

Zip Code Matters: Childhood Lead Poisoning Prevention – Let’s Look at the Root Cause

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Institute of Public Health
Research and Policy

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Learning Objectives

Identify causes that lead to people living in homes with lead-based paint.

Express and identify goals and potential partnerships to prevent childhood lead poisoning before it occurs.

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Presented by Amanda Beckett, MPH

HEALTH EQUITY

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Introduction

Experience

Experience is the knowledge gained through involvement in a task or activity. Experience plays an important role in gaining a reputation for competence.



Amanda Beckett, MPH
 Four years at IDPH
 Health Equity Experience

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What is Health Equity?

CDC Definition:

Health equity is achieved when every person has the opportunity to “attain his or her full health potential”² and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.”² Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.

<https://www.cdc.gov/chronicdisease/healthequity/index.htm>

WHO Definition:

Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification. “Health equity” or “equity in health” implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.

http://www.who.int/topics/health_equity/en/

Robert Wood Johnson Foundation Definition:

“Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

<https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>

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What does that mean?

While the term health equity is used widely, a common understanding of what it means is lacking.

What is health equity?

In a report designed to increase consensus around meaning of health equity, the Robert Wood Johnson Foundation (RWJF) provides the following definition: “Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

The definitional concepts presented in the report are based on widely recognized ethical and human rights principles and supported by knowledge from health sciences.

Consensus around definitions for an issue such as health equity can help bridge divides and foster productive dialogue among diverse stakeholder groups. Conversely, a lack of clarity can lead to detours, and pose a barrier to effective engagement and action.

Also included in the report are examples of specific terms related to health equity that often arise in discussions around the concept.

<https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>

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Terms

Health Equity/ Inequity

Social Determinants of Health

Health Disparity

Health Equality/ Inequality

To understand health equity and all the associated terms, we must first understand what health is.

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What is health?

What is the WHO definition of health?

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The bibliographic citation for this definition is: Preamble to the Constitution of WHO as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of WHO, no. 2, p. 100) and entered into force on 7 April 1948. The definition has not been amended since 1948.

<http://www.who.int/suggestions/faq/en/>

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Next, what are the factors that determine health?

Determinants of Health:

- [Policymaking](#)
- [Social factors](#)
- [Health services](#)
- [Individual behavior](#)
- [Biology and genetics](#)

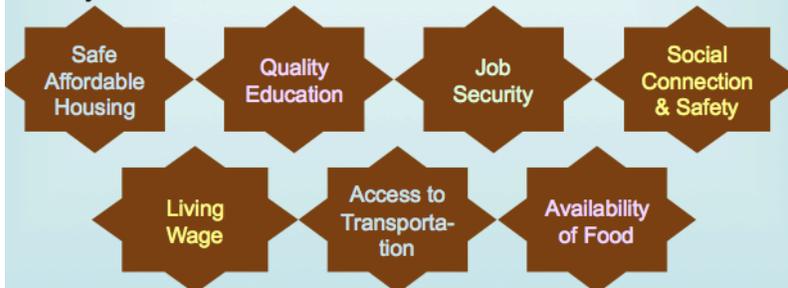
Healthy People 2020. 2018: <https://www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health>

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Social Determinants of Health

The economic and social conditions that influence the health of individuals, communities, and jurisdictions as a whole.

They include, but are not limited to:



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Health Disparities

health disparities

“If you look up the word “disparity” in a dictionary, you will most likely find it defined simply as difference, variation, or, perhaps, inequality, without further specification. But when the term “health disparity” was coined in the United States around 1990, it was not meant to refer to all possible health differences among all possible groups of people. Rather, it was intended to denote a specific kind of difference, namely, worse health among socially disadvantaged people and, in particular, members of disadvantaged racial/ethnic groups and economically disadvantaged people within any racial/ethnic group. However, this specificity has generally not been made explicit. Until the release of Healthy People 2020 in 2010, federal agencies had officially defined health disparities in very general terms, as differences in health among different population groups, without further specification.^{1,2} This article argues for the need to be explicit about the meaning of health disparities and the related term “health equity,” and proposes definitions based on concepts from the fields of ethics and human rights.”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863701/>

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Equality and Equity

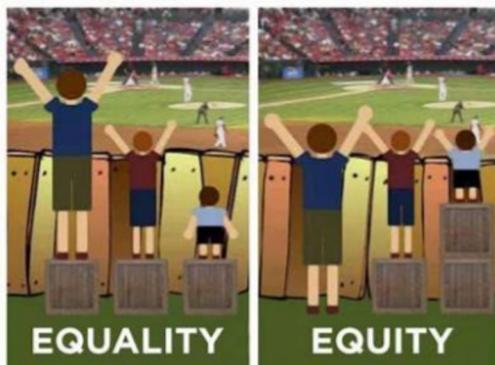


- Equality = sameness
- Inequality = unequal
- Equity = fairness
- Inequity = unfair or unjust

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What are Health Inequities?



- **Equality = SAMENESS**
 - Only works if everyone starts from the SAME place
- **Equity = FAIRNESS**
 - Making sure people get access to the same opportunities

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NEW APPROACHES TO TACKLE THE ROOT CAUSES OF HEALTH INEQUITY

Dr. Anthony Iton

Sunflower Foundation
HEALTH CARE FOR KANSANS

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Best Practices & Application to Public Health



Not new concepts



Public Health Accreditation Board (PHAB) Standards and Measures:

- 3.1.3 - Policy
- 7.1.2 - Barriers
- 7.1.3 - Culturally Appropriate

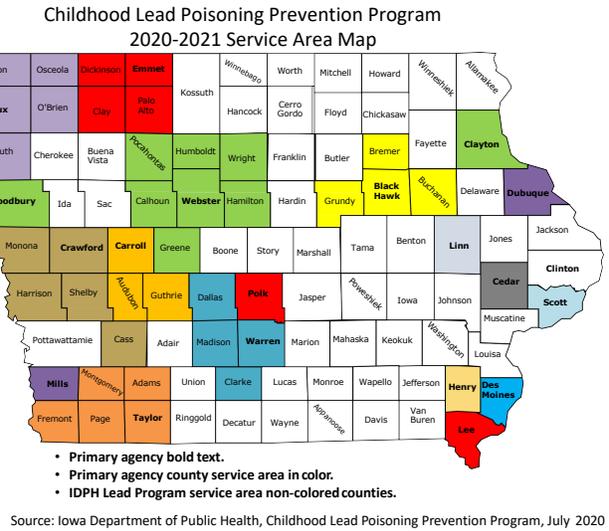


Mindset - One size does not fit all.

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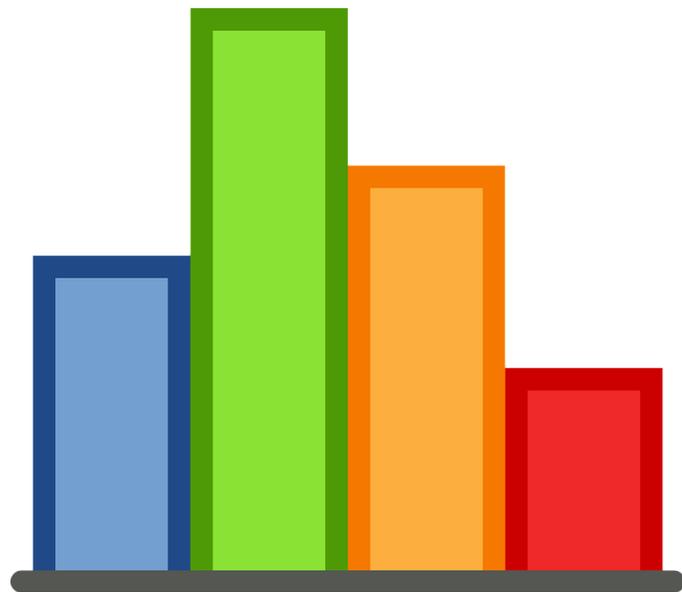
Questions to Consider

What might be some health equity issues surrounding lead poisoning in your zip code?



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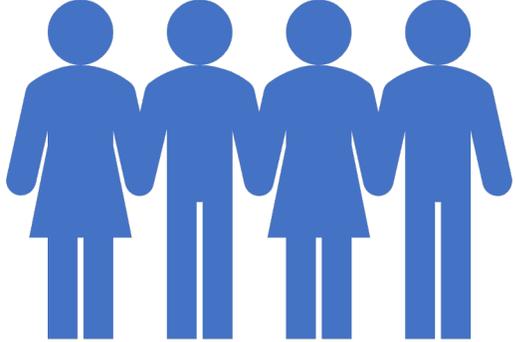


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Presented by Alexa Andrews, MPH



Collective Impact



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Iowa CLPPP Needs Assessment

- Completed December 2018-February 2019
- Targeted those in the CLPPP and providers
- Highlighted strengths and weaknesses in the program

Some areas for improvement included:

- Inconsistent communication and training
- Lack of data communication
- Struggles with collaboration



February
2019

Iowa Childhood Lead Poisoning Prevention Program Needs Assessment

Vickie Miene, Alexa Walker, Faryle Nothwehr, Anjali Deshpande

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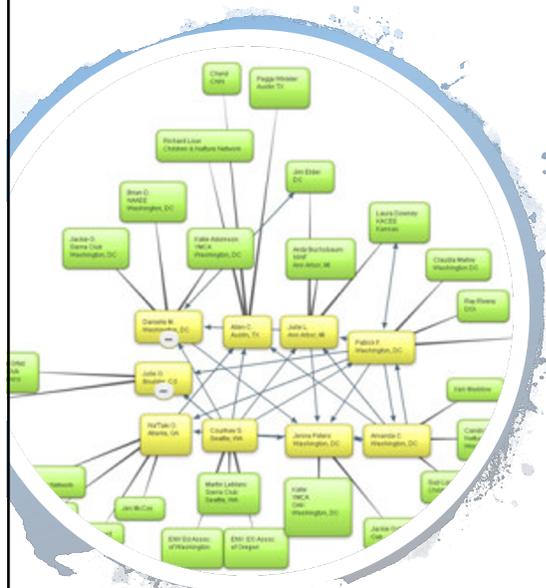
Collective Impact



- Addressing health disparities is best done through multiple sectors working together to solve the identified problem, but true collaboration is incredibly difficult to implement.
- Each collaborating entity has its own vision, goals, and regulatory and funding streams. Therefore, it's difficult to collaborate effectively in a way that fully supports a shared agenda and uses resources efficiently.
- Collective Impact is a model of collaboration that supports collaboration across sectors, encourages a shared agenda, and is adaptable to local strengths.

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Why develop a network map?



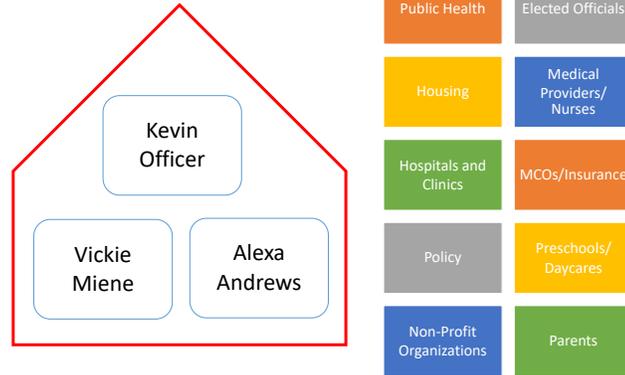
- Provides structure to the collaboration
- Defines relationships
- Identifies different sectors
- Promotes effective dissemination of information

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CLAW Network Identification

1. Defined our leaders – your home base
2. Identified which sectors we needed to include
3. Identified 3-5 individuals in each sector
4. Identified our existing relationships with each individual
5. Reached out to each individual with information about our collaboration opportunity



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The Iowa CLAW

- Set expectations using a charge
 - Aim
 - Goal
 - Commitments
 - Members
 - Record keeping
 - Communication

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 (IPHRRP) 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 Ambassador 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
- Preschools/Daycares
- Non-Profit Organizations

A representative from the Institute of Public Health Research and Policy will provide support to this committee.

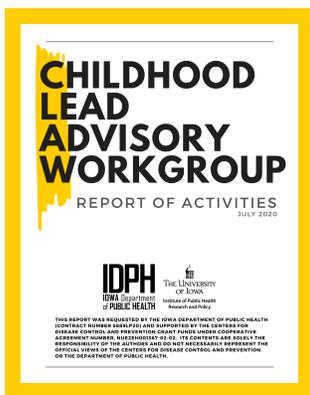
Record Keeping
 Minutes will be kept from each meeting including the highlights of discussions and decisions made.

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

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The Iowa CLAW Contributions

Read more about what the CLAW has done in their first year on our website!



- Meaningful metrics
- Lead and Housing survey
- Data templates
- Training modules
- Learning Collaborative

2018 IOWA LEAD REPORT CARD

OF ALL IOWA CHILDREN 0 TO 6 YEARS OLD ONLY **26.5%** WERE TESTED FOR LEAD

Percent of Children Receiving a Blood Lead Test By Age

Age	Percent
1 yr	~70%
2 yr	~40%
3 yr	~15%

2,436 KIDS of the under 6 population tested in 2018 had an elevated blood lead level*

RISK FACTORS

- 66% Pre-1979 Housing
- 11% Population Below Poverty Level

MODULE 1: SOURCES & IMPACT OF LEAD

MODULE 2: LEAD AND HOUSING

MODULE 3: Blood Lead Testing

Module 4: INTERVENTION SERVICES

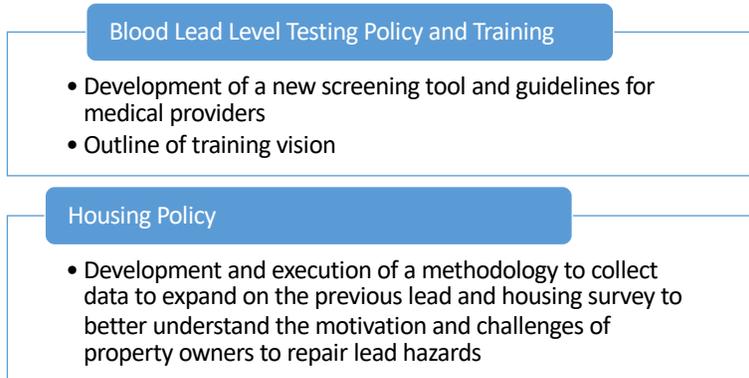
MODULE 5: Lead Professional Certification

*Elevated Blood Lead Level is equal to or greater than 5 mcg/dL. <https://www.cdc.gov/nceh/lead/lead-references/iv-iv.htm> Reference: Iowa Department of Public Health (2018). Iowa Public Health Tracking Portal. Retrieved from <https://tracking.idph.iowa.gov/> State Library of Iowa (2017). American Community Survey: Poverty. Accessed in the data 12 months. State Library of Iowa (2018). American Community Survey: Year Reporting Data.

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The Future of the CLAW

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



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Planning Templates

- Available at: <https://idph.iowa.gov/Environmental-Health-Services/Childhood-Lead-Poisoning-Prevention/resources>

Template

Health Improvement Process
Implementation Plan

Date Created: _____ Date Reviewed/Updated: _____

PRIORITY AREA: Health Equity and Lead Hazards

GOAL: Reduce lead hazards, and address health inequities that put vulnerable populations at risk.

PERFORMANCE MEASURES
How We Will Know We are Making a Difference

Short Term Indicators	Source	Frequency
<i>How do you measure lead risks now?</i>		
<i>How do you target vulnerable populations now?</i>		
Long Term Indicators	Source	Frequency
<i>Reduction in numbers of lead poisoned children....</i>		
<i>Reduction in numbers of housing stock containing lead-based paint....</i>		

OBJECTIVE #1: Network and collaborate

BACKGROUND ON STRATEGY
Source:
Evidence Base:
Policy Change (Y/N): **N**

ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
<i>Join the Childhood Lead Advisory Workgroup (CLAW)</i>					

OBJECTIVE #2:

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What will you do by next Tuesday?



JOIN THE CLAW



FILL OUT YOUR
PLANNING
TEMPLATE



BUILD YOUR
NETWORK MAP



REACH OUT TO
PARTNERS

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Questions



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Contact Us

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Available Resources

Infographic:

<https://www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equity-guide/index.ht>

CDC Health Equity Guide:

<https://www.cdc.gov/healthequityguide>

(provided by the Health Equity Institute) :

Infographics:

Health Equity: [Learn more from our Health Equity Framework](#)

Health Inequities: [Learn more about what affects health inequities.](#)

Health Disparities: [Learn more about what affects health disparities.](#)

Health Equity, Short Video: <https://youtu.be/ZPVwgnp3dAc>

Templates: <https://idph.iowa.gov/Environmental-Health-Services/Childhood-Lead-Poisoning-Prevention/resources>

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