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Objectives:

- Discuss where and how lead exposure occurs and explain why children are most vulnerable to lead exposure
- Explore the impact of lead exposure and the long-term impact on children
- Explain the role local health department plays in improving outcomes for children who have been lead exposed
- Discuss current lead poisoning prevention and Healthy homes resources





Imported Products

- Pottery
- Candies
- Makeup
- Spices
- Alternative medicines









How does Lead exposure impact children?

Lead can cause:

- Lowered IQ
- Learning problems
- Behavior problems
- Difficulty paying attention
- Impaired speech and language processing
- Poor performance in school
- Long-term adult health issues





Lead can damage a child's brain development.

How to prevent lead exposure?



REQUEST A BLOOD LEAD TEST FROM MEDICAL PROVIDER, TO CHECK FOR LEAD EXPOSURE



WASH HANDS PROPERLY



DUST WITH A WET
CLOTH, A DRY CLOTH
WILL SPREAD DUST
AROUND



EAT A BALANCED DIET
WITH NUTRITIOUS
FOODS



HAVE HOME
INSPECTED FOR HOME
LEAD HAZARDS AND
HAVE THEM FIXED

High Risk Zip Code Expansion



Pediatric Lead Poisoning High-Risk ZIP Code Areas

The ** indicate that any ZIP code within a county with the preceding numbers are considered high risk

- Revised Cook County zip codes
- Previously 13 Municipalities
- Currently over 50 municipalities

Cook
606**
60018
60022
60043
60053
60076
60077
60091
60093
60104
60130
60131
60153
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60162
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60195
602**
603**

602** 603**

60546
60701
60706
60707
60712
60714
60803
60804
60805
60827

IDPH - Revised April 2023

1. Former high-risk ZIP Codes remained high risk (666); 2. Low to high-risk ZIP codes based on model Risk Index Score ≥15 (228); 3. Low to high-risk ZIP codes based on lead prevalence ≥7.5 at Risk Index Score <15 for ≥5 children tested with lead level ≥3.5 μg/dL% (118); 4. P.O. Box in the middle of high-risk areas (19)

Healthy Homes Program Expansion

Cook County Lead Hazard Reduction and Healthy Homes for Healthy Families Programs



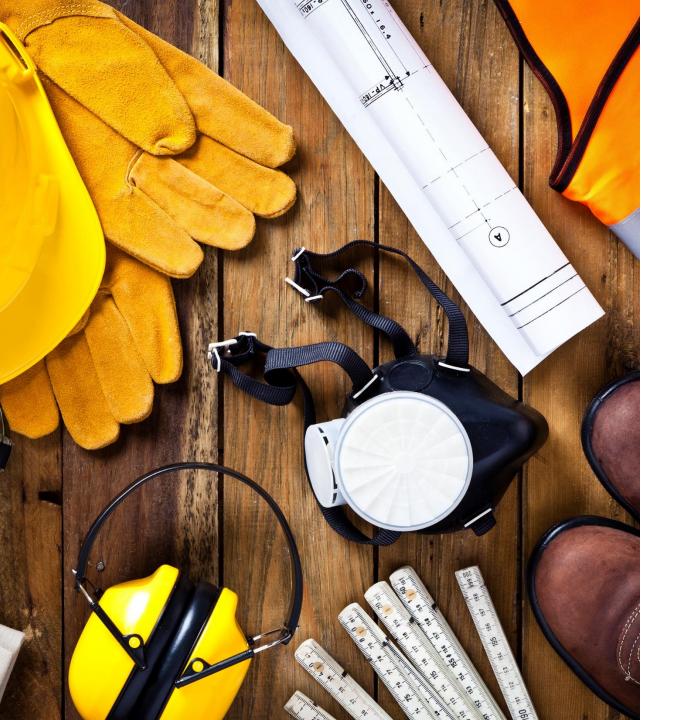
PROGRAM BENEFITS

- Inspection and repair of any lead paint hazards
- Healthy Homes, Water, and Energy Assessment and repairs through our partners, Elevate and Urban Efficiency
- Fix health hazards such as mold, pests, unsafe electrical, radon, structural repairs, or the need for weatherization.
- All assessments, updates, and repairs will be at no cost to homeowners.

PROGRAM ELIGIBILITY

- Own or rent a single-family home or a 2–4-unit multi-family building
- Home must be in suburban Cook County
- . Home must be built before 1978
- · A child under the age of six must live in, or frequently visit, the home
- Meet income eligibility requirements, for example a family of four must have an income below \$125,040 a year to be eligible. Full income eligibility requirements can be found at our website or through our QR code below.

For inquiries, contact Vanessa Mendoza at 312-515-0366 or vanessa.mendoza@cookcountyhealth.org



Lead Grant Program provides:

- FREE home lead-based paint inspection (interior and exterior)
- FREE repairs provided to reduce or remove lead hazards
- Lead hazard repairs completed by licensed contractors
- FREE energy efficient home improvements
- Grant Application Assistance

Program Eligibility

Renter or Homeowner

Pregnant woman or child under the age of 6 years old

Lives in home or visits regularly

Resident of Suburban Cook County

Home built before 1978

Must income qualify







How can you help?

- Share flyer with clients and encourage families to apply
- Highlight the benefits this program protects children and can improve and increase value of their home
- Be a trusted community partner
- Provide CCDPH contact information www.leadfreecookcounty.com

Questions?

Contact:
Diamond S. Ross
dsross@cookcountyhhs.org

Application Assistance: 312-515-0366

www.leadfreecookcounty.com





Chicago Dept of Public Health Lead Poisoning Prevention & Healthy Homes Program

9/20/2023

Michele Reed, Public Health Administrator II



Learning Objectives

- City of Chicago Guidance
- Overview of CDPH Lead Program Services
 - Case Management Services
 - Environmental Home Inspection
 - Enforcement
 - CDPH Lead Inspection Process*
 - Healthy Homes
 - Grants Assistance
 - Community Engagement
- Resources



City of Chicago Lead Testing Guidance

- Every child living in Chicago should be tested for lead through their healthcare provider's office.
- Children should be tested at 12, 24, and 36 months of age.
- Children between 3 and 6 years of age may also need to be tested. Additionally, children need to have proof of lead testing upon enrollment in daycare and kindergarten documented via a Certificate of Child Examination (This is also a statewide requirement)



Overview of CDPH Lead Program Services

- Case Management Services
- Environmental Home Inspection
- Enforcement
- Healthy Homes
- Grants Assistance
- Community Engagement



Case Management Services

- Case Coordination & Care
- Nursing assessment
- Physical assessment & general appearances
- Nutrition Assessment & Counseling
- Refer to WIC, Social Services, Child Find and Early Intervention, DCFS
- Environmental Visual Assessment



Enforcement

- Enforcement
 - If a lead hazard is found, the hazard must be abated or remediated. The landlord or homeowners is responsible according to City of Chicago ordinance.
 - Landlords and/or homeowners are taken to court, if they do not take proper action.





CDPH Lead Inspection Process

LEAD ENVIRONMENTAL INSPECTION PROCESS



YOUR CHILD'S TESTS **RESULTS REVEAL ELEVATED BLOOD LEAD LEVELS**



Case management nurse asks the Lead Inspector to do a lead inspection of the child's home to determine if the home is the source of lead poisoning



If lead is found in the home then the inspector notifies the property owner and child's family member that lead has been found



Inspector also notifies the property owner about grant program



Inspector does a final Inspector works with inspection of property to determine if the the contractor to approve hazard has been removed or abated. the workplan property is then in compliance.





Inspector notifies the

homeowner that the

owner must have the

abated using a state

licensed contractor

home or property

home mediated or





Inspector

takes readings

of the home

environment















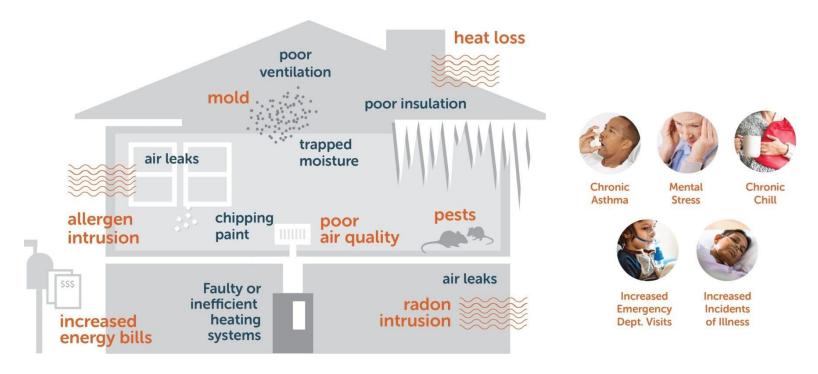






Healthy Homes

"Healthy Homes" is a century-old concept that promotes safe, decent, and sanitary housing as a means for preventing disease and injury" (HUD.gov)





8 Principles of Healthy Homes

The Eight Principles of a Healthy Home

HUD's Office of Lead Hazard Control and Healthy Homes defines Eight Principles of a Healthy Home.

Keep it dry:

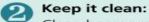
Damp homes provide an environment for dust mites, roaches, rodents and molds. All of these can cause or worsen asthma. In addition, moisture can damage the building materials in your home.





Keep it contaminant-free: Levels of contaminants such as lead, radon, carbon monoxide, asbestos, secondhand smoke, and other chemicals are often much higher indoors.



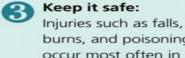


Clean homes reduce pest infestation and exposures to contaminants.



Keep it well maintained:

Poorly maintained homes are at risk for moisture. pest problems, and injury hazards. Deteriorated lead-based paint is the primary cause of children being harmed by lead.



burns, and poisonings occur most often in the home, especially with children and seniors.



Keep it temperature controlled:

> Homes that do not have balanced and consistent temperatures may place your family at increased risk from exposure to extreme heat, or humidity.



Having a good fresh air supply to your home is important to reduce exposure to indoor air pollutants and to increase respiratory health.





Healthy Homes Rating System Risk Analysis based on 29 hazards

Physiological	Psychological	Infection	Safety
Dampness & Mold Growth Excess Cold	Crowding and Space Entry by Intruders Lighting Noise	Domestic Hygiene etc. Food Safety Personal Hygiene Water Supply	Falls in baths etc. Falls on the level Falls on stairs etc. Falls from windows etc. Electrical hazards Fire hazards Hot surfaces etc. Collision/Entrapment Ergonomics Explosions Structural collapse



Grants Assistance

Available Funding for LPPHHP					
Name of Fund	LHRP Grant - Lead	LHRP Grant – Healthy Homes Supplemental	CRP Bond Funds		
Funding Source	HUD	HUD	City of Chicago		
Eligibility Requirements					
Target Population	Households with pregnant people and children under 6 at or below 80% AMI	The state of the s	Households with pregnant people and children under 6 at or below 140% AMI		
Hazard Type	Confirmed lead hazard present in home	Confirmed lead and HUD- defined home health hazard present in home	Eligibility requirements - CRP bond funds Confirmed lead, or any of the 29 home health hazards defined by HUD present in home		



Community Engagement





CDPH Lead Poisoning Prevention & Healthy Homes Program (LPPHHP)

- CDPH Lead Hotline Number 312-747-5323
- 311 (Must be located inside of the City of Chicago)
- cityofchicago.org/lead
- chicagohan.org/lead
 Healthcare Providers



Program Contact Information CDPH Lead Poisoning Prevention & Healthy Homes Program (LPPHHP)

Michele Reed 312-746-4184 michele.reed@cityofchicago.org



Lead Poisoning Prevention & Healthy Homes Program (LPPHHP) Hotline – 312-747-LEAD (5323) cityofchicago.org/lead chicagohan.org/lead



Chicago.gov/Health



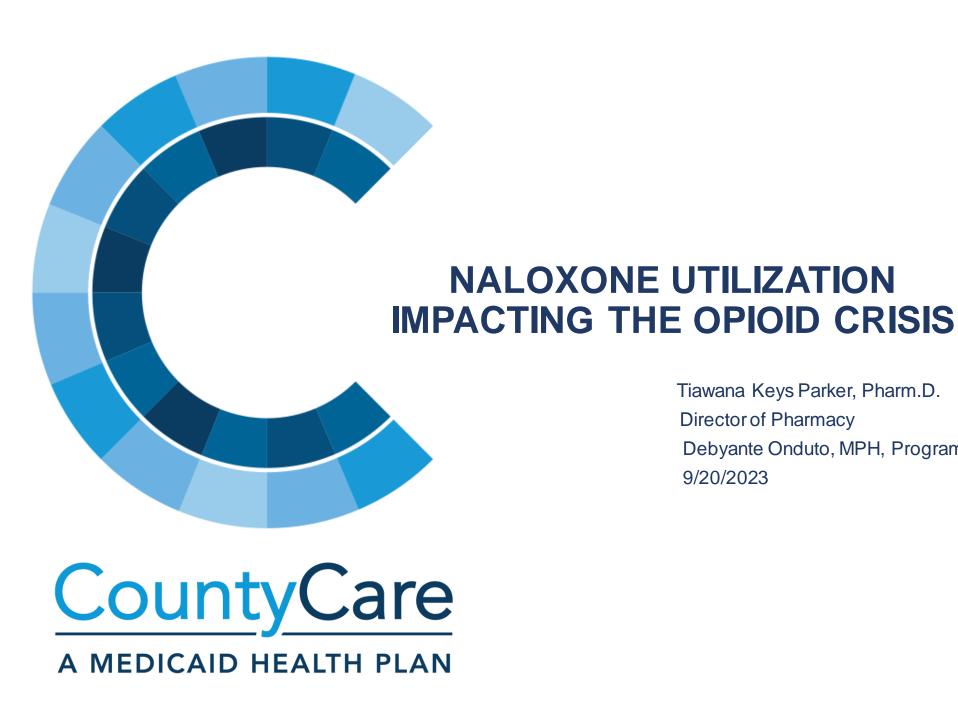
HealthyChicago@cityofchicago.org



@ChicagoPublicHealth



@ChiPublicHealth



Tiawana Keys Parker, Pharm.D. Director of Pharmacy Debyante Onduto, MPH, Program Coordinator 9/20/2023

The Opioid Crisis

In the United States

• Drug overdose claims the lives of tens of thousands of people each year

Within Illinois

- In 2021, there were 3,013 fatalities due to opioid overdose in Illinois (IDPH, 2021 Data).
- This represents a 2.3% increase from 2020 and a 35.8% increase from 2019

Within Chicago Metropolitan Area

- Ranks first nationwide in emergency department mentions for heroin use
- There were more than 1,400 fatal opioid overdoses in Chicago in 2021 (CDPH, 2021 Data)
- 2021 marked the highest number of fatal overdoses recorded in the City [3X those recorded in 2015].
- More than 85% of these local deaths involved fentanyl.

Racial Disparities

• Non- Hispanic Blacks are disproportionally affected by opioids.



What Can We Do?

►Increase Awareness & Education

- Inform & Educate Patients/Plan Members, Providers, & CountyCare Staff
 - Provider/Member/Staff Newsletters
 - Care Manager Seminars
 - POS Messages

►Increase Monitoring

- DUR Programs
- Recipient Restriction Program [Lock-In]
- Medication Therapy Management [MTM]

➢ Increase Access & Utilization of Narcan

• Effective January 1, 2023: Under Senate Bill 2535, **pharmacists and those who prescribe opioids** are required to inform patients of the addictive nature of the drugs and that the patient has the option to receive an opioid antagonist if they wish.



Increase Naloxone Access & Utilization



Naloxone Utilization

In the United States

• Only 1 naloxone prescription is dispensed for every 70 high-dose opioid prescriptions

Within Illinois

- Some overdose patients are prescribed naloxone in the emergency department (ED), many do not fill those prescriptions due to <u>financial inability or other barriers</u>. (Illinois Public Health Institute, 2021)
- Fewer than one in five individuals who were provided a prescription for naloxone in the ED filled that prescription.

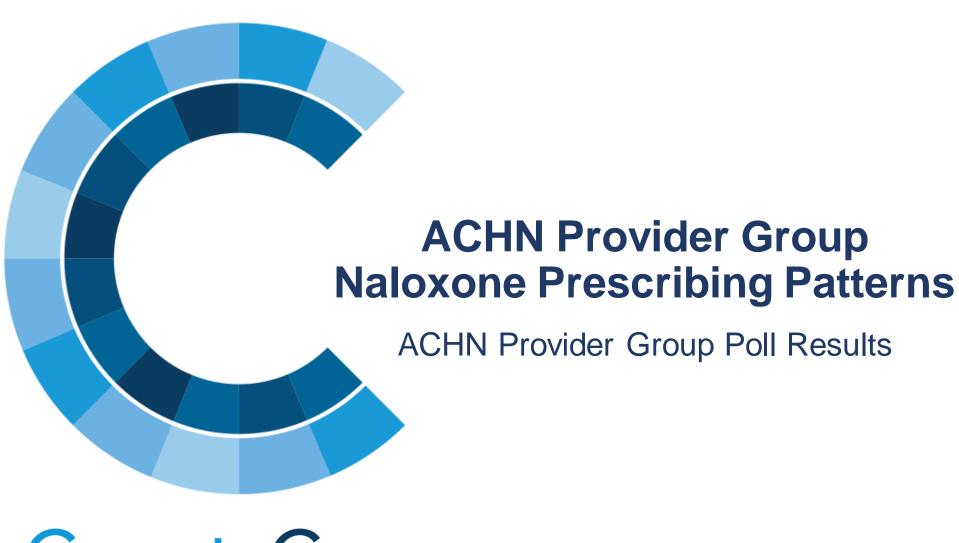
CountyCare Naloxone Utilization Focus

- Number of members receiving opioids
- Members receiving opioids + naloxone
- Prescriber patterns for naloxone
- SUD utilization

Naloxone Dispensing

• Pharmacies/pharmacists shall report naloxone dispensing to the Illinois Prescription Monitoring Program at https://www.ilpmp.org/.







Naloxone Presentation Summary

- Date: June 26, 2023
- Provider group: ACHN (Ambulatory Providers)
- Number of Participants: 36



Poll Questions (1/2)

I. What percentage of patients do you prescribe Naloxone?

(Greater than 30%, 10% to 29%, 3% to 9%, Less than 3%, None)

2. How do you go about patient selection?

(a. Utilize current prescribing guidelines, b.All persons who receive an opioid, c. Only persons with known history of opioid overdose, d. Only if patient/family requests, e. Only known illicit drug utilizers (i.e heroin))

3. What barriers have you identified with prescribing naloxone?

(a. Patient factors (family refusal /disinterest, stigma of OUD, b. No time for assessment during visit, c. Cost of Naloxone or accessibility issues, d. Provider not familiar with how or when to prescribe Naloxone, e. Provider beliefs)



Poll Questions (2/2)

4. Does your practice have standing orders specifically for Naloxone or incorporated in other standing orders?

(a. Yes, my practice has standing orders, b. No, my practice does not have standing orders, c. Naloxone is incorporated into other standing orders (pain orders, post procedure orders, etc.), d. I utilize Illinois standing order)

5. Does your practice utilize the Illinois Naloxone Standing order?

(a. yes, b. no)



Summary of Poll Responses

- 30% of all respondents prescribe Naloxone to greater than 30% of all patients. (n=10) 40% of all respondents prescribe Naloxone to all patients who receive an opioid (n=10)
- 40% of all respondents indicated that they select all persons who receive an opioid for prescribing naloxone (n=10)
- 40% of all respondents identified Patient Factors (Family refusal/disinterest, stigma of OUD as a barrier to prescribing Naloxone (n=5)
- 67% of all respondents indicated that their practice has standing orders specifically for Naloxone/incorporated in other standing orders (n=3)
- 67% of all respondents indicated that their practice utilized the Illinois Naloxone Standing Order (n=3)



Naloxone Prescribing Guidelines

Patients should be considered for naloxone:

- **Patients prescribed opioids who:**
 - Are receiving opioids at a dosage of 50 morphine milligram equivalents (MME)/day or greater
 - Have respiratory conditions such as chronic obstructive pulmonary disease (COPD) or obstructive sleep apnea (regardless of opioid dose)
 - Are concurrently taking prescribed or illicit benzodiazepines (regardless of opioid dose)
 - Have nonopioid substance use disorder, report excessive alcohol use, or have a mental health disorder (regardless of opioid dose)
- ➤ Patients at high risk for experiencing or responding to an opioid overdose, including those who:
 - Have experienced a previous opioid overdose
 - Are using heroin, illicit synthetic opioids or misusing prescription opioids
 - Are using other illicit drugs such as stimulants, including methamphetamine and cocaine, which potentially could be contaminated with illicit synthetic opioids such as fentanyl

How to Recognize Persons at Risk for Overdose (Potential Candidate for Naloxone)

Review medical history:

- History of opioid addiction or other substance use disorder
- Recent discharge from opioid detox or abstinence program

Review medication profile:

- Presence of an opioid
- Concurrent use of a benzodiazepine
- Utilizing methadone
- Receiving prescriptions from multiple pharmacies and prescribers

Review social history:

Presence of alcohol use + opioids

Other:

- Recent incarceration
- Co-morbid Mental Illness



CountyCare Formulary

Narcotic Antagonists		
nalmefene injection solution 1 mg/ml	GENERIC	
naloxone injection solution 0.4 mg/ml	GENERIC	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	GENERIC	
naloxone nasal spray, non-aerosol 4 mg/actuation	GENERIC	
naltrexone oral tablet 50 mg	GENERIC	
NARCAN NASAL SPRAY, NONAEROSOL 4 MG/ACTUATION(naloxone)	BRAND	
KLOXXADO NASAL SPRAY,NON - AEROSOL 8 MG/ACTUATION	BRAND	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	BRAND	QL (2 ML per 30 days)



FDA APPROVES: OTC Naloxone Nasal Spray

OTC Naloxone Nasal Spray	
Approval Date	March 29, 2023
Newly Approved Item	Narcan, 4 milligram (mg) naloxone hydrochloride nasal spray for over-the-counter (OTC)
Data Review	Consumers can understand how to use the drug safely and effectively without the supervision of a healthcare professional
Availability of OTC	Available on some Pharmacy Shelves [as of 9/2023] Behind the Pharmacy Counter Location



Naloxone Utilization: Pharmacy NEXT STEPS

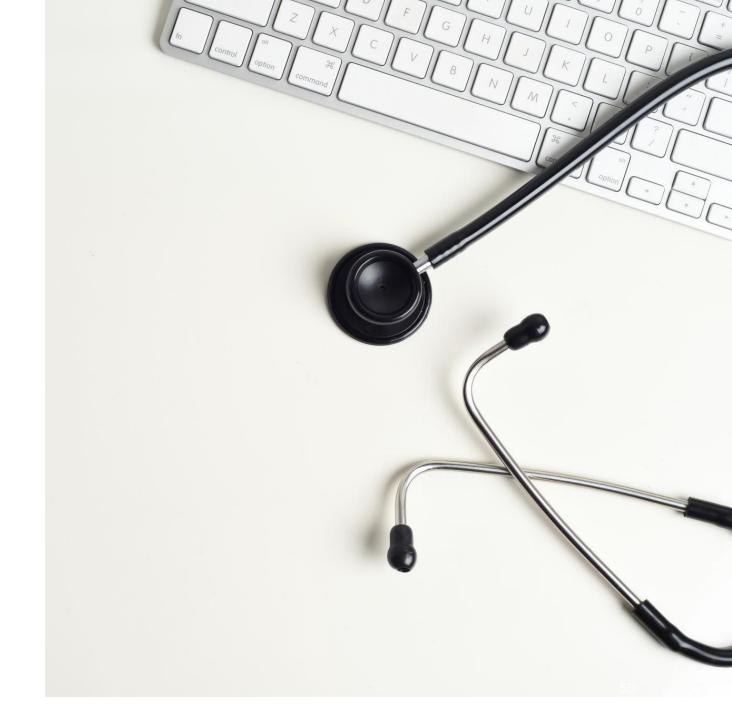
DEVELOP	DEVELOP ACTION ITEMS related to POLL RESULTS
ANALYZE	ANALYZE PRESCRIBING DATA for the 3rd QUARTER 2023
IDENTIFY	IDENTIFY OPPORTUNITIES To Improve Prescriber & Member Utilization
MONITOR	MONITOR PRESCRIBING & MEMBER UTILIZATION PATTERNS
ADJUST	ADJUST EDUCATION STRATEGIES BASED ON RESULTS



QUESTIONS ??

Opioid & Naloxone Prescribing Resources

 The 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain (2022 Clinical Practice Guideline)





Announcements

- Next webinar is October 18th, 2023!
- CountyCare Spotlight
- Slides posted on CountyCare Care Coordination Webpage:
 - http://www.countycare.com/carecoordination
- Have feedback? Please share.
 - https://redcap.link/23k1fzzb

Please email questions/concerns: <u>raphael.daniels@cookcountyhealth.org</u>





Thank You!