

and Local Public Health Officials” (found at: <http://www.cdc.gov/nceh/lead/guide/guide97.htm>) and to Appendices III and IV, the CDC estimates of children under six with elevated blood lead levels by city and state.

- Programs with an approved jurisdiction-wide screening plan already in place should include a copy as an appendix to their application. Application work plans must include goals and objectives describing screening performance measures and plans for periodic evaluation and improvement of the screening plan.

- Programs without a screening plan will provide work plan objectives for publishing and implementing a screening plan within one year of award.

- The screening plan should address uses of health education and communication to the targeted screening population. Additionally, the screening plan should address the education and communication of screening recommendations and childhood lead poisoning prevention efforts to health care providers.

- The screening plan will be reviewed and updated at least annually, and resubmitted to the assigned CDC Project Officer for review and comment.

#### c. Surveillance

- Programs must maintain and/or enhance a statewide or jurisdiction-wide childhood lead surveillance system to meet the criteria in Appendix VI (Elements Of Developing And Maintaining A Surveillance System). If programs do not have an existing surveillance system that meets these criteria, the application work plan should include objectives demonstrating how the surveillance system will be designed and implemented to meet the criteria within the first year of the project period. The program should also describe the implementation, or planned implementation, of regulations within the state or jurisdiction requiring the reporting of all blood lead results for children less than 72 months of age.

#### d. Primary Prevention

- Programs must conduct childhood lead poisoning primary prevention activities for families at high risk for lead poisoning to include those who live in housing built prior to 1978. The program should focus activities on pregnant women and/or families with young children at high-risk for lead poisoning exposure. The program should consider, but is not limited to, the examples of primary prevention activities in Appendix VII.

- Educational material and media campaigns may be used to support primary prevention activities.

- Primary prevention activities must be regularly evaluated for effectiveness in reducing the childhood lead burden in higher risk communities and/or populations. Evaluation of primary prevention activities should not include human subjects research.

#### e. Case Management of Children With Elevated Blood Lead Levels

- Provide a written case management plan consistent with published state and local guidelines, or the recommendations from the National Advisory Committee on Childhood Lead Poisoning Prevention, “Managing Elevated Blood Lead Levels Among Young Children”, (found at: [http://cdc.gov/nceh/lead/CaseManagement/caseManage\\_main.htm](http://cdc.gov/nceh/lead/CaseManagement/caseManage_main.htm)), within the first six months of the project period.

- Establish specific application work plan goals and objectives for reducing over-all morbidity (in children identified with elevated blood lead levels) by tracking and assuring appropriate and timely coordination of case management activities in accordance with established protocols.

- Implement targeted health education and communication activities to support improvements in timely and appropriate care.

- Case management will be evaluated at least quarterly using surveillance and case management data. At a minimum, the program should review the time frames for (a) initiating and completing case management services, including the first home visit; (b) a written care plan for each case; (c) the reduction of blood lead level rates; and (d) the rates of case closure by category (e.g., medical or administrative closure.)

#### f. Strategic Partnerships

- The program should demonstrate the development of strategic partnerships with community organizations, health-care providers, and other governmental and non-governmental organizations conducting childhood lead poisoning prevention activities and/or developing protective policies, as well as other programs focused on children likely to be at high risk for lead poisoning (e.g., Women, Infant and Children Program (WIC), Immunizations, Asthma Control, Head Start and Healthy Start).

- Strategic partnerships should be demonstrated by the inclusion of letters of support, memoranda of understanding, and/or contracts in the application.

- Guidance for working with and within communities can be found in the CDC document, “Principles of Community Engagement” (found at: <http://www.cdc.gov/phppo/pce/index.htm>).

#### g. Activities With Organizations and Agencies Engaged in Lead Hazard Reduction and Development of Protective Policy

- The applicant should demonstrate coordination of, or plans to coordinate activities with those organizations engaged in lead remediation and abatement (e.g., housing agencies, HUD funded lead hazard reduction grantees, and banking, real estate, and insurance interests).

- Planned or ongoing activities should include the education and communication of childhood lead poisoning prevention efforts and protective policies to target audiences (e.g., landlords, homeowners, legislative officials).

- Planned or ongoing coordination activities should be demonstrated by the inclusion of letters of support, memoranda of understanding, and/or contracts in the application.

#### h. Evaluation Plan

The evaluation plan should address the effectiveness of the CLPPP by program area, as well as the overall impact of the program in reducing and preventing childhood lead poisoning within the jurisdiction. Evaluation should take place at least annually.

The evaluation plan should: (1) Address the program as a whole; (2) specifically address each program goal; (3) have measurable, achievable and time-phased objectives; (4) focus on programmatic outcome/impact on eliminating childhood lead poisoning as a public health problem; (5) include the name and qualifications of the person responsible for conducting the evaluation; (6) specify how often evaluation will be conducted; and (7) discuss how the results of the evaluation will be built into improving each of the program components.

The same terms and definitions used for the work plan should be used in the evaluation plan (see Appendix VIII).

Guidance related to the components of an effective evaluation plan can be found in the CDC document “Framework for Program Evaluation in Public Health” (found at: <http://www.cdc.gov/eval/framework.htm>). Additional guidance can be found at the “CDC Evaluation Working Group Web Site” (<http://www.cdc.gov/eval/>).

The program should specify whether or not identifiable information will be