local health departments, residents, property owners, community-based organizations, community leaders, and businesses. Their main activities should involve identifying, assessing, reducing, and monitoring lead hazards in a community or target neighborhood. The activities may focus on buildings where children younger than six years old reside or spend time on a regular basis, e.g., child care centers. Some or all of the following steps may be included in a community-based primary prevention initiative:

- Educate parents/caregivers, child care providers, tenants, health care providers, home owners, and community members about childhood lead poisoning.
- Train rental property owners and managers, and construction workers, how to recognize and control lead dust hazards.
- Engage local businesses to provide lead hazard reduction information to the community.

According to national surveys, more than 34 million homes have surfaces covered by lead-based paint and 24 million homes are estimated to have lead-based paint hazards (Jacobs, et al., 2002, Jacobs and Nevin, 2006, Levin, et al., 2008). These homes are mostly located in the northern states from the East Coast through the Midwest and Plains states; Figure 4.3 illustrates this trend.

Lead paint was used extensively in the 1930s and earlier. As lead paint deteriorates and falls, it leaves lead-tainted dust on horizontal surfaces of windows, floors, and porches. The regions with older housing and more lead paint have more children found to be lead-poisoned. As indicated in Figure 4.3, like its neighboring states, Wisconsin has a very high proportion of homes built in the 1930s or earlier across the state.
Housing-based Strategies

Mobilizing community efforts for primary prevention takes time, energy, and resources. Identifying and articulating common interests in reducing lead hazards helps to define strategies that will work locally to eliminate childhood lead poisoning.

To implement primary prevention strategies, the CDC recommends that local and state governments implement six housing-based strategies such as the following:

A. Target actions in pre-1978 properties according to known local risk factors.
B. Establish institutional linkages between public health programs and housing code enforcement agencies to prioritize rental properties based on previous code violations and reported blood lead levels above the reference value.
C. Enact preventive housing standards and policies for rental housing (multifamily and single-family) that mandate routine inspections and attention to lead hazards at unit turnover with clearance testing and visual inspection to ensure housing is lead-safe.
D. Enact preventive housing standards and policies for owner-occupied housing including enforcement of maintenance standards, visual inspection for paint issues prior to sale, and visual inspection and clearance dust testing after RRP work has been conducted.
E. Provide loans, grants, and other financial incentives for hazard remediation.
F. Assist families in taking protective actions such as learning basic tactics in visual inspection and proper maintenance.

The CDC, U.S. Department of Housing and Urban Development (HUD), and U.S. Environmental Protection Agency (EPA) have supported primary prevention activities in
Wisconsin for decades, with the purpose of modifying Wisconsin’s housing stock, much of which contains lead-based paint. Listed below are the ACLPPP-recommended primary prevention actions (in bold) that have been taken at the federal, state and local levels. Included are examples of actions people have taken through their elected representatives in the federal, state and local governments to address lead hazards in housing.

**A. Target actions in pre-1978 properties.** In 2004, WCLPPP developed Geographic Information System maps showing high-risk areas by age of housing stock (based on percentage of pre-1950 housing in census tracts) and associated locations of dwellings that have had lead-poisoned children in residence for Wisconsin counties, municipalities and legislative jurisdictions. An example of a map for the city of Beloit is included below (Figure 4.4). The map shows that the majority of lead-poisoned children lived in neighborhoods with a high proportion of old housing. The cities of Racine and Waukesha used their maps to prove they knew where the highest risk housing is located in their communities and as a result received funding from the U.S. Conference of Mayors, Dupont Lead-safe for Kids Sake grant.

![Figure 4.4 City of Beloit; red dots represent addresses of children with a blood lead level at or above 10mcg/dL in 1995 – 2001; darkest green represents census tracts where 66% or more of the homes were built before 1950.](image)

**B. Establish institutional linkages between public health programs and housing code enforcement agencies.** At the federal level, CDC and HUD worked together to develop housing-based strategies for primary prevention.

At the state level, the Department of Health Services Division of Public Health (DPH), the Department of Administration, Division of Housing and Weatherization programs have worked together to obtain federal lead hazard control funds and to distribute these funds to local agencies that serve low to moderate-income households. DPH has also encouraged local health departments to work with housing agencies in their jurisdictions (e.g., Community Development Block Grant agencies) to address lead hazards in housing.

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Locally, some municipalities have adopted city ordinances that include chipping and peeling paint as a violation of local housing code and can call the code enforcement agency to report the violation and write up work orders for the property owner to fix the hazards.

C. **Enact preventive housing standards and policies for rental housing (multifamily and single-family) that mandate routine inspections and attention to lead hazards at unit turnover with clearance testing and visual inspection to ensure housing is lead-safe.**

At the federal level, the U.S. government’s largest housing support program, the [Section 8 Tenant-Based Rental Assistance Program](https://www.hud.gov/) supports over 3 million households. In order to receive rental subsidies, property owners must maintain all painted surfaces in intact condition and submit to an inspection prior to occupancy and at least annually thereafter.

At the local level, the city of Beloit, persuaded by citizens from the community wanting to set standards for lead-safe rental housing, adopted a rental permit program. Any property owner who rents a residential dwelling must apply for a rental permit and pay an annual fee of $35. Owners must comply with building codes and maintain paint in good condition, free of lead hazards if the dwelling is used or occupied by children under age seven. The city inspects rental dwellings on a systematic basis (typically about every three years) and will deny a permit to any property not in good condition. When chipping or peeling paint is found in the dwelling the owner must stabilize the paint and have the property re-inspected before the owner can receive a rental permit. The city also offers low interest loans to owners who rent to limited-income families to help the owners comply with lead paint and other housing standards.

D. **Enact preventive housing standards and policies for owner-occupied housing including enforcement of maintenance standards, visual inspection for paint issues prior to sale, and visual inspection and clearance dust testing after RRP work has been conducted.**

In 2008, the federal government issued the EPA Renovation, Repair and Painting (RRP) rule that requires contractors who disturb paint on dwellings built before 1978 to be trained and certified in lead-safe work practices and take steps to limit dust exposure as they conduct work on a dwelling. Wisconsin worked quickly to implement the rules in 2009. Wisconsin contractors have enthusiastically embraced this rule and as of 2013, over 9,000 workers have been trained and certified to do lead-safe renovation or lead abatement. An informational pamphlet (see Figure 4.5) must be provided by the Lead-Safe Renovator to the customer before any renovation work is conducted.

Local health departments can help protect families in their communities from construction-related lead hazards and protect local contractors from unfair competition by encouraging all renovators and painters to follow lead-safe work practices and to get trained and certified as lead-safe renovators. [How-to videos showing lead-safe work practices](https://www.epa.gov/) can be viewed on the Lead-Safe Wisconsin web page under the Contractor Certification/Licensing Info tab. If a violation of lead-safe work practices is suspected, the state Asbestos and Lead Program can be consulted at 608-261-6876.
The Wisconsin Department of Children and Families (DCF) requires that all regulated child care facilities must maintain paint in intact condition, affecting approximately 9,000 facilities and protecting all children whose families depend on these child care facilities. The presence of chipping and peeling paint is a violation of the child care facility code. The checklist used by DCF inspectors when conducting an inspection prior to issuing or renewing a child care license includes assessing for chipping and peeling paint. The child care operator must notify their DCF inspector prior to conducting remodeling, repair or repainting of the child care facility. If the property was built prior to 1978, the child care operator must hire a Lead-Safe Renovator to conduct the work and must provide the EPA Renovate Right booklet to the parents of the children in their care. (See Chapter 2 for details on these rules and regulations.)

E. Provide loans, grants, and other financial incentives for hazard remediation:
Over the last 20 years, Wisconsin has succeeded in obtaining lead hazard reduction funds from HUD. Many communities that now have their own HUD lead grants have in the past received HUD lead grant funds from state of Wisconsin agencies (e.g., Department of Commerce, Department of Administration). These communities have become more independent by seeking their own funds and managing their own programs (e.g., cities of Milwaukee, Racine, Sheboygan and Kenosha and Rock Counties). As direct grant recipients, these agencies have captured proportionately more funds and can centrally manage their work. In many ways the scale and complexity of these grants makes them more efficient to manage at a local, county or regional level.

In addition, many community development programs have used Community Development Block Grant (CDBG) or HOME funds to fix lead hazards present in older homes. Agencies provide support via grants and/or loans to home owners in small and large communities and in rural housing. The CDBG Housing and HOME program funds are distributed between all Wisconsin counties except Dane, Milwaukee and Waukesha, which receive their own funds from CDBG. The state is divided into seven regions with a principal county contact in each region (see Figure 4.6) to administer the program. Homebuyers and home-owners seeking funds for rehabilitation and small public facility projects should contact the appropriate region for assistance.
F. Assist families in taking protective actions such as learning basic tactics in visual inspection and proper maintenance.

Home visiting before the child is out of the crib – Some local health departments have implemented primary prevention programs to find and correct lead hazards in older homes before the child is crawling. Rock County Health Department implemented the Birth Certificate Program in which a public health nurse and nursing student contact the family when the child is between six and nine months and conduct a home visit to do a visual assessment for potential lead-based paint hazards. When potential hazards are found, the nurse refers the family to the county’s lead hazard reduction program for a lead risk assessment and lead hazard reduction work. Jefferson County Health Department piloted and adopted this program in 2012.

Home visiting before the child is born – During 2002 to 2006, a CDC-funded pilot program was implemented in Sheboygan County and the city of Racine with public health nurses (PHNs) in the Prenatal Care Coordination program. Public health nurses were trained and certified as Lead Sampling Technicians. When visiting with pregnant women living in homes built before 1978, the PHNs took dust wipe samples to detect the presence of lead on window wells, window sills and floors. When lead dust was identified, the PHN provided lead poisoning prevention information, cleaning demonstration and supplies such as buckets, detergent and HEPA vacuums. Dust lead levels were measured post-cleaning to determine whether a reduction in lead dust was achieved. The dust wipe results were also shared with the homeowner if the home was rental property. A sample dust wipe chart is included in Figure 4.7.

![Figure 4.7 Example of dust wipe results before and after cleaning with HEPA vacuum and wet washing with grease-cleaning dishwashing detergent.](chart.png)
As a result of this pilot program, WCLPPP developed a toolkit for implementing this primary prevention program (see cover page in Figure 4.8). The toolkit is called The WCLPPP Standard for Home and Child Care Site Intervention to Address Lead Hazards (P-00716). It contains all the necessary materials to conduct the program, with the exception of the cleaning supplies. Several local health departments implemented this program, some using dust wipe samples, others using Lead Check Swabs to identify potential lead paint hazards. The City of Appleton Health Department has been using this home visiting program with success for a number of years.

Community-based Lead Outreach Program – Sixteenth Street Community Health Center (SSCHC), a federally qualified health care center on the south side of Milwaukee, has a lead outreach program (SSCHC LOP) that strives to reach parents of young children to make sure they get their children tested and proactively address any potential lead hazards in the home. Their evidence-based efforts (Schlenker et al., 2001) have been very successful in reducing the prevalence of lead poisoning (10 mcg/dL and greater) from 46.3 to 2 percent between 1996 and 2012. The SSCHC LOP actively partners with the Milwaukee Health Department CLPPP Primary Prevention Program to facilitate property owners’ access to federal funds for lead hazard reduction. The SSCHC finds that 8.8 percent of children in their service area have BLLs greater than or equal to 5 mcg/dL (the new reference value), presenting a continued challenge for the program to protect children from further lead exposure.

Educating for Behavior Change

Education about the sources and risks of lead exposure, and the actions key parties can take to prevent or decrease exposure, is required to eliminate childhood lead poisoning.

The action objectives for childhood lead poisoning prevention programs and the community are three-fold:

1. To correctly address lead hazards in old homes,
2. To increase testing of those at risk for lead poisoning, and
3. To change policies to create systemic change.

The local health department plays an important role in providing the community with the information needed to implement and enforce actions that will lead to the elimination of childhood lead poisoning.

It is important for educators to plan ahead, consider the learning needs of the audience and how to best meet these needs (Andrews, 1999). This includes not only the language used (what is spoken and the education level), but also the interests and focus of the audience, the timing of the presentation, who the audience considers as trustworthy sources, as well as any cultural barriers that may affect how the information is received. This section provides a brief background on the elements of educating for behavior change and strategies for presenting information to multiple audiences.
Elements of Educating for Behavior Change
The key elements of educating for behavior change include the following steps:

- Identify the Problem or Issue
- Identify the Ideal Behavior or Environmental Practice
- Identify the Target Audience – Primary and Secondary
- Identify Targeted Messages and How to Convey
- Identify Evaluation Strategy

At the end of this chapter is an example (Figure 4.9) of a Targeted Education Strategy that includes all the elements listed above.

**Identify the Problem or Issue and Barriers or Misperceptions**
The first step is to identify the problem or issue needing to be addressed. This may seem a rather obvious step in the process but there are subtleties that can make a significant difference. An example of a problem or issue is that too few of the children at risk for lead poisoning are being tested. Some health care providers may be reluctant to routinely test children because there is no effective medical treatment for lead poisoning and they are unaware of the services the local health department offers to families with a lead-poisoned child.

**Identify the Ideal Behavior or Environmental Practice**
The next step is to identify ideal behavior or environmental practice that will demonstrate a change in behavior. An ideal behavior or environmental practice is one that can be described as a single, observable action that meets the desired objective. It is preferable when deciding what action should be taken that it be the target audience’s own action, not having something done for or to them. Continuing with the example of increasing testing of children for lead, an appropriate behavioral goal for health care providers would be to test more children for lead exposure.

**Identify the Target Audience – Primary or Secondary**
In getting more specific about the problem or issue, think about the recipient of the message. There are two types of audiences to be concerned with: primary and secondary. The primary audience is those people who perform the ideal behavior. The secondary audience is any group of people who influence the primary audience. Using the example above—increasing blood lead testing—the primary audience is typically health care providers, as they are the ones who order the blood tests. Another primary audience for blood lead testing may be the WIC and Head Start programs. Parents are the secondary audience because they seek advice and service from these professionals for the health and well-being of their children.

Once the audience has been identified, it is necessary to learn as much as possible about them, such as their characteristics, their likes, dislikes, and motivations. It is important to understand the supports and barriers that exist in their interactions with families. Focus groups are often used to identify these issues before developing any communications intended for the target group.

**Identify Target Messages and How to Convey**
Once the target audience has been identified, the message will be easier to develop. The communication should focus on persuading the target to do something—the more action-oriented, the better. People respond better if they are given some action to perform. Consider
both the benefits to the target if they take action and how their perception will change if they do take the intended action.

Answer the following questions when targeting a message:
1. What action should the target be persuaded to take?
2. What benefit will the target find most rewarding?
3. What realistic outcomes can be expected?
4. How can the target be effectively persuaded?
5. What images will best convey the message?

It is tempting to promise incredible outcomes if people change their behavior. Instead, the benefits should be focused on the individual and match the effort expended by the individual to change their behavior. In other words, if a do-it-yourselfer follows lead-safe work practices during remodeling, direct benefits might include no lead exposure to the worker and present occupants and a “lead-safe” house. There are other tangible outcomes, such as the home remodeler who uses lead-safe work practices, which protects future occupants, especially children, from lead poisoning—a benefit to the larger community. Don’t exaggerate the extent to which the value of their home will increase as a result, because this may not occur. Remember, credibility is critical in the realm of public health.

The final step that must be considered in developing the message is how the target audience will be reached to achieve the greatest persuasive effect. Consider which medium will be most effective. Earlier, when considering the primary and secondary audiences, it was essential to consider the habits and motivations of these audiences. In other words, some groups may be influenced by something on television or the radio. Another audience may be more influenced by what they read on billboards because they spend time commuting by car. Signs on the bus or at the bus stops may also be an effective medium. Figure 4.9 is an example of a bus banner that the City of Racine has used as part of their education strategy. They also have posters with the same messages in public places such as at the library.

Sample Education Strategies:

- **Commitment to promote behavior** – Adopt an MOU (memorandum of understanding) between two parties. For example, the Tobacco Coalition, “Just Say NO!” campaign relied on a tacit agreement or promise to change behavior or practices.
- **Prompts to promote behavior** – Much of the printed, audio and visual media produced by profit and non-profit organizations is developed for this very purpose, to remind people to buy their product, follow their example and “do the right thing.” Some examples of prompts are: stickers, door hangers, posters, “shelf-talkers” in building supply stores, billboards, and PSAs.
• **Norms to promote behavior** – People are influenced by what their families, neighbors, peers, colleagues, or authority figures believe or do. Take advantage of the influence of normative groups by getting endorsements from an organization like the American Academy of Pediatrics (AAP) for promoting blood lead screening or a local apartment owners association for promoting lead-safe housing. Another example of a normative strategy used in communities is placing a yard sign indicating the home has been made “lead-safe” or is “a child-healthy environment” in an at-risk neighborhood. Other residents or property owners may want the same protection or status for their home.

• **Remove barriers to behavior** – As mentioned before, it may be a lack of know-how that is keeping someone from changing the way they do things. So, for example, provide lead-safe work practice classes or how-to videos for do-it-yourselfers.

**Identify Evaluation Strategy**

Plan to evaluate your education efforts from the very beginning so you know (1) the outcome you want; and (2) how you will measure it. See the next section, *Planning for Evaluation*, for more details.

**Planning for Evaluation**

Evaluation should be conducted when targeting a specific group with a message. Knowing the desired outcome and how it will be measured is more likely to be meaningful in the long run. There are three things to bear in mind when planning to evaluate: accountability, strategic planning and common sense. Each has a separate consideration and the activity planned should reflect thought spent on each.

• **Accountability** – Choose an appropriate measure for your activity. If the goal or objective is to see a change in knowledge or attitude, a pre/posttest may be appropriate. To assess behavioral change, a pre/post observation of behavior is more appropriate. If the objective is to see people using lead-safe work practices, for example, the appropriate measure might be stopping at renovation job sites around the community and observing the renovator’s compliance with the rules, such as using the appropriate length of 6 mil plastic for exteriors or interior floor coverings.

• **Strategic Planning** – Being strategic in planning for evaluation may seem obvious, but consider the desired long term outcome before beginning an educational activity. For example, if the objective is to change the behavior of rental property owners and managers to maintain their properties in a lead-safe manner, consider the steps that will likely result in this behavior change. Maybe education about lead-safe maintenance practices will not be sufficient for them to change their attitudes and practices. Many Beloit rental owners supported a rental permit program as a way to level the playing field and to set a common community housing standard. Communities can consider developing and adopting a local ordinance with enforcement and reward mechanisms as a strategy to improve housing conditions.

• **Common Sense** – Resources—time, money and energy—are not limitless. It’s wise to spend time on activities that will accomplish something or attain the ultimate goal. For example, attending health fairs may be enjoyable and good public relations, but the impact may be limited because there is only a brief time to interact with the attendees. Considering this at the outset may save time and energy on something unlikely to attain the objective.
Types of Evaluation

Any education activity or program should have some type of evaluation; many use more than one—to answer different questions or needs. There are three different types of evaluation: formative, process and summative. Each plays a different role, comes into play at different times and has different costs.

- **Formative evaluation** (before) is done during the planning and preparation phase of the program. This type of evaluation is explorative qualitative work. Examples of formative evaluations are: focus groups, in-depth interviews, pre-testing, setting baselines and segmenting audiences. Formative evaluation can be very costly. If a large amount of money is going to be spent on communication or education activities, formative evaluation is worthwhile.

- **Process evaluation** (during) measures how the program is working in the present. It typically takes place after some activity has occurred, ideally early on in the project, to determine if the activities are going as planned and whether the program is achieving what it intended. Examples of process evaluation are the number of brochures mailed, number of applicants for a housing program, estimates of how often the message was seen, heard, etc., or if the survey respondents are giving useful feedback. Process evaluation is important to do to determine if any adjustments need to be made before proceeding. However, process evaluation stops short of measuring impact or outcomes.

- **Summative evaluation** (after) measures the outcomes and impacts of the program; it proves something was accomplished. An outcome is a direct result of the program, whether the audience understood the message in a presentation and took some action as a result. For example, if the activity is providing lead-safe renovator training to contractors, counting the number of contractors who took the training is measurable but is only an output of the program because nothing changed as a result of taking the training. In this example, the outcome is the number of contractors who receive a passing score on the test and follow through to get certified as lead-safe renovators. Summative evaluation addresses accountability—the outcomes that occurred.

Measuring impact goes another step further to answer the question of whether the outcomes made a difference in behavior. Using the example of providing contractors with training to become lead-safe renovators, we can measure the impact by tracking the number of violations of the RRP Rule in the area where the training was provided or among the contractors who received the training. If these contractors are found to violate lead-safe work practice rules less often, or if violations are reduced in the area where training was provided, these would be impact differences, an indication that the training program had an impact on behaviors and thus made a difference.

**Sample Evaluation Strategies (Steelquist, 1993)**

- **Measure of attendance**: Sign-up sheets, participant lists, audience counts, product counts, contact lists, catalogue of audience demographics
- **Measure of participant reactions**: Self-report/instructor, evaluation forms, program audit, exit interview, instructor logs, correspondence files, news clipping files
- **Measure of knowledge, attitudes, skills, awareness**: Peer review of materials, pre/post-test, certification exam, self-reflective writing, portfolio review, instructor logs, student journal, group self-assessment, polling, focus groups, informal consultation, skills demonstration, exit interview

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• **Measure of behavior change**: Pledge, peer or participant-rated exercise, incentive award, informal follow-up, polling, focus groups, direct observation, photo documentation, measuring indicators

We increase the capacity to fight lead poisoning by building partnerships with other agencies, organizations and businesses that serve those we are trying to protect.

An example of an educational strategy using the *Six Elements of Educating for Behavior Change* is shown in Figure 4.10.
Figure 4.10 An Example of a Targeted Education Strategy

**Identify Problem/Barriers**

<table>
<thead>
<tr>
<th>PROBLEM</th>
<th>BARRIERS/MISPERCEPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lack of knowledge about the dangers of lead in the environment</td>
<td>• People think lead is no longer in paint so no longer a problem.</td>
</tr>
<tr>
<td>• Lack of knowledge about the costs of lead poisoning</td>
<td>• Parents think lead in toys is the problem.</td>
</tr>
<tr>
<td>• Lack of knowledge about who is most susceptible</td>
<td>• Don’t realize it’s the invisible dust, not just visible paint chips.</td>
</tr>
<tr>
<td></td>
<td>• Believe cleaning and adequate nutrition are “good enough” solutions.</td>
</tr>
<tr>
<td></td>
<td>• “Won’t happen to us.”</td>
</tr>
</tbody>
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**Identify Ideal Behavior or Environmental Practice**

- Identify and correct lead hazards
- Get children tested for lead at appropriate ages
- Advocate for change in protective policy

**Identify Target Audiences – Primary & Secondary**

<table>
<thead>
<tr>
<th>PRIMARY</th>
<th>SECONDARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Property owners</td>
<td>• Head Start</td>
</tr>
<tr>
<td>• Parents of young children</td>
<td>• Local health departments</td>
</tr>
<tr>
<td>• Policymakers/legislators</td>
<td>• Local LPP coalitions</td>
</tr>
<tr>
<td></td>
<td>• Childcare providers</td>
</tr>
<tr>
<td></td>
<td>• Community associations</td>
</tr>
<tr>
<td></td>
<td>• Child advocate agencies</td>
</tr>
<tr>
<td></td>
<td>• Environmental safety services</td>
</tr>
</tbody>
</table>

**Identify Targeted Messages**

- **Lead Hazard Reduction**
  - New windows remove primary lead risk and save energy, translates into money savings
  - Improves curb appeal
  - Reduces liability of poisoning a child living in the property
- **Health & Learning Effects**
  - Learning disabilities
  - Lowered I.Q.
  - Behavioral problems
  - Hyperactivity
  - Attention Deficit Disorder
  - Speech delay
  - Hearing loss
- **Societal Costs**
  - Special education
  - High school dropout rates
  - Teen pregnancy
  - Juvenile delinquency
  - Violent crime
  - Prevention is cheaper!

**Identify Education Strategies**

- Develop communication tools with key messages
- Distribute printed materials/resource toolkits
- Give presentations to your target primary or secondary audiences
- Provide readily available, valuable information (via website)

**Identify Evaluation Strategies**

- **EXAMPLES**
  - *Legacy of Lead Report 2008* – two years later still 10,000 hits per month to the website
  - Kids unleaded electronic newsletters – open rate is greater than 20%
  - Web page – consistently visited
  - Toolkits – used widely
  - Legislative Report SRJ 65 – requests from legislative staff for more information
  - Requests to do presentations

- **MORE OUTCOMES**
  - Expand the number who can spread the message
  - Requests to share materials with their peers/colleagues
  - Request for follow-up information
  - Audience attends policy hearings or rallies, sends postcards to their legislators
References


