

Eliminating Childhood Lead Poisoning by 2010: *What Progress has Wisconsin Made?*

Wisconsin Childhood Lead Poisoning Prevention Program
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Part 3: Partnerships to Increase Testing and Awareness of Lead Poisoning

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STATE EFFORTS

Family-Focused Partnerships for Increasing Testing

- Medicaid Program
- WIC Program
- HMOs
- Health care providers
- Local health departments
- HeadStart
- Childcare facilities and regulators
- Community Health Centers
- Children's Health Alliance of Wisconsin
- Others

Many Medical and Health partners are focused on the health of children and families and are working

1. to assure age-appropriate testing of all children enrolled in Medicaid
2. And to assure testing of all children who are uninsured and underinsured

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- Targeting High Risk Populations For Blood Lead Testing Subcommittee

- Goals of this subcommittee:
 - Assure age-appropriate testing of all children enrolled in Medicaid
 - Provide blood lead testing for all children who are uninsured or underinsured

These partners are represented on the IOC subcommittee, Targeting High Risk Populations for Blood Lead Testing.

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All Medicaid children are considered high-risk for lead poisoning. Therefore, all children enrolled in MA must receive a blood lead test at about 12 and 24 months of age and ages 3-5 years if not previously tested.

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- Barriers to Testing
 - Health Care Providers were unaware of the testing requirements
 - Children were not perceived to be at risk
 - Children were referred to an off-site location for testing
 - Parents/Guardians mistakenly assured health care provider that the child was previously tested elsewhere
 - Health Care Providers were unable to determine whether child was tested at WIC or elsewhere

We learned through our partnerships that several barriers to testing existed.

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Solutions to these Barriers:

Lead testing requirements

- A comprehensive overview of the Medicaid requirements and which children are at risk was shared with providers in May 2007 Medicaid Update, and
- Lead testing requirements are included on the annual individual Provider Report

Several steps were taken to removed these barriers.

MEDICAID UPDATE -a monthly update published by Medicaid- devoted one issue to childhood blood lead. This was sent to all Medicaid Providers in May 2007.

Also, the requirements are included on the annual individual provider report that I will talk about in a few minutes.

Sometimes the physician doesn't realize the risk and doesn't believe that testing is necessary any longer because lead was removed from paint in 1978. One PHN tried to get a kid tested by a physician who didn't see the need for it. She finally convinced the Dr to test the child and he did. The child had a BLL of 52. That physician is no longer resistant to lead testing.

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Solutions to these Barriers:

Testing in the Physician's Office:

- A Capillary Blood Lead Collection Resource Kit was created for physicians who are interested in drawing capillary samples in their office.


We learned that physicians often refer the child to the lab –which may be located either down the hall, on a different floor or sometimes even off-site for the blood lead test. While the physician thought the child had the test, sometimes the child did not show up in the lab.

If a mom has been at the Dr's office with maybe even one or more children, by the time she leaves the Drs office she may be rushed, or she decides she just can't make one more stop, or maybe that she'll come back another time...

The capillary blood lead collection resource kit was created for physicians so they could do the blood lead test in the office and assure the child was tested.

**Collecting Capillary Blood Lead Samples
in the Office**

Designed by the Wisconsin Childhood Lead Poisoning Elimination Plan
Blood Lead Testing Subcommittee



Hello and thank you for your interest in testing patients in your office for lead poisoning! This packet contains the information needed to initiate capillary blood lead sampling. We hope you find it helpful as you begin capillary testing procedures in your office.

Enclosed you will find training and reference materials for your use as needed. One of the enclosures is a list of contact persons should you have questions regarding the procedure or other issues related to testing children for lead poisoning.

ENCLOSURES

- Wisconsin Blood Lead Screening Recommendations
- Wisconsin Medicaid Update: May, 2007
- CDC Guidelines for Collecting and Handling Blood Lead Samples (DVD or VHS)
- Wisconsin State Laboratory of Hygiene Procedure for the Collection & Shipment of Fingertick Blood Lead Specimens
- Micro-Collection Blood Containers – examples
- Sample Blood Lead Lab Reporting Form
- Wisconsin Blood Lead Testing Laboratories
- Contact List

Includes a DVD titled:
CDC Guidelines for Collecting and Handling Blood Lead Samples

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- 1) Over 250 kits have been distributed to physician offices upon request.

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Solutions to Barriers:

Lack of easy access to previous blood lead testing results.

- A new software web-based application was developed that allows linking the blood lead test results with the Wisconsin Immunization Registry (WIR) and will be accessible to physicians by the end of 2009.

The WIR

A PARENT OR GUARDIAN MAY KNOW THAT BLOOD WAS DRAWN ELSEWHERE, SUCH AS AT WIC WHEN THE CHILD'S HEMOGLOBIN OR HEMATOCRIT WAS CHECKED, AND MISTAKENLY THINK THAT THE CHILD HAD A LEAD TEST.

WHILE SOME CLINIC'S CALL OUR OFFICE TO ASCERTAIN IF A CHILD HAD A PREVIOUS LEAD TEST OR NOT---NOT ALL DO, AND THE HEALTH CARE PROVIDER HAS NOT HAD A WAY TO DETERMINE IF THE PATIENT DID, INDEED, HAVE A TEST.

IN THE NEAR FUTURE BLOOD LEAD TEST RESULTS WILL BE AVAILABLE FOR PHYSICIANS ON A LEAD MODULE INCLUDED IN THE WISCONSIN IMMUNIZATION REGISTRY.

Partnerships with Medicaid and WIC Programs

- Data matching
- Targeted testing of high risk children
- Pay for Performance (Managed Care)
- Physician report cards

We've been sharing data with the Medicaid and WIC Program since 1996, matching their enrollment data to our blood lead data.

From this we can determine, of the children tested, who was enrolled in Medicaid or WIC and who wasn't.

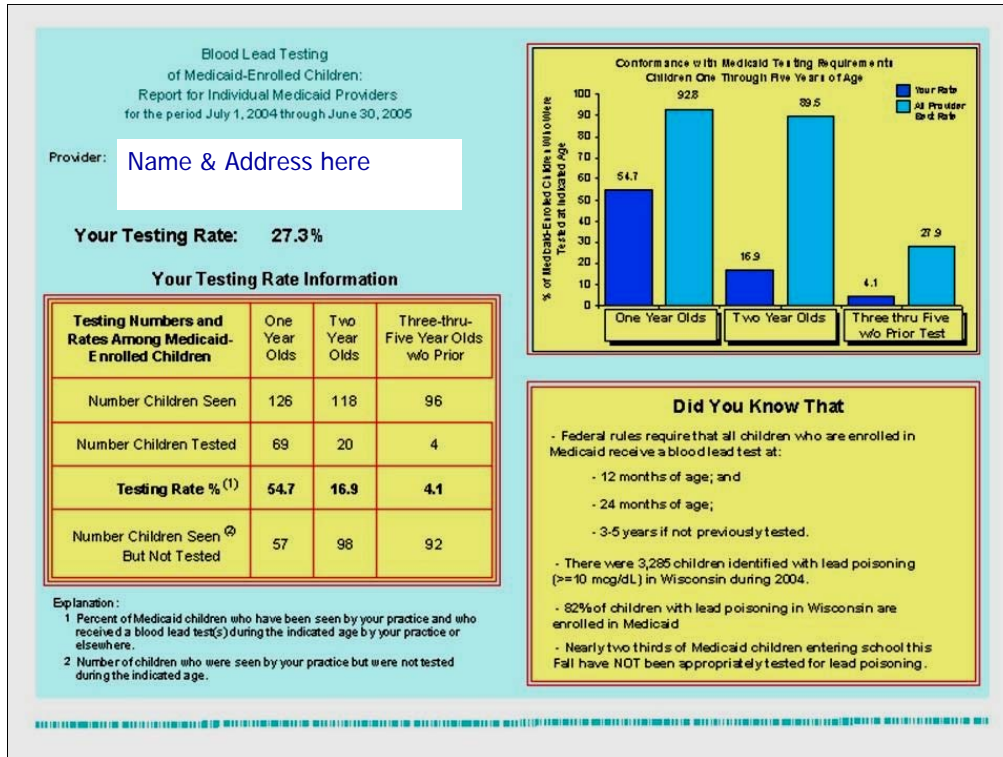
This has enabled us to clearly identify these children as our highest risk target populations.

The data matching also allows us to determine which children within these programs have not been tested, so that targeted outreach can occur to these families.

Recognizing testing rates were not as high as they should be, in 2006 the Medicaid Program implemented a pay for performance program that provides financial incentives to the HMOs for increasing their testing of Medicaid children.

Medicaid also provides quarterly lists of eligible untested children to the HMOs.

The Individual Provider Report or "Physician report card's – individualized report for each Medicaid provider that allows them to self-evaluate how well they're doing at testing the children they've seen and to track their progress over time. The report includes the number of children the provider has seen by age group and the number of those children who were or were not tested.



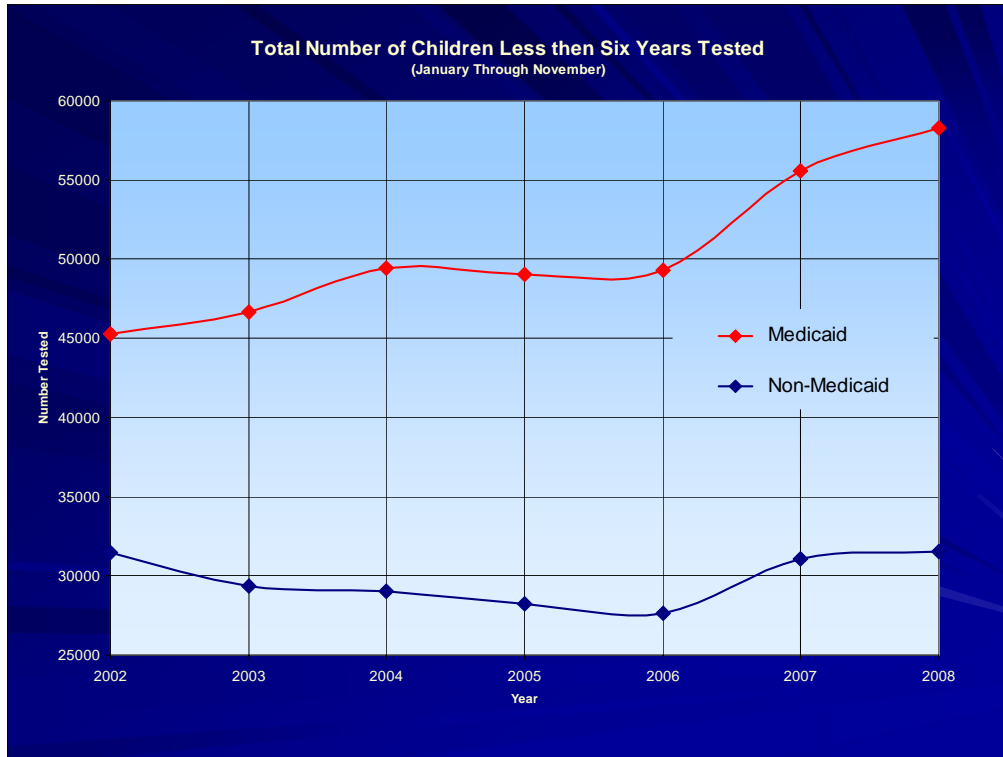
This is what the report card looks like. In June 2008-1,770 reports—physician 25 kids or more. Along with the report card, we send the physician a list of names of their untested children.

Report card data for individual physicians is also shared with the HMOs who use it for:

- Targeted outreach to physicians within their organization who have low testing rates
- Providing incentives to physicians and clinics for increasing testing
- Formal recognition of their top performers, e.g., UHC recognition dinner

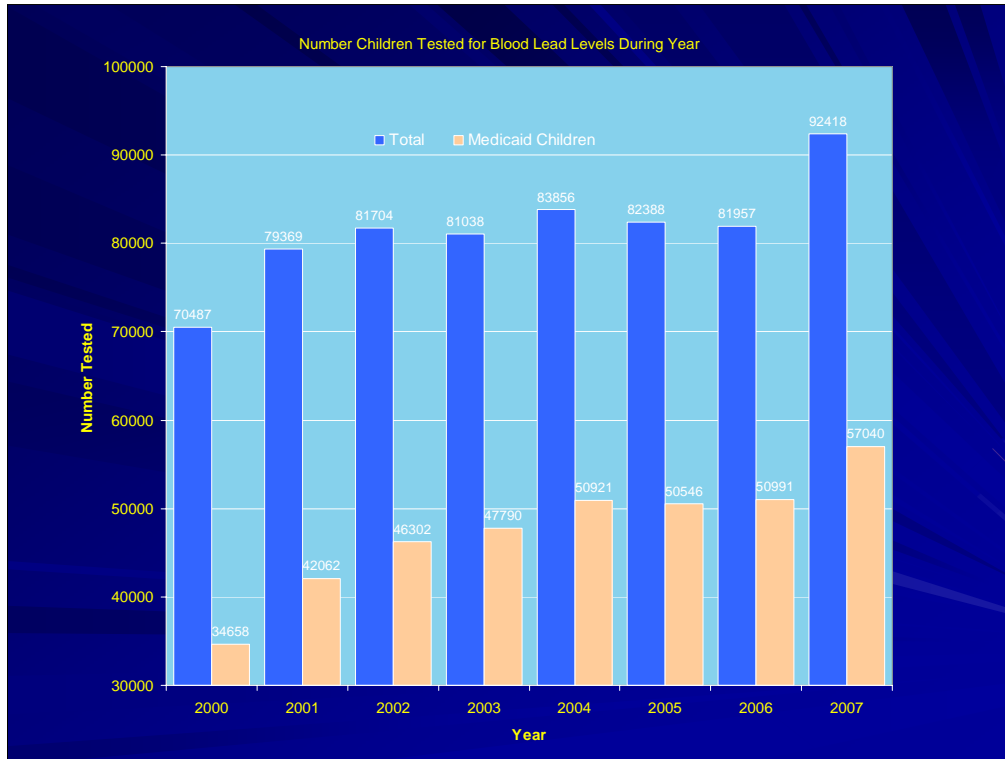
WIC has played a strong role in assuring Medicaid children are tested. In fact, nearly 40% of Medicaid children in WI who are tested receive their test from their WIC provider, not their pediatrician. **In WI most WIC agencies include blood lead testing as part of their clinic services. This wouldn't have happened without the strong support of the WIC staff in DPH who have encouraged local WIC projects to add this service to their already very busy clinic schedule.**

An analysis of the data from Year 2-3 showed more than 50% of the providers improved testing of 1 & 2 year olds and 33% improved testing of 3-5 yo's not previously tested.

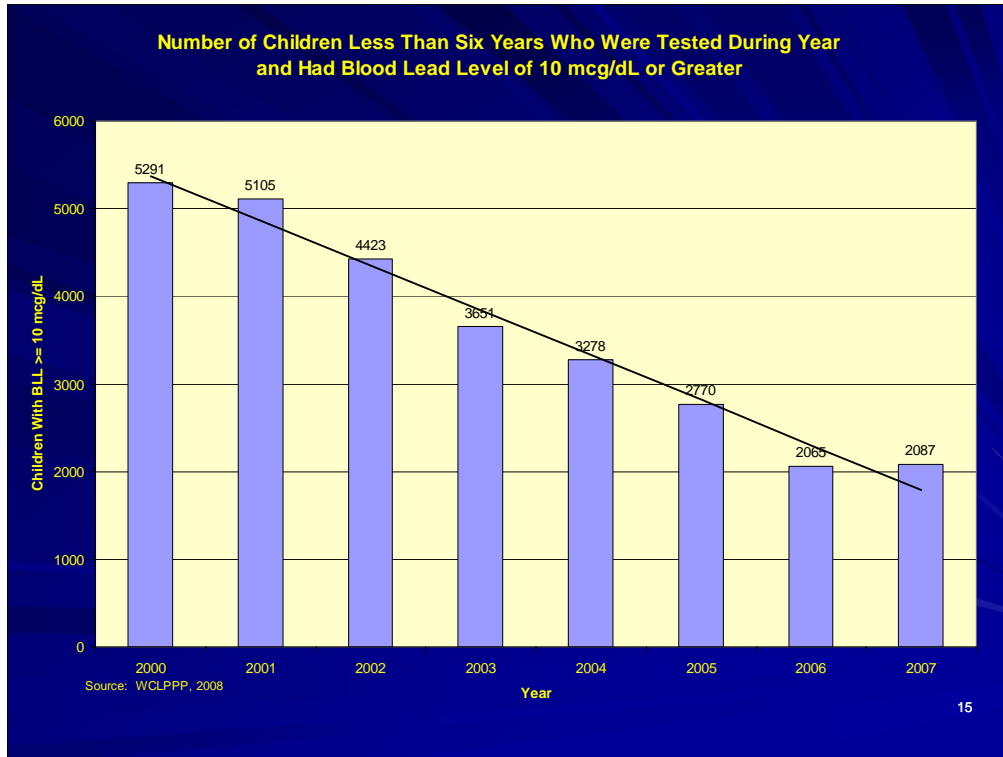


The number of Wisconsin children under the age of six tested for lead poisoning increased from more than 70,000 in 2000 to more than 92,000 in 2007. This graph shows that the most dramatic increase in testing occurred after Medicaid providers received individualized blood lead testing summary reports of their practice.

The number of newly identified lead poisoned children had been declining each year. However, in 2007 and 2008, with the increased testing, we saw for the first time increases in the number of new cases for the year. And there is a good reason for this...targeted testing of more of our highest risk children.



The number of Wisconsin children under the age of six tested for lead poisoning increased from more than 70,000 in 2000 to more than 92,000 in 2007. Hence, more children in Wisconsin were found to be poisoned.



This graph indicates that the number of children poisoned by lead each year has been on a steady decline, which is good news. However, for the first time since 2000, the number did not go down in 2007. And there is a reason for this...THE INCREASED TESTING AFTER THE REPORT CARDS WERE SENT OUT.

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Family Focused Partnerships for Increased Awareness

- HeadStart
- HMOs
- Local health departments
- Childcare facilities and regulators
- Community Health Centers
- Community Associations
- Children's Health Alliance of Wisconsin
- Environmental Safety Services
- Others

Additional partnerships focus on outreach and to take action to protect children from lead poisoning.

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- Educating Targeted Audiences Subcommittee
- Goal of this subcommittee:
 - Provide key stakeholders, parents and caregivers with the knowledge, skills and motivation to take effective action to protect children from lead poisoning.

They meet regularly to attain this goal in a variety of ways:

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- Develop Communication Tools
- Materials for Distribution
- WCLPPP Website:
<http://dhs.wisconsin.gov/lead>

Such as:

Developing tools and materials

And

Constantly adding current information to the website

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■ Examples:

*Kids unLEADed:
working together
to end lead
poisoning*

The screenshot shows the February 2009 issue of the 'kids unLEADed' newsletter. The header features the title 'kids unLEADed' in a blue and yellow font, with the tagline 'Working together to end lead poisoning.' below it. The main content is organized into several sections: 'FEBRUARY 2009' with a 'FORWARD TO A FRIEND' button; a 'RECALL ALERT' section with a link to 'Learn more about products recalled due to lead content.'; an 'ARTICLE QUICK LINKS' section listing 'Lead Elimination Plan', 'Blood Lead Testing', 'Housing', 'Education', 'Funding and Resources', and 'Advocacy and Public'; a 'WELCOME' section with a detailed introduction to the newsletter; an 'UPCOMING EVENTS' section listing 'Day at the Capitol' and 'WEHA/BECH Environmental Health Conference: Healthy Communities, Healthy People'.

kids unLEADed
Working together to end lead poisoning.

FEBRUARY 2009

FORWARD TO A FRIEND

RECALL ALERT

[Learn more](#) about products recalled due to lead content.

ARTICLE QUICK LINKS

- [Lead Elimination Plan](#)
- [Blood Lead Testing](#)
- [Housing](#)
- [Education](#)
- [Funding and Resources](#)
- [Advocacy and Public](#)

WELCOME

Welcome to the first eNews edition of *kids unLEADed: Working together to end lead poisoning*. This newsletter is a publication of the *Wisconsin Childhood Lead Poisoning Elimination Plan Implementation and Oversight Committee*, distributed by Children's Health Alliance of Wisconsin, and written for advocates of childhood lead poisoning prevention and healthy, affordable lead-safe housing.

Solving the challenging problem of housing-related childhood lead poisoning requires learning from each other, joining together in community coalitions, and developing the most effective action strategies.

We look forward to working together to make a healthy difference in the lives of children.

UPCOMING EVENTS

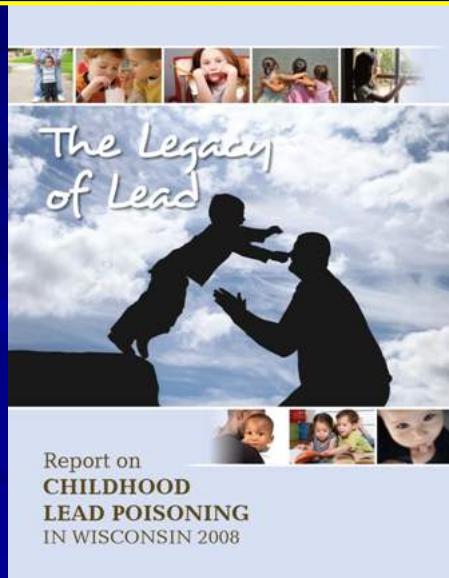
Day at the Capitol
Rally for legislative funding for lead-safe housing
March 18
Madison, Wis.
[Learn more.](#)

WEHA/BECH Environmental Health Conference:
Healthy Communities, Healthy People
April 22-23

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Examples:

- The Legacy of Lead Report
 - Targets policymakers, LPP advocates
 - Includes critical lead facts, graphs, maps



THE LEGACY OF LEAD IS A COMPELLING REPORT ABOUT LEAD POISONING IN WISCONSIN

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Examples

4-pg Summary

Lead Hurts Kids!
We want to prevent exposure before it happens!

Lead Poisoning can be Prevented.
What would have the greatest impact on eliminating lead poisoning in Wisconsin?
Fix the houses!

Did you know that...

- Childhood lead poisoning still affects more than 1,000 children each year in Wisconsin.
- Not only a fraction of the total number of children living in older housing have been tested for lead, there are likely many more lead-painted children that have not been identified.
- Lead poisoning causes permanent brain damage.
- Lead poisoning with the normal development of a child's brain and can result in lower IQ, learning disabilities, and behavior problems like aggression and hyperactivity.
- Childhood lead poisoning is a powerful predictor of school disciplinary problems, juvenile delinquency and adult criminality.
- Scientific studies show that the most at-risk renters (especially by adults) are strongly associated with children's lead poisoning.
- Lead poisoning is associated with negative health effects across the lifespan.
- Children who have been lead poisoned are at greater risk of a shortened lifespan due to heart disease and stroke as adults. It is also linked to still-birth, miscarriage, diabetes and cognitive deficits such as memory loss and Alzheimer's disease.
- We can prevent the lead poisoning of children by fixing the lead hazard in Wisconsin's old houses.

Summary of the report on CHILDHOOD LEAD POISONING IN WISCONSIN 2008

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This SUMMARY about the Legacy of Lead is available for conference folders so those interested can contact our office for these materials.

Wisconsin Childhood Lead Poisoning Prevention Program

Our phone number: 608/266-5817

Our website: *dhs.wi.gov/lead*

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Questions...

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