#### Awardee Lead Profile Assessment (ALPA) (Email Survey - MS Word)

Form Approved OMB No. 0920-1215 Expiration Date 02/28/2020

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 [SPECIFIC DATE TO BE PROVIDED - 2 WEEKS AFTER THE SURVEY IS SENT OUT].

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.

- **1.** Please choose one option below to continue:
  - o I agree to participate in the assessment.
  - o I do not agree to participate in the assessment. (END OF ASSESSMENT)

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).

#### **Section 1: Program Information**

2.	Program Title (ex. State Childhood Lead Poisoning Prevention Program)
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.
5. a. Medicaid-enrolled children?	5b.	5c.
	O Universal screening and/or	O All ages are covered
O Yes	testing	O A select age range is covered,
O No (skip to question <u>6a</u> )	O Targeted screening and/or testing	with the maximum age covered
O Unknown (skip to question <u>6a</u> )	O Both universal and targeted	being:
	screening and/or testing O Other; please specify:	O Unknown
	O Other; please specify:	o onknown
6. a. non-Medicaid-enrolled	6b.	6с.
children?	O Universal screening and/or	O All ages are covered
	testing	O A select age range is covered,
O Yes	O Targeted screening and/or testing	with the maximum age covered
O No (skip to question <u>7a</u> )	O Both universal and targeted	being:
O Unknown (skip to question <u>7a</u> )	screening and/or testing O Other; please specify:	O Unknown
	O Other, please specify.	
7. a. pregnant women?	7b.	
O Yes	O Screening only	
O No (skip to question <u>8</u> )	O Testing only	
O Unknown (skip to question 8)	O Both screening and testing	
o officiowii (skip to question <u>o</u> )	O Other; please specify:	

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

O Yes

O No; it is allowed but not mandated

	O Novitie not allowed
	O No; it is <u>not</u> allowed
	O Unknown
9.	Does your jurisdiction have a state reporting law for blood lead levels?
	O Yes
	O No (skip to question 10)
	O Unknown (skip to question <u>10</u> )
9a.	Please specify the ages covered by your jurisdiction's legislation
	O All ages are covered
	O A select age range is covered, with the maximum age covered being:
	O Unknown
9b.	Please specify which blood lead levels are required to be reported. (Select one)
	O All blood lead levels
	O Blood lead levels ≥5 μg/dL
	O Blood lead levels ≥10 μg/dL
	O Blood lead levels ≥15 μg/dL
	O Blood lead levels ≥20 μg/dL
	O Blood lead levels ≥45 μg/dL
	O Blood lead levels ≥70 μg/dL
	O Unknown
10.	Does your jurisdiction have a state <u>electronic</u> reporting law?
	O Yes
	O No; electronic reporting is allowed but <u>not</u> mandated
	O No; electronic reporting is <u>not</u> allowed
	O Unknown
11	Does your jurisdiction have a state lead paint abatement and/or remediation law(s)?
	O Yes
	O No (skip to question <u>12</u> )
	O Unknown (skip to question 12)
	o climiowi (skip to question <u>i.e.</u> )
<b>11</b> a	. What strategy(s) is the law(s) based on? (Select all that apply)
	☐ Regulations regarding the type of building/facility (e.g. childcare centers, Section 8 housing, rental properties,
	etc.)
	□ Regulations regarding the condition of the building/facility (e.g. pre-1978, 2 square feet of deteriorating paint, etc.)
	□ Regulations regarding contractors and/or workers that perform abatement
	□ Other: please specify:

11b	o. What triggers the law(s)? (Select all that	t apply)	
	☐ Presence of children		
	☐ Blood lead level		
	☐ Other; please specify:		
44-		N  /-) (C- +)	
110	a. Please specify which age range triggers t O Children ≤1 years of age	the law(s). (Select one)	
	O Children ≤2 years of age		
	O Children ≤3 years of age		
	O Children ≤6 years of age		
	O Children ≤16 years of age		
	O N/A		
	O Other; please specify:		
	- Carlett, produce speemy.		
<b>11</b> d	<ol> <li>Please specify which blood lead levels tr</li> </ol>	rigger the law(s). (Select one)	
	O All blood lead levels		
	O Blood lead levels ≥5 μg/dL		
	O Blood lead levels ≥10 μg/dL		
	O Blood lead levels ≥15 μg/dL		
	O Blood lead levels ≥20 μg/dL		
	O Blood lead levels ≥45 μg/dL		
	O Blood lead levels ≥70 μg/dL		
	o N/A		
Section	n 3: Local Program Legal Governar	nce	
	Are you a local health department or the		
	O Yes		
	O No (skip to section 4, question <u>21</u> )		
13.	Do any of your jurisdiction's local legislat legislations?	tions regarding childhood lead poisoni	ng prevention differ from your state
	O Yes		
	O No (skip to section 4, question <u>21</u> )		
	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.

14. a. Medicaid-enrolled children?	14b.	14c.
	O Universal screening and/or	O All ages are covered
O Yes	testing	O A select age range is covered,
O No (skip to question <u>15a</u> )	O Targeted screening and/or testing	with the maximum age covered
O Unknown (skip to question <u>15a</u> )	O Both universal and targeted screening and/or testing	being:
	O Other; please specify:	O Unknown
15. a. non-Medicaid-enrolled	15b.	15c.
children?	O Universal screening and/or	O All ages are covered
- 14	testing	O A select age range is covered,
O Yes	O Targeted screening and/or testing	with the maximum age covered
O No (skip to question <u>16a</u> )	O Both universal and targeted	being:
O Unknown (skip to question <u>16a</u> )	screening and/or testing	
	O Other; please specify:	O Unknown
16. a. pregnant women?	16b.	
	O Screening only	
O Yes	O Testing only	
O No (skip to question <u>17</u> )	O Both screening and testing	
O Unknown (skip to question <u>17</u> )	O Other; please specify:	

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

- O Yes
- O No; it is allowed but not mandated
- O No; it is not allowed
- O Unknown
- **18.** Does your jurisdiction have a local reporting law for blood lead levels?
  - O Yes
  - O No (skip to question 19)
  - O Unknown (skip to question 19)
- **18a.** Please specify the ages covered by your jurisdiction's legislation
  - O All ages are covered
  - O A select age range is covered, with the maximum age covered being:
  - O Unknown
- **18b.** Please specify which blood lead levels are required to be reported. (Select one)
  - O All blood lead levels

	O Blood lead levels ≥5 μg/dL
	O Blood lead levels ≥10 μg/dL
	O Blood lead levels ≥15 μg/dL
	O Blood lead levels ≥20 μg/dL
	O Blood lead levels ≥45 μg/dL
	O Blood lead levels ≥70 μg/dL
	O Unknown
19.	Does your jurisdiction have a local <u>electronic</u> reporting law?
	O Yes
	O No, electronic reporting is allowed but <u>not</u> mandated
	O No, electronic reporting is <u>not</u> allowed
	O Unknown
20.	Does your jurisdiction have a local lead paint abatement and/or remediation law(s)?
	O Yes
	O No (skip to question <u>21</u> )
	O Unknown (skip to question <u>21</u> )
20a	a. What strategy(s) is the law(s) based on? (Select all that apply)
	☐ Regulations regarding the type of building/facility (e.g. childcare centers, Section 8 housing, rental properties, etc.)
	Regulations regarding the condition of the building/facility (e.g. pre-1978, 2 square feet of deteriorating paint,
	etc.)
	☐ Regulations regarding contractors and/or workers that preform abatement
	□ Other; please specify:
20k	o. What triggers the law(s)? (Select all that apply)
	□ Presence of children
	□ Blood lead level
	□ Other; please specify:
200	Please specify which age range triggers the law(s). (Select one)
	O Children ≤1 years of age
	O Children ≤2 years of age
	O Children ≤3 years of age
	O Children ≤6 years of age
	O Children ≤16 years of age
	o N/A
	O Other: places specify:

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

- O All blood lead levels
- O Blood lead levels ≥5 μg/dL
- O Blood lead levels ≥10 μg/dL
- O Blood lead levels ≥15 μg/dL
- O Blood lead levels ≥20 μg/dL
- O Blood lead levels ≥45 μg/dL
- O Blood lead levels ≥70 μg/dL
- O N/A

#### **Section 4: Program Surveillance and Prevention Strategy**

a. For the following populations, does your jurisdiction <u>practice</u> 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)
<ul> <li>21. a. Medicaid-enrolled children less than 6 years (72 months) of age?</li> <li>O Yes</li> <li>O No (skip to question 22a)</li> <li>O Unknown (skip to question 22a)</li> </ul>	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:

	<ul> <li>22. a. non-Medicaid-enrolled children less than 6 years (72 months) of age?</li> <li>O Yes</li> <li>O No (skip to question 23)</li> <li>O Unknown (skip to question 23)</li> <li>O There is no mandate for non-Medicaid-enrolled children less than 6 years of age (skip to question 23)</li> </ul>	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:
Section	n 5: Primary Prevention Strategy		
23.	Does your childhood lead poisoning preactivities? (Select all that apply)	evention program conduct any of the fo	ollowing primary prevention
	☐ Link families with young children at h	nigh risk for lead poisoning to housing i	aspection and environmental
	intervention resources before a child's		
	□ Evaluate lead-safe housing status of		tic environmental investigation
	activities (such as lead dust wipes, visua the housing (i.e. pre-1950 housing in po an ongoing evaluation component	al inspections, paint chip and soil analy	sis) based on the high-risk status of
	☐ Have codified specifications for lead-	safe housing treatments	
	☐ Lead hazard identification has been i partnerships with housing agencies		e or other inspections as a result of
	☐ Assure that policy changes needed to are recommended and supported with		evention and lead-safe environments
	☐ Collaborate with other agencies and other health, housing, and community		soning educational information into
	☐ Conduct family and community educ	ation that support primary prevention	activities
	☐ Conduct professional health education prevention awareness	on, risk communication, and/or training	activities to increase lead poisoning
	☐ When a child is identified with an ele is conducted	vated blood lead level, require that en	vironmental testing of adjacent units
	☐ Require that housing units identified remediation	previously as sources for lead exposure	e for child are prioritized for
	☐ Lead-safe training sessions occur at le	east quarterly	
	☐ Provide resources to help families re		
	□ Require that all lead abatement cont in pre-1978 housing are trained in lead-	ractors are certified and that all renova	ation and other contractors who work

	□ Replace lead service lines
	□ None of the above
24.	Has your jurisdiction's childhood lead poisoning prevention program developed a lead elimination plan or goal?
	O Yes
	O No (skip to question <u>25</u> )
	O Unknown (skip to question <u>25</u> )
24a	a. 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?
	O Yes; Our jurisdiction targets both high-risk areas and populations
	O Yes; Our jurisdiction targets only high-risk areas
	O Yes; Our jurisdiction targets only high-risk populations
	O No
	O Unknown
26	Does your jurisdiction publish GIS maps of high-risk areas and/or populations for public use?
20.	O Yes, GIS maps of both high-risk areas and populations are published
	O Yes; GIS maps of only high-risk areas are published
	O Yes; GIS maps of only high-risk populations are published
	O No
	O Unknown

#### **Section 6: Program Services**

# Section 4: Program Services Answer Key I: ≥5 μg/dL

II: ≥10 μg/dL
III: ≥15 μg/dL
IV: ≥20 μg/dL
V: ≥45 μg/dL
VI: ≥70 μg/dL
VII: Not applicable

At what confirmed blood lead level do you initiate the following actions according to your jurisdiction's case definition for elevated blood lead level for children less than 6 years (72 months) of age?

27. Administrative		
Action	Mandated Blood Lead Level	Practiced Blood Lead Level
Phone call	27a	27b
Mail letter and/or brochure	27c	27d
Refer patient for services	27e	27f
Begin coordination of services	27g	27h
28. Assessment and Remediation of Residential Lead Expo	sure	
Action	Mandated Blood Lead Level	Practiced Blood Lead Level
Inspection of the child's home and other sites	28a	28b
Obtain a history of the child's exposure to potential lead hazards	28c	28d
Measure environmental lead levels in the home and other sites	28e	28f
Educational interventions to reduce ongoing exposure	28g	28h
Abatement interventions to reduce ongoing exposure	28i	28j
29. Medical Assessment and Interventions		
Action	Mandated Blood Lead Level	Practiced Blood Lead Level
Caregiver lead education (nutritional and environmental)	29a	29b
Follow-up blood lead monitoring and testing	29c	29d
Complete history and physical exam	29e	29f
Complete neurological exam	29g	29h

Labwork (e.g. hemoglobin or hematocrit, iron status)	29i	29j
Temporary measures for lead hazard reduction	29k	291
Permanent measures for lead hazard reduction	29m	29n
Neurodevelopmental monitoring	290	29p
Abdominal x-ray with bowel decontamination	29q	29r
Chelation therapy	29s	29t
30. Nutritional Assessment and Interventions	<u>'</u>	
Question	Mandated Blood Lead Level	Practiced Blood Lead Level
Diet evaluation	30a	30b
Referral to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	30c	30d
Referral to nutritionist	30e	30f
31. Developmental Assessment		
Question	Mandated Blood Lead Level	Practiced Blood Lead Level
Conduct developmental assessment	31a	31b
Refer for diagnostic evaluation for neurodevelopmental issues	31c	31d
Refer for early intervention/stimulation programs	31e	31f

32.	Are any of these actions implemented by all or some local health departments rather than at the state health department level?
	□ 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 or 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
	□ Referral to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
	□ Referral to nutritionist
	□ Conduct developmental assessment
	□ Refer for diagnostic evaluation for neurodevelopment issues
	□ Refer for early intervention/stimulation programs
	□ None of the above (skip to question <u>34</u> )
33.	Are action(s) implemented by the local health department at a different blood lead level than levels set by the state health department?
	O Yes, the actions are implemented at a lower blood lead level
	O Yes, the actions are implemented at a higher blood lead level
	O No, the actions are implemented at the same blood lead level
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 or 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
□ Referral to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)?
□ Referral to nutritionist
□ Conduct developmental assessment
□ Refer for diagnostic evaluation for neurodevelopment issues
□ Refer for early intervention/stimulation programs
□ None of the above