

Childhood Lead Poisoning in Oneida County: Building Local Capacity and Coalitions

Final Report

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EXECUTIVE SUMMARY

Lead poisoning is one of the most significant environmental threats to children's health in upstate New York. Even at low levels, lead poisoning can make it difficult for children to learn, contribute to behavioral problems, and cause medical problems later in life. While there are many possible sources of lead exposure, the most common problem for children is being exposed to dust, soil, or paint containing lead in older housing (pre-1978).

This report is the final step in a year-long project to support community participation in and development of local coalitions to prevent childhood lead poisoning in Cayuga, Chemung and Oneida Counties. The project was sponsored by the New York State Health Foundation and coordinated by the University of Rochester with local partners in the three counties. These partners were the Rochester Coalition to Prevent Lead Poisoning (CPLP), the University of Rochester's Environmental Health Sciences Center (EHSC), Mohawk Valley Community Action Agency in Oneida County (MVCAA), Catholic Charities of Chemung County (CCC), and the Cayuga County Cornell Cooperative Extension. This report provides a summary of data on childhood lead poisoning in Oneida County, description of the coalition building process and direct action conducted as part of this project, and recommendations for next steps.

The goal of the project was to create a statewide model of lead coalition building. The project supported technical and strategic advice from the Rochester-based Coalition to Prevent Lead Poisoning (CPLP) over the past eight years to support Mohawk Valley Community Action Agency's efforts in Oneida County. The CPLP has worked with community, government, and academic partners to promote lead poisoning prevention through a variety of educational, direct action, financial, and policy strategies.

This report is based on publicly available screening and elevated blood lead level (EBL) data from the New York State Department of Health. 2000 Census data was used to highlight areas of high lead poisoning risks. Mohawk Valley Community Action Agency and Oneida County Health Department staff helped provide an overview of existing efforts to prevent childhood lead poisoning. These local partners' documentation of their coalition-building activities conducted under this project are summarized in this report. The report concludes with recommendations for next steps that were developed through discussions between University of Rochester staff and local partners.

State Health Department data show that in 2005, 4.90% of the children screened for lead in Oneida County were newly identified with elevated blood lead levels (EBL), which is significantly above the state incidence of 1.18%. There may be concentrated areas with even higher rates, such as zip code 13501, which ranked 2nd and 13502, which ranked 11th for the highest EBL incidence rate statewide in 2005. Oneida County had the 17th highest screening rate (percent of children tested at least twice by the age of 36 months) of 57 New York State counties (excluding New York City) for children born in 2002 (NYSDOH, 2008).

Because the county's highest lead poisoning rates in the county are in Utica, the Oneida County Health Department has developed a comprehensive lead poisoning prevention pilot program that focuses efforts on that city. Because of MVCAA's strong presence in rural areas and the need for lead poisoning prevention education in rural areas, MVCAA decided to focus its efforts in rural areas outside of Utica. MVCAA's primary tool for reaching parents of high risk children in these areas was producing plays on lead poisoning at Head Start centers in which 37 preschool children were the actors and about 110 parents their audience. MVCAA partnered with the County Health Department to provide education at these venues. In addition, MVCAA expanded its participation in the County's existing Safe Housing Coalition, bringing several speakers from Rochester to focus on lead poisoning prevention efforts.

This report documents the current status of efforts to reduce childhood lead poisoning in Oneida County. It is intended to provide a foundation for future projects, planning, and education by local partners or interested others.

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Although we received input from many individuals, statements made in this report are solely those of the authors.

COMMENTS

We welcome comments on this report, which may be sent by email to: Katrina.Korfmacher@urmc.rochester.edu (University of Rochester) or to Terry Green (tgreen@mvcaa.com, Mohawk Valley Community Action Agency)

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INTRODUCTION

Lead poisoning is the most significant children's environmental health threat in New York State. Despite nation-wide decreases in lead poisoning rates, rates remain high in upstate New York, particularly among low-income children living in older housing.

This report summarizes existing data related to lead poisoning in Oneida County in order to characterize the nature of the problem. It provides an overview of existing policies, programs, and organizations working to prevent lead poisoning in Oneida County. This report concludes with approaches and strategies that may be effective in preventing lead poisoning in the future.

THE PROBLEM OF CHILDHOOD LEAD POISONING

While lead was identified as a health hazard decades ago, our understanding of the extent of harm it causes, even at low levels, has continued to grow. Below, we provide a brief summary of the effects of lead, sources of exposure to lead, the extent of the problem, and approaches to preventing lead poisoning. This report provides only a brief introduction to these issues; Table 1 provides a list of several New York State and national sources of additional information about lead.

Table 1: Sources of lead information

Sources of Lead Information
• New York State Department of Health, www.health.state.ny.us/ , 518-474-2011
• U.S. Environmental Protection Agency, www.epa.gov/lead/ , 1-800-424-LEAD
• U.S. Department of Housing and Urban Development, www.huduser.org/picture2000/ , 1-800-245-2691
• Centers for Disease Control, www.cdc.gov/nceh/lead/ , 1-800-CDC-INFO
• National Center for Healthy Housing, www.nchh.org , 410.992.0712
• Alliance for Healthy Homes, www.afhh.org , 202- 739-0882

Medical effects

Lead is a toxin that affects the brain, heart, bones, and kidneys. Lead poisoning occurs when lead enters the body, usually through swallowing paint, dust, or soil that contains lead. The effects of lead poisoning are irreversible. Although lead poisoning cannot be treated, it can be prevented by reducing exposure to lead.

Lead poisoning has a larger impact on children than adults because their brains and bodies are actively growing. Even low amounts of lead in children's bodies can cause learning and behavioral problems, often with no physical symptoms. Lead poisoning may result in a lower IQ, difficulty paying attention, and delinquent behavior. Public health guidelines state that the "level of concern" for blood lead levels (BLL) is 10 mcg/dL (micrograms per deciliter, also written µg/dL). However, medical research has shown that lower levels of lead in the blood can also be harmful (Canfield, 2003).

Although lead poisoning in children is of greatest concern, lead has negative effects on adults as well. Because lead affects all organ systems and is stored in the bones, adults may be affected by past lead exposure or by ongoing exposure, usually from workplaces or hobbies. It is important to note that pregnant mothers can pass lead to their babies.

Societal costs

Lead poisoning can cause serious problems for the exposed individual and their family. In addition, because of lead's wide ranging impacts on the human body, lead exposure causes significant costs to society. Children who are lead poisoned are more likely to need medical care, special education, and early intervention services than other children – all of these services are subsidized by taxpayer dollars. In addition, as adults they are more likely to have health problems and engage in criminal behavior. Lead is thought to decrease IQ, and lower IQ is correlated with a lower earning potential later in life. Thus, lead can cause lead poisoned children to need more support and earn less throughout their lives.

It is difficult to estimate these costs because many of them are intangible, indirect, or difficult to measure. One approach to estimating social costs that considered only the cost of lowered IQ calculated that lead reduced each birth cohort of U.S. children's lifetime earning potential by 43.3 billion dollars (Landrigan et al. 2002). By another estimate, lead reduced the lifetime earning potential of children born in one year (2002) in New York by close to \$3 billion in current dollars (Landrigan, 2002). Using the same method, the lost future income by the 2,508 children born in Oneida County in 2001 was over \$28 million.

Because the costs of controlling lead hazards (discussed below) are immediate and concrete, they are more frequently cited than are the less visible costs of lead poisoning to society. Nonetheless, these costs are significant and are born by the entire community.

Sources of lead hazards

Homes built before 1978 may contain hazardous levels of lead in dust, paint, and soil. While lead was banned in paint in 1978, the majority of all lead paint is in units built before 1960; those built before 1950 have the highest risks.

Lead may be released into the environment from deteriorated leaded paint, friction or impact, or unsafe home renovations. Even if older leaded paint is covered by non-leaded paint, friction (from windows and doors opening and closing) and repeated impacts (such as walking on painted floors or stairs) may create leaded paint chips or dust. If "lead safe work practices" (LSWP) are not used when disturbing leaded paint (for example, during home renovations), leaded dust can be released into the home environment, potentially creating a severe hazard. Lead can also be found in some jewelry, toys, home remedies, ceramics, candy, or water pipes, but these are not significant sources of lead exposure for children in New York State. Most EBL children in New York have been exposed to lead in older housing.

Lead hazard assessment and control

Years of research and experience have contributed to standardized approaches to cost-effectively controlling lead hazards. The costs of these control methods can vary from minimal (such as scraping and painting) to more expensive (window replacement). The perceived costs of lead hazard control are one of the main barriers to addressing lead hazards in most areas; however, depending on the nature and extent of hazards control costs may be quite affordable. Also, it is essential that lead hazard controls be done by properly trained workers using appropriate lead safe work practices (LSWP). This section summarizes the various approaches and costs involved.

In a case of unlimited resources, it would be ideal to have a complete lead paint inspection to inventory all the surfaces in each home that contain lead, and a risk assessment to guide treatment of these hazards. However, given the expense of lead paint inspections and risk assessments, this is often not feasible. Below, we summarize the most common approaches to finding, fixing, and maintaining controls on lead hazards.

Finding lead hazards

One of the challenges in controlling lead hazards is that it may be difficult and/or expensive to document lead hazards. It is impossible to tell from looking at paint, dust, or soil whether or not it contains lead, and whether or not this poses a hazard. The federal government has developed a variety of protocols, tools, and techniques for documenting lead risks in housing

Risk assessment: A risk assessment identifies lead based paint hazards (for example, deteriorated lead based paint, lead in dust, or contaminated bare soil) and provides a range of options for safely addressing these hazards using appropriate treatments. This must be done by an EPA-certified Risk Assessor using an XRF (x-ray fluorescence) analyzer, dust wipes and soil samples, and costs around \$400.

Visual assessment: A visual inspection is a thorough examination of all interior and exterior paint for deterioration and its causes and bare soil. HUD provides an on-line visual assessment training curriculum that takes around an hour to complete. Visual assessment alone is not sufficient to determine lead safety, however, since invisible leaded dust may be present.

Clearance testing: Clearance testing is conducted AFTER lead hazard control work has been completed. Clearance can be conducted by a Risk Assessor or Lead Sampling Technician under supervision of a Risk Assessor. A clearance test includes a visual inspection to make sure all work was completed properly. Then, if the unit passes the visual inspection, a minimum of 8 dust wipe samples are completed. A standard clearance test generally costs between \$150 to \$250 (including lab fees and time).

Thus, there are several established methods for documenting lead hazards. However, there are no programs or generally available resources for subsidizing such assessments. Although a risk assessment is the most thorough way to identify lead hazards, the expense may be excessive for many families. It is generally safest to assume that pre-1978 housing does contain lead hazards and conduct renovations and repairs accordingly (i.e. using lead safe work practices and standard treatments, see below).

Fixing lead hazards

Once a home has been identified as having lead hazards, it is important that these hazards be properly addressed. This involves three elements:

- 1) Occupant protection (making sure that residents and their belongings are protected from any lead-containing dust or paint chips)
- 2) Lead safe work practices (using methods to reduce generation of and contain lead dust or chips to protect workers and residents and reduce the need for decontamination clean-up)
- 3) Appropriate treatments (using methods of lead hazard control that have been found to be effective over time)

Property owners must be given clear guidance on how to do the work (lead safe work practices and occupant protection) and what to do (appropriate treatment options). Otherwise, they may create worse hazards while doing the work and use techniques (such as painting friction surfaces) that do not fix the lead hazard.

Decades of research have established that it is not necessary to remove all leaded paint from a building in order to make it lead safe for children. On the other hand, simply painting over lead hazards may not effectively address lead hazards, especially on friction and impact surfaces. For example, painting a window with a friction hazard does not effectively solve the problem because dust is created when the window is opened or closed, and this can wear down to the leaded paint. The federal government has established standards for appropriate lead hazard control strategies based on past research. There are three types of treatments usually described:

Abatement (permanent controls): Abatement means any set of measures designed to permanently eliminate lead-based paint or lead-based paint hazards. Abatement includes:(1) The removal of lead-based paint and dust-lead hazards, the permanent enclosure or encapsulation of lead-based paint, the replacement of components or fixtures painted with lead-based paint, and the removal or permanent covering of soil-lead hazards; and (2) All preparation, cleanup, disposal, and post abatement clearance testing activities associated with such measures.

Interim controls: Interim controls means a set of measures designed to temporarily reduce human exposure or likely exposure to lead-based paint hazards. HUD recommends reevaluating interim controls every two years. Interim controls tend to be cheaper than abatement. They are described in 24 CFR part 35.1330.

Standard treatments: Standard treatments means a series of hazard reduction measures designed to reduce all lead-based paint hazards in a dwelling unit without the benefit of a risk assessment or other evaluation. Standard treatments include a mix of interim and permanent controls, based on the component to be addressed. A description of these methods may be found at:

<http://www.hud.gov/offices/cpd/affordablehousing/training/web/leadsafe/keyrequirements/reduction.cfm>

Maintaining lead hazard controls

As noted above, it is important that any work that disturbs lead paint be followed by a clearance test (visual inspection plus dust wipes) to make sure that cleanup was properly done and no hazardous leaded dust remains. After the property passes a clearance test, proper ongoing maintenance and monitoring is required, especially if a large number of interim controls are used. HUD guidelines recommend testing two years after interim controls are put in place.

Costs of lead hazard controls

One of the most commonly cited barriers to removing lead hazards is the cost of lead hazard control. It is important to be clear how these costs are estimated. For example, interim controls are generally less costly than full abatement; however, they may require maintenance that adds costs over time. In some situations, lead hazards arise from paint that is peeling as a result of recurrent roof leaks. In this case, a new roof might be considered by some to be a lead hazard control cost, and by others to be a necessary cost incurred because of deferred maintenance.

The Center for Governmental Research's Needs Assessment for Monroe County (2002) cited a range of costs to address lead hazards between \$7,557 and \$70,000 per unit, depending on the assumptions made. The report projected additional costs of up to \$7,000 per unit for relocation of residents. However, subsequent experience by the Monroe County Department of Public Health's HUD grant program yielded an average cost to make a unit lead safe of \$3,253

per unit for interim controls only (\$5,598 interim controls with window replacement). At the same time, the Get the Lead Out program contracted with a risk assessor who calculated repair costs in high-risk units in Rochester to cost an average of \$3,366 to address all lead hazards using HUD standard treatments. More recently, a survey of landlords on the costs of complying with the lead safety standards of the Rochester local lead law found that a third of the respondents had no costs associated with compliance. Those who did spend money to comply reported an average cost of \$2,618 per unit (CGR, 2007). It is important to remember that, while the Rochester law does require Lead Safe Work Practices, it does not mandate HUD's standard treatments of lead hazards. Thus, the standards applied, methods used, and range of repairs attributed to lead hazard controls can drastically affect estimated costs.

MAGNITUDE OF PROBLEM

Childhood lead poisoning rates have decreased in the past several decades, but New York State's rates remain among the highest in the country, particularly among low-income children living in older housing. According to the CDC, in 2001 New York had the second highest number of children with confirmed elevated blood lead levels in the country, and the highest number of high-risk (pre-1950) housing units (Meyer, et al. 2003). In 2001, 9,917 New York State children were found to have blood lead levels over 10 µg/dL, the level at which recent research showed children have already lost around 7 IQ points (Canfield et al 2003). Research has found no 'safe' level of lead in children. Nationally, the percentage of children under 6 years of age with confirmed elevated blood lead levels dropped from 7.5% in 1997 to 1.21% in 2006; over the same period of time, New York's rates (excluding New York City) dropped from 6.31% to 1.56% (CDC, 2008).

Although New York State has a universal screening law that requires screening at ages one and two, not all children are screened for lead. Based on NYSDOH data, Oneida County has a historically modest screening rate and has the 17th highest rate (percent of children tested at least twice by the age of 36 months) of the 57 New York State counties outside New York City as of 2005. Health Department officials observe that screening rates are higher in the cities (particularly Utica and Rome) and among Medicaid recipients but that significant gaps remain, particularly among rural families.

Prior to 2003, state reports summarized screening data by the number of children screened at least once by age 6; results therefore reflect testing of children born at least 6 years prior to the report. Table 2 shows the percent of children who are tested at least once before they turn 6; 2003 data includes children born before 1998.

Table 2: Total Percent of children screened (through 72 months of age)*

		1994	1996	1998	County Rank****
New York State	%	87.9	91.9	92.2	
	# **	148,618	140,661	137,865	
Oneida County	%	86.2	95.0	88.8***	28
	# **	3,134	2,702	2,611	46

*Source: Data from NYSDOH (2003): A Report of Lead Exposure Status among New York Children; statewide data exclude New York City

**Number of births recorded in that year

***Children who change county of residence could be in screening data in multiple counties, but in birth cohort data in only one county; this could cause screening rates in some counties to exceed 100%.

****Rank among 57 counties outside New York City (1 = highest screening rate/lowest number of births)

NYSDOH changed its summary tables in the 2004-2005 NYSDOH (2008) report to the number of children screened at least once by the age of 36 months. The NYSDOH (2008) report provides cohort information for children born in 2001 and 2002, shown in Table 3. Because of this change in reporting, we cannot compare screening rates over time; however, in 2005 Oneida County ranked as having the 17th highest screening rate (children screened twice by the age of 36 months) of all counties in New York, excluding New York City. Future data analyses should track these trends to record successes or shortfalls in screening rates.

Table 3: Percent of children screened by age for 2001 and 2002 Cohorts*

		2001 Cohort Screened at 0 - <9 months	2001 Cohort Screened at 9 - <18 months	2001 Cohort Screened at 18 - <36 months	2002 Cohort Screened at 0 - <9 months	2002 Cohort Screened at 9 - <18 months	2002 Cohort Screened at 18 - <36 months	Rank***
New York State	%	3.3	54.7	40.3	2.9	53.1	45.2	
	#**	134,112	134,112	134,112	132,867	132,867	132,867	
Oneida County	%	1.5	49.6	40.8	1.4	52.9	45.4	17
	#**	2,508	2,508	2,508	2,488	2,488	2,488	47

*Source: NYSDOH (2008) Eliminating Childhood Lead Poisoning in New York State: 2004-2005 Surveillance Report

**Number of births recorded in cohort year

***Rank (percent of children tested at least twice by the age of 36 months) among 57 counties outside New York City (1=highest screening rate by age 36 months for 2002 cohort/lowest number of 2002 births)

The New York State Department of Health collects information on children who are screened and found to have elevated levels of lead in their blood. Countywide, Oneida's *prevalence rate* (the number of children who have a confirmed elevated blood lead level (in a specified age range and geographic area) during a given time period divided by the number of children tested in that year) was the highest of all counties in the state in 2003, excluding New York City. In contrast to the statewide average, which declined from 3.31% in 2000 to 2.48% in 2003, Oneida's rate increased from 6.80 to 8.4% over that period (Table 4). The prevalence of EBL (number of children with EBL) in 2005 was 249 (26 of whom had BLL over 20 µg/dL).

Table 4: Prevalence of Confirmed Elevated Blood Lead Levels (EBL) (Number of Tests $\geq 10 \mu\text{g/dL}$ per 100 children screened) Among Children Under 6 Years of Age*

		2000	2001	2002	2003	2003 County Rank***
New York State	% EBL**	3.31	2.73	2.61	2.48	
	# EBL**	6,385	5258	5,090	4,553	
	# tested	192,616	192,286	195,147	183,093	
Oneida County	% EBL**	6.80	6.79	6.90	8.40	57
	# EBL**	244	217	210	271	53
	# tested	3,588	3,197	3,026	3,225	47

*Source: NYSDOH (2003) A Report of Lead Exposure Status among New York Children, 2002-2003 Supplement to 2000-2001 Report; statewide data exclude New York City; prevalence data by county is unavailable for 2004-2005.

** # EBL = total number of children with blood lead levels over $10\mu\text{g/dL}$

***Rank among 57 counties outside New York City (1 = lowest prevalence or highest number tested).

From 2001-2005, Oneida's *incidence* or "new case" rate (the number of children identified for the first time with a confirmed elevated blood lead level (in a specified age range and geographic area) divided by the number of children that had a screening test in that given year) increased from 4.09% (2000) to 4.90% (2005), with a high of 5.60% in 2003; this is the second highest rate in the state outside New York City. Within the county, there are areas of higher risk particularly within the City of Utica, including zip codes 13501, which ranks 2nd and 13502, which ranks 11th for the highest incidence rates of all 173 New York State zip codes, excluding New York City. In 2002, 124 new cases of EBL were identified in Oneida County (19 of which were over $20 \mu\text{g/dL}$) and 152 in 2005 (19 of which were over $20 \mu\text{g/dL}$) (Table 5). An increase in the total number of EBL cases from 2002 to 2005 may be due to the fact that (per local data) more children were screened each year; this increase in screening was concentrated in high risk areas, because of the County's push for screening and increased provider knowledge of the risks facing children in the high risk areas.

Table 5: Incidence Rate (New Cases \geq 10 $\mu\text{g}/\text{dL}$ per 100 Screened)*

		2000	2001	2002	2003	2004	2005	2005 County Rank***
New York State	% EBL**	1.98	1.70	1.67	1.57	1.33	1.18	
	# EBL**	3,672	3,178	3,175	2,805	2,594	2,283	
	# screened	185,442	186,581	189,991	178,205	194,839	193,239	
Oneida County	% EBL**	4.09	4.16	4.4	5.6	4.41	4.90	56
	# EBL**	135	124	124	169	138	152	52
	# screened	3,303	2,982	2,848	3,032	3,128	3,102	12

*Source: NYSDOH (2001): Promoting Lead Free Children in New York State: A Report of Lead Exposure Status Among New York Children, 2000-2001, NYSDOH (2003): A Report of Lead Exposure Status among New York Children Supplement to 2000-2001 Report and NYSDOH (2008) Eliminating Childhood Lead Poisoning in New York State: 2004-2005 Surveillance Report

Incidence Rate (new case rate): The number of children identified for the first time with a confirmed elevated blood lead level (in a specified age range and geographic area) divided by the number of children that had a screening test in that given year. Only children who did not previously have a confirmed elevated blood lead level are included.

**EBL = total number/percent of children screened with their first blood lead levels \geq 10 $\mu\text{g}/\text{dL}$

***Rank among 57 counties outside New York City (1 = lowest incidence/EBL or highest number screened)

LEAD POISONING PREVENTION EFFORTS – NATIONAL, STATE AND LOCAL

Many programs and policies exist to address the problem of childhood lead poisoning. Approaches are generally classified as primary or secondary prevention. Primary prevention approaches aim to eliminate exposure to lead hazards before a child is poisoned. Secondary prevention efforts focus on testing children's blood lead levels to determine whether they have elevated blood lead levels (EBL). If a child has an EBL, the next step is to find and eliminate lead hazards in their environment.

National Actions

The federal government has adopted the goal of ending childhood lead poisoning by 2010. HUD and EPA jointly promulgated the federal Lead-based Paint Disclosure Rule (Disclosure Rule), and each has independent authority to enforce it (although they may coordinate efforts). The Disclosure Rule requires that owners and landlords of pre-1978 housing disclose known lead hazards and other information to prospective tenants and purchasers.

U.S. Department of Housing and Urban Development (HUD): HUD's goal is to promote safe and affordable housing. The Office of Healthy Homes and Lead Hazard Control conducts research on lead hazards, enforces the Disclosure Rule, and operates a grant program for state and local governments to address lead hazards in housing. HUD regulations also guide the training and certification of professionals who assess lead hazards or perform lead hazard abatement. HUD regulations set standards for lead safety in federally subsidized housing. For more information, see: <http://www.hud.gov/offices/lead/>

U.S. Environmental Protection Agency (EPA): EPA's mission is to protect the environment. EPA administers and enforces the Toxic Substances Control Act (TSCA), which regulates lead-based paint and other toxic chemicals. The Office of Enforcement and Compliance Assurance enforces the Disclosure Rule, and EPA's other lead-based paint regulations which govern abatement and require pre-renovation education. This office also provides grants to States and Tribes to implement and enforce authorized abatement and pre-renovation education programs. EPA also was responsible for implementing the phase-out of lead in gasoline (1976-1996). <http://www.epa.gov/lead/>

Centers for Disease Control and Prevention (CDC): the CDC has set the "level of concern" for public health action on lead at 10 µg/dL. The CDC oversees state lead poisoning prevention programs and collects and analyzes national data on elevated blood lead levels from the states. <http://www.cdc.org/>

An overview of the federal agencies and programs related to healthy homes in general and lead poisoning specifically may be found on the website of the Alliance for Healthy Homes (http://www.afhh.org/aa/aa_federal_agencies_guide.htm) or the National Center for Healthy Housing (<http://www.nchh.org/html/regs.htm>). These two non-governmental organizations have a wealth of resources available on their respective web sites.

State Actions

The primary state agency involved in childhood lead poisoning is the New York State Department of Health (NYSDOH). NYSDOH implements the state's universal screening policy, which requires that all children be tested for lead at 12 and 24 months of age. When children are found to have elevated blood lead levels, the health department provides education (generally if the child's lead level is over 10 µg/dL) and conducts an environmental investigation of the home environments (generally if the lead level is over 20 µg/dL, but in some counties at 15 µg/dL). In most counties, implementation of the NYSDOH lead program is carried out by the County Health Department with support from regional NYSDOH staff.

The health department may require that lead hazards be controlled as a result of an environmental investigation for a child with an elevated blood lead level. However, It is important to note that the NYSDOH, as a health agency, has limited power to require lead safety in housing as a preventive strategy. Public Health Law Section 1370 does give the NYS Health Department or its designee the authority to designate a building, or a neighborhood, or other area an "Area of High Risk" based on "a condition conducive to lead poisoning."

The New York State Coalition to End Lead Poisoning (NYSCELP) is the primary statewide non-governmental effort focused on lead poisoning prevention. NYSCLEP is a coalition of housing, health policy and public interest organizations coordinated by the New York Public Interest Research Group (NYPIRG). NYSCLEP's primary goal is to promote primary prevention policies at the state level.

Local Actions

In Oneida County, the NYSDOH childhood lead poisoning prevention program is implemented by the County health department. In addition to managing data on blood lead screens conducted by providers, providing public education about lead, and conducting case management of children with elevated blood lead levels, the health department offers lead testing by appointment on a sliding fee scale at their clinic. In 2002, the health department

investigated 70 homes in connection with children with elevated blood lead levels (NYSDOH, 2003), 62 in 2003, 64 in 2004, and 61 in 2005 (NYSDOH, 2008).

The County Health Department also coordinates a Safe Housing Council that meets monthly to discuss housing issues in the county, particularly those related to lead. Safe Housing Coalition Activities Related to Lead Poisoning have included:

- Creation of a public education brochure on lead poisoning hazards (2006)
- Creation of a radio ad on lead poisoning hazards in (2006-07)
- Creation of a television commercial on lead poisoning hazards (2006-07)
- Creation of a medical provider brochure (2007)

Safe Housing Council Members

City of Utica - Codes Department City of Utica - Codes Commissioner Common Cents Property Owner Association Healthy Families Hygeia of New York, Inc Mohawk Valley Community Action Agency - Housing Rehabilitation Mohawk Valley Community Action Agency - Head Start Mohawk Valley Housing Coalition Mohawk Valley Perinatal Network Mohawk Valley Refugee Center NeighborWorks, Home Ownership Center New York State Codes New York State Department of Health Office for the Aging - Office of Continuing Care Oneida County - CHWP Oneida County Department of Social Service Oneida County Health Department Oneida County Health Department: Women, Infants, and Children Peacemaker Program Re/Max Realty Results TK Environmental Services Upstate Cerebral Palsy, Community Health and Behavior
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The Oneida County Health Department conducts most of the locally targeted education about lead. In addition to promoting screening by health care providers, the health department reaches out directly to parents with brochures and other materials provided by the state health department. As of 2005, the NYSDOH had record of 12 pediatricians, 39 family practitioners, and 29 obstetricians in the county.

The Safe Housing Coalition and the Oneida County Health Department will be conducting many new activities over the next year with a Primary Prevention grant from the New York State Health Department. The past, current, and planned activities of this group are summarized below.

Overview of Oneida County Health Department lead activities and plans

2006: Restructuring of CLPPP to Create Internal Lead Primary Prevention Capacity

- Create management level position of Lead Program Coordinator
- Merge case management and environmental investigations into one unit
- Redesign and restructure existing job titles to improve functionality
- Hire and train new staff to support paradigm shift to primary prevention
- Develop outcome based quality management tools to facilitate program evaluation

2007: Building Community Knowledge of Lead Poisoning Dangers

- Develop GIS Mapping Capacity for Lead Hazards, historical and potential
- Educate government leaders on lead poisoning and related substandard housing issues including extent of problem, costs of lead poisoning to the community, potential solutions at city, county, and State levels.
- Educate medical providers through direct mailings, presentations, survey
- Educate Families/Community
 - Stakeholder Meetings
 - Lead Presentations/childrens' puppet shows offered to all City of Utica public/parochial elementary school children with mailings to parents
 - Direct mailings to all residential and commercial properties in high risk census tracts and block groups in 13501 & 13502 zip codes and offer free visual inspection of home
 - Door to Door Campaign to provide lead education and offer free visual inspections of home in high risk areas of 13501
 - Educational mailings to homes through county school districts
 - Provided lead hazard reduction articles for local newspapers
 - Created Public Service Announcements on Lead Hazards and LSWP that aired all year on local radio stations
 - Worked with local newspapers to provide reporters with in depth understanding of lead issues for 7 Day lead poisoning series.
 - Television interviews on lead poisoning issue
 - Participated in local radio show interviews and call in programs on lead poisoning issues
 - Provided regular press releases on lead poisoning issues to local media
- Educate Contractors
 - Sent three direct mailings to contractors to educate them on lead poisoning hazards, LSWP, Federal Disclosure Rule requirements for renovations, and offer free LSWP training.
- Educate Codes Officers
 - Provided 3 CEU training course on Lead Poisoning and Primary prevention efforts related to use of the Oneida County Sanitary Code to all county and city codes officers in Oneida County (Jointly with City of Utica)
 - Codes Officers from 4 bordering counties invited to attend training free of charge
- Educate Rental Occupancy Permit Fireman (with City of Utica)
 - Provided lead poisoning/codes related training to 147 ROP firemen that issue rental occupancy permits in preparation for targeted codes enforcement activities in 2008
- Educate Other Government Programs
 - Provide lead poisoning programs to Maternal Child Health, Community Health Workers, Healthy Families, MOM's, Early Intervention programs
 - Provide lead poisoning programs to Foster Care, Child Protective Services, and other DSS divisions

- Educate Other Community Groups
 - Provide lead programs to MAMI Interpreters, Mid York Peri-natal Center Board, Refugee Center, Oneida County Health Coalition, Safe Housing Coalition
- Provide public access to lead poisoning information
 - Develop lead recalls and information website
 - Provide hotlinks to CPSC
 - Provide lead information in PDF format in multiple languages
 - Work with Mid-York Library Systems to provide display signs alerting consumers to availability of lead information in hard copy and electronically

2008: Building Capacity to Perform Lead Primary Prevention Activities

- Educate medical providers to improve screening through Public Health Detailing office visits
- Conduct a direct mailing to 600 landlords inviting them to Landlord Seminars on Lead Poisoning and Lead Hazard Reduction Efforts
- Offer FREE one day LSWP slots to landlords in high risk areas
- Offer FREE use of HEPA vacuums to landlords in high risk areas
- Offer FREE clearance testing of units with children under age 6 in high risk areas
- Offer FREE visual inspection, dust wipe sampling, specialized cleaning and clearance testing to tenants, landlords in units in high risk areas with children born in 2008
- Conduct risk assessments/XRF testing/issue Notice & Demand on high risk units per primary prevention policy
- Offer 30 Free 2 Day Lead Worker Training slots to increase lead abatement capacity
- Offer 10 Free 4 Day Lead Supervisor Training slots to increase lead abatement capacity
- Offer 24 1 Day Lead Worker Training slots to support low income employment in high risk areas.
- Conduct direct mailings to area resident in high risk areas inviting them to participate in inspection activities
- Utilize birth certificate data to sub-target children living in high risk areas
- Utilize GIS data to support targeted codes enforcement activities with the City of Utica
- Provide assistance to City of Utica in support of their 2008 Lead Hazard Reduction Grant application
- Work with City and County Clerks to distribute LSWP materials with building permits for existing construction
- Develop grants to support offering LSWP training to local residents
- Develop funding sources to support rehabilitation of high risk rental units
- Develop one day educational programs in other GIS identified areas at high risk for lead poisoning including City of Rome, Camden, Boonville, Vernon/Vernon Center, Bridgewater/Waterville

2009-2010: Build Lead Safe Housing Demand and Capacity

- Conduct a comprehensive housing survey for the City of Utica that includes strategic planning for changing demographics and planned increases in refugees
- Increase Targeted Codes Enforcement Capacity
- Establish Lead Safe Housing Registry
- Move to strict enforcement of County Sanitary Codes and City of Utica Housing Codes
- Continue media campaign with PSA, interviews, articles, press releases

MVCAA offers home ownership and rehabilitation trainings for residents, contractors, and homeowners as part of its Rural Preservation Program. For the past 6 years, MVCAA has offered one Lead Safe Work Practices training per month. Most of the attendees are contractors, but occasionally homeowners will attend.

Oneida County Sanitary Codes specifically address lead hazards and the City of Utica Code addresses chipping and peeling paint. In addition, Department of Social Services contracts were amended to mandate citing for chipping and peeling paint issues in 2007-08. However, there are no local laws that require systematic inspection for lead hazards in Oneida County. Rochester and New York City are the only municipalities in New York State that require any form of housing inspections for lead hazards unless a child has been found to have an elevated blood lead level, although the City of Buffalo makes lead-paint hazards a separate violation as part of its local code. In all municipalities in New York State, except for New York City, the statewide "Property Maintenance Code of New York State" (PMCNYS) is in effect. That code applies unless a more restrictive standard has been adopted locally and approved by the state. The PMCNYS is enforced by the local municipality's regular code enforcement office, and enforcement of the state code is supervised by the NYS Department of State, Office of Code Enforcement and Administration. Although the PMCNYS does not currently contain any specific requirements regarding lead paint, it does address deteriorated paint conditions in general terms. The PMCNYS includes exterior and interior paint standards at Sections 303.2 and 304.3 respectively. The exterior paint provision requires that: "Peeling, flaking and chipped paint shall be eliminated and surfaces repainted." The interior paint provision requires that "Peeling, chipping, flaking or abraded paint shall be repaired, removed, or covered. Cracked or loose plaster, decayed wood, and other defective surface conditions shall be corrected." There is no requirement in the state code itself that lead safe work practices be used.

There have not been any HUD or other grant programs directly addressing lead hazard reduction in Oneida County. Mohawk Valley Community Development operates the HUD Section 8 housing program. Additional information on public housing affected by HUD's lead safety standards is provided below.

Summary

A host of laws, agencies, grant programs, and non-governmental organizations address lead poisoning at the local through national levels. Nonetheless, significant gaps remain. These include:

- While New York State requires universal blood lead testing of children at ages 1 and 2 (and older if they are at risk), this requirement is difficult to enforce, resulting in variable testing rates.
- Federal disclosure laws require new owners and renters to be informed of any known lead hazards. However, since there is no requirement to test for lead hazards, few owners have knowledge of lead hazards to share.
- There is no law requiring lead safety in housing, except that which is supported by federal housing aid programs.
- Federal grant programs affect only a small percentage of housing with risks of potential lead hazards; few other funding sources exist for helping to address these hazards.

LEAD POISONING RISKS IN ONEIDA COUNTY

As described above, lead poisoning is of particular concern for children. The group most at risk are children under age 6 (particularly those 2 and under) who live in older housing in poor condition. Older housing in poor condition typically presents the highest risk, and rental housing tends to be in poorer condition than owner occupied. To clarify the location and nature of high risk housing, this section summarizes the age, value, and ownership of housing in the county along with demographics of the County.

Overview of population at risk

According to 2000 Census data, the population of Oneida County was 235,469, with around a quarter of the population residing in the City of Utica; another 15% live in Rome. Past research has shown that children under age six are at greatest risk, particularly those who live in areas with high poverty, low educational attainment, and high percentage of black race. Table 6 summarizes these population characteristics for Oneida County. The City of Utica has higher risk factors than the remainder of the county. Rome also has elevated risk factors; although it has a much smaller percentage of children living in poverty (28.7%), than does Utica (41.4%) this is still more than twice the rate in outlying areas.

Housing units that were built before 1950, are rented (as opposed to owner occupied), and in poor condition are also more likely to have lead hazards. In general, public housing units subject to federal lead safety standards are of lower risk because they are subject to additional lead regulations. Table 7 summarizes Oneida County's housing characteristics that relate most closely to lead risk. Again, Utica has higher risk factors than the rest of the county, with approximately two-thirds of the housing built before 1950 and more than half rented. Around half of Rome's housing was built before 1950 and about half is rented.

Table 6A: Overview of population at risk

	Total Population		# of children <6 and under living in poverty			Population for whom poverty status is determined: Income in 1999 below poverty level		
	#	% of County total	N (total kids <6)	# kids <6 in poverty	% kids <6 in poverty	N	#	%
Rome	34,922	15%	2,486	714	28.7%	31,544	4,728	15%
Utica	60,679	26%	5,003	2,069	41.4%	57,770	14,154	24.5%
Non-City*	139,868	59%	8,618	983	11.4%	131,225	9,882	7.5%
County	235,469		16,107	3,766		220,539	28,764	
State	18,976,457		1,491,866	308,272	20.7%	18,449,899	2,692,202	14.6%

* Of those living outside the City of Utica; includes other urban areas

Table 6B: Overview of population at risk

	Population 25+ not graduated from high school			Black		
	N	#	%	N	#	%
Rome	24,305	6,325	26.0%	34,922	2,714	7.8%
Utica	40,075	10,986	27.4%	60,679	7,542	12.4%
Non-City*	94,466	15,970	16.9%	139,868	3,142	2.3%
County	158,846	33,281		235,469	13,398	5.7%
State	12,542,536	2,626,324	20.9%	18,976,457	2,986,242	15.7%

* Of those living outside the City of Utica; includes other urban areas

Table 7A: Description of current housing stock risk factors

	Total Housing Units		Public Housing			
	#	% of county total	# Section 8	% Section 8	# Other	% Other
Rome	16,294	15.9%	301	1.85%	777	4.77%
Utica	29,164	28.4%	874	3.00%	1,290	4.42%
Non-City*	57,345	55.8%	229	0.40%	526	0.92%
County	102,803		1,404	1.37%	2,593	2.52%
State	7,679,307		169,086		281,198	

* Of those living outside the City of Utica; includes other urban areas

Table 7B: Description of current housing stock risk factors

	Owner Occupied Units			Pre-1950 Housing Units		
	N	#	% of county total	N	#	%
Rome	16,294	7,794	47.8%	16,294	7,990	49.0%
Utica	29,164	12,253	42.0%	29,164	19,751	67.7%
Non-City*	57,345	40,761	71.1%	57,345	20,341	35.5%
County	102,803	60,808	59.2%	102,803	48,082	
State	7,679,307	3,739,247	48.7%	7,679,307	3,309,770	43.1%

* Of those living outside the City of Utica; includes other urban areas

It has been demonstrated throughout the country that lead poisoning cases are geographically clustered in areas with large numbers of low income children living in older housing in poor condition. In such cases, targeting resources at these “high risk” areas can be an efficient strategy for addressing lead poisoning. Because EBL data is only publicly available by county level, the information provided in the “Magnitude of the Problem” section is not sufficient to target efforts within Oneida County.

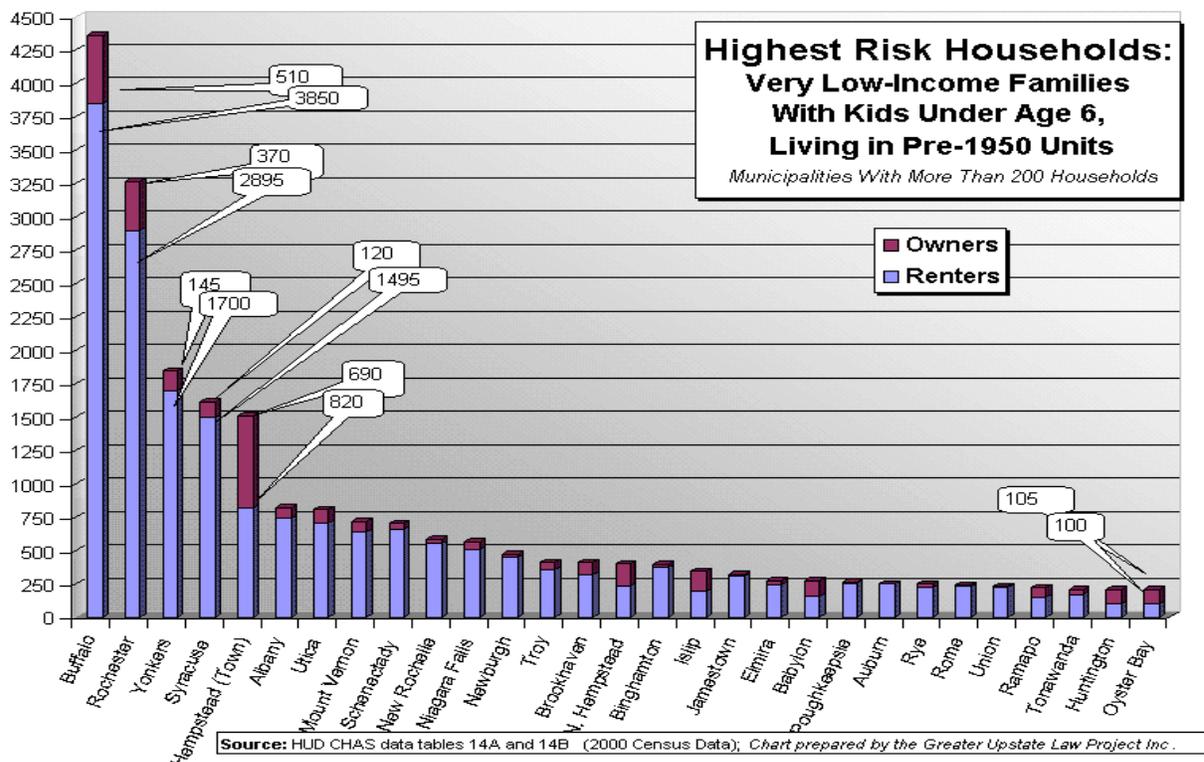
However, as noted above, extensive research has identified the risk factors for lead poisoning to include several demographic and housing characteristics, including income, race, education, housing age, rental versus owner occupied, etc. (Lanphear, 1998). Appendix A is a set of maps that display the distribution of these risk factors across the county by census block group. The sixth map combines these risk factors, giving the highest rating to those block groups that are in the highest quartile for all of these risk factors. This risk map is a modified version of the analysis conducted by the Center for Governmental Research and validated with actual elevated blood lead levels data for Rochester New York (CGR 2002).

According to these maps, as expected, the highest risk factors are within the City of Utica, and to a lesser extent in Rome. Figure 1, prepared from 2000 census data by the Greater Upstate Law Project Inc., illustrates cities in New York State with the highest number of high risk households, defined as pre-1950 units owned or rented by low-income families with children under 6 years of age; out of 29 municipalities listed, Utica is 7th highest for number of high-risk households; Rome is 24th. Within these cities, there are clearly some neighborhoods which rank high with respect to most or all of these risk factors. High Risk areas are specific census tracts and block groups of 13501 (Cornhill) and 13502 (West Utica).

However, there are also ‘hot spots’ elsewhere in the county with a high percentage of older housing, children living in poverty, low educational attainment, and high rental rate.

Rome, Camden, Boonville, Vernon Center, Vernon, Bridgewater are other at risk areas due to age of housing stock.

Figure 1 – Highest Risk Households



COALITION BUILDING IN ONEIDA COUNTY, 2008

This section describes the lead poisoning prevention initiatives that were undertaken by the Mohawk Valley Community Action Agency (MVCAA) during the project year (calendar year 2008). This project was primarily implemented by MVCAA staff with technical support from the University of Rochester and Rochester’s Coalition to Prevent Lead Poisoning.

Prior to this project, MVCAA had extensive experience with training contractors in lead safe work practices (LSWP), but limited experience with lead poisoning education and outreach. However, because MVCAA runs the Head Start programs in rural parts of the county, they were able to leverage this experience to provide lead poisoning prevention education to parents of young children in Oneida County. Because the county’s highest lead poisoning rates in the county are in Utica, the Oneida County Health Department has developed a comprehensive lead poisoning prevention pilot that focuses efforts on that city. Both because of MVCAA’s strong presence in rural areas and the need for lead poisoning prevention education in these areas, MVCAA decided to focus its efforts in rural areas outside of Utica. The primary direct action project conducted by MVCAA was to write and produce a play on lead poisoning. The “actors” in the play were Head Start children and the audience was their parents. The play was performed twice (in Boonville and Camden) reaching 110 adults and involving about 30 Head Start staff and 37 Head Start preschoolers. Both times Oneida County Health Department and MVCAA staff attended to provide lead education to the parents in attendance. Now that the

script, scenery, and costumes have been produced, MVCAA will produce the play in partnership with other Head Start centers. Plans are also being made to present the play in area schools.

In addition to the plays, MVCAA used project as an opportunity to expand their capacity in lead poisoning prevention in several other ways. For example, they purchased a second HEPA filtered vacuum cleaner to lend out to families with concerns about lead dust in their homes. MVCAA staffed an outreach table at the Rome Homes Show, where they reached 324 people. They also sent a staff member to a national Healthy Homes meeting in Baltimore in September. In the fall, MVCAA took staff from the NYS Department of Housing and Community Renewal on a tour of area housing stock and emphasized the poor structural condition, including the visible chipped and peeling paint and educated them about potential lead hazards in this housing.

Oneida County has a long-standing Safe Housing Coalition (SHC) coordinated by the Oneida County Health Department. Lead poisoning prevention is one of the primary topics addressed by this Coalition, so it did not make sense for MVCAA to form a new coalition as part of this project. However, MVCAA Staff supported by this project attended the SHC regularly to update the group on progress of the project and coordinate with ongoing lead poisoning prevention efforts by other organizations. MVCAA also arranged for University of Rochester staff to give a presentation on the project and experiences in Rochester at a SHC meeting early in the project, and for Rochester coalition member Ralph Spezio to present at the final SHC of the year. MVCAA also arranged a special community forum after the SHC meeting during which Mr. Spezio shared his experience with lead poisoning from the perspective of an elementary school principal.

Although MVCAA has limited funding to support lead poisoning outreach and education, with the help of interns, they hope to continue to produce the Head Start play. In addition, the partnerships formed through this project have resulted in increased involvement by MVCAA in Oneida County Health Department's primary prevention pilot project, including training of additional MVCAA staff. MVCAA expects these partnerships to continue in the future so they may continue to contribute to lead poisoning prevention efforts in the county.

NEXT STEPS FOR ONEIDA COUNTY

Information needs:

There is limited information on existing testing rates. Blood lead level data is only available on a county-wide basis. In order to better target lead poisoning prevention efforts, it would be helpful to have localized data about screening rates and distribution of elevated blood levels.

Education needs:

Although the County Health Department has numerous educational materials and conducts outreach as resources allow, these resources are limited. There are no sustained community-based efforts to educate parents, property owners, or professionals about the dangers of childhood lead poisoning and how to prevent it.

Primary prevention needs (lead hazard controls):

There are currently limited resources in Oneida County for education about identifying lead hazards, lead safe work practices, or lead hazard reduction. Outside of public housing, there are no grant or subsidy programs for supporting lead hazard control, nor are there legal

requirements to address lead hazards. While the County Health Department's primary prevention plan is focused on these needs, it has a limited scope and currently focuses primarily on families living in Utica.

Secondary prevention needs (blood lead screening)

Oneida County has a relatively high testing rate, which means that the countywide lead poisoning rate is probably fairly accurate. However, there are certain populations that do not receive appropriate screening, particularly among the non- and under-insured. The Safe Housing Coalition and the Oneida County Health Department will be addressing many of these needs over the next year with a Primary Prevention grant from the New York State Health Department. However, significant needs will still remain, particularly in outlining communities and rural areas.

Organization/Policy needs

While there are federal laws that affect publicly funded housing and state programs that require blood lead testing and management for children with elevated blood lead levels, there are no policies that universally address preventing lead hazards in housing. Likewise, Oneida County does not have any local policies or programs that specifically address childhood lead poisoning. Although the County Health Department is in the process of developing several programs under its Primary Prevention grant from the NYSDOH, to date there has not been a focused effort to organize diverse stakeholders or advocate for policy change.

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Lead Poisoning in Oneida County Fact Sheet

1. Although lead poisoning is heavily concentrated in the Cities of Rome and Utica, it affects all areas of the County. Throughout Oneida County, 249 children had elevated blood lead levels in 2005.
2. Lead poisoning in Oneida County is almost entirely the result of lead paint in homes – paint that is peeling, flaking or simply deteriorating into dust. Renovation of older homes can also release lead. Homes built before 1978 have a high probability of containing lead; homes built before 1950 are more likely to contain lead.
3. Lead poisoning causes irreversible brain damage that leads to lowered IQ, difficulty reading, poor impulse control, and attention deficits. Children who are lead poisoned are much more likely to engage in juvenile crime than statistically identical children who are not lead poisoned. Adults who were poisoned as children suffer increased osteoporosis, kidney damage, and heart damage.
4. The cost of lead poisoning is substantial. It is borne by the entire county in increased Medicaid costs, pre-school special education, and criminal justice expense – three of the fastest rising cost areas in the County budget. Later in life, individuals who were lead poisoned as children cost all levels of government vast sums in lost taxes because of the significantly lower earnings resulting from brain damage. Health insurance plans, both public and private, bear the cost of the after-effects of poisoning that surface in later years.
5. Identifying homes with exposed lead paint, finding the paint in the home, and safely remediating the hazardous conditions is straightforward, well-understood, and practical. Addressing lead hazards is the only way to prevent lead poisoning.
6. The existing approaches to reducing lead hazards in children's homes are not adequate to protect our children. While lead poisoning rates have declined in recent years, changes at the city, county, and state levels are needed to ensure that we meet the national goal of ending childhood lead poisoning by 2010.

Oneida County

