Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children

CDC-RFA-EH20-2001

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

Informational Webinar
March 17, 2020
2:30 – 3:30 PM, Eastern

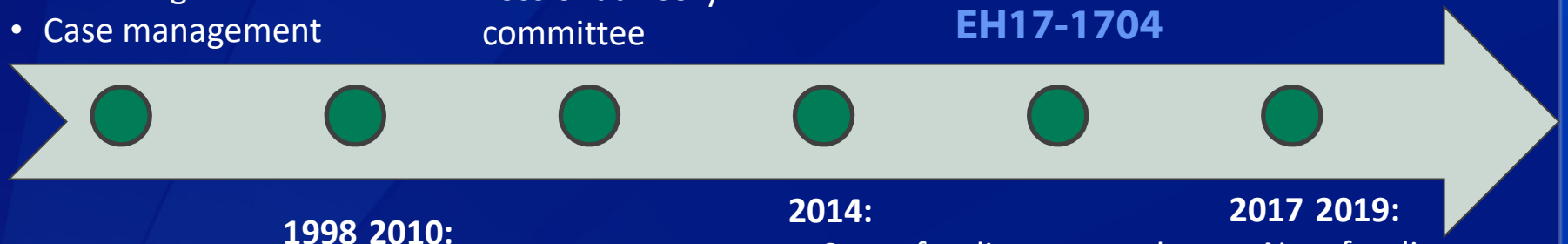
CDC Childhood Lead Poisoning Prevention Program

Statutory Authority

- 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
- Authorized by 42 U.S.C. Section 247b (k)(2); 42 U.S.C. Section 247b-3(b); 42 U.S.C. Section 247b-16

CDC Childhood Lead Poisoning Prevention Program

Major Program Milestones



1990 1997:
- Comprehensive program
- Universal screening
- Case management

1998 2010:
- Targeted screening
- Improved surveillance

2012:
- Program defunded
- Loss of extramural awards
- Loss of advisory committee

2014:
- Some funding restored for surveillance
- Community-based strategies and partnerships to target high-risk children

EH14-1408

2014 2016:
Flint Water Crisis
- Response

EH17-1704

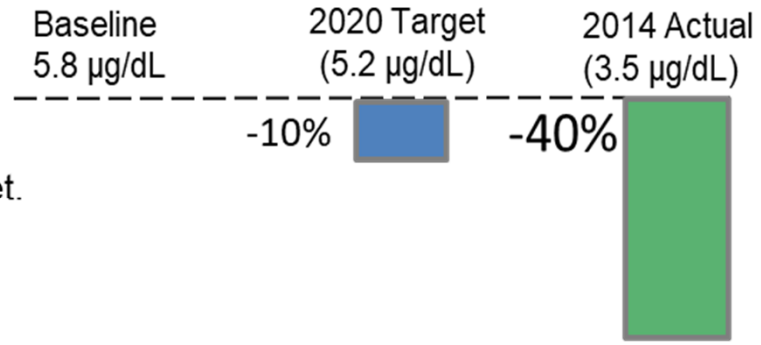
2017 2019:
- New funding
- Program structure and objectives to focus on enhanced surveillance

EH17-1701
EH18-1806

Childhood Lead Poisoning Prevention Program
Achievements

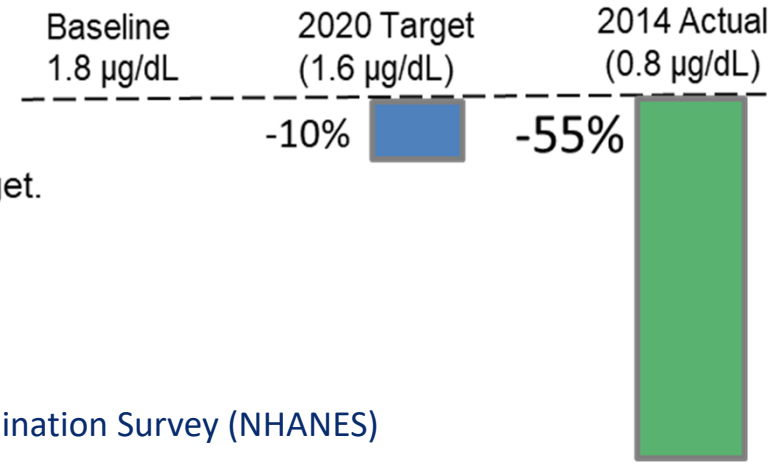
Healthy People 2020 Objectives

Reduce by 10% blood lead levels in the 97.5th percentile of children ages 1–5 years



This objective has exceeded the target.

Reduce by 10% geometric mean blood lead levels in children ages 1–5 years

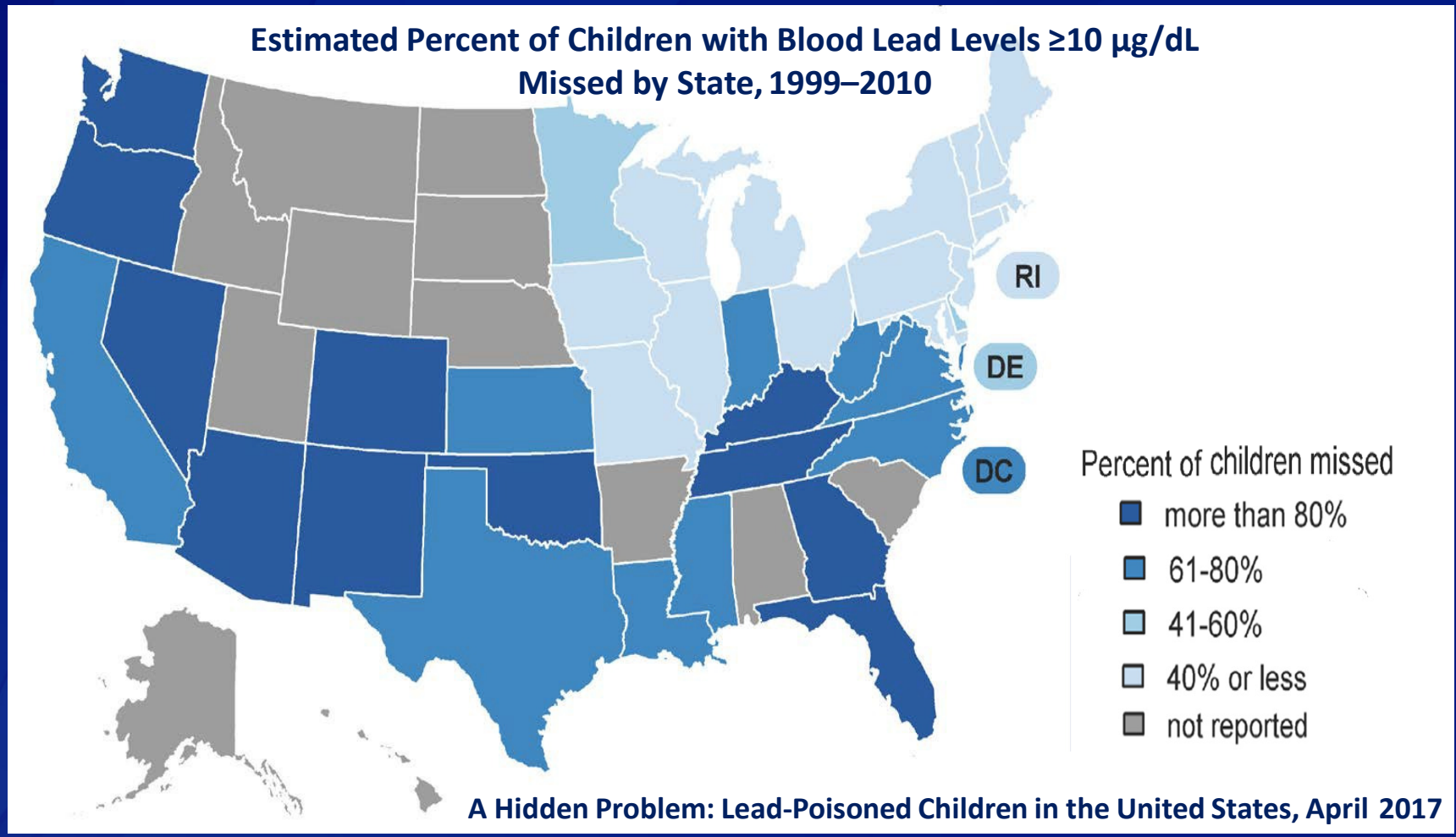


This objective has exceeded the target.

Data source: National Health and Nutrition Examination Survey (NHANES)

CDC Childhood Lead Poisoning Prevention Program

Challenges



CDC Childhood Lead Poisoning Prevention Program

Program Goals

- CDC's Childhood Lead Poisoning Prevention Program is committed to the Healthy People 2030 Objectives 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 NOFO also supports the objectives of the Federal Action Plan to Reduce Childhood Lead Exposures and Associated Health Impacts developed by the Lead Subcommittee of the President's Task Force on Environmental Health Risks and Safety Risks to Children.

CDC Childhood Lead Poisoning Prevention Program

Program Strategies

Strategy 1: Ensure Blood Lead Testing and Reporting

Strategy 2: Enhance Blood Lead Surveillance

Strategy 3: Improve Linkages of Lead-exposed Children to Recommended Services

Strategy 4: Develop Targeted, Population-Based Interventions Focused on Primary Prevention

CDC-RFA-EH20-2001

Logic Model

CDC-RFA-EH20-2001 Logic Model:

Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
1. Ensure Blood Lead Testing and Reporting • Develop and sustain a statewide Lead Advisory Committee. • Develop or update and implement an appropriate statewide screening plan based on local data.	Increased collaboration and coordination between appropriate stakeholders. Increased awareness of pediatric health care providers and clinical laboratories of state blood lead testing recommendations and reporting requirements.	**Improved blood lead testing and reporting rates for children less than 6 years of age at risk for lead exposure.**	**Decreased disparities in blood lead levels by race/ethnicity and socioeconomic status** Decrease adverse health effects of lead exposure in children Decreased societal costs associated with childhood lead exposure (e.g., healthcare, special education, criminal justice system). Decreased number of children living in environments at high risk of lead exposure.
2. Enhance Blood Lead Surveillance • Develop, update, or maintain a blood lead surveillance system that collects and tracks all blood lead test results and follow-up data on children with elevated blood lead levels including environmental source investigations and referrals to recommended services. • Develop and implement plans for surveillance data collection, data quality, and data dissemination with a focus on data interoperability. • Conduct analyses of surveillance data to identify lead-exposed children, high-risk populations, and geographic areas.	Increased linkages between complementary data systems (e.g., Medicaid, immunization, adult blood lead, vital statistics). Increased identification of geographic areas and populations at-risk for lead exposure using enhanced data linkages.	**Improved use of surveillance system data to capture missing data on child demographic and follow-up information.**	
3. Improve Linkages of Lead-Exposed Children to Recommended Services • Develop alerts in surveillance system to flag and track children with elevated blood lead levels requiring follow- up. • Connect children with elevated blood lead levels to recommended medical, environmental, and social services.	Increased identification, tracking, and recommended services for children with elevated blood lead levels. Increased ability for public health agencies, health care professionals, and other stakeholders to provide linkages to services and reduce loss to follow-up.	**Improved rates of children less than 6 years of age with elevated blood lead levels linked to recommended services.**	
4. Develop Targeted Population-Based Policy Interventions • Develop strategic partnerships and policies to implement targeted, population- based interventions aimed at primary prevention of lead exposure with a focus on community-based approaches for lead	Improved policies for targeted community- based approaches aimed at primary prevention of lead exposure in children.	Decreased lead hazards in housing occupied by vulnerable populations (such as children).	

CDC Childhood Lead Poisoning Prevention Program

Target Populations

Children aged less than 6 years (72 months) with specific focus on:

- **Children less than 3 years (36 months) of age**
- **Children living in homes built before 1978; in housing with known or suspected lead hazards; near hazardous waste sites or industrial emissions containing lead**
- **Children who are non-Hispanic, Black race/ethnicity**
- **Children who are recent immigrants, particularly refugees**
- **Children eligible or enrolled in Medicaid**
- **Children receiving services from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC)**

CDC Childhood Lead Poisoning Prevention Program

Expected Outcomes

- Improved blood lead testing and reporting rates for children less than 6 years of age at risk for lead exposure
- Improved use of surveillance system to capture missing data on child sociodemographic and follow-up information
- Improved rates of children less than 6 years of age with blood lead levels greater than or equal to CDC blood lead reference value who are linked to recommended services
- Decreased disparities in blood lead levels by race/ethnicity and socioeconomic status

CDC Childhood Lead Poisoning Prevention Program

FY20 Funding Strategy

A total of approximately $22M* will be awarded in FY2020 through cooperative agreements to support childhood lead poisoning prevention and surveillance activities

Funding Instrument Type: Cooperative Agreement

Total Project Period Funding*: $110,000,000

Project Period: 5 Years

- **Anticipated Start Date: 09/29/2020**
- **Anticipated End Date: 09/30/2025**

Approximate Number of Awards: Up to 51

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

CDC Childhood Lead Poisoning Prevention Program

FY20 Funding Availability

Year 1 Funding Availability*: $22,000,000

Minimum Award: $300,000 per budget period

Average Award: $400,000 per budget period

Maximum Award: $800,000 per budget period

Year 1 Budget Period: 12 months

- **Anticipated Start Date: 09/29/2020**
- **Anticipated End Date: 09/30/2021**

*** This amount is subject to the availability of funds; award ceiling is higher than maximum award to allow flexibility**

CDC Childhood Lead Poisoning Prevention Program

CDC-RFA-EH20-2001 Eligibility

Who is eligible to apply?

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

- A bona fide agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility, in lieu of a state application. For this specific award, a bona fide agent must have, or be delegated by the state, the public health authority in their jurisdiction(s) to govern, regulate, deliver, implement, and enforce policies, codes or requirements for childhood lead poisoning prevention and surveillance activities. A bona fide agent must provide a letter from the state as documentation of such delegated public health authority.

CDC Childhood Lead Poisoning Prevention Program

FY20 Funding Strategy

- Applicants are eligible for base awards of $300,000 to support statewide strategies for childhood lead poisoning prevention and surveillance (Strategies 1,2,3)
- Applicants with specific high-risk jurisdictions identified in Appendix 1 are eligible for additional optional awards of up to $150,000 per jurisdiction (up to 3) to directly support local health departments to link children to services (Strategy 3)
- Applicants are eligible for additional optional awards of up to $50,000 to support the development of targeted, population-based policy interventions with a focus on community-based primary prevention approaches for lead hazard elimination (Strategy 4)

CDC Childhood Lead Poisoning Prevention Program

Overview of Approach

STATE-BASED ACTIVITIES

CORE COMPONENT (REQUIRED)			OPTIONAL	OPTIONAL
Blood Lead Testing and Reporting	Surveillance	Linkages to Care	Linkages to Care	Targeted, Population - Based Interventions

Up to three eligible high-risk areas per state*

- Local Activities
- Local Activities
- Local Activities

*Appendix 1 – Funding Eligibility for High-Risk Areas

CDC Childhood Lead Poisoning Prevention Program

Funding Eligibility for High-Risk Areas

- Appendix 1 includes a list of high-risk areas designated for eligibility under this Notice of Funding Opportunity (NOFO)
- All census tracts in the U.S. were ranked using data from the U.S. Census (2016)
- Top 25% of metropolitan areas were chosen to allow for a maximum of up to three high-risk areas per state
- CDC recognizes that there are other high-risk areas for lead exposure in the U.S.; this is not meant to be a definitive list for lead exposure risk among U.S. children

Work Plan

- Applicants must have a work plan.
- A **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 to describe work to be conducted in **years 2-5** of the award.
- No specific work plan template is required; however, it must be clear how the components of the Applicant's work plan address the NOFO strategies, activities, outcomes, and performance measures presented in the logic model and the NOFO narrative sections.

Example: Work Plan

Short-Term Outcome: Increased collaboration and coordination between appropriate stakeholders.						
Strategies and Activities	**Process Measure**	**Progress** Not started In progress Completed	**Baseline**	**Target**	**Responsible Position/Party**	**Completed Date**
Develop and sustain a statewide Lead Advisory Committee	Number of committee members and stakeholder meetings	In progress	1	4	Program Manager	9/29/2021
Short-Term Outcome: Increased awareness of pediatric health care providers and clinical laboratories of state blood lead testing recommendations and reporting requirements.						
Strategies and Activities	**Process Measure**	**Progress** Not started In progress Completed	**Baseline**	**Target**	**Responsible Position/Party**	**Completed Date**
Develop or update and implement an appropriate statewide screening plan based on local data	Published statewide screening plan	Not started	Null	1	Program Manager	9/29/2021

CDC Childhood Lead Poisoning Prevention Program
Expectations

- Recipients will be expected to demonstrate that required collaborations, data systems, and processes are in place to identify lead-exposed children in the state and link them to recommended services
- Recipients will be expected to work closely with other agencies, partners, and healthcare providers serving children to ensure that a comprehensive system of referral, case management, follow-up and evaluation is in place
- Recipients will be expected to provide de-identified blood lead surveillance data (individual child and lab records) to CDC on a quarterly basis

Reporting Requirements

- Evaluation and Performance Measurement Plan including Data Management Plan (concurrence with CDC's DMP)
- Quarterly Surveillance Data Reports
- Annual Program Success Story
- Awardee Lead Profile Assessment (ALPA)
- 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
- **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)
- **Phase III**
  - Applications will be **ranked ordered** by scores as determined by the review panel; lead exposure risk factors may also affect funding decisions

FY20 Application Deadlines

Letter of Intent (LOI) Deadline*: 04/01/2020

***LOI is strongly encouraged, but not required, and should include:**

- Number and title of this NOFO; Descriptive title of proposed project
- Indicate if applying for Required Core and/or Optional Components
- Name, address, telephone number, and email address of Principal Investigator

Send LOI via email to: Leanna Thompson, lmf8@cdc.gov

Full Application Deadline: 04/30/2020, 11:59 pm Eastern

How to apply: https://www.grants.gov/web/grants/view-opportunity.html?oppId=324911

AT THIS POINT IN TIME

CDC has **not** issued any guidance with regard to deadline extensions for corona virus response.

Application deadline is:

04/30/2020, 11:59 pm Eastern

How to apply:

https://www.grants.gov/web/grants/view-opportunity.html?oppId=324911

Frequently Asked Questions (FAQs)

Answers to FAQs will be posted at:
https://www.cdc.gov/nceh/lead/ -and-
https://www.cdc.gov/nceh/lead/programs/funding.htm

For programmatic assistance:

Leanna Thompson, Deputy Branch Chief
Email: lmf8@cdc.gov

For financial, awards management, or budget assistance:

Louvern Asante, Grants Management Specialist
Email: lha5@cdc.gov

QUESTIONS?

Please type your question in the Q&A box