

CDC Childhood Lead Surveillance Meeting  
 September 24 - 26, 2002  
 St. Petersburg, Florida



Evaluation Summary: There were 127 people attending the surveillance meeting, including 13 Centers for Disease Control and Preventions (CDC) Lead Poisoning Prevention Branch staff. Staff members evaluations were not included in the summaries below. The comments following the tables were reproduced as closely as possible to the comments as they were submitted.

All of us at the CDC would like to thank you for your participation and submitting your evaluations.

Tuesday, September 24, 2002

Session	Was the topic...	Managers (% Respondents)	Data People or Both (% Respondents)	Other or Not Stated (% Respondents)	Total Responses (not counting blanks)	Average Score*
Using Surveillance Data to Achieve Elimination	useful?	30.1%	60.3%	9.6%	73	3.8
	addressed well?	30.1%	60.3%	9.6%	73	4.0
Workgroup Report: Standards for Reporting and Analysis	useful?	29.3%	61.3%	9.3%	75	4.4
	addressed well?	29.3%	61.3%	9.3%	75	4.1
Workgroup Report: Data Release Policy	useful?	30.1%	60.3%	9.6%	73	4.2
	addressed well?	30.6%	59.7%	9.7%	72	3.9
Surveillance Data Submission Process and Recommendations	useful?	30.1%	60.3%	9.6%	73	4.2
	addressed well?	30.6%	59.7%	9.7%	72	4.2
Electronic Laboratory Reporting	useful?	29.7%	60.8%	9.5%	74	4.0
	addressed well?	29.7%	60.8%	9.5%	74	4.1
National Electronic Data Surveillance System	useful?	28.4%	62.2%	9.5%	74	4.1
	addressed well?	28.8%	61.6%	9.6%	73	4.2
Discussion: Are we collecting the data we need? (Includes STELLAR)	useful?	29.7%	60.8%	9.5%	74	4.1
	addressed well?	29.7%	60.8%	9.5%	74	4.1
GIS for Evaluation and Research - Collaborating with CLPPPs	useful?	29.2%	61.1%	9.7%	72	4.1
	addressed well?	29.2%	61.1%	9.7%	72	4.0

\* Scoring went from 5 - strongly agree (positive response) to 1 - strongly disagree (negative response).



Wednesday, September 25, 2002

Session	Was the topic...	Managers (% Respondents)	Data People or Both Manager and Data Person (% Respondents)	Other or Not Stated (% Respondents)	Total Responses (not counting blanks)	Average Score*
Keeping Expectations High	useful?	30.4%	56.5%	13.0%	69	4.5
	addressed well?	30.4%	56.5%	13.0%	69	4.5
Panel Discussion: Medicaid Partnerships	useful?	29.2%	58.3%	12.5%	72	4.0
	addressed well?	29.2%	58.3%	12.5%	72	3.9
Implementing Medicaid Linking	useful?	27.1%	60.0%	12.9%	70	4.1
	addressed well?	27.1%	60.0%	12.9%	70	4.1
Workshop: Using Surveillance Data to Guide, Monitor, and Evaluate your Program	useful?	29.0%	60.9%	10.1%	69	4.3
	addressed well?	29.4%	60.3%	10.3%	68	4.2
Discussion: What would an ideal childhood blood lead surveillance system look like?	useful?	28.2%	60.6%	11.3%	71	4.2
	addressed well?	28.6%	60.0%	11.4%	70	4.0
Bringing It All Together, Challenges for the Upcoming Year, and Q & A **	useful?	21.4%	64.3%	14.3%	14	4.5
	addressed well?	21.4%	64.3%	14.3%	14	4.4

\* Scoring went from 5 - strongly agree (positive response) to 1 - strongly disagree (negative response).

\*\* This session was cut very short during the meeting. This discussion, along with others, will be continued in more depth at the soonest opportunity.



Thursday, September 26, 2002

Session	Was the topic...	Managers (% Respondents)	Data People or Both Manager and Data Person (% Respondents)	Other or Not Stated (% Respondents)	Total Responses (not counting Blanks)	Average Score*
Facilitating Communication Between our Partners and the CDC	useful?	33.3%	56.1%	10.6%	66	4.0
	addressed well?	33.3%	56.1%	10.6%	66	4.0
The Role of Surveillance in High Intensity Targeted Screening (HITS) Projects	useful?	31.8%	57.6%	10.6%	66	4.3
	addressed well?	31.3%	57.8%	10.9%	64	4.6
Environmental Health Tracking: Improving Linking Between Public Health and Environmental Data	useful?	31.7%	56.7%	11.7%	60	4.0
	addressed well?	32.2%	55.9%	11.9%	59	4.2
Discussion: The role of environmental data in lead surveillance	useful?	30.0%	55.0%	15.0%	40	4.2
	addressed well?	30.0%	55.0%	15.0%	40	4.0

\* Scoring went from 5 - strongly agree (positive response) to 1 - strongly disagree (negative response).

### General Meeting Evaluation

	Managers (% Respondents)	Data People or Both Manager and Data Person (% Respondents)	Other or Not Stated (% Respondents)	Total Responses (not counting blanks)	Average Score*
Were the topics addressed at the meeting relevant and timely?	32.8%	59.4%	7.8%	64	4.4
Was this meeting valuable and worthwhile?	32.3%	60.0%	7.7%	65	4.4
Can you apply information from this meeting to your job?	32.3%	60.0%	7.7%	65	4.4
Did the logistics/meeting planning go smoothly?	32.3%	60.0%	7.7%	65	4.4
Did the format of the meeting promoted open discussion?	32.3%	60.0%	7.7%	65	4.6

\* Scoring went from 5 - strongly agree (positive response) to 1 - strongly disagree (negative response).



**Do you believe it would be helpful to conduct a surveillance meeting in future years? If yes, how often? What should be the focus of the meeting?**

- Yes, annually
- Yes...At least once a year!
- Depends on effective focus
- I do believe this is necessary. Let us have it twice a year. Focus should be on coordination and sharing of data.
- Yes, 2004, 2006, 2008. How to focus in on remaining pockets of EBL as average levels go down.
- Yes, yearly. Would like to have grantees have more input into what data CDC collects, formats, etc. Currently too unidirectional.
- Yes – but not at the expense of having a meeting that addresses questions directly related to the new, competing application process. Have a meeting with at least a session devoted to application concerns.
- Yes, more papers, research and successes in programs, i.e. HITS
- Yes, yearly. Creating best definitions and methods of evaluating data for activities
- An annual meeting is good, but to have it focused solely on surveillance misses other issues. Program development, grant guidance, etc.
- Maybe have the “smaller” states meet a way from “the larger states” Personally 1-0 of the items related to my state
- Yes although some can be done remote or virtual throughout year
- Yes, but each CLPPP must do an overall surveillance or function of their own, a 5 minute presentation so other groups can know where they are, a comparison of all CLPPPs...then have the discussion.
- Yes! Yearly would be good – focus should vary a bit so more depth can be achieved
- Yes. Once per year. Twofold: 1- issues/skills important to different CLPPPs; 2- activities at CDC lead program that are important to partners, e.g. Chicago HITS
- I have been attending these meetings for 9 years. The topics and contact are the same now as they were 9 years ago.
- Every other year. Current projects – specific projects – single focus, i.e., Medicaid
- Perhaps, but NOT at the expense of a Project Officer/Program Manager meeting in “competing” years. Every 2-3 years. Most would depend upon current “hot topics” and input from the CLPPPs to determine needs and areas of interest.
- Yes, annual. In 2003, focus on how agencies have implemented NEDSS and standards.
- Yes, once a year
- Yes, every 4 years. Updates
- Yes, 1-2 times per year
- Yes, yearly so we can keep up the networking
- Annually
- Yes, every couple of years. Get reports on how sites have applied some ideas and suggestions from last meeting
- Yes, a meeting every few years
- Yes – every two –three years; include update on current surveillance issues
- Annually
- Yes, yearly. Send questionnaire asking for topics. Include some of the open-forum sessions like this year.
- Yes
- Could be part of a longer meeting
- Yes, but could be part of national grantee meeting – save expenses for 2 trips
- Annual – experts – I liked Tim Dignam’s HITS presentation. Like specifics/tools
- Yes – have a joint surveillance program meeting yearly. Program section needs to have a meeting like this one with more open discussion.
- Yes, I think it should be a yearly meeting. Same issues, update our successes and initiatives.
- Yes, this meeting with all the CLPPPs, local and state governments.
- Yes, it would be beneficial to have future surveillance meetings; probably once per year. The focus should be requirements/protocol/expectations of the surveillance system for a successful program.



**Do you believe it would be helpful to conduct a surveillance meeting in future years? If yes, how often? What should be the focus of the meeting?, continued ...**

- Yes every 1-2 years – especially as ideas change – new thoughts on how to evaluate the use of data essential to drive public policy
- Yes, but not often. The relative “newness” of the CDC staff means CDC was hearing for the first time the same things that have been said for years at grantee meetings
- Yes, yearly to every other year. Would be great to include CMS staff as well, include WIC – continue dialogue on data sharing, etc.
- It is beneficial to have this meeting at least one time a year. Issues and barriers as well as requirements should be the focus. Small workgroups/forums may foster more presentation from all attendees. I noticed the same states giving the majority of input
- Yes, future meetings would be a good idea. I would suppose that a yearly meeting is as much as could be offered. This meeting has been very broad and a lot of information covered.
- Always beneficial to meet and exchange ideas in a comfortable open forum. Meetings should be yearly if possible because staff changes and meetings help to put a face with names and encourages relationships/info sharing between statewide programs
- Yes, maybe every 3-5 years. Focus – the advances in surveillance
- Yes, every 2 years. Focus should be whatever the hot topics of the time are!
- Yes, focus: relationships with analytical labs, have attendees or presenters from Quest, LabCorp etc
- Frequency = once/2 yrs. Focus should be on consistency – definitions/type data, etc.
- At least yearly
- Yes – every 2 years – then as 2010 approaches (2005) every year to help CLPPPs address key issues as identified through surveys for CDC to CLPPPs
- Yes, annually, to focus on data methods
- Yes – at least every 2 years. Focus similar to this one
- Data should drive ALL discussions regarding program design, outreach, etc
- Yes, maybe annually – there was so much info crammed into this meeting – it was exhausting
- Yes. Every 2 years. Focus – to address issues common to most CLPPPs.
- Yes, but this was more about how to work with or around red-tape and politics – maybe something a bit more technical would be good for epidemiologists.
- Yes, annually. It provides a forum for technical issues, which are very important
- Annually – to share insights, experiences, and barriers encountered and to learn of CDC current focus relating to lead surveillance
- Maybe alternate years? But depends on how much surv. and program changes
- Absolutely! Every year. I have waited 18 months to get answers to the questions that you addressed!
- Yes, it would be beneficial to have a surveillance meeting every other year.
- Yes, annually or every other year. The focus of the meeting should be on two basic topics – how programs have successfully used their surveillance data for some purpose and working together to solve common data problems. The surveillance meeting should NOT be held in place of another grantee meeting if the grantee meeting it replaces is of more importance to grantees. For example I just learned that there will not be a grantee meeting this year that will address the upcoming program announcement concerning the grant application for year 2003-2004 funding. This is a very important issue with programs, as we will all be competing and funding is limited.
- Annually. Your focus was great. Please see my suggestions.

**List 2-3 topics that you would like to see in future meetings**

- What the CDC is looking for in Grant applications
- More on discriminate use of GIS (avoid bad associations) More on method of targeting numbers of children at risk
- Training; Education; GIS
- National standards. State successes. Helping less experienced states get fully up to speed. Using GIS to focus efforts.



### List 2-3 topics that you would like to see in future meetings, continued ...

- 1- model policies and procedures for core elements that can be used as templates for state/local programs; 2-how to sessions on STELLAR/NEDSS maintenance and usage GIS. Training with step by step on getting started; 3- STELLAR user group problem solving
- How to get the groups function as a whole? Nationwide?
- Data linking; standards for laboratories; best practices
- Primary/secondary prevention issues and examples of their implementation; 2- Use of GIS to identify high-risk areas (zip codes, census tracts, block groups, etc)
- Different things (standard reporting elements for example) and CDC is STILL recommending these same things
- Evaluation; alternative methods of identifying high risk population groups
- Development of Data Manual/Management Protocol. HIPPA; Multiagency (CDC, HUD, CMS) data sharing; NEDSS update
- USDA, other agency plans and how to partner
- GIS; more detailed info on data from all states participating; STELLAR enhancement
- Evaluating, more on evaluating different program components using surveillance; more on NEDSS PAM; reporting standards
- Updates or STELLAR, linking data
- NEDSS updating
- GIS and other/new applications/technologies; web-based reporting; CDC vision of future goals/objectives; surveillance methods/data linking
- STELLAR
- Outcomes of this meeting
- Future direction from decision makers. Connect with HUD/EPA – surveillance
- More discussion of NEDSS. Partnerships with other agencies
- GIS; environmental health tracking; Medicaid linking; HITS
- Different non-STELLAR data systems, sessions on different reports that are expected of groups. This should completely outline the contents of the expected reports.
- Environmental health tracking. Key integrated (?) of data and use for public health actions
- Lab standards for reporting. The “playbook” for data management
- Program changes/requirements
- Laboratory report; direction CDC is moving – focus important to CDC
- Electronic data reporting; development of consistent operational definitions for quarterly reports
- More on reporting definitions and formats
- Developing coalitions or workgroups to continue to develop some of the solutions presented this week.
- STELLAR: reports and queries training. It would be nice to have write-ups on who, what, where, how other local programs are organized, housed. Are they in the office of HHS? Public health. What staff do they have, what territory/populations do they serve.
- How to use GIS
- More program evaluation. Program evaluation tools, especially GIS
- Linking lead with asthma – data and programs. Linking data with agencies addressing remediation efforts and effectiveness of abatement/interim control.
- IT subjects, data cleaning
- Medicaid matching – involvement of HUD or other housing agencies
- Way to present successful elements elsewhere to our local partners – i.e., Medicaid
- Has the child health act of 2000 been implemented? What is the status of federal programs working together (HUD, WIC, EPA)
- Data workshop/meeting
- A more concrete session on evaluation
- Hardware/software; statistics; environmental/epi connection; grant application; HL7
- Surveillance: health education: how to measure changes in behavior



### **List 2-3 topics that you would like to see in future meetings, continued ...**

- Optional separate or pre-meeting orientation to CLPPP surveillance for new people (1/2 day?). Taking data to non-data folks – how to keep them interested in collecting and orienting them to use of “own” their own data.
- Partnering to collaborate with labs; what are some successful primary prevention activities
- Data analysis techniques, codes in SAS (ex. Soundex match, etc); a specific example on how surveillance data is used to evaluate CLPPP activities – how do you decide what measure to use to evaluate?
- Impact of HIPPA on programs. How are other programs dealing with HIPPA compliancy. What have other state programs been told by legal (or other) agencies in their state as to the applicability of HIPPA compliancy as it relates to their program? Our program was told it doesn't apply to us – which is difficult to believe.
- Program evaluation tools, reports, forms (quarterlys, etc); field successes/local program highlights (idea generation); partnerships. Panel discussion on successful cooperative agreements

### **What was the most useful aspect of the meeting?**

- Issues concerning Medicaid communication barriers, studies conducted by various states and their use of programs like HITS and GIS mapping
- Amount of time allowed for questions and discussion; involving your partners, e.g. focus on NEDSS & Environmental Health Tracking program
- The input from others and the exhibits. Contacts for future work/collaboration
- How to use surveillance data to evaluate your program
- All sessions were useful to some degree, but in most cases the input from non-presenters (to the group or in side conversations) was most useful
- Discussion opportunity was great. Much better than previous grantee meetings!
- Medicaid linking session – summaries of the nuts and bolts of how other states do this was very helpful. The GIS sessions were also helpful – but way too long – when the time is up – it's up.
- Social time with other program people to talk about specific program issues and brain storm with other program staff
- Data standards
- Discussions – allowing adequate time
- Noticing the differences between the different states
- Handouts with specific models/how to do info; contact and reference materials to take home. Face to face contact with CDC lead personnel
- Seeing others facing similar problems
- Learning specific techniques, policies etc. directly applicable information rather than overviews
- Fostering and facilitating discussion among programs
- The opportunity to interact with Dr. Jackson was a real treat. The opportunity to network is always good. Penn's actual workshop was good – I wish more of the meeting had consisted of workshops – I'd been under the impression that was what this meeting was going to be
- Discussions and the overviews
- Keeping expectations high and the discussion that followed
- The information presented both by presenters and other CLPPPs
- The question and answer and comment sessions; HITS presentation was excellent info
- Exchange of experience among similar CLPPPs; direct communication with CDC/ objectives and methods clarification
- Allowing sites to make suggestions and then to hear some at CDC say they are really going to work toward implementing them.
- Allowing open discussion
- Everything on Tues
- Group discussions on elements of lead surveillance
- Hearing what was coming (on the table for future). I liked the small discussion groups Penn had. Helped to meet people and share (everybody isn't comfortable with the microphones. I would have liked a small group each day)
- HITS



### **What was the most useful aspect of the meeting?, continued ...**

- Opportunity to communicate directly with CDC and get CDC to understand the practicality of their requirements
- Networking and discussion sessions
- Networking/talking with program staff. Relationship building. I liked lunch saved time. Nice to have first day
- Session with Dr. Jackson
- Discussion with other CLPPPs. The question/answer sessions
- GIS and surveillance to help target high risk areas of lead poisoning
- The interactive sessions were the most useful. The breakout group session allowed participants to share more.
- Better idea on how to use surveillance data to evaluate programs and do project planning
- Concentration on 1 topic (component)
- Sharing – good to hear what other programs are doing, most of all, good to know we're not alone in the challenges we all face.
- Smaller group discussions and exercises
- Meeting with our counterparts from other states in order to compare challenges/successes through presentations as well as breaks/lunch. Also the open discussion format is most useful. We each return to our programs more motivated & revitalized
- Luncheon encouraged relationship building and idea sharing/networking. Internet/printer access during meetings. Poster presentations was an excellent way to exchange info about what is happening in each of states
- The staff!
- There is a wealth of information in this room – it was great to hear people's points of view!
- Open communication pathways
- Networking
- A discussion of surveillance techniques. The computers were useful.
- Q&A with Jackson
- Informative subjects
- Discussion with CDC people and other states
- Generous open discussions
- Dr. Jackson's perspective – he seems serious and dedicated to local issues. Hopefully, he'll provide the leadership that's been missing lately.
- HITS
- Hearing about other programs – opportunity to evaluate and share information and strategies
- Opportunity for meeting with a number of key staff from CDC/other CLPPPs all in one meeting
- CDC definitions of terms
- Talking face-to-face with folks who do similar work, their comments, too
- Ample time for Q&A – open discussion. Bringing in the policy makers to hear our issues
- Penn's workshop, Tim's session on definitions
- That it was surveillance-specific. It relates directly to my job responsibilities. I heard some good ideas that I plan to use when I get back to the office.
- Ideas/input from audience; success presented at panel; Dr. Jackson's pitch with Q&As.

### **What was the least useful?**

- Electronic lab reporting; Medicaid linking & facilitating; communication between our CLPPP programs
- GIS – Good topic! Poor speakers/presenters.
- Environmental linking/data manager topics
- Overlong presentations of survey results (on GIS, Medicaid linking) lack of CDC response to questions raised by audience regarding why there is such a focus on linkage of Medicaid and lead databases vs. other strategies
- Medicaid linkage
- Some of the discussions became non-productive and should have been limited
- Most – Not many applied to me
- Discussion small groups could have been a "break-out" session for STELLAR and non-STELLAR states.



### **What was the least useful?, continued ...**

- Long overviews of topics with little direct application
- Too much on GIS – session could have been shorter & encouraged interested parties to link with speakers later on their own
- Ideal system – this has been discussed at previous meetings. When we are face to face like this, we need to be addressing nuts and bolts issues. Anything said after a break was supposed to start a session was supposed to end. STELLAR info (since 15 states do not use it) this could have been a break out with sessions for STELLAR and non-STELLAR states; The “Medicaid Partnership” panel.
- Areas such as Medicaid linking might do better as break-out work shops
- GIS
- Panel discussion
- Medicaid linking – just because our state does not have a problem with this issue.
- Long drawn out sessions on GIS and Medicaid linkage. These could have been break out sessions for those really involved.
- I’m not into data management, but this meeting was a very useful to me.
- The logic model exercise (not enough time to do it well)
- Very difficult to meet with project officer when she left early Thursday without mentioning she’d be unavailable
- Evaluation session was too much a repeat of logic model session at Health Ed Conference.
- Lecture by Dr. Jackson. The dialogue between us (Q & A) was I believe beneficial to all of us. I think his message could have been 5-10 minutes –with the rest a discussion
- Everything was valuable
- Having sessions to go way beyond the scheduled time
- Some disorganized sessions when discussion was too ad-lib.
- The fire alarm
- Understanding that this is a networking/brainstorming type meeting. I wished there were set standards for reporting and analysis given
- The hurricane season – rain. Great meeting – it was valuable all around
- GIS to death. It requires very detailed training and software to use unless your organization currently has a GIS person, the expectations would be for us to wear yet another hat!
- Medicaid
- Need more access to printing
- Jackson’s presentation
- GIS session could have been shorter
- Time crunch – less presentations and more discussions
- GEO – coding – mostly same as previous years.
- Lack of breakouts session for specialized technology – related topics (some of them – not all) e.g. matching algorithms, GIS
- Everything was useful – some sessions, although not applicable to my state’s program directly, still provides valuable insights by participants relevant to other aspects of my CLPPP
- For me, the multiple talks on linking. One would suffice – I do have experience
- Everything was wonderful
- NEDSS session, Medicaid partnerships – only because they don’t apply to my work
- Too much of the meeting was in the speaker/audience format. I had hoped at least half would be in the workgroup format. I would also like to have at least one workgroup session where members of the workgroup can choose their own topic to be discussed. Although we had the opportunity beforehand to convey topics of interest to those who were planning the session, issues may come up during the session that attendees would like to pursue further.



## **Comments about the administrative and logistical aspects of the meeting (registration, hotel reservations, reception and breaks, meeting room layout, length of overall meeting or individual sessions, etc)?**

- Very nice, could not have been better
- Great choice for meeting; hotel logistics great; conference/meeting layout wonderful; length of overall meeting a bit long (difficult with time differences – adjustment of time zones)
- Very nice facility, appreciated the food, good idea to have ½ breaks since session ran over and we still had enough break time
- GREAT conference location! Many things were within walking distance from hotel.
- The time available to meet (e.g. regional meetings, etc)
- Everything was great. Well-planned meeting. Let's keep it up for the health and betterment of our children.
- The facilities were truly wonderful and appreciated. The size and layout of the main room were great for presentations, but maybe too large (too spread out) for discussion. Maybe the group as a whole was too large, and would have to be broken up at times for some sessions.
- Excellent organization. Breaks long enough, appreciate the availability of computers outside meeting rooms
- Prefer to start earlier and end earlier, e.g.: 8:30-4:30 and take 15 min breaks. Hotel very nice choice
- Presenters should really try to stay on time and end on time. Portable microphones for speakers would be helpful.
- Excellent
- Hotel was great. Meeting room set up was creative and much better than classroom style
- Registration –fine. Hotel – good. Breaks needed to stick to the schedule. 2<sup>nd</sup> day lunch in particular room – fine.
- Appreciated the coffee and juice, water, fruit each day. Hotel was GREAT. Having computers available very helpful.
- Great job.
- Excellent all around! Meeting times were good – some sessions needed more or less time – probably could have had more depth on some issues with more time.
- Great location, set up, good food, later afternoon sessions were difficult – made for too long day.
- Meeting room layout – innovative and great! (hotel and meeting) On-line registration was great, and reservation process once we got here was easy too. It was nice to have breakfast and breaks, but the breaks should not have been cut short – sessions should have been ended on time. Going until after 6:30 the first day and omitting the final session on the second day were both bad time management techniques. Fewer topics and 1-1/2 to 2 days would be a good meeting length. The text message at the front desk would have been helpful the first night for those who were not able to register on Monday evening (and get a copy of the agenda), but that was a nuisance the other 2 evenings. When programs are instructed to budget and plan for meetings one way (1 person/Atlanta; 2 separate meetings) and that is then significantly changed by CDC it creates hardship (financial, travel approval, logistical, etc) for the programs. If the switch of location from Atlanta to FL used the CDC LPPB's budget that had been set aside for a Program Manager meeting, or in any way adversely affected plans for that meeting, it did a great disservice to the CLPPPs. As CDC's so-called "partners", I feel the CLPPPs have been left out of the loop in this decision. I think it is great to move toward more discipline specific meetings (i.e., health education, surveillance, program manager) and I think regional meetings in "off years" are a good concept, which could use a little more development. However, this year above ALL OTHERS, a Program Manager Meeting was needed. Many of us (Prog. Mgrs) are quite concerned about the future of our programs. We are relying on CDC to assist and support and inform us and fully carry out their "CDC Activities" (Yes, I know we also need to improve the way we carry out our "recipient activities, as well). We don't need a fancy hotel – we need productive, interactive working meetings with open communication between the CLPPPs and the LPPB staff. There was a big (last minute) push for us to bring sample annual reports, yet no session addressed these reports – "ideal" or model reports, necessary elements to include in the reports, target audiences for the reports, etc. It seems like this is a session that would have made a lot of sense, given the pre-meeting propaganda and the focus of this meeting. Please, please, please send us a compilation of the key comments made at this meeting. Especially useful would be a "report" from the session with Dr. Jackson – his comments and ours. How about reinstitution quarterly (not monthly) conference calls by discipline (Prog Mgr, Surveill, Health Ed) on either a national or a regional basis? Why not recycle our nametags as both a cost saving and an environmentally conscientious action? We were asked (via e-mail whether or not we'd developed an elimination plan for our state and how we planned to evaluate our success. A session on the development, implementation and evaluation of an elimination plan would have been a timely and useful session. Pam Meyer was especially professional and effective as a speaker and moderator



**Comments about the administrative and logistical aspects of the meeting (registration, hotel reservations, reception and breaks, meeting room layout, length of overall meeting or individual sessions, etc)?, continued ...**

- Location was great. Food and accommodations outstanding.
- Length as too long – trying to cover too much as noticed by going over during sessions. More adaptation of the agenda should have occurred.
- Hotel is lovely and a wonderful experience! Organization was done well with the exception of too long of a day on Tues. Also, should have some time to enjoy the area.
- All good – even the running late the first night was not terrible. Felt comfortable in walking in and out of sessions when necessary
- Administrative and logistical aspects – all excellent
- All excellent
- Hotel is beautiful, schedule remained on time
- Please – no more middle of the night phone messages reminding of the continental breakfast and time meeting begins!
- It was unfortunate to miss the middle of the day – would have been good to have longer mid-day breaks.
- Everything excellent except use of time and agenda. Agenda was too full. Have a breakout at 4:00 each day for those interested in some details that don't apply to all.
- Hotel accommodations were wonderful.
- Excellent facility and all aspects of administration and logistics (everything went very smoothly)
- Hotel was excellent!
- Excellent planning. I liked Penn's efforts with Mikes and getting input. Nice mix with formal presentations.
- Phone messages every night about the next day were really stupid and inconvenient
- A wonderful hotel. It was great to go to a beautiful place and hotel. I enjoyed that some of the rest were 30 minutes instead of 10-15.
- Excellent, super, unbelievable accommodations
- The registration process was simple and easy. The staff were helpful in answering questions. The choice of hotel ad location was excellent. The layout of the meeting rooms was also good. I don't think the time for some
- Did we really need to be spread out in such a large room? Hard to hear and see sometimes. When we met after the Tues session in the lobby, hearing each other was a problem.
- Hats off – great job! Great choice of hotels. Three whole days may be better – first 2 days were too long, information overload.
- Wish that you could have done something about the weather. But the facilities were BEAUTIFUL; the staff was very pleasant and helpful. Reservations were easy. Breaks were appropriate and food/beverage were great/helpful.
- Breaks – too many, too long. Time shouldn't have gone over as often. LOVED the computers
- Availability of computer stations! A+ ... comfort of room/chairs A+ ... made a difference. Hotel setting A+. The folks that put this together did an incredible job.
- Everything was great, wonderful hotel, services. Good job Penn on the hotel!
- Hotel/accommodations/food/location was the best of any conference I have attended.
- Food was very good. Motel service was excellent.
- The planning group did an EXCELLENT job with the logistics of this meeting A++++
- Good site for meeting
- Mostly very good organization
- Pretty good set-up overall
- Not enough time! Each session ran overtime, so break time was sacrificed. We need to get out – maybe more stretching. Food was good. We mostly ate and sat.
- Excellent choice of hotel – great service
- Admin and logistical aspects went well but I would suggest starting earlier and ending earlier. In addition, having break out sessions might be better – the morning sessions of the first 2 days were interesting but as our program is well on its way to meeting those goals, I didn't feel like they were entirely relevant to our program. Break out sessions will allow programs to attend sessions that are a priority for them.



### **Comments about the administrative and logistical aspects of the meeting (registration, hotel reservations, reception and breaks, meeting room layout, length of overall meeting or individual sessions, etc)?, continued ...**

- Hotel is spectacular – length of meeting just right. Love the location. An evening cruise for all would have made-it perfect (I'd have paid for it)
- Perfect – although session at end of day ran a little too long in overtime
- Excellent
- This is by far, the most beneficial conference I have ever attended.
- The hotel was very nice. Food at breaks was welcome and delicious. The meeting sessions started out by ending on time, but as the meeting went on, the session started ending later, cutting into our breaks and meals. In the future, it is best to have a timekeeper to make sure speakers DO NOT run over. A few sessions ran as far over as 30-45 minutes over, and the last session on Tuesday ran 90 minutes over. Employ a timekeeper to physically, verbally stop speakers, Q & As when they go over time. My CLPPP did this for the regional meeting and it worked really, really well in keeping attendees focused, well fed and happy. The meeting was overall a good experience. I learned more than I thought I would. Thanks for all your hard work in getting the conference together.
- I was pleased to see more time scheduled for lunch and breaks, although we didn't always get the full break. Attendees need time to check voice mail and return calls besides having an opportunity to network. The computers/internet access and ability to print were helpful to have.
- Great, Great, Great location! Get again next year!

### **Any other comments?**

- I enjoyed the meeting and most speakers were very informative
- Excellent meeting! Please do it again
- CDC has restructured! How will this change the way grants are reviewed and awarded? What does the CDC want to see in Grant applications?
- I am glad you held this conference. Thank You!
- Watch your e-mail
- I'd still like to see less presentation, more discussion – sharing of ideas, problem-solving. This may require more small group work and/or skillful facilitation of discussion. I'll admit there were several points where we were given opportunity to speak up and no one did, but there is science and an art to drawing people out. During the only small group session, it quickly became apparent that some folks were looking for answers to specific questions, and others in the group were qualified to help out. Wish there had been more opportunities like that.
- Very glad to see Dr. Meehan – it is meaningful to get an in-person welcome to a new division. I was also impressed that he stayed for most of the meeting. Also very important to see Dr. Jackson. I understand we will not be having a grantee meeting before the RFPs are due for this competing application process. I believe, based on conversations with my peers, that if we were informed of these plans we would have wanted a meeting with combined topics pertaining to the competing application and surveillance issues did not learn we wouldn't have a regular grantee meeting until my arrival in St. Pete.
- Another joint meeting with HUD and EPA to help collaboration between programs
- Would like feedback about comments that were presented to see if CDC will update their CBLS and how data standards and data release will emerge
- Arranging for on-site lunch first day helped keep group focused.
- We need handouts.
- Thanks for running an excellent conference!
- Thanks!
- Penn did a great job “running” microphones around the room.
- A good conference focus, good information. Thanks for all the hard work that obviously went into the planning.
- It was a very good meeting



### Any other comments?, continued ...

- Very well put together
- Just for fun – why not give surveillance awards – for example – an award to the state that submits their data the earliest, the state with the most complete data, the state with the fewest errors (or lowest % of errors) etc.
- Have 90 minutes in schedule on the first day for Project Officers to meet with their folks – this is essential and should not be at 6 PM when attendees are tired and hungry. Cut speakers off at very near the scheduled time. Only exception should be for discussion with high-level folks with insight such as Dr. Jackson. The hotel and hotel staff were absolutely perfect. Ditto the location. Being in a very nice hotel with amenities and in walking distance to good food is important to a meeting. We feel refreshed and ready to learn/participate. Thanks for breakfasts. Thanks to all who organized the meeting. DO IT AGAIN – same hotel/place.
- Great job by everyone. Great food and location. I liked being able to walk to malls, restaurants, and beaches.
- Penn has good information, but takes too much time and too many words to say things. He would be much more effective if he would get to the point quicker.
- Thanks to all of you. Surveillance should be a separate meeting than the grantees meeting. All CDC staff was accessible and that was a great advantage. The profiles are a great idea.
- I want to personally thank CDC for bringing us all together to discuss our programs, goals and objectives, future endeavors to promote public health surveillance to prevent health disparities (lead poisoning) in our cities and towns across the country. I'm on an emotional high that will continue to assist me in developing new ideas and initiatives to eliminate lead poisoning.
- What happened to the questions that were put in the index cards? I thought this would have been discussed during the Q&A sessions. but that was omitted. It should have been squeezed in some way. It wasn't such a good thing for sessions to go well over the allotted time, causing breaks and lunch session to be shortened. The 'breaks' were set up well. It was good not having to leave the meeting space to light refreshments. And, it was really good having the lunch at the hotel on the first day.
- Really classy hotel and service. I'm really counting on Penn to get all the handouts to us by email. Suggestion: Follow-up type of meeting, by Region, with Project Officer presenting what is going on at CDC.
- Schedule conferences midway between the east and west coasts
- Penn is a great meeting facilitator. Set up more smaller group discussions/workgroups
- There cannot be enough said regarding accommodations. The hotel was top notch! Thanks to CDC Lead Branch for all of the hard work in coordinating such positive meetings! These meetings are very useful to us and we should continue them. Surveillance on a national level is a very broad topic and hard to pack in to 3 days. However, I have no solution to that. Any one chosen topic over these past few days could have been discussed through the conference entirety.
- Please continue the open forum discussions, they served to work very well. Handouts should be provided for all discussions/meetings.
- This was one of the most useful meetings I have attended.
- I gained a lot. Most people skipped breakfast. Having an early opening top and then a breakfast break with time to network might draw more people
- Come back to this hotel again. There wasn't enough time to utilize its amenities and to visit the area.
- A meeting focusing on data and surveillance and screening and evaluation
- Please send updated attendee list. I really would like to get copies of the presentations that didn't provide handouts particularly. Tim Dignam – HITS and Jerry Curtis GIS. If there isn't a grantee conference, will there be any opportunity to get valuable suggestions for activities to include in the next grant application? This conference gave younger CLPPPs the opportunity to learn from others! It is so easy to begin to think we are all alone in our efforts! This conference provided a "gold mine" of information and wisdom. Thanks for all the hard work to pull this off. It was super!



### **Any other comments?, continued ...**

- Providing food at breaks is invaluable for facilitating networking. Eating is a social activity. When food is provided attendees tend to stay around the meeting area and network. In the past, when food was not available, attendees tended to break in their room or go off with people they already know or coworkers. Although it may be difficult to quantitatively justify spending taxpayer dollars on food – I hope efforts will be made to qualitatively justify spending dollars on food at all future meetings to facilitate networking among attendees. I know a lot of hard work went into putting this meeting together and I appreciate the efforts attendees. Since it is a first time meeting I understand that it may not be as good as it can be until different session formats and topics have been tried and found to be useful or not. This meeting should not have been held though if it meant we would not be having a meeting to address the upcoming competing grant applications. More workgroup sessions would facilitate more interaction between attendees. Even though speaker sessions included the opportunity to ask questions, attendees (for the most part) served as an audience. Many people are intimidated to get up in front of a large room full of people to ask a question or make a comment. The audience is also less likely to respond to the persons asking the question or making the comment because it often seems like the question/comment is directed toward the speaker instead of fellow attendees. I could not read most of the speaker's slides. Handouts helped because the slide font was too small. If the audience cannot read the slide – why bother to have slides? Just give handouts out.
- Penn, Great job on staging the conference. Good exchange of information. May want to afford project officers to meet with their constituents as part of agenda – exchange ideas, status amendments, etc.

### **Question/Comment Cards that were submitted but were not addressed during the meeting**

(The comments written on the index cards were to be read during one of the sessions or at the end of the meeting, but we did not want to cut short other valuable discussion at the time. Here are the submitted comments. We will address these questions as a group as soon as possible. Our apologies that we ran out of time at the meeting to do this.)

- CDC should mandate that CLPPPs should be within the Division of Environmental Health, so that there is more possibility to work together to address the issues of both screening and primary prevention
- A lot of new info and changes have been discussed. Will these issues be addressed in further detail at the 2003 grantee meeting?
- I'm a little disappointed (okay, I'm very disappointed) that there are no plans for a grantee meeting. Especially since next Spring we are all competing and things have changed considerably.
- We use  $\geq 10$  mcg/dL as elevated for a "child" and  $\geq 25$  mcg/dL for an adult. At what age do you stop using  $\geq 10$  mcg/dL and begin using  $\geq 25$  mcg/dL as elevated?
- The national goal and the state goal is to eradicate lead poisoning by 2010. To reach this goal state should move to reduce the prevalence of EBLL and finally to eradicate lead poisoning by 2010. To have a clear ongoing eradication of childhood lead poisoning at national and state level it is necessary to continue surveillance regardless of the prevalence of lead poisoning at this point so that there is possibility to reach the goal of elimination of childhood lead poisoning.
- If the goal is to have data drive our programs, if we want to look more holistically at housing issues, then why is the environmental data being dropped from the new quarterly report? Would you consider making the census tiger files available to the 15 non-STELLAR states? We have the same barriers to getting good clean addresses as the states who use STELLAR, and we need help, too. Many of us are working on MOA's, etc for data sharing with our state Medicaid agencies, but we are not all "there" yet. With the new requirements to include information about the number of Medicaid screened, will we be adversely affected in our efforts to secure funding in the FY 03 program announcement?
- Very concerned about renewed emphasis on urban areas. Environmental justice is a big problem for lead poisoning in rural areas. These areas have the worst housing, worst access to services, and fewer environmental and housing regulations than urban areas. These factors all justify continued funding of rural areas! We cannot ignore the children in these areas just because there are a few more of them in urban areas.
- On program evaluation, I am really tired of getting mixed messages from CDC. I alternatively hear that we are doing a terrible or wonderful job. When we ask what CDC wants we don't get answers. When we send something in, we hear that it's not what they wanted, but they won't tell us specifically tell us what they do want. Or, if we do hear what they want in the way of program evaluation, we would spend more time evaluating our program than doing it which is really hard to justify.