

Washington State Department of HEALTH

LEADING THROUGH CHANGE:

Protecting Children's Health by Lowering the State Blood Lead Action Level

Introductions

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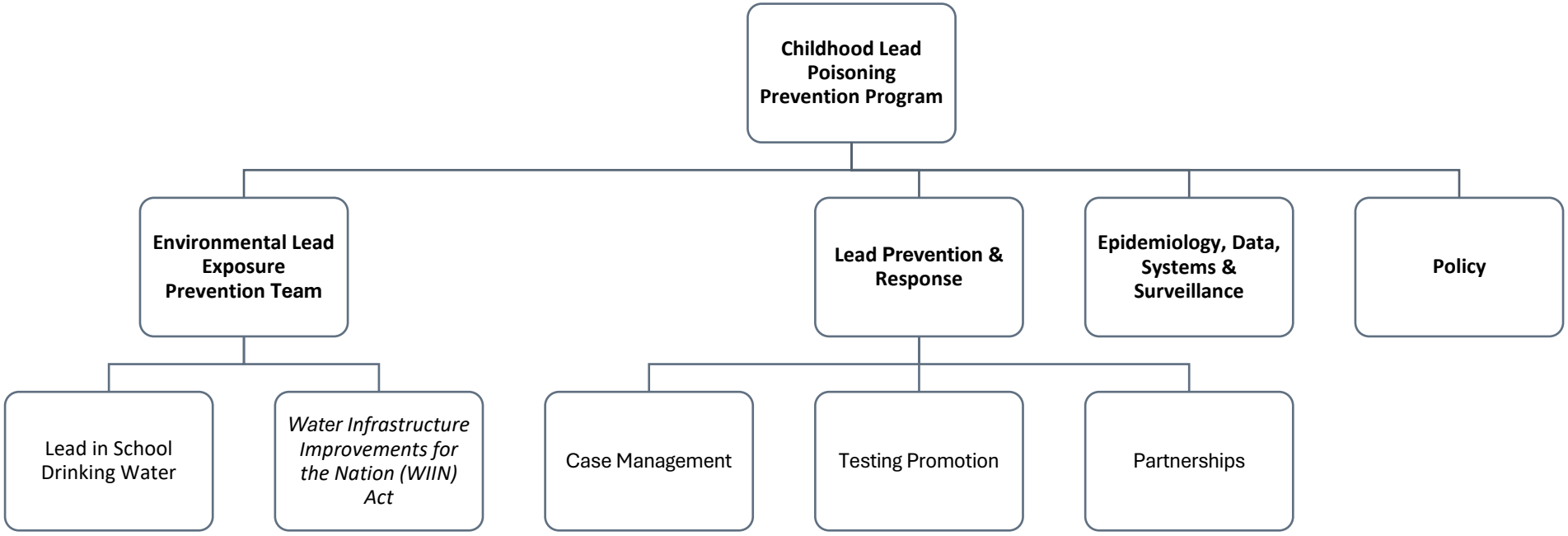
Policy Analyst

Healthy Homes & Communities, WA DOH

Overview

- Introductions to the speakers and the DOH Childhood Lead Poisoning Prevention Program (CLPPP)
- Blood lead testing and case response in Washington
- The national context: the blood lead reference value, adoption.
- The lower action level:
  - Timeline of milestones
  - Considerations for decision-making
  - Partner engagement
  - Planning for implementation
- Looking ahead: Evaluation
- Conclusion: Success factors and learnings

About the Program



Current State Context: Notifiable Conditions Rule

Washington Administrative Code: WAC 246-101-201

Agent (Condition)	Notification of Results	
	What to Submit in a Laboratory Report	**When and Whom to Notify Upon Receiving Presumptive or Final Test Result**
Blood Lead Level	Results equal to or greater than 5 micrograms per deciliter…	Within 2 business days to DOH
	Results less than 5 micrograms per deciliter…	Within 30 days to DOH

- **All** blood lead test results must be reported to DOH.

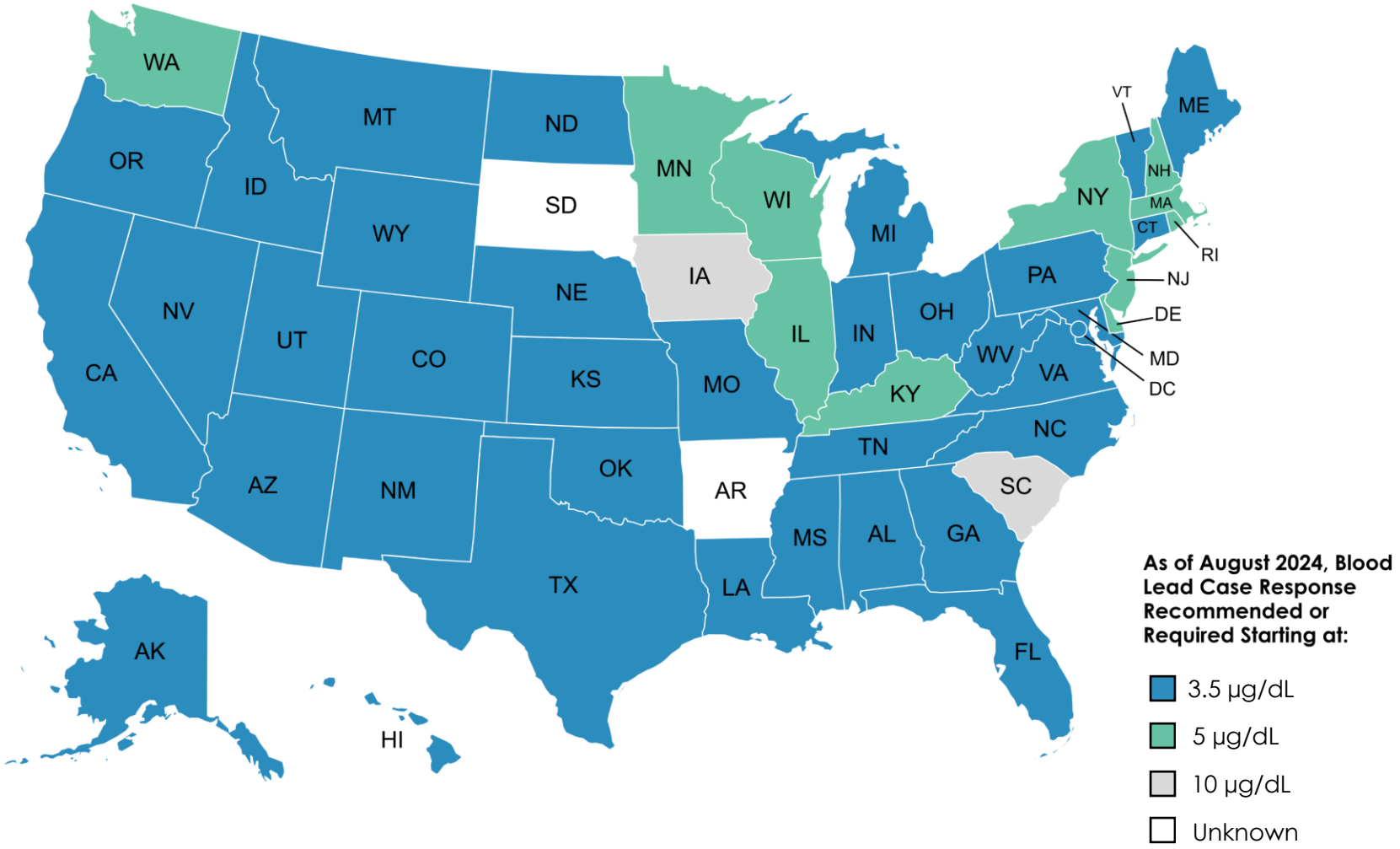
Public Health Response in Washington

- Each county has jurisdiction over blood lead case response for its residents.
- DOH provides technical assistance and can conduct response to blood lead cases at an LHJ's request.
- Local health response may include telephone contact, a home visit, and other services.
- Labor and Industries (LNI) receive and respond to all adult (age 15 and over) cases.

Current National Context: Blood Lead Reference Value

- Starting in the 1960s, the CDC has identified lead levels "of concern" in children. As overall lead exposure has declined, and scientific understandings of lead's health effects have evolved, the level considered elevated has decreased.
- In October 2021, the CDC revised the BLRV from 5 micrograms per deciliter (µg/dL) to 3.5 µg/dL.
- This value does not identify a "safe" level of lead.
- If a child's blood lead level is at or above the BLRV, **that child's BLL is higher than 97.5% of children surveyed** in the prior National Health and Nutrition Examination Survey (NHANES) cycles.

As of August 2024, the Blood Lead Case Response Landscape:



As of February 5, 2026…

WA DOH lowered the state blood lead action level from 5 µg/dL to 3.5 µg/dL.

Key Considerations



Local capacity and authority



Role of DOH in public health system



Requirements vs Recommendations



Communication needs, nuances



Health care provider response



Other agencies adopting 3.5

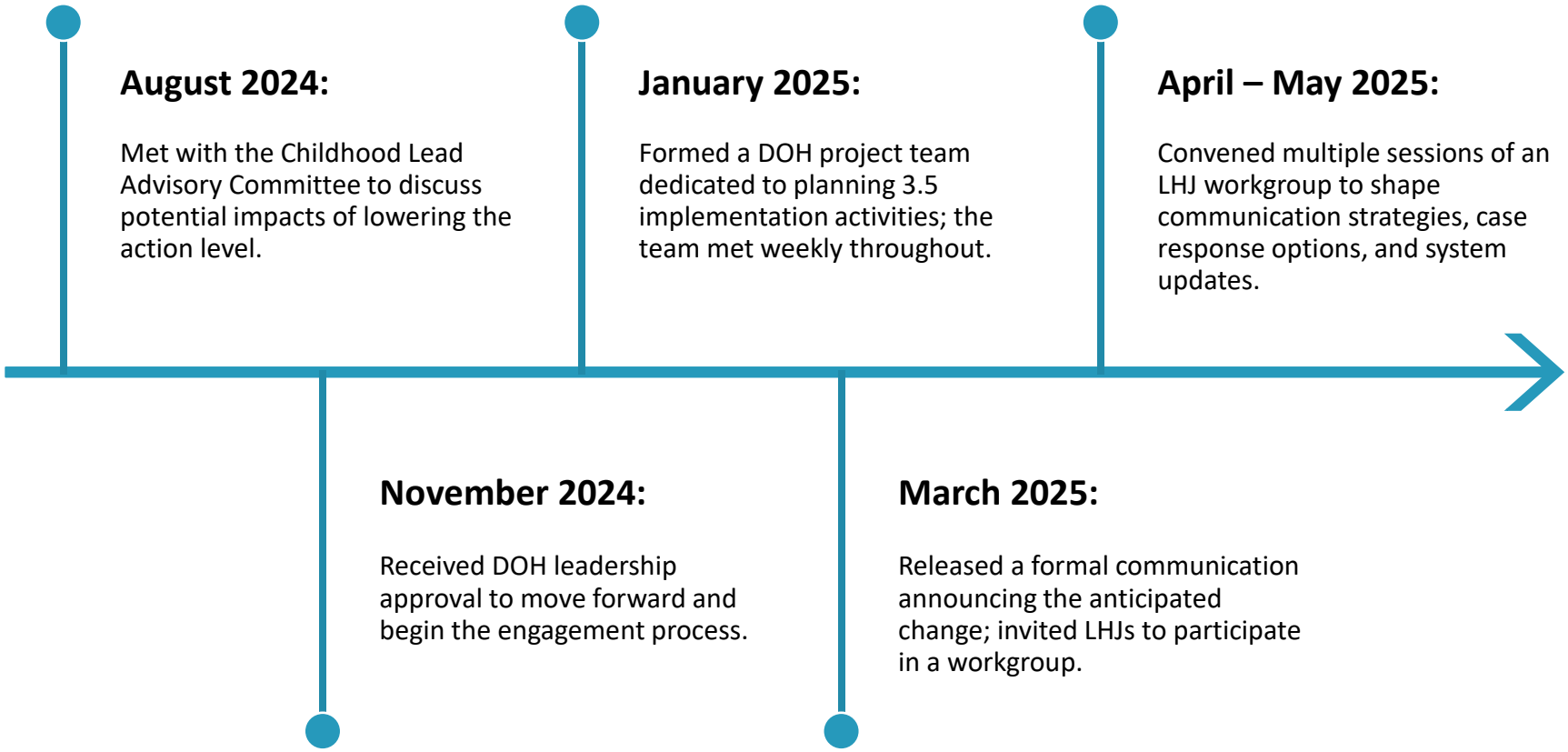


Notifiable Conditions rule

Why we made this change

- Even low levels of exposure can harm a child's growth and development,
- To prevent further exposure and support earlier interventions,
- To align with federal programs (WIC, HeadStart, and HUD),
- To provide consistent statewide guidance for health care providers,
- To update the system so all LHJs could receive cases starting at 3.5, and
- To align with the FPHS mission: supporting equitable and responsive services statewide.

Project Milestones



Project Milestones

April – September 2025:

Presented at the DOH-LHJ Public Health Update.

Met with other partner agencies to inform implementation, established new partnerships for provider outreach.

October 2025:

Met with LHJ Environmental Health Directors and Health Officers to inform leadership of the upcoming change.

November - December 2025:

Coordinated with the State Health Officer to review materials and develop an SHO letter of support.

December 2025 – February 2026:

Updated existing publications, finalized new publications and communication resources for LHJs.

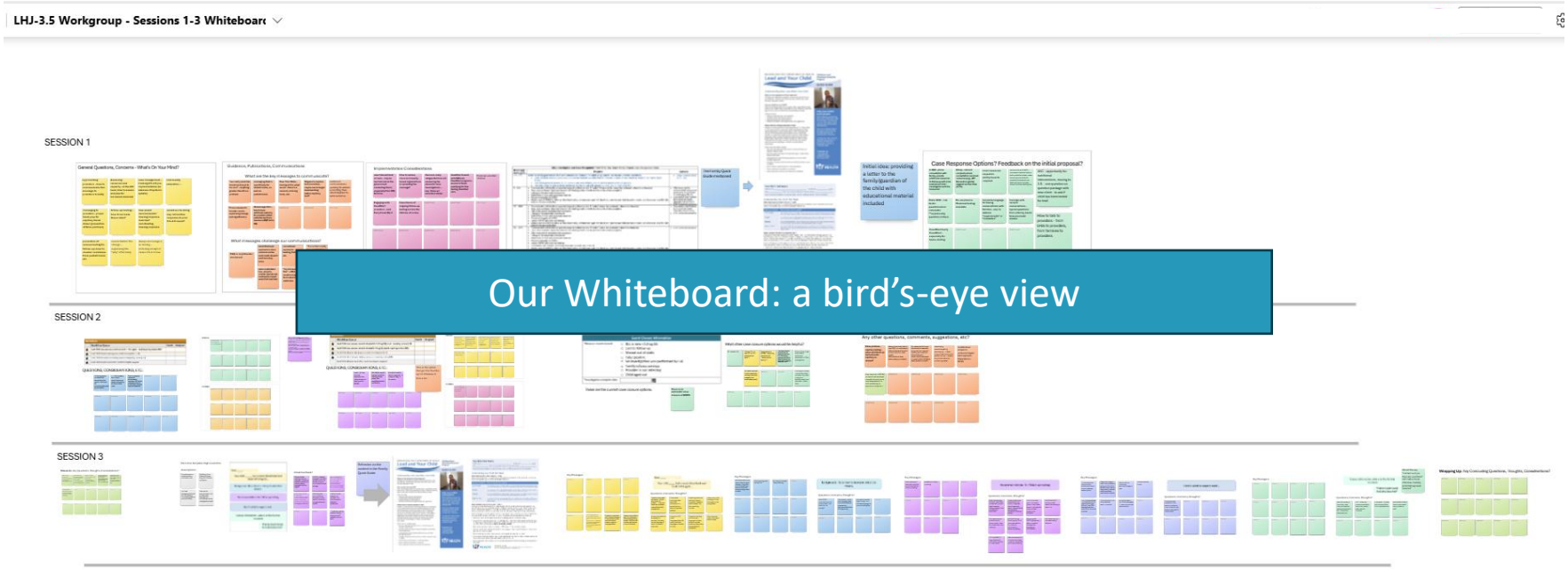
February 2026:

Formal implementation date for system updates.

Distributed implementation announcement through multiple communication networks.

Critical Engagement

- FPHS-LHJ 3.5 Workgroup:
  - Share why the change would be happening
  - Identify LHJ needs
  - Co-create tools and templates



The Whiteboard in Practice: Discussing System Updates

Workflows			
	Workflow Queue	**Events**	**Assigned**
★	**Lead Child new open cases with elevated (3.5-4.9 ug/dL) result requiring review [LHJ]**		
★	**Lead Child new open cases with elevated (>=5 ug/dL) result requiring review [LHJ]**		
★	Lead Child all open existing cases under investigation [LHJ]		
★	Lead Child lab results on existing open case requiring review [LHJ]		
	Lead Child all open events that need investigator assigned		

QUESTIONS, CONSIDERATIONS, ETC.:

Janet - utilizes physical paperwork for initial follow-up, then input to WDRS.

Workflows require manual review for the active/new cases. The workflows are the notification

Are able to add a task to yourself - is a way to "flag" it for action

This is the option that got the thumbs up for Chelsea to focus on!

Add text

PROS:

Could have an Administrative Assistant focus on the separate workflows to send out letters

Helps to highlight which cases take greater priority - respond first to 5, then 3.5-4.9 when there's time

When there's a LOT of cases - helpful to have the separate workflows for triaging cases

Helpful to have this separate for the LHJs with capacity to send letters to 3.5-4.9

Could allow for more efficient allocation of resources - especially for identifying higher risk cases

Delineation could support the tiered responses plan

Add text

CONS:

Two workflows to review will require more time to view/review

Add text

Critical Engagement

- WSALPHO Local Health Officers, Environmental Health Directors:
  - Informed members of the upcoming change,
  - Provided opportunity for feedback, questions,
  - And identified possible decision-making paths at the local level.
- NW Pediatric Environmental Health Specialty Unit (PEHSU), Washington Academy of Family Physicians (WAFP)
  - Co-created the Provider Quick Guide with PEHSU,
  - Informed development of communication strategies,
  - And supported provider outreach.

WSALPHO
WASHINGTON STATE ASSOCIATION OF LOCAL PUBLIC HEALTH OFFICIALS

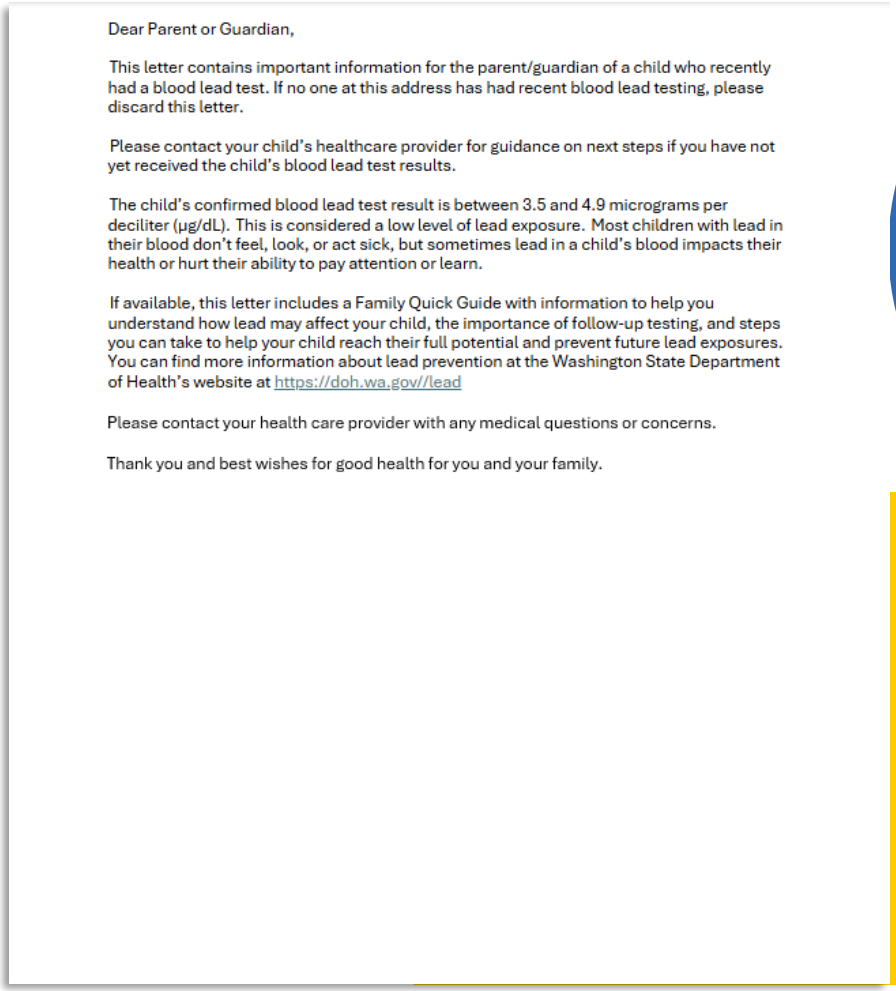
Northwest PEHSU Pediatric Environmental Health Specialty Units

WASHINGTON ACADEMY OF FAMILY PHYSICIANS
CARING FOR WASHINGTON

Planning for Implementation: LHJs

- Learned LHJ needs
  - Anticipated challenges and co-created resources
  - What worked where already responding at 3.5
- Revised the blood lead data system (WDRS)
- Developed and rolled out resources
  - Case Management – options for consideration regarding case response
  - Live (recorded) training sessions
  - 3.5-4.9 page on the LHJ SharePoint
- Our ongoing engagement and outreach to LHJs to inform implementation

Case Response Resource: Family Letter



Dear Parent or Guardian,

This letter contains important information for the parent/guardian of a child who recently had a blood lead test. If no one at this address has had recent blood lead testing, please discard this letter.

Please contact your child's healthcare provider for guidance on next steps if you have not yet received the child's blood lead test results.

The child's confirmed blood lead test result is between 3.5 and 4.9 micrograms per deciliter (µg/dL). This is considered a low level of lead exposure. Most children with lead in their blood don't feel, look, or act sick, but sometimes lead in a child's blood impacts their health or hurt their ability to pay attention or learn.

If available, this letter includes a Family Quick Guide with information to help you understand how lead may affect your child, the importance of follow-up testing, and steps you can take to help your child reach their full potential and prevent future lead exposures. You can find more information about lead prevention at the Washington State Department of Health's website at https://doh.wa.gov//lead

Please contact your health care provider with any medical questions or concerns.

Thank you and best wishes for good health for you and your family.

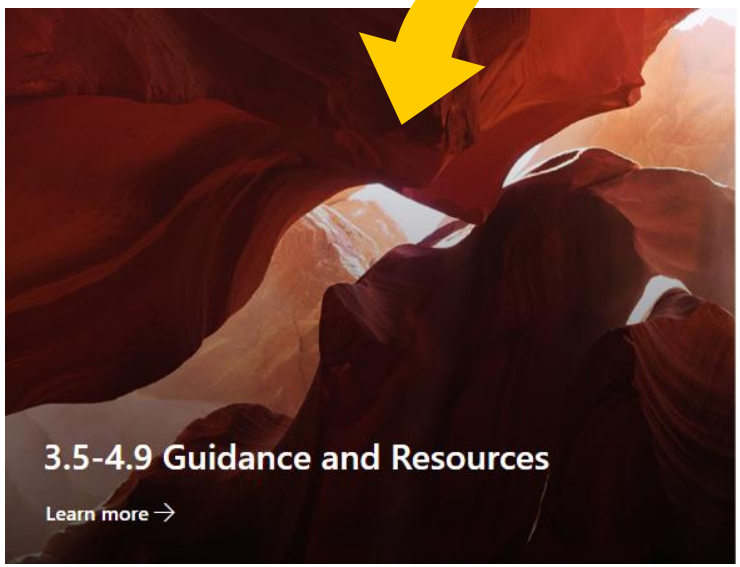
To: **Families**
From: **the LHJ**
When: **A child in their home has a blood lead test result 3.5-4.9 µg/dL**

With templates translated into:

- Arabic
- Dari
- Pashto
- Russian
- Somali
- Spanish
- Ukrainian
- Vietnamese

Featured Pages on the CLPPP LHJ SharePoint:







Planning for Implementation: Health Care Providers

- Planned communications across multiple networks: DOH Digest, Power of Providers newsletter, WAFP journal, Health Care Authority (HCA) newsletter to Managed Care Organizations (MCOs) and providers.
- Developed a health care provider outreach toolkit, which includes:



Provider Quick Guide (with a customizable version)



FAQ covering common questions



State Health Officer Letter of Support (and a Local Health Officer template)



Literature references list

Looking Ahead: Evaluation

- We will be:
  - Tracking testing rates over time, including additional testing for a child with an initial 3.5-4.9 result.
  - Assessing local public health feedback, response, and capacity.
  - Reviewing analytics across DOH webpages.
  - Ensuring continued opportunities for feedback with impacted partners.

Conclusion: Success Factors

- Develop structured engagement, communications, and outreach with impacted partners.
- Have well-established relationships with partners prior to a large-scale project.
- Maintain partner trust and ensure responsiveness to partner needs and input.
- This work became an opportunity to expand provider and public knowledge about lead exposure in Washington.

Resources

- To learn more about lead exposure prevention:
  - doh.wa.gov/lead
  - doh.wa.gov/lead-publications
- Reach out to us:
  - lead@doh.wa.gov or 800-909-9898
- Resources and opportunities:
  - Participate in the LeadCare II Loaner Program
  - Blood lead testing standing order
  - Order copies of our lead exposure prevention materials
  - Get connected with us and other LHJs on the WA CLPPP SharePoint.

For any other questions, please contact us.

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Thank you for your time!



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