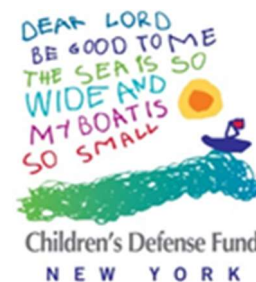


# Five Policy Responses to Improve Lead Poisoning Prevention in New York City

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## Lead poisoning inhibits brain development and costs New Yorkers.

Lead poisoning is a completely preventable, but irreversible condition that impacts children for a lifetime. Even children with the lowest detectable blood lead levels may develop permanent neurological damage and lifelong behavioral disorders. There is no safe blood lead level for children.

Developmental Impact	Lifelong Impact	Economic Impact
Attention problems	Struggle in school	Increased health care costs
Hyperactivity	Drop out of school	Increased special education costs
Trouble processing information	Trouble with the law	Increased justice system costs
Memory problems	Underperform at work	Reduced workplace productivity
Lack of impulse control	Lower earnings	Reduced tax revenue

## NYC leads and lags on lead.

While NYC has made tremendous progress in reducing the number of children with very high blood lead levels and has some of the more advanced lead poisoning prevention policies, significant work remains to eliminate lead hazards and end lead poisoning for all NYC children. Challenges stem from the following:

- True impact of lead exposure is obscured by aggregated data reporting
- Low blood testing rates
- Local lead law was enacted 15 years ago and is based on outdated research
- Underutilization of existing data
- Siloed response efforts

## Five policies to improve NYC lead poisoning prevention

### 1. Use existing data and research to proactively inspect, remediate, and notify families regarding lead hazards.

**Target housing units with newborns for inspections.** DOHMH should identify birth certificate applicants who live in buildings built before 1978, and proactively request entry to test for lead hazards, if warranted based on the dwelling's inspection and remediation history.

**Develop a predictive modeling pilot project.** Use predictive modeling to facilitate proactive inspection and maintenance plans in buildings where lead poisoning is most likely to occur. Identify zip codes where lead poisoning is most likely to occur and notify OB-GYNs of the zip codes so that they may counsel pregnant women living in those zip codes. Chicago and Flint have started similar projects.

**Map and publicly report lead service line locations.** Most lead found in drinking water comes from lead service lines. However, tenants, building owners, and property buyers likely have no idea where they are. To empower tenants and encourage property owners to invest in replacement, NYC should provide a map of lead service line locations online. Boston, Washington, D.C., and Pittsburgh have online lead service line maps.

**Improve lead notice requirements for notices to tenants and buyers.** Focus group research indicates most parents are unaware of the threat lead poisoning poses. Accordingly, notices to tenants and prospective purchasers of building built before 1978 should explicitly state:

“Buildings built before 1978 may contain lead. Lead exposure may result in permanent neurological damage and lifelong behavioral disorders. There is no known safe level of lead for children.”

## **2. Ensure all 1 and 2 year old children in NYC have access to blood lead testing.**

**Leverage H+H resources to improve blood testing rates in NYC.** Require H+H to report on the number of 1 and 2 year olds served, and the number of children who receive two blood lead tests before the age of 3.

**Require DOHMH to develop a plan to increase blood testing rates for 1 and 2 year olds.** Require DOHMH to publicly release the plan and an evaluation of the plan annually.

## **3. Base action thresholds on health impacts and available technology.**

**Update the local lead law to include new thresholds for investigations and inspection requirements.** Include the following thresholds or requirements:

- Require investigations at a child’s dwelling when the child has a blood lead level of 5 mcg/dL or above. Continue to monitor research related to accurately identifying blood lead levels below 5 mcg/dL and consider lowering the action level further.
- Require floor dust lead levels to be below 5 mcg/ft<sup>2</sup>.

## **4. Break down silos—ensure a warm handoff for early intervention services, early head start, and home visiting services.**

**Require DOHMH to make referrals and warm handoffs to early intervention services, early head start, and home visiting.** Children who suffer from lead poisoning experience developmental deficits that many evidence-based early learning programs are designed to address. DOHMH is likely in the best position to facilitate warm handoffs to these programs.

## **5. Identify, track, and report all detectable blood lead levels.**

**Require DOHMH to report additional disaggregated data.** The true impact of lead poisoning and exposure in NYC is obscured by DOHMH reporting. Currently, DOHMH only reports the number of children with various blood lead levels in a range under the age of 6, and fails to identify how many at children at lower blood lead levels are newly identified. National experts now advise that blood lead levels lower than 5 mcg/dL could be reported along with the method of laboratory analysis. NYC should report this data along with information regarding race, ethnicity, language, and zip code and census tract locations.