FY 2017 MDHHS Deliverable
Submission Form

Name of Project:	Childhood Lead Poisoning Prevention Program
Document Name:	FY16 Customer Satisfaction Survey Report
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:

MICHIGAN PUBLIC HEALTH INSTITUTE

Childhood Lead Poisoning Prevention Program Customer Satisfaction Survey Report

Jessie Jones, MPA
Monal Shroff , PhD, MPH
Kimberly Abed, MSW
Lauren LaPine, MPH
Samantha Jones, M.S.

2016

Contents

INTRODUCTION

The Childhood Lead Poisoning Prevention Program (CLPPP) at the Michigan Department of Health and Human Services (MDHHS) supports lead poisoning surveillance activities for the state of Michigan, with the aim of guiding lead prevention efforts and reducing childhood lead poisoning across the state. CLPPP offers technical assistance to health care professionals and partner agencies to support appropriate health services for children with lead poisoning, and to local health departments (LHDs) who may provide some direct services. Additionally, CLPPP works closely with the Healthy Homes Section of MDHHS to promote the health and wellbeing of Michigan citizens. Healthy Homes promotes safe and healthy home environments through comprehensive home-based interventions programs, lead certification and regulations, public education and outreach, and statewide partnerships. Lastly, CLPPP receives blood lead level (BLL) reports from clinical laboratories across the state of Michigan. CLPPP serves as a resource for LHDs, partner agencies, and labs across Michigan providing and/or receiving childhood lead level surveillance data from each customer group to further support childhood lead poisoning prevention and intervention activities across the state.

In 2014, the Michigan CLPPP program was awarded grant funding from the Centers for Disease and Control Prevention (CDC). The CDC grant aims to support CLPPP's collaboration with the CDC, and other partners, to help build on the existing capacity and surveillance activities implemented across Michigan. The grant also assists CLPPP with the launch of a new standard of activities and performance. The project proposes to achieve this purpose by building surveillance capacity and using surveillance data to guide population-based prevention strategies.

The Center for Healthy Communities (CHC) at the Michigan Public Health Institute (MPHI) serves as the evaluator for CLPPP. The evaluation focuses on the specific activities funded under the CDC CLPPP grant that are implemented to improve surveillance (process evaluation) and their effect on key outcomes of interest (outcome evaluation). The evaluation follows CDC's Framework for Program Evaluation and meets the American Evaluation Association's Standards for utility, feasibility, propriety, and accuracy.

MPHI developed and implemented a CLPPP Customer Satisfaction Survey to capture information related to customers' satisfaction with various aspects of CLPPP, including: the format in which CLPPP data are communicated; usefulness and utility of the data; the types of actions agencies are taking in response to receiving data; and other items of interest to the CLPPP evaluation. Results of the survey will be used to support quality improvement activities and provide further information for the evaluation. Additionally, CLPPP will compare results from this survey, to future customer satisfaction surveys, implemented on an annual basis.

This report summarizes the results of the 2016 CLPPP Customer Satisfaction Survey.

METHODOLOGY

DISTRIBUTION

The MPHI evaluation team, in collaboration with CLPPP staff, developed the survey tool through multiple meetings resulting in three versions of the survey, for use with the four customer groups. The instrument contained a core set of question for all respondents, followed by an additional set of questions related to each customer group's unique interaction with CLPPP. CLPPP staff provided the

MPHI evaluation team with contact information for organizations to be included in the survey sample, including 45 Michigan LHDs, 168 clinical laboratories and LeadCare users, and 11 partner agencies.

MPHI programmed and distributed the survey using Qualtrics online survey software. On April 6th 2016 MPHI piloted the survey with four agencies across the state of Michigan including: one LHD, one clinical laboratory, one LeadCare user, and one partner agency. Upon completion of the pilot, the MPHI evaluation team, with input from CLPPP staff, analyzed preliminary findings and made adjustments to the tool and protocol, including edits to the email invitation to facilitate selection of the correct partner group on the first questions within the survey.

On May 10th 2016, MPHI distributed the online Qualtrics survey to the remaining LHDs, laboratories/LeadCare users, and partner agency contacts. To increase the likelihood of survey participation, MPHI sent the survey link to both the Health Officer and primary lead contact for each LHD. MPHI requested survey participants submit only one survey response per agency.

To achieve as high of a response rate as possible, MPHI sent follow-up emails and made targeted phone calls to respondents to encourage participation. The survey closed on July 7th 2016. A total of 134 responses were recorded. Data gathered through satisfaction surveys were analyzed using statistical software to generate primarily descriptive statistics.

ANALYSIS

Upon closing the survey, the MPHI evaluation team exported survey data from Qualtrics into an SPSS (V.23) file and performed cleaning procedures and analysis. Originally, the dataset contained 134 responses. The evaluation team ran analysis to identify and remove duplicate responses and responses with no information in the core questions section, or in the customer-specific sections leaving 121 responses for analysis.

MPHI conducted quantitative analysis in SPSS V.23. The questions on the surveys asked the respondents to rate their agreement, satisfaction, or whether they found something useful. These questions asked respondents to respond using a Likert scale, with response options: 1= Strongly Disagree, 2= Disagree, 3= Somewhat Disagree, 4= Somewhat Agree, 5= Agree, and 6= Strongly Agree. MPHI computed the mean response for these questions. Further, MPHI recoded the responses on these questions to create two categories: 1-3 representing disagreement/ dissatisfaction and 4-6 representing agreement/ satisfaction. MPHI ran frequencies on these two groupings to determine the percent of respondents who overall agreed/ disagreed or were satisfied/ dissatisfied with a statement. Lastly, MPHI ran means and frequencies on all yes/ no questions and demographic questions.

There were a number of open-ended questions on the survey. Two members of the evaluation team worked together to review the text responses and track emerging ideas and themes. The team members used content analysis to construct a description of factors contributing to customer satisfaction, potential areas for program improvement, and to produce a summary of current childhood lead poisoning prevention activities.

RESULTS

Survey results are presented by question, starting with demographic questions, followed by the core set of questions, and then by questions sets for each customer group.

DEMOGRAPHICS

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

The first survey question asked respondents to provide basic information regarding their professional affiliation with CLPPP. A respondent's answer to this demographic question determined what set of customer-specific questions they would receive for the second half of the survey. Instructions within the survey invitation to respondents indicated their identified customer group. However, some respondents identified themselves differently on the survey than was denoted by CLPPP staff, resulting in them receiving a set of customer-specific questions that may not have been most appropriate based on their interactions with CLPPP staff.

The breakdown of distribution and survey response rates for each customer group is presented below in Table 1. Response rates among customer groups varied from 38.9% to 63.6%, with an overall response rate of 45.7%.

TABLE1: RESPONDENT DEMOGRAPHICS AND RESPONSE RATES

Professional Affiliation	Initial Survey Distribution	Number of Respondents	Response Rate
Local Public Health Department	87	49*	56.3%
Clinical Laboratory/ LeadCare Users	167	65	38.9%
Partner Agency	11	7	63.6%
Total	265	121	45.7%

**MPHI distributed the survey to both health officers and primary lead contacts within each LHD, which allowed for more than one response per health department. The 49 respondents from LHD represented 43 departments.*

It should be noted that although 87 LHD staff received survey invitations, only one response was requested per LHD. A total of 43 health departments responded to the survey, out of 45, making the adjusted LHD response rate 95.5%.

In what county or counties do you provide services?

The second survey question asked respondents to indicate what county or counties they provided services in. Overall, respondents reported serving 77 of Michigan's 83 counties, or nearly 93% of counties within a state. MPHI staff noted a smaller proportion of responses from counties within the Upper Peninsula. Some partner agency respondents reported their service area contained the entire state of Michigan.

CORE QUESTIONS – ANSWERED BY ALL THREE CUSTOMER GROUPS

Please indicate your level of agreement with the following statements regarding the Childhood Lead Poisoning Prevention Program

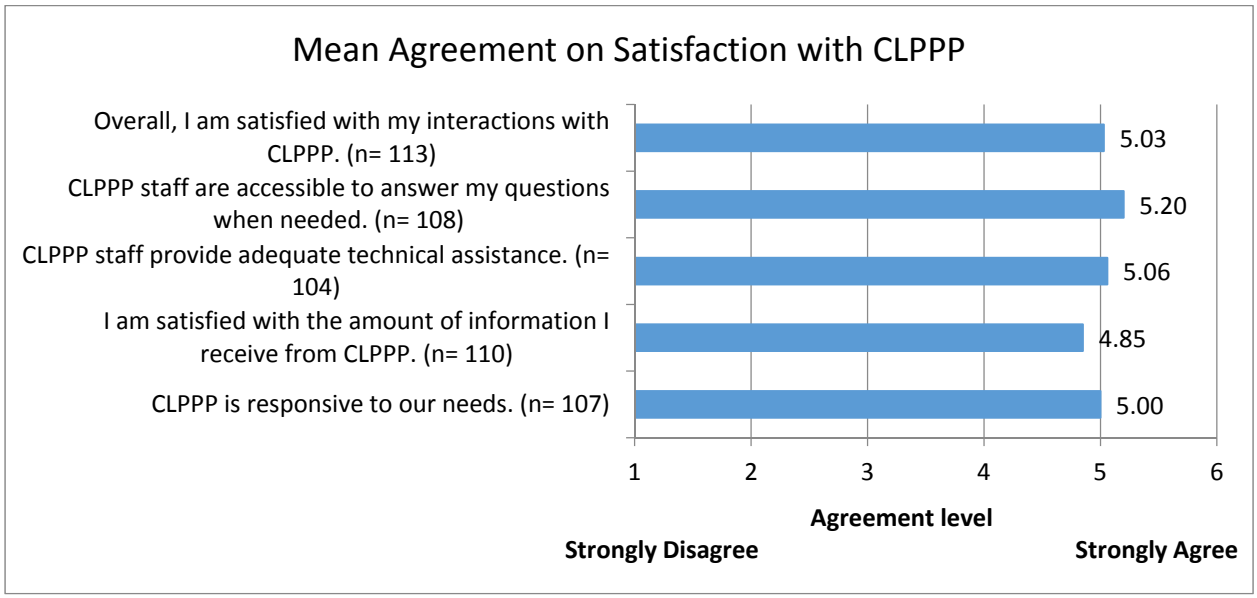
In an effort to gauge overall satisfaction with CLPPP, the survey asked respondents to indicate their level of agreement, using the following rating scale: Survey respondents were given the following rating options: strongly disagree (1), disagree (2), somewhat disagree (3), somewhat agree (4), agree (5), and strongly agree (6). Respondents indicated their agreement with the following set of statements regarding their interactions with CLPPP:

- Overall, I am satisfied with my interactions with CLPPP;
- CLPPP staff are accessible to answer my questions when needed;
- CLPPP staff provide adequate technical assistance;
- I am satisfied with the amount of information I receive from CLPPP; and
- CLPPP is responsive to our needs.

Overall Responses

On average more than 90% of the respondents agreed with the statements about their interaction with CLPPP. Specifically, when asked about their overall satisfaction regarding interactions with CLPPP, the majority of respondents agreed that they were satisfied (93.8%, n= 113). A similar percentage of respondents agreed CLPPP staff were accessible to answer questions (94.4%, n= 108), CLPPP staff provided adequate technical assistance (93.3%, n= 104), and they were satisfied with the amount of information they received from CLPPP (89.1%, n= 110), and felt that CLPPP staff were responsive to their needs (91.6%, n= 107). The mean agreement score for each of the statements is reflected below in Figure 1.

FIGURE 1: MEAN AGREEMENT ON SATISFACTION WITH CLPPP



Responses by Customer Group

Respondents in the Clinical Labs/LeadCare group were asked to self-identify as falling into one group or the other. From this point on in the report they are identified as two separate groups.

When broken down by customer group, mean agreement ratings did not vary widely (Table 2). Mean agreement score ranged from 4.55 (n= 44) to 5.67 (n=6), indicating that there is overall satisfaction with CLPPP across agency types, typically clustering around "Satisfied," or 5 on the Likert scale. LHDs reported being less satisfied than other customer groups, indicating the lowest mean agreement score on each item, but still within the "agree" side of the scale.

TABLE 2: MEAN AGREEMENT ON SATISFACTION WITH CLPPP BY CUSTOMER GROUP

	Clinical Labs	n	LeadCare Users	n	Local Health Departments	n	Partner Agencies	n
CLPPP is responsive to our needs.	5.33	12	5.2	45	4.7	44	5	6
I am satisfied with the amount of information I receive from CLPPP.	5.23	13	5.04	47	4.55	44	4.67	6
CLPPP staff provide adequate technical assistance.	5.5	12	5.19	43	4.82	44	5	5
CLPPP staff are accessible to answer my questions when needed.	5.37	13	5.24	45	5.05	44	5.67	6
Overall, I am satisfied with my interactions with CLPPP.	5.29	14	5.17	48	4.78	45	5.17	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).

The next survey question was an open-ended question, asking respondents indicating dissatisfaction to indicate why they disagreed with any of the statements listed in the previous question.

Local Health Departments

Some LHD respondents reported challenges when connecting with CLPPP staff to seek guidance or support. Other respondents felt CLPPP staff were not as responsive as they would have liked. A few respondents made comments regarding the limited amounts of communication they receive from CLPPP.

Respondents indicated that the Flint Water Crises may have been a contributing factor to this lack of communication from CLPPP, due to the increase in demand on CLPPP staff. LHD respondents requested more consistent communication along with clearer guidance and problem solving strategies from CLPPP. One respondent stated:

> *"I had to list disagree with all of the above. Not that I believe that CLPPP staff mean to not meet our needs here, but since the Flint water crisis we have not received regular communication from the State nor have we even started on the quality improvement project as required in the CPBC special requirements. I am sure they are overwhelmed right now, but here are other populations to protect as well."*

LHD respondents also expressed dissatisfaction with the new Healthy Homes and Lead Poisoning Surveillance System (HHLPSS) as compared to the previous system, known as Systematic Tracking of Elevated Lead Levels and Remediation (STELLAR). Commonly expressed challenges included difficulty running reports and frequent gaps in data, especially regarding missing phone numbers.

Clinical Laboratories

While 7.8% of respondents from Clinical Labs felt somewhat dissatisfied with the amount of information that they received from CLPPP, none of these respondents provided additional feedback.
Clinical laboratory respondents reported they were satisfied with CLPPP, and had no further feedback related to this question.

LeadCare Users

LeadCare users indicated receiving limited communication from CLPPP staff. One LeadCare user reported waiting many weeks to receive an email back from CLPPP about their lead reporting spreadsheets.

Partner Agencies

One partner agency reported dissatisfaction regarding the blood lead level (BLL) data they receive from CLPPP. The respondent stated:

> *"I am a data user of BLL testing in Michigan, and this data could be more easily available and usable and comparable year to year so that better analyses could be made by partner organizations."*

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

The survey next asked all respondents an open-ended question regarding barriers they face when working with CLPPP.

Local Health Departments

LHD respondents identified several barriers faced when working with CLPPP. The most commonly cited barriers fell into five categories: data systems, communication, funding, website navigation, and training.

- **Data System Barriers**
  LHD respondents reported a variety of specific barriers faced when working with CLPPP data systems.

  > *"Rounding of lead test levels in weekly spreadsheet we have access is problematic when working with healthcare providers and their unrounded test results in the EMR."*

"Delays encountered in getting access to data requests for the county or city that the state has in aggregate or on an individual tested child level."

"Some frustration with the way data is entered into the surveillance database for those tests that are below the detection limit."

"HHLPSS database opens elevated BLLs at 10 ug/dl which is inconsistent with CDC guidelines."

- **Communication Barriers**
  Several respondents reported experiencing an overall lack of communication with the CLPPP program, with no regular communication or meetings scheduled. LHDs reported feeling a lack of clear guidance from CLPPP. One LHD commented on the importance of clear guidance as LHDs are working to determine their role since the switch of intervention and case management to Medicaid health plans.

- **Funding Barriers**
  A number of LHD respondents identified funding as a barrier to providing high quality services, case management, and other lead prevention activities at a local level.

- **Training Barriers**
  Several LHD respondents reported a need for more CLPPP training programs, specifically in the area of case management.

- **Website Navigation**
  LHD respondents indicated they found the CLPPP website difficult to navigate and reported having to click through multiple pages to locate information they are looking for. One respondent reported difficulty finding surveillance data on the Healthy Homes pages.

Clinical Laboratories

Of the clinical laboratories responding to this question, the majority stated they did not face any barriers when working with CLPPP. One respondent noted the manual process of reporting lead results as a barrier.

LeadCare Users

A number of LeadCare Users indicated that they experienced no specific barriers working with CLPPP. For LeadCare Users who did report barriers, specific feedback included: technical issues uploading lead screening results; abbreviations for ethnicity and race not matching with the LeadCare User's system; the time-consuming process of lead reporting using the excel spreadsheet; confusion regarding who to contact when they have a problem or if they have child with an elevated BLL; and getting children's hands clean enough for accurate testing and results.

Partner Agencies

Partner agencies identified two specific barriers experienced when working with CLPPP: limited response to local initiatives and misleading lead data for Detroit/Out-Wayne Medicaid Children.

> *"Limited response to local strategic initiatives, especially if not fully aligned with State program."*
>
> *"Detroit/Out-Wayne lead data for Medicaid children can be misleading because of difficulty identifying which Detroit Children were eligible for Medicaid."*

What could CLPPP do to improve its service to you?

The survey next asked all survey respondents to indicate what CLPPP could do to improve their service to customers.

Local Health Departments

LHD respondents echoed similar themes as presented in the previous questions. Recommended improvements focused on: data systems, communication, funding, website navigation, and training. Key themes and recommendations for improvement are outlined below.

- **Data Systems**
  Respondents requested improvements to the data system, including: more frequent and timely data reports, better data dissemination, and general improvements to the HHLPSS system.

- **Communication**
  LHD respondents also recommended CLPPP improve their communication with local agencies. Suggestions for improvement included: creating a general ListServ to provide information and updates to LHDs; scheduling regular meetings to inform LHDs about their role in childhood lead poisoning prevention; and facilitating teleconference calls to share updates and best practices. Additionally, LHD respondents reported that clinical guidance from CLPPP has been ambiguous at times and respondents would like to receive clearer guidance in the future.

- **Training**
  LHD respondents recommended CLPPP increase the amount of training opportunities offered to staff, particularly specific to case management. Respondents recommended CLPPP consider scheduling regular state and regional CLPPP education and training opportunities, including face-to-face training at individual facilities. In-person training sessions are preferred, and a resuming regular conference calls was requested.

- **Funding**
  LHD respondents requested increased funding from the state to support educational activities, community outreach events, and educational home visits.

- **Website Navigation**
  LHD respondents would like to see more information on the CLPPP website for grantees and providers including training guides, and guidance on home visits and billing procedures.

Clinical Laboratories

Clinical laboratory respondents recommended CLPPP make improvements to online information and potentially implement HL7 interface. Some clinical laboratories are using HL7 messaging in other reporting capacities, but not yet for BLL reporting.

> *"HL7 interface. We need to send you this information in a flat HL7 file one per day via sFTP"*

One clinical laboratory requested CLPPP stop changing the format of lead sheets. Lastly, clinical laboratories requested CLPPP streamline the reporting process to make auto-reporting lead results easier.

LeadCare Users

LeadCare users suggested a simplified program for lead reporting. One LeadCare user indicated they would like to access MCIR and enter results themselves, similar to the way they treat vaccines. Additionally, LeadCare users requested more resources on lead prevention for parents.

Partner Agencies

Partner agency respondents recommend improvements to the format of CLPPP-supplied data. Currently, data on Michigan BLLs is published in PDF format, which is reportedly inaccessible for some partner agencies. This current PDF format reportedly causes issues for partner agencies who would prefer to download raw data.

> *"Data on Michigan BLLs could be more accessible - published in Excel format of usable, downloadable raw data rather than PDFs that then have to be transcribed by hand into Excel for data analyses by partner groups."*

Partner agency respondents also requested more timely data reporting, as well as improvements to the data format to allow for results to be more easily compared from year-to-year.

> *"Data could be made available sooner, and could be more comparable year-to-year so that progress can be tracked - currently the parameters and reporting measures change frequently so year-to-year the data is difficult to compare and meaningful trends are difficult to ascertain."*

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

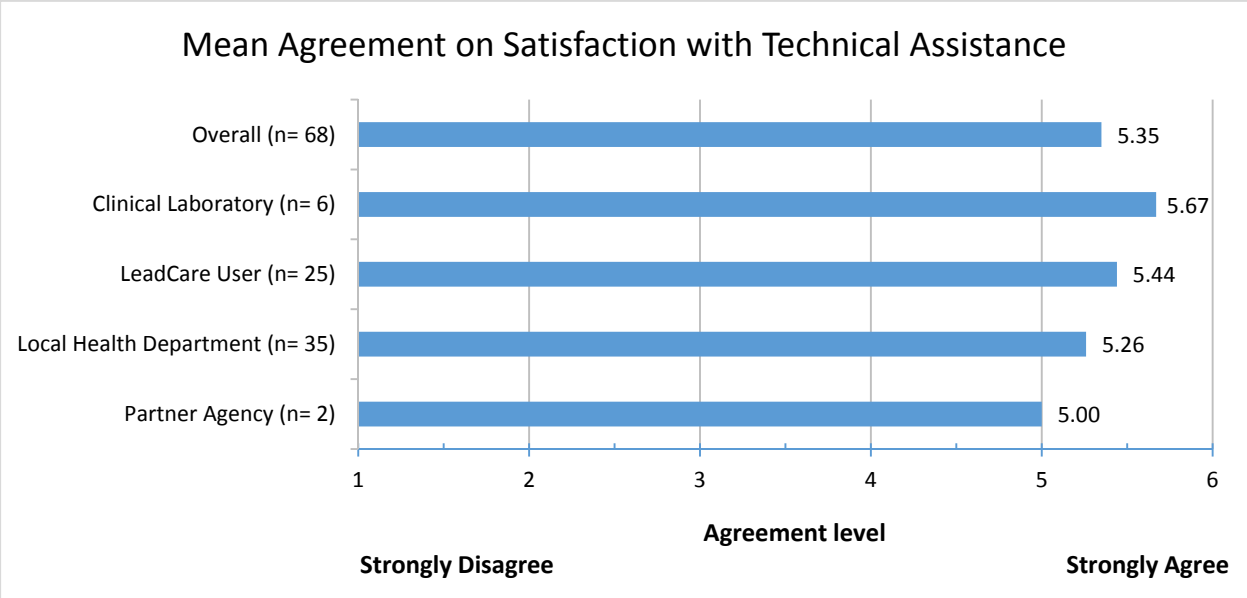
The next survey question asked all respondents to rate their level of satisfaction regarding technical assistance received from CLPPP.

Survey respondents selected from the following response options, including: "very satisfied," "satisfied," "somewhat satisfied," "somewhat dissatisfied," "dissatisfied," "very dissatisfied," or "not applicable; did not receive technical assistance."

Overall Responses

Of the 68 respondents who reported receiving technical assistance, nearly all reported they were satisfied with that assistance (98.5%, n= 68), with a mean satisfaction rating of 5.35.

FIGURE 2: MEAN AGREEMENT ON SATISFACTION WITH TECHNICAL ASSISTANCE RECEIVED FROM CLPPP



Responses by Customer Group

Mean agreement on satisfaction with technical assistance received from CLPPP was similar across agencies. Among the customer groups receiving technical assistance, mean satisfaction ranged from 5.00 to 5.67 (Figure 2), indicating that all agencies felt some degree of satisfaction.

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

Respondents did not provide any additional feedback on disagreement.

What types of technical assistance, if any, would you like CLPPP to provide that it is currently not providing?

Next, the survey asked all respondents an open-ended, question regarding technical assistance.

Local Health Departments

LHD respondents provided a variety of suggestions for technical assistance topics. Topics included:

- Information on how to process children with elevated BLLs falling between 5-10 mg/dl;
- Strategies to obtain venous confirmation testing;
- Overall support with testing in high-risk populations;
- Information on best practices;
- In-person trainings on case management;

- Assistance with new data systems; and
- Support with billing methods.

Clinical Laboratories

Clinical laboratory respondents offered no additional suggestions for future technical assistance topics.

Lead Care Users

LeadCare users offered no additional suggestions for future technical assistance topics.

Partner Agencies

Partner agencies requested CLPPP provide technical assistance to providers regarding lead screening and follow-up care for elevated blood lead levels.

What is CLPPP doing well?

The survey next asked all respondents to provide insight into what they felt CLPPP was doing well.

Local Health Departments

Overall, LHD respondents reported their interactions with CLPPP staff have been positive. Respondents described CLPPP staff as knowledgeable and responsive. When LHDs request data, respondents indicated that CLPPP staff are prompt in their response, and provide excellent communication when elevated BLLs are detected.

> *"CLPPP staff is always willing to assist. They are very responsive to requests for data, even when the request requires an immediate response."*

While several LHDs noted a lack of training in a previous question, LHDs who have received training from CLPPP staff on HHLPPS, reported finding the training very helpful. Additional areas in which LHDs felt CLPPP was doing well included: supporting regional education forums and creating educational materials and presentations.

Clinical Laboratories

Clinical laboratory respondents indicated appreciation of resources provided by CLPPP on their website, as well as CLPPP's technical assistance.

LeadCare Users

LeadCare users commented on CLPPPs responsiveness, great customer service, and accessibility. LeadCare users highlighted CLPPPs assistance with uploading documents.

Partner Agencies

Partner agency respondents appreciated CLPPP's willingness to provide data specific to their agency's needs (i.e., providing retroactive data or annual data for new ug/dl standards).

Is there anywhere CLPPP could improve?

The survey next asked all respondents for ideas on where CLPPP could improve.

Local Health Departments

Survey respondents reported a number of potential areas for improvement including:

- More regional and state-wide trainings offered for public health and community partners;
- Trainings for public health nurses on Healthy Homes and case management;
- Access to a user-friendly manual outlining information for lead coordination;
- Increased communication and guidance from on statewide planning, goals, and strategies;
- Clarification regarding the roles involved in lead coordination; and
- Information on best practices for LHDs.

Lastly, LHD respondents indicated several specific ideas for improving CLPPP data systems and reporting. Potential areas for improvement included:

- Updating lead assessment form for education and home visits;
- Allowing LHDs to customize template letters within HHLPSS;
- Adding HHLPSS numbers to weekly BLL reports to eliminate the need to look up each child one at a time; and
- Creating the ability for reports to "go electronic."

Clinical Laboratories

Clinical Laboratory respondents did not indicate any ideas for future improvement.

LeadCare Users

LeadCare users reported several potential areas for improvement, including: making clinics more aware of lead prevention and risks resources for families (i.e., flyers, brochures, etc.) and developing a simpler process offer health care providers to report BLLs.

Partner Agencies

A small number of partner agencies provided responses to this question. Suggestions for improvement included: providing more guidance to providers; doing better at identifying the Detroit Medicaid Children population; and increasing outreach and education to eliminate lead hazards.

Is there anything else you would like to tell us?

The last survey question within the core set of questions asked survey participants to leave any other feedback they may have for CLPPP staff.

Local Health Departments

Several LHD respondents reported facing challenges implementing lead poisoning prevention activities due to limited funding. Because these lead prevention activities are largely unfunded, there is limited staff time to complete lead prevention work, such as home visits and environmental assessments. One LHD reported hopes to expand to a true Healthy Homes model within their county in the near future, but with MDHHS currently not providing lead funding, they feel it will be difficult to expand services. One respondent suggested the development of a regional lead poisoning prevention program that

would encompass education, prevention, and testing components as a possible solution to funding/resource limitations.

Several LHD respondents used this question as an opportunity to highlight additional needs from CLPPP or to pose questions to CLPPP staff. The following questions and comments were reported in this section:

> *"Who is the main contact for CLPPP?"*
>
> *"When is our next conference call? "*
>
> *"Are we going to do any CQI?"*
>
> *"Can MCIR be expanded to include the information that is housed in HHLPSS?"*
>
> *"We need report capabilities built into HHLPSS. We also need provider information added to HHLPSS."*
>
> *"What resources can families utilize who are not Medicaid eligible, but are still considered low-income?"*
>
> *"Overall, I believe CLPPP is doing a great job with the resources they have."*

Clinical Laboratory

Only one clinical laboratory responded to this question. The respondent reported CLPPP staff have always been easy to work with.

LeadCare User

Only one LeadCare user responded to this question. The respondent stated: *"I am satisfied with all the interactions I've had with them [CLPPP]"*

Partner Agencies

One partner agency respondent stated the data collection and reporting seem to vary year-to-year, creating challenges in tracking yearly progress.

LOCAL HEALTH DEPARTMENT SURVEY RESULTS

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.

In an effort to assess overall satisfaction with weekly reports of BLLs, the survey asked LHD respondents to indicate their level of agreement with the following set of statements:

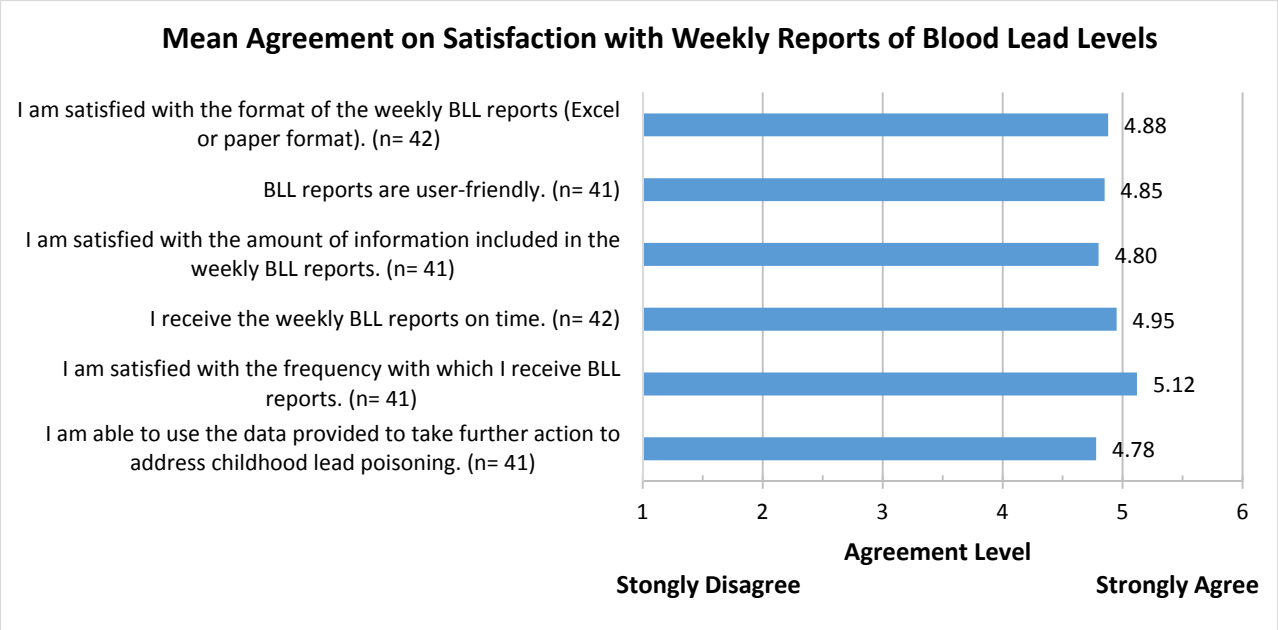
- I am satisfied with the format of the weekly BLL reports (Excel or paper format);
- BLL reports are user friendly;
- I am satisfied with the amount of information included in the weekly BLL reports;

- I receive the weekly BLL reports on time;
- I am satisfied with the frequency with which I receive BLL reports; and
- I am able to use the data provided to take further action to address childhood lead poisoning.

Survey respondents were given the following rating options: strongly disagree, disagree, somewhat disagree, somewhat agree, agree, strongly agree, and not applicable.

On average, more than 90% of respondents agreed with statements regarding their satisfaction with the weekly BLL reports. The majority of LHD respondents were satisfied with the format of BLL reports (95.2%, n= 42), and indicated BLL reports were user-friendly (92.7%, n= 41). Most of the respondents were satisfied with the information included in the BLL reports (90.2%, n= 41), and a similar percentage (92.9%, n=42) reported they received their BLL reports on time. Nearly all respondents indicated satisfaction with the frequency with which they received reports (97.6%, n= 41). In addition, respondents reported they were able to use the data provided to take further action to address childhood lead poisoning (87.8%, n= 41). The mean satisfaction ratings are presented in Figure 3.

FIGURE 3: MEAN AGREEMENT ON SATISFACTION WITH BLL REPORTS



What suggestions, if any, do you have for improving the weekly BLL reports?

The survey next asked LHD respondents for suggestions on how CLPPP might be able to improve weekly BLL reports.

Several LHD respondents requested additional and improved functionality of the HHLPSS system. The HHLPSS system is used for BLL reporting, and replaced the previous reporting system, STELLAR. LHD respondents reported that the HHLPSS data system is not user-friendly, and does not allow them to run reports without first receiving permission from CLPPP. One LHD respondent requested new EBLL results be automatically integrated into the HHLPSS.

> *"It would be great if new cases/new EBLL results were integrated into HHLPSS automatically. Can new cases/results be highlighted? We need to go through a process to do this manually. We have to look up each child in HHLPSS to see if we already are working on the case or if it is new. This takes a significant amount of time."*

LHDs reported weekly reports can be cumbersome and lack some helpful and necessary information. LHDs requested the following information to be included in weekly BLL reports:

- Child's health plan;
- A comment field;
- An indication of whether or not the test was confirmatory test; and
- The specimen type (i.e. venous, capillary).

Multiple LHDs requested to have the ability to run their own weekly reports in HHLPSS so they could do analysis for their jurisdiction without needing to ask permission from CLPPP staff.

Additional requests from LHDs included:

- The ability to print batches of letters from HHLPSS to send to families with EBLL instead of having to print each letter individually;
- Making sure all reported tests are entered into MCIR; and
- Training on the HHLPSS system.

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

The survey next asked LHD respondents for suggestions on how CLPPP might improve the system for receiving weekly BLL reports.

LHD respondents requested additional training using HHLPSS and suggested the overall reporting system be simplified. One LHD suggested getting rid of weekly BLL reports and instead automatically integrating new BLL results into HHLPSS as a way to communicate BLL results with LHDs.

> *"It would be great if there were no weekly reports; that the new results would be automatically integrated into HHLPSS in a manner in which we can tell which results have been added (and when)."*

Do you use the HHLPSS Data Base?

The survey next asked respondents to answer to a set of survey questions regarding HHLPSS. HHLPSS is a web-based, case management, and surveillance application that was developed to help local CLPPP programs track, investigate and follow up on lead poisoning cases.

To determine the number of LHD respondents using the HHLPSS Data Base, the survey asked respondents whether they use HHLPSS. More than two thirds of LHD respondents indicated they use the HHLPSS database (67.4%, n= 43).

Please indicate your level of agreement with the following statements regarding HHLPSS.

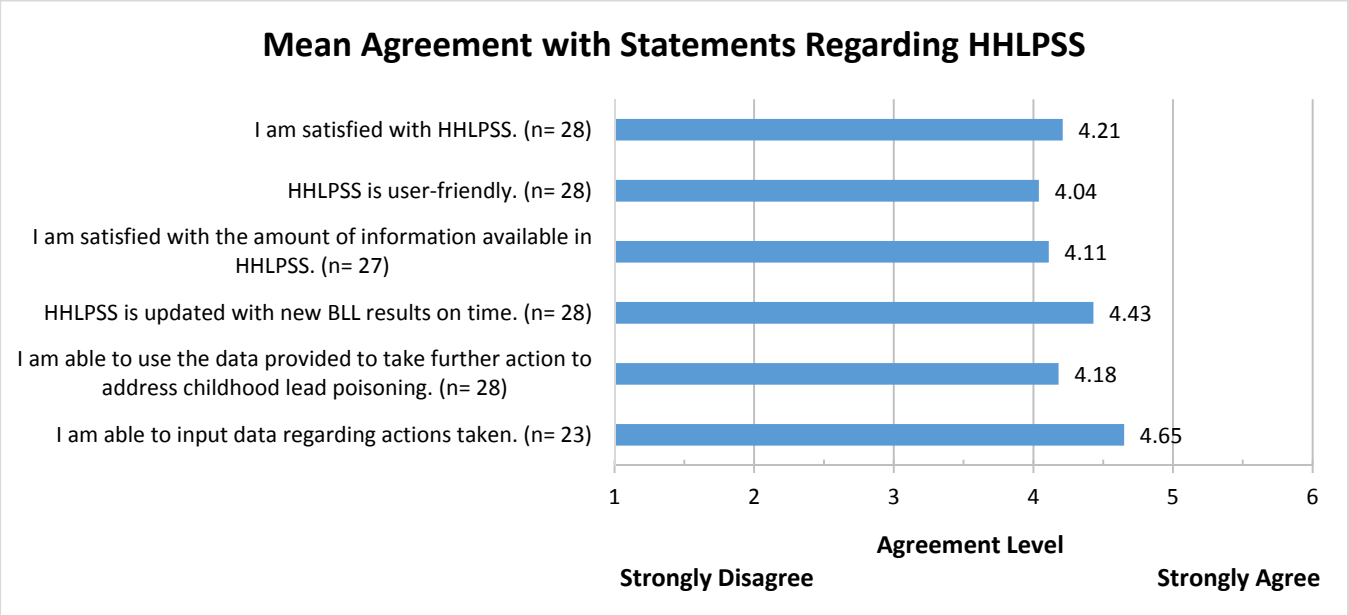
In an effort to assess overall satisfaction with HHLPSS, the survey next asked LHD respondents to indicate their level of agreement with the following set of statements:

- I am satisfied with HHLPSS;
- HHLPSS is user-friendly;
- I am satisfied with the amount of information available in HHLPSS;
- HHLPSS is updated with new BLL results on time; and
- I am able to use the data provided to take further action to address childhood lead poisoning.

Survey respondents were given the following rating options: strongly disagree, disagree, somewhat disagree, somewhat agree, agree, strongly agree, not applicable.

On average, more than 60% of respondents reported that they agreed with statements regarding the use of HHLPSS. Nearly three quarters reported they were satisfied with HHLPSS (71.4%, n= 28). More than half of respondents felt that the system was user-friendly (60.7%, n= 28). A similar percentage of respondents were satisfied with the amount of information available in the system (66.7%, n= 27). Most of the survey participants also agreed HHLPSS was updated with new BLL results on time (85.7%, n= 28), and that they were able to use the data provided to take further action to address childhood lead poisoning (78.6%, n= 28). The majority of respondents at LHDs agreed that they were able to input data regarding actions taken (82.6%, n= 23). The mean satisfaction ratings with HHLPSS are presented in Figure 4.

FIGURE 4: MEAN AGREEMENT WITH STATEMENTS REGARDING HHLPSS DATABASE



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

The next survey question asked LHD respondents to indicate any barriers they had experienced inputting data regarding actions taken into HHLPSS.

Responses

Overall, the majority of barriers LHD respondents encountered centered on usability and functionality of HHLPSS. Respondents stated HHLPPS does not allow them to include the following when entering data:

- Elevated BLL investigations conducted;
- Provider information;
- Landlord information;
- Enforcement information;
- Lead abatement information (i.e. applications submitted, status of application, and reports); and
- Additional notes.

Running tailored reports and exporting data were also reportedly difficult for LHD respondents. Respondents expressed the need to run their own reports, without needing to ask CLPPP staff for permission.

> *"I have run reports using the data in HHLPSS and it is significantly different then the report I had formally requested. I had asked for assistance in figuring out why my data was different than the HHLPSS data (report requested and received) and was told that there were some issues that would be fixed in the near future. Still don't know if my data is correct or if the HHLPSS data is the correct data."*

Many respondents noted the reporting function was lost when CLPPP made the switch from STELLAR to HHLPPS. Additionally, the reporting process does not directly interface with LHD reporting systems, which results in LHD public health nurses double, or triple reporting BLL levels.

Lastly, LHD respondents expressed a need for additional in-person training on using HHLPSS. Many respondents report they have difficulty inputting data and require additional training to learn the basic reporting functions of HHLPSS. Respondents noted HHLPSS does not make it easy to open cases or find historic information on a child. Respondents noted that additional training may help fix some of these complaints.

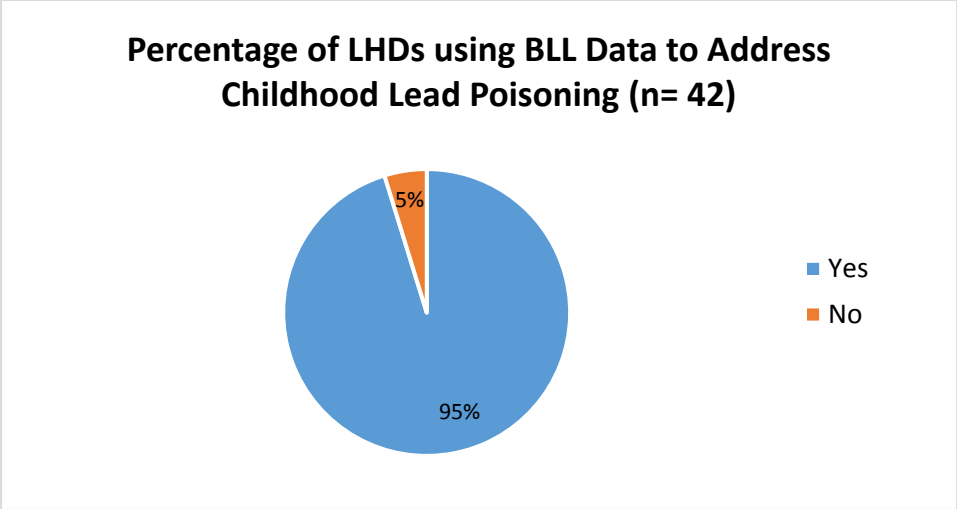
Actions to Address Childhood Lead Poisoning

The next set of survey questions focus on the actions currently being taken by LHDs to address childhood lead poisoning.

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

LHD respondents were next asked to indicate if the BLL data received from CLPPP, contributed to actions currently being taken to address childhood lead poisoning in their jurisdiction. The majority of LHD respondents reported the BLL data they receive contributes to actions currently being taken to address childhood lead poisoning (95.2%, n= 42) See Figure 5.

FIGURE 5: BLL DATA REPORT USAGE



[If yes] What actions is your agency currently taking to address childhood lead poisoning in your jurisdiction based on the BLL data you have received (e.g., individual case management, blood screening events, provider education)?

If respondents selected "yes" in the previous question, the survey asked respondents to indicate what actions their agency is currently taking to address childhood lead poisoning in their jurisdiction, based on the BLL data they have received (i.e., individual case management, blood lead screening events, provider education). LHD respondents reported multiple actions currently taking place to address childhood lead poisoning within their jurisdictions. Actions varied depending on service area, but clear themes emerged, including actions such as:

- Community Awareness (lead education, screening information, blood lead screening events);
- Individual Case Management (i.e. nutritional evaluation, developmental evaluation, links to housing, transportation, medical home, and medical follow-up assistance);
- Patient Education (i.e. phone consult, home visits);
- Outreach to Providers (i.e. case management, testing, investigations);
- Lead Screening (venous and capillary);

- Family Outreach and Support; and
- Public Health Nursing Case Management.

What additional information would be helpful to assist you in successfully addressing childhood lead poisoning in your jurisdiction?

LHD respondents next indicated what additional information they would find helpful to assist them in successfully addressing childhood lead poisoning in their jurisdiction. Overall, LHD respondents requested improved access to data in HHLPSS and an increase in communication and coordination from CLPPP staff. Additional information requested included:

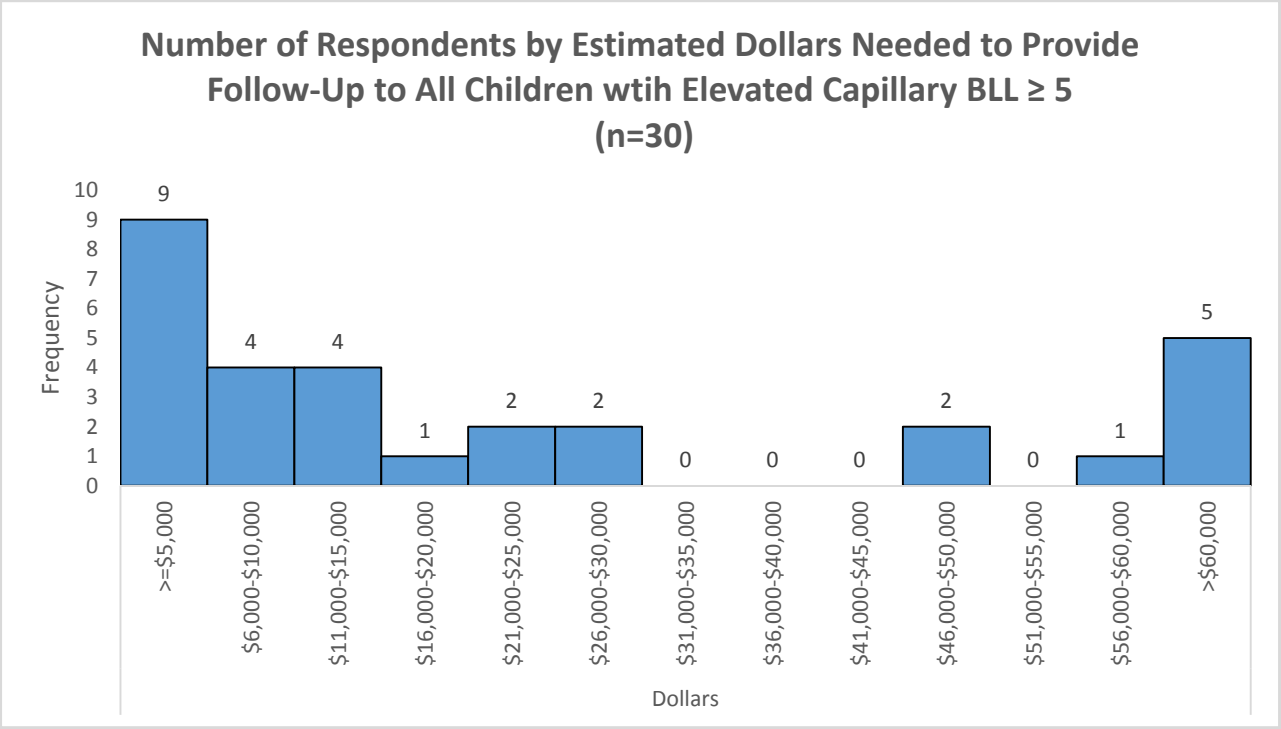
- Inclusion of data fields within HHLPSS for the owner occupied versus private sector property ownership;
- Elevated BLL case management policy guidance;
- Additional CLPPP personnel and staff capacity;
- Additional funding for clerical duties to complete testing requirements;
- Training on lead home inspections;
- Assistance with mapping of the location of elevated BLL cases;
- Inclusion of a question within HHLPSS regarding refugee status;
- Lead education materials;
- Medicaid billing and reimbursement for case management;
- Assistance in developing a Healthy Homes Coalition;
- A continuous data feed for quality improvement;
- Improved laws at the state level regarding lead testing for all children;
- Resources available for non-Medicaid non-low income families who do not quality for Lead Safe Homes;
- Standardized information for all LHDs to use for lead poisoning awareness; and
- Standardized information for all LHDs to use for lead poisoning follow-up.

Approximately, how much funding would your local health department need to provide follow-up to all children with elevated capillary BLL ≥ 5, to encourage them to receive a confirmatory venous test?

Next, respondents were asked to estimate the amount of funding their LHD would need to provide follow-up to all children with elevated capillary BLL ≥ 5, to encourage them to receive a confirmatory venous test.

The amount of funding LHD respondents estimated needing to complete BLL follow-up varied significantly. The estimated dollar amounts ranged from $500 to $850,000. When asked how much funding would be required to provide follow-up to all children with elevated capillary BLL levels greater than 5, the average amount reported was $57,800. The median of the funding estimates was $15,000. See Figure 6.

FIGURE 6: FUNDING TO PROVIDE FOLLOW-UP TO CHILDREN WITH ELEVATED CAPILLARY BLL ≥ 5

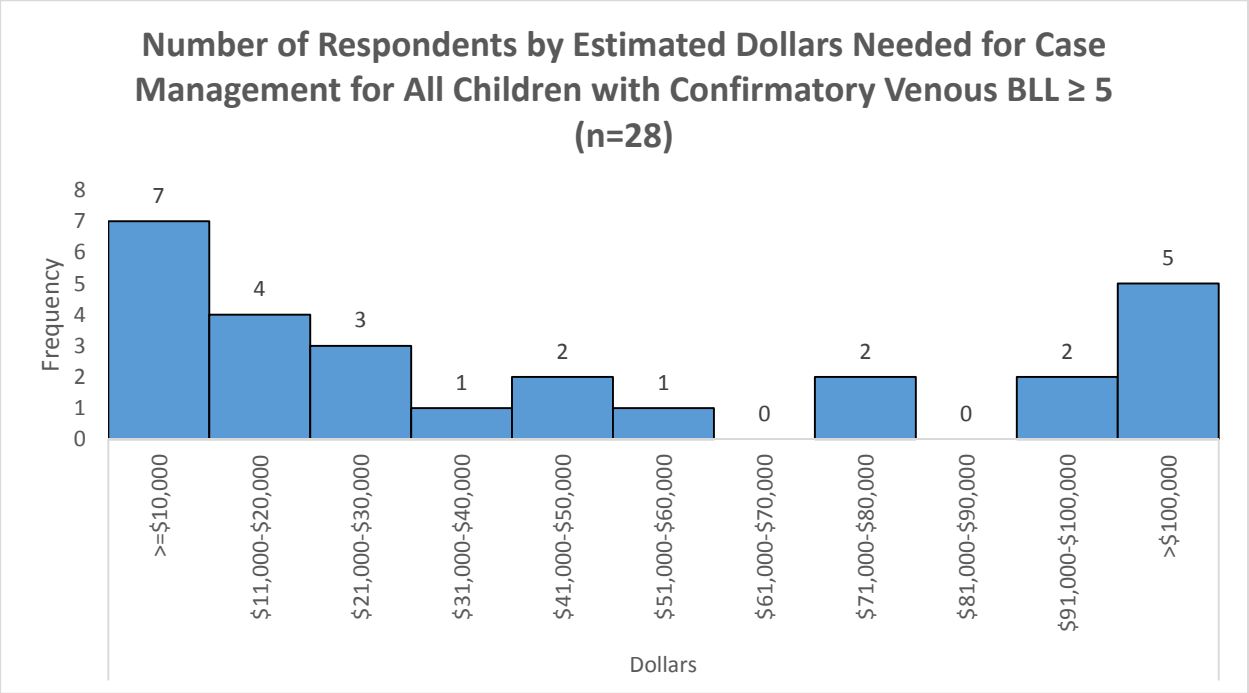


Several respondents provided detailed explanations for their specific estimates. Many respondents reported needing additional funding for public health nursing staff and funding for outreach activities. Responses indicated that calculations typically included funding for additional FTE, ranging from .2 FTE to 2 FTE, and were based on estimated staff time needed based on case-load. Additionally, items such as office space, office supplies, educational materials, and travel costs were included in some estimates.

Approximately, how much funding would your local health department need to provide appropriate case management to all children with confirmatory venous BLL ≥ 5?

Next, LHD respondents were asked to estimate the amount of funding their LHD would need to provide appropriate case management to all children with confirmatory venous BLL ≥ 5.Funding estimates ranged from $2,500 to $482,000 for LHDs with an average of $86,625. The median across responses was $34,000. See Figure 7.

FIGURE 7: FUNDING TO PROVIDE CASE MANAGEMENT TO ALL CHILDREN WITH CONFIRMATORY VENOUS BLL ≥ 5.



How have the recent events in Flint affected childhood lead poisoning prevention in your jurisdiction?

The current events in Flint have prompted an increase in public awareness of lead prevention and lead poisoning. The survey asked LHD respondents how these recent events may have affected childhood lead poisoning within their jurisdiction.

LHD respondents reported increased inquiries for lead testing and a general heightened awareness amongst community members. Many respondents reported an increased number of requests for lead screening, specifically for preschool screenings.

The events in Flint have also caused a level of distrust in LHD staff in some instances. LHD staff reported that health providers have expressed frustration not knowing where to send children with elevated BLL. In some instances, health providers are telling parents to call the LHD for support, but the LHD does not have the case management capacity or infrastructure to support these calls. In these instances, LHDs are looking for more guidance from CLPPP staff.

Respondents also reported experiencing an increase in phone calls from health providers, community members, local businesses, and parents. Media coverage has increased and is a reported issue for some LHDs. Additionally, respondents reported an increase in contact from CLPPP staff following the Flint Water Crisis. Some LHD respondents reported there is a sense of fear in their community about lead poisoning, which could be viewed as a positive because more children have now been screened.

Multiple LHDs stated they are taking the necessary steps to compensate for the spike in community interest in BLL. Some LHDs reported they established hotlines for residents to call and talk with LHD staff. There was also an increase in the request for educational materials from LHDs, and some respondents reported doing more presentations to community members, partner agencies, and healthcare professionals regarding lead.

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

The last question within the LHD section of the survey asked respondents for any other feedback they may have for CLPPP staff. Many LHD respondents commented that they were happy the Customer Feedback Survey was offered. Additional feedback centered on the request for more training on HHLPSS and case management, and an increase in community education and awareness activities.

PARTNER AGENCY SURVEY RESULTS

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

The first question within the partner agency section of the survey asked respondents to indicate whether they had ever received data from CLPPP. Respondents could select all that applied from the following response options:

- 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 CLPPP data.

All respondents reported they had received data from CLPPP in some form. The majority of respondents reported that they had received data through a specific request made to CLPPP (66.7%, n= 6). In addition, staff at partner agencies reported receiving data through broadcast email (50.0%), as well as though the CLPPP website (33.3%).

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

Next, the survey asked partner agency respondents about actions taken to address childhood lead poisoning in their service area. Respondents indicated their agencies took various types of actions to address childhood lead poisoning in their service area. These actions included:

- Advocating for funding;
- Lead poisoning and prevention research;
- Raising awareness of lead poisoning;
- Lead-related policy work;
- Working with local and state government to promote lead testing;
- Promoting lead screening; and
- Addressing elevated BLL in homes.

Does the BLL data you receive from CLPPP contribute to actions currently being taken to address childhood lead poisoning in your service area?

The survey next asked partner agency respondents if the BLL data received from CLPPP contributed to actions being taken to address childhood lead poisoning in their service area.

All partner agency respondents reported that the BLL data is being used at their agency to contribute to actions taken to address childhood lead poisoning in their service area (100%, n= 6).

[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?

If respondents selected "yes" in the previous question, the survey followed up by asking respondents to further describe what actions their agency has taken to address childhood lead poisoning in their jurisdiction, based on the BLL data they have received.

Partner agencies used the BLL data in various ways, including:

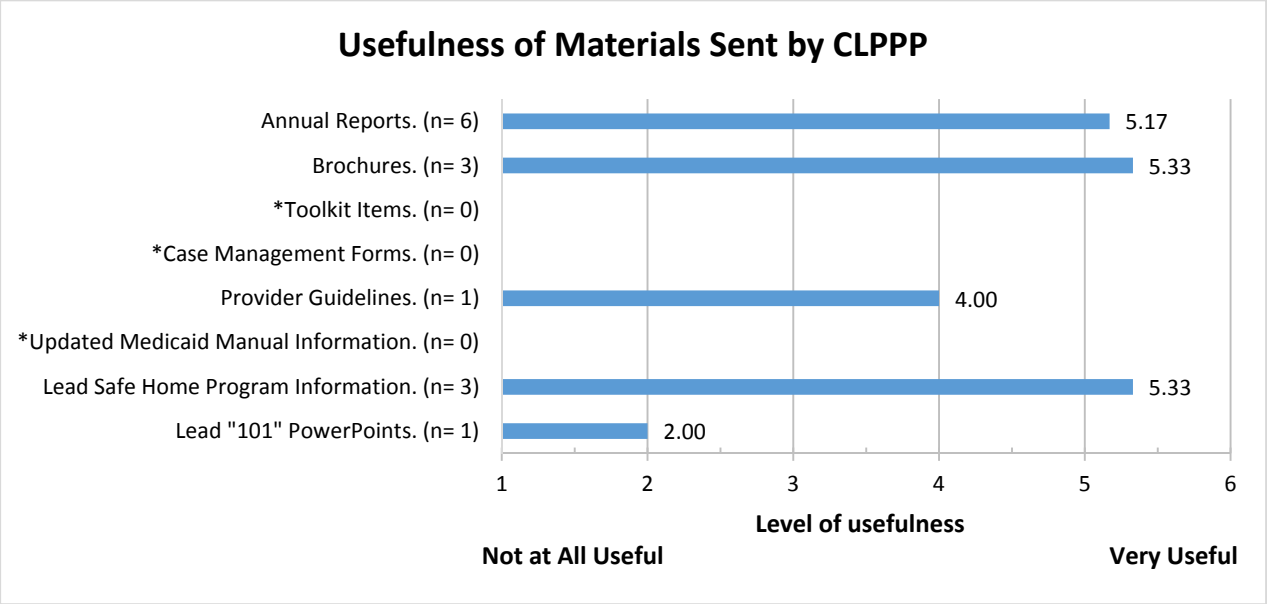
- Data dissemination;
- Compilation of cost analysis of lead poisoning in Michigan on an annual basis;
- Making data reports accessible to the public;
- Targeted investments in housing interventions/inspections; and
- Communicating with CLPPP staff about children <6 years of age who have spent time in a home where an adult had document elevated BLL.

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

The next survey question asked partner agency respondents to indicate which materials and resources they receive from CPPPP, and for those they receive, how useful they find them. The survey provided respondents with a list of materials to rate including: Annual reports, brochures, toolkit items, case management forms, provider guidelines, updated Medicaid Manual information, Lead Safe Home Program information, and Lead "101" PowerPoints. Respondents rated the usefulness of these materials on a scale from "not at all useful" to "very useful". Survey respondents rated the usefulness of these materials using the following response options: "Not at all useful," "Not useful," "somewhat not useful," "somewhat useful," "useful," or "very useful." Respondents could also select "do not use/receive."

Mean usefulness ratings of materials are presented in Figure 8. All respondents had received the annual reports, and the majority indicated the annual reports were useful (83.3%, n= 6). About half of respondents had received the brochures and Lead Safe Home program, and found both useful to very useful. One respondent had received the Provider Guidelines and found them somewhat useful. Conversely, the Lead "101" PowerPoint was found to be not useful by respondents (n= 1). No respondents reported receiving toolkit items, case management forms, or updated Medicaid Manual information.

FIGURE 8: MEAN RATINGS OF USEFULNESS OF MATERIALS SENT BY CLPPP



* No responses received.

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

The survey next asked respondents to indicate what additional information would be helpful for addressing childhood lead poisoning in their service areas.

Overall, partner agencies seemed satisfied with the information they received from CLPPP. The only request for additional information reported was for more concise and focused provider guidelines for lead screening, testing, and follow-up care.

What information would you like to see in the reports (or other materials) that you receive that is not currently included?

Next, partner agencies indicated what additional information they would like to see included in reports or other materials that they receive from CLPPP that is not currently included.

Respondents requested very little additional information to be included in the lead reports distributed by CLPPP. Partner agencies requested more information on lead exposure in children specifically between ages 7 and 15, along with consistent linkages within the data (i.e. race/ethnicity, rental/owner).

What other materials or resources would you like to see be made available?

No additional materials or resources were requested. One partner agency is not receiving information on lead, and has requested to begin receiving lead-related information.

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

Partner agencies did not request any additional feedback when asked.

CLINCAL LABORATORIES SURVEY RESULTS

Please rate your level of satisfaction regarding the process of submitting blood lead analysis results to CLPPP

Clinical laboratory respondents rated their satisfaction regarding submitting blood lead analysis results to CLPPP. Survey respondents rated their satisfaction using the following response options: “very satisfied,” “satisfied,” “somewhat satisfied,” “somewhat dissatisfied,” “dissatisfied,” “very dissatisfied,” or “not applicable.” The majority of respondents reported they were satisfied with submitting their results (92.3%, n= 13), with a mean satisfaction rating of 5.08.

What, if anything, can CLPPP do to improve the process of submitting blood lead analysis results?

The survey next asked clinical laboratory respondents to provide any feedback on how CLPPP could improve the process of submitting blood lead analysis results.

Clinical laboratories reported the HL-7 interface and sFTP transfer could be improved. Additionally, respondents reported the Excel spreadsheet was too long and tedious and could be improved.

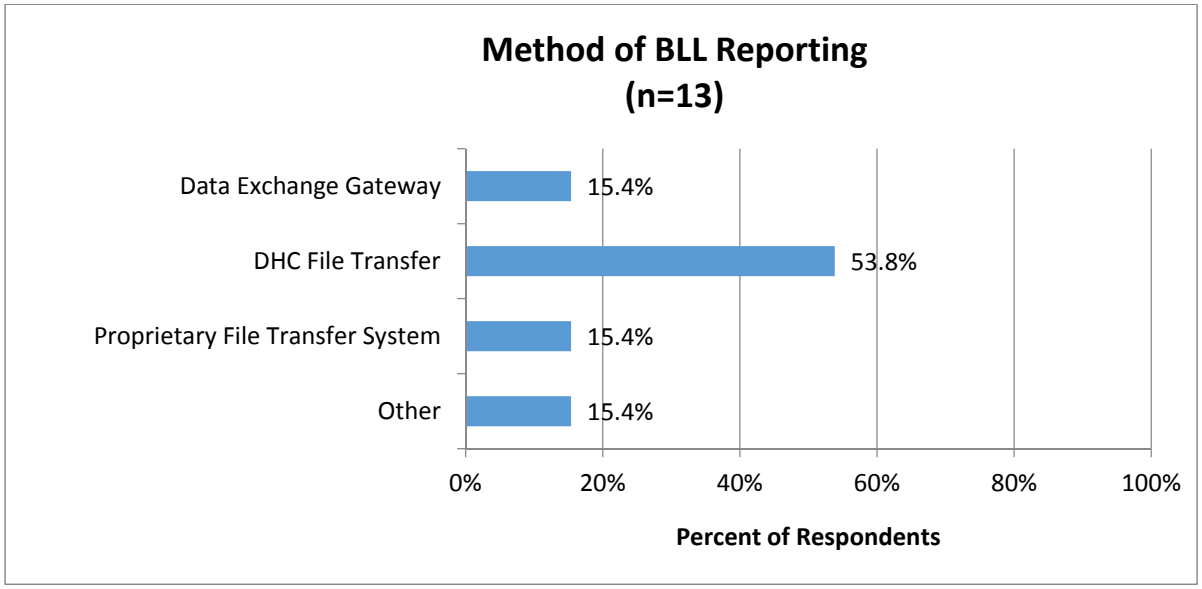
> *“Allow for automated sFTP transfer or accept file via PHINMS”*
>
> *“Again, streamline or automate the process more.”*

How do you report blood lead analysis results to CLPPP?

The next survey question asked clinical laboratories about the way in which they report blood lead analysis results to CLPPP, selecting from the following options: Data Exchange Gateway (DEG); DCH-File Transfer; Proprietary file transfer system; or Other.

The most common method of submission was by DHC File Transfer (53.9%, n= 13). Respondents equally reported using the Data Exchange Gateway, and by other means (15.4%). Other responses included were by mail or not specified.

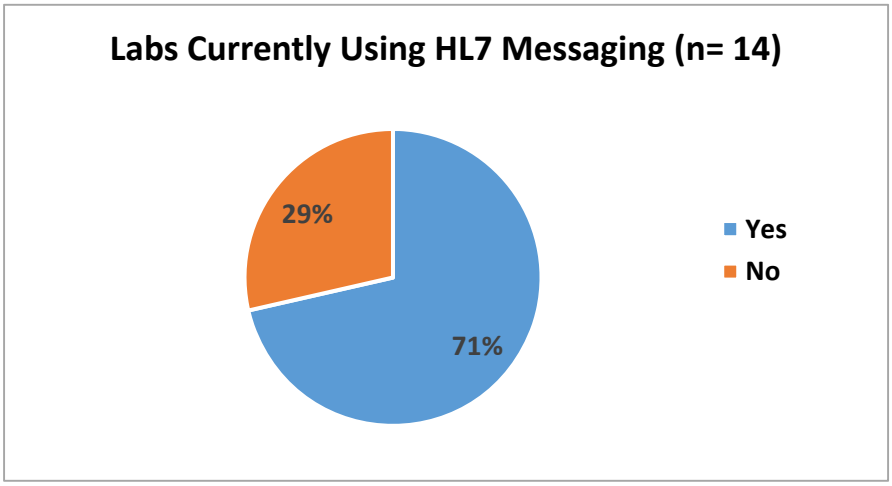
FIGURE 10: METHODS OF REPORTING BLL RESULTS



Does your lab currently use HL7 messaging to report other types of analyses?

The next survey question asked clinical laboratory respondents whether they used HL7 messaging to report for other purposes. Almost three quarters of clinical laboratories reported that they were using the HL7 messaging system to report other types of analyses (71.4%, n= 14, Figure 11).

FIGURE 11: PERCENT OF CLINICAL LABORATORIES USING HL7 SYSTEM



Are you interested in working with Michigan Department of Health and Human Services (MDHHS) to make the transition to reporting blood lead analysis results using HL7?

Next, respondents indicated if they were interested in working with MDHHS to make the transition to reporting blood lead analysis results using HL7. Sixty percent (n=15) of respondents reported they would be interested in working with MDHHS to make the transition to reporting blood lead analyses results with HL7.

Do you report elevated blood lead analysis results more quickly than non-elevated results?

The survey next asked respondent to indicate if they reported elevated blood lead level results more quickly than non-elevated results. More than half of survey participants (53.3%, n= 15) indicated they reported elevated blood lead analyses more quickly than non-elevated results.

[If no] Would you consider accelerated reporting of elevated results, by fax or other means?

If respondents indicated they did not report elevated blood lead level results more quickly than non-elevated results, the next survey question asked if they would consider accelerated reporting of elevated results, by fax or other means. One third of respondents (33.3%, n= 6) indicated they would consider accelerated reporting of elevated results by fax or other means.

What barriers have you encountered for complete and timely reporting of blood lead analysis results?

The next survey question asked respondents what barriers they had encountered for complete and timely reporting of blood lead analysis results. The majority of respondents did not report any barriers to timely completion and reporting of blood lead analysis results. Respondents who indicated barriers identified the following:

- Issues with the EHR report module can delay reporting;
- Difficulty getting addresses from patients to complete BLL forms; and
- Various limitations on the clinical laboratory end that delay reporting.

LEADCARE USERS SURVEY RESULTS

Please rate your level of satisfaction regarding the process of submitting blood lead analysis results to CLPPP.

The next survey question asked LeadCare respondents to rate their satisfaction regarding submitting blood lead analysis results to CLPPP. Survey respondents were given the following rating options: “very dissatisfied,” “dissatisfied,” somewhat dissatisfied,” “somewhat satisfied,” “satisfied,” “very satisfied,” or “not applicable.”

All LeadCare users reported some degree of satisfaction with the process (100%, n= 38), with the majority responding somewhere between "satisfied" and "very satisfied," with a mean satisfaction rating of 5.24.

What, if anything, can CLPPP do to improve the process of submitting blood lead analysis results?

The survey next asked LeadCare to indicate how CLPPP could improve the process of submitting blood lead analysis results. LeadCare users requested a simpler process for reporting BLL results, and suggested being able to enter the results themselves into MCIR. Respondents also indicated that some BLL results have not shown up in MCIR, even when they are sure they have reported them.

> *"It would be nice to not have to wait 2 weeks to a month before I could check MCIR and verify which leads went over and which need to be re-entered."*

> *"In the future we hope for a simpler process in reporting lead level results other than the excel spreadsheet such as possibly entering results ourselves in the patient's MCIR the same as we do for entering vaccinations given. Anything to lessen the amount of information we need to type because the same information is already on record with MCIR."*

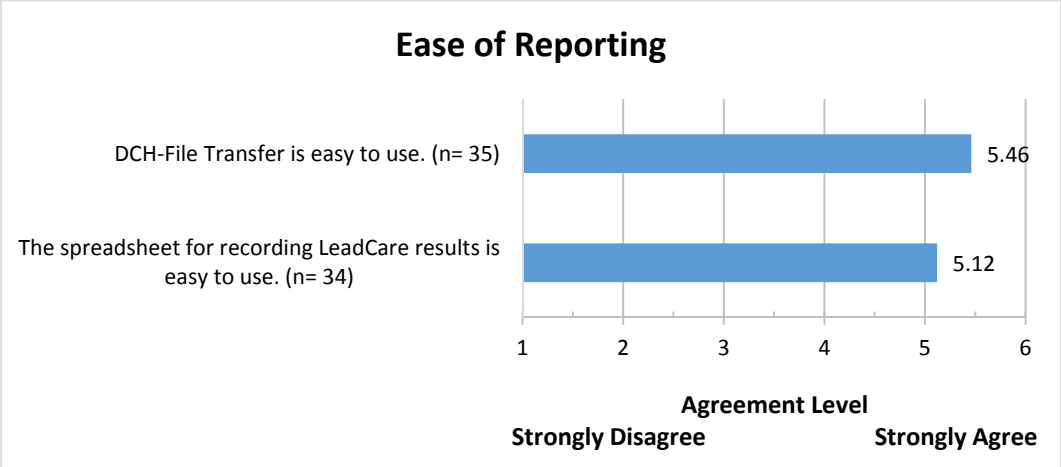
Is the spreadsheet for recording LeadCare results is easy to use? Is the DCH-File Transfer easy to use?

The next two survey questions asked LeadCare users to rate their level of agreement with the following two statements:

- The spreadsheet for recording LeadCare results is easy to use; and
- DCH-File Transfer is easy to use.

Survey respondents were given the following rating options: "strongly disagree," "disagree," "somewhat disagree," "somewhat agree," "agree," and "strongly agree." All respondents agreed or strongly agreed that the DCH-File Transfer (100%, n= 35) and spreadsheet (100%, n= 34) were easy to use. Mean agreement level is presented in Figure 13.

FIGURE 13: MEAN AGREEMENT WITH EASE OF REPORTING RESULTS



What barriers, if any, have you encountered to complete timely reporting of LeadCare results?

The next survey question asked LeadCare users to report on any barriers they had encountered to complete timely reporting of LeadCare results. LeadCare users reported the primary barrier to complete and timely reporting of LeadCare results were lack of staff and lack of staff time. Additionally, LeadCare users reported the timeframe to complete reporting was too short.

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

Lastly, the survey asked LeadCare users to provide any other feedback they wished to share with CLPPP. The only feedback from LeadCare users was a question for CLPPP staff, asking how many children could have been tested with results not present in the reporting system.

DISCUSSION

The CLPPP Customer Satisfaction Survey provided the opportunity for various customer groups to provide their feedback on the strengths and weaknesses of the CLPPP program, as well as an avenue for agencies and partners to suggest areas of improvement. Themes arose within the responses, and are summarized below for each customer group.

Local Health Departments

LHDs reported varying levels of interaction with CLPPP staff. LHDs reported feeling satisfied with their interactions with CLPPP, and indicated that they found CLPPP staff to be knowledgeable, responsive, and helpful. Additionally, LHD respondents indicated appreciation for the available educational resources. Respondents have found the data provided to them on elevated blood lead levels useful, and these data are actively being use to guide childhood blood lead poisoning activities in their jurisdictions.

Overall, respondents reported a need for:

- Training with the HHLPSS system;
- Funding sources to provide community education and outreach;
- Regular meetings with CLPPP staff throughout the year;
- Improved and more frequent communication with CLPPP staff;
- Improved functionality of the HHLPSS program;
- Increased educational opportunities for health care providers; and
- More educational resources (i.e. flyers, pamphlets).

Partner Agencies

Respondents from CLPPP partner agencies did not specifically recognize areas of improvement. In general, partner agencies appreciated information and educational resources available from CLPPP, but also requested additional communication and guidance from CLPPP staff. Overall, respondents reported the data reporting aspects were manageable and easy to understand. Respondents indicated the BLL reporting forms could be more easily accessible and user friendly. Additionally, respondents requested guidance on ways to guide healthcare providers in lead surveillance and lead reporting. Lastly, partner agencies requested access to educational materials on both lead screening and lead poisoning prevention.

LeadCare Users

Overall, LeadCare users were satisfied with the reporting system currently used for BLL analysis reporting. LeadCare users were satisfied with DCH-File Transfer systems and found the spreadsheet for reporting easy to use. LeadCare users requested access to MCIR, and indicated a desire for the ability to enter BLL data into MCIR themselves. Lastly, LeadCare users did not specify any areas of improvement for CLPPP.

Clinical Laboratories

The majority of clinical laboratories reported using the DCH-File Transfer system and HL7 for various reporting processes. Nearly two-thirds of respondents indicated they were interested in working with CLPPP staff to transition to using HL7 for data reporting. Lastly, clinical laboratories indicated the reporting system could be better streamlined to minimize duplicate reporting by clinical laboratory staff.

CONCLUSION

Results of the CLPPP Customer Satisfaction Survey suggest some key areas of strength and opportunities for improvement with regard to the CLPPP program. Main themes that arose across customer groups were specific to increased communication, additional training opportunities, HHLPSS training and improvement, and guidance and support with case management. The Customer Satisfaction Survey will be implemented again in fiscal year 2017, and will ask similar questions to gauge improvement and follow-up, with additional questions to evaluate how CLPPP has improved and changed over the past year.