



# MANCHESTER HEALTH DEPARTMENT MONTHLY REPORT SUMMARY, SEPTEMBER 2007

## Childhood Lead Poisoning Prevention Program

### PROGRAM LISTING:

**Arbovirus Surveillance & Control**

**Chronic Disease Prevention**

**Communicable Disease Control**

**Community Epidemiology**

**Dental Health**

**Environmental Planning and Pollution Control**

**Food Protection**

**HIV Prevention**

**Homeless Healthcare Project**

**Immunizations**

**Institutional Inspections**

**Lead Poisoning Prevention**

**Public Health Investigations**

**Public Health Preparedness**

**Refugee Health**

**School Health**

**Sexually Transmitted Disease Control**

**Tuberculosis Control**

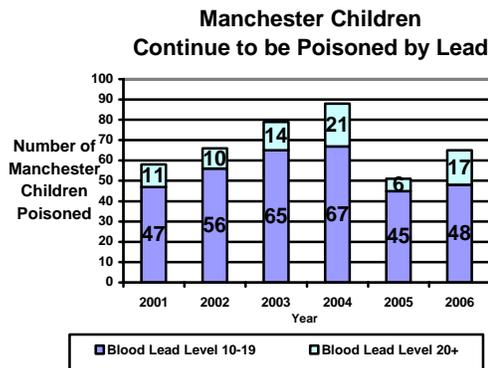
**Water Quality**

**Youth Health Promotion**

**Summary of Program:** Lead, a heavy metal, has been used since Roman times. Lead can be softened easily by heat, and resists corrosion. It has been used in making cooking utensils, coins, tableware and plumbing pipes for drinking water. Lead, added to paint, makes colors brighter and helps paint adhere, and when added to gasoline, reduces "engine knock". Besides lead's benefits, there has been speculation for centuries that lead might also be associated with health problems. It was not until the 1900's that public health epidemiologists diagnosed lead poisoning and child lead poisoning, primarily due to lead paint. In 1978, lead-based paints were banned for use in housing. In 1986, leaded gas was essentially phased out.

Lead can adversely effect many organs, especially the central nervous system – and may result in reading and learning disabilities, hyperactivity, cognitive impairment and behavioral problems. Young children are especially vulnerable to lead due to the sensitivity of their growing brains, their increased mobility resulting in more access to lead hazards, and their normal hand to mouth behavior. When buildings built before 1978 deteriorate, or are renovated, leaded paint dust may become airborne. Though lead has recently been found in children's toys and jewelry, the greatest source of childhood lead poisoning continues to be paint dust. State data reveal that among NH children with higher blood lead levels, 90% of the children spent extended time in houses built before 1950, and one in three were exposed to recent house renovations.

The City of Manchester has been actively involved in childhood lead poisoning prevention since the 1970's. Since 1997, when Manchester was identified as a high risk community for lead poisoning by the NH Department of Health and Human Services, the City implemented a comprehensive approach designed to eliminate the hazards of lead based paint through a community process of planning, education and action to protect children. In 2005, a community coalition – the Greater Manchester Partners against Lead Poisoning (GMPALP) *A Call to Action to Eliminate Lead Poisoning in Manchester*



Most area physicians now screen children for lead poisoning at one and two years of age. This guideline stems from Manchester's designation as a "high risk community". MHD offers additional screening at WIC clinics and on-site at the Health Department, as well as community education on preventing childhood lead poisoning. For those children with elevated lead levels, the Nurse Case Manager provides home visits and educates parents on strategies to reduce lead exposure. Property owners are notified, by mail, if a child with an elevated blood lead level resides in a property owned by them. Case management is provided until there is a confirmed sustained drop in blood lead level. This can take several months.

Note: Blood Lead is measured in micrograms per deciliter. Zero (0) indicates that there is no blood lead level detected. A lead level of 10 or higher is considered harmful.

Source: NH Department of Health & Human Services, NH Childhood ; Lead Poisoning Prevention Program. "Newly Confirmed Elevations", Manchester, NH, March 20, 2007.

**Summary of Activities:** During Fiscal Year 2007, the Childhood Lead Poisoning Program:

- Assured distribution of lead prevention information to the homes of over 3,000 Manchester households;
- Screened 522 young children for lead poisoning;
- Provided lead case management services to an average of 122 children and their families;
- Participated in lead prevention and intervention in-services for 4 primary health care practices
- Convened community stakeholders through the Greater Manchester Partners against Lead Poisoning

**Program Notes and Trends:**

Childhood lead poisoning is serious and preventable.

- In 2006, sixty-five (65) Manchester children were newly diagnosed with lead poisoning, 17 of whom had high rates
- There is a disproportionate share of lead poisoning among children living in poverty and deteriorating housing.
- In FY 2007, 1 in 4 children (24.5%) of the lead-poisoned children in our caseload were refugees, or children of refugees.
- In January 2008, a revised NH statute will take effect, and is intended to increase timely intervention and further reduce childhood lead poisoning.

## Community Activities

**WELCOME CENTER REGISTRATION:** In an effort to assist immigrant and/or refugee families with registering their children for school, the Health Department partnered with the Manchester School District to host the annual Welcome Center Registration. This year's Welcome Center took place at Beech Street School from August 22-24. With the help of interpreters, students were registered for class, health history and immunization records were completed and reviewed, and community Health nurses were available to administer immunizations as needed for school entry. Thanks to this effort over 40 children were ready for the first day of school.

**FOOD PROTECTION PROGRAM:** In addition to inspecting and monitoring the restaurants, markets, schools and other food service facilities in Manchester, the Division of Environmental Health is also responsible for assuring that food prepared and served at temporary events is safe. Over the summer months, the Division has worked with the organizers and vendors at the African Caribbean festival, the Latino festival, the Assumption Church's Annual Greekfest, National Night Out and other events to make certain that safe food handling practices were followed.

**PUBLIC HEALTH PREPAREDNESS:** In conjunction with all of our regional emergency planning partners, the Health Department is in the process of acquiring the supplies that would be necessary to establish an Acute Care Center (ACC) in Manchester. The goal of an Acute Care Center is to provide healthcare in a non-traditional setting during an emergency. An Acute Care Center would be opened once hospitals and other care facilities are at capacity and have exercised all other options for care of patients.

The Department has also been working with our planning partners to develop plans to open seven point-of-distribution (POD) centers, which would be used during a public health emergency to distribute antibiotics or other medications to the entire population within a 48-hour timeframe.

**CARDIOVASCULAR HEALTH:** The Worksite Wellness Resource Kit and the Passport Facilitator's Guide are complete, and are posted on MHD's website for free downloading (please go to <http://www.manchesternh.gov/CityGov/HLT/worksitewellness.html>). There is a registration field to track how many individuals/organizations download the kit, as well as a mechanism to send an evaluation to the individual/organization to assess the kit's utility within 3-6 months after downloading it. To advertise the availability of these new resources, a paid advertisement was placed in the Greater Manchester Chamber of Commerce Newsletter, which was paid for by the Kickin' Butts in Manchester Tobacco Prevention and Control Coalition. Additionally, CMC and Elliot Hospital included information about the tools in their community newsletters.

### FOR MORE INFORMATION

Visit our website at <http://www.manchesternh.gov/CityGov/HLT/Home.html>, or call 624-6466