The background of the cover is a close-up photograph of blue paint peeling off a wooden surface. The paint is in various stages of removal, creating a textured, layered appearance. The text is centered over this background.

NEW JERSEY INTERAGENCY  
TASK FORCE  
ON THE PREVENTION OF  
LEAD POISONING

STRATEGIC PLAN  
2003 - 2008



State of New Jersey

DEPARTMENT OF HUMAN SERVICES

PO Box 700

TRENTON NJ 08625-0700

JAMES E. MCGREEVEY  
*Governor*

GWENDOLYN L. HARRIS  
*Commissioner*

The Honorable James E. McGreevey  
Governor of the State of New Jersey  
New Jersey State House  
Trenton, New Jersey 08625-0001

Dear Governor McGreevey:

It has been well established that exposure to lead results in adverse health effects. Children, in particular, are at high risk of sustaining permanent neurological damage if they ingest or breathe in lead. During the past decade, New Jersey has enacted legislation and has implemented programs aimed at protecting our children and their families by reducing the chances for exposure.

I am pleased to submit to you the Strategic Plan of the New Jersey Interagency Task Force on the Prevention of Lead Poisoning, which is aimed at continuing our efforts to reduce the amount of lead in our environment. The Task Force, a committee of the Governor's Council on the Prevention of Mental Retardation and Developmental Disabilities, has served to build cooperation and coordination between the departments that assume responsibility to prevent lead poisoning. This plan was prepared and approved by the Departments of Human Services (DHS), Community Affairs (DCA), Environmental Protection (DEP), Health and Senior Services (DHSS), as well as community agencies, and county and municipal entities.

It is in the interest of protecting our children and their families from the dangers of lead poisoning and on behalf of my colleagues that I respectfully submit this Strategic Plan to you.

Sincerely,

A handwritten signature in black ink that reads "Gwendolyn L. Harris".

Gwendolyn L. Harris  
Commissioner

GLH:



State of New Jersey  
DEPARTMENT OF COMMUNITY AFFAIRS

JAMES E. MCGREEVEY  
Governor

SUSAN BASS LEVIN  
Commissioner

Dear Colleague:

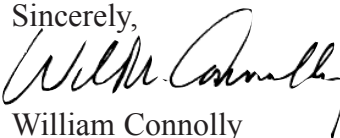
The Interagency Task Force on the Prevention of Lead Poisoning (Task Force) is committed to the elimination of lead poisoning and to reducing exposure to lead hazards for all residents. The Task Force brings together Federal, State and local governmental agencies, nonprofit organizations, community groups and others throughout the State that share an interest in and responsibility for addressing the issues associated with lead.

The Task Force has developed a strategic plan to reflect the organization's current goals and challenges. This report will set an agenda for action by the Task Force for the next five years.

The primary goals as set forth in this document are:

- To increase awareness of lead poisoning and prevention strategies through community and professional education.
- To screen ninety-five percent of all children ages one and two years, with targeted screening for high-risk children and adults.
- To capture childhood and worker lead-related information for the creation of reports and to determine high-risk geographic areas and populations.
- To promote and fund lead-safe maintenance, rehabilitation work practices, and abatement activities.
- To reduce levels of lead in air, water, soil, and other products to which people are exposed.


I hope that you find this plan useful in your understanding of the challenges and opportunities in New Jersey.

Sincerely,  
  
William Connolly  
Chairman, Interagency Task Force  
on the Prevention of Lead Poisoning  
Director, Division of Codes and Standards

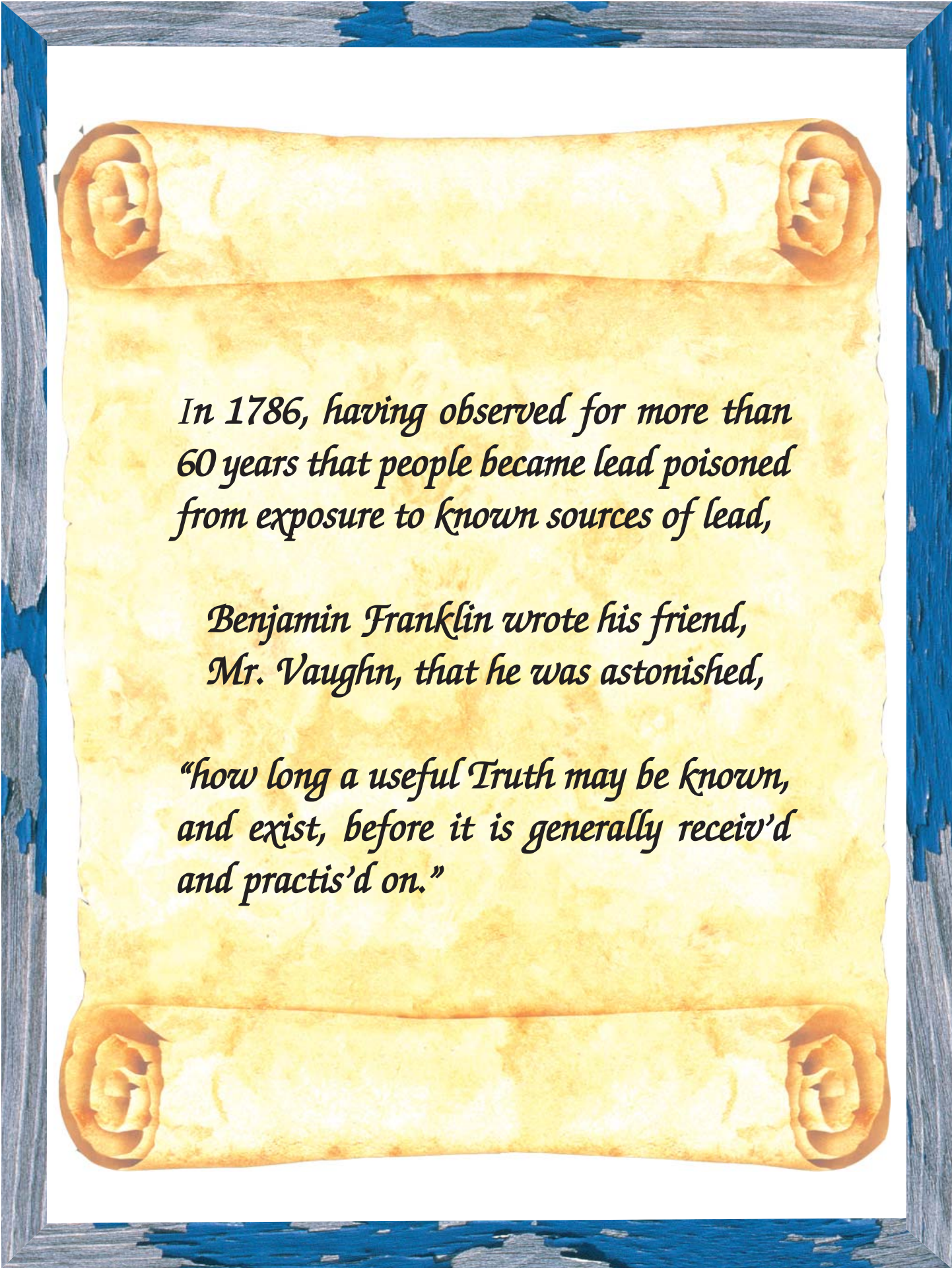
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*In 1786, having observed for more than  
60 years that people became lead poisoned  
from exposure to known sources of lead,*

*Benjamin Franklin wrote his friend,  
Mr. Vaughn, that he was astonished,*

*“how long a useful Truth may be known,  
and exist, before it is generally receiv’d  
and practis’d on.”*

## INTRODUCTION

### **WHAT IS LEAD?**

Lead is a highly toxic metal that remains in the environment after use. Lead has been used in the manufacturing of many products for centuries. Until the 1970's, lead could be found almost everywhere in New Jersey and the United States. Homes were covered with lead paint. Cars used leaded gasoline. Water pipes, ink, batteries, crayons and many other household goods had lead in them.

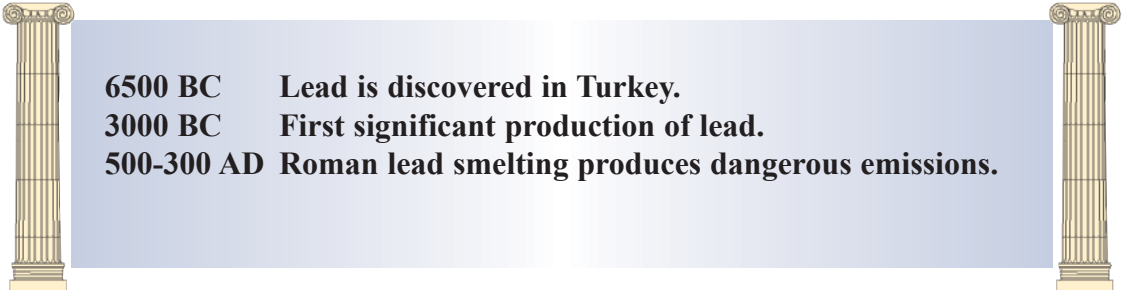
### **WHAT IS LEAD POISONING?**

Lead poisoning is a serious medical problem that occurs when too much lead accumulates in the body. When eaten or inhaled, lead is easily absorbed into the body and can cause developmental and neurological problems. Anyone can become lead poisoned, but children under the age of six and pregnant women are at greatest risk.

### **WHY IS NEW JERSEY CONCERNED?**

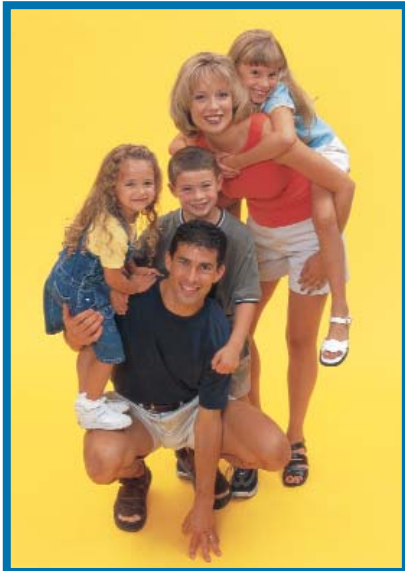
As the most densely populated state of the Union, and among those states with the oldest and most extensive industrial heritage, New Jersey contains a substantial amount of lead, subjecting its residents to the dangers of lead poisoning. A legacy of lead in housing, soil, and water often creates unacceptably high exposure levels to children, adults, pets and wildlife.

Today, the primary cause of lead poisoning in children is lead-based paint. Lead-based paint was banned from residential use in New Jersey in 1971 and nationally in 1978. However, housing built prior to 1978 may be contaminated. Houses built prior to 1950 present the greatest risk due to the high percentage of lead contained in older paint. More than 30% of the housing in New Jersey was built before 1950. In addition, every county in the State has more than 9,000 housing units built before 1950. For these reasons, lead poisoning prevention is of significant importance to the people of New Jersey.



**6500 BC**     **Lead is discovered in Turkey.**  
**3000 BC**     **First significant production of lead.**  
**500-300 AD** **Roman lead smelting produces dangerous emissions.**

## HOW DOES LEAD AFFECT CHILDREN AND ADULTS?



### EFFECTS OF LEAD POISONING ON CHILDREN

Lead is a poison that affects virtually every system in the body and is particularly harmful to the developing brain and nervous system of fetuses and young children. Very severe lead exposure in children, greater than 80 micrograms per deciliter (ug/dL) of blood, can cause coma, convulsions, and even death. Lower levels can cause anemia, liver and kidney damage. Blood lead levels as low as 10 ug/dL, which do not cause distinctive symptoms, are associated with learning difficulties, behavioral problems and hyperactivity. Many other effects begin at these low blood levels, including decreased stature or growth, decreased hearing acuity (hearing loss), and decreased ability to maintain a steady posture.

### EFFECTS OF LEAD POISONING ON ADULTS

Although children are at greatest risk for lead poisoning, adults are also vulnerable. Lead poisoning in adults is less likely to affect the brain and mental capabilities; however, the ill effects are nonetheless extensive. About 95 percent of adults with elevated blood lead levels are exposed occupationally. Testing is vital in adults whose industries and crafts put them at risk. A few common symptoms of lead poisoning in adults include fatigue, depression, heart failure, kidney failure, high blood pressure or hypertension, stroke, muscle and joint pain, sterility/impotency in males, and infertility in females. Pregnant women and women of child-bearing age should avoid exposure to lead, because this heavy metal can cross the placenta and affect the developing fetus. Once exposed, the fetus may be harmed. Lead poisoning increases the risk of miscarriage, stillbirth, low birth weight and underdeveloped babies. In addition, lead is stored in bones. When a woman becomes pregnant, lead that has been stored in her bones may be released and carried through the blood to the fetus, particularly if dietary calcium is low.

**400 BC Hypocrites diagnosed lead poisoning in metal workers.  
100 BC Greek physicians give clinical description of lead poisoning.**



## WHERE IS LEAD FOUND?

### LEAD-BASED PAINT

Lead is often found in peeling and chipping lead-based paint and dust located in houses and apartments built before 1978. Although lead-based paint for residential use was banned in New Jersey in 1971 it was still widely available until the national ban on sales in 1978. However, lead is currently used in industrial paints.

### DUST AND DEBRIS

Standard maintenance and remodeling practices in old homes may release lead through dust and debris. This is also true for renovation of other structures, such as schools and bridges.

### SOIL

Soil may contain lead from paint fallen from older buildings, industrial pollution, and waste from batteries. Also, until the 1980's, lead was used in gasoline, and lead exhaust from passing vehicles was deposited on the ground. Consequently, a great portion of land, including playgrounds and schoolyards, has lead-contaminated soil. Soil around newer homes that were constructed on orchard sites may be contaminated with lead arsenate that was formerly used on crops.

### DRINKING WATER

If an older home or facility was constructed using pipes soldered or welded together with metals containing lead, drinking water may be contaminated. When water sits in the pipes for several hours, the lead is released and contaminates the water.





## **WORK PLACE EXPOSURE**

People whose occupations or hobbies involve lead may carry lead residue on their clothing or other objects, and unknowingly expose their families. Some work places where it is common to be exposed to lead include auto body repair shops, bridge and water tank painting and sanding, marine painting and sanding, radiator work, demolition of older buildings and cars, and battery manufacturing.

## **FOOD AND HOUSEHOLD ITEMS**

Imported food may contain lead if it was stored in lead soldered cans or kept or cooked in pottery, ceramic, or crystal containers made with lead. Pottery is often covered with glazes that contain lead. This is primarily a problem in industries that do not have the resources to ensure their kilns are hot enough to seal in any lead toxins. Also, imported candles that have metal wicks may contain lead. Pigments used in plastics and labels may increase exposures to lead. Products can include imported mini-blinds, toys, candy labels, shellacs and clear coatings.

## **COSMETICS**

Cosmetics or make-up from other countries often contain lead, and are commonly used in Middle Eastern and South Asian cultures.

## **HOME REMEDIES**

Many home remedies used by cultures throughout the world contain lead and are particularly dangerous as they are ingested. These remedies include Paylooah from Southeast Asia, Azarcon from Mexico, and others such as Greta, Ruedo, Alacron Kohl, Ghassard, and Kandu.

## HOW IS LEAD POISONING PREVENTED?

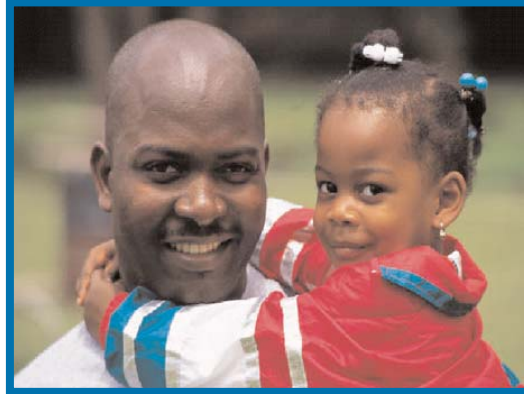
- Wash your hands often. This is especially important for young children who have a tendency to put their hands in their mouths.
- Eat nutritional foods high in iron, calcium and vitamin C.
- Keep your house clean. Wet wash your floors and windowsills often. Use a damp cloth when dusting.
- Wash toys to keep them clean and dust free.
- Always use cold water for food preparation and drinking. Run the cold water for a minute before using it.
- Keep children away from chipping and peeling paint.
- Before remodeling or removing lead-based paint contact 1-800-424-LEAD or your local health department for information on lead-safe work practices.
- If you work with lead, remove your work clothes before entering the house. Wash your work clothes separately.
- Take your shoes off at the door.
- Do not use old dishes, handmade dishes, or dishes from another country. Some of these dishes may contain lead.
- Store food and drinks in lead safe containers.
- Do not allow children to play on bare soil or in the dirt.



# GOALS AND STRATEGIES



**EDUCATION** is the first step to promote awareness, increase knowledge and provide the skills necessary to prevent lead poisoning.



**GOAL**

To increase awareness of lead poisoning and prevention strategies through community and professional education.

**STRATEGY**

**Establish regional coalitions.**

The Task Force supports the establishment of regional coalitions to conduct on-going educational programs. The coalitions would expand and enhance DHSS, DHS and DCA efforts to educate communities to minimize risks of exposure, increase identification of young children who have not been screened for lead, increase knowledge among health professionals, provide families with information and referral to appropriate health care services.

**EXISTING EFFORTS**

**Existing partnerships throughout the State include:**

- Interagency Task Force on Prevention of Lead Poisoning
- Newark Partnership for Lead-Safe Children
- South Jersey Lead Consortium

**Establish regional coalitions**

- DHSS is awarding four contracts for the purpose of building regional coalitions.

**STRATEGY**

**Provide resources that meet current educational needs.**

Task Force member agencies will disseminate educational resources that incorporate best practices, cultural competency and accurate, current information.

**EXISTING EFFORTS**

- The Departments have produced educational literature in both English and Spanish.
- Multi-lingual stuffers were mailed to Medicaid beneficiaries encouraging age appropriate lead screenings. Text is in English, Spanish, French, Chinese, Korean, Polish, Arabic and Portuguese.
- State agencies contract with New Jersey Network to produce and air Public Service Announcements (PSA) and education videos, including the PSA on lead-safe work practices featuring First Lady McGreevey, and the lead poisoning prevention rap video.
- DCA maintains a toll-free hotline (1-877-DCA-LEAD), funded under US Department of Housing and Urban Development (HUD).

## STRATEGY

### **Provide continuing education and networking opportunities for professionals.**

The Task Force member agencies will inform professionals about laws, regulations, policies, and standards to encourage best practices, as well as assist in providing conferences and workshops to encourage linkages among and between professionals.

#### **EXISTING EFFORTS**

##### **The continuing prevention education programs include:**

- Train the Trainer - prevention education program designed to enable participants to teach others in their communities about lead poisoning prevention strategies and the importance of blood lead testing for all NJ children at ages 1 and 2 years.
- Get the Lead Out - prevention educational program targeting childcare center staff, parents and community groups.
- Lead Exploratorium - mobile lead education exhibit equipped with interactive teaching stations designed for children ages 4 to 6.
- Childhood Lead Poisoning Prevention Week - statewide coordinated public awareness campaign and sponsored activities at the State House during the observance week.
- Develop Division of Medical Assistance and Health Services (DMAHS/Medicaid) website on lead poisoning and Early Periodic Screening Diagnosis and Treatment (EPSDT).
- DHS's partnership with the Medicaid Health Maintenance Organizations (HMOs).

## STRATEGY

### **Continue to update and improve training as abatement and evaluation industry evolves.**

Task Force member agencies support efforts to expand and improve training in lead abatement and evaluation.

#### **EXISTING EFFORTS**

- Continued distribution of DMAHS health promotion and lead poisoning prevention flyers.
- Medicaid HMOs provide educational materials and events to their members.
- DMAHS' EPSDT and lead education program targeting health care professionals, community-based agencies, and Division of Youth and Family Services (DYFS) staff. EPSDT and lead educational program for DYFS field workers and support staff.
- DHSS has trained over 10,000 individuals in proper lead abatement, inspection and risk assessment practices. Of those trained, over 6,800 have been granted permits for work in New Jersey.
- DCA Lead-Based Paint Abatement Program provides educational materials and makes appearances at community events to promote lead-safe work practices and regulatory compliance.
- DCA funds lead-safe work practices training for rehabilitation contractors, property owners, and weatherization technicians and contractors. DCA also provides training to promote compliance with HUD's Lead-Safe Housing Rule (24 CFR Part 35) for State-certified lead evaluation and abatement contractors, property owners, builders, and community organizations.

## **STRATEGY**

### **Secure financial support for education.**

Task Force member agencies seek to establish stable sources of funding to continue education efforts.

## **EXISTING EFFORTS**

- State agencies and other entities are educating legislators on the importance of sustaining the appropriation for lead poisoning prevention education.



**SCREENING** is essential to identify elevated blood lead levels in the body before irreversible damage occurs.

**Healthy People 2010 Objective:** Eliminate elevated blood lead levels in children.

**Healthy People 2010 Objective:** Reduce the number of persons who have elevated blood lead concentrations from work exposure.

\* See appendix, State Laws and Regulations, for explanation of Healthy People 2010.

### **GOAL**

To screen ninety-five percent of all children at one and two years, with targeted screening for high-risk older children and adults.



### **STRATEGY**

#### **Identify barriers to lead screening services.**

The Task Force will assess physician's barriers in providing screening services, difficulties parents have in getting their children screened, and larger health care system issues in fulfilling personal and professional responsibilities.

#### **EXISTING EFFORTS**

- The New Jersey Physician Lead Advisory Committee (NJPLAC) recommends that the DHSS continue its efforts to increase blood lead screening rates through the dissemination of municipality-based data. This data is being published as part of the DHSS Annual Report in Childhood Lead Poisoning in New Jersey
- DMAHS (Medicaid) surveyed physicians to identify barriers to lead screening services.

### **STRATEGY**

#### **Develop interventions to increase lead screening services.**

Task Force member agencies will collaborate through pilot projects and public education campaigns to heighten awareness. Also, lead abatement and evaluation workforces will be surveyed to encourage screenings.

#### **EXISTING EFFORTS**

- A collaborative partnership between DHS, DHSS, the American Civil Liberties Union (ACLU) and Medicaid HMOs, with input from local stakeholders, was developed to address low screening rates in the cities of Camden and Irvington. The pilot project entails the following: a campaign to encourage physician compliance with the NJ lead screening law; the use of filter paper for a lead test in a provider's office; a child care provider and parent educational component; a community-wide public education campaign; and training programs to educate hospital and visiting nurses that provide prenatal and perinatal counseling to expectant and new parents.

## **STRATEGY**

### **Increase the efficiency of case management and follow-up treatment.**

Task Force member agencies will monitor the efficiency of case management and follow-up treatment of lead burdened children and workers.

#### **EXISTING EFFORTS**

- Local health departments case manage children with blood lead levels of 20 ug/dl or higher. Medicaid managed care provides case management to children with blood lead levels of 10 - 19.9 ug/dl.
- The Center for Disease Control and Prevention (CDC) released case management guidelines in 6/02.





**SURVEILLANCE** is the acquisition of data on the incidence and prevalence of lead poisoning to ensure treatment and case management.

### **GOAL**

To capture childhood and worker lead-related information for the creation of reports and to determine high-risk geographic areas and populations.

### **STRATEGY**

#### **Maintain surveillance utilization systems.**

Task Force member agencies will collaborate to ensure that interdepartmental surveillance systems capture pertinent information for the generation of useable reports.

#### **EXISTING EFFORTS**

- DHSS is working to establish a childhood lead poisoning prevention surveillance system (CLPPSS).
- DHS, Division of Medical Assistance and Health Services is currently matching Medicaid data with the DHSS, Division of Family Health Services lead screening data base to determine how many Medicaid-eligible children were screened for lead poisoning during a specified fiscal year.
- New Jersey Physician Lead Advisory Committee recommended that DHSS increase its efforts to refine data collection so that municipality-based lead screening rates and blood lead levels, in addition to statistics by county, may be provided to the physician community.
- DHSS publishes surveillance data reports on child and adult lead exposure to assist policy makers in developing public health priorities.
- DMAHS has developed a Medicaid Lead Screening Database which will provide a comprehensive Medicaid eligibility history, store histories of beneficiaries' blood lead screenings, store case management activities provided by providers and local health departments, provide flexible query and reporting tools, generate standardized reports and facilitate data exchange between DMAHS and the Medicaid HMOs.



### **STRATEGY**

#### **Monitor the efficiency of case management and follow-up treatment information for adults.**

The Task Force member agencies will monitor the efficiency of case management and follow-up treatment information.

#### **EXISTING EFFORTS**

- DHSS is continuing to conduct and analyze information obtained from employee/employer surveys, on-site lead evaluations/audits, employee trainings and workplace reports.

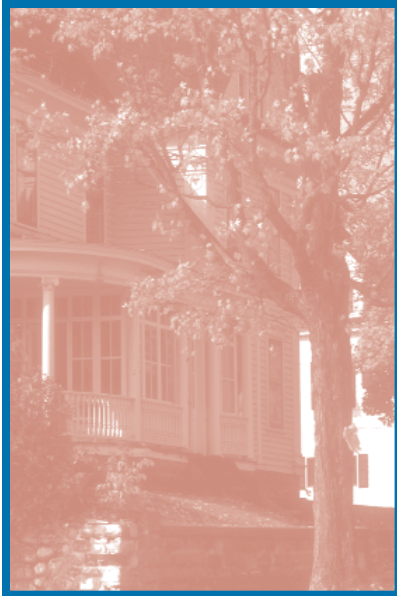
## **STRATEGY**

### **Link childhood lead screening data with the immunization registry.**

The Task Force supports efforts to coordinate the targeting of education and services to children with the highest risks for disease.

## **EXISTING EFFORTS**

- DHSS will link childhood lead screening data with immunization surveillance data in the target population of children ages two years and younger.



## **BUILDINGS: LEAD-SAFE MAINTENANCE, REHABILITATION, AND ABATEMENT**

are critical components in creating and maintaining lead-safe buildings.

**Healthy People 2010 Objective:** Increase the proportion of persons living in pre-1950's housing that has been tested for the presence of lead-based paint.

\* See appendix, State Laws and Regulations, for explanation of Healthy People 2010.

### **GOAL**

To promote and fund lead-safe maintenance, rehabilitation work practices, and abatement activities.

### **STRATEGY**

#### **Incorporate lead-safe work practices while performing maintenance and rehabilitation work.**

The Department of Community Affairs (DCA) of the Task Force will incorporate more specific language into the Uniform Construction Code (N.J.A.C. 5:23) that would provide for lead-safe rehabilitation at places such as child care centers, housing, and schools.

#### **EXISTING EFFORTS**

- DHS requires all licensed child care centers constructed in 1978 or earlier to have a lead paint inspection and risk assessment conducted by a lead inspector/risk assessor.

### **STRATEGY**

#### **Require periodic inspections of multi-family dwellings to ensure lead-safe maintenance.**

N.J.A.C. 5:10 contains standards for cyclical inspections of multi-family dwelling units. Amendments will be made that will add requirements for lead-safe maintenance.

#### **EXISTING EFFORTS**

- DCA is developing regulations at N.J.A.C. 5:10 that are specifically geared towards lead-safe maintenance. These regulations will be proposed upon adoption of corresponding legislation, which is currently under consideration.



## STRATEGY

### **Provide financial support for lead abatement work and related activities.**

Task Force member agencies seek to establish stable sources of funding for abatement and lead hazard reduction activities and relocation assistance for those who have been affected or are at risk of lead poisoning.

#### **EXISTING EFFORTS**

- The Catastrophic Illness in Children Relief Fund (CICRF) grants funds to remodel homes of children with chronic diseases and disabilities. CICRF policy allows for the reimbursement of lead abatement costs as medical expenses for children with lead poisoning in families who meet the CICRF income guidelines and who pay directly for the abatement (i.e. the parents are the owners of the property abated).

## STRATEGY

### **Ensure remodelers/renovators are properly trained for lead-safe work practices.**

Outreach and education will be provided at construction-related trade shows. Training agencies will be certified to provide standardized training.

#### **EXISTING EFFORTS**

- HUD requires remodelers and renovators to complete a one-day course on lead hazards and lead-safe work practices for any HUD-funded work.



## STRATEGY

### **Establish a lead-safe housing registry that would track housing units that have undergone abatement work or preventative maintenance.**

The Task Force supports pending legislation that would require DCA to establish and maintain a lead-safe housing registry.

#### **EXISTING EFFORTS**

- DCA maintains two databases: one tracks all housing undergoing remediation; the other database tracks multi-family dwellings that are identified as lead-safe. The pending legislation would require a registry to track all housing in order to identify which residences are lead-safe.





Monitoring the **ENVIRONMENT** and enforcing Federal and State standards is necessary to protect our natural resources and to reduce pollutants in our ecosystem.

### **GOAL**

To reduce levels of lead in the environment: air, soil, and water.

### **STRATEGY**

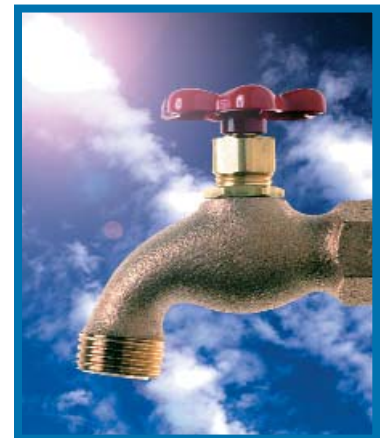
#### **Re-evaluate the Ambient Air Monitoring Strategy for lead.**

NJDEP has conducted this monitoring as required per National Ambient Air Quality Standards (NAAQS). A phase-out of this monitoring has been in place, although NJDEP plans to re-evaluate the ambient air monitoring strategy for lead.

### **EXISTING EFFORTS**

#### **Maintain the current attainment status for lead.**

- At the present time, the state is meeting the National Ambient Air Quality Standards (NAAQS) for lead. The 5-year average values used to assess attainment as a percentage of the Health Standard have been decreasing since 1976.
- NJDEP is revisiting the needs for ambient monitoring, one example being assessing new methods that may focus on deposition as opposed to air measurements for the protection of public health.



### **STRATEGY**

#### **Continue the measurement and evaluation of water samples and systems.**

In May, 1991, USEPA established an action level of 15 micrograms per liter (or, parts per billion) for lead in public drinking water supplies. The major source of lead in drinking water is the distribution systems or home plumbing.

### **EXISTING EFFORTS**

- To reduce the concentration of lead that reaches the consumer, strategies such as the use of corrosion control and the replacement of lead service lines are being used. Samples are collected from the most vulnerable taps (homes most likely to be affected by lead plumbing materials) at the most vulnerable time (first flush). The lead data can be used to track compliance with regulations, and to determine which water systems need to install corrosion control treatment.
- NJDEP adopted the Private Well Testing Act (PWTA) which requires well testing for real-estate transactions.



## STRATEGY

### **Continue to enforce laws and regulations to clean up industrial lead contamination.**

More than 12,000 properties potentially contaminated by hazardous waste (including lead) may need remediation. These properties can be transformed through redevelopment.

#### **EXISTING EFFORTS**

##### **The Office of Brownfield Reuse provides coordination to accelerate the process for clean-up and return of these properties to productive uses.**

- The Office of Brownfield Reuse is pursuing a new initiative to promote redevelopment of multiple Brownfield sites in areas where for reason of size, location or complexity, sites have remained unaddressed.

## STRATEGY

### **Continue to conduct efforts to locate and evaluate point sources of lead emissions.**

NJDEP requires permit applications for air emission sources that may include lead as a contaminant.

NJDEP requires submission of Community Right to Know information for use of a list of substances that include lead.



#### **EXISTING EFFORTS**

##### **NJDEP has used a Risk Screening Tool for major point sources of lead applying for Pre-construction Air Permits since 2000.**

- The NJDEP Air Quality Permitting Program (AQPP) requires certain major point sources applying for Pre-construction Permits to submit a risk assessment as part of their permit application. In April, 2000, an improved Risk Screening tool was developed that included adding the capability of evaluating the non-cancer impacts of 118 air toxics, including Lead, and the ability to look at short-term (1-hour and 24-hour) impacts.
- A five-year summary is being prepared of covered facilities reporting use of lead. In 2001, a lowered reporting threshold for lead will likely result in a larger number of facilities, although these will be smaller quantity users of lead. This information may be useful for focusing on compliance assistance, enforcement, and community-related issues.

## STRATEGY

### **Secure financial support for environmental lead assessment work and related activities.**

The Task Force member agencies seek to establish stable sources of funding for environmental lead assessment efforts.

#### **EXISTING EFFORTS**

- NJDEP actively seeks funding sources from Federal and other agencies per announcements.

## STRATEGY

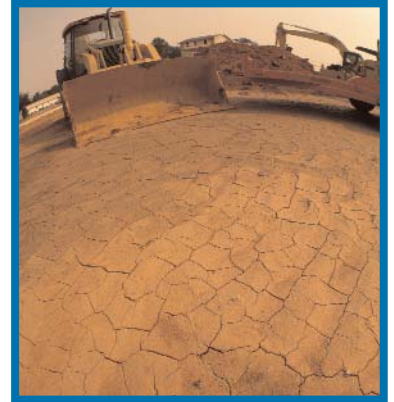
**Sustain research efforts to reduce levels of lead in air, water, soil, and other products to which people are exposed.**

Task Force member agencies seek to sustain research efforts to reduce levels of lead in the environment, through DEP's environmental lead research efforts, such as the environmental assessment and reclamation technology review.

### EXISTING EFFORTS

#### Current research efforts updates:

- Results of sampling and measurement of wet and dry deposition levels of lead in NJ's ambient air by the NJ Air Deposition Network (NJADN) will have summary results available spring of 2003. The multi-year study will be under review for funding sources after evaluation and assessment of those results.
- NJDEP-DSRT environmental lead research is addressing lead migration and contamination from outdoor shooting range soils (containing spent lead shot and bullets). This is a federally funded project.



# APPENDICES





## REFERENCES

### STATE OF NEW JERSEY FOR NEW JERSEY LAWS

#### STATE LAWS AND REGULATIONS

##### **N.J.A.C. 5:17 Lead Hazard Evaluation and Abatement Code (1995)**

N.J.A.C. 5:17 sets forth requirements for obtaining certification as a lead evaluation and/or lead abatement contractor. These regulations establish work practice regulations for lead hazard evaluation and for lead hazard abatement, including removal, enclosure, or encapsulation of lead paint, abatement of lead hazards in soil, and post-abatement cleaning and clearance testing.

##### **N.J.A.C. 5:23-6 Rehabilitation Subcode**

N.J.A.C. 5:23-6 prohibits certain paint removal practices in residential occupancies built prior to 1978, and educational and institutional buildings used as child-care facilities that have not been tested and found to be free of lead-based paint.

##### **N.J.A.C. 7:9E (2002)**

An action level for lead of 10 parts per billion, the ground water standard is being used since the Private Well Testing Act requires a flushed raw water sample be used for compliance with the Act.

##### **N.J.A.C. 8:51 Chapter XIII of the State Sanitary Code (revision adoption 1999)**

The rules of Chapter XIII apply to all local boards of health, owners of properties in which children who have been identified with lead poisoning live, owners of any other properties that constitute a lead hazard to children who have been identified with lead poisoning, and to laboratories who perform blood lead tests of children. The rules apply to screening and case management; reporting; determination of lead in dwelling units; abatement of lead hazards; procedures for abatement of lead hazards; and reinspection and approval of completion of abatement of lead hazards.

##### **N.J.A.C. 8:51A (1997)**

N.J.A.C. 8:51A requires all physicians, registered professional nurses, as appropriate, and health care providers to inquire if each child under six years of age to whom they provide health care services has received risk assessment and screening for lead poisoning.

##### **N.J.A.C. 8:62 Standards for Lead Certification**

N.J.A.C. 8:62 requires that all individuals who conduct lead abatement, inspections, or risk assessments be permitted by DHSS. All training agencies that provide this training in New Jersey must be approved by DHSS. (Last revised 2000)

##### **Public Law 1995, Chapter 316**

Public Law 1995, Chapter 316 amends State health insurance law to require all health insurance policies (including HMO's) covering groups of greater than 49 persons to cover immunizations and lead screening for children, without deductible.

### **Public Law 1995, Chapter 328**

Public Law 1995, Chapter 328 requires the Department of Health and Senior Services (DHSS) to conduct a campaign to inform parents of young children about the lead screening requirements.

### **Public Law 1997, Chapter 278 (Brownfield and Contaminated Site Remediation Act)**

Public Law, Chapter 278 pertains to the remediation of contaminated sites, revising parts of statutory law and making appropriations. On January 6, 1998, the Brownfield and Contaminated Site Remediation Act, which was derived from Public Law 1997, Chapter 278, was signed into law. This Act provides for the latest changes in New Jersey's environmental cleanup guidance, adding new provisions that advance Brownfield's cleanup and reuse as part of a comprehensive program for urban development. The law amends the Spill Compensation and Control Act, Industrial Site Recovery Act, Environmental Opportunity Zone Act, and other key statutes.

### **Executive Order No. 38**

On October 22, 2002, Governor McGreevey signed Executive Order No. 38, which focused the Department of Environmental Protection (DEP) and other agencies on the redevelopment of idle sites in already developed areas. This focus is central to the Governor's objectives of promoting smart growth and creating a broader range of choices and more livable communities for businesses and families in New Jersey.

### **Medicaid Managed Care Contract**

The Contract (effective 7/1/01) between the State of New Jersey Department of Human Services, Division of Medical Assistance and Health Services and the Medicaid Managed Care Organizations (MCO/HMO) requires the HMO provide a screening program for the presence of lead toxicity in children which shall consist of two components: verbal risk assessment and blood lead testing. In addition the contract provides the following:

- HMO Case management is required for Medicaid beneficiaries with elevated lead levels starting at 10 g/dL.
- HMOs are required, on a semi-annual basis, to outreach parents/custodial caregivers of all children enrolled in their plan who have not been screened, educating them as to the need for a lead screen and informing them how to obtain this service.
- HMOs are required to reimburse providers on a fee-for-service (FFS) basis for drawing blood in the office for lead screening. This includes providers reimbursed under capitation.
- HMOs must provide to Medicaid documentation of all lead outreach activities on a semi-annual basis.
- On an annual basis, the HMO shall send letters to primary care physicians (PCPs) who have lead screening rates of less than 80% for two consecutive six-month periods, educating them on the need and their responsibility to provide lead screening services. In addition, the HMOs shall implement corrective action plans that describe interventions to be taken to identify and correct deficiencies and impediments to the screening and how the effectiveness of its interventions will be measured. HMOs are required to provide to Medicaid, on a quarterly basis, information pertaining to the case management and treatment of all lead-burdened children.

1971 Lead-based paint is banned in New Jersey for residential use.

## FEDERAL LAWS AND REGULATIONS

**General Industry Standard - OSHA 29 CFR 1910.1025** - These standards were promulgated to protect workers from harmful exposures to lead.

**Construction Industry Standard - OSHA 29 CFR 1926.62** - These standards apply to all construction work where an employee may be occupationally exposed to lead.

**National Ambient Air Quality Standards (NAAQS)** - The two types of standards under this federal requirement are primary standards, intended to protect the public health, and secondary standards, intended to protect public welfare (e.g. visibility, crop damage, materials degradation). The primary and secondary NAAQS for lead are set at 1.5 micrograms per cubic meter for a calendar quarterly average.

### Healthy People 2010

Healthy People 2010 is a comprehensive set of disease prevention and health promotion objectives for the Nation to achieve. It identifies a wide range of public health priorities and specific, measurable objectives. Overarching goals are to increase the quality and years of healthy life and eliminate health disparities.

### HUD's Lead-Safe Housing Rule, 24 CFR Part 35

24 CFR Part 35 sets forth regulations that apply to all HUD housing programs, which emphasize reduction of lead in house dust. Specific requirements vary according to the type and amount of HUD assistance given. These regulations were phased in from 1999-2001 in New Jersey.



- 1943 Reports conclude eating lead paint chips causes physical and neurological disorders, behavior, learning, and intelligence problems in children.
- 1970 Passage of the Federal Clean Air Act.
- 1971 Lead-Based Paint Poisoning Prevention Act is passed.
- 1980 National Academy of Sciences calls leaded gasoline the greatest source of atmospheric pollution.

## **LEAD POISONING PREVENTION SMALL GRANTS PROGRAM RECIPIENTS**

**The Interagency Task Force on the Prevention of Lead Poisoning, a Committee of the Governor’s Council on the Prevention of Mental Retardation and Developmental Disabilities, received funding from the State of New Jersey for educational initiatives on preventing lead poisoning. The following is a summary of the projects that have been funded since 1996.**

### **1996**

#### **CITIZEN POLICY AND EDUCATION FUND OF NEW JERSEY**

##### **Newark Lead Education**

Train-the-Trainer workshops were developed and presented to staff from Newark area agencies. The program emphasized how local agencies could teach parents of young children about childhood lead poisoning prevention. Nineteen Newark area agencies completed the Train-the-Trainer lead education program.

#### **CITY OF TRENTON-DIVISION OF HEALTH**

##### **Trenton Loves Children - Lead Poisoning Prevention Project**

This project focused on increasing public and professional awareness of lead poisoning prevention by providing educational and outreach activities to over 1400 participants throughout Trenton.

#### **JERSEY CITY LEAD EDUCATION ADVISORY BOARD**

##### **Lead in Water and Reaching Minority Communities**

This project focused on educating residents of Jersey City about the risks of lead in drinking water. It also developed materials to educate the residents from the Middle East, North Africa and South Asian about the risks and sources of lead in traditionally applied eye cosmetics on infants and toddlers. Materials developed and distributed included:

- 85,000 brochures addressed lead in drinking water
- 10,000 brochures described lead in eye cosmetics
- 5,000 copies of a fact sheet about lead in eye cosmetics were distributed

#### **LEGAL SERVICES OF NEW JERSEY**

“Lead Poisoning: What It Is and What You Can Do About It” Manual was updated and revised. Legal Services of New Jersey printed and distributed statewide 10,000 manuals (7,500 English and 2,500 Spanish).

#### **RUTGERS COOPERATIVE EXTENSION**

##### **Lead Point of Purchase Project**

This project focused upon raising awareness of lead poisoning hazards among residents in Hunterdon County who were engaged in house renovation and painting projects. Brochures were distributed through retail paint outlets, hardware stores, and a home center. Approximately 760 homeowner brochures and 559 contractor brochures were distributed.

## **VISITING NURSE AND HEALTH SERVICES**

### **Childhood Lead Poisoning Prevention Program**

Lead poisoning prevention education was presented to parents and day care providers in collaboration with the Elizabeth Public Health Nurses, the Women, Infant and Children Program (WIC), and the Community Coordinated Child Care Agency. This resulted in the following audiences being educated:

- 579 parents
- 37 childcare providers
- 19 home inspectors

## **1998**

### **BURLINGTON COUNTY HEALTH DEPARTMENT**

#### **Childhood Lead Poisoning Prevention Program**

Educational campaigns targeting households, physicians and landlords in the neighborhoods of Burlington City and Beverly were implemented. This project resulted in:

- A total of 718 homes were contacted by door to door outreach workers
- 306 homes received education with an outreach worker and the remainder received literature
- 80 children younger than 6 years old resided in these homes and were referred for screening
- Over 300 households located in Historic Yorkshire received information by mail on safe home renovation
- 464 landlords were contacted and received literature
- 11 physicians were contacted and received a packet of information
- 25 people attended community meetings and received information

### **CAMDEN COUNTY COUNCIL ON ECONOMIC OPPORTUNITY HEAD START**

#### **Lead Awareness and Prevention Project**

This project focused on providing lead poisoning prevention education at all 29 Head Start locations in Camden County. Head Start children with lead levels between 10-19 ug/dl were identified and their families contacted for lead poisoning prevention education. Home visits by Head Start lead poisoning prevention workers were part of the educational package. Workers also provided staff in-services and conducted educational programs for the children in the classrooms. This resulted in:

- 44 children were identified with blood lead levels over 10ug/dl
- All 44 families received educational materials through the mail
- 12 families received home visits
- 28 workshops were conducted for parents, staff and children

### **CITIZEN POLICY AND EDUCATION FUND**

#### **Train-the-Trainer Initiative**

This project focused on training leaders and staff of community groups and social service agencies to create a lead poisoning prevention education infrastructure in key urban areas of New Jersey. A total of 142 individuals from 30 organizations received training.

## **CITY OF TRENTON-DIVISION OF HEALTH**

### **Trenton Loves Children**

Primary prevention education was provided to youth, pregnant women, and parents/guardians of infants and young children in Trenton. One hundred school age children were reached through participation in the Red Cross Babysitting Course. Lead poisoning prevention education was provided to 595 parents and 880 children through presentations at WIC sites.

## **CUMBERLAND COUNTY HEALTH DEPARTMENT**

### **Childhood Lead Poisoning Prevention Education**

This campaign emphasized both increasing public awareness and educating health care providers about the dangers of lead and the need for continued screening. The public was reached through health fairs, kindergarten and preschool registration sites, immunization sites, WIC sites, formal presentations to community groups and by mailings generated by referrals from physicians. Health care providers were reached through mailings and through presentations. These outreach efforts resulted in:

- 887 families and 88 Head Start children were reached through health fairs
- 84 parents were reached through WIC sites
- 33 physicians received information packets
- 159 families and 15 staff were reached through community groups/churches
- 219 parents were reached through school registration sites
- 423 parents were reached through immunization sites
- 38 families were reached through physician referrals

## **MONMOUTH COUNTY HEALTH DEPARTMENT**

### **Childhood Lead Poisoning Prevention Program**

The Monmouth County Health Department, in collaboration with the Monmouth County Urban League, implemented a multifaceted public education campaign targeting the communities of Red Bank, Neptune, Asbury Park, Keansburg, Freehold and Long Branch. The results of this project were:

- A total of 12,000 resource items were distributed. These included flyers, brochures, fact sheets, imprinted buckets and sponges
- A total of 7,000 risk assessment forms distributed to the general public
- Over 30 community presentations were given to approximately 5,000 attendees
- 4,700 risk assessment forms were distributed to the target area school districts
- 600 posters were distributed

## **RUTGERS COOPERATIVE EXTENSION**

### **Point of Purchase**

This initiative expanded the original Point of Purchase project in Hunterdon County to Home Depot stores throughout the state and resulted in:

- 2,279 customers were given information
- 318 training programs were conducted in 21 stores
- 840 Home Depot employees participated in training
- 9,000 brochures were distributed

## 2001

### **BURLINGTON COUNTY HEALTH DEPARTMENT**

#### **Lead Poisoning Prevention Education Program**

This educational and awareness program was designed to reach young children in registered family day care homes and their parents, and to educate child care providers and their staff. The project resulted in:

- 23 child care centers in Burlington County received lead poisoning education
- Over 146 staff members received education
- Over 628 parents received information
- Over 520 children received education through a puppet show and/or handwashing activity
- Literature was sent to 243 family daycare centers in Burlington County

### **CITIZEN POLICY AND EDUCATION FUND**

#### **Train-the-Trainer Initiative**

This project focused on training leaders and staff of community groups and social service agencies to create a lead poisoning prevention education infrastructure in key urban areas of New Jersey. The results were:

- 157 individuals from 42 organizations received training
- 88 of the individuals trained were Newark public school nurses

### **CITY OF TRENTON-DIVISION OF HEALTH**

#### **Wash Away Lead Today**

This project was a collaboration between the Trenton Health Department and the Child Care Connection. It provided lead poisoning prevention education to several target groups, registered family day care home workers, family daycare providers, preschool children, and parents/guardians in Trenton.

- 2,082 preschool children received lead poisoning prevention education at 30 licensed childcare centers in Trenton
- 98 childcare center workers from 12 licensed centers received a formal training on lead poisoning prevention
- 271 childcare workers attended the children's education session and received education packets
- 100 licensed family daycare centers in Trenton were mailed education packets
- 2,042 parents/guardians received education packets

#### **Legal Services of New Jersey**

"Lead Poisoning: What It Is and What You Can Do About It" Manual was redesigned and revised. Legal Services printed and distributed statewide 13,000 manuals (10,000 English and 3,000 Spanish).

## **CONTINUING PROGRAMS AND PROJECTS**

### **UNIVERSITY OF MEDICINE AND DENTISTRY SCHOOL OF OSTEOPATHIC MEDICINE LEAD POISONING PREVENTION EDUCATION TRAINING**

This initiative had several components over the years 1996 - 2002.

#### **TRAIN-THE-TRAINER**

This ongoing statewide initiative is designed to create a group of well-trained agency and community leaders to inform and motivate their clients and neighbors about lead hazards and prevention strategies. A turnkey training and communication skill building training manual was created.

#### **PRINT AND DISTRIBUTE TASK FORCE PUBLICATIONS**

3,000 Sources Manuals were distributed.

Educational Resources Manual was developed.

#### **GET THE LEAD OUT**

This prevention education program targets childcare center staff, parents and community groups, primarily in the southern half of the state. The program began in 2000 as an expansion of the "Get a Head Start on Lead" initiative, funded by the US Department of Housing and Urban Development in 1999 - 2000.

#### **LEAD EXPLORATORIUM**

This is a traveling exhibit dedicated to the teaching of preschool and early elementary school children about lead poisoning and prevention. The Exploratorium is a converted RV equipped with a VCR, a puppet show theater, and interactive play stations designed to reinforce lead poisoning prevention strategies taught in the classroom. Play stations address issues such as the importance of handwashing, eating nutritious foods, and playing in safe areas. The Lead Exploratorium was inaugurated in October 2000 during Childhood Lead Poisoning Prevention Week. Over the years the Exploratorium has visited over a hundred childcare centers increasing awareness of lead hazards and prevention methods to thousands of New Jersey children and their families.



## OTHER PROJECTS

### **LEAD FREE NEW JERSEY (1995/1996)**

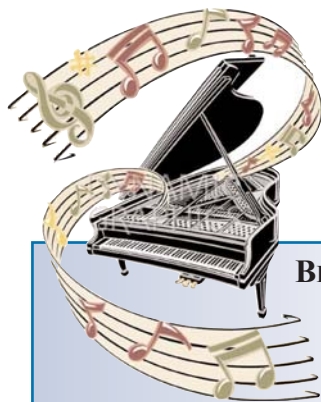
Lead Free New Jersey was a demonstration project, funded by Johnson & Johnson, and implemented in five Head Start sites during 1995/96. Prevention education was provided to the Head Start community, staff, parents, and children. A video was produced using a Head Start parent to tell her story about her children who were lead poisoned. Entitled, "Getting the Lead Out: Monica's Story", 1500 copies of this video now have been distributed throughout the state.

### **GET A HEAD START ON LEAD (1999/2000)**

This project was a collaboration between the New Jersey Department of Human Services, Office for Prevention of Mental Retardation and Developmental Disabilities, the New Jersey Head Start Association and the University of Medicine and Dentistry of New Jersey, Lead Poisoning Prevention Education Program. Funded by the US Department of Housing and Urban Development, it was an expansion of the Johnson & Johnson Lead Free New Jersey demonstration project. The program provided prevention education to over 20 Head Start sites throughout the state. A curriculum for preschool teachers and an educational packet for parents were developed. Both of these materials are used in the "Get the Lead Out" program and the "Train-the-Trainer" program and have been distributed throughout the state.

### **CONFERENCE (JUNE 2001) "THE BEST OF INTENTIONS: KEEPING OUR CHILDREN AND SCHOOL PERSONNEL SAFE AND HEALTHY DURING SCHOOL RENOVATIONS"**

The conference addressed the multiple health and safety issues likely to arise during construction and renovation projects that take place while schools are occupied and in session. Approximately 125 school representatives attended.



#### **BEETHOVEN'S MYSTERY ILLNESS**

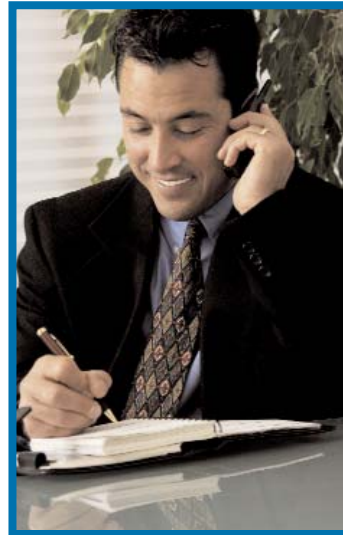
Composer Ludwig von Beethoven may have been poisoned by lead. Researchers at Argonne Research Laboratory found that a lock of Beethoven's hair contained lead levels 100 times greater than normal. Scientists speculate that lead may have caused some of the emotional and physical problems Beethoven experienced in his life, such as irritability and depression, and ceaseless abdominal pain and nausea. He was also deaf, which may have been caused by lead poisoning.

## RESOURCE LIST

### FEDERAL/NATIONAL:

**ALLIANCE FOR HEALTHY HOMES**  
227 Massachusetts Avenue, NE  
Suite 200  
Washington, D.C. 20002  
202-543-1147  
[www.afhh.org](http://www.afhh.org)

**AMERICAN ACADEMY OF PEDIATRICS**  
National Headquarters  
141 Northwest Point Boulevard  
Elk Grove, Illinois 60007  
847-434-4000  
[www.aap.org](http://www.aap.org)



**CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)**  
Lead Poisoning Prevention Branch  
1600 Clifton Road  
Atlanta, Georgia 30333  
800-311-3435  
[www.cdc.gov/nceh/lead/lead.htm](http://www.cdc.gov/nceh/lead/lead.htm)

**COALITION TO END CHILDHOOD LEAD POISONING**  
2714 Hudson Street  
Baltimore, Maryland 21224  
800-370-LEAD  
[www.leadsafe.org](http://www.leadsafe.org)

**CONSUMER PRODUCT SAFETY COMMISSION**  
Washington, D.C. 20207-0001  
800-638-2772  
[www.cpsc.gov](http://www.cpsc.gov)

**DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)**  
Office of Healthy Homes and Lead Hazard Control  
451 7th Street, SW  
Washington, D.C. 20410  
202-708-1112  
[www.hud.gov/offices/lead/index.cfm](http://www.hud.gov/offices/lead/index.cfm)

**ENVIRONMENTAL PROTECTION AGENCY (EPA)**

National Lead Information Center

801 Roeder Road

Suite 600

Silver Spring, Maryland 20910

800-424-LEAD

[www.epa.gov/lead](http://www.epa.gov/lead)

**NATIONAL CENTER FOR HEALTHY HOUSING**

10227 Wincopin Circle

Suite 205

Columbia, Maryland 21044

410-992-0712

[www.leadSAFEhousing.org](http://www.leadSAFEhousing.org)

**NATIONAL SAFETY COUNCIL**

Environmental Health Center

1025 Connecticut Avenue, NW

Suite 1200

Washington, D.C. 20036

202-293-2270

[www.nsc.org](http://www.nsc.org)



- 1854 Tetraethyl lead (TEL) was discovered by a German chemist. A deadly compound, it was known to cause difficulty in breathing, spasms, asphyxiation, and death.
- 1921 Midgley discovers that TEL curbs engine block.
- 1923 Leaded gasoline goes on sale in selected markets.
- 1923 First TEL poisoning deaths occur at the DuPont Co. plant in Deepwater, NJ.
- 1924 Standard Oil suspends sale of leaded gasoline in NJ.
- 1925 Yale professor warns of the danger of breathing lead dust from auto emissions.
- 1926 TEL is back. Leaded gasoline continues on the market.
- 1936 90% of gasoline sold in the U.S. contains TEL.
- 1972 EPA gives notice of the proposed phase out of lead in gasoline.
- 1986 Primary phase out of lead in the U.S. is completed.

## **STATE/LOCAL:**

### **AMERICAN ACADEMY OF PEDIATRICS (AAP)**

#### **NEW JERSEY CHAPTER**

1 AAA Drive  
Suite 102  
Trenton, New Jersey 08691  
609-585-6871  
[www.aapnj.org](http://www.aapnj.org)

### **THE ARC OF NEW JERSEY**

#### **COALITION FOR PREVENTION OF DEVELOPMENTAL DISABILITIES**

985 Livingston Avenue  
North Brunswick, New Jersey 08902  
732-246-2525  
[www.arcnj.org](http://www.arcnj.org)  
Lead Poisoning Prevention Newsletter

### **ASSOCIATION FOR CHILDREN OF NEW JERSEY (ACNJ)**

35 Halsey Street  
Newark, New Jersey 07102  
973-643-3876  
[www.acnj.org](http://www.acnj.org)

### **LEGAL SERVICES OF NEW JERSEY**

100 Metroplex Drive  
Suite 402  
P.O. Box 1357  
Edison, New Jersey 08818-1357  
888-LSNJ-LAW (statewide legal hotline)  
732-572-9100  
[www.lsnj.org](http://www.lsnj.org)  
“Lead Poisoning: What It is and What You Can Do About It” (English, Spanish)

### **NEWARK PARTNERSHIP FOR LEAD SAFE CHILDREN**

c/o Gateway Maternal and Child Health Consortium  
381 Woodside Avenue  
Newark, New Jersey 07104  
973-268-2280  
Leadie Eddie Van

**NEW JERSEY CITIZEN ACTION**  
Main Office  
400 Main Street, 2nd floor  
Hackensack, New Jersey 07601  
201-488-2804  
[www.njcitizenaction.org](http://www.njcitizenaction.org)

**NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS (DCA)**  
**DIVISION OF CODES AND STANDARDS (DIRECTOR'S OFFICE)**  
P.O. Box 802  
Trenton, New Jersey 08625-0800  
609-292-7899  
[www.state.nj.us/dca/codes/leadhom](http://www.state.nj.us/dca/codes/leadhom)

**DIVISION OF CODES AND STANDARDS (BUREAU OF CODE SERVICES)**  
P.O. Box 816  
Trenton, New Jersey 08625-0816  
609-984-7974  
[www.state.nj.us/dca/codes](http://www.state.nj.us/dca/codes)

**DIVISION OF HOUSING AND COMMUNITY RESOURCES**  
P.O. Box 806  
Trenton, New Jersey 08625-0806  
609-633-6246  
Lead Hot Line 1-877-DCA-LEAD  
[www.state.nj.us/dca/dhcr](http://www.state.nj.us/dca/dhcr)

**INTERAGENCY TASK FORCE ON THE PREVENTION OF LEAD POISONING**  
c/o NJ Dept. of Community Affairs  
Div of Codes and Standards  
P.O. Box 802  
Trenton, New Jersey 08625-0800  
609-292-7899  
Sources of Lead in the Environment (June 2000)

**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION (DEP)**  
**DIVISION OF SCIENCE, RESEARCH AND TECHNOLOGY**  
P.O. Box 409  
Trenton, New Jersey 08625-0409  
609-984-6070  
[www.state.nj.us/dep](http://www.state.nj.us/dep)

**DIVISION OF WATER QUALITY**  
P.O. Box 029  
Trenton, New Jersey 08625-0029  
609-292-4543  
[www.state.nj.us/dep](http://www.state.nj.us/dep)

**NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS)**  
**CONSUMER AND ENVIRONMENTAL HEALTH SERVICES**  
Indoor Environments Program  
P.O. Box 369  
Trenton, New Jersey 08625-0369  
609-631-6749  
[www.state.nj.us/health/eoh/leadasb](http://www.state.nj.us/health/eoh/leadasb)

**DIVISION OF FAMILY HEALTH SERVICES**  
P.O. Box 364  
Trenton, New Jersey 08625-0364  
609-292-5666  
[www.state.nj.us/health/fhs/chldhlth.htm](http://www.state.nj.us/health/fhs/chldhlth.htm)  
Childhood Lead Poisoning in New Jersey Annual Report

**OFFICE OF LOCAL HEALTH**  
P.O. Box 360  
Trenton, New Jersey 08625-0360  
609-292-4993  
[www.state.nj.us/health/lh/olh.htm](http://www.state.nj.us/health/lh/olh.htm)

**DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH**  
P.O. Box 369  
Trenton, New Jersey 08625-0369  
609-588-7465  
[www.state.nj.us/health/eoh](http://www.state.nj.us/health/eoh)  
Lead Exposure in General Industry  
Adult Blood Lead Epidemiology and Surveillance in New Jersey - 1986-1996  
Occupational Health Surveillance Update (April 2002)

**NEW JERSEY DEPARTMENT OF HUMAN SERVICES**  
**DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**  
Quakerbridge Plaza  
P.O. Box 712  
Trenton, New Jersey 08625-0712  
609-588-2718  
[www.state.nj.us/humanservices/dmahs](http://www.state.nj.us/humanservices/dmahs)

**NJ FAMILYCARE**  
800-701-0710  
[www.njkidcare.org](http://www.njkidcare.org)

**DIVISION OF YOUTH AND FAMILY SERVICES**  
P.O. Box 717  
Trenton, New Jersey 08625-0717  
800-331-DYFS  
[www.state.nj.us/humanservices/dyfs](http://www.state.nj.us/humanservices/dyfs)

**OFFICE FOR PREVENTION OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES**  
P.O. Box 700  
Trenton, New Jersey 08625-0700  
609-984-3351  
[www.state.nj.us/humanservices/OPMRDD](http://www.state.nj.us/humanservices/OPMRDD)  
Get the Lead Out (Available in English, Spanish, and Creole)

**NEW JERSEY POISON INFORMATION AND EDUCATION SYSTEM**  
UMDNJ  
65 Bergen Street  
Newark, New Jersey 07107  
800-222-1222 (emergencies only)  
973-972-9289 (administrative office)  
[www.njpies.org](http://www.njpies.org)

**PARTNERS FOR ENVIRONMENTAL QUALITY**  
204 West State Street  
Trenton, NJ 08608  
609-394-1090  
[www.peqnj.org](http://www.peqnj.org)

**RUTGERS COOPERATIVE EXTENSION**  
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY  
88 Lipman Drive  
New Brunswick, New Jersey 08901  
732-932-9306  
[www.rce.rutgers.edu](http://www.rce.rutgers.edu)  
Minimizing Health Risks from Contaminated Soil (FS# 336)  
Lead Poisoning and Your Child's Health (FS# 625)  
Lead in Urban Garden Soils (FS# 656)  
Lead Poisoning and Nutrition (FS# 735)

**UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY (UMDNJ)**

SCHOOL OF OSTEOPATHIC MEDICINE

Lead Poisoning Prevention Education and Training Program

40 East Laurel Road

Suite 200

Stratford, New Jersey 08084

856-566-6225

Lead Poisoning Prevention Facilitator Manual

Get the Lead Out - Instructor's Manual

Getting the Lead Out - Monica's Story

**LEAD REGIONAL COALITIONS**

**NORTHERN NEW JERSEY MATERNAL & CHILD HEALTH CONSORTIUM**

17 Arcadian Ave., Suite 204

Paramus, NJ 07652

201-843-7400

Serving Bergen & Passaic Counties

**GATEWAY MATERNAL & CHILD HEALTH CONSORTIUM**

381 Woodside Ave.

Newark, NJ 07104

973-268-2293

Serving Essex, Hudson, Hunterdon, Mercer, Middlesex, Morris, Somerset,

Sussex, Union & Warren Counties

**MONMOUTH COUNTY HEALTH DEPARTMENT**

3435 Highway 9

Freehold, NJ 07728

732-431-7456

Serving Monmouth & Ocean Counties

**CAMDEN COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES**

DiPIERO CENTER

Lakeland Rd.

PO Box 88

Blackwood, NJ 08012

856-374-6320

Serving Atlantic, Burlington, Camden, Cape May, Cumberland,

Gloucester & Salem Counties



# 1995-2002 RECOMMENDATIONS AND ACCOMPLISHMENTS

## WHAT HAS NEW JERSEY DONE TO ADDRESS LEAD POISONING?

In 1995, the Interagency Task Force on the Prevention of Lead Poisoning issued a report listing recommendations to reduce the risk of exposure. State agencies and other entities joined together to begin implementation of the recommendations, and several of these efforts made over the past eight years are discussed below.



### **1.** REMOVE LEAD FROM THE ENVIRONMENT

Since 1995, lead in the environment has been substantially reduced through establishing methods of reduction. Contractors and workers have been trained in performance of maintenance and lead abatement, and pre-1978 childcare centers have been inspected throughout the State. In addition, means of disposal for construction and demolition debris have been identified, and recycling programs for batteries have been established. Regulations were adopted that would provide for lead hazard evaluation and abatement methods.

An improved risk screening tool was developed, adding the capacity of evaluating non-cancer causing air toxins, including lead, and the ability to look at short-term impacts. Laws and regulations were developed, including the Brownfield and Contamination Site Remediation Act and the Private Well Testing Act.

### **2.** MINIMIZE EXPOSURE

Agencies have sought means to minimize exposure for residents and workers. State departments have implemented regulations and guidelines as set forth by Federal agencies, such as HUD, EPA, and CDC in order to prevent or limit exposure. Training and certification standards were established for individuals to perform lead abatement and evaluation work. In addition to implementing regulations, New Jersey departments involved with lead hazard reduction in buildings have continued to debate issues discussed on a national level, including “abatement” versus “lead-safe maintenance.” Also, throughout the State lead-safe housing has been established to relocate lead-burdened children and their families. Funding has been sought to carry out such activities.

### **3. IDENTIFY LEAD SOURCES FOR PRIORITY INITIATIVES**

Many sources of lead have already been identified. However, additional sources continue to be identified and interventions developed for at-risk populations.

### **4. EDUCATION AND AWARENESS**

New Jersey has taken steps to increase awareness and to provide prevention education. Many educational materials are available in English and Spanish. Several State departments and local stakeholders have received funds to develop educational materials, programs, mass media campaigns, and professional conferences. These initiatives targeted a wide variety of groups. National Childhood Lead Poisoning Prevention Week, observed in October and coordinated by the Task Force, serves as the annual statewide event to increase awareness, recognize collaborations and promote successful prevention strategies.

### **5. WORKER PROTECTION**

Industrial hygiene evaluations and lead-safe work practices trainings were conducted to ensure worker safety. New Jersey has an ongoing training and certification program for individuals who conduct lead abatement and evaluation activities throughout the State. To date, over 10,000 individuals have been trained

### **6. LEAD SCREENING AND SURVEILLANCE**

Children are especially at risk for lead poisoning because of developmental hand to mouth activity common among infants, toddlers and preschoolers. In 1997, New Jersey created legislation requiring all one and two year olds to be screened for lead poisoning.

Several databases track the incidence and prevalence of lead poisoning among children, and adults whose occupation places him or her at higher risk. Persons identified with lead poisoning were provided with case management services. Targeted outreach was performed to test children who are Medicaid beneficiaries who have not received age-appropriate lead screenings.

### **7. RESOURCES, INFRASTRUCTURE AND COORDINATION**

Since 1995, numerous partnerships have been established, educational materials and programs developed, and other activities conducted to strengthen the statewide infrastructure to address lead poisoning prevention and lead hazard reduction.



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