The National Center for Environmental Health (NCEH) plans, directs, and coordinates a national program to maintain and improve the health of the American people by promoting a healthy environment and by preventing premature death and avoidable illness and disability caused by non-infectious, non-occupational environmental and related factors. NCEH is part of the Centers for Disease Control and Prevention, an agency of the U.S. Department of Health and Human Services. For more information, visit http://www.cdc.gov/nc eh.

The Childhood Lead Poisoning Prevention Program Community Awareness Pilot

CLPPP CAP believes that both direct service and systemic change are needed to address lead poisoning prevention. CLPPP CAP uses three tools to modify systems targeted to underserved and uninformed communities. These tools—education, training, and action—are used to:

- Empower congregations and organizations.
- Link faith-based organizations with community resources.
- Build relationships between groups at risk in the community.
- Develop ways to address local issues and concerns.
- Achieve social justice in health, dignity, and self worth.

CLPPP CAP’s aim is to bring about systemic change by uniting congregations and communities throughout the at-risk communities. The CLPPP CAP project strives to develop leaders and build relationships within and among local congregations and communities to achieve social justice. These leaders can work together and with congregations and residents of the communities to determine the kind of community the people want to live in. Together they can make the changes to create the community they envision.
Vision

The vision of CLPPP CAP is to provide leadership in childhood lead poisoning prevention through community education, training, and action, thereby making every house a healthy and safe home and giving every child a fair chance to achieve in life.

Mission Statement

The mission of CLPPP CAP is to create an environment within communities that welcomes the participation of faith-based and community-based organizations as valued and essential partners assisting Americans in need. CLPPP CAP’s mission is part of CDC’s Lead Poisoning Prevention Branch’s focus on improving services to underserved citizens affected by lead poisoning. The goal of this effort is to better use faith-based and community-based organizations in providing effective community services.

Objective

By 2005, develop and pilot a Lead Poisoning Prevention Tool Kit in 40% of the high-risk counties in Georgia.

By 2008, disseminate the model of the Lead Poisoning Prevention Tool Kit in 75% of the 50 states.

By 2010, educate 100% of the communities in high-risk counties on effective strategies to prevent childhood lead poisoning.

1. Behavioral objectives—These objectives are related to changing the behavior of people (what they are doing or saying about the problem of lead poisoning; community awareness about what they can do to help eliminate lead). An example of this kind of behavior is a neighborhood improvement group that develops a plan to repair homes of community residents who are unable to repair their homes themselves (the behavior), thus helping the less able and gaining improved housing in the community (the result).

2. Community-level outcome objectives—These objectives are related to behavioral outcome objectives but are more focused on the community level than on an individual level.

3. Process objectives—These objectives provide the structure or implementation necessary to achieve the other objectives. Examples are to complete the Renovation Campaign by September 2005; conduct training programs for all volunteers (partner with the Department of Housing and Urban Development and American Dream Down Payment Initiative); propose a 2-to-1 return by forming partnerships with churches for better housing; partner with The Home Depot, Lowe’s, and hardware stores; and ask churches to adopt a home.
Strategies

Develop outcome-based strategies that lead to success. An example is to provide a framework for communities and individuals to improve their ability to make informed decisions that will promote environmental health and quality of life. Active participation by community members will help them define their own priorities and desired outcomes.

Remove barriers by identifying them and confronting the issues to find solutions. Involve valued stakeholders.

Increase support and resources through faith-based organizations, open panel discussions, seminars, exhibits, and community tool kit.

Action Plan

The action plan will be determined by stakeholders. The plan will include the following:

- Action steps (what will be done)
- People responsible (who is accountable)
- Date Completed (by when)
- Resources required (costs)
- Collaborators (who are the partners / committee members)

Overview of Lead Poisoning Concerns in Georgia, 2003

- Pre-1950 housing (number) .................................................................337,036
- Pre-1950 housing (percentage) .........................................................10.3
- Renter occupied pre-1950 housing (number) ...............................113,349
- Renter occupied pre-1950 housing (percentage)............................33.6
- Children <72 months (number) ..........................................................714,090
- Children <72 months who live below the poverty level (number) ......127,351
- Children tested for lead poisoning in 2001 (number) ......................32,955
- Children with confirmed blood lead levels > 10 µg/dL in 2001 (number) ....423
- Laws requiring testing labs to report all blood lead levels to the state? .......... No
- State or counties have inspection laws? ................................................Yes
Let’s put the CAP on Lead