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

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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,

Source: Childhood Lead Poisoning Prevention, CDC
October 21, 2019

Source: Prevention of Childhood Lead Toxicity, Pediatrics, 2017
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
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.
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](http://www.health.ny.gov/lead)

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 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...
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

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- 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 $\geq 5 \text{ µg/dL}$ with a venous blood sample and perform risk reduction and nutrition counseling (previously $\geq 10 \text{ µg/dL}$).
  • Provide comprehensive follow-up services for all children ($<18\text{yo}$) with confirmed venous blood lead levels $\geq 5 \text{ µg/dL}$ (previously $\geq 15 \text{ µg/dL}$)

• Requires local health departments to:
  • Provide care coordination and environmental management for all children with confirmed venous blood lead levels $\geq 5 \text{ µg/dL}$ (previously $\geq 10 \text{ µg/dL}$ and $\geq 15 \text{ µg/dL}$, respectively)
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.
- 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.
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, alkoh, azarcon (Alarcon, luiga, rueda, coral), greta, lilargar, ghasard, pay-loo-ah, bala goli, Daw Tway, and Daw Kyi; 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.
## Confirmatory and Follow-up Testing (1)

<table>
<thead>
<tr>
<th>BLL (µg/dL)</th>
<th>Confirmation of Capillary Sample with a Venous Sample</th>
<th>Follow-Up Venous Testing Schedule AFTER Confirmed Venous BLL (≥5 µg/dL)</th>
<th>Management</th>
</tr>
</thead>
</table>
| <5         | No confirmation needed. Average BLL for U.S. children ages 1-5 years is 1.4 µg/dL⁴ | 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 guidance⁴ 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.⁶⁷ |
# Confirmatory and Follow-up Testing (2)

<table>
<thead>
<tr>
<th>BLL (µg/dL)</th>
<th>Confirmation of Capillary Sample with a Venous Sample</th>
<th>Follow-Up Venous Testing Schedule AFTER Confirmed Venous BLL (≥5 µg/dL)</th>
<th>Management</th>
</tr>
</thead>
</table>
| 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. |
| 25 to <45   | Venous test as soon as possible but no later than 48 hours. | Consult with a Regional Lead Resource Center* 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. |
| 45 to <70   | Venous test as soon as possible but no later than 24 hours. | Consult with a Regional Lead Resource Center (RLRC).* 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* within 24 hours to discuss hospitalization and chelation.  
  • 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.  
  • Admit immediately to a hospital for chelation. |
Clinical Lead Exposure Assessment

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

<table>
<thead>
<tr>
<th>History</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Status:</strong> 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.</td>
<td></td>
</tr>
<tr>
<td><strong>Child Behaviors:</strong> 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.</td>
<td></td>
</tr>
<tr>
<td><strong>Potential Paint Sources:</strong> Age and condition of home and other places child spends time (day care, relatives); evidence of chowed 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).</td>
<td></td>
</tr>
<tr>
<td><strong>Potential Non-Paint Sources:</strong> 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.</td>
<td></td>
</tr>
<tr>
<td><strong>Caregiver Exposures and Behaviors:</strong> Occupations and hobbies of household members; painted or unusual materials burned in fireplaces or near home.</td>
<td></td>
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<tr>
<td><strong>Physical Exam:</strong> Include complete neurologic exam.</td>
<td></td>
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<tr>
<td><strong>Nutritional Assessment:</strong> Evaluate growth and adequacy of diet, including iron, vitamin C, and calcium intake with follow-up anticipatory nutritional counseling.</td>
<td></td>
</tr>
<tr>
<td><strong>Developmental Assessment:</strong> Evaluate achievement of, or regression from, milestones, particularly in psychosocial and language domains. This should include use of a standardized developmental screening tool® and follow-up anticipatory developmental counseling.</td>
<td></td>
</tr>
<tr>
<td><strong>Laboratory Tests:</strong> 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.</td>
<td></td>
</tr>
<tr>
<td><strong>Referrals:</strong> 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.</td>
<td></td>
</tr>
</tbody>
</table>
Potential Sources of Exposure

Lead can be found throughout a child’s environment.

1. Homes built before 1978 (when lead-based paints were banned) probably contain lead-based paint.
2. When the paint peels and cracks, it makes lead dust. Children can be poisoned when they swallow or breathe in lead dust.
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 water pipes may contain lead.

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
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))
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.
Health Care Provider Tools & Resources
Does your child need a lead test?

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
**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, window sills, 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 fingerpint, 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.

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

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 it for your records.

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

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**How to Protect Your Child From Lead Poisoning**

- **Fix peeling lead paint and make home repairs safely.**
- **Wash dust off hands, toys, bottles, windows, and floors.**
- **Be careful not to bring lead home on clothes, toys, or jewelry.**
- **Load is in some children’s jewelry, toys, keys, and old furniture. Sign-up for children’s product recall alerts at www.cpsc.gov/cpscalert.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.**
- **Serve foods that have calcium, iron and vitamin C.**
- **Find out more about lead.**

www.health.ny.gov/lead

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Talk with your child’s health care provider. Call your local health department. Find them at www.health.ny.gov/environmental/leadexposure/childhood/program_contact_list.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
- **Iron**: Protects against harmful effects of lead
- **Vitamin C**: Helps the body absorb calcium and iron better

Some foods are good sources of both calcium and iron

- Dark green vegetables
- Soy products
- Beans, peas, and lentils
- Almonds
- Potatoes
- Dried fruits

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.

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.

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

- Peanut butter
- Whole grain breads and cereals
- Lean meats, fish, and seafood
- Eggs
- Sweet potatoes
- Dairy products
- Soy products
- Beans, peas, and lentils
- Almonds
- Dark green vegetables

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
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
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
Health Care Provider Outreach
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
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
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

1 YEAR OLD ANNUAL TESTING RATE BY YEAR

2 YEAR OLD ANNUAL TESTING RATE BY YEAR

As of Q2
June 30, 2019,
60.93%

As of Q2
June 30, 2019,
58.76%
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
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

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

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
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
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.
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
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.
What if we could change one house?

a whole neighborhood?
What if we could change one house?

a whole neighborhood?

Healthy Neighborhoods Program
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
Program Goals

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

Health and safety hazards addressed

<table>
<thead>
<tr>
<th>Fire safety</th>
<th>Radon</th>
<th>Pests</th>
<th>Tobacco Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead poisoning</td>
<td>Temp/humidity</td>
<td>Mold/moisture</td>
<td>Ventilation</td>
</tr>
<tr>
<td>Asthma</td>
<td>Carbon monoxide</td>
<td>Structural issues</td>
<td>Cleaning and Clutter</td>
</tr>
</tbody>
</table>
19 counties currently funded

Range of population densities
Clinton Co. 79 persons/mi²
Westchester Co. 2,220 persons/mi²
New York City 71,000 persons/mi²

We see many types of housing in a diverse set of communities
www.cdc.gov/lead
Questions?

www.health.ny.gov/lead

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