



Lead Poisoning Prevention Network Logic Model

Planned Work			Results		
Needs	Inputs	Activities	Immediate Outputs	Long-Term Outcomes	Impacts
Informed parents	Parent education handout Healthy Lead-Free Me Board Books	Locate VDH parent interviews with identified barriers to testing Propose intern projects: <ol style="list-style-type: none"> 1. Support intern in creating handout/personalized by town. <i>Ensure</i> they're being given to parents and include a "then what?" and dissemination plan 2. Communicate what to do with a positive result Other methods of storytelling Distribute Healthy Lead-Free Me Board Books Implement in bistate clinics and share widely elsewhere (i.e. listserv, Parent Child Center, daycare, Vital Communities, ECEA)	Handout that is persuasive with local data, informed by known barriers and concerns with lead testing Board Books are circulating in the community in homes and in a variety of settings where young families congregate (e.g. – libraries, provider waiting rooms, childcare centers)	Parents making informed decisions	Improved testing rates
Accurate registry	Streamlined communication between labs (whether point-of-care or external) and Healthy Homes	Reach out to practices to confirm workflow/expectations Work with Healthy Homes to be sure lab results from all labs are captured	Clarity around roles Labs are reliably reporting to Healthy Homes	Accurate registry	Ability to make data informed quality improvements in future
Better alignment with state requirements	Provider education EMR flags/hardstops Incentives	Grand rounds and Project ECHO-like educational sessions with MPH hybrid student intern Meeting individually with clinics (involve VCHIP, VT Lead Program, and/or VT AAP to counsel providers) Recognition of exceptional test rates Suggest lead testing as NCQA measure/meet with Blueprint managers	Provider awareness; built in best practices	Willingness and ability to improve rates	Improved testing rates

		<p>Recommend workflows, EMR best practices, suggestions to reduce coagulation</p> <p>Suggest adding lead to work plan of nurses who round clinics for immunizations</p> <p>Recommend catch up testing in VT</p> <p>Clarity around monitoring positives and misalignment between state law and lab cutoffs for recommending followup</p>			
Consistent reflection on data	<p>Identify benchmark</p> <p>Identify who in each clinic can access data</p>	<p>Request overdue rates at DH and use as proxy for NH rates</p> <p>Identify immunization rates to set realistic lead testing rate</p> <p>Delegate roles and check ins for ongoing reflection of clinic data</p>	<p>Setting realistic goal for NH/VT</p> <p>Providing opportunity to check in with providers to keep lead testing top of mind</p>	Ability to quickly respond to worsening rates in future	Maintain lead testing as a priority
Improved access to tests	POC testing	Identify funding for lead tests at WIC and other clinics (including provider offices)	Ability to procure tests	Lower barriers to testing	Improved testing rates
Alignment between VT and NH practices	<p>Relationship building</p> <p>Dissemination of Integrated Approach to Lead to other regions</p>	<p>Convene VT Healthy Homes, VCHIP and NH DHHS Lead Prevention Program</p> <p>Explore whether other VT District Offices would be interested in replicating Upper Valley Lead initiative</p>	Open line of communication across border	Sharing of best practices	Alignment and optimized practices bistate
Equitable action	<p>Data</p> <p>Capacity to manage positives</p>	<p>MPH student intern to access/interpret data on high risk populations (i.e. Medicaid, low income housing, towns with highest burden of positives)</p> <p>Creation of periodic (monthly?) Data Dashboards</p> <p>Identify resources needed to manage positives</p> <p>Identify leaders who can educate/influence</p> <p>Partner with towns; influence policy; inform through legislation</p>	<p>Equity lens on who is most affected</p> <p>Consistent trending of data to inform progress or regress</p>	Ability to intervene	Equity in exposure, testing, support for positives
Fewer positives	Known sources of exposure	<p>Identify sources of exposure [Healthy Homes? DHHS? Town Health Officers, Regional Planning Commissions]</p> <p>Ensure sources communicated to providers, parents, towns, landlords</p>	Growing list of sources of exposure	Ability to mitigate future exposures by sharing information/closing loop and tracking exposures	Prevention of lead exposure