

# Lead Poisoning Prevention – Childhood Lead Poisoning Prevention --- financed partially by Prevention and Public Health Funds

**CDC-RFA-EH17-1701PPHF17**

Informational Conference Calls—March 23, 2017, and April 5, 2017

**Call-In Information: 1-855-644-0229**

**Participant code: 526017**

## Lead: The Impact

- Estimated **535,000** U.S. children ages 1 to 5 years have blood lead levels (BLLs) above the CDC reference value of 5  $\mu\text{g}/\text{dL}$
- Some **38 million** homes in the U.S. contain lead-based paint hazards
- As many as **35% of children** identified are exposed to lead from sources other than lead-based paint
- Public health action is needed to support activities to reduce lead exposure

The good news: Lead poisoning is **100% preventable**

# Lead Poisoning Prevention Program

- The **Lead Contamination Control Act of 1988** authorized the Centers for Disease Control and Prevention (CDC) to initiate program efforts to eliminate childhood lead poisoning in the United States.
- CDC's **Childhood Lead Poisoning Prevention Program** is committed to the Healthy People 2020 goals of reducing blood lead above CDC's current reference value and differences in average risk based on race and social class as public health concerns.

**\*This program is authorized by the U.S. Public Health Service Act and the Patient Protection and Affordable Care Act of 2010**

# Lead Poisoning Prevention FY2017

A total of **approximately \$4M from Budget Authority** will be awarded in FY2017 through cooperative agreements to support childhood lead poisoning prevention activities, including

- Blood lead testing
- Surveillance
- Targeted population-based interventions

Awardees will be expected to demonstrate that collaborations and processes are in place to identify lead-exposed children and link them to recommended services.

# Funding Eligibility

## Who is eligible to apply?

- **Limited Competition**

- **Government Organizations:**

- State governments (including the District of Columbia) or their bona fide agents
- Local governments or their bona fide agents

Must have a valid population size of at least 750,000 using the 2010 U.S. Census data or a 2011-2016 U.S. Census update

**Awardees funded in FY17 under [CDC-RFA-EH14-140804PPHF17](#) are not eligible for Year 1 funds under this FOA, but must apply through this FOA to be eligible for funding in Years 2&3.**

# Funding Strategy

- **Funding Instrument Type: Cooperative Agreement**
- **Total Project Period Funding\*: \$35,000,000**
- **Project Period: 3 Years**
  - Anticipated Start Date: 09/30/2017
  - Anticipated End Date: 09/29/2020
- **Approximate Number of Awards: Up to 45**
  - 10 Awards are expected in Year 1
  - Current awardees funded under [CDC-RFA-EH14-140804PPHF17](#) in FY2017 are not eligible for Year 1 funds under this FOA
  - 45 Awards are expected in Years 2 & 3
- **This amount is subject to the availability of funds**

# FY17 Funding Availability

**FY17 – Year 1 Funding Availability\*: \$4,000,000**

**Number of Awards: 10**

- **Average Award Amount: \$400,000 per budget period**
- **Maximum Award Amount: \$445,000 per budget period**
- **Minimum Award Amount: \$150,000 per budget period**

**Budget Period: 12 months**

- **Anticipated Start Date: 09/30/2017**
- **Anticipated End Date: 09/29/2018**

**\* This amount is subject to the availability of funds**

# Application Deadline

## Application Deadline

- **4/20/2017, 11:59 pm U.S. Eastern Time**

## How to apply

- <https://www.grants.gov/web/grants/search-grants.html?keywords=lead>

## Anticipated Award Date

- Awards are anticipated to be announced by **June 30, 2017**, with a September 30, 2017, project period start date.

## Funding Criteria

- **Awardees must have the authority in their jurisdiction to govern, regulate, deliver, implement, and enforce policies, codes or requirements on childhood lead poisoning prevention that could involve Medicaid, housing, environmental regulation, or consumer protection agencies.**
- **Awardees will be expected to demonstrate that processes are in place to identify lead-exposed children and link them to recommended services.**
- **Awardees will be expected to work closely with other agencies, partners, and other stakeholders serving children to ensure that a comprehensive system of referral, case management, follow up and evaluation is in place for lead-exposed children.**

# Logic Model

## Lead Poisoning Prevention - Childhood Lead Poisoning Prevention --- financed partially by PPHF

*Bold indicates project period outcome*

Strategies and Activities	Short-Term Outcomes	Long-Term Outcomes
<p><u>Strengthen blood lead level testing</u></p> <ul style="list-style-type: none"> <li>Develop and implement plan for blood lead testing of children</li> </ul> <p><u>Strengthen Surveillance</u></p> <ul style="list-style-type: none"> <li>Develop, implement, and maintain HHLPSS or equivalent surveillance system</li> <li>Develop and implement blood lead data collection, data quality and dissemination plan</li> <li>Conduct analysis of surveillance data</li> <li>Establish and implement surveillance reporting system and dissemination plan</li> </ul> <p><u>Strengthen population-based interventions</u></p> <ul style="list-style-type: none"> <li>Develop and implement targeted population-based interventions</li> <li>Educate public, partners, and stakeholders about lead-related issues</li> </ul>	<ul style="list-style-type: none"> <li><b>Increased numbers of children less than 6 years (72 months) of age tested for blood lead.</b></li> <li><b>Improved data usage that leads to a greater identification of geographic areas and populations at high-risk for lead exposure.</b></li> <li><b>Increased ability to target intervention (e.g. education and outreach) to high-risk geographic areas and populations.</b></li> <li><b>Increased knowledge and awareness of public health professionals, lead prevention workforce, partners, and other stakeholders about lead prevention and interventions through lead prevention training programs.</b></li> </ul>	<p>Reduced mean BLL in children aged less than 6 years (72 months) of age</p> <ul style="list-style-type: none"> <li>Reduction of blood lead in children aged less than 6 years (72 months) of age</li> <li>Reduction in housing with lead hazards</li> <li>Improved academic outcomes for lead-exposed children</li> </ul>

# Logic Model (cont'd)

## Lead Poisoning Prevention - Childhood Lead Poisoning Prevention --- financed partially by PPHF

*Bold indicates project period outcome*

Strategies and Activities	Short-Term Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> <li>• Develop and conduct trainings for lead workforce, partners, and other stakeholders</li> <li>• Develop and maintain collaborative relationships with community, local, and state partners and stakeholders to address priority challenges and opportunities</li> </ul> <p><u>Strengthen processes to identify lead-exposed children and linkage to services</u></p> <ul style="list-style-type: none"> <li>• Provide support and subject matter expertise to systems that identify, refer, provide services to, and follow lead-exposed children</li> <li>• Collaborate with partners, stakeholders, and programs (e.g., early childhood education programs, social services, school systems, etc.) that can provide services to mitigate the effects of high blood lead levels</li> <li>• Connect lead-exposed children to community services</li> <li>• Conduct education and outreach to parents and providers of lead-exposed children</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Increased identification of children exposed to lead and linkage to recommended services.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Reduced disparities in BLL based on race, ethnicity, or socio-economic status</li> <li>• Reduced societal costs associated with lead-exposures (e.g. healthcare, special education, criminal justice system)</li> </ul>

# Strategies and Activities

- **Awardees must provide a clear and concise description of the strategies and activities they will use to achieve the project period outcomes.**
- **Applicants must use childhood lead poisoning prevention funding to accomplish activities aligned with the following four strategies:**
  1. Strengthen Blood Lead Level Testing
  2. Strengthen Surveillance
  3. Strengthen Population-Based Interventions
  4. Strengthen processes to identify lead-exposed children and linkage to services

# Outcomes

**Applicants must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the logic model.**

- **Increased number of children less than 6 years (72 months) of age tested for blood lead.**
- **Improved data usage that leads to a greater identification of geographic areas and populations at high-risk for lead exposure.**
- **Increased ability to target interventions (e.g. education and outreach) to high-risk geographic areas and populations.**
- **Increased knowledge and awareness of public health professionals, lead prevention workforce, partners, and other stakeholders about lead prevention and interventions through lead prevention training programs.**
- **Increased identification of children exposed to lead and linkage to recommended services.**

# Work Plan

- Applicants must have a work plan. No specific work plan template is required as long as it is clear how the components in the work plan crosswalk to the strategies and activities, outcomes, and evaluation performance measures presented in the logic model and the narrative sections of this FOA.
- Applicants must provide a separate detailed work plan of no more than 5 pages to describe work to be conducted in the first year of this award. A high-level work plan of no more than 5 pages should be included separately to describe work to be conducted in years two and three of the award.
- Applicants currently funded for FY17 under [CDC-RFA-EH14-140804PPHF17](#) and not eligible for Year 1 funds under this FOA, must still submit a Year 1 work plan of no more than 5 pages which meets the crosswalk requirement above.

# Example: Work Plan

**Short-Term Outcome:** *(from Outcomes section and/or logic model)* Increased knowledge and awareness of public health professionals, lead prevention workforce, partners, and other stakeholders about lead prevention and interventions through lead prevention training programs

<u>Strategies and Activities</u>	<u>Process Measure</u> (from Evaluation and Performance Measurement section)	<u>Direction of Change</u> Not started In progress Completed	<u>Baseline</u>	<u>Target</u>	<u>Responsible Position/Party</u>	<u>Completed Date</u>
Develop and maintain collaborative relationships with community, local, and state partners and stakeholders to address priority challenges and opportunities	Number of community and partner/stakeholder meetings	In progress	1	4	Program Manager	9/29/2018
Develop and maintain collaborative relationships with community, local, and state partners and stakeholders to address priority challenges and opportunities	Number of memorandums of agreement (MOUs) signed	Not started	Null	1	Program Manager	9/29/2018

# Reporting Requirements

- **Awardee Evaluation and Performance Measurement Plan including Data Management Plan**
- **Surveillance Data Reports**
- **Data on PPHF Performance Measures (as required)**
- **Annual Performance Report (APR)**
- **Federal Financial Reporting Forms**
- **Final Performance and Financial Report**
- **Payment Management System Reporting**

# Applicant Review and Selection Process

## ■ Phase I

- All applications will be initially reviewed for eligibility and completeness by the CDC Office of Grant Services.
- Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials.
- Non-responsive applications will not advance to Phase II review.

## ■ Phase II

- An [objective review panel](#) will evaluate complete eligible applications in accordance with the following criteria.
  - Approach ([50 points](#))
  - Evaluation and Performance Measurement ([25 points](#))
  - Applicant's Organizational Capacity to Implement the Approach ([25 points](#))

**Not more than 30 days after the Phase II review is complete, applicants will be notified if their application does not meet eligibility and/or published submission requirements.**

## Additional Information

- Current awardees funded in FY17 under [CDC-RFA-EH14-140804PPHF17](#) are not eligible for Year 1 (FY17) funds under this FOA, but must apply through this FOA with a budget and 3-year work plan to be eligible for funding in Years 2&3.
- The Year 1 budget must reflect the requirements in this FY17 FOA, and should not include any supplemental funds received from CDC previously.
- The Year 1 work plan must reflect the strategies and activities of this FY17 FOA and should not be a simple resubmission of any previously approved work plan.
- Current awardees must adhere to all eligibility and submission requirements in this FY17 FOA to be considered responsive and eligible for review and funding.

## Additional Information

- **Application Deadline:**  
**4/20/2017, 11:59 pm U.S. Eastern Time**
- **How to apply:**  
[https://www.grants.gov/web/grants/  
search-grants.html?keywords=lead](https://www.grants.gov/web/grants/search-grants.html?keywords=lead)

# Questions?

- **For programmatic technical assistance:**
  - Kimball Credle, Project Officer
  - Email: [kfc2@cdc.gov](mailto:kfc2@cdc.gov)
  - Phone: 770-488-3643
  
- **For financial, awards management, or budget assistance:**
  - Victoria McBee, Grants Management Specialist
  - Email: [yig9@cdc.gov](mailto:yig9@cdc.gov)
  - Phone: 770-488-2825

For more information, contact NCEH  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348      [www.cdc.gov](http://www.cdc.gov)  
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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

