

## MCEH CollIN Change Package

### Iowa State Team

**Key:**

- The changes listed here are the changes that the **Iowa** state team decided to test throughout the CollIN. *This is not the complete MCEH CollIN Change Package.*
- The majority of the changes that Iowa 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 Iowa State Team MCEH COIN 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 CollIN Harvest on 5/5/2020.
- **Text in red highlights specific activities/adaptations to each MCEH CollIN change idea that Iowa performed.**

### Primary Driver 1: Clinical Settings

**Recommendations:**

- Find a champion medical person
- Need data - both current data and historical data.
- Provider report cards will show where there are gaps in testing.
- Don't try to go too large or force someone to be a champion for you.
- If there is no record of a test, then test the child onsite. Do not assume one test or past testing as an indicator of future exposure.
- If the child is in your office, try not to refer them elsewhere for testing or to an outside lab. Testing onsite guarantees a test will be conducted.
- Require that all lead testing results are provided to the primary care provider. This will prevent the child from being unnecessarily tested again because the primary care provider had no record of prior testing or recent testing.
- Use the screening questionnaire as a tool, don't rely on it as a measure of testing.
- We recommend staff doing follow-up on high lead levels, give recommendations to the family that are *culturally* appropriate.
- Ensure everyone is following the same guidelines for follow up treatment and intervention for a lead poisoned child.
- Provide the family with info on blood lead level (BLL) regardless of what the BLL is!
- Don't rely solely on predictive models in identifying high risk areas or high-risk children.
- Don't only have literature in one language - must provide materials in multiple languages. Also consider telling stories with pictures, etc.
- Test all children under 6 years in age who come into your clinic that has not been tested in the past 12 months.
- Set up protocols in clinic flow, standing orders so that the Certified Medical Assistant or nursing staff can do it before the provider comes in.
- Have a statewide policy of [blood lead testing](#) and [intervention](#) - and also disseminate it, ensuring everyone is on the same page. Good state level collaboration at the top is critical.

- We recommend that you have a [policy in place](#) for reporting testing.
- We recommend having a [statewide program](#) in place that can provide guidelines and direction. It can be confusing when the action level for the state is different from CDC. This is also confusing for families and could lead to distrust.

Secondary Driver	Change Idea	Rank Change Idea from 1-5 1 = low leverage 5 = high leverage
Prevention and Mitigation	<p>Provide training for pediatricians, family doctors, and care coordinators on signs and symptoms of lead exposure, treatment protocols, community resources (Head Start, Parent Training &amp; Information Centers, etc.).</p> <ul style="list-style-type: none"> <li>• <b>Regional Health Consultant Meetings, University of Iowa, and the Iowa Childhood Lead Program conducted four regional trainings on new educational materials for physicians, local public health agencies (LPHAs), nurses, and Title V Programs</b></li> </ul>	3
	<p>Host trainings directed at public health professionals, clinical providers and other prevention partners about childhood lead prevention, policies and interventions<sup>1</sup></p> <ul style="list-style-type: none"> <li>• <b>Regional Health Consultant Meetings, University of Iowa &amp; Iowa Childhood Lead Program conducted four regional trainings on new educational materials for physicians, local public health agencies (LPHAs), nurses, and Title V Programs</b></li> </ul>	3
	<p>Establish Medicaid lead poisoning prevention pilot projects<sup>2</sup></p> <ul style="list-style-type: none"> <li>• <b>We initiated three clinical pilots to increase blood lead testing of 12-35 month olds.</b></li> </ul>	4
	<p>Educate parents about lead prevention and exposure at first well child visits</p> <ul style="list-style-type: none"> <li>• <b>Contracted agencies and Title V programs are doing this</b></li> </ul>	2
	<p>Explore local payment processes for care coordination. Care coordinators would review charts for lead testing results, follow-up for children with high levels, monitor treatment, coordinate with school and other community support/services</p> <ul style="list-style-type: none"> <li>• <b>Encouraging providers to review charts for lead testing</b></li> </ul>	1
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<sup>2,3</sup></p> <ul style="list-style-type: none"> <li>• <b>Working on getting a data sharing agreement with Medicaid. A new Title V State Performance Measure was selected for 2021-2026: State Performance Measure #2: Percent of children ages one through two with a blood lead test in the past year.</b></li> </ul>	4
	<p>Leverage partnerships with Women, Infant and Children (WIC) clinics, local health clinics, Federally Qualified Health Centers (FQHCs), 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.<sup>2</sup></p> <ul style="list-style-type: none"> <li>• <b>Met with and continue to work with WIC. Pilot project completed with FQHCs.</b></li> </ul>	4
	<p>Provide universal testing guidelines for providers</p>	5

	<ul style="list-style-type: none"> <li>Through Contractors, Title V and Epidemiology (EPI) Update, Environmental Health Services, and Childhood Lead Program Listservs, Title V included the Iowa Department of Public Health (IDPH) testing guidelines for 12 to 35-month-olds in the Fiscal Year 2021 Request for Applications</li> </ul>	
	<p>Provide standard screening questions from CDC, PEHSU and AAP Bright Futures to providers</p> <ul style="list-style-type: none"> <li>Through Contractors, Title V and EPI Update Listserv</li> </ul>	2
	<p>Collect census tract level data on BLL results in collaboration with community-based organizations, local health agencies, CDC<sup>3</sup></p>	
	<p>Require laboratories to electronically submit all blood lead test results to local and state health departments within a week of the result so the information can be aggregated to assist with prevention and response efforts<sup>3</sup></p>	
	<p>Offer blood lead testing through mobile health units at clinics to improve access for at-risk populations (using portable devices to check BLL at point of care)<sup>3</sup></p> <ul style="list-style-type: none"> <li>Title V</li> </ul>	4
Treatment and Mitigation	<p>Use of claim data to ensure test and confirmatory tests (ex: Mississippi)</p> <ul style="list-style-type: none"> <li>Medicaid</li> </ul>	1
	<p>Counsel families on nutrition if child does not have adequate iron, calcium and Vitamin C intake</p> <ul style="list-style-type: none"> <li>Contractors and IDPH</li> </ul>	4
	<p>Support cultural awareness among physicians when surveillance data indicate children are being exposed to lead from candy, health remedies, or cosmetics<sup>3</sup></p> <ul style="list-style-type: none"> <li>Contractors and IDPH Tracking Portal Risk Model</li> </ul>	2
	<p>Distribute guidance documents for follow-up care for children who are identified with EBLL<sup>1</sup></p> <ul style="list-style-type: none"> <li>Guidelines distributed to childhood lead contractors and through Department Listservs. Guidelines also posted online at <a href="https://idph.iowa.gov/Environmental-Health-Services/Childhood-Lead-Poisoning-Prevention/Providers-Labs-and-Schools/What-To-Do-At-Each-Level">https://idph.iowa.gov/Environmental-Health-Services/Childhood-Lead-Poisoning-Prevention/Providers-Labs-and-Schools/What-To-Do-At-Each-Level</a></li> </ul>	5
	<p>Refer children to receive neuropsychological testing if high blood lead level is detected</p> <ul style="list-style-type: none"> <li>Developmental testing recommended for confirmed blood lead levels of 20 micrograms per deciliter or higher.</li> </ul>	3
	<p>Provide education for parents and providers around emotional toll of lead poisoning</p> <ul style="list-style-type: none"> <li>Working with family partners on development</li> </ul>	2
	<p>Screen exposed children for adequate iron and calcium levels and prescribe supplements or food if needed<sup>7</sup></p> <ul style="list-style-type: none"> <li>Testing for iron deficiency is recommended for children with confirmed blood lead levels of 10 micrograms per deciliter or higher.</li> </ul>	3
	<p>Ensure that state Medicaid policies and program materials on blood lead screening are in compliance with federal Medicaid requirements<sup>8</sup></p> <ul style="list-style-type: none"> <li>Iowa's Title V/Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program follows federal guidelines for blood lead testing of Medicaid eligible children.</li> </ul>	4

	Ensure that state Medicaid managed-care contracts explicitly include federal blood lead screening requirements and provide for follow-up services for children identified with elevated BLLs <sup>6</sup>	
	Mandate that CHIP pay for community health workers and navigators	
	Enact universal blood lead testing for children 1-2 years old (Maryland) <sup>2</sup> <ul style="list-style-type: none"> <li>• All Children under 6 years of age</li> </ul>	5
	Require that lead be a reportable disease <ul style="list-style-type: none"> <li>• <a href="#">Iowa Administrative Code 641 Chapter 1 requires all blood lead test results be reported to IDPH.</a> <a href="https://www.legis.iowa.gov/docs/iac/chapter/08-01-2018.641.1.pdf">https://www.legis.iowa.gov/docs/iac/chapter/08-01-2018.641.1.pdf</a></li> </ul>	5

## Primary Driver 2: Housing

### Recommendations:

For owners of properties built prior to 1978, Iowa recommends the following for preventing or minimizing lead exposure:

- Keeping interior and exterior paint in good condition
- Identifying and removing or repairing lead paint hazards
- Maintaining a clean home environment
- Regularly wet wiping window sills and window frames
- Cleaning window troughs
- Regularly wet mop floors and vacuum carpets
- Regularly wash children's toys
- Avoiding bare soil
- Place ground cover material or plantings around outside of home

### Local Housing Codes

- Know your municipal or county housing code. Many rural counties and smaller local jurisdictions in Iowa lack a local housing code or housing quality standards. Most cities in Iowa receiving federal housing funds have some type of rental housing standards or codes addressing housing conditions.
- Contact city or county housing department for information on local housing codes or standards.
- Cities and counties receiving childhood lead program grant funds are required to adopt state code or develop ordinances to address lead-based paint hazards in homes where a child with an elevated blood lead level lives.
- Adopt or adapt Iowa's Control of Lead-Based Paint Hazards code (Iowa Administrative Code 641-68) into county ordinances.

<https://www.legis.iowa.gov/docs/iac/chapter/12-04-2019.641.68.pdf>

### Federal & State Lead Laws

- Iowa is an EPA authorized state for administering and enforcing federal Renovation, Repair, and Painting (RRP) rules.
- Repair, Remodeling, and Painting Rule - Requires use of certified renovators who are trained in lead-safe work practices when working on homes built prior to 1978.

- Federal Disclosure Rule - Requires disclosure of known lead-based paint and lead-based paint hazards before selling or renting a property built before 1978.
- Requires renters and buyers be provided with the following:
  1. An EPA-approved information pamphlet on identifying and controlling lead-based paint hazards
  2. Copies of lead inspection reports, if a lead inspection has been done on property
  3. A disclosure form – must be signed by both parties
- Pre-Renovation Notification - Requires tenants and occupants in pre-1978 housing be notified that lead-based paint may be present prior to any renovation, remodeling, or repainting.

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"> <li>• Iowa certified training providers educate and certifies contractors and the Department licenses contractors.</li> <li>• Lead &amp; housing resources and training videos are posted online for contractors and property owners at:               <ul style="list-style-type: none"> <li>○ <a href="https://idph.iowa.gov/Environmental-Health-Services/Childhood-Lead-Poisoning-Prevention/Property-Owners">https://idph.iowa.gov/Environmental-Health-Services/Childhood-Lead-Poisoning-Prevention/Property-Owners</a></li> <li>○ <a href="https://idph.iowa.gov/Environmental-Health-Services/Childhood-Lead-Poisoning-Prevention/resources">https://idph.iowa.gov/Environmental-Health-Services/Childhood-Lead-Poisoning-Prevention/resources</a></li> <li>○ <a href="https://idph.iowa.gov/Environmental-Health-Services/Lead-Professional-Certification">https://idph.iowa.gov/Environmental-Health-Services/Lead-Professional-Certification</a></li> </ul> </li> </ul>	4
	Encourage the replacement of lead-painted windows with new energy-efficient ones by including the benefits of preventing lead exposure and government dollars spent in the savings-to-investment ratio used to determine the cost effectiveness of energy upgrades <sup>3</sup>	
	Require proof of appropriate EPA- compliant lead-remediation training before issuing a permit for work that is likely to disturb paint in a house before 1978 (RI and DC) <sup>3</sup> <ul style="list-style-type: none"> <li>• Require lead certification prior to work being done on a pre-1978 home.</li> </ul>	4
	Increase the number of lead-certified home contractors within the state <ul style="list-style-type: none"> <li>• Iowa's Lead Professional Certification Program requires training and certification of lead professionals, including lead inspectors, elevated blood lead inspectors, visual risk assessors, lead abatement contractors, lead abatement workers, and lead-safe renovators. It also requires certification of the firms that employ certified lead professionals.</li> </ul>	5
	Require Realtors share information about the harmful effects of lead with buyers/ renters <ul style="list-style-type: none"> <li>• Federal Disclosure Rule - Requires disclosure of known lead-based paint and lead-based paint hazards before selling or renting a property built before 1978.</li> </ul>	5
	Educate Realtors on the harmful effects of lead	4

	<ul style="list-style-type: none"> <li>Present information to Realtors at statewide conferences and tradeshows.</li> <li>Realtors required to follow Federal Disclosure Rules</li> </ul>	
	<p>Prohibit landlords for re-renting units that poisoned a child or where lead has been found<sup>3</sup>,</p> <ul style="list-style-type: none"> <li>Iowa's Control of Lead-Based Paint Hazards code (Iowa Administrative Code 641-68).  <a href="https://www.legis.iowa.gov/docs/iac/chapter/12-04-2019.641.68.pdf">https://www.legis.iowa.gov/docs/iac/chapter/12-04-2019.641.68.pdf</a></li> </ul>	4
<b>Identification and Exposure</b>	<p>Partner with MIECHV, CDC's Healthy Homes and local health departments to provide home visits to children who have EBLLs and assist their families with referrals to housing, health and other resources<sup>9, 10</sup></p> <ul style="list-style-type: none"> <li>Iowa's Childhood Lead Poisoning Prevention Program is partially funded by CDC and intervention services are provided statewide by contracted agencies, Title V agencies, and Department staff.</li> </ul>	5

## Primary Driver 3: Child Care and Schools

### Recommendations:

- Recommend in-home daycare and child-occupied facilities be certified with the Department of Human Services (DHS)
- Recommend in-home daycare and child occupied facilities be required to conduct a lead assessment prior to being certified by DHS.
- Recommend mandatory testing of all children before entering kindergarten.
- Recommend in-home daycare and child-occupied facilities comply with Iowa's lead laws when renovating, repairing, or painting in properties or facilities built prior to 1978.

### Iowa Law

- Iowa Mandatory Blood Lead Testing rule requires children to have been tested for led at least one time before entering kindergarten.  
<https://idph.iowa.gov/Environmental-Health-Services/Childhood-Lead-Poisoning-Prevention/Providers-Labs-and-Schools/School-Lead-Screening>

Secondary Driver	Change Idea	Rank Change Idea from 1-5 1 = low leverage 5 = high leverage
Prevention and Remediation	Train school and child care staff to utilize checklists such as the Eco-Healthy Child Care Program and Healthy Schools Network for lead prevention <ul style="list-style-type: none"> <li>Healthy Child Care Iowa. DHS child care inspectors are trained to look for lead hazards</li> </ul>	4
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) <sup>3</sup> <ul style="list-style-type: none"> <li>48 of 99 Iowa County Local Boards of Health have a contracted childhood lead program in place.</li> </ul>	3
Policy	Enact mandatory BLL testing and documentation before entering child care or school (NY, RI, MD, IA) <ul style="list-style-type: none"> <li>Iowa law requires one test by kindergarten; this discourages most providers and families from following health-based recommendations to test annually.</li> </ul>	5

	Enact Eco-Healthy Child Care® program <ul style="list-style-type: none"> <li><b>Eco-Healthy Child Care Training has been provided in the state</b></li> </ul>	3
	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 <sup>3</sup>	
	Incorporate parents/grandparents into lead policy advisory committees <ul style="list-style-type: none"> <li><b>Developed Childhood Lead Advisory Work Group.</b></li> </ul>	3

## Primary Driver 4: Community

### Recommendations:

- Recommend providers educate families on lead poisoning during well-child visits and anytime a child is seen at the provider's office or clinic.
- Recommend local public health departments educate families on lead poisoning prevention at community events

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 <sup>1</sup> <ul style="list-style-type: none"> <li>• Contracted agencies, providers, local public health, Head Start programs, Title V agencies, and other child health service agencies statewide educate and outreach to families on lead poisoning prevention.</li> <li>• During National Lead Poisoning Prevention Week in late October IDPH and county public health departments conduct educational outreach campaigns targeting families with children under 6 years in age and living in homes built prior to 1978.</li> </ul>	4

## Primary Driver 5: Products & Industry

### Recommendations:

- Control your own destiny when it comes to industry. Iowa has the ability to enforce and train.
- Having a program that deals with occupational exposures (going beyond children to adults).
- Make sure you are capturing data on adult and child blood lead levels.
- Try to allocate funding/capacity for remediation activities
- Must have an enforcement mechanism in place, like a law regarding lead remediation. Also, must have some type of training in place for lead remediation or abatement.

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 <sup>8</sup> <ul style="list-style-type: none"> <li>• Iowa's Adult Blood Lead Epidemiology &amp; Surveillance (ABLES) program identifies adults that have been tested and identified with an EBLL and provides consultation and outreach.</li> </ul>	5
Prevention and Remediation	Work with facilities where employees are exposed to lead (and may bring it home) to ensure that lead-safe practices are in place <sup>8</sup> <ul style="list-style-type: none"> <li>• Iowa's ABLES program works employers in minimizing occupational exposure to workers on the job and how to reduce take-home lead.</li> <li>• Iowa's lead certification program trains, certifies, and licenses contractors in working lead-safe.</li> </ul>	5