Approximately half a million U.S. children under 6 years of age have blood lead levels at or above 5 micrograms per deciliter (µg/dL). No safe blood lead level in children has been identified. High blood lead levels not only damage physical health but also reduce IQ, increase rates of juvenile delinquency, and contribute to decreased lifetime earnings. To prevent childhood lead poisoning, the Centers for Disease Control and Prevention (CDC) funded 29 states, 5 cities, and the District of Columbia to

- build and strengthen lead surveillance systems, allowing for the identification of neighborhoods and populations of children disproportionately affected by high blood lead levels,
- educate parents and clinical providers in target areas with messages about the importance of blood lead testing for children under 6 years of age, and
- collaborate with institutional and community-based partners to initiate, promote, and evaluate childhood lead poisoning prevention activities.

Each funded jurisdiction works to eliminate childhood lead poisoning by creatively targeting resources and implementing effective program initiatives.

**LOUISIANA**

- Awarded $293,336 by CDC in fiscal year 2014
- Conducts health education and outreach during Louisiana cultural events such as Mardi Gras
- Partners include the local chapter of the American Academy of Pediatrics and area Head Start child care centers
- Launched the Region 1 Lead Testing in WIC Clinics Pilot Project to reach untested children

**SUCCESS**

Louisiana state data demonstrated that some children attending Women and Infants Special Nutrition Projects (WIC clinics) do not receive routine health prevention services, and therefore are unlikely to receive blood lead testing at a medical clinic.

The Louisiana Healthy Homes and Childhood Lead Poisoning Prevention Program partnered with a New Orleans area WIC clinic to pilot a blood lead testing program. The goals for the project were to increase lead testing rates of children in Louisiana and to determine the percent of children tested during WIC clinic visit who had elevated blood lead levels.

By matching WIC client lists with surveillance data, the program demonstrated that WIC clinics are an efficient way to screen high-risk children who would not otherwise be tested. During the pilot phase, the program ensured blood lead testing for 1,395 children, 81% of whom had never had a previous test. The project has expanded to include WIC clinics in other high-risk areas of the state.

A quarter (25%) of the increase in child lead testing in Louisiana between July 2014 and April 2015 was attributable to the WIC clinic testing pilot project.

*Photo obtained from the CDC Public Health Image Library (http://phil.cdc.gov/phil/home.asp). Photo Credit: Amanda Mills. April 2016*