## Impact of Cuts to CDC's Lead Poisoning Prevention Program on the District of Columbia

The District of Columbia's Childhood Lead Poisoning Prevention Program (CLPPP) works to prevent childhood lead poisoning and serves those who have already been poisoned. Since 2000, approximately 150,000 children have been tested and more than 5,000 have been needlessly poisoned. Last year alone, nearly 500 children were found to have blood lead levels above the reference value.

DDOE received \$593,196 from CDC at the end of FY11 to fund the CLPPP from September 1, 2011 through August 31, 2012. However, CDC received no lead funding from Congress in FY12 for distribution to the States and the District of Columbia, and the federal FY13 budget may also omit funding for CLPPPs nationwide. Without this necessary funding, the program will be forced to end most services and eliminate five of seven staff positions. The Mayor's proposed budget presently contains no funding to make up for the loss of CDC funding. Parents of lead poisoned children will no longer be able be able to access the services they need to protect their children. Without the funding normally supplied by the CDC, the District's CLPPP and its Healthy Homes program will be effectively eliminated.

Specifically, the CLPPP's following vital functions will be eliminated:

- Case Management: CLPPP's case managers currently provide comprehensive assistance and support to the families of the District's lead poisoned children. Case managers provide individual care to each lead poisoned child, by (1) meeting with the child's parents or guardians as soon as the lead poisoning case is detected, (2) serving as a liaison between the family and its medical provider, (3) ensuring appropriate follow-up care and correction of lead hazards is provided to the lead poisoned child in a timely fashion, (4) determining where the child spends time and how the child is being exposed to lead, (5) assisting if necessary with the family's temporary relocation to safer premises, and (6) working with property owners to ensure the child's environment no longer poses any lead exposure threat going forward. Without case management, parents will have nowhere to turn for help with their child's lead poisoning.
- Lead Poisoning Surveillance: CLPPP staff currently collect morethan 15,000 District resident blood lead test results annually, enabling the identification of lead poisoning cases.
- Database Maintenance: CLPPP staff currently maintain a secure database for entry of all blood lead test results over time, provide for internal integrity of all data, and conduct critical quality assurance oversight of all blood lead testing labs that submit data to the District.
- Epidemiologic Analysis: CLPPP's epidemiologist currently works to:
  - (1) produce accurate data on lead poisoning rates for the District,
  - (2) identify neighborhoods where lead screening rates need to improve,
  - (3) identify neighborhoods containing the highest lead poisoning rates in the District,

- (4) make recommendations for effective use of DDOE and other DC resources, including targeted enforcement of the District's lead laws.
- Primary Prevention: CLPPP currently works with the families of children whose blood lead test results indicate action is needed to prevent further exposure to lead. The program also works with pregnant women. Primary prevention is the heart of any effective CLPPP.
- Healthy Homes- Primary Prevention: The DC program also accepts referrals from other District Departments when severe environmental hazards (mold, deteriorating paint, safety hazards, pest infestations, etc.) are identified in the homes of at-risk families. The DC program at DDOE ensures these homes get prompt attention from other DC agencies in charge of compliance and enforcement. Also, these cases are eligible for the DDOE Healthy Homes grant program, which can fund remediation.
- Healthy Homes- Asthma: The DDOE program accepts referrals from the Children's National Medical Center and other health care providers when home hazards are suspected of exacerbating a child's asthma and ensures these homes get prompt attention from DC agencies in charge of compliance and enforcement. Also, these cases are also eligible for DDOE Healthy Homes grant program, which can fund remediation.