



**National Safe and Healthy
Housing Coalition**

**Critical Activities Supported through
Healthy Homes and Lead Poisoning Prevention Program
at the Centers for Disease Control and Prevention (CDC)**

Below is an illustration of the activities that will be possible through this program at enacted and requested funding levels.

Activity	FY14 Enacted	FY15 Funding Scenarios		
<i>Funding Level</i>	\$15 million	\$20 million	\$25 million	\$29 million <i>(NSHHC request)</i>
Surveillance	36 states 5 cities	36 states 5 cities	36 states 5 cities	36 states 5 cities
Primary Prevention	6 sites	18 sites	36 sites	45 sites
Small Area Surveillance	10 sites	10 sites	10 sites	12 sites
Follow-up Services*	N/A	18 states/ cities	26 states/ cities	40 states/ cities
Training Field Staff	YES	YES	YES	YES

*For uninsured children (where Medicaid expansion has not been adopted or where insurance plans preclude reimbursement for services).

Surveillance: Collect, process, maintain, and disseminate blood lead test and data on other health and safety risks in the homes of at-risk families. These data are essential to federal, state, and local efforts to identify and screen at-risk sub-populations, target HUD grants and primary prevention activities, monitor trends, and evaluate interventions.

Primary Prevention: Conduct strategies to control or eliminate sources of lead in environments of at-risk children, including, for example, inspecting all units in multifamily housing when a child with a high blood lead level is identified in one unit, canvassing high-risk neighborhoods to conduct lead inspections, investigating all the units of a property that has had multiple lead poisoning cases, partnering with code enforcement and federal agencies to ensure compliance with lead-based paint requirements, and coordinating with home visiting programs to identify and refer high-risk homes for support obtaining lead-safe housing. A primary prevention pilot program will provide FY14 funds to six cities to demonstrate successful primary prevention activities for broader application in FY15 and future funding years.

Small Area Surveillance: States or localities may apply for funds and assistance for population-based, cross-sectional blood lead surveillance to permit assessment of environmental and blood lead data. Surveillance could be used to identify underserved populations, track an outbreak, or provide the basis for a CMS waiver of universal blood lead testing requirements.

Follow-up Services for the Uninsured: Respond to children who have blood lead levels above five micrograms per deciliter of blood with services such as risk assessments and inspections of their homes, nurse home visits, education and consultations for their health care providers, orders to compel lead hazard reduction, and referrals to health or social resources.

Training: Train state and local health professionals in the management of childhood lead poisoning prevention programs and the prevention of the disease.