NEW YORK STATE | Department of Health

An Update on New York State Lead Initiatives and New Regulatory Requirements

Kristen A. Navarette, MD, MPH, FAAP
Medical Director, Center for Environmental Health

Disclosure

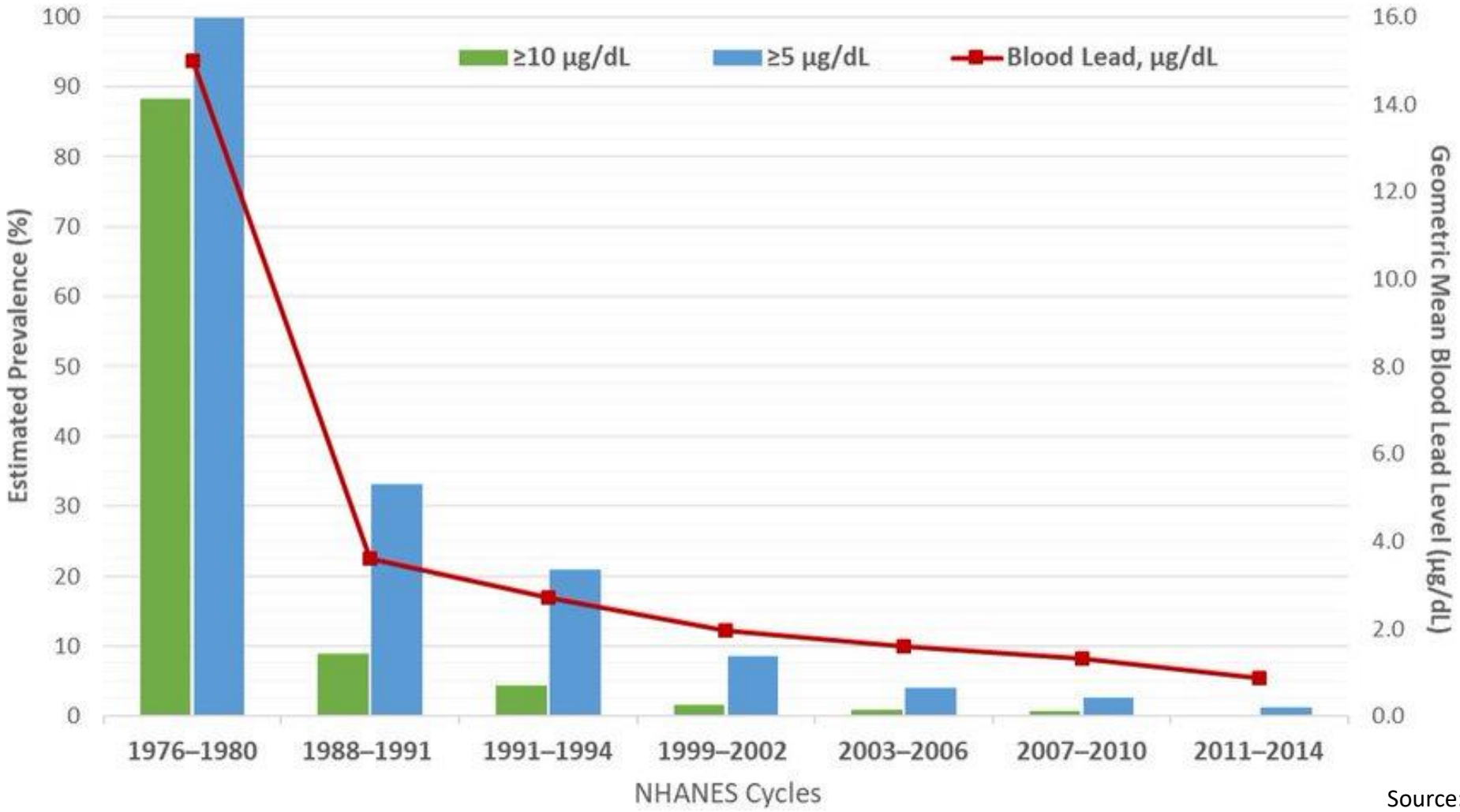
- I have no financial relationships to disclose
- I have no conflicts of interest to resolve

Learning Objectives

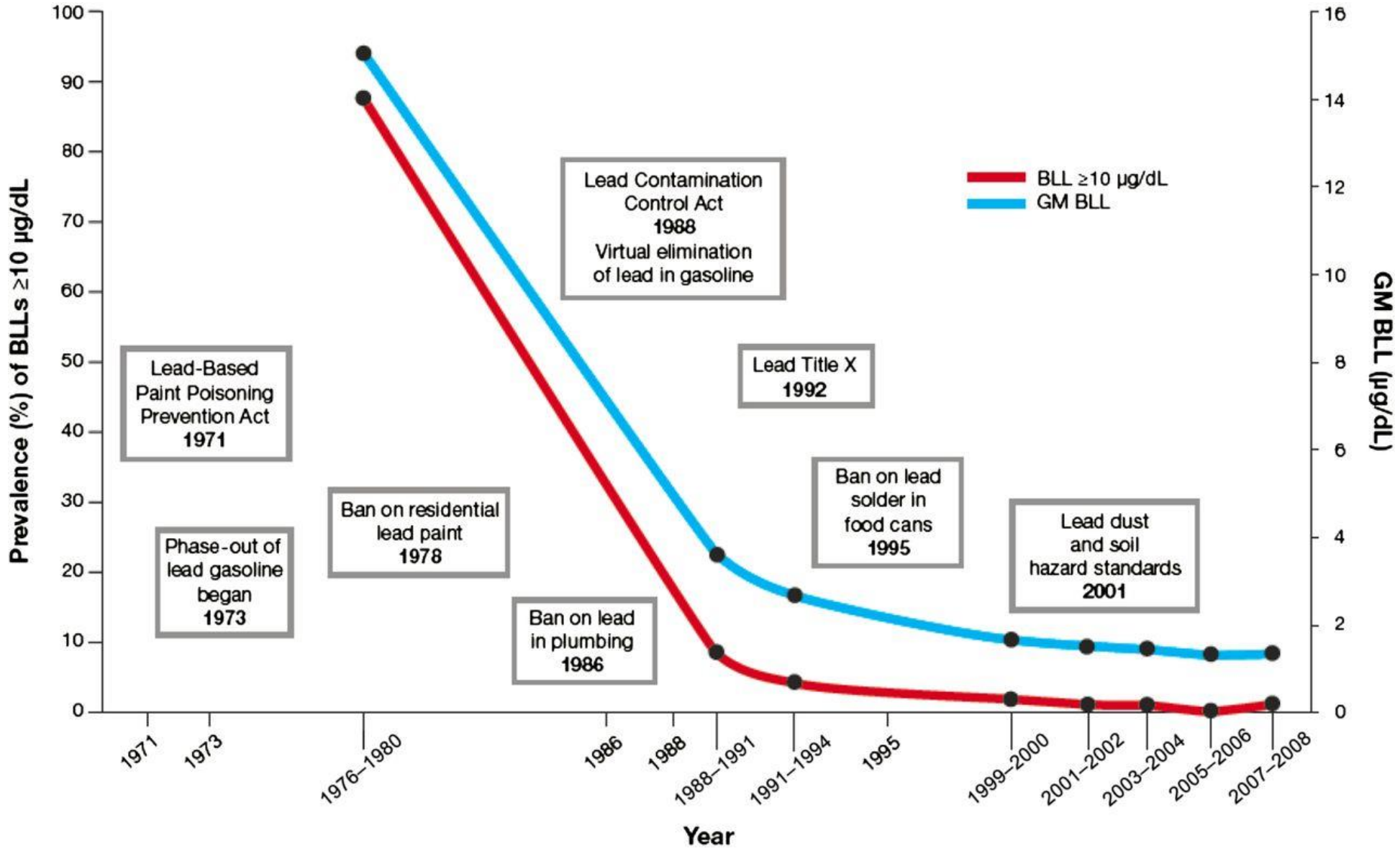
- List the effects of lead exposure on developing children
- Summarize the changes to New York State public health law and regulatory requirements for health care providers regarding elevated blood lead definitions, follow up testing and medical management
- List 3 resources available to share anticipatory guidance on lead exposure with families
- Describe 2 tools available to providers to assist them in reaching out to patients about lead testing needs and understand their practice's lead testing rates

A Review of Lead Exposure in Children

Blood Lead Levels in Children Aged 1–5 years, U.S. National Health and Nutrition Examination Survey (NHANES) 1976–2014



Source: Childhood Lead Poisoning Prevention, CDC



Source: Prevention of Childhood Lead Toxicity, *Pediatrics*, 2017

NEW YORK STATE Department of Health

Exposure to lead can seriously harm a child's health.

Damage to the brain and nervous system

Slowed growth and development

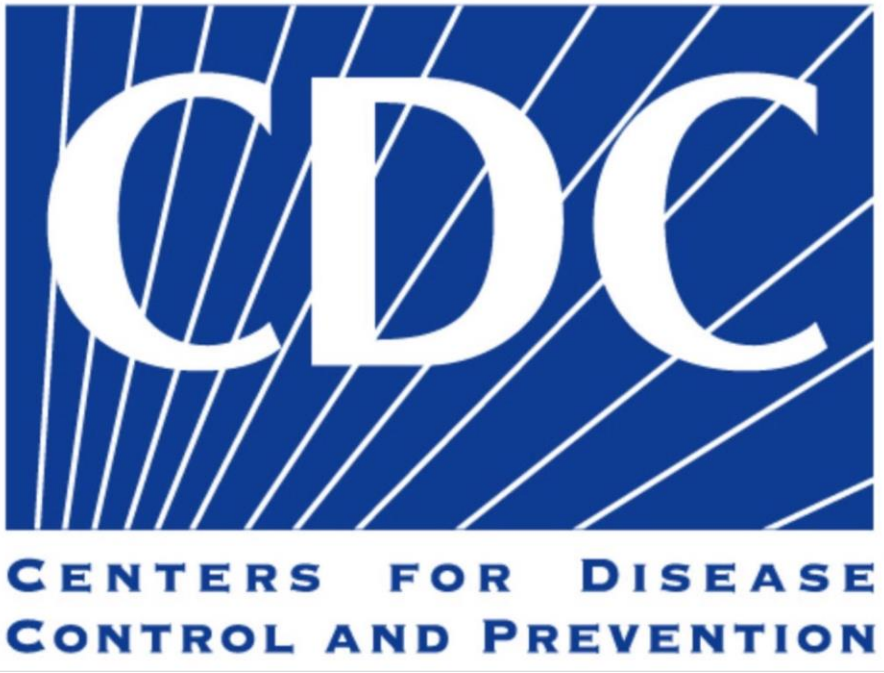
Learning and behavior problems

Hearing and speech problems

This can cause:

- Lower IQ
- Decreased ability to pay attention
- Underperformance in school

Source: Childhood Lead Poisoning Prevention, CDC



No Safe Level of Lead

The Impact

535,000

U. S. children ages 1 to 5 years have blood lead levels high enough to damage their health.

24 MILLION

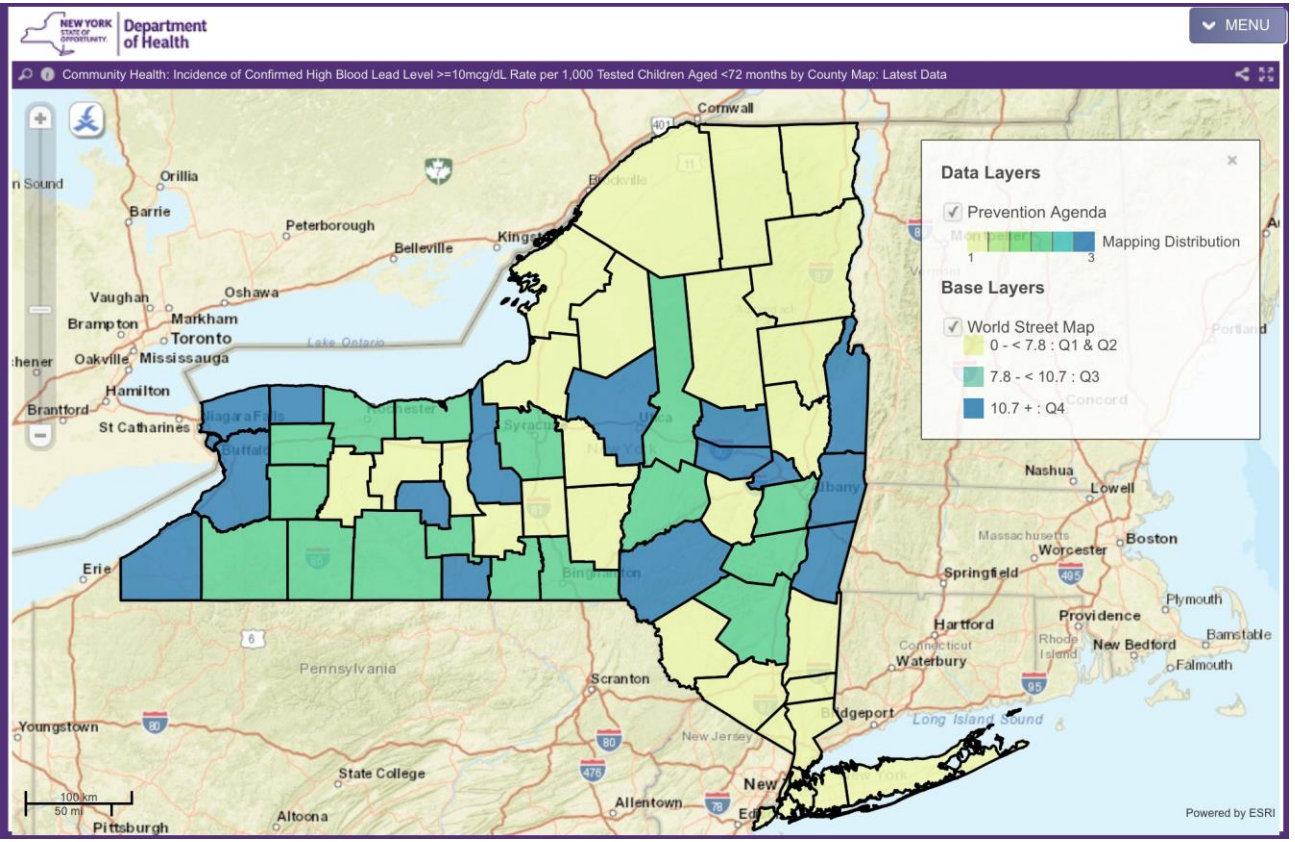
homes in the U.S. contain deteriorated lead-based paint and elevated levels of lead-contaminated house dust.

4 MILLION of these are home to young children.

Source: Childhood Lead Poisoning Prevention, CDC

NEW YORK STATE | Department of Health

Childhood Lead Exposure in New York State



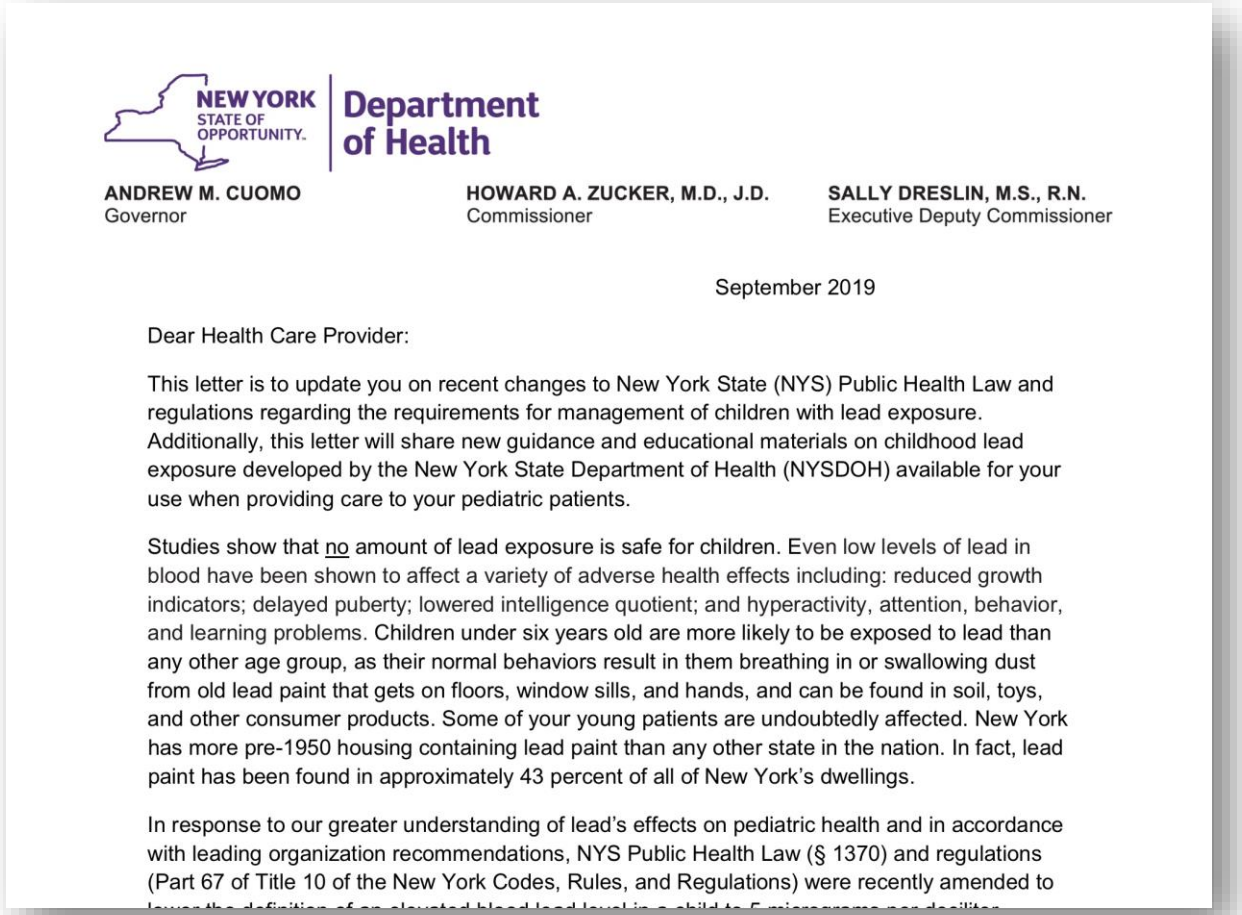
- New York State has more pre-1950 housing containing lead paint than any other state in the nation.
- Lead paint has been found in approximately 43% of all of New York's dwellings.

NEW YORK STATE Department of Health

Summary of NYS Public Health Law and Regulation Changes

Commissioner Letter

- Providers enrolled in NYSIIS
- Provider Organizations
  - American Academy of Pediatrics
  - American Academy of Family Physicians
- Regional Lead Resource Centers
- Posted on NYSDOH website: www.health.ny.gov/lead



NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

September 2019

Dear Health Care Provider:

This letter is to update you on recent changes to New York State (NYS) Public Health Law and regulations regarding the requirements for management of children with lead exposure. Additionally, this letter will share new guidance and educational materials on childhood lead exposure developed by the New York State Department of Health (NYSDOH) available for your use when providing care to your pediatric patients.

Studies show that no amount of lead exposure is safe for children. Even low levels of lead in blood have been shown to affect a variety of adverse health effects including: reduced growth indicators; delayed puberty; lowered intelligence quotient; and hyperactivity, attention, behavior, and learning problems. Children under six years old are more likely to be exposed to lead than any other age group, as their normal behaviors result in them breathing in or swallowing dust from old lead paint that gets on floors, window sills, and hands, and can be found in soil, toys, and other consumer products. Some of your young patients are undoubtedly affected. New York has more pre-1950 housing containing lead paint than any other state in the nation. In fact, lead paint has been found in approximately 43 percent of all of New York's dwellings.

In response to our greater understanding of lead's effects on pediatric health and in accordance with leading organization recommendations, NYS Public Health Law (§ 1370) and regulations (Part 67 of Title 10 of the New York Codes, Rules, and Regulations) were recently amended to

NEW YORK STATE Department of Health

Provider Requirements

NYS Public Health Law and Regulations requires health care providers to:

- Test all children at age 1 year and again at age 2 with a blood lead test
- Assess all children ages 6 months to 6 years at every well-child visit for risk of lead exposure, and obtain a blood test if there is a positive response to any of the questions
- Provide anticipatory guidance about lead exposure and prevention to all parents of children less than 6 years old as part of routine care.
- Provide follow up testing and medical management per guidance

Provider Requirements

NYS Public Health Law and Regulations requires health care providers to:

- Test all children at age 1 year and again at age 2 with a blood lead test
- Assess all children ages 6 months to 6 years at every well-child visit for risk of lead exposure, and obtain a blood test if there is a positive response to any of the questions
- Provide anticipatory guidance about lead exposure and prevention to all parents of children less than 6 years old as part of routine care.
- **Provide follow up testing and medical management per guidance**

Public Health Law Changes - 2019

- Requires health care providers to:
  - Confirm any capillary blood lead specimens **≥ 5 µg/dL** with a venous blood sample and perform risk reduction and nutrition counseling (previously ≥ 10 µg/dL).
  - Provide comprehensive follow-up services for all children (<18yo) with confirmed venous blood lead levels **≥ 5 µg/dL** (previously ≥ 15 µg/dL)

- Requires local health departments to:
  - Provide care coordination and environmental management for all children with confirmed venous blood lead levels **≥ 5 µg/dL** (previously ≥ 10 µg/dL and ≥ 15 µg/dL, respectively)

NEW YORK STATE | Department of Health

Health Care Provider Guidance Updates

Guidelines for Health Care Providers for the Prevention, Identification, and Management of Lead Exposure in Children

NYS Public Health Law and Regulations Require Health Care Providers to:

- Test all children at age 1 year and again at age 2 with a blood lead test.
- Assess all children ages 6 months to 6 years at every well child visit for risk of lead exposure and obtain a blood lead test if there is a positive response to ANY of the questions below in *Clinical Lead Risk Assessment Questions for All Children Less than 6 Years*.
- Report point-of-care blood lead test results to the New York State Department of Health in accordance with guidance: www.health.ny.gov/environmental/lead/laboratories.htm.
- Provide parent or guardian of the child the result of the blood lead test. *What Your Child's Blood Lead Test Means:* www.health.ny.gov/publications/2526.pdf provides helpful information to provide with the test results.
- Provide anticipatory guidance to all parents or guardians of children as part of routine care, which may include the *Lead Poisoning is a Danger for Every Baby and Child:* www.health.ny.gov/publications/2594.pdf.

NEW YORK STATE | Department of Health

Additional Testing Recommendations:

- For capillary blood samples, ensure the child's hands are washed thoroughly with soap and water. Dry with a clean, low-lint/dust-proof towel or air dry. Once washed, the clean finger must not be allowed to touch any surface, including the child's other fingers. Any amount of lead present on the finger will contaminate the sample. An alcohol swab is not sufficient for removing contamination from the finger.
- Test all children born outside of the U.S. up to age 16 years old, particularly refugee and internationally adopted children, upon arrival in the U.S. and again 3-6 months after they obtain permanent residences.
- Test children of any age if lead exposure is suspected. All children found to have elevated blood lead levels regardless of age require follow-up services (see *Management of Children According to Blood Lead Level* p 2).
- Ask the parent or guardian whether they plan to enroll, or if the child is already enrolled, in Medicaid, WIC, preschool/day care, an Early Intervention Program, Head Start, or kindergarten. These programs require blood lead testing documentation, which should be provided.

Risk Assessment Questions

Clinical Lead Risk Assessment Questions for All Children Less than 6 Years:

These questions correspond with *Does Your Child Need A Lead Test?,* which should be used with parents/guardians at child visits between six months and six years of age. See www.health.ny.gov/publications/6670.pdf.

1. Does your child live in or regularly visit a building with potential lead exposure, such as peeling or chipping paint; recent or ongoing renovation or remodeling; or high levels of lead in the drinking water? Older dwellings (built before 1978) may have lead-based paint. Consider day care, preschool, school, and homes of babysitters or relatives. Children with Medicaid, those entering foster care, and recently arrived refugees are at higher risk for lead poisoning. The risk to a child from past exposure to elevated lead in drinking water depends on many factors including a child's age, weight, amount of water consumed, and the amount of lead in the water.

2. Has your child spent any significant time outside the U.S. in the past year? All children born outside the U.S. and children visiting other countries for extended periods of time should be tested upon arrival or return to the U.S. due to higher lead risk in many countries.

3. Does your child currently have a sibling, housemate, or playmate with an elevated blood lead level and your child has not been tested?

4. Does your child have developmental disabilities and/or exhibit behaviors that puts him/her at higher risk for lead exposure? Young children and children with developmental disabilities (autism spectrum disorder and Down syndrome) may have behaviors that place them at higher risk for lead exposure. These may include: pica; putting nonfood items (e.g., fingers, toys, jewelry, keys, or soil) in their mouth; mouthing painted surfaces; any behaviors that disturb painted surfaces.

5. Does your child have frequent contact with an adult whose job or hobby involves exposure to lead? An adult may bring home lead from a job or hobby, such as house painting; plumbing; construction; auto repair; welding; battery recycling; lead smelting; jewelry, stained glass or pottery making; fishing (lead in sinkers); making or shooting firearms; and collecting lead or pewter figurines.

6. Does your family use traditional medicine, health remedies, cosmetics, powders, spices, or food from other countries? Lead can be in items such as Ayurvedic medicines, alkohl, azarcon (Alarcon, luiga, rueda, coral), greta, litargirio, ghasard, pay-loo-ah, bala goli, Daw Tway, and Daw Kyin; cosmetics including kohl, surma, and sindoor; and some candies and products from other countries, particularly Mexico. See www.health.ny.gov/publications/6517.pdf.

7. Does your family cook, store, or serve food in crystal, pewter, or pottery from other countries? Lead exposure risk from pottery is higher with old, cracked/chipped, and painted china and in pottery from other countries particularly from Latin America or Asia. Also, imported samovars, urns, and kettles could be soldered with lead. See www.health.ny.gov/publications/6517.pdf.

NEW YORK STATE | Department of Health

Confirmatory and Follow-up Testing (1)

BLL (µg/dL)	Confirmation of Capillary Sample with a Venous Sample	Follow-Up Venous Testing Schedule AFTER Confirmed Venous BLL (≥5 µg/dL)	Management [2] Bolded text indicates NYS Public Health Law and regulation requirement. Unbolded text is based on Centers for Disease Control and Prevention (CDC) and other guidance.
<5	No confirmation needed. Average BLL for U.S. children ages 1-5 years is 1.4 µg/dL[3]	Not applicable. Refer to Management column.	**•Test all children at age 1 year and again at age 2 years, regardless of initial result.** **•If child <6 years, perform a Lead Exposure Risk Assessment (see p. 1) at every well child visit, and test again if lead risk is found.** **•Provide anticipatory guidance[4] to parent or guardian regarding major sources of lead exposure and ways to prevent exposure.**
5 to <15	Venous test as soon as possible but no later than 3 months.	Every 1-3 months until BLLs are confirmed to be <5 µg/dL based on two tests at least 3 months apart, then proceed as above for <5 µg/dL.	AFTER CONFIRMED VENOUS TEST, all activities above AND: • **Perform a Clinical Lead Exposure Assessment (see p. 3).[5]** • **Provide lead exposure risk reduction education.[4]** • **Consider the child at risk for developmental delays and behavior concerns and provide ongoing developmental surveillance with prompt referrals for developmental services if needed.** •Test all children who spend time in the home and refer pregnant women in the home for testing. • **Coordinate care with local or state health department including environmental education and management.** • Notify family of the need for follow-up venous testing on a periodic basis. • Frequency of follow-up testing for children with previous blood lead level elevations are best guided through consultation with a Regional Lead Resource Center.[6,7]

NEW YORK STATE Department of Health

Confirmatory and Follow-up Testing (2)

BLL (µg/dL)	Confirmation of Capillary Sample with a Venous Sample	Follow-Up Venous Testing Schedule AFTER Confirmed Venous BLL (≥5 µg/dL)	Management [2] Bolded text indicates NYS Public Health Law and regulation requirement. Unbolded text is based on Centers for Disease Control and Prevention (CDC) and other guidance.
15 to <25	Venous test as soon as possible but no later than 1 week.	Every month until BLL is <15 µg/dL, then proceed as above for BLLs 5 to <15 µg/dL.	All activities above AND: • Consider consulting with a Regional Lead Resource Center.[6]
25 to <45	Venous test as soon as possible but no later than 48 hours.	Consult with a Regional Lead Resource Center[6] for guidance on a follow-up venous testing schedule until BLL is <25 µg/dL, then proceed as above for BLLs 15 to <25 µg/dL.	All activities above AND: • Consider consulting with a Regional Lead Resource Center.[6]
45 to <70	Venous test as soon as possible but no later than 24 hours.	Consult with a Regional Lead Resource Center (RLRC).[6] RLRC may recommend a second venous test before initiating chelation. However, if results of the second test are not readily available, treatment should not be delayed. Follow venous testing schedule as per RLRC instructions until advised to adhere to the testing schedule above.	All activities above AND: • **Notify local or state health department within 24 hours for environmental investigation and follow-up services.** • Consult with Regional Lead Resource Center[6] within 24 hours to discuss hospitalization and chelation.[7] • **Hospital discharge only to housing determined to be lead-safe in consultation with the local or state health department.**
≥70	**This is a medical emergency. Confirm immediately with a venous test.**		All activities above AND: • Consider consulting with a Regional Lead Resource Center.[6] • Admit immediately to a hospital for chelation.[7]

NEW YORK STATE | Department of Health

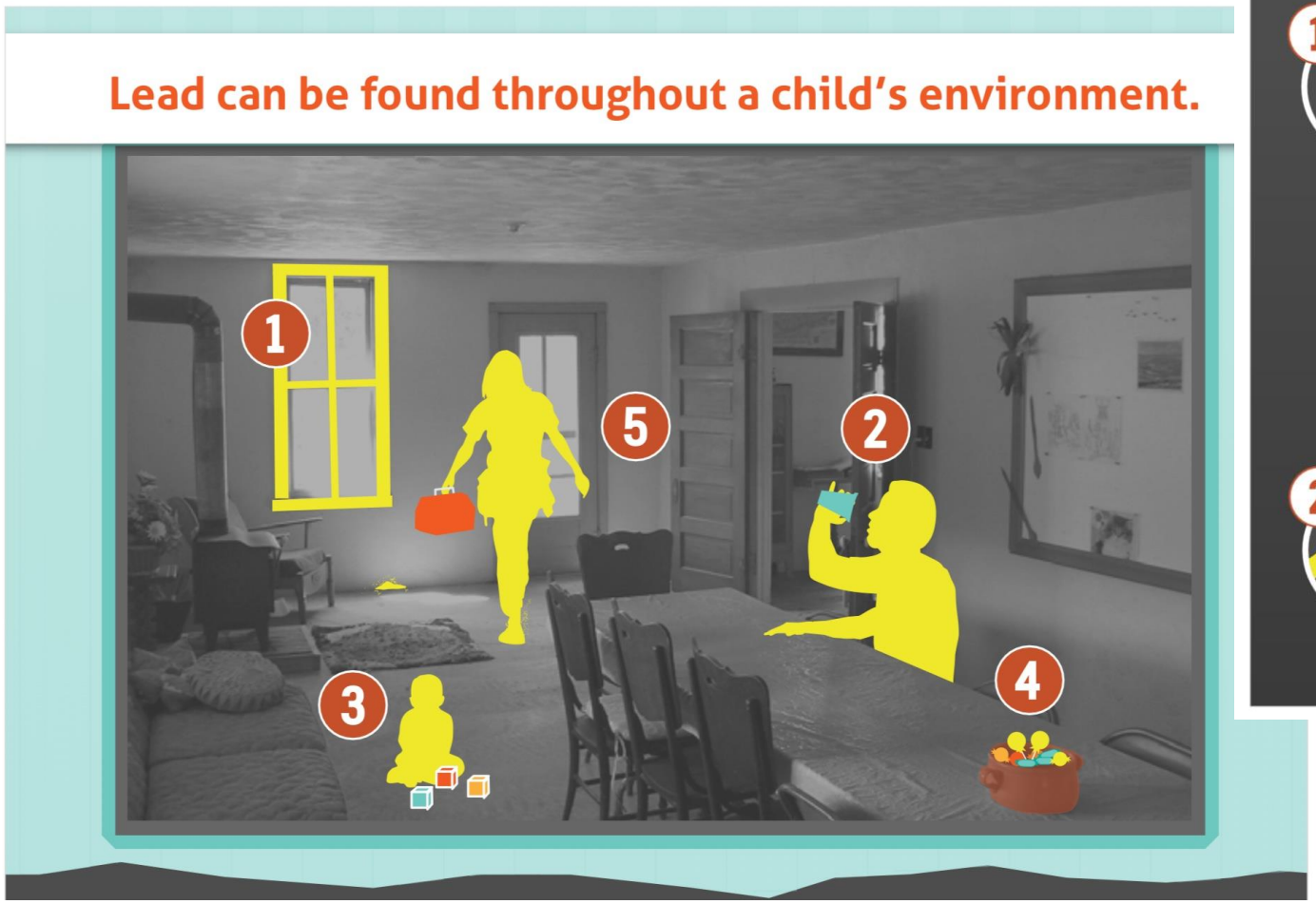
Clinical Lead Exposure Assessment

5. Clinical Lead Exposure Assessment for Children with BLLs ≥5 µg/dL:

History	*Current Status*: Symptoms of lead exposure; previous blood lead test results; family history of lead poisoning; dietary history; development; country of birth; extended travel outside the U.S.; recent immigrant, refugee or adoptee.
	Child Behaviors: Pica; degree of hand-to-mouth activity; mouthing/chewing on window sills, furniture, keys, and toys; frequent playing in soil; inadequate hand washing before eating.
	Potential Paint Sources: Age and condition of home and other places child spends time (day care, relatives); evidence of chewed or peeling paint on woodwork, furniture, or toys; recent renovations; condition of windows; methods used to control dust and dirt (wet mopping vs. sweeping, use of door mats).
	Potential Non-Paint Sources: Use of imported cosmetics, health remedies, spices, or children's jewelry; food served, stored, or prepared in pottery from other countries particularly from Latin America or Asia, painted china, pewter, or leaded crystal; bare soil in outdoor play areas.
	Caregiver Exposures and Behaviors: Occupations and hobbies of household members; painted or unusual materials burned in fireplaces or near home.
Physical Exam: Include complete neurologic exam.	
Nutritional Assessment: Evaluate growth and adequacy of diet, including iron, vitamin C, and calcium intake with follow-up anticipatory nutritional counseling.	
Developmental Assessment: Evaluate achievement of, or regression from, milestones, particularly in psychosocial and language domains. This should include use of a standardized developmental screening tool[8] and follow-up anticipatory developmental counseling.	
Laboratory Tests: Evaluate iron status and hemoglobin or hematocrit. Arrange follow-up blood lead testing per the *Management of Children According to Blood Lead Level* p.2.	
Referrals: For suspected developmental delays, refer to Early Intervention Program for children less than three years old or the child's school district for children three years or older, and, if appropriate, a pediatric developmental specialist. For nutritional assistance, refer to/for WIC and SNAP Benefits.	

NEW YORK STATE | Department of Health

Potential Sources of Exposure



1. Homes built before 1978 (when lead-based paints were banned) probably contain lead-based paint.
   When the paint peels and cracks, it makes lead dust. Children can be poisoned when they swallow or breathe in lead dust.
2. Certain water pipes may contain lead.
3. Lead can be found in some products such as toys and toy jewelry.
4. Lead is sometimes in candies imported from other countries or traditional home remedies.
5. Certain jobs and hobbies involve working with lead-based products, like stain glass work, and may cause parents to bring lead into the home.

Source: Childhood Lead Poisoning Prevention, CDC

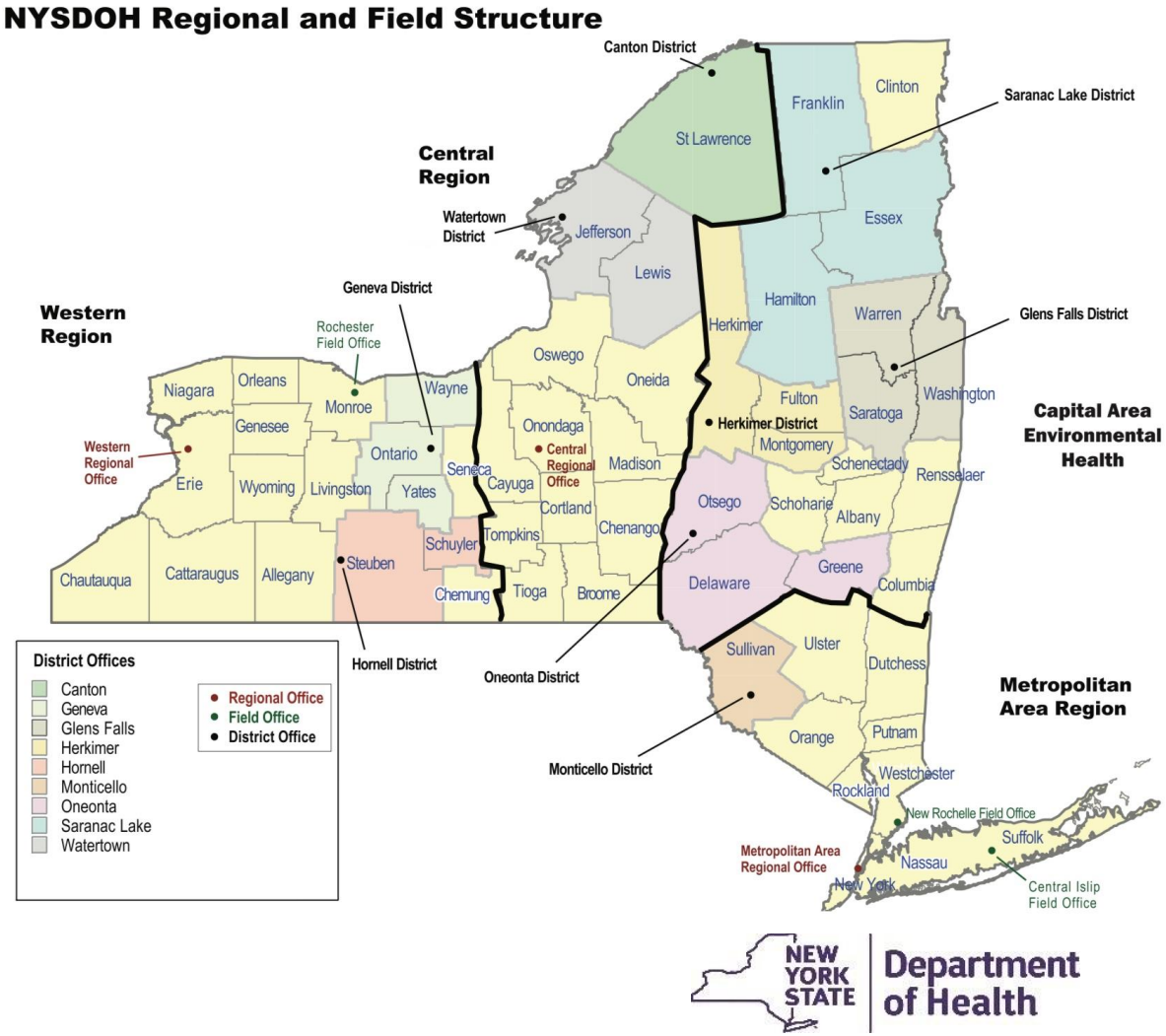
NEW YORK STATE | Department of Health

Working with Local Health Department

Local Health Department services for children with elevated blood lead levels includes:

- Care Coordination
- Environmental Management

  (Note: for partial service counties, these services are provided by environmental health staff at the District Offices (DOs))



NEW YORK STATE Department of Health

Working with Local Health Department

Care coordination is typically facilitated by Public Health Nurses or Public Health Educators and involves:

- Data management and case tracking in LeadWeb;
- Ensure appropriate follow-up is completed by health care providers;
- Outreach and education to health care providers and parents/guardians; and,
- Referrals for environmental management.

Environmental management is typically facilitated by Sanitarians and involves:

- Environmental inspections and sample collection;
- Outreach and education to parents/guardians;
- Action plans for remediation;
- Enforcement; and,
- Case closure following remediation.

NEW YORK STATE | Department of Health

Health Care Provider Tools & Resources

Does your child need a lead test?

Child's Name:
Child's Date of Birth:
Today's Date:
(FOR OFFICE ONLY) – MRN #:

1. Does your child live in or regularly visit a building built before 1978 with potential lead exposures, such as peeling or chipping paint, recent or ongoing renovation or remodeling, or high levels of lead in the drinking water?	YES	NO	NOT SURE
2. Has your child spent any time outside the United States in the past year?	YES	NO	NOT SURE
3. Does your child live or play with a child who has an elevated blood lead level?	YES	NO	NOT SURE
4. Does your child have developmental disabilities, put nonfood items in their mouth, or peel or disturb painted surfaces?	YES	NO	NOT SURE
5. Does your child have frequent contact with an adult who may bring home traces of lead from a job or hobby such as: house painting, plumbing, renovation, construction, auto repair, welding, electronics repair, battery recycling, lead smelting, jewelry, stained glass or pottery making, fishing (weights, "sinkers"), firearms, or collecting lead or pewter figurines?	YES	NO	NOT SURE
6. Does your family use traditional medicines, health remedies, cosmetics, powders, spices, or food from other countries?	YES	NO	NOT SURE
7. Does your family cook, store, or serve food in crystal, pewter, or pottery from other countries?	YES	NO	NOT SURE
8. Did your child miss a lead test? New York State requires all children be tested for lead at age 1 and again at age 2.	YES	NO	NOT SURE

If you answered "YES" or "NOT SURE" to any of these questions, your child may need a blood lead test.

Lead is a concern, especially for children under age 6. It's important for you and your health care provider to know your child's blood lead level.

www.health.ny.gov/LeadTestKids

NEW YORK STATE | Department of Health

6670 9/19

Lead Poisoning is a Danger for every baby and child

Here's what you should know.

NEW YORK STATE | Department of Health

What Your Child's Blood Lead Test Means

The blood lead test tells you how much lead is in your child's blood. Lead can harm a child's growth, behavior, and ability to learn. The lower the test result, the better.

Most lead poisoning occurs when children lick, swallow, or breathe in dust from old lead paint. Most homes built before 1978 have old lead paint, often under newer paint. If paint peels, cracks, or is worn down, the chips and dust from the old lead paint can spread onto floors, windowsills, and all around your home. Lead paint dust can then get onto children's hands and toys, and into their mouths.

Most children have had some contact with lead in old paint, soil, plumbing, or another source. This is why New York State requires doctors to test all children with a blood lead test at age 1 year and again at age 2 years. For children up to age six years, your doctor or nurse should ask you at every well child visit about ways your child may have had contact with lead. Children who have had contact with lead should be tested.

A test result of 5 µg/dL or greater, using blood from a fingertip, should be checked again with a second test using blood taken from a vein (often in the arm). If the second result is still 5 µg/dL or greater, you should follow the steps below.

Test Result in micrograms per deciliter (mcg/dL)	**Next Steps**
0-4	• **There is very little lead in your child's blood.** • The average lead test result for young children is about 1.4 micrograms per deciliter (µg/dL).
5-14	• **Your child's lead level is high. A result of 5 µg/dL or higher requires action.** • Your doctor or nurse will talk with you about your child's diet, growth and development, and possible sources of lead. • Your local health department will talk with you about how to protect your child and will visit your home to help you find sources of lead. • Your child should be tested again in 1 to 3 months.
15-44	• **Your child's lead level is quite high. You and your doctor should act quickly.** • Your doctor or nurse will talk with you about your child's diet, growth and development, and possible sources of lead. • Your local health department will talk with you about how to protect your child and will visit your home to help you find sources of lead. • Your child should be tested again in 1 month or sooner depending on the blood lead level and your doctor's guidance.
45 or higher	• **Your child needs medical treatment right away.** • Your doctor or local health department will call you as soon as they get the test result. • Your child might have to stay in a hospital, especially if your home has lead. • Your local health department will visit your home to help you find sources of lead. • Your child should not go back home until the lead sources are removed or fixed. • Your child needs to be tested again after treatment.

Child's Name: _____ Test Result: _____ µg/dL Date: _____

If the test result is not written here, ask your doctor or nurse for it, write it down, and save for your records.

For all test results, follow the advice on the other side to keep your child's lead level from rising.

How to Protect Your Child From Lead Poisoning

Fix peeling lead paint and make home repairs safely.

- Keep children away from peeling or chipped paint.
- Before making repairs in a home built before 1978, call your local health department to learn how to work safely and keep dust levels down.
- Children and pregnant women should stay away from repairs that disturb old paint, such as sanding and scraping. They should stay away until the area is cleaned using wet cleaning methods and a HEPA vacuum (not dry sweeping).

Wash dust off hands, toys, bottles, windows, and floors.

- Wash your child's hands and face after play, before meals, and before bed.
- Wash toys, stuffed animals, pacifiers and bottles with soap and water often.
- Mop floors often, and use damp paper towels to clean window wells and sills.

Be careful not to bring lead home on clothes, toys, or jewelry.

- Lead is in some children's jewelry, toys, keys, and old furniture. Sign up for children's product recall alerts at www.cpsc.gov/cpsclist.aspx.
- Some jobs and hobbies can involve contact with lead. These include: painting, plumbing, construction, car repair, working with firearms, stained glass, and pottery. To lower lead dust, change work clothes before going home; take shoes off at your door; wash work or hobby clothes separately; wash face, hands and uncovered skin before going home.

Keep lead out of your food and tap water.

- Let tap water run for one minute before using it, if it hasn't been run for a few hours. Town and well water could have lead from old plumbing.
- Only use cold tap water for drinking, cooking, and making baby formula. Boiling your water does not get rid of lead.
- Don't serve or store food in pewter, crystal, or cracked pottery.
- Call your health department, or visit the website below, to see which dishes, spices, candy, cosmetics, and health remedies have been found to have lead.

Serve foods that have calcium, iron, and vitamin C.

These foods help keep lead from being stored in your child's body.

- Foods with calcium: milk, cheese, yogurt, tofu, and green vegetables.
- Foods with iron: beans, lean meat, fortified cereal, and peanut butter.
- Foods with vitamin C: oranges, grapefruit, tomatoes, and green peppers.

Find out more about lead.

www.health.ny.gov/lead

Talk with your child's health care provider.

Call your local health department. Find them at www.health.ny.gov/environmental/lead/exposure/childhood/program_contact_map.htm

Good Nutrition Helps: Reduce the Effects of Lead!

Lead can harm children's growth, behavior and ability to learn, and can affect them for life. Lead can also be a problem for adults, especially pregnant women and their babies. However, when there is nutritious food in the body, it is difficult for lead to be absorbed.

Eat a variety of these nutritious foods

Calcium
Makes it hard for lead to enter the body


Dairy products


Sweet potatoes


Dried fruits

Iron
Protects against harmful effects of lead


Eggs


Peanut butter


Lean meats, fish, and seafood


Whole grain breads and cereals

Vitamin C
Helps the body absorb calcium and iron better


Peppers


Fruits


Tomatoes


Potatoes

Some foods are good sources of both calcium and iron


Dark green vegetables


Soy products

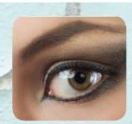

Beans, peas, and lentils


Almonds

Did You Know?

The most common cause of lead poisoning is dust and chips from old paint. Lead can also be found in some products imported from the Middle East, Latin America, South Asia, and China.


Paint dust and chips


Imported cosmetics, jewelry, foods, and medicines


Jobs and hobbies

Remember!

Children may not look or act sick, but a blood test could show that they have high lead levels. New York State requires health care providers to test all children for lead with a blood lead test at age 1 year and again at age 2 years.

Learn more about how you can protect your family from lead at www.health.ny.gov/lead or contact your local health department.

6672

NEW YORK STATE | Department of Health

9/19

Eat a Variety of Nutritious Foods to Help Reduce the Effects of Lead

Iron
Protects against harmful effects of lead


Peanut butter


Lean meats, fish, and seafood


Whole grain breads and cereals


Eggs

Calcium
Makes it hard for lead to enter the body


Sweet potatoes


Dried fruits

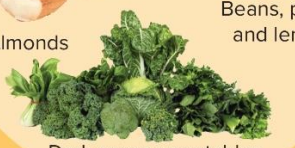

Dairy products

Some foods are good sources of calcium and iron


Soy products


Beans, peas, and lentils


Almonds


Dark green vegetables

Vitamin C
Helps the body absorb calcium and iron better


Peppers


Fruits


Tomatoes

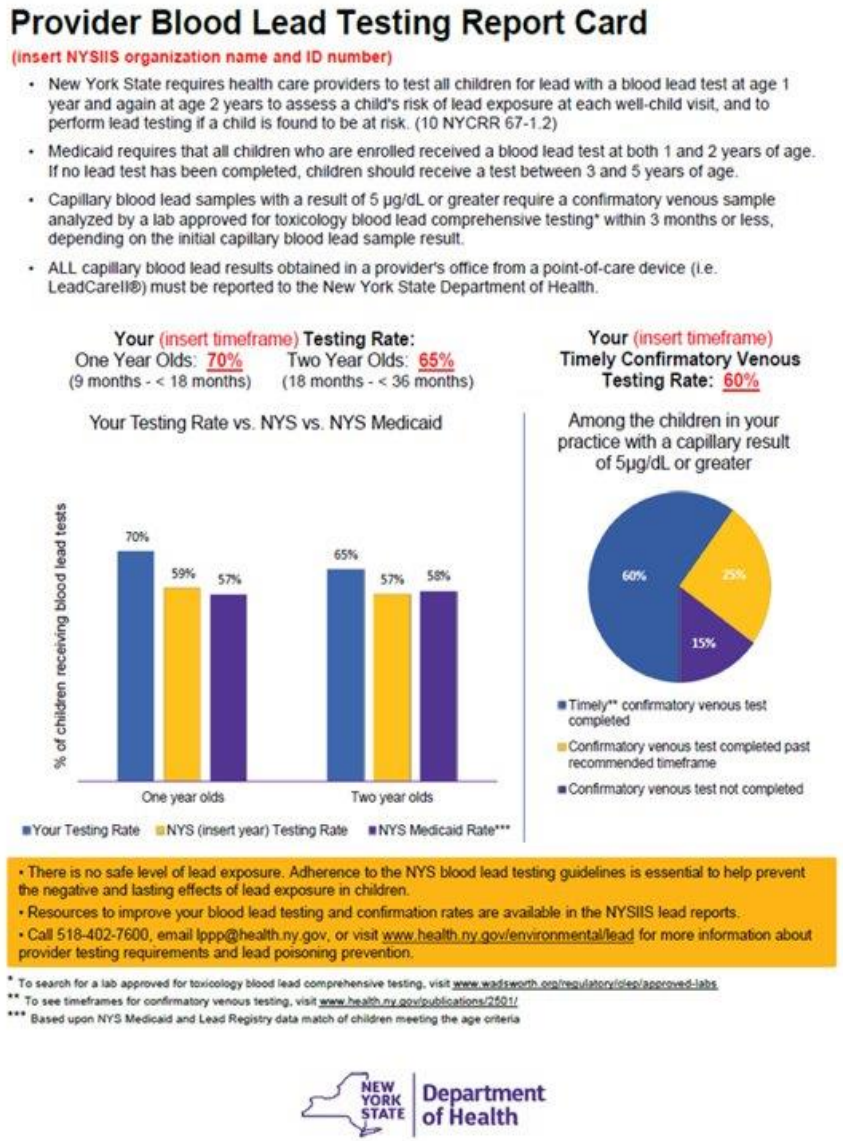

Potatoes

Learn more about how you can protect your family from lead at www.health.ny.gov/lead or contact your local health department.

NYSIIS Reports

Instructions for Generating Reports: *https://nysiis.health.state.ny.us/docs/15_Blood_Lead.pdf*

Health Care Provider Report Card



Provider Blood Lead Testing Report Card

(insert NYSIIS organization name and ID number)

- New York State requires health care providers to test all children for lead with a blood lead test at age 1 year and again at age 2 years to assess a child's risk of lead exposure at each well-child visit, and to perform lead testing if a child is found to be at risk. (10 NYCRR 67-1.2)
- Medicaid requires that all children who are enrolled received a blood lead test at both 1 and 2 years of age. If no lead test has been completed, children should receive a test between 3 and 5 years of age.
- Capillary blood lead samples with a result of 5 µg/dL or greater require a confirmatory venous sample analyzed by a lab approved for toxicology blood lead comprehensive testing* within 3 months or less, depending on the initial capillary blood lead sample result.
- ALL capillary blood lead results obtained in a provider's office from a point-of-care device (i.e. LeadCare II®) must be reported to the New York State Department of Health.

Your (insert timeframe) Testing Rate:
One Year Olds: 70% (9 months - < 18 months)
Two Year Olds: 65% (18 months - < 36 months)

Your (insert timeframe) Timely Confirmatory Venous Testing Rate: 60%

Your Testing Rate vs. NYS vs. NYS Medicaid

% of children receiving blood lead tests

70% 59% 57% 65% 57% 58%

One year olds Two year olds

Your Testing Rate NYS (insert year) Testing Rate NYS Medicaid Rate***

Among the children in your practice with a capillary result of 5µg/dL or greater

60% 25% 15%

Timely** confirmatory venous test completed
Confirmatory venous test completed past recommended timeframe
Confirmatory venous test not completed

- There is no safe level of lead exposure. Adherence to the NYS blood lead testing guidelines is essential to help prevent the negative and lasting effects of lead exposure in children.
- Resources to improve your blood lead testing and confirmation rates are available in the NYSIIS lead reports.
- Call 518-402-7600, email lppp@health.ny.gov, or visit www.health.ny.gov/environmental/lead for more information about provider testing requirements and lead poisoning prevention.

* To search for a lab approved for toxicology blood lead comprehensive testing, visit www.wadsworth.org/regulatory/clep/approved-labs
** To see timeframes for confirmatory venous testing, visit www.health.ny.gov/publications/2501/
*** Based upon NYS Medicaid and Lead Registry data match of children meeting the age criteria

NEW YORK STATE | Department of Health

Future NYSIIS enhancement

- Assist all providers to be more aware of their lead testing performance to encourage improvement
- Describes the practice testing rate compared to NYS rate and State Medicaid rate
- Describes practice rate of timely venous confirmatory testing

NEW YORK STATE | Department of Health

Regional Lead Resource Centers

Metropolitan / Hudson Valley Region

The Children's Hospital at Montefiore
3415 Bainbridge Avenue, 4th Floor
Bronx, New York 10467
718-547-2789

Medical Director: Morri Markowitz, MD
Program Coordinator: Nancy Redkey

Geographic Areas:

- Nassau
- Suffolk
- Queens
- Bronx
- Richmond
- Kings
- New York
- Dutchess
- Orange
- Putnam
- Rockland
- Sullivan
- Ulster
- Westchester

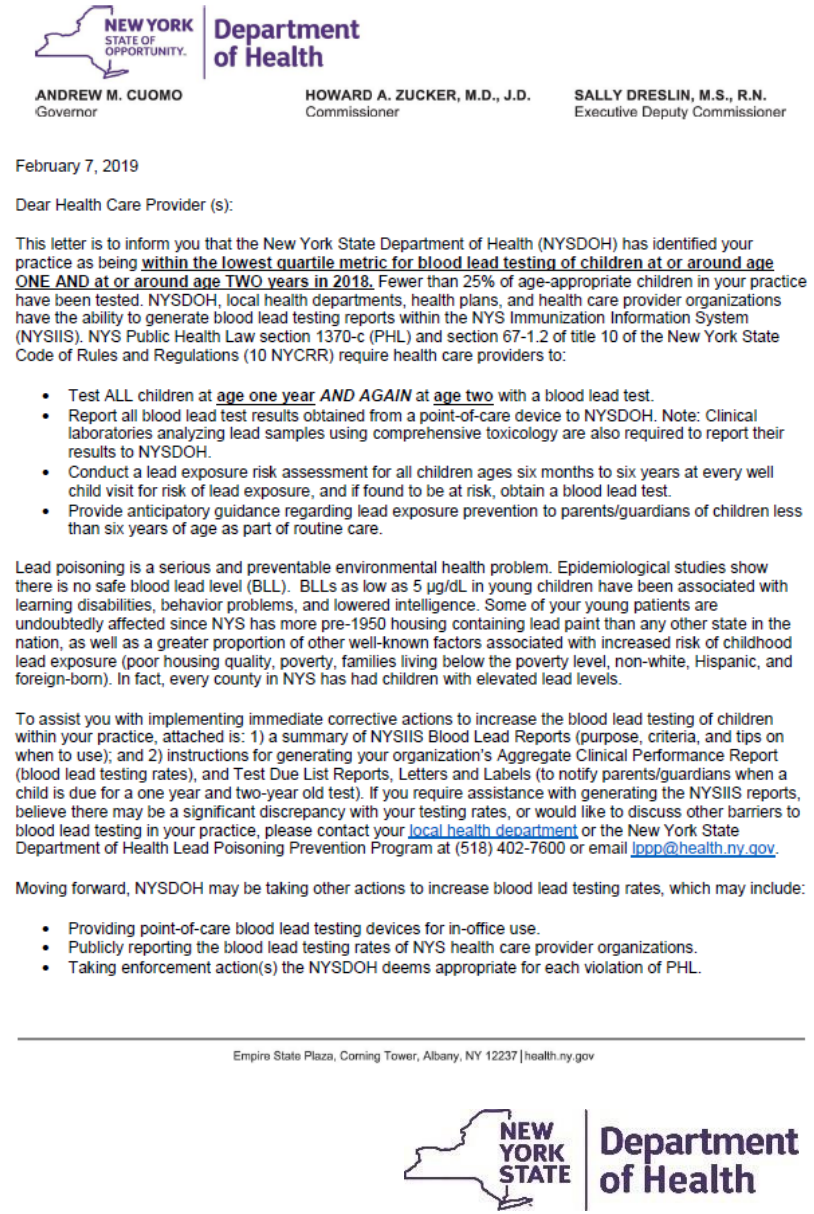
NEW YORK STATE | Department of Health

Health Care Provider Outreach

NEW YORK STATE | Department of Health

Health Care Provider Letter

- Letter sent in February 2019
- Informed provider practices in NYS (outside of NYC) of their underperforming status
- Conveyed NYS Public Health Law and regulatory requirements concerning lead testing and reporting



NEW YORK STATE OF OPPORTUNITY. | Department of Health

ANDREW M. CUOMO, Governor
HOWARD A. ZUCKER, M.D., J.D., Commissioner
SALLY DRESLIN, M.S., R.N., Executive Deputy Commissioner

February 7, 2019

Dear Health Care Provider (s):

This letter is to inform you that the New York State Department of Health (NYSDOH) has identified your practice as being **within the lowest quartile metric for blood lead testing of children at or around age ONE AND at or around age TWO years in 2018.** Fewer than 25% of age-appropriate children in your practice have been tested. NYSDOH, local health departments, health plans, and health care provider organizations have the ability to generate blood lead testing reports within the NYS Immunization Information System (NYSIIS). NYS Public Health Law section 1370-c (PHL) and section 67-1.2 of title 10 of the New York State Code of Rules and Regulations (10 NYCRR) require health care providers to:

- Test ALL children at age one year ***AND AGAIN*** at age two with a blood lead test.
- Report all blood lead test results obtained from a point-of-care device to NYSDOH. Note: Clinical laboratories analyzing lead samples using comprehensive toxicology are also required to report their results to NYSDOH.
- Conduct a lead exposure risk assessment for all children ages six months to six years at every well child visit for risk of lead exposure, and if found to be at risk, obtain a blood lead test.
- Provide anticipatory guidance regarding lead exposure prevention to parents/guardians of children less than six years of age as part of routine care.

Lead poisoning is a serious and preventable environmental health problem. Epidemiological studies show there is no safe blood lead level (BLL). BLLs as low as 5 µg/dL in young children have been associated with learning disabilities, behavior problems, and lowered intelligence. Some of your young patients are undoubtedly affected since NYS has more pre-1950 housing containing lead paint than any other state in the nation, as well as a greater proportion of other well-known factors associated with increased risk of childhood lead exposure (poor housing quality, poverty, families living below the poverty level, non-white, Hispanic, and foreign-born). In fact, every county in NYS has had children with elevated lead levels.

To assist you with implementing immediate corrective actions to increase the blood lead testing of children within your practice, attached is: 1) a summary of NYSIIS Blood Lead Reports (purpose, criteria, and tips on when to use); and 2) instructions for generating your organization's Aggregate Clinical Performance Report (blood lead testing rates), and Test Due List Reports, Letters and Labels (to notify parents/guardians when a child is due for a one year and two-year old test). If you require assistance with generating the NYSIIS reports, believe there may be a significant discrepancy with your testing rates, or would like to discuss other barriers to blood lead testing in your practice, please contact your local health department or the New York State Department of Health Lead Poisoning Prevention Program at (518) 402-7600 or email lppp@health.ny.gov.

Moving forward, NYSDOH may be taking other actions to increase blood lead testing rates, which may include:

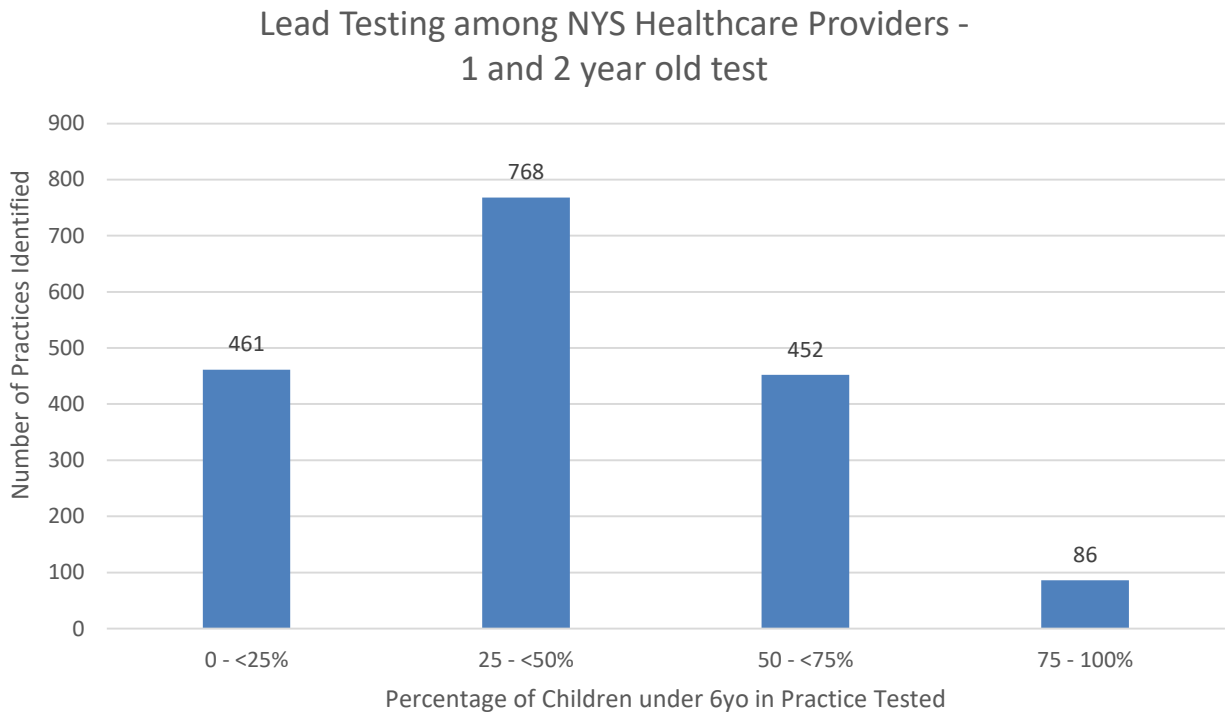
- Providing point-of-care blood lead testing devices for in-office use.
- Publicly reporting the blood lead testing rates of NYS health care provider organizations.
- Taking enforcement action(s) the NYSDOH deems appropriate for each violation of PHL.

Empire State Plaza, Corning Tower, Albany, NY 12237 | health.ny.gov

NEW YORK STATE | Department of Health

Health Care Provider Identification

- Data informed by New York State Immunization Information System (NYSIIS) Reports
- Identified practices testing less than 25% of children
- 627 letters sent to 466 practices
  - 1 year old test: 87 practices
  - 2 year old test: 79 practices
  - 1 and 2 year old test: 461 practices

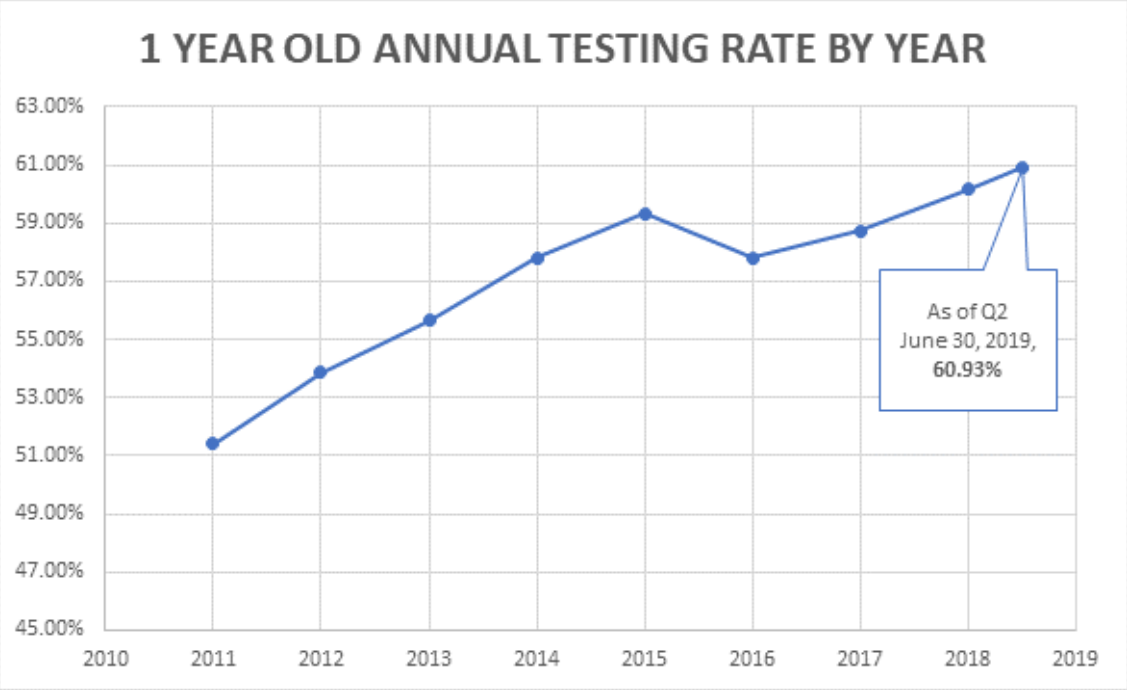


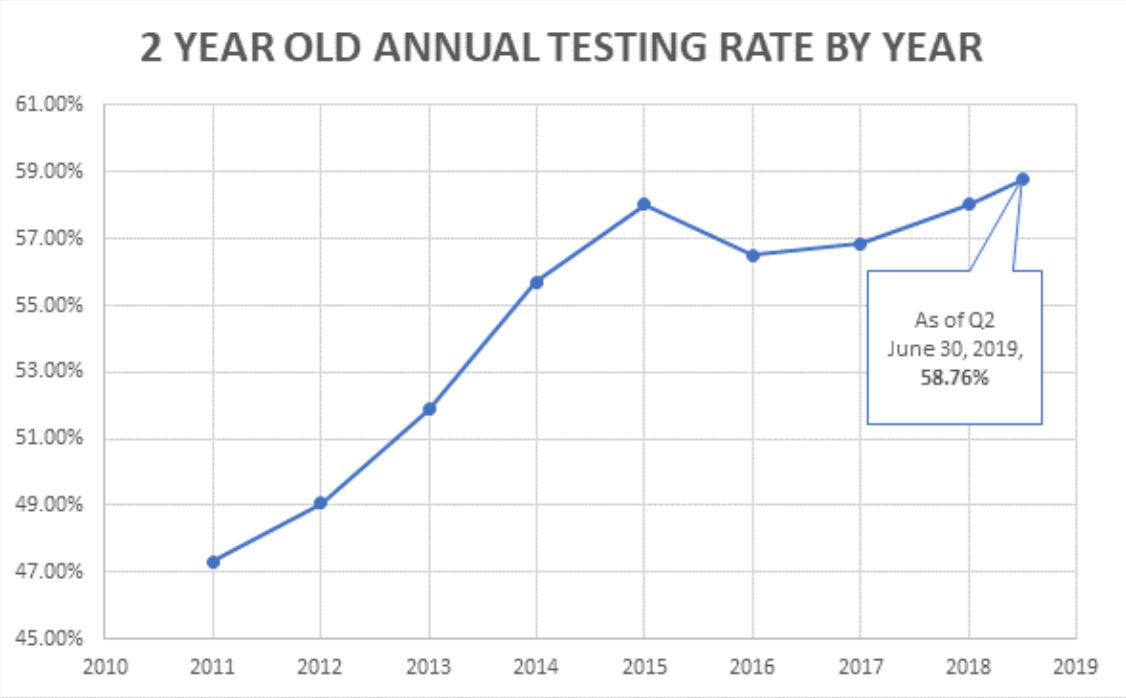
NEW YORK STATE | Department of Health

Health Care Provider Feedback

- Assisted providers not enrolled for reporting LeadCareII® results to NYSDOH (17)
- Assisted providers enrolled for reporting but stopped reporting (3)
- Answered provider questions on blood lead testing and reporting requirements for those considering purchasing a LeadCareII® or already have one (23)
- Assisted providers with NYSIIS functionalities, i.e., generating reports, changing patient status, editing blood lead data, and updating organization information (>50)

Health Care Provider Testing Updates





NEW YORK STATE | Department of Health

NYS 2019-2024 Prevention Agenda

Promote a Healthy and Safe Environment

- Focus Area 3 Goal: Promote Healthy Home and School Environment
  - Objective a: Increase health care provider‘s blood lead testing rates of children ages 0-6
    - 2024 Goal 95%
  - Objective b: Increase the number of residencies that are inspected for lead and other health hazards
    - 2024 Goal: 8000 homes
  - Objective c: Reduce the number of children less than six years of age with a blood lead level of 5 g/dL and over

2019-2020 Kids Quality Agenda Performance Improvement Project

NEW YORK STATE | Department of Health

First 1000 Days on Medicaid Initiative*

- Initiative to improve outcomes and access to services for young children on Medicaid when it is most crucial for development - in the first 1000 days of life
  - 59% of NYS children 0-3 years old are covered by Medicaid
  - Medicaid-enrolled children have a two-fold higher prevalence of developmental delay
  - Prevalent risk factors for developmental delay have cumulative impact
- Developed a ten point agenda to enhance access to services and improve outcomes for young children on Medicaid

- Create a Preventive Pediatric Care Clinical Advisory Group
- Promote Early Literacy through Local Strategies
- Expand Centering Pregnancy
- New York State Developmental Inventory Upon Kindergarten Entry
- Statewide Home Visiting

- **Require Managed Care Plans to have a Kids Quality Agenda**
- Data system development for cross-sector referrals
- Braided funding for Early Childhood Mental Health Consultations
- Parent/Caregiver Diagnosis as Eligibility Criteria for Dyadic Therapy
- Pilot and Evaluate Peer Family Navigators in Multiple Settings

NEW YORK STATE | Department of Health

*https://www.health.ny.gov/health_care/medicaid/redesign/first_1000.htm

Bitsko et al. Centers for Disease Control and Prevention. MMWR March 11, 2016.

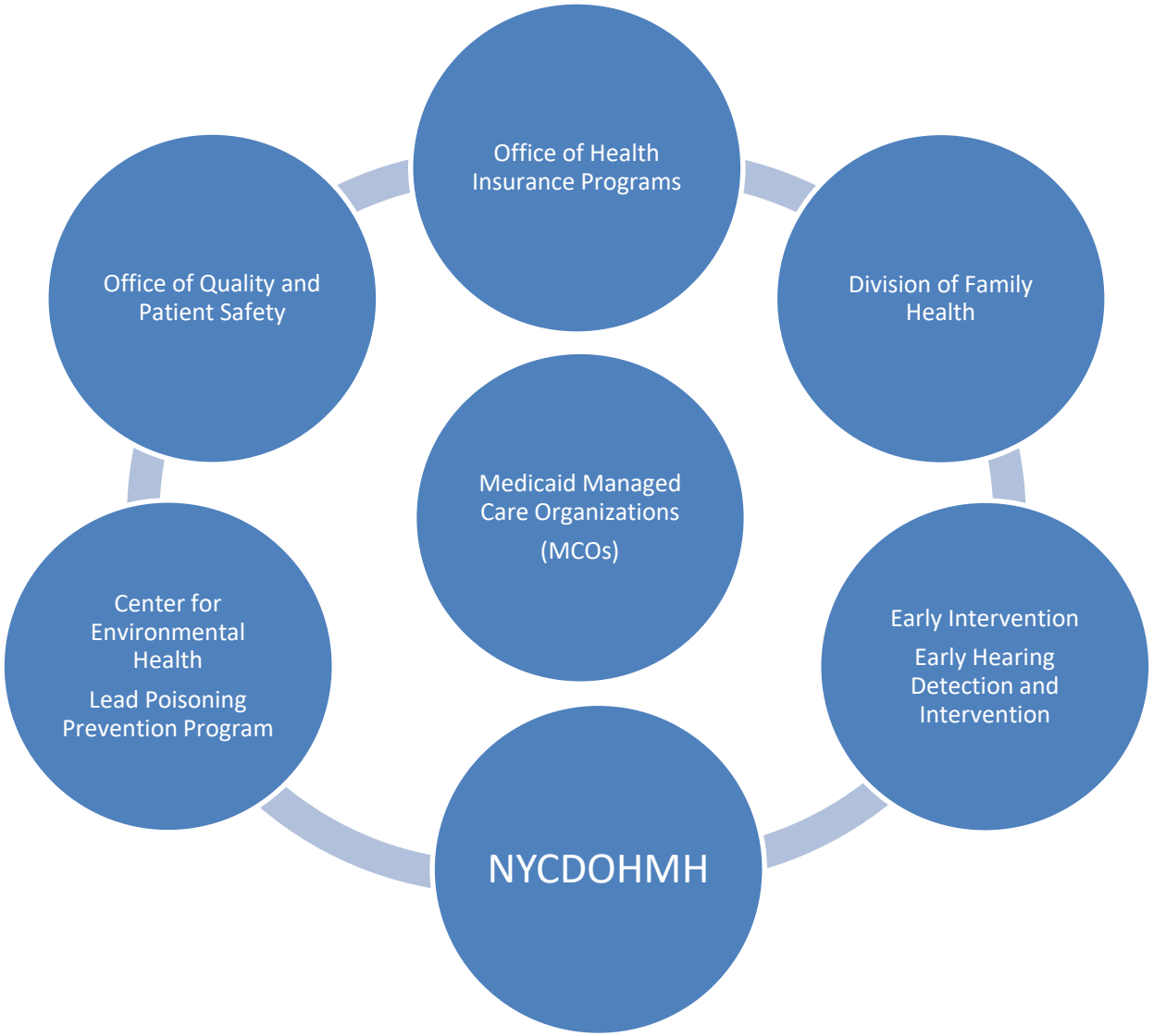
Center on the Developing Child (2009). *Five Numbers to Remember About Early Childhood Development* (Brief). Retrieved from www.developingchild.harvard.edu.

Overview and Objectives for Kids Quality Agenda PIP

- Overall goal: optimize healthy development trajectory
  - Decrease risks for delayed/disordered developmental trajectory
    - Screening, testing and linkage to services for:
      - **Lead exposure**
      - Newborn hearing loss
      - Early identification of developmentally at-risk children
- Engage Medicaid MCOs in identification of at-risk children and linkage of children to services
- Leverage existing data systems to identify children in need of screening/testing/follow-up services

NEW YORK STATE | Department of Health

Collaboration for a Kids Quality Agenda PIP



What are MCO expectations?

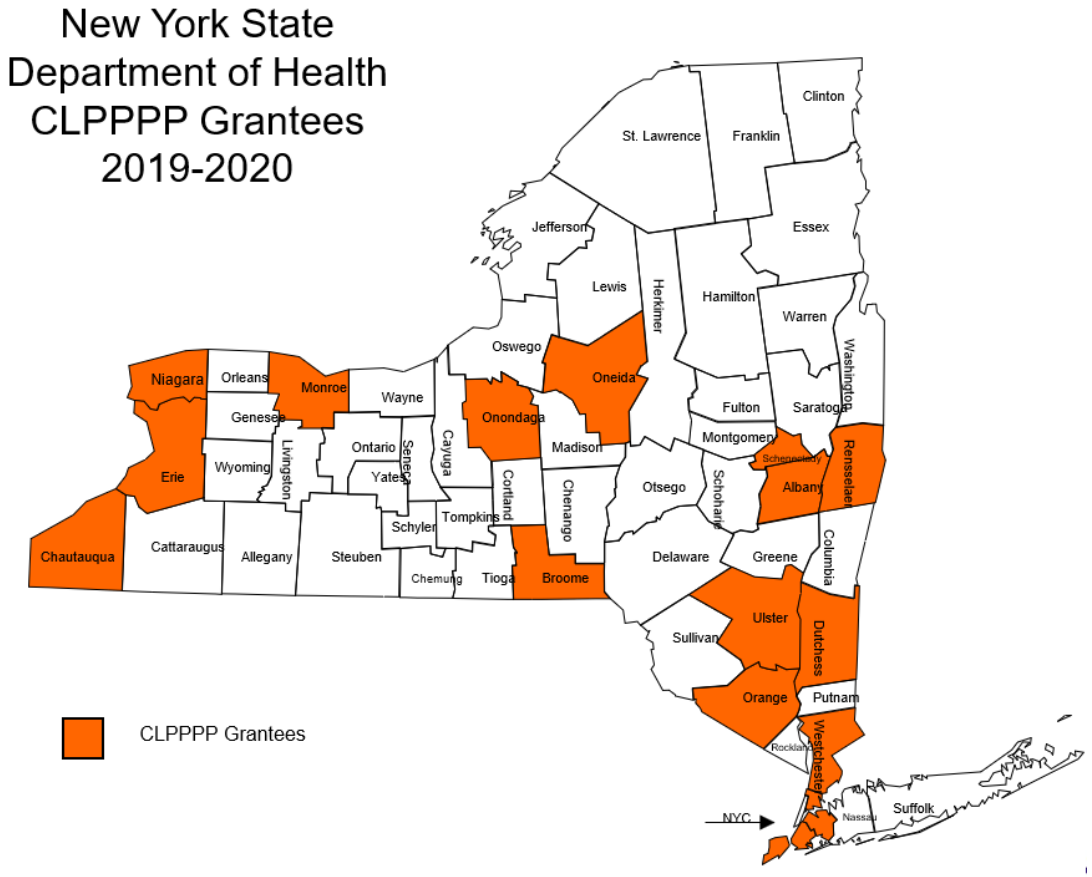
- Ensure appropriate blood lead testing and follow-up for at-risk members
- Establish access to lead testing data and reports for their members available through the New York State Immunization Information System (NYSIIS) and/or the NYC DOHMH Lead Poisoning Prevention Program
- Evaluate barriers and implement interventions barriers/disparities

NEW YORK STATE | Department of Health

Primary Prevention of Childhood Lead Exposure

Childhood Lead Poisoning Primary Prevention Program (CLPPPP)

Primary Prevention Program targeted to high risk housing in 19 identified communities of concern within 15 counties



NEW YORK STATE | Department of Health

Childhood Lead Poisoning Primary Prevention Program (CLPPPP)

- Housing-based approach to identify properties with lead paint hazards and take steps to make them lead safe BEFORE a child is poisoned
- Local Health Departments declare areas of high-risk
  - High proportion of pre-1940's housing
  - High proportion rental properties with high turnover
  - Poorly maintained properties
  - Low income & minority populations

NEW YORK STATE | Department of Health

Childhood Lead Poisoning Primary Prevention Program (CLPPPP)

- Residents or property owners living in the designated high risk areas can request an environmental lead inspection.
- Trained LHD staff will provide a home visit to identify lead based paint hazards, and provide education.
- Many counties provide incentive packages to residents (cleaning products etc).
- If any lead hazards are identified, the property owner will be required to remediate hazards to bring dwelling to a lead safe status.

NEW YORK STATE | Department of Health

What if we could change

one house?

a whole neighborhood?

NEW YORK STATE | Department of Health

What if we could change

one house?

a whole neighborhood?

Healthy Neighborhoods Program

NEW YORK STATE | Department of Health

The Program

TARGETING

- targets high-risk areas identified with census and surveillance data
- uses a combination of door-to-door canvassing and referrals

STAFFING

- sanitarians, health educators, nurses, CHW, and other public health professionals with training in environmental health and housing

INTERVENTION

- in-home visual assessments and interventions for 42+ environmental health and safety hazards
- education, referrals and products

NEW YORK STATE | Department of Health

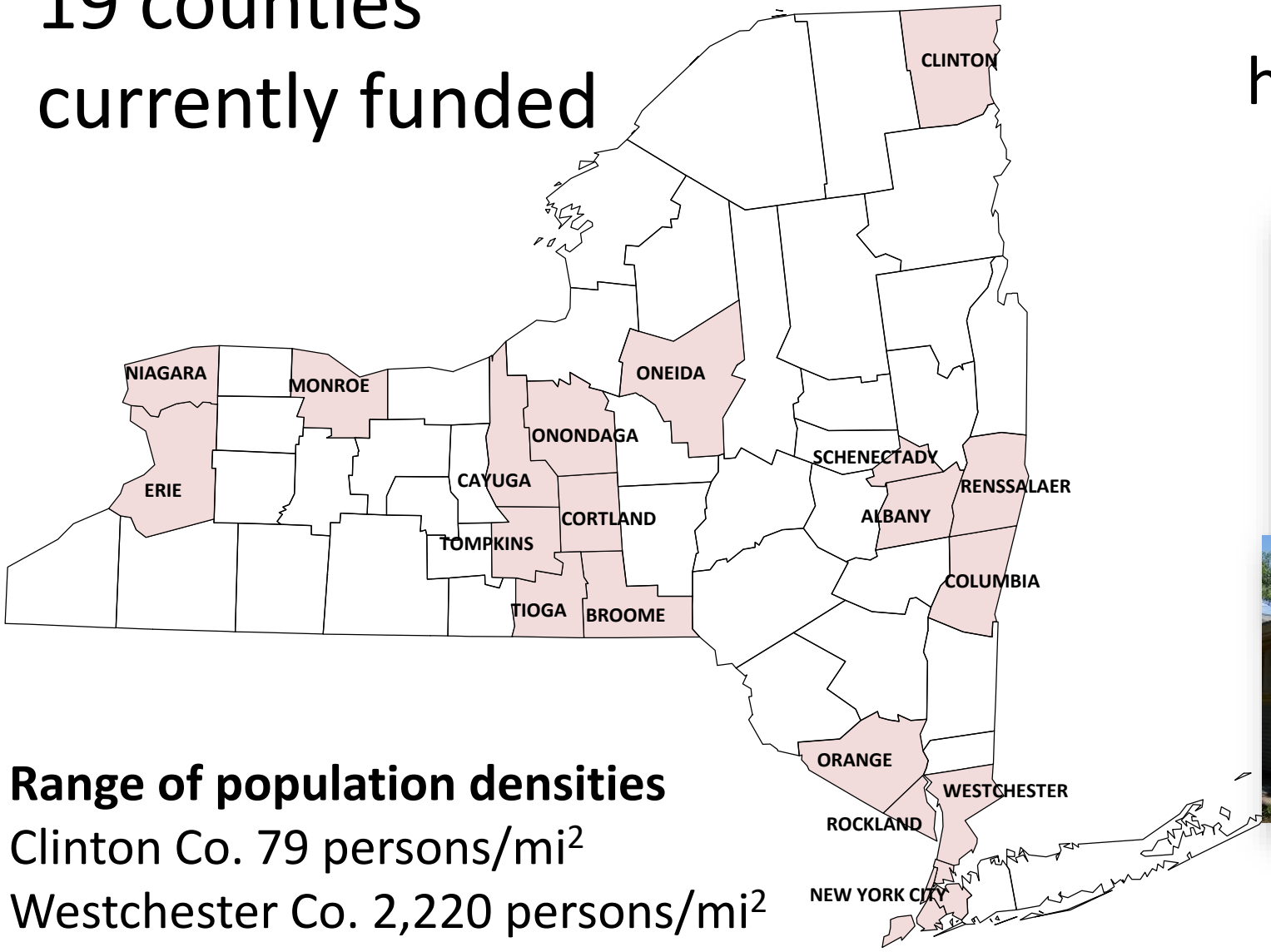
Program Goals

- Prevention of Lead Exposure
- Prevention of Fire Deaths
- Reduction in Asthma Hospitalizations
- Improved Indoor Air Quality

Health and safety hazards addressed

 Fire safety	 Radon	 Pests	 Tobacco Control
 Lead poisoning	 Temp/humidity	 Mold/moisture	 Ventilation
 Asthma	 Carbon monoxide	 Structural issues	 Cleaning and Clutter

19 counties currently funded



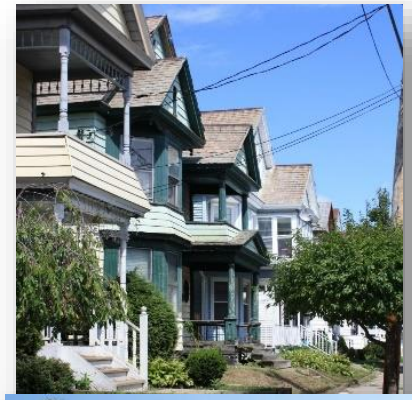
Range of population densities

Clinton Co. 79 persons/mi^2

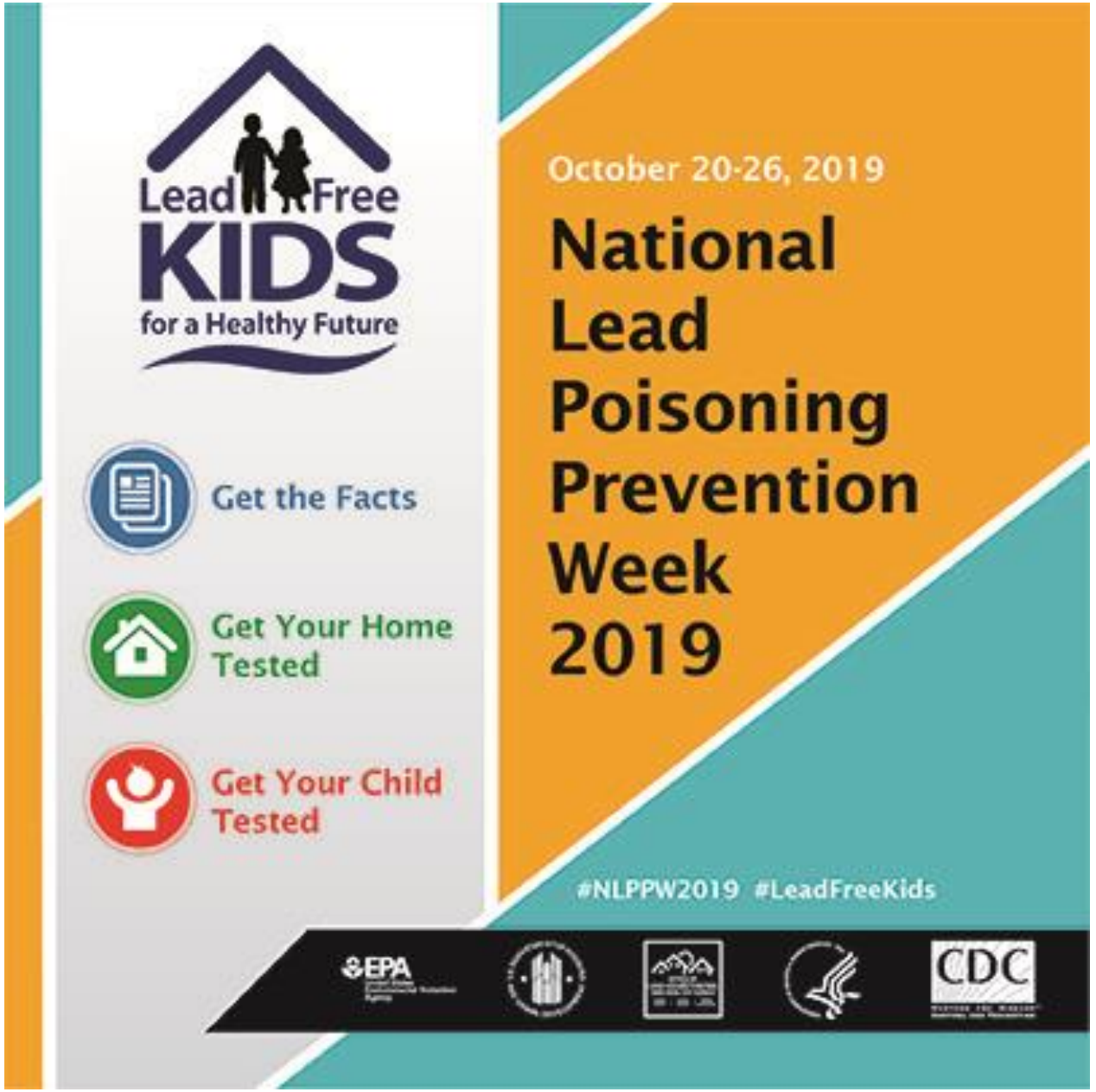
Westchester Co. 2,220 persons/mi^2

New York City 71,000 persons/mi^2

We see many types of housing in a diverse set of communities



NEW YORK STATE Department of Health

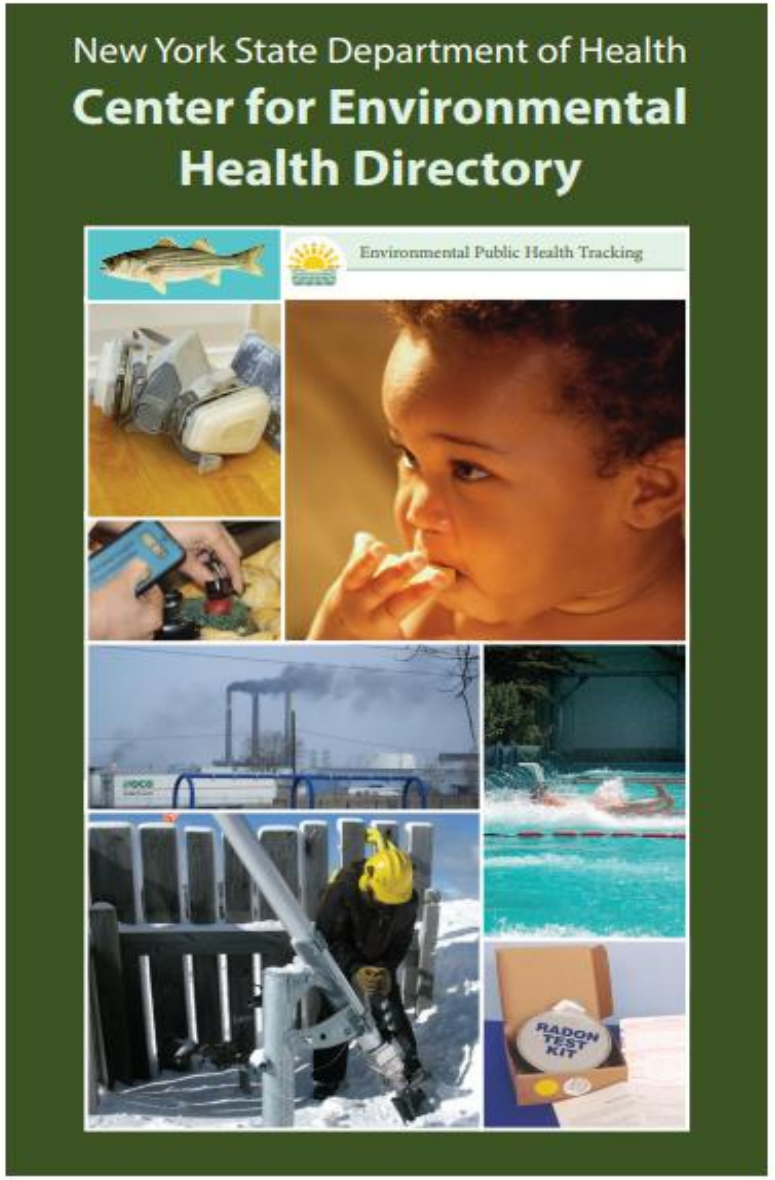


www.cdc.gov/lead

NEW YORK STATE | Department of Health

Questions?

www.health.ny.gov/lead



Contact Information:

Kristen Navarette, MD, MPH, FAAP
Medical Director, Center for Environmental Health
New York State Department of Health
Empire State Plaza, Corning Tower Rm 1619
Albany, NY 12237
518-402-7500
Kristen.navarette@health.ny.gov
www.health.ny.gov