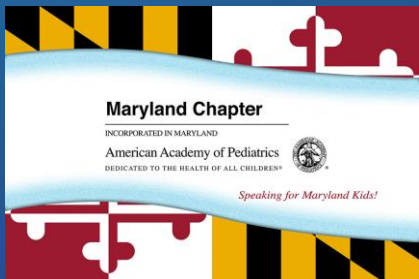


# MDAAP/AAP Lead Testing ECHO

March 1, 2023

Session 6: Counseling Patients and Caregivers



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# ACKNOWLEDGMENTS

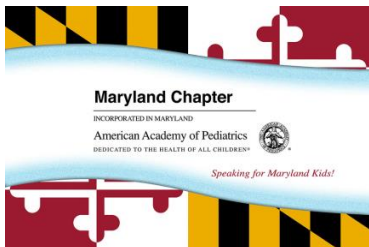
This material was supported by the American Academy of Pediatrics (AAP) and funded (in part) by the cooperative agreement award number 5 NU61TS000296-02-00 from the Agency for Toxic Substances and Disease Registry (ATSDR).

Acknowledgement: The U.S. Environmental Protection Agency (EPA) supports the PEHSU by providing partial funding to ATSDR under Inter-Agency Agreement number DW-75-9587770. The content in this material represents the views of the various contributors. It does not represent the views of the Centers for Disease Control and Prevention (CDC)/ATSDR nor EPA and does not represent endorsement by CDC/ATSDR nor EPA of the purchase of any commercial products or services that are mentioned.



# HOUSEKEEPING

- For educational and quality improvement purposes, this teleECHO session will be recorded
  - By participating in this session, you are consenting to be recorded – we appreciate and value your participation
- To protect patient privacy, please do not provide any protected health information (PHI)
- Please mute your microphone when not speaking
- **Please enable your video if possible**
- Chat with Loretta I. Hoepfner in Chatbox if you need technical assistance



# AGENDA

- Welcome – Loretta I. Hoepfner
- Lecture Presentation – Mike Ichniowski, MD, FAAP, and Paul Rogers, MD, FAAP
- QI Data Review – Troy Jacobs, MD, FAAP
- Case Presentation – Paul Rogers, MD, FAAP
  - *with special guest:* Rena Boss-Victoria, DrPH, MPH, MSRN, CNS (Section Head, Lead Surveillance, Nursing Consultant; Lead Poisoning Prevention Program; Maryland Department of the Environment)
- Case Discussion – All
- Follow Up and Next Steps – Loretta I. Hoepfner



# TODAY'S LECTURE

## Counseling Patients and Caregivers

Paul T. Rogers MD MBA FAAP

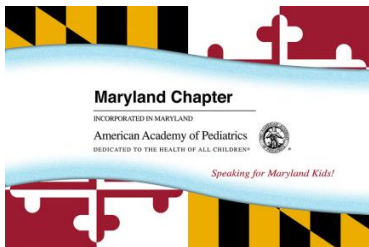
Michael Ichniowski MD FAAP

March 1, 2023



# DISCLOSURES

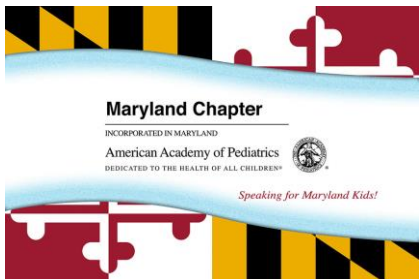
- In the past 12 months, I have had the following financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial service(s): None
- The views presented in this didactic do not necessarily represent the views and opinions of the AAP.



# LEARNING OBJECTIVES

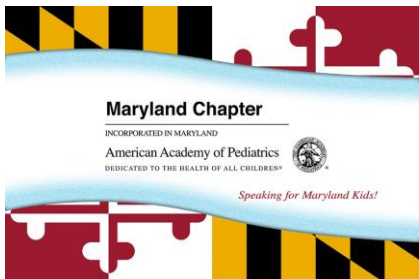
By the end of this ECHO session, participants will:

- Understand the pediatrician's role in counseling parents of children affected by lead poisoning.
- Discuss counseling and education for parents of children affected by lead poisoning.
- Review resources that may be utilized by practices when educating and counseling parents of children affected by lead poisoning.



# PEDIATRICIANS ROLE IN COUNSELING PARENTS

- Develop with the family the plan for management of the child with an elevated blood lead level
- Discuss interventions to prevent additional lead exposure
- Discuss dietary measures to reduce lead absorption
- Describe the plan for ongoing blood lead monitoring
- Discuss potential cognitive deficits; monitor development and behavior
- Referral to services to help minimize damage done by the lead poisoning
- Provide families with educational resources





# THE PLAN TO MANAGE THE CHILD



Environmental History

+



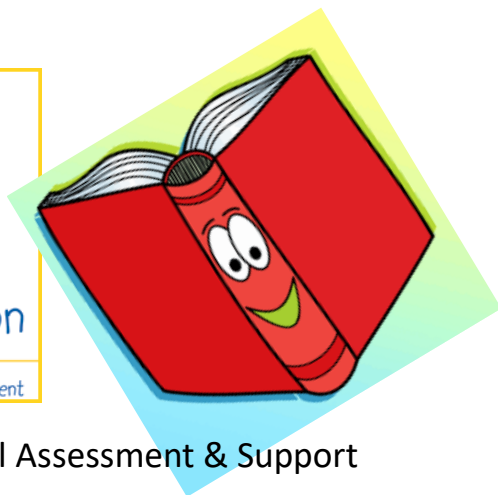
Home Inspection



Lead Hazard Prevention & Remediation



Developmental Assessment & Support



Nutrition & Iron Supplementation



# THE PLAN TO MANAGE THE CHILD: ENVIRONMENTAL HISTORY & HOME INSPECTION

Environmental History



Completed by the Lead Poisoning Prevention staff at local health department

Home Inspection



Completed by the Environmental Investigators at the MDE

*Images from Clip Art with exception of early intervention image; sourced from content created by Marissa Hauptman*



# THE PLAN TO MANAGE THE CHILD: LEAD HAZARD REDUCTION



1. Reduce continued lead exposure in the home
2. Nutritional interventions to minimize further absorption of lead
3. Minimize exposure to lead in house dust
4. Minimize exposure to lead in soil
5. Eliminate any other sources of lead exposure

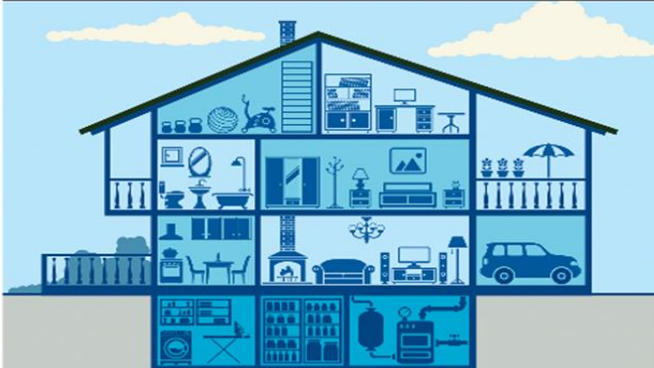
*Images from Clip Art with exception of early intervention image; sourced from content created by Marissa Hauptman*



# LEAD HAZARD REDUCTION IN THE HOME

## Childhood Lead Exposure

Amid growing evidence that even low levels of lead exposure can cause long-term damage to children's development, the American Academy of Pediatrics urges stronger federal action to eliminate exposure.



**Common sources of lead in the home:**

- Dust
- Soil
- Water in lead pipes
- Toys
- Nutritional supplements
- Dishware
- Fishing sinkers
- Bullets
- Residue from parent occupations
- Paint/hobby materials

**37 million**  
Estimated number of housing units in United States that contain lead-based paint

U.S. housing built from 1940-1959: **39 percent**

U.S. housing built from 1960-1977: **11 percent**

U.S. housing built from 1978-1998: **3 percent**

**None**  
Level of lead exposure considered safe for children

**\$50 billion**  
Annual cost of childhood lead exposure in the United States


**\$17 to \$221**  
Money saved for every \$1 invested to reduce lead hazards in U.S. housing

**535,000**  
Estimated number of U.S. preschool children with blood lead levels high enough to call for medical management (more than 5 ug/dl)

**23 million**  
Estimated total loss of IQ points among U.S. children today from lead toxicity

**1 in 5**  
Attention Deficit Hyperactivity Disorder cases attributed to lead exposure

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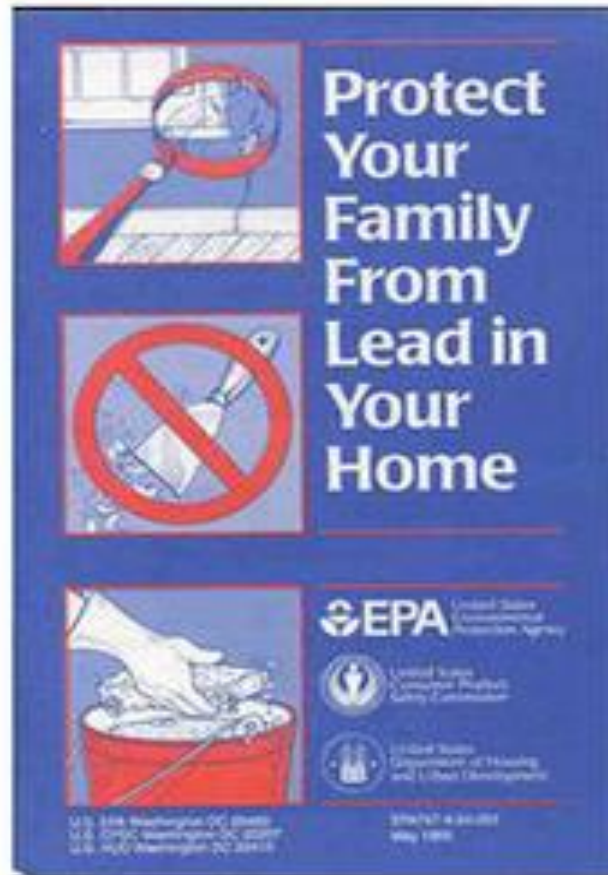
- <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/lead-exposure/Pages/default.aspx>



# RISK REDUCTION GUIDANCE FOR FAMILIES

## **Beware:**

Unsafe repairs  
can make  
the problem  
worse!



- Flush 1<sup>st</sup> draw tap water  $\geq$  3 minutes
- Shoes off at threshold
- Keep windows closed to avoid paint abrasion
- Frequent wet mopping of doors/windowsills/baseboards
- Frequent damp-dusting/HEPA-filtered vacuum
- Frequent hand washing
- Duct tape/contact paper on chipping paint
- Wash toys, bottles, pacifiers often
- Consider filter to reduce lead in drinking water
- Contact local water department: home's service line; test municipal/home water supply
- Test private well water annually



[http://www.hud.gov/sites/documents/PROTECT\\_FAMILY\\_LEAD\\_2012.PDF](http://www.hud.gov/sites/documents/PROTECT_FAMILY_LEAD_2012.PDF)

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# NUTRITIONAL GUIDANCE

**Calcium:** Milk, orange juice, yogurt, cheese



**Vitamin D & C:** Sunlight, dairy, tuna, salmon, cod, mushrooms, orange juice, grapefruit juice



SUN



**Iron:** Meats, Fe-fortified cereals, shellfish, lentils, spinach

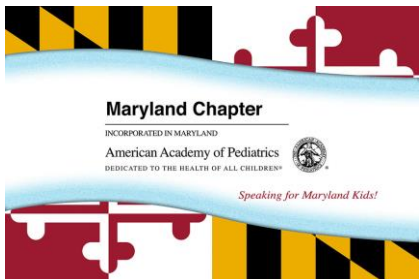


**Magnesium:** Cereal, soy milk, peanuts, almonds



See EPA Fight Lead Poisoning With a Healthy Diet:

[https://www.epa.gov/sites/default/files/2014-02/documents/fight\\_lead\\_poisoning\\_with\\_a\\_healthy\\_diet.pdf](https://www.epa.gov/sites/default/files/2014-02/documents/fight_lead_poisoning_with_a_healthy_diet.pdf)



# NUTRITION HANDOUTS FOR FAMILIES

## WHAT YOU SHOULD KNOW ABOUT LEAD AND NUTRITION

### LEAD FACTS

There is **no safe level** of lead in your body. Lead isn't good for anyone's health and is especially bad for small children. Children can absorb 4 to 5 times more lead than adults. And, lead is absorbed faster on an empty stomach. Keep your family lead-safe by avoiding contact with it. Remember that you and your children can be exposed to lead from a variety of sources such as paint, dust, dirt, reloading or casting bullets, folk medicines, home remedies, fishing sinkers, water, jewelry making, plumbing, make-up and toys.



### NUTRITION FACTS

You May be Able to Prevent Lead from Getting into Your Child's Body (*Absorption*) by Following the Healthy Nutrition Guidelines Listed Below...

Foods prepared and served to young children may prevent lead absorption. Following the 3 steps listed below may make a difference!

1. When preparing food, be sure to wash and cook it with filtered water.
2. Serve your children small, healthy snacks between meals.
3. Serve foods that are high in iron, calcium and Vitamin C.



### IRON

Iron may help reduce the absorption of lead in the body.

**Food sources of iron include:**

- Lean red meats, fish and chicken
- Spinach, kale and collard greens
- Iron-fortified cereal, bread and pasta
- Dried fruit, such as raisins and prunes
- Beans

*Anemia may develop with lead poisoning, so ask your pediatrician if your child needs to be screened for anemia.*



### CALCIUM

Calcium keeps bones strong and may help reduce the absorption of lead in the body.

**Food sources of calcium include:**

- Milk and milk products like cheese and yogurt
- Spinach, kale and collard greens
- Tofu



### VITAMIN C

Vitamin C works with iron and may help reduce the absorption of lead in the body.

**Food sources of vitamin C include:**

- Citrus fruits like oranges and grapefruit
- Tomatoes and tomato juice
- Peppers
- Other fruits like kiwi, strawberries and melons



Source: Utah Lead Coalition:

<https://utahleadcoalition.org/wp-content/uploads/Nutritional-Guidelines-English.pdf>



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# BLOOD LEAD LEVEL (BLL) MONITORING

<b>Venous blood lead</b>	<b>Early F/U testing</b>	<b>Later F/U testing**</b>
3.5-9 ug/dL	3 months*	6-9 months
10-19 ug/dL	1-3 months*	3-6 months
20-44 ug/dL	2-4 weeks	1-3 months
≥45 ug/dL	repeat ASAP (consider admission for chelation)	

\*initial F/U test can be done within one month to check for rising BLL

\*\*after 2-4 tests show steady decline

<https://www.cdc.gov/nceh/lead/advisory/acclpp/actions-blls.html>





# DISCUSS AND MANAGE COGNITIVE DEFICITS



Loss of IQ  
points



Learning  
disabilities



ADHD



Neurobehavior  
Disorders

EPA ISA 2013: <https://cfpub.epa.gov/ncea/isa/recordisplay.cfm?deid=255721>

Images from Clip Art with exception of early intervention image; sourced from content created by Marissa Hauptman



# REFERRAL TO RESOURCES AND SERVICES



**Maryland Early Childhood Education (ECE):** Large scale, short-term public preschool programs have positive impacts on children's academic readiness and mixed impacts on their socioemotional readiness



<https://earlychildhood.marylandpublicschools.org/>



**Maryland Head Start:** Shown to have modest cognitive improvement among enrolled children (Differentiated from the general ECE programs in that it focuses on children's health, nutrition, mental health, and social service needs)



**Contacts by County**  
[https://health.maryland.gov/mmcp/ep\\_sdt/healthykids/Section%208/Maryland-Head-Start.pdf](https://health.maryland.gov/mmcp/ep_sdt/healthykids/Section%208/Maryland-Head-Start.pdf)



Source: CDC: Educational Interventions for Children Affected by Lead (2015)





# RESOURCES FOR PROVIDERS

Item	Website	QR Code
<b>AAP: Identifying Infants and Young Children With Developmental Disorders</b>	<a href="https://publications.aap.org/pediatrics/article/145/1/e20193449/36971/Promoting-Optimal-Development-Identifying-Infants?autologincheck=redirected">https://publications.aap.org/pediatrics/article/145/1/e20193449/36971/Promoting-Optimal-Development-Identifying-Infants?autologincheck=redirected</a>	
<b>MDE, Lead Poisoning Prevention Program</b>	<a href="https://mde.maryland.gov/programs/land/leadpoisoningprevention/pages/index.aspx">https://mde.maryland.gov/programs/land/leadpoisoningprevention/pages/index.aspx</a>	



## RESOURCES FOR PROVIDERS - CONTINUED

Item	Website	QR Code
<b>MDH Lead Program</b>	<a href="https://phpa.health.maryland.gov/OEHFP/EH/Pages/Lead.aspx">https://phpa.health.maryland.gov/OEHFP/EH/Pages/Lead.aspx</a>	
<b>New MDH programs for children with lead exposure who are enrolled in or eligible for Medicaid/MCHIP</b>	<a href="https://phpa.health.maryland.gov/OEHFP/EH/Pages/CHIPEnvCaseMgmt.aspx">https://phpa.health.maryland.gov/OEHFP/EH/Pages/CHIPEnvCaseMgmt.aspx</a>	

# NATIONAL PEHSU NETWORK

Support need for *specific clinical information* on environmental toxins

Facilitate *early* response to public health issues



Engage in public educational outreach activities

Participate in clinical assessments and referrals

*Partner with* local and state health departments and regional poison control centers



Give *advice* to residents and community leaders



Provide health care provider *education* and training opportunities



Source:

[www.pehsu.net](http://www.pehsu.net)



# ADDITIONAL PROVIDER RESOURCES

- State-level comprehensive lead poisoning prevention program (CLPPP) websites:

- PEHSU: [www.pehsu.net/lead\\_resources.html](http://www.pehsu.net/lead_resources.html)
- EPA: <https://www.epa.gov/lead>
- CDC: <https://www.cdc.gov/nceh/lead/default.htm>

PEHSU



EPA



CDC



- AAP [Childhood Lead Exposure Infographic](#)

- AAP Policy Statement: Prevention of Childhood Lead Toxicity. Pediatrics June 2020, 145 (6) e20201014; DOI: <https://doi.org/10.1542/peds.2020-1014>

- Hauptman M, Bruccoleri R, Woolf AD. Update on childhood lead poisoning. Clin Pediatr Emerg Med 2017



<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5645046/>



- Woolf AD, Pingali H, Hauptman M. The COVID-19 pandemic and children's environmental health. Pediatr Annals 2020; 49 (12): e536-e542



<https://pubmed.ncbi.nlm.nih.gov/33290572/>

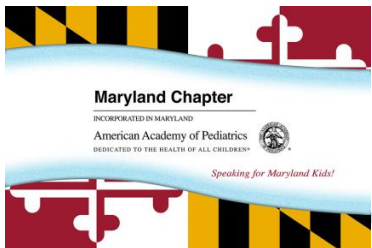


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# QUESTIONS?



# QI DATA REVIEW

Troy A. Jacobs, MD, MPH, FAAP



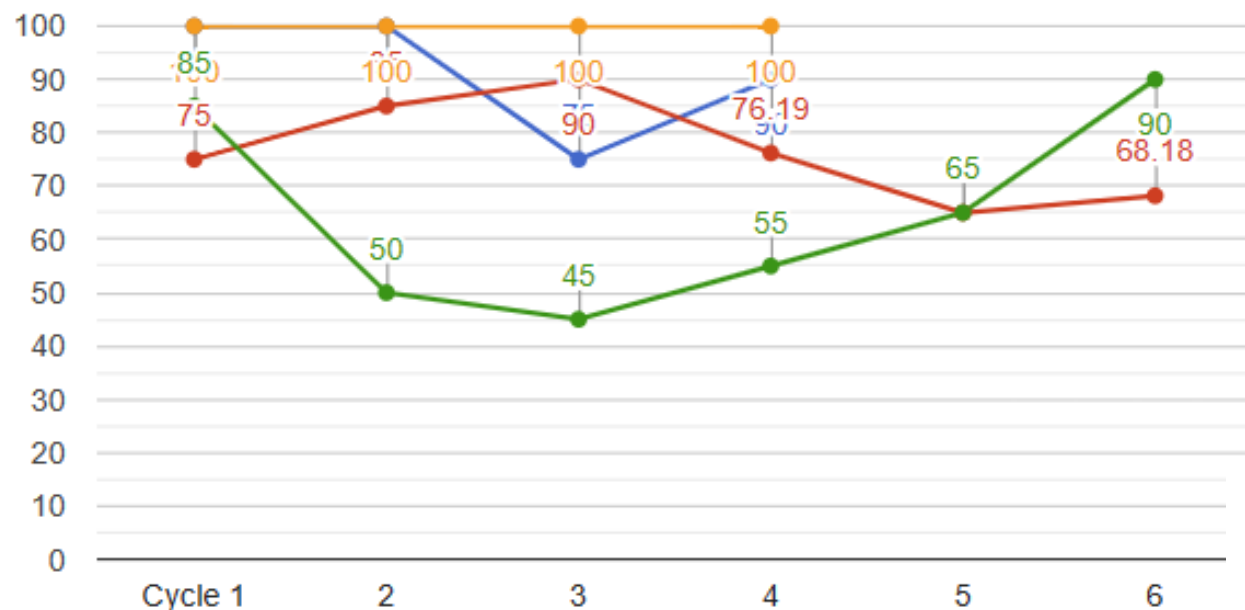


# DATA COLLECTION

Data Cycle #	Month of Visit (pull charts from time period listed below)	Date Entry in QIDA
1 (baseline)	August 1-31, 2022	September 28, 2022
2	September 1-30, 2022	October 14, 2022
3	October 1-31, 2022	November 11, 2022
4	November 1-30, 2022	December 9, 2022
5	December 1-31, 2022	January 13, 2023
6	January 1-31, 2023	February 10, 2023
7	February 1-28, 2023	March 10, 2023



## Risk Assessment



### Greenspring Pediatric Associates

Cycle 1 (N = 20)  
 Cycle: 2 (N = 20)  
 Cycle: 3 (N = 20)  
 Cycle: 4 (N = 20)  
 Cycle: 5 (N = 0)  
 Cycle: 6 (N = 0)

### MENCHAVEZ Pediatrics

Cycle 1 (N = 20)  
 Cycle: 2 (N = 20)  
 Cycle: 3 (N = 20)  
 Cycle: 4 (N = 21)  
 Cycle: 5 (N = 20)  
 Cycle: 6 (N = 22)

### Sanchez Pediatrics

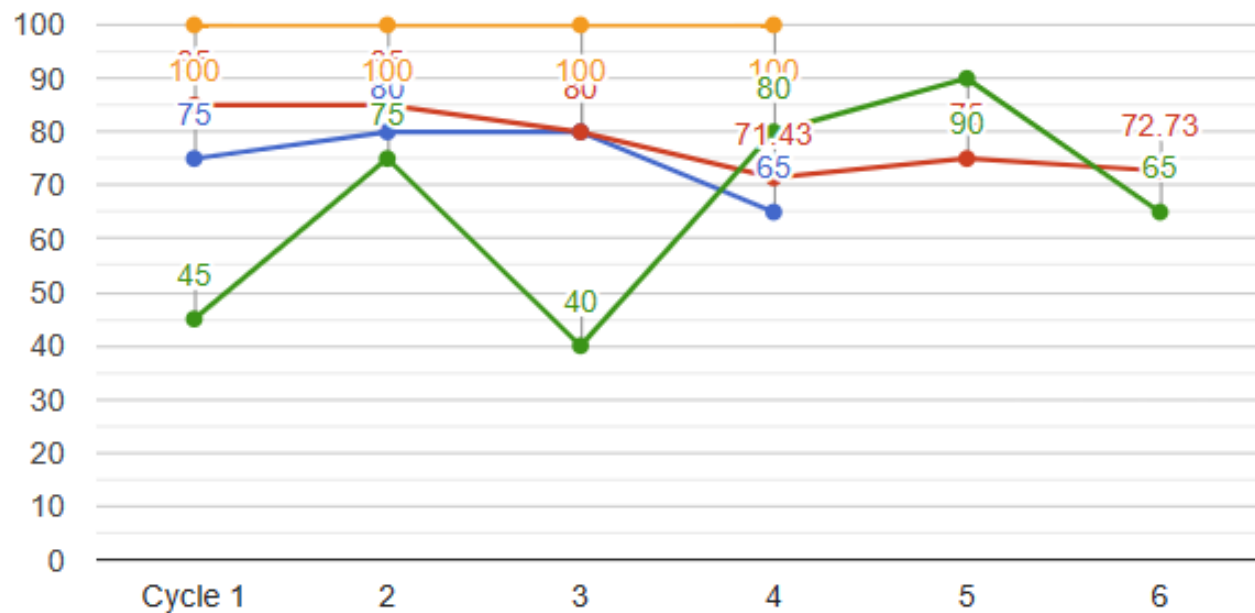
Cycle 1 (N = 20)  
 Cycle: 2 (N = 20)  
 Cycle: 3 (N = 20)  
 Cycle: 4 (N = 20)  
 Cycle: 5 (N = 0)  
 Cycle: 6 (N = 0)

### University of Maryland Shore Medical Group-Pediatrics

Cycle 1 (N = 20)  
 Cycle: 2 (N = 20)  
 Cycle: 3 (N = 20)  
 Cycle: 4 (N = 20)  
 Cycle: 5 (N = 20)  
 Cycle: 6 (N = 20)



### Documented Initial Blood Lead Test



**Greenspring Pediatric Associates**

- Cycle 1 (N = 20)
- Cycle 2 (N = 20)
- Cycle 3 (N = 20)
- Cycle 4 (N = 20)
- Cycle 5 (N = 0)
- Cycle 6 (N = 0)

**MENCHAVEZ Pediatrics**

- Cycle 1 (N = 20)
- Cycle 2 (N = 20)
- Cycle 3 (N = 20)
- Cycle 4 (N = 21)
- Cycle 5 (N = 20)
- Cycle 6 (N = 22)

**Sanchez Pediatrics**

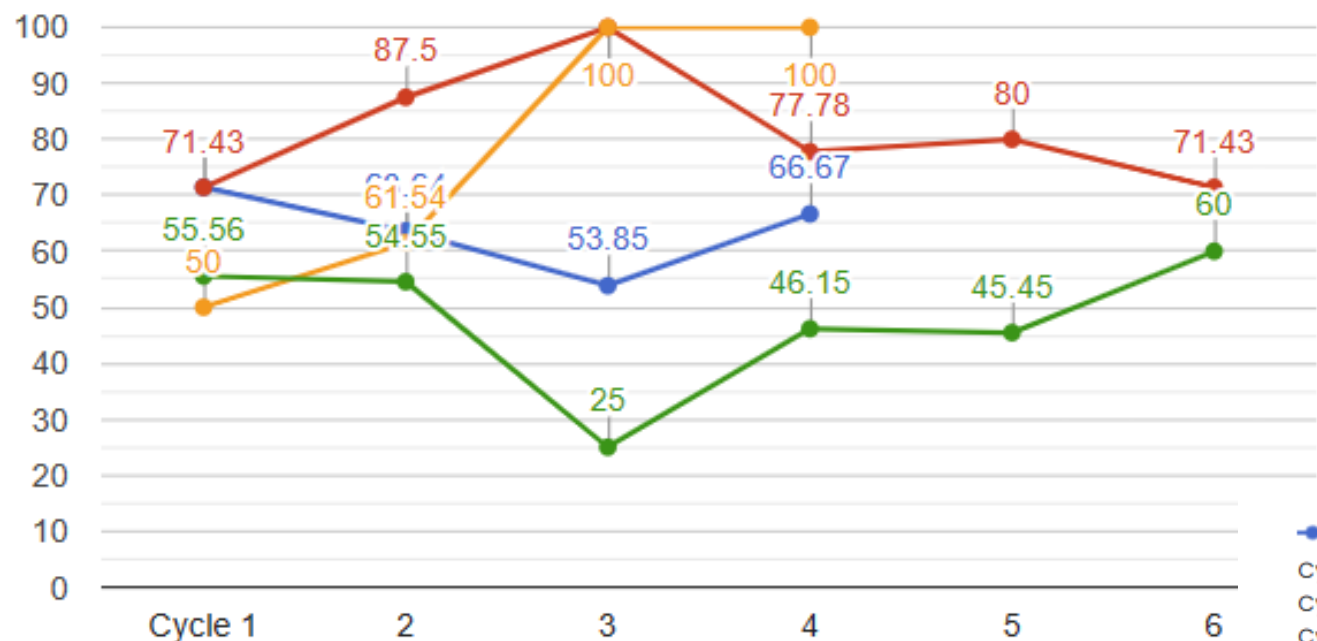
- Cycle 1 (N = 20)
- Cycle 2 (N = 20)
- Cycle 3 (N = 20)
- Cycle 4 (N = 20)
- Cycle 5 (N = 0)
- Cycle 6 (N = 0)

**University of Maryland Shore Medical Group-Pediatrics**

- Cycle 1 (N = 20)
- Cycle 2 (N = 20)
- Cycle 3 (N = 20)
- Cycle 4 (N = 20)
- Cycle 5 (N = 20)
- Cycle 6 (N = 20)



## Blood Lead Testing



### Greenspring Pediatric Associates

Cycle 1 (N = 7)  
 Cycle: 2 (N = 11)  
 Cycle: 3 (N = 13)  
 Cycle: 4 (N = 9)  
 Cycle: 5 (N = 0)  
 Cycle: 6 (N = 0)

### MENCHAVEZ Pediatrics

Cycle 1 (N = 7)  
 Cycle: 2 (N = 8)  
 Cycle: 3 (N = 4)  
 Cycle: 4 (N = 9)  
 Cycle: 5 (N = 5)  
 Cycle: 6 (N = 7)

### Sanchez Pediatrics

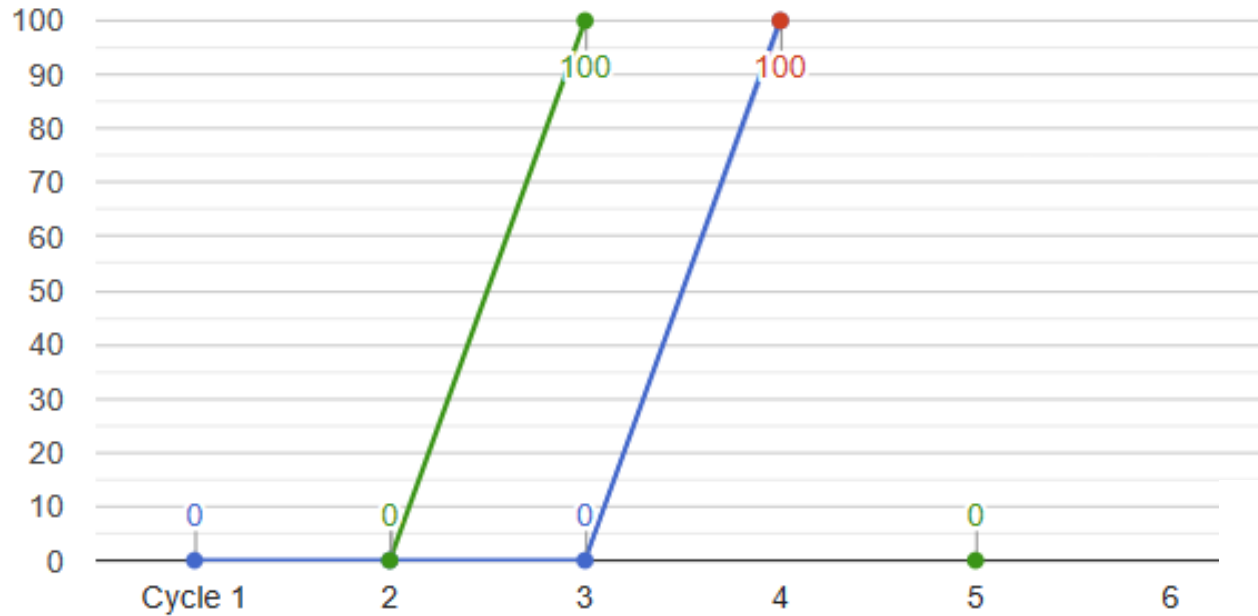
Cycle 1 (N = 4)  
 Cycle: 2 (N = 13)  
 Cycle: 3 (N = 9)  
 Cycle: 4 (N = 7)  
 Cycle: 5 (N = 0)  
 Cycle: 6 (N = 0)

### University of Maryland Shore Medical Group-Pediatric

Cycle 1 (N = 9)  
 Cycle: 2 (N = 11)  
 Cycle: 3 (N = 8)  
 Cycle: 4 (N = 13)  
 Cycle: 5 (N = 11)  
 Cycle: 6 (N = 5)



### Blood Lead Results Interpretation (Follow Up Testing)



**Greenspring Pediatric Associates**

- Cycle 1 (N = 1)
- Cycle: 2 (N = 1)
- Cycle: 3 (N = 2)
- Cycle: 4 (N = 2)
- Cycle: 5 (N = 0)
- Cycle: 6 (N = 0)

**MENCHAVEZ Pediatrics**

- Cycle 1 (N = 0)
- Cycle: 2 (N = 0)
- Cycle: 3 (N = 0)
- Cycle: 4 (N = 1)
- Cycle: 5 (N = 0)
- Cycle: 6 (N = 0)

**Sanchez Pediatrics**

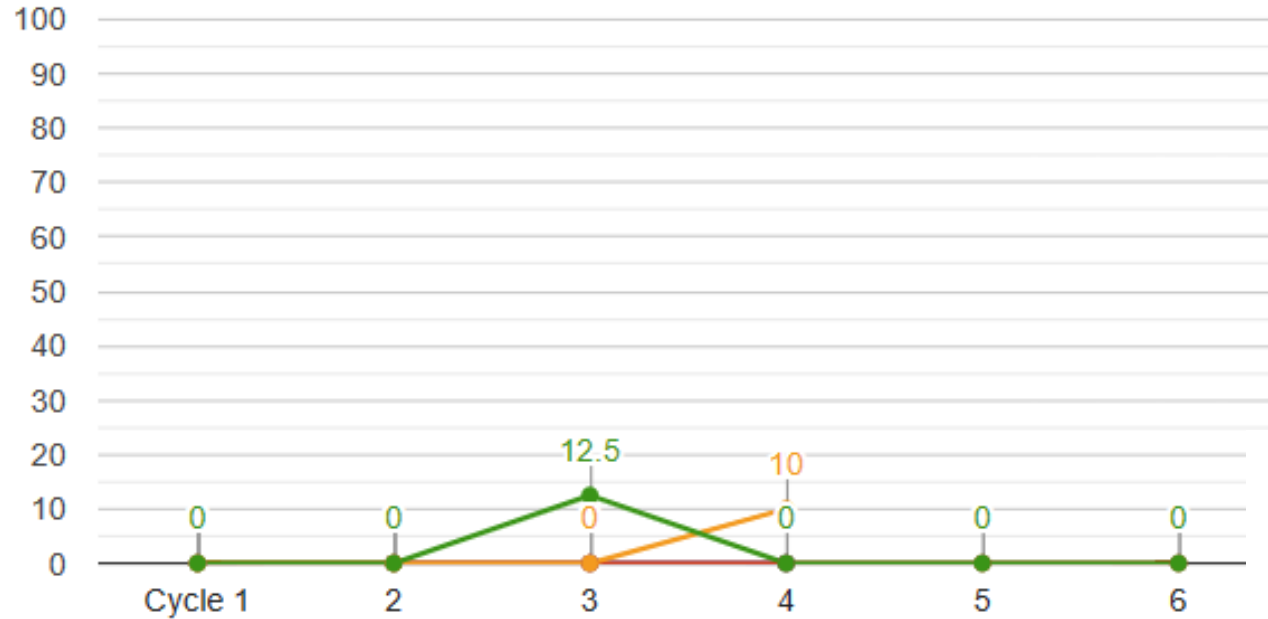
- Cycle 1 (N = 0)
- Cycle: 2 (N = 0)
- Cycle: 3 (N = 0)
- Cycle: 4 (N = 0)
- Cycle: 5 (N = 0)
- Cycle: 6 (N = 0)

**University of Maryland Shore Medical Group-Pediatrics**

- Cycle 1 (N = 0)
- Cycle: 2 (N = 1)
- Cycle: 3 (N = 1)
- Cycle: 4 (N = 0)
- Cycle: 5 (N = 1)
- Cycle: 6 (N = 0)



## Care Management



### Greenspring Pediatric Associates

Cycle 1 (N = 20)  
 Cycle: 2 (N = 20)  
 Cycle: 3 (N = 16)  
 Cycle: 4 (N = 13)  
 Cycle: 5 (N = 0)  
 Cycle: 6 (N = 0)

### MENCHAVEZ Pediatrics

Cycle 1 (N = 20)  
 Cycle: 2 (N = 17)  
 Cycle: 3 (N = 16)  
 Cycle: 4 (N = 15)  
 Cycle: 5 (N = 15)  
 Cycle: 6 (N = 16)

### Sanchez Pediatrics

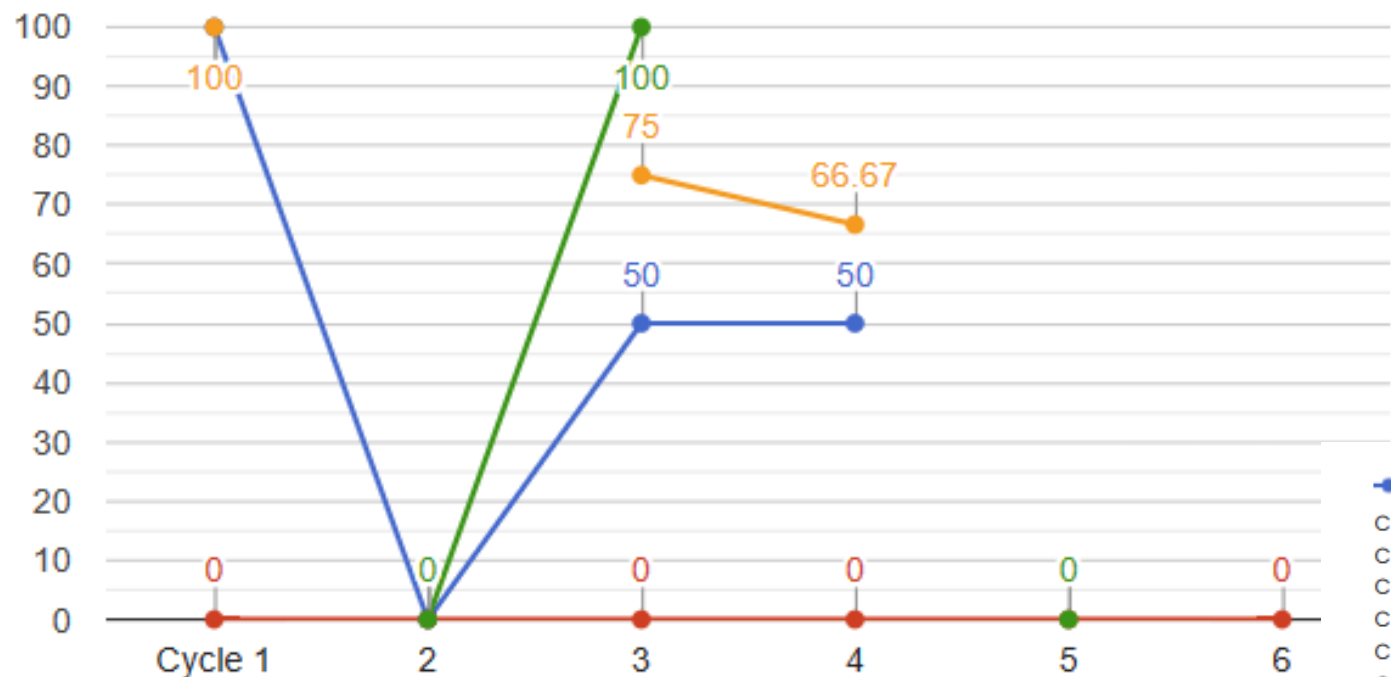
Cycle 1 (N = 20)  
 Cycle: 2 (N = 20)  
 Cycle: 3 (N = 20)  
 Cycle: 4 (N = 20)  
 Cycle: 5 (N = 0)  
 Cycle: 6 (N = 0)

### University of Maryland Shore Medical Group-Pediatrics

Cycle 1 (N = 20)  
 Cycle: 2 (N = 15)  
 Cycle: 3 (N = 8)  
 Cycle: 4 (N = 16)  
 Cycle: 5 (N = 18)  
 Cycle: 6 (N = 13)



## Counseling Parents



**Greenspring Pediatric Associates**

Cycle 1 (N = 1)  
 Cycle 2 (N = 1)  
 Cycle 3 (N = 2)  
 Cycle 4 (N = 2)  
 Cycle 5 (N = 0)  
 Cycle 6 (N = 0)

**MENCHAVEZ Pediatrics**

Cycle 1 (N = 2)  
 Cycle 2 (N = 2)  
 Cycle 3 (N = 1)  
 Cycle 4 (N = 4)  
 Cycle 5 (N = 2)  
 Cycle 6 (N = 2)

**Sanchez Pediatrics**

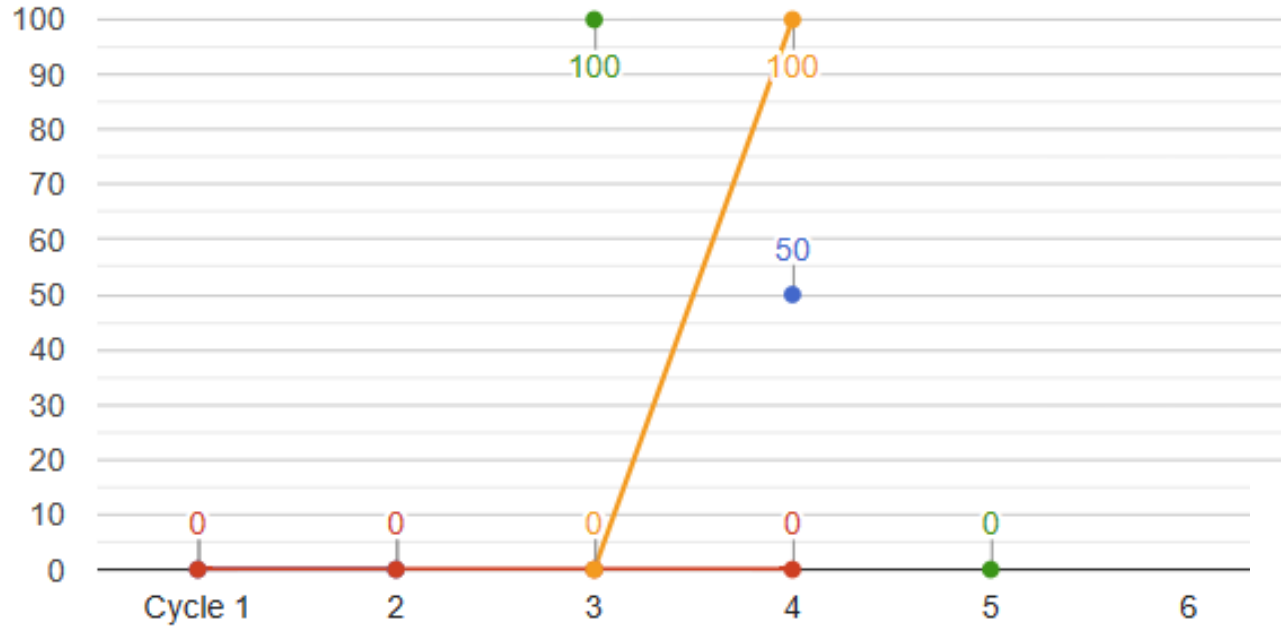
Cycle 1 (N = 5)  
 Cycle 2 (N = 0)  
 Cycle 3 (N = 4)  
 Cycle 4 (N = 6)  
 Cycle 5 (N = 0)  
 Cycle 6 (N = 0)

**University of Maryland Shore Medical Group-Pediatrics**

Cycle 1 (N = 0)  
 Cycle 2 (N = 1)  
 Cycle 3 (N = 1)  
 Cycle 4 (N = 0)  
 Cycle 5 (N = 1)  
 Cycle 6 (N = 0)



## Referral to Academic programming



### Greenspring Pediatric Associates

Cycle 1 (N = 1)  
 Cycle: 2 (N = 1)  
 Cycle: 3 (N = 0)  
 Cycle: 4 (N = 2)  
 Cycle: 5 (N = 0)  
 Cycle: 6 (N = 0)

### MENCHAVEZ Pediatrics

Cycle 1 (N = 2)  
 Cycle: 2 (N = 2)  
 Cycle: 3 (N = 1)  
 Cycle: 4 (N = 4)  
 Cycle: 5 (N = 0)  
 Cycle: 6 (N = 0)

### Sanchez Pediatrics

Cycle 1 (N = 0)  
 Cycle: 2 (N = 0)  
 Cycle: 3 (N = 1)  
 Cycle: 4 (N = 3)  
 Cycle: 5 (N = 0)  
 Cycle: 6 (N = 0)

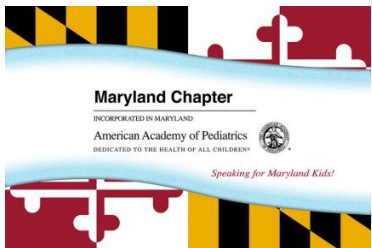
### University of Maryland Shore Medical Group-Pediatrics

Cycle 1 (N = 0)  
 Cycle: 2 (N = 0)  
 Cycle: 3 (N = 1)  
 Cycle: 4 (N = 0)  
 Cycle: 5 (N = 1)  
 Cycle: 6 (N = 0)





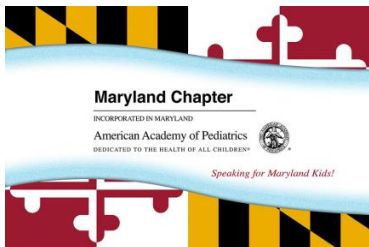
# QUESTIONS?



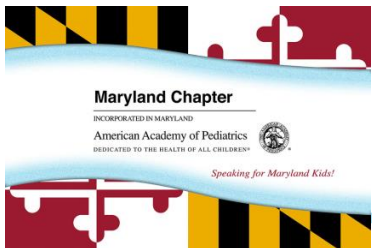
# CASE PRESENTATION

Paul Rogers, MD, FAAP

Rena Boss-Victoria, DrPH, MPH, MSRN, CNS



# QUESTIONS?



# FOLLOW UP AND NEXT STEPS

- You will receive a follow-up email from MDAAP with:
  - PPT slides from today and a recording of the session
  - Link to the post-session SurveyMonkey
- Next Steps:
  - Complete your PDSA form and return to [troy\\_a\\_jacobs@hotmail.com](mailto:troy_a_jacobs@hotmail.com) and [loretta@mdaap.org](mailto:loretta@mdaap.org)
  - Enter your data into QIDA
  - Complete your Case Presentation form and return to [michich23@hotmail.com](mailto:michich23@hotmail.com), [mdpaul5381@aol.com](mailto:mdpaul5381@aol.com), and [loretta@mdaap.org](mailto:loretta@mdaap.org)
  - Next – *and FINAL!* – webinar/Didactic & QI Session #8 on Wednesday, April 5, 2023, at 12-1p ET – Register at <https://us02web.zoom.us/meeting/register/tZlpcO2spz0sGdDar3-uP7boJAgWBse4HWwe>.



# THANKS FOR TAKING CARE OF OUR MARYLAND KIDS!

