

## 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:
  - I agree to participate in the assessment.
  - 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).

## Awardee Lead Profile Assessment (ALPA)

### 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.
<p><b>5. a. Medicaid-enrolled children?</b></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No (skip to question <u>6a</u>)</p> <p><input type="radio"/> Unknown (skip to question <u>6a</u>)</p>	<p><b>5b.</b></p> <p><input type="radio"/> Universal screening and/or testing*</p> <p><input type="radio"/> Targeted screening and/or testing*</p> <p><input type="radio"/> Both universal and targeted screening and/or testing*</p> <p><input type="radio"/> Other; please specify: _____</p>	<p><b>5c.</b></p> <p><input type="radio"/> All ages are covered</p> <p><input type="radio"/> A select age range is covered, with the maximum age covered being: _____</p> <p><input type="radio"/> Unknown</p>
<p><b>6. a. non-Medicaid-enrolled children?</b></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No (skip to question <u>7a</u>)</p> <p><input type="radio"/> Unknown (skip to question <u>7a</u>)</p>	<p><b>6b.</b></p> <p><input type="radio"/> Universal screening and/or testing*</p> <p><input type="radio"/> Targeted screening and/or testing*</p> <p><input type="radio"/> Both universal and targeted screening and/or testing*</p> <p><input type="radio"/> Other; please specify: _____</p>	<p><b>6c.</b></p> <p><input type="radio"/> All ages are covered</p> <p><input type="radio"/> A select age range is covered, with the maximum age covered being: _____</p> <p><input type="radio"/> Unknown</p>
<p><b>7. a. pregnant women?</b></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No (skip to question <u>8</u>)</p> <p><input type="radio"/> Unknown (skip to question <u>8</u>)</p>	<p><b>7b.</b></p> <p><input type="radio"/> Screening only*</p> <p><input type="radio"/> Testing only*</p> <p><input type="radio"/> Both screening and testing*</p> <p><input type="radio"/> Other; please specify: _____</p>	

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

\*Please refer to training manual for explanation of "screening and/or testing"

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- No; it is allowed but not mandated
- No; it is not allowed
- Unknown

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

- Yes
- No (skip to question 10)
- Unknown (skip to question 10)

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

- All ages are covered
- A select age range is covered, with the maximum age covered being: \_\_\_\_\_
- Unknown

9b. Please specify which blood lead levels are required to be reported. (Select one)

- All blood lead levels
- Blood lead levels  $\geq 5$   $\mu\text{g}/\text{dL}$
- Blood lead levels  $\geq 10$   $\mu\text{g}/\text{dL}$
- Blood lead levels  $\geq 15$   $\mu\text{g}/\text{dL}$
- Blood lead levels  $\geq 20$   $\mu\text{g}/\text{dL}$
- Blood lead levels  $\geq 45$   $\mu\text{g}/\text{dL}$
- Blood lead levels  $\geq 70$   $\mu\text{g}/\text{dL}$
- Unknown

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

- Yes
- No; electronic reporting is allowed but not mandated
- No; electronic reporting is not allowed
- Unknown

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

- Yes
- No (skip to question 12)
- Unknown (skip to question 12)

11a. 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: \_\_\_\_\_

\*Please refer to training manual for explanation of "screening and/or testing"

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

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

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

- Children ≤1 years of age
- Children ≤2 years of age
- Children ≤3 years of age
- Children ≤6 years of age
- Children ≤16 years of age
- N/A
- Other; please specify: \_\_\_\_\_

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

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

### Section 3: Local Program Legal Governance

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

- Yes
- No (skip to section 4, question 21)

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

- Yes
- No (skip to section 4, question 21)

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.
<b>14. a. Medicaid-enrolled children?</b> <input type="radio"/> Yes	<b>14b.</b> <input type="radio"/> Universal screening and/or testing*	<b>14c.</b> <input type="radio"/> All ages are covered <input type="radio"/> A select age range is covered,

\*Please refer to training manual for explanation of "screening and/or testing"

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<input type="radio"/> No (skip to question <a href="#">15a</a> ) <input type="radio"/> Unknown (skip to question <a href="#">15a</a> )	<input type="radio"/> Targeted screening and/or testing* <input type="radio"/> Both universal and targeted screening and/or testing* <input type="radio"/> Other; please specify: <hr style="width: 100%;"/>	with the maximum age covered being: <hr style="width: 100%;"/> <input type="radio"/> Unknown
<b>15. a. non-Medicaid-enrolled children?</b>  <input type="radio"/> Yes <input type="radio"/> No (skip to question <a href="#">16a</a> ) <input type="radio"/> Unknown (skip to question <a href="#">16a</a> )	<b>15b.</b> <input type="radio"/> Universal screening and/or testing* <input type="radio"/> Targeted screening and/or testing* <input type="radio"/> Both universal and targeted screening and/or testing* <input type="radio"/> Other; please specify: <hr style="width: 100%;"/>	<b>15c.</b> <input type="radio"/> All ages are covered <input type="radio"/> A select age range is covered, with the maximum age covered being: <hr style="width: 100%;"/> <input type="radio"/> Unknown
<b>16. a. pregnant women?</b>  <input type="radio"/> Yes <input type="radio"/> No (skip to question <a href="#">17</a> ) <input type="radio"/> Unknown (skip to question <a href="#">17</a> )	<b>16b.</b> <input type="radio"/> Screening only* <input type="radio"/> Testing only* <input type="radio"/> Both screening and testing* <input type="radio"/> Other; please specify: <hr style="width: 100%;"/>	

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

- Yes
- No; it is allowed but not mandated
- No; it is not allowed
- Unknown

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

- Yes
- No (skip to question [19](#))
- Unknown (skip to question [19](#))

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

- All ages are covered
- A select age range is covered, with the maximum age covered being: \_\_\_\_\_
- Unknown

**18b.** Please specify which blood lead levels are required to be reported. (Select one)

- All blood lead levels
- Blood lead levels  $\geq 5$   $\mu\text{g}/\text{dL}$
- Blood lead levels  $\geq 10$   $\mu\text{g}/\text{dL}$
- Blood lead levels  $\geq 15$   $\mu\text{g}/\text{dL}$

\*Please refer to training manual for explanation of "screening and/or testing"

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- Blood lead levels  $\geq 20$   $\mu\text{g}/\text{dL}$
- Blood lead levels  $\geq 45$   $\mu\text{g}/\text{dL}$
- Blood lead levels  $\geq 70$   $\mu\text{g}/\text{dL}$
- Unknown

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

- Yes
- No, electronic reporting is allowed but not mandated
- No, electronic reporting is not allowed
- Unknown

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

- Yes
- No (skip to question 21)
- Unknown (skip to question 21)

20a. 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: \_\_\_\_\_

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 one)

- Children  $\leq 1$  years of age
- Children  $\leq 2$  years of age
- Children  $\leq 3$  years of age
- Children  $\leq 6$  years of age
- Children  $\leq 16$  years of age
- N/A
- Other; please specify: \_\_\_\_\_

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

- All blood lead levels

\*Please refer to training manual for explanation of "screening and/or testing"

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- Blood lead levels  $\geq 5$   $\mu\text{g}/\text{dL}$
- Blood lead levels  $\geq 10$   $\mu\text{g}/\text{dL}$
- Blood lead levels  $\geq 15$   $\mu\text{g}/\text{dL}$
- Blood lead levels  $\geq 20$   $\mu\text{g}/\text{dL}$
- Blood lead levels  $\geq 45$   $\mu\text{g}/\text{dL}$
- Blood lead levels  $\geq 70$   $\mu\text{g}/\text{dL}$
- 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 <u>practiced</u> 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 <u>practicing</u> blood lead screening and/or testing* strategies? (Select all that apply)
<p><b>21. a. Medicaid-enrolled children</b> less than 6 years (72 months) of age?</p> <p><input type="radio"/> Yes  <input type="radio"/> No (skip to question <a href="#">22a</a>)  <input type="radio"/> Unknown (skip to question <a href="#">22a</a>)</p>	<p><b>21b.</b></p> <p><input type="checkbox"/> Specific interventions are triggered at a lower blood lead level than what is mandated  <input type="checkbox"/> Specific interventions are triggered at a higher blood lead level than what is mandated  <input type="checkbox"/> Focus is on targeting younger children  <input type="checkbox"/> Other; please specify:  <hr/></p>	<p><b>21c.</b></p> <p><input type="checkbox"/> Resources for childhood lead poisoning prevention program  <input type="checkbox"/> Resources for screening and/or testing*  <input type="checkbox"/> Working with providers  <input type="checkbox"/> Education and/or outreach to providers  <input type="checkbox"/> Education and/or outreach to public  <input type="checkbox"/> Education and/or outreach to targeted populations  <input type="checkbox"/> Accessing Medicaid program data  <input type="checkbox"/> Other; please specify:  <hr/></p>
<p><b>22. a. non-Medicaid-enrolled children</b> less than 6 years (72 months) of age?</p> <p><input type="radio"/> Yes  <input type="radio"/> No (skip to question <a href="#">23</a>)  <input type="radio"/> Unknown (skip to question <a href="#">23</a>)  <input type="radio"/> There is no mandate for non-Medicaid-enrolled children less than 6 years of age (skip to question <a href="#">23</a>)</p>	<p><b>22b.</b></p> <p><input type="checkbox"/> Specific interventions are triggered at a lower blood lead level than what is mandated  <input type="checkbox"/> Specific interventions are triggered at a higher blood lead level than what is mandated  <input type="checkbox"/> Focus is on targeting younger children  <input type="checkbox"/> Other; please specify:  <hr/></p>	<p><b>22c.</b></p> <p><input type="checkbox"/> Resources for childhood lead poisoning prevention program  <input type="checkbox"/> Resources for screening and/or testing*  <input type="checkbox"/> Working with providers  <input type="checkbox"/> Education and/or outreach to providers  <input type="checkbox"/> Education and/or outreach to public  <input type="checkbox"/> Education and/or outreach to targeted populations  <input type="checkbox"/> Accessing Medicaid program data  <input type="checkbox"/> Other; please specify:  <hr/></p>

\*Please refer to training manual for explanation of "screening and/or testing"

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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 the 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 homes
  - 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
24. Has your jurisdiction's childhood lead poisoning prevention program developed a lead elimination plan or goal?
- Yes
  - No (skip to question 25)
  - Unknown (skip to question 25)
- 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

\*Please refer to training manual for explanation of "screening and/or testing"



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**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?

Yes; Our jurisdiction targets both high-risk areas and populations

Yes; Our jurisdiction targets only high-risk areas

Yes; Our jurisdiction targets only high-risk populations

No

Unknown

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

Yes, GIS maps of both high-risk areas and populations are published

Yes; GIS maps of only high-risk areas are published

Yes; GIS maps of only high-risk populations are published

No

Unknown

\*Please refer to training manual for explanation of "screening and/or testing"

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## 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 Exposure		
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. _____

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Labwork (e.g. hemoglobin or hematocrit, iron status)	29i. _____	29j. _____
Temporary measures for lead hazard reduction	29k. _____	29l. _____
Permanent measures for lead hazard reduction	29m. _____	29n. _____
Neurodevelopmental monitoring	29o. _____	29p. _____
Abdominal x-ray with bowel decontamination	29q. _____	29r. _____
Chelation therapy	29s. _____	29t. _____
<b>30. Nutritional Assessment and Interventions</b>		
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. _____
<b>31. Developmental Assessment</b>		
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

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- 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 [34](#))

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

- Yes, the actions are implemented at a lower blood lead level
- Yes, the actions are implemented at a higher blood lead level
- 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

\*Please refer to training manual for explanation of "screening and/or testing"

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- 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

\*Please refer to training manual for explanation of “screening and/or testing”