



**Written Testimony of Gary Ginsberg, Ph.D.
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**Public Hearing
Childhood Lead Poisoning Prevention in New York State**

November 30, 2021

Good morning Senator Rivera, Senator Kavanagh and Committee members. I am Gary Ginsberg, Director of the Center for Environmental Health. Children's exposure to sources of lead contamination continues to be an important public health concern affecting the ability of children to learn and develop. While the national and NYS statistics show that over the last decade the overall incidence of lead poisoning among children has steadily declined from 71 per 1,000 children in 2010 to 39 per 1,000, there are still over 8,000 children in New York State whose blood lead is above 5 ug/dl. Risk factors for childhood lead poisoning such as age of housing, poor housing quality, poverty, race/ethnicity, and language barriers are still prevalent in New York State. The reasons for this vary but the experience in NYS supports the Centers for Disease Control and Prevention's (CDC's) finding that lead-based paint in older buildings that are not adequately maintained is still the most common source of lead poisoning in children.

NYS DOH Programs

The Department of Health has several programs designed to manage cases of elevated blood lead in children and to address their root causes. Programs include:

- **Lead Poisoning Prevention Program (LPPP):** Cases of elevated blood lead in children are managed under the LPPP program. Funding is provided to 56 different counties and NYC to ensure that children are tested at ages one and two by their health care providers, and that cases of elevated blood lead are identified and managed to lower the child's blood lead level. LHDs assess multiple sources of exposure during this investigation; while housing is the most common source of childhood lead poisoning, the assessment includes a review of foods, spices, medications, cosmetics, jewelry, and children's toys.
- **Childhood Lead Poisoning Primary Prevention Program (CLPPPP):** One avenue for primary prevention occurs through CLPPPP, the largest housing focused primary prevention program in the country. NYS DOH funds local health departments to control lead hazards in high risk housing using education and enforcement measures to ensure that corrective action takes place. The funding targets those communities with the greatest burden of lead-poisoned children and currently involves 15 local health departments working in 23 municipalities. Communities funded by CLPPPP serve children in zip codes with lower socio-economic status and older housing.
- **Healthy Neighborhoods Program:** NYS DOH administers the Healthy Neighborhoods Program, which seeks to reduce the burden of housing related illness and injury through a holistic, healthy homes approach, including identification of lead-paint hazards in targeted high-risk neighborhoods. Currently, NYS DOH funds 18 LHDs through a competitive application process.

Lead in Drinking Water

NYS DOH also has several programs focused on preventing community exposure to lead in drinking water.

- NYS DOH enforces federal regulations on lead in drinking water by ensuring public water suppliers collect samples for lead at appropriate locations, properly operate corrosion control treatment and notify the public when the lead action level is exceeded.
- Beginning in 2017, NYS provided national leadership with our lead service line replacement program (LSLRP) in which grants have been given to municipalities to fund the removal of water service lines made of lead. To date, \$30 million has been allocated to replace lead service lines in New York.
- Since 2016 all New York State public schools and Boards of Cooperative Educational Services (BOCES) are required to test the water from all outlets used for drinking or cooking for lead. Any fixtures found above the Action Level of 15 micrograms per liter must be taken out of service and remediated before being used again.
- Finally, NYS DOH administers the Free Drinking Water Lead Testing Pilot Program. This program offers free lead tests to any interested resident via a 1.5 million dollar fund.

Partnerships

In addition to the close working relationship NYS DOH has with local health departments that administer lead programs at the local level, we are also involved with various entities working to address the sources of children's blood lead in NYS. These entities include:

- **Regional Lead Resource Centers:** NYS DOH funds a statewide network of RLRCs that provides clinical consultation and education to LHDs and community health care providers (HCPs) on the prevention and management of lead poisoning.
- **Children's Environmental Health Centers and Occupational Health Clinics:** NYS DOH funds networks of Children's Environmental Health Centers and Occupational Health Clinics that work on a variety of environmental health issues including childhood and adult exposure to lead.
- **The Advisory Council on Lead Poisoning Prevention:** This body has been established by the legislature to provide independent consultation to NYS DOH on best practices and strategies for further reducing the burden of childhood lead exposure in NYS.

OSC Audit Report

The NYS Office of State Comptroller (OSC) audited NYS DOH's programs regarding childhood blood lead in 2019 focusing to a great extent on the management of the LPPP program. While OSC reported some gaps in the follow-up of children with elevated blood lead levels, upon further investigation jointly with OSC, NYS DOH showed that these children did in fact receive appropriate follow-up and in a timely manner. The gap was in the reporting of this information into the surveillance database, LeadWeb. NYS DOH has since made strides in LeadWeb to make it easier for LHDs to use this system and for NYS DOH to track the management of elevated blood lead cases.

Summary

NYS DOH's experience in addressing cases of elevated blood lead levels and in prevention of future cases highlights the continued importance of reducing lead paint hazards, especially in vulnerable communities due to age of housing and various socio-economic factors. While a broad approach involving pediatric blood lead testing and intervention is needed along with prevention in the area of drinking water sources of lead, the cornerstone of prevention still lies in managing the aging housing stock such that children's early life environments are not a significant source of lead exposure. To this end we point to the approach the City of Rochester implemented beginning in 2005 whereby all rental units in the city receive a lead paint inspection every 5 years as part of code enforcement. This has resulted in a long-term reduction in children's blood lead that surpasses the statewide declines, with something similar recently adopted in Syracuse as well.

Thank you. I am happy to answer any questions at this time.