

MCEH ColIN Change Package Pennsylvania State Team

Key:

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

Primary Driver 1: Clinical Settings

Recommendations:

- Providers need training about policy, prevention, and interventions.
- Mobile and onsite testing to overcome the barrier of getting to a lab. This can be at the PCP office or a partner like Head Start.
- PEHSU is an amazing resource for families as well as providers.
- Engaging OB/GYNs was difficult as they have lots of pushback; this may require longer term investment of time and resources.
- Reporting lead levels for all children, elevated or not ensures that both numerator and denominator data are available. This is easier with large commercial lab providers (such as LabCorp or Quest) who have automated electronic reported, but harder with individual providers using point of care machines who report individually.

Secondary Driver	Change Idea	Activities	Rank Change Idea from 1-5 1 = low leverage 5 = high leverage
Prevention and Mitigation	Provide trainings for Pediatricians and other PCP Provide trainings for Providers (Care Coordinators/WIC nutritionists/Head Start staff/EI Leveraging partnerships (including other Health Services and external partners) ** ID/Exposure Training Resources: Guidelines, CEHN Pediatric Training Manual: NEW Reference level	<ul style="list-style-type: none"> • Provide outreach and education at Grand Rounds, and individual private practice to PCP’s and pediatricians on the importance of lead testing, which includes testing guidelines and available resources. • Six County Municipal Health Departments (CMHDs) are doing ongoing work to provide education to providers on lead poisoning prevention, testing and follow up. 	3 – variation between the local health departments in level of activity

	Provide educational outreach concerning lead poisoning prevention	<ul style="list-style-type: none"> Updated materials on the Department's website as well as shared information and staff to answer questions at the Department's booth at the state farm show. 	3
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	<ul style="list-style-type: none"> Healthcare Effectiveness Data and Information Set (HEDIS) measure used for evaluation 2020 lead screening is a pay for performance measure. 	Will depend on what the impact is and evaluate in 2021
	Provide targeted testing guidelines and Questions with Providers	<ul style="list-style-type: none"> One CMHD is working with providers in high-risk areas to increase blood capillary screening and implementing activities to increase confirmatory venous testing and follow-up by promoting CDC prevention standards and best practices. One CMHD surveyed local practices on provider knowledge and updated provider recommendations on promoting CDC prevention standards and best practices. 	3 – successfully sharing of updated information; however, impact will be determined on actual results compared to baseline data
	Electronic reporting of Data from laboratories		
	Offer blood testing through mobile health units or Pre-scheduled referrals	<ul style="list-style-type: none"> Facilitated partnerships between Head Starts and federally qualified health centers (FQHCs) to complete onsite blood lead testing Model developed and implementation in three counties 	5
Treatment and Mitigation	Use Housing grant funding for remediation		
Policy	Adopt the CDC Reference Level: Medicaid on board		
	Maintain mandatory reporting of ALL** Levels		

Primary Driver 2: Housing

Recommendations:

N/a

Secondary Driver	Change idea	Activities	Rank Change Idea from 1-5 1 = low leverage 5 = high leverage
Prevention and Remediation	Educate Property Owners and Contractors	<ul style="list-style-type: none"> Provide outreach and education, developing and conducting training for rental property owners and contractors to develop new policies and to strengthen code enforcement and advocate for ordinances. Six CMHDs are providing education and outreach but the activities differ depending on the size of the county and the number of employees they have dedicated to lead. To date six CMHDs have held meetings with landlords and housing authorities to educate on all aspects of lead poisoning in housing. 	3 – attendance is showing an interest in the subject; however, outcomes are pending to review actual community changes.
	Selection of cities whom will receive HUD funding	<ul style="list-style-type: none"> Administer a HUD Lead-based Paint Hazard Control (LHC) grant to local municipal partners Offer technical assistance to local municipalities to independently apply for and implement HUD LHC grants. 	5
	Train remediation contractors	<ul style="list-style-type: none"> Plan to provide training to increase the number of individuals and firms who can complete lead remediation work 	
Identification and Exposure	Partner with Home visiting organizations to provide educational materials	<ul style="list-style-type: none"> Already incorporated into the Safe and Healthy Homes Program 	3

Primary Driver 3: Child Care and Schools

Recommendations:

n/a

Secondary Driver	Change Idea	Activities	Rank Change Idea from 1-5 1 = low leverage 5 = high leverage
Identification and Exposure	Educate child care professionals and facility managers how to test their facilities for lead in paint, water products	<ul style="list-style-type: none"> Educate and distribute lead poisoning prevention materials at area day cares and schools, landlords and property owners. Six CMHDs are educating and distributing lead materials but the activities differ depending on the size of the county and the number of employees they have dedicated to lead. Presentations to providers regarding lead poisoning prevention education and materials to pass along to families were provided by six CMHDs. 	3 – as the activities have only recently been started the outcomes are pending to review actual changes in testing and child outcomes
Treatment and Mitigation	Partner within office or mobile testing sites to improve access	<ul style="list-style-type: none"> See above for Head Start/FQHC partnership 	

Primary Driver 4: Community

Recommendations: n/a

Secondary Driver	Change Idea	Activities	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	<ul style="list-style-type: none"> One CMHD is targeting high-risk areas and going door to door to provide NSF filters and water pitchers as well as literature and linkages to service. 	2 – there was low uptake of the services offered

		<ul style="list-style-type: none">• One CMHD knocked on over 300 doors to distribute literature, handed out about 250 “swag bags” at events, and offered home lead inspections	
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