


Awardee Lead Profile Assessment

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Below is the annual Awardee Lead Profile Assessment (ALPA) for childhood lead poisoning prevention programs (CLPPPs or "programs") funded by the Centers for Disease Control and Prevention (CDC).

The purpose of the assessment is to collect information about childhood lead poisoning-related laws and guidance, surveillance and prevention strategies, and program services including at what blood lead levels (BLLs) various case management activities are performed.

This information collection will help CDC to identify specific factors that may support or hinder the efforts of public health agencies engaged in lead poisoning prevention. CDC will use the collected information to inform guidance, resource development, and technical assistance activities to support lead hazard elimination. Assessment findings will be shared with key internal and external partners and used to respond to inquiries by the public, media, Congress, and others.

You have been asked to take part in this assessment in your official capacity as someone who is knowledgeable about the CLPPP.

The data will be kept secure throughout the analysis and reporting process.

This assessment should take no more than 53 minutes to complete. You may stop taking the assessment and finish it at a later time. To re-enter the assessment, you will just click on the original link you were sent via email. Please refer to the ALPA training manual for instructions on answering each question.

Please complete the assessment by **[SPECIFIC DATE TO BE PROVIDED - 2 WEEKS AFTER THE SURVEY IS SENT OUT]**.

Participation is required for satisfactory performance under the current Notice of Award. No individually identifiable information will be requested.

If you have programmatic questions, you can contact CDC via your Project Officer.

CDC estimates the average public reporting burden for this collection of information as 53 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).

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)

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Section 1: Program Information

1. What is your Program Title (ex. State Childhood Lead Poisoning Prevention Program, NYC Health Dept)

* must provide value

2. What city is your program headquarters

* must provide value

3. Select the State/Territory Program Headquarters

* must provide value

4. Which best describes your program?

* must provide value

Section 2: Governance

This section only collects information about current state, tribal, local, and territorial mandates, regulations, and policies. Do not include federal regulations and policies.

5. What is your program strategy for blood lead testing for children enrolled in Medicaid?

- Universal testing mandated
- Universal testing recommended
- Targeted testing mandated
- Targeted testing recommended
- Both universal and targeted testing mandated
- Both universal and targeted testing recommended
- No strategy
- Unknown

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6. Why doesn't your program mandate universal testing for all children enrolled in Medicaid?

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7. What ages are covered by your program's strategy for children enrolled in Medicaid?

8. What is your program's strategy for blood lead testing for children not enrolled in Medicaid?

- Universal testing mandated
- Universal testing recommended
- Targeted testing mandated
- Targeted testing recommended
- Both universal and targeted testing mandated
- Both universal and targeted testing recommended
- No strategy
- Unknown

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9. What ages are covered by your program's strategy for children not enrolled in Medicaid?

10. Does your program have a strategy for blood lead testing for pregnant women?

11. What is the strategy based on?

12. Does your program have legislation mandating the existence or operation of a program?

13. Does your program have a reporting law for blood lead levels in children ?

14. What ages are covered by your program's blood lead level reporting law?

15. Which blood lead levels are required to be reported? (Select one)

- All blood lead levels
- Blood lead levels ≥ 3.5 $\mu\text{g/dL}$
- Blood lead levels ≥ 5 $\mu\text{g/dL}$
- Blood lead levels ≥ 10 $\mu\text{g/dL}$
- Blood lead levels ≥ 15 $\mu\text{g/dL}$
- Blood lead levels ≥ 20 $\mu\text{g/dL}$
- Blood lead levels ≥ 45 $\mu\text{g/dL}$
- Blood lead levels ≥ 70 $\mu\text{g/dL}$
- Other
- Unknown

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16. Who is mandated to report the blood lead levels to your program? (Select all that apply)

- Private laboratories
- State public health laboratories
- Health care providers
- Local health departments
- All point of care devices
- Other
- Unknown

17. Does your program require electronic reporting for blood lead levels?

18. Does your program have a lead paint abatement and/or remediation law(s)?

19. 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
- Unknown

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

- Presence of children
- ≤ 1 years of age
- ≤ 2 years of age
- ≤ 3 years of age
- ≤ 6 years of age
- ≤ 16 years of age
- Other age
- All blood lead levels
- Blood lead levels ≥ 3.5 $\mu\text{g}/\text{dL}$
- Blood lead levels ≥ 5 $\mu\text{g}/\text{dL}$
- Blood lead levels ≥ 10 $\mu\text{g}/\text{dL}$
- Blood lead levels ≥ 15 $\mu\text{g}/\text{dL}$
- Blood lead levels ≥ 20 $\mu\text{g}/\text{dL}$
- Blood lead levels ≥ 45 $\mu\text{g}/\text{dL}$
- Other blood lead level
- Unknown

Section 3: Surveillance, Testing and Prevention

21. Does your program use CDC's blood lead reference value (BLRV) of 3.5 $\mu\text{g}/\text{dL}$ for at least one public health action?

22. When did this change become effective? (MM/YYYY)

23. What barriers hinder your program's ability to use CDC's current BLRV to initiate various public health actions? (Select all that apply)

- Lack of support from providers
- Lack of organizational support
- Lack of support from decision makers
- Lack of resources for the program
- Lack of resources for testing
- Lack of resources for follow-up activities
- Lack of resources for laboratories
- Laboratory testing capacity
- Other
- Unknown

24. Over the past 12 months, what has been the general trend for blood lead testing rates in the area covered by your program?

25. If testing rates have increased, what do you attribute that change to?

26. If testing rates have decreased, what do you attribute that change to?

- New policies/regulations
- Decreased availability of staff
- Decreased funding
- Recalls of point-of-care testing kits
- Decreased resources for the program
- Decreased resources for testing
- Decreased resources for laboratories
- Laboratory-related issues
- Other
- Unknown

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27. Does your 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
- Conduct systematic environmental investigation activities
- Have codified specifications for lead-safe housing treatments
- Partner with housing agencies to incorporate lead hazard identification into housing code or other inspections
- Use data to recommend policy changes that promote childhood lead poisoning prevention
- Collaborate with partners to incorporate lead poisoning educational information into their materials for high-risk families
- Conduct family and community education that supports primary prevention activities
- Conduct professional health education, risk communication, and/or training activities to increase lead poisoning prevention awareness
- Require environmental testing of adjacent units when a child with lead poisoning is identified
- Prioritize remediation of housing units previously identified as sources of a child's lead exposure
- Require certification for lead abatement contractors and training in lead-safe work practices for contractors who work in pre-1978 housing
- Replace lead service lines
- Replace drinking fountains in schools and childcare centers
- Other
- None of the above
- Unknown

28. Does your program have an active lead elimination plan?

29. Does your program's lead elimination plan have any of the following measures? (Select all that apply)

- Quantifiable standard
- Timeline for goals
- Other
- None of the above
- Unknown

30. Does your program's lead elimination plan include any of the following components? (Select all that apply)

- Needs assessment
- Primary prevention plan
- Blood lead surveillance/testing plan
- CLPPP workplan
- Establishing a workgroup/taskforce/advisory committee
- Laws/regulations/policies plan
- Evaluation plan
- Other
- None of the above
- Unknown

31. Does your program publish maps of high-risk areas and/or populations for public use?

- Yes, maps of both high-risk areas and populations are published
- Yes, maps of only high-risk areas are published
- Yes, maps of only high-risk populations are published
- No
- Unknown

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32. Does your program have a public-facing interactive mapping tool?

Section 4: Case management

33-35. At what confirmed blood lead level does your program initiate the following actions for children less than 6 years (72 months) of age by mandate and by practice?

Administrative Actions	Mandated Blood Lead Level	Practiced Blood Lead Level
Notification (Phone call, mail letter, provide educational materials)	<input type="text" value=""/>	<input type="text" value=""/>
Begin case management or follow up	<input type="text" value=""/>	<input type="text" value=""/>
Assessment and Remediation Actions	Mandated Blood Lead Level	Practiced Blood Lead Level
Obtain child's exposure history/inspect child's home/measure environmental lead levels	<input type="text" value=""/>	<input type="text" value=""/>
Lead hazard reduction or abatement interventions to reduce exposure	<input type="text" value=""/>	<input type="text" value=""/>
Medical/Clinical Actions	Mandated Blood Lead Level	Practiced Blood Lead Level
Follow-up blood lead testing	<input type="text" value=""/>	<input type="text" value=""/>
Conduct history and physical exam/neurological exam/developmental assessment	<input type="text" value=""/>	<input type="text" value=""/>
Additional lab work or diagnostic studies (e.g. hemoglobin or hematocrit, iron status, abdominal x-ray)	<input type="text" value=""/>	<input type="text" value=""/>
Chelation therapy/bowel decontamination	<input type="text" value=""/>	<input type="text" value=""/>
Diet or nutritional evaluation	<input type="text" value=""/>	<input type="text" value=""/>
Refer for diagnostic evaluation for neurodevelopmental issues or early intervention programs	<input type="text" value=""/>	<input type="text" value=""/>
Refer to Woman, Infants, and Children (WIC) program	<input type="text" value=""/>	<input type="text" value=""/>
Refer to hospital for urgent lead poisoning evaluation and treatment	<input type="text" value=""/>	<input type="text" value=""/>

36. Are any of these actions implemented by all or some local health departments rather than at the state/territorial/tribal health department level? Select all that apply

- Notification (Phone call, mail letter, provide educational materials)
- Begin case management or follow up
- Obtain child's exposure history/inspect child's home/measure environmental lead levels
- Lead hazard reduction or abatement interventions to reduce exposure
- Follow-up blood lead testing
- Conduct history and physical exam/neurological exam/developmental assessment
- Additional lab work or diagnostic studies (e.g. hemoglobin or hematocrit, iron status, abdominal x-ray)
- Chelation therapy/bowel decontamination
- Diet or nutritional evaluation
- Refer for diagnostic evaluation for neurodevelopmental issues or early intervention/stimulation programs
- Refer to Woman, Infants, and Children (WIC) program
- Refer to hospital for urgent lead poisoning evaluation and treatment
- None of the above
- Unknown
- Not Applicable

37. What barriers does your program face when practicing blood lead case management? (Select all that apply)

- Resources for the program
- Resources for 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
- Unknown