Iowa Childhood Lead Poisoning Prevention Summer Regional Trainings Evaluation

Cedar Falls • Ainsworth • Storm Lake • Red Oak

July 8th • July 9th • July 22nd • July 23

2019

Alexa Walker, Vickie Miene, Faryle Nothwehr, Anjali Deshpande

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The University of Iowa | Institute of Public Health Research and Policy

IDPH Iowa Department of Public Health
Protecting and Improving the Health of Iowans

Contents

Introduction

According to the CDC, no level of lead is safe in a child's blood. Knowing this, prevention and detection is crucial for a child's wellbeing. In the state of Iowa, we rely on Childhood Lead Poisoning Prevention Contracts, public health professionals, providers, and collaborators to ensure children are being tested, education is being provided, and remediation is being completed. The Iowa Institute of Public Health Research and Policy (IIPHRP), at the University of Iowa, College of Public Health was contracted by the Iowa Department of Public Health (IDPH) in November 2018 to develop, conduct, and analyze a needs assessment to determine how IDPH can better meet the needs of the multiple stakeholders in the Childhood Lead Poisoning Prevention Program (CLPPP) including families, communities, medical providers and contractors. The purpose of the needs assessment was to understand the strengths and challenges of the CLPPP and identify areas of improvement based on these results. A mixed methods assessment that engaged multiple stakeholders, from many sectors through a combination of online surveys and phone interviews was conducted from November 2018 to February 2019. The assessment was aimed at finding new approaches and key programmatic strengths and challenges by collecting information from those engaged with the program such as contractors, collaborators, medical providers, IDPH program coordinators and direct service providers. The results of the assessment included short-term and long-term recommendations to guide further development and resource assignment to meet the public health needs of stakeholders.

In addition, IDPH contracted with the IIPHRP to develop and deliver Childhood Lead Poisoning Prevention Program trainings for CLPPP contractors, public health professionals, nurses and providers. This training was designed to provide knowledge and skill development on diverse topics requested by stakeholders in the needs assessment. These topics included understanding data basics, how to use data to communicate, sources of lead exposure, how to access and use new and updated tools, and how to build a network to have a collective impact. The trainings were delivered and the IIPHRP conducted an evaluation of the trainings including pre and post assessment. Training sessions were provided in July 2019 and the evaluation information from the assessments, as well as future training recommendations are included in this report.

Development of the Childhood Lead Poisoning Prevention Program Training Session

To develop the training session, the CLPPP Needs Assessment report was reviewed and themes related to training needs of stakeholders were extracted. The following committee was formed to plan the training session and curriculum:

Committee Member	Organization	Title
Kevin Officer	IDPH	Childhood Lead Program Manager
Stuart Schmitz	IDPH	State Toxicologist, Epi Unit Lead
Kathy Leinenkugel	IDPH	Adult Blood Lead Epidemiological Surveillance
Rossany Brugger	IDPH	Mandatory Blood Lead Reporting Program Manager
Vickie Miene	IIPHRP	IIPHRP Director
Anjali Deshpande	IIPHRP	Epidemiologist
Alexa Walker	IIPHRP	Program Coordinator
Faryle Nothwehr	IIPHRP	Survey Development & Evaluation

The committee met in person and via phone to plan the content and structure of the training. Reviews of slides and assembled training content were conducted via face-to-face meetings and conference calls.

To best determine the effectiveness of the training session, the committee desired an agenda that included time for specific participant feedback. The training agenda included 45 minutes at the end of the training to conduct a feedback session to solicit specific information from participants. Pre and post assessments were collected to determine effectiveness of the training.

Participants were invited via an email save the date that was distributed via multiple Listserv's. The training save the date was also shared at the Iowa Immunization Conference in Altoona, Iowa on June 20th, 2019. Participants were able to register for the training via a Qualitrics link shared in the email. Participants were from a multitude of sectors including, public health, nursing, medical providers, and housing.

Summary of Training Session

This training session was delivered in four locations in Iowa to ensure all geographic areas had the opportunity to participate. The four locations included Cedar Falls, Ainsworth, Storm Lake and Red Oak. The trainings were delivered July 8th, 9th, 22nd, and 23rd respectively. There were a total of 81 participants at the four training sessions coming from multiple sectors. The session began with an introduction that ran for 60 minutes during which participants were given an introduction to the CLPPP, the relationship between IDPH and IIPHRP, the Needs Assessment report, introduction to the new website layout, and a brief discussion on future communication strategies. The second part of the session was approximately 130 minutes in length. During this session participants were given presentations on "Data Basics", the "Iowa Public Health Tracking Portal", and "Making Data Talk". This session ended with a group work exercise on putting the learned skills into practice. The third part of the training, a 90 minutes session, unveiled the toolkit. The participants viewed and were provided suggestions on how to use the newly developed toolkit, and learned about various sources of lead exposure. They provided feedback as well as offered additional ideas about how to use the resources. The last session of the day ran for 60 minutes during which participants learned about best practices for collaboration and outreach through a presentation on "Collective Impact". Following the presentation participants were divided into groups to work on a group networking exercise. After this last session, participants had the opportunity to participate in a focus group, in which they could provide feedback on the training experience.

Understanding Data Basics

Quantifying the Issue (35 minutes)

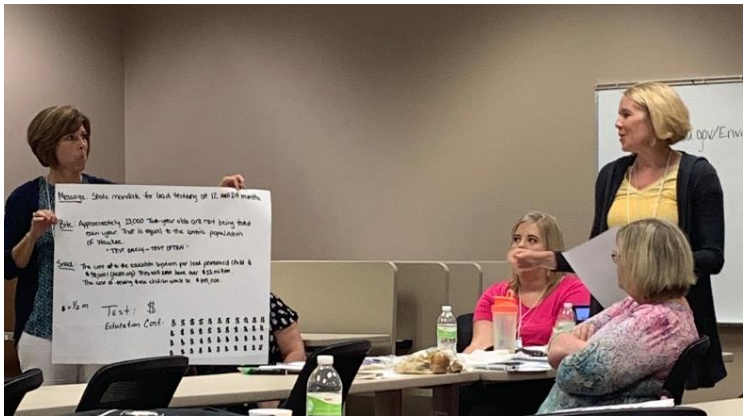
The main purpose of this section was to introduce various epidemiological terms and definitions that are commonly used in descriptive epidemiology and which are most commonly available on public health data query systems. Participants learned how to differentiate between incidence and prevalence, confirmed and unconfirmed lead levels, small number issues, counts and rates, and program and surveillance data. For each term, examples were provided to further clarify the concept.

Iowa Public Health Tracking Portal (10 minutes)

The main purpose of this section was to provide participants with an overview of the Iowa Public Health Tracking Portal. In this session the participants were educated on the type of content that is available within the IPHTP and the way each topic area is presented on the IPHTP. The “Lead” page was specifically presented showing what data is currently available. Following the “Lead” page, the “Lead Exposure Risk Model” was explained using an educational video. Time for questions was allowed following this presentation to help clarify what is on the IPHTP and how it can be used.

Making Data Talk (25 minutes)

In this section the participants learned how to effectively communicate data using the “Bite, Snack, Meal” approach. They were taught the importance of knowing who their target audience is in order to effectively communicate information. They were also introduced to the concept of social math and how graphics and infographics can be used to present data and tell a story. They were also provided with multiple print resources that contained additional information on how to communicate and present data to different audiences.



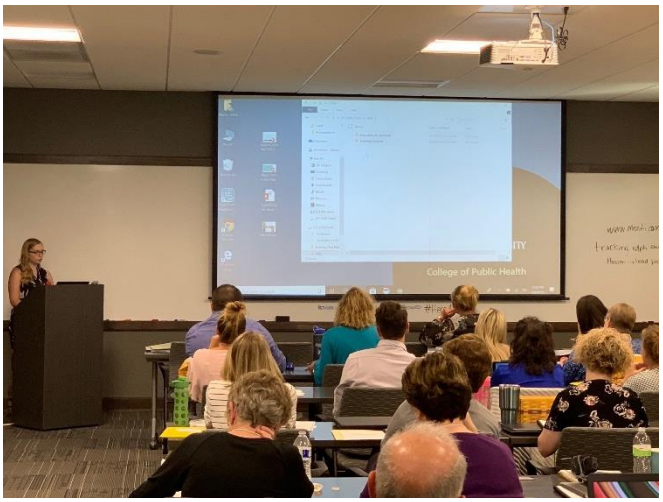
Group Exercise (60 minutes)

In this interactive portion of the training session. Participants were divided into groups based on a target audience (community organizations, clinics and hospitals, elected officials, parents/caregivers) and were provided with data sets on lead. The participants were then tasked to apply the “Bite, Snack, Meal” method to present the findings in their data about their priority population to their target audience in a compelling manner (Appendix A). Due to the constraint of time to complete this exercise, participants were asked to find a “Bite” and create a “Snack” using the data in their packets or online resources.

Unveiling the Toolkit (80 minutes)

Toolkit Introduction

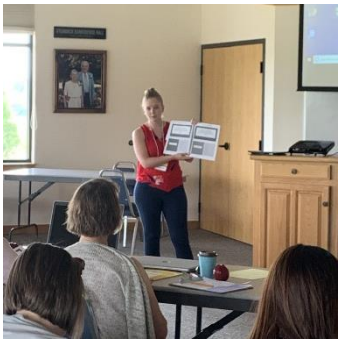
During this section, a presentation was given on the toolkit itself to ensure effective use of the developed toolkit. The toolkit is an electronic resource that was provided on a USB to all participants. This resource contains training materials and education and outreach materials. Due to the amount of content, it was found to be crucial to walk participants through the USB toolkit to identify where certain resources are and to provide examples of how they can use this toolkit in their day-to-day work.



Presentation of Videos

In this section newly developed videos that are part of the USB toolkit were presented. To have the most effective videos, participants were asked for their feedback on the developed videos. There were four videos that participants watched, “Repairing Residential Lead Based Paint Hazards”, “Preventing Childhood Lead Exposures”, “Importance for Getting Your Child Tested for Lead”, and “Lowering Blood Lead Levels with Good Hygiene and Nutrition”. Following each video, participants were asked to provide feedback on the video and comments were written down for consideration for future edits to improve the videos.

Education Toolkit Introduction



During this section the developed educational toolkit was introduced. As a result of the CLPPP Needs Assessment an education toolkit on sources of lead exposures was created. Respondents during the needs assessment addressed an overall need for education, more specifically on sources of lead exposure other than lead-based paint hazards. Participants were shown where to find the education toolkit on the USB and what the educational toolkit contains.

Educational Toolkit Presentation

In this section participants learned about sources of lead through a presentation developed as part of the educational toolkit. As a result of building the education toolkit, it was important to build complimentary education and outreach materials for CLPPP providers and community stakeholders. Two presentations were built on sources of lead exposure, one providing more detail and one more visual in design. The detailed presentation was presented to participants to provide a baseline education of additional sources of lead exposure and an example of how these presentations can be used in their day-to-day work.

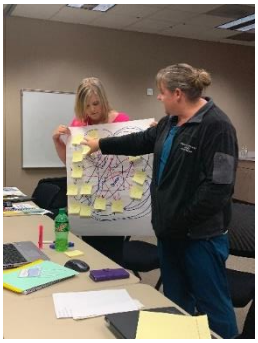
Collaboration and Outreach (60 minutes)

Collective Impact Presentation

In this section participants learned the importance of collective impact and network building. To best explain the concept of collective impact, a short educational video was presented. Following the video, a network creation example from a multisector project was presented and the importance of collective impact and network building in public health was explained.

Group Exercise

In this interactive portion of the training session participants were divided into groups to begin a network building activity. An example was provided to give a basis of understanding before groups began working. Groups were tasked with determining key partners that should be included in their network and how to build and strengthen the relationships with these partners. The group exercise ended with the questions “what will you do by next Tuesday that will get you one step closer to preventing childhood lead poisoning in your community?”



Training Review

Before beginning the training session the participants were asked to complete a pre-assessment by ranking their own confidence in eleven different skillset areas that are related to the training, such as finding tools and resources to create and disseminate public health messages to diverse audiences (Appendix B). After completion of the training session the participants were asked to complete a post-assessment form indicating their level of confidence on the same set of competencies that they were asked about in the pre-assessment (Appendix B).

Average confidence levels were calculated for each question on the pre- and post- assessments. Overall, confidence increased for every question, indicating that the training session was effective in increasing the participants' knowledge and confidence in lead, effective communication, and collaboration (Figure 1). For all of the eleven questions there was a significant increase in confidence. These questions dealt with concepts such as finding and utilizing resources, effectively communicating resources and data, describing various sources of lead exposures and what services the CLPPP provides.

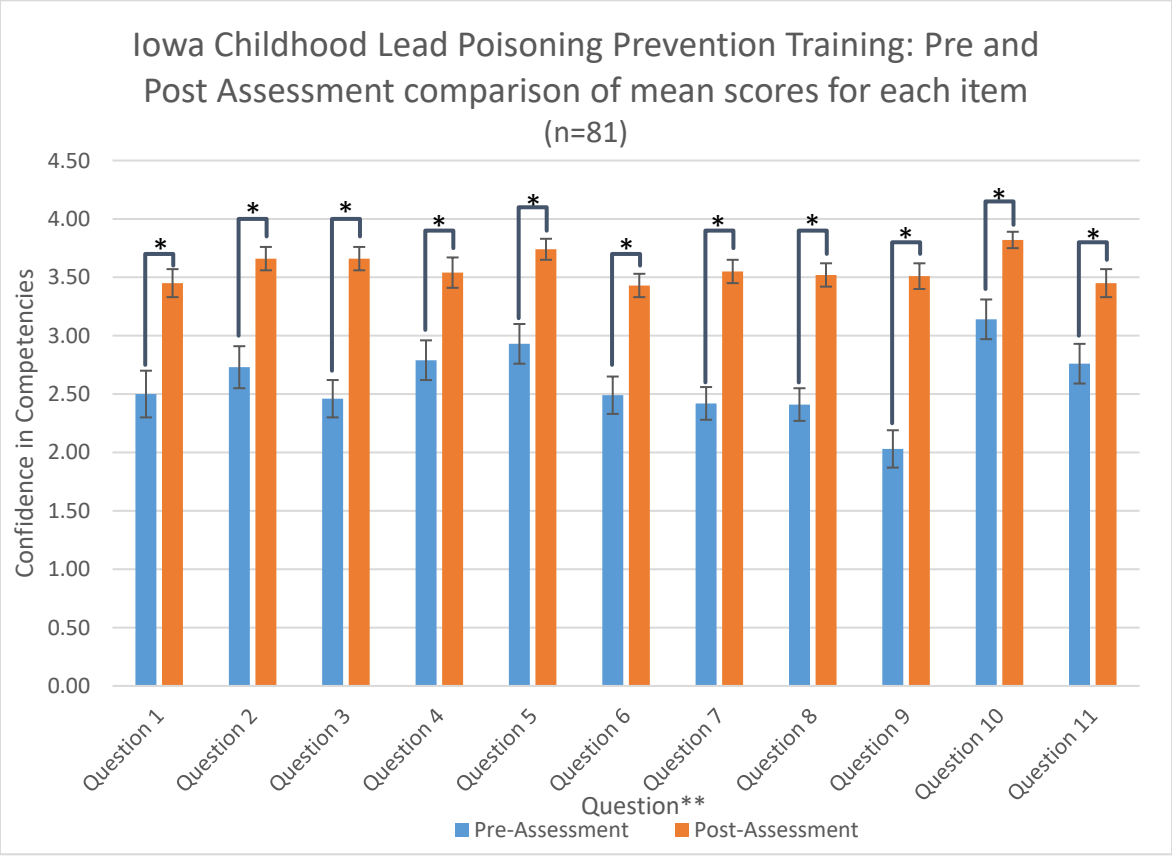


Figure 1. Comparison of mean responses from pre and post assessment of training session
*p<0.05

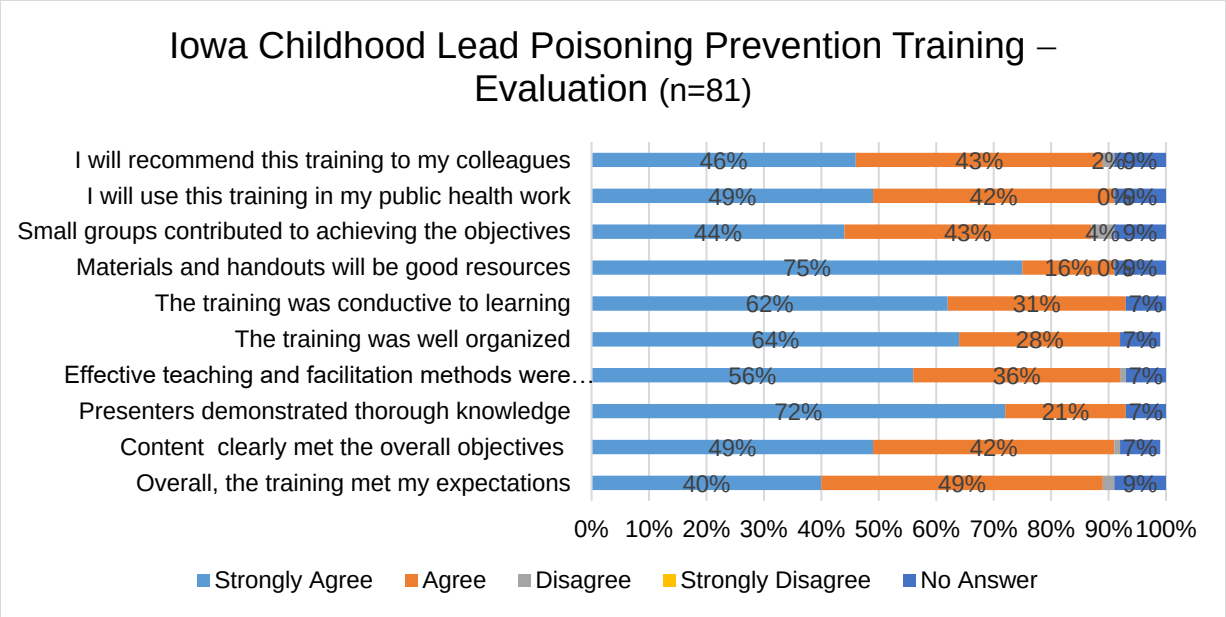


Figure 2. Responses from evaluation of Childhood Lead Poisoning Prevention Training.

Participants also had the opportunity to evaluate the effectiveness of the training as a whole (Appendix B). Participants were asked 10 questions about the overall training experience using a four point scale (Strongly agree, Agree, Disagree, Strongly Disagree). In addition, participants were asked 8 open-ended questions to provide additional feedback on the training.

Overall, a majority of participants either agreed or strongly agreed with the ten statements listed on the evaluation form (Figure 2). Specifically, most participants strongly agreed with the statements that addressed presenter knowledge in the subject matter, training session organization, and the usefulness of the materials and handouts. There was a divide between agreed and strongly agreed regarding statements asking about if the training met their expectations, if the content met the overall objectives, the effectiveness of the small group activities, if participants will use this training in their public health work, and if participants will recommend this training to their colleagues. While most participants agreed or strongly agreed with the statement of recommending this training to their colleagues, two participants disagreed with this statement. Two participants disagreed with the statement that the training met expectations, while most participants agreed or strongly agreed with this statement. In addition, most participants agreed or strongly agreed with the statement that small groups contributed to achieving the training objectives, three participants disagreed with this statement.

Recommendations

In summary, there was very positive feedback from the training session; many of the participants thought that the session was very educational and a step in the right direction for the Childhood Lead Poisoning Prevention Program. Participants appreciated the structure of the training and the content that was covered throughout the day. Participants especially liked the “Bite, Snack, Meal approach”, the new resources and ability to provide feedback on them, and the “Collective Impact” presentation and group exercise. Participants greatly appreciated having the training materials and USB toolkit to take home with all of the resources that they were provided with during the day.

Specific suggestions follow in the table below:

Future Trainings	**Topic Areas** HHLPSS Nuts and Bolts of Lead Program Basics Case management Data usage/confidentiality Outreach – parents, property owners, providers How to create infographics **Training Format** Face-to-face Webinars in between **Other** Offer CEUs
Follow-up communication	Email with consistent titles and from a consistent email Newsletter with snapshot, consistent titles and from a consistent email
New Resources	Learning platform to share success stories Flow chart of care Social media posts

Next Steps

In order to continue to build on the strengths of the CLPPP in Iowa, and to increase lead testing rates, a work plan for the next year has been developed to include specific activities from the recommendations of the 2019 Needs Assessment and from the CDC. The upcoming year will include the development and facilitation of a Childhood Lead Advisory Committee workgroup, evaluation of program metrics, creation of easy to use data templates, development of brief webinars, hosting a learning collaborative, developing and facilitating a Lead and Housing Pilot Survey, and developing social media messages for the next year.

Appendix A

Iowa Childhood Lead Poisoning Prevention Summer Regional Training Agenda

9:00am-10:00am **Introduction**

- Explain the relationship between the University of Iowa IIPHRP and IDPH
- Explain the results of the needs assessment and the recommendations
- Describe the communication strategies that will be used in the future to communicate with all partners

10:00am-12:10pm **Data Training**

- **11:00am-11:15am Break**
- Be able to define key data terms
- Describe the importance of effective data communication to meet public health challenges
- Be aware of the principles of effective data communication as applied to different audiences
- Acquire tools and resources to create and disseminate messages about public health data to diverse audiences
- Find and use data sources for public health practice
- Locate the Lead Exposure Risk Model and use it to determine risk in your community

12:10pm-12:40pm **Lunch**

12:40pm-2:00pm **Unveiling the Toolkit**

- Locate the videos and printable resources to provide for public education and outreach
- Identify various sources of lead exposure and lead-safe work practices in homes
- Utilize the tools given to provide effective outreach and risk communication

2:00pm-2:15pm **Break**

2:15pm-3:15pm **Best Practices for Collaboration and Outreach**

- Increase confidence in ability to communicate with partners using provided tools and strategies to create awareness of lead poisoning

3:15pm-4:00pm **Focus Group Evaluation and Wrap-Up**

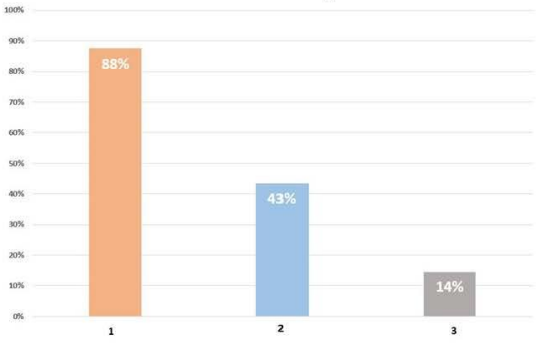
CLPPP Overview

Iowa's Childhood Lead Poisoning Prevention Program (CLPPP) has been addressing lead issues in children under the age of six years since 1992. Throughout those years the Iowa CLPPP has collaborated with county public health officials, health care providers, housing authorities, and other statewide partners to administer the program throughout Iowa. Iowa currently has contracts with nineteen (19) county boards of health that provide the full scope of CLPPP services in 48 of Iowa's 99 counties, covering 65% of the under six years of age population. Contracted CLPPPs ensure the following services are provided within their respective jurisdictions:

- blood lead testing,
- medical case management,
- environmental case management,
- data management and surveillance, and
- education and outreach.

Action levels for case management and intervention services in contracted CLPPP counties occur when a child presents with an initial confirmed blood lead level of 15 micrograms per deciliter (µg/dL) or higher. The Iowa Department of Public Health (IDPH) provides a limited scope of CLPPP services to the remaining 51 counties, covering 35% of the under six population. Those services primarily include environmental case management and clinical consultation for children with confirmed blood lead levels greater than or equal to 15 µg/dL. The attached map shows counties covered by a contracted CLPPP (counties in color) and counties covered by IDPH (counties in white).

Chart 1: Percent of Iowa Children Age 1-3 Tested in 2017



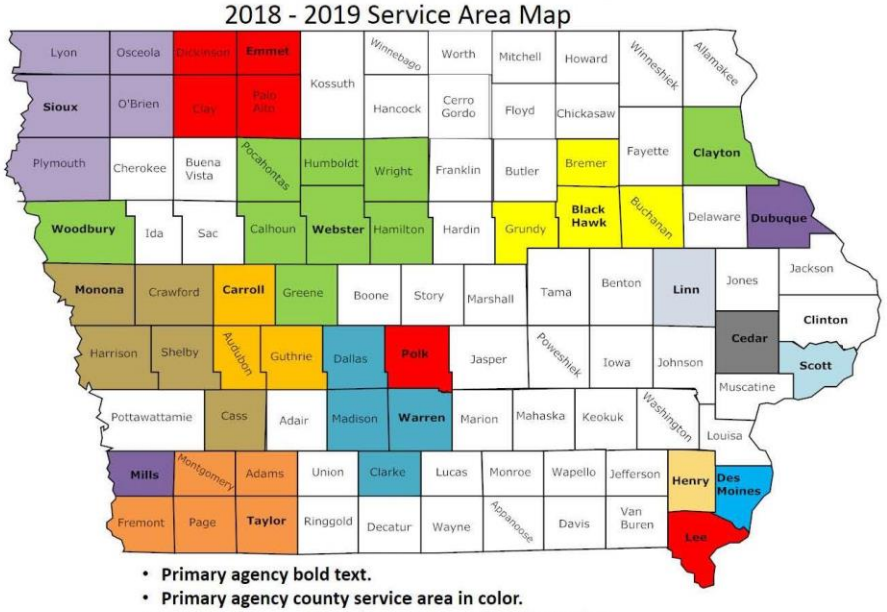
Iowa Public Health Tracking Portal data shows that only 20% of children under three years of age received a blood lead test in 2017, with percentages ranging from 6% to 29% across counties. Of those children tested 88 percent were one year olds (12 to <24 months), 43 percent of two year olds (24 to <36 months) and 14 percent three year old children (36 to <48 months). Current minimum testing guidelines recommended by IDPH, CDC, AAP, WIC and other child health organizations require blood lead testing at a minimum of 12 and 24 months of age. A child's prime growth and development stages occur between 12 to 36 months of age. These are also years where a child is increasingly more active and curious about the environments where they live and play.

The Iowa CLPPPs primary goal and objectives are:

1. Increasing blood lead testing and confirmation rates for children under 6 years of age, especially children between the ages of 1 to 3 years.
2. Improving the level of care coordination and delivery of intervention services statewide.

Collaboration of all parties involved in providing childhood lead services statewide will assist the Iowa CLPPP in assuring these goals and objectives are met.

Childhood Lead Poisoning Prevention Program
2018 - 2019 Service Area Map



- **Primary agency bold text.**
- **Primary agency county service area in color.**
- **IDPH Lead Program service area non-colored counties.**

Source: Iowa Department of Public Health, Childhood Lead Poisoning Prevention Program, August 2018

Guidelines for Treatment and Follow Up on Childhood Blood Lead Levels

Blood Lead Levels	Services	Provider*	Case Manager**	Local Public Health	Child Health Services Agency
<10 mcg/dL (capillary or venous)	· Provide information to family regarding lead poisoning.	X	X	X	
	· Educate family on importance of good nutrition and housekeeping.	X	X	X	
	· Continue routine blood lead testing. See Iowa Basic Lead Testing Chart.	X			
10-14 mcg/dL	· Provide information to family regarding lead poisoning.	X	X	X	
	· Educate family on importance of good nutrition and housekeeping.	X	X	X	
	· Test for iron deficiency.	X			
	· If venous, follow-up blood lead test in 12 weeks. If capillary, order venous confirmatory test.	X			
15-19 mcg/dL	· Home nursing visit.		X	X	
	· Caregiver education.	X	X	X	
	· Nutrition assessment.	X	X	X	X
	· Test for iron deficiency.	X			
	· If venous, follow-up blood lead test in 12 weeks. If capillary, order venous confirmatory test.	X			
	· After two venous levels of 15-19, environmental investigation or consultation and lead hazard remediation recommendations.		X		
20-44 mcg/dL	· Chelation is NOT recommended.				
	· Medical evaluation by a physician. Test for iron deficiency. Abdominal x-ray for paint chips or objects.	X			
	· Home nursing visit.		X	X	
	· Caregiver education.	X	X	X	
	· Nutrition assessment.	X	X		X
	· If venous, follow-up blood lead test in 4-6 weeks. If capillary, order venous confirmatory test.	X			
	· Developmental assessment.				X
	· Environmental investigation and lead hazard remediation recommendations.		X	X	
45-69 mcg/dL	If capillary, confirm immediately with venous test.	X		X	
	· Chelation (Consult with the Iowa Poison Control Center, 800-421-4692).	X			
	· Medical evaluation by a physician. Test for iron deficiency. Abdominal x-ray for paint chips or objects.	X			
	· Home nursing visit.		X	X	
	· Caregiver education.	X	X	X	
	· Nutrition assessment.		X		X
	· Inpatient or outpatient chelation. Venous retest before chelation, at end of chelation, and 7 days after chelation.	X			
	· Developmental assessment.				X
	· Environmental investigation and lead hazard remediation recommendations.		X	X	
≥70 mcg/dL	If capillary, confirm immediately with venous test.	X		X	
	· Medical evaluation by a physician. Test for iron deficiency. Abdominal x-ray for paint chips or objects.	X			
	· Home nursing visit.		X	X	
	· Caregiver education.	X	X	X	
	· Nutrition assessment.		X		X
	· Developmental assessment.				X
	· Environmental investigation and lead hazard remediation recommendations.		X	X	

* Provider (Physicians, nurses, clinicians)

** Case Manager (clinical or environmental)

For additional guidance, contact the Iowa Childhood Lead Poisoning Prevention Program at 800-972-2026.

IDPH Iowa Department of Public Health

Group Exercise

Target Audience:

Put what you have been learning today into action! In your packet there are several pieces of information that can be used as bites. The goal of this exercise is to pick a bite and build a snack given the information you have been supplied, in your packet or found on the Iowa Public Health Tracking Portal, for your specific target audience.

What do you think your target audience cares about? What messages do you see in the data related to your target audience?

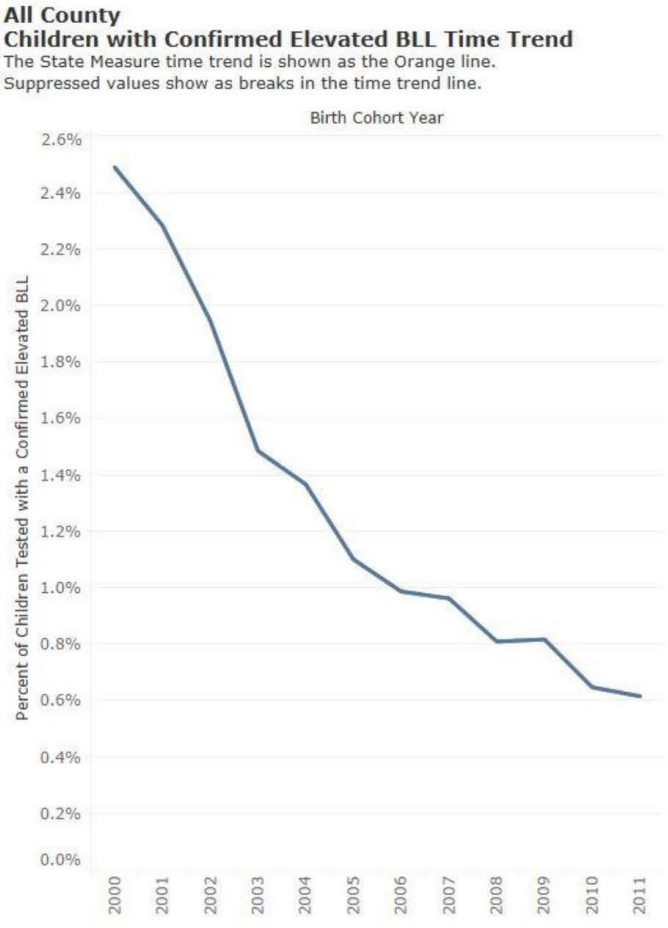
What is your bite?

Can you identify any data that might be missing that would help support your pitch? What additional information will you combine with your bite to make a snack?

How will you disseminate this information to your audience?

Lead Poisoning[1]

Group Activity Workbook

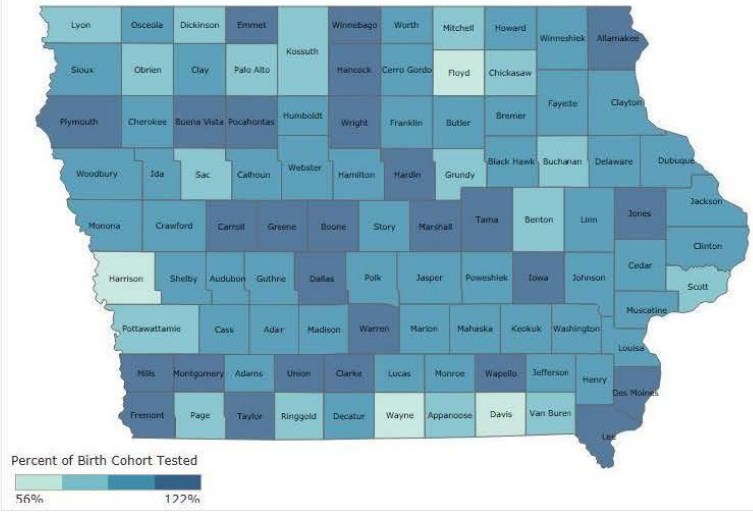


Birth Cohort Under 6

[1] https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6213a3.htm
https://www.cdc.gov/nchs/data/databriefs/db52.pdf
http://www.dmww.com/upl/documents/library/potential-dsm-lead-service-lines.pdf
https://tracking.idph.iowa.gov/Health/Lead-Poisoning
http://publications.iowa.gov/24527/1/2016SAR.pdf
https://www.vox.com/a/lead-exposure-risk-map

Under 6 Birth Cohort Blood Lead Testing - 2011

Hover over a County to see the County Name and values for that County.
Clicking on a County will show the values for that County in the lower right.



State of Iowa Measures - 2011

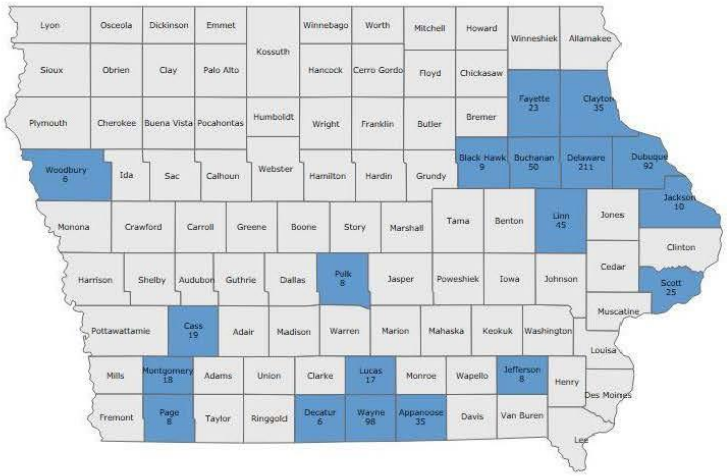
Children Tested	37,585
Percent of Birth Cohort Tested	98%

All County - 2011

Children Tested	37,585
Percent of Birth Cohort Tested	98%

Annual Blood Lead Testing: Persons with a Confirmed Elevated BLL Adult (16 and Older) - 2017

Hover over a County to see the County Name and values for that County.



State of Iowa Annual Blood Lead Testing Persons 6 Years and Older - 2017

	6 to 16 Years	Adult
Persons Tested	2,072	3,887
Persons with Confirmed Elevated BLL	26	775

Birth Cohort Under 3

State of Iowa 2014
Number of Children Tested by Blood Lea... Level Category

Blood Lead Level	Confirmed	Unconfirmed
0 to < 5	1,641	22,323
5 to < 10	1,226	3,992
>= 10	204	107

Birth Cohort Under 6

State of Iowa - 2011
Number of Children Tested by Blood Lea... Level Category

Blood Lead Level	Confirmed	Unconfirmed
0 to < 5	5,517	22,702
5 to < 10	1,914	7,082
>= 10	221	139

Violation Data for Health Based Standard in Iowa's Public Water Systems: 2016

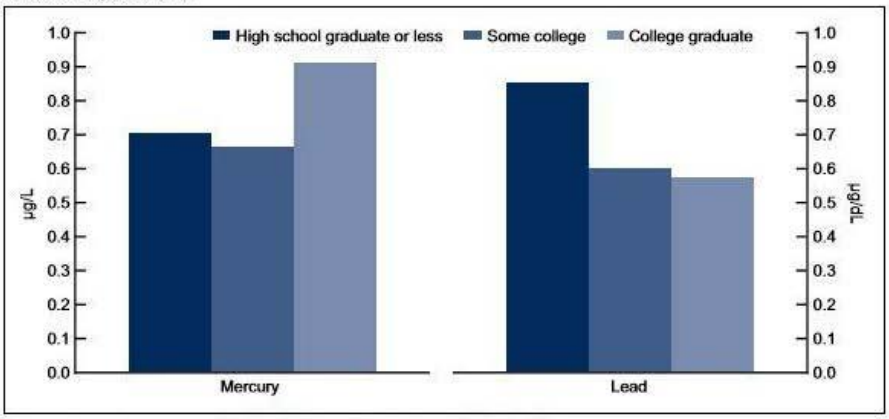
Analyte	Number of PWS	Number of Violations	Percentage of the Total Number of Violations	Number of Samples Collected in 2016	System Population*
Arsenic	2	4	2.9	206	88
Benzene	1	4	2.9	111	28
Chlorite	1	1	0.7	367 (CL)	1,635
Coliform Bacteria, Total	8	6	5.7	53,373	292
Coliform Bacteria: Failure to conduct a Level 1 Assessment TT	14	15	10.7	Not applicable	9,681
Copper action level	9	11	7.9	3,636	11,117
CT Ratio treatment technique	2	14	10.0	Not applicable	87,080
E. coli	7	7	5.0	26,868	878
Gross alpha, excluding Rn & U	2	8	5.7	195	970
Groundwater Rule treatment technique	4	4	2.9	Not applicable	2,928
Haloacetic Acids (5)	1	2	1.0	1,849	8,730
IESWTR Direct Integrity Test TT	1	1	0.7	Not applicable	82,759
Lead action level	11	13	9.3	3,636	5,549
Minimum disinfectant residual TT	3	3	2.1	Not applicable	2,571
Nitrate nitrogen	11	17	12.1	3,591	1,996
Nitrite nitrogen	2	2	1.4	727	1,194
Operation Permit: Failure to meet conditions in a permit TT	1	1	0.7	Not applicable	1,714
Radium 226 & 228	11	19	13.6	244	11,515
Total Trihalomethanes (TTHM)	2	3	2.1	1,981	2,170
Turbidity treatment technique	2	3	2.1	Not applicable	29,943
Total:	84**	140	100%		244,636**

* The population for a system with multiple violations in a single category was only included once in this total.
** Each PWS is only included once in the total, even though they may have multiple violations. Likewise, the population of a system is only included once in the system population total, even though multiple violations may have occurred in a system.

TABLE 1. Number sampled and estimated percentage of children aged 1–5 years with blood lead levels ≥5 μg/dL, by selected characteristics — United States, National Health and Nutrition Examination Survey, 1999–2002, 2003–2006, and 2007–2010

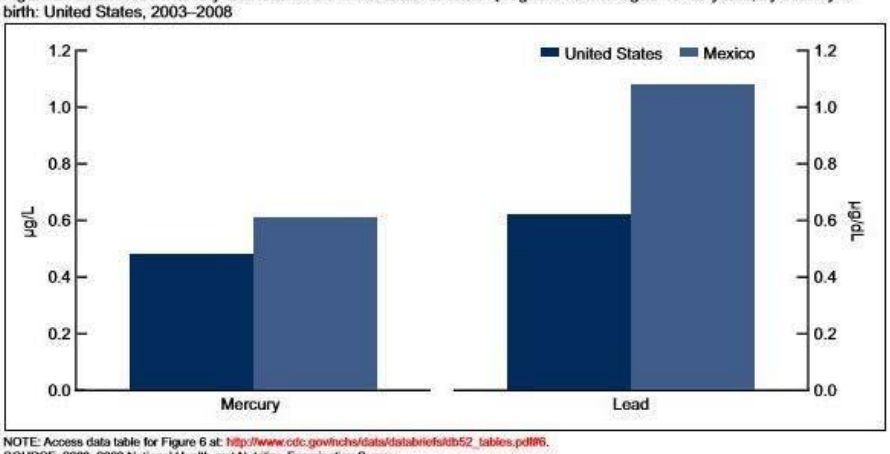
	1999-2002		2003-2006		2007-2010	
Characteristic	**% Elevated**	**95% CI**	**% Elevated**	**95% CI**	**% Elevated**	**95% CI**
Total	8.6	6.3-11.3	4.1	2.8-5.7	2.6	1.6-4.0
Sex						
Male	9.1	5.9-12.9	3.9	2.4-5.8	2.5	1.3-4.1
Female	8.2	6.0-10.6	4.3	2.9-5.9	2.8	1.6-4.2
Age Group						
1-2	12.2	9.1-15.6	5.7	4.3-7.2	3.1	2.1-4.4
3-5	6.4	3.8-9.6	3.0	1.5-5.1	2.3	0.9-4.4
Race/Ethnicity						
Black, non-Hispanic	18.5	13.7-23.8	12.1	6.5-19.2	5.6	3.3-8.4
Mexican American	7.4	4.7-10.6	2.6	1.1-4.6	1.9	0.7-3.7
White, non-Hispanic	7.1	3.7-11.5	2.3	1.4-3.2	2.4	0.7-5.2
Poverty Threshold						
Below	12.9	9.5-16.7	8.1	5.2-11.6	4.4	3.0-6.2
Above	4.5	2.6-6.7	1.6	0.7-2.9	1.2	0.1-3.7
Age of Housing						
Pre-1950	18.4	13.1-24.4	8.8	5.3-13.2	5.3	1.1-12.6
1950-1977	5.3	2.9-8.4	2.2	0.8-4.3	1.3	0.6-2.4
1978 or later	2.1	0.9-3.7	1.4	0.6-2.4	0.4	0.1-1.0
Refuse/ Don't Know	15.0	10.7-19.9	7.5	3.6-12.6	5.1	3.3-7.4
Medicaid Enrollment						
Yes	15.1	11.5-19.1	7.1	4.5-10.1	4.3	2.8-3.4
No	6.0	3.9-8.5	2.9	1.9-4.0	2.0	0.9-3.4

Figure 4. Mean blood mercury and lead levels in pregnant women aged 25 and over, by educational attainment: United States, 2003–2008

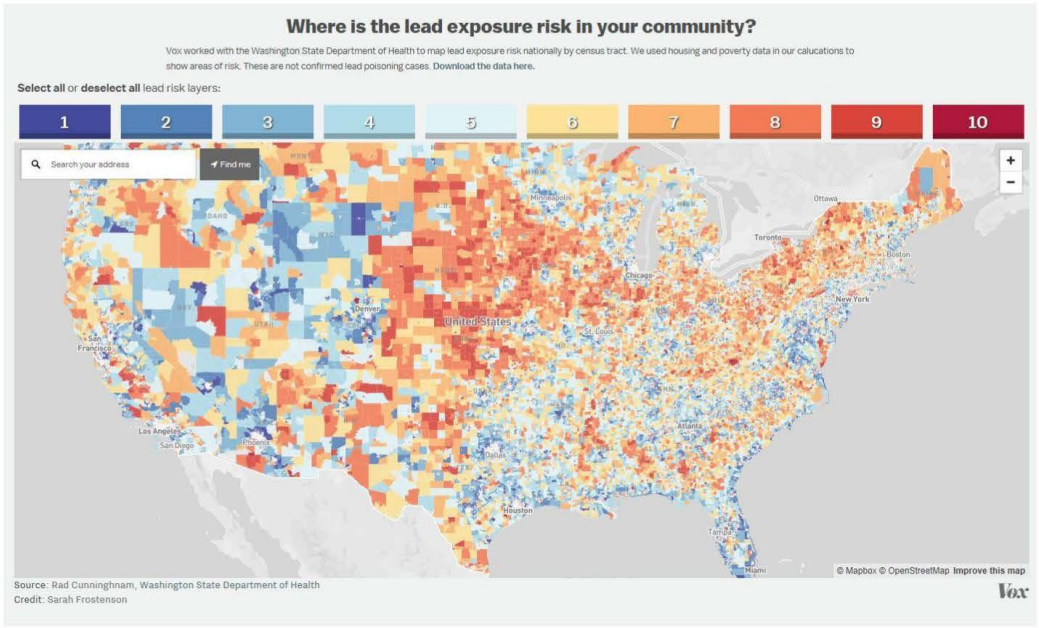


NOTE: Access data table for Figure 4 at: http://www.cdc.gov/nchs/data/databriefs/db52_tables.pdf#4.
SOURCE: 2003–2008 National Health and Nutrition Examination Survey.

Figure 6. Mean blood mercury and lead levels in Mexican-American pregnant women aged 18–49 years, by country of birth: United States, 2003–2008

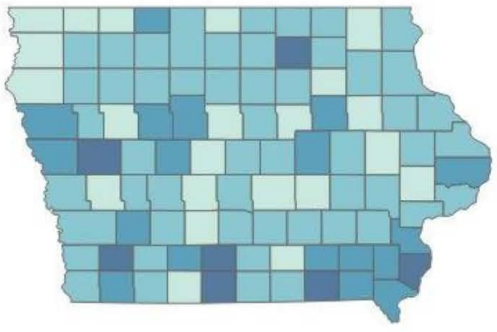


NOTE: Access data table for Figure 6 at: http://www.cdc.gov/nchs/data/databriefs/db52_tables.pdf#6.
SOURCE: 2003–2008 National Health and Nutrition Examination Survey.



View the interactive map at: https://www.vox.com/a/lead-exposure-risk-map

Under 5 Child Poverty - 2014

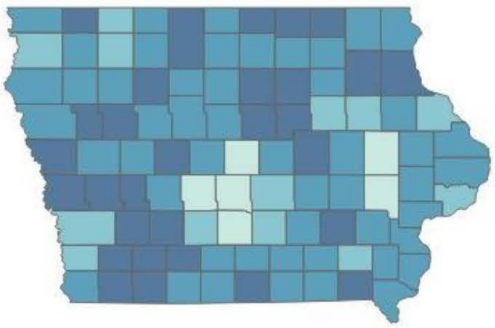


Percent Under 5 Child Poverty

2.7% 40.6%

State Average: 17.8%

Pre 1950 Housing - 2014



Percent Pre 1950 Housing

13.5% 55.8%

State Average: 32.3%

890 children under 6 had a confirmed elevated blood lead level above 5 µg/dL in Iowa in 2017

That is enough to fill 12 school buses

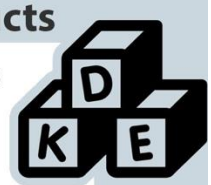
Iowa Public Health Tracking Portal. (2017). Children Tested. Retrieved from https://tracking.idph.iowa.gov/Health/Lead-Poisoning/Annual-Blood-Lead-Testing-Children-Under-6/Children-Tested

Sources of Lead in the home

Lead-based paint

Lead found in paint from homes built before 1978 is the most common source of lead exposure
Maintain a clean home by cleaning window sills with a wet cloth and wet mop floors

Commercial products



Some commercial products may contain lead including childrens toys, jewelry, pewter, and fishing tackle
Be sure to check the U.S. Recall List and remove any objects that may not be lead free from the reach of children

Traditional folk medicine

Some traditional folk medicine may contain lead
The only way to know if folk medicine contains lead is by lab testing
Avoid using folk medicine on children
Discuss use of folk medicine with doctor

Soil and water contamination

Lead can be found in soil around the home from chipping paint
Lead may be found in water from pipes and faucets in the home
To reduce exposure, do not let children play in soil near the home
If you suspect lead is in your tap water, drink and cook with bottled water while repairs are being completed

Cigarette smoke

Cigarette smoke can increase blood lead levels in children that are exposed to cigarette smoke in the home
Avoid smoking around children in the home and vehicle

Take-home work exposure

Children can be exposed to lead when it is brought home by a family member from work on their skin, clothes or shoes
Be sure to shower, change clothes and shoes at work, and maintain a clean vehcile to reduce what is brought home to a child

Childhood Lead Exposure

Amid growing evidence that even low levels of lead exposure can cause long-term damage to children's development, the American Academy of Pediatrics urges stronger federal action to eliminate exposure.

Common sources of lead in the home:

- Dust
- Soil
- Water in lead pipes
- Toys
- Nutritional supplements
- Dishware
- Fishing sinkers
- Bullets
- Residue from parent occupations
- Paint/hobby materials

37 million

Estimated number of housing units in United States that contain lead-based paint

U.S. housing built from 1940-1959: **39 percent**

U.S. housing built from 1960-1977: **11 percent**

U.S. housing built from 1978-1998: **3 percent**

None

Level of lead exposure considered safe for children

$50 billion

Annual cost of childhood lead exposure in the United States

$17 to $221

Money saved for every $1 invested to reduce lead hazards in U.S. housing

535,000

Estimated number of U.S. preschool children with blood lead levels high enough to call for medical management (more than 5 ug/dl)

23 million

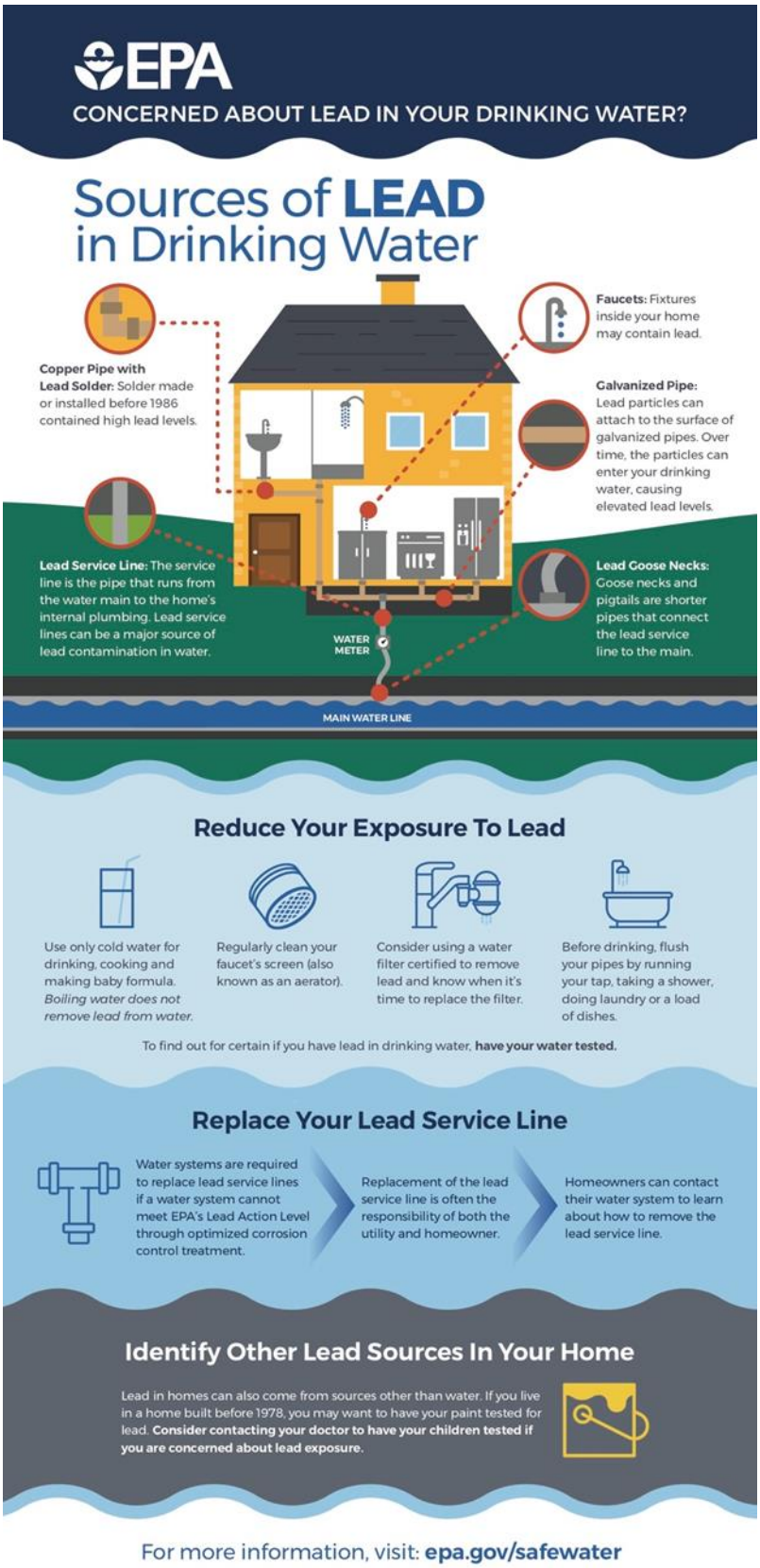
Estimated total loss of IQ points among U.S. children today from lead toxicity

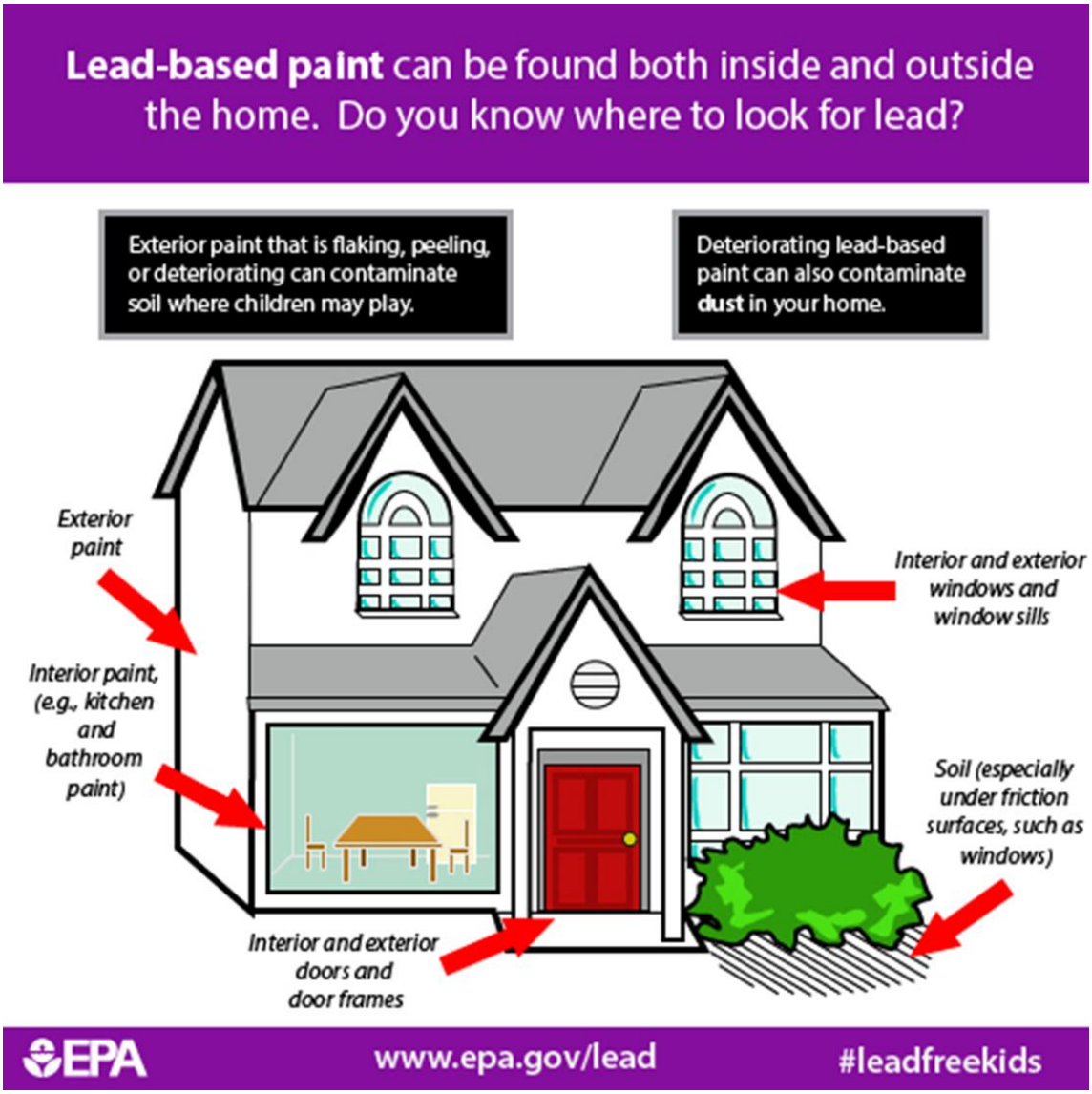
1 in 5

Attention Deficit Hyperactivity Disorder cases attributed to lead exposure

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™


EPA
CONCERNED ABOUT LEAD IN YOUR DRINKING WATER?
Sources of LEAD in Drinking Water
Copper Pipe with Lead Solder: Solder made or installed before 1986 contained high lead levels.
Faucets: Fixtures inside your home may contain lead.
Galvanized Pipe: Lead particles can attach to the surface of galvanized pipes. Over time, the particles can enter your drinking water, causing elevated lead levels.
Lead Service Line: The service line is the pipe that runs from the water main to the home's internal plumbing. Lead service lines can be a major source of lead contamination in water.
Lead Goose Necks: Goose necks and pigtails are shorter pipes that connect the lead service line to the main.
WATER METER
MAIN WATER LINE
Reduce Your Exposure To Lead
Use only cold water for drinking, cooking and making baby formula. Boiling water does not remove lead from water.
Regularly clean your faucet's screen (also known as an aerator).
Consider using a water filter certified to remove lead and know when it's time to replace the filter.
Before drinking, flush your pipes by running your tap, taking a shower, doing laundry or a load of dishes.
To find out for certain if you have lead in drinking water, have your water tested.
Replace Your Lead Service Line
Water systems are required to replace lead service lines if a water system cannot meet EPA's Lead Action Level through optimized corrosion control treatment.
Replacement of the lead service line is often the responsibility of both the utility and homeowner.
Homeowners can contact their water system to learn about how to remove the lead service line.
Identify Other Lead Sources In Your Home
Lead in homes can also come from sources other than water. If you live in a home built before 1978, you may want to have your paint tested for lead. Consider contacting your doctor to have your children tested if you are concerned about lead exposure.
For more information, visit: epa.gov/safewater


Lead-based paint can be found both inside and outside the home. Do you know where to look for lead?
Exterior paint that is flaking, peeling, or deteriorating can contaminate soil where children may play.
Deteriorating lead-based paint can also contaminate dust in your home.
Exterior paint
Interior paint, (e.g., kitchen and bathroom paint)
Interior and exterior windows and window sills
Soil (especially under friction surfaces, such as windows)
Interior and exterior doors and door frames
EPA
www.epa.gov/lead
#leadfreekids

Renovating your home? Projects that disturb painted surfaces create dust and can be a danger to you and your family. Hire a lead-safe certified contractor.

EPA www.epa.gov/lead #leadsafecertified

Prevent Childhood Lead Poisoning

Exposure to lead can seriously harm a child's health.

Damage to the brain and nervous system

Slowed growth and development

Learning and behavior problems

Hearing and speech problems

This can cause:

Lower IQ

Decreased ability to pay attention

Underperformance in school

Lead can be found throughout a child's environment.

1. Homes built before 1978 (when lead-based paints were banned) probably contain lead-based paint.
   - When the paint peels and cracks, it makes lead dust. Children can be poisoned when they swallow or breathe in lead dust.
2. Certain water pipes may contain lead.
3. Lead can be found in some products such as toys and toy jewelry.
4. Lead is sometimes in candies imported from other countries or traditional home remedies.
5. Certain jobs and hobbies involve working with lead-based products, like stain glass work, and may cause parents to bring lead into the home.

The Impact

535,000

U. S. children ages 1 to 5 years have blood lead levels high enough to damage their health.

24 MILLION

homes in the U.S. contain deteriorated lead-based paint and elevated levels of lead-contaminated house dust.

4 MILLION of these are home to young children.

It can cost

$5,600

in medical and special education costs for each seriously lead-poisoned child.

The good news:
Lead poisoning is 100% preventable.

Take these steps to make your home lead-safe.

Talk with your child's doctor about a simple blood lead test. If you are pregnant or nursing, talk with your doctor about exposure to sources of lead.

Talk with your local health department about **testing paint and dust in your home for lead** if you live in a home built before 1978.

Renovate safely. Common renovation activities (like sanding, cutting, replacing windows, and more) can create hazardous lead dust. If you're planning renovations, use contractors certified by the Environmental Protection Agency (visit www.epa.gov/lead for information).

Remove recalled toys and toy jewelry from children and discard as appropriate. Stay up-to-date on current recalls by visiting the Consumer Product Safety Commission's website: www.cpsc.gov.

CDC

Visit www.cdc.gov/nceh/lead to learn more.

LEAD
poisoning

5 Things you can do
to help lower your child's lead level.

If your child has a high lead level, there are things you can do at home to help.

1 Make a plan with your doctor.
Work together with your doctor to find the best treatment for your child. Ask questions if you don't understand something.

You may need to:

- Go back for a second lead test.
- Test your child for learning and development problems. This test is called a "developmental assessment."

2 Find the lead in your home.
Most children get lead poisoning from lead paint in homes built before 1978. It is important to find and fix lead in your home as soon as possible. Have your home inspected by a licensed lead inspector.

Don't remodel or renovate until your home has been inspected for lead. Home repairs like sanding or scraping paint can make dangerous lead dust.

3 Clean up lead dust.
When old paint cracks and peels, it makes lead dust. Lead dust is so small you cannot see it. Children get lead poisoning from swallowing dust on their hands and toys.

- Use wet paper towels to clean up lead dust.
- Clean around windows, play areas, and floors.
- Wash hands and toys often with soap and water. Alwayswash hands before eating and sleeping.
- Use contact paper or duct tape to cover chipping or peeling paint.

4 Give your child healthy foods.
Feed your child healthy foods with calcium, iron, and vitamin C. These foods may help keep lead out of the body.

- Calcium is in milk, yogurt, cheese, and green leafy vegetables like spinach.
- Iron is in lean red meats, beans, peanut butter, and cereals.
- Vitamin C is in oranges, green and red peppers, and juice.

5 Learn more. Get support.
Contact your local health department. Trained staff will answer your questions and connect you to other resources in your community.

Dealing with lead poisoning can be stressful. Be sure to ask for support. You may want to talk to other parents who have children with lead poisoning.

Contact us for more information:

CDC

Appendix B

2019 Summer Regional Training on Childhood Lead Poisoning Prevention

Pre-training assessment

Using the table below, please tell us how confident you are regarding the competencies identified by placing a check mark or X in the corresponding box. There are no right or wrong answers. Results will be compared to a post-training assessment to determine the effectiveness of the training.

	Not at all Confident (1)	Slightly Confident (2)	Moderately Confident (3)	Highly Confident (4)
1. Describe services offered through the CLPPP				
2. Find resources on the IDPH CLPPP website				
3. Describe the difference between *prevalence* and *incidence*				
4. Describe the difference between *morbidity* and *mortality*				
5. Describe the difference between confirmed and unconfirmed cases of blood lead level results				
6. Describe how to effectively use data to communicate with different audiences				
7. Find tools and resources to create and disseminate public health messages to diverse audiences				
8. Utilize media tools to provide effective outreach and risk communication				
9. Locate the Lead Exposure Risk Model and use it to determine risk in your county				
10. Describe various sources of lead exposure				
11. Effectively communicate with partners using a variety of tools and strategies				

2019 Summer Regional Training on Childhood Lead Poisoning Prevention

Post-training assessment

Using the table below, please tell us how confident you are regarding the competencies identified by placing a check mark or X in the corresponding box. There are no right or wrong answers. Results will be compared to a pre-training assessment to determine the effectiveness of the training.

	Not at all Confident (1)	**Slightly Confident (2)**	**Moderately Confident (3)**	**Highly Confident (4)**
1. Describe services offered through the CLPPP				
2. Find resources on the IDPH CLPPP website				
3. Describe the difference between *prevalence* and *incidence*				
4. Describe the difference between *morbidity* and *mortality*				
5. Describe the difference between confirmed and unconfirmed cases of blood lead level results				
6. Describe how to effectively use data to communicate with different audiences				
7. Find tools and resources to create and disseminate public health messages to diverse audiences				
8. Utilize media tools to provide effective outreach and risk communication				
9. Locate the Lead Exposure Risk Model and use it to determine risk in your county				
10. Describe various sources of lead exposure				
11. Effectively communicate with partners using a variety of tools and strategies				

2019 Summer Regional Training on Childhood Lead Poisoning Prevention

Overall Training Evaluation

	Strongly disagree	Disagree	Agree	Strongly Agree
1. Overall, the training met my expectations				
2. Content of the training clearly met the overall objectives of the training				
3. Presenters demonstrated thorough knowledge of the subject matter				
4. Effective teaching and facilitation methods were used				
5. The training was well organized				
6. The training venue was conducive to learning				
7. Materials and handouts will be good resources following the training				
8. Small group activities/exercises in this training contributed to achieving the training objectives.				
9. I will use this training in my public health work on a regular basis				
10. I will recommend this training to my colleagues				

2019 Summer Regional Training on Childhood Lead Poisoning Prevention

1. What is one new thing that you learned today?

2. The thing that really sticks with me from today – that I will take back to my daily work is_____

3. What could you/your organization/office do next to use what you learned here today?

4. Is there something that you thought or that you hoped we would cover in the training that we did not?

5. The one thing that I would do to improve this training is _____.

6. What future training should be developed that will be most beneficial?

7. What is the best format for training? Face to face, web based, etc?

8. What is the best form of follow up communication – for example, how would you like to learn about new resources or new guidelines?

Appendix C. Individual Training Reports

Iowa Childhood Lead Poisoning Prevention Summer Regional Training Evaluation

Cedar Falls

July 8, 2019

Alexa Walker, Vickie Miene, Faryle Nothwehr, Anjali Deshpande

This training and report were requested by the Iowa Department of Public Health (contract number 5889LP20) and supported by the Centers for Disease Control and Prevention grant funds under Cooperative Agreement Number, NUE2EH001367-02-02. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

The University of Iowa | Institute of Public Health Research and Policy

IDPH Iowa Department of Public Health
Protecting and Improving the Health of Iowans

Contents

Iowa Childhood Lead Poisoning Prevention Summer Regional Training

According to the CDC, no level of lead is safe in a child's blood. Knowing this, prevention and detection is crucial for a child's wellbeing. In the state of Iowa, we rely on Childhood Lead Poisoning Prevention Contracts, public health professionals, providers, and collaborators to ensure children are being tested, education is being provided, and remediation is being completed. This training was developed to help the multiple entities provide effective education, create networks for collective impact, and share strengths and challenges regarding lead poisoning prevention efforts in Iowa.

The training content was derived from the results of the needs assessment completed on the Childhood Lead Poisoning Prevention Program (CLPPP). The training took place in four locations across the state of Iowa to ensure that all geographic areas had the opportunity to participate. This training was provided free of charge – thanks to a grant from the Centers for Disease Control and Prevention and the Iowa Department of Public Health through the Iowa Institute of Public Health Research and Policy at the University of Iowa.

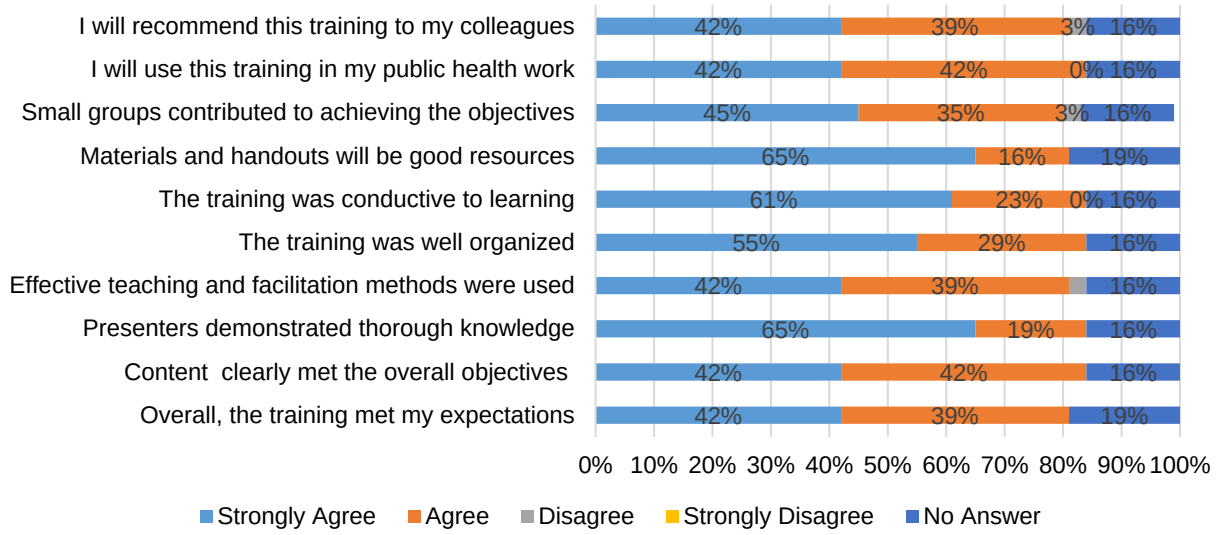
Summary of Training Session

This training session was delivered in Cedar Falls, Iowa on July 8th, 2019. There was a total of 31 participants at the session coming from multiple sectors. The session began with an introduction that ran from 9am to 10am during which participants were given an introduction to the CLPPP, the relationship between IDPH and IIPHRP, the Needs Assessment report, and a brief discussion on future communication strategies (results in their entirety can be found in Appendix A). The second part of the session was a data training that ran from 10am to 12:10pm. During this session participants were given presentations on "Data Basics", the "Iowa Public Health Tracking Portal", and "Making Data Talk". This session ended with a group work exercise on putting the learned skills into practice. The third part of the training ran from 12:40pm to 2pm during which the toolkit was unveiled. The participants learned about the provided toolkit, had an opportunity to give feedback, and learned about various sources of lead exposure. The last session of the day ran from 2:15pm to 3:15pm during which participants learned about best practices for collaboration and outreach through a presentation on "Collective Impact". Following the presentation participants were divided into groups to work on a group networking exercise. After this last session, participants had the opportunity to participate in a focus group, from 3:15pm to 4pm, in which they could provide feedback on the training.

Overall Training Evaluation

All attendees were provided an evaluation sheet at the end of the training with 10 Likert scale questions and 8 open-ended questions regarding organization, facilitation, and content of the training session, as well as questions regarding future training opportunities and follow-up information.

Figure 1. Iowa Childhood Lead Poisoning Prevention Training - Evaluation (n=31)



**All evaluation questions in their entirety are provided in Appendix B*

Of the 31 attendees, 25 completed evaluations. The chart above summarizes the responses to the Likert scale questions. The attendees evaluated the training positively with the facilitators, organization, and resources of the training being particularly well received. The majority of attendees also indicated a strong likelihood to recommend this training to their colleagues.

Open-Ended Question	***Summary of Responses****
What is one new thing that you learned today?	Available resources; bite, snack, meal; testing guidelines; network building; smoke exposure is a source of lead; where to find data
The thing that really sticks with me from today – that I will take back to my daily work is _____	toolkit materials; collective impact; importance of testing; importance of education for parents and providers
What could you/your organization/office do next to use what you learned here today?	Schedule meetings/communicate with partners and providers; education and outreach;
Is there something that you thought/hoped we would cover in the training that we did not?	HHLPSS – how to use/reports; educate parents/get parents more involved in primary prevention; process of care when a child has an EBLL
The one thing that I would do to improve this training is _____	Decrease amount of content or make a 2 day training to go more in depth on resources; no working lunch; less group work; less videos
What future training should be developed that will be most beneficial?	Inclusion of providers in training; provider specific training; webinar updates; working with each county to understand their needs
What is the best format for the training? Face to face, web based, etc.?	Face-to-face; webinars; suggest having face-to-face annually with webinars in between
What is the best form of follow up communication – for example, how would you like to learn about new resources or new guidelines?	Email; newsletters sent from same account with brief snapshot and distinct headline

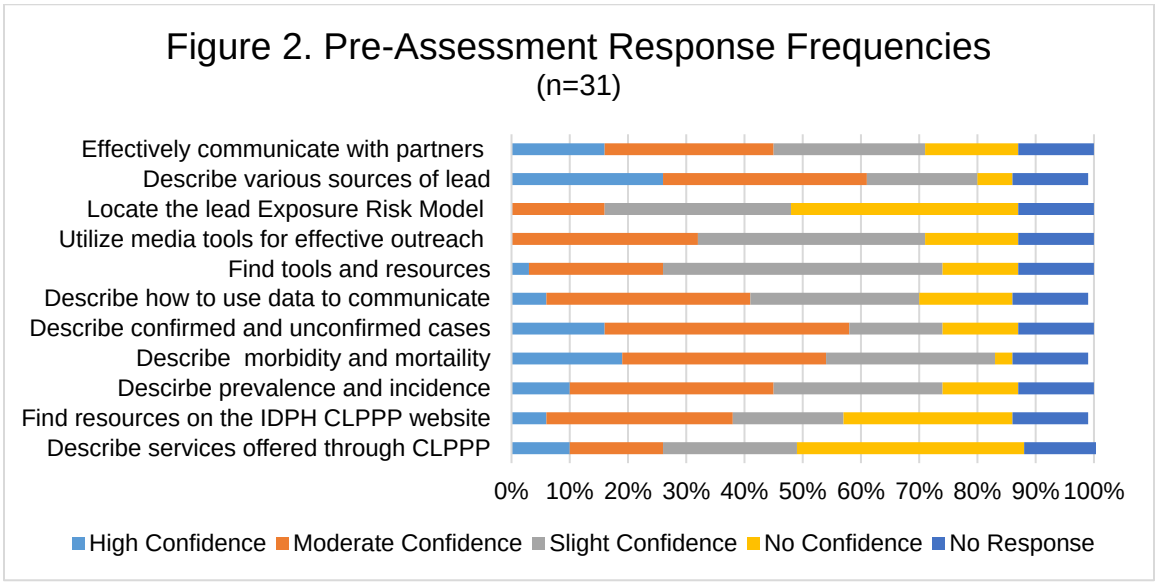
**All comments in their entirety are provided in Appendix C*

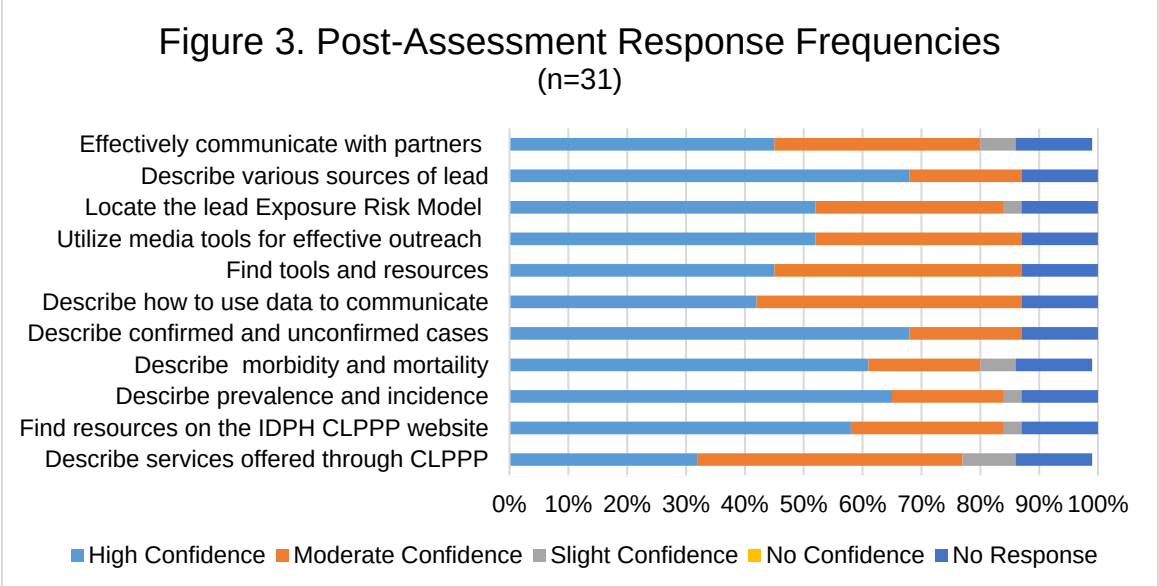
Feedback from the open-ended questions on the evaluations provided more in-depth commenting. Positive feedback was received and a number of good suggestions for further improvement and future training opportunities were provided. Several attendees commented that they are excited to utilize the new resources in their communities and they found the bite, snack, meal approach to be very useful. A few responses suggested they hoped HHLPSS and the process of care would have been covered in the training. Respondents also suggested future trainings including those specific to medical providers, as well as smaller trainings targeted at individual counties. The majority of respondents stated they find face-to-face meetings to be the best format for annual meetings but would like to see a webinar format used for program updates. The majority of respondents noted that the best form of follow up communication is through email. Many would like to see a newsletter with program updates and success stories emailed from one account with a distinct headline and brief snapshot of the letter.

Pre- and Post-Assessments

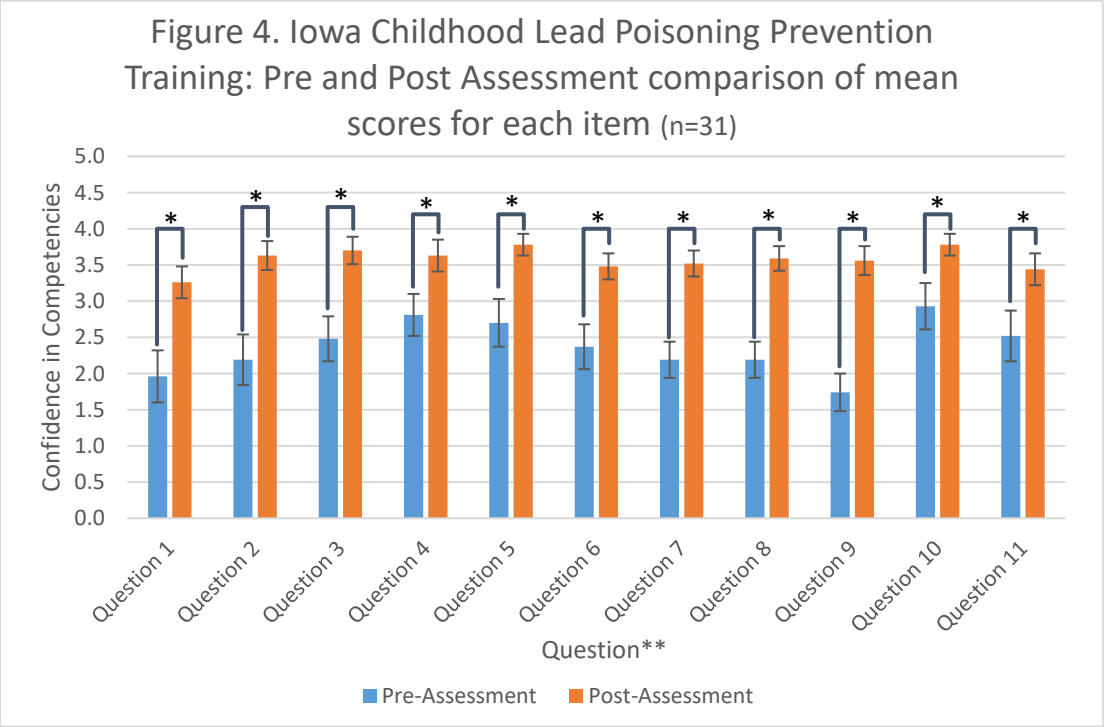
All attendees were provided a pre- and post-training assessment that asked participants to rank their own confidence in 11 different skillset areas that are related to the training, such as finding tools and resources to create and disseminate public health messages to diverse audiences. By comparing the pre- and post-assessments, we can identify key areas of growth as a direct result of the training and aspects of the curriculum that can use more improvement. From the 31 attendees, we received 27 pre- and post-assessments.

These two graphs (Figures 2 & 3) help visualize the difference in confidence levels for attendees before and after the training. By the end of the session, most participants were moderately or highly confident in the identified skillsets. It may be useful to gauge the long-term impact of the training by emailing the attendees the same assessment a couple of weeks or months after the training.





Average confidence levels were calculated for each question on the pre- and post- assessments. Overall, confidence increased for every question, indicating that the training session was effective in increasing the participants' knowledge and confidence in lead, effective communication, and collaboration (Figure 4). For all of the eleven questions there was a significant increase in confidence. These questions dealt with concepts such as finding and utilizing resources, effectively communicating resources and data, describing various sources of lead exposures and what services the CLPPP provides.



**p<0.05*

Assessment Questions**

Question 1	Describe services offered through the CLPPP
Question 2	Find resources on the IDPH CLPPP website
Question 3	Describe the difference between prevalence and incidence
Question 4	Describe the difference between morbidity and mortality
Question 5	Describe the difference between confirmed and unconfirmed cases of blood lead level results
Question 6	Describe how to effectively use data to communicate with different audiences
Question 7	Find tools and resources to crease and disseminate public health messages to diverse audiences
Question 8	Utilize media tools to provide effective outreach and risk communication
Question 9	Locate the Lead Exposure Risk Model and use it to determine risk in your county
Question 10	Describe various sources of lead exposure
Question 11	Effectively communicate with partners using a variety of tools and strategies

***All assessment questions in their entirety are provided in Appendix D*

Focus Group Discussion

To provide participants an opportunity to openly share their thoughts and start a discussion about the training, a focus group was facilitated at the end of the training. The group was prompted with the question "what was your favorite part of the day?". Responses included the bite, snack, meal activity, the networking exercise, the provided resources, and that is was a regional one day face-to-face training. Some of the responses sparked other comments on areas where more training or information is needed in certain areas. These areas included primary prevention to educate parents, discussion on how to get landlords to act and other policy approaches, having stats on actual sources of lead discovered in cases in Iowa, and to have successes and challenges shared among contracts.

**All comments in their entirety are provided in Appendix E*

Appendix A: Communication Discussion

During the introduction portion of the training, the presenters facilitated a discussion on the future communication plan using Mentimeter. Mentimeter is an interactive visual tool that aids in opinion sharing and discussion starting. The participants were prompted with 3 questions on Mentimeter. The presenter read the question out loud and participants submitted their answers anonymously via smart phone or device. The answers were then displayed on the screen to allow for any further discussion of ideas.

Open-Ended Question	***Summary of Responses*****
What communication would you like to receive from IDPH?	Quarterly updates; newsletters; product recall notices; data updates
How would you like to receive communication from IDPH?	Email with consistent titles; newsletter; webinar
How will you communicate back to IDPH to close the loop?	Email; reports; phone call; survey; cloud portal of resources that are searchable

***Communication responses in their entirety are provided below*

Participants noted a desire to receive communication from IDPH including quarterly updates, data updates, and product recall notices. The most favored ways of receiving the communication were through email with consistent titles and snapshots, newsletters, and webinars. This group noted that the most convenient ways to communicate back to IDPH to close the loop is through emails, reports, and phone calls. New ideas for communicating back were brought up including a cloud portal of searchable resources. The idea with this portal is that CLPPP contractors must upload a resource they have found useful in the last year to meet their contract requirements. It will then serve as a resource portal where all can have access to use these resources that have worked for other programs.


What communication would you like to receive from IDPH?
Mentimeter
Email
Email
Quarterly news letter
email
Email updates
Webinars
newsletter
newsletters
Data snapshot email
Email and quarterly update
Email
News letter
email, newsletters
Emails
How to battle misinformation in the public
Information to help other cultures
Webinar
emails
Email newsletter
You tube videos
Quarterly update
Email—recent data on sources of lead poisoning
Product recall notices
email updates, data, recalls, in the news items quarterly newsletter
Quarterly newsletter would be great-with consistent data updates Emails Annual in person training/update etc like today
Changes
Any new lead developments
Unique lead poisoning situations
Guidelines on treatment
elevated blood lead testing data by county
New case outbreaks
Answers from parents as to why they don't test their children
youtube videos
Presence at fall and spring state seminars
Legislative intitiatives for lead poisoning
Contact information for elevated leads

How to write a EBL report

Quarterly contact list

Email

Free trips to Hawaii

Webinars

Which probiders are doing screenings, community action organization or Dr , what to do when thst changes ...

lead testing numbers across the state: county number of kids /number of kids tested. (to share with medical providers.) Divided by provider ordering test if possible.

listserv

List serve

social media

List of topics with a list of topics

How would you like to receive communication from IDPH?

Mentimeter

16

Appendix B: Evaluation Questions

Likert scale questions (strongly agree, agree, disagree, strongly disagree):

1. Overall, the training met my expectations
2. Content of the training clearly met the overall objectives of the training
3. Presenters demonstrated thorough knowledge of the subject matter
4. Effective teaching and facilitation methods were used
5. The training was well organized
6. The training venue was conductive to learning
7. Materials and handouts will be good resources following the training
8. Small group activities/exercises in this training contributed to achieving the training objectives
9. I will use this training in my public health work on a regular basis
10. I will recommend this training to my colleagues

Open-ended questions:

1. What is one new thing that you learned today?
2. The thing that really sticks with me from today – that I will take back to my daily work is _____
3. What could you/your organization/office do next to use what you learned here today?
4. Is there something that you thought or that you hoped we would cover in the training that we did not?
5. The one thing that I would do to improve this training is _____
6. What future training should be developed that will be most beneficial?
7. What is the best format for training? Face to face, web based, etc?
8. What is the best form of follow up communication – for example, how would you like to learn about new resources or new guidelines?

Appendix C: Evaluation Comments

What is one new thing that you learned today?

- Testing recommendations changes to focus on 1-2-3 yr olds; setting up networking map
- How to locate data; finding the resources
- Too many to list
- Look at lead levels during sick visits; better materials to educate parents
- Many resources that can be used
- Bite, snack, meal
- Lead levels; flu screening
- Lead exposure resources and level info
- That cigarette smoking increases risk for EBLL
- Lead results are in TAU; the emphasis of tobacco in lead poisoned children
- Smoke exposure is source of lead for children (please email reference for this)
- Difference between unconfirmed/confirmed testing
- The many different organizations to partner with
- Toolkit available
- Bite, snack, meal
- Networking map
- IDPH portal
- How much resources are available on IDPH's website
- Majority of children screened are screened at 1yr and 6yr of age
- The percentage of children tested for lead is very low
- Guidelines for treatment and for services on childhood blood levels
- Definition of confirmed and unconfirmed cases of BLL
- Website to find lead info I need
- Recommended to test at 3 yrs old as well, not just 1 and 2
- Differences between confirmed and unconfirmed cases

The thing that really sticks with me from today – that I will take back to my daily work is _____

- Checking on Medicaid payment/reimbursement for lead testing
- Bite, snack, meal
- Toolkit information
- Resources - importance of
- There are a ton of agencies working on lead poisoning prevention
- Pulling the community together
- The need to re-educate parents and providers
- Early and regular lead testing
- Collective impact
- New, user friendly IDPH website
- New resource chart algorithm
- Important that ALL kids be tested early
- New resources/web links

- Website resources
- Resources provided for use, commercials, power points, etc.
- Network building; messaging info on thumb drive
- Unconfirmed lead tests
- IDPH portal
- How much more work we need to get done
- Only 25% of children are screened
- Getting more kids tested for lead
- Communication with parents
- There is a lot of teaching about lead poisoning that needs to be done
- Tracking Portal

What could you/your organization/office do next to use what you learned here today?

- Schedule another presentation with local medical providers
- Reach out to providers/agencies/groups for education
- Expand our healthy homes coalition
- Long way to go - start with education administration of board of health
- Pass on the idea of checking lead at each visit <3 mcg
- Meeting with other organizations to come up w/ plan of action
- Make lead poisoning information available at regular contact - on Facebook make posts
- Communicate with county wide providers to make sure children are tested regularly
- Education awareness
- Can use videos in IM2/SID waiting room TV
- Revamp my outreach presentation
- Share more info via our website and social media
- Make blood lead testing a priority; reach out to partners
- Begin to establish relationships w/ outside organizations; insurance - billing process
- Show videos on our access TV station
- Set 5 meetings with community partners
- Develop a reference document for various groups in the medical community
- Consent form development
- Encourage BOH and PH to push for screenings before children start school
- Promote lead testing in the community at community events
- More collaboration with community resources/providers
- Hand out info and talk to parents
- More education for parents; more of a strong recommendation for lead testing
- Implement items from the toolkit

Is there something that you thought or that you hoped we would cover in the training that we did not?

- No
- More about actual blood draws themselves - capillary techniques to pass on
- How parents can test water or household for lead

- More about levels of lead and the chart and reasoning of the changes
- How to make people aware who is focusing on lead screening when grants change
- Basic chelation techniques
- Effects of lead testing - how do we answer questions from the public
- Legislative opportunities r/t lead poisoning
- What if child is > 6 y/o and tests high? How often to rescreen? Do you follow same recommendations as < 6y/o
- No
- HHLPPS reports/training
- More ways to run reports or data available to the masses
- How to get parents more involved in getting kids tested/educated
- More about dietary recommendations
- If there is an EBLL, go through process from child, provider, house, etc. to see how child health improves
- How chart or decision tree clearly spelled out to assist us when we get a high lead reading
- More informative rather than building a presentation

The one thing that I would do to improve this training is _____

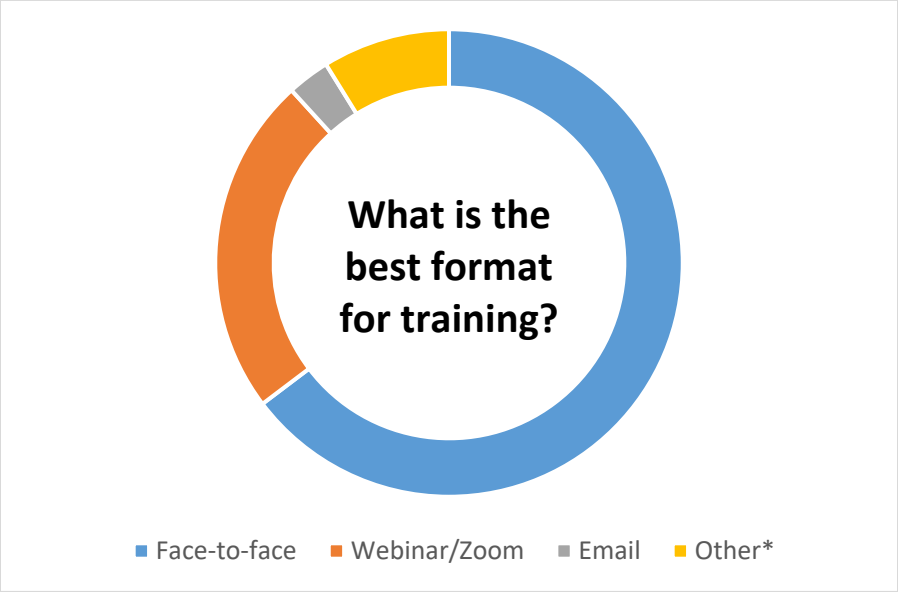
- Less exercise in groups
- No work over lunch
- More in depth on resources
- Unsure
- Decrease amount of content; 2 day training and/or some face to face and webinar
- Include more healthcare providers
- Discuss CLPPP contracts and what they cover
- Lecture of stats was kind of dry
- No recorded videos
- I'm not sure
- Slide with % of children screened is confusing
- Add snacks
- Less building a presentation and more learning

What future training should be developed that will be most beneficial?

- Would like to see this sort of workshop done on mental health issues, parenting training
- Going to each county to discuss their needs and what they can do
- Training specifically for providers
- One that includes providers - specific to blood lead testing; focus on barriers impacting low-income families; info on unique lead poisoning cases/remedies; cleaning regiment schedule for homeowners
- Discuss successes other organizations have achieved and how it was accomplished
- Provide CEU's (RN, social work, environmental health specialist)
- How do we get general population to understand lead is a big problem
- Further protocol/policy development; provide community examples

- Continue to help counties with networking and providing resources to use to help parents
- Webinars with updates every 6 months or as needed w/ new updates
- More multi-cultural resources

What is the best format for training? Face to face, web based, etc?



*Other:

- Depends on content
- All are effective when done in right quantity
- Sharing experiences

What is the best form of follow up communication – for example, how would you like to learn about new resources or new guidelines

Notes:

- Would like email to have a distinct headline and snapshot

Appendix D: Assessment Questions

Confidence rating scale (no confidence, slight confidence, moderate confidence, high confidence)

1. Describe services offered through the CLPPP
2. Find resources on the IDPH CLPPP website
3. Describe the difference between prevalence and incidence
4. Describe the difference between morbidity and mortality
5. Describe the difference between confirmed and unconfirmed cases of blood lead level results
6. Describe how to effectively use data to communicate with different audiences
7. Find tools and resources to crease and disseminate public health messages to diverse audiences
8. Utilize media tools to provide effective outreach and risk communication
9. Locate the Lead Exposure Risk Model and use it to determine risk in your county
10. Describe various sources of lead exposure
11. Effectively communicate with partners using a variety of tools and strategies

Appendix E: Focus Group Responses

What was your favorite part of the training?

- Bite, snack, meal activity
- Network exercise, since there were multiple people from their area this was more meaningful, and/or easier to do
- Liked the resources provided (videos, infographics)
- Likes the face-to-face format, with good interactions
- Liked that it was a regional and an easy 1 day trip
- Seeing the effects of identifying one child with an EBLL

Other Comments:

- Could use more on primary prevention and how to educate parents on prevention
- Could use more discussion on getting landlords to act and other policy approached
- Would be nice to have info (stats?) on actual sources of lead discovered in cases; perhaps stories about this
- Would be nice to have success stories and challenges shared
- Mention of lead crime hypothesis

Iowa Childhood Lead Poisoning Prevention Summer Regional Training Evaluation

Ainsworth

July 9, 2019

Alexa Walker, Vickie Miene, Faryle Nothwehr, Anjali Deshpande

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The University of Iowa | Institute of Public Health Research and Policy

IDPH Iowa Department of Public Health
Protecting and Improving the Health of Iowans

Contents

Iowa Childhood Lead Poisoning Prevention Summer Regional Training

According to the CDC, no level of lead is safe in a child's blood. Knowing this, prevention and detection is crucial for a child's wellbeing. In the state of Iowa, we rely on Childhood Lead Poisoning Prevention Contracts, public health professionals, providers, and collaborators to ensure children are being tested, education is being provided, and remediation is being completed. This training was developed to help the multiple entities provide effective education, create networks for collective impact, and share strengths and challenges regarding lead poisoning prevention efforts in Iowa.

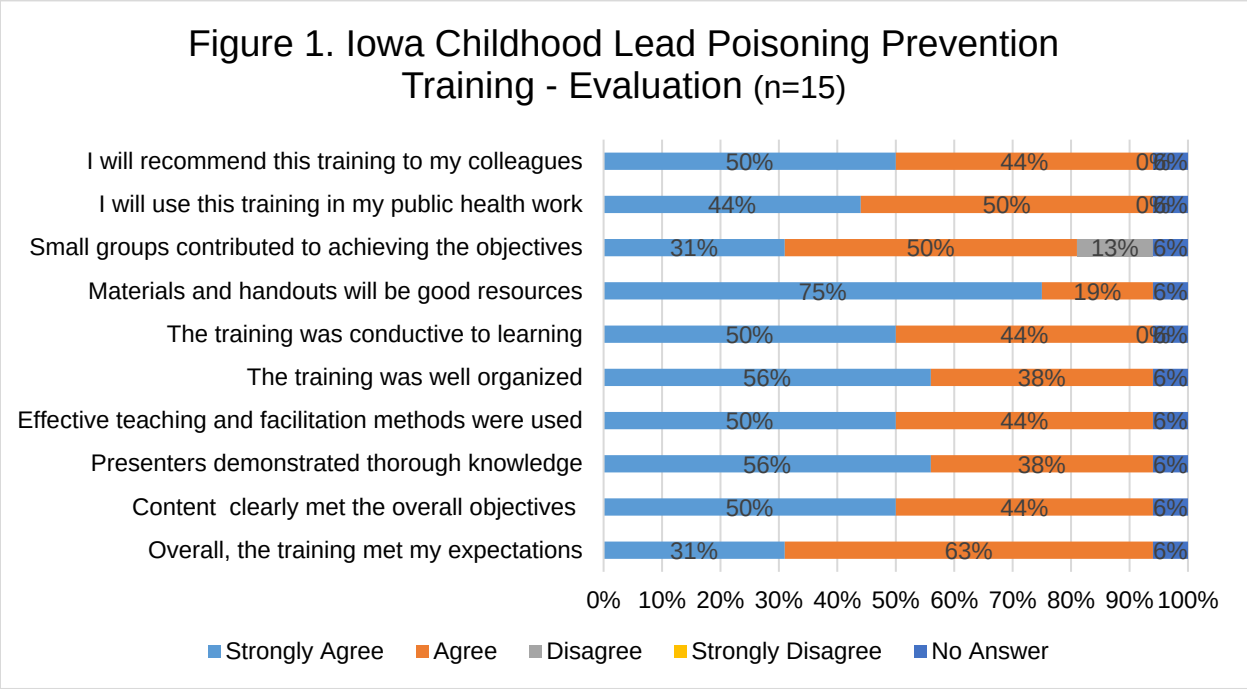
The training content was derived from the results of the needs assessment completed on the Childhood Lead Poisoning Prevention Program (CLPPP). The training took place in four locations across the state of Iowa to ensure that all geographic areas had the opportunity to participate. This training was provided free of charge – thanks to a grant from the Centers for Disease Control and Prevention and the Iowa Department of Public Health through the Iowa Institute of Public Health Research and Policy at the University of Iowa.

Summary of Training Session

This training session was delivered in Ainsworth, Iowa on July 9th, 2019. There was a total of 15 participants at the session coming from multiple sectors. The session began with an introduction that ran from 9am to 10am during which participants were given an introduction to the CLPPP, the relationship between IDPH and IIPHRP, the Needs Assessment report, and a brief discussion on future communication strategies (results in their entirety can be found in Appendix A). The second part of the session was a data training that ran from 10am to 12:10pm. During this session participants were given presentations on "Data Basics", the "Iowa Public Health Tracking Portal", and "Making Data Talk". This session ended with a group work exercise on putting the learned skills into practice. The third part of the training ran from 12:40pm to 2pm during which the toolkit was unveiled. The participants learned about the provided toolkit, had an opportunity to give feedback, and learned about various sources of lead exposure. The last session of the day ran from 2:15pm to 3:15pm during which participants learned about best practices for collaboration and outreach through a presentation on "Collective Impact". Following the presentation participants were divided into groups to work on a group networking exercise. After this last session, participants had the opportunity to participate in a focus group, from 3:15pm to 4pm, in which they could provide feedback on the training.

Overall Training Evaluation

All attendees were provided an evaluation sheet at the end of the training with 10 Likert scale questions and 8 open-ended questions regarding organization, facilitation, and content of the training session, as well as questions regarding future training opportunities and follow-up information.



**All evaluation questions in their entirety are provided in Appendix B*

All 15 attendees returned completed evaluations. The chart above summarizes the responses to the Likert scale questions. The attendees evaluated the training positively with the facilitators, organization, and resources of the training being particularly well received. The majority of attendees also indicated a strong likelihood to recommend this training to their colleagues.

Open-Ended Question	***Summary of Responses****
What is one new thing that you learned today?	Where to find data and how to use it; exposure to smoke is a source of lead; updated website/resources
The thing that really sticks with me from today – that I will take back to my daily work is _____	New tools and resources to share with community; data sharing; how to access data
What could you/your organization/office do next to use what you learned here today?	Communicate with partners; outreach to providers; utilize resources for community education; networking for collective impact
Is there something that you thought/hoped we would cover in the training that we did not?	HHLPSS; case-management
The one thing that I would do to improve this training is _____	Horseshoe room arrangement; have IDPH member with each small group to keep on track; removal of long, dry videos
What future training should be developed that will be most beneficial?	HHLPSS; data usage/confidentiality; case-management
What is the best format for the training? Face to face, web based, etc?	Face-to-face; webinars in between or as follow up
What is the best form of follow up communication – for example, how would you like to learn about new resources or new guidelines?	Email

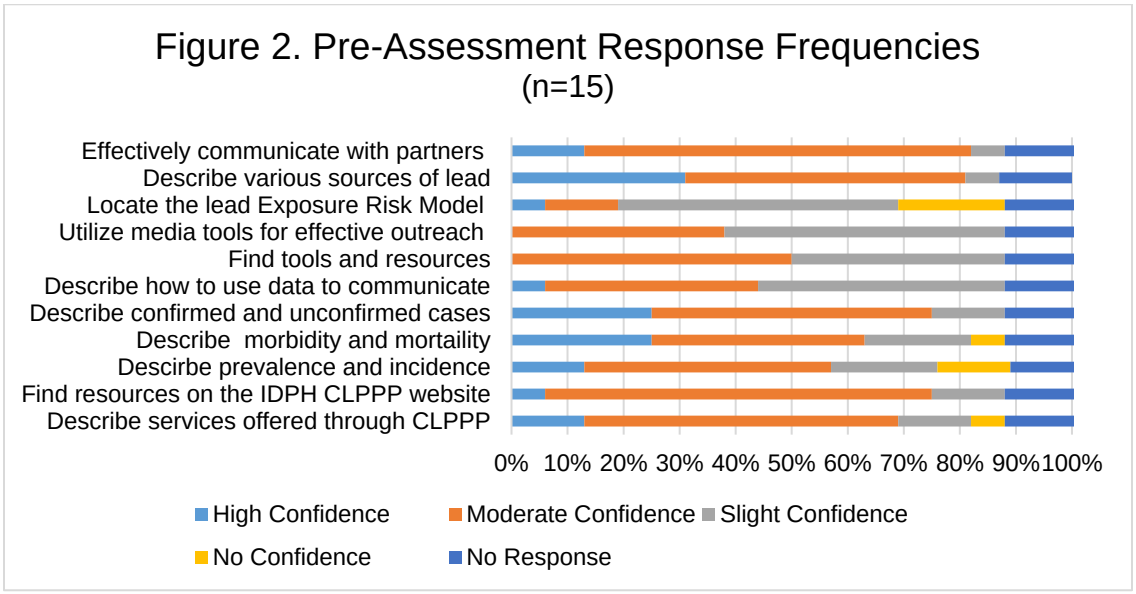
**All comments in their entirety are provided in Appendix C*

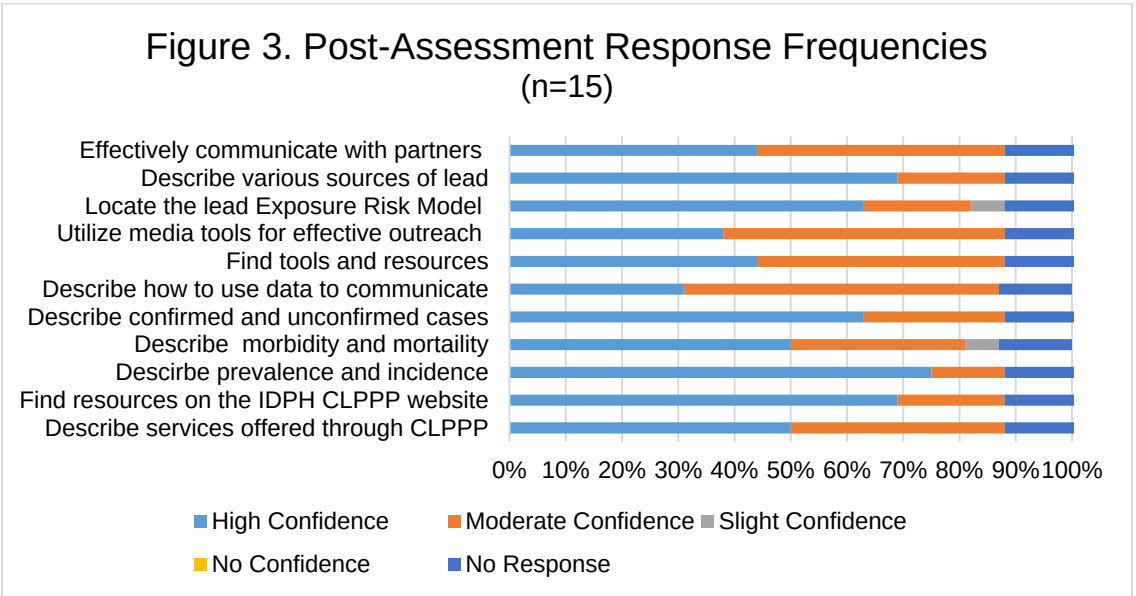
Feedback from the open-ended questions on the evaluations provided more in-depth commenting. Positive feedback was received and a number of good suggestions for further improvement and future training opportunities were provided. Several attendees commented that they are excited to utilize the new resources/website in their community, are now able to find data and know how to use it, and learned that smoke exposure is a source of lead for children. A few responses suggested they hoped HHLPSS and case-management had been covered in the training. Respondents also suggested topics for future trainings including HHLPSS, data usage and confidentiality, and case-management. The majority of respondents stated they find face-to-face meetings to be the best format for training with webinars in between or as follow up. The majority of respondents noted that the best form of follow up communication is through email.

Pre- and Post-Assessments

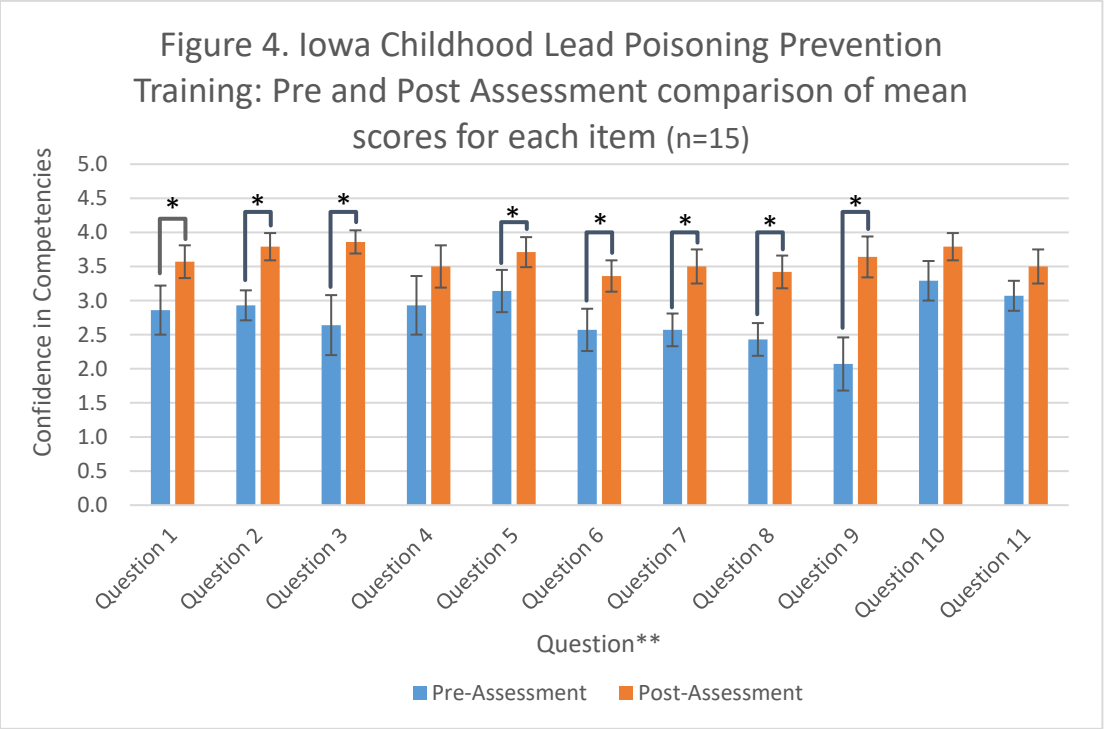
All attendees were provided a pre- and post-training assessment that asked participants to rank their own confidence in 11 different skillset areas that are related to the training, such as finding tools and resources to create and disseminate public health messages to diverse audiences. By comparing the pre- and post-assessments, we can identify key areas of growth as a direct result of the training and aspects of the curriculum that can use more improvement. From the 15 attendees, we received 14 pre- and post-assessments.

These two graphs (Figures 2 & 3) help visualize the difference in confidence levels for attendees before and after the training. By the end of the session, most participants were moderately or highly confident in the identified skillsets. It may be useful to gauge the long-term impact of the training by emailing the attendees the same assessment a couple of weeks or months after the training.





Average confidence levels were calculated for each question on the pre- and post- assessments. Overall, confidence increased for every question, indicating that the training session was effective in increasing the participants' knowledge and confidence in lead, effective communication, and collaboration (Figure 4). For eight of the eleven questions (Questions 1, 2, 3, 5, 6, 7, 8, 9) there was a significant increase in confidence. These questions dealt with concepts such as finding and utilizing resources, prevalence vs incidence, effectively communicating resources and data.



**p<0.05*

Assessment Questions**

Question 1	Describe services offered through the CLPPP
Question 2	Find resources on the IDPH CLPPP website
Question 3	Describe the difference between prevalence and incidence
Question 4	Describe the difference between morbidity and mortality
Question 5	Describe the difference between confirmed and unconfirmed cases of blood lead level results
Question 6	Describe how to effectively use data to communicate with different audiences
Question 7	Find tools and resources to crease and disseminate public health messages to diverse audiences
Question 8	Utilize media tools to provide effective outreach and risk communication
Question 9	Locate the Lead Exposure Risk Model and use it to determine risk in your county
Question 10	Describe various sources of lead exposure
Question 11	Effectively communicate with partners using a variety of tools and strategies

***All assessment questions in their entirety are provided in Appendix D*

Focus Group Discussion

To provide participants an opportunity to openly share their thoughts and start a discussion about the training, a focus group was facilitated at the end of the training. The group was prompted with the question "what did you like or dislike about the training?". The components that participants liked included the new information and variety of outreach materials, the variety of presentations and activities, the opportunity to give feedback, and how universal the materials were. The one component that was disliked was the use of video lectures for the data presentations, they were interpreted as dry but many participants commented that they were still useful and they learned something. Some of the responses sparked other comments on the training layout, a preference to have a horseshoe room layout to be able to see the other participants.

**All comments in their entirety are provided in Appendix E*

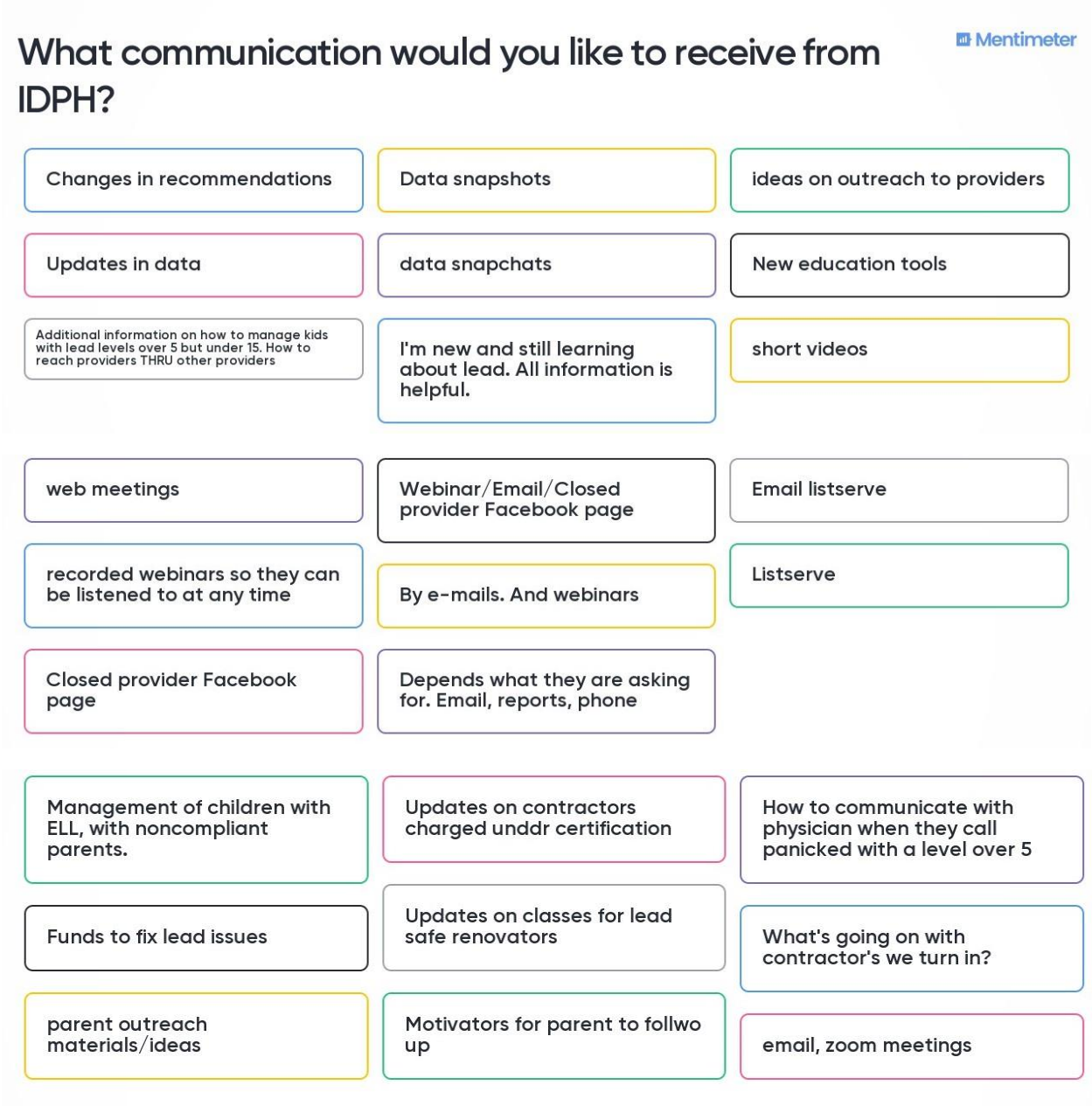
Appendix A: Communication Discussion

During the introduction portion of the training, the presenters facilitated a discussion on the future communication plan using Mentimeter. Mentimeter is an interactive visual tool that aids in opinion sharing and discussion starting. The participants were prompted with 3 questions on Mentimeter. The presenter read the question out loud and participants submitted their answers anonymously via smart phone or device. The answers were then displayed on the screen to allow for any further discussion of ideas.

Open-Ended Question	***Summary of Responses*****
What communication would you like to receive from IDPH?	Data updates/snapshots; education and outreach tools/ideas for parents and providers; case-management
How would you like to receive communication from IDPH?	Webinars; email; closed provider Facebook page; on-site visits
How will you communicate back to IDPH to close the loop?	Email; reports; phone call; survey

***Communication responses in their entirety are provided below*

Participants noted a desire to receive communication from IDPH including data updates, tools for education and outreach, and details on case management. The most favored ways of receiving the communication were through email and webinars. New ideas for receiving communication were brought up including a closed provider Facebook page. This group noted that the most convenient ways to communicate back to IDPH to close the loop is through emails, reports, and phone calls.


What communication would you like to receive from IDPH?
Mentimeter
Changes in recommendations
Data snapshots
ideas on outreach to providers
Updates in data
data snapchats
New education tools
Additional information on how to manage kids with lead levels over 5 but under 15. How to reach providers THRU other providers
I'm new and still learning about lead. All information is helpful.
short videos
web meetings
Webinar/Email/Closed provider Facebook page
Email listserve
recorded webinars so they can be listened to at any time
By e-mails. And webinars
Listserve
Closed provider Facebook page
Depends what they are asking for. Email, reports, phone
Management of children with ELL, with noncompliant parents.
Updates on contractors charged unddr certification
How to communicate with physician when they call panicked with a level over 5
Funds to fix lead issues
Updates on classes for lead safe renovators
What's going on with contractor's we turn in?
parent outreach materials/ideas
Motivators for parent to follwo up
email, zoom meetings

Appendix B: Evaluation Questions

Likert scale questions (strongly agree, agree, disagree, strongly disagree):

11. Overall, the training met my expectations
12. Content of the training clearly met the overall objectives of the training
13. Presenters demonstrated thorough knowledge of the subject matter
14. Effective teaching and facilitation methods were used
15. The training was well organized

16. The training venue was conductive to learning
17. Materials and handouts will be good resources following the training
18. Small group activities/exercises in this training contributed to achieving the training objectives
19. I will use this training in my public health work on a regular basis
20. I will recommend this training to my colleagues

Open-ended questions:

9. What is one new thing that you learned today?
10. The thing that really sticks with me from today – that I will take back to my daily work is _____
11. What could you/your organization/office do next to use what you learned here today?
12. Is there something that you thought or that you hoped we would cover in the training that we did not?
13. The one thing that I would do to improve this training is _____
14. What future training should be developed that will be most beneficial?
15. What is the best format for training? Face to face, web based, etc?
16. What is the best form of follow up communication – for example, how would you like to learn about new resources or new guidelines?

Appendix C: Evaluation Comments

What is one new thing that you learned today?

- Lead Risk Model
- There is a better website coming!; lead data access on the portal; "communicate for someone, not about something" awesome
- Videos are being produced for use in community education
- Too much to choose one
- Benefits of collective impact and network mapping
- So much! I'll start with what the CLPPP does/services
- Video clips available to use; smoking affected lead levels
- Lead exposure from 2nd hand smoke
- smoking and lead poisoning
- Confirmed BLL include 2 cap levels drawn within 12 wk. of each other; smoking increases lead levels in children
- Various ways to use data and how to make it impactful in my work

The thing that really sticks with me from today – that I will take back to my daily work is _____

- New materials
- Parent education videos I can use
- Network building
- New tools and resources
- People do care about lead poisoning prevention
- How to access county data
- Advocating for PCPs to test kids at 1y/2y/3y; educating parents to be proactive and ask for lead testing
- The prevalence of lead poisoned children in Iowa and the focus population of 1-3 years old

- Smoking
- Data sharing info
- The resources to share with families

What could you/your organization/office do next to use what you learned here today?

- Use in provider information
- Put safe renovation video on website and Facebook
- Continue to network with persons and organizations in our county
- Share some of these new resources at Annual Health Fair; Educate new staff
- Need to be more intentional with adding lead prevention to conversations and activities
- Work on outreach to providers to increase BLL testing
- Promote information about lead prevention and testing at community events
- Outreach to providers and at next interagency meeting
- Give links to videos
- Use infographics to educate and share with other agencies
- Use the toolkit for preparing for presentations and use networking for collective impact

Is there something that you thought or that you hoped we would cover in the training that we did not?

- Not sure I still understand the focus on 2-3 yo, what is the data driving this?
- No
- No
- HHLPSS Overview
- Case management
- Training on the HHLPSS Site

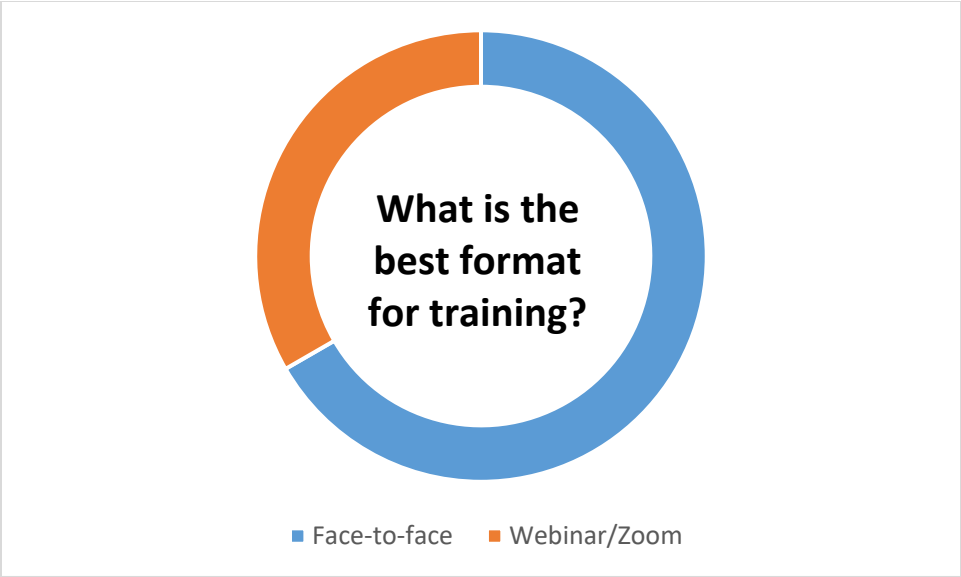
The one thing that I would do to improve this training is _____

- Maybe horseshoe arrangement so the group can see each other
- To include more projects to work on as groups
- Helpful to have someone from IDPH with each small group to keep us on the right track
- More examples of how concepts are used
- Remove the group exercises; minimize long, dry education videos
- No ideas at this time

What future training should be developed that will be most beneficial?

- More information about our statistics
- Not sure
- HHLPSS
- Data usage/confidentiality; Expanding on concepts learned today
- Case management - how the CLPPP contracted agency should manage children that have had non-compliant parents aside from utilizing community resources
- Refreshers/update meetings with similar topic focus

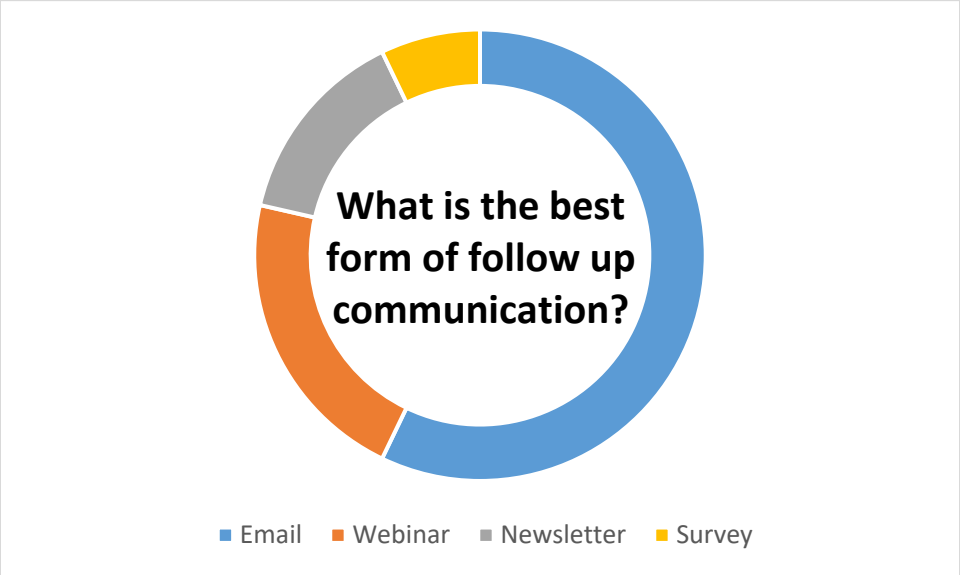
What is the best format for training? Face to face, web based, etc.?



Notes:

- Face-to-face annually with webinar in between
- Face-to-face to introduce topics, follow up with webinars

What is the best form of follow up communication – for example, how would you like to learn about new resources or new guidelines?



Notes:

- Email – Maybe from Kevin or Carmily
- Depends on what is being communicated
- Zoom meeting with ability to ask questions

Other

- Fantastic training! I am impressed by the work that has been done to develop this program since last year. It's like a completely different program! I am excited for this fiscal year.

Appendix D: Assessment Questions

Confidence rating scale (no confidence, slight confidence, moderate confidence, high confidence)

1. Describe services offered through the CLPPP
2. Find resources on the IDPH CLPPP website
3. Describe the difference between prevalence and incidence
4. Describe the difference between morbidity and mortality
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8. Utilize media tools to provide effective outreach and risk communication
9. Locate the Lead Exposure Risk Model and use it to determine risk in your county
10. Describe various sources of lead exposure
11. Effectively communicate with partners using a variety of tools and strategies

Appendix E: Focus Group Comments

What did you like or dislike about the training?

- Learned new information/educational
- Fresh perspective on the problems and potential strategies
- Liked variety of activities/presentations
- Liked outreach materials, variety and quality
- Liked the opportunity to give feedback
- Like materials messages in that they would be widely useful, good tools
- Liked small group format
- Disliked data video - just a bit dry, though easily understandable
- Liked the take home tools
- Liked how universal the materials were

Other Comments:

- Suggest to use a horseshoe set up to see faces of other participants

Iowa Childhood Lead Poisoning Prevention Summer Regional Training Evaluation

Storm Lake

July 22, 2019

Alexa Walker, Vickie Miene, Faryle Nothwehr, Anjali Deshpande

This training and report were requested by the Iowa Department of Public Health (contract number 5889LP20) and supported by the Centers for Disease Control and Prevention grant funds under Cooperative Agreement Number, NUE2EH001367-02-02. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

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IDPH Iowa Department of Public Health
Protecting and Improving the Health of Iowans

Contents

Iowa Childhood Lead Poisoning Prevention Summer Regional Training

According to the CDC, no level of lead is safe in a child's blood. Knowing this, prevention and detection is crucial for a child's wellbeing. In the state of Iowa, we rely on Childhood Lead Poisoning Prevention Contracts, public health professionals, providers, and collaborators to ensure children are being tested, education is being provided, and remediation is being completed. This training was developed to help the multiple entities provide effective education, create networks for collective impact, and share strengths and challenges regarding lead poisoning prevention efforts in Iowa.

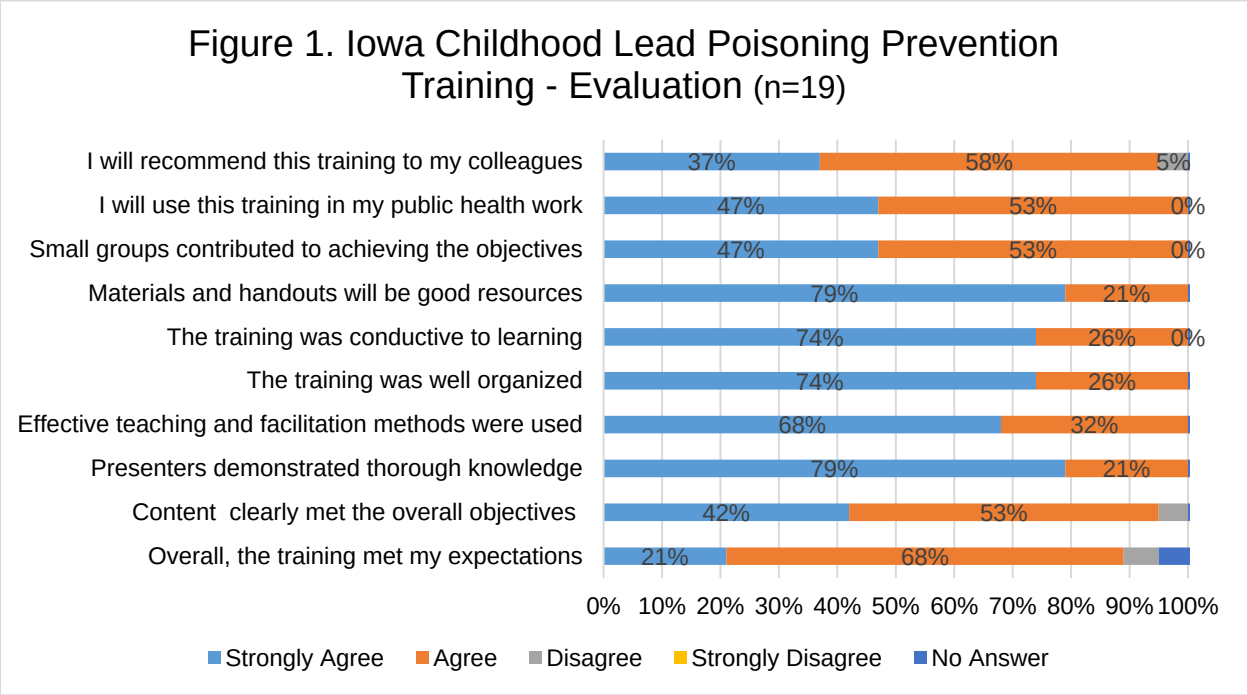
The training content was derived from the results of the needs assessment completed on the Childhood Lead Poisoning Prevention Program (CLPPP). The training took place in four locations across the state of Iowa to ensure that all geographic areas had the opportunity to participate. This training was provided free of charge – thanks to a grant from the Centers for Disease Control and Prevention and the Iowa Department of Public Health through the Iowa Institute of Public Health Research and Policy at the University of Iowa.

Summary of Training Session

This training session was delivered in Storm Lake, Iowa on July 22nd, 2019. There was a total of 19 participants at the session coming from multiple sectors. The session began with an introduction that ran from 9am to 10am during which participants were given an introduction to the CLPPP, the relationship between IDPH and IIPHRP, the Needs Assessment report, and a brief discussion on future communication strategies (results in their entirety can be found in Appendix A). The second part of the session was a data training that ran from 10am to 12:10pm. During this session participants were given presentations on "Data Basics", the "Iowa Public Health Tracking Portal", and "Making Data Talk". This session ended with a group work exercise on putting the learned skills into practice. The third part of the training ran from 12:40pm to 2pm during which the toolkit was unveiled. The participants learned about the provided toolkit, had an opportunity to give feedback, and learned about various sources of lead exposure. The last session of the day ran from 2:15pm to 3:15pm during which participants learned about best practices for collaboration and outreach through a presentation on "Collective Impact". Following the presentation participants were divided into groups to work on a group networking exercise. After this last session, participants had the opportunity to participate in a focus group, from 3:15pm to 4pm, in which they could provide feedback on the training.

Overall Training Evaluation

All attendees were provided an evaluation sheet at the end of the training with 10 Likert scale questions and 8 open-ended questions regarding organization, facilitation, and content of the training session, as well as questions regarding future training opportunities and follow-up information.



**All evaluation questions in their entirety are provided in Appendix B*

All 19 attendees returned completed evaluations. The chart above summarizes the responses to the Likert scale questions. The attendees evaluated the training positively with the facilitators, organization, and resources of the training being particularly well received. The majority of attendees also indicated a likelihood to recommend this training to their colleagues.

Open-Ended Question	***Summary of Responses****
What is one new thing that you learned today?	Bite, snack, meal; network map/collective impact; new resources and where to find them; data resources/tracking portal
The thing that really sticks with me from today – that I will take back to my daily work is _____	New resources; bite, snack, meal; networking/collective impact; importance of testing often and at ages 1, 2, and 3
What could you/your organization/office do next to use what you learned here today?	Communicate with partners, community and providers; share information and resources with colleagues; work on outreach plans
Is there something that you thought/hoped we would cover in the training that we did not?	HHLPSS; more specific information on follow up depending on levels; program based information; programs/resources available for families who live in homes with high lead levels
The one thing that I would do to improve this training is _____	Provide CEUs; provide resources in other languages; use time for toolkit for other content
What future training should be developed that will be most beneficial?	Nuts and bolts; HHLPSS; understanding CLPPP more in depth
What is the best format for the training? Face to face, web based, etc?	Face-to-face; web-based in between
What is the best form of follow up communication – for example, how would you like to learn about new resources or new guidelines?	Email; newsletter; webinar/zoom; learning platform

**All comments in their entirety are provided in Appendix C*

Feedback from the open-ended questions on the evaluations provided more in-depth commenting. Positive feedback was received and a number of good suggestions for further improvement and future training opportunities were provided. Several attendees commented that they are excited to utilize the new resources in their communities and they found the bite, snack, meal approach and collective impact activity to be very useful. A few responses suggested they hoped HHLPSS and more specific follow up information would have been covered in the training. Respondents also suggested future trainings including a nuts and bolts training, HHLPSS, and more in-depth information on the CLPPP. The majority of respondents stated they find face-to-face meetings to be the best format for annual meetings but would like to see a webinar format used for program updates and meetings in between. The majority of respondents noted that the best form of follow up communication is through email, many would like to see a newsletter or learning platform to share resources and success stories.

Pre- and Post-Assessments

All attendees were provided a pre- and post-training assessment that asked participants to rank their own confidence in 11 different skillset areas that are related to the training, such as finding tools and resources to create and disseminate public health messages to diverse audiences. By comparing the pre- and post-assessments, we can identify key areas of growth as a direct result of the training and aspects of the curriculum that can use more improvement. From the 19 attendees, we received 18 pre- and post-assessments.

These two graphs (Figures 2 & 3) help visualize the difference in confidence levels for attendees before and after the training. By the end of the session, most participants were moderately or highly confident in the identified skillsets. It may be useful to gauge the long-term impact of the training by emailing the attendees the same assessment a couple of weeks or months after the training.

Figure 2. Pre-Assessment Response Frequencies (n=19)

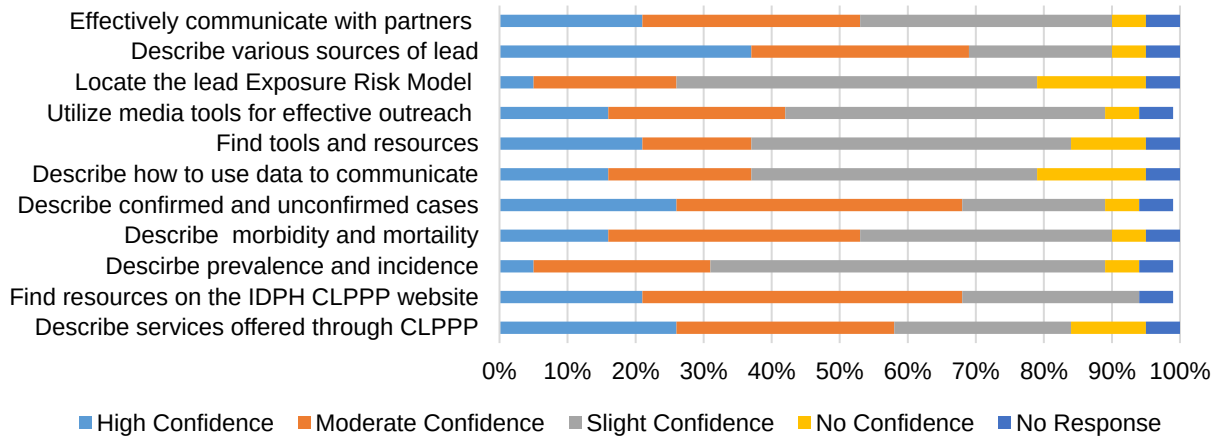
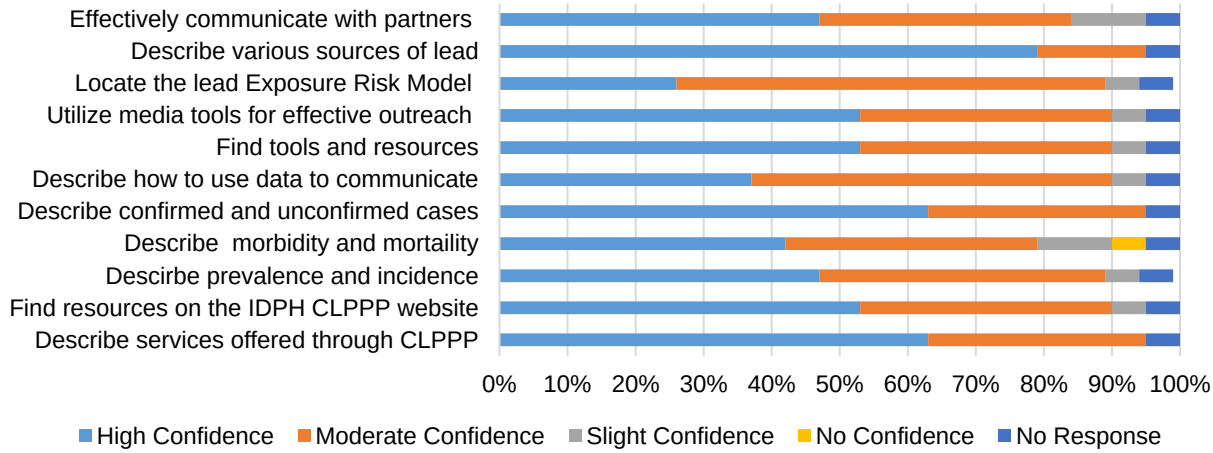
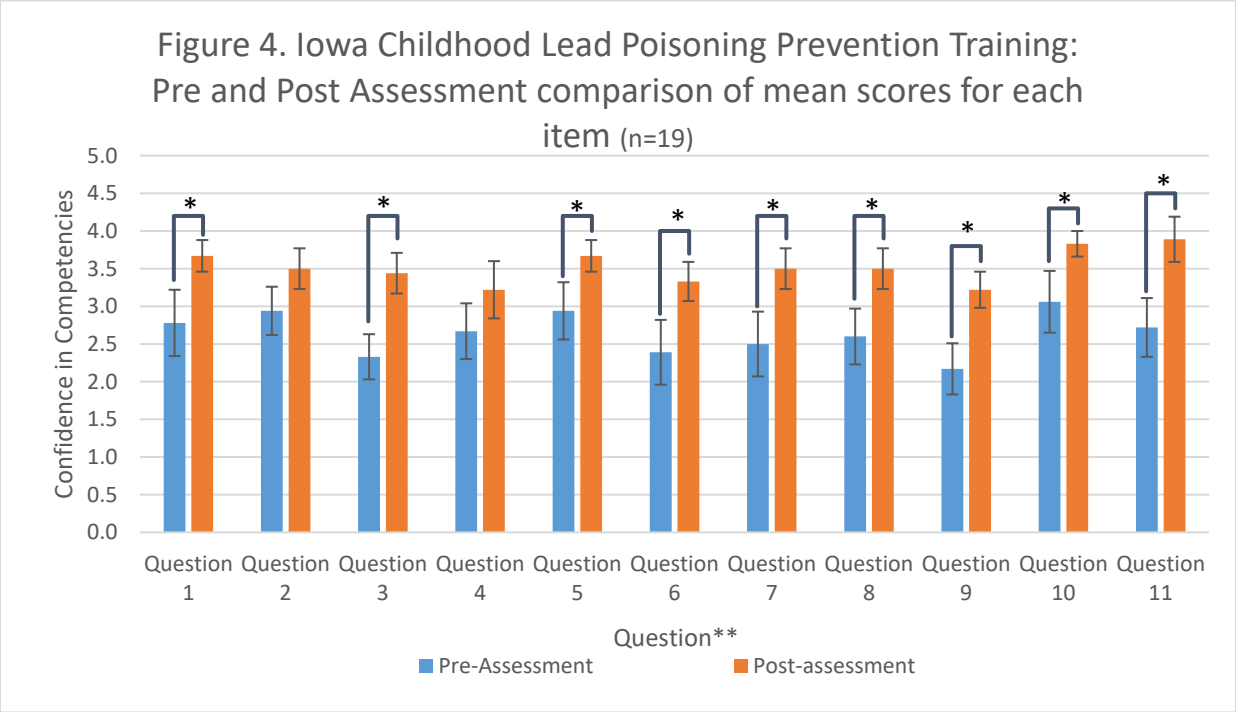


Figure 3. Post-Assessment Response Frequencies (n=19)



Average confidence levels were calculated for each question on the pre- and post- assessments. Overall, confidence increased for every question, indicating that the training session was effective in increasing the participants' knowledge and confidence in lead, effective communication, and collaboration (Figure 4). For nine of the eleven questions (Questions 1, 3, 5, 6, 7, 8, 9, 10, 11) there was a significant increase in confidence. These questions dealt with concepts such as describing services offered through the CLPPP, prevalence vs incidence, confirmed vs unconfirmed cases, locating and utilizing resources, effectively communicating resources and data, and describing various sources of lead exposures.



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Assessment Questions**

Question 1	Describe services offered through the CLPPP
Question 2	Find resources on the IDPH CLPPP website
Question 3	Describe the difference between prevalence and incidence
Question 4	Describe the difference between morbidity and mortality
Question 5	Describe the difference between confirmed and unconfirmed cases of blood lead level results
Question 6	Describe how to effectively use data to communicate with different audiences
Question 7	Find tools and resources to crease and disseminate public health messages to diverse audiences
Question 8	Utilize media tools to provide effective outreach and risk communication
Question 9	Locate the Lead Exposure Risk Model and use it to determine risk in your county
Question 10	Describe various sources of lead exposure
Question 11	Effectively communicate with partners using a variety of tools and strategies

***All assessment questions in their entirety are provided in Appendix D*

Focus Group Discussion

To provide participants an opportunity to openly share their thoughts and start a discussion about the training, a focus group was facilitated at the end of the training. The group was prompted with the question "what was found most useful or that you liked?". Responses included the collaboration exercise, new and available resources, going through the toolkit, the relationship of IDPH and IIPHRP, and the teaching methods. The group was then prompted with the question "what was least useful or that you disliked?". The one response was that the individual felt mislead about what the training actual was, believing it would be about lead examination and home inspection, but commented that the training was still very useful and overall a good training. Some of the responses sparked other comments on areas where more tools or information is needed including needing clarification on the testing schedule, wanting a shorter website link, and wanting the last slide of videos made into an outreach card.

**All comments in their entirety are provided in Appendix E*

Appendix A: Communication Discussion

During the introduction portion of the training, the presenters facilitated a discussion on the future communication plan using Mentimeter. Mentimeter is an interactive visual tool that aids in opinion sharing and discussion starting. The participants were prompted with 3 questions on Mentimeter. The presenter read the question out loud and participants submitted their answers anonymously via smart phone or device. The answers were then displayed on the screen to allow for any further discussion of ideas.

Open-Ended Question	***Summary of Responses*****
What communication would you like to receive from IDPH?	Program/resource updates; education opportunities and information; social media outreach information/templates
How would you like to receive communication from IDPH?	Email (that isn't encrypted); zoom; webinars; in person occasionally
How will you communicate back to IDPH to close the loop?	Surveys; reports; quarterly Q&A shared throughout the state

***Communication responses in their entirety are provided* below

Participants noted a desire to receive communication from IDPH including program/resource updates, education opportunities and information, and social media outreach information/templates. The most favored ways of receiving the communication were through email that is not encrypted, zoom, webinars, and occasional in person meetings. This group noted that the most convenient ways to communicate back to IDPH to close the loop is through surveys and reports. New ideas for communicating back were brought up including having a quarterly Q&A shared throughout the state.

What communication would you like to receive from IDPH?

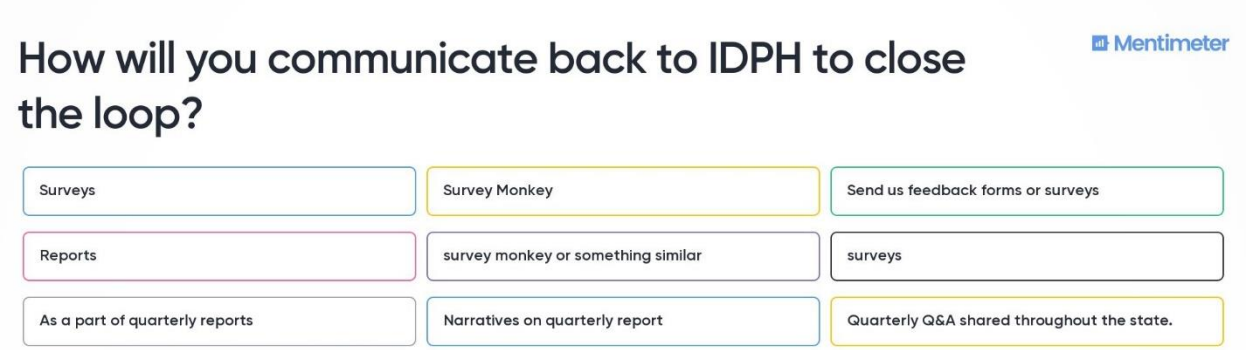
Mentimeter

Updates or changes to program	Ability to search children for completed blood lead testing	Notification of updated resources
Educational posts and graphics on Facebook and twitter	Success stories-increasing testing/awareness, hazard mitigation strategies	ZoomChanges, new ideas
Program updates	Data specific to our counties. # screened, results.	HHLPSS instruction manual and it's relationship with grant measures
social media information regarding risks, exposure hazards	Code changes	Updated lead requirements, resources
Educational opportunities	Social media message examples	Educational information for social media and newsletters. Training information
quarterly newsletters with information that includes: data, resources, success stories, clppp contacts, social media help	Definitely social media posts	Templates for community social media
Links to information available online . Include links in brochures for parents	Email	Newsletters
Annual training	Annual training	Surveys

How would you like to receive communication from IDPH?

Mentimeter

14



Appendix B: Evaluation Questions

Likert scale questions (strongly agree, agree, disagree, strongly disagree):

21. Overall, the training met my expectations
22. Content of the training clearly met the overall objectives of the training
23. Presenters demonstrated thorough knowledge of the subject matter
24. Effective teaching and facilitation methods were used
25. The training was well organized
26. The training venue was conductive to learning
27. Materials and handouts will be good resources following the training
28. Small group activities/exercises in this training contributed to achieving the training objectives
29. I will use this training in my public health work on a regular basis
30. I will recommend this training to my colleagues

Open-ended questions:

17. What is one new thing that you learned today?
18. The thing that really sticks with me from today – that I will take back to my daily work is _____
19. What could you/your organization/office do next to use what you learned here today?
20. Is there something that you thought or that you hoped we would cover in the training that we did not?
21. The one thing that I would do to improve this training is _____
22. What future training should be developed that will be most beneficial?
23. What is the best format for training? Face to face, web based, etc?
24. What is the best form of follow up communication – for example, how would you like to learn about new resources or new guidelines?

Appendix C: Evaluation Comments

What is one new thing that you learned today?

- Network Map
- How to access the vast teaching/education resources
- Building a network; How to better engage those you want to reach; Lack of doing lead screenings on children after age 1
- Availability of information videos; Lead exposure risk model
- New website; Tracking portal

- Bite, snack, meal
- That IDPH Lead Poisoning Prevention website is going to launch some great new resources
- Some data resources
- Collective impact tool
- More outreach tools
- I learned a lot! Love the new resources
- Resources available on the IDPH website regarding lead
- Bite, snack, meal
- I learned that certain counties work under the CLPPP and others fall under the IDPH for high leads
- Use of IDPH portal
- % IA children tested at various ages and the need to follow up after 1st test
- Where the resources are and who to contact
- Website for data

The thing that really sticks with me from today – that I will take back to my daily work is _____

- Accessing videos and printable materials
- Need to test at ages 1-2-3
- Keeping educational information simple for parents
- Resources available
- Using the IDPH tracking portal
- Bite, snack, meal
- Collaboration with key partners
- Importance of networking - thinking beyond usual partners
- The importance of testing often
- Bite, snack meal
- Collective impact
- Low numbers of 2 yr olds are lead tested
- Media tools
- Bite method
- 1. need to collaborate 2. number of resources available
- Bite and snack; collective impact

What could you/your organization/office do next to use what you learned here today?

- Communicate to Partners
- Start education to local providers regarding increased lead testing
- Provide outreach to the community
- Share with coalition, increase coalition membership; share on social media
- Outreach that is quick and to the point using data
- Begin to talk with key partners about lead poisoning education and the importance of testing
- CLPPP meeting to review info and plan how to outreach
- Share info with other CLPPP members
- Work on messaging and outreach

- Plan to update all staff at next health department meeting; share a community coalition meeting
- Share/use the videos at regional nurse consultant meetings - use as a teaching tool; share the lead handouts with coworkers
- Reach out to new partners
- Encourage providers to do more lead screenings at 2, 3, 4, 5 yr olds
- Training to public/staff on lead
- Enhance collaboration between siloed organizations in the area; use data/tools to create working group
- Bite and snack; videos - play on TV in waiting room
- Pull team together to strengthen outreach plan

Is there something that you thought or that you hoped we would cover in the training that we did not?

- I wasn't sure what I was getting into, but really enjoyed the class
- I was misled by the title of the program - I was hoping to learn more about assessing homes and not as much data info, and learn more regarding school nurse role in enrolling kids
- What will be done if level is…
- Grant/HHLPSS info/update
- More specific information on follow up at the >5 vs >10 levels
- Help with moving coalitions forward (not building) as we have a coalition but continuing the coalition goals to work on
- No - good training
- HHLPSS
- More program based things
- Can't think of anything
- No - good training
- What programs are out there for families who live in homes that have high lead levels
- Home inspection process
- Best practices or examples of successful collaborative efforts esp. in rural communities

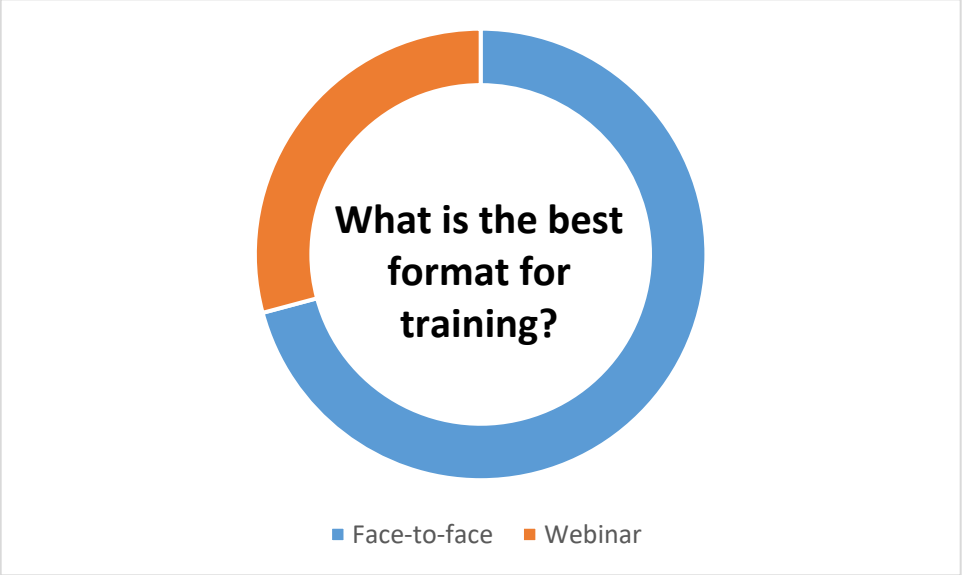
The one thing that I would do to improve this training is _____

- Too long, but not sure what could be taken out, all good.
- Great training, just not what I was expecting
- Provide more resources in different languages
- Provide nursing CEUs
- More CLPPP specific information
- I could look through the toolkit at another time. Use that time for more content
- Nothing
- Provide nursing CEUs
- It was great - no changes

What future training should be developed that will be most beneficial?

- Surprised how little people knew about lead in my groups. Maybe need a "nuts and bolts" class
- Integrating lead testing with IRIS
- Grant/HHLPSS info/update
- Training on low risk vs high risk screening schedules and specific follow up requirements based on results
- Training that will help improve the outcomes of the CLPPP grant
- Input from a community partnership that has been successful at improving testing rates or disseminating lead education and how they did it
- HHLPSS
- HHLPSS
- Understanding CLPPP more in-depth and HHLPSS
- Updates communicable diseases becoming epidemic due to low immunization rate - ex measles
- HHLPSS
- More online/webinar trainings
- Something more clinical for those doing case and environmental case management
- Data entry

What is the best format for training? Face to face, web based, etc?



Notes:

- This was a good combination
- Depends on content
- Yearly face-to-face with webinar in between
- Face-to-face is great but maybe add a webinar series

What is the best form of follow up communication – for example, how would you like to learn about new resources or new guidelines

Appendix D: Assessment Questions

Confidence rating scale (no confidence, slight confidence, moderate confidence, high confidence)

12. Describe services offered through the CLPPP
13. Find resources on the IDPH CLPPP website
14. Describe the difference between prevalence and incidence
15. Describe the difference between morbidity and mortality
16. Describe the difference between confirmed and unconfirmed cases of blood lead level results
17. Describe how to effectively use data to communicate with different audiences
18. Find tools and resources to crease and disseminate public health messages to diverse audiences
19. Utilize media tools to provide effective outreach and risk communication
20. Locate the Lead Exposure Risk Model and use it to determine risk in your county
21. Describe various sources of lead exposure
22. Effectively communicate with partners using a variety of tools and strategies

Appendix E: Focus Group Comments

What was found most useful or that you liked?

- Collaboration exercise
- Going through the toolkit
- Website
- Videos
- Resources available
- How IDPH is organized in collaboration with U of I

- Hearing updates
- Teaching methods (exercises, mentimeter)

What was found least useful or that you disliked?

- Mislead about what the training was going to be about (lead examination, home inspection)

Other Comments:

- Cards made from the last slide of the video for outreach
- Shorter website link
- Need clarification on testing schedule

Iowa Childhood Lead Poisoning Prevention Summer Regional Training Evaluation

Red Oak

July 23, 2019

Alexa Walker, Vickie Miene, Faryle Nothwehr, Anjali Deshpande

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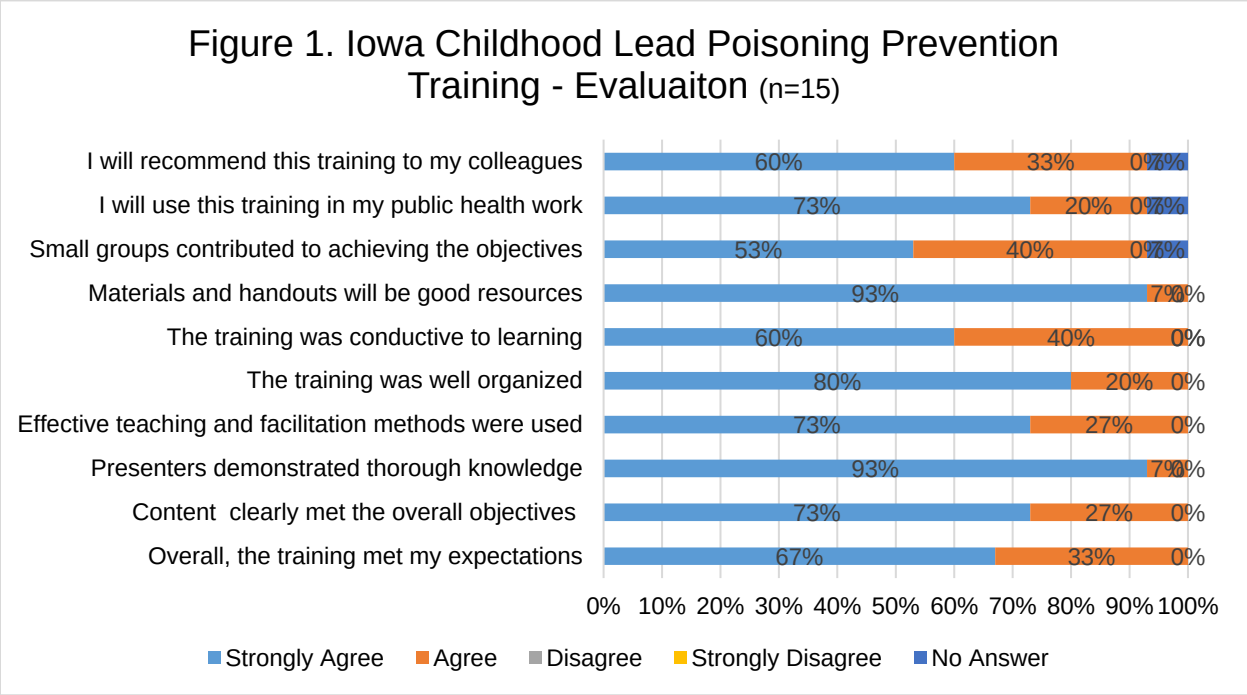
The training content was derived from the results of the needs assessment completed on the Childhood Lead Poisoning Prevention Program (CLPPP). The training took place in four locations across the state of Iowa to ensure that all geographic areas had the opportunity to participate. This training was provided free of charge – thanks to a grant from the Centers for Disease Control and Prevention and the Iowa Department of Public Health through the Iowa Institute of Public Health Research and Policy at the University of Iowa.

Summary of Training Session

This training session was delivered in Red Oak, Iowa on July 23rd, 2019. There was a total of 15 participants at the session coming from multiple sectors. The session began with an introduction that ran from 9am to 10am during which participants were given an introduction to the CLPPP, the relationship between IDPH and IIPHRP, the Needs Assessment report, and a brief discussion on future communication strategies (results in their entirety can be found in Appendix A). The second part of the session was a data training that ran from 10am to 12:10pm. During this session participants were given presentations on "Data Basics", the "Iowa Public Health Tracking Portal", and "Making Data Talk". This session ended with a group work exercise on putting the learned skills into practice. The third part of the training ran from 12:40pm to 2pm during which the toolkit was unveiled. The participants learned about the provided toolkit, had an opportunity to give feedback, and learned about various sources of lead exposure. The last session of the day ran from 2:15pm to 3:15pm during which participants learned about best practices for collaboration and outreach through a presentation on "Collective Impact". Following the presentation participants were divided into groups to work on a group networking exercise. After this last session, participants had the opportunity to participate in a focus group, from 3:15pm to 4pm, in which they could provide feedback on the training.

Overall Training Evaluation

All attendees were provided an evaluation sheet at the end of the training with 10 Likert scale questions and 8 open-ended questions regarding organization, facilitation, and content of the training session, as well as questions regarding future training opportunities and follow-up information.



**All evaluation questions in their entirety are provided in Appendix B*

All 15 attendees returned completed evaluations. The chart above summarizes the responses to the Likert scale questions. The attendees evaluated the training positively with the facilitators, organization, and resources of the training being particularly well received. The majority of attendees also indicated a strong likelihood to recommend this training to their colleagues.

Open-Ended Question	***Summary of Responses****
What is one new thing that you learned today?	Collective impact; sources of lead exposure; recommended testing ages; techniques to disseminate key messages
The thing that really sticks with me from today – that I will take back to my daily work is _____	Collective impact/networking; bite, snack, meal; resources
What could you/your organization/office do next to use what you learned here today?	Use new tools for education and outreach to parents and providers; reach out to current/new partners
Is there something that you thought/hoped we would cover in the training that we did not?	HHLPSS; CLPPP grant objectives; centralized registry; pregnant and lactating women and lead testing; billing; updates
The one thing that I would do to improve this training is _____	None; longer training that is more in-depth; more hands on
What future training should be developed that will be most beneficial?	HHLPSS; nutritional interventions and recommendations; grant writing
What is the best format for the training? Face to face, web based, etc?	Face-to-face; webinars
What is the best form of follow up communication – for example, how would you like to learn about new resources or new guidelines?	Email; newsletter; quarterly face-to-face

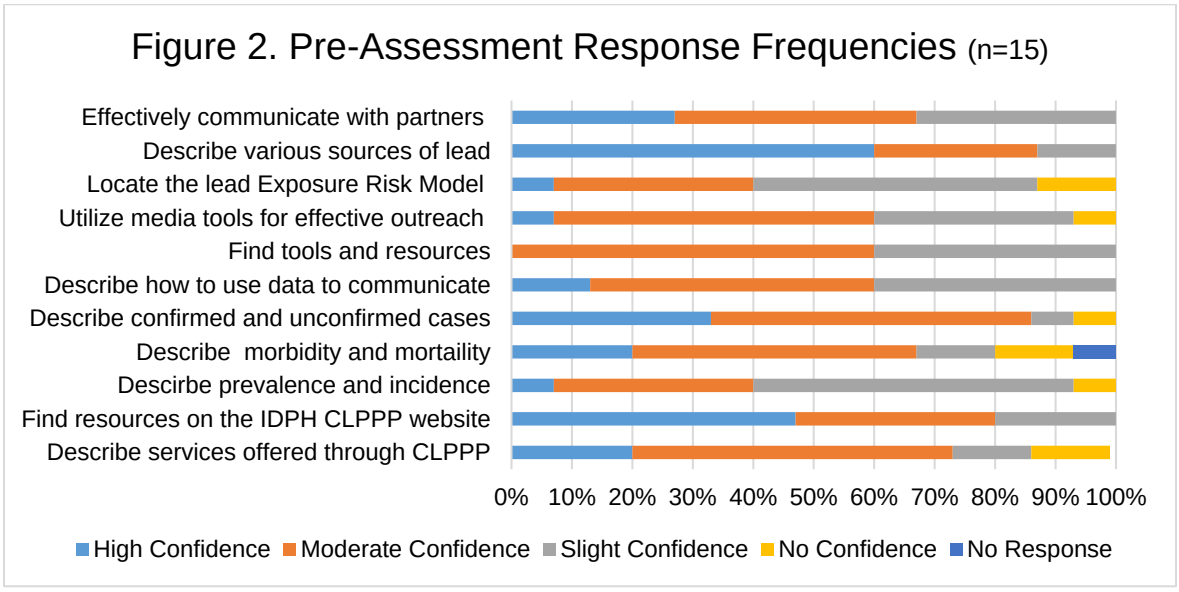
**All comments in their entirety are provided in Appendix C*

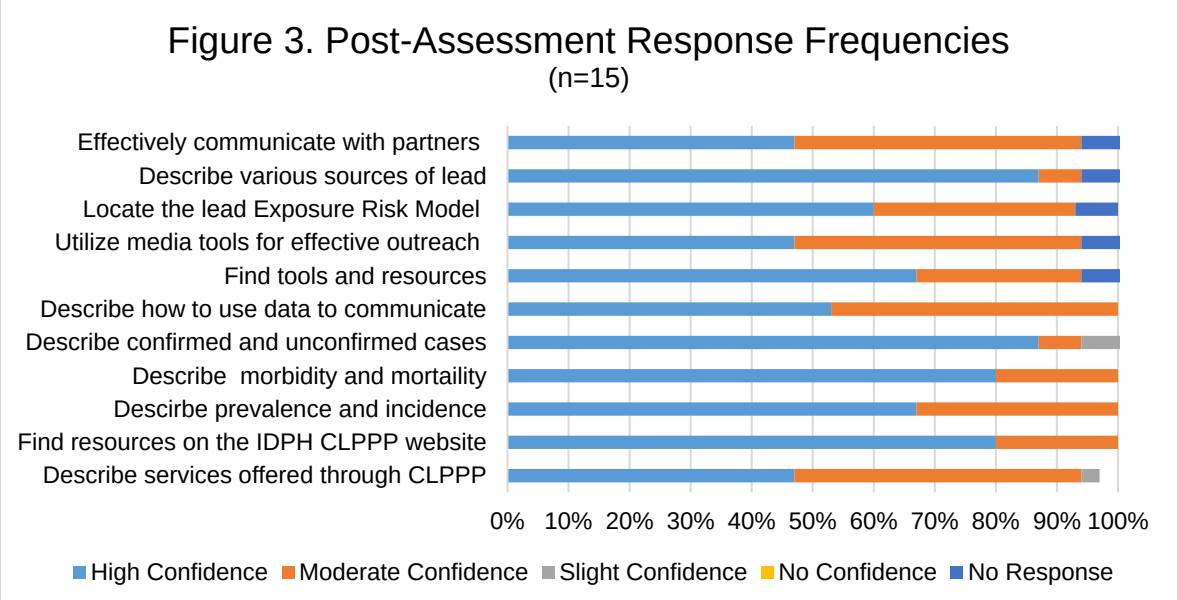
Feedback from the open-ended questions on the evaluations provided more in-depth commenting. Positive feedback was received and a number of good suggestions for further improvement and future training opportunities were provided. Several attendees commented that they are excited to utilize the new resources in their communities and they found the collective impact activity and education on sources of lead to be very useful. A few responses suggested they hoped HHLPSS and grant objectives would have been covered in the training. Respondents also suggested future trainings including training on HHLPSS, nutritional interventions and recommendations, and grant writing. The majority of respondents stated they find face-to-face meetings to be the best format for trainings, with a few proponents for webinars. The majority of respondents noted that the best form of follow up communication is through email, newsletters, and quarterly face-to-face.

Pre- and Post-Assessments

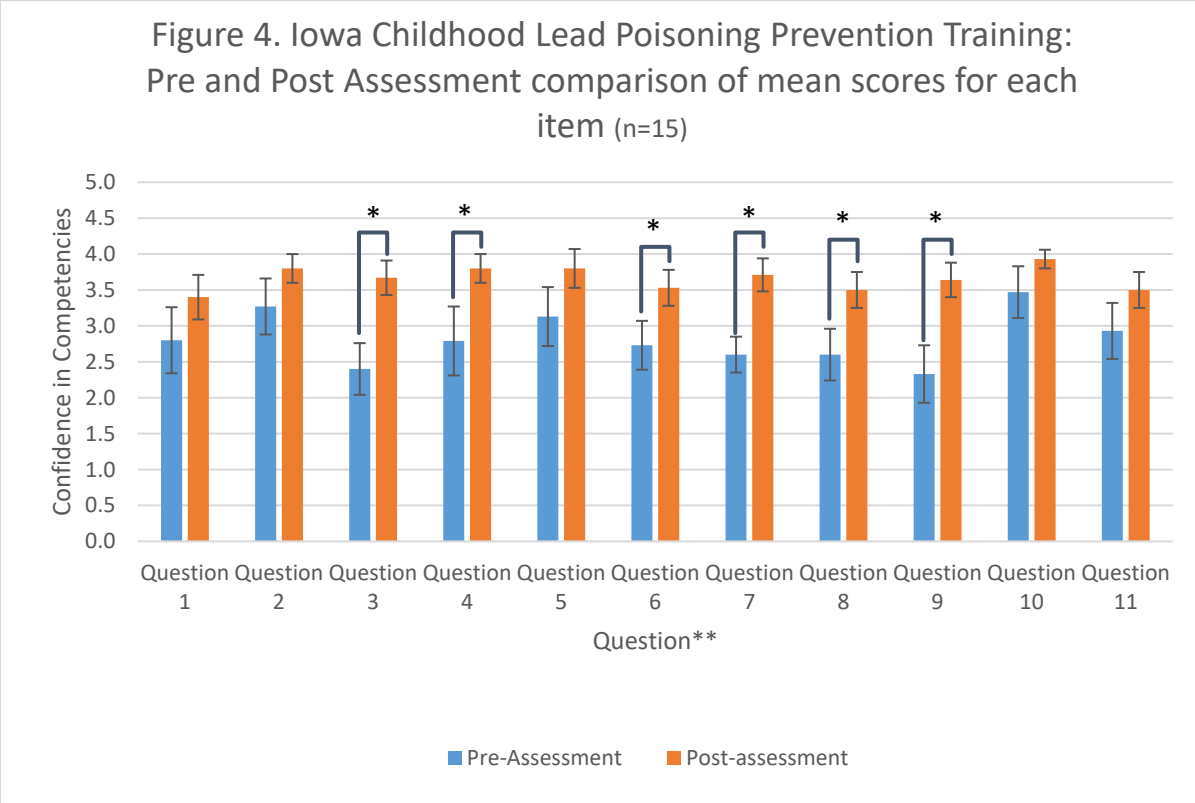
All attendees were provided a pre- and post-training assessment that asked participants to rank their own confidence in 11 different skillset areas that are related to the training, such as finding tools and resources to create and disseminate public health messages to diverse audiences. By comparing the pre- and post-assessments, we can identify key areas of growth as a direct result of the training and aspects of the curriculum that can use more improvement. From the 15 attendees, we received 15 pre- and post-assessments.

These two graphs help visualize the difference in confidence levels for attendees before and after the training. By the end of the session, most participants were moderately or highly confident in the identified skillsets. It may be useful to gauge the long-term impact of the training by emailing the attendees the same assessment a couple of weeks or months after the training.





Average confidence levels were calculated for each question on the pre- and post- assessments. Overall, confidence increased for every question, indicating that the training session was effective in increasing the participants' knowledge and confidence in lead, effective communication, and collaboration (Figure 4). For six of the eleven questions (Questions 3, 4, 6, 7, 8, 9) there was a significant increase in confidence. These questions dealt with concepts such as prevalence vs incidence, morbidity vs mortality, finding and utilizing resources, and effectively communicating resources and data.



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Assessment Questions**

Question 1	Describe services offered through the CLPPP
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Question 11	Effectively communicate with partners using a variety of tools and strategies

***All assessment questions in their entirety are provided in Appendix D*

Focus Group Discussion

To provide participants an opportunity to openly share their thoughts and start a discussion about the training, a focus group was facilitated at the end of the training. The group was prompted with the question "what did you like about the training?". Responses included the bite, snack, meal activity, the videos, pictures in the toolkit, liked being with people of like-minded interest, and it is nice to be able to send out links to the new easy to access resources. Some of the responses sparked other comments on areas where more training or information is needed in certain areas. These areas included how to create your own infographic, prenatal/breastfeeding information and a push for testing.

**All comments in their entirety are provided in Appendix E*

Appendix A: Communication Discussion

During the introduction portion of the training, the presenters facilitated a discussion on the future communication plan using Mentimeter. Mentimeter is an interactive visual tool that aids in opinion sharing and discussion starting. The participants were prompted with 3 questions on Mentimeter. The presenter read the question out loud and participants submitted their answers anonymously via smart phone or device. The answers were then displayed on the screen to allow for any further discussion of ideas.

Open-Ended Question	***Summary of Responses*****
What communication would you like to receive from IDPH?	Information for landlords; social media posts; education for parents about advocating for lead testing; resources for home owners; environmental health lead updates
How would you like to receive communication from IDPH?	Webinar; email; newsletters
How will you communicate back to IDPH to close the loop?	Email; phone call; survey

***Communication responses in their entirety are provided below*

Participants noted a desire to receive communication from IDPH including information to share with landlords, social media posts, education for parents, and resources for homeowners. The most favored ways of receiving the communication were through webinars, email, and newsletters. This group noted that the most convenient ways to communicate back to IDPH to close the loop is through emails, phone calls, and surveys.

What communication would you like to receive from IDPH?

Mentimeter

How to present lead information to landlords. How to get physicians to test all children 1-6.	Real time common location that has current data	Social media posts Advanced information for National Lead Prevention Week
How to get the lab to report to state.	incidence of lead poisoning by county and state level for lead levels 5-10, 10-15, 15-20, etc yearly	ways to educate providers on importance of testing for lead
Data about lead poisonings in my county. Webinars. Updated info	Percentage of rental houses that have poisoned more than one child.	Ways to get landlords to fix the problem rather than ignoring it
information on environmental health lead updates, like businesses, schools, buildings, testing high for lead	Education to parents about advocating for lead testing in their children	Resources for home owners to remediate lead based paint. Many homeowners with young children can not afford the cost of remediation. Renters just move and the next family will come along and have the same experience.
Labs need help to send data to IDPH. Labs need to be checked up on routinely. Software working. Sometimes lab enters venous– in HLPPSS came out capillary.	Training	

How would you like to receive communication from IDPH?

Mentimeter

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How will you communicate back to IDPH to close the loop?

Mentimeter

Email	Survey Monkey	Phone calls, emails, success stories, feedback at quarterly meetings.
Personal phone call	Feedback at end of webinar	survey/questionnaire
Same common Contact point you get information	Call Kevin. Email. Stop in at Lucas Bld	Text message

Appendix B: Evaluation Questions

Likert scale questions (strongly agree, agree, disagree, strongly disagree):

31. Overall, the training met my expectations
32. Content of the training clearly met the overall objectives of the training
33. Presenters demonstrated thorough knowledge of the subject matter
34. Effective teaching and facilitation methods were used
35. The training was well organized
36. The training venue was conductive to learning
37. Materials and handouts will be good resources following the training
38. Small group activities/exercises in this training contributed to achieving the training objectives
39. I will use this training in my public health work on a regular basis
40. I will recommend this training to my colleagues

Open-ended questions:

25. What is one new thing that you learned today?
26. The thing that really sticks with me from today – that I will take back to my daily work is _____
27. What could you/your organization/office do next to use what you learned here today?
28. Is there something that you thought or that you hoped we would cover in the training that we did not?
29. The one thing that I would do to improve this training is _____
30. What future training should be developed that will be most beneficial?
31. What is the best format for training? Face to face, web based, etc?
32. What is the best form of follow up communication – for example, how would you like to learn about new resources or new guidelines?

Appendix C: Evaluation Comments

What is one new thing that you learned today?

- The house concept
- Lead/spices, new information
- How many people need to be in partnership to work together in lead testing and education
- Better understanding of the IDPH data portal
- Smoking can increase lead levels
- Recommended lead testing at 1,2,3 only knew of 1 time before kindergarten
- What made lead levels confirmed or unconfirmed
- The techniques to disseminate key messages to target audiences
- Bite, snack, meal
- A lot more resources

The thing that really sticks with me from today – that I will take back to my daily work is _____

- Knowing needs/interests of audience
- Where lead is
- Bite-chew-meal concept
- The videos will be used for public education

- Collective impact
- Concern over housing in our area
- All of the sources of lead
- Increasing number of follow up blood draws
- Infographics on the 12 buses
- Network
- How to connect community resources to resolve lead issues

What could you/your organization/office do next to use what you learned here today?

- Show new resources
- Update lead information for parents
- Start talking with BOS and BOH more and get their input
- Use of tools to increase lead poisoning awareness
- Work with clinic admin to schedule a lead training at a future med-staff meeting
- Contact city council
- More education to patients and provider offices to increase testing
- Educate providers and parents; show information to providers
- Continue supporting our locals and networking with new partners
- Reach out to housing type stakeholders
- More education to community, providers, etc.

Is there something that you thought or that you hoped we would cover in the training that we did not?

- Updates
- Resource to find lead test results in all counties. Centralized registry
- CLPP grant objectives
- Lead billing
- HHLPSS
- No
- No
- How to improve number of providers that actually check lead levels
- Increased info on pregnant and lactating women and lead exposure testing
- More on risks to children/families

The one thing that I would do to improve this training is _____

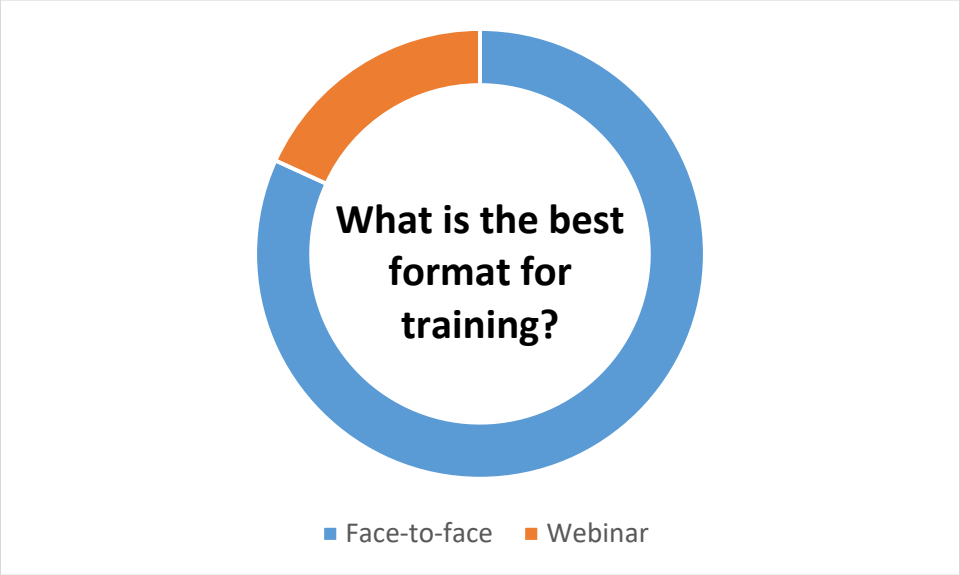
- None
- It was very good and appreciated
- More hands on
- None, loved the collaboration team
- Longer training, more in-depth

What future training should be developed that will be most beneficial?

- Use of HHLPSS
- Continued support for LPH's to meet objectives
- HHLPSS

- More deep studies on lead sources like the home remedies
- Nutritional interventions and recommendations
- More grant writing for funds for level resolution on rental properties - real estate

What is the best format for training? Face to face, web based, etc?



Notes:

Any format will be good as long as it is well organized

What is the best form of follow up communication – for example, how would you like to learn about new resources or new guidelines

Notes:

Quarterly meetings at regional meetings or epi meetings

Appendix D: Assessment Questions

Confidence rating scale (no confidence, slight confidence, moderate confidence, high confidence)

23. Describe services offered through the CLPPP
24. Find resources on the IDPH CLPPP website
25. Describe the difference between prevalence and incidence
26. Describe the difference between morbidity and mortality
27. Describe the difference between confirmed and unconfirmed cases of blood lead level results
28. Describe how to effectively use data to communicate with different audiences
29. Find tools and resources to crease and disseminate public health messages to diverse audiences
30. Utilize media tools to provide effective outreach and risk communication
31. Locate the Lead Exposure Risk Model and use it to determine risk in your county
32. Describe various sources of lead exposure
33. Effectively communicate with partners using a variety of tools and strategies

Appendix E: Focus Group Comments

What did you like about the training?

- Videos
- Nice to be able to text links to resources
- Bite, snack, meal
- Liked being with people of like-minded interest
- Pictures in toolkits

Other Comments:

- How to create your own infographic
- Would like prenatal/breastfeeding information and push for testing