CLPPP Meeting
September 30th, 2020

Kevin Officer
Community Health Consultant

Vickie Miene
IIPHRP Director

Alexa Andrews
IIPHRP Program Coordinator
Collective Impact

How we work together matters!

- Common Agenda
- Shared Measurement
- Mutually Reinforcing Activities
- Continuous Communication
- Backbone Convener
Agenda & Learning Objectives

- Review performance measures and understand how they apply to you
- Understand how to best use the remote visual risk assessment
- Understand the purpose of the CLAW and to get involved
- Review the online training modules and provide feedback
- Determine how to best use the lead report cards in your community and provide feedback
- Understand plans for lead awareness week
CLPPP Performance Measures

FY20 Summary
- Blood lead testing down January through May 2020
- April: ~3,500 fewer tests; ~60%

COVID-19
- Public Health Disaster Emergency Declaration – March 2020
- Shelter in place
- Suspension of routine activities
## CLPPP Performance Measures

<table>
<thead>
<tr>
<th>Blood Lead Testing Measures</th>
<th>CLPPP FY19</th>
<th>CLPPP FY20</th>
<th>IDPH FY19</th>
<th>IDPH FY20</th>
<th>State FY19</th>
<th>State FY20</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1a. Number of children 12 to 35 months tested.</td>
<td>31,083</td>
<td>28,265</td>
<td>17,295</td>
<td>14,008</td>
<td>48,378</td>
<td>42,273</td>
</tr>
<tr>
<td>A1b. % children in the CLPPP 12 to 35 months tested.</td>
<td>53.7%</td>
<td>33.9%</td>
<td>55.2%</td>
<td>48.3%</td>
<td>54.2%</td>
<td>37.6%</td>
</tr>
<tr>
<td>A2. % children under 6 tested.</td>
<td>26.6%</td>
<td>24.4%</td>
<td>27.8%</td>
<td>24.1%</td>
<td>27.0%</td>
<td>24.3%</td>
</tr>
</tbody>
</table>
## CLPPP Performance Measures

<table>
<thead>
<tr>
<th>Blood Lead Testing - Confirmation</th>
<th>CLPPP Contractors</th>
<th>IDPH</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY19</td>
<td>FY20</td>
<td>FY19</td>
</tr>
<tr>
<td>B3. 95% confirmed - 20 μg/dL or higher.</td>
<td>64.0%</td>
<td>87.0%</td>
<td>47.9%</td>
</tr>
<tr>
<td>B4. 75% confirmed - 10 μg/dL or higher.</td>
<td>70.7%</td>
<td>82.4%</td>
<td>55.4%</td>
</tr>
<tr>
<td>B5. 75% follow-up of confirmed levels between 10-14 μg/dL within 12 weeks.</td>
<td>48.2%</td>
<td>48.3%</td>
<td>40.0%</td>
</tr>
</tbody>
</table>
## CLPPP Performance Measures

<table>
<thead>
<tr>
<th>Clinical Case Management</th>
<th>CLPPP Contractors</th>
<th>IDPH</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY19</td>
<td>FY20</td>
<td>FY19</td>
</tr>
<tr>
<td>C6. 95% Home nursing visit - initial case making 15 µg/dL or higher.</td>
<td>47.2%</td>
<td>67.2%</td>
<td>0.0%</td>
</tr>
<tr>
<td>C7. 95% Nutrition evaluation - initial case making 15 µg/dL or higher.</td>
<td>56.3%</td>
<td>57.8%</td>
<td>0.0%</td>
</tr>
<tr>
<td>C8. 100% Medical evaluation (x-ray or Fe test) - initial case making 20 µg/dL or higher.</td>
<td>19.6%</td>
<td>44.7%</td>
<td>7.7%</td>
</tr>
<tr>
<td>C9. Refer 100% Developmental assessment - 20 µg/dL or higher.</td>
<td>29.6%</td>
<td>41.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>C10. 95% receive developmental assessment - 20 µg/dL or higher.</td>
<td>7.7%</td>
<td>10.5%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
## CLPPP Performance Measures

<table>
<thead>
<tr>
<th>Environmental Case Management</th>
<th>CLPPP Contractors</th>
<th>IDPH</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY19</td>
<td>FY20</td>
<td>FY19</td>
</tr>
<tr>
<td>D11. 100% environmental investigation - 20 µg/dL or higher or two btw 15-19 µg/dL.</td>
<td>33.3%</td>
<td>38.8%</td>
<td>16.1%</td>
</tr>
<tr>
<td>D12. Contact 95% - within 30 days of the initial investigation.</td>
<td>23.9%</td>
<td>28.9%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
CLPPP Performance Measures

What measures are beneficial?

What changes can be made to improve measures?

What changes can be made to improve program?
• Updated Chapter 70 Rules – March 2020
• Allow Remote Visual Risk Assessments – 70.6(7)

*Provided that all of the following standards are met, a certified lead inspector/risk assessor, a certified elevated blood lead (EBL) inspector/risk assessor, or a certified sampling technician may remotely conduct a visual risk assessment using technology that allows for adequate visual evaluation of the painted surfaces.*
Remote Visual Risk Assessment

- Purpose of rule change:
  - Allow for more frequent and timely inspections of lower BLL
  - EBL inspections – 15 to 19 mcg/dL
  - IDPH staff: 3 EBL inspectors/61 counties
- COVID-19
  - On-site EBL & clearance inspections suspended
  - Remote (mail, phone, video) services recommended
  - On-site EBLs allowed for BLLs 40 mcg/dL and higher on a case-by-case basis
Remote Visual Risk Assessment

- Guidelines and Templates - Finalized August 2020
  1. Guidelines for Conducting a Remote Visual Risk Assessment for EBL Children
  2. Remote Visual Risk Assessment Flowchart
  3. Documentation of Lead Hazards: Example & Template
  4. Remote Visual Risk Assessment Worksheet: Example & Template
Remote Visual Risk Assessment for EBL Children Flowchart

**Diagnosis**

- Two confirmed BLL between 15 mcg/dL and 19 mcg/dL
- Confirmed BLL 20 mcg/dL
- All results less than 15 mcg/dL

**Pre-Assessment**

- Pre-1978 Housing/COF
- Post-1978 Housing/COF

**Assessment**

- On-site assistant:
  - Explain RVRA process to property owner & occupants/tenants (if rental property)
  - Determine best technology based on location on-site (Phone/tablet, Wifi or cellular connection, streaming/video application, etc.)
  - Conduct initial visual assessment prior to RVRA.

- Certified EBL Inspector/Risk Assessor:
  - Contact certified lead professional overseeing & certifying RVRA.
  - Conduct RVRA on interior & exterior of property, and common areas in multi-unit properties or COF.
  - Document lead hazards on the visual risk assessment report sheet.

- Coordinate plans with on-site assistant:
  - Discuss RVRA guidelines & technology capabilities. Review RVRA guidelines and share copies of photo documentation examples, and report of documentation sheet.
  - Capture image of lead hazard for photo documentation and written report purposes.
  - Explain findings of lead hazards to property owner and occupants/tenants.
  - Provide information on interim controls or removal of lead hazards.
  - Provide copy of booklet - Lead Poisoning: How to Protect Iowa Families to property owner and occupants/tenants.
  - Provide educational material on nutrition, hygiene, and home cleanliness to family of lead poisoned child.
  - Refer for nutritional and developmental assessment services.

**Post-Assessment**

- Prepare written report:
  - Before 3 weeks submit a certified copy of report to property owner and occupant, if rental property.
  - See EBL Visual Risk Assessment Report Template for example report.
  - Include copies of photo/documentation & record of deteriorated components sheet with report.

- Follow up:
  - Within 6 months of initial RVRA follow up with property owner to determine if lead hazards have been repaired.
  - If ALL lead hazards not repaired, follow up annually with property owner until repairs have been completed and property is ready for clearance testing.
  - See EBL Visual Risk Assessment Report Template for example report.
  - Include copies of photo/documentation document & record of deteriorated components sheet with report.

**Acronyms**

- BLL - Blood Lead Level mcg/dL - micrograms per deciliter
- COF - Child Occupied Facility
- EBL - Remote Visual Risk Assessment
Documentation of Lead Hazards

**Photos of Painted Deteriorated Components**

Date photos taken: 10/1/2019  
Address: 8888 55th Street, Somewhere, Iowa 50841  
Photos taken by: Joan Taylor

- **Dining wall paneling-west**  
  Risk: nail holes, chipped paint

- **kitchen wall plaster-south**  
  Risk: walls scraped, paint dust

- **bathroom window-west**  
  Risk: chipped woodwork

- **Door frame to upstairs-east**  
  Risk: chipped woodwork

- **front door inside-north**  
  Risk: chipped paint

- **bedroom window-north**  
  Risk: chipped paint
Remote Visual Risk Assessment Worksheet

<table>
<thead>
<tr>
<th>Area Description</th>
<th>Interior or Exterior</th>
<th>Room Type¹</th>
<th>Building Component²</th>
<th>Deteriorated Paint (Y or N)</th>
<th>Probable Cause(s) of Deterioration, if known⁴</th>
<th>Visible paint chips or dust on component</th>
<th>Visible Teeth Marks? (Y or N)</th>
<th>Photo of lead hazard? (Y or N)</th>
<th>Notes [provide additional information on home cleanliness, clutter, or other possible items that may contribute to lead exposure like herbal supplements, jewelry, toys, water, hobbies, etc.]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interior Dining</td>
<td>Dining</td>
<td>Paneling</td>
<td>Yes</td>
<td>Lack of maintenance, nail holes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Father indicated room was not used.</td>
</tr>
<tr>
<td>Interior Kitchen</td>
<td>Kitchen</td>
<td>Wall</td>
<td>Yes</td>
<td>Lack of maintenance.</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Interior Bathroom</td>
<td>Bathroom</td>
<td>Window</td>
<td>Yes</td>
<td>Lack of maintenance.</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Interior Dining</td>
<td>Dining</td>
<td>Door Jamb</td>
<td>Yes</td>
<td>Lack of maintenance.</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Blocked access, blanket and stuff</td>
</tr>
<tr>
<td>Interior Living</td>
<td>Living</td>
<td>Front door</td>
<td>Yes</td>
<td>Lack of maintenance.</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Interior Bedroom</td>
<td>Bedroom</td>
<td>Window</td>
<td>Yes</td>
<td>Lack of maintenance.</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Blocked access, blanket and stuff</td>
</tr>
<tr>
<td>Exterior Front side</td>
<td>Front side</td>
<td>Siding</td>
<td>No</td>
<td>Lack of maintenance.</td>
<td>Yes, dirt</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Siding weathered and soiled from bare soil around perimeter.</td>
</tr>
<tr>
<td>Exterior East side</td>
<td>East side</td>
<td>Window</td>
<td>Yes</td>
<td>Lack of maintenance.</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Deteriorating paint on window trim components</td>
</tr>
<tr>
<td>Exterior East side</td>
<td>East side</td>
<td>Window</td>
<td>No</td>
<td>Lack of maintenance.</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Window was in process of being replaced at time of inspection</td>
</tr>
<tr>
<td>Exterior South Porch</td>
<td>South Porch</td>
<td>Siding</td>
<td>Yes</td>
<td>Lack of maintenance.</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Back porch and kitchen added in 1990's. Timeframe conflicts with county assessor report.</td>
</tr>
<tr>
<td>Exterior Southwest (kitchen addition)</td>
<td>Southwest (kitchen addition)</td>
<td>siding</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Back porch and kitchen added in 1990's. Timeframe conflicts with county assessor report.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exterior Backside</td>
<td>Backside</td>
<td>Upper window</td>
<td>Yes</td>
<td>Lack of maintenance.</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Blocked off access to room from inside home.</td>
<td></td>
</tr>
<tr>
<td>Exterior Backyard</td>
<td>Backyard</td>
<td>Shed</td>
<td>Yes</td>
<td>Lack of maintenance.</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Metal shed</td>
</tr>
<tr>
<td>Exterior Backyard</td>
<td>Backyard</td>
<td>Shed</td>
<td>Yes</td>
<td>Lack of maintenance.</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Built of scrap wood</td>
</tr>
</tbody>
</table>
Remote Visual Risk Assessment

• Best Practices:
  1. Explain RVRA process to family
  2. Address privacy concerns
  3. Technology
  4. Time for conducting RVRA
  5. EBL inspector/risk assessor controls RVRA process

• Clearance Inspections
  1. Phase 1 visual clearance assessment
  2. Determine if property is ready on-site clearance inspection
  3. No documentation or reporting necessary
  4. Same walk-through process for on-site visual assessment
Remote Visual Risk Assessment - Questions

Has anyone conducted a remote inspection or home visit?

Would anyone like to share their experiences with conducting a inspection or home visit?
CLAW Activities & Subgroups

- Approximately 50 members
- Members represent the following sectors:
  - Public Health
  - Housing
  - Elected Officials
  - Medical Providers
  - Nurses
  - Hospitals and Clinics
  - School Personnel
  - Parent
  - MCOs/Insurance
  - Non-profit Organizations

Statewide Childhood Lead Advisory Workgroup

Aim
The aim of this workgroup is to prevent childhood lead poisoning in Iowa through:
- Increasing awareness through education.
- Increasing blood lead testing and confirmation rates in Iowa.
- Strengthening strategies for creating lead-safe housing, risk identification, and service delivery.

Goal
The Iowa Department of Public Health - Childhood Lead Poisoning Prevention Program (CLPPP) in partnership with the University of Iowa – Institute of Public Health Research and Policy (IPHRP) will facilitate a statewide Childhood Lead Advisory Workgroup (CLAW). Members of the CLAW will include local housing officials, medical professionals, public health officials, and other child health and housing services professionals. This statewide CLAW will develop a strategic plan that will provide recommendations for addressing childhood lead issues more comprehensively statewide through policy and program changes.

Commitments
The committee members will:
- Attend three meetings (in person or online) and complete short assignments between meetings. Proposed meeting will occur in November 2019, February and May 2020.
- Identify the barriers and challenges to increasing blood lead testing and confirmation rates. As a result, propose statewide blood lead testing guidelines and develop a care flow chart.
- Identify the barriers and challenges to addressing lead-safe housing.
- Identify existing resources and services while providing feedback on newly developed program resources. As a result, become an advocate for Childhood Lead Poisoning Prevention in your community by sharing these resources and services.
- Help identify meaningful data metrics to identify risks related to housing and elevated blood lead levels.
- Develop data dissemination tools and a plan to aid in communicating metrics for policy and program development.

Members
Members from the following sectors:
- Public Health
- Elected Officials
- Housing
- Medical Providers
- Hospitals and Clinics
- Managed Care Organizations
- Policy
- Preschool/Daycare
- Non-Profit Organizations
A representative from the Institute of Public Health Research and Policy will provide support to this committee.

Record Keeping
Minutes will be kept from each meeting including the highlights of discussions and decisions made.

Communication
Meeting notifications will be sent through outlook and updates will be sent out to committee members through email.
CLAW Activities & Subgroups

- Meaningful metrics
- Lead and Housing survey
- Data templates
- Training modules
- Learning Collaborative
CLAW Activities & Subgroups

• The collective thought processes informed the development of the lead and housing survey, the assessments, and determining the need for subgroups

Blood Lead Level Testing Policy and Training

• Development of a new screening tool and guidelines for medical providers
• Outline of training vision

Housing Policy

• Development and execution of a methodology to collect data to expand on the previous lead and housing survey to better understand the motivation and challenges of property owners to repair lead hazards
Training Modules

- Quick 10-12-minute training modules
- Current attendance numbers:
  - Module 1: 92
  - Module 2: 70
  - Module 3: 51
  - Module 4: 4 (launched 9-29)
  - Module 5: 27
- [https://iiphrp.thinkific.com/](https://iiphrp.thinkific.com/)
Menti.com
Lead Report Cards

- State and county specific report cards
- Easy to print or to share virtually!
- We plan to improve the report cards every year with your feedback!
- Can be found on the CLPPP website under all resources: https://idph.iowa.gov/Environmental-Health-Services/Childhood-Lead-Poisoning-Prevention/resources
Lead Awareness Week Oct. 25-31, 2020

- Toolkit for the week
- Each day will have:
  - Graphic
  - Language for the body of the post
- The toolkit will be emailed to you one week prior to lead awareness week
- You will receive a daily email with the graphic and language for that day to make it easy to copy and paste
Questions?