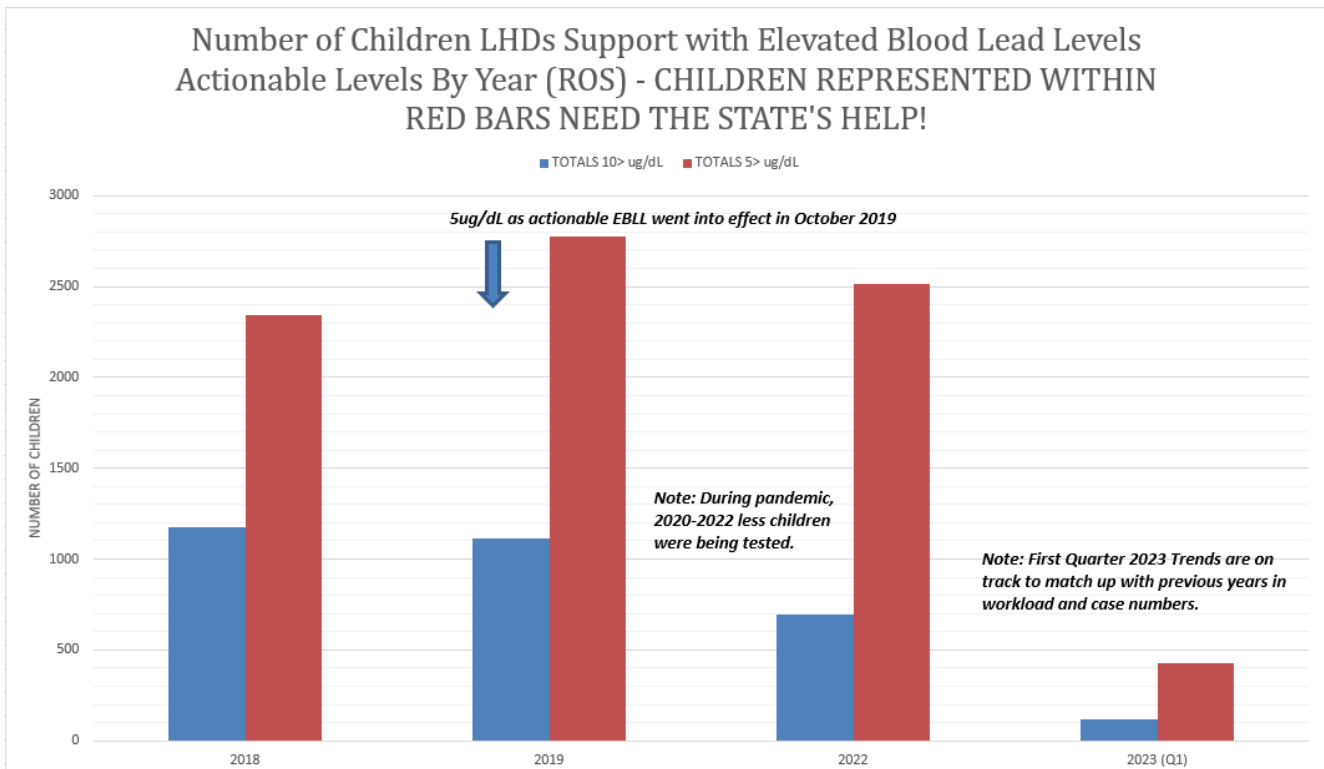


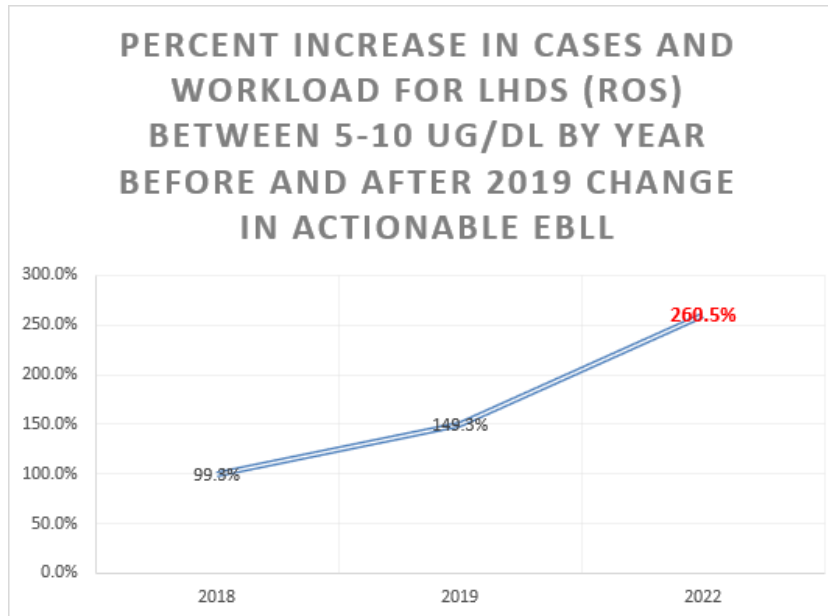
Local Health Officials Urge Legislators to Invest in Protecting New York’s Children Already Exposed to Lead Hazards



New York State has yet to fund the 2019 lowering of the actionable elevated blood lead level (EBLL) from 10 to 5 $\mu\text{g}/\text{dL}$. Estimated unfunded cost of implementation for care coordination and lead inspection and abatement enforcement activities for children with actionable elevated blood lead levels: \$36,377,215.

1. New York State continues to fall short in adequately funding local health departments to protect those children already identified as having elevated blood lead levels above 5 $\mu\text{g}/\text{dL}$ based on the expanded number of cases since lowering the EBLL in 2019.
2. NYSACHO surveyed local health departments regarding the impact they are seeing on cases. Of the 35 LHDs (excluding NYC) responding, for 2022, the addition of children testing between 5-10 $\mu\text{g}/\text{dL}$ in **resulted in a 260% increase in the number of children** requiring care coordination and environmental interventions.





3. In addition to the number of children requiring services:

- 33 of the 36 LHDs responding reported increases in the length of time cases remains open/active.
- Half of the 28 full service LHDs responding report increased compliance/enforcement costs.
- 34 of the 35 LHDs report **increases to staff time and effort for care coordination.**
- 26 of the 28 full service LHDs report **increases to staff time and effort for environmental work.**
- 25 LHDs report increased costs for equipment, supplies and training and 27 report increased costs for health education.
- Of the respondent outside of NYC only 14 the 27 full service LHDs were able to hire additional Environmental staff; only 12 LHDs total were able to hire additional nursing staff and 9 were able to hire additional clerical and other staff. 2 LHDs reported losing staff.

Of note for the Governor's primary prevention rental registry proposal, 4 of the respondents receiving CLPPP+ funding, which includes state grant funding to support primary prevention activities, have had to shift resources from primary prevention to secondary prevention to meet the workload demands due to the increased case numbers of children between 5-9 µg/dL EBLL.

In addition to unmet resource needs, challenges identified with the lower EBLL include difficulty in identifying source of lead exposure, more owner-occupied housing exposures, typically due to lack of awareness of lead risks/requirements during renovations, supply shortages making remediation challenging for owners, lack of EPA certified contractors, particularly in rural areas, need to shift resources away from other environmental health programs to address EBLL workload demands.

Several counties noted that testing by providers remains lower than pre-pandemic levels, exacerbated by a shortage of point of care tests and continued lack of compliance with testing requirements by physicians.

PLEASE HELP NEW YORK STATE PROTECT CHILDREN FROM BEING EXPOSED TO LEAD POISONING! VISIT: <https://www.nysacho.org/topic/lead-prevention-advocacy/>