

Childhood Lead Poisoning Prevention Projects, State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children

CDC-RFA-EH18-1806

**Centers for Disease Control and Prevention (CDC)
National Center for Environmental Health**

**Informational Conference Call
July 17, 2018**

**Call-In Information: 1-855-644-0229
Participant code: 6530827**

Background

- 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 monitor and reduce childhood lead exposure

CDC's 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 eliminating 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, (42 U.S.C. Sections 247b(k)(2) and 247b-3(b)), as amended."**

Lead Poisoning Prevention and Surveillance FY18

A total of approximately \$5M from Budget Authority will be awarded in fiscal year 2018 (FY18) through cooperative agreements to support childhood lead poisoning prevention strategic activities, including:

- Strengthening blood lead testing**
- Strengthening surveillance**
- Strengthening linkages of lead-exposed children to services**
- Strengthening targeted population-based interventions**

Award recipients 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?

- **Government Organizations:**
 - ❖ State governments or their bona fide agents
 - ❖ Territorial governments or their bona fide agents
 - ❖ Tribal governments (federally recognized or state-recognized American Indian or Alaska Native), 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 2011-2017 U.S. Census update

Recipients funded under [CDC-RFA-EH17-1701](#) are not eligible.

Funding Strategy

Funding Instrument Type: Cooperative Agreement

Total Project Period Funding: \$5,000,000*

Project Period: 2 Years

❖ **Anticipated Start Date:** 09/30/2018

❖ **Anticipated End Date:** 09/29/2020

Approximate Number of Awards: Up to 10

Average Award Amount: \$400,000 per budget period

Maximum Award (Ceiling): \$500,000 per budget period

Minimum Award (Floor): \$200,000 per budget period

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

Application Deadline

Application Deadline:

08/09/2018, 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 **September 1, 2018** with a September 30, 2018 project period start date.

Funding Criteria

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

EH181806: State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children

| Strategies and Activities | Short-Term Outcomes (2-year project period) | Long-Term Outcomes |
|--|---|---|
| <p><u>Strengthen blood lead level testing</u></p> <ul style="list-style-type: none"> Develop and implement plan for blood lead testing of children <p><u>Strengthen surveillance</u></p> <ul style="list-style-type: none"> Develop, implement, and maintain a blood lead surveillance system including a data collection, data quality, data analysis, and dissemination plan <p><u>Strengthen population -based interventions</u></p> <ul style="list-style-type: none"> Develop and implement targeted population-based interventions Develop and maintain collaborative relationships with community, local, and state partners and stakeholders to address priority challenges and opportunities <p><u>Strengthen processes to identify lead -exposed children and linkage to services</u></p> <ul style="list-style-type: none"> Connect lead-exposed children to community services including programs to mitigate the effects of lead Provide support to systems that refer, provide services, and follow children | <ul style="list-style-type: none"> Increased numbers 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 intervention (e.g. education and outreach) to high -risk geographic areas and populations. Increased identification of children exposed to lead and linkage to recommended services. | <ul style="list-style-type: none"> Reduced mean BLL in children aged less than 6 years (72 months) of age Reduction of blood lead levels in children aged less than 6 years (72 months) of age Reduced disparities in BLL based on race, ethnicity, or socioeconomic status Reduction in housing with lead hazards Improved academic outcomes for lead-exposed children Reduced societal costs associated with lead-exposures (e.g. healthcare, special education, criminal justice system) |

Strategies and Activities

- Applicants 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 key 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.

1. Increased number of children less than 6 years of age tested for blood lead.
2. Improved data usage that leads to a greater identification of geographic areas and populations at high-risk for lead exposure.
3. Increased identification of children exposed to lead and linkage to recommended services.
4. Increased ability to target interventions (e.g. education and outreach) to high-risk geographic areas and populations.

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 NOFO.
- Applicants must provide a separate detailed work plan of no more than 5 pages to describe work to be conducted in **year 1** of this award.
- A separate, high-level work plan of no more than 5 pages should be included to describe work to be conducted in **year 2** of the award.

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 | 9/29/2019 |
| 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 | 0 | 1 | Program Manager | 9/29/2019 |

Reporting Requirements

- **Awardee Evaluation and Performance Measurement Plan including Data Management Plan**
- **Surveillance Data Reports**
- **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

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Questions?

For programmatic technical assistance:

CDR Monica Leonard

Email: zgf7@cdc.gov

Phone: 404-498-1826

For financial, awards management, or budget assistance:

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Contact CDC at 1-800-CDC-INFO | or Visit: www.cdc.gov/info