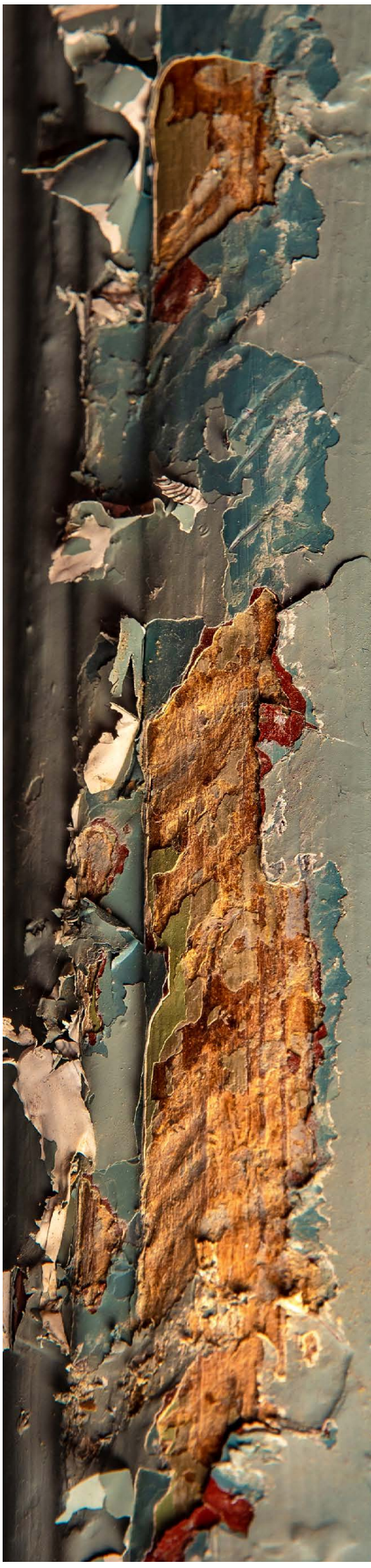
How States Tackle Lead Challenges

A Summary of Regional Listening Sessions

Nov. 2026

ASTHO and the Environmental Council of the States (ECOS) held five listening sessions about lead with state health and environmental agency staff across the country in spring 2026. Fifty-three jurisdictions participated in the listening sessions with over 250 people participating across all the calls.



Overall Themes

Translation

There is a need to translate lead resources into multiple languages. This has been done for many materials in Spanish, but many jurisdictions lack those same resources in other languages.

Secondary Sources and Recreational Sources

States requested a data repository where states can exchange information on secondary sources of lead exposure (i.e., take-home exposure, recalled toys, cultural items, spices). They also discussed adult occupational exposure as well as education and outreach efforts around recreational sources of lead (e.g., fishing weights, ammunition).

Homeowner Resources

Participants were also interested in payment vehicles for temporary housing (e.g., using Medicaid waivers) for homeowners while their residence is under remediation.

Collaboration

Most departments of environmental quality (DEQ) and departments of health (DOH) coordinate regularly on lead, with ad-hoc engagement following elevated blood lead levels (EBLLs). Call participants also talked about cross-agency and multidisciplinary partnerships and committees that convene to tackle lead issues.

Lead Funding Playbook

Participants shared interest in having a categorized list of the various lead-related grants available to state and local agencies, discussing the need to differentiate between grants and sharing strategies for how to best make use of funds.

Summary

ASTHO and ECOS received positive feedback on the calls, which:

- Allowed ASTHO, ECOS, and EPA to have a better understanding of areas where they can support jurisdictions in their efforts.
- Created a forum to connect staff working on lead within and across jurisdictions. Post-meeting contact lists were shared to promote continued connections.
- Provided a space for staff to highlight innovative efforts and share resource links on relevant lead resources.

Participants expressed interest in regionwide or nationwide focused conversations with the same job type (e.g., risk assessors, working on soil, geographic information system (GIS) mapping) and on challenges and strategies to address them. Jurisdictions find it helpful to hear what other states and territories are doing, especially successes. ASTHO and ECOS can help facilitate this type of information sharing on future topic-based calls.

Table of Contents

Region 1 1

- Overall Themes 1
- Engagement Between Health and Environmental Agencies 1
- Lead Exposure Sources 1
- Collaborations and Partnerships 1
- Collecting and Sharing Data 2
- Resource Needs 2
- State Spotlight 2

Region 2 and 3 3

- Overall Themes 3
- Lead Exposure Sources 3
- Engagement Between Health and Enviromental Agencies 4
- Collaborations and Partnerships 4
- Collecting and Sharing Data 4
- Resource Needs 5
- State Spotlight 6

Region 4 and 6 6

- Overall Themes 6
- Engagement Between Health and Environmental Agencies 6
- Lead Exposure Sources 7
- Collaborations and Partnerships 7
- Collecting and Sharing Data 7
- Resource Needs 8
- State Spotlights 8

Region 5 and 7 9

- Overall Themes 9
- Lead Exposure Sources 9
- Collaborations and Partnerships 9
- Collecting and Sharing Data 10
- Resource Needs 11
- State Spotlight 11

Region 8, 9, and 10 11

- Overall Themes 11
- Lead Exposure Sources 11
- Engagement Between Health and Environmental Agencies 11
- Collaborations and Partnerships 12
- Collecting and Sharing Data 12
- Resource Needs 13
- State Spotlights 13

Region 1

Overall Themes

ASTHO and ECOS hosted a pilot lead listening session with Region 1 in January 2026. Thirty-one participants from all six states joined the call.

Participants indicated interest in regionwide or nationwide focused conversations with the same job type (e.g., risk assessors, working on soil, geographic information system (GIS) mapping), as well as conversations on challenges and strategies to address them. Jurisdictions find hearing what other states and territories are doing helpful — sharing successes can give staff ideas to explore and implement. State agencies could use translation support for lead resources in languages aside from Spanish, which is already supported. Templates from federal partners or other jurisdictions can be used to that end.

Participants also asked about low-investment interventions that can be used to support families with children who have elevated blood lead levels (EBLL) but whose values are below the action level. Piloting phone calls with these families is one suggestion.

Engagement Between Health and Environmental Agencies

Polling indicated that a little more than half of the participating jurisdictions collaborate regularly across agencies on lead. State health and environmental agencies work together on lead both formally and informally. Some jurisdictions have formal lead task forces, collaboratives, or other groups in place where they meet at a regular cadence, while others meet as needed. Engagement between health and environment is often triggered by an EBLL case that warrants an environmental investigation in the residence. Similarly, environmental agencies will reach out to health agencies when they find elevated lead levels in soil or drinking water (e.g., near schools or Superfund sites). There is also collaboration between agencies on GIS mapping and where to address lead pipe remediation.

Lead Exposure Sources

The most common lead exposure sources reported by Region 1 participants were lead-based paint (95%), indoor dust (71%), drinking water (33%), soil (19%), and consumer products (10%). However, when asked which media the agencies respond to most often, participants reported a bit differently, with drinking water (76%), lead-based paint (62%), indoor dust (43%), soil (33%), jobs and hobbies (14%), consumer products (14%), and personal care products (10%). When asked why the group thought these values were different between questions, responses indicated that this was due to funding constraints.

Collaborations and Partnerships

Working together with multiple programs in the same agency who touch lead, as well as with other state agencies, helps to expand the resources available to address lead. Examples of collaboration include:

- Quarterly coffee hours on lead where participants share current activities, outreach opportunities, and potential areas for synergy across agencies.
- Bi-monthly interagency meetings on lead with all state agencies that touch lead programming.
- Monthly or weekly quick check-ins between departments of health (DOH) and environmental departments on lead.

States work with CDC on the Childhood Lead Poisoning Prevention Program (CLPPP), Adult Blood Lead Epidemiology and Surveillance (ABLES), and with EPA on public drinking water, Water Infrastructure Improvements for the Nation (WIIN), Drinking Water State Revolving Fund (DW SRF), soil, and lead service lines. Collaboration also occurs with the Office of Housing and Urban Development's (HUD) lead hazard control and remediation programs, and between state health and local housing finance agencies. Refugee health and refugee resettlement agencies are also common partners with lead programs. In some jurisdictions, all new children are tested for lead regardless of age, and educational materials are distributed to newly resettled families about lead safe practices and nutrition. For occupational exposures, there is also engagement with state Occupational Safety and Health Agencies.

States share data in many ways and at different levels. EBLLs are shared with CDC in states with CLPPPs. A couple states mentioned that they have looked at refugee health and broke down high BLL rates by country-of-origin vs native-born and found much higher BLLs in refugees. This led to more collaboration with the Office of Refugee Health on lead. New Hampshire is partnering with housing authorities to collect their quarterly property addresses to match blood lead data, a federal HUD requirement. The state also passed a law that requires all schools and licensed childcare programs to sample for lead in drinking water at fixtures where water is available for consumption by children. In addition, New Hampshire has grant funds available to change out the fixtures if water samples come in above the action level of 5ppb.

Collecting and Sharing Data

In Vermont, aggregate addresses are shared with a HUD housing program to target education and resources. School and childcare lead testing results and remediation actions are shared regularly between the DOH and the Department of Environmental Conservation and are posted publicly. Private drinking water results may be requested.

Massachusetts shares their public water system Lead and Copper Rule (LCR) monitoring, lead in schools, and daycare voluntary monitoring in a data portal. They also collect water lead testing results in homes and share data. Massachusetts Department of Environmental Protections (DEP) will also share school testing results with two other state agencies that cover schools and daycares.

One state shared that their office is often asked for individual home lead testing results, but that's part of a public records privacy exemption so they currently do not share that information. Homeowners are hesitant to volunteer this information because it can affect their home value if their property is considered high-risk for lead in a public database. Right now, data is just used for compliance with LCR improvements.

Resource Needs

States expressed challenges with figuring out what funding is available for lead and specific lead-related activities. They said it would be helpful to have a one-stop shop for current funding opportunities across all federal agencies for states to reference. They also requested a crosswalk or infographic to reference that shows which federal agencies fund which specific activities on lead, such as what the U.S. EPA Office of Water has available to support jurisdictions.

As previously stated, there is also a need for translation support, whether through resources from federal agencies already translated into multiple languages or templates that can be easily customized by the jurisdictions.

Participants requested a general factsheet on take-home lead exposure for occupations at high risk for lead contamination. Some states have these already and were willing to share with the broader group. ASTHO and ECOS can help facilitate this type of information sharing on future calls. Jurisdictions also requested a template for an internal protocol or crosswalk on when to reach out to different programs or across agencies on lead.

State agencies want to do more lower-level interventions to help residents and communities reduce lead exposure. For example, having a phone conversation with the parents of a child with detectable BLLs but not high enough to warrant a full risk assessment may help to reduce future exposures.

State Spotlight

The Massachusetts Executive Office of Energy and Environmental Affairs hosts a data portal that displays lead and copper drinking water results in schools and daycares. This is publicly accessible and can be broken down by date of collection, school and daycare name, chemical type, town, and detect or non-detect. This dashboard is on the same site as other environmental dashboards, including their public drinking water dashboard, and provides a quick and easy way to understand the water quality in the schools and water systems.

Regions 2 and 3

Overall Themes

ASTHO and ECOS hosted a listening session with Regions 2 and 3 in April 2026. Fifty-six participants representing all 10 state and territorial jurisdictions in those regions joined the call. Participants discussed secondary sources of lead, requesting a data repository where states can exchange information on identified secondary sources of lead exposure (e.g., consumer products). Adult occupational exposure was also a point of discussion.

Call participants were also interested in payment vehicles for temporary housing (e.g., using Medicaid waivers). While some jurisdictions have partnerships in place to help support families during home remediation, many voiced that payment for temporary housing is a barrier to not only getting homeowners to agree to moving out, but also ensuring that temporary housing will be fully covered for the time it takes to finish remediation.

Call participants discussed cross-agency and multidisciplinary partnerships and committees that convene to tackle lead issues. Many jurisdictions have state-run dashboards to display lead data, such as interactive maps and tables.

Lead Exposure Sources

The most common lead exposure sources reported by Regions 2 and 3 participants were lead-based paint (100%), indoor dust (67%), drinking water (29%), soil (24%), food, drink, dishware, and glassware (14%), and consumer products (10%). However, when asked which media the agencies respond to most often, participants reported a bit differently, with lead-based paint (80%), indoor dust (75%), soil (65%), drinking water (60%), jobs and hobbies (30%), food, drink, dishware, and glassware (25%), consumer products (25%), and personal care products (20%). Similar to Region 1, this discrepancy may be caused by funding constraints and which activities their agency receives funding to do.

Engagement Between Health and Environmental Agencies

Most states (over 70% of respondents) indicated that their agencies collaborate on a regular basis on lead. Collaboration can occur through statewide groups and committees, cleanups, through grant programs, as well as through response activities associated with an EBLL. There are sometimes larger regional meetings that bring together not only multiple states, but also multiple agencies within each state.

Collaborations and Partnerships

Maryland has had a lead commission written in their state statute for the past 30 years. It was set up to evaluate and strengthen efforts to protect children and families from lead exposure. Membership on this commission involves state agencies, local government, nonprofits, and other community members who discuss lead poisoning prevention, availability of staffing to support lead cases, availability of lead-free affordable housing, and regulatory changes and laws.

DC has many agencies that touch lead. The DC Department of General Services works on lead in schools, Department of Energy and Environment (DOEE) works with daycare centers, DC Water works with lead in water, and DC Health case manages and monitors the blood lead levels for children exposed to lead. DC Health also receives blood lead results from clinics and laboratories. Public Health Analysts work with families on ways to reduce lead exposure and investigate through a questionnaire where a child may have been exposed. The analysts work with Risk Assessors at DOEE who test homes for lead paint, lead in soil, and lead in water. DC Health meets with DC Water and DOEE regularly and has data sharing agreements.

In Pennsylvania, many partners participate in their lead information exchange forum, including DOH and DEP, the Department of Community and Economic Development, the Department of Conservation and Natural Resources, and EPA staff, as well as doctors, labor, industry, and legal teams. Pennsylvania also has a committee to address resource issues such as funding for remediation, public knowledge, and additional community needs.

States are also working with EPA and HUD on property owner compliance assistance around lead. There has been discussion around what this looks like, who handles which aspect of compliance, and what resources are available to support their efforts.

Collecting and Sharing Data

States collect different kinds of lead data- blood lead surveillance data from lab reports, drinking water and soil data from environmental reports, and lead service line inventories.

In New Jersey, six state agencies touch lead and meet to discuss issues. All relevant data must be reported to the childhood lead advisory committee, who review a tracking sheet on EBLL cases, lead risk assessment numbers, remediation work, how long the remediation took, and breakdown of remediation and relocation costs. They report on total expenditures for each project on a quarterly basis. New Jersey also has a publicly available Potential Lead Exposure Mapping Tool that shows potential sources of lead exposure in the state. They leveraged treasury data to show age of housing, and the Department of Community Affairs has a layer that shows potential rentals from census tract data. There is also a map layer showing lead service lines at a purveyor level (eventually will be a parcel level).

Pennsylvania collects licensing and training provider data, as well as the number of investigations for lead projects and lead project notifications. DC Health captures lead screening data and displays it on a public facing dashboard.

Resource Needs

States shared the types of resources that would better support their work. There was a discussion around environmental investigations into secondary sources. When state agency staff have taken samples and found the level of lead is higher than the standard, they would like to know how to share this. States requested a data repository where states can exchange information on secondary sources of lead exposure they have identified. States also asked for additional resources for adult lead exposures, including occupational lead exposure.

A few states requested flexibility of federal funds to cover hotel stays or short-term rentals for families who are out of their home for remediation due to lead. This helps to ensure that the family is out of the residence long enough for it to receive final clearance and not worried about moving back before it is ready to re-occupy. Medicaid waivers can be used to support some of these costs, but not all jurisdictions are aware of how to request this support. Delaware noted that the state has a list of hotels already in their financial system that can be used for temporary housing during home abatement. This is very costly to the state though because they pay for both remediation work and relocation. DC Health educates families about DC Water and DOEE programs for lead service line assistance.

One state noted that when landlords are required to give notification to tenants about lead found in their housing, it would be good to have something signed and put in a file to show confirmation of this communication. In rural areas, there is a lot of potential for landlord-tenant nondisclosure to occur and not a lot of oversight about landlord-tenant relationships. States require landlords to disclose lead hazards, but there is not always proof that this occurs.

Other requests included:

- Infrastructure resources to help support data systems that need to be integrated and/or updated.
- Increased outreach from EPA and HUD on the disclosure rule. Real estate transactions and other transfers happen without awareness.
- Increased frequency of meetings between EPA field staff and state staff regarding inspections, training, and technical assistance.
- More guidance on the environmental health side of lead poisoning prevention. States have strong guidance on education and surveillance, but don't have strong guidance with the technical environmental health side of lead to provide to local health departments. There is lots of case management and follow up done by local health departments and staff often have questions when they are going into homes and doing risk assessments and environmental investigations. Jurisdictions requested a comprehensive resource outlining how to do follow up, including that for adult exposure.
- Tips on how to get approval for and develop a statewide rental registry that lists age of properties. This can help target education and outreach at the state and local level. However, there were concerns about who would pay for and set up the registry.
- Development of an inspector-level forum where inspectors can share challenges, ideas, and resource needs.
- More information on using the Medicaid waiver program to cover relevant costs, including rental properties.

State Spotlights

Delaware keeps a list of hotels in their financial system that can be used for relocation when a family is out of a house for remediation. This expedites paperwork when relocation is needed and can be helpful if an extension is needed for the stay while the home is awaiting clearance to re-occupy. Delaware does have some state funds that can be used for these relocation costs.

New Jersey has a publicly available Potential Lead Exposure Mapping Tool (PLEM) that shows potential sources of lead exposure in the state. DOH funded the tool and is working to expand it. Layers include potential lead-based paint risks based on year of construction and water system level service line inventories. In addition, the tool provides information on lead risks, reduction strategies, and the names of the agencies in the state that work on lead, along with links to their programs. PLEM may be helpful for local health agencies, community groups, and members of the public to help identify the potential environmental sources of lead exposure.

Regions 4 and 6

Overall Themes

ASTHO and ECOS hosted the listening session with states from Regions 4 and 6 in March 2026. Forty-seven participants were on the call representing all 13 states and EPA.

States in these regions worked with their federal partners and with local groups or advisory committees, but the health and environmental agencies often did not have regularly organized interactions on lead efforts. However, several of the states mentioned how they worked across state agencies in specific areas or under specific conditions. They also mentioned some regional collaborations around programs like CDC's CLPPP. States in these regions discussed a wide range of efforts in various media to address lead risk. This led to discussions of the need for assistance educating the public on exposure risks beyond drinking water and the need for data systems that could handle a wide variety of lead information.

In discussing sources of lead exposure, the need to share information on spices and cultural products with lead contamination resulted in a discussion of the need to translate materials into multiple languages and the challenges states faced in doing this.

Engagement Between Health and Environmental Agencies

Polling indicated that 40% of participants collaborate regularly across agencies on lead and 60% collaborate as needed. State health and environmental agencies indicated that they have been working together the most around lead in drinking water but also collaborate around remediation sites and when EBLLs are detected. Alabama noted that there were regular meetings between their health and environment agencies when the new LCR was first published. North Carolina DOH noted that as they complete work under a WIIN grant, testing drinking water in childcare facilities they they will share date with DEQ.

Lead Exposure Sources

The most common lead exposure sources reported by Region 4 and 6 participants were lead-based paint (72%), followed by indoor dust (38%), jobs and hobbies (38%), soil (34%), and drinking water (31%). However, when asked which media the agencies address most often, participants reported a bit differently, indicating most work was done related to lead-based paint (85%), drinking water (56%), indoor dust (48%), and soil (41%). As job exposure may be addressed in state occupational health and safety agencies, this difference may simply be due to their absence from the calls.

Collaborations and Partnerships

Region 4 and 6 states shared a variety of examples of how working together within programs in an agency, across agencies, and even across states helps address lead exposure. The Louisiana DOH noted that they have quarterly meetings set up by the CLPPP that include health department staff in the drinking water program and many local health officials. Similarly, Tennessee DOH's CLPPP staff said they have biannual advisory committee meetings that draw attendees from many state agencies.

In some cases, the coordination is less formal. For instance, one Oklahoma DEQ staff person with the drinking water program said any time they find an exceedance during routine monitoring, they send that information to EPA, Oklahoma DOH, and technical assistance partners. Alabama Department of Environmental Management (ADEM) staff indicated that they reach out to DOH staff when they are conducting a site investigation at a site contaminated with lead and that DOH staff reach out when they have information that suggests active exposure from a site. Additionally, ADEM and DOH worked together to include information about lead-based paint when they send out drinking water testing brochures.

In addition to working with other agencies in their states, Region 4 and 6 states indicated they work with a variety of federal agencies. For instance, Oklahoma DEQ works with EPA Region 6 extensively on lead remediation projects, and they have also worked with HUD, Fish and Wildlife Service, U.S. Geological Survey, and the U.S. Army Corps of Engineers on some large cleanup projects. North Carolina's DOH staff said they have regular communication with EPA and CDC. States indicated that most of the interactions with federal agencies were at the regional level.

In an example of cross-state collaboration, South Carolina Department of Environmental Services staff shared a story about a person in Mississippi being found to have EBLL. Mississippi reached out to South Carolina after the person indicated they were recycling spent bullet casings in South Carolina. Tennessee got involved in the investigation as the bars of lead created were being sold there.

Collecting and Sharing Data

The specific data collected by programs and agencies varies depending on the work they are doing but commonly collected data discussed on the call included BLL, drinking water testing under the LCR, and soil test results. In Oklahoma, around large remediation sites, the environmental agency may test groundwater and surface water in addition to drinking water and soil testing. This data is all publicly available but the agency has sometimes proactively shared it with the state health department.

Arkansas DEQ discussed extensive sampling for lead in their surface waters as part of the Clean Water Act Section 303(d) work. They have tested 5,600 samples of surface water in the last couple years for a variety of criteria including lead and only one waterbody is impaired for lead. All of the testing data is available on the agency's website. Arkansas DEQ also has 50 facilities with NPDES permits that are required to report their lead discharges to a federal database.

Several states mentioned sharing data collected under WIIN grants. For instance, Tennessee Department of Environment and Conservation has made the data collected from testing drinking water in schools and daycares available on a dashboard. In Mississippi, the state DOH shares blood lead level data and environmental assessment data with the Mississippi Band of Choctaw Indians under an MOU developed with HUD, the state, and the tribal government.

Resource Needs

States discussed needing assistance with translation of materials. While one state mentioned using a contractor for some translation services, even they noted that their translated materials were limited. Beyond basic translation of materials, they noted the need to have some of the materials printed, not just available online, for distribution during emergencies. States noted that, while materials discussing regulations needed to be state specific, some educational materials were more generic and having access to editable templates with this sort of information in multiple languages would be helpful.

With several states in these regions dealing with remediation of large sites, states raised the need for additional training on risk models. Such training would assist them in reassessing sites as lead goal levels change.

States noted that they needed help addressing sources of lead beyond drinking water. One state said that, with all the attention on drinking water over the last several years, they needed help educating the public about other sources like paint and occupational exposure.

States had some needs related to the challenges of addressing lead exposure as work is conducted in many environmental media across many state and federal agencies. North Carolina discussed the need for better data systems to deal with the array of information. Another state noted that having a one-stop shop for information would be valuable so that they did not have to search in multiple places for information on how to address lead.

State Spotlight

Lead work in North Carolina highlights how the work is done across state and federal agencies with a mix of funding and coordination. The North Carolina DOH runs CLPPP's and EPA's abatement and RRP programs for the state while the DEQ manages the water programs. While the DOH has regularly collected drinking water samples from homes of children with EBLLs, they have not historically worked closely with DEQ on water issues. However, with a WIIN grant to test schools and daycare facilities, the DOH is planning to more actively share the drinking water data they collect with the DEQ. Using this data, DOH has developed a clean classrooms website that allows users to see the drinking water test results and if the sources have been mitigated. To do all this work, the state uses a variety of grants from EPA and CDC, funds from Medicaid for home investigations, ARPA funds allocated through the governor's office, and permit and certification fees.

Regions 5 and 7

Overall Themes

ASTHO and ECOS hosted the listening session with states in Regions 5 and 7 on March 4, 2026. Forty-nine participants from all 10 states in the two regions joined the call. States discussed the need for better alignment between major lead exposure sources with funding and public awareness. Given some high-profile drinking water issues and new rules around drinking water, the public and funding is focused on drinking water while the participants identified lead-based paint as the major source of lead exposure.

States expressed an interest in additional focused conversations in the future on topics such as how to access Medicaid funding for temporary housing during lead abatement work, hot spot identification, best practices on multi-agency collaboration on lead, and other topics.

Lead Exposure Sources

The most common lead exposure sources reported by participants were lead-based paint (96%, soil (54%, indoor dust (42%, drinking water (33%, and housing (29%. However, when asked which media the agencies respond to most often, participants reported a bit differently, with drinking water (78%, soil (70%, lead-based paint (56%, indoor dust (56%, jobs and hobbies (48%, and housing (44%. When asked why the group thought paint was identified as the biggest exposure source while drinking water was identified as what agencies respond to the most, they identified multiple causes. One was that agencies have had more funding to work on lead in drinking water than lead-based paint in recent years. Additionally, they stated that complex new regulations around lead in drinking water were driving action. Also, as some lead in drinking water issues can be addressed without directly engaging the homeowner, drinking water is easier to address than paint which requires getting the homeowner's permission to tackle. Finally, attendees indicated that the public seems to feel that the lead-based paint issue has been "solved".

Collaborations and Partnerships

States in these regions identified a mix of regularly planned and as needed interactions between the health and environmental agencies. Polling indicated that a little more than half of the participants collaborate regularly across agencies on lead. For instance, in Michigan the Department of Health and Human Services and the Department of Environment, Great Lakes, and Energy engage weekly on lead and copper in drinking water. In Minnesota, a state statute prohibiting lead and cadmium in consumer products requires the Pollution Control Agency, the DOH, and the Department of Commerce to work together. In contrast, staff in another state noted that the agencies to have regular interactions after the environmental agency caused a stir with local health departments over lead in drinking water.

While coordination on lead is most common between the health and environmental agencies, participants identified many other state agencies that they engage with including departments addressing occupational safety, public services, agriculture, public schools, and housing. They noted that engaging with these other agencies can be challenging as they often do not have funding for staff to work on lead issues.

Several states noted they had committees that drive coordination on lead. Ohio has a 14 member lead advisory council that includes representatives from state agencies, local public health jurisdictions, housing agencies, property owners, health care providers, and advocates for children and lead-safe housing. The council holds quarterly meetings to engage all stakeholders in the process of eliminating all sources of lead poisoning in the state. Similarly, Illinois has a multi-agency Lead Poisoning Elimination Committee that includes state and local agencies sharing information on public health lead programs.

Looking beyond their state boundaries, participants discussed a variety of cross-state and state-federal interactions related to addressing lead exposure. For instance, region 5 has a quarterly call between the EPA regional office and the states about lead in drinking water topics. Similarly, the state CLPPP staff in Region 7 have regular calls. And Region 5 CDC staff are working to restart regional calls. Also, Illinois EPA's Federal Site Remediation Program is working with EPA Region 5 on lead remediation sites. Some states also indicated they were engaged on lead at the national level through groups like the National Lead Information Exchange Forum.

In one specific example of coordination between states, Michigan Department of Health and Human Services noted that they were able to use a model developed in Massachusetts to weigh child blood lead levels along with other factors to create a list of high-risk communities.

Collecting and Sharing Data

State agencies in Regions 5 and 7 noted a wide variety of data collected, including everything from blood lead levels and risk assessments to drinking water testing data and lead service line inventories to air and soil data. Several states noted that sharing this data across agencies can be a challenge due to issues with IT systems, and security and privacy concerns. To help address some of these, states indicated that sharing examples of data-sharing agreements would be helpful.

Resource Needs

Participants discussed the need to identify flexible ways to address lead in drinking water. For instance, a state wondered if home-based lead filters were a reasonable compliance option if a drinking water system has removed all their lead service lines but there are still exceedances in some homes. In response, Michigan noted that, based on their experience replacing premise plumbing in homes in Benton Harbor, for the cost of replacing one home's plumbing you can provide filters for many houses for many years. Wisconsin staff noted that the state has a rule that requires replacing all lead service lines both public and private. However, another law says that water systems cannot pay to replace private lines so the state has been using Bipartisan Infrastructure Law funding to pay for private lead service line replacement. But with that funding running out, they need to identify a new source.

Also with regards to lead in drinking water, states are seeking implementation guidance from EPA on the LCRI (or latest iteration of the lead and copper rule).

Michigan expressed an interest in learning about models for establishing and operating multiagency collaborations to help them better work across agencies. As previously noted, they also identified the need for support of agencies beyond health and environment that help address lead.

State Spotlight

Ohio has a central data system, Data Ohio, that brings together data from across many agencies to help build comprehensive stories around issues. With regards to lead, the system includes information on blood lead testing results, lead inspection and remediation service providers, lead service line replacement, and properties that have not complied with an order to address lead contamination. A site like this makes public access to data easier as they do not have to search for information on multiple sites.

Regions 8, 9, and 10

Overall Themes

ASTHO and ECOS hosted the listening sessions with Regions 8, 9, and 10 in March 2026. A total of 77 people participated, including a separate call with Hawaii.

Discussions with states covered non-traditional exposure pathways for lead, including from recreational sources (e.g. shooting ranges, hunting and fishing), secondary sources (e.g. toys, spices and foods, as well as occupational sources (e.g. mining, law enforcement. There is strong interest from states in having informational materials on these different exposures to share with communities, as well as support for translation services.

Other topics of conversation included strategies to support homeowners with temporary relocation during lead hazard abatement, updating IT infrastructure to support data sharing, and addressing challenges to support compliance with lead.

Lead Exposure Sources

Participants identified a wide range of lead exposure sources beyond traditional housing-related risks. Common themes included occupational and take-home exposures from mining, construction, battery manufacturing and recycling, welding, and soldering; occupational and hobby-related exposures from shooting ranges, ammunition reloading, stained glass, jewelry making, and fishing weights; and environmental exposures linked to abandoned or active mines, industrial emissions, wildfire ash, contaminated soil, and leaded aviation fuel near airports. EPA has published a list of cultural products that have been found to contain lead and other heavy metals.

Engagement Between Health and Environmental Agencies

Polling indicated that roughly half of the participating jurisdictions collaborate regularly across agencies on lead. State health and environmental agencies work together on lead both formally and informally. Some of these jurisdictions have formal lead task forces or advisory groups that meet regularly. Others meet as needed, where collaboration can be triggered by an EBLL case or community concerns that warrant environmental investigation.

Collaborations and Partnerships

Participants described extensive collaboration across health, environmental, and federal partners to address lead exposure through routine coordination, advisory groups, school and childcare testing efforts, and joint responses to elevated blood lead levels, drinking water concerns, and contaminated sites. States highlighted regular engagement with EPA, CDC, Agency for Toxic Substances and Disease Registry (ATSDR), HUD, and Pediatric Environmental Health Specialty Units (PEHSU), as well as cross-agency workgroups and local partnerships that support outreach, technical assistance, remediation, and data sharing.

Participants shared examples of collaboration that ranged from routine coordination to formal advisory structures. Several states described regular meetings between health and environmental agencies to discuss elevated blood lead levels, public concerns, industrial monitoring results, and Superfund-related activities. South Dakota highlighted its Lead Advisory Group, while Nevada noted a similar group. Utah described quarterly coordination meetings between DEQ and Department of Health and Human Services, and Idaho reported regularly scheduled meetings between DEQ, local health departments, and EPA staff at a large Superfund site.

School and childcare testing was a common area of joint work. States reported using WIIN funds and other partnerships to test drinking water and support remediation in schools and childcare facilities, including efforts in South Dakota, Montana, Utah, Nevada, and Washington. Participants also described collaboration with academic partners and federal partners such as EPA, CDC, ATSDR, HUD, USDA, and PEHSU. These partnerships supported risk assessments, lead awareness trainings, technical assistance, grant administration, abatement oversight, and public education. Several participants said PEHSU had been especially helpful for provider education, outreach events, and consultation.

Collecting and Sharing Data

States reported collecting a broad mix of environmental and health data, including blood lead levels, drinking water results, and soil, dust, paint, air, and groundwater sampling, with varying levels of public access and interagency sharing. Participants emphasized the value of geospatial data and coordinated investigations, while also noting persistent challenges in rural areas where small populations, limited health care access, and privacy constraints make data collection and sharing more difficult.

Participants described collecting a wide range of lead-related data across agencies. Environmental programs reported monitoring soil, dust, paint, air, drinking water, groundwater, and ambient water, while health agencies tracked childhood blood lead levels, exposure questionnaires, consumer product findings, and results from environmental investigations. Several states emphasized that these data are routinely shared across agencies when elevated levels or priority concerns are identified. Washington and Oregon pointed to strong geospatial and public-facing data tools, while Montana described de-identified data sharing on occupational exposures and housing-related information.

At the same time, participants noted important barriers to data use and interpretation, especially in rural communities. Arizona and North Dakota described difficulties obtaining enough health information to evaluate potential impacts in sparsely populated areas, where small numbers and limited healthcare access can make results inconclusive or restrict data sharing for privacy reasons. Participants also pointed to system-level challenges, including manual data entry, limited interoperability between surveillance systems, and the need for stronger cross-agency data infrastructure.

Resource Needs

Participants consistently emphasized the need for additional funding, staffing, technical tools, and policy support to address lead hazards more effectively. Priority needs included support for implementing the LCRI, source attribution and isotopic fingerprinting, remediation and temporary housing, enforcement capacity, cross-agency coordination, improved data systems, and resources to address non-housing exposure pathways, especially in rural and under-resourced communities.

Participants repeatedly stressed that implementing lead programs requires more funding and staffing than many agencies currently have. States pointed to the labor-intensive demands of the LCRI and the need for greater contractor capacity and/or legislative authority to hire staff or expand resources to support programmatic work related to public water systems. Others emphasized the need for stronger local enforcement, more resources for abatement, and funding to replace lead-containing products or address hazards in homes.

Technical and policy needs were also major themes. California participants called for improved source attribution methods to distinguish among multiple historic lead sources and support cleanup accountability. Others requested more support for proactive testing of non-housing exposure pathways, temporary housing during remediation, stronger alignment of federal lead rules, and better tools to coordinate across agencies and counties. Participants also highlighted data system limitations, such as surveillance platforms that require manual entry, and said they would benefit from more examples of effective cross-agency and One Health approaches.

State Spotlights

Idaho's Department of Health and Welfare developed a series of informational brochures on recreational sources of lead, including fishing, indoor and outdoor gun ranges, bullet reloading, wild game meat, antiques, and recreating on historical mine sites.

California's Department of Public Health conducted a study to identify sources of lead exposure in children from housing-related sources and non-housing-related sources. The non-housing-related lead source categories that California identified for children include: cosmetics/spiritual religious products, food/spices/drink, take-home or occupational, pottery and utensils, traditional medicine/remedies, perinatal exposures, and other sources like fishing weights, jewelry, painted objects, lead ammunition, deteriorated vinyl/plastic, game meat/fish, lead batteries, and lead solder.