Chapter Six
Referral, Outreach and Coordination of Services
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Overview

Policy

Each Local Agency will develop an Outreach Plan of the available WIC services and coordinate services with other providers and community members. The Local Agency will review and/or revise the Outreach Plan annually and submit the plan to the State for approval.

In This Chapter

This chapter is divided into ten sections, which detail State and Local Agency responsibilities for outreach and referral, evaluation of outreach, and mechanisms for health care coordination, as well as five appendices.
Section A
Outreach – Overview

Procedure

All Local Agencies will develop a written Outreach Plan specifying the objectives, methods, and evaluation of WIC outreach efforts. The plan will include coordination of activities between Local Agencies and outreach / referral agencies. The Local Agency will review and / or revise the Outreach Plan annually and submit the plan to the State for approval.

Objectives of Outreach

The objectives of WIC outreach efforts are:

• To inform eligible persons of the availability of the WIC Program, including the eligibility criteria for participation and the location of WIC services
• To target outreach toward physicians / hospitals in order to increase enrollment of high-risk participants
• To increase the number of migrants / agricultural workers enrolled in WIC

Emphasis of Outreach

Emphasis will be placed on reaching potential participants who are:

• Migrant and agricultural workers
• Pregnant women, especially teens and women in the early months of pregnancy
• Recipients of Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP)
• Participants in the Child and Adult Care Food Program (CACFP)
• Women enrolled in substance abuse programs
• Persons enrolled in the Arizona Health Care Cost Containment System (AHCCCS)
• Minority and immigrant populations
• Homeless individuals
• Infants and children under the care of foster parents and Department of Child Safety (DCS)
• Working families
Methods of Outreach

- Agencies, offices and organizations (including minority organizations serving or having access to eligible persons) will be contacted at least annually.
- Brochures describing WIC services, eligibility criteria, and location of Local Agencies will be distributed to outreach agencies that serve or have access to WIC’s target population.
- Outreach agencies include, but are not limited to: AHCCCS providers and private physicians, Indian Health Services (IHS) facilities, dental services, Early and Periodic Screening Diagnostic and Treatment Services (EPSDT), family planning services, alcohol and drug abuse counseling agencies, Department of Child Safety (DCS), child abuse counseling agencies, child care providers, immunization providers, prenatal and postnatal care providers, well child programs, Arizona Department of Education Child and Adult Care Food Program (CACFP) providers, the Supplemental Nutrition Assistance Program (SNAP), Expanded Food and Nutrition Education Program (EFNEP), Temporary Assistance to Needy Families (TANF), Supplemental Security Income (SSI), hospitals and clinics, welfare and unemployment offices, schools, social service agencies, food banks, other food assistance programs like Commodity Supplemental Food Program (CSFP), Food Distribution Program on Indian Reservations (FDPIR), homeless shelters, child support enforcement services, foster care agencies, farm worker and migrant/agricultural worker compensations, agencies who serve children with special health care needs, and community religious organizations in low income areas.
Section B
Outreach – State Agency Responsibilities

Coordination With Anti-Hunger Groups

The State Agency encourages Local Agency participation with hunger advocates, food bank representatives, and others interested in supporting WIC. WIC staff is encouraged to participate in the statewide Hunger Advisory Council through DES.

Announcement of WIC Services

The State Agency will announce the availability of WIC services to the public annually using statewide media.

Development of Materials

The State Agency will obtain or develop outreach materials for distribution to Local Agencies to assist in their outreach efforts.

Guidelines for Outreach

The State Agency will assist Local Agencies in developing or expanding referral systems and Outreach Plans.

State and Local Agency’s files of outreach agencies contacted will include (as applicable):

- Agency name and address
- Agency phone number
- Agency hours
- Contact person(s)
- Service area
- Services of each agency

Uniform WIC information materials announcing program benefits will include:

- A program description
- Eligibility criteria
- Location of local clinics
- Non-discrimination statement

Toll-Free Lines

An “800” number (1-800-2525-WIC) is available during normal business hours. The number allows potential or current participants to call the State Agency directly to ask for assistance or to find the nearest WIC office.

A complaint/fraud telephone line is available by calling 1-866-229-6561.
A Breastfeeding Hotline is available to all Arizona residents to ask questions about breastfeeding. This telephone number is 1-800-833-4642. This line is open 24-hours a day, seven days a week to answer residents’ breastfeeding questions.

NOTE: All of these phone lines are bilingual.

Arizona WIC Website

The azwic.gov website is available for participants and potential WIC applicants. Included on the website is information on WIC eligibility and resources, and is available to view in both English and Spanish. Another feature is the ability to search for the nearest WIC clinic(s) based on address, city, and/or zip code.

Monitoring Local Agency Activity

The State Agency will monitor the following outreach activities at each Management Evaluation:

- Non-discrimination statement on Local Agency-developed outreach materials
- Breastfeeding promotional materials visible
- Outreach log
- Media contact policy
- Designated staff member responsible for outreach
- Outreach Plan, including:
  - Homeless and migrant outreach
  - Efforts to target eligible women in their first trimester of pregnancy
- Other activities outlined in Management Evaluation forms in Chapter 15 of the Policy and Procedure Manual.

Evaluation

The State and Local Agency’s files of outreach activities will be updated annually.
Section C
Outreach – Local Agency Responsibilities

Outreach Plan

Each Local Agency will prepare an Outreach Plan annually that will guide their outreach efforts. It will include:

- How to identify high-risk potential clients and plan targeting strategies to the following:
  - Working families
  - Migrant and agriculture workers
  - Pregnant women, with emphasis on enrolling teens and women in the early months of pregnancy
  - Recipients of Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP)
  - Participants in the Child and Adult Care Food Program (CACFP)
  - Women enrolled in substance abuse programs
  - Participants enrolled in the Arizona Health Care Cost Containment System (AHCCCS)
  - Minority and immigrant populations
  - Homeless individuals
  - Children under the care of foster parents and Department of Child Safety (DCS)

- A list of agencies to contact and a plan (including time frame and staff responsibilities) for these contacts

- A plan to improve access for employed persons and rural residents

- A plan to specify what steps will be taken to provide convenient WIC services, such as appointment scheduling, extended clinic hours, and / or mobile clinic locations

- A description of how accommodations will be provided to participants with special needs, such as handicap accessible clinics, home visits, issuing food benefits or assistance with interpreters, readers, or signers

- An evaluation component that will include reporting outreach efforts in progress reports (Appendix A - Example Outreach Log)

- Policies and procedures for ensuring participation and following up on participants who do not keep appointments, especially pregnant women and teens

NOTE: Those agencies that do not routinely schedule appointments outside of normal business hours will make appointments available for working persons seeking to participate in the WIC Program.
Outreach Activities

Each Local Agency will contact agencies, offices, and organizations serving or having access to eligible persons in the local service area annually. Each agency will be supplied with a description of WIC services, eligibility criteria, and location of Local Agency clinics.

Announcement of WIC Services

Each Local Agency will announce the availability of WIC services to the public annually, using media that will reach potential clients in the Local Agency service area.

Evaluation

The Local Agency WIC Director and the State Agency staff will evaluate the effectiveness of outreach efforts. The State Agency will monitor the Local Agency’s outreach activities during Management Evaluations.
Section D
Referral – State Agency Responsibilities

Policy

The State Agency will require and monitor Local Agencies for referrals to all adults applying for themselves or others, and provide information on the following programs.

AHCCCS and EPSDT

If individuals are not currently participating in Arizona Health Care Cost Containment System (AHCCCS), the Local Agency will refer those individuals to AHCCCS. This will include referring infants and children to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, and pregnant women for AHCCCS presumptive eligibility services.

Child Support and TANF

Child support and Temporary Assistance to Needy Families (TANF)

SNAP

Supplemental Nutrition Assistance Program (SNAP)

Substance Abuse

Substance Abuse Counseling / Treatment programs

Food Providers

Other nutrition or emergency food providers (e.g., Food Banks, FDPIR)

Immunizations

State and local immunization programs

Head Start Programs

State and local Head Start and Early Head Start programs

Contact Phones

The State Agency will maintain a list of contact phone numbers for agencies providing services of use to WIC clients statewide.

When inquiries are received on the 800-number, appropriate referrals will be made.
Section E
Referral – Local Agencies Responsibilities

Referral List

- Each Local Agency will develop a list of services available locally. The list will be updated at least annually. This list will be similar to the list of agencies contacted for outreach.
- At every certification, all WIC participants will be given written referral information about AHCCCS, SNAP, TANF, Child Support Enforcement, perinatal mood and anxiety disorders, and Substance Abuse Treatment and Counseling, as well as information about other nutrition or food providers. This referral list will include contact information and a description of benefits offered by each program.
- Applicants who are found to be ineligible for WIC services or applicants who are placed on waiting lists will be given referrals to other appropriate services.

Child Support

At each certification, WIC participants will be informed of the availability of child support enforcement services.

Social / Health Services & Breastfeeding Support

- WIC participants will be referred to appropriate social or health services according to identified needs.
- Breastfeeding or pregnant participants will be referred to appropriate counselors, peer counselors when available, or organizations for breastfeeding education and support.

Criteria For High-Risk Referrals

Local Agencies will develop a plan for referring high-risk clients both internally and externally.

The plan will define the level of intervention and be submitted to the State Agency for approval prior to implementation.

Example:

- Internal Referral: Follow-up one-on-one counseling with Registered Dietitian, group ed., etc.
- External Referral: Children’s Rehabilitative Services (CRS) referral for Phenylketonuria (PKU) diagnosed child.
Section F
Health Care Coordination

Policy

Outreach/referral agencies will be contacted annually to review referral and coordination procedures and to resolve identified problems.

The Local Agencies may identify referred agency in the Family Information Screen of HANDS under “How did you hear about WIC?”

The State Agency will encourage each Local Agency operation or agency run by cooperative agreement with a hospital to advise potentially eligible persons of the availability of WIC services. This includes:

- Clients who receive inpatient or outpatient prenatal, maternity, or postpartum services
- Those that accompany a child under the age of five who receives well-child services.
Section G
Immunization Screening and Referral

Policy

Children served by WIC will be screened for immunization status and, if needed, referred for immunizations.

Arizona WIC and the Local Agency will ensure that WIC infants and children under two years of age are screened using documented immunization histories and referrals for immunizations.

Background

Low income children are less likely to be immunized than their counterparts, placing them at high-risk for potentially serious diseases, such as diphtheria, pertussis, poliomyelitis, measles, mumps, and rubella. According to the Centers for Disease Control and Prevention (CDC), children who are not fully immunized are at increased risk for other preventable conditions, such as anemia and lead toxicity.

WIC’s Role

As an adjunct to health services, the WIC Program’s role in immunization screening and referral is to support existing funded immunization activities. WIC involvement in immunization screening and referral activities should enhance rather than substitute for on-going Immunization Program initiatives.

NOTE: The purchase of vaccines and delivery of immunizations remain unallowable costs to WIC.

Screening Timeline

At initial certification and any subsequent certifications for children under the age of two, the infant’s / child’s immunization status will be screened using a documented record.

Documented Record

A documented record (computerized or paper) with actual vaccination dates recorded. This includes:

- An immunization record from the provider
- An immunization registry
- An automated data system
- A paper copy (client provided)

Screening

At a minimum, the infant’s / child’s immunization status will be screened by counting the number of doses of DTaP (diphtheria, tetanus toxoids, and acellular pertussis) vaccine they have received in relation to their age, according to the following list:

- By three months of age, the infant / child should have at least one dose of DTaP
- By five months of age, the infant / child should have at least two doses of DTaP
- By six to seventeen months of age, the infant / child should have at least three doses of DTaP
- By eighteen months of age, the infant / child should have at least four doses of DTaP
Underimmunized

If the child does not have the minimum number of doses mentioned above:

- The caregiver will be provided with information on the recommended immunization schedule
- The participant will be referred to their health care provider or local immunization program
- The caregiver will be encouraged to bring the child’s immunization record to the next certification visit

Missing Immunization Record

If the immunization record is missing:

- The recommended immunization schedule appropriate to the current age of the infant / child will be provided
- A referral for immunization services will be provided, ideally to the child’s usual source of medical care
- The parent / caretaker will be encouraged to bring the immunization record to the next certification visit
- Staff may access the client’s electronic health record, if available, to obtain immunization information

ASIIS

The Arizona State Immunization Information System (ASIIS) is an immunization registry designed to capture immunization data on individuals within the state. Providers are mandated under Arizona Revised Statute (A.R.S. §36-135) to report all immunizations administered to children from birth through 18 years of age to the state’s health department. The registry serves as a receptacle for accommodating this reported data. In this capacity, the registry then provides a valuable tool for the management and reporting of immunization information to public health professionals, private and public health care providers, parents, guardians and other child care personnel.

Documentation

Document specific action taken in the HANDS Immunization screen. Immunization information will need to be verified and documented for every client under two years of age at each certification.
Section H
Domestic Violence

Domestic Abuse of WIC Participants

Abuse is most often perpetrated by one person to another with whom they have an intimate or family relationship.

Procedures

In the HANDS participant Assessment screen under letter E (Environmental/Other Factors) probing questions, there is a question on abuse that must be asked at every certification, unless the safety of the participant would be at risk with a potential abuser present. If the participant or authorized representative answers “yes,” Local Agency Policy and Procedures must be followed.

The safety of the client must be the first priority. Some questions that can be asked include:

- “Do you have a safe place to go?”
- If client is residing in a safe place, ask, “Do you want to talk to someone about your abusive situation?”
- “Do you want a referral to a “safe house,” program or hotline for abuse?”
- “Is it safe to give you information on abuse to read?” In many cases, if the abuser sees materials on the subject, the safety of the client could be jeopardized. If the client does not want the referral materials, the WIC staff can offer to write down telephone numbers or addresses for the clients.

The local WIC staff will have information available on domestic violence service providers in their area. The Arizona Coalition to End Sexual & Domestic Violence phone number is (800) 782-6400.

NOTE: Domestic violence of an adult is not a reportable offense. However, state law requires reporting suspected child abuse. Please see Chapter 14, Section D for more information on reporting child abuse.
Section I
Lead Screening

Lead Screening Recommendations

The Centers for Disease Control and Prevention (CDC) Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP) focuses on using the primary prevention strategy that emphasizes the prevention of lead exposure, rather than a response to exposure after it has taken place. Primary prevention is necessary because the effects of lead poisoning appear to be irreversible. In 2012, the ACCLPP of the CDC released childhood lead poisoning prevention recommendations.

Many lead sources have been eliminated or reduced in the last few decades. However, lead poisoning continues to affect women and children in Arizona, primarily from paint, imported goods, food, medicines, spices, leaded crystal and pewter, lead in dust, soil, mining, drinking water, and occupation and hobbies. Based on recommendations and guidance from the CDC, many states, including Arizona, have moved from universal lead screening to targeted screening.

The Arizona Targeted Screening Plan has been adopted by AHCCCS and the entire plan can be found here: http://azdhs.gov/documents/preparedness/epidemiology-disease-control/childhood-lead/targeted-lead-screening-plan.pdf (see Appendix D for 2014 High Risk Lead Poisoning Zip Codes). The plan outlines the following screening guidelines:

- All children living in targeted ZIP codes should have a blood lead test at 12 and 24 months of age.
- Children aged 36 to 72 months should be tested if they have not been previously tested.
- Children living in Arizona, but not in a targeted ZIP code, should receive an individual risk assessment questionnaire at age 12 and 24 months of age.

The CDC and the American College of Obstetricians and Gynecologists (ACOG) do not recommend blood lead testing of all pregnant women in the United States. Elevated lead levels in pregnancy have been associated with gestational hypertension, spontaneous abortion, low birth weight, and impaired neurodevelopment. Prenatal lead exposure has known adverse effects on maternal health and infant outcomes across a wide range of maternal blood lead levels.

The evaluation of risk factors for pregnant and breastfeeding women is recommended as part of comprehensive screening and to take place at the earliest contact with pregnant and breastfeeding women. At the initial prenatal visit, health care providers should assess a woman's risk for current high dose lead exposure. Those women found to be at risk for lead exposure should be tested for blood lead levels and counseled on how to reduce or eliminate current exposure. Women with risk factors for elevated blood lead levels, who were not screened during pregnancy, are recommended to be screened postpartum if they plan to breastfeed.

Based on these screening guidelines to assess for lead testing, all pregnant women, breastfeeding women, and children under 36 months of age shall be asked if their healthcare providers have completed a risk assessment screening questionnaire for lead exposure and/or ordered a blood lead test.
Policy

All authorized representatives of child participants will be asked if their child has received a lead screening or blood lead test from a healthcare provider and a referral shall be made if no lead screening or test has been performed at each certification.

All pregnant and breastfeeding women will be asked if their healthcare providers had done a risk assessment screening questionnaire for lead exposure and/or ordered a blood lead test and a referral shall be made if no risk assessment screening questionnaire or blood lead test has been performed at each certification.

Procedure for Lead Screening for Child Participants

1. The Competent Professional Authority (CPA) will ask authorized representatives of one and two year olds if their health care provider has screened the child for lead poisoning risk at each certification.
2. If the child has not received a blood lead screening or test, this will be documented in the Notes section in HANDS. The WIC staff will refer the child to their health care provider for a screening. This referral will be documented in the Care Plan screen under the Referrals tab in HANDS. The Childhood Lead Poisoning Flyer shall be provided to the authorized representative along with the local agency referral referring to lead screening (see Appendix E for Childhood Lead Poisoning Flyer).
3. If the child has received a blood lead screening or test, this will be documented in the Notes section in HANDS specifying the results of the screening or test. If it is found that the child has a diagnosed elevated blood lead level of > 5 μg/deciliter within the past 12 months, then WIC code 211 Elevated Blood Lead Levels shall be assigned in the Biochemical section of the Assessment tab in HANDS. At the next certification, the CPA shall ask a follow up question asking if the child has been screened or tested since the elevated result and document the result in the Notes section in HANDS.
4. If the child is age three or older and has not been screened or tested for lead poisoning, the CPA shall ask at each certification if the child has had a blood lead test or has been screened for potential lead exposure until the client reported they have received a screening or test. If the child has not had a blood lead test or screening, the Childhood Lead Poisoning Flyer shall be provided to the authorized representative along with the local agency referral list including information on lead screening.

Procedure for Lead Screening for Pregnant and Breastfeeding Women

1. The Competent Professional Authority (CPA) will ask the pregnant or breastfeeding woman if their healthcare providers had done a risk assessment screening questionnaire for lead exposure and/or ordered a blood lead test at each certification.
2. If the participant has not received a blood lead screening or test, this will be documented in the Notes section in HANDS. The WIC staff will refer the participant to their healthcare provider for risk assessment screening questionnaire for lead exposure and/or ordered a blood lead test. This referral will be documented in the Care Plan screen under the Referrals tab in HANDS. The local agency referral list shall be provided to the participant including information pertaining to lead screening.
3. If the participant has received a blood lead screening or test, this will be documented in the Notes section in HANDS specifying the results of the screening or test. If it is found that the participant has an elevated blood lead level of > 5 μg/deciliter within the past 12 months, then WIC code 211 Elevated Blood Lead Levels shall be assigned in the Biochemical section of the Assessment tab in HANDS.

Information on lead screening and lead educational materials may be obtained from:

Office of Environmental Health
Childhood Lead Poisoning Prevention Program
150 North 18th Avenue, Suite 140
Phoenix, Arizona, 85007
Phone: (602) 364-3118
Email: healthyhomes@azdhs.gov
Website: azhealth.gov/lead
Section J
Access for Participants with Special Needs

Policy

Participants who have special conditions that may make access to the WIC clinic difficult or impossible will be accommodated by the Local Agencies to ensure equal access to all participants.

Employed or Rural Individuals

Participants who are employed or live rurally can have their needs met by any of the following:
- Extending clinic hours to evenings, early mornings, and / or weekends
- Priority scheduling of appointments
- Making online video conferencing contacts, when applicable
- Issuing food benefits
- Expediting clinic procedures
- Satellite clinics

Participants with Disabilities

Participants with a disability must be accommodated by:
- Making the clinics handicap accessible
- Making home visits when necessary
- Making online video conferencing contacts, when applicable
- Issuing food benefits
- Providing additional assistance when needed (interpreters, readers, signers)
Appendix A:
Sample Outreach Log
### Sample Outreach Log

#### Outreach Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Staff Name</th>
<th>Organization Contacted</th>
<th>Type of Contact</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/6/XX</td>
<td>Ima Great, CPA</td>
<td>Concordia Valley High School Attn: Joan Doe Phoenix, AZ 85000</td>
<td>Mailed outreach packet</td>
<td>Potential to reach 100 pregnant and/or parenting teens</td>
</tr>
</tbody>
</table>

#### Explanation of Log Criteria

- **Date** = date outreach activity completed
- **Staff Name** = staff member who did the outreach
- **Organization Contacted** = person / group who received information
- **Type of Contact** = e.g., mailed information, radio interview, press release, public presentation, staffed booth at health fair
- **Result** = e.g., potential number of clients reached and the description of those clients
Appendix B:
Arizona WIC Program Referral Form – Women
Arizona WIC Program Referral / Information Request Form - Woman

Name: ___________________________________________ Birthdate: _______________________

**Consent:**
I authorize the release of all medical information to the WIC Program.
*Yo autorizo la divulgación de toda mi información médica al Programa de WIC.*

Patient Signature: ___________________________________ Date: ________________________

**Medical Information Requested**

Expected Delivery Date ___________ Hgb/Hct ___________ Date of Hgb/Hct ___________

Medical Conditions: ________________________________________________________________

Problems During Past Pregnancies (not including current): ________________________________

**Current Pregnancy Information Requested**

Pregnancy Issues:
☐ Nausea ☐ Gestational Diabetes
☐ Vomiting ☐ Low Weight Gain
☐ Constipation ☐ Other: ________________________________

Problem During This Pregnancy: ________________________________

Multiple Gestation: Yes _____ No _____ If yes, how many? __________

Anticipated or Actual C-Section? Yes _____ No _____

Additional Information: ________________________________________

**Medical Provider:**

Signature ___________________________ Date ___________________________

Printed Name / Title ___________________________ Telephone _______________________

Appendix C:
Arizona WIC Program Referral Form – Infant/Child
## Arizona WIC Program Referral / Information Request Form – Infant and Child

Name: ____________________________  Birthdate: ________________

Name of parent or guardian: ____________________________

### Consent:
I authorize the release of all medical information to the WIC Program.
Yo autorizo la divulgación de toda mi información médica al Programa de WIC.

Parent/Guardian Signature: ____________________________  Date: ________________

### Medical Information Requested

<table>
<thead>
<tr>
<th>Date of Measurements</th>
<th>Weight</th>
<th>Height</th>
<th>Hgb/Hct</th>
</tr>
</thead>
</table>

Gestational Age _________

#### Medical Conditions:
- □ Failure to Thrive
- □ Premature Infant
- □ Cystic Fibrosis
- □ Intolerance/Allergy to ____________
- □ IUGR/low weight
- □ Other: ____________________________

#### Formula Requested

1. Formulas tried and specific reactions:
   - ______ Similac Advance
   - ______ Similac Sensitive
   - ______ Gerber Good
   - ______ Start Soy
   - ______ Others
   - ______ Others

2. Formula Name: ____________________________

3. Form (circle one):  POWDER  READY to FEED  CONCENTRATE
(Powder will be provided if one is not circled)

4. Length of Issuance: ____________________________

5. Medical reason for formula: ____________________________

6. Special instructions: ____________________________

### Medical Provider:

Signature ____________________________  Date ____________________________

Printed Name / Title ____________________________  Telephone ____________________________
Appendix D:
2014 High Risk Lead Poisoning Zip Codes
### 2014 High Risk Lead Poisoning Zip Codes

<table>
<thead>
<tr>
<th>County</th>
<th>City</th>
<th>Zip Codes</th>
</tr>
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<tbody>
<tr>
<td><strong>Apache County</strong></td>
<td>Eager</td>
<td>85925</td>
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<td></td>
<td>St. Johns</td>
<td>85936</td>
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*Childhood Lead Poisoning Prevention Program
For more information visit our website at [www.azhealth.gov/lead](http://www.azhealth.gov/lead) or call 602-364-3118.*
Appendix E:
Childhood Lead Poisoning Flyer
# Childhood Lead Poisoning

Children can get lead poisoning by breathing in or swallowing dust that contains lead.

## Sources of Lead

### Home
- Lead can be in paint in old homes built before 1978.
- Chipped paint
- Old furniture and toys
- Dirt
- Play or costume jewelry
- Pewter
- Crystal glassware

### Imported Goods
- Items brought back from other countries may contain lead.
- Glazed pottery
- Asian, Hispanic, Indian spices
- Mexican candy (tamarindo and chili)

### Remedy Remedy
- Some home remedies may contain lead. These remedies are typically red or orange powders.
- Traditional and folk remedies (Greta, Azarçon, Pay-loo-ah)

### Beauty Products
- Imported beauty products from Asia, India, and Africa may contain lead.
- Sindoor, Khol, Kajal, Surma

## Cleaning

- Wash hands
- Keep shoes outside
- Mop & wet wipe
- Use a vacuum with a HEPA filter
- Wash toys

## Nutrition

- Vitamin C: Tomatoes, Strawberries, Oranges, Potatoes
- Calcium: Milk, Cheese, Yogurt
- Iron: Chicken, Steak, Fish, Peas, Eggs

For more information, contact our Childhood Lead Poisoning Prevention Program at 602-364-3118 azhealth.gov/lead
Envenenamiento por Plomo en los Niños

Los niños se pueden envenenar con plomo al respirar o tragar polvo que contenga plomo.

Para más información comuníquese al Programa de Prevención de Envenenamiento por Plomo en los Niños, en la Oficina de Salud Ambiental al 602-364-3118.

Procedencia del Plomo

Identifique y elimine el origen o fuente del plomo.

**Hogar**
- El plomo puede estar en la pintura de casas antiguas construidas antes de 1978.
- Pintura descascarada
- Muebles y juguetes antiguos
- Tierra
- Petroleo
- Joyería de fantasía o bisutería
- Cristal

**Objetos Importados**
- Los artículos traídos de otros países pueden contener plomo.
- Cerámica esmaltada
- Especies asiáticas, hispanas e indias
- Dulces mexicanos (con chile o tamarindo)

**Remedios Caseros**
- Algunos remedios caseros pueden contener plomo. Estos remedios regularmente son polvos de color rojo o naranja.
- Remedios tradicionales y populares (Greta, Azarcon y Pay-loo-ah)

**Productos de Belleza**
- Algunos productos de belleza importados de Asia, India, y África pueden contener plomo.
- Sindoor, Khol, Kajal, Surma

Trabajos

- Los trabajos como reparación de autos, minería, construcción y plomería pueden aumentar su exposición al plomo. Se puede traer polvo de plomo a casa en su piel, ropa, zapatos o otros artículos traídos del trabajo.
- Baterías de auto
- Trozos/piezas de metal
- Municiones

Pasatiempos

- Ciertos pasatiempos aumentan su riesgo de hacer contacto con plomo.
- Cacería (balas de plomo)
- Pesca (pesas de plomo)
- Pinturas de artistas
- Muebles renovados

Viájes

- El viajar fuera de los Estados Unidos puede aumentar el riesgo de hacer contacto con productos con base de plomo.
- Recuerdos
- Juguetes
- Especies o alimentos
- Joyería

Limpieza

- Mantenga los restos y el polvo de plomo fuera de su hogar con estos consejos útiles.

**Lávese las manos**
- Deje los zapatos afuera
- Trapee y límpie con trapo húmedo
- Use aspirador a con un filtro HEPA
- Lave los juguetes

Nutrición

- Estos alimentos pueden ayudar a disminuir los niveles de plomo en sus niños.

**Vitamina C**
- Tomates
- Fresas
- Naranjas
- Papas

**Calcio**
- Leche
- Queso
- Yogur

**Hierro**
- Pollo
- Bisteck
- Pescado
- Chicharos
- Huevos

Evite, Barrer, Sacudir, Tapetea, Desempolvar en seco.
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