

Disclosures

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- All presenters and moderators do not have any conflicts of interest to disclose.
- This event has no commercial or sponsorship to disclose.

Meet Our Team



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Learning Objectives

- Attendees will learn firsthand the importance of their role in working with the family of a lead poisoned child and gain a clearer understanding that what each sector does matters.
- Attendees will gain an understanding of the work other sectors complete and how it is beneficial to collaborate to prevent childhood lead poisoning.
- Medical providers will learn the importance of not only testing for lead poisoning, but testing a child early and often to determine if a child is being exposed to lead.
- Housing professionals will gain a better understanding of the importance of maintaining the interior and exterior homes to prevent lead exposures to children.

Agenda

9:00am - 9:30am Welcome & Overview

9:30am - 10:30am Keynote Presentation - Iowa Parents Against Lead

10:30am - 10:40am Break

10:40am - 11:25am Blood Lead Testing Clinical Study

11:25am - 12:00pm Morning Wrap-Up Activity

12:00pm - 1:00pm Lunch Break

1:00pm - 1:45pm Making the Connection Between Housing, Hazards, and Health

1:45pm - 2:30pm Improving Prevention, Early Screening and Detection of Childhood Lead Poisoning in Primary Care Offices

2:30pm - 2:40pm Break

2:40pm - 3:25pm The Impacts of COVID-19 on Lead Poisoning Prevention

3:25pm - 4:00pm Discussion & Wrap-Up

Technology Troubleshooting

- If at any point you become disconnected, log back in with the same webinar link
- If you are having a difficult time with your audio, try switching from computer audio to phone audio
- If you are having difficulties, you can chat with us or email <u>alexa-andrews@uiowa.edu</u>



Technology Troubleshooting



During presentations, the chat will only go to panelists. During breaks and discussion sections, we will open the chat to everyone.

You are muted but have the ability to speak, if you <u>raise your hand</u>, we can grant you access

Use the <u>Q&A feature</u> to ask questions to the presenters

CEUs

Nursing Accreditation

This continuing nursing education activity was approved by APHA/PHN, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Medicine (CME) Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the American Public Health Association (APHA) and the National Center for Disaster Medicine and Public Health. The APHA is accredited by the ACCME to provide continuing medical education for physicians.

Designation Statement: The APHA designates this (insert type of activity-live, enduring, web) educational activity for a maximum of 4.0 AMA PRA Category 1 Credit (s)[™].

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Sponsored by the American Public Health Association (APHA), a designated approver of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES[®]) to receive up to 4.0 total Category I contact education contact hours

In the coming days, you will receive an email from APHA with instructions to obtain your CE. Please keep an eye out for this and complete it by the assigned deadline, if you do not complete it by the deadline you will not be eligible for CE.

Virtual Learning Collaborative

- Childhood Lead Poisoning Prevention August 5, 2020 Keynote Presenter:

Brenda Music

- Mother
- Founder & President
- Iowa Parents Against Lead Poisoning (IPAL)







The Move



- The Summer of 2001 moved from California to Independence, Iowa.

- 1930 single family home



- Sean was a year old

- He had not been tested for lead exposure



The First Test



In 2003, Damon lost job and was unemployed.
Qualified for WIC where Sean received his first BLL test
3.5 years old
Capillary of 26 μg/dL



- Later confirmed at 40 $\mu g/dL$
- 4 times higher than CDC level of concern 10 $\mu g/dL$
- 4 years of blood lead testing



The House



- Home inspection for lead hazards.
- High lead levels on exterior siding.
- Sean played in sandbox next to home.
- Exterior power washing cancelled.
- County lead hazard repair funds used to make home lead safe.





Sean's History of Blood Lead Testing 2003 - 2010





- 2003 Iowa Parents Against Lead Poisoning (IPAL) founded
- Share our experience and educate other on impacts of lead poisoning
- 2012 Lobby Congress to restore CDC funding

The Advocacy Work



• Sean's letter to Senator Harkin





Senator Harkin,
Thank you so much for listening to my Mom talk about the budget cuts to the CDC healthy homes and lead poisoning program. I am lucky I had the help, but lots of kids won't be unless they can get more money to help them. They won't do well in school and they won't be able to find good jobs when they get older.
I really enjoyed meeting you at the breakfast and liked having my picture taken with you. You are a really great man and I hope one day to be able to do great things like you to help others.
Thank you so very much again for wanting to help kids like me in lowa.
Sincerely,
Sean Arthur Music Independence, Iowa



- Black Hawk County Coalition Board member
- 2013 National Center for Healthy Housing Steering Committee
- 2016-2017 sat on Pew Charitable Trust Committee
 - 2017 Policy Manual Report 10 Policies to Prevent & Respond to Childhood Lead Exposure
 - Download at <u>Pewtrusts.org</u>



- 2017 Sean decided to stop medications
- By 2018 Sean graduated out of IEP program
- Graduated with his high school classmates
- Sean is currently working and planning on taking college courses in the future

Thank you!

Brenda Music, Mother Founder & President: Iowa Parents Against Lead Poisoning (IPAL)

https://www.ipalkids.com/



Using State & Local Collaboration to Improve Blood Lead Testing in Clinical and Medical Practices



Virtual Learning Collaborative -Childhood Lead Poisoning Prevention August 5, 2020

Presenters:



Jason Kessler, MD, FAAP Interim Medical Director, Pediatrician Primary Health Care, Inc. Des Moines



Kevin Officer, BS Childhood Lead Poisoning Prevention Program

Analisa Pearson, MSN, RN EPSDT, Child & Adolescent Health

Virtual Learning Collaborative -Childhood Lead Poisoning Prevention August 5, 2020

Background

- Participation in 3-Year Maternal & Child Health CoIIN Project
 - Collaborative Improvement and Innovation Network
- Funding: Department of Health & Human Services
- To support and improve coordinated systems of care within states to address the needs of maternal, infant, and child populations within those states that are at risk for or experience exposure to lead.





Background

- Goals
 - 1. Decrease maternal and child morbidity and mortality associated with exposure to lead.
 - 2. Increase the number of infants and children that have access to a system of coordinated care to address their needs due to lead exposure.
- Effect change through:
 - Quality improvement strategies and
 - Collaborative impact





Collaborative Effort = Collective Impact

1. Primary Source:

- Housing #1 source of child lead exposure in lowa
- Lead risk map Pre-1950 housing
- Primary Prevention, Healthy Housing Practices



PHC primary health https://tracking.idph.iowa.gov/



- 2. Diagnosis:
- Blood lead testing
- Early & often starting at 12 mo.



Collaborative Effort = Collective Impact

3.

Intervention:

services

counties

• Direct support & referral

• Health equity in all Iowa



- 4. Education & outreach:
 - Community events
 - Minority & Dis-advantaged populations



FPIIRI IC HFAI T



Our Aim

Increase medical provider lead testing of children at ages 1, 2, and 3 years.







Percent of Children 12–23 months of age Receiving a Blood Lead Test

Lyon Osceola Dickinson Emmet Winnebago Worth Mitchell Howard 59% 86% 48% 77% 69% 70% Winneshiek Allamake 52% 85% 88% 77% Kossuth 72% Sioux O'Brien Clay Palo Alto Cerro Gordo Hancock Floyd Chickasaw 77% 59% 72% 67% 65% 72% 65% 58% Fayette Clayto 82% 79% Humboldt Bremer Cherokee Buena Vista Pocahontas Plymouth Wright Franklin Butler 66% 97% 51% 96% 90% 90% 68% 59% 63% Dubuque Black Hawk Buchanan Delaware Webster 65% Woodbury Ida Sac 77% 55% 81% Calhoun Hardin Grundy Hamilton 73% 51% 40% 78% 83% 78% 65% 63% Jackso 101% Jones Benton Linn Tama 68% Monona Crawford Carroll Greene Boone Story Marshall 95% 73% 73% 68% 81% 39% 72% 79% 81% 86% Clinton 43% Cedar 57% Polk Harrison Shelby Audubon Guthrie Dallas Jasper Poweshiek lowa Johnson Scott 56% 80% 76% 100% 81% 77% 65% 37% 57% 57% 56% Muscatine 689 Pottawatamie Warren Marion Mahaska Washington Madison Keokuk Cass Adair 55% 49% 69% 55% 87% 72% 85% 76% 53% 80% Jefferson Mills Monroe Nontgomer Adams Union Clarke Lucas Wapello Henry 76% 56% 58% 52% 60% 58% 92% 63% 114% 69% Des Moine 69% Van Buren Davis Fremont Page Ringold Decatur Wayne Appanoose Taylor 39% 51% 58% 72% 51% 43% 58% 66% 46% Lee 71% % Tested PHC vry health 0 25 50 75 100 IOWA Department of PUBLIC HEALTH

2018 County Data

Percent of Children 24—35 months of age Receiving a Blood Lead Test

2018 County Data

Lyon 20%	Osceola 23%	Dickinson 32%	Emmet 43%	Kossuth	Winnebag 45%	o Worth 64%	N	Aitchell 46%	Howard 39%	Winne 38	eshiek 196	Allamakee 52%			
Sioux 29%	O'Brien 12%	Clay 40%	Palo Alto 24%	9%	Hancock 43%	Cerro Go 62%	rdo	Floyd 44%	Chickasa 41%	N	****	Clauto			
Plymouth 24%	Cherokee 32%	Buena Vista 58%	Pocahontas 51%	Humboldt 47%	Wright 47%	Frankli 31%	n I	Butler 67%	Bremer 68%	56	%	42%			
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	Fremont 23%	Page 19%	Taylor 31%	Ringold 45%	Decatur 29%	Wayne 13%	Appa 2	anoose 1%	Davis 16%	Van Bur 23%	en	Lee 68%	36		
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PHC primary health care				0 25	50	75	100							IDWA De of PUBLI	epartment JC HEALTH

Percent of Children 36—47 months of age Receiving a Blood Lead Test

2018 County Data

Lyon 15%	n 6	Osceola 10%	Dickinson 12%	Emmet 21%	Kossuth	Winnebago 3%	o Worth 8%	Mit 14	chell 4%	Howard 11%	Winne 15	shiek A	Illamakee	
Siou 259	Sioux O'Brien Clay 25% 7% 12%		Palo Alto 11%	3%	Hancock 0%	Cerro Go 10%	rdo Flo	oyd 2%	Chickasa 6%	w				
Plymou 23%	uth	Cherokee 36%	Buena Vista 12%	Pocahontas 19%	Humboldt 12%	Wright 33%	Frankli 5%	n Bu	tler 5%	Bremer 8%	Faye 299	tte %	Clayton 22%	
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Clinic Survey

- Goal: Increase testing of 1 & 2 year olds
 - Determine clinic testing practices
 - Surveyed:
 - 7 large medical network clinics
 - 6 small rural clinics
 - What we were looking to find out:
 - 1. What blood lead testing guidelines are being followed?
 - 2. What are the barriers to testing?
 - 3. Does clinic/provider have ability to determine rate of testing?
 - 4. What are best means of educating parents on testing and prevention?
 - 5. Does clinic/provider have EMR system capable of sending reminders?







Clinic Survey

• Survey results:



- No difference in responses between large network and small rural clinics
- Within one major network at least three different BLL testing guidelines were being used
- Brochures are main means of educating parents, followed by in-person office visits & social media
- 64% of respondents had EMR system for follow up reminders




Clinic Survey

- Survey results:
 - Barriers identified:



- Parental compliance with follow through of lab orders
 - No POC system (LeadCare II) on-site for testing
- Belief that no further testing is required if initial BLL low & no change in environment (providers/parents)
 - Questionnaire only focuses on home environment





Clinical Pilot

Pilot Project

- Federally Qualified Health Centers
 - Existing Title X contracts easier administrative process
 - Urban and Rural Practices
 - Primary Health Care (Des Moines & Marshalltown)
 - River Hills Community Health Center (Ottumwa)









Clinical Pilot

Pilot Process:



- Increase blood lead testing of children 12-35 months
 - Every opportunity well visit, sick visit, medication, chronic condition, etc.
 - Pre-interview
 - Implement
 - Pay for Performance Incentive
 - Post-interview
 - For each child ages 12-35 months seen, but not tested, identify the reason they were not tested.







PHC Standard Procedure

Standing orders permit nursing staff to initiate testing at:

- 12 months
- 18 months
- 24 months
- 3 years
- 4 years
- 5 years

Based on IDPH recommendations We also follow-up abnormal tests.







Baseline Data:							
Pre-Project Implementation							
PHC at Mercy Marshalltown Medical							
Month/Year	Number of appointments for children ages 12-35 months who had a lead test within the last 12 months	Total number of appointments for children ages 12-35 months	Percent	Month/YearNumber of appointmentsTotal number of appointmentsPercentfor children ages 12-35for children ages 12-35for children ages 12-35months who had a lead test within the last 12 monthsmonths			Percent
Sept. 2018	36	57	63%	Sept. 2018	7	39	18%
Oct. 2018	53	85	62%	Oct. 2018	20	75	27%
Nov. 2018	30	67	45%	Nov. 2018	15	52	29%
Total	119	209	57%	Total	42	166	25%





PHC at Mercy					
Reporting Period	Number of appointments for children ages 12-35 months who had a lead test within the last 12 months	Total number of appointments for children ages 12-35 months	Percentage		
Sept. 2019	39	51	77%		
Oct. 2019	70	93	75%		
Nov. 2019	43	59	73%		
Total	152	203	75%		





Impact on Unduplicated Patients PHC at Mercy				
Reporting Period	Unduplicated count of unique patients seen during the project period & had a lead test within the last 12 months	Total number of appointments for children ages 12-35 months and seen during the specified reporting period	Percentage	
Sept. 2019 - Nov. 2019	121	157	77%	





Marshalltown Medical					
Reporting Period	Number of appointments for children ages 12-35 months who had a lead test within the last 12 months	Total number of appointments for children ages 12-35 months	Percentage		
Sept. 2019	26	36	72%		
Oct. 2019	71	77	92%		
Nov. 2019	45	50	90%		
Total	142	163	87%		





Impact on Unduplicated Patients – Marshalltown Medical				
Reporting Period	Unduplicated count of unique patients seen during the project period & had a lead test within the last 12 months	Total number of appointments for children ages 12-35 months and seen during the specified reporting period	Percentage	
Sept. 2019 - Nov. 2019	88	103	85%	





Title V – Child Health



- Beginning in FFY 2015 under Title V MCH 3.0, Lead Poisoning Prevention was no longer included as a National Performance Measure.
 - 65% of Title V Contractors continued to provide blood lead testing.
 - No longer required to work on enabling and infrastructure building in service area
- Title V needs assessment for planning and implementation of Child Health Program for 2021-2026





Title V Needs Assessment

• CoIIN highlighted the need for increased testing for 1 and 2 year olds



- Adopted State Performance Measure 2: Percent of children ages 1 through 2 years, with a blood lead test in the past year.
- Environmental scan to assess provider practices
- Require testing of 1 and/or 2 year olds if a low testing county
- Require collaboration with CLPPP
- Health Equity





Outcomes



- Develop "Tips" for improving blood lead testing practices in clinical settings document
- CoIIN has highlighted the need for increased testing of 1 and 2 year olds
- Adoption of SPM 2 blood lead testing as a State Performance Measure (SPM) for the 2021-2026





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Morning Discussion

What are your key takeaways from Brenda's story? What are the barriers in our system to assisting the family today? What are the strengths in our system to assisting the family today?

MAKING THE CONNECTION BETWEEN HOUSING, HAZARDS, AND HEALTH

Jerry Freese, Healthy Homes Field Representative Office of Lead Hazard Control and Healthy Homes (OLHCHH) *U.S. Department of Housing and Urban Development (HUD)*





Session Objectives

- Provide overview of the OLHCHH
- Address housing related hazards that impact health in housing such as lead based paint, mold/moisture, pests, radon, ETS, safety hazards (8 Principles and Healthy Homes Rating System)

What is OLHCHH?

- The Office of Lead Hazard Control and Healthy Homes (OLHCHH) is an office within the Department of Housing and Urban Development (HUD) that protects children and families from health and safety hazards in housing.
- The Office was established in 1992
- 5 Divisions:
 - Lead and Healthy Homes Programs Division
 - Grant Services Division
 - Program and Regulatory Support Division
 - Policy and Standards Division
 - Business Operations Division

OLHCHH's Mission, Vision, and Goals



(OLHCHH, 2009, Healthy Homes Strategic Plan)

What Does OLHCHH Do Now?

Grants for Producing Lead-Safe and Healthy Housing Units

 OLHCHH provides and monitors funding to states and local governments to produce leadsafe and healthy housing units

Technical Studies Grants (a.k.a. Research Grants)

 OLHCHH provides and monitors funding to grantees to research methods, costs, and health benefits of making homes safe and healthy

Enforcement

OLHCHH enforces the Lead-Based Paint Disclosure Rule and works with HUD program offices on compliance with the Lead Safe Housing Rule

Guidance and Performance Criteria

OLHCHH develops and promotes development of healthy homes guidance and performance criteria

Outreach

 OLHCHH provides education and outreach to homeowners, tenants, and stakeholders on how to make homes safe and healthy

OLHCHH Grant Programs

Grants for Producing Lead-Safe and Healthy Housing Units

- Grant programs:
 - Lead Hazard Control Grants
 - Healthy Homes Grants
- · Grantees ("Lead & Healthy Homes Grantees")
 - Grantees of these programs are state, local, or tribal governments.

Technical Studies Grants (a.k.a. Research Grants)

- 2 grant programs:
 - Healthy Homes Technical Studies Grants
 - Lead Technical Studies Grants
- Grantees ("Technical Studies Grantees")
 - Grantees are academic institutions and state, local, and tribal governments.

Our Lead & Healthy Homes Grantees

- Currently, there are over 125 active lead hazard control grantees
- Since 1993, our grantees have made over 200,000 housing units lead-safe and healthy for residents.

Compliance and Enforcement



- The Regulatory and Program Support
 Division...
 - Provides training and technical assistance
 - Enforces the Lead-Based Paint Disclosure Rule
 - Works with HUD program offices on compliance with the Lead Safe Housing Rule
- Since 1999, OLHCHH's enforcement efforts have resulted in:
 - Over **188,000** units made lead-safe and
 - Almost \$1.5 million in penalties

What Does OLHCHH Do Now?

Guidance and Performance Criteria





paint

Bliste

paint



Pictures from Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing

Guidelines for the Evaluation and **Control of Lead-Based Paint** Hazards in Housing

- · OLHCHH has published two editions of The Guidelines, which is a technical manual for lead hazard evaluation and control in federally-assisted housing.
- The Healthy Homes Guidance Manual
 - OLHCHH promulgated a Healthy Homes Program Guidance Manual to provide practical guidance for successfully developing and implementing a local healthy homes program.

The Healthy Homes Rating System

 OLHCHH developed the Healthy Home Rating System (HHRS), a risk assessment system to identify the likelihood and impact on resident health from housing-related health hazards such as radon, lead-based paint, carbon monoxide, fall hazards, and more.

What Does OLHCHH Do Now?

Cross-Cutting Initiatives

Smoke-free Public Housing

- PIH proposed a rule on November 17, 2015 that would make the Nation's public housing smoke-free.
- OLHCHH and Public & Indian Housing (PIH) are working together to promote smoke-free public housing.
- As of September 30, 2015, 612 PHAs have voluntarily implemented smoke-free housing policies.
- OLHCHH and PIH developed smoke free tool kits for public housing agency management and residents
- OLHCHH and PIH published "Change is in the Air" Action Guide

(<u>http://portal.hud.gov/hudportal/documents/huddoc?id=SMO</u> KEFREEACTIONGUIDE.PDF)

Medicaid Reimbursements for In-Home Interventions for Asthma and Lead Poisoning Prevention

- OLHCHH has collaborated with other agencies, practitioners, and insurance payers to expand Medicaid services and private insurance to provide healthcare financing for lead poisoning follow-up and home-based asthma services.
- OLHCHH is conducting summits to promote insurance reimbursements for asthma home assessments and interventions



What Does OLHCHH Do Now?

Outreach

OLHCHH's Website

- OLHCHH maintains a website that has information about upcoming events; information about our programs; and resources for homeowners, tenants, and stakeholders. <u>http://portal.hud.gov/hudportal/HUD?src=/program_off</u> ices/healthy_homes/.
- The Healthy Homes eNewsletter

Disaster Recovery

 OLHCHH is working with FEMA, EPA, HHS, OSHA, other offices within HUD, and external partners to integrate healthy homes principles into disaster recovery materials. OLHCHH's disaster recovery materials are available at http://portal.hud.gov/hudportal/HUD?src=/program_offices/ healthy_homes/outreach.

Rebuild and Healthy Homes Apps

 OLHCHH developed an application titled Rebuild Healthy Homes. It is a "how-to-guide" on safely reentering your home after a disaster. It is available in iTunes and Google Play.





What is Unhealthy Housing?

What is Unhealthy Housing?



(Based on: OLHCHH, 2014, Healthy Homes Rating System Operating Guidance; Loyola University 2015)

What is Unhealthy Housing?

Housing Problems

These are some examples of housing problems surveyed in the American Housing Survey:

Signs of rats	Signs of mice	Signs of cockroaches	Holes in floors
Open cracks or holes (interior)	Broken plaster or peeling paint (interior)	No electrical wiring	Exposed wiring
Room without electric outlets	Flush toilet breakdowns	Heating problems	Electric fuses or breakers blown
Water supply stoppage	Water leaks	Exterior building condition problems	Sewage disposal breakdowns

(HUD & Census, 2013, American Housing Survey)

What is Unhealthy Housing?

Hazards

These are the health and safety hazards examined by Healthy Homes Inspections:



(OLHCHH, 2014, Healthy Homes Rating System Operating Guidance)

What is Unhealthy Housing?

Health Effects

Health and safety hazards trigger, worsen, or cause a wide range of health effects. Here are some of the most prevalent housing-related health effects:



(OLHCHH, 2014, Healthy Homes Rating System Operating Guidance)

What is Unhealthy Housing?

8 Principles of a Healthy Home

Keep It Clean	Keep It Well Ventilated		Keep It Pest Free		
Keep It Safe	Keep l	Keep It Dry		Keep It Contaminate Free	
Ke Mair	Keep It Maintained		ep It mally trolled		

What is Unhealthy Housing?

Multiple Impacts

Housing problems cause a ripple effect of impacts.

Here is an example of how a single housing problem can lead to multiple health effects and economic impacts:



(Created by OLHCHH for Educational purposes only)

What is the Extent of the Problem?

Housing Quality and Health: Asthma & Allergies

Related Hazards ¹	Extent of the Problem ²	Economic Impact ³	
Domestic hygiene, pests, and refuse	~24 million homes have elevated levels of four or more allergens that have	\$3.5 billion per year for asthma due to dampness and mold in the home.	
Carbon monoxide and fuel combustion products	been associated with symptoms of allergic asthma among residents.		
Damp & mold growth	Asthma affects 18.7 million		
VOCs	U.S. adults and 6.8 million U.S. children		
Noise ⁴			

1. (OLHCHH, 2014, Healthy Homes Rating System Operating Guidance)

2. (The number of homes was calculated by multiplying 18% (Salo et al., 2008) by 133 million (HUD & Census, 2013, American Housing Survey); CDC, 2012)

3. (Mudarri & Fisk, 2007)

4. Children under combined exposure to traffic related noise and air pollution have been found to have relative risks of chronic bronchitis, asthma and skin allergies, which cannot be explained by air pollution alone.

What is the Extent of the Problem?

Housing Quality and Health: Cancer

Related Hazards¹



Extent of the Problem²

6.8 million homes

have radon exposures above the current EPA action level.

Lung cancer

from radon exposure causes 21,000 deaths in the U.S. each year.



Economic Impact³

> \$2 billion per year for radon-induced lung cancer deaths



- 1. (OLHCHH, 2014, Healthy Homes Rating System Operating Guidance)
- 2. (EPA, 2013; EPA, 2003)
- 3. (Oster, Colditz, Kelley, 1984)

What is Unhealthy Housing?

Economic Impacts

Health and safety hazards impose a considerable economic burden on Americans living in unhealthy housing and on society as a whole.





(See Gould, 2009; Trasande & Lui, 2011; Loyola University 2015)
Housing Quality and Health: Lead Poisoning

Related Hazards¹

Lead hazards, from

- Chipping, peeling, flaking, chalking paint in houses built before 1978
- Lead contaminated soil
- Lead containing household items or products

Extent of the Problem²

23.2 million homes

have at least one lead-based paint hazard.

Lead poisoning

affects 535,000 U.S. children ages 1-5.



Economic Impact³

\$5.9 billion per year in medical costs and

\$50.9 billion per year in lost productivity due to cognitive impairment.



- 1. (OLHCHH, 2014, Healthy Homes Rating System Operating Guidance)
- 2. (Dewalt et al. 2015; Jacobs et al. 2002)

3. (Trasande & Lui, 2011)

Housing Quality and Health: Unintentional Injuries



- 1. (OLHCHH, 2014, Healthy Homes Rating System Operating Guidance)
- 2. (Mack & Liller, 2012)
- 3. (Zaloshnja et al., 2005)

American Housing Survey

- According to the American Housing Survey (2013), almost
 6.0 million homes (or 5% of all occupied units) have moderate or severe physical problems.
- Most common housing problems:

Signs of cockroaches in the last 12 months	 11.9 million homes (10% of all occupied units) 	
Signs of mice in the last 12 months	 10.6 million homes (9% of all occupied units) 	
Water leakage from outside structure	 9.5 million homes (8% of all occupied units) 	
Fuses or breakers blown in the last 3 months	 8.2 million homes (7% of all occupied units) 	
Water leakage from inside the structure	 7.9 million homes (7% of all occupied units) 	

(HUD & Census, 2013, American Housing Survey)

American Housing Survey (Cont.)

 The American Housing Survey also identified housing and appliance characteristics. Some of these housing and appliance characteristics may cause or contribute to hazards, including:

Gas fuel used	• 88.9 million units (67% of all housing units)	
Lacking complete kitchen facilities	 5.6 million (4% of all housing units) 	
Gas clothes dryer	 21.1 million (16% of all housing units) 	
Use of steps required to enter from outside	 20.7 million (16% of all housing units) 	

(HUD & Census, 2013, American Housing Survey)

Top Housing Hazards that Effect Health

- Lead based paint
- Improper ventilation/Indoor Air Quality
 - Inadequate HVAC
 - Radon
- Asthma/Allergy Triggers
 - Mold/moisture
 - Pests/Rodents
- Overcrowding
- Home Safety
 - Slips/trips/falls
 - Hazardous household products
 - Missing or Improper Working CO and Smoke Detectors
 - Electrical Issues/Fires

Why is it so important to address housing related health hazards?

•The most vulnerable populations spend up to 90% of their time indoors

Housing Costs as a Percent of Income

 Both owners and renters spend a high percent of their income on housing costs*.

	All occupied units	Owner- occupied	Renter- occupied
Median monthly housing ¹ cost	\$891	\$929	\$850
Median monthly housing cost as a % of income	23%	19%	33%



The costs of living in unhealthy housing are a piece of the housing cost puzzle.

* Housing costs include rent or mortgage payments, utility costs, property insurance, etc.

(HUD & Census, 2013, American Housing Survey)

Why Does Our Work Matter?

Lead

- Lead poisoning is entirely preventable through prevention and remediation.
- Once a child has been poisoned, the impairment it causes may be irreversible:
 - Reduced IQ
 - Behavioral problems
 - Learning disabilities
 - · Damage hearing and the nervous system; including the brain
- There is no safe blood lead level.
- <u>Dust</u> from lead base paint is the biggest threat to young children.

(See Gould, 2009; CDC, 2015)

Indoor Air Quality

Why Does Our Work Matter?

• Poor indoor air comes from:

- · What people do in their homes (smoking, pets, hobbies) and
- What people have in their homes (products, new furniture, carpet)
- Poor Indoor Air Quality can be effected by:
 - Inadequate ventilation
 - Improper or inadequate HVAC systems
 - Radon
 - 2nd leading cause of lung cancer deaths in the U.S.
- Test for Radon
- Do not smoke commercial tobacco inside the home/car
- Open Windows
- Keep pets out of bedrooms and off furniture

Asthma and Allergy Triggers

Why Does Our Work Matter?

- More than 6 million children in the U.S. have asthma
- Another 40-50 million people have allergies
- Asthma can be controlled
- Triggers include:
 - Pet dander
 - Mold/moisture
 - Pests/rodents
 - Dust mites
 - Commercial Tobacco Smoke
 - Cleaning products

Why Does Our Work Matter?

Home Safety

- Leading cause of death in the home are:
 - Falls (slips, trips)
 - Drowning
 - Fire
 - Poisoning (hazardous products)
 - Suffocation
 - Choking
 - Firearms
- The very young and older adults are the most likely to get hurt at home.

Why Does Our Work Matter?

Return on Healthy Homes Investments



- 1. (Nurmagambetov et al., 2011)
- 2. (Gould, 2009)
- 3. (Healthy Housing Solutions, 2014)

Tips to Keep Your Home Safe and Healthy

Tips to Keep Your Home Safe and Healthy

- A home has a unique place in our everyday lives. Homes are where we start and end our day, where our children live and play, and where friends and family to celebrate.
- It is well established that a person's health is directly related to the home, since poor housing conditions can cause or contribute to numerous illnesses and injuries. Poor housing conditions are associated with a wide range of health conditions, including lead poisoning, asthma, respiratory infections and injuries.
- · You can create a healthier home for your family by following these tips

Install smoke and carbon monoxide detector. Test batteries monthly and replace at least twice a year.

Clean and replace air filters every 90 days. If you have pets, you should replace more frequently.

Do not allow smoking in your home or car. Ask family members or guests to smoke outside.

Test your home for radon. Install a mitigation system if the test results is 4 pCi/L or higher.

Keep chemicals, including cleaning products and pesticides, away from children.

Remove shoes before entering your home to keep contaminants and toxins outside of the house.

Clean and maintain gutters, downspouts and the roof to prevent moisture from entering your home. Fix leaks right away

If you live in a home built before 1978, test your home for lead paint. Ask your doctor to test your child's blood for lead.

Prevent slips, trips and falls by keeping floors clear, cleaning up spills and installing handrails on stairs and ramps.

Install properly working locks on doors and windows. Install window guards and stops.

What's Next for the OLHCHH?

- National Lead Poisoning Prevention Week October, 2020
- 2 NOFAs out for funding; Lead Hazard Reduction grant and Healthy Homes Production Grant for Tribal Housing, applications due August 24, 2020
- Building public, private and philanthropic partners
- Share data and identify "gaps" in data and information to develop Research Needs

What's Next for the OLHCHH?

Healthy Homes resources

https://www.hud.gov/program_offices/healthy_homes/outre ach_materials_publications **Contact Information**

Jerry Freese gerald.d.freese@hud.gov 303-672-5089 Improving of Prevention, Early Screening and Detection of Childhood Lead Poisoning in Primary Care Offices

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Objectives

- 1. Describe primary, secondary, and tertiary prevention of lead exposure in the primary care office
- 2. Describe ways to increase provider engagement in lead poisoning prevention efforts
- 3. Discuss ways to improve communication between provider offices and agencies involved in lead poisoning prevention efforts

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:

DustSoil

Toys

- Dishware
- Fishing sinkers
- Bullets

- Residue from parent occupations
- Paint/hobby materials

37 million

• Water in lead pipes

Nutritional supplements

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

Adverse Health Effects

- Cognitive, cardiovascular, immunologic effects
- Reproductive, developmental and endocrine effects
- Anemia, Abdominal pain
- Kidney damage
- Brain damage/encephalopathy
- Are these real???



2.5 year old with autism and ADHD referred to the ED to rule out leukemia: extreme pallor and lethargy; BLL greater than 100mcg/dl



AAP Lead testing Webinar series by Alan Woolf, Director, Pediatric Environmental Health Center, Boston Children's Hospital, Professor of Pediatrics, Harvard Medical School 15 month old with elevated BLL >90mcg/dL, anemia, poor appetite, repeated spitting up food, little weight gain in past month, and irritability;



Schoo

Tumeric Recalled Due To Excessive Levels of Lead

PRAN brand Tumeric spice powder is being RECALLED because it contains high levels of lead.





The recalled spice powder was distributed in New York and New Jersey through retail stores and direct delivery.

The recalled product is packed in 250 and 400 gram clear plastic jars with yellow lids and "Best Before" dates Oct. 26, 2014 and Jan. 15, 2015. Consumers who have purchased PRAN Tumeric are urged not to consume the product

AAP Lead testing Webinar series by Alan Woolf, Director, Pediatric Environmental Health Center, Boston Children's Hospital, Professor of Pediatrics, Harvard Medical

Why Lead Prevention

- In 2012, CDC established a new "reference level" for blood lead levels (≥ 5 µg/dL) lowering the level at which evaluation and interventions are recommended
- National Toxicology Program and U.S. Environmental Protection Agency's (US EPA) Lead Integrated Science Assessment concluded that adverse neurodevelopmental cognitive impacts occur at blood lead levels less than 5 µg/dL

Why Lead Prevention

- No measurable level of blood lead is known to be without deleterious effect
- No therapeutic interventions currently exist for low blood lead concentrations; therefore, primary prevention of exposure is paramount
- Why primary care clinician?

Role of Primary Care Clinicians

Primary care clinicians are in a unique position to **promote safe and healthy environments** for children Primary care providers play a key role in preventing lead exposure, identifying and treating lead poisoning





- Dietary counseling
- Hazard reduction
- Neurodevelopmental assessment
- EIP/Head Start referral
- Social management

Improving Lead Prevention in the Primary Care Office

- Improve provider engagement in counselling at prenatal and well child visits
 - Provide key messages
- Advocate for lead prevention public health measures
 - Collaboration for public health, environmental, housing and school policies are essential to lead exposure prevention

Key messages in the primary care office

- Primary source of childhood lead exposure lead in dust and soil from deteriorated paint in pre-1978 housing
- Drinking water constitutes up to 20% or more of a person's total exposure to lead
 - Typically not a major source of exposure to lead as lead in water is regulated, except communities with lead service lines and unsatisfactory corrosion control
- Can be higher for young infants who consume mostly mixed formula

Key messages on lead in drinking water

- Flush water pipes before drinking or drawing water
- Recommend families learn more about the water coming into their home, in schools or childcare facilities
- Encourage families to discuss the need for water testing with local public health officials when risk factors are present (e.g., infants on formula made with tap water)
- Minimum of annual testing and more frequent testing as indicated based on well and household changes

Key messages on reducing lead in water

- Use only cold water tap for drinking, cooking, and especially for making baby formula
- Regularly clean and remove any debris from faucet aerators to clear out any trapped particles of lead
- Identify a pitcher or faucet device to remove soluble and particulate lead, families can be referred to NSF International

Ways to improve prevention in primary care offices

- Prevention should start in pregnancy as part of prenatal visits, continue on to well child visits
 - Provider education- State Lead Champions
 - Educate Peds, OB and FM clinicians
- Recommend environmental evaluations and home testing
- Routine patient education and counseling
- Distribute lead test kits in the office

Ways to improve prevention in primary care offices

- Integrate demographic data (patient's address, risk factors) in electronic health records with geographic data on high risk communities
 - automatically recommend home lead testing and lead screening based on risk
- Recommend water screening for all formula fed infants using home/city water

Special Considerations: At-Risk Populations



- Medicaid WIC
- Iron deficiency
- Pre-1978 home? Renovations?
- Visits pre-1978 home or day care
- Sibling/playmate with eBLL
- Immigrants with Products from other countries?
- Refugees

Educate families, display pictures of potential lead hazards



- Pots & pans
- Jewelry
- Glazed pottery
- Herbs & botanicals
- Baby powder

AP Lead testina Webinar series bv Alan Woolf. Director. Pediatric Environmental Health Center. Boston Children's Hospital. Professor of Pediatrics. Harvard Medical



- Toys Antique cribs
- Cosmetics (Kohl)
- African & Middle Eastern infant eye cosmetics (Tiro)
- Religious powders
- Ethnic Medicines
- Dietary supplements
- Spices

AAP Lead testing Webinar series by Alan Woolf, Director, Pediatric Environmental Health Center, Boston Children's Hospital, Professor of Pediatrics, Harvard Medical School

Secondary prevention

- Perform structured developmental screening evaluations at child health maintenance visits per the recommendations in Bright Futures
- Refer to therapeutic programs such as Early Intervention Programs and Individualized Education Programs as appropriate, since the effect of lead on development may manifest over years
Prevention Paradox

Estimated Loss of IQ in US Children at Different Intervals of Blood Lead (µg/dL)



Prevention Paradox

- Focusing efforts on children who have blood lead concentrations ≥5 µg/dL is efficient but will fail to preserve the majority of lost IQ points in US children.
- Most disease or disability occurs in low- to moderate-risk groups due to cumulative loss of IQ

Prevention Paradox

 If the focus is only on reducing exposures for children who have a blood lead concentration ≥5 µg/dL, we will fail to preserve more than 20 million (>80% of total) of the 23 million IQ points lost among US children with lower lead exposure because there are so many more children who have low to moderate blood lead concentrations

Lead Screening Guidelines

- In 2005, the AAP recommended that states and cities formulate their own lead screening recommendations on the basis of local data because of the wide variation in lead exposure.
- The AAP, consistent with the CDC, recommended universal screening of children's blood for lead if <u>they</u> <u>lived in communities with more than 27% of housing built</u> <u>before 1950 or a prevalence of blood lead</u> <u>concentrations ≥10 µg/dL in children 12 to 36 months old</u> <u>of 12% or greater</u>

Lead Screening Guidelines

- This is where communication between primary care providers and public health breaks down
 - What is the definition of community? State? Local areas?
 - Are there spots in the state of Iowa where kids absolutely do not need lead screening?
 - Provide reports to individual PCP offices about the communities they serve
- Recommendations need to be updated to conform with our new understanding of lead toxicity

Other ways PCP's promote secondary prevention

- Incorporate a standardized lead exposure risk
 assessment tool in clinic note template
- Care gap order set
- Lead screening advisory in the health maintenance tab in the electronic health record
- Improve communication between WIC and PCP's lead screening

Ways PCP can improve screening

- Increase PCP access to blood lead surveillance data
 - Technologies using geographic information systembased analyses and surveillance from electronic medical records are important tools to identify at-risk children who should have their blood lead concentration measured.
 - Part of IRIS?

Tertiary Prevention

- Prevent further exposure and case finding
- Lead shares common absorptive mechanisms with iron, calcium, and zinc. Nutritional deficiencies in these minerals promote lead absorption
- Ensure iron sufficiency with laboratory testing and treatment per AAP guidelines
- Manufacturers of dietary supplements are not required to demonstrate that a product is lead-free prior to marketing. Exercise caution with "dietary supplements."

Tertiary Prevention

- Reduce missed follow up testing for abnormal lead levels
- Use electronic medical record to help with follow up
- Make sure siblings get evaluated, contacting IDPH for recommendations, etc

Opportunities to Improve Tertiary Prevention

- PCP's and IDPH should work together to make sure follow up testing gets done
- Computerized system to help with reminders

Special Considerations: At-Risk Populations

- Children less than six years old, including the developing fetus vulnerable to health problems from lead exposure
- Children of racial-ethnic minority groups
- Children who live in poverty, in substandard housing
- Recent immigrants
- Children whose parents are exposed to occupational sources of lead

Challenges to lead prevention

- Poor provider engagement
- Provider counseling
- Lead screening at primary care offices
- Parental perception of risk
- Access to data

Barriers

- Time Pressures
- Confusion about community risk
- Confusion about eligibility
- Too many steps
- Complacency
- Poor staff compliance
- Poor family compliance

Summary

- Pediatric Vulnerabilities: Kinetic differences, immaturity, behaviors, diet, built environment
- Hazards: Ethic remedies, religious powders, cosmetics,
- Special Populations: Foster children, international adoptees, immigrants, refugees, children with ASD & Pica
- Prevention/Solutions: counsel families, test early, support families and fix the environment

Future directions

- Improve communication of environmental lead risk assessment between health care agencies and the medical home
- Improve provider visualization and access to data on statewide geographic disparities in lead poisoning
- Explore statewide health initiative to improve challenges to provider counseling and lead screening at primary care offices

References

- AAP Lead testing Webinar series by Alan Woolf, Director, Pediatric Environmental Health Center, Boston Children's Hospital, Professor of Pediatrics, Harvard Medical School
- AAP Lead and Drinking Water: Information for Health Professionals Across the United States
- Prevention of Childhood Lead Toxicity.
 <u>http://pediatrics.aappublications.org/content/138/1/e20161493</u>)
- Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention. https://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_03 0712.pdf)
- Please feel free to contact us:
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The Impact of COVID-19 on Lead Poisoning Prevention



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CONTENT

- IDPH guidelines during COVID 19 emergency
- COVID-19 impact on lead testing and outreach
- IDPH's virtual inspection protocol & my experience
- Health equity for vulnerable populations through COVID-19 emergency

IDPH guidelines during COVID 19 emergency

- Blood lead levels that are ≥15 mcg/dL or children with confirmed BLL that are ≥20 mcg/dL:
 - Mail, phone or video chat.
- Children that require blood lead retesting or confirmation testing:
 - Referred to their medical provider // Testing may need to be deferred.
- In-home environmental inspections:
 - Deferred to a later date if family receives remote guidance on identification of possible lead hazards and interim steps for intervention.

IDPH guidelines during COVID 19 emergency

- BLL that are \geq 40 mcg/DI:
 - In-home environmental investigations and consultations on a case-by-case basis.
 - IDPH CLPPP, Iowa Poison Control Center (800-222-1222), and management at the local CLPPP.
- If services need to be conducted in person, then the lowa Department of Human Services guidelines for home visitation are applicable.
- All contact efforts and services provided remotely or in-person – must be documented in HHLPSS for state and local CLPPP contract obligations.

DHS Home Visitation and Contact Guidance in Response to COVID-19



When preparing or scheduling appointments for in-person visits, ask for COVID-19 SYMPTOMS:

Fever or chills
Cough
Diarrhea
Fatigue
Muscle or body aches
Shortness of breath

Headache New loss of taste or smell Sore throat Congestion or runny nose Nausea or vomiting difficulty breathing



Were you in contact or exposed to an ill or potential COVID 19 exposed person in the last 14 days?



Are you at home (quarantine) due to a possible contact with someone with possible or confirmed COVID-19 or due to travel?



Have you or anyone in the household been recently discharged from a hospitalization due to confirmed COVID-19?

If the answer is negative, THEN

- <u>Call in advance of conducting home visits or other in-person</u> <u>meetings.</u>
- If no pre-screening phone call is made in advance, conduct the screening questions outside of the family home within a safe distance from one another.
- Wear a face mask/cloth covering.
- During in-person meetings, do not be within 6 feet of anyone in the home.
- Avoid handling paperwork during the meeting.
- Avoid touching your face or hair during the meeting.
- Wash hands for at least 20 seconds with warm, soapy water or hand sanitizer before and after the meeting.

If the answer is positive, THEN

- Direct the household member to visit <u>www.testiowa.com</u>
- Advise the household member to stay home, except to get medical care.
- Direct the household member to avoid sharing personal household items.
- As appropriate, suggest other household members stay in another room or be separated from that household member as much as possible.
- Suggest that the household member limits non-essential visitors in the home.
- <u>Do not conduct any in-person visits</u>. Contacts may be made through phone, videoconferencing (*HIPAA compliance issues), and teleconferencing.
- Include screening data within the required documentation for the respective service being provided to the family.
- In-person contact and visitation should resume once the symptoms of illness are clear.

COVID-19 impact on lead testing and outreach





Source: Iowa Department of Public Health, Childhood Lead Poisoning Prevention Program, July 2019



Difference of children tested per month in 2019 & 2020

	2019	2020	Difference % Change			
Month	Number of children tested per month (1-2 years)	Number of children tested per month (1-2 years)	-3384	-24%		
January	2847	2790	-57	-2%		
February	2602	2247	-355	-14%		
March	2771	1977	-794	-29%		
April	2900	1759	-1141	-39%		
May	3023	1986	-1037	-34%		
Month	Number of children tested per month (Total < 6 years)	Number of children tested per month (Total < 6 years)	-9066	-31%		
January	5396	5241	-155	-3%		
February	5066	4361	-705	-14%		
March	5616	3567	-2049	-36%		
April	5937	2472	-3465	-58%		
May	5969	3277	-2692	-45%		
Month	Total Number of children tested per month (Total < 16 years)	Total number of children tested per month (Total < 16 years)	-9333	-39%		
January	5537	5363	-174	-3%		
February	5179	4472	-707	-14%		
March	5745	3654	-2091	-36%		
April	6083	2505	-3578	-59%		
May	6113	3330	-2783	-46%		
		2151.8				
Note:	Use date sample was drawn, not report date					
	Use number of individual children tested, not number of tests.					

Percent of The Ten Countie	Chi es w	ildre vith the	n Un e Lowe	de est 1	r 6 1 Testin	fea g Ra	r of ites ai	Age re sh	e Tes Iown in	Orai	for E	Blo	od	Le	ad L	evel	5 -	202	20			DPH
Lyon 8.57%	01 8.	64%	Dicking 11.08	ion %	Emn 10.6	net 4%	Koss	uth	Winneba 10.00%	90	Worth 11.15%		Mitch 8.82	ell %	Howa 10.76	ind 5% V	Vinnes 13.12	hiek 1%	Allar 11.	nakee 75%	of F	PUBLIC HEALTH
Sioux 8.52%	0' 7.	Brien 30%	Clay 10.35	*	Palo / 9.67	Alto 1%	9.48	%	Hancoc 7.89%	* 0	arno Gordi 10.93%		Floy 7.85	d %s	Chicka 9.25	saw %				-{		
Plymouth 8.31%	Chi 7.	erokee 79%	Buena \ 12.74	/ista %	Pocaho 12.0	ontas 9%	Humb 8.74	oldt %	Wright 8.71%		Franklin 7.59%		Butk 13.85	r M	Brem 16.22	ier 2%	12.00	1% 1%	10.	33%)	5	_
Woodbury 9.11%		Ida 7.90%	Si 10.0	IC 19%	Cal 8.1	houn L0%	Web 8.4	ster 3%	Hamilt 12.84	on %	Hardin 10.39%		Grun 12.9	dy 1%	Black H 13.02	lawik 1%	Buchar 11.14	nan 1%	Dela 12.6	ware	Dubu 9.90	gue
Monon 11.559	a 6	Crav 5.3	eford 5%	Ca 8.	arroll 86%	Gr 8.	tene 14%	B0 12.	one 64%	Story 11.07	у м % 1	arsha 8.469	411 16	Та 12.	ma 66%	Bento 10.89	n %	Lin 10.84	n 4%	Jone 11.93	s %	Jackson 12.11%
Han 7.0	rison 19%	3	helby .08%	Audu 9.81	ibon	Guthri 6.189	:	Dallas	6 10	olk .60%)a: 12.	sper 72%		Powe 5.1	eshiek 17%	lowa 5.25	, %	Johns 8.21	ion %	Ceda 5.819	ir No	10.71% Scott 8.32%
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(Fre 5.	mont 75%	Page 7.365	6	Tayk 9.98	ar %	Rinop0 2.429	6	Decatur 5.93%	4	Vayne .60%	Appa 7.5	anoos 96%	e	Davis 6.75%	Van 9.	Burer 98%		97%	J	r	
© 2020 Mapbox © Open	Street	Viap																L	J			

IDPH's virtual lead inspection protocol



Acronyms

- BLL Blood Lead Level
- mcg/dL micrograms per deciliter
- COF Child Occupied Facility
- DVDA Domoto Visual Dick According

July 2020

А	rea Descr	iption		Paint Condit	tion	Photo of	Notes	
Interior or Exterior	Room Type ¹	Building Compone nt ²	Deteriorated Paint (Y or N)	Probable Cause(s) of Deterioration, if known ³	Visible paint chips or dust on component? (Y or N)	Visible Teeth Marks? (Y or N)	lead hazard? (Y or N)	
Interior	Dining	Paneli ng	Yes	Lack of maintenance, nail holes	. No	No	Yes	Father indicated room was not used.
Interior	Dining	Door Jamb	Yes	Lack of maintenance.	Yes	No	Yes	Blocked access, blanket and stuff
Interior	Bedroo m	Wind ow	Yes	Lack of maintenance.	Yes	No	Yes	Blocked access, blanket and stuff
Exterior	East side	Wind ow	No	Lack of maintenance.	Yes	No	Yes	Window was in process of being replaced at time of inspection
Exterior	Backyar d	Shed	Yes	Lack of maintenance.	No	No	No	Metal shed

¹Room Type = Interior room equivalent (i.e., living room, kitchen, bedroom, ect.) or exterior side wall (i.e, North exterior of home, South side of garage, ect.).

²Building component (i.e., window, window sill, window trough, door, door frame, etc.). Based on the age of the property (pre-1978) all painted or finished components are assumed to contain lead-based paint.

³Common causes of paint deterioration are: moisture (indicate source if apparent), mildew, friction or abrasion, impact, damaged or

An EBL child & my RVRA experience

Home	e Clinical	Environ	mental	Adm	ninistrat	ive	Reports		
Select	Tiered Date	Result	Sample	Туре	Patient	Addres	ss on Dra	w Date	
017400	6/19/2020	17.5	Venous		1			1	
2122.42	5/27/2020	22.5	Venous		·			1	
::::72:	5/26/2020	26/2020 ‡29.6 Capillary							
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Patient A	Address (at time	of draw)					Age	e reported by lab	
[·							~	Yrs.	

Pre-assessment of lead-poisoned child









Don't take LEAD home from your job!

How can I protect my family from lead poisoning?



Change into clean clothes and shoes at work **before** you get into your car or go home. Put dirty work clothes and shoes in a plastic bag.



Wash your face and hands with soap and warm water before leaving work.



Take a shower and wash your hair as soon as you get home. (It is better to shower at work if you can.)



Wash work clothes separately from all other clothes. Empty your work clothes from the plastic bag directly into the washing machine and wash them. Run the empty washing machine again to rinse out the lead. (It is better if your employer washes the work clothes.)

The law says your employer must provide a place to wash your hands. In jobs where workers are exposed to high levels of lead, employers must also provide work clothes and a shower.
Health equity for vulnerable populations through COVID-19 emergency



- Health Equity Drives Forum, a group of four people started conversations on COVID 19 and vulnerability.
- Governor's proclamations:
 - https://humanrights.iowa.gov/covid-19/language-access

verner's Preclamation 6/10/20

Governor s Proclamation of 10/20		
English-Proclamation Summary 6/10,	/20 (provided by IDPH)
► 0:00 / 4:49	Ð	:
Arabic-Proclamation Summary 6/10/	20	
► 0:00 / 4:50 · · · · · · · · ·	Ð	:
Burmese-Proclamation Summary 6/1	.0/20	
► 0:00 / 6:10	Ð	:
• French-Proclamation Summary 6/10/	/20	
► 0:00 / 5:55	Ð	:
Karen-Proclamation Summary 6/10/2	20	
► 0:00 / 6:48	Ð	:
Kunama-Proclamation Summary 6/10	0/20	

Governor's press conferences

http://www.iowapbs.org/video/story/36341/recursos-sobre-el-coronavirus-en-espanol

IDPH and Hispanic media collaboration



Agencies responding to COVID 19

Re: CDC Social Media toolkit

Catholic Charities, EMBARC, LSI, LUNA, Monsoon, NISAA, USCRI, Latino Affairs (Human Rights Department), Iowa AIR

COVID-19 resources

COVID-19: Central Iowa Immigrant Emergency Fund

Immigrant Emergency Fund : Many in our communities have been left out of COVID-19 relief programs. <u>AESC lova, AI Exito and Proteus</u>, Inc. are partnering to offer relief and support for basic needs for families who do not qualify for government assistance. <u>The Central Iowa Immigrant Emergency</u>. Relief Fund will provide support for undocumented families and individuals.

Individuals can fill out the application form online or contact one of the partnering organizations. Funds will be dispersed on a weekly basis and will continue as funding is available.

If you want to request funds call Gabby Guerra, Assistant Director, Al Éxito 515-494-6564 or visit https://tinyurl.com/CentrallACOVID19Fund

- 1. Multilingual Hotline: **1-877-558-2609:** Interpreters will be available 8:30-5:00 with a 24 hour voicemail. For more information <u>click here</u>.
- 2. Iowa Spanish Helpline: 515-344-3936; Monday-Saturday 8:00 am a 8:00 pm
- 3. Iowa Department of Human Rights information and weekly COVID-19 update newsletter: <u>https://humanrights.iowa.gov/covid-19</u> (sign up at bottom of webpage)
- 4. Society of Refugee Healthcare Providers: <u>http://refugeesociety.org/covid-19-resources</u>
- 5. Guidance on <u>COVID-19 in Newly Resettled Refugee Populations</u> audience includes: public health professionals, community based organizations, resettlement agencies, and healthcare providers.

Agencies responding to COVID 19





RACI Multilingual Hotline: 1-877-558-2609

Latino Service Providers Coalition

RACI Health Work-Group Meeting Co-chairs: Jessica Schultz & Nola Aigner Davis

a.

+ b. Introductions & Group updates

Laura Barnett, <mark>Proteus, Inc</mark> .	Alyssa Clayden, <mark>ABC'd Therapy &</mark> Consultation	Nola <u>Aigner</u> Davis, <mark>PCHD</mark>
Olga Esparza, <mark>Iowa Total Care</mark>	Laura Housel, Rebelle House, LLC	<u>Tira</u> Mays, <u>Broadlawns</u> Medical Center
Mae McCarty, ISU Extension	Jacquie Easley McGhee, MercyOne	Stephanie McFarland, <mark>DMPS</mark> Behavioral Health
Stephanie <u>Moris</u> , <mark>RACI</mark>	Jim Pender, IDPH	Annie Randolph, <mark>Brain Injury</mark> Alliance of Iowa
Jessica Schultz, <mark>IDPH</mark>	Heather Strachan, NAMI Iowa	Kay Tannatt, Iowa Total Care
Liz Thill, Dental Connections	Sarah Van <u>Gorp</u> , <mark>LSI</mark>	Wasan Waham, Catholic Charities
Barbara Wells, Blank Children's		

Bibliography

- COVID-19 Guidance to Childhood Lead Poisoning Prevention Programs (IDPH/Childhood Lead Poisoning Prevention)
- <u>https://dhs.iowa.gov/sites/default/files/DHS_COVID19_HomeVisitationGu</u> idance.pdf.
- Impact of COVID -19 Pandemic on Pb (HHLPPS-IDPH Data)
- Remote Visual Risk Assessment (IDPH/Childhood Lead Poisoning Prevention)
- EBL data from HHLPPS & Lead Inspector Rossany Brugger
- <u>Don't take lead home from your job!</u> California Department of Public Health/Childhood Lead Poisoning Prevention Program
- <u>https://www.refugeeallianceofcentraliowa.org/</u>
- iowa-air@googlegroups.com
- jessica.schultz@idph.iowa.gov (RACI Updates)
- iowa.immigrant.refugee.coalition@gmail.com
- La Reina magazine, Salud, IDPH; Rossany Auceda. July 2020.

Thank YOU!





Afternoon Discussion

Who has had success in communicating with these harder to reach populations? Describe what you did.

Those who haven't had success, share your challenges.



Thank you!

- Reminder: CEU link will be coming in email
- Feedback
- Educational Resources
 - Training Modules https://iiphrp.thinkific.com/
 - Childhood Lead website <u>https://idph.iowa.gov/Environmental-Health-Services/Childhood-Lead-Poisoning-Prevention</u>
 - IIPHRP website <u>https://www.public-health.uiowa.edu/childhood-lead-poisoning-prevention/</u>
 - Tracking Portal <u>https://tracking.idph.iowa.gov/</u>
- Coming soon!
 - County specific data templates