

## Awardee Lead Profile Assessment (ALPA)

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Form Approved  
OMB No.: 0920-1215  
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02/28/2021

Below is the Centers for Disease Control and Prevention's (CDC) annual assessment for state and local childhood lead poisoning prevention programs (CLPPPs). You have been asked to take part in this assessment as a state or local public official operating in your official capacity as decision-maker within a CLPPP. The purpose of the assessment is to identify 1) jurisdictional legal frameworks governing CDC-funded CLPPPs in the United States, and 2) strategies for implementing childhood lead poisoning prevention activities in the United States. This information collection will allow the CDC CLPPP to identify specific factors that may support or hinder the efforts of public health agencies engaged in lead poisoning prevention. The information collection will inform guidance, resource development and technical assistance activities the CDC CLPPP conducts in support of the ultimate goal of lead elimination. Assessment findings will be shared with key stakeholders, placed on CDC's CLPPP website, and used to respond to inquiries by the public, media, and Congress. The data will be kept secure throughout the analysis and reporting process. This assessment should take no more than 47 minutes to complete. You may stop taking the assessment and finish it at a later time. To re-enter the web survey, the tool will provide you with a unique link and passcode for return access. Please refer to the Awardee Lead Profile Assessment (ALPA) training manual for instructions on answering each question. Each text box has a character limit of 200 characters. Please complete the assessment by [DATE]. Participation is required for satisfactory performance. No individually identifiable information will be requested. If you have programmatic questions, you can contact CDC CLPPP via your Project Officer.

Please choose one option to continue:

Select ▼

\* This field is required

CDC estimates the average public reporting burden for this collection of information as 47 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1215).

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### Section 1: Program Information

\* This field is required

2. Program Title
3. City of Program Headquarters
4. State of Program Headquarters

### Section 2: State Program Legal Governance

a. Does your jurisdiction have state legislation mandating blood lead screening and/or testing for:

b. What strategy is the mandate based on?

c. Please specify the ages covered by your jurisdiction's legislation

5a. Medicaid-enrolled children?

5b.

If other, please specify:

5c.

If a select age range is covered, what is the maximum age covered?

6a. non-Medicaid enrolled children?

6b.

If other, please specify:

6c.

If a select age range is covered, what is the maximum age covered?

7a. pregnant women?

7b.

If other, please specify:

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8. Does your jurisdiction have state legislation mandating the operation of a childhood lead poisoning prevention program?

\* This field is required

Select

9. Does your jurisdiction have a state reporting law for blood lead levels?

Select

9a. Please specify the ages covered by your jurisdiction's legislation.

Select

If a select age range is covered, what is the maximum age covered?

9b. Please specify which blood lead levels are required to be reported.

Select

10. Does your jurisdiction have a state electronic reporting law?

Select

11. Does your jurisdiction have a state lead paint abatement and/or remediation law?

Select

11a. What strategy(s) is the law(s) based on? (Select all that apply)

- Regulations regarding the type of building/facility
- Regulations regarding the condition of the building/facility
- Regulations regarding contractors and/or workers that perform abatement
- Other; please specify:

11b. What triggers the law? (Select all that apply)

- Presence of children
- Blood lead level
- Other; please specify:

11c. Please specify which age range triggers the law(s).

Select

If other, please specify:

11d. Please specify which blood lead levels trigger the law(s).

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### Section 3: Local Program Legal Governance

12. Are you a local health department or their bona fide agent?

13. Do any of your jurisdiction's local legislations regarding childhood lead poisoning prevention differ from your state legislations?

a. Does your jurisdiction have local legislation mandating blood lead screening and/or testing for:

b. What strategy is the mandate based on?

c. Please specify the ages covered by your jurisdiction's legislation.

14a. Medicaid-enrolled children?

14b.

If other, please specify:

14c.

If a select age range is covered, what is the maximum age covered?

15a. non-Medicaid-enrolled children?

15b.

If other, please specify:

15c.

If a select age range is covered, what is the maximum age covered?

16a. pregnant women?

16b.

If other, please specify:

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17. Does your jurisdiction have a local legislation mandating the existence or operation of a childhood lead poisoning prevention program?

Select

18. Does your jurisdiction have a local reporting law for blood lead levels?

Select

18a. Please specify the ages covered by your jurisdiction's legislation.

Select

If a select age range is covered, what is the maximum age covered?

18b. Please specify which blood lead levels are required to be reported.

Select

19. Does your jurisdiction have a local electronic reporting law?

Select

20. Does your jurisdiction have a local lead paint abatement and/or remediation law(s)?

Select

20a. What strategy(s) is the law(s) based on? (Select all that apply)

- Regulations regarding the type of building/facility
- Regulations regarding the condition of the building/facility
- Regulations regarding contractors and/or workers that perform abatement
- Other; please specify:

20b. What triggers the law(s)? (Select all that apply)

- Presence of children
- Blood lead level
- Other; please specify:

20c. Please specify which age range triggers the law(s).

Select

If other, please specify:

20d. Please specify which blood lead levels trigger the law(s).

Select

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### Section 4: Program Surveillance and Prevention Strategy

a. For the following populations, does your jurisdiction practice a blood lead screening and/or testing strategy that is different from your jurisdiction's mandate?

b. How does your jurisdiction's practiced blood lead screening and/or testing strategy differ from your jurisdiction's mandate? (Select all that apply)

c. What barriers does your jurisdiction face when practicing blood lead screening and/or testing strategies? (Select all that apply)

21a. Medicaid-enrolled children less than 6 years (72 months) of age?

- Yes
- No (Skip to question 22a)
- Unknown (Skip to question 22a)

21b.

- Specific interventions are triggered at a lower blood lead level than what is mandated
- Specific interventions are triggered at a higher blood lead level than what is mandated
- Focus is on targeting younger children
- Other; please specify:

21c.

- Resources for childhood lead poisoning prevention program
- Resources for screening and/or testing
- Working with providers Education and/or outreach to providers
- Education and/or outreach to public
- Education and/or outreach to targeted populations
- Accessing Medicaid program data
- Other; please specify:

22a. non-Medicaid-enrolled children less than 6 years (72 months) of age?

- Yes
- No (Skip to question 23)
- Unknown (Skip to question 23)
- There is no mandate for non-Medicaid-enrolled children less than 6 years of age (Skip to question 23)

22b.

- Specific interventions are triggered at a lower blood lead level than what is mandated
- Specific interventions are triggered at a higher blood lead level than what is mandated
- Focus is on targeting younger children
- Other; please specify:

22c.

- Resources for childhood lead poisoning prevention program
- Resources for screening and/or testing
- Working with providers Education and/or outreach to providers
- Education and/or outreach to public
- Education and/or outreach to targeted populations
- Accessing Medicaid program data
- Other; please specify:

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#### Section 5: Primary Prevention Strategy

23. Does your childhood lead poisoning prevention program conduct any of the following primary prevention activities? (Select all that apply)

- Link families with young children at high risk for lead poisoning to housing inspection and environmental intervention resources before a child's blood lead level becomes elevated
- Evaluate lead-safe housing status of community by conducting systematic environmental investigation activities (such as lead dust wipes, visual inspections, paint chip and soil analysis) based on the high-risk status of the housing (i.e. pre-1950 housing in poor condition), compiling those data in an electronic format, and developing an ongoing evaluation component
- Have codified specifications for lead-safe housing treatments
- Lead hazard identification has been incorporated into ongoing housing code or other inspections as a result of partnerships with housing agencies
- Assure that policy changes needed to promote childhood lead poisoning prevention and lead-safe environments are recommended and supported with data
- Collaborate with other agencies and organizations and incorporate lead poisoning educational information into other health, housing, and community services that reach high-risk families
- Conduct family and community education that support primary prevention activities
- Conduct professional health education, risk communication, and/or training activities to increase lead poisoning prevention awareness
- When a child is identified with an elevated blood lead level, require that environmental testing of adjacent units is conducted
- Require that housing units identified previously as sources for lead exposure for child are prioritized for remediation
- Lead-safe training sessions occur at least quarterly
- Provide resources to help families reduce lead hazards in their home
- Require that all lead abatement contractors are certified and that all renovation and other contractors who work in pre-1978 housing are trained in lead-safe work practices
- Replace lead service lines
- None of the above

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**24. Has your jurisdiction's childhood lead poisoning prevention program developed a lead elimination plan or goal?**

Select

**24a. Does your jurisdiction's lead elimination plan have any measures? (Select all that apply)**

- Quantifiable standard
- Timeline for goals
- Other; please specify:
- None of the above

**24b. Does your jurisdiction's lead elimination plan include any of the following components? (Select all that apply)**

- Primary prevention plan
- Testing and/or screening plan
- CLPPP workplan
- Laws/regulations and/or policy plan
- Other; please specify:
- None of the above

**25. Does your jurisdiction's childhood lead poisoning prevention program target high-risk areas and/or populations?**

Select

**26. Does your jurisdiction publish GIS maps of high-risk areas and/or populations for public use?**

Select

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### Section 6: Program Services

#### 27. Administrative

<u>Action</u>	<u>Mandated Blood Lead Level</u>	<u>Practiced Blood Lead Level</u>
Phone Call	<input type="text" value="Select"/>	<input type="text" value="Select"/>
Mail letter and/or brochure	<input type="text" value="Select"/>	<input type="text" value="Select"/>
Refer patient for services	<input type="text" value="Select"/>	<input type="text" value="Select"/>
Begin coordination of services	<input type="text" value="Select"/>	<input type="text" value="Select"/>

#### 28. Assessment and Remediation of Residential Lead Exposure

<u>Action</u>	<u>Mandated Blood Lead Level</u>	<u>Practiced Blood Lead Level</u>
Inspection of child's home and other sites	<input type="text" value="Select"/>	<input type="text" value="Select"/>
Obtain a history of the child's exposure to potential lead hazards	<input type="text" value="Select"/>	<input type="text" value="Select"/>
Measure environmental lead levels in the home and other sites	<input type="text" value="Select"/>	<input type="text" value="Select"/>
Educational interventions to reduce ongoing exposure	<input type="text" value="Select"/>	<input type="text" value="Select"/>
Abatement interventions to reduce ongoing exposure	<input type="text" value="Select"/>	<input type="text" value="Select"/>

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#### 29. Medical Assessment and Interventions

<b>Action</b>	<b>Mandated Blood Lead Level</b>	<b>Practiced Blood Lead Level</b>
Caregiver lead education (nutritional and environmental)	Select	Select
Follow-up blood lead monitoring and testing	Select	Select
Complete history and physical exam	Select	Select
Complete neurological exam	Select	Select
Labwork (e.g. hemoglobin or hematocrit, iron status)	Select	Select
Temporary measures for lead hazard reduction	Select	Select
Permanent measures for lead hazard reduction	Select	Select
Neurodevelopmental monitoring	Select	Select
Abdominal x-ray with bowel decontamination	Select	Select
Chelation therapy	Select	Select

#### 30. Nutritional Assessment and Interventions

<b>Action</b>	<b>Mandated Blood Lead Level</b>	<b>Practiced Blood Lead Level</b>
Diet evaluation	Select	Select
Referral to Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Select	Select
Referral to nutritionist	Select	Select

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#### 31. Developmental Assessment

Action	Mandated Blood Lead Level	Practiced Blood Lead Level
Conduct developmental assessment	Select	Select
Refer for diagnostic evaluation for neurodevelopmental issues	Select	Select
Refer for early intervention/stimulation programs	Select	Select

#### 32. Are any of these actions implemented by all or some local health departments rather than at the state health department level? (Select all that apply)

- Phone Call
- Mail letter and brochure
- Refer patient for services
- Begin coordination of services
- Caregiver lead education (nutritional and environmental)
- Inspection of the child's home and other sites
- Obtain a history of the child's exposure to potential lead hazards
- Measure environmental lead levels in the home and other sites
- Educational interventions to reduce ongoing exposure
- Abatement interventions to reduce ongoing exposure
- Follow-up blood lead monitoring and testing
- Complete history and physical exam
- Complete neurological exam
- Labwork (e.g. hemoglobin and hematocrit, iron status)
- Temporary measures for lead hazard reduction
- Permanent measures for lead hazard reduction
- Neurodevelopmental monitoring
- Abdominal x-ray with bowel decontamination
- Chelation therapy
- Diet evaluation
- Refer to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Referral to nutritionist
- Conduct developmental assessment
- Refer for diagnostic evaluation for neurodevelopmental issues
- Refer for early intervention/stimulation programs
- None of the above (Skip to question 34)

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33. Are action(s) implemented by the local health department at a different blood lead level than levels set by the state health department?

Select 

34. Does your program receive Medicaid reimbursement for any of the following lead poisoning prevention related services? (Select all that apply)

- Phone Call
- Mail letter and brochure
- Refer patient for services
- Begin coordination of services
- Caregiver lead education (nutritional and environmental)
- Inspection of the child's home and other sites
- Obtain a history of the child's exposure to potential lead hazards
- Measure environmental lead levels in the home and other sites
- Educational interventions to reduce ongoing exposure
- Abatement interventions to reduce ongoing exposure
- Follow-up blood lead monitoring and testing
- Complete history and physical exam
- Complete neurological exam
- Labwork (e.g. hemoglobin and hematocrit, iron status)
- Temporary measures for lead hazard reduction
- Permanent measures for lead hazard reduction
- Neurodevelopmental monitoring
- Abdominal x-ray with bowel decontamination
- Chelation therapy
- Diet evaluation
- Refer to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Referral to nutritionist
- Conduct developmental assessment
- Refer for diagnostic evaluation for neurodevelopmental issues
- Refer for early intervention/stimulation programs
- None of the above

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