

# **Advisory Committee on Childhood Lead Poison Prevention (ACCLPP) MEETING**

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Program Manager, DC CLPPP**

# Today's Presentation

- **Historic Overview of DC CLPPP**
- **Present DC CLPPP Organization**
- **DC Water and Sewer Authority (DCWASA) Partnership**
- **10 Essential Program Elements**



# HISTORIC



# OVERVIEW

# Pre-2000

- In 1973, DC received funding from CDC to establish and administer a Childhood Lead Poisoning Prevention Program
- In 1987, “The Student Health Care Amendment Act” made lead screening a law in the District was established.
- In 1999, the Stellar Database System was established

# Years 2000 to 2002

- In 2000, the Childhood Lead Poison Prevention Program was realigned into two Programs, establishing the Childhood Lead Poisoning, Screening & Education Program (CLPSEP) and the Lead Based Paint, Licensing, Certification & Accreditation Program.
- In May, 2000, Ms. Nkechi Onwuche was hired to manage DC CLPSEP
- In 2001, the CLPSEP formed the Lead Screening Advisory Committee.
- In 2002, the program required all outreach investigators to be certified as phlebotomists and formally adopted venous blood draw as its only form of screening method.
- In 2002, “The Childhood Lead Poisoning Screening & Reporting Act” was established. This law mandates universal blood lead screening of children under the age of six by each health care provider or facility and reporting of all blood lead results to the District by the laboratories.

# Year 2003 to Present

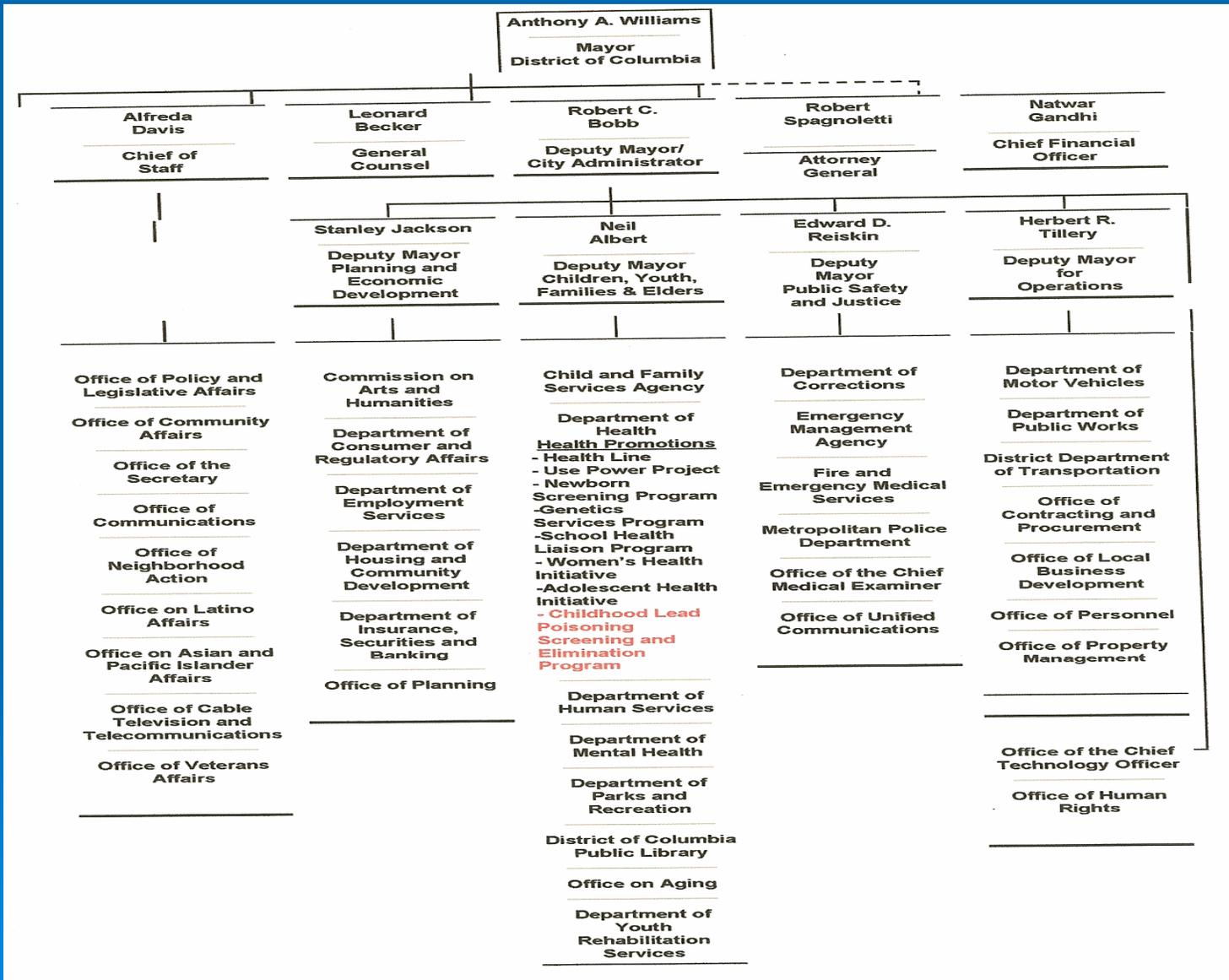
- **Lead in Water Crisis in the District of Columbia**
- **In 2004, the Stellar Database System was migrated to the LeadTrax Web System**
- **In 2004/2005, DC CLPSEP began to focus on primary prevention activities by working with HUD funded programs (DHCD), exchanging data with HUD grantees and conducting risk assessments in homes involved in the WASA lead service line replacement program (more on this partnership later).**
- **In 2005, the DC council passed a resolution to establish a Department of the Environment. As a result, CLPSEP moved to the Department of Health Promotions.**

# CURRENT

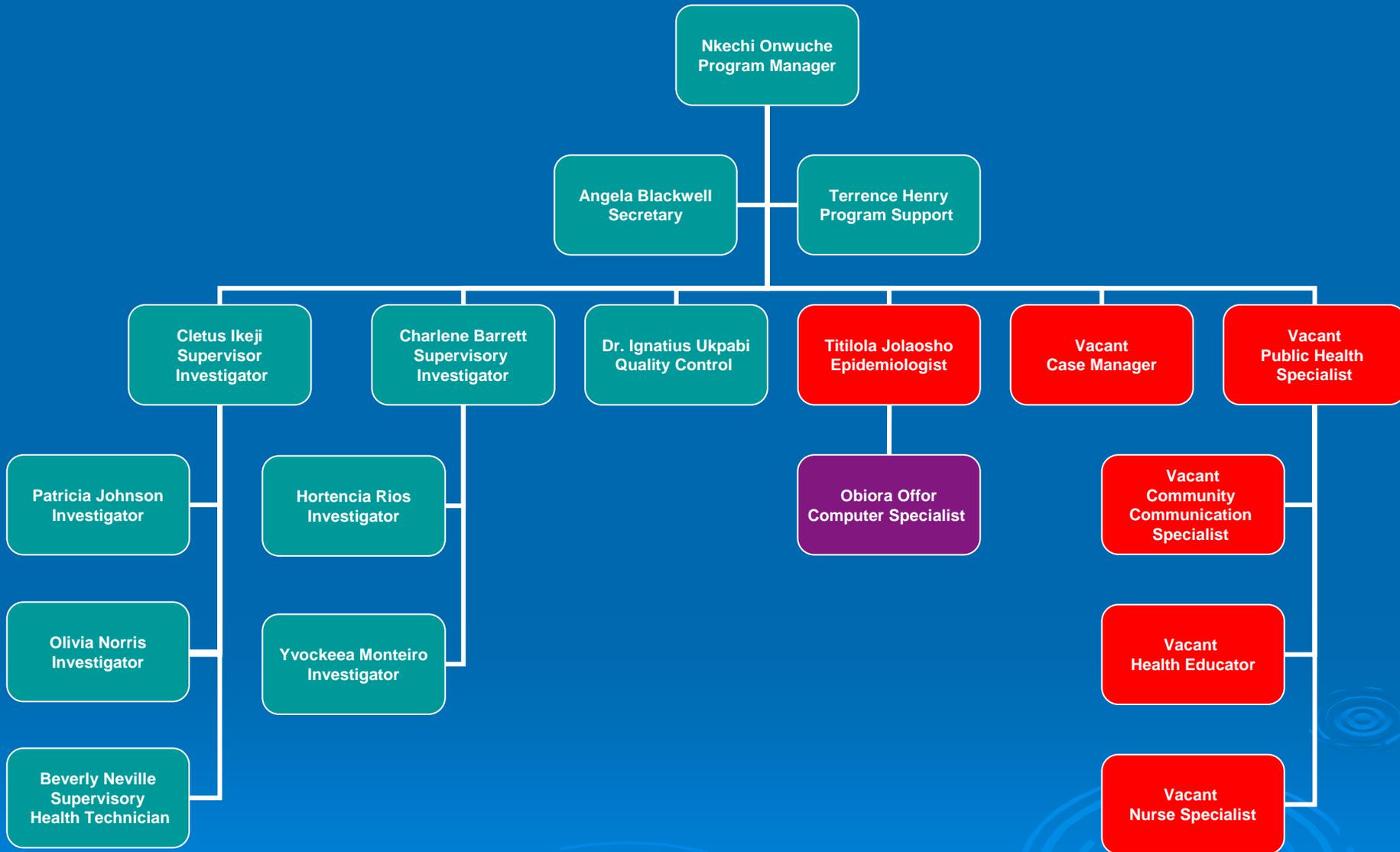


# DC CLPPP

# DOH Health Promotions Organizational Chart



# CLPSEP Staff Chart



# Program Components

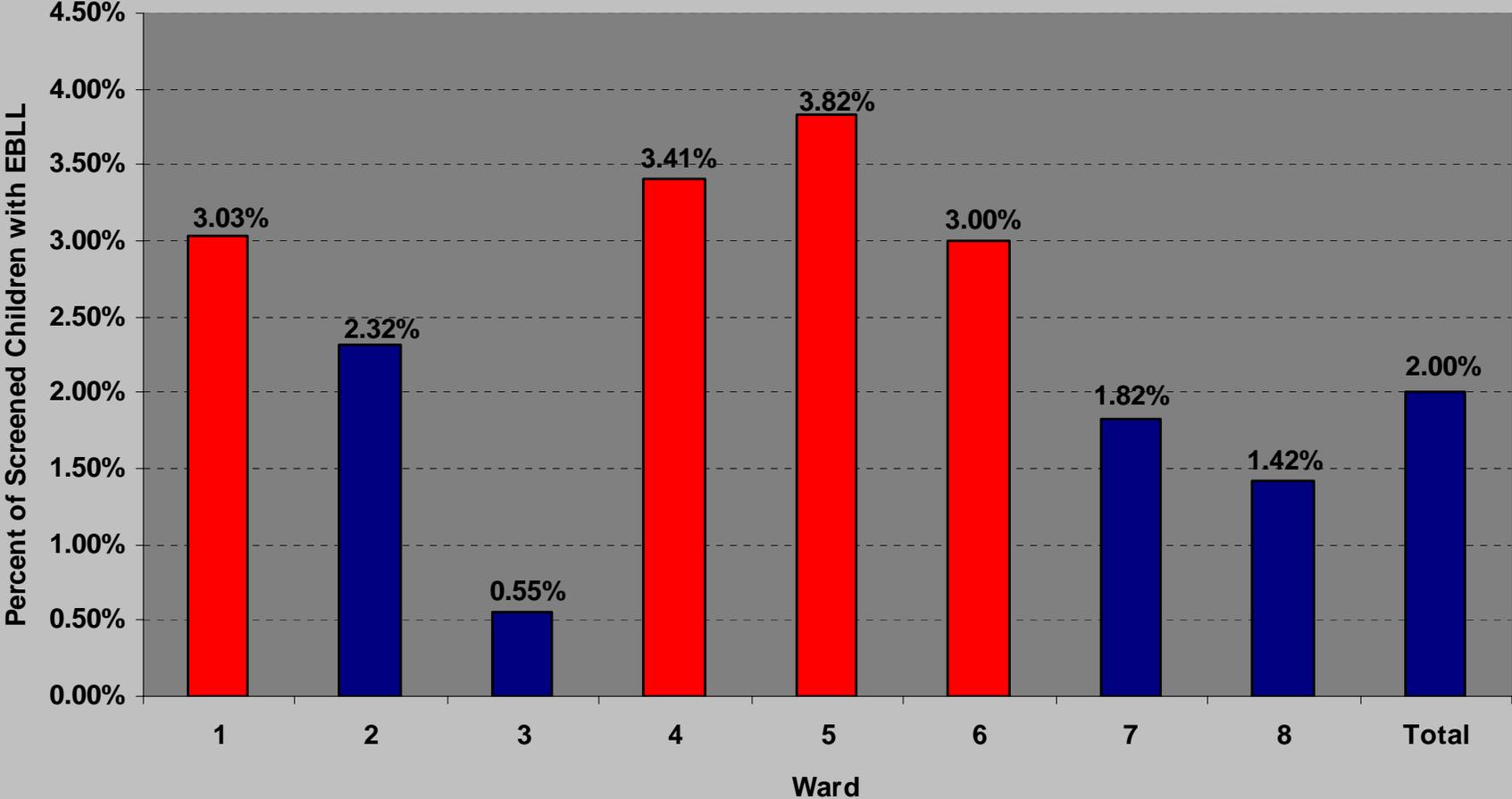
- **Epidemiology (Data and Surveillance)**
- **Case Management**
- **Quality Control and Assurance**
- **Screening**
- **Public Health Education**



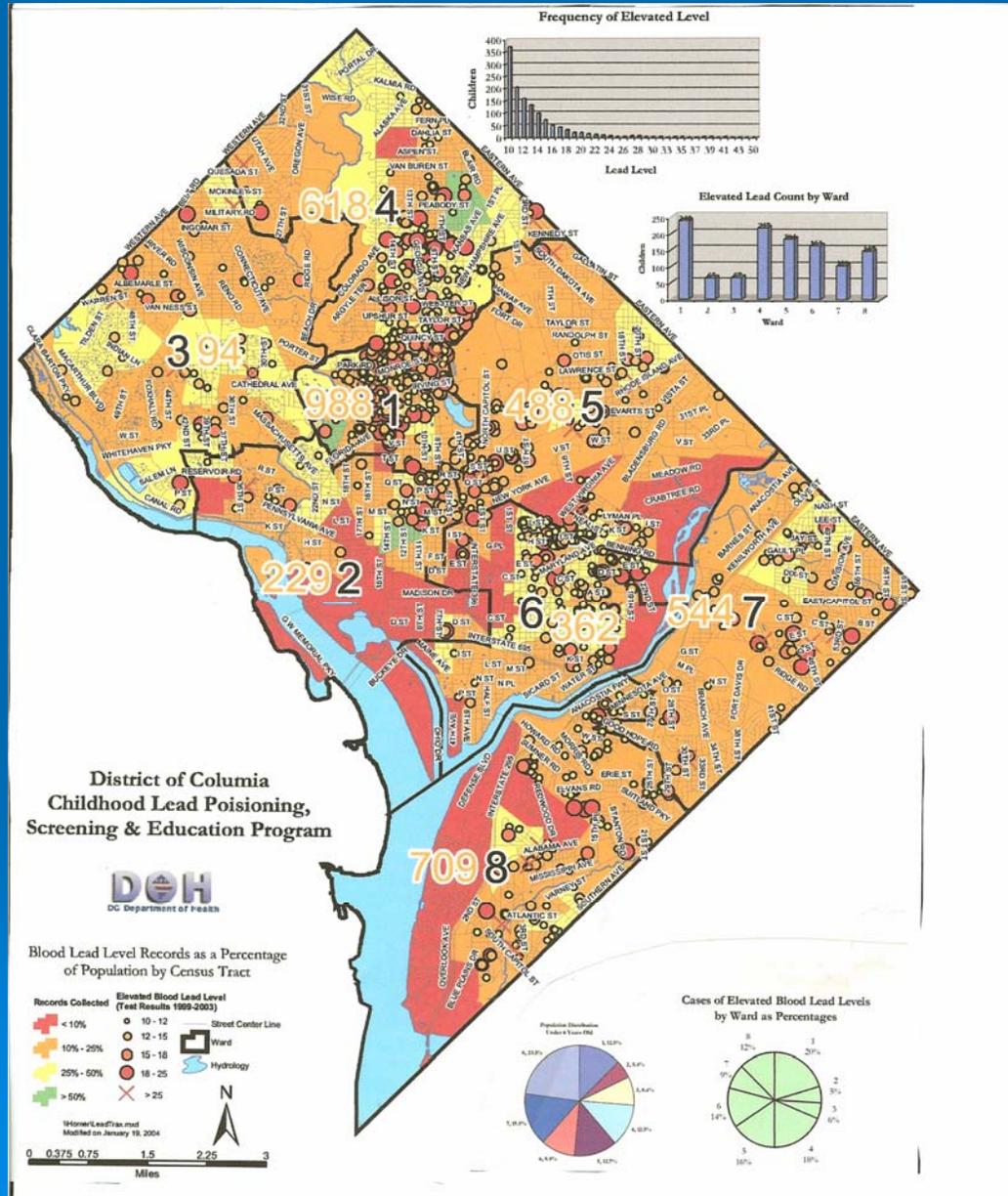
# Estimated Prevalence Blood Lead Level by Ward, Among Children <6 Years Old in DC, CY 2004

Ward	Population	# Screened	Screening Rate/100	Elevated Blood Lead Levels							
				10 to 14ug/dL		15 to 19ug/dL		20 to 44ug/dL		≥ 45ug/dL	
				#	%	#	%	#	%	#	%
1	5264	1681	31.9%	29	1.7%	7	0.4%	15	0.9%	0	0.0%
2	3151	776	24.6%	13	1.7%	5	0.6%	0	0.0%	0	0.0%
3	3667	1275	34.6%	5	0.4%	2	0.2%	0	0.0%	0	0.0%
4	6265	2050	32.7%	37	1.8%	17	0.8%	15	0.7%	1	0.0%
5	5849	1543	26.4%	35	2.3%	15	1.0%	9	0.6%	0	0.0%
6	3682	1368	37.2%	30	2.2%	6	0.4%	3	0.2%	2	0.0%
7	7445	1810	24.3%	24	1.3%	3	0.2%	6	0.3%	0	0.0%
8	11081	1978	17.9%	19	1.0%	5	0.3%	3	0.2%	1	0.0%
<b>TOTAL</b>	<b>46404</b>	<b>15314</b>	<b>33.0%</b>	<b>192</b>	<b>1.0%</b>	<b>60</b>	<b>0.4%</b>	<b>51</b>	<b>0.3%</b>	<b>4</b>	<b>0.0%</b>
<b>UNABLE TO GEO-CODE ADDRESS</b>		<b>2833</b>									

Estimated Percent of Screened Children in CY 2004 with EBLL by DC Ward



# Elevated Blood Lead Level by Ward, Among Children <6 Years Old in DC from 1999 to 2003



# DC CLPPP/WASA



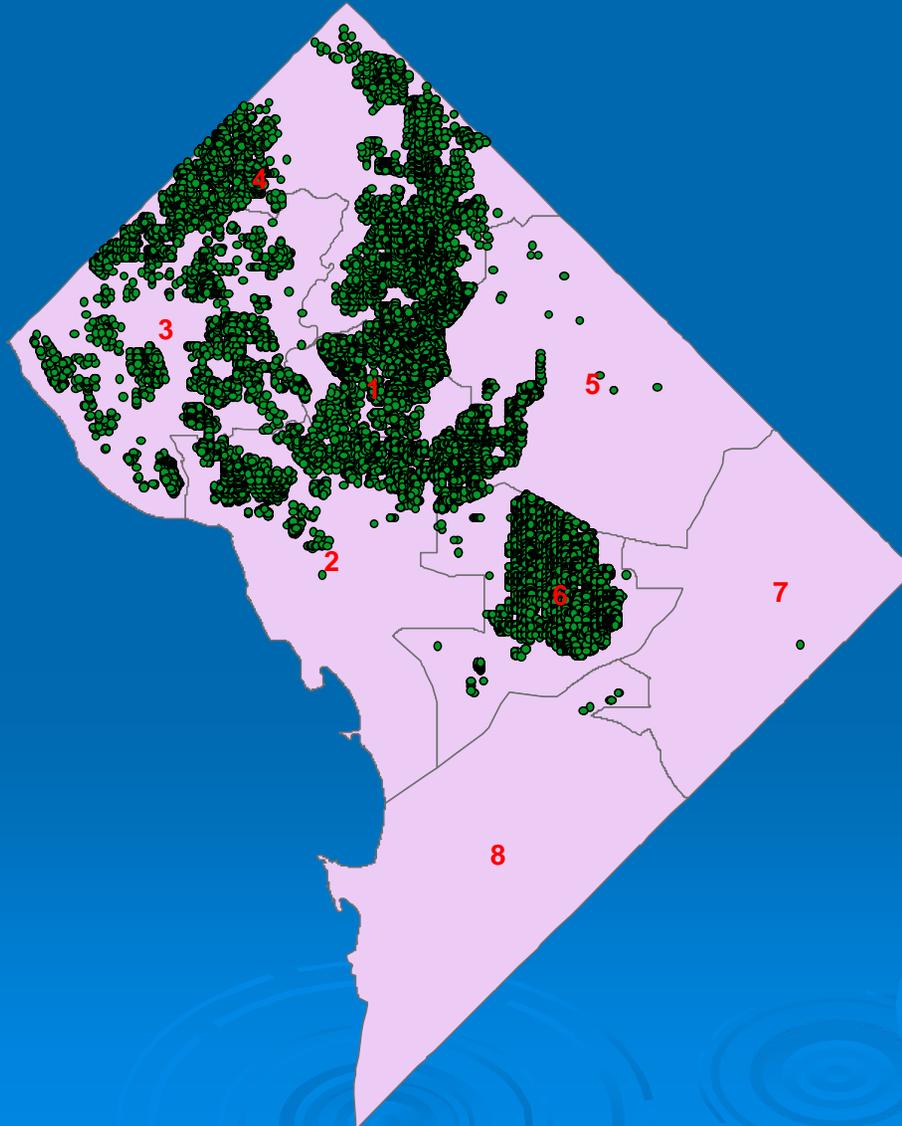
# PARTNERSHIP

# Special Ear-Marked Project

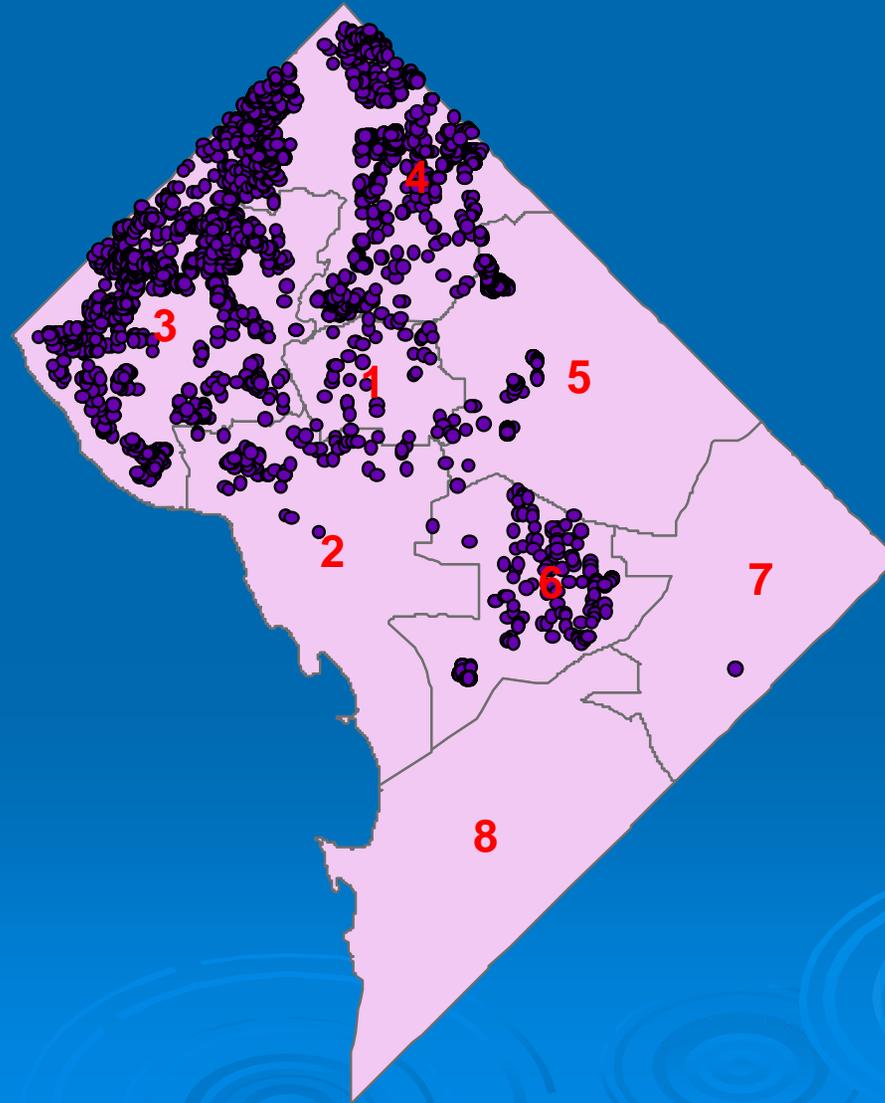
- **Lead Line Replacement Program (LLRP)**
- **CLPSEP received 392 addresses that underwent partial replacement and 569 addresses that underwent full replacement.\***
- **Conduct comprehensive lead hazard risk assessment in pre-1950 housing unit involved in lead service line replacement program.**
- **Provide blood lead testing the the children living in identified housing unit**
- **Assist the families to enroll in DHCD Programs**

\*Replacement information as of 19<sup>th</sup> July 2005

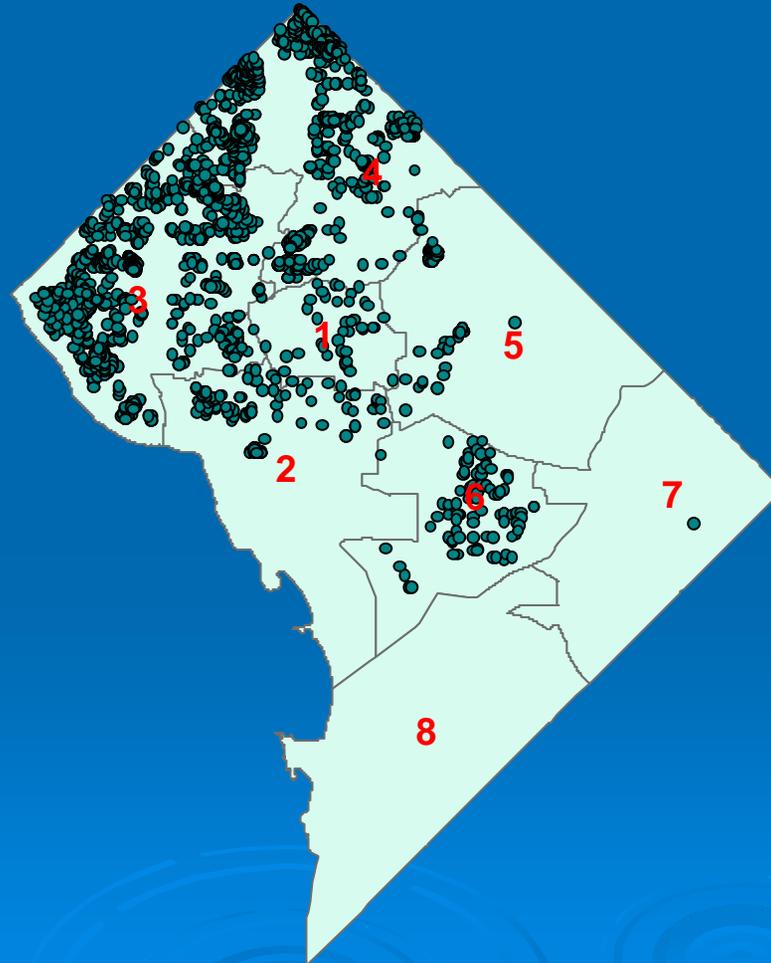
# DC HOUSING CONTRACTED PRE-1939 (N = 50,410)



# DC HOUSING CONSTRUCTED BETWEEN 1940 AND 1949 (N = 4,447)



# DC HOUSING CONSTRUCTED BETWEEN 1950 AND 1959 (N = 3,425)



# TEN ESSENTIAL PROGRAM ELEMENTS

# DC CLPPP

## 10 Essential Program Elements

I. Mandated reporting of all blood lead test results from laboratories?



**YES:**

- Section 2003 subsection (c ) of the Lead Poisoning Screening and Reporting Act of 2002 the law states as follows:
- “The laboratory that performs the tests pursuant to subsection (b) of this section shall forward all test results to the health care provider or facility where the blood sample was taken and to the Mayor”

# DC CLPPP

## 10 Essential Program Elements

- II. Viable data management system containing medical and environmental data?



**YES:**

- The CLPSEP LeadTrax system has the capability to manage the medical and environmental data

# DC CLPPP

## 10 Essential Program Elements

**III. Mandatory dust wipe testing and clearance standards met following abatement or remodeling work?**



**YES:**

- **Required activities for dust wipe testing and clearance standards are set in accordance with the steps set forth at 40 CFR 745.227, and Section 35.1340 of the Final New HUD Regulation on Lead-Based Paint Hazards in Federally Owned Housing and Housing Receiving Federal Assistance.**

# DC CLPPP

## 10 Essential Program Elements

IV. Regulatory authority to require abatement of lead hazards in housing units containing children with elevated blood lead levels?



**YES:**

- This regulatory authority is found in Lead-Based Paint and Control Act of 1966, effective April 9, 1977, as amended by D.C. Law 15-347, effective April 12, 2005.

# DC CLPPP

## 10 Essential Program Elements

V. Statutory protection for clients from retaliatory eviction or discrimination related to disclosure of lead hazards?

➤ YES - “Rental Housing Act of 1985”

This law established that when a tenant has made a witnessed oral or written request or complaint and/or contacted government officials concerning existing violations of the housing regulations, this tenant is protected from any retaliatory action by their landlord.

# DC CLPPP

## 10 Essential Program Elements

### VI. Targeted screening plan oriented to high risk populations?



#### YES:

- Several methodologies corresponding to the recommendations of the CDC are aimed at those residents who are at greatest risk of lead poisoning.
- We used our database to stratify by Wards the areas with highest prevalence rates.
- Census data was analyzed focusing on the Wards with the greatest number of houses built pre-1978, pre-1950, socioeconomic factors, housing environment characteristics (e.g. waste sites), occupational hazards, race, and ethnicity.
- Reviewing the Census data and comparing it to our database helps to validate the blood lead data collected.
- Data collected for 2002 showed that Wards 1,4,5 and 6 had the highest percentage of pre-1950 housing, thereby supporting the prevalence data collected

# DC CLPPP

## 10 Essential Program Elements

VII. EPA authorized licensing, certification and accreditation program for lead hazard Professionals and firms?



**YES**

- This program is operated by the Lead-Based Paint Management Program of the Environmental Health Administration.

# DC CLPPP

## 10 Essential Program Elements

**VIII. Case management protocols at all levels for children with elevated blood lead levels?**



### **Case Management Protocol**

- **Referral of blood lead test result from laboratories**
- **Classify results according to blood lead levels**
- **Identified cases will enable CLPPP track high priority areas and enhance secondary tracking**

# Risk Factors as Reported at Initial Home Visit (N=132)

<u>Characteristics</u>	<u>Number of Cases for which Data are Available</u>	<u>Percentage</u>
Housing Ownership	93	59% Renters 41% Owners
Type of Housing in which Child Resides	76	53% Single Family Home 36% Apartments 12% Public Housing/Section 8
Months Living in the House	74	18% 3 months or less 9% 4 to 6 months 31% 7 to 12 months 35% 14 to 45 months
Location of Deteriorated Paint	95 (interior) 93 (exterior) 58 (multi-family common area)	57% Interior 49% Exterior 60% Multi-family common area
Recent Renovation or Paint Removal	92	39% Reported redecoration or paint removal
Possible Parental Occupational Exposure to Lead	88	18% Possible exposure (7 construction workers, 2 painters, 1 auto worker, 1 not specified)
Visible Dust in Unit	92	55% Dust Observed
Industrial Hazards within 1 mile of dwelling	88	19% Located within 1 mile
History of Lead Poisoning in Family or Neighborhood	87	25% History of Family or Neighborhood Lead Poisoning

# DC CLPPP

## 10 Essential Program Elements

**IX. Develop and maintain formal partnerships with housing agencies, children services agencies, community groups, policy makers, parents, health professionals, medical services provider organizations, and property owners?**

**YES:**

- **The following is a list of participants in the DC CLPSEP Lead Advisory Committee: EPA, Managed Care Organizations (MCO's), D.C. Department of Health (DOH), Department of Housing and Community Development (DHCD), Children's National Medical Center (CNMC), D.C. Medical Assistance Administration (MAA), United Planning Organization (UPO), Maternal and Family Health Administration (MFHA), Alliance for Healthy Homes (AFHH), Howard University (HU), American Academy of Pediatrics, DC Chapter, Georgetown University Hospital and Coalition to End Childhood Lead Poisoning.**

# DC CLPPP

## 10 Essential Program Elements

**X. Develop, implement and evaluate a written plan to accomplish the elimination of childhood lead poisoning by 2010?**

**YES:**

- **The five objectives are:**
  - **To divide DC Lead Screening Advisory Committee into subgroups such as enforcement, lead hazard control, screening, literature review and recommendation**
  - **To maintain a district surveillance system for effective utilization of resources**
  - **To educate and train the targeted population on lead hazard control measures**
  - **To initiate court action against landlords who are repeat offenders**
  - **To build infrastructure by merging and establishing MOUs and MOAs with lead-related programs**
- **While the plan identifies specific short and long term strategies, as progress is evaluated and successes and barriers are identified, these strategies may change or be re-prioritized.**
- **Activities of this plan will be evaluated on a quarterly or yearly basis, with the results presented to the Lead Screening Advisory Committee (LSAC) and the Department of Health for consideration and rapid adjustment of procedures if justified.**