



CHILDHOOD LEAD POISONING PREVENTION PROGRAM
Working to Eliminate Childhood Lead Poisoning in Rhode Island

***Public and Professional Health Education,
Health Promotion, and Outreach Plan***

An Overview of Education and Outreach Strategies

July 2008



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I. BACKGROUND

The development of this outreach/education plan began in 1998 and was built on the foundation of existing strategies to inform, educate, and reach professionals and the community.

The primary focus of the Rhode Island Childhood Lead Poisoning Prevention Program (RI CLPPP) Health Education, Promotion, and Outreach Plan, is developing innovative outreach strategies to educate the public and professionals about how to protect children from sources of lead **before** they become poisoned. While great strides have been made in the reduction of lead poisoning in Rhode Island through a secondary prevention approach, achieving true elimination through primary prevention will require extensive effort, community partnerships, creativity, and support from leading agencies in Rhode Island. A major new focus of the RI CLPPP Outreach and Education Plan will be to integrate childhood lead poisoning prevention into an overall Healthy Housing strategy, in order to maximize education and outreach efforts around the myriad of children's health issues that are impacted by the home environment.

The goal of this plan is to provide a blueprint of the outreach and education strategies that are currently being utilized to educate healthcare professionals and the general public about primary prevention of lead poisoning. The RI CLPPP also hopes that this plan will encourage new partnerships with other state, community based, and housing agencies.

It is the hope of the RI CLPPP that through utilization of this Health Education, Promotion, and Outreach Plan, and the extensive efforts of all interested parties and stakeholders involved, Rhode Island will achieve its goal of eliminating lead poisoning as a major public health problem by 2010.

II. EDUCATION / PROMOTION / OUTREACH GOALS

HEALTH EDUCATION GOALS

- To inform, educate, and empower individuals and communities regarding childhood lead poisoning prevention issues, targeting the highest-risk neighborhoods with the oldest housing stock;
- To mobilize community partnerships to identify and address environmental health problems;
- To collaborate with the Rhode Island Asthma Control Program and other healthy housing partners to promote a comprehensive prevention strategy for children's environmental health;
- To train community based agencies about relevant laws and regulations that affect their work and/or their clients;
- To provide community based agencies with the necessary tools to link their clients to appropriate lead poisoning prevention and housing resources.

HEALTH COMMUNICATION AND PROMOTION GOALS

- To maintain the childhood lead poisoning issue in the forefront of the public's mind;
- To encourage parents to take preventive measures;
- To promote the importance of annual lead screening for all children under six years of age;
- To continue collaboration with the Rhode Island Housing Resources Commission, and other critical partners, to inform the public about their rights and responsibilities under the Lead Hazard Mitigation Law;
- To promote the use of lead-safe practices during home renovations.

HEALTH OUTREACH GOALS

- To conduct a statewide outreach effort to ensure that lead information is provided at community locations visited by families;
- To maintain and expand upon a comprehensive education/communication system to reach all healthcare providers in Rhode Island;
- To promote and coordinate a statewide education effort to increase awareness of the dangers of lead poisoning, and to create awareness of the Healthy Housing concept;
- To educate future parents about how to make their homes safe and healthy for their newborn baby to prevent children from ever becoming lead poisoned.
- To provide primary lead poisoning prevention education and outreach to persons in forced or voluntary migration to Rhode Island;
- To increase the level of awareness regarding lead-safe home renovation practices.

This plan is a work in progress and will be revised and updated as needed.

III. PROGRAM RESOURCES

During calendar year 2007 the Outreach and Education Coordinator and the Primary Prevention Coordinator positions became vacant, the nurse position is no longer available for our program, and the Parent Consultant is no longer a funded position. Because of that, the health promotion work was performed by several individuals in the CLPP program, with assistance from the Communications Units.

Communications Unit (Division of Community, Family Health and Equity):

Provides the expertise for the design of educational materials, materials distribution, event planning, media contact, maintains and widely promotes the toll-free HEALTH Information Line, which receives approximately 250 calls related to lead per year. In addition, the Unit maintains the Distribution Center which handles the storage and distribution of lead educational materials.

Communications Unit (Department of Health):

At the Department level, the Communications Unit oversees all significant contact with the media, including press releases, and also assists in the maintenance of the Lead Program's webpage, www.health.ri.gov/lead.

IV. EDUCATION AND TRAINING

- **HEALTHCARE PROVIDER EDUCATION AND TRAINING**
- **HEALTHY HOUSING TRAININGS**
- **COMMUNITY PRESENTATIONS AND SEMINARS**

HEALTHY HOUSING TRAINING FOR HEALTHCARE PROFESSIONALS

Objective

To collaborate with colleges, medical schools, and health career training programs for the facilitation and/or provision of environmental health trainings and healthy housing resources for clients.

Target Audience

Nursing students from local colleges and universities

Strategy / Implementation

Conduct healthy housing trainings for community health nursing students in the spring, fall, and summer semesters.

- The eight-hour healthy housing training program developed for community health nursing students covers topics such as lead, indoor air quality, asthma, and injury. A Code Enforcement Inspector educates the students about routine inspections and common housing code violations.
- The training includes instructions on how to conduct a visual assessment of the home environment, and how to identify major lead, health, and safety hazards, and informs students about resources available to families when health hazards are identified in the home.

Frequency

Ongoing

Evaluation / Outcome

- Number of trainings and number of individuals reached
- Evaluation forms completed at trainings and assessed regularly to identify the need for any changes

Activity for 2007:

- Five (5) trainings were offered, reaching a total of 122 healthcare professionals.
- Students provided positive feedback and enjoyed the hands on experience during the home visual assessment segment of the training.
- Faculty members assisted CLPPP in reaching other nursing colleges/universities to offer this training in 2008. With their input, CLPPP will make additional modifications in the curriculum to cover more healthy housing topics for trainings in 2008.

ESSENTIALS OF HEALTHY HOMES TRAINING

Objective

To provide training to case managers, home visitors, and other professionals who frequently visit families' homes on how to assess environmental risks in the home environment.

Target Audience

Home visitors, case managers, code enforcement inspectors, weatherization inspectors

Strategy / Implementation

1. To provide at least one annual healthy housing training session to home visitors in the state of Rhode Island (Lead Center case managers, home visitors from the Family Outreach Program, Code Enforcement Officers, inspectors, and others) on the identification of environmental risks when conducting an inspection or home visit.
2. Partner with these community agencies in the design and implementation of approaches to ensure that the skills learned in the training are applied and have a positive impact on the housing environment for families.

Frequency

Annually or as resources allow

Evaluation / Outcome

- Pre and post tests collected at the training
- Summary of the evaluation forms completed by the trainees

Activity for 2007

- The 2-day *Essentials of Healthy Homes Practitioner Training* was offered by the National Center for Healthy Housing in May 21 and 22, 2007, and was attended by 41 individuals representing Lead Centers, Community Action Programs, Lead Hazard Reduction Programs, Weatherization programs, some municipalities and staff from the Lead Program and Environmental Health.

COMMUNITY PRESENTATIONS AND SEMINARS

Objectives

- To inform, educate, and empower individuals and communities regarding childhood lead poisoning primary prevention.
- To create a body of educated citizens who are able to disseminate lead poisoning prevention information.

Target Audience

General population, school departments, parent support organizations, community agencies and organizations working with minority populations, Head Start programs, other community-based organizations, libraries, faith organizations, etc.

Strategy / Implementation

1. Conduct community presentations and seminars (culturally and linguistically appropriate and sensitive to target populations, including refugees) as requested, and as a response to identified needs.
2. Engage families in activities they can undertake to prevent lead poisoning in their children.

Frequency

Ongoing

Evaluation / Outcome

- Number of requests
- Annual analysis of evaluation/feedback forms completed by those trained

Activity for 2007

- 13 presentations were made during 2007 to reach parents and community based agencies about the prevention of lead poisoning and the requirements of the new Lead Hazard Mitigation Law.

V. PROMOTION AND COMMUNICATION

- **REACHING LEGISLATORS / DECISION MAKERS**
- **LEAD UPDATE**
- **WEBSITE**
- **MEDIA CAMPAIGN**
- **EDUCATIONAL MATERIALS**

REACHING LEGISLATORS / DECISION MAKERS

Objectives

- To provide legislators and other decision-makers with accurate and community-specific information on childhood lead poisoning and other healthy housing issues, to facilitate informed decision-making.
- To mobilize community partners to identify and address lead-related and other health problems.

Target Audience

Legislators and other local decision-makers (such as state representatives, city council members, Mayors, etc.)

Strategy / Implementation

1. Publication of the annual report, *Childhood Lead Poisoning in Rhode Island: The Numbers*.
2. Publication of the supplement to the *Childhood Lead Poisoning in Rhode Island: The Numbers*, for each core city and distribution to key decision-makers.

Frequency

Annually

Evaluation / Outcome

- Successful distribution of the publication *Childhood Lead Poisoning in Rhode Island: The Numbers*
- Successful completion and electronic dissemination of annual reports summarizing the status of lead poisoning in RI's core cities (Central Falls, Newport, Pawtucket, Providence, West Warwick, and Woonsocket)

Activity for 2007

- The *Childhood Lead Poisoning in Rhode Island: The Numbers*, 2007 Edition, was distributed to over 2,000 recipients including primary care physicians, school nurse teachers, early childhood programs, community based organizations, and other healthcare professionals and organizations.
- The core cities reports were distributed to decision makers in each of the six cities and are also available on our website.

LEAD UPDATE

Objective

To maintain regular communication with medical/healthcare professionals and community partners regarding a variety of issues related to lead poisoning, including services available, referral mechanisms, data, news, policies, and program initiatives.

Target Audience

Medical providers, school nurses and teachers, community-based agencies, lead educators, lead centers, lead education and advocacy groups, Medicaid, and other healthcare professionals and state stakeholders

Strategy / Implementation

1. Produce and distribute the Lead Update to the medical professional community, and other interested parties.
2. Post all publications on the Rhode Island Department of Health's Childhood Lead Poisoning Prevention Program website.

Frequency

Bi-monthly issue of the Lead Update or more frequently, as needed.

Evaluation / Outcome

- The number of the Lead Updates published during the year
- The number of individuals reached through the Lead Update

Activity for 2007

- During 2007 there were 3 editions of the Lead Update published.
- Over 1,000 healthcare providers, community agencies, and other strategic partners received each edition of the Lead Update.

WEBSITE

Objective

To utilize the [Childhood Lead Poisoning Prevention Program website](#) to keep the public informed about RI CLPPP activities, data, and resources concerning lead poisoning prevention.

Target Audiences

1. Healthcare providers, OB / GYN's, pediatricians, and other medical providers, school nurses and teachers, community-based agencies, lead educators, lead centers, lead advocacy and education groups, Medicaid, and other professionals and state stakeholders.
2. General Public, parents and pregnant women, property owners, property managers, realtors, tenants, and professional contractors.

Strategy / Implementation

The Childhood Lead Poisoning Prevention Program website provides information such as:

1. Lead Screening and Referral Guidelines,
2. Renovating/remodeling, leasing, and buying residential real estate built before 1978,
3. What the child's blood lead level means and how to reduce the threat of a child becoming lead poisoned,
4. Easy and accessible electronic online ordering to request RI CLPPP brochures and other educational materials,
5. Information about state and federal laws and regulations, and how property owners, tenants, renovators, realtors, healthcare providers, and others can comply with the laws,
6. Rhode Island lead screening data, including the prevalence and incidence of childhood lead poisoning, statewide as well as by geographic location, high risk rental properties in Rhode Island that present a lead poisoning risk, and much more.

Frequency

Continuous

Evaluation / Outcome

- Feedback from users
- Number of referrals sent to the website for information or data already available on the site

Activity for 2007

- Several users were referred to the website for a variety of lead-related topics.

HEALTH INFORMATION LINE

Objectives

1. To maintain the childhood lead poisoning issue in the forefront of the public's mind.
2. To encourage parents to get information and to take preventive measures.
3. To educate property owners of the value of maintaining safe and healthy housing.

Target Audience

General public, parents of young children, tenants, property owners

Strategy / Implementation

Promote the toll free HEALTH Information Line in all the outreach and education events as a vehicle to obtain additional information, request presentations, materials and get referrals to other resources.

Frequency

Ongoing

Evaluation / Outcome

- Number and type of calls received by the HEALTH Information Line (1.800.942.7434)

Activity for 2007

- A total of 323 calls (increased from 204 in 2006) were received on the information line inquiring about lead, most of them came from consumers, as detailed below.

<u>Type of Caller</u>	<u>Frequency</u>
Consumer	274
Child Care Provider	4
Health Care Provider	28
Human/Social Service Provider	12
Legislators	1
School Personnel	4

EDUCATIONAL MATERIALS

Objective

To produce and distribute current information about the prevention of lead poisoning.

Target Audience

Parents, pregnant women, residential property owners, potential buyers of residential properties, tenants, property managers, realtors, and professional contactors, hardware stores, schools, daycare facilities, community and state decision makers and legislators, medical professionals, nurses and nursing students, community based agencies, and faith based organizations.

Strategy / Implementation

Strive to find effective ways to distribute materials through various methods/partnerships such as:

- Childhood Lead Poisoning Prevention website (includes online order form)
- Targeted mailings
- Community presentations
- Strategic partnerships

Frequency

Ongoing

Evaluation / Outcome

- Number of educational materials distributed annually
- Number of educational materials ordered annually through RI Department of Health's distribution center (online or through the HEALTH Information Line)

Activity for 2007

- A total of 47,442 educational materials on lead poisoning were distributed through the Distribution Center at the RI Department of Health

VI. OUTREACH

- **HEALTHCARE PROVIDERS**
- **NEWLY LICENSED HEALTHCARE PROVIDERS**
- **RHODE ISLAND LEAD POISONING PREVENTION MONTH**
- **TRADITIONAL AND NON-TRADITIONAL LOCATIONS**
- **PREGNANT WOMEN / NEW PARENT EDUCATION**
- **DAYCARE FACILITIES, PRE-SCHOOLS, AND SCHOOLS**
- **WIC AGENCIES**
- **SUSCEPTIBLE POPULATIONS (REFUGEES)**
- **“KEEP IT CLEAN” CAMPAIGN**

HEALTHCARE PROVIDERS

Objective

To maintain healthcare providers informed about the risks of lead poisoning prevention efforts and available tools for quality improvement.

Target Audience

Pediatric, family, and prenatal healthcare providers, medical residents, preschool and school nurses and physicians, home visiting nurses, nursing and medical students and physicians participating in KIDSNET.

Strategy / Implementation

1. Ensure the continuous distribution of professional lead education to healthcare providers through collaboration with other programs from the Division of Community, Family Health and Equity (i.e. KIDSNET, WIC, Family Outreach Program, and Immunization Program site visits, mailings, trainings, and conferences).
2. Provide OB/GYN providers and maternity hospitals with appropriate lead poisoning prevention information.
3. Facilitate annual distribution of lead screening, EPSDT and healthy housing information to 3rd & 4th year medical students at Brown University.
4. Facilitate environmental health trainings for medical providers through the resident training programs at Hasbro Children's and Memorial Hospitals.
5. Provide trainings and presentations for healthcare professionals to emphasize the use of *Best Practices for Lead Screening, and the Lead Screening and Referral Guidelines*.
6. Educate providers about the benefits of using the KIDSNET's (the state's immunizations registry) report of children who have never been screened for lead poisoning.
7. Sponsor Grand Rounds or other sessions at major hospitals.

Frequency

Ongoing

Evaluation / Outcome

- The number of site visits/mailings conducted during Lead Poisoning Prevention Month (May)
- Completion of a mailing to 3rd and 4th year medical students at Brown Medical School

Activity for 2007

- The revised Lead Screening and Referral Guidelines were issued in September 2007 and distributed to Pediatricians, Lead Centers, Head Starts, Lead program partners, Early Intervention, Family Outreach and the HMO's.
- 182 Brown University medical students were reached in 2007.

NEWLY LICENSED HEALTHCARE PROVIDERS

Objective

To inform and educate newly licensed healthcare providers about childhood lead poisoning prevention practices, guidelines and referrals for lead screening, available data, resources, and public and professional educational materials.

Target Audience

Newly licensed pediatric and family practitioners including pediatric nurse practitioners and physician assistants who are licensed by the State Medical Licensure Program.

Strategy / Implementation

Prepare and distribute *Welcome to HEALTH Children's Preventive Services* letter and a standard packet of information that includes:

- Lead Screening and Referral Guidelines (poster & pocket size)
- Most recent edition of the *Childhood Lead Poisoning in RI: The Numbers*
- Best Practices for Lead Screening
- EPSDT Schedule
- Lead Education Materials Order Form
- Rhode Island Department of Health Guidebook

Frequency

Quarterly mailings

Evaluation / Outcome

- Number of newly licensed healthcare providers reached through this effort

Activity for 2007

- A total of 9 packets of information were sent to the newly licensed healthcare providers.

RHODE ISLAND LEAD POISONING PREVENTION MONTH

Objectives

1. To annually promote and coordinate a statewide education effort to increase awareness of the dangers of lead poisoning, and create awareness of the healthy housing concept, during the month of May.
2. Engage all lead stakeholders in the promotion of educational activities and publicity events to reach Rhode Islanders of all ages, including but not limited to professionals, parents, property owners, advocates and schools.

Target Audience

General population, legislators, healthcare professionals, stakeholders.

Strategy / Implementation

1. Invite agencies and community based organizations to organize health promotion and education activities, which may include workshops, media events, round tables, video presentations, informational meetings, drawing contests and health fairs.
 - Mailing is sent in January to all partners and includes Educational Materials Order Form
 - Calendar of Activities is developed with all activities organized and is posted on the web by late April/early May
2. Work with preschools, kindergartens, and elementary schools in the core cities to inform parents of preventive measures and screening requirements.
3. Participate in health fairs and other community engagement activities to inform parents about preventive measures.
4. Provide information about prenatal prevention through the state's OB/GYN providers.
5. Work with the laboratory drawing stations to promote educational materials to use at the time blood is drawn for a lead test, so that families with children who may have a blood lead level ≥ 10 mcg/dL are informed about lead poisoning.
6. Offer courtesy visits to physicians' practices and bring up to date information and promote lead poisoning prevention month. The information delivered includes, but it is not limited to:
 - Lead Screening Guidelines, lead order form, most recent Lead Update, Lead Month calendar of activities, Lead Awards Event invitation, *Childhood Lead Poisoning In RI; The Numbers*, lead poster, sample of educational materials, recent news/studies and incentives (i.e., note pads promoting lead screening).
7. Conduct courtesy visits to daycare facilities statewide or in targeted areas, bringing up to date information about lead poisoning

prevention that can be distributed to parents whose children are in their care.

8. Annual meeting and awards event to recognize key partners who have contributed greatly to lead poisoning prevention during the past year, and includes some of the following:
 - Keynote speakers to inform audience on latest topical issues on lead poisoning, and its prevention.
 - Lead Poisoning Prevention Month Excellence Awards and Certificates of Appreciation for key partners.

Frequency

Annually (May)

Evaluation / Outcomes

- Number of organizations planning activities
- Number of awards presented

Activity for 2007:

- The annual event organized by RI CLPPP took place on May 23, 2008. This year the CLPPP celebrated 30 years from the first time the Department of Health received funding from CDC. Over 100 representatives from local housing and health agencies attended the event.
- Richard Jackson, MD, MPH, former director of the CDC's National Center for Environmental Health was the keynote speaker. Mary Jean Brown, ScD, Chief for the Lead Poisoning Prevention Branch from CDC also addressed the audience.
- 58 Awards were presented to supporters of lead screening, healthy housing efforts and those who initially supported the creation of the program in its beginnings. Other 20 Certificates of Appreciation were presented to pediatric practices in recognition for their efforts in lead screening.

TRADITIONAL AND NON-TRADITIONAL LOCATIONS

Objective

To conduct a statewide outreach effort to ensure that lead information is provided at community locations visited by families through direct outreach and ongoing mailing techniques.

Target Audience

Parents and general public served by laundromats, convenience stores, food stores, libraries, food and clothes pantries, churches, and community based agencies, etc.

Strategy / Implementation

A mailing is conducted containing an introduction letter, posters, brochures, and ways to order lead educational materials. A follow-up phone call is then made to evaluate the need for more information and/or training.

Frequency

Ongoing effort as resources allow

Evaluation / Outcome

- Survey to assess number of localities displaying lead information
- Number of calls requesting additional information

Activity for 2007

- Specific outreach to these audiences was not organized during 2007, but over 300 calls were received from a variety of agencies requesting information and educational materials about lead poisoning and its prevention.

PREGNANT WOMEN / NEW PARENT EDUCATION

Objectives

To educate new and future parents about how to make their homes safe and healthy for their newborn to prevent children from ever becoming lead poisoned.

Target Audience

Women of childbearing age, pregnant women, parents of newborn children

Strategy / Implementation

1. Offer pregnant women home visits from trained nurses and social workers through the Family Outreach Program to learn about lead hazards found in the home.
2. Connect families with resources to reduce lead hazards in homes prior to the birth of their baby.
3. Conduct outreach to the medical community (OB/GYN's, pediatricians) to educate them about prenatal prevention of lead poisoning, and services that are available to help their clients.

Frequency

Ongoing as resources allow

Evaluation / Outcome

- Number of pregnant women visited by the Family Outreach Program
- Number of families referred to Lead Hazard Reduction resources

Activity for 2007

- No activity on this effort due to funding constraints

DAYCARE FACILITIES, PRESCHOOLS, AND SCHOOLS

Objective

To assist health care professionals and agencies involved in ensuring compliance with lead screening requirements for school entry by identifying barriers to appropriate documentation of lead screening.

Target Audience

Department of Education, Department of Children, Youth and Families, Head Start Programs, preschool and school nurse teachers, school physicians, school administrators and daycare directors.

Strategy / Implementation

1. Distribute an annual reminder letter and *Frequently Asked Questions and Answers about Lead Screening Entry Requirements for Preschools and Schools* to preschool and schools.
2. Provide update/review of school entry requirements as needed at the Annual School Nurse Teacher Conference.
3. Work with the Immunization Program to ensure collection of Lead Screening Assessment Data from the annual School Immunization Survey.
4. Work with the KIDSNET program, (State birth/immunizations registry), to facilitate access to lead screening information to KIDSNET users (www.health.ri.gov/kidsnet/who.php).
5. Work with home-based daycare providers to offer trainings on lead poisoning prevention and provide lead education materials.

Frequency

Annually

Evaluation / Outcome

- Number of schools reached through mailings and School Nurse Teacher Conference
- Log of questions/concerns expressed by target audience used to revise educational materials as needed

Activity for 2007

- The annual School Nurse Teacher conference took place in April 2007 and reached about 220 attendees.
- During the 2006-2007 school year, 61 schools (kindergartens) were visited to validate immunization/lead screening assessment data.

WIC AGENCIES

Objective

1. To promote and coordinate a statewide education effort to ensure that lead information is provided to WIC participants at the RI WIC local agencies.
2. To assist WIC local agencies with mechanisms to provide nutritional education to children participating in WIC whose blood lead levels are at or above 10 mcg/dL.

Target Audience

WIC participants and WIC program staff

Strategy / Implementation

1. Offer on site education to WIC staff on the use of the KIDSNET to monitor the lead tests of children participating in WIC.
2. Offer WIC agencies reports of children with a blood lead level ≥ 10 mcg/dL who are active in WIC to ensure that their nutritional education addresses the elevated blood lead level.
3. Educate WIC agencies about the resources and educational materials that are available for parents regarding prevention of lead poisoning.
4. Conduct outreach to WIC agencies via a mailing of a standard packet of information that includes:
 - Lead Screening Reference Guide
 - Lead Screening and Referral Guidelines
 - Lead Poisoning Danger In Every Corner Brochure
 - Understanding Your Child's Lead Test Results Brochure
 - Nutrition Tips for Parents Card
 - How to Make Safe Formula Card

Frequency

Quarterly or as needed

Evaluation / Outcome

- Number of WIC Agencies using the KIDSNET application
- Number of educational materials distributed annually to WIC agencies
- Number of WIC participants with a blood lead level ≥ 10 mcg/dL, with documented environmental risks in the WIC system

Activity for 2007

- From July 2007, 22 WIC agencies were trained to use the KIDSNET application to view blood lead levels for active cases. From July 2007, 693 children turning 18 months old, active in WIC and without a lead test were identified. Reports are given monthly to each agency for follow up.
- All 22 WIC agencies also received educational materials.

SUSCEPTIBLE POPULATIONS (REFUGEES)

Objective

1. To provide primary lead poisoning prevention education and outreach to persons in forced or voluntary migration to Rhode Island through the state's Refugee Resettlement Agencies and healthcare providers.
2. To ensure that all refugee children under the age of 16 are screened upon arrival in Rhode Island, and follow-up screenings occur according to the Lead Screening Guidelines for Refugees (www.health.ri.gov/lead/family/Final_Screening_Guidelines.pdf).

Target Audience

Rhode Island's refugee population, healthcare providers, refugee and resettlement agencies, and other agencies serving refugees

Strategies / Implementation

1. Maintain the Memorandum of Understanding for the data exchange between the CLPPP and the Refugee Health Program (Minority Health) to receive lists of recent refugees on an ongoing basis.
2. Offer presentations to Refugee Resettlement Agencies utilizing the CDC toolkit for refugees.
3. Educate healthcare providers about the Refugee Lead Screening and Referral Guidelines and the benefits of using the KIDSNET database to monitor follow-up lead testing for refugee children.
4. Use of the KIDSNET database to monitor refugees' participation in WIC.

Frequency

Ongoing

Evaluation / Outcome

- Number of refugee children reported to RI CLPP Program by the Minority Health Program.
- Number of refugee lead screening and referral guidelines distributed to providers
- Number of refugee children referred to WIC

Activity for 2007

Information from refugees coming to Rhode Island continues to be shared with the Lead Program, as agreed in the Memorandum of Understanding signed with the Refugee Program at the Department of Health.

During 2007, 83 refugee children were identified through this process. 12 of them were potentially eligible to enroll in the WIC program and at least 7 of the 12 were subsequently enrolled.

The Refugee Lead Screening Guidelines were also distributed to providers serving this population.

“KEEP IT CLEAN” CAMPAIGN – OUTREACH TO HARDWARE STORES

Objectives

To increase the level of awareness regarding lead-safe home renovation practices by working with hardware and paint stores through one-on-one customer interaction and educational material dissemination via the Keep It Clean Campaign and other efforts.

Target Audience

Hardware and paint store staff, homeowners, do-it-yourselfers, and other clients who purchase home renovation supplies at hardware stores

Strategy / Implementation

1. Enroll hardware and paint stores to participate in the “Keep it Clean” campaign sponsored by the New England Lead Coordinating Committee to train their staff about lead-safe renovation practices.
2. Set up information tables at the entrance of hardware and paint stores, "Healthy Day at the Hardware Store" during the busiest hours of a spring weekend. Educational materials and incentives are distributed to all shoppers, and “Keep It Clean” messages are emphasized.

Frequency

Annually or as resources/needs arise

Evaluation / Outcome

- Number of hardware stores participating or reached
- Change in number of enrolled stores from previous years
- The number of stores holding a “Healthy Day at the Hardware Store” event

Activity for 2007

- During the months of September and October 2006 a CLPPP staff member posed as secret shopper and randomly visited 28 hardware stores throughout Rhode Island. The great majority of the 28 stores visited did not have the warning posters displayed: *“Use of abrasive material (sandpaper, steel wool, drill disks and pads, etc.) in your home to remove paint may increase the risk of childhood lead poisoning”*.
- In January 2007 all hardware stores in RI were sent a letter stating the findings of the visits, and included the warning posters stores should post in a visible areas for customers to view.
- During July and August 2007, 67 hardware stores were re-visited. Only 12 stores haven’t posted the warning sign, and received an additional sign to post.
- In October 2007 all hardware stores were sent a letter along with the "Don't Spread Lead" poster and offer the "Don't Spread Lead" DVD in English and Spanish. DVD's are mailed upon request.

For more information about the *Public and Professional Health Education, Health Promotion, and Outreach Plan*, please contact Magaly Angeloni at 222-4602 or Magaly.Angeloni@health.ri.gov.

Visit our website at: www.health.ri.gov/lead

