

MCEH CoIIN Change Package Alabama State Team

Key:

- The changes listed here are the changes that the **Alabama** state team decided to test throughout the CoIIN. *This is not the complete MCEH CoIIN Change Package.*
- The majority of the changes that Alabama decided to test have been ranked by “leverage” from 1 (low leverage, not very important) to 5 (high leverage, very important). You will find these rankings in the third, right-most column of the Alabama State Team MCEH CoIIN Change Package.
- Under each Primary Driver heading there is a short “recommendations” section that is specific to that primary driver. This data was gathered at the MCEH CoIIN Harvest on 5/5/2020.
- **Text in red highlights specific activities/adaptations to each MCEH CoIIN change idea that Alabama performed.**

Primary Driver 1: Clinical Settings		
<p>Our recommendations on leverage points:</p> <ul style="list-style-type: none"> • Face-to-face “listen and learn” meetings with providers were effective. Lead poisoning prevention information and educational materials were discussed and disseminated, with a focus on testing and reporting guidelines. • Providing education to health providers on reporting and providing them with education tools (posters/guidelines) & report cards. • Counseling families on nutrition if a child does not have adequate vitamin intake. This is currently being provided for lead affected children through Care Coordination case management services <p>Our challenges:</p> <ul style="list-style-type: none"> • Partnering with WIC to pilot a testing site at a current WIC clinic; addressing costs was a challenge. 		
Secondary Driver	Change Idea	Rank Change Idea from 1-5 1 = low leverage 5 = high leverage
Prevention and Mitigation	Provide training for pediatricians, family doctors, and care coordinators on signs and symptoms of lead exposure, treatment protocols, community resources (Head Start, Parent Training & Information Centers, etc.), navigating school accommodations, and local reimbursement processes. (Training resources: CEHN Pediatric Training Manual, PEHSU) <ul style="list-style-type: none"> • Standardized recommendations for testing and follow-up of BLL developed; Video trainings developed for medical personnel and social work professionals; Face-to-face meetings with providers through medical association events 	
	Host trainings directed at public health professionals, clinical providers and other prevention partners about childhood lead prevention, policies and interventions	

	<ul style="list-style-type: none"> • Pre-recorded lead poisoning training completed for Care Coordination case managers; additional live training completed for all pediatric medical and social work professionals and sponsored by Region VI Public Health Training Center at the Rollins School of Public Health at Emory University 	
Identification and Exposure	<p>Leverage partnerships with Women, Infant and Children (WIC) clinics, local health clinics, Federally Qualified Health Centers, and school-based health centers provide blood lead screening tests within the scope of their services. Encourage these providers to administer blood lead screening tests while Medicaid and CHIP children are visiting these clinics for other services.²</p> <ul style="list-style-type: none"> • Early in discussion and planning 	
	<p>Provide universal testing guidelines for providers</p> <ul style="list-style-type: none"> • Mass mail out planned for upcoming month to target LeadCare users 	
	<p>Collect census tract level data on BLL results in collaboration with community-based organizations, local health agencies, CDC³</p> <ul style="list-style-type: none"> • Recently updated provider reporting forms to include full address and enable census tract level analysis 	
Treatment and Mitigation	<p>Counsel families on nutrition if child does not have adequate iron, calcium and Vitamin C intake</p> <ul style="list-style-type: none"> • This is currently provided for lead affected children through Care Coordination case management services; in early discussions with WIC 	
	<p>Distribute guidance documents for follow-up care for children who are identified with EBLL¹</p> <ul style="list-style-type: none"> • Standardized recommendations for testing and follow-up of BLL developed and began distribution; Mass mail out planned for upcoming month 	
	<p>Work with schools to provide for IEP if needed</p> <ul style="list-style-type: none"> • New to Care Coordination Protocol is to refer children 37 – 48 months of age to their Local Education Agency 	
Policy	<p>Adopt the CDC reference level for lead poisoning prevention actions²</p> <ul style="list-style-type: none"> • Done January 2018 	
	<p>Require that lead be a reportable disease</p> <ul style="list-style-type: none"> • Has been in Alabama since at least 2011 	

Primary Driver 2: Housing		
Recommendations:		
<ul style="list-style-type: none"> Education for property owners and contractors on lead poisoning prevention-Home owners, renters, and landlords receive notification when a home occupied by a lead affected child tests positive for lead levels above EPA safety standards (in water, soil, paint, or lead dust throughout the dwelling). 		
Secondary Driver	Change Idea	Rank Change Idea from 1-5 1 = low leverage 5 = high leverage
Prevention and Remediation	Educate property owners and contractors on lead including resources on how to pay or fund lead abatement <ul style="list-style-type: none"> Home owners, renters and landlords receive notification when a home occupied by a lead affected child tests positive for lead levels above EPA safety standards (in water, soil, paint, or lead dust throughout the dwelling) 	

Primary Driver 3: Child Care and Schools		
Recommendations:		
n/a		
Secondary Driver	Change Idea	Rank Change Idea from 1-5 1 = low leverage 5 = high leverage
Treatment and Mitigation	Partner with Child Find and local health departments to identify children with elevated blood lead levels and ensure they receive needed supports and are followed in a medical home (CT) ³ <ul style="list-style-type: none"> Have case managers located in local health departments with updated protocol that includes referring all children with confirmed EBLLs to Early Intervention/ Child Find for services 	

Primary Driver 4: Community		
Recommendations:		
<ul style="list-style-type: none"> Media campaigns and magazine ads developed to educate on lead poisoning sources, prevention, and testing; Attended community-wide events to provide education and outreach materials and information Did not fully get to accomplish this, but identifying the lead exposure in Alabama migrant population. 		
Secondary Driver	Change Idea	Rank Change Idea from 1-5 1 = low leverage 5 = high leverage
Prevention and Remediation	Provide educational outreach concerning lead poisoning risks and interventions in targeted high-risk areas ¹ <ul style="list-style-type: none"> Media campaigns and magazine ads developed to educate on lead poisoning sources, prevention, and testing; Attend community-wide events to provide education and outreach materials and information 	

Primary Driver 5: Products & Industry		
Recommendations:		
n/a		
Secondary Drivers	Change Idea	Rank Change Idea from 1-5 1 = low leverage 5 = high leverage
Prevention and Remediation	Identify and educate parents who are exposed to lead at work about the dangers of take-home lead exposure ⁸ <ul style="list-style-type: none"> Done through Care Coordination case management 	