

MCEH CoIIN Change Package Illinois State Team

Key:

- The changes listed here are the changes that the **Illinois** state team decided to test throughout the CoIIN. *This is not the complete MCEH CoIIN Change Package.*
- The majority of the changes that Illinois 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 Illinois 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 Illinois performed.**

Primary Driver 1: Clinical Settings		
Recommendations:		
<ul style="list-style-type: none"> • Updated tools for recommendations and educational information for obstetric (OB) providers is useful for ensuring that a baseline of correct information is shared with both providers and patients. • In updating the prenatal lead risk questionnaire (PLRQ), we included standard questions to ensure anyone who should be tested was not missed. • Having guidance, documents and tools from the state agency gave legitimacy to the new initiative to guide OB work. Local health departments disseminated the same guidance to their providers, which provided consistency throughout the state. • Collaboration with WIC in our state to ensure all WIC clients get a blood lead test. • Consider the length of your agency approval process for new materials and ability to move quickly through budgeting and purchasing – it may be that outside entity is nimbler to get things developed quickly. • It’s important to make known the risks of certain cultural products to both providers and families. We included questions about use of those products on our childhood questionnaire. We are planning handouts for education and working on updating the guidance for providers and local health departments. 		
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) - Our documents are now published so we are starting the physician education and training.	5
	Host trainings directed at public health professionals, clinical providers and other prevention partners about childhood lead prevention, policies and interventions ¹	5

	<ul style="list-style-type: none"> - Our physician on contract provided a training for the Illinois State Medical Society on lead exposure during pregnancy and for children. We also participated and provided educational documents at the main Illinois Department of Public Health (IDPH) table at the State Fair. - We are also working toward an online training for our case management delegate agencies. 	
	<p>Educate parents about lead prevention and exposure at first well child visits and OB/gyn visits before pregnancy and at prenatal visits.</p> <ul style="list-style-type: none"> - We are working towards this in our pilot area for OB/GYNs and healthcare providers. Our documents are published and trainings are being planned/scheduled. 	5
Identification and Exposure	<p>Create a performance measure for blood lead testing of Medicaid-enrolled children and make publicly available its estimate of Medicaid-enrolled children tested for lead by age 2³</p> <ul style="list-style-type: none"> - We provide this information in our annual surveillance report. 	5
	<p>Encourage OBGYNs to take an environmental history during a prenatal care visit⁴</p> <ul style="list-style-type: none"> - This is part of our Prenatal Lead Risk Evaluation Questionnaire (PLRQ) that we will include with our pilot program education. - During the ColIN we updated our PLRQ and created an algorithm to accompany it. We also created Pregnancy Evaluation and Testing Recommendations. 	5
	<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"> - Our WIC clinics are encouraged to conduct lead screenings on clients. Since WIC funds do not cover testing, they utilize other funding mechanisms to do this. We are also working on partnering on Early Childhood Intervention services for lead exposure children. - We created a poster for them at their request to help promote testing and increase awareness. 	5
	<p>Provide standard screening questions from CDC, PEHSU and AAP Bright Futures to providers.</p> <ul style="list-style-type: none"> - Our Childhood Lead Risk Questionnaire (CLRQ) is based on recommendations from CDC and AAP. - During the ColIN, we updated our CLRQ and created an algorithm to accompany it. We also created Infant and Childhood Evaluation and Testing Recommendations. 	5
	<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"> - The Lead Program provides and annual surveillance report with blood lead testing data throughout the state. 	5
	<p>Require laboratories to electronically submit all elevated blood lead test results to local and state health departments within 48 hours and non-elevated results no less than 30 days after the end of the month in which the results are obtained.</p>	4
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"> • We are in the process of creating and publishing new documents regarding nutritional recommendations as well as risks of using imported foods, spices, and other items. 	5

	Support cultural awareness among physicians when surveillance data indicate children are being exposed to lead from candy, health remedies, or cosmetics ³ <ul style="list-style-type: none"> • Questions are currently on our CLRQ. • We are working on creating an education handout with this information as well. 	5
	Distribute guidance documents for follow-up care for children who are identified with EBLL ¹ . <ul style="list-style-type: none"> • We created a letter and educational document for the importance of follow-up testing and health effects of lead exposure. We are currently working on creating a booklet with comprehensive information for families of lead exposed children as well as a cleaning checklist to reduce lead exposure. 	5
	Provide education for parents and providers around emotional toll of lead exposure. <ul style="list-style-type: none"> • We are currently creating training for Case Management Nurses which will include information on the new Early Intervention bill that was passed that qualifies children with EBLLs for early intervention services. 	5
	Screen exposed children for adequate iron and calcium levels and prescribe supplements or food if needed ⁷	4
Policy	Adopt the CDC reference level for lead exposure prevention actions ²	5

Primary Driver 2: Housing		
Recommendations:		
	<ul style="list-style-type: none"> • Provide lead risk assessments through LHDs for all pregnant women reported with EBLs 	
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 <ul style="list-style-type: none"> • We participated in University Park lead in water response with the Illinois Environmental Protection Agency (EPA), the United States EPA, the Agency for Toxic Substances and Disease Registry, and the Will County Health Department. This included participation in public availability session where we discussed blood lead data and school water testing. We also tested water samples for lead in two schools impacted by the 'do not consume' water advisory and coordinated results and mitigation strategies with school district administrators. • We are working on publishing a new warning poster for Hardware stores. 	4
	Require Realtors share information about the harmful effects of lead with buyers/ renters	4
	Prohibit landlords for re-renting units that poisoned a child or where lead has been found ^{3,5}	4
Identification and Exposure	Partner with MIECHV, CDC's Healthy Homes and local health departments to provide home visits to children and pregnant women who have EBLLs and assist their families with referrals to housing, health and other resources ^{9, 10}	4

Primary Driver 3: Child Care and Schools		
Recommendations:		
<ul style="list-style-type: none"> Work with our Lead and Water Quality Program to implement recommendations and rules on mandatory water testing for schools and childcare facilities. 		
Secondary Driver	Change Idea	Rank Change Idea from 1-5 1 = low leverage 5 = high leverage
Prevention and Remediation	Implement the EPA's 3T recommendation to test water for lead ³ We partnered with our IDPH, Plumbing and Water Quality Program to create an updated Lead in Drinking Water fact sheet. We also plan to work with them on several community outreach opportunities.	5
Identification of Exposure	<p>Educate child care professionals and facility managers how to test their facilities for lead (in paint, water, and products).</p> <ul style="list-style-type: none"> With the funding appropriated under section 1464(d) of the Safe Drinking Water Act and amended by the Water Infrastructure Improvement Act (WIIN) section 2107, IDPH, in collaboration with the Department of Children and Family Services (DCFS) and the Illinois Environmental Protection Agency (IEPA), plans to support the ongoing legislative requirement for lead in water testing in DCFS-licensed day care facilities throughout the state. This includes the prioritization of facilities serving younger children (ages 6 and under), underserved and low-income communities, and facilities that are older and more likely to contain lead plumbing, including those built prior to January 1, 2000. Schools will not be eligible for testing under project. IDPH will utilize competitive grant agreements for third-party contractors or vendors to coordinate and provide state-wide services to DCFS-licensed day care facilities and DCFS field licensure staff to: 1) provide education about lead in water and the importance of testing; 2) provide instructions and resources for lead in water testing in all licensed day care facilities; 3) coordinate testing with the laboratory including electronic sample management; 4) provide education regarding mitigation of lead hazards in drinking water; and 5) provide follow-up services to ensure proper implementation of mitigation strategies and follow-up testing. 	4
	Train school nurses how to identify children at risk for lead toxicity and how to make referrals to health care providers.	3
	Collect census tract level data on water of elementary schools, child care facilities in collaboration with community-based organizations, local health agencies, CDC ³	4
Policy	<p>Enforce mandatory BLL evaluation (and testing if indicated) and documentation before entering child care or school</p> <ul style="list-style-type: none"> Our contracted physician included this information in her training to the Illinois Medical Society. Our program has identified blood lead test reporting as an area where physicians need to improve upon and are making a concrete effort to increase education to physicians. 	5
	Modify IDEA Part B and C so neurocognitive and developmental deficits of lead exposure qualify for services and so it presumes that children with elevated BLLs are eligible for services ³	5

	<ul style="list-style-type: none"> We passed Public Act 101-0010: An amendment to the Early Intervention Service System Act. Ensures automatic eligibility for children ages 0-3 who have been lead poisoned (confirmed elevated blood lead levels $\geq 5 \mu\text{g/dL}$); implementing rules must be in effect by July 2020. We are including this as part of our training for nurses as well. 	
	Enact laws mandating testing for lead in school drinking water (NY, IL) and child care centers (NY, IL), and provide financial support for implementation ¹¹	5

Primary Driver 4: Community		
Recommendations: Education and outreach in targeted high-risk areas. We are working towards a possible PR campaign in these areas throughout the state.		
Secondary Driver	Change Idea	Rank Change Idea from 1-5 1 = low leverage 5 = high leverage
Prevention and Remediation	Provide educational outreach concerning lead exposure risks and interventions in targeted high-risk areas ¹ <ul style="list-style-type: none"> We are working towards this. We are waiting for our documents to be published before we can move forward with the education piece. Our documents are published, and trainings are being planned/scheduled. Also, we are currently working on a public relations campaign to educate and bring awareness of lead exposure through social media sites. While we would like this to educate the entire state, we will specifically target high risk areas. 	5
Identification and Exposure	Create a map of lead exposures (include zip code, age of housing, regional airports). <ul style="list-style-type: none"> We created an inter-active map which shows 2017 surveillance data of identified lead exposed children. We plan to update this map as new data becomes available/published. 	5
Policy	Align lead standards in dust and soil with blood lead guidance. <ul style="list-style-type: none"> We updated this in our Lead Poisoning Prevention Code. 	4

Primary Driver 5: Products & Industry		
Secondary Drivers	Change Idea	Rank Change Idea from 1-5 1 = low leverage 5 = high leverage
Prevention and Remediation	<p>Identify and educate parents who are exposed to lead at work about the dangers of take-home lead exposure⁸</p> <ul style="list-style-type: none"> Our nurses and delegates educate families of children with EBLLs during home visits. We also participate in the annual Illinois Occupational Safety and Health Day event. We also collaborated with our Adult Lead Program and obtained authorization to use their brochures for educating families with lead exposed children and licensed lead abatement professionals. 	4