



New York's Regional Lead Resource Centers

Financing Source: State General Fund appropriation
Financing Amount: \$740,000 (2018)
Focus: Lead

The New York State (NYS) Department of Health funds three Regional Lead Resource Centers (RLRCs) across the state to educate healthcare providers about lead poisoning prevention, coordinate clinical care of children and pregnant women with elevated blood lead levels (EBLLs), and build healthcare providers' capacity to promote lead poisoning prevention.¹ Other state-funded services related to childhood lead poisoning primary and secondary prevention and healthy homes are the subject of additional case studies in this series: <https://nchh.org/tools-and-data/financing-and-funding/sustainable-financing-mechanisms/>

Financing Mechanism

The RLRC program receives funding through the State General Fund. The program began in the 1980s in response to the need to develop a standardized chelation procedure to treat lead poisoning in children. Since that time, the RLRC program has been funded by appropriation as a state budget line item and is currently funded at \$250,000 annually. The program has experienced a minor reduction in funding, but no significant changes in funding are anticipated.

The NYS Department of Health issues a request for proposals (RFP) to which academic medical centers with expertise in lead poisoning may apply. Applicants must be hospitals licensed under Article 28 of the public health law, must have a pediatric or family residency program with a current accreditation certificate, and must have a pediatric intensive care unit with at least five years of experience in chelation therapy for lead poisoning.² The NYS Department of Health funds RLRCs in three regions: the Metropolitan/Hudson Valley Region, the Central/Eastern Region, and the Western Region; successful applications tend to come from the same hospitals each year. Some RLRCs subcontract with other hospitals to improve regional coverage.³ The grants are for a five-year period, subject to available funding, review of successful performance, and approval by the NYS Attorney General and Office of the State Comptroller.

Program Overview

The purpose of the RLRC program is to promote a standard of excellence in lead poisoning prevention and treatment among healthcare providers, county health departments, and communities. RLRC's primary focus is providing education for healthcare providers that care for children and pregnant women. RLRCs also coordinate treatment of people with EBLLs by offering individual case consultation and encouraging healthcare providers to refer patients to RLRCs for chelation therapy. In the larger context, RLRCs are expected to establish, assess, and participate in regional lead poisoning prevention coalitions. Their role is to engage other local healthcare providers and members of local chapters of medical professional groups to join in the community-level lead poisoning prevention efforts to increase parent/caregivers, homeowners, landlords, and the general public's practice of basic lead poisoning prevention, hazard identification, and hazard reduction.⁴

Program Operations

RLRCs use one-on-one and group meetings, mailings, and web-based trainings to educate healthcare providers regionally and statewide on the primary prevention of lead poisoning, requirements for blood lead screening and testing, and treatment options for people with EBLLs. The RLRC program maintains expertise in chelation techniques and allows chelation to be provided at a centralized location, preventing supply shortages. Clinical care provided by RLRCs to a person with an EBLL conforms to medical standards and public health guidelines.

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

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Eligible Population Served

The RLRC program serves healthcare providers, county health departments, and members of the regional community, especially pregnant women and children who have been or are at risk of being exposed to lead.

Staffing

RLRC staff members must include at least a part-time licensed physician medical director and a full-time project coordinator; each must have at least five years of experience in lead poisoning prevention. Subcontractors for RLRCs have similar requirements.

Billing for Services

Education and consultation services are grant-funded by the RLRC program and are provided to clients at no cost. Chelation services and medical treatments are billed to a patient's health insurance provider.

Outcomes and Evaluation

RLRCs are required to design and implement evaluation techniques to monitor and assess their activities. They are required to monitor process measures like the implementation of activities, short-term outcomes such as changes in knowledge, intermediate outcomes like changes in testing practices, and long-term outcomes such as changes in incidence of lead poisoning.

RLRCs track and report the number of educational sessions they conduct; the number of consultations, cases managed, and hospitalizations for chelation for children and pregnant women; and the number of prevention efforts. In 2016, the annual volume of services for the three RLRCs combined was 74 educational sessions; consultations for 160 children and five pregnant women; case management for 12 children and five pregnant women; hospitalization for chelation for 24 children and one pregnant woman; and 70 capacity-building efforts.⁵

Return on Investment

No study has been conducted on return on investment; however, NYS Department of Health staff consider the RLRC program to be "priceless," because it is critical to providing rare but needed services.

Lessons Learned

The RLRC program attributes its success to the fact that it provides vital services for an orphan disease. The success of lead prevention programs in New York State and nationwide has led to a decline in the need for chelation therapy. This decreased need makes maintaining expertise and resources more difficult for smaller health service providers. The RLRCs serve a critical function as suppliers of knowledge, experience, and resources; as educators of new medical providers; and as a centralized resource pool for professionals and supplies.

The RLRC program has found that competitive solicitations are resource intensive; the program's functionality would be enhanced if partners were identified and approached directly.

For More Information

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¹ New York State Department of Health. (2016, August 3). Request for Proposals for New York State Regional Lead Poisoning Prevention Resource Centers, RFP # 15871. Retrieved from <https://www.health.ny.gov/funding/rfp/inactive/15871r/15871r.pdf>

² New York State Department of Health. (2016, August 3). Request for Proposals for New York State Regional Lead Poisoning Prevention Resource Centers, RFP # 15871. Retrieved from <https://www.health.ny.gov/funding/rfp/inactive/15871r/15871r.pdf>

³ New York State Department of Health. (2019, February 14). Regional Lead Resource Centers – Childhood Lead Poisoning Prevention Program. Retrieved from https://www.health.ny.gov/environmental/lead/exposure/childhood/regional_lead_resource_centers.htm

⁴ New York State Department of Health. (2019, February 14). Regional Lead Resource Centers – Childhood Lead Poisoning Prevention Program. Retrieved from https://www.health.ny.gov/environmental/lead/exposure/childhood/regional_lead_resource_centers.htm

⁵ New York State Department of Health. (2016, August 3). Request for Proposals for New York State Regional Lead Poisoning Prevention Resource Centers, RFP # 15871. Retrieved from <https://www.health.ny.gov/funding/rfp/inactive/15871r/15871r.pdf>