

Childhood
Lead Poisoning
in New Jersey

**ANNUAL
REPORT**

Fiscal Year
2005
July 1, 2004
to
June 30, 2005



Jon S. Corzine
Governor



Fred M. Jacobs, M.D., J.D.
Commissioner

CHILDHOOD LEAD POISONING IN NEW JERSEY ANNUAL REPORT

**FISCAL YEAR 2005
(July 1, 2004 – June 30, 2005)**

New Jersey Department of Health and Senior Services
Division of Family Health Services
Maternal, Child and Community Health
Child and Adolescent Health Program
P.O. Box 364
Trenton, NJ 08625-0364
(609) 984-0717

TABLE OF CONTENTS

<u>Introduction</u>	<u>Page</u>
Why Is Lead Poisoning In Children A Priority for New Jersey.....	4
Executive Summary.....	7
 <u>Chapter</u>	
1. Testing Children for Lead Poisoning.....	8
2. Children with Elevated Blood Lead	16
3. Environmental Investigations by Local Health Departments.....	21
4. Addressing Childhood Lead Poisoning in New Jersey.....	22

Tables and Figures in FY 2005 Annual Report

Table 1 Housing Built Before 1950 in New Jersey	Page 5
Map 1 Percent Pre-1950 Housing Units –New Jersey Counties; 2000 U.S. Census	Page 6
Figure 1 Percentage of children tested for blood lead levels during FY 2005 by age group in months	Page 8
Table 2 Number of children (< 17 years of age) by county of residence, tested for lead during FY 2005 and their blood lead levels	Page 9
Table 3 Number of children (6 to 29 months of age) in New Jersey by county of residence, percentage tested for lead in FY 2005 and their blood lead levels	Page 10
Table 4 Number of children (< 6 years of age) by county of residence, tested for lead during FY 2005 and their blood lead levels	Page 11
Table 5 Change in number and percentage of children tested between FY 2004 and FY 2005	Page 12
Table 6 Number of children by age at the time of blood lead test, and change from FY 2004 to FY 2005	Page 12
Table 7 Change in number of children tested and the number of children with blood lead levels 10 - 19 ug/dL and ≥ 20 ug/dL during FY 2005 as compared to FY 2004	Page 13
Figures 2a and 2b Trend in number/percentage of children (6 to 29 months of age) tested for lead by fiscal year	Pages 14 and 15
Figure 3 Percentage of children by blood lead levels for FY 2005	Page 17
Figures 4a and 4b Trend in number/percentage of children (6 to 29 months of age) reported with elevated blood lead levels by fiscal year	Pages 18 and 19
Figure 5 Trend in numbers of children reported with elevated blood lead levels by fiscal year	Page 20

WHY IS LEAD POISONING IN CHILDREN A PRIORITY FOR NEW JERSEY?

Lead is a heavy metal that has been widely used in industrial processes and consumer products. When absorbed into the human body, lead affects the blood, kidneys and nervous system. Lead's effects on the nervous system are particularly serious and can cause learning disabilities, hyperactivity, decreased hearing, mental retardation and possible death. Lead is particularly hazardous to children between six months and six years of age because their neurological system and organs are still developing. Children who have suffered from the adverse effects of lead exposure for an extended period of time are frequently in need of special health and educational services in order to assist them to develop to their potential as productive members of society.

The primary method for lead to enter the body is the ingestion of lead containing substances. Lead was removed from gasoline in the United States in the early 1980's. This action is credited with reducing the level of lead in the air, and thereby the amount of lead inhaled by children. However, significant amounts of lead remain in the environment where it poses a threat to children. Some common lead containing substances that are ingested or inhaled by children include:

- lead-based paint;
- dust and soil;
- tap water;
- food stored in lead soldered cans or improperly glazed pottery; and
- traditional folk remedies and cosmetics containing lead.

All children in New Jersey are at risk because lead-based paint and other lead-containing substances are present throughout the environment. Some children, however, are at particularly high risk due to exposure to high dose sources of lead in their immediate environment. These potential high dose sources include:

- leaded paint that is peeling, chipping, or otherwise in a deteriorated condition;
- lead-contaminated dust created during removal or disturbance of leaded paint in the process of home renovation; and
- lead-contaminated dust brought into the home by adults who work in an occupation that involves lead or materials containing lead, or who engage in a hobby where lead is used.

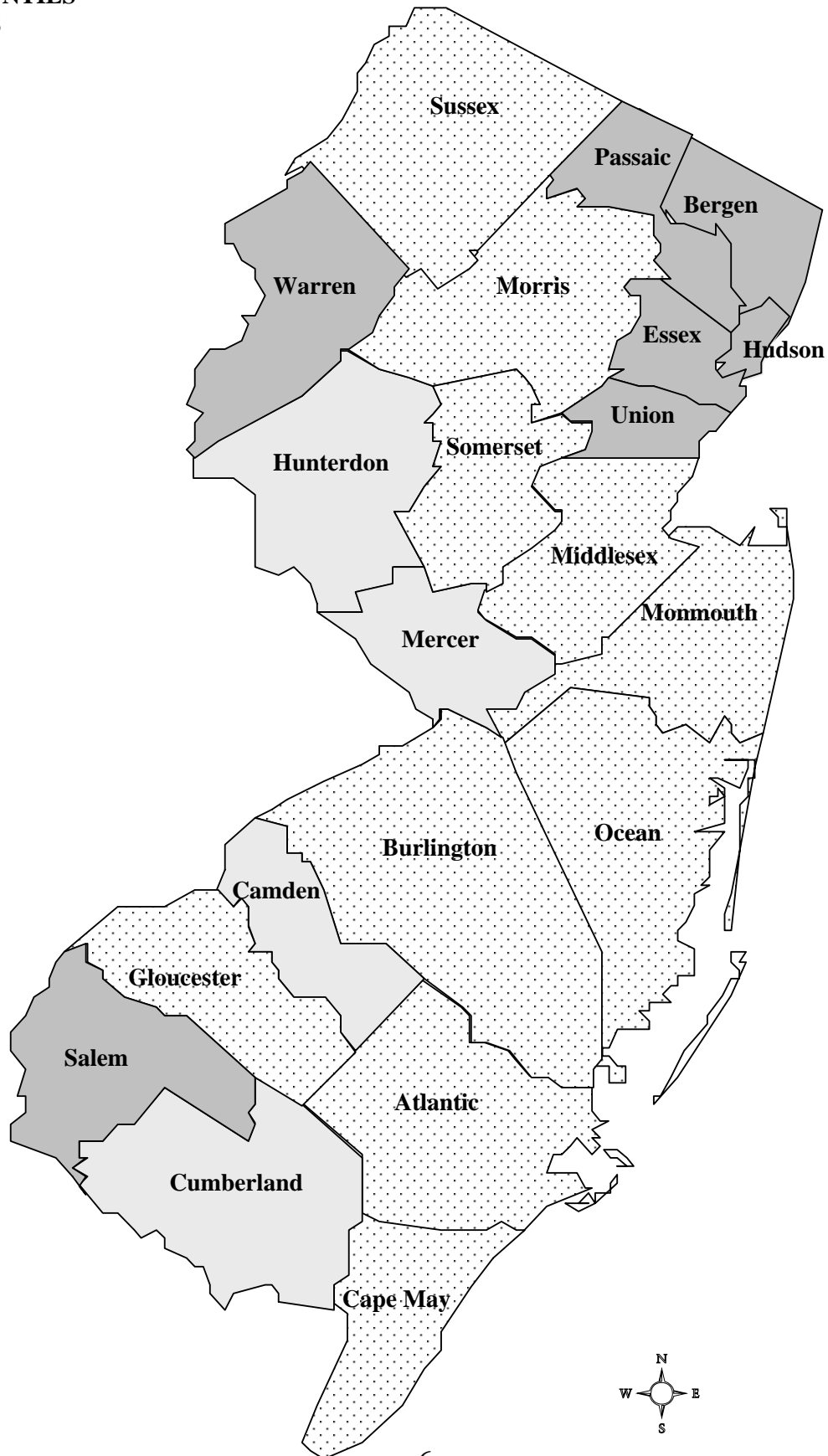
Today, the primary lead hazard to children comes from lead-based paint. In recognition of the danger that lead-based paint presents to children, such paint was regulated for residential use in New Jersey in 1971, and banned nationwide in 1978. This ban has effectively reduced the risk of lead exposure for children who live in houses built after 1978, but any house built before 1978 may still contain leaded paint. The highest risk for children is found in houses built before 1950, when paints contained a very high percentage of lead. There are nearly one million housing units in New Jersey, 30% of the housing in the state, which were built before 1950. Every county in the State has more than 9,000 housing units built before 1950. (Table 1 and Map 1).

Table 1
HOUSING BUILT BEFORE 1950 IN NEW JERSEY

County	Total Housing Units	# of Units Built Pre-1950	% of Units Built Pre-1950
Atlantic	114,090	24,868	21.8%
Bergen	339,820	126,125	37.1%
Burlington	161,311	26,363	16.3%
Camden	199,679	57,949	29.0%
Cape May	91,047	20,248	22.2%
Cumberland	52,863	16,316	30.9%
Essex	301,011	142,297	47.3%
Gloucester	95,054	19,029	20.0%
Hudson	240,618	125,180	52.0%
Hunterdon	45,032	11,720	26.0%
Mercer	133,280	44,117	33.1%
Middlesex	273,637	52,430	19.2%
Monmouth	240,884	56,969	23.6%
Morris	174,379	40,039	23.0%
Ocean	248,711	24,076	9.7%
Passaic	170,048	70,979	41.7%
Salem	26,158	9,623	36.8%
Somerset	112,023	21,286	19.0%
Sussex	56,528	12,221	21.6%
Union	192,945	82,231	42.6%
Warren	41,157	14,786	35.9%
Statewide	3,310,275	998,852	30.2%
<i>Source: 2000 U.S. Census of Housing and Population</i>			

Map 1

**PERCENT PRE-1950 HOUSING UNITS
NEW JERSEY COUNTIES
2000 U.S. CENSUS**



EXECUTIVE SUMMARY

This Annual Report on Childhood Lead Poisoning in New Jersey for Fiscal Year (FY) 2005 is submitted in compliance with Public Law 1995, Chapter 328, which requires the Commissioner of Health and Senior Services to issue an annual report to the Governor and the Legislature that includes a summary of the lead poisoning testing and abatement program activities in the State during the preceding fiscal year.

The New Jersey Department of Health and Senior Services (DHSS) maintains a Childhood Lead Poisoning Prevention Surveillance System (CLPPSS). This system collects reports from laboratories of the results of blood lead tests performed on children, identifies children with elevated test results, and notifies local health departments about the children with elevated blood lead who reside in their jurisdiction. The CLPPSS also includes a database that tracks the actions taken by the local health departments in response to children reported with elevated blood lead, as required by Chapter XIII of the New Jersey State Sanitary Code.

The number of children tested for lead poisoning in FY 2005 was 196,335, an increase of 7.7% over the 181,265 children tested during FY 2004. This number includes 98,076 children between six months and 29 months of age, the ages at which all children should be tested under State law. This number represents 44% of children six to 29 months who were tested for lead in FY 2005.

While the ideal is for all children to be tested at both one and two years of age, at a minimum all children should have at least one blood lead test done before their third birthday. Approximately 75% of the estimated number of two-year-old children in New Jersey have had at least one blood lead test in their lifetime.

While 191,788 (97.7%) children tested in New Jersey in FY 2005 had blood lead levels below the Centers for Disease Control and Prevention (CDC) threshold of 10 ug/dL, there were 4,547 (2.3%) children with a blood lead test result above this level. This included 773 children who had at least one test result of 20 ug/dL or greater (Figure 5). The distribution of results by blood lead level is shown in Figure 3.

Data for the largest municipalities (population > 35,000) is presented on the web at www.state.nj.us/health/fhs.

Chapter One

TESTING CHILDREN FOR LEAD POISONING

This chapter documents the continued progress of the DHSS and its partners in addressing childhood lead poisoning in New Jersey. The number of children tested for lead poisoning in FY 2005 was 196,335, an increase of 7.7% over the 181,265 children tested during FY 2004. This number includes 98,076 children between six months and 29 months of age, the ages at which all children should be tested under State law. This number represents 44% of children six to 29 months who were tested for lead in FY 2005.

Figure 1

Percentage of Children Tested for Lead during FY2005 by Age in Months (*n* = 196,335)

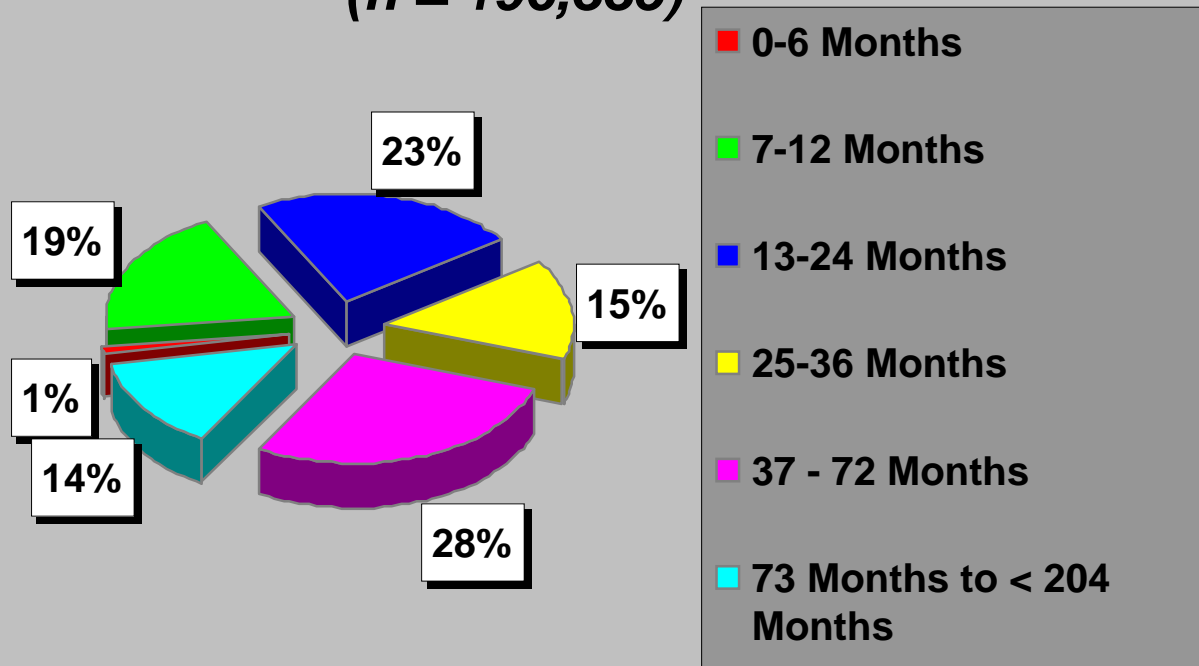


Table 2

CHILDREN <17 YEARS OLD WITH BLOOD LEAD TEST REPORTED IN FY2005 BY BLOOD LEAD LEVEL AND COUNTY OF RESIDENCE						
	Blood Lead Level (ug/dL)					
County	<10	10-14	15-19	20-44	45+	Total
Atlantic	5,029	53	16	15	0	5,113
Bergen	14,220	49	35	20	0	14,324
Burlington	3,211	13	7	12	0	3,243
Camden	7,088	87	15	28	0	7,218
Cape May	989	5	3	7	0	1,004
Cumberland	3,444	73	31	34	0	3,582
Essex	25,098	758	334	240	12	26,442
Gloucester	2,496	13	5	5	0	2,519
Hudson	14,262	137	55	56	2	14,512
Hunterdon	1,586	12	5	6	1	1,610
Mercer	6,078	124	63	36	1	6,302
Middlesex	14,806	84	38	30	3	14,961
Monmouth	8,710	89	41	25	2	8,867
Morris	7,223	32	15	9	0	7,279
Ocean	7,661	50	20	20	3	7,754
Passaic	14,734	309	114	92	9	15,258
Salem	602	13	2	7	0	624
Somerset	3,917	33	19	11	2	3,982
Sussex	1,580	8	1	3	0	1,592
Union	13,257	164	67	70	7	13,565
Warren	1,534	19	9	5	0	1,567
Zip Unknown	34,263	659	95	0	0	35,017
Total	191,788	2,784	990	731	42	196,335

Table 3

CHILDREN 6 TO 29 MONTHS OF AGE WITH LEAD TEST RESULTS REPORTED FY2005 BY COUNTY OF RESIDENCE						
County	No. of Children*	Children Tested	% Tested	% <10 ug/dL	% 10-19 ug/dL	% ≥20 ug/dL
Atlantic	6,403	2,495	39%	98%	2%	0.4%
Bergen	21,968	8,995	41%	99%	1%	0.2%
Burlington	10,728	2,154	20%	99%	0%	0.4%
Camden	13,663	3,925	29%	99%	1%	0.4%
Cape May	2,103	555	26%	99%	1%	0.4%
Cumberland	3,639	1,572	43%	96%	3%	1.0%
Essex	22,734	10,536	46%	96%	3%	1.0%
Gloucester	6,666	1,622	24%	99%	1%	0.2%
Hudson	15,205	5,536	36%	98%	1%	0.4%
Hunterdon	3,121	1,387	44%	99%	1%	0.4%
Mercer	8,810	2,827	32%	97%	2%	0.6%
Middlesex	19,683	7,836	40%	99%	1%	0.2%
Monmouth	16,744	5,312	32%	98%	1%	0.3%
Morris	12,987	4,972	38%	99%	1%	0.2%
Ocean	12,765	4,149	33%	99%	1%	0.4%
Passaic	14,232	6,944	49%	97%	2%	0.5%
Salem	1,540	341	22%	99%	1%	0.0%
Somerset	8,843	2,455	28%	98%	2%	0.3%
Sussex	3,876	969	25%	99%	1%	0.2%
Union	14,402	6,248	43%	98%	2%	0.6%
Warren	2,725	1,042	38%	98%	2%	0.2%
Zip Unknown		16,204		98%	2%	0.0%
Total	222,837	98,076	44%	98%	2%	0.4%

* Estimated, based on the number of one- and two-year old children in the 2000 U.S. Census

TABLE 4

NUMBER OF CHILDREN <6 YEARS OLD, WITH BLOOD LEAD TEST REPORTED IN FY2005, BY BLOOD LEAD LEVEL AND COUNTY OF RESIDENCE						
	Blood Lead Level (ug/dL)					
County	<10	10-14	15-19	20-44	45+	Total
Atlantic	4,294	51	15	13	0	4,373
Bergen	13,040	47	34	20	0	13,141
Burlington	2,928	11	7	12	0	2,958
Camden	6,242	84	13	25	0	6,364
Cape May	824	4	3	5	0	836
Cumberland	2,943	69	29	25	0	3,066
Essex	20,535	654	280	212	12	21,693
Gloucester	2,219	12	5	4	0	2,240
Hudson	11,248	122	50	45	1	11,466
Hunterdon	1,515	12	5	5	1	1,538
Mercer	5,123	115	60	30	1	5,329
Middlesex	12,564	77	35	26	3	12,705
Monmouth	7,758	82	39	24	2	7,905
Morris	6,675	30	15	9	0	6,729
Ocean	6,777	45	19	18	3	6,862
Passaic	12,756	271	107	81	9	13,224
Salem	541	12	2	4	0	559
Somerset	3,473	30	18	9	2	3,532
Sussex	1,415	8	1	2	0	1,426
Union	10,999	151	63	64	6	11,283
Warren	1,396	19	8	4	0	1,427
Zip unknown	28,873	572	85	0	0	29,530
Total	164,138	2,478	893	637	40	168,186

Table 5
CHANGES IN CHILDREN TESTED

FY2004-2005

	FY2004	FY2005	Change 2004-05	Percent Change 2004-05
ALL CHILDREN <17 YEARS OLD				
Number of Children in NJ*	1,977,646	1,977,646		
Number of Children Tested	181,265	196,335	15,070	8.3%
Percent Children Tested	9.2%	9.9%	0.7%	7.6%
6 - 29 MONTH OLDS				
Number of Children in NJ**	222,837	222,837		
Number of Children Tested	92,645	98,076	5,431	5.9%
Percent Children Tested	41.6%	44.0%	2.4%	5.8%

*Estimated, based on the number of children <17 years old in the 2000 U.S. Census

**Estimated, based on the number of one- and two-year-old children in the 2000 U.S. Census

Table 6
CHILDREN WITH BLOOD LEAD TEST RESULTS REPORTED IN FY2004
BY AGE AT THE TIME OF TEST

Child's Age in Months	FY2004	FY2005	Difference	Percent Change
0-5	1,090	927	-163	-15.0%
6-11	20,436	20,797	361	1.8%
12-29	72,209	77,279	5,070	7.0%
30-72	62,839	70,128	7,289	11.6%
73+	24,688	27,198	2,510	10.2%
Unknown	3	6	3	100.0%
Total	181,265	196,335	15,070	8.3%

Table 7
CHANGES IN CHILDREN TESTED AND BLOOD LEAD LEVELS
FY2004-2005

	FY2004	FY2005	Change 2004- 05	Percent Change 2004-05
ALL CHILDREN <17 YEARS OLD				
Number of Children Tested	181,265	196,335	15,070	8.3%
Number of Children with Results ≥ 10 ug/dL	4,877	4,547	-330	-6.8%
Percentage of Children with Results ≥ 10 ug/dL	2.7%	2.3%	-0.4%	-14.8%
Number of Children with Results ≥ 20 ug/dL	780	773	-7	-0.9%
Percentage of Children with Results ≥ 20 ug/dL	0.4%	0.4%	0.0%	0.0%

Figure 2a

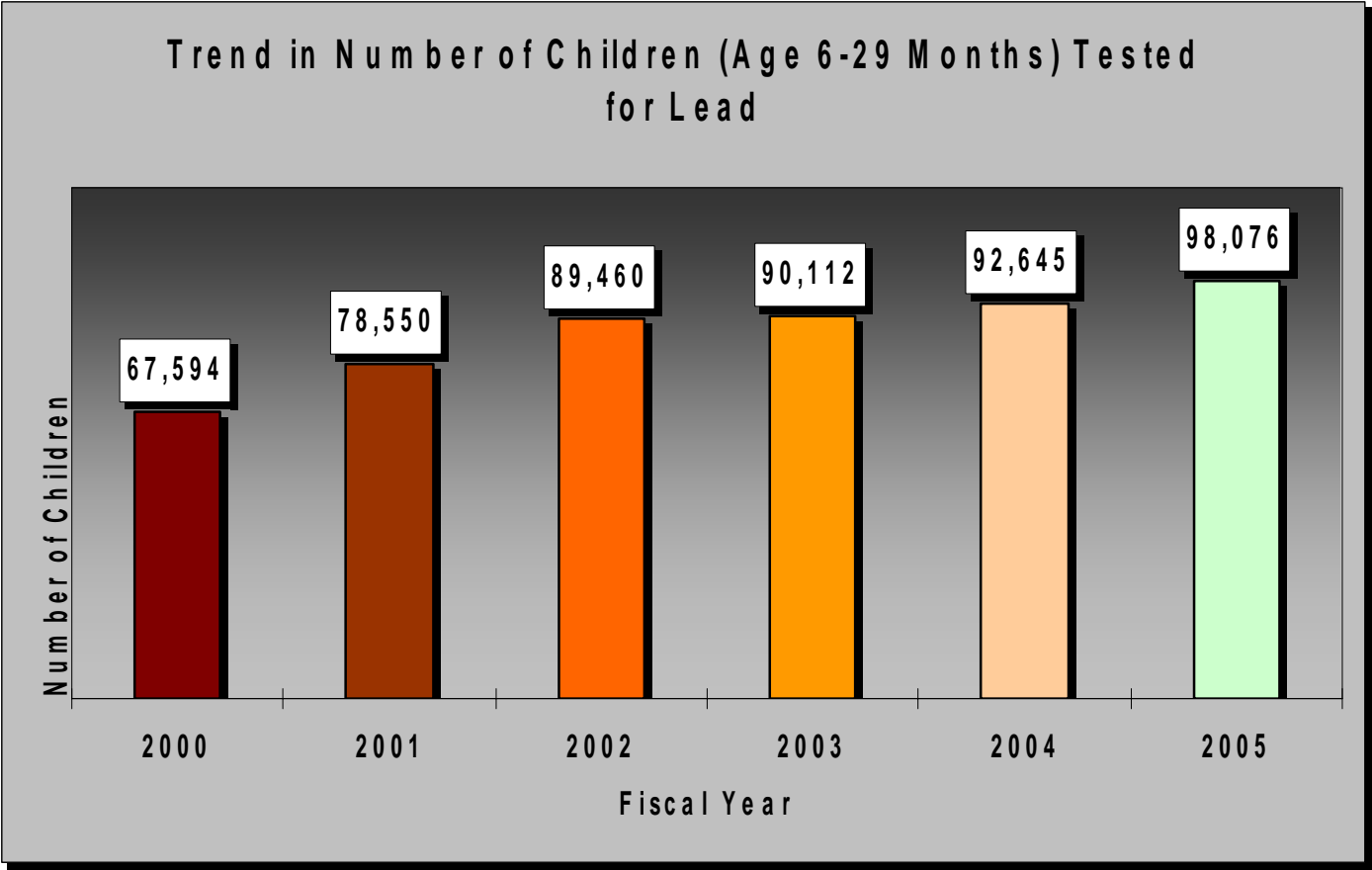
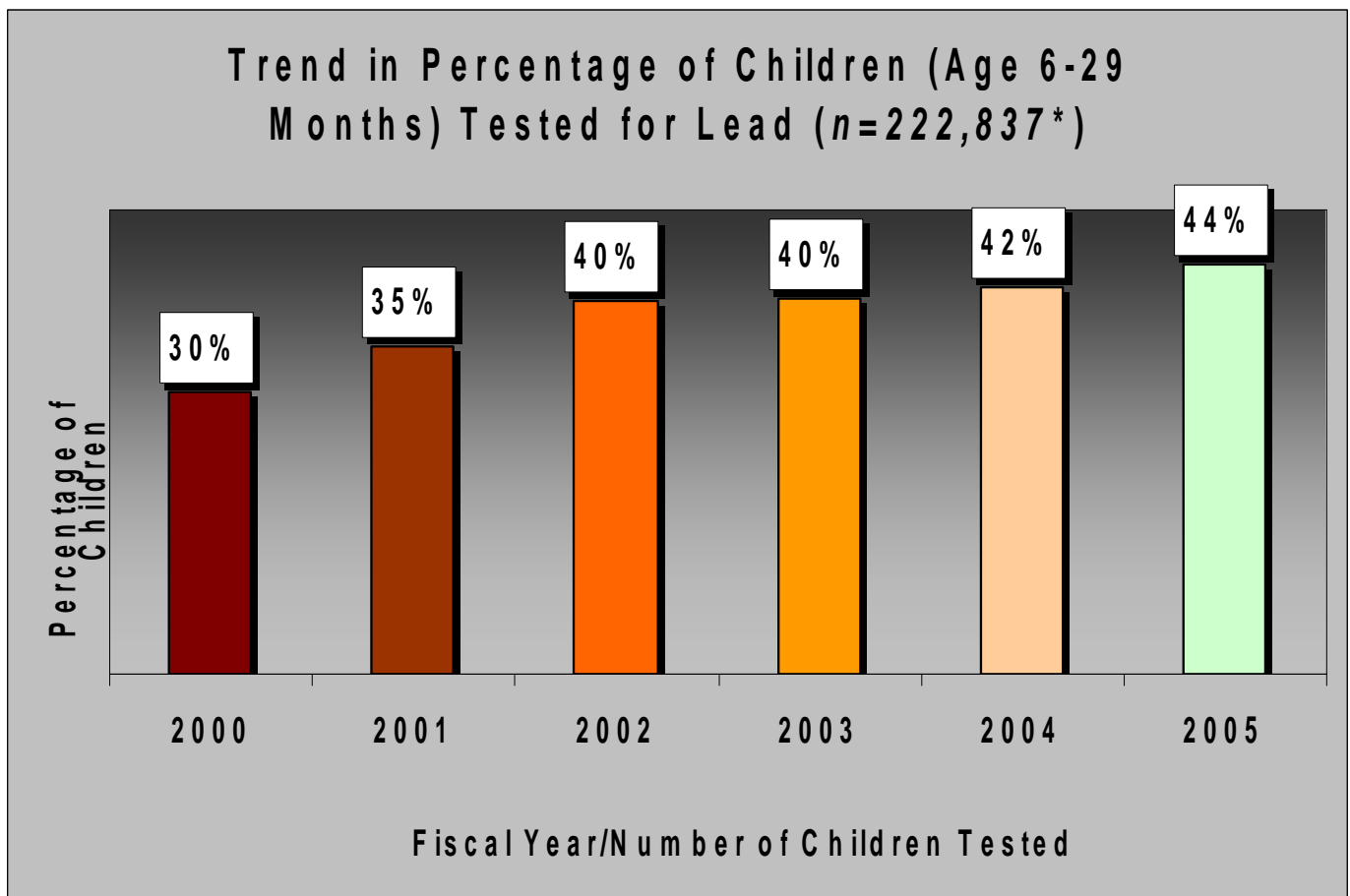


Figure 2b



*Estimated, based on the number of one- and two-year-old children in the 2000 U.S. Census

Chapter Two

CHILDREN WITH ELEVATED BLOOD LEAD

While 191,788 (97.7 %) children tested in New Jersey in FY 2005 had blood lead levels below the Centers for Disease Control and Prevention (CDC) threshold of 10 ug/dL, there were 4,547 (2.3%) children with a blood lead test result above this level. This included 773 children who had at least one test result of 20 ug/dL or greater (Figure 5). The distribution of results by blood lead level is shown in Figure 3.

Data for the largest municipalities (population > 35,000) is presented on the web at www.state.nj.us/health/fhs.

CDC guidelines state that a blood lead test of 10 micrograms per deciliter (ug/dL) or greater should be considered elevated. In addition, the CDC guidelines state that a confirmed blood lead test result of 20 ug/dL or greater should trigger public health follow-up, including an environmental investigation to determine the source of the lead and case management assistance to the family. Following these guidelines, blood lead test reports to the DHSS are analyzed to see if the result is above either of these thresholds. If the result is 20 ug/dL or greater, the local health department covering the community where the child resides is notified. State law and DHSS regulations require the local health department to conduct an environmental investigation of each of these cases (see Chapter 3) and to provide case management for the families of these children.

Figure 3

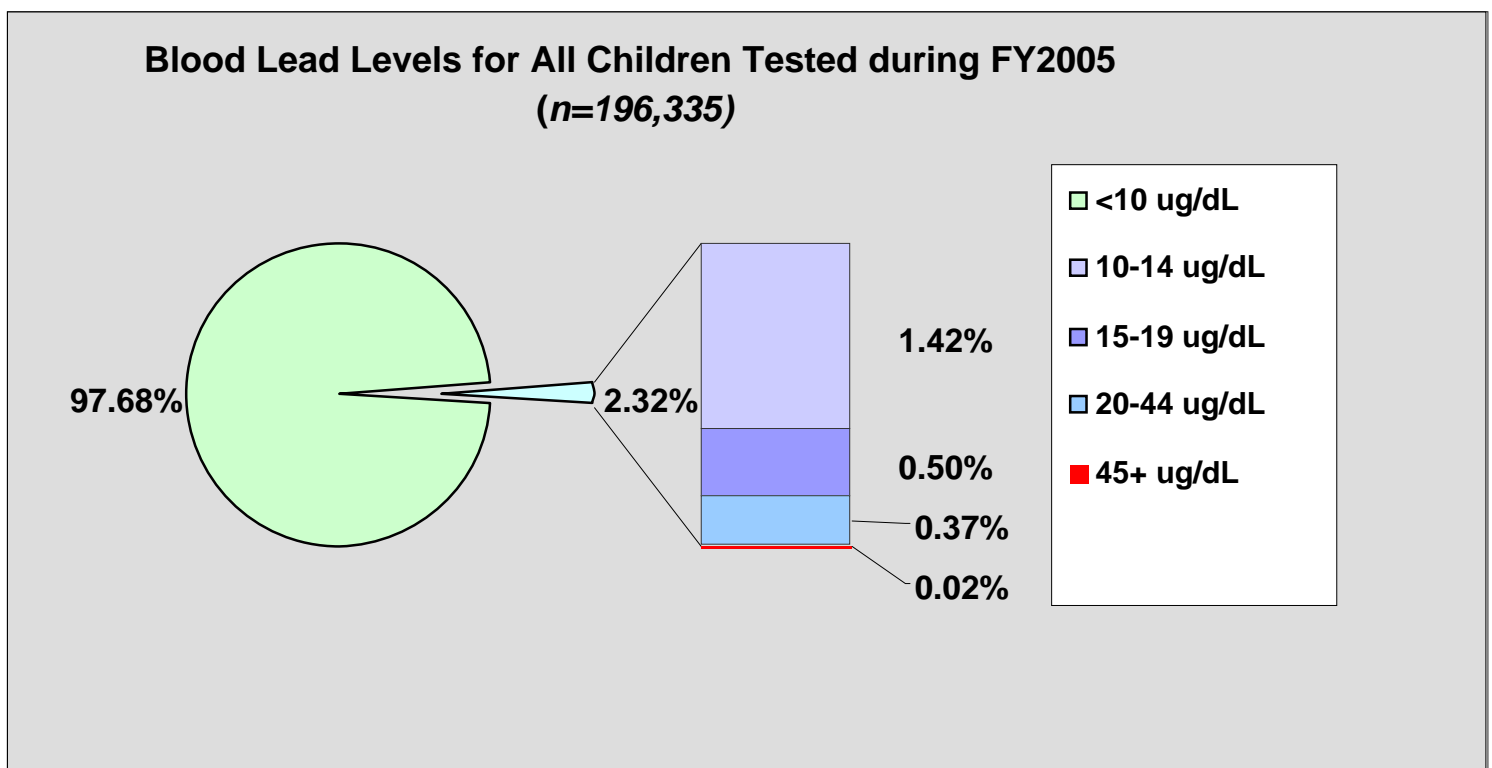


Figure 4a

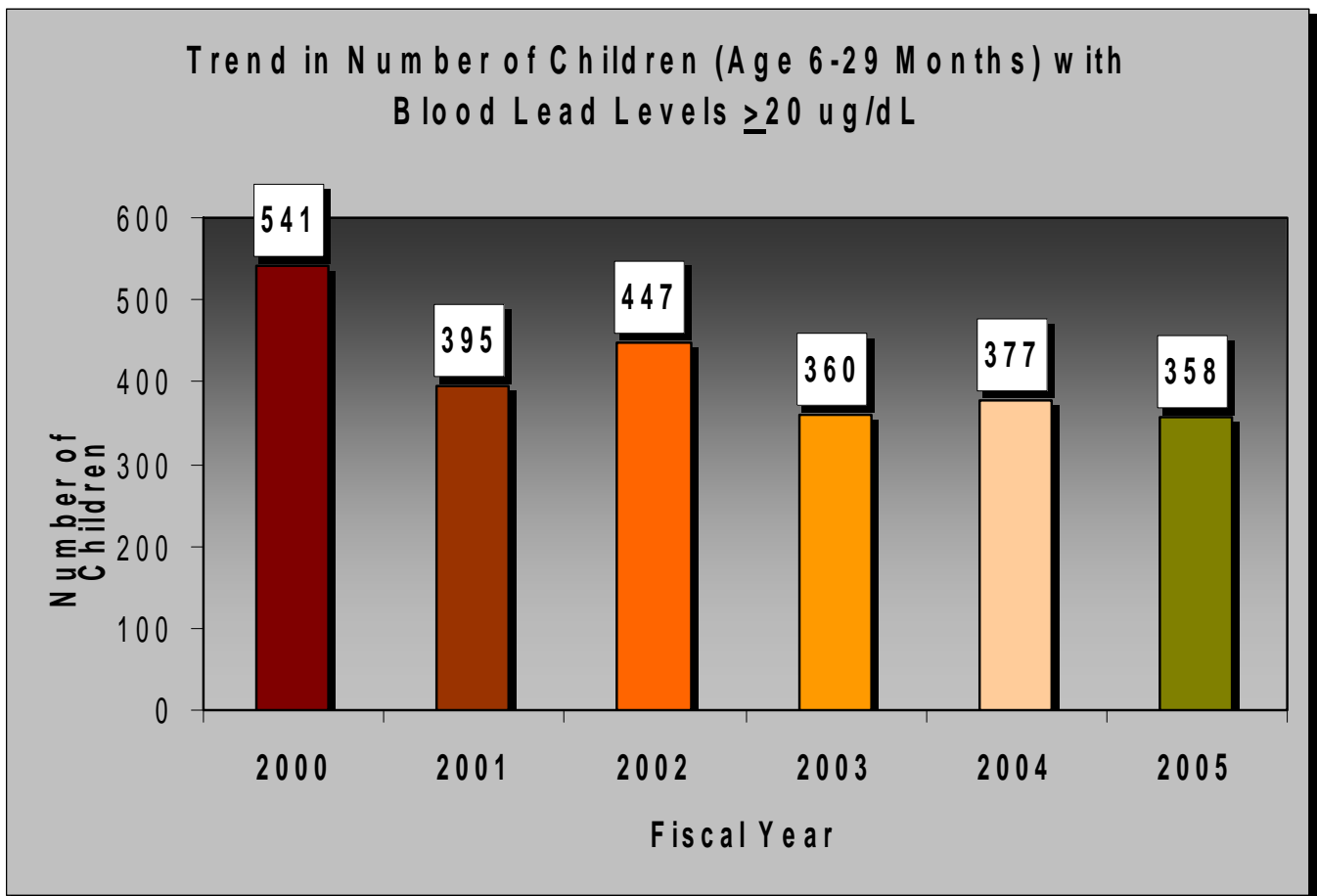


Figure 4b

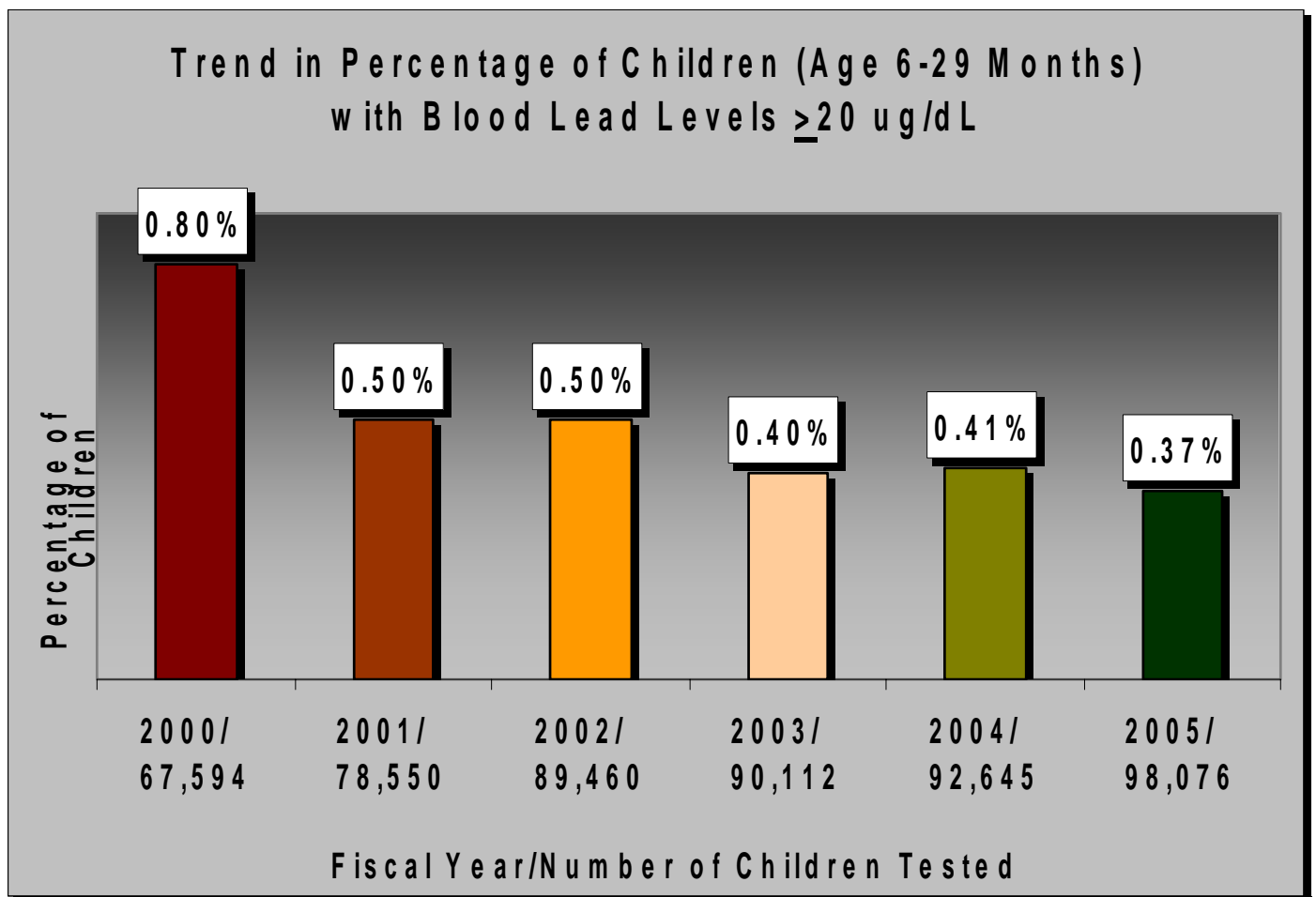
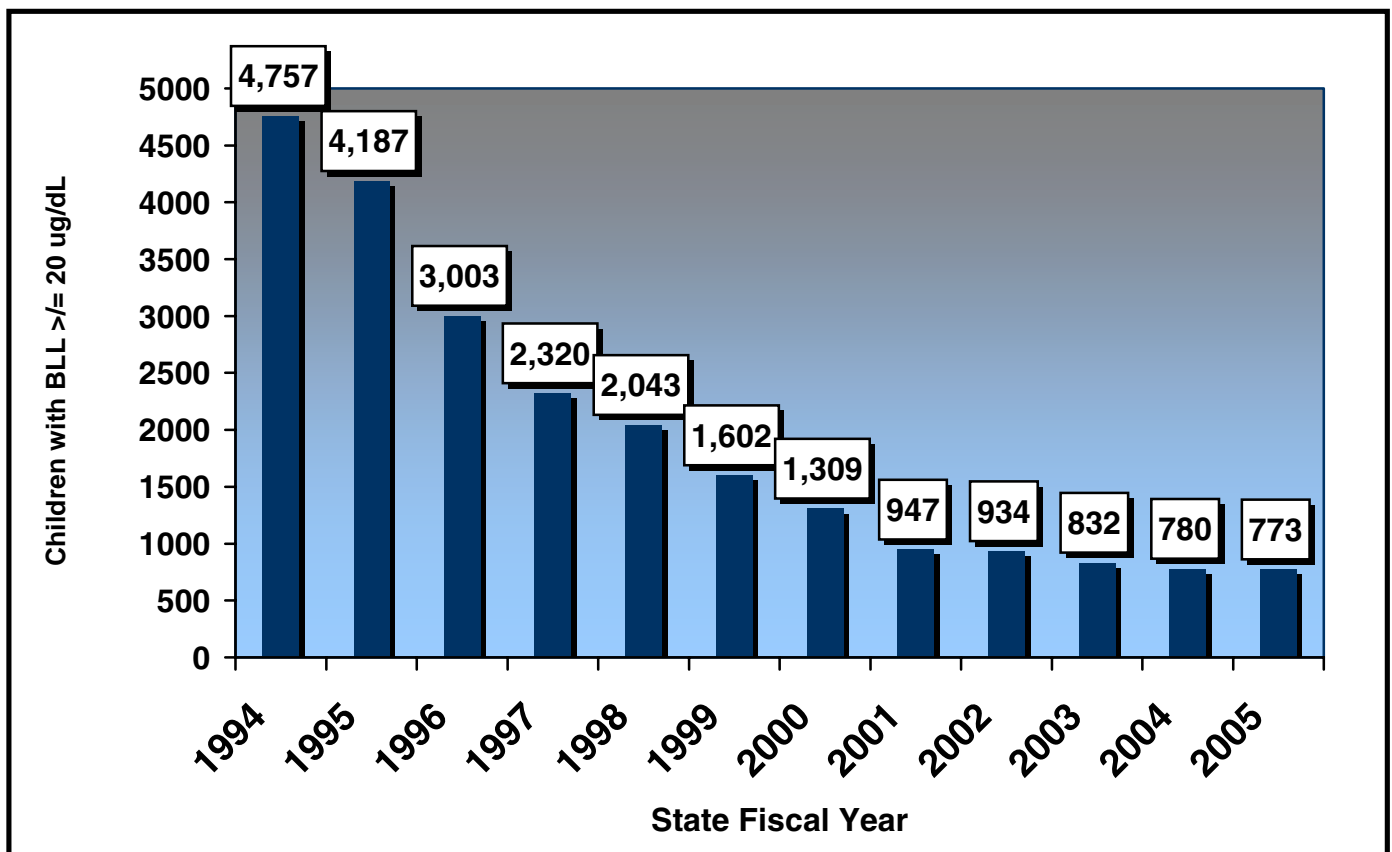


Figure 5

**CHILDREN WITH BLOOD LEAD ≥ 20 ug/dL
BY STATE FISCAL YEAR (SFY)**



Trend in Number of Children with Blood Lead Levels ≥ 20 ug/dL, by State Fiscal Year

Chapter Three

ENVIRONMENTAL INVESTIGATIONS BY LOCAL HEALTH DEPARTMENTS

New Jersey law (N.J.S.A. 24:14A) requires local boards of health to investigate all reported cases of lead poisoning within their jurisdiction and to order the abatement of all lead paint hazards identified in the course of the investigation. The procedures for conducting these investigations are specified in Chapter XIII of the New Jersey State Sanitary Code (N.J.A.C. 8:51). The local health department must conduct an inspection of the child's primary residence, and any other places, such as a child care center or the home of a relative or babysitter, where the child spends a significant amount of time. Even if the child moves, the property where the child resided when the blood lead test was done must be inspected. The inspection includes a determination of the presence of lead-based paint, the identification of locations where that paint is in a hazardous condition (such as peeling, chipping, or flaking), and the presence of lead in dust or soil. The inspector completes a questionnaire through speaking to the child's parent or guardian to help determine any other potential sources of lead hazard exposure.

In addition, the local health department arranges for a home visit by a public health nurse to educate the parents about lead poisoning and the steps that they can take to protect their child. The nurse also provides on-going case management services to assist the family in getting follow-up testing, medical treatment, and other social services that they may require to address the effects of their child's exposure to lead.

The DHSS maintains a system for notifying each local health department of all children with elevated blood lead reported in its jurisdiction. This system is described on the web. When an elevated blood lead test result is received, it is compared with the records in the database to determine if this child has had a previously reported blood lead level ≥ 20 ug/dL, for whom a notice had been issued, at the same address, within the previous 12 months. For each child not previously reported, a notice is sent to the local health department which has jurisdiction over the address given on the laboratory report. This chapter presents the data on children with elevated blood lead reported to local health departments, and local health department actions in response.

Charts and tables of the environmental activity data are available on the web version of the annual report at www.state.nj.us/health/fhs

Chapter Four

ADDRESSING CHILDHOOD LEAD POISONING IN NEW JERSEY

The goal of the New Jersey Department of Health and Senior Services is to reduce, and ultimately eliminate, childhood lead poisoning in New Jersey. In *Healthy New Jersey 2010*, published in August 2001, the DHSS has set health objectives for the State for the next ten years, including three objectives related to childhood lead poisoning:

- To increase the percentage of children tested for lead poisoning by two years of age to 85%.
- To reduce the percentage of children whose blood lead level is ≥ 10 ug/dL by 50%.
- To increase the percentage of residential lead evaluation/risk assessments conducted which meet performance standard to 90%.

Accomplishments in FY 2005

A. Increasing Screening Rates

Lead Screening Improvement Pilot Projects – Continued to implement the collaborative effort among DHSS, DHS/DMAHS, the American Civil Liberties Union Foundation, the Association for Children of New Jersey, Irvington Department of Health and Welfare, Camden County Department of Health and Human Services, Jersey City Division of Health, Paterson Division of Health, Cumberland County Health Department, and the DHS/DMAHS-contracted HMOs, to increase lead screening in the cities of Irvington, Camden, Jersey City, Paterson, and Bridgeton/Millville. The projects in Camden and Irvington were completed in December 2003. The effectiveness of the strategies were evaluated, and methods were identified and implemented in Jersey City, Paterson, and Bridgeton/Millville to increase lead screening, particularly in the Medicaid population. Successful strategies included primary care provider education and outreach and education to child care service providers in private child care centers and Abbott district preschool programs.

Readoption of N.J.A.C. 8:51A- Screening of Children for Lead Poisoning was readopted without substantive changes. N.J.A.C. 8:51A consists of regulations regarding the protection of children under six years of age from the toxic effect of lead exposure by requiring lead screening.

B. Surveillance

Medicaid Matching – DHS/DMAHS continued to use and refine an information system that facilitated the tracking of blood lead screenings and lead poisoning prevalence as well as case management interventions for each lead-burdened child. The information derived from these systems has been useful for targeting outreach and monitoring timely follow-up care. Quarterly lead matches were performed between the Medicaid enrollment file and the DHSS Childhood Lead Poisoning Surveillance System (CLPSS).

Foster Care Children – Lead matches were performed between the Division of Youth and Family Services (DYFS) files and the CLPSS.

Electronic Reporting – 92 percent (92%) of all laboratory test results during the fiscal year were electronically reported.

Environmental Linkages- Partnered with the Department of Environmental Protection using GIS data to link known cases of EBLL among children and industrial air releases of lead.

Welligent LeadTrax- A contract was entered to secure a surveillance system that permits a paperless procedure for notifying local health departments of children with EBLL in their jurisdiction. An electronic system will enable local health departments to provide and monitor case management activities in a more efficient manner.

C. Follow-up of Children with Elevated Blood Lead

Grants to Local Health Departments - DHSS budgeted \$2,485,920 for grants to 15 local health departments to support follow-up activities on behalf of children reported with elevated blood lead, including environmental inspections, home visiting and case management.

D. Public and Professional Education

Childhood Lead Poisoning Prevention (CLPP) Week (October 2004) - The four regional lead poisoning prevention coalitions, in partnership with the Interagency Task Force, planned and implemented activities statewide.

Training for Local Health Department Staff - The DHSS provided training for local health department staff engaged in childhood lead poisoning prevention and follow-up work through the Child Health Regional Network.

E. Strengthening Collaborations

Statewide Planning - DHSS continued to be an active participant in the New Jersey Interagency Task Force on the Prevention of Lead Poisoning. Through the Task Force, DHSS staff from Family Health Services, Consumer and Environmental Health Services, and Occupational Health Services worked with their colleagues in other State agencies and community-based organizations to implement policies and projects to reduce childhood lead poisoning in New Jersey. Strategies were focused on five key areas: surveillance (data collection and analysis); identification and follow-up (screening and case management); education (individual and community-based outreach); lead-safe maintenance, rehabilitation and abatement; and environment (air, water, soil).

Childhood Lead Poisoning Prevention Education Steering Committee – This committee, comprised of State Department representatives and Regional Coalition leadership was developed in response to a strategy listed in the key area of education. At least one high-risk municipality per county was selected for targeted outreach and educational efforts.

Wipe Out Lead New Jersey-This is a primary prevention initiative targeting pregnant women in high-risk areas to reduce future exposure to lead hazards. In SFY 2006, \$1 million in funding was appropriated to enable the DHHS to distribute home test kits for lead to pregnant women in New Jersey. The initiative has not met its target for kit distribution. To be more effective the program has shifted emphasis from pregnant women alone to include expansion of the distribution to families with children < 3 years old living in high risk cities with older housing stock. Childhood lead prevention efforts/networks are more established in the pediatric arena and will provide a more invested foundation on which to build distribution.

Regional Coalitions - \$320,000 in State funds were made available to four agencies to support community-based, prevention education regional coalitions. Grants have been awarded since January 1, 2003.

Passaic/Bergen Regional Lead Poisoning Prevention Coalition

- Provided information to over 13,000 families. This includes 3,600 families reached during Childhood Lead Poisoning Prevention (CLPP) Week in October 2004.

LEAP (Lead Education, Advocacy, and Prevention) Regional Coalition

- Provided information to over 2,500 children in child care. Leadie Eddie program is used extensively throughout the coalition's service area by outreach workers.
- Thirty Warren County school nurses attended an in-service conducted by the regional coalition's coordinator. In addition, public health nurses from Warren County Health Department were provided educational materials so that educational sessions could be held at their clinic sites with children and their parents.

Monmouth/Ocean County Regional Lead Poisoning Prevention Coalition

- Provided education to over 10,000 children, parents, health and human services professionals through a variety of programming including health fairs, presentations at hospital clinics, child care centers, WIC sites and to community-based organizations.
- Distributed over 1,700 pieces of literature at six hardware stores during CLPP Week.

Southern Region Childhood Lead Poisoning Prevention Coalition

- Assessed service area's WIC sites' educational materials needs and provided on an on-going basis educational materials in the form of printed literature (Spanish/English), posters (Spanish/English) and videos for use in waiting areas, and for one-to-one client education and small group instruction.
- Outreached and educated over 3,000 attendees at Camden Riversharks baseball game. Highlights included the showing of NJ DHSS lead rap video on the big screen.
- Provided training to Child Care Health Consultants (CCHC) in Salem and Cumberland Counties and Head Start staff in Atlantic and Cape May Counties.