

# Together We Can Get 100%: Blood Lead Screening in Vermont

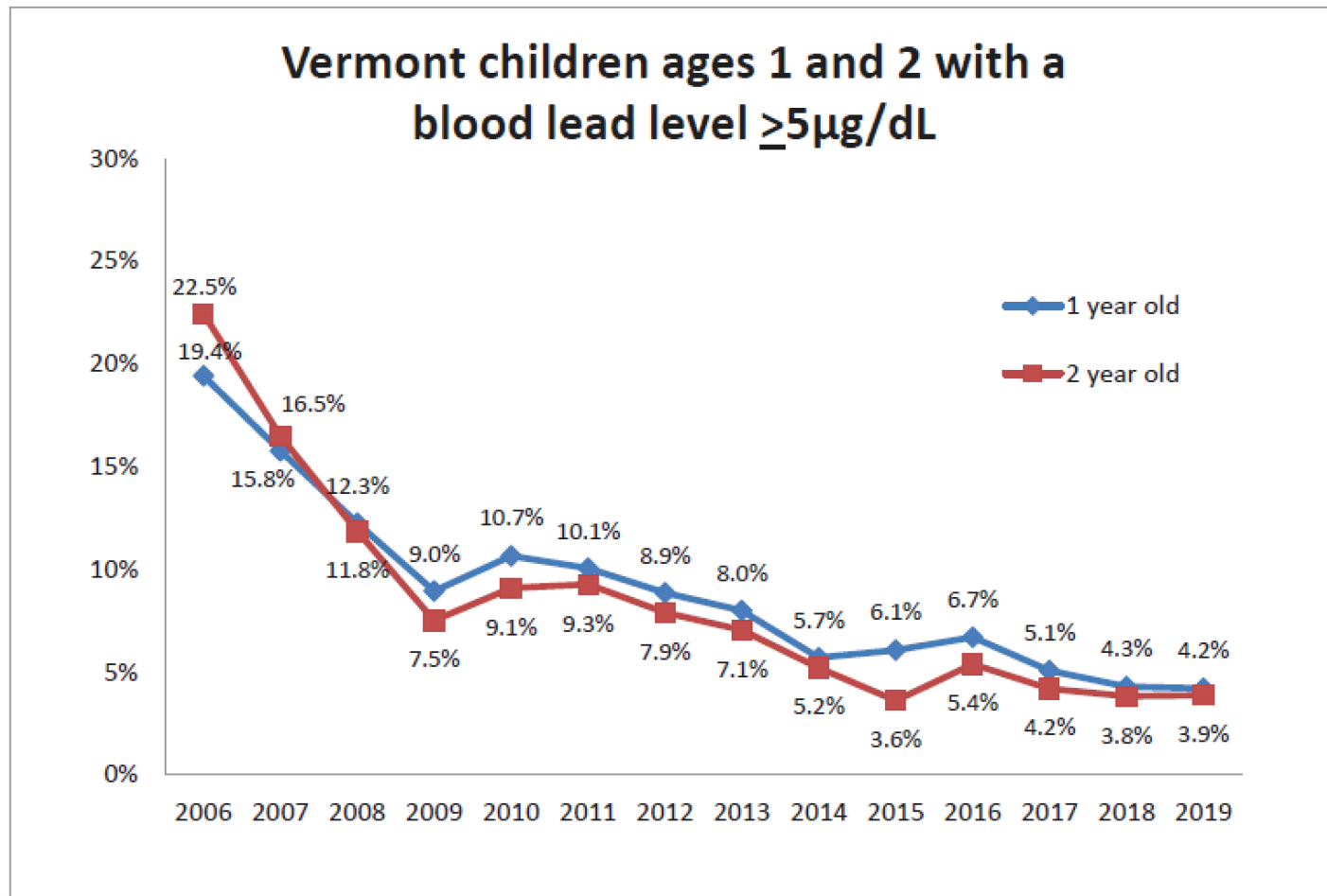
Matthew Saia, MD



# Objectives

- Overview of blood lead levels and screening throughout Vermont
- Outreach activities performed to assess and increase blood lead screening
- Ways to identify children who still need screening
- Address Department of Health's latest changes
  - Blood lead level of concern
  - Supporting materials
- Importance of blood lead screening and reporting

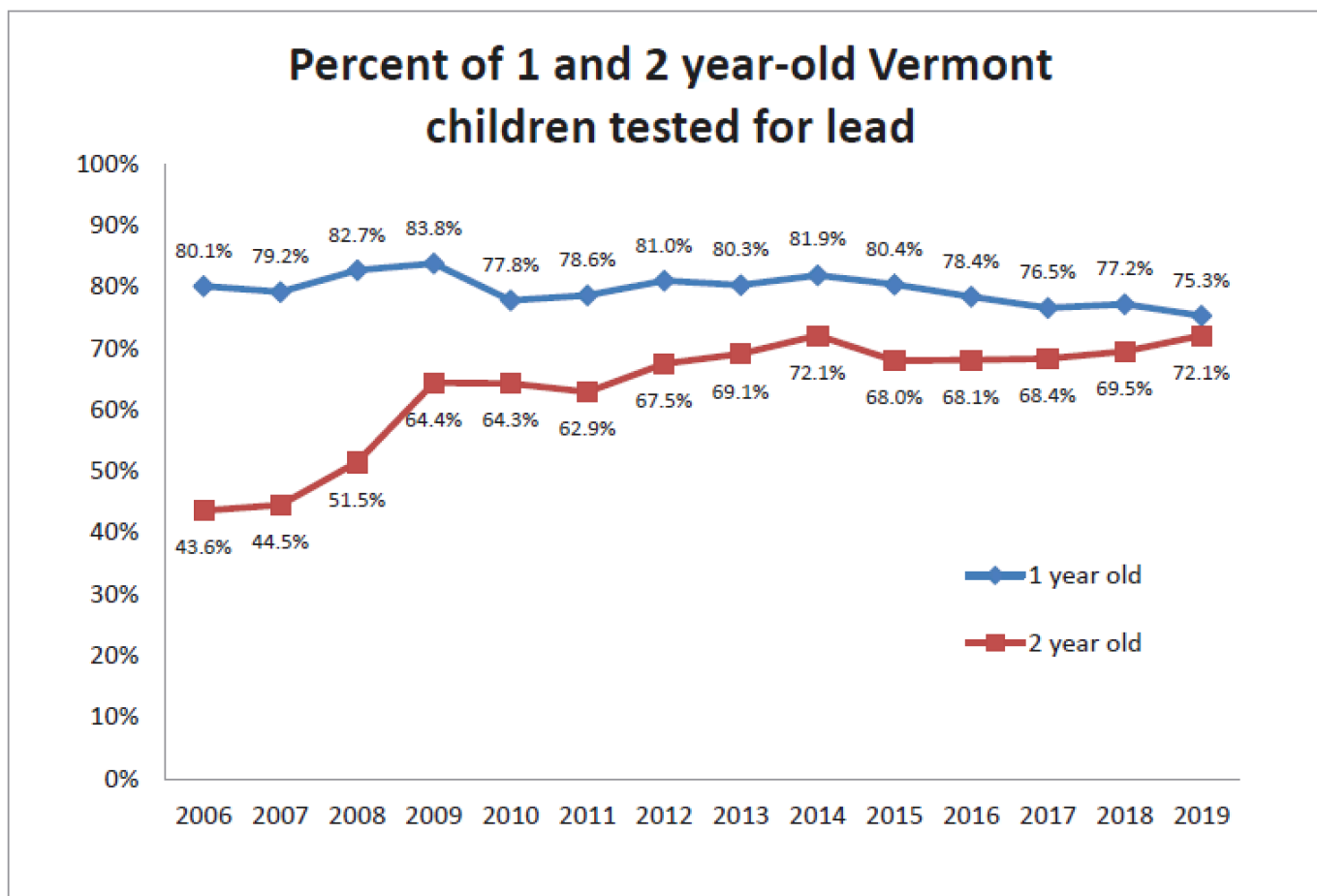
# Elevated Blood Lead Levels



# Elevated Blood Lead Levels

- Lead poisoning remains a problem for children in Vermont.
- In 2019, there were 427 children with an elevated blood lead level
  - Greater than or equal to 5 micrograms per deciliter.
  - 355 of those children were ages 1 and 2 year old

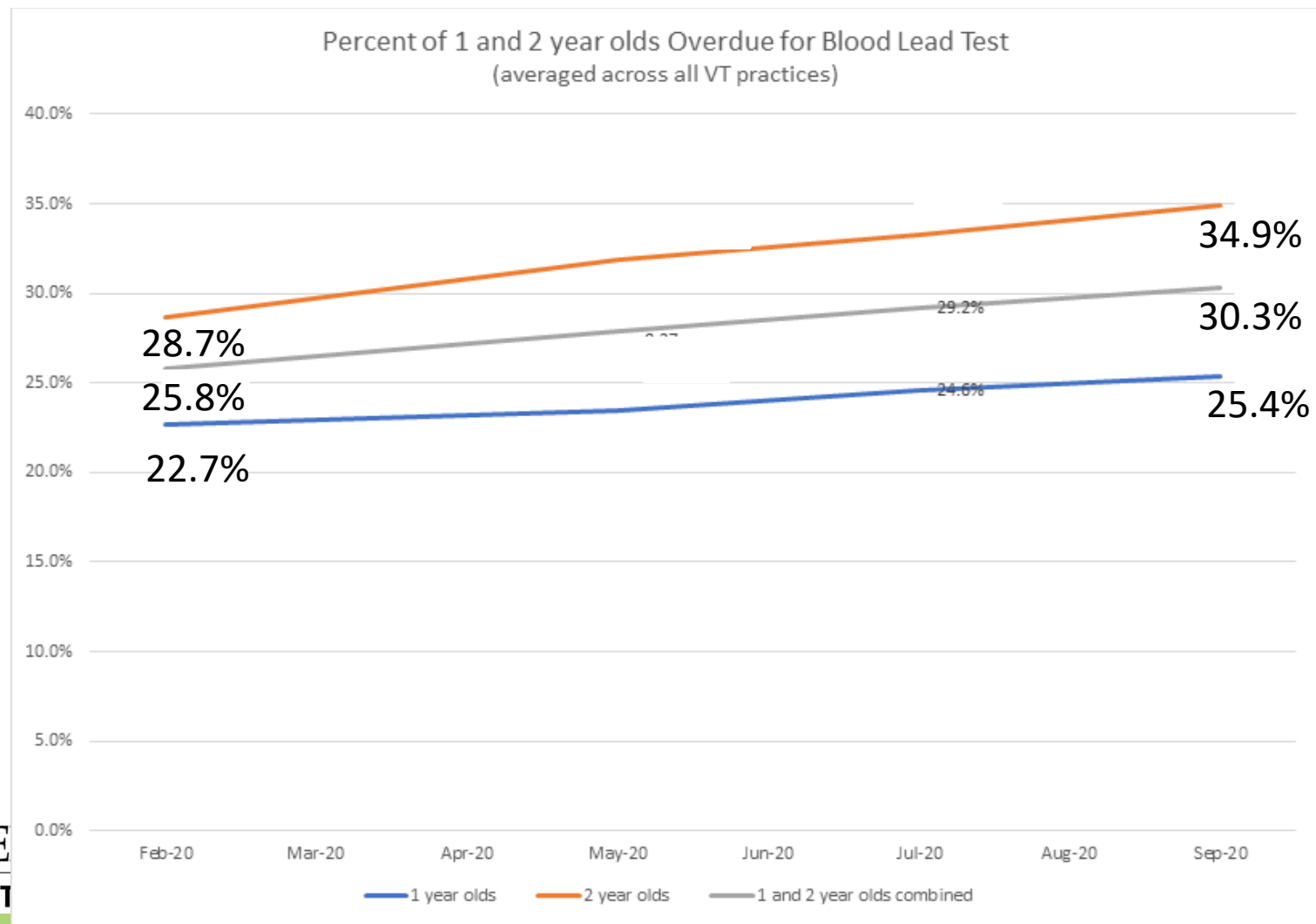
# Blood Lead Screening



# Blood Lead Screening

- The percentage of 1-year-olds tested each year has declined
  - From 82% in 2014 to 75% in 2019
- The percentage of 2-year-olds tested has plateaued in recent years.
  - In 2019, 72% of 2-year-olds were tested for lead.
- Both below 100% screening goal

# Screening During Pandemic



# Barriers to Screening

- In the past, PCPs have indicated many barriers:
  - Difficulty obtaining blood samples from infants and young children.
  - Parental opposition to testing
  - Inadequate cost reimbursement for lead testing
  - Lack of insurance coverage for the procedure
  - Inaccurate beliefs about who is at risk
    - Especially if the family does not live in a house built prior to 1978.
- More recently, getting patients and families back into the office



# Outreach

- VCHIP partnered with the Department of Health to better understand the barriers to screening.
  - From 2018-2019
    - A survey was created to assess perceived barriers to screening but also reporting
    - The survey was sent to all health care professionals in Vermont who take care of children

# Outreach

1. Lead poisoning is a health problem in Vermont.

a. Strongly Agree   b. Agree   c. Neutral   d. Disagree   e. Strongly Disagree

2. Universal screening is an important strategy to prevent lead poisoning in Vermont children.

a. Strongly Agree   b. Agree   c. Neutral   d. Disagree   e. Strongly Disagree

3. Universal lead screening of 1 and 2 year old patients is performed at my practice:

a. Strongly Agree   b. Agree   c. Neutral   d. Disagree   e. Strongly Disagree

4. There are barriers to universal screening at my practice:

a. Strongly Agree   b. Agree   c. Neutral   d. Disagree   e. Strongly Disagree

5. What are the barriers to obtaining universal screening of 1 and 2 year old patients at your practice? (Circle all that apply)

- a. Difficulty obtaining sample
- b. Parental opposition to obtaining sample
- c. Inadequate reimbursement
- d. Lack of insurance coverage for procedure
- e. Feel as though clinicians can determine who is at risk and who is not case by case
- f. Lead poisoning isn't a problem in Vermont
- g. Other (Please Specify): \_\_\_\_\_

6. After obtaining an elevated blood lead level ( $\geq 5 \mu\text{g/dL}$ ), I feel comfortable counseling my patients/families on the next steps in management.

a. Strongly Agree   b. Agree   c. Neutral   d. Disagree   e. Strongly Disagree

7. Do you use a Lead Care II machine to screen for blood lead?

a. Yes   b. No (Skip to question 9)

8. If yes, how often do you report the results to the Vermont Health Department?

a. Daily   b. Weekly   c. Bi-Monthly   d. Monthly   e. No set Schedule

9. I would be interested in peer-to-peer support/training to help my practice achieve high screening rates and better understand the importance of screening.

a. Strongly Agree   b. Agree   c. Neutral   d. Disagree   e. Disagree

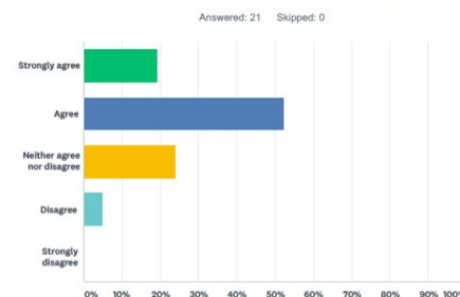
10. I would be interested in receiving support/training by: (Circle all that apply)

- a. Site visit from peer
- b. Phone conversation from peer
- c. E-mail/standard mail resources
- d. Not interested in support/training
- e. Other (Please Specify): \_\_\_\_\_

# Outreach

- Providers agreed:
  - Lead exposure is still a problem – 70%
  - Universal screening is important – 90%
  - There are barriers to screening – 50%
  - Comfortable with management – 75%
  - Child screened during visits – >90%
  - Unsure of reporting schedule – 75%
- Unfortunately, the response was less than expected and it was mostly from practices who don't have many patients overdue

Q1 Childhood lead exposure is a health problem in Vermont.



ANSWER CHOICES	RESPONSES
Strongly agree	19.05% 4
Agree	52.38% 11
Neither agree nor disagree	23.81% 5
Disagree	4.76% 1
Strongly disagree	0.00% 0
TOTAL	21

# Outreach

- Outreach efforts continued in 2019 - 2020
- Directly outreach offered with individualized peer-to-peer support
  - Primarily by phone but also in-person
- Topics Reviewed were:
  - Screening
  - Reporting Procedures
  - Patient Profile (Immunization Registry) Reports

# Outreach

- Identified 22 practices with 50% or more 12 and 24-months old overdue for lead screening based on VDH data
  - 14 with completed outreach
- Summary of Conversations
  - Areas of success:
    - Performing lead screening at the 12 and 24-month recommendation
  - Areas of Improvement:
    - Identifying patients who still require screening
    - Knowledge of/using Patient Profile Reports
    - Reporting Results

# Identifying Patients For Screening

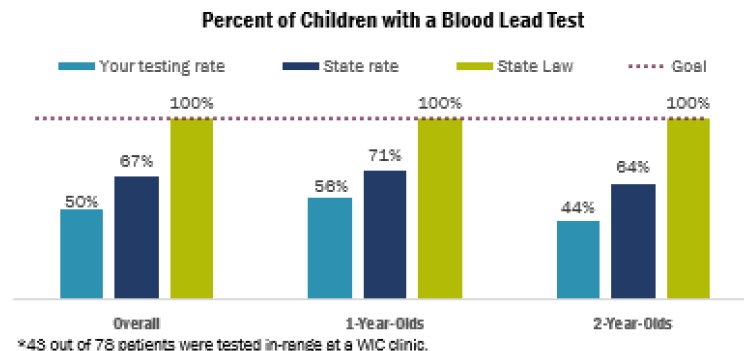
- Screening Asymptomatic Children
  - All children at 12 months and 24 months
    - Vermont law requires this
  - Test all children age 6 years or younger who have not previously been tested
  - Refugee
    - Test all children age 6 months to 16 years old upon entry to the US
    - Follow-up test within 3 to 6 months
      - Regardless of initial test result.

# Identifying Patients for Screening

## Blood Lead Testing Report

State law requires that all Vermont children are tested for lead at age 1 and again at age 2 and all lead tests are reported to the Department of Health.

### How You Compare



### Your Venous Confirmation Rate 3/4

Capillary tests at or above 5µg/dL must be confirmed with a venous test.

### About the data

1-year-olds: Children born in 2016 tested for blood lead between 11 and 22 months of age.

2-year-olds: Children born in 2015 tested for blood lead between 23 and 35 months of age.













Timely confirmation: 1- and 2-year-olds with capillary result at or above 5 µg/dL who received a venous blood lead test within the recommended confirmation timeframe.


Use Patient Profile, commonly called the Immunization Registry, to run additional blood lead reports.

There is no safe level of lead exposure.  
Lead poisoning remains a significant, but preventable public health concern in Vermont.

VERMONT  
DEPARTMENT OF HEALTH  
1-800-464-6343/healthvermont.gov

# Identifying Patients for Screening



 **HEALTH & THE ENVIRONMENT**

ASBESTOS & LEAD IN BUILDINGS

**CHILDREN'S ENVIRONMENTAL HEALTH**

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## CHILDREN'S ENVIRONMENTAL HEALTH



Children interact with our environment much differently than adults do, which is why children's environmental health is important. As their bodies rapidly grow and develop, they breathe in more air and take in more food and liquids in proportion to their body weight than adults. They have more physical contact with the environment than adults, as they touch things around them with their hands and mouths.


Understanding the potential health hazards in our environment—such as lead chemicals in children's products, carbon monoxide and other pollutants, is an important step to ensuring a healthy environment for children. Parents, caregivers and healthcare providers can identify environmental hazards to children and best practices for preventing exposure.

[Contact Information](#)

**IN THIS SECTION**



# Identifying Patients for Screening



**RADIOLOGICAL HEALTH**


**RECREATIONAL WATER**

**TOWN HEALTH OFFICERS**

**PLANS & REPORTS**

**CONTACT:**

Environmental Health Division  
108 Cherry Street  
P.O. Box 70 – Drawer 30  
Burlington, VT 05402-0070  
Phone: 802-863-7220 or 800-439-8550 (in Vermont)  
Fax: 802-863-7483  
AHS.VDHEnvHealth@vermont.gov

 **RETURN**

## IN THIS SECTION

### Chemical Disclosure Program for Children's Products (For Manufacturers)

Manufacturers who use chemicals designated by the State of Vermont as Chemicals of High Concern to Children, must report information about these chemicals to the Health Department.

[READ MORE](#) ➤

### Chemicals in Children's Products

There are many chemicals in our environment. Some of them are in products we all use—including children's products. Children can be more susceptible to some chemicals.

[READ MORE](#) ➤

### Lead Poisoning Prevention Guidance for Parents and Child Care Providers

Children who have lead poisoning don't look or act sick. But lead can cause serious health problems.

[READ MORE](#) ➤

### Lead Poisoning Prevention Guidance for Health Care Providers

The Healthy Homes Lead Poisoning Prevention Program works with health care providers to ensure that all children are tested for lead.

[READ MORE](#) ➤

### Environmental Health Guide for Parents and Child Care Providers

Children interact with our environment much differently than adults do, which is why children's environmental health is so important.

[READ MORE](#) ➤



# Identifying Patients for Screening Patients

## REPORTING REQUIREMENTS FOR BLOOD LEAD TEST RESULTS

All blood lead results on Vermont residents are required by state law to be reported to the Vermont Department of Health. Most analytical laboratories report directly to the Health Department.

If you have a **LeadCare II analyzer**, you are required by state law to report all blood lead results on Vermont residents to the Health Department. Please call the Healthy Homes Lead Poisoning Prevention Program at 802-863-7220 or 800-439-8550 (toll-free in Vermont) for more information and procedures on how to report results.



› [Accessing Your Patients' Blood Lead Test Results](#)

› [Resources for Health Care Providers](#)

› [Resources for Refugees and New Americans](#)

[Read the Childhood Lead Poisoning Prevention Reports to the Legislature](#) ⓘ





[Explore Vermont Childhood Lead Poisoning Data](#) ⓘ

Figure 4. Accessing Your Patients' Blood Lead Test Results dropdown menu



Figure 5. Screening Results logon

# Identifying Patient for Screening



**Screening Tests Needed - as of 8/21/2014 see Instructions at End of Report**

**Due for 12 month screening [age 11 to <13 months]:**

Name	DOB	Age at Date of Report

**Overdue for 12 month screening [age 13 to <23 months]:**

Name	DOB	Age at Date of Report

**Due for 24 month screening [age 23 to <25 months]:**

Name	DOB	Age at Date of Report

**Overdue for 24 month screening [age 25 to <36 months]:**

Name	DOB	Age at Date of Report

Page 1 of 3

# Identification Patients for Screening

**Aged 36 to <72 months with no record of a lead screening on or after 11 months of age:**

Name	DOB	Age at Date of Report
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

**SCREENING TESTS NEEDED REPORT SUMMARY:**

Total number of 1-year-olds in the practice [age 11 to <23 months]: 6

Number of 1-year-olds in the practice who have received the 12 month screening: 3

Number of children currently due for 12 month screening [age 11 to <13 months]: 1

Number of children currently overdue for 12 month screening [age 13 to <23 months]: 2

Total number of 2-year-olds in the practice [age 23 to <36 months]: 2

Number of 2-year-olds in the practice who have received the 24 month screening: 0

Number of children currently due for 24 month screening [age 23 to <25 months]: 2

Number of children currently overdue for 24 month screening [age 25 to <36 months]: 0

Total number of 3- to 6-year-olds in the practice [age 36 to <72 months]: 11

Number of 3- to 6-year-olds with no screening on or after 11 months of age: 6

# Identifying Patients for Screening

- Patient Profile (Immunization Registry)
  - Provides reports of all patients assigned to your practice
    - Children 12 months and 24 months who are overdue for screening
    - Children age 6 year or younger who have not previously been tested
  - Requires privileges to gain access to Reports
    - If your practices does not have privileges, please reach out

# Reporting Results

- All health care professionals who use their own point-of-care machine to analyze blood samples must report all required information using GlobalScape
  - A secure, web-based file transfer platform
- Send reports on the 1st and 15th of every month.
  - **This is required by law.**
- Blood lead levels at or above 45 µg/dL must be reported by phone to the Health Department within 24 hours.



Warning! By accessing and using this Government Computer System, you are consenting to system monitoring for law enforcement and other purposes. Unauthorized use of, or access to, this computer system may subject you to criminal prosecution and penalties.

Log in

Secure File Transfer Site

Username:  [forgot username](#)

Password:  [forgot Password](#)

# Health Alert

- The definition of an elevated blood lead result to any reported level.
  - Data shows there is no safe level of lead
    - Lead is not naturally occurring in the body
  - Levels at and below 5  $\mu\text{g}/\text{dL}$  still impair development for our patients

# Health Alert

- Giving the Health Department's What Your Child's Lead Test Means to ALL parents or guardians of children when they are being tested for lead
  - Regardless of the test results.
- Educate families on potential sources of lead and ways to reduce or remove exposure
  - Even at low levels that do not require a venous confirmation.



State law requires that all Vermont children are tested for lead at age 1 and again at age 2

There is no safe level of lead in the body. A child can be hurt by lead and still look healthy. Lead can harm a child's growth, behavior, and ability to learn. The only way to find out if your child has been exposed to lead is with a blood test.

Children are usually first tested with a capillary test – a small amount of blood taken from a finger, heel or toe – at their 1- and 2-year-old well child visits.

When children have a capillary test result of 5 µg/dL (micrograms per deciliter) or higher, the result needs to be checked again using blood from a vein (often in the arm). The venous test result is more accurate.

## What can you do?

- Getting your child tested for lead is the first step. You did this!
- Schedule a venous test, if needed.
- No matter what your child's blood lead level is, learn how to protect your child from being exposed to lead. Visit [healthvermont.gov/lead](http://healthvermont.gov/lead) or call the Healthy Homes Lead Poisoning Prevention Program at 802-863-7220 or 800-439-8550.

Capillary Blood Lead Result	When to confirm with a venous blood test	
0 – 4 µg/dL	Confirmation not required unless other risk factors. There is very little lead in your child's blood. Review sources of lead to keep your child's lead level from rising.	
5 – 9 µg/dL	1 month to 3 months. If confirmed, your child has more lead than most children. Take steps to reduce sources of lead. The Health Department will contact you to help you find sources of lead.	
10 – 44 µg/dL	1 week to 1 month. If confirmed, your child's lead level is high. You and your doctor should act quickly to reduce sources of lead and discuss your child's diet, growth and development. The Health Department can visit your home to help you find where lead may be coming from.	
45 - 59 µg/dL	48 hours.	If confirmed, your child will need medical treatment right away. Consult with your doctor and reduce lead sources immediately. The Health Department can visit your home to help you find where lead may be coming from.
60 - 69 µg/dL	24 hours.	
70+ µg/dL	Immediately.	
The higher the capillary test result, the more urgent the need to confirm with a venous test.		
Your child's test result _____ µg/dL      Date _____		

In Vermont, most lead poisoning comes from swallowing invisible lead dust that comes from peeling and chipping paint. The dust clings to fingers and objects that children put in their mouths. Houses built before 1978 likely have lead paint. Here's what you can do prevent lead poisoning:

## Maintain

- Check for chipping, peeling, cracked or disturbed paint.
- Install window well inserts to provide a smooth cleaning surface.
- Use lead-safe work practices – such as wet sanding and wet scraping.

## Clean

- Use only a vacuum with a HEPA filter, and vacuum slowly.
- Wet mop floors and use wet disposable towels on windowsills and surfaces.
- Leave shoes at the door to avoid tracking in soil that contains lead.
- Wash children's toys often to remove invisible lead dust.

## Eat healthy

- Serve children fruits, vegetables and dairy products, as well as iron-rich foods.
- Plant vegetable and other food gardens in lead-free soil.
- Wash children's hands often, especially before meals, naps and bedtime.
- Serve snacks and meals to children at the table or in their highchairs.

## Watch out for other sources of lead

Lead can also be found in soil, water, and products, such as keys, toys, and antiques.

- Have your drinking water tested for lead. Learn more: [healthvermont.gov/water/lead](http://healthvermont.gov/water/lead)
- Run water until cold for cooking, drinking and making formula.
- Keep children from playing in bare soil near roadways and older houses.
- Do not let children play with metal keys.
- Do not store food in open cans or pottery.
- Keep children away from certain hobbies, like making bullets or stained glass.
- Be aware of products that have been recalled by the Consumer Product Safety Commission ([www.cpsc.gov](http://www.cpsc.gov)).



# Health Alert

- Continue to follow the Pediatric Blood Lead Testing & Case Management Guidelines
  - Outline State law and regulations.

## Pediatric Blood Lead Testing Guidelines

February 2020

Any level of lead in the blood is considered elevated.

### Criteria for Testing Asymptomatic Children at Well Child Visits

- Test all children at 12 months and 24 months. (Vermont law requires this.)
- Test all children age 36 to 72 months who have not previously been tested.
- For refugees: test all children age 6 months to 16 years old upon entry to the US, with follow-up test within 3 to 6 months, regardless of initial test result.

### Other Indications to Test for Lead

- Ingestion of an object that may contain lead
- Signs or symptoms consistent with lead poisoning
- Living in an older home undergoing renovations
- Living with someone who has a blood lead level of 5 µg/dL or greater
- Children at-risk: international adoptees, immigrants, entering foster care or who have pica or special health needs that increase hand-to-mouth behavior

### When to Confirm Capillary Blood Lead Tests\*

If Capillary Blood Lead Level (µg/dL) is:	Confirm with Venous Test Within:
0 – 4	Not required unless other risk factors
5 – 9	1 – 3 months
10 – 44	1 week – 1 month
45 – 59	48 hours
60 – 69	24 hours
70+	Immediately as an emergency test

### When to Follow Up with a Venous Retest\*

If Venous Blood Lead Level (µg/dL) is:	Follow-Up	Late Follow-Up (blood lead level declining)
0 – 4	Venous retest is not required. Follow testing criteria above.	
5 – 9	3 months	6 – 9 months
10 – 19	1 – 3 months	3 – 6 months
20 – 24	1 – 3 months	1 – 3 months
25 – 44	2 weeks – 1 month	1 month
45+	Initiate chelation and retest in 7-21 days	As clinically indicated

\*All blood lead tests must be reported to the Vermont Department of Health.

108 Cherry Street, Burlington, VT 05401 • 800-439-8550 • [www.healthvermont.gov](http://www.healthvermont.gov)

## Pediatric Blood Lead Testing Guidelines

February 2020

Clinical Treatment Guidelines for Venous Confirmed Blood Lead Levels (For children 6 to 72 months old)						
	Blood Lead Levels (µg/dL)					
	0-4	5-9	10-44	45-59	60-69	70+
<b>MEDICAL EVALUATION</b>						
TREAT AS AN EMERGENCY – potential encephalopathy					X	X
Check abdominal x-ray						
Other diagnostic tests: BUN, CBC, Creatinine, UA and liver enzymes				X	X	X
Monitor neurodevelopment (especially language skills and concentration ability)			X	X	X	X
Check nutritional status (especially iron and calcium)						
Rule out iron deficiency and treat if present		X	X	X	X	X
<b>MEDICAL MANAGEMENT</b>						
Chelation required – recommend the use of succimer per routine dosage				X	X	X
Discharge inpatient cases ONLY to LEAD-FREE ENVIRONMENT				X	X	X
In-home treatment indicated only if:						
• Lead-free environment				X	X	X
• Highly compliant family						
• Home health care monitoring						
Iron supplement if deficient						
• Stop iron therapy prior to chelation		X	X	X	X	X
Educate family on:						
• Potential sources of lead and ways to reduce or remove exposure	X	X	X	X	X	X
• Dangers of improper lead abatement/remodeling						
• Encourage high iron/high calcium diet						
• The need to retest						
Provide Health Department's lead poisoning prevention education materials (translated materials also available)	X	X	X	X	X	X
<b>FOLLOW UP</b>						
Health Department will offer phone education		X				
Health Department will conduct an environmental investigation, which is triggered independently when lab test results are received			X	X	X	X
Follow venous retesting schedule		X	X	X	X	X
Screen other children in the home who are under the age of 6		X	X	X	X	X

Contact the Health Department at 802-863-7220 or [AHS.healthyhomes@vermont.gov](mailto:AHS.healthyhomes@vermont.gov)

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# Importance of Screening/Reporting

- Targeted Outreach
  - Track data statewide
  - Determine activities and prevention messages throughout the state
    - Areas with high lead levels with specific educational messages to parents, practices, landlords, homeowners

# Importance of Screening/Reporting

## Childhood Lead Poisoning

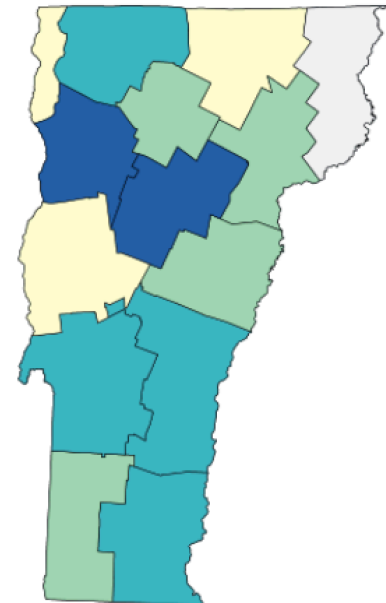
### Number of Children Tested Before Turning Age 3 in 2016

Until 2012, children were identified by CDC as having an elevated blood lead level if a confirmed test result was 10 µg/dL or more. Since 2012, a new reference level of 5 µg/dL, confirmed, has been used by CDC to define elevated blood lead; the new reference level is used in the displays below starting in 2010.

[Data Notes](#)[Share](#)[Print](#)

<a href="#">County / State</a>	<a href="#">Number Of Children Born in the Same Year and Tested Before Turning Age 3</a>	<a href="#">Number of Children with Elevated Blood Lead Levels per Vermont Law (any test <math>\geq 5\mu\text{g/dL}</math>)</a>	<a href="#">Number of Children with Confirmed Elevated Blood Lead Levels per CDC Guidelines (confirmed <math>\geq 5\mu\text{g/dL}</math>)</a>
VERMONT	5,631	331	135
ADDISON	230	20	7
BENNINGTON	349	32	7
CALEDONIA	251	15	7
CHITTENDEN	1,581	53	24
ESSEX	*	*	*
FRANKLIN	465	24	*
GRAND ISLE	56	*	*
LAMOILLE	231	6	*
ORANGE	263	21	8
ORLEANS	230	11	*
RUTLAND	488	43	15

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# Importance of Screening/Reporting



# Importance of Screening/Reporting

- **Targeted Outreach**
- Marketing
  - Intended for parents and caregivers of children under 2 years of age to raise awareness about lead poisoning and testing for their children.
- Mailed postcards/packets to families
  - 10-month-old children and 22-month-old children who were born in Vermont
    - Reminding them to have their children tested for lead.
  - Children with elevated blood lead levels
    - Educational materials
    - Follow-up testing recommendations
    - Request form for a free dust wipe kit
      - Enable families to test their homes for lead.
- Environmental investigations/home visits
  - Department of Health case manager will call families with elevated blood lead levels to schedule a home visit primarily to help determine the source of lead.

# Importance of Screening/Reporting

## ● Cost

- In 2019, public agencies in Vermont spent over 2.5 million dollars to reduce lead hazards and prevent lead poisoning
- The State of Vermont could see a return on investment (ROI) of at least 42 million dollars from reduction in lead hazards.
  - Taking into account the national costs of lead hazard control, reduced health care costs, lifetime earnings, tax revenue, special education costs, behavioral disorders



# Importance of Screening/Reporting

- **Department of Health Funding**

- Department of health shares data with CDC
  - The data is needed to continue to receive funding
- Requirements to meet yearly benchmarks as part of grant applications.
- CDC aggregates the data nationally and uses it to monitor grant activities

# Recommendation

- Nominate a Lead Champion
  - Identify Patients who require screening
  - Perform Outreach
  - Report Results
- Reach out for guidance
  - [Matthew.Saia@uvmhealth.org](mailto:Matthew.Saia@uvmhealth.org)

# Summary

- While Elevated blood lead levels have gone down, blood lead screening throughout Vermont has plateaued and decreased more recently
- Outreach has shown practices appear to be screening well but could improve identifying those who need screening and reporting their point-of-care results
- Patient Profile is a great way to identify children who still need screening
- The definition of an elevated blood lead is any detectable lead level
  - No longer 5 µg/dL.
- Provide “What Your Child’s Lead Test Means” to ALL parents or guardians of children when they are being tested for lead regardless of the test results.
- Blood lead screening and reporting helps determine activities and prevention messages throughout the state

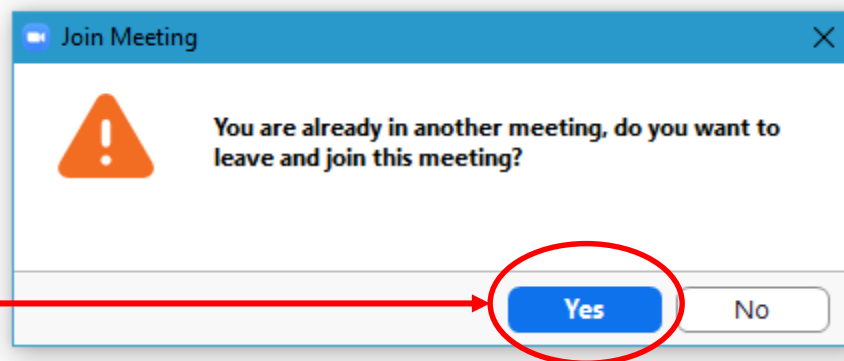
# Questions?



# Return to Main Webinar Space

**Click the link in the Chat** (or email/agenda) to return to the main webinar space

When prompted, select “Yes” to leave the main webinar room and join the breakout session



## Up Next

### **Keynote: The Moral Determinants of Health**

Don Berwick MD, MPP, FRCP, President Emeritus and Senior Fellow,  
Institute for Healthcare Improvement