



New York's Childhood Lead Poisoning Primary Prevention Program (CLPPPP)

Financing Source: Legislative authorization funded by state general fund

Financing Amount: \$8.7 million

Focus: Lead

The New York Childhood Lead Poisoning Primary Prevention Program (CLPPPP) represents a paradigm shift from a child and health-based response to a housing-based prevention initiative. Other state-funded services related to childhood lead poisoning primary and secondary prevention and healthy homes are the subjects of additional case studies in this series: <https://nchh.org/tools-and-data/financing-and-funding/sustainable-financing-mechanisms/>

New York State's (NYS) establishment of the CLPPPP Initiative in 2007 authorized health departments to gain access to high-risk homes for the purposes of education and inspection; previously, health departments were only able to gain entry to a home if a child already diagnosed with an elevated blood lead level was known to reside there. This significant policy shift opened the door for health departments to assume a more proactive and effective approach. The CLPPP Program funds grantees to seek to achieve five goals:

1. Identify housing at greatest risk of lead-based paint hazards.
2. Develop partnerships and community engagement to promote primary prevention.
3. Promote interventions to create lead-safe housing units.
4. Build lead-safe work practices (LSWP) workforce capacity.
5. Identify community resources for lead hazard control.¹

Financing Mechanism

The CLPPPP is currently funded through the State General Fund. In 2007, the NYS Legislature approved \$3 million for the CLPPPP as a pilot program, authorizing county health departments to enter homes identified as at high risk of lead hazards. The 2007 allocation funded county health departments in eight counties, accounting for 80% of NYS children with elevated blood lead levels (EBLLs). The program originally had the support of Governor David Paterson and has received bipartisan support in the legislature since its inception. In 2008, the NYS Legislature committed an additional \$2.5 million to the program; in 2009, CLPPPP's funding increased to \$7.7 million, and the program became permanent through a statutory amendment to the public health law (NYS Public Health Law §1370-a3), which took effect in 2010. The law was enacted using the budget process, where the governor submits "a budget to the Legislature along with the appropriation bills and other legislation required to carry out budgetary recommendations,"² rather than through a traditional legislative process. The funds CLPPPP receives from the NYS budget are drawn from line items such as general tax levies and taxes on the sale of insurance policies. Over the 2007-2017 period, this represents a cumulative \$70.16 million in funding specifically dedicated to primary prevention.³

The permanent program now has annual funding of \$8.7 million, distributed through noncompetitive grants to 15 county health departments. To be eligible for funding, a county health department must offer both environmental and nursing services. Each year, the NYS Department of Health identifies high-risk regions of the state and allocates funding based on the incidence of lead poisoning in a targeted area. As of 2018, the counties had identified 19 communities of concern. Each county receives a base award, which can be increased in proportion to its annual incidence of lead poisoning cases, up to a cap of \$500,000. The funding formula has a "circuit breaker" so counties that experience a decline in childhood lead poisoning cases are not subject to abrupt funding losses. Grants to county health departments are managed through a

<https://nchh.org/tools-and-data/financing-and-funding/sustainable-financing-mechanisms/>

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contract.

The amount of program funding is not expected to change at the state level, but changes for county allocation typically occur based on changes in lead poisoning incidence rates.

Program Overview

According to the CLPPPP's authorizing statute, the Department of Health will "identify and designate areas in the state with significant concentrations of children identified with elevated blood lead levels as communities of concern," and county health departments will "develop and implement a childhood lead poisoning primary prevention program to prevent exposure to lead-based paint hazards for the communities of concern."⁴

County health departments that receive funding through the CLPPPP are under contract to identify the ZIP codes targeted for services within the communities of concern, enforce lead remediation, refer children under six for lead screening, manage a housing inspection program, form partnerships with other county agencies and programs, develop and enforce remediation standards, train a remediation workforce, and coordinate resources to assist property owners with remediation.⁵ The CLPPPP provides grantees a consistent framework in which to operate. However, each grantee designs their program to reflect local needs and infrastructure; targeting methods, inspection protocols, and partnership arrangements vary.⁶

Program Operations

The NYS Department of Health analyzes data in the state lead poisoning registry, using LeadWeb software, to sort the annual incident number of cases with EBLLs of 10 µg/dL or greater by county and ZIP code, identify all ZIP codes containing 10 or more children with EBLLs, and rank counties by incidence of children with EBLLs within all high-risk ZIP codes. Available funds are distributed to each county health department according to this funding formula.⁷

Grantees, either on their own or in collaboration with local code enforcement agencies, conduct interior unit inspections and exterior building inspections to assess high-risk properties for lead-based paint (LBP) hazards. CLPPPP grantee health departments identify these homes through a variety of methods, including community outreach, canvassing, referral partnerships with other local agencies/programs, and requests from owners or tenants. Inspection techniques may include activities such as visual assessment, x-ray fluorescence (XRF) testing, soil sampling, and dust wipe sampling as appropriate. When LBP hazards are identified during an investigation, a property owner notification and enforcement process aimed at achieving clearance of the identified hazards follows. Grantees utilize multiple methods to achieve compliance such as "notice and demand" orders, office or field conferences, departmental or administrative hearings, court hearings, and fines. Notice and demand orders are the primary method by which local health departments notify property owners when lead-based paint hazards are identified during an investigation. They require correction of identified LBP hazards by property owners through lead-safe work practices. Grantee health departments can also enforce statutes to require units be vacated during the remediation of hazards, have rent withheld if state funding is being used for housing assistance, and/or help protect tenants from retaliatory eviction.⁸

In addition to funding inspections, the CLPPPP's primary prevention strategies include the following:

- Partnerships with county or municipal agencies or community-based organizations to build awareness, provide referrals, and support remediation of housing containing lead hazards;
- Referrals for lead testing for children and pregnant women found to be living in homes with lead hazards;
- Education and outreach to at-risk populations and the general community on the dangers of lead poisoning and strategies to prevent exposure;
- Working with local advisory groups or coalitions of governmental and nongovernmental agencies to build community awareness of the problem;
- Coordinating referrals for services and home visits within the health department and between other social service agencies;
- Building relationships with local housing agencies and community-based organizations to support remediation of housing that contains lead hazards; and
- Promoting training for contractors, landlords, tenants, and do-it-yourselfers in how to address lead-based paint and its associated hazards safely.

Eligible Population Served

CLPPPP grantees operate in areas of high risk as originally defined by NYSDOH analysis of incident cases of childhood lead poisoning at the municipality and ZIP code level. Over the course of program operation, grantees have been further able to refine areas of concern within these target ZIP codes to ensure that they are reaching the most vulnerable communities at highest risk. Although all ages, tenures, and types of buildings may be addressed, grantees are encouraged to focus on

multifamily rental housing units built before 1940 that are or could be child-occupied and are likely to contain significant lead-based paint (LBP) hazards.

Staffing

Services are provided by health department employees, contractors, or community-based partners. Grantees partner with many agencies to facilitate inspections. In fact, the authorizing legislation for the program encourages such collaboration, including, for example, “deputizing” code enforcement agencies to conduct housing inspections on the health departments’ behalf.⁹

Billing for Services

County health departments provide CLPPPP services at no cost to community members.

Outcomes and Evaluation

The NYS Department of Health contracted with the National Center for Healthy Housing (NCHH) to evaluate the CLPPPP. NCHH has evaluated and reported on the program for its first 10 years of operation. From its inception in 2007 through March 31, 2017, the latest date for which cumulative data are available, CLPPPP grantees have conducted 49,250 interior unit inspections and 40,705 exterior building inspections. Of these, 35% of interior inspections conducted by grantees have identified interior hazards (17,333 of 49,250), and 52% of exterior inspections conducted by grantees have identified exterior hazards (20,982 of 40,705). Grantees have cleared (deemed “lead safe”) 80% of interior inspections that have identified interior hazards (14,019 of 17,333) and 75% of exterior inspections that have identified exterior hazards (15,650 of 20,982).

Further, a significant number of children have benefited from the program over its initial 10 years, with grantees reporting the following:

1. Visiting and inspecting 20,930 housing units where at least one child was present, reaching a total of 29,383 children.
2. Making 10,823 housing units where at least one child was present “lead safe,” impacting a total of 15,693 children.¹⁰

Return on Investment

No formal study of the return on investment has been completed.

NCHH concluded that the CLPPP Program made a significant difference in the lives of children and their families through direct services and referrals. Some children benefited directly from the remediation of homes that had been inspected by the program. In addition, pregnant women and young children who might live in or visit these units in the future benefit from having lead hazards removed. Children living in the inspected units are also referred for tests to determine their blood lead level and evaluate whether medical management and additional environmental intervention strategies are needed. In some counties, referrals are made as needed to assist families who are uninsured or lack access to a medical provider. Families also receive educational information on lead poisoning prevention and learn what they can do to protect their children from lead hazards.¹¹

Lessons Learned

The CLPPPP attributes its success at accessing state budget funding to its high-quality data collection, analysis, and reporting processes, and in communicating these data to the appropriate decision makers. The database used to identify high-risk areas was essential in indicating a clear need for the program. A dashboard showing the number of home inspections completed on a quarterly basis demonstrated the program’s efficacy, allowing policy makers to easily recognize the return on investment for allocated funding. The program’s scale was also an important factor in its success: Policy makers were impressed by the number of people who benefited from the program, given the modest investment required.

Additionally, the CLPPPP systematically engages in quality improvement by using identified grantee best practices, lessons learned from years of program experience, and evaluation data to support program enhancement, strengthen program operation, and advance program goals. Challenging issues facing the majority of the grantees relate to targeting the highest-risk housing, developing productive referral relationships, and decreasing compliance timeframes, the latter of which is perhaps the most pernicious. The CLPPPP’s approach of sharing best practices and lessons learned across grantees has provided strategies to use partnerships for referrals to the program’s targeted range of high-risk housing stock and/or vulnerable occupants, expand inspection capacity, and broaden the understanding of available, innovative enforcement strategies. This has enhanced grantees’ capacity, refined enforcement and partnership models, deepened community outreach, enhanced intercounty collaboration, and increased the overall impact of the CLPPP Program.¹²

For More Information

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- ¹ National Center for Healthy Housing. (2017). *New York State's Childhood Lead Poisoning Primary Prevention Program: Year 8 summary report (April 1, 2014 – March 31, 2015) (Draft)*. Retrieved from https://nchh.org/resource-library/NYSDOH_Yr8_Summary-Report_Final.pdf
- ² New York State. (n.d.) The budget process. Retrieved from <https://www.budget.ny.gov/citizen/process/process.html>
- ³ National Center for Healthy Housing. (2018). *New York State's Childhood Lead Poisoning Primary Prevention Program: Year 10 summary report (October 1, 2007 – March 31, 2017) (Draft)*. Manuscript submitted for publication.
- ⁴ New York State. (2009, April 7). Control of lead poisoning – NYS public health law, Title 10 of Article 13, Section 1370-a3. Retrieved from https://www.health.ny.gov/regulations/public_health_law/article_13/title_10/#prevention
- ⁵ Governor's Task Force on the Prevention of Childhood Lead Poisoning. (2009). *New York State Task Force on the Prevention of Childhood Lead Poisoning: Preliminary report*. Retrieved from https://www.health.ny.gov/environmental/lead/exposure/childhood/task_force/docs/2009_preliminary_report.pdf
- ⁶ National Center for Healthy Housing. (2017). *New York State's Childhood Lead Poisoning Primary Prevention Program: Year 8 summary report (April 1, 2014 – March 31, 2015) (Draft)*. Retrieved from https://nchh.org/resource-library/NYSDOH_Yr8_Summary-Report_Final.pdf
- ⁷ Governor's Task Force on the Prevention of Childhood Lead Poisoning. (2009). *New York State Task Force on the Prevention of Childhood Lead Poisoning: Preliminary report*. Retrieved from https://www.health.ny.gov/environmental/lead/exposure/childhood/task_force/docs/2009_preliminary_report.pdf
- ⁸ National Center for Healthy Housing. (2017). *New York State's Childhood Lead Poisoning Primary Prevention Program: Year 8 summary report (April 1, 2014 – March 31, 2015) (Draft)*. Retrieved from https://nchh.org/resource-library/NYSDOH_Yr8_Summary-Report_Final.pdf
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- ⁹ National Center for Healthy Housing. (2017). *New York State's Childhood Lead Poisoning Primary Prevention Program: Year 8 summary report (April 1, 2014 – March 31, 2015) (Draft)*. Retrieved from https://nchh.org/resource-library/NYSDOH_Yr8_Summary-Report_Final.pdf
- ¹⁰ National Center for Healthy Housing. (2018). *New York State's Childhood Lead Poisoning Primary Prevention Program: Year 10 summary report (October 1, 2007 – March 31, 2017) (Draft)*. Manuscript submitted for publication.
- ¹¹ National Center for Healthy Housing. (2017). *New York State's Childhood Lead Poisoning Primary Prevention Program: Year 8 summary report (April 1, 2014 – March 31, 2015) (Draft)*. Retrieved from https://nchh.org/resource-library/NYSDOH_Yr8_Summary-Report_Final.pdf
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- ¹² National Center for Healthy Housing. (2017). *New York State's Childhood Lead Poisoning Primary Prevention Program: Year 8 summary report (April 1, 2014 – March 31, 2015) (Draft)*. Retrieved from https://nchh.org/resource-library/NYSDOH_Yr8_Summary-Report_Final.pdf
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