**Bureau of Healthy Homes**

*Childhood Lead Poisoning Prevention Program (CLPPP)*

The City of Jersey City remains active in providing services to children and families being affected by lead hazards. The primary source of lead poisoning in Jersey City is lead unsafe housing as Jersey City is very densely populated and contains old housing stock that is pre-1950. The majority of children affected are from minority populations and on the lower scales of the socioeconomic ladder. Many lack poor family support systems and insufficient skills to cope with lead burden children. The diverse immigrant population continues to expand and bring with them many challenges such as language barriers and cultural and religious beliefs that impose in the care and possibly result in elevated blood lead levels. Additionally, there are numerous sources of lead identified on a regular basis being used by the migrating population such as seasonings, make-up, jewelry, and clothing, to name a few, that contain unacceptable levels of lead.

Furthermore, the lack of knowledge and compliance among primary healthcare providers about lead burden children poses more challenges for case management and environmental interventions. Much more education needs to be geared to primary and other health care providers if any headway is going to be made in lowering blood lead levels.

Since lead is everywhere in the environment, lead poisoning will continue to harm our children. It is imperative that Jersey City continues to have a Lead Poisoning Prevention Program; it is only through programs like this, that some control of lead poisoning and lead hazards can be identified and addressed.

1. Increase lead-safe housing units. Inadequate lead free-housing - most are older pre-1950 units containing lead paint, poorly maintained and many in deteriorating conditions, very densely populated, a large proportion of renters.

Houses: 108,720 (96,859 occupied: 28,597 owner occupied, 68,262 renter occupied)

% of renters here: 70.5%

State: 34.6%

Population and Housing Density: According to the population census 2010, Jersey City has a population density of 16,736.6 per square mile (6,462.0 /km2). And there are 108,720 housing units at an average density of 7,349.1 per square mile (2,837.5 /km2).

2. A Large percentage of Hispanic and black populations accounting for over 50% of the population in the lower socioeconomic status.

Estimated median household income for 2012: $58,308 (it was $37, 862 in 2000)

Jersey City: $58,308

New Jersey: $71,637

**Races in Jersey City**:

. Black (25.8%)

. Hispanic (27.6%)

.White Non – Hispanic (32.7%)

. Other Race (12.8%)

. Filipino (6.5%)

.Two or more races (4.4%)

. Asian Indian (10.9%)

. Chinese (2.3%)

. Other Asian (2.1%)

. American Indian (0.5%)

. Vietnamese (0.6%)

. Korean (0.9%)

3. Large diverse growing immigration population from various countries with no health insurance and large barriers.

4. Lack of knowledge among families of poisoned children.

5. Pediatricians unwilling to do lead screening during the office visit therefore missed opportunities

During Fiscal year 2017, Jersey City will carry out a Childhood Lead Poisoning Prevention (CLPP) Program, which specifically includes the following components: screening of uninsured, nurse case management services, and environmental intervention services with NJAC 8:51A and 8:51. **(N.J.A.C. 8:51, also known as Chapter 13 of the State Sanitary Code, establishes a regulatory framework to fulfill the Department’s obligation to protect children from adverse health effects due to exposure to lead hazards in their homes and in the environment. The standards set forth at N.J.A.C. 8:51 would also protect children that have been identified with elevated blood lead levels from further exposure to lead hazards. The rules at N.J.A.C. 8:51 set forth standards for screening and case management, reporting and maintaining the confidentiality of reported information, environmental intervention based on blood lead level and age of the child, determining the existence of lead in dwelling units, the responsibility for and use of abatement and/or interim controls of lead hazards, re-inspection and approval of completion of abatement and/or interim controls of lead hazards, enforcement, and the use of the Childhood Lead Poisoning Information Database.)**

1. 100% of children enrolled in CLPPP will receive case management service through a systematic process, documented assessment of health, nutrition, safety, growth and development, parent/child interactions and social support.

2. 90-5% children enrolled in CLPPP will be linked with primary care provider, enrolled in WIC and Medicaid, appropriately immunized according to age, evaluated for developmental delays and screened for lead.

3. 95% of elevated capillary blood test results will return within one week for a confirmatory venous blood lead test.

4. 100% of all children enrolled in CLPPP with BLL of >15ug/dl or two persistent lead levels of 10-14ug/dl within one to three months will receive case management and environmental interventions. All will receive an initial joint visit by nurse case manager and environmental regional health specialist.

5. 90% of all children receiving case management interventions will be current with medical follow-up.

6. 100% of all children enrolled in case management will have a written care plan and will be entered into the Welligent Leadtrax database.

7. 100% of all children tested with a capillary blood lead test of <10mcg/dL will be mailed informational packets of lead hazards/risks and follow-up testing.

8. Agrees to participate in CDC's Healthy Homes Initiative to identify and address multiple housing deficiencies that affect health and safety in the homes of lead-burdened children identified above.

9. Formalized through interlocal agreements, agrees to accept requests and provide lead case management services for lead-burdened children from any municipality in Hudson County.

10. Agrees to implement DHSS-approved targeted screening plan according to DHSS Targeted Screening Plan Guideline.

11. Agrees to utilize the LeadTrax data system as required by NJDHSS for lead case management, environmental investigations and program evaluation.

12. 100% of all children enrolled in the CLPPP will receive an environmental inspection of the primary and any secondary residence as per the CLPPP protocols