Connecting Children Across Pathways (CCAP)

Upstream Interventions to Improve Childhood Development

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Better Health Partnership: Who we are

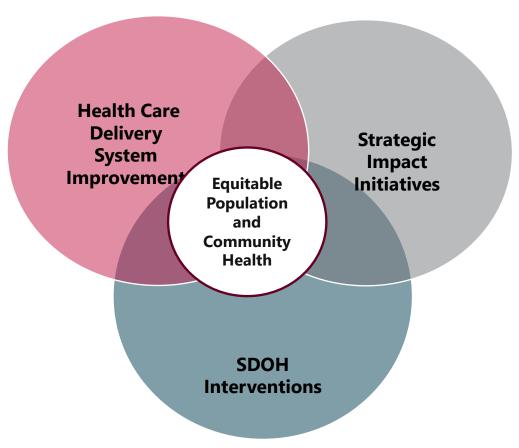
- Only non-profit, multi-stakeholder, regional health improvement collaborative in Northeast Ohio
- Members: Providers, Health Systems, Employers, Payers, Government, Consumers
- Bring health care providers and other stakeholders together to share best practices and accelerate data-informed improvements in equitable population and community health.



Key Approaches to Mission Achievement

Enabled by data-informed collaboration, quality improvement, and best practice sharing

18 participating health systems in NEO



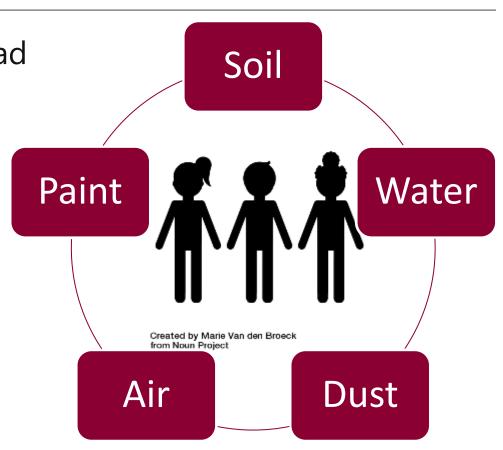
Cross-sector partners and initiatives

Pathways Community HUB
Clinic to Community Linkage UW 2-1-1

Lead Exposure

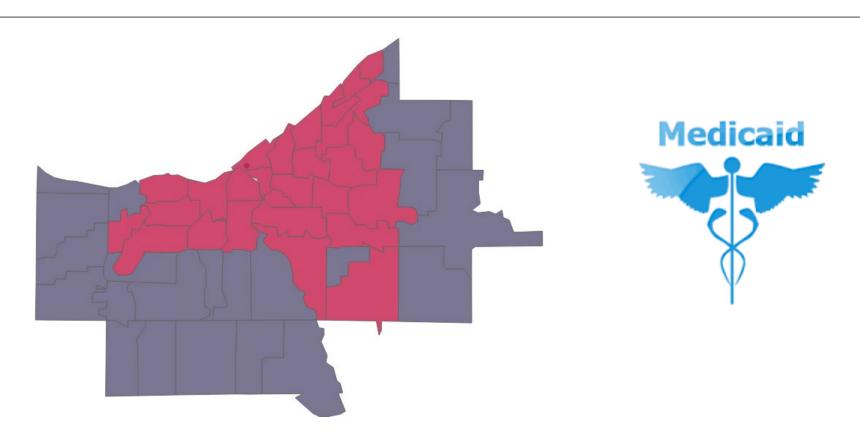
Even small amounts of lead exposure can cause:

- Lower IQ
- Decreased inhibition control
- Hearing and speech problems





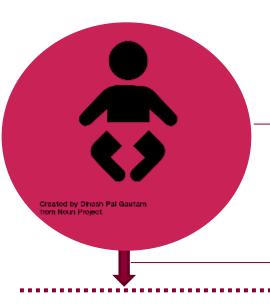
Mandated Lead Testing in Cuyahoga County



Children living in high-risk zip codes or on Medicaid are required to be tested at ages 1 & 2



An Exposed Child's Journey to Recovery



Support & Information



EBLL = Elevated Blood Lead Level ≥ 5 ug/dl

Transportation







Medical Home



Phlebotomist



Referral



Public Health Outreach



Follow-up

Primary care provider screens child at newborn well child visits for lead exposure risk and orders a lead test

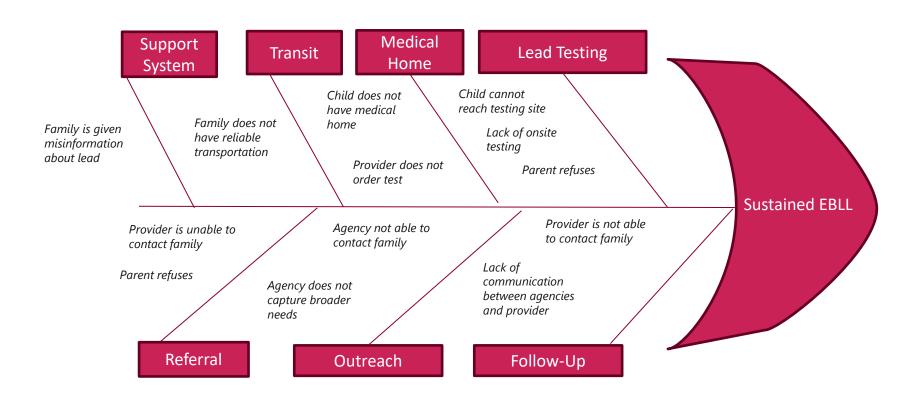
Child is promptly tested

Positive test is communicated to family and child is enrolled in intervention to remediate effects

Additional support arrives investigate source of exposure and test family

Blood lead level is monitored to ensure intervention works

Breakdown in the Lead Remediation System





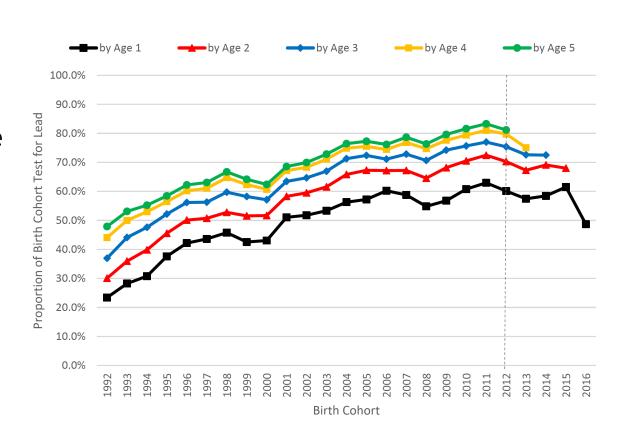
Evidence of a Flawed System

Lead Testing Rates by Age and Cohort, Cuyahoga County

50% not tested by age 1

65% not tested both at 1 & 2

20% not tested by Kindergarten





Source: Anthony et al 2019

Treatment & Prevention Consequences

A subset of exposed children never receive necessary interventions leading to long-term delays in cognitive, emotional, and behavioral development

Poor follow up

 Child not tested means hazard continues unabated – effecting siblings and future residents

Poor data

 Maps reflect testing – not necessarily risk



Connecting Children Across Pathways (CCAP)

Goal: Improve developmental trajectories of children in Cuyahoga County by

- connecting more children to lead testing
- connecting more children with EBLL to developmental services





Connecting Children Across Pathways (CCAP)

- 1. Collect lead metrics across county health systems and implement clinical QI
- 2. Enroll children in need of lead tests in the Pathways HUB. Connect those with EBLL to early intervention services
- 3. Identify other social needs. Refer to relevant services and provide support along the process to ensure completion









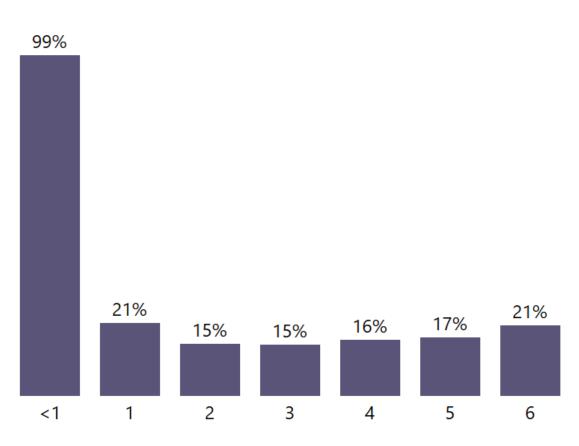




Preliminary Data: Do not quote or cite

Lead Orders

% of High-Risk Children Without Lead Orders



18% (n=2,987)
children 1-6 at high
risk for lead
exposure did not
have a lead order

A child at high-risk was 1.08x more likely to have received an order

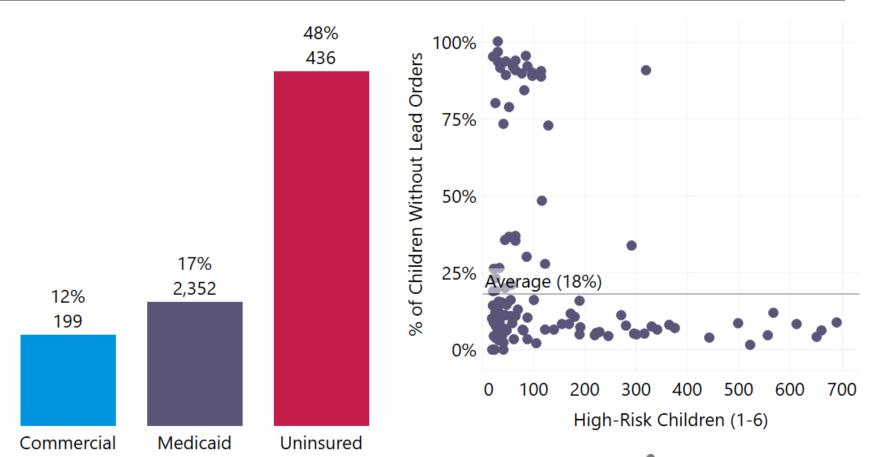
Better HealthPartnership

All data comes from July 1st 2019 – June 30th 2020

% of High-Risk Children Without Lead Orders

By Child's Insurance

By Provider

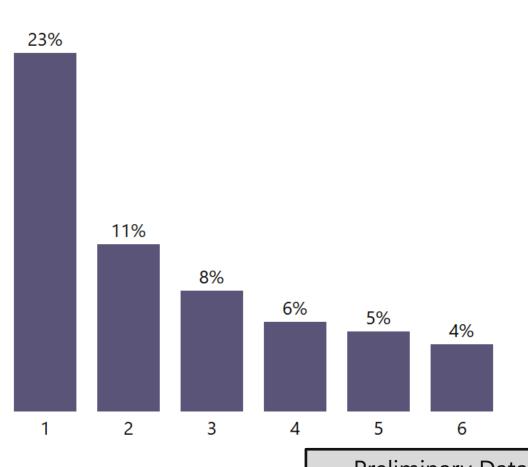


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Missing Lead Tests

% of Children With Order Missing Lead Test



11% (n=1,727) children 1-6 with a lead order have no lead test result

A child that is highrisk was 1.08x more likely to have received a test

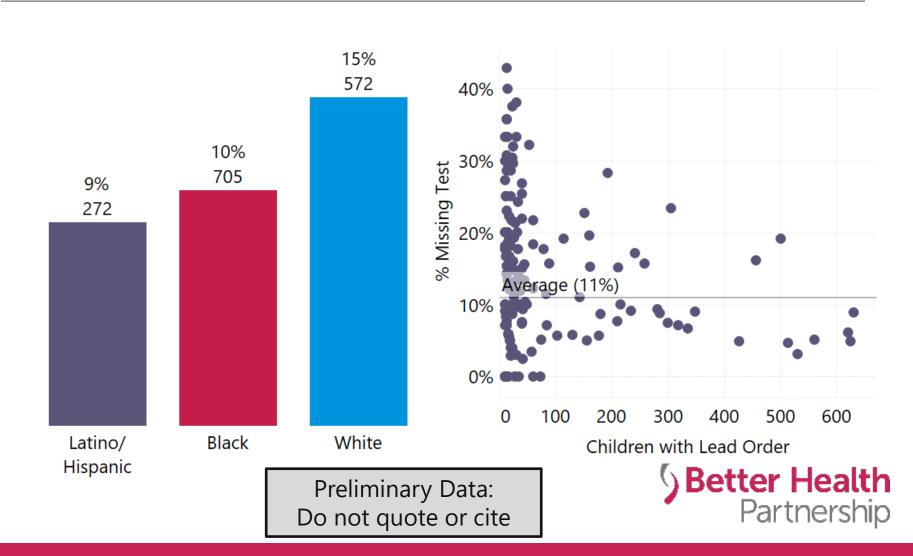
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% of Children with Orders Missing Lead Test

By Child's Race/Ethnicity

By Provider



% of Children Missing Lead Orders and Lead Tests by Provider



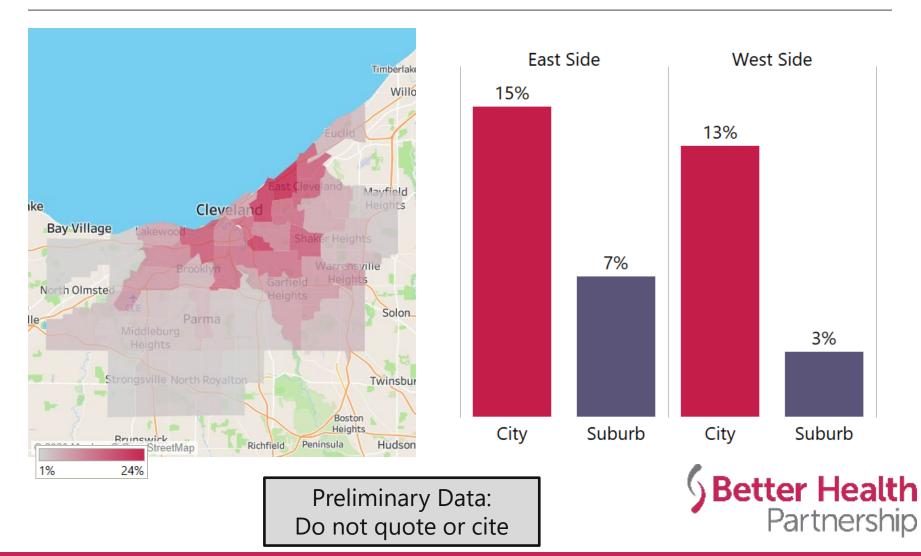
8 providers to the group average in lead ordering and testing would result in an additional 300 at-risk children getting lead tested

Preliminary Data: Do not quote or cite



% of Children (1-6) Tested and Elevated Blood Lead Level

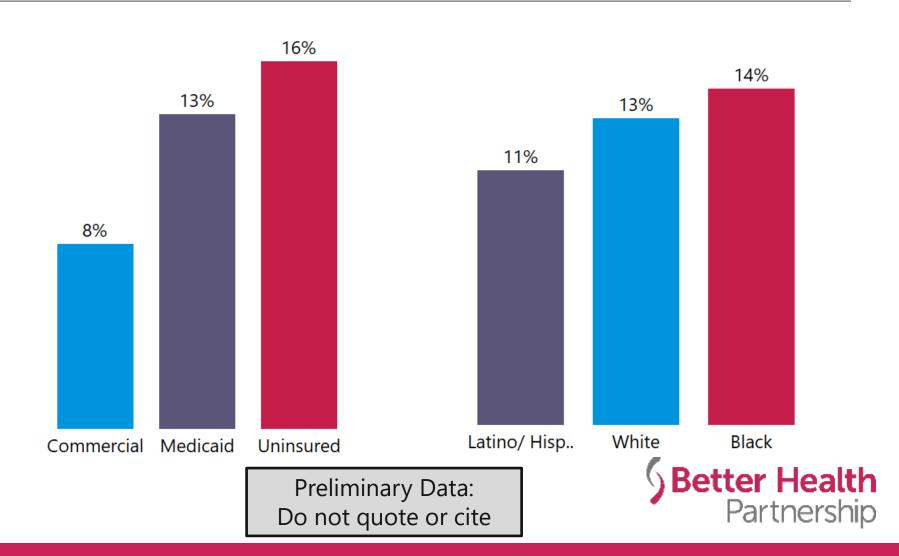
By Zip and Cuyahoga County Region



% of Children (1-6) Tested and Elevated Blood Lead Level

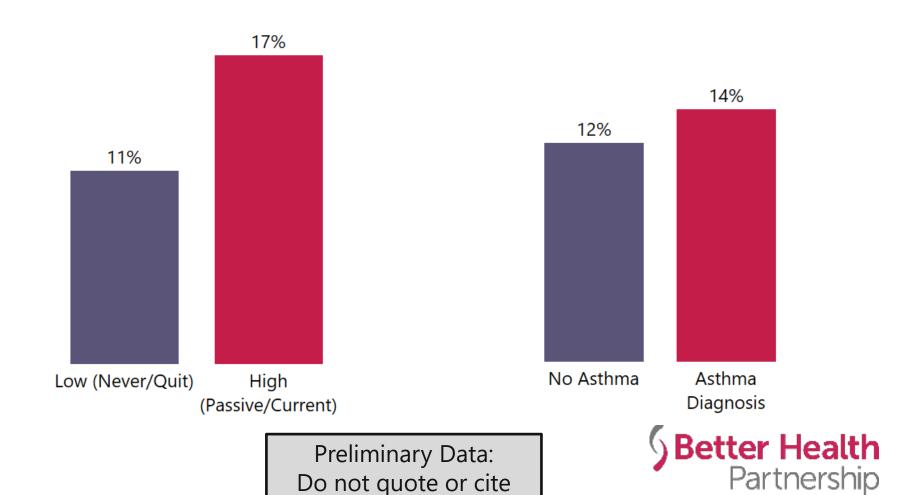
By Child's Insurance

By Child's Race/Ethnicity



% of Children (1-6) Tested and **Elevated Blood Lead Level**

By Child's Tobacco Exposure By Child's Asthma Diagnosis



At-Risk Communities

% of At-Risk Children (1-6) with no Documented Lead Test

Estimated Number of Children untested with **EBLL**

Central	42%
Edgewater	35%
Kirtland-Goodrich	35%
Tremont	34%
Detroit-Shoreway	34%
West Park	33%
Ohio City	31%
Stockyards	31%
East Cleveland	31%
Westown	30%
Hough	30%

West Park	65 45 39
Westown	39
Broadway - Slavic Village	33
Clark-Fulton	28
Stockyards	27
Central	26
Old Brooklyn	26
Cudell	25
Detroit-Shoreway	25

488 children (1-6) in Cuyahoga County have: (a) had a doctor's visit to our reported systems in last 12 months, (b) have never had a lead test, and (c) are estimated to have EBLL

How might community health workers help increase testing rates and referrals to early intervention?

Better Health Pathways Community HUB



Healthcare providers and others



Once enrolled, clients complete a comprehensive assessment to identify health and social services needs.



CHW works with supervisor to create a care plan based on the assessment using the HUB's online system that connects each need to a pathway. These plans address health, social, and behavioral risk factors.



CHWs regularly meet with their clients to check in on the progress.



HUB staff review data and information to ensure clients receive a high-quality experience and reduce duplication of services.



The organizations who employ CHWs are paid by Medicaid managed care plans and other funding partners for successful completion of pathways via the HUB.



20 Evidence-Based Pathways

Adult education

Behavioral health referral

Developmental referral

Developmental screening

Education

Employment

Family planning

Health Insurance

Housing

Immunization referral

Immunization screening

Lead screening

Medical home

Medical referral

Medication assessment

Medication Management

Postpartum

Pregnancy

Social service referral

Tobacco cessation



Train

- Provide 2 session specialized training to CHWs on lead, its effects, and resources in the community
- Partner with Lead Resource Center

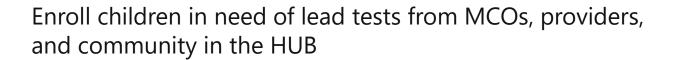






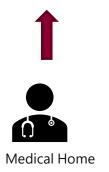


Enroll



- Create workflow establishing linkage between MCO/PCPs, community, and HUB
- Successfully locate and enroll families with missing lead tests

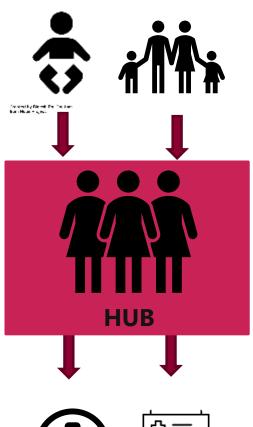








Support and Refer



Identify other social needs of child, child's parents, and other children in residence. Refer to relevant services and provides support to ensure connection to resources.

- Create workflows between HUB and county services (e.g. Bright Beginnings) for those with EBLL
- Identify other social issues among child's family.





Agencies



Short-Term Impact (2021)

Short-term (2021)

- Establishment of process to support lead testing system through the HUB
 - Improved testing among pilot sample
- Establishment of process to connect children with EBLL to relevant mitigation and support services through the HUB
 - Improved referrals among pilot sample
- Better understanding of risk factors surrounding lead exposure
 - Maps and analysis made available to public



Long-Term Impact (2022 and Beyond)

Medium-Term

- More data-informed prevention efforts
- More exposed kids get connected to services
- Better identification of holistic needs facing families with EBLL child

Long-Term

- Reduced impact of lead exposure
- Reduced lead exposure in community
- Greater childhood development in community





Collaborating for a healthy community

www.betterhealthpartnership.org