

June 9, 2017 Report to the Professional Associations

Survey of Family Physicians and Pediatricians for Prevention of Childhood Lead Poisoning:

Findings and Discussion by the Idaho Head Start Collaboration Project

Response Rate: A total of 94 Pediatrician and 601 family doctors received this survey by email. There were 96 respondents, 83 completed surveys. A response rate was little less than 10% (7.23%). Efforts to increase responses were approval from the professional association executive directors and advisory boards, using the association website for an online survey with 7 questions, an email introduction to the survey and two follow up reminders. The Survey Monkey software was used to distribute and analyze the survey.

Key Findings and discussion:

Question 1: When do you test all children for blood lead levels during well child examinations? Almost 20% test children at 12 and 24 months as established by the AAP; 20% only test at 12 months. 60% don't test all children.

Question 2: What are the reasons for not testing? All respondents know lead is a problem in developing children but the majority don't see it as a problem in their practice or Idaho, about 25% don't have resources in their clinic to do testing.

Question 3: In my practice children are screened for lead exposure through (select all that apply). A paper and pencil questionnaire completed by parents is used to screen 42% of children for risk, a screening questionnaire was not described in the survey; A lead care analyzer available from the Medicaid program is used by 27% but 48% make a referral to a lab for testing. This may be barrier for parents to follow up for the testing. Having a lead care analyzer in the practice facilitates testing.

Question 4: Would you be willing to report all blood lead level results to Medicaid or health districts if there is a reporting repository? Eighty-five percent are willing to report test results to a reporting repository.

Question 5: Would you be more likely to do blood lead screening for only targeted high risk children or all children (Universal screening)? Sixty percent would prefer targeted screening if high risk was identified and 40% would screen all children.

Question 6: In which health district is your practice? All respondents identified the health district where their practice is located. All seven health districts were represented with the largest number of practices from Region 4 (Ada, Boise, Elmore, Valley counties). There was a distribution of respondents from throughout the state even with less than a 10% response rate.

Question 7: There were 43 comments about screening for blood lead levels.

Please contact the executive director of your association for a complete list of comments.

Thank you for your participation and interest. The Idaho Head Start Collaboration Office is working with Boise State University to explore the high-risk zip codes in Ada, Canyon, Twin Falls, Shoshone and Kootenai Counties and develop a targeted screening approach to prevent childhood lead poisoning in these counties.

Please contact Omair Shamim, M.D, Idaho Head Start Collaboration Director at 208-334-2410 (O) or 208-995-4915, omair.shamim@dhw.idaho.gov if you have any further questions about this survey.