MCEH CollN Change Package Mississippi State Team

Key:

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

D.::	- Duines	
Primary	Driver:	Ciinicai

- Public Health Detailing
- Engaging providers through in-person communications and in virtual settings (webinars)
- Partnerships with MSU and GHHI for provider and community trainings.
- Strong relationships with Medicaid/MCOs
- Quick Guides for Providers
- Medicaid data linkage helps identify gaps in reporting.

- Medicaid Audit data was used to assess provider trends and helped to target providers for Public Health detailing
- MSU Provider PSAs and webinars
- Provider report cards
- Lead Poisoning Article
- Follow-Up letters to Providers (EBLL)
- Leveraging partnership with MS State/UM for trainings
- Required reporting of all blood lead levels as part of Reportable Diseases and Conditions.

Secondary Driver	Change Idea	Rank Change Idea from 1-5
		1 = low leverage
		5 = high leverage
Prevention and	Provide trainings for Pediatricians and other PCP, Provide trainings for Providers (Care Coordinators/WIC nutritionists/Head Start	3; still not seeing lead as a
Mitigation	staff/EI, Leveraging partnerships (including other Health Services and external partners) ** ID/Exposure, Training Resources: Guidelines, CEHN Pediatric Training Manual: NEW Reference level • Medicaid Provider/Beneficiary Workshops	problem
	 <u>Videoclips on Website</u> Guidance at a Glance: https://msdh.ms.gov/msdhsite/ static/resources/8119.pdf 	
	Mississippi State University (MSU) Provider trainings	

Participate as exhibitor at Primary Care Provider conferences, symposiums, forums	3, increased interest
American Academy of Pediatrics Fall Conference	
Mississippi Perinatal Quality Collaborative (MPQC) Annual Conference	
Family Practice Survey/Listserv	
Social Worker Summit	
Southeast Mississippi Rural Health Initiative Conference	
Rural Health Clinic Conference - May 2019	
Rural Health Lead Poisoning Prevention Webinar - November 2019	
Establish Medicaid Pilot Projects (Intervention; Education; and Follow up)	
Audit Plan-Do-Study-Act Project	
 Medicaid audit September-2018 August 2019 for 1 & 2 year-olds 	
 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Quality Improvement compare pre & post 	
Electronic Health Records	
Data Linkage	
Medicaid Data Linkage: gaps	
Parental Education at Primary Care child Visits, OB/AGYN Visits	1; lack of interest, awareness
Provision of materials; Linked with Exhibits; Correspondence	4; receptive of the materials and
 Develop letter to send to all OB/GYN clinics along with the lead and healthy home educational material order form 	information provided
Academic Detailing Pharmacy Collaboration	
Discuss with parents before leaving hospital about risks with referral as needed	2; attendance varies
 Baby Café Sessions for pregnant and breastfeeding mothers (Screening questionnaire) 	
Baby and Me Classes (Desoto County)	
All birthing hospitals receive lead and healthy homes educational materials	
Explore local payment processes for care coordination: coordinate with other support systems	
Supplemental grant project: Community Health Workers	
Provide educational outreach concerning lead poisoning prevention and oral health	2; attendance varies
Baby Cafés in Greenville, MS	
Provide one on one lead poisoning prevention education to parents visiting the facilities	1; awaiting train-the-trainer

	Parenting Stations in Union, Coahoma, Lauderdale, Hinds Jones, Adams, Laurel, and Harrison counties	
	MSU created a lead prevention video; posted on YouTube, Mississippi State Department of Health (MSDH) and MSU Extension Service website	2; not much traffic yet
	Provide Oral Health materials and supplies to families of children with BLL 15 or higher	1; just started this project
Identification and Exposure	Require Medicaid Managed Care organizations to track and report performance: Consider tracking, Provision of increased reimbursement, create a performance measure for blood lead testing and make public • Mississippi managed care organizations (MCOs)	3; help us target outreach
	United Healthcare and Molina workshops	
	Create Provider Report Cards on blood testing rates	3; helped us identify providers for academic detailing
	 Encourage Ob/GYNs to complete environmental assessments: Distribute Lead information at minimum Develop letter to send to all OB/GYN clinics along with the lead and healthy home educational material order form Exhibit- MPQC annual conference 	1; lack of knowledge/awareness of lead
	 Provide targeted testing guidelines and Questions with Providers Guidelines at a Glance (Ranked 2; providers still contact program with questions/concerns) Academic Detailing Collaboration (Ranked 4; receptive of materials and information provided) Journal of the MS State Medical Association (Ranked 2; limited access) Contributing to MS Today Article (Ranked 3; wider audience) 	
	Electronic reporting of Data from laboratories Reviewing Mississippi Public Health Laboratory data Reviewing/testing electronic reporting tool from Alabama	3; potential for identifying lead elevations in real time
	Offer blood testing through mobile health units or Pre-scheduled referrals • Partnership with Magnolia MCO and MAP/Friends of Children	3; potential for increasing screening and awareness of lead poisoning among head start children
	Work with PHRM to provide questionnaire and education to mothers • Questionnaire	

	Working on non-traditional exposure article • MSDH Public Health Report	3; increase awareness on non- traditional exposures.
		·
Treatment and	Use Housing grant funding for remediation	4; improve housing conditions
Mitigation	HUD grant awarded	
	Identify resources for flood insurance.	
	Use of claims data to ensure test and confirmatory tests	1; no response
	Reach out to Blue Cross and Blue Shield	
	Nutritional counseling of Families for adequate intake of calcium, iron ,and vitamin C	2; evaluation pending
	Meeting with WIC and training of nutritionist	
	Support Cultural awareness among physicians when surveillance data indicate children are being exposed to lead in candy,	4; increase awareness
	remedies, etc., Support awareness of occupational exposures	2; mitigation of exposure
	Media Plan	3; mitigation of exposure and
	MSDH Banner Home Page	increase awareness of lead
	MSDH and Medicaid websites	
	Consider Health Alert Network (HAN) Alerts	
	Partnership with OSHA	
	Upcoming training for Olin Winchester staff	
	Distribute guidance documents for follow up care for children identified with EBLL	3; increase interest
	Quick Guide	
	Work with Schools to provide IEP if needed	
	 Discuss Feeder school linkage with Early Intervention (Add EI rep to coalition) 	
	Child Find	
	Public Awareness Committee	
	Working with EI agency to change the referral form	3; allow for two-way referrals
		among EI, CYSHCN and Lead
	Provide education for families around emotional toll of Lead poisoning	3; allow for increased
	CHW training adjunct	identification of lead and
	Partnership with Mental Health/USM/CYSHCN	healthy home hazards

	 Families as Allies Family to Family CYSHCN Parent Curriculum Recruiting Parent Advocate Department of Mental Health personnel received Healthy Homes Training 	
	Recommend neuropsychological testing for high levels	3; increase mitigation of neurotoxic effects
Policy	Adopt the CDC Reference Level: Medicaid on board • Review Medicaid Follow up policies	2; increase identification of children; inadequate follow through
	Maintain mandatory reporting of ALL** Levels • Highlight on trainings and Guidelines at a Glance	2; inadequate follow through

Primary Driver 2: Housing

- Partnering with County Mayoral Health councils to assist with HUD grant implementation
- Essential for Healthy Homes training for various partners to include Department of Mental Health, MCOs, and other community organizations.
- Partnering with MCOs to conduct home visit for families of children with BLLs of 5 or higher who were non-responsive to calls from program.
- Surveying families for lead and home health hazards through Perinatal High Risk Management/Infant Service Systems for housing issues during clinic visits.
- Data sharing with Regional Housing Authorities for children with BLLs of 5 or higher.
- Additional funding for policy initiatives. We are actually going to be working towards policy development in 6 of our high-risk counties beginning October 1st with Green & Healthy Homes Initiative.

Homes madere.		
Secondary Driver	Change idea	Rank Change Idea from 1-5
		1 = low leverage
		5 = high leverage
Prevention and Remediation	HUD Grant awarded for the following:	2; increase pool of certified contractors
	Educate Property Owners and Contractors	to perform lead-based paint remediation
	Electing homes that are eligible for funding	
	Training city contractors	
	Training City Staff	

	Partnership with MCO organization to provide educational materials • Magnolia Insurance will provide home visiting for their clients MSDH cannot reach	4; increase number of families receiving program services/referrals
Identification and Exposure	Collect census tract /zip code data on water, (tributaries)dust, paint, and soil in collaboration with community-based organizations Overlap maps with tributaries and elevated lead levels with daycares/Head Starts, schools	3; basis for door to door project
	Partner with Home visiting organizations to provide educational materials • Provision of data to Perinatal High Risk Management (PHRM) and MDHS	
Policy	Current Policy gaps per Green and Healthy Homes • Housing Code Policy enforcement to be highlighted in the upcoming MS Today article.	

Primary Driver 3: Child Care and Schools

- WINN grant partnership with MSU for lead testing of water in schools
- Childcare/Head Start lead meetings in high-risk areas.
- Adoption of Head Start Center for mobile clinic lead testing
- Healthy Start meetings to share lead and healthy homes information to participants
- Collaboration with Child Find
- Change in Early Intervention Automatic Eligibility (down to 10 ugm in our case)
- Automatic referral to CYSHCN program if child identified in home with special health care need

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 Eco Healthy Child Care Program and Healthy Schools Network) • Participate in Head Start Back to school Training Orientation • Jackson State University Curriculum • Develop preschool- school STEM environmental curriculum/summer program (partner with summer programs)	1; reassessing

	 Implement the EPAs 3T recommendations to test water for lead Partnering with MSU Water Infrastructure Improvements for the Nation Act (WIIN) Grant to implement EPA 3T recommendations (Training, Testing, and Taking Action) in schools 	3; expanding reach to include schools
	Disseminate publicly on MSDH website area specific residences at risk for having lead pipes/ other plumbing fixtures pre-1987 homes • Door Hangers • Discussing within the agency to share more detailed high-risk maps on agency website	3; increasing awareness and testing
Identification and Exposure	Educate child care professionals and facility managers how to test their facilities for lead in paint, water products • Evaluate as part of WIIN Grant project	2; already in regulation
	Share information on Evidence based Environmental Assessment tools with Community organizations	1; revisiting
Treatment and Mitigation	 Partner with Child Find Long term follow-up Early Intervention will serve as intermediary Review 4-5 year-olds with persistent levels; Monitor progress 	
	Partner with office or mobile testing sites to improve access • Public Health Pharmacy Partnership to offer rapid testing Point of Care • Transferred to Magnolia/Choices for Children	3; increase testing
Policy	Lower level of automatic EI referrals to match change in CDC reference level • Research effectiveness of change in policy for persistent levels > 1 year	2; low enrollment
	Incorporate parents, grandparents, into Lead Advisory Board/Coalition • Re-establish Advisory Board/Coalition to align with policy goals	
	Targeted investigation, Education, and testing piloted for policy change • CHW home visitation assessment program	

Primary Driver 4: Community

- Leveraging partnership with GHHI for Community Forums on Policy (paired with Provider training)
- Baby Café presentation to new and expectant mother to include Oral Health
- Partnership with Department of Mental Health to educate about lead poisoning

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 in the City of Jackson • CHW Home Visitation/assessment program	2; low response
	Provide Community education in high risk and non-high risk areas • Lead Awareness Month Activities • Mayor Proclamation planned • Occupational Health Safety Symposium • MS Community College Board Worksite Wellness Trainings	2-3
	Investigate lead levels in neighborhoods near former smelter sites and other hazardous waste sites and convey the information in a culturally sensitive manner • Community symposium (not Town Hall) • With Advisory Board/Coalition sponsorship	
	Partnership with Ole Mississippi Lead in Drinking Water Team Ole Miss Referral	4; increase identification of lead in water issues.
	Provide educational outreach in Rolling Folk, Mississippi • Community Events	3, increase awareness
	Increase educational materials in the Delta areas • Delta health clinics	3, increase awareness

	Provide educational materials to Families First facilities In Hinds, Vicksburg, Brookhaven, Meridian, Moss Point, Bay St. Louis, Gulfport Community events Resource Centers	3, increase awareness
Identification and Exposure	Partnership with Magnolia and Friends of Children • Discuss the importance of lead testing with parents • Diaper Day • First Birthday Party	3; increase lead testing and awareness
	 Social Media/TV and Radio Campaign MSDH Communications will post videos on their social media page. Lead commercials will be played on Pandora Radio Station and on TV stations in our high-risk areas 	3; increase awareness of take-home lead exposure
Policy	Align lead standards in dust and soil with CDC blood lead guidance • MSDH Environmentalist	2, to be evaluated
	Promote feedback loop with common shared vision between state and local policy makers • Write Policy brief and /or partner with author	

Primary Driver 5: Products and Industry

- Winchester partnership to educate employees on risk reduction strategies for take home lead exposure.
- Take Home Lead Exposure posters developed.

Secondary Driver	Change Idea	Rank Change Idea from 1-5	
		1 = low leverage	
		5 = high leverage	
Prevention and	Identify Parents who are exposed to lead at work about the dangers of lead and dangers of take-home	2; low turnout	
Remediation	lead exposure		
	Partner with parent groups in high risk areas		
	Winchester presentation scheduled with upper management and plant managers		

	Produced posters to use in high-risk areas for occupational and clinics use	
	Work with facilities where employees are exposed to lead and may bring it home • Presentation forthcoming; partnerships being developed with MS Department of Transportation, MS Wildlife, Fisheries and Parks	4; increase awareness and decrease secondhand exposure
Policy	Use Media Advocacy: Reframe to advance policy change Educate parents on EPA standards for Leveraging policy change opportunities • Highlight retail sources of local lead-contaminated candy, toys • Parental Testimony • Use of MSDH Web Banner	4; increase awareness