

**FY 2017 MDHHS Deliverable  
Submission Form**

Name of Project: Childhood Lead Poisoning Prevention Program

Document Name: Customer Feedback Survey and Key Informant Interview Protocol

Project Number: X-64029

Program Name: Center for Healthy Communities

Director or  
Coordinator Name: Julia Heany  
Jessie Jones

Submitted By: Jessie Jones

Type of Deliverable: (Please check one)

- ☐ Final report
- ☐ Specialized report
- ☐ Publication
- ☐ Articles published
- ☐ Brochures
- ☐ Software application
- ☐ Web screen shot
- ☐ No report, publication, or study
- ☐ Deliverable pending
- ☒ OTHER material

If OTHER, please describe:

Data collection tools: Customer Satisfaction Survey and Key Informant Interview  
Protocols

---

---

---



**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES – POPULATION HEALTH AND COMMUNITY  
SERVICES ADMINISTRATION  
CHILDHOOD LEAD POISONING PREVENTION PROGRAM (CLPPP)  
CUSTOMER FEEDBACK SURVEY 2017**

**SURVEY INTRODUCTION**

The Michigan Public Health Institute (MPHI) serves as the evaluator for the Childhood Lead Poisoning Prevention Program (CLPPP) at the Michigan Department of Health and Human Services. In an effort to assess communication efforts and customer satisfaction, MPHI is conducting a survey with local health departments and partner agencies. The results of this survey will inform evaluation findings and support quality improvement activities.

This survey will take approximately 10 minutes to complete. Your responses are fully confidential, results will only be reported in aggregate, and you will not be identifiable by your answers. You are free to decline to answer any question without risk to you and your participation in this survey is completely voluntary.

If you have any questions about this survey please contact:

- Lauren LaPine at llapine@mphi.org or (517) 324-8368
- Jessie Jones at jjones@mphi.org or (517) 324-8387

Thank you in advance for your participation.

**SURVEY INSTRUCTIONS**

For the purpose of this survey, please use the following definitions to inform your responses.

- **Childhood Lead Poisoning Prevention Program (CLPPP):** A program in the Division of Environmental Health, MDHHS supports the coordination of lead poisoning prevention and surveillance services for children in Michigan. Program service components include: blood lead surveillance data; education and outreach; technical consultation on case management and blood lead testing; coordination of primary prevention activities; policy development.
- **Healthy Homes and Lead Poisoning Surveillance System (HHLPS):** a web-based, case management and surveillance application that was developed to help local health departments track, investigate, and follow up on lead exposed children.
- **Technical Assistance:** Advice, assistance, or consultation provided by CLPPP staff regarding blood lead level (BLL) data reporting, appropriate case management for children with elevated blood lead levels, scientific aspects of blood lead, and/or how to access public information materials.

**DEMOGRAPHIC INFORMATION**

1. What is your professional affiliation with the MDHHS Childhood Lead Poisoning Prevention Program (CLPPP)?

- ☐ Local Health Department
- ☐ Partner Agency
- ☐ Other Professional (please specify): \_\_\_\_\_

2. In what county or counties do you provide services?

\_\_\_\_\_

## CORE QUESTIONS

- Please indicate your level of agreement with the following statements regarding the Childhood Lead Poisoning Prevention Program (CLPPP):

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree	Not Applicable
Overall, I am satisfied with my interactions with CLPPP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLPPP staff are accessible to answer my questions when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLPPP staff provide adequate technical assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the amount of information I receive from CLPPP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLPPP is responsive to our needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- If you selected strongly disagree, disagree, or somewhat disagree for any of the above items, please indicate why you disagreed with the statement(s).

- What barriers, if any, do you face when working with CLPPP?

- What could CLPPP do to improve its service to you?

- If you have received technical assistance from CLPPP, please rate your level of satisfaction regarding the technical assistance you received.

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Somewhat Satisfied
- ☐ Somewhat Dissatisfied
- ☐ Dissatisfied
- ☐ Very Dissatisfied
- ☐ Not applicable; did not receive technical assistance

- If you selected strongly disagree, disagree, or somewhat disagree for any of the above item, please indicate why you disagreed with the statement.

7. What types of technical assistance, if any, would you like CLPPP to provide that it is currently not providing?
8. What is CLPPP doing well?
9. Is there anywhere CLPPP could improve?
10. Is there anything else you would like to tell us?

## LOCAL HEALTH DEPARTMENTS (LHDs)

1. Please indicate your level of agreement with the following statements regarding the weekly reports of blood lead levels (BLL) provided to local health departments (LHDs) in Excel or paper format.

[illegible]

I am able to use the data provided to take further action to address childhood lead poisoning

[illegible]

- ☐ Yes      ☐ No      ☐ Not Sure      ☐ Don't know

6. What suggestions, if any, do you have for improving the system for receiving weekly BLL reports?

The Healthy Homes & Lead Poisoning Surveillance System (HHPSS) is a web-based, case management and surveillance application that is provided to Local Health Departments so that they can track, investigate, and follow up on lead exposed children.

- ☐ Yes ☐ No

- | Strongly Disagree | Disagree | Somewhat Disagree | Somewhat Agree | Agree | Strongly Agree | Not Applicable |
|-------------------|----------|-------------------|----------------|-------|----------------|----------------|
|-------------------|----------|-------------------|----------------|-------|----------------|----------------|

I am satisfied with HPLPSS

[illegible]

I am satisfied with the amount of information available in HHL PSS

HHLPS is updated with new BLL results on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to use the data provided to take further action to address childhood lead poisoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to input data into HHLPS regarding actions taken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the webinar training that is available for using HHLPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. If you selected strongly disagree, disagree, or somewhat disagree for any of the above items, please indicate why you disagreed with the statement(s).

10. What barriers, if any, have you experienced when inputting data into HHLPS regarding actions taken?

*Please answer the following questions about the CLPPP SharePoint website.*

11. Do you access the CLPPP SharePoint website?

☐Yes ☐No

12. *[If yes]* How useful do you find the CLPPP SharePoint website?

- ☐Very Useful
- ☐Useful
- ☐Somewhat Useful
- ☐Somewhat Not Useful
- ☐Not Useful
- ☐Not at All Useful
- ☐Not applicable

13. If you selected not at all useful, not useful, or somewhat not useful for any of the above items, please indicate why you didn't find the CLPPP SharePoint website useful.

14. *[If no]* Why don't you access the CLPPP SharePoint website?



working  
efficiently.

---

The training I have  
received is  
adequate.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

---

The training  
materials I have  
been provided are  
**helpful.**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

---

The training  
materials I have  
been provided are  
**useful.**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

---

I feel the nursing  
case management  
services I am able  
to provide to  
affected families  
are useful.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

---

22. If you selected strongly disagree, disagree, or somewhat disagree for any of the above items, please indicate why you disagreed with the statement(s).
23. What suggestions, if any, do you have for improving the Medicaid Elevated Blood Lead Nursing Case Management project?
24. What additional information would be helpful to assist you in successfully addressing childhood lead poisoning in your jurisdiction?
25. Approximately, how much funding would your local health department need to provide follow-up to all children with elevated capillary BLL  $\geq 5$ , to encourage them to receive a confirmatory venous test? *(Please provide detail on how you calculated the amount of funding your health department would need.)*
26. Approximately, how much funding would your local health department need to provide appropriate case management to all children with confirmatory venous BLL  $\geq 5$ ? *(Please provide detail on how you calculated the amount of funding your health department would need.)*
27. How have the recent events in Flint affected childhood lead poisoning prevention in your jurisdiction?
28. Are you familiar with the Governor's Child Lead Elimination Board report: A Roadmap to Eliminating Child Lead Exposure?  
☐Yes ☐No
29. *[If yes]* Are there any recommendations from the Roadmap Report you feel are important or should be prioritized?



30. Do you have any other feedback you would like to share at this time?

### PARTNER AGENCIES

1. Have you ever received data from CLPPP? (Please select all that apply)

- ☐ Yes, through a specific request made to CLPPP  
☐ Yes, through a broadcast email (e.g., Annual Data Report)  
☐ Yes, through the CLPPP website  
☐ No, I have not received any data from CLPPP

2. What actions are your agency currently taking to address childhood lead poisoning in your service area?

3. Does the BLL data you receive from CLPPP contribute to actions currently being taken to address Childhood Lead Poisoning in your service area?

- ☐ Yes ☐ No

4. *[If yes]* What actions is your agency currently taking to address childhood lead poisoning in your service area based on the BLL data you have received?

5. Please indicate which materials and resources you utilize from CLPPP, and, for those you do utilize, how useful you find them.

	Not at All Useful	Not Useful	Somewhat Not Useful	Somewhat Useful	Useful	Very Useful	Do Not Use/Receive
Annual Data Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brochures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management Forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider Guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Updated Medicaid Manual information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Safe Home Program Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead "101" PowerPoints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. If you selected strongly disagree, disagree, or somewhat disagree for any of the above items, please indicate why you disagreed with the statement(s).

7. What additional information would be helpful to assist you in addressing childhood lead poisoning in your service area?

8. What information would you like to see in the reports (or other materials) that you receive from CLPPP that is not currently included?
9. What other materials or resources would you like CLPPP to provide?
10. Do you have any other feedback you would like to share at this time?

## **CLPPP Key Informant Interview Protocol**

**Interviewee:**  
**Organization:**  
**Title:**  
**Date:**  
**Interviewer:**

---

### **Introduction:**

*LHD and Partner Agencies:* We are contacting you today to gather information on how your agency has interacted with the MDHHS Childhood Lead Poisoning Prevention Program (CLPPP) over the past year, to gather information on how your agency uses surveillance data, and understand the types of activities implemented at your agency based on the data received from CLPPP.

*Wes Priem:* We are contacting you today to gather information on how your program has interacted with the MDHHS Childhood Lead Poisoning Prevention Program (CLPPP) over the past year, to gather information on how your agency uses surveillance data, and understand the types of activities implemented at your agency based on the data received from CLPPP.

*Karen Lishinski:* We are contacting you today to gather information on how you use data to inform case management activities, and how/if this process changed over the past year.

### **Informed consent:**

We are asking you to participate in these interviews due to your interaction with the CLPPP program and your agency's efforts to prevent childhood lead poisoning. Your participation in this interview is completely voluntary. You are free to answer any question or not, and can stop participating at any time without any risk to you. The information you provide today will be kept confidential. With your consent today, we will be audio recording this interview for review and analysis. Your continued participation in the interview will be considered your consent. Only MPHI evaluation staff will have access to interview tapes and interview notes. The evaluation team will de-identify the interview transcripts, so even if you should mention your name or other identifying information, this information will be omitted. Results of analysis will be reported only in aggregate, and attribution for quotes will only be provided with permission.

*Do you agree to being recorded today?*

Should you have any questions about the interviews or your participation, please contact Lauren LaPine, at [llapine@mphi.org](mailto:llapine@mphi.org) or 517-324-8368.

*Do you have any questions before we begin?*

### **Local Health Departments**

1. Please describe your relationship with the CLPPP program.
  - a. How frequently do you interact with CLPPP program staff and in what ways?
2. What were the major ways your agency used the following resources provided by CLPPP staff over the past year.
  - a. Lead surveillance data
3. Have there been any changes to the ways your agency uses lead surveillance data provided by CLPPP staff over the past year?
  - a. Are there any specific milestones that come to mind?
  - b. Do you report actions taken using lead surveillance data back to the CLPPP program?
  - c. Please describe lead poisoning prevention activities that have occurred as a result of your involvement with the CLPPP program.
4. How have activities related to childhood lead poisoning changed at your agency over the past year?
  - a. What improvements have been made?
  - b. Where is there still room for growth in improving activities related to childhood lead poisoning in your jurisdiction?
5. In what ways do you typically communicate with CLPPP program staff?
  - a. Are CLPPP staff timely and responsive to your needs?
  - b. Are CLPPP staff easily accessible to you?
  - c. Has your communication with CLPPP staff changed over the past year? If so, please describe.
  - d. Do you have any suggestions for improvements in communication with CLPPP staff?
6. Are you currently using HHLPS to access data about child blood lead levels in your jurisdiction?
  - a. If yes, how are you using it?
    - a. What are the benefits of HHLPS over previous methods of receiving data?
    - b. What could be improved with HHLPS?
      1. Is there any additional functionality you hope to see in HHLPS?
    - c. Do you have any other feedback about HHLPS?
  - b. If no, is there a specific reason you are not using HHLPS?
    - a. Are you interested in using HHLPS?
    - b. Do you need training from CLPPP staff in using HHLPS?
7. What lessons have you learned about childhood blood lead poisoning in your jurisdiction over the past year?

- a. What actions have you taken, or do you plan to take, based on these lessons learned?
8. Please explain how concerns related to health equity play a role in your organization's data dissemination efforts.
9. Is there anything else you would like to share at this time?

### **Partner Agencies**

1. Please describe your relationship with the CLPPP program.
  - a. How frequently do you interact with CLPPP program staff and in what ways?
2. What were the major ways your agency used the following resources provided by CLPPP staff over the past year.
  - a. Lead surveillance data
3. Have there been any changes to the ways your agency uses lead surveillance data provided by CLPPP staff over the past year?
  - a. Are there any specific milestones that come to mind?
  - b. Do you report actions taken using lead surveillance data back to the CLPPP program?
  - c. Please describe lead poisoning prevention activities that have occurred as a result of your involvement with the CLPPP program.
4. How have activities related to childhood lead poisoning changed at your agency over the past year?
  - a. What improvements have been made?
  - b. Where is there still room for growth in improving activities related to childhood lead poisoning in your jurisdiction?
5. In what ways do you typically communicate with CLPPP program staff?
  - a. Are CLPPP staff timely and responsive to your needs?
  - b. Are CLPPP staff easily accessible to you?
  - c. Has your communication with CLPPP staff changed over the past year? If so, please describe.
  - d. Do you have any suggestions for improvements in communication with CLPPP staff?
6. How does your agency disseminate information to affected communities, based on CLPPP data?
  - i. Were any changes to dissemination made within the past year?
7. Please explain how concerns related to health equity play a role in your organizations data dissemination efforts.
8. Is there anything else you would like to share at this time?

### **Case Management**

1. What were the major ways your agency used the following resources provided by CLPPP staff over the past year.
  - a. Lead surveillance data;
  - b. Educational materials about lead poisoning prevention
2. How have activities related to childhood lead poisoning changed at your agency over the past year?
  - a. What improvements have been made?
  - b. Where is there still room for growth in improving activities related to childhood lead poisoning in your jurisdiction?
3. What process is used to provide appropriate case management to families with children with EBLL?
  - a. How have case management practices changed over the past year?

- b. What are the current strengths of case management services pertaining to assisting families with children with EBLL?
  - c. What are the existing gaps in case management services as it pertains to addressing families with children with EBLL?
4. To what extent do case management services and Healthy Homes (i.e. lead abatement) interact?
5. Please describe the interaction between CLPPP data staff and case management staff.
  - a. How does blood lead level data inform case management activities?
6. Please explain how concerns related to health equity play a role in case management activities.
7. Is there anything else you would like to share at this time?

### **Healthy Homes**

1. Please describe your relationship with the CLPPP program.
    - a. How frequently do you interact with CLPPP program staff and in what ways?
  2. What were the major ways your agency used the following resources provided by CLPPP staff over the past year.
    - a. Lead surveillance data
  3. Have there been any changes to the ways your agency uses lead surveillance data provided by CLPPP staff over the past year?
    - a. Are there any specific milestones that come to mind?
    - b. Do you report actions taken using lead surveillance data back to the CLPPP program?
    - c. Please describe lead poisoning prevention activities that have occurred as a result of your involvement with the CLPPP program.
  4. How have activities related to childhood lead poisoning changed at your agency over the past year?
    - a. What improvements have been made?
    - b. Where is there still room for growth in improving activities related to childhood lead poisoning in your jurisdiction?
  5. In what ways do you typically communicate with CLPPP program staff?
    - a. Are CLPPP staff timely and responsive to your needs?
    - b. Are CLPPP staff easily accessible to you?
    - c. Has your communication with CLPPP staff changed over the past year? If so, please describe.
    - d. Do you have any suggestions for improvements in communication with CLPPP staff?
  6. What process is used for referral for lead abatement services?
    - a. Please describe how Healthy Homes receives data from the CLPPP program
    - b. How is home lead abatement progress reported back to CLPPP staff?
      - i. Is there a set protocol for follow-up on lead abatement services?
  7. How have lead abatement services changed in the past year?
    - a. Has the increased attention on lead prevention and surveillance prompted any changes in lead abatement processes and protocols?
  8. Please explain how concerns related to health equity play a role in lead abatement activities.
  9. Is there anything else you would like to share at this time?
-