

Tip Sheet: Getting Started on Your Action Plan

[MCHLeadToolkit.org](https://mchleadtoolkit.org) contains action-oriented resources from nine state teams that tested innovative practices and quality improvement methods to increase the number of pregnant women, infants, and children who are tested for lead exposure and who have access to coordinated care and services to address their needs. Here are some tips for using the toolkit:

Start with Families and Communities:

Family and community engagement and partnership are critical for achieving health equity and for ensuring that improvements efforts center on meeting the needs and desired outcomes of those impacted by lead exposure and poisoning.

- Integrate families into every aspect of the program—and at all times. Family engagement may grow from individual relationships with families, but it is well worth it.
- Visit the [Family Engagement and Partnership](#) section for specific steps you can take to make family and community engagement the norm!

Review Your Data:

Data can help you identify which focus areas need to be improved. Data also can help you and your partners prioritize how to invest your time and effort. Determine which data sources you will use and what systems and supports will help you obtain the data you need from these sources.

- Visit the [Data & Measurement](#) section for tips and examples on how to use data for quality improvement.

Build Your Team:

Sustainable system-wide changes require strong partnerships and relationships. However, sometimes internal silos exist between programs serving the same populations that are entrenched because of the way programs are structured. In this case, you may also have an opportunity to work with new partners. When people come together to problem solve on a targeted topic, such as lead poisoning, they often form long-term collaborative partnerships and relationships.

- Diversity is important. Engage a team with a wide range of skills, content knowledge and expertise. Be sure to include at least one person with experience in quality improvement.

- Engage innovative leaders and staff who are like-minded with a desire for improvement, are open minded, and who are not afraid of risk.
- The “Power of Partners” section in this tip sheet lists the types of partners you can engage.

Take Action. The Action Center is organized by:

- **Focus Areas:** These are elements of the system or process that likely need to change in order to achieve the goal of reducing lead poisoning and exposure.
- **Strategies:** These are the patterns of actions (e.g., “Prevention and Remediation” and “Identification and Exposure”) that will drive change in the focus areas.
- **Actions and Resources:** These are the ideas that the teams tested as part of the Maternal and Child Environmental Health Collaborative Improvement and Innovation Network (MCEH CoIIN). Throughout the toolkit, you will find helpful resources that states participating in the CoIIN created and used. (See the [Resource Index](#) page for a full list.)

Learn from your Peers:

Working with and hearing from other states and communities can bring much needed perspective. Visit the [Case Studies](#) section to learn more!

The Power of Partners

Reducing lead exposure in maternal and child health populations requires a comprehensive, coordinated approach. Below are some of the types of partners that states participating in the MCEH CoIIN engaged in their work. As you use MCHLeadToolkit.org and begin to build your team, we recommend that you consider partnering with:

- **Childhood Lead Poisoning Prevention Programs:**
These programs support childhood lead poisoning prevention activities. Specifically, they support strengthening the following efforts: blood lead testing and reporting, surveillance, linking children to recommended follow-up services, and targeted population-based interventions.
- **Title V Maternal & Child Health Block Grant Services Program:**
Title V and lead poisoning prevention programs are natural partners. The Title V MCH Block Grant is broad in scope and flexible; thus, this program may be able to help with strategies that other agencies or organizations cannot. Title V is especially helpful with helping others reach out to other public agencies and making connections.
- **Medicaid and Managed Care Organizations:**
Lead screening at American Academy of Pediatrics-recommended intervals is a [HEDIS measure](#) to which payment is tied to Medicaid managed care organizations (MCOs). In some states, MCOs may also receive funding to provide case management for children with elevated blood levels. See tips for partnering with Medicaid and MCOs.

- **Home Visiting and Housing Services Programs:**
State and local lead programs can train and educate energy auditors, environmental assessors, or home visiting nurses to identify potential lead hazards. These programs can also identify families with a child at risk of lead exposure and encourage parents to have their children tested for lead. Lead prevention programs can establish referral networks with home visiting programs to automatically enroll families into critical services. See the [Housing](#) focus area for ideas for action.
- **Environmental Health Programs/Organizations:**
Environmental health programs and organizations that focus on environmental health issues, such as lead poisoning prevention, can bring key insights and expertise to your team. See this [Environmental Health Lead Assessment](#) to learn about how environmental health has framed interventions and policies related to lead poisoning prevention.
- **State Health Agency Leadership**
It's important to have key state health agency leadership on board with improvement projects. Support from state health officials and leadership can help prioritize lead poisoning prevention and drive cross-agency and cross-sector partnerships. These partnerships are crucial to improving a coordinated system for care.
- **Pediatric Environmental Health Specialty Units:**
This network of experts is available to answer questions from public health professionals, clinicians, policymakers, and the public about the impacts of environmental factors on the health of children and reproductive-age adults.
- **MotherToBaby:**
MotherToBaby is a free service that connects parents, families, providers, and the public to experts who provide information on exposures (such as lead) during [pregnancy and while breastfeeding](#).
- **Child Care and Elementary Schools:**
Children under the age of 3 are often placed in child care so that their parents can go to work. The target age for lead testing and screening is at ages 1 and 2. Thus, child care facilities can be an effective setting for encouraging parents to have their children tested. Elementary age children are typically enrolled in school as young as age 4, which is older than the target age for lead testing and screening. However, elementary schools can help spread awareness about testing to parents, especially those with multiple children. School nurses can be good partners in educating parents because nurses are often responsible for making sure that children are up to date on their immunizations. See the [Child Care & Schooling](#) focus area for more ideas.
- **Head Start Advisory Committee:**
Head Start programs strive to ensure that all children from birth to age 5, particularly those from low-income communities, are ready to start school. Partnerships between Head Start programs and lead poisoning prevention programs have been effective at increasing awareness of lead poisoning and conducting blood testing initiatives. Head Start programs have also been known to convene health care advisory committees where they recruit parents to engage. Head Start programs also host educational sessions on topics of interest to other parents.

➤ **WIC Clinics:**

The Women, Infants, and Children (WIC) Special Supplemental Nutrition program provides resources to low-income pregnant, breastfeeding and non-breastfeeding women, infants, and children younger than the age of 5 who are found to be at risk of nutritional issues. In 2016, the Centers for Medicare and Medicaid Services (CMS) provided guidance that lead testing was within the scope of services that WIC clinics are able to provide. This decision created a significant opportunity to increase blood lead testing across the state for Medicaid children who are often the most at risk for lead poisoning.

➤ **Physicians/Health Care Providers:**

Parents often view physicians, particularly pediatricians, as trusted sources of medical advice. Physicians can thus be significant, positive influencers; therefore, they can be helpful in encouraging parents to get their children tested for lead exposure. Clinical team members, including health care providers, pediatricians, family physicians, obstetrician/gynecologists, and public health nurses, are vital! Visit the [Clinical Settings](#) focus area for ideas on how to work with providers.