CDC's CORE Health Equity Goal: Increasing Blood Lead Testing in Children Enrolled in Medicaid

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Goal: By 2024, CDC will increase the blood lead testing rates up to 50% for children aged 0-3 years who are Medicaid-Eligible

CULTIVATE Comprehensive health equity science

CDC will embed health equity principles in the design, implementation, and evaluation of its research, data, surveillance, and interventions strategies.

OPTIMIZE interventions

CDC will use scientific, innovative and data-driven intervention strategies that address environmental, place-based, occupational, policy and systemic factors that impact health outcomes and address drivers of health disparities.

REINFORCE and expand robust partnerships

CDC will seek out and strengthen sustainable multi-level, multi-sectoral and community partnerships to advance health equity.



ENHANCE capacity and workforce engagement

CDC will build internal capacity to cultivate a multi-disciplinary workforce and more inclusive climates, policies, and practices for broader public health impact.

CORE Goal Milestones

- Collect baseline data from select Childhood Lead Poisoning Prevention Program (CLPPP) recipients who are implementing blood lead level (BLL) testing interventions and strategies.
- Engage and educate local communities on the best practices for increasing blood lead testing among children who are Medicaid-enrolled based on evaluation findings.



Summary of Recipient Strategies

- 9 Recipients reported 39 strategies being pursued to increase blood lead testing among children enrolled in Medicaid
- Strategies cover a broad range of areas, including
 - Education and training of healthcare providers
 - Targeted outreach
 - Expanding partnerships to increase capacity and resources for blood lead testing



Strategy: Education and Training of Healthcare Providers

Examples

- Live educational webinars to managed healthcare plans
- Physician engagement through email, events, meetings, etc.
- Focus studies with Medicaid health plans
- Education through training and materials to pediatricians, family physicians, and community health workers
- Provider report cards



Strategy: Education and Outreach

- Targeted Outreach
- Examples
 - PDSA (Plan, Do, Study, Act) pilot targeting high-risk zip codes
 - Outreach and education to Medicaid enrolled children in target counties



Strategy: Expanding Partnerships to Increase Capacity and Resources for Blood Lead Testing

- Examples of partners
 - Medicaid
 - Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
 - American Academy of Pediatrics (AAP)
 - National Committee for Quality Assurance (NCQA)
 - Managed care organizations
 - Community based organizations
 - Housing authority



Purpose of a Community of Practice

 A community of practice (CoP) is a group of people who share a common interest, concern, or problem in a specific domain and who collaborate to learn from and improve their practices.

Together: Building a Culture that Fosters Relationships, Trust, and Respect Across Participants

Overall Benefits of the Community of Practice Approach:

- Contribute to design and implementation of the CDC's Childhood Lead Poisoning Prevention Program (CLPPP) CORE Goal Project.
- Recruit and co-create with key partners such as CMS (Medicaid) and WIC.
- Use data to continuously learn, adapt, and improve.
- Cultivate leaders with unique CLPPP leadership skills.
- Focus on CLPPP program workplans, strategies and activities.

The Value of Communities of Practice

According to Wenger (1998), communities of practice provide **five critical functions**:

- Educate by collecting and sharing information
- **Support** by organizing interactions and collaboration among members
- Cultivate by assisting groups to start and sustain their learning
- Encourage by promoting the work of members
- Integrate by encouraging members to use their new knowledge for real change in their own work.

The Benefits of a Community of Practice

- Reduced time and cost to retrieve information
- Knowledge sharing and distribution
- Coordination, standardization, and synergies across organizational units
- Reduced rework and reinvention
- Innovation
- Alliance building

Next Steps

- Ongoing evaluation of recipient strategies via
 - CORE Community of Practice (CoP)
 - Recipient quarterly data submissions
- Participating recipients will provide
 - Lessons learned at the mid-point and end of the project
 - A final report by September 2024
- Disseminate success stories, promising practices, and other outcomes to all 62 CLPPP Recipients by end of project period



Next Steps (Continued)

- Continued collaboration with CMS, WIC, and other partners
 - Invitation to serve as subject matter experts for CORE CoP
- Assess predictors for blood lead testing among children enrolled in Medicaid using CMS line-level data
 - Approved data access via the CMS Research Data Assistance Center (ResDAC)
 - Results will inform program efforts to increase blood lead testing among children enrolled in Medicaid





 What additional key stakeholders or essential partners could be involved in future Community of Practice meetings? (Who needs to be at the Table?)



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- Nine CLPPP Recipients
 - California, Indiana, Maine, Michigan, Ohio, Oregon, Washington D.C., West Virginia, and Wisconsin
- Subject Matter Experts
 - Medicaid and WIC

References

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Thank you for listening.

For more information, contact NCEH/ATSDR 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 www.atsdr.cdc.gov www.cdc.gov Follow us on Twitter @CDCEnvironment

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