



The Lead Primary Prevention Pilot: An Innovative Approach

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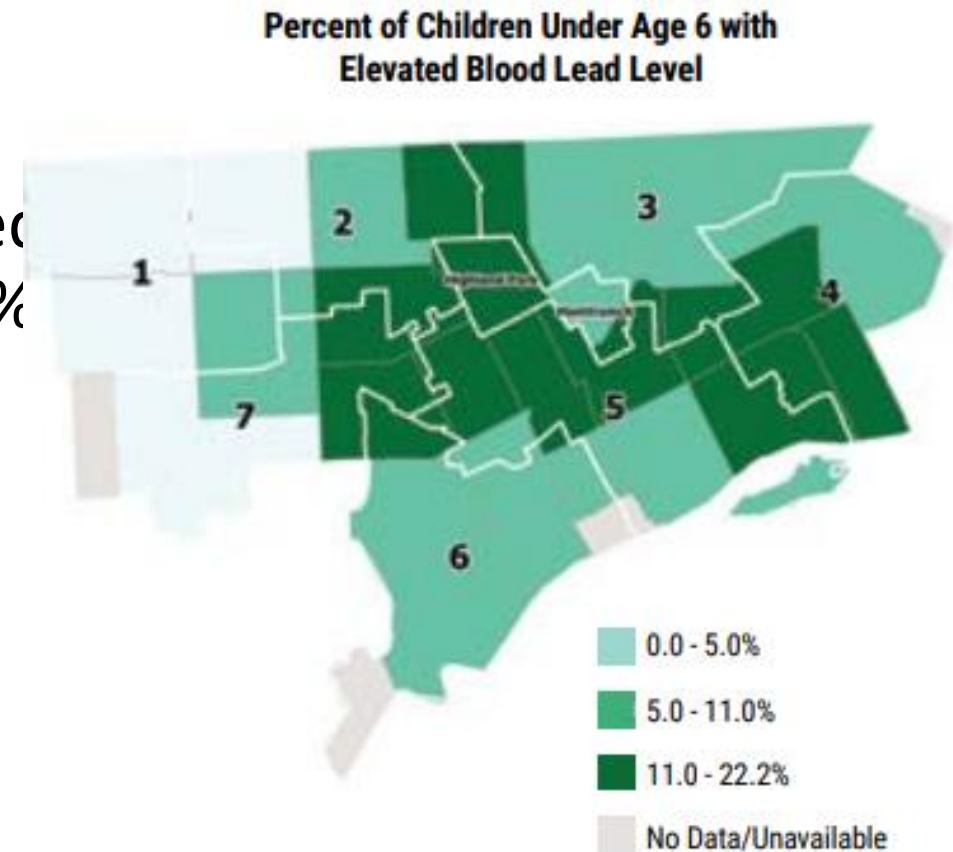
Lead Program Manager

Michigan's Premier Public Health Conference

The Need



- 1946 is the median house age in Detroit¹
- 9% of Detroit children have elevated blood lead levels compared with 4% statewide²



Source: Michigan Department of Health and Human Services (2016)



Target Area

Door to door canvassing attempt in top five zip codes in Detroit with highest rates of childhood lead poisoning, including:

- 48202
- 48204
- 48206
- 48213
- 48214

Target Population

- Families with children under six years old living in or visiting the home
- Homes with pregnant women

The Lead Pilot



Services delivered by Lead Advocates include:

- Education
- Capillary blood lead level testing
- Four lead paint swabs in home
- Visual assessment
- Lead safe cleaning kit
- Referral to home abatement program

The Lead Pilot



The Team

- Project Manager
- Field Supervisor
- Lead Advocates
- Social Worker
- Nurse Case Managers



Community Outreach



- Attend neighborhood meetings
- Attend health fairs
- Targeted mailings

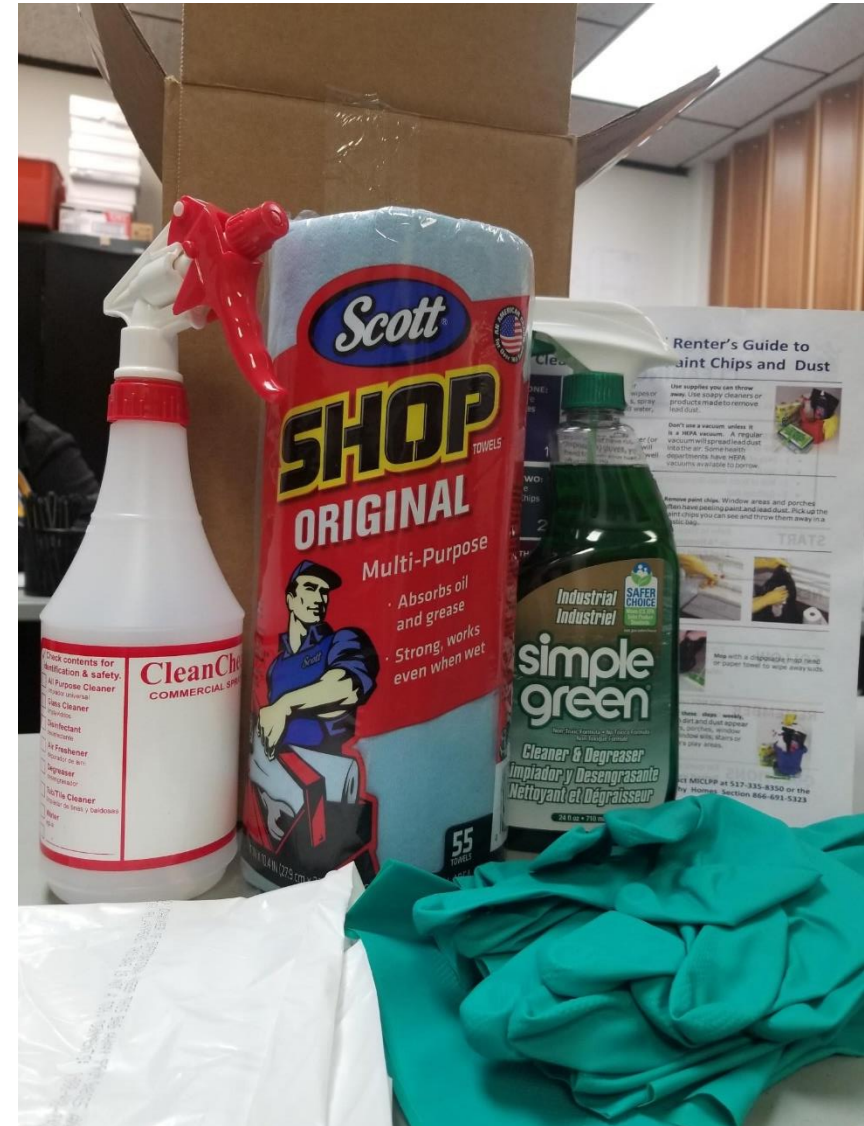


Lead Safe Cleaning Kits



Included in kit:

- Instructions
- 2-pairs of disposable cleaning gloves
- 1-24oz of Simple Green all-purpose cleaner
- 1-spray bottle with measurements
- 1-rolls of Scott Shop disposable towels (55 wipes per roll)
- 1-garbage bag



Cleaning Kit Distribution

- Families are interested but hesitant
- Provide demo
- Utilize “driver method” to distribute





Intervention

Childhood Lead Poisoning Prevention Program (CLPPP)

Segment

- 0-6 years
- Pregnant women

Target

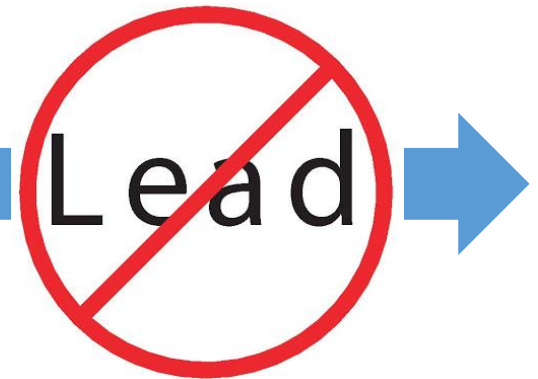
- Children with elevated blood lead levels
- Universal Testing Policy

Position

- Nurse and Advocate home visits (Educate, Assess, Coordinate)
- Leverage collaborative partners to deliver services
- Communicate with Providers
- Testing children (Head Starts, Health Fairs, Primary Prevention Pilot, Immunizations Clinic, WIC)

CHILDHOOD LEAD PREVENTION AND INTERVENTION

Program Description: The lead program provides in-home nurse case management, assessment and follow-up, to children, living in the City of Detroit, under the age of 6, with an elevated blood lead levels. Case management includes coordination with primary care providers and Medicaid Health Plans. In addition to case management, services include education, in the home, in person, at another location, and/or by telephone, on the following; lead safe cleaning methods, temporary barriers to possible lead hazards, nutrition, visual assessment of potential lead hazards in the child's home and help with application to the Lead Safe Home Program.



Logic Model – Childhood Lead Prevention and Intervention

Inputs	Activities	Outputs	Outcomes	Impacts
Partnerships: <ul style="list-style-type: none"> - Clear Corps Detroit, BSEED, HRD DWSD, WSU, MDHHS - DHC – Detroit Housing Commission, United Health Care – health plan, Providers - ETC (for environmental assessments) - Wayne Metro, Children’s Hospital Funding: <ul style="list-style-type: none"> - State of Michigan, Kresge, Reimbursement Technical support: <ul style="list-style-type: none"> - MDHHS, EPA, CDC - Other health departments - Special Projects Skills: <ul style="list-style-type: none"> - Nurse (RN), Community Outreach, Data Analyst Space: <ul style="list-style-type: none"> - Physical and digital security - Space to discuss sensitive cases Materials/supplies: <ul style="list-style-type: none"> - Cleaning supplies, Lead testing kits and supplies, Literature Data systems/resources: <ul style="list-style-type: none"> - HHLPSS, Data tracking system, CHAMPS, MCIR 	Case management <ul style="list-style-type: none"> ○ Nurse assessment - Physical assessment of child ○ Education of the family ○ Home visits ○ Visual environmental assessment/inspection ○ Communication with doctors and Medicaid health plans ○ Case review ○ Follow-up (with partners, with providers, with family) Outreach and Education <ul style="list-style-type: none"> ○ Cleaning demonstrations ○ Distribute literature ○ Establish trust with the family ○ Making contact with family ○ Landlord education ○ Health fairs ○ Lead screening ○ Application review Care Coordination <ul style="list-style-type: none"> ○ Provide referrals for additional services ○ Respond to legal requests ○ Translation services ○ Case reviews ○ Application support ○ Application review ○ Manage information ○ Management of data Partnership engagement <ul style="list-style-type: none"> - Quality improvement <ul style="list-style-type: none"> ○ Weekly reporting ○ Huddles ○ Data tracking ○ Policy and procedure 	Case Management <ul style="list-style-type: none"> ○ # of referrals (new and old) ○ # of follow-up visits ○ # of visits to child ○ # of attempted visits ○ # of referrals/type ○ # of phone calls for MHPs ○ # of hospital visits ○ # of applications submitted ○ # of follow-up letters sent Outreach and Education <ul style="list-style-type: none"> ○ # of applications submitted ○ # of cleaning demonstrations ○ # of cleaning kits distributed ○ # of DWSD referrals/BSEED LSHD ○ # of children tested ○ # of pregnant women tested ○ # of landlord education events ○ # of attendees at health fairs Care coordination <ul style="list-style-type: none"> ○ # of home visits needing translation ○ # of inspections needing translation ○ Translational services response time Partnership engagement/coordination <ul style="list-style-type: none"> ○ Completeness of data entry ○ % attendance at partnership meetings ○ New partnerships added ○ Changes in partnership metrics ○ Partner satisfaction/value in partnership 	Short term <ul style="list-style-type: none"> ○ Awareness of lead status ○ Improve relationship with families in the hospital ○ Achieve program compliance ○ MHP Awareness and engagement ○ Increase parental knowledge about reducing lead hazards ○ Partnership compliance with HEDIS measures ○ Lead abatement program compliance with requirements ○ Awareness concerning landlord Mid-term <ul style="list-style-type: none"> ○ Improved care coordination between providers, MHPs and partners ○ Linked to services needed Long term <ul style="list-style-type: none"> ○ Provide nurse case management ○ Prevention of childhood lead exposure ○ Minimize the length of time that a child is lead poisoned ○ Increase the number of houses that are lead-safe ○ Increase the awareness of lead poisoning with landlords and policy makers ○ Increase sustained program funding 	<ul style="list-style-type: none"> - Reduce the prevalence of childhood lead poisoning - Reduce the number of houses with lead hazards - Eliminate lead poisoning in Detroit - Prevent lead poisoning in Detroit

SWOT: Lead Prevention and Intervention Program



SUCCESS

Strengths

- Effective communication
- Years of experience
- Good rapport with the state consultant and regionally
- Strong partnerships
- Trust, great relationships, passionate team members
- Data, Structure, Quality improvement
- Transparency
- Flexible team
- Family engagement
- Leadership (team)

Opportunities

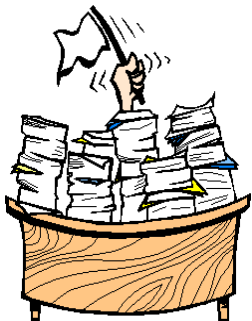
- Strengthening and expanding partnerships
- Cross training team members
- Increase funding
- Better efficiency (Documentation and reporting)
- Professional development/conferences, presentation
- Leadership – national, local
- Having lead classified as an essential PH service
- Screening for lead in schools
- Lead awareness/education
- October – big opportunity for lead outreach
- Collaboration with DHD Immunization Program

Weaknesses

- Mismatch between staff capacity and community need
- Electronic case management system
- Surveillance data for planning and evaluation
- Lack effective communication plan
- Limited housing resources
- Limited wrap-around services
- Policies to enforce/encourage lead safe housing

Threats

- Funding
- Fee for service structure
- Limited prevention or testing funds
- Number of children with EBLLs
- Societal cost/poisoning future generations
- Environmental cost
- Poor conditions of old houses/Blight
- Instability
- Lack of strong enforcement execution
- Safety





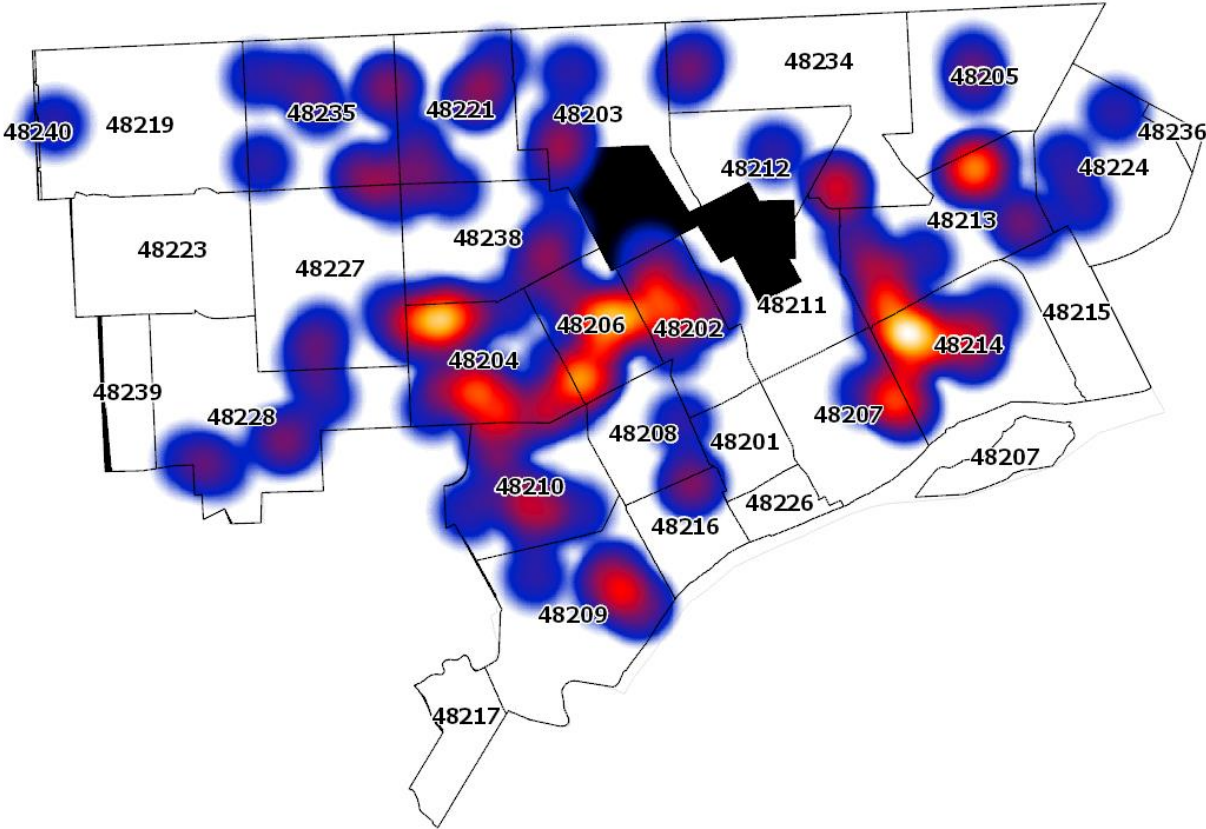
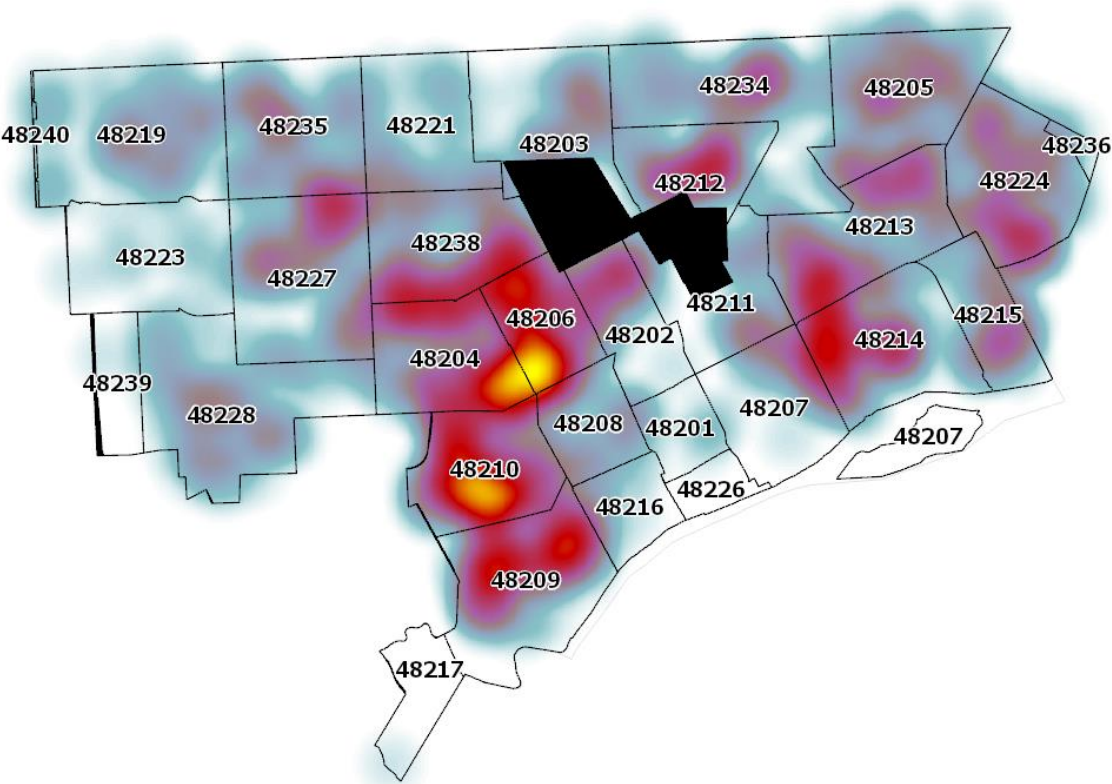
Care Coordination Referrals



BLL 4.5-9 µg/dL	BLL 10-19µg/dL	BLL 20-39 µg/dL	BLL 40+ µg/dL
DWSD	DWSD	ETC	CSHCS
BSEED (if renting only)	BSEED (if renting only)	DWSD	ETC
MDHHS LSHP/ City Wide	MDHHS LSHP/City Wide	BSEED (if renting only)	Case Conference with CHM, PCP, MHP, MDHHS or HRD, DHD
Early On/Project Find/LENA Start	Early On/Project Find/LENA Start	MDHHS LSHP/ City Wide	MDHHS LSHP/ City Wide
WIC	WIC	Early On/Project Find/LENA Start	Early On (Hospital may have already initiated referral)/Project Find/LENA Start
DWMHA Infant Mental Health	DWMHA Infant Mental Health	WIC	DWMHA Infant Mental Health
		DWMHA Infant Mental Health	DWSD
			BSEED (if renting only)
			*CPS if child neglect or abuse is suspected

Prevalence of Lead Poisoning in the City of Detroit

Case Management Q1-3



Testing in Head
Start and Early
Head Start Centers

Testing in Detroit
Public School
Community District

Promoting
Universal Testing

Prenatal Lead
Testing and
Education



Partners Share Data to Meet the Following Goals:

- 1) Describe a child & their family's needs related to lead poisoning.
- 2) Intervene more effectively & efficiently through collaboration.



Partnerships



Housing and Revitalization Department

WAYNE STATE UNIVERSITY



CENTER FOR URBAN STUDIES



Creating Healthy Homes for Children and Families.

**CLEAR
Corps**

/Detroit

