

"A Full Picture Of Lead Case Management Efforts In Los Angeles County"



Maternal, Child & Adolescent Health Programs
 Childhood Lead Poisoning Prevention Program (CLPPP)
 Established in 1991

Objectives

At the end of this presentation, the participant will be able to:

- State "case" definition.
- State the two leading sources of lead exposure in Los Angeles County.
- List three commonly reported signs & symptoms.
- List three core public health nursing interventions.

Vision Statement

Healthy Lead-Free Environments
 for Children

**Healthy People 2020:
 Environmental Health**

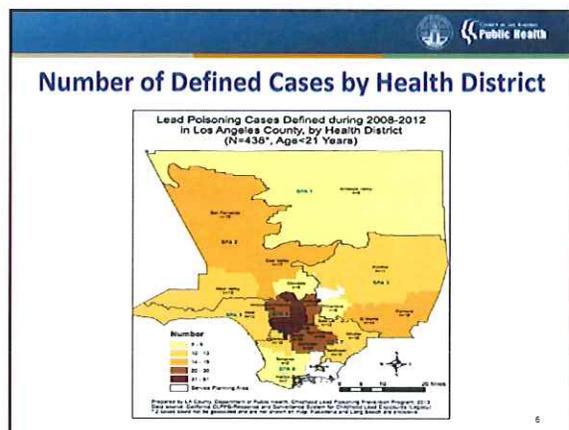
Baseline:	1.5 µg/dL average blood lead level in children aged 1 to 5 years in 2005–08
Target:	1.4 µg/dL average blood lead level in children aged 1 to 5 years
Target-Setting Method:	10 percent improvement
Data Source:	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS
More Information:	Data from the HHS Health Indicators Warehouse

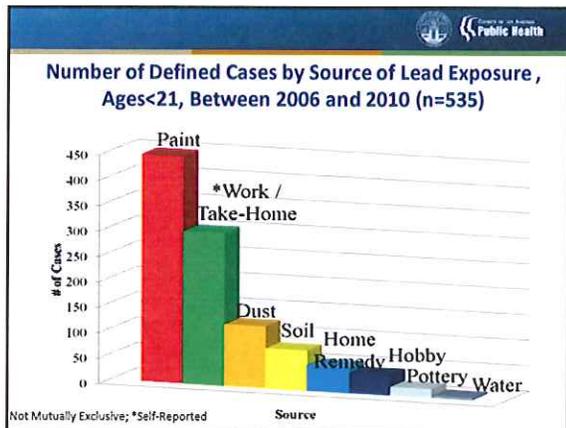
Case Definition

- One venous blood lead level (BLL) greater than or equal to 20 micrograms(mcg)/dL

OR

- Two BLLs greater than or equal to 15 mcg/dL drawn at least 30 days and no more than 600 calendar days apart. The first specimen may be a capillary specimen.





Commonly Reported Signs and Symptoms

Client may exhibit signs and symptoms such as:

- Nausea, Vomiting
- Abdominal pain
- Loss of appetite
- Weight loss
- Anemia
- Headache and fever
- Insomnia
- Irritability
- Hyperactivity
- Short attention span

Adverse Effects of Lead Poisoning

- Behavior problems (i.e. school drop outs)
- Low sperm count in male adults
- Miscarriages
- Developmental delays
- Muscle weakness
- Lethargy
- Seizures
- Encephalopathy or death
- Low IQ scores
- Learning disabilities
- Hyperactivity
- Hearing and speech impediment
- Interferes with bone formation and maturation
- Hypertension
- Decrease in visual acuity

Nervous System

The Public Health Nurse (PHN) Team

PHN Core Interventions

- Case Management
- Collaboration and Coordination
- Provider Outreach
- Disease Investigation & Case Finding
- Health Teaching & Follow-up
- Surveillance

Major Goals of Case Management

- Identify sources of lead exposure
- Interrupt the pathways of lead exposure
- Ensure a reduction in elevated blood lead levels
- Reduce the effects of lead exposure
- Increase public awareness of lead exposure and lead hazards



Collaboration and Coordination



- Contact the laboratory and the doctor
- Provide information and guidance on case management services
- Refer case for Environmental Health (EH) investigation
- Collaborate with the EH Inspector and primary care provider (PCP) on findings



Disease Investigation



- Conduct a home visit and risk assessment
- Interview the family and gather case information
- Assess patient's health and nutritional status
- Identify household members at-risk
- Make referrals for health services and resources



Health Teaching, Referral, and Follow-up

- Educate the family on facts, ideas and skills that will increase knowledge and change behavior
- Assist families to identify and access necessary resources





Surveillance

- Conduct ongoing collection of geographical and patient health information through PHN interview, assessment and documentation
- Share the data, develop laws, policies and power structure that will positively impact childhood lead poisoning prevention





Outreach

- Review blood lead screening requirements, retesting schedules, and medical guidelines with the primary care provider (PCP)
- Inform the PCP of the available trainings and lead awareness materials
- Provide technical support as needed
- Participate in community outreach





Case Closure Definition

Two consecutive venous blood lead levels equal to or less than 5 mcg/dL drawn six months or 180 calendar days apart.

Reference: Matrix Management Guidelines for Children by Blood Lead Level (ELL)



Website Information

- California Department of Public Health (2007). *Childhood Lead Poisoning Prevention Program*. Retrieved December 21, 2011 from <http://www.cdph.ca.gov/programs/CLPPB/Pages/healthinfo-CLPPB.aspx>
- California Department of Public Health (2007). *Frequent asked questions*. Retrieved December 21, 2011 from <http://www.cdph.ca.gov/programs/CLPPB/Pages/FAQ-CLPPB.aspx>
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- Healthy People 2020 (2012). *Environmental health*. Retrieved December 24, 2012 from <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=12>
- LA County Department of Public Health - LEAD (2009). *Childhood Lead Poisoning Prevention Program*. Retrieved December 21, 2011 from <http://publichealth.lacounty.gov/lead/index.htm>



Childhood Lead Poisoning Prevention Program Contact Telephone Numbers

Program General Office
(800) LA-4LEAD
or
(800)524-5323

Nursing Case Management Unit
(323)869-7195



BINGO

- One venous BLL greater than or equal to 20 mcg/dL is called what?
- What is the # 1 source of lead exposure in LA county?
- True or False, work/take-home is a source of lead exposure?
- Which is NOT a commonly reported sign & symptom of lead poisoning: nausea, vomiting, weight gain, or irritability?
- Which health district has the highest case count?
- Interrupting the pathways of lead exposure is a major goal of which PHN intervention?
- Contacting the laboratory and the doctor to confirm the blood lead level results is an example of which PHN intervention?



BINGO

- One venous BLL greater than or equal to 20 mcg/dL is called what? **Case Definition**
- What is the # 1 source of lead exposure in LA county? **Paint**
- True or False, work/take-home is a source of lead exposure? **True**
- Which is NOT a commonly reported sign & symptom of lead poisoning: nausea, vomiting, weight gain, or irritability? **Weight gain**
- Which health district has the highest case count? **SPA 6**
- Interrupting the pathways of lead exposure is a major goal of which PHN intervention? **Case Management**
- Contacting the laboratory and the doctor to confirm the blood lead level results is an example of which PHN intervention? **Collaboration & Coordination**