**Maine CDC Lead Poisoning Prevention Community Partners**

**Community Capacity Self-Assessment Tool**

Two City Version

Deadline: Submit your completed assessment by **April 1** each year**.**

**Organization Information**

High-risk Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Name of Person(s) Completing Self-Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Did you discuss these ratings with other lead poisoning prevention project staff? Yes\_\_\_\_\_ No\_\_\_\_\_

Did you discuss these ratings with your organizational leadership? Yes\_\_\_\_\_ No\_\_\_\_\_

Did you discuss these ratings with stakeholders, coalition members, etc? Yes\_\_\_\_\_ No\_\_\_\_\_

**Purpose**

The purpose of this self-assessment tool is to:

* Show current capacity in several areas (e.g., knowledge, resources, engagement and policy) related to lead poisoning prevention within your organization and more broadly in your high-risk area;
* Stimulate conversations among key project staff, leadership, partners, and other stakeholders about areas where you would like to build capacity; and,
* Show changes made over time by conducting annual assessments using this tool.

**Instructions**

* When assessing capacity using this tool, choose the capacity level that reflects **current** capacity within your organization and community.
* For each characteristic listed on pages 4 through 12 below, check the box (they are working checkboxes) for the capacity level that reflects the current capacity for that characteristic. Clicking on a box turns the box to solid black, indicating your choice. You can turn a black box to an empty box by clicking on the box again.
* For community partners that are working in two cities: in the community capacity section (begins on page 8), you may choose to assess each city separately or jointly. If you choose to assess them separately, please indicate on page 3 which city is scored in each column.
* If you are unsure or do not know, and are unable to find an answer, give your best guess.
* Include any comments about your responses in the space provided after each characteristic. Consider including notes that will provide additional context or your rationale for your assessment that may be helpful in subsequent annual assessments.
* Please edit the document header on page 4 to indicate your high-risk area and the date of the assessment.

**Notes**

* There are no right or wrong answers.
* It is not necessarily the goal to reach 100% full capacity on this assessment.
* The tool is meant to help you identify strengths and gaps and then make decisions about what is feasible to work on in your community.

**Questions?**

* If you have questions, please contact Karyn Butts at [karyn.butts@maine.gov](mailto:karyn.butts@maine.gov) or 207-287-6650.

**Score Sheet**

After you complete the assessment on pages 4-12, enter the number of measures for each area assessed and capacity level. Compute the percentages. Report the percentage of measures for which your organization has full capacity on your Q1 quarterly narrative report.

**City A: [Fill in name of city assessed as city A here.]**

**City B: [Fill in name of city assessed as city B here.]**

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|  | **L - Very Limited Capacity** | | **P - Partial Capacity** | | **F - Full capacity** | |  |
| **Internal Organizational Capacity** | \_\_\_\_\_ / 10 | \_\_\_\_\_% | \_\_\_\_\_ / 10 | \_\_\_\_\_% | \_\_\_\_\_ / 10 | \_\_\_\_\_% |  |
| **City A Community Capacity** | \_\_\_\_\_ / 14 | \_\_\_\_\_% | \_\_\_\_\_ / 14 | \_\_\_\_\_% | \_\_\_\_\_ / 14 | \_\_\_\_\_% |  |
| **City B Community Capacity** | \_\_\_\_\_ / 14 | \_\_\_\_\_% | \_\_\_\_\_ / 14 | \_\_\_\_\_% | \_\_\_\_\_ / 14 | \_\_\_\_\_% |  |
| **Total Score** | \_\_\_\_\_ / 38 | \_\_\_\_\_% | \_\_\_\_\_ / 38 | \_\_\_\_\_% | \_\_\_\_\_ / 38 | \_\_\_\_\_% | 🡨 Report this percentage |

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| 1. **Internal Organizational Capacity** L = Very Limited Capacity P = Partial Capacity F = Full Capacity | | | |  | **Capacity** | | |
| 1. **Understanding of Housing Characteristics, Economics & Demographics in the High-Risk Area** | | | | **L** | **P** | **F** |
| **L:** All of our key project staff are new to the project and are just learning. | **P:** All of our key project staff know the basics, but we still have pretty big knowledge gaps and frequently rely on external experts to answer questions we have. | | **F:** At least one of our key project staff has a very good understanding about housing and demographics and we only occasionally need external experts to answer questions we have. |  | | |
| **Comments:** | | | |
| 1. **Understanding and Use of Data about Childhood Lead Poisoning for the High-Risk Area** | | | | **L** | **P** | **F** |
| **L:** All of our key project staff are new to the project and are just learning. | | **P:** All of our key project staff have a basic understanding of the main indicators used to describe childhood lead poisoning, but we rely on external experts to help us find and understand data and provide guidance on how to use the data to direct activities in the high-risk area. | **F:** At least one of our key project staff have very good understanding of the main indicators used to describe childhood lead poisoning, can interpret the data independently, and use the data to direct activities in the high-risk area. |  | | |
| **Comments:** | | | |
| 1. **Understanding of Lead Poisoning Risk Factors, Blood Lead Screening Recommendations, and Actions Required by State Law when a Child is Identified with Lead Poisoning** | | | | **L** | **P** | **F** |
| **L:** All of our key project staff are new to the project and are just learning. | | **P:** All of our key project staff know the basics, but we still have pretty big knowledge gaps and frequently rely on external experts to answer questions we have. | **F:** At least one of our key project staff has a very good understanding about most things related to lead poisoning and we only occasionally need external experts to answer questions we have. |  | | |
| **Comments:** | | | |

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| *Internal Organizational Capacity, continued*  L = Very Limited Capacity P = Partial Capacity F = Full Capacity | | | |  | **Capacity** | | |
| 1. **Cultural Competency/Culturally and Linguistically Appropriate Services**   Note: Characteristics that define cultural groups often include, but are not limited to: race, ethnicity, language, age, education, gender, sexual orientation, gender/transgender, disability, geography, socioeconomic status, family/household composition, tribal affiliation, military affiliation, refugee/asylee status, and country of origin. | | | | **L** | **P** | **F** |
| **L:** We have never assessed cultural competency within our organization and have a very limited understanding of the diversity of beliefs, practices, preferred languages, health literacy and communication needs of populations at risk for lead poisoning within our community. | **P:** We have assessed cultural competency at our organization at least once and have had some training in this area. We have a partial understanding of, and are somewhat responsive to, the diverse cultural health beliefs and practices, preferred languages, and other communication needs of the individuals and communities we serve. | | **F:** We routinely assess cultural competency at our organization. While we can always improve, we generally provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs. We are able to adapt to diversity and the cultural contexts of the individuals and communities at risk for lead poisoning within our community. |  | | |
| **Comments:** | | | |
| 1. **New Mainer Populations (e.g., refugees, immigrants, asylum seekers)** | | | | **L** | **P** | **F** |
| **L:**  We don’t have a good understanding of the New Mainer populations in our high-risk area and what factors might put children at risk for lead poisoning. We are not providing any lead poisoning prevention education or services for New Mainers in our high-risk area. | | **P:** All of our key project staff know a little bit about the New Mainer populations in our high-risk area, but we still have pretty big knowledge gaps. We are developing ways to directly provide lead poisoning prevention education to New Mainers and/or we are working to establish relationships with agencies that provide services for New Mainers in our high-risk area in order to provide lead poisoning prevention education for New Mainers. | **F:** We have a good understanding of the New Mainer populations in our high-risk area and their risks for childhood lead poisoning. We are able to directly provide lead poisoning prevention education to New Mainers in our high-risk area and/or we coordinate our lead poisoning prevention activities with agencies that provide services for New Mainers in our high-risk area. |  | | |
| **Comments:** | | | |

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| *Internal Organizational Capacity, continued*  L = Very Limited Capacity P = Partial Capacity F = Full Capacity | | | |  | **Capacity** | | |
| 1. **Senior Leadership/Executive Staff** | | | | **L** | **P** | **F** |
| **L:** Shows little or no interest in lead poisoning prevention in our high-risk area. | **P:** Is generally supportive of our project funded by Maine CDC, but does not consider lead poisoning prevention a priority public health or housing issue in our high-risk area. | | **F:** Considers lead poisoning prevention a priority in our high-risk area and provides support for, leadership, and action for lead poisoning prevention efforts in our high-risk area. |  | | |
| **Comments:** | | | |
| 1. **Board Members** | | | | **L** | **P** | **F** |
| **L:** Show little or no interest in lead poisoning prevention in our high-risk area. | | **P:** Are generally supportive of our project funded by Maine CDC, but do not consider lead poisoning prevention a priority public health or housing issue in our high-risk area. | **F:** Consider lead poisoning prevention a priority in our high-risk area and provide support for, leadership, and action for lead poisoning prevention efforts in our high-risk area. |  | | |
| **Comments:** | | | |
| 1. **Partnerships** | | | | **L** | **P** | **F** |
| **L:** We do not have partnerships that are helpful to our lead poisoning prevention activities. | | **P:** We have just a few partnerships with local organizations that are helpful to our lead poisoning prevention activities; we don’t have partners from organizations in some sectors like housing or community development that could really help our lead poisoning prevention activities. | **F:** Include a diverse group of stakeholder organizations from housing, public health, health care, community development and other sectors that are active participants in our lead poisoning prevention activities in the high-risk area. |  | | |
| **Comments:** | | | |

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| *Internal Organizational Capacity, continued*  L = Very Limited Capacity P = Partial Capacity F = Full Capacity | | | |  | **Capacity** | | |
| 1. **Relationships with Municipal Officials (e.g., city administrator, mayor, city council members, etc.)** | | | | **L** | **P** | **F** |
| **L:** Do not exist or are not conducive to a conversation about our lead poisoning prevention activities currently. | **P:** We have relationships with some municipal officials from prior or other projects but not with officials who would have the most influence on lead poisoning prevention efforts in our high-risk area. | | **F:** We have strong relationships with several municipal officials; several municipal officials who can advance lead poisoning prevention efforts in our high-risk area are aware of and are engaged in our lead poisoning prevention efforts at some level. |  | | |
| **Comments:** | | | |
| 1. **Resources (financial, human, or other) for Lead Poisoning Prevention** | | | | **L** | **P** | **F** |
| **L:** Are limited to funding from Maine CDC and are leveraged with other internal resources to a small degree. | | **P:** Are somewhat leveraged with other internal resources and/or include small grants from other public agencies or private entities. | **F:** Are highly leveraged with other internal resources and/or include significant funding from other public agencies or private entities. |  | | |
| **Comments:** | | | |

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| 1. **Community Capacity** L = Very Limited Capacity P = Partial Capacity F = Full Capacity | | |  | **City A** | | | |  | **City B** | | | | |
| 1. **Rental Housing and/or Property Maintenance Codes and Enforcement** | | | **L** | | **P** | **F** |  | **L** | **P** | | **F** | |
| **L:**  There are no housing or property maintenance codes that address chipping and peeling paint or lead-based paint that apply to residences in our high-risk area; or we don’t know if existing codes can be used to address lead; or we don’t know if existing codes are being enforced. | **P:**  Housing and/or property maintenance codes in our high-risk area include requirements for chipping and peeling paint or other requirements that can be used to prevent exposure to lead-based paint or lead dust, but these codes are rarely enforced. | **F:**  Code enforcement officers in our high-risk area regularly enforce requirements to address chipping and peeling paint or other requirements related to lead-based paint as a way to prevent exposure to lead-based paint or dust. |  | | | | | | | | | |
| **Comments:** | | |
| 1. **Inspections and/or Registrations of Rental Housing** | | | **L** | | **P** | **F** |  | **L** | | **P** | | **F** |
| **L:**  Property owners are not required to have an inspection nor register their rental units with the municipality in our high-risk area. | **P:**  Rental units are inspected by, and/or are required to be registered with, the municipality in our high-risk area, but there are no requirements related to lead hazards in the inspection or registration process. | **F:**  There are inspections and/or registrations of rental properties in our high-risk area that require property owners to disclose or address the presence of potential lead hazards. |  | | | | | | | | | |
| **Comments:** | | |
| 1. **Local Lead Hazard Control Grant** | | | **L** | **P** | | **F** |  | **L** | | **P** | | **F** |
| **L:**  There is no Lead Hazard Control Grant in our high-risk area either because we are not eligible or because there is no interest in applying for this grant. | **P:** There is no Lead Hazard Control Grant in our high-risk area, but we are exploring applying for this funding as an option. | **F:** There is a Lead Hazard Control Grant in our high-risk area. |  | | | | | | | | | |
| **Comments:** | | |

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| *Community Capacity, continued* L = Very Limited Capacity P = Partial Capacity F = Full Capacity | | | |  | **City A** | | |  | **City B** | | | |
| 1. **Comprehensive Plan** | | | | **L** | **P** | **F** |  | **L** | **P** | **F** | |
| **L:**  The existing comprehensive plan in our high-risk area does not address housing issues related to lead poisoning prevention and our high-risk area. | **P:**  Our high-risk area is actively engaged in comprehensive planning or will begin comprehensive planning in the next year, providing our community with an opportunity to address housing issues related to lead poisoning prevention in the comprehensive plan. | | **F:**  The existing comprehensive plan in our high-risk area addresses housing issues related to lead poisoning prevention, providing our community with a foundation upon which to develop and implement policy. |  | | | | | | | |
| **Comments:** | | | |
| 1. **Coalition of Stakeholders** | | | | **L** | **P** | **F** |  | **L** | **P** | | **F** |
| **L:** There is no coalition of stakeholders that is concerned with lead poisoning in our high-risk area. | **P:** There are a few local organizations that are concerned about lead poisoning in our high-risk area and that are interested in forming a broader coalition. | **F:**  There is a strong coalition made up of a diverse group of stakeholder organizations from housing, public health, health care, community development and other sectors that are active participants in lead poisoning prevention activities in the high-risk area. | |  | | | | | | | |
| **Comments:** | | | |
| 1. **Municipal Leadership (e.g., city administrators, mayor, city council members, etc.)** | | | | **L** | **P** | **F** |  | **L** | **P** | | **F** |
| **L:**  Shows little or no interest in lead poisoning prevention in our high-risk area. | **P:** Is generally supportive of our project funded by Maine CDC, but does not consider lead poisoning prevention a priority public health or housing issue in our high-risk area. | **F:**  Considers lead poisoning prevention a priority in our high-risk area and provides support for, leadership, and action for lead poisoning prevention efforts in our high-risk area. | |  | | | | | | | |
| **Comments:** | | | |

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| *Community Capacity, continued* L = Very Limited Capacity P = Partial Capacity F = Full Capacity | | | |  | **City A** | | |  | **City B** | | | |
| 1. **Medical Provider or Health System Engagement** (examples of engagement: participating on committees or coalitions, working to improve screening rates among their at-risk patient population, acting as a spokesperson) | | | | **L** | **P** | **F** |  | **L** | **P** | **F** | |
| **L:**  There are no medical providers or health systems involved in lead poisoning prevention efforts in our high-risk area. | **P:** There is at least one key medical provider or health system that is involved in the lead poisoning prevention efforts in the high-risk area. | | **F:**  Most medical providers or health systems are aware of and are actively involved in our lead poisoning prevention efforts. |  | | | | | | | |
| **Comments:** | | | |
| 1. **Community and Economic Development** | | | | **L** | **P** | **F** |  | **L** | **P** | | **F** |
| **L:**  Lead poisoning prevention is not recognized as part of the economic status of our community; lead poisoning is not a priority for of the Community and Economic Development Program(s) in our high-risk area. | **P:**  The Community and Economic Development Program is generally supportive of our project funded by Maine CDC, but lead poisoning is not a priority for of the Community and Economic Development Program(s) in our high-risk area. | **F:**  Lead poisoning is recognized as part of the economic status of our community; the Community and Economic Development Program in our high-risk area is actively engaged in lead poisoning prevention efforts in our high-risk area. | |  | | | | | | | |
| **Comments:** | | | |
| 1. **Housing Authority Engagement** | | | | **L** | **P** | **F** |  | **L** | **P** | | **F** |
| **L:**  Local housing authorities show little or no interest in lead poisoning prevention in our high-risk area; or we do not know if local housing authorities are evaluating properties for potential exposure to lead or determining if there is an order to abate lead hazards on a property prior to placing a tenant. | **P:** Local housing authorities are not consistent in evaluating properties for potential exposure to lead or checking on current orders to abate lead hazards. | **F:** Local housing authorities consider lead poisoning a priority, and include lead as part of their property inspection process, and check to make sure there is not a current order to abate lead hazards on a property prior to placing a tenant. | |  | | | | | | | |
| **Comments:** | | | |

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| *Community Capacity, continued* L = Very Limited Capacity P = Partial Capacity F = Full Capacity | | | |  | **City A** | | |  | **City B** | | | |
| 1. **Landlord Engagement** | | | | **L** | **P** | **F** |  | **L** | **P** | **F** | |
| **L:**  To our knowledge there are no landlords of pre-1950 buildings located in our high-risk area who are engaged in lead poisoning prevention discussions and efforts. | **P:**  There are just a few landlords of pre-1950 buildings located in our high-risk area who are engaged in lead poisoning prevention discussions and efforts. We are able to occasionally convene some landlords through events or meetings of a landlord association in our high-risk area. | | **F:**  Several landlords of pre-1950 buildings located in our high-risk area are engaged in lead poisoning prevention discussions and efforts; and/or, there is an association of landlords in our high-risk area that provides a forum to directly and regularly engage with landlords. |  | | | | | | | |
| **Comments:** | | | |
| 1. **New Mainer (e.g., refugees, immigrants, asylum seekers) Service Provider Engagement** | | | | **L** | **P** | **F** |  | **L** | **P** | | **F** |
| **L:**  Agencies that provide services to New Mainer populations in our high-risk area show little or no interest in lead poisoning prevention in our high-risk area. | **P:** Agencies that provide services to New Mainer populations in our high-risk area are generally supportive of our project funded by Maine CDC, but lead poisoning is not a priority for them. | **F:**  Agencies that provide services to New Mainer populations in our high-risk area provide lead poisoning prevention resources to clients or coordinate with other agencies to provide lead poisoning prevention support for their clients. | |  | | | | | | | |
| **Comments:** | | | |
| 1. **Contractors Certified for Lead-Safe Renovation, Repair, and Painting (RRP) by US EPA** | | | | **L** | **P** | **F** |  | **L** | **P** | | **F** |
| **L:**  There are very few contractors who work on homes built before 1978 in our high-risk area that are certified in lead-safe RRP practices; or we do not know how many contractors are certified in RRP or if there have been any local RRP trainings. | **P:** Some contractors who work on homes built before 1978 in our high-risk area are RRP certified; there are not enough trainings or subsidies available to meet demand for RRP training. | **F:**  There are sufficient trainings and/or subsidies provided for local contractors to become RRP certified; most contractors who work on homes in our high-risk area are RRP certified. | |  | | | | | | | |
| **Comments:** | | | |

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| *Community Capacity, continued* L = Very Limited Capacity P = Partial Capacity F = Full Capacity | | |  | **City A** | | |  | **City B** | | |
| 1. **Resources for Lead Poisoning Prevention** | | | **L** | **P** | **F** |  | **L** | **P** | **F** |
| **L:**  Are limited to the lead poisoning prevention funding from Maine CDC; there are no other resources to directly support lead poisoning prevention in our community. | **P:** A few organizations have small amounts of funding to directly support lead poisoning prevention or make staff available to participate in lead poisoning prevention activities. | **F:**  There are significant resources available for lead poisoning prevention in the high-risk area, including funding and/or dedicated staff at multiple organizations. |  | | | | | | |
| **Comments:** | | |
| 1. **Sustainability** | | | **L** | **P** | **F** |  | **L** | **P** | **F** |
| **L:**  If there were no funds for lead poisoning prevention from Maine CDC it is not likely that local efforts to prevent lead poisoning would continue. | **P:** There is some interest in addressing lead poisoning outside of the activities funded by Maine CDC; lead poisoning prevention efforts in our community would continue but would be significantly reduced if there were no funds from Maine CDC for lead poisoning prevention in our community. | **F:**  There is strong interest in addressing lead poisoning in our community. Interest, efforts, and available resources would remain strong if there were no funds from Maine CDC for lead poisoning prevention in our community. |  | | | | | | |
| **Comments:** | | |