



**National Center for
Healthy Housing**



New York State's Childhood Lead Poisoning Primary Prevention Program: Year 7 Grantee Impact Summaries

April 1, 2013 – March 31, 2014

Prepared by the National Center for Healthy Housing for the New York State Department of Health,
Bureau of Community Environmental Health and Food Protection, under Contract #CO27566

(DRAFT)

Introduction

Childhood lead poisoning remains a significant public health problem in the United States and in New York State (NYS), which consistently ranks high on key risk factors associated with lead poisoning, including many young children living in poverty, a large immigrant population, and an older, deteriorated housing stock.ⁱ

Lead exposure can result in neurological damage, including intellectual impairment, developmental delays, learning disabilities, memory loss, hearing problems, attention deficits, hyperactivity, behavioral disorders, and other health problems. Poisoning from lead-based paint remains a serious health threat for children, especially those age six and younger. In 2008, 2,563 children were newly identified with blood lead levels of 10 µg/dL or higher in the 15 NYS Childhood Lead Poisoning Primary Prevention Program (CLPPP Program) grantee counties alone.

The CDC and its advisory committee recommend primary prevention, "a strategy that emphasizes

the prevention of lead exposure, rather than a response to exposure after it has taken place."²⁰ In 2007, the NYS legislature passed, and the governor signed into law, a program to dramatically curtail childhood lead poisoning (PHL1370[a][3]). The CLPPP Program authorized health departments to gain access to high-risk homes for the purposes of education and inspection. This represented a significant policy shift since previously health departments could only gain access to a home if a child had already been diagnosed with an elevated blood lead level. The new strategy enabled a more proactive and effective approach focused on primary prevention: identify housing with lead-based paint hazards and remove the hazards before children are exposed.

Table 1 presents the annual funding levels for the program over its seven-year history. For additional background information on the CLPPP Program, please see New York State Task Force on the Prevention of Childhood Lead Poisoning Preliminary Report 2009.ⁱⁱ

Table 1: NYS Childhood Lead Poisoning Primary Prevention Program Funding Level

Year	Annual Funding Amount	Authority
2007–2008	\$3 million	Pilot Program: Public Health Law Section 1370(a) (3)
2008–2009	\$5.4 million	Pilot Program: Public Health Law Section 1370(a) (3)
2009–2010	\$7.7 million	Permanent Program: Public Health Law Section 1370(a) (3)
2010–2014	\$10.2 million	Permanent Program: Public Health Law Section 1370(a) (3)

ⁱ New York State Department of Health. (2004). *Eliminating Childhood Lead Poisoning in New York State by 2010: III. Environmental Scan*. Retrieved from: <http://www.health.ny.gov/environmental/lead/exposure/childhood/finalplanscan.htm>

ⁱⁱ <http://nchh.org/LinkClick.aspx?fileticket=iZ%2f%2fge9ofOY%3d&tabid=195>

The CLPPP Program grantees seek to achieve five goals:

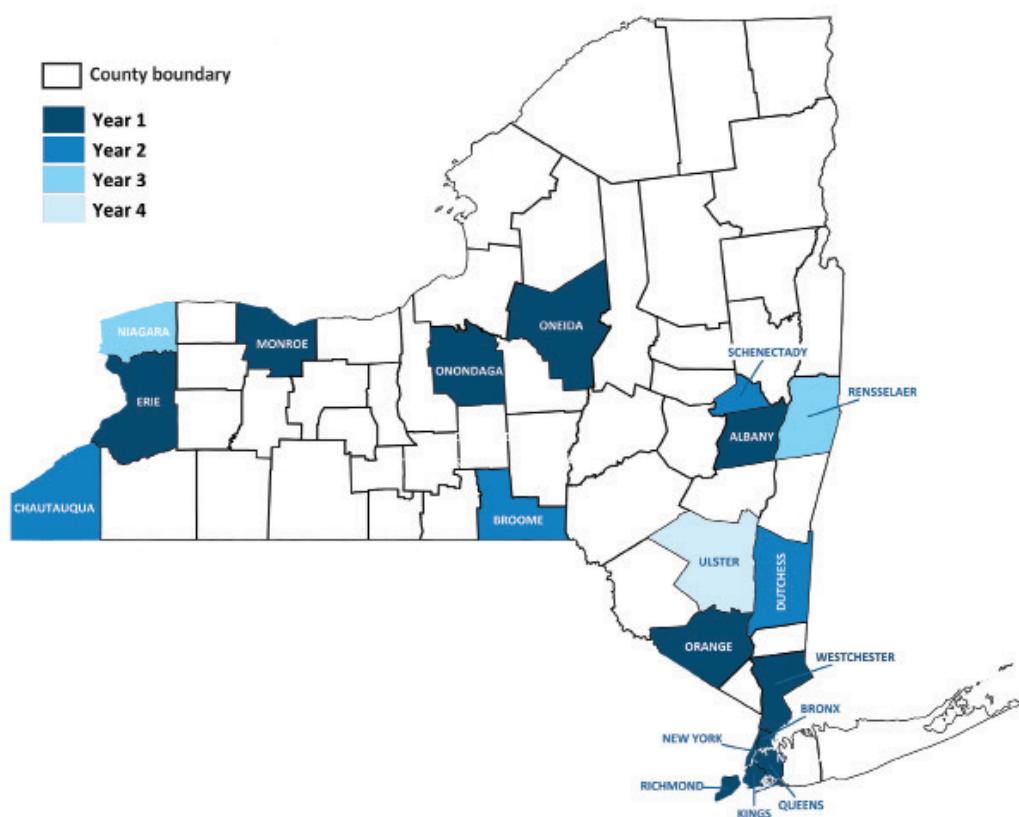
- Identify housing at greatest risk of lead-based paint hazards,
- Develop partnerships and community engagement to promote primary prevention,
- Promote interventions to create lead-safe housing units,
- Build lead-safe work practices (LSPW) workforce capacity, and
- Identify community resources for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

The eight original pilot locations (funded in 2007) included Albany, Erie, Monroe, Oneida, Onondaga,

Orange, and Westchester Counties and New York City. In 2008, four new sites received funding: Broome, Chautauqua, Dutchess, and Schenectady Counties. In 2009, Niagara and Rensselaer Counties received funding. The Year 4 (2010–2011) addition of Ulster County brought the total number of grantees to 15 (see Figure 1). From 2011–2014 (years 5, 6, and 7), 15 grantees continued operating primary prevention programs.

The CLPPP 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.

Figure 1: Primary Prevention Program Grantees by Year of Entrance



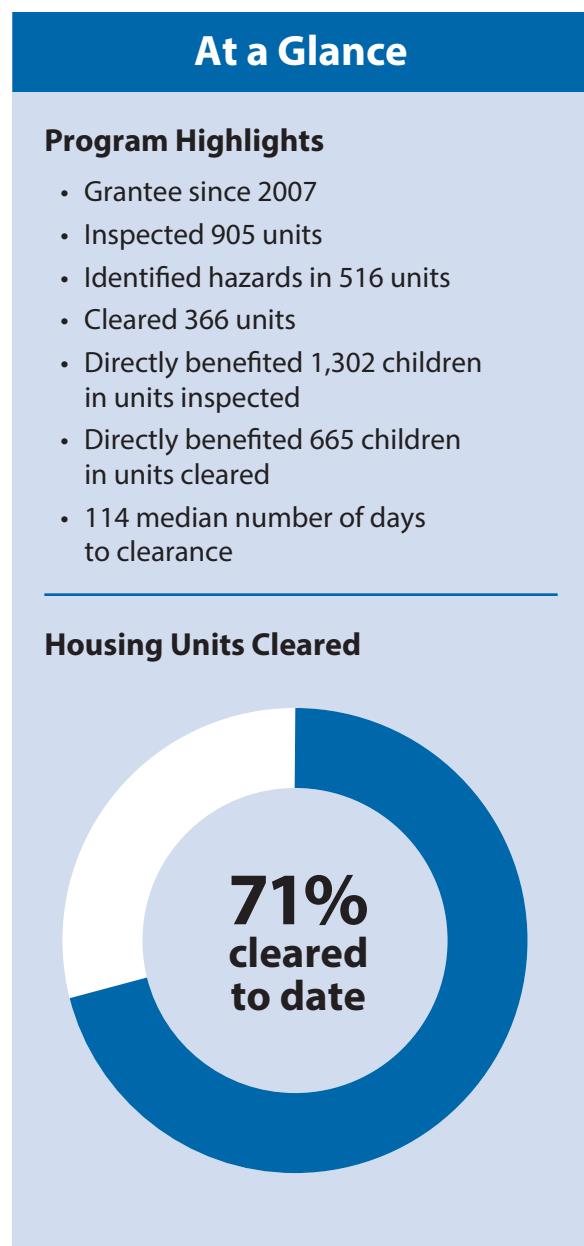
Program results

The CLPPP makes a significant difference in the lives of children and their families. Some children benefit directly because they live in homes in which hazards are found and removed. Others are 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. In addition, pregnant women and young children who might live in or visit these units in the future benefit from having lead hazards removed. (See *Summary Report for New York State's Childhood Lead Poisoning Primary Prevention Program, April 1, 2013–March 31, 2014* for details regarding overall program impact).ⁱⁱⁱ

The following grantee impact summaries provide cumulative program information and statistics regarding CLPPP Program activities in each of the 15 grantee jurisdictions.

ⁱⁱⁱ Available at [http://nchh.org/Program/
NewYorkStateCLPPPProgram.aspx](http://nchh.org/Program/NewYorkStateCLPPPProgram.aspx)

Albany County Department of Health Childhood Lead Poisoning Primary Prevention Program Summary



Program results^{iv}

Between 2007 and the end of March 2014, the Albany program inspected the interior of 905 homes and identified interior lead-based paint hazards in 516 of these homes. Its efforts have already made 366 housing units lead-safe.

Since 2007, the program has worked with property owners to remove interior lead paint hazards from housing units in which 665 children lived, and it referred 956 children for tests of their blood lead levels. The program visited or inspected housing units in which a total of 1,302 children lived.

The homes visited were primarily renter-occupied units in older, multifamily buildings. Renters lived in 87% of the units, 70% were built prior to 1940, and 88% were in multifamily buildings (62% were in two-unit buildings).

Housing units targeted for inspection

Albany County has identified a specific target area that includes ZIP codes 12202, 12206, 12208, 12209 and 12210 located in the city of Albany—for its program focus. Within these ZIP codes, the program targets the highest-risk properties, including but not limited to homes of at-risk newborns and pregnant women, homes of resettled refugees,

^{iv} Data presented includes activities that address the interior of a unit only. Previous reports included activities that addressed the interior, the exterior, or both. For comparison, using all interior and exterior activities, the cumulative data for Albany County is as follows: 913 units visited and inspected, 4 units visited but not yet inspected, 608 units with confirmed or potential hazards, 440 units cleared of all hazards, and 665 children impacted by the program. Please refer to Appendix A for additional details.

units where children with blood lead levels between 5–9 or 10–14 µg/dL reside or units adjacent to them, units with a history of children with elevated blood lead levels or other units in the same building, and vacant, foreclosed properties. The program also inspects properties because of referrals from partner agencies and provider offices (OB/GYN and pediatric offices in particular), direct requests from owners or tenants, requests as a result of advertising (e.g., bus kiosks), and/or door-to-door canvassing.

Inspection procedures

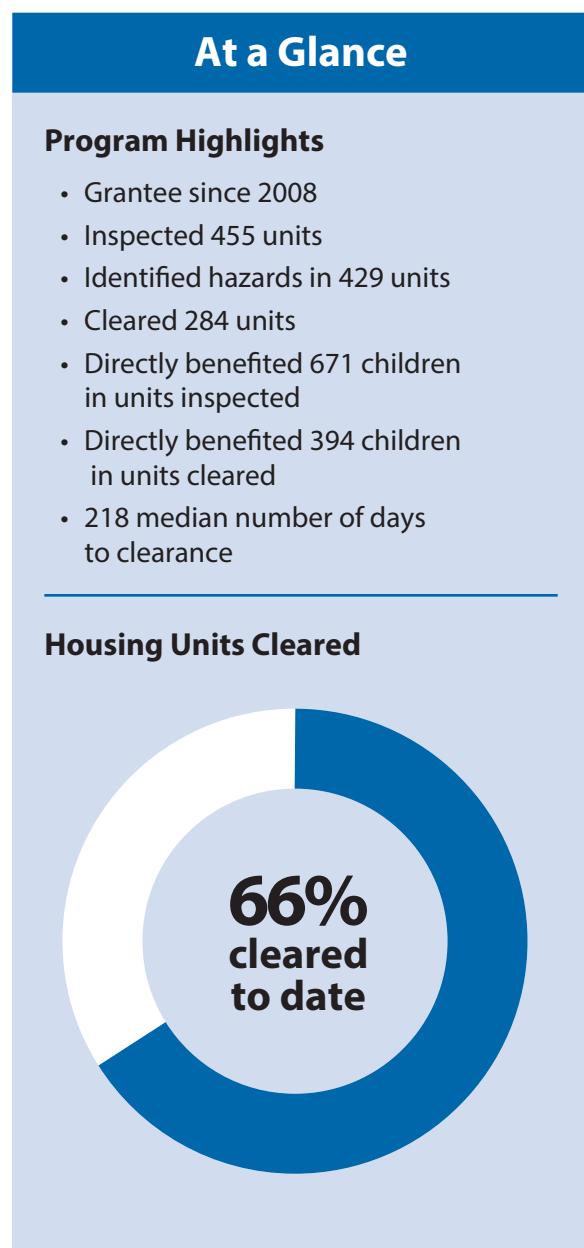
An EPA-certified risk assessor from the county performs a visual inspection of painted surfaces in the individual unit, common areas, and exterior of the building and uses an XRF (x-ray fluorescence) analyzer to measure the concentration of lead on painted surfaces. The assessor may also take soil samples or wipe surfaces to collect dust to analyze its lead concentration (dust wipes are collected after the final inspection when all hazards have

been corrected at during an initial inspection only if no interior hazards are found). Residents receive educational materials and cleaning products as incentives to encourage their participation.

Training on lead-safe work practices

Lead paint dust created during renovation work can substantially increase children's exposure to lead. Albany County works to address this problem by training landlords, homeowners, and contractors in lead-safe work practices. This training focuses on reducing the amount of dust generated during paint-disturbing work, containing any dust generated, and thoroughly cleaning the job site after work to remove any lead-contaminated dust. Since 2007, the program has funded training for 1,587 individuals on how to conduct repairs safely. During the 4/1/13 to 3/31/14 period, there were 211 individuals trained in the RRP courses and 19 individuals trained in window replacement.

Broome County Department of Health Childhood Lead Poisoning Primary Prevention Program Summary



Program results^v

Between 2008 and the end of March 2014, the Broome program inspected the interior of 455 homes and identified lead-based paint hazards in 429 of these homes. Its efforts have already made 284 housing units lead-safe.

Since 2008, the program has worked with property owners to remove interior lead paint hazards from housing units in which 394 children lived, and it referred 630 children for tests of their blood lead levels. The program inspected housing units in which a total of 671 children lived.

The homes visited were primarily renter-occupied units in older, multifamily buildings. Renters lived in 80% of the units, 87% were built prior to 1940, and 86% were in multifamily buildings (47% were in buildings with three or more units).

Housing units targeted for inspection

Broome County's program targets ZIP codes 13901–5 within the city of Binghamton, and ZIP codes 13760, 13790 within the town of Union. Housing units outside that area are inspected when referred by the Childhood Lead Poisoning Prevention Program (which is responsible for responding to children with elevated blood lead levels).

^v Data presented includes activities that address the interior of a unit only. Previous reports included activities that addressed the interior, the exterior, or both. For comparison, using all interior and exterior activities, the cumulative data for Broome County is as follows: 478 units visited and inspected, 464 units with confirmed or potential hazards, 278 units cleared of all hazards, and 677 children impacted by the program. Please refer to Appendix A for additional details.

The program also inspects properties based on referrals from the Healthy Neighborhoods Program, Maternal and Child Health Home Visiting Programs, and/or code enforcement agencies; requests from owners or tenants; and observations of deteriorated exterior paint. The program targets the highest-risk properties, including but not limited to homes of at-risk newborns or pregnant women, units where children with blood lead levels between 5–9 or 10–14 µg/dL reside or units adjacent to them, and vacant properties.

Inspection procedures

The program's inspection protocol consists of exterior and interior visual inspection as well as XRF (x-ray fluorescence) measurement of lead on painted household surfaces in all units. Inspectors

also provide educational materials and incentives, such as cleaning products, to encourage residents' cooperation.

Training on lead-safe work practices

Lead paint dust created during renovation work can substantially increase children's exposure to lead. The program works to address this problem by training landlords, homeowners, and contractors working on properties under notice in lead-safe work practices. This training focuses on reducing the amount of dust generated during paint-disturbing work, containing any dust generated, and thoroughly cleaning the job site after work to remove any lead-contaminated dust. Since 2008, the program has funded training for 478 individuals on how to conduct repairs safely.

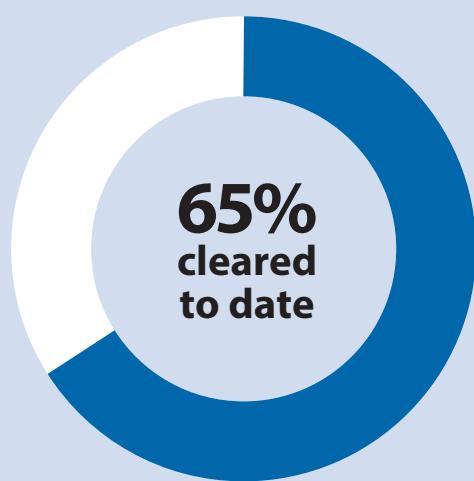
Chautauqua County Department of Health Childhood Lead Poisoning Primary Prevention Program Summary

At a Glance

Program Highlights

- Grantee since 2008
- Inspected 395 units
- Identified hazards in 339 units
- Cleared 222 units
- Directly benefited 505 children in units inspected
- Directly benefited 253 children in units cleared
- 218 median number of days to clearance

Housing Units Cleared



Program results^{vi}

Between 2008 and the end of March 2014, the Chautauqua program inspected the interior of 395 homes and identified lead-based paint hazards in 339 of these homes. Its efforts have already made 222 housing units lead-safe.

Since 2008, the program has worked with property owners to remove interior lead paint hazards from housing units in which 253 children lived, and it referred 58 children for tests of their blood lead levels. The program visited or inspected housing units in which a total of 505 children lived.

The homes visited were primarily renter-occupied units in older buildings. Renters lived in 71% of the units, and 93% were built prior to 1940. The majority were either single-family homes (38%) or in two-unit buildings (42%).

Housing units targeted for inspection

The program's target area is the city of Jamestown. Within the city, the program targets the highest-risk properties, including but not limited to homes of at-risk newborns and pregnant women, units where children with blood lead levels between 5–9 or 10–14 µg/dL reside or units adjacent to them, units with

^{vi} Data presented includes activities that address the interior of a unit only. Previous reports included activities that addressed the interior, the exterior, or both. For comparison, using all interior and exterior activities, the cumulative data for Chautauqua County is as follows: 514 units visited and inspected, 18 units visited but not yet inspected, 414 units with confirmed or potential hazards, 234 units cleared of all hazards, and 544 children impacted by the program. Please refer to Appendix A for additional details.

a history of children with elevated blood lead levels or other units in the same building, and vacant, foreclosed properties. The program also inspects properties because of referrals from partner or code enforcement agencies, requests from owners or tenants, and/or identification through door-to-door canvassing.

Inspection procedures

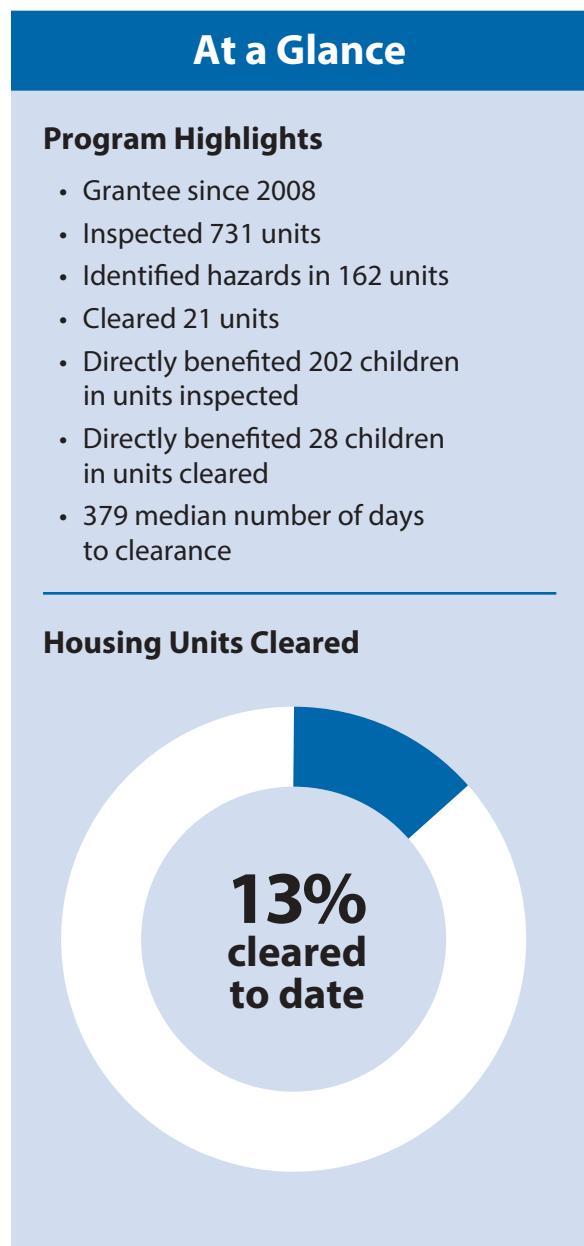
The program's inspection protocol includes exterior and interior visual assessments and XRF (x-ray fluorescence) measurement, as well as a risk assessment. At least one wall, one window, and one door in each room are tested for lead paint using an XRF analyzer. The exterior and entryways are also tested with the XRF analyzer. If there is no interior lead paint but exterior lead paint is found, dust wipe samples are taken to determine if exterior dust is entering the home. The program generates

a report of all areas that tested positive and sends it to the owner and/or tenant with a letter of notice and information. Inspectors also give residents educational materials and incentive packages to encourage cooperation.

Training on lead-safe work practices

Lead paint dust created during renovation work can substantially increase children's exposure to lead. The program works to address this problem by training landlords, homeowners, and contractors in lead-safe work practices. This training focuses on reducing the amount of dust generated during paint-disturbing work, containing any dust generated, and thoroughly cleaning the job site after work to remove any lead-contaminated dust. Since 2008, the program has funded training for 220 individuals on how to conduct repairs safely.

Dutchess County Department of Health Childhood Lead Poisoning Primary Prevention Program Summary



Program results^{vii}

Between 2008 and the end of March 2014, the Dutchess program inspected the interior of 731 homes and identified lead-based paint hazards in 162 of these homes. Its efforts have already made 21 housing units lead-safe.

Since 2008, the program has worked with property owners to remove interior lead paint hazards from housing units in which 28 children lived, and it referred 34 children for tests of their blood lead levels. The program inspected housing units in which a total of 202 children lived. Although the homes visited were similar in being predominantly older homes (82% were built prior to 1940), they represented a range of occupancy conditions and building types. A little over half (55%) were renter-occupied; the others were owner-occupied (15%) or vacant (30%). The majority (76%) were in multifamily buildings, while 16% were single-family units.

Housing units targeted for inspection

The program's target area is that portion of the city of Poughkeepsie within the 12601 ZIP code. Within this area, the program prioritizes multifamily dwellings built before 1978. The Dutchess County Department of Health (DCDOH) refers properties

^{vii} Data presented includes activities that address the interior of a unit only. Previous reports included activities that addressed the interior, the exterior, or both. For comparison, using all interior and exterior activities, the cumulative data for Dutchess County is as follows: 1,199 units visited and inspected, 616 units with confirmed or potential hazards, 198 units cleared of all hazards, and 219 children impacted by the program. Please refer to Appendix A for additional details.

to code enforcement for inspection. These referrals are based on requests from owners or tenants, program staff's observations of deteriorated exterior paint, and community partner recommendations following home visits. Properties where a child with a blood lead level between 5 and 14 µg/dL resides and multifamily dwellings where a child with an elevated blood lead level resides are also considered when making referrals.

Inspection procedures

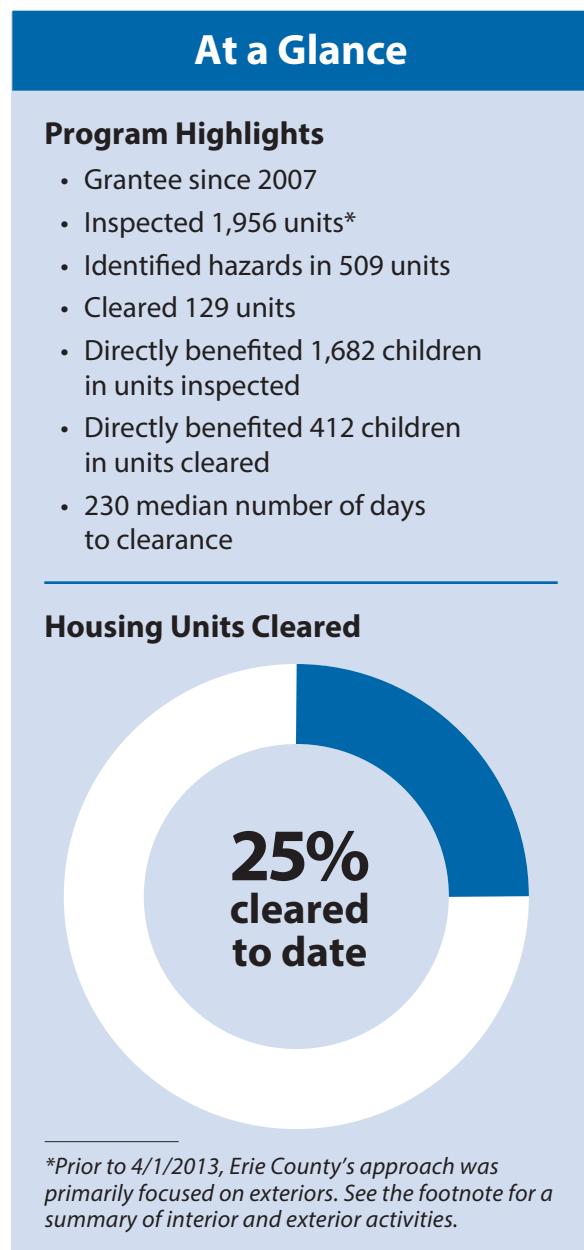
The program's inspections are conducted by a city of Poughkeepsie building inspector, who conducts a visual inspection of all accessible interior and exterior areas and determines whether paint conditions are in compliance with the New York State property maintenance code. The inspector uses the standard of intact versus deteriorated paint when assessing surfaces. The Inspector is responsible for follow-up inspections until compliance is achieved. Properties that are not compliant are referred to the DCDOH for prioritization, investigation, and enforcement. Investigation and enforcement includes a lead assessment, using the x-ray fluorescence (XRF) analyzer, of interior and exterior painted surfaces by EPA-certified Risk Assessors from the DCDOH. The

Dutchess County Department of Health also reviews the lead dust clearance test results following remediation and notifies the City of Poughkeepsie whether the results meet current standards.

Training on lead-safe work practices

Lead paint dust created during renovation work can substantially increase children's exposure to lead. Dutchess County works to address this problem by training landlords, homeowners, and contractors in lead-safe work practices. This training focuses on reducing the amount of dust generated during paint-disturbing work, containing any dust generated, and thoroughly cleaning the job site after work to remove any lead-contaminated dust. Through a partnership with BOCES Adult Education Program, Dutchess has been able to offer classes in English and in Spanish. Since 2008, the program has funded training for more than 400 individuals on how to conduct repairs using lead-safe work practices. Additionally, the program worked with BOCES to develop a window and door replacement class, which educates homeowners and landlords in lead-safe work practices when addressing these friction and impact surfaces. The first session of the window and door replacement class was held at BOCES in March 2013; since that time more than 20 individuals have been trained.

Erie County Department of Health Childhood Lead Poisoning Primary Prevention Program Summary



Program results^{viii}

Between 2007 and the end of March 2014, the Erie program inspected the interior of 1,956 homes and identified lead-based paint hazards in 509 of them. Its efforts have already made 129 housing units lead-safe.

Since 2007, the program has worked with property owners to remove interior lead paint hazards from housing units in which 412 children lived, and it referred 458 children for tests of their blood lead levels. The program visited or inspected housing units in which a total of 1,682 children lived.

The program visited more homes that were renter-occupied than owner-occupied and (59% and 39% respectively) and more multifamily compared with single-family (59% and 40%). Almost all (99%) were built prior to 1940.

Housing units targeted for inspection

Within Erie County, the program operates in census tracts and/or block groups that the Erie County commissioner of health has designated as an "area of high risk" within ZIP codes 14215, 14213, 14212, 14211, 14209, 14208, 14207, and 14201. Within the areas of high risk, individual units are identified for inspection through neighborhood surveys and

^{viii} Data presented includes activities that address the interior of a unit only. Previous reports included activities that addressed the interior, the exterior, or both. For comparison, using all interior and exterior activities, the cumulative data for Erie County is as follows: 7,090 units visited and inspected, 66 units visited but not yet inspected, 5,137 units with confirmed or potential hazards, 2,843 units cleared of all hazards, and 1,691 children impacted by the program. Please refer to Appendix A for additional details.

through referrals indicating units in which children with blood lead levels between 5–9 or 10–14 µg/dL (or both) reside or units adjacent to them.

Prior to the program year starting on April 1, 2013, Erie County's approach was primarily focused on exterior hazards. Interior activities were generally limited to education for property owners and tenants, not inspection. See footnote viii for cumulative program accomplishments, including exterior activities.

Inspection procedures

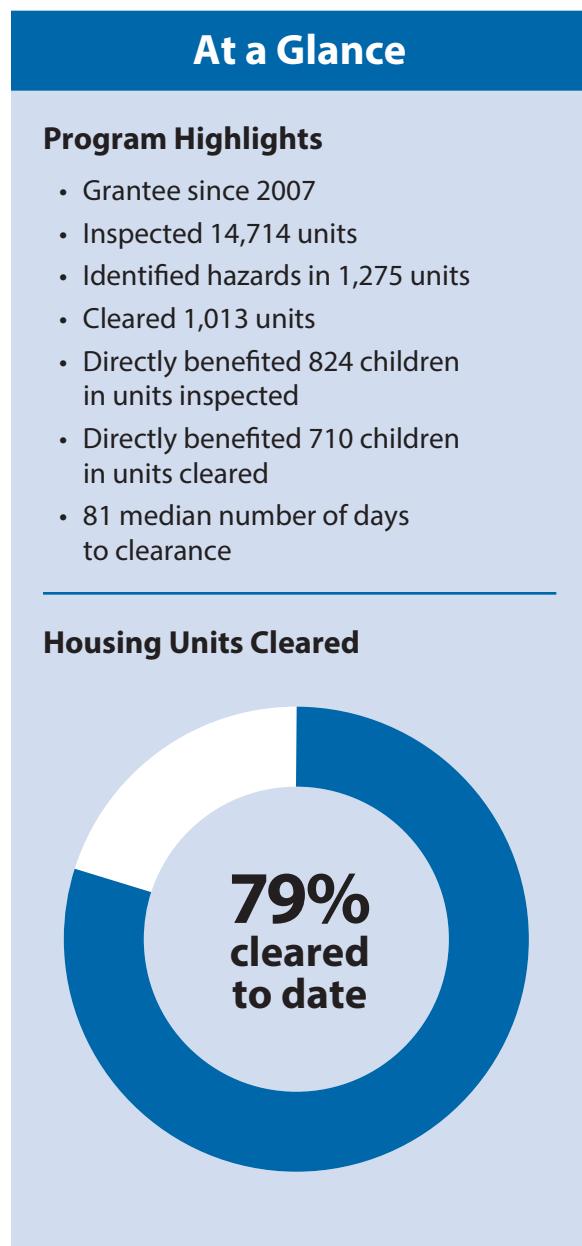
Program staff go block-by-block surveying the building characteristics, physical condition, and occupancy status of each housing unit. Staff assess the exterior of each housing structure with an XRF (x-ray fluorescence) analyzer to measure the concentration of lead on painted surfaces. In conjunction with the exterior risk assessment, staff try to identify and gain access to units where young children reside. Upon gaining access, they assess the paint condition of the interior of the dwelling unit, educate the resident about lead poisoning and ways to protect their family, determine if all

children have received blood lead level testing, and provide cleaning supplies to help ensure a lead-safe environment. When lead paint hazards are found, a Notice and Demand is issued for correction of the identified hazards. Property owners who are written up by the program are eligible to receive a lead-safe work practices paint kit, which contains primer and all the supplies needed to mitigate the identified hazards safely. Owners or their property managers are eligible to receive the kit after showing proof of successful completion of an RRP or LSWP training class.

Training on lead-safe work practices

Lead paint dust created during renovation work can substantially increase children's exposure to lead. The program works to address this problem by training landlords, home owners, and contractors in lead-safe work practices. This training focuses on reducing the amount of dust generated during paint-disturbing work, containing any dust generated, and thoroughly cleaning the job site after work to remove any lead-contaminated dust. Since 2007, the program has funded training for 1,407 individuals on how to conduct repairs safely.

Monroe County Department of Health Childhood Lead Poisoning Primary Prevention Program Summary



Program results^{ix}

Between 2007 and the end of March 2014, the Monroe program inspected the interior of 14,714 homes and identified lead-based paint hazards in 1,275 of them. Its efforts have already made 1,013 housing units lead-safe.

Since 2007, the program has worked with property owners to remove interior lead-paint hazards from housing units in which 710 children lived, and it referred 526 children for tests of their blood lead levels. The program visited or inspected housing units in which a total of 824 children lived.

The homes visited were primarily renter-occupied units in older, multifamily buildings. Renters lived in 99% of the units, 83% were built prior to 1940, and over two-thirds of the homes were in multi-unit buildings (26% were in two-unit buildings, and 44% were buildings with three or more units).

Housing units targeted for inspection

The area of concern is the following high-risk ZIP codes within the city of Rochester: 14604, 14605, 14606, 14607, 14608, 14609, 14610, 14611, 14612, 14613, 14614, 14615, 14619, 14620, and 14621. Within these areas, most properties are

^{ix} Data presented includes activities that address the interior of a unit only. Previous reports included activities that addressed the interior, the exterior, or both. For comparison, using all interior and exterior activities, the cumulative data for Monroe County is as follows: 14,732 units visited and inspected, 638 units visited but not yet inspected, 1,966 units with confirmed or potential hazards, 1,533 units cleared of all hazards, and 1,608 children impacted by the program. Please refer to Appendix A for additional details.

identified and inspected by City of Rochester code enforcement officers with funding provided by the program: 93% of all properties inspected since the program began were inspected by code enforcement. Other properties are targeted for inspection by county health department staff. These include homes of pregnant women, units with children with blood lead levels between 8 and 14 µg/dL, homes of refugees, and homes of Department of Human Services clients (e.g., tenants living in homes receiving state housing assistance) who have children aged six years or younger living in a home where City of Rochester cited interior hazards that were cleared three or more years ago.

Inspection procedures

Code enforcement officers conduct a visual inspection for deteriorated paint above *de minimis*^x levels on the interior and exterior and on bare soil if it is found. They do additional dust wipe sampling in all units that pass the initial visual inspection. At

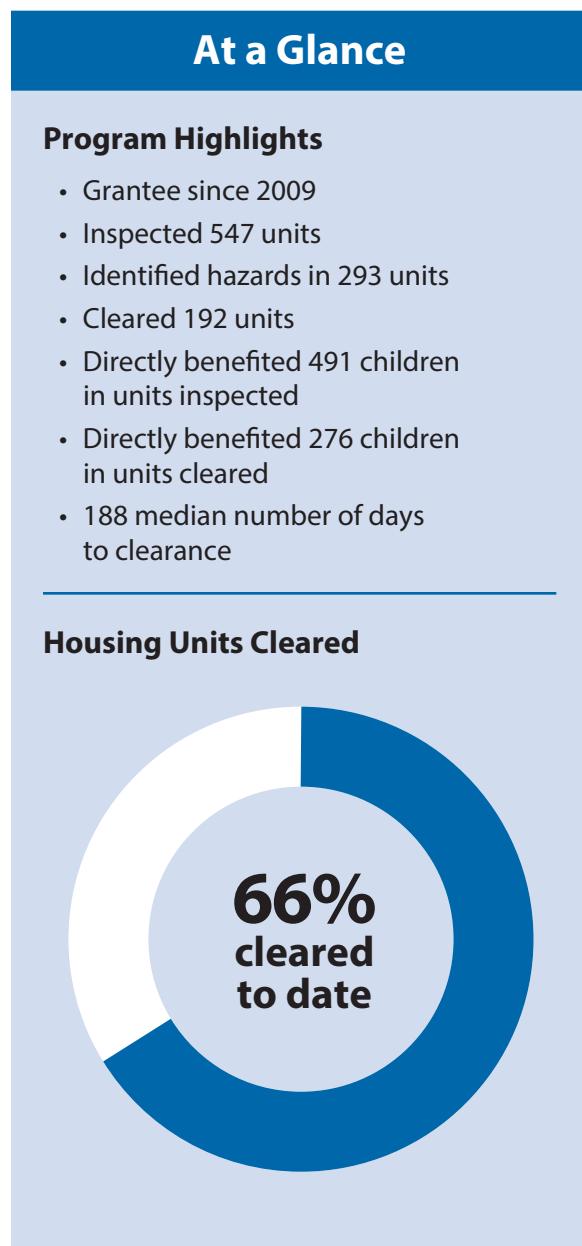
properties inspected by the program itself, EPA-certified risk assessors inspect the properties that are targeted as described above. These inspections use elevated blood lead protocols, including visual inspection and XRF (x-ray fluorescence) measurement of lead on painted household surfaces.

Training on lead-safe work practices

Lead paint dust created during renovation work can substantially increase children's exposure to lead. The program works to address this problem by training landlords, home owners, and contractors in lead-safe work practices. This training focuses on reducing the amount of dust generated during paint-disturbing work, containing any dust generated, and thoroughly cleaning the job site after work to remove any lead-contaminated dust. Since 2007, the program has funded training for 1,544 individuals on how to conduct repairs safely.

^x Properties found to have deteriorated paint in excess of the U.S. Department of Housing and Urban Development (HUD)'s *de minimis* level or bare soil within three feet of the house fail the visual inspection. HUD standards allow for deteriorated paint below a *de minimis* level of 20 ft² on any exterior surface, 2 ft² in any interior room, or 10% of any component (such as a window sill).

Niagara County Department of Health Childhood Lead Poisoning Primary Prevention Program Summary



Program results^{xi}

Between 2009 and the end of March 2014, the Niagara program inspected the interior of 547 homes and identified lead-based paint hazards in 293 of them. Its efforts have already made 192 housing units lead-safe.

Since 2009, the program has worked with property owners to remove interior lead paint hazards from housing units in which 276 children lived, and it referred 416 children for tests of their blood lead levels. The program inspected housing units in which a total of 491 children lived.

The homes visited were primarily in older buildings: 85% were built prior to 1940. More than half (62%) of the units were renter-occupied, and the majority of homes (58%) were single-family units. About one-fourth (26%) lived in two-unit buildings.

Housing units targeted for inspection

Niagara County's program targets housing in the ZIP codes of 14301, 14303, 14304, and 14305 in the city of Niagara Falls, with a special emphasis on census tracts 202, 204, 205, 206, 209, 213, 212, 211; ZIP code 14094 in Lockport to include portions of census tracts 235, 238, 236, and 239; and ZIP code 14120 North Tonawanda in census tract 232.

^{xi} Data presented includes activities that address the interior of a unit only. Previous reports included activities that addressed the interior, the exterior, or both. For comparison, using all interior and exterior activities, the cumulative data for Niagara County is as follows: 5,322 units visited and inspected, 1,778 units with confirmed or potential hazards, 926 units cleared of all hazards, and 604 children impacted by the program. Please refer to Appendix A for additional details.

Within these areas, program staff, (one public health sanitarian and two public health technicians) canvass the neighborhood door-to-door. Housing units may also be identified for inspection because they are homes of at-risk newborns or pregnant women; homes of children with elevated blood-lead levels in the past or children with current blood lead levels between 5–9 or 10–14 µg/dL, or units adjacent to them. Units can also be referred by Maternal and Child Health Home Visiting programs, code enforcement agencies, or other partner agencies. The program may also inspect in response to requests from owners or tenants.

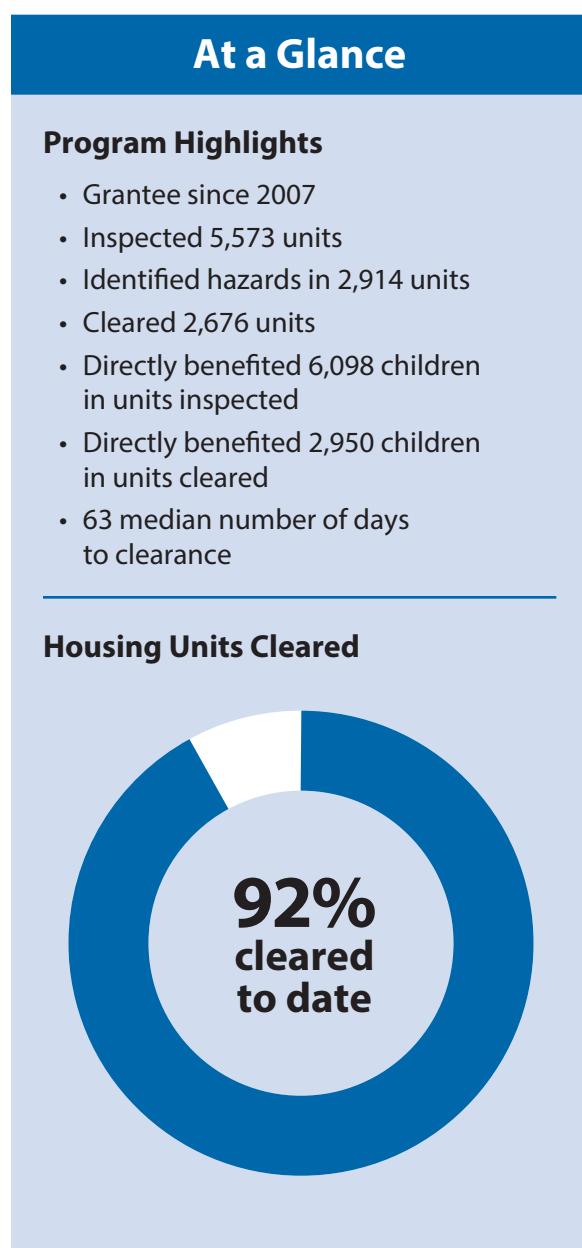
The program has a two-stage inspection protocol. The first inspection is a visual survey for potential lead-based paint hazards. The program sends the owner of record a notice that includes a complete list of potential hazards in the dwelling and information about the program's incentives and educational opportunities. Compliance is voluntary at that point as no testing has been done. The letter is followed up by a telephone call within a week

to ensure that a hazard removal plan is in place. If no plan is put in place or work is not completed in a timely, acceptable manner, program staff use an XRF (x-ray fluorescence) analyzer to measure the concentration of lead on painted surfaces. The program then sends a Notice and Demand that requires correction of all hazards identified. In some circumstances, staff also use dust wipe samples in inspections.

Training on lead-safe work practices

Lead paint dust created during renovation work can substantially increase children's exposure to lead. The program works to address this problem by training landlords, homeowners, and contractors in lead-safe work practices. This training focuses on reducing the amount of dust generated during paint-disturbing work, containing any dust generated, and thoroughly cleaning the job site after work to remove any lead-contaminated dust. Since 2009, the program has funded training for 148 individuals on how to conduct repairs safely.

New York City Department of Health and Mental Hygiene Childhood Lead Poisoning Primary Prevention Program Summary



Program results^{xii}

Between 2007 and the end of March 2014, the New York City program inspected the interior of 5,573 homes and identified lead-based paint hazards in 2,914 of them. Its efforts have resulted in the safe remediation of lead paint hazards in 2,676 housing units.

Since 2007, the program has worked with property owners to remove interior lead paint hazards from housing units in which 2,950 children lived, and it referred 5,497 children for tests of their blood lead levels. The program visited or inspected housing units in which a total of 6,098 children lived.

The homes visited were primarily occupied units in older, multifamily buildings. 77% of the buildings were built prior to 1940, and 83% of the buildings had three or more units.

Housing units targeted for inspection

New York City Primary Prevention interventions occur citywide and are targeted to high-risk neighborhoods, high-risk housing, and high-risk children. New York City uses six strategies to identify the specific high-risk housing units:

^{xii} Data presented includes activities that address the interior of a unit only. Previous reports included activities that addressed the interior, the exterior, or both. For comparison, using all interior and exterior activities, the cumulative data for New York City is as follows: 5,573 units visited and inspected, 299 units visited but not yet inspected, 2,914 units with confirmed or potential hazards, 2,676 units cleared of all hazards, and 6,397 children impacted by the program. Please refer to Appendix A for additional details.

- Using the city's blood lead registry and the birth registry to identify housing of children under six years of age with blood lead levels of 10–14 µg/dL and newborns under six months of age living in the same building;
- Inspecting homes in response to referrals from the Newborn Home Visiting Program because of peeling paint in the newborn's home;
- Inspecting homes in response to referrals for peeling paint in the homes of young children in the department's Asthma Initiative;
- Identifying buildings where two or more Commissioner's Orders for lead paint violations have been cited in at least two apartments and offering to conduct inspections in apartments where there is peeling paint and a child under six years of age;
- Responding to tenants' complaints of work that has disturbed painted surfaces and generated uncontained paint dust and debris in the apartments and common areas of residential buildings that house children less than 18 years of age; and
- Responding to tenants' complaints of peeling paint in one- and two-family homes where there is a child under six years of age.

Inspection procedures

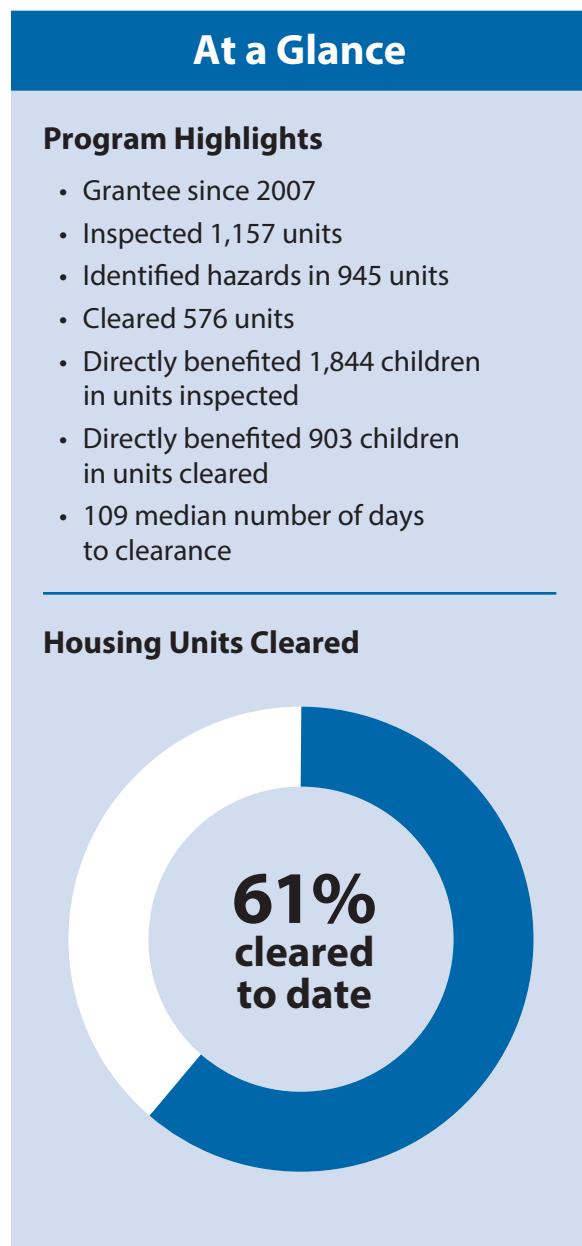
Inspectional staff of EPA-certified lead risk assessors perform the inspections for lead paint hazards and

other environmental home health hazards using the six strategies listed above. For inspections of peeling lead paint hazards for the first four strategies, the inspector administers a lead risk assessment questionnaire, conducts a visual inspection of all painted surfaces, and then conducts XRF testing of all peeling paint and painted window sills. For unsafe work complaints, if the inspector observes uncontained paint dust and debris, the inspector takes dust wipe samples and orders the owner and the contractor to stop the work, immediately clean up, and resume work using safe work practices that contain and minimize dust. In all inspections, the Primary Prevention Program provides counseling and education on lead poisoning prevention and re-inspections are conducted until violations have been addressed.

Training on lead-safe work practices

Lead paint dust created during renovation work can substantially increase children's exposure to lead. New York City works to address this problem by training workers, landlords, homeowners, and contractors in lead-safe work practices. This training, delivered in English and Spanish, focuses on reducing the amount of dust generated during paint-disturbing work, containing any dust generated, and thoroughly cleaning the job site after work to remove any lead-contaminated dust. Since 2007, the program has funded training for 2,251 individuals on how to conduct repairs safely.

Oneida County Department of Health Childhood Lead Poisoning Primary Prevention Program Summary



Program results^{xiii}

Between 2007 and the end of March 2014, the Oneida program inspected the interior of 1,157 homes and identified lead-based paint hazards in 945 of them. Its efforts have already made 576 housing units lead-safe.

Since 2007, the program has worked with property owners to remove interior lead paint hazards from housing units in which 903 children lived, and it referred 961 children for tests of their blood lead levels. The program inspected housing units in which a total of 1,844 children lived. In addition, children who might live in or visit these units in the future benefit from having lead hazards removed.

The homes visited were primarily renter-occupied units in older multifamily buildings. Renters lived in 85% of the units, 84% were built prior to 1940, and 89% of the units were in multifamily buildings (61% were two-unit buildings).

Housing units targeted for inspection

The Oneida County program targets census tracts and block groups in the 13501 and 13502 ZIP codes in the city of Utica. Within those areas, the program sub-targets houses with newborns and newly arrived refugees with children under age seven as

^{xiii} Data presented includes activities that address the interior of a unit only. Previous reports included activities that addressed the interior, the exterior, or both. For comparison, using all interior and exterior activities, the cumulative data for Oneida County is as follows: 2,215 units visited and inspected, 1,791 units with confirmed or potential hazards, 941 units cleared of all hazards, and 1,845 children impacted by the program. Please refer to Appendix A for additional details.

well as families with children under six with blood lead levels less than 15 µg/dL. The program also inspects properties because of referrals from partner agencies or code enforcement or requests from owners or tenants. Through targeted street drive-by initiatives, door-hangers are left on units identified with visual hazards.

Primary Prevention Program staff conducted 100% of all interior inspections.

Inspection procedures

When inspections are conducted by program staff, the initial inspection consists of an interior and exterior visual inspection and dust wipe sampling. The inspector also completes a floor plan showing the location of hazards. In a first home visit, home visiting staff provide extensive education on lead hazards and lead poisoning prevention and cleaning supplies. At a second visit, the home visitor reviews the results of the dust testing and encourages use of a HEPA vacuum until any needed remediation work can be completed. When reviewing the work plan for remediation of identified lead hazards with tenants or landlords who have completed the lead renovator

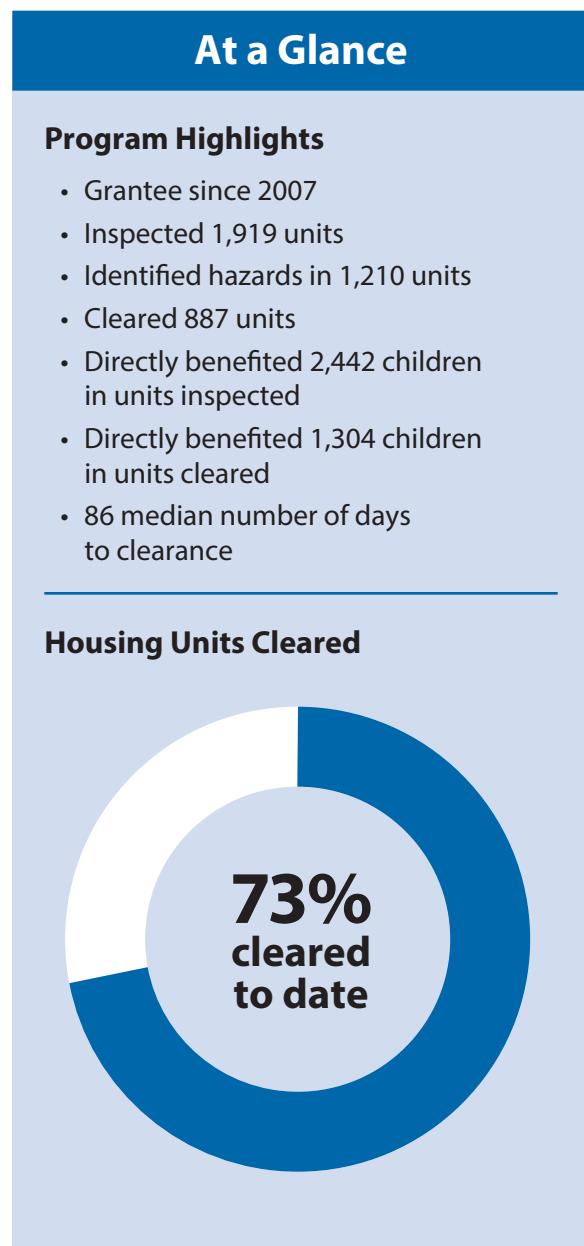
certification class, a voucher for a primer paint is issued if lack of resources to complete work plan is indicated.

Training on lead-safe work practices

Lead paint dust created during renovation work can substantially increase children's exposure to lead.

Oneida County works to address this problem by training landlords, homeowners, and contractors in lead-safe work practices. This training focuses on reducing the amount of dust generated during paint-disturbing work, containing any dust generated, and thoroughly cleaning the job site after work to remove any lead-contaminated dust. Since 2007, the program has funded training for 547 individuals on how to conduct repairs safely. This number represents trainees paid for by Primary Prevention funds; however, more students were trained in these classes overall through the program's partnership with the Mohawk Valley Community College (MVCC). MVCC offers a variety of courses each month in multiple locations around the county to insure ease of access for contractors and rental property owners.

Onondaga County Department of Health Childhood Lead Poisoning Primary Prevention Program Summary



Program results^{xiv}

Between 2007 and the end of March 2014, the Onondaga County Health Department's program inspected the interior of 1,919 homes and identified lead-based paint hazards in 1,210 of these homes. Its efforts have already made 887 housing units lead-safe.

Since 2007, the program has worked with property owners to remove interior lead paint hazards from housing units in which 1,304 children lived, and it referred 575 children for tests of their blood lead levels. The program inspected housing units in which a total of 2,442 children lived.

The homes visited were primarily renter-occupied units in older, multifamily buildings. Renters lived in 84% of the units, 83% were built prior to 1940, and 72% of the units were in multifamily buildings (46% were buildings with two units).

Housing units targeted for inspection

Onondaga County's program targets the entire city of Syracuse, with the following ZIP codes designated as the highest risk areas: 13203, 13204, 13205, 13207, and 13208. The program targets the highest-risk properties, including but not limited to, homes of at-risk newborns or pregnant women,

^{xiv} Data presented includes activities that address the interior of a unit only. Previous reports included activities that addressed the interior, the exterior, or both. For comparison, using all interior and exterior activities, the cumulative data for Onondaga County is as follows: 1,928 units visited and inspected, 36 units visited but not yet inspected, 1,592 units with confirmed or potential hazards, 1,042 units cleared of all hazards, and 2,488 children impacted by the program. Please refer to Appendix A for additional details.

units where children with blood lead levels between 5–9 or 10–14 µg/dL reside or units adjacent to them, units with a history of elevated blood lead cases or other units in the same building, rental units occupied by resettled refugees, and rental units occupied by DSS-funded or Section 8-funded recipients. Requests for inspections on rental units outside of the five high-risk targeted ZIP codes listed above that otherwise meet the program's inspection criteria for age of housing (pre-1960), presence of deteriorating paint conditions, and occupant composition (children less than seven years of age, newly arrived refugees, and/or pregnant women) are also accepted and scheduled as staff availability permits. The program also inspects properties identified in collaboration with the local LPPP, in response to referrals from the Healthy Neighborhoods Program, Maternal and Child Health Home Visiting programs, other partner agencies, or code enforcement agencies; in response to requests from owners or tenants; due to observations of deteriorated exterior paint; and identification through door-to-door canvassing.

Inspection procedures

Some inspections are initiated by the program on the basis of information it already has about a unit or its residents, as noted above. For others, program staff conduct telephone surveys with a parent or caregiver to determine if the property meets the following risk criteria: (1) a child age seven or under resides or regularly visits or a pregnant woman resides at the property, (2) the property was built before 1960, (3) chipping and peeling paint has been observed, (4) the property is located in the target area, and (5) it is a rental property. If determined eligible, an environmental team member then conducts an onsite lead hazard risk assessment.

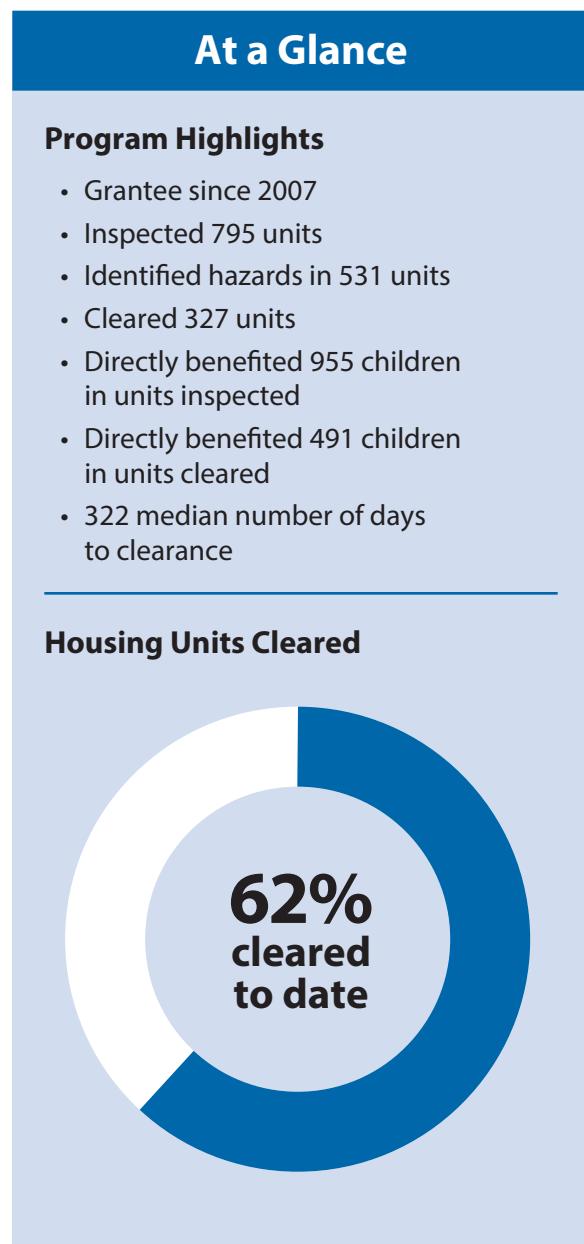
Risk assessments consist of exterior and interior visual inspection, an XRF (x-ray fluorescence)

measurement of the concentration of lead on painted surfaces, and dust wipe sampling. If lead-based paint hazards are confirmed by XRF testing during the inspection, the environmental team member conducts a brief lead dust cleaning demonstration and leaves a package of wet wipes with the tenant. At the discretion of the environmental inspection team, renters who are pregnant and parents of children age seven or under may be referred to the public health education team for additional services.

Training on lead-safe work practices

Lead paint dust created during renovation work can substantially increase children's exposure to lead. The program works to address this problem by training landlords, homeowners, and contractors in lead-safe work practices. This training focuses on reducing the amount of dust generated during paint-disturbing work, containing any dust generated, and thoroughly cleaning the job site after work to remove any lead-contaminated dust. Since 2007, the program has funded training for 651 individuals on how to conduct repairs safely. This number represents formal classroom training paid for by NYSDOH Primary Prevention funding. In addition to offering the eight-hour Initial Renovator training in English, two training sessions were offered in Spanish during the contract year. In 2012, HUD LSWP training previously provided by the City of Syracuse Lead Program was discontinued. As a result, CLPPPP staff began providing more detailed LSWP instruction during all field visits. The total number of individualized LSWP educational contacts completed by CLPPPP environmental health risk assessors during initial inspection visits, field conferences, follow-up, pre-hearing re-check visits, and dust wipe clearance visits far exceeds the number of individuals that received formal classroom training paid for with Primary Prevention funds. Between April 1, 2013 and March 31, 2014, more than 1,400 LSWP educational contacts were completed.

Orange County Department of Health Childhood Lead Poisoning Primary Prevention Program Summary



Program results^{xv}

Between 2007 and the end of March 2014, the Orange County program inspected the interior of 795 homes and identified lead-based paint hazards in 531 of them. Its efforts have already made 327 housing units lead-safe.

Since 2007, the program has worked with property owners to remove interior lead paint hazards from housing units in which 491 children lived, and it referred 526 children for tests of their blood lead levels. The program visited or inspected housing units in which a total of 955 children lived.

The homes visited were primarily renter-occupied units in older, multifamily buildings. Renters lived in 91% of the units, 90% were built prior to 1940, and 84% were in multifamily buildings (49% of units were in multifamily buildings with three or more units).

Housing units targeted for inspection

Orange County's target areas are census tracts 3, 4, and 5 in the city of Newburgh and census tracts 11, 12, 15 and 151 in the city of Middletown. The program targets the highest-risk properties, including, but not limited to, homes of at-risk newborns or pregnant women, units where children

^{xv} Data presented includes activities that address the interior of a unit only. Previous reports included activities that addressed the interior, the exterior, or both. For comparison, using all interior and exterior activities, the cumulative data for Orange County is as follows: 796 units visited and inspected, 610 units with confirmed or potential hazards, 371 units cleared of all hazards, and 955 children impacted by the program. Please refer to Appendix A for additional details.

with blood lead levels between 5–9 or 10–14 µg/dL reside or units adjacent to them, units with a history of elevated blood lead cases or other units in the same building, rental units occupied by DSS-funded or Section 8-funded recipients, and vacant, foreclosed properties. The program also inspects properties because of referrals from Healthy Neighborhoods Program, Maternal and Child Health Home Visiting programs, other partner agencies, or code enforcement agencies; requests from owners or tenants; observations of deteriorated exterior paint; and identification through door-to-door canvassing.

Inspection procedures

The risk assessment protocol consists of exterior and interior visual inspection and an XRF (x-ray fluorescence) measurement of the concentration of lead on painted surfaces. The program also provides educational materials and incentives to encourage residents' participation. To obtain these inspections, the program partners with many agencies and other departments, does door to door knocking, and presents at schools, health fairs, bus stops, laundromats, and many other community events (e.g., during Thanksgiving food distributions program staff inserted 1300 flyers advertising free lead inspections).

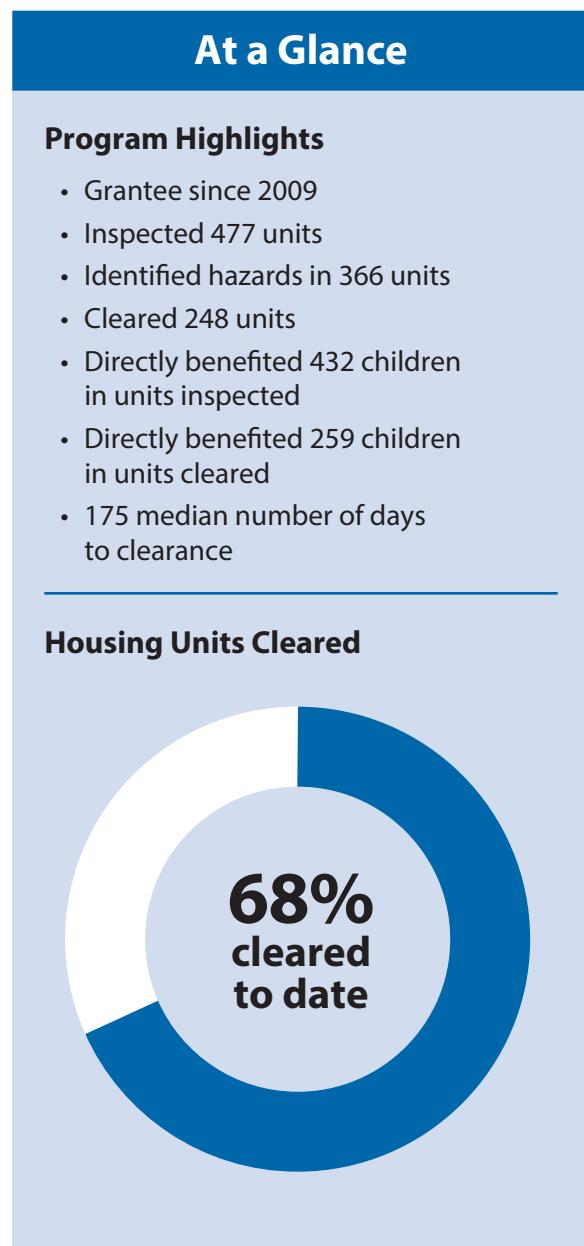
Following property owner completion of lead-safe renovations, funds are used to help them complete required dust wipe clearance tests, protecting both the occupants and the property owners.

Training on lead-safe work practices

Lead paint dust created during renovation work can substantially increase children's exposure to lead. The program works to address this problem by training landlords, homeowners, and contractors in lead-safe work practices. This training focuses on reducing the amount of dust generated during paint-disturbing work, containing any dust generated, and thoroughly cleaning the job site after work to remove any lead-contaminated dust. Since 2007, the program has funded training for 336 individuals on how to conduct repairs safely.

The program teaches both the EPA Renovation, Repair and Painting (RRP) certification class and a "Don't Spread the Lead" National Center for Healthy Housing curriculum class for do-it-yourselfers working on their own residences. The program has also implemented a nutrition/lead safety class at local supermarkets in both Newburgh and Middletown. All students receive incentives for coming to these classes to aid them in keeping their families lead-safe.

Rensselaer County Department of Health Childhood Lead Poisoning Primary Prevention Program Summary



Program results^{xvi}

Between 2009 and the end of March 2014, the Rensselaer program inspected the interior of 477 homes and identified lead-based paint hazards in 366 of them. Its efforts have already made 248 housing units lead-safe.

Since 2009, the program has worked with property owners to remove interior lead paint hazards from housing units in which 259 children lived, and it referred 375 children for tests of their blood lead levels. The program visited or inspected housing units in which a total of 432 children lived.

The homes visited were primarily renter-occupied units in older, multifamily buildings. Renters lived in 65% of the units, 80% were built prior to 1940, and 74% of the units were in multifamily buildings.

Housing units targeted for inspection

Rensselaer County's target areas are the city of Troy, including ZIP codes 12180 and 12182, and the city of Rensselaer, including ZIP code 12144. The program defines its primary target group as residential homes within the target areas, built before 1980, with a resident child 17 years or younger, regardless of blood-lead level. It gives highest priority to homes of children with a confirmed blood lead level between 5 and 14 µg/dL.

^{xvi} Data presented includes activities that address the interior of a unit only. Previous reports included activities that addressed the interior, the exterior, or both. For comparison, using all interior and exterior activities, the cumulative data for Rensselaer County is as follows: 480 units visited and inspected, 8 units visited but not yet inspected, 396 units with confirmed or potential hazards, 263 units cleared of all hazards, and 443 children impacted by the program. Please refer to Appendix A for additional details.

The program also conducts inspections in conjunction with the Childhood Lead Poisoning Prevention Program (CLPPP), in that this program inspects housing units before a child referred by CLPPP moves into it. Other units targeted for inspection include, but are not limited to, homes of at-risk newborns or pregnant women and units with a history of elevated blood lead cases or other units in the same building. The program also inspects properties because of referral from Maternal and Child Health Home Visiting programs, the Early Intervention Program, other partner agencies (e.g., inspections of units for DSS foster care placements), code enforcement agencies, and/or other partner organizations (e.g., the Homebuyer Incentive and Rehabilitation Programs of the Troy Rehabilitation Improvement Program). It also inspects properties due to requests from owners or tenants, observations of deteriorated exterior paint, and identification through door-to-door canvassing.

Inspection procedures

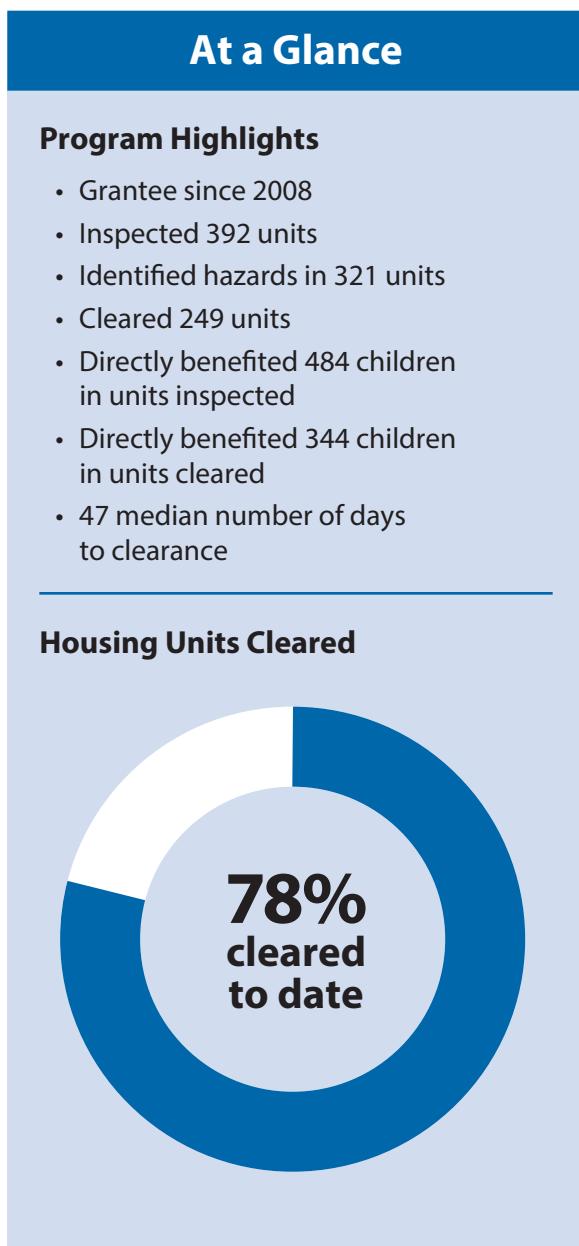
Most inspections are conducted by EPA-certified staff of the Rensselaer County Cornell Cooperative Extension under a contract with the program.

The risk assessment protocol consists of exterior and interior visual inspection, an XRF (x-ray fluorescence) measurement of the concentration of lead on painted surfaces, dust wipe sampling, and soil sampling. The program also provides educational materials, remediation supplies, and other incentives to increase resident knowledge and encourage resident action.

Training on lead-safe work practices

Lead paint dust created during renovation work can substantially increase children's exposure to lead. The program works to address this problem by training landlords, homeowners, and contractors in lead-safe work practices. This training focuses on reducing the amount of dust generated during paint-disturbing work, containing any dust generated, and thoroughly cleaning the job site after work to remove any lead-contaminated dust. Since 2009, the program has funded training for 875 individuals on how to conduct repairs safely.

Schenectady County Department of Health Childhood Lead Poisoning Primary Prevention Program Summary



Program results^{xvii}

Between 2008 and the end of March 2014, the Schenectady program inspected the interior of 392 homes and identified lead-based paint hazards in 321 of them. Its efforts have already made 249 housing units lead-safe.

Since 2008, the program has worked with property owners to remove interior lead paint hazards from housing units in which 344 children lived, and it referred 141 children for tests of their blood lead levels. The program visited or inspected housing units in which a total of 484 children lived.

The homes visited were primarily renter-occupied units in older, multifamily buildings. Renters lived in 85% of the units, 78% were built prior to 1940 (when the age of the unit was known), and 85% were units in multifamily buildings (72% were in two-unit buildings).

Housing units targeted for inspection

Schenectady County's program targets properties in the 12307, 12308, 12303 and 12304 ZIP codes within the city of Schenectady. Within those areas, the program targets the highest-risk properties, including but not limited to homes of at-risk newborns or pregnant women; units where a child

^{xvii} Data presented includes activities that address the interior of a unit only. Previous reports included activities that addressed the interior, the exterior, or both. For comparison, using all interior and exterior activities, the cumulative data for Schenectady County is as follows: 392 units visited and inspected, 2 units visited but not yet inspected, 349 units with confirmed or potential hazards, 256 units cleared of all hazards, and 485 children impacted by the program. Please refer to Appendix A for additional details.

with a blood lead level greater than or equal to 10 µg/dL resides or resided in the past and now have a child age six or younger, and units adjacent to them; and rental units occupied by refugees or recipients of DSS or Section 8 housing funds. The program also inspects properties because of referrals from the Healthy Neighborhoods Program, Maternal and Child Health Home Visiting programs, and/or other partner agencies, as well as requests from owners or tenants.

Inspection procedures

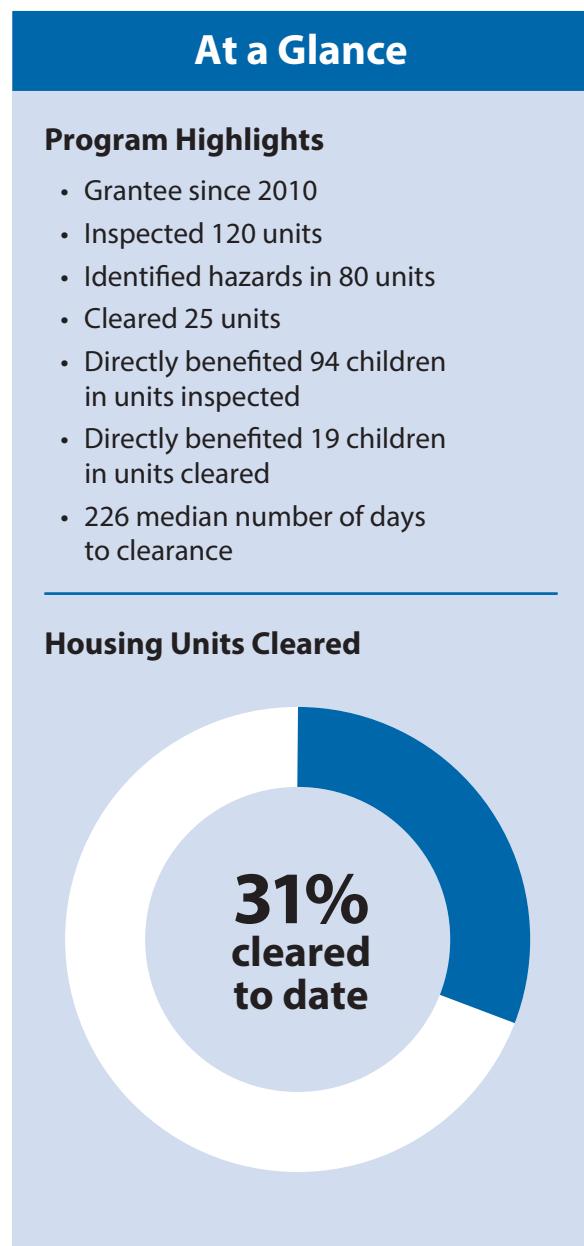
Either the program's EPA-certified risk assessors or staff members from community partner agencies (Schenectady Municipal Housing Authority's Section 8 program and the Community Land Trust of Schenectady) conduct the inspections. Since the program began, approximately 39% of activities have been conducted by program staff. Regardless of which agency's staff conduct the

inspections, the protocol is the same. It consists of visual inspection as well as XRF (x-ray fluorescence) measurement of lead on painted surfaces. Exterior and interior painted surfaces within the unit as well as all common areas of the property are checked for lead hazards. Inspectors also provide educational materials to residents.

Training on lead-safe work practices

Lead paint dust created during renovation work can substantially increase children's exposure to lead. The program works to address this problem by training landlords, homeowners, and contractors in lead-safe work practices. This training focuses on reducing the amount of dust generated during paint-disturbing work, containing any dust generated, and thoroughly cleaning the job site after work to remove any lead-contaminated dust. Since 2008, the program has funded training for 619 individuals on how to conduct repairs safely.

Ulster County Department of Health Childhood Lead Poisoning Primary Prevention Program Summary



Program results^{xviii}

Between April 2011 and the end of March 2014, the Ulster program inspected the interior of 120 homes and identified lead-based paint hazards in 80 of them. Its efforts have already made 25 housing units lead-safe.

Since April 2011, the program has worked with property owners to remove interior lead paint hazards from housing units in which 19 children lived, and it referred 42 children for tests of their blood lead levels. The program visited or inspected housing units in which a total of 94 children lived.

The homes visited were primarily renter-occupied units in older, multifamily buildings. Renters lived in 69% of the units, 72% were in multifamily buildings, and 81% were built prior to 1940.

Housing units targeted for inspection

Ulster County's program targets the 12401 ZIP code, as well as owner-occupied and rental units within all of Ulster County where children have been identified with an elevated blood lead level of 10–14 µg/dL. Priority is given to those dwellings in which children under six years of age and pregnant women reside. Other high-risk properties identified for inspection include but are not limited to: properties that are referred by Maternal and Child

^{xviii} Data presented includes activities that address the interior of a unit only. Previous reports included activities that addressed the interior, the exterior, or both. For comparison, using all interior and exterior activities, the cumulative data for Ulster County is as follows: 195 units visited and inspected, 4 units visited but not yet inspected, 167 units with confirmed or potential hazards, 33 units cleared of all hazards, and 108 children impacted by the program. Please refer to Appendix A for additional details.

Health Home Visiting programs, and other partner agencies such as code enforcement, the nonprofit Rural Ulster Preservation Company (RUPCO), or physician's offices; properties for which owners or tenants have requested inspections; properties that have been identified by program staff through door-to-door canvassing or observations of deteriorated paint; rental units of recipients of DSS or Section 8 funds; and housing units with a history of children with elevated blood-lead levels and other units in the same building, as well as units in which children with blood-lead levels of 10–14 µg/dL currently reside. The primary focus is rental properties, although owner-occupied single-family properties were inspected at owners' requests as long as owners understood the program protocols and agreed to comply.

Inspection procedures

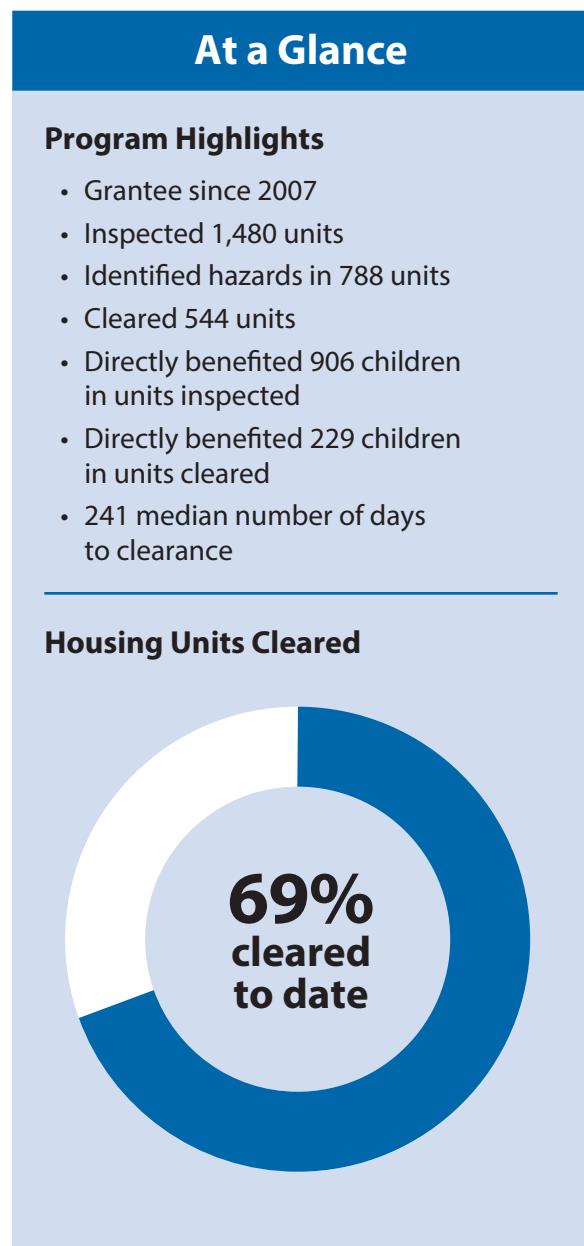
The program employs a two-tiered strategy which includes both visual assessments as well as XRF inspections conducted by a licensed risk assessor. Visual and XRF analyses are conducted by program staff, who perform the majority of inspections (97%). Additional inspections were conducted by or in cooperation with their community partners, the Building Safety Division of the City of Kingston Fire Department and RUPCO, who perform visual-only inspections. When an exterior-only visual inspection is performed, efforts are made by CLPPPP staff to gain access to the building's interior to perform XRF measurements of the concentration of lead on painted surfaces. Efforts are made to gain interior access because residents

are at higher risk from interior lead hazards than exterior ones. The program provides a free dust clearance test for compliant property owners after remediation work is completed. When the unit passes the dust clearance test, the case is closed. Owners are advised ongoing maintenance of the painted surfaces is required. The program provides residents and landlords with educational materials and incentives to encourage participation and cooperation.

Training on lead-safe work practices

Lead paint dust created during renovation work can substantially increase children's exposure to lead. The program works to address this problem by training landlords, homeowners, and contractors in lead-safe work practices. This training focuses on reducing the amount of dust generated during paint-disturbing work, containing any dust generated, and thoroughly cleaning the job site after work to remove any lead-contaminated dust. Since April 2011, the program has provided training for individuals. Between April 2011 and March 2012, 78 individuals were trained in eight-hour lead safe work practices classes, 58 people attended four-hour Renovation, Repair, and Painting refresher classes, 12 staff at partner agencies were trained in visual lead inspection techniques, and 15 Ulster County Department of Health staff nurses were trained to visually identify lead paint hazards on home visits. From April 2012 to March 2014, 485 individuals have attended eight-hour Renovation, Repair, and Painting classes; 484 successfully became certified EPA lead renovators.

Westchester County Department of Health Childhood Lead Poisoning Primary Prevention Program Summary



Program results^{xix}

Between 2007 and the end of March 2014, the Westchester program inspected the interior of 1,480 homes and identified lead-based paint hazards in 788 them. Its efforts have already made 544 housing units lead-safe.

Since 2007, the program has worked with property owners to remove interior lead paint hazards from housing units in which 229 children lived, and it referred 189 children for tests of their blood lead levels. The program visited or inspected housing units in which a total of 906 children lived.

The homes visited were primarily renter-occupied units in multifamily buildings. Renters lived in 81% of the units, and 85% of the units were in buildings with three or more units. Just over half of the units (56%) were built prior to 1940, and an additional 21% were built between 1940 and 1959.

Housing units targeted for inspection

Westchester County's program targets ZIP codes 10701 and 10705 in Yonkers; 10550 in the city of Mount Vernon; 10801 in the city of New Rochelle; and 10606 in the city of White Plains. The program focuses its efforts on housing units that have a history

^{xix} Data presented includes activities that address the interior of a unit only. Previous reports included activities that addressed the interior, the exterior, or both. For comparison, using all interior and exterior activities the cumulative data for Westchester County is as follows: 1,571 units visited and inspected, 647 units visited but not yet inspected, 898 units with confirmed or potential hazards, 349 units cleared of all hazards, and 1,163 children impacted by the program. Please refer to Appendix A for additional details.

of a child residing in it with a blood lead level at or above 10 µg/dL and other housing units in the same building. Other high-risk properties identified for inspection include but are not limited to properties that are vacant and foreclosed; properties that are referred by the Healthy Neighborhoods Program, Maternal and Child Health Home Visiting programs, other partner agencies, or code enforcement agencies; properties for which owners or tenants have requested inspections; and properties that have been identified by program staff through door-to-door canvassing or observations of deteriorated paint. During the past grant year (4/1/13–3/31/14), Westchester County's program has also been conducting aggressive door-to-door campaigns in selected smaller target areas within the target ZIP codes. One such area is a neighborhood within the Yonkers target ZIP code area which proved to be, after looking at housing and poverty statistics and relying on field experience, a specifically high-risk neighborhood for lead poisoning and other health problems. The program also provides follow-up inspections, which include educational materials, to residences at which a child's blood-lead level test result was 10–14 µg/dL. It also provides incentives to residents to encourage participation in the inspections and follow up.

Assessment procedures

A routine assessment includes a visual assessment on the interior of the dwelling unit, plus the building's common areas and exterior, as is

indicated "accessible" to children. If chipping and peeling paint hazards are observed, the risk assessor performs an assessment using the XRF (x-ray fluorescence) analyzer to measure the concentration of lead on painted surfaces. If the home has a child with a blood lead level of 10–14 µg/dL, the assessor takes dust wipe and water samples if no lead-based paint hazard is found using the XRF.

Training on lead-safe work practices

In 2009 and 2010, the Westchester County Lead Primary Prevention Program conducted a lead-safe work practices program that trained landlords, homeowners, contractors, and realtors in lead-safe work practices. With the advent of the EPA's RRP requirement in April of 2010, attendance to this class dropped off significantly and the class was eliminated. Subsequently, however, the Primary Prevention Program has produced three lists of RRP-certified contractors in the county: one each for the southeastern, southwestern, and northern parts of the county. These lists are arranged so that the geographical area covered by these listings overlaps slightly, making full coverage for contractor listings available to a resident in any part of the county. The program also provides a list of EPA-certified trainers so that landlords and homeowners can get themselves or their crews RRP trained.

Appendix A: Selection of Units with Interior Activities

This appendix describes the methodology used in selecting units with interior activities for analysis and the rationale for this change in approach.

Rationale: In previous CLPPPP evaluation reports, the term “units” included both individual units and, in some cases, multifamily buildings. However, in our data cleaning efforts, we found that reporting of exterior activities for multifamily buildings varied greatly among grantees. For instance, some grantees created a single record of exterior activities for a multifamily building and associated that with a single, random unit within the building. Other grantees reported a similar exterior assessment of a multifamily building by recording that activity on the assessment form for every unit within a building. In some cases, grantees initiated a separate assessment form for exterior activities that was not linked to any units at all. Finally, some grantees focused primarily on exterior activities and therefore most of their units were buildings. Thus, “units,” as reported on previously, were actually a mix of single-family housing units, multifamily housing units, and multi-unit buildings. The data collection system will be revised in the future to allow for reporting of interior activities by housing unit and exterior activities by building. In the meantime, NCHH devised a method for identifying units with interior activities using the current data structure. This enabled NCHH to report on activities that address actual housing units, a primary focus of the program.

Method for identifying units with interior activities: Units with interior activities are identified as any unit with an interior assessment or hazard identified. For units with interior hazards, interior visual assessment, dust sampling, or other interior assessment, this identification is straightforward.

However, there is a small subset of units with XRF testing that have no interior hazards identified and no other interior assessment (no interior visual assessment, dust sampling, or other interior assessment). The current data collection form does not distinguish between XRF testing done on the building exterior and unit interior, and absent other information that would identify the unit as one with interior activities, a conjecture must be made to estimate whether the unit has interior activities.

To estimate how many of these unassigned units are likely to have had interior activities, NCHH used the proportion of units with XRF testing (but no other interior assessment) that did have interior hazards identified. The assumption is that the proportion of units assessed with an XRF on the interior would not differ substantially based on whether an interior hazard was identified. This proportion (P_i) was calculated for each grantee individually using the cumulative dataset and applied to their unassigned units (Table A1).

For example, in Albany County, approximately 376 units were inspected. Of these, 360 had data to indicate a clear interior inspection or hazard and 16 were unassigned (had XRF testing, but no other definitive interior activity). Of the two units in the cumulative dataset that had XRF testing (but no other interior inspection), one (50%) had an interior hazard identified, indicating that the interior was assessed. This proportion (50%) is Albany’s P_i for the cumulative dataset. Multiplying the 16 unassigned units by 50% (Albany’s P_i) results in eight additional units classified as having interior activities for a total estimate of 368 units (360+8).

For additional information, contact Amanda Reddy (areddy@nchh.org).

Table A1. Data Used to Estimate \bar{P}_i and Results Using \bar{P}_i for Year 7

Grantee	Data Used to Estimate \bar{P}_i (Cumulative)		Results Using \bar{P}_i (Year 7)				
	N	Estimated \bar{P}_i	# Inspected	Data Indicated Clear Interior (1)	# with Imputation	Percent Interior	Estimated # Interior Housing Units Inspected
Albany	2	0.50000	376	360	16	98%	368
Broome	23	0.00000	299	283	16	95%	283
Chautauqua	61	0.00000	277	204	54	74%	204
Dutchess	14	1.00000	525	319	2	61%	321
Erie	3638	0.00082	3,441	1,460	1942	42%	1,462
Monroe - City	1	1.00000	3,636	3,636	0	100%	3,636
Monroe - County	666	0.92492	460	378	82	99%	454
New York City	64	NA	1,402	1,402	0	100%	1,402
Niagara	27	0.09375	2,533	225	47	9%	229
Oneida	9	0	931	485	26	52%	485
Onondaga	43	0.33333	990	983	3	99%	984
Orange	26	0.90698	375	370	5	100%	375
Rensselaer	28	NA	215	212	0	99%	212
Schenectady	101	0.92308	181	177	4	100%	181
Ulster	2	0.82143	185	104	9	60%	111
Westchester	23	0.17822	922	852	67	94%	864
			16,748	11,450			11,570

(1) Unit had an interior inspection or an interior hazard.

(2) NA = No imputation was needed for Rensselaer and New York City.