

A Collaborative Improvement and Innovation Network (CoIIN) for Maternal and Child Lead Poisoning

What is a CoIIN?

Collaborative Improvement and Innovation Networks (CoIINs) are teams of federal, state, and local leaders working together to address a common problem. CoIINs combine quality improvement, innovation, and collaborative learning with a collective impact framework.¹ They rely on technology to remove geographic barriers to bring participants together to share ideas, best practices, and lessons learned. CoIINs are time-limited and focused. They often aim to accelerate improvements and/or test ideas before scaling and disseminating system-wide changes.

Learn more about [Health Resources and Services Administration \(HRSA\)-supported CoIINs](#) that address a range of topics across the lifespan.

Why do we have a CoIIN for Maternal and Child Lead Poisoning?

Lead poisoning is preventable. Yet, the Centers for Disease Control and Prevention (CDC) estimate that about 500,000 American children between the ages of 1 and 5 have levels of lead in their blood that are so high that they require medical and public health interventions. Preventing maternal and childhood lead exposure will require coordination across different levels of government, public health, and community programs, and coordinating these efforts can go a long way to protect our nation's children.

The [Maternal and Child Environmental Health Collaborative Improvement and Innovation Network](#) (MCEH CoIIN) was funded by HRSA to improve systems of care to address the needs of maternal, infant, and child populations who are at risk for, or have experienced, exposure to lead. The Association of Maternal & Child Health Programs led the national MCEH CoIIN, and partnered with the National Institute for Children's Health Quality, Association of State and Territorial Health Officials, Green & Healthy Homes Initiative, National Academy for State Health Policy, and National Environmental Health Association. The MCEH CoIIN supported [nine multidisciplinary state teams](#) as they tested innovative practices that will increase the number of infants and children who are tested for lead exposure and who have access to coordinated care and services to address their needs.

Over an 18-month period, the MCEH CoIIN teams aimed to:

- Decrease, by 10 percent, blood lead levels in children ages 1–5.
- Increase, by 25 percent or more, the number of children ages 1–5 who receive a screening test for blood lead levels.
- Increase, by 25 percent, the number of children ages 1–5 with confirmed elevated blood lead levels who receive coordinated care (e.g., care in a medical home).
- Increase, by 25 percent, the number of medical providers who are following the CDC recommendations for follow-up of children ages 1–5 with elevated blood lead levels.

Learn successful strategies and actionable resources from the MCEH CoIIN at www.MCHLeadToolkit.org

¹ Kania, J., & Kramer, M. Collective impact. (Winter 2011). *Stanford Social Innovation Review*.