**Maine CDC Lead Poisoning Prevention Community Partners**

**Community Capacity Self-Assessment Tool**

Two City Version

# **Organization Information**

Service 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, systems, and policy) related to lead poisoning prevention within your organization and more broadly in your service area;
* Document specific lead poisoning prevention assets, gaps, and other notes across the capacity areas that can be used to begin planning for capacity improvements.
* Stimulate conversations among key project staff, leadership, partners, and other stakeholders about areas where you would like to build capacity; and,
* Document changes over time by conducting annual assessments using this tool.

**Instructions**

* Please edit the document header on page 4 to indicate your service area and the date of the assessment.
* For each characteristic listed on pages 4 through 19 below, check the box (they are working checkboxes) for the capacity level that reflects the **current** capacity for that characteristic within your organization or community. 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.
* Include any assets, gaps and notes related to your responses in the space provided after each characteristic. These sections provide a place to record important context or your rationale for your assessment that will be helpful in subsequent annual assessments, and for those who are not experts in your community. For instance, document details about your municipal code program’s inspection process or Renovation Repair and Painting education program that support lead poisoning prevention, and/or any areas that may limit prevention. You may also use the notes space to document new successes since the last assessment, or outstanding questions and/or requests for training and technical assistance with which Maine CDC may be able to assist.
* This two-city version of the assessment is intended to be used by community partners who are working equally in two cities.
* If you are unsure or do not know the capacity for an area, and are unable to find an answer, note your question and give your best guess.
* Feel free to expand the assets, gaps, and notes sections, as needed.

**Notes**

* The tool is meant to help you identify and document strengths and gaps and then make decisions about what is feasible to work on in your community. It is not necessarily the goal to reach 100% full capacity on this assessment.
* There are no right or wrong answers and this tool is not used to grade the quality of your work or evaluate your contract. The only requirement is that it is completed annually.

**Questions?**

* If you have questions, please contact Erin Arneson at [erin.arneson@maine.gov](mailto:erin.arneson@maine.gov) or Erin Guay at [erin.guay@maine.gov](mailto:erin.guay@maine.gov).

# **Score Sheet**

After you complete the assessment on pages 4-19, enter the number of measures for each area assessed and capacity level. Compute the percentages.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **L – Very Limited Capacity** | | **P – Partial Capacity** | | **F – Full capacity** | |  |
| **Internal Organizational Capacity** | \_\_\_\_\_ / 13 | \_\_\_\_\_% | \_\_\_\_\_ / 13 | \_\_\_\_\_% | \_\_\_\_\_ / 13 | \_\_\_\_\_% |  |
| **Community Capacity** | \_\_\_\_\_ / 14 | \_\_\_\_\_% | \_\_\_\_\_ / 14 | \_\_\_\_\_% | \_\_\_\_\_ / 14 | \_\_\_\_\_% |  |
| **Total Score** | \_\_\_\_\_ / 27 | \_\_\_\_\_% | \_\_\_\_\_ / 27 | \_\_\_\_\_% | \_\_\_\_\_ / 27 | \_\_\_\_\_% | 🡨 Report this percentage |

# **Internal Organizational Capacity**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| L = Very Limited Capacity P = Partial Capacity F = Full Capacity | | | |  | **Capacity** | | |
| 1. **Understanding of Housing Characteristics, Economics & Demographics in the Service Area** | | | | **L** | **P** | **F** |
| **L:** All our key project staff are new to the project and are just learning. | **P:** All 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. |  | | |
| **Assets:** | | | |
| **Gaps:** | | | |  | | | | |
| **Notes:** | | | |
| 1. **Understanding and Use of Data about Childhood Lead Poisoning for the Service 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 service area. | **F:** At least one of our key project staff has 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 service area. |  | | |
| **Assets:** | | | |
| **Gaps:** | | | |  | | | | |
| **Notes:** | | | |  | | | | |

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| *Internal Organizational Capacity, continued* L = Very Limited Capacity P = Partial Capacity F = Full Capacity | | |  | **Capacity** | | |
| 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 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. |  | | |
| **Assets:** | | |
| **Gaps:** | | |
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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 equitable, understandable, and respectful services that are responsive to diverse cultural beliefs, practices, and communication needs. We adapt to the cultural contexts of the individuals and communities at risk for lead poisoning. |  | | |
| **Assets:** | | |
| **Gaps:** | | |
| **Notes:** | | |

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| *Internal Organizational Capacity, continued* L = Very Limited Capacity P = Partial Capacity F = Full Capacity | | | |  | **Capacity** | | | | | | | |
| 1. **Populations Experiencing Lead Poisoning Health Disparities (i.e., families with low income, families utilizing MaineCare services, families who identify as racial and ethnic minorities, and immigrant, refugee, and asylum-seeking families)** | | | |  | **L** | | **P** | | | **F** | | |
| **L:** We don’t have a good understanding of the populations in our service area who might be at elevated risk for lead poisoning. We are not providing any tailored lead poisoning prevention education or services in our service area. | | **P:** All our key project staff know a little bit about the populations in our service area experiencing health disparities, but we still have knowledge gaps. We are developing ways to directly provide lead poisoning prevention education to specific groups and/or we are working to establish relationships with agencies that provide services to these groups to provide tailored prevention education. | **F:** We have a good understanding of the populations experiencing health disparities in our service area and their risks for lead poisoning. We can directly provide tailored lead poisoning prevention education to these groups in our service area and/or we coordinate our lead poisoning prevention activities with agencies that provide services to these groups. |  | | | | | | | |
| **Assets:** | | | |
| **Gaps:** | | | |  | | | | | | | | |
| **Notes:** | | | |  | | | | | | | | |
| 1. **Senior Leadership/Executive Staff** | | | |  | | **L** | | **P** | **F** | |
| **L:** Shows little or no interest in lead poisoning prevention in our service 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 service area. | | **F:** Considers lead poisoning prevention a priority in our service area and provides support for, leadership, and action for lead poisoning prevention efforts. |  | | | | | |
| **Assets:** | | | |
| **Gaps:** | | | |  | | | | | | | | | |  |
| **Notes:** | | | |  | | | | | | | | | |  |

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| *Internal Organizational Capacity, continued*L = Very Limited Capacity P = Partial Capacity F = Full Capacity | | |  | **Capacity** | | | | |
| 1. **Board Members** | | | **L** | | **P** | **F** | |
| **L:** Show little or no interest in lead poisoning prevention in our service 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 service area. | **F:** Consider lead poisoning prevention a priority in our service area and provide support for, leadership, and action for lead poisoning prevention efforts in our service area. |  | | | | |
| **Assets:** | | |
| **Gaps:** | | |  | | | | |  |
| **Notes:** | | |  | | | | |
| 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 service area. |  | | | | |
| **Assets:** | | |
| **Gaps:** | | |  | | | | | |
| **Needs:** | | |  | |

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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 service area. | | **F:** We have strong relationships with several municipal officials; several municipal officials who can advance lead poisoning prevention efforts in our service area are aware of and are engaged in our lead poisoning prevention efforts at some level. |  | | |
| **Assets:** | | | |
| **Gaps:** | | | |  | | | | | |  |
| **Needs:** | | | |  | | | | | |  |
| 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. |  | | |
| **Assets:** | | | |
| **Gaps:** | | | |  | | | | |
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| *Internal Organizational Capacity, continued* L = Very Limited Capacity P = Partial Capacity F = Full Capacity | | |  | **Capacity** | | |
| 1. **Key Project Staff Knowledge and Experience in Policy and Systems Change** | | |  | **L** | **P** | **F** |
| **L:** Staff have no knowledge or experience in community-level policy or systems change strategies and no agency contacts to assist with policy and systems planning and implementation. | **P:** Staff have some knowledge or experience in community-level policy or systems change strategies or have available agency contacts to assist with policy and systems planning and implementation. | **F:** Staff have both knowledge and experience in community-level policy or systems change planning and implementation. |  |
| **Assets:** | | |  |
| **Gaps:** | | |  |
| **Notes:** | | |  |
| 1. **Key Project Staff Knowledge and Experience in Education and Outreach** | | |  | **L** | **P** | **F** |
| **L:** Staff have no knowledge or experience in community-level education and outreach strategies. | **P:** Staff have some knowledge or experience in community-level education and outreach strategies. | **F:** Staff have both knowledge and experience in education and outreach planning and implementation. |  |
| **Assets:** | | |  |
| **Gaps:** | | |  |
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| *Internal Organizational Capacity, continued* L = Very Limited Capacity P = Partial Capacity F = Full Capacity | | |  | **Capacity** | | |
| 1. **Key Project Staff Knowledge and Experience in Blood Lead Testing Improvement** | | |  | **L** | **P** | **F** |
| **L:** Staff have no knowledge or experience in blood lead testing and reporting laws, point of care testing approval processes, or best practices for partnering with healthcare practices and others to improve blood lead testing among children. | **P:** Staff have some knowledge or experience in blood lead testing and reporting laws, point of care testing processes, or best practices for partnering with healthcare practices and others to improve blood lead testing among children. | **F:** Staff have both knowledge and experience in blood lead testing and reporting laws, point of care testing processes, and best practices for partnering with healthcare practices and others to improve blood lead testing among children. |  |
| **Assets:** | | |  |
| **Gaps:** | | |  |
| **Notes:** | | |  |

# **Community Capacity**

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| 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 service 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 service 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 service 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. |  | | | |
| **Assets:** | | |
| **Gaps:** | | |
| **Notes:** | | |
| 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 service area. | **P:**  Rental units are inspected by, and/or are required to be registered with, the municipality in our service 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 service area that require property owners to disclose or address the presence of potential lead hazards. |  | | |
| **Assets:** | | |
| **Gaps:** | | |
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| *Community Capacity, continued* L = Very Limited Capacity P = Partial Capacity F = Full Capacity | | |  | **City A** | | |  | **City B** | | |
| 1. **Local Lead Hazard Control Grant** | | |  | **L** | **P** | **F** | **L** | **P** | **F** |
| **L:** There is no local Lead Hazard Control grant or the local Lead Hazard Control Grant is experiencing significant challenges. | **P:** The local Lead Hazard Control Grant is experiencing minor capacity challenges and/or is slowly completing funded abatements. | **F:** The local Lead Hazard Control Grant is meeting its goals for completing funded abatements and has few or no identifiable challenges. |  | |  |  |  |
| **Assets:** | | |  |  |  |
| **Gaps:** | | |  |  |  |  |  |
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| 1. **Comprehensive Plan** | | |  | **L** | **P** | **F** |  | **L** | **P** | **F** |
| **L:**  The existing comprehensive plan in our service area does not address housing issues related to lead poisoning prevention and our service area. | **P:**  Our service 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 service area addresses housing issues related to lead poisoning prevention, providing our community with a foundation upon which to develop and implement policy. |  |  |  |  |
| **Assets** | | |  |  |  |  |
| **Gaps:** | | |  |  |  |  |
| **Notes:** | | |  |  |  |  |  |

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| *Community Capacity, continued* L = Very Limited Capacity P = Partial Capacity F = Full Capacity | | |  | **City A** | | |  | **City B** | | | |
| 1. **Coalition of Partners** | | | **L** | **P** | **F** |  | **L** | | **P** | **F** |
| **L:** There is no existing coalition of partner organizations and individuals who are concerned with lead poisoning in our service area. | **P:** There are a few local organizations and individuals who are concerned about lead poisoning in our service area and that are interested in forming a broader coalition. | **F:** There is a strong coalition made up of a diverse group of partner organizations and individuals from housing, public health, health care, community development and other sectors that are active participants in lead poisoning prevention activities in the service area. |  |  |  |  | |
| **Assets:** | | |  | | | | |
| **Gaps:** | | |  |  |  |  | |
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| 1. **Municipal Leadership (e.g., city administrators, mayor, city council members, etc.)** | | |  | **L** | | **P** | | **F** | |  | **L** | | **P** | **F** |
| **L:**  Municipal leadership shows little or no interest in lead poisoning prevention in our service area. | **P:** Municipal leadership shows some support for lead poisoning prevention but lead poisoning prevention is not a high priority in our service area. | **F:** Municipal leadership considers lead poisoning prevention a priority in our service area and provides support for, leadership, and action for lead poisoning prevention efforts in our service area. |  | |  | |  | |  |
| **Assets:** | | |  | |  | |  | |  |
| **Gaps:** | | |  | |  | |  | |  | | |
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| 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 service 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 service area. | **F:** Lead poisoning is recognized as part of the economic status of our community; the Community and Economic Development Program in our service area is actively engaged in lead poisoning prevention efforts in our service area. |  |  |  |  |
| **Assets:** | | |  |  |  |  |
| **Gaps:** | | |  |  |  |  |
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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 service area. | **P:** There is at least one key medical provider or health system that is involved in the lead poisoning prevention efforts in the service area. | **F:** Most medical providers or health systems are aware of and are actively involved in our lead poisoning prevention efforts. |  |  |  |  |
| **Assets:** | | |  |  |  |  |
| **Gaps:** | | |  |  |  |  |
| **Notes:** | | |  |  |  |  |

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| *Community Capacity, continued* L = Very Limited Capacity P = Partial Capacity F = Full Capacity | | |  | **City A** | | | | | |  | **City B** | | |
| 1. **Housing Authority Engagement** | | | **L** | | **P** | | **F** | |  | **L** | **P** | **F** |
| **L:** Local housing authorities show little or no interest in lead poisoning prevention in; 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. |  | |  | |  | |  |
| **Assets:** | | |  | |  | |  | |  |
| **Gaps:** | | |  | |  | |  | |  | |
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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 service 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 service 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 service area. | **F:** Several landlords of pre-1950 buildings located in our service area are engaged in lead poisoning prevention discussions and efforts; and/or, there is an association of landlords in our service area that provides a forum to directly and regularly engage with landlords. |  |  |  |  | |  |  |  |  |
| **Assets:** | | |  |  |  |  | |  |  |  |  |
| **Gaps:** | | |  |  |  |  | |  |  |  |  |
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| *Community Capacity, continued* L = Very Limited Capacity P = Partial Capacity F = Full Capacity | | |  | **City A** | | | | |  | | **City B** | | | |
| 1. **Service Provider Engagement (serving families with low income, families utilizing MaineCare services, families who identify as racial and ethnic minorities, and immigrant, refugee, and asylum-seekers)** | | | **L** | **P** | | **F** | |  | | **L** | | **P** | **F** |
| **L:** Local agencies that provide services to populations experiencing lead poisoning health disparities show little or no interest in lead poisoning prevention in our service area. | **P:** Local agencies that provide services to populations experiencing lead poisoning health disparities are generally supportive of our project funded by Maine CDC, but lead poisoning is not a priority for them. | **F:** Local agencies that provide services to populations experiencing lead poisoning health disparities provide lead poisoning prevention resources to clients or coordinate with other agencies to provide lead poisoning prevention support for their clients. |  | | | | |  | |  | |  |  |
| **Assets:** | | |  | |  | |  |  |
| **Gaps:** | | |  | |  | |  | |  | |
| **Notes:** | | |  | |  | |  | |  | |

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| 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 service 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 service 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 service area are RRP certified. |  | | | | | |  | | |  | |  |  |
| **Assets:** | | |  | | |  | |  |  |
| **Gaps:** | | |  | |  | | |  | | |  | |
| **Notes:** | | |  | |  | | |  | | |  | |
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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 service area, including funding and/or dedicated staff at multiple organizations. |  | | | | | |  | |  |  |  |
| **Assets:** | | |  | |  |  |  |
| **Gaps:** | | |  | |  | |  | |  | |
| **Notes:** | | |  | |  | |  | |  | |

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| 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. | **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. |  |  |  |  |
| **Assets:** | | |  |  |  |  |
| **Gaps:** | | |  |  |  |  |
| **Notes:** | | |  |  |  |  |