

The Power of Partners: Teams in Action

MCHLeadToolkit.org has action-oriented resources and [tips for getting started](#) on plans to prevent lead poisoning for pregnant people, infants, children and families. The power of partnerships is highlighted throughout the toolkit. Below are some examples you'll find from the state teams that participated in the [Maternal and Child Environmental Health Collaborative Improvement and Innovation Network](#) (MCEH CoIIN):

- **[Families and Communities](#)**: If we want to make an impact on lead poisoning, we must partner with families and communities in all parts of our work. [Click here](#) to watch a video on the power of family partnership.
- **[Women, Infants, and Children \(WIC\) Clinics](#)**: The Louisiana team partnered with the Crescent City WIC clinic to increase lead testing of children ages 1 and 2. They shared information on childhood lead poisoning facts and trained WIC staff and parents who came to the clinic on ways to prevent childhood lead poisoning. The team worked with employees at the clinic to determine how and when testing will happen, by whom, and what resources were needed. They developed a detailed plan to test children, promoted "Lead Testing Days," and distributed lead poisoning prevention educational materials and awareness packets to parents at the clinic. They tested three times as many children as they originally hoped to test!
- **[Physicians/Healthcare Providers](#)**: Illinois partnered with Obstetrician-Gynecologists (OB/GYNs) to find ways to improve recommendations on when and how to test a pregnant person for lead and how to treat pregnant people that have lead poisoning. The team updated the recommendations, which included the Prenatal Lead Risk Questionnaire, and identified ways that they could improve provider education and training. The team also worked on educational materials and resources for maternal health providers, pregnant people, and families with young children.
- **[Provider Associations](#)**: The New Jersey team partnered with the New Jersey American Academy of Pediatrics chapter and Board of Medical Examiners to help increase the number of children that are tested for lead following the state's required testing rule. The New Jersey team provided educational materials and advice to 10,000 pediatricians in the state and reached out to pediatricians with low testing numbers. They also created a process to award the pediatricians that do the best jobs testing children for lead.
- **[Medicaid](#)**: The Missouri team partnered with their Medicaid program (MO HealthNet) on sharing data to measure how many children ages 1 and 2 had their blood lead level (BLL) tested. The team created a provider report card on BLL testing of children that are enrolled in MO HealthNet. They led many trainings and activities to provide education on how to prevent lead poisoning and to promote BLL testing by healthcare providers, including trainings for MO HealthNet employees.
- **[Head Start](#)**: The Pennsylvania team tested a new idea to increase BLL testing by fostering partnerships between Head Start centers and Federally Qualified Health Centers to complete on-site BLL testing. One of the centers the team partnered with increased their BLL testing by 28%!

- **Title V Maternal & Child Health (MCH) Block Grant Services Program:** Iowa's Title V MCH Program was a main partner on MCEH CoIIN team. Through the CoIIN work, the team showed there was a need to increase lead testing of children. A new Title V state performance measure (a specific measure to track progress on important MCH issues) was created to increase the percent of children ages 1 and 2 with a blood lead test. The lead testing guidelines are now included with the Iowa Title V MCH Program puts out requests for local agencies to provide maternal and child health services.
- **Home Visiting and Early Childhood Programs:** Mississippi established partnerships with early childhood providers including Baby Cafes, home visitors, WIC nutritionists, and family-serving organizations. They used their partnerships with home visitors to provide oral health materials and supplies to families of children with elevated blood lead levels during home visits.
- **State-Local Partnerships:** The Michigan team, whose members were from the state's lead poisoning prevention program, worked with local partners to put together a conference in Detroit focused on the dangers of lead and pregnant women and do in-person trainings for health care offices. They also worked together to create a questionnaire for providers to ask pregnant and nursing people questions about whether they may have breathed, swallowed, or touched lead to determine if lead testing is needed.
- **Care Coordination:** Children affected by lead poisoning may need different types of health, developmental, social, and community supports. Care coordination is a way to improve the care and supports that families receive by combining and connecting the different services needed by an individual and family. The Alabama team used their powers of partnership to provide Alabama's children who have been affected by lead with the most up-to-date and innovative care by connecting families to organizations and professionals who could help them with care coordination. Alabama updated their care coordination protocols (or rules) to refer children 37 to 48 months of age for Early Intervention/Child Find services, and partnered with a social worker to increase the number of lead-affected children connected to care coordination and case management services. The team's data showed that more children with unconfirmed high blood lead levels were being connected to care coordination. This led to an increased number of follow-up tests to confirm if blood lead levels were high.

Learn more successful strategies at www.MCHLeadToolkit.org