



**National Center for  
Healthy Housing**

**NEW YORK STATE'S PRIMARY  
PREVENTION OF CHILDHOOD LEAD  
POISONING PILOT PROGRAM:  
PRELIMINARY RESULTS OF  
YEAR ONE IMPLEMENTATION**

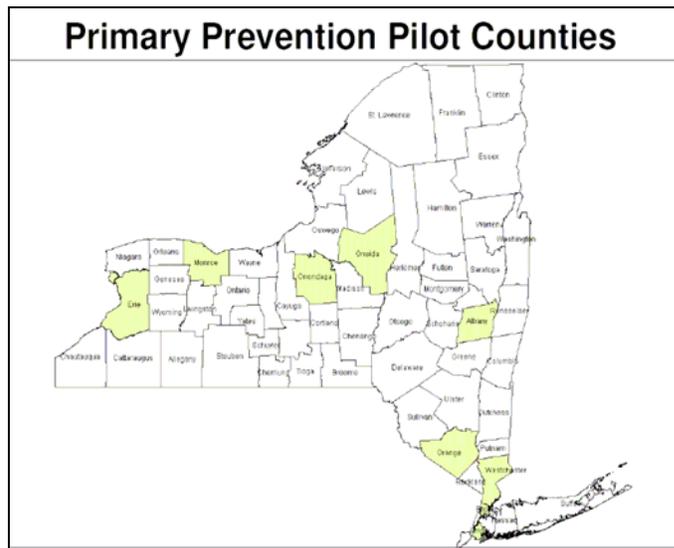
Prepared for the New York State Department of Health Bureau of Community  
Environmental Health and Food Protection under Contract#C022621

**November 21, 2008  
FINAL**

## YEAR ONE SUMMARY

Despite substantial progress, childhood lead poisoning remains a major problem, both in New York State and around the nation. Since there is no medical treatment that permanently reverses the neuro-developmental effects of exposure to lead, primary prevention (taking action before a child is harmed) is critical to address the problem. Primary prevention marks an important augmentation of the traditional approach, which responds only to children who have already been poisoned.

In 2007, New York State began an innovative \$3 million primary prevention initiative (the Pilot). Eight local health departments (Albany County, Erie County, Monroe County, New York City, Onondaga County, Oneida County, Orange County, and Westchester County) received funding. Collectively, these counties account for 79 percent of all known 2005 cases of children aged six and under with newly identified elevated blood-lead levels. In October 2008, Governor David A. Paterson indicated a desire to make the program permanent once analysis of Year One's implementation is complete.



The National Center for Healthy Housing (NCHH) was tasked with providing technical assistance to the State and grantees and evaluation of implementation.

The Year One goals of the Pilot include:

1. Identifying housing at greatest risk of lead-paint hazards;
2. Developing partnerships and community engagement to promote primary prevention of childhood lead poisoning;
3. Promoting interventions to create lead-safe housing units;
4. Building Lead-Safe Work Practice (LSWP) workforce capacity; and
5. Identifying community resources for lead-hazard control.

The Background section of this document (pages 5-7) includes details of the Pilot requirements.

Preliminary data on implementation from October 1, 2007 through September 30, 2008 indicate that grantees made steady progress toward achieving these goals by reaching:

- 6,300 housing units through direct outreach and referral, and more than 27,000 individuals through informational meetings and other events. Mass media coverage of these activities multiplied the scope of that outreach;
- 1,225 children under age six—those most vulnerable to neuro-developmental damage—through home visits, with 568 receiving referrals for blood-lead testing, thus making an important contribution to secondary prevention in the target communities;
- 1,467 housing units inspected for lead-based paint using a combination of inspection strategies, with 550 found to have lead-based paint hazards. At least 216 units had been remediated and cleared as free of lead-based paint dust hazards, with many more in progress.
- 1,824 property owners, contractors, and do-it-yourselfers trained in Lead Safe Work Practice trainings.

In addition to these achievements, all grantees significantly enhanced their partnerships with other local governmental agencies and community- and faith-based agencies. Grantees were encouraged to tailor their program design to local needs and conditions, and to experiment with different approaches for education, outreach, targeting high-risk populations, and service delivery. The Background section (pages 7-14) highlights some of the implementation challenges grantees faced and their strategies to address those challenges through the third quarter of the year. Another report, *Early Lessons Learned*, to be released in early 2009, will provide additional detail on these implementation strategies.

NCHH's final Year One evaluation will include detailed data through the fourth quarter and will be available in early 2009. That report will:

1. Update and expand on the grantees' implementation experiences described in *Early Lessons Learned*;
2. Present detailed unit-level analyses of the types of dwellings that have been visited and inspected and the enforcement actions needed to achieve remediation; and
3. Compare grantees' strategies and outcomes, including grantees' reported costs and benefits for particular activities, to identify approaches with the greatest future promise.

Based on grantees' experiences and its own expertise from more than 12 years in evaluation and technical assistance on lead poisoning prevention, NCHH has developed preliminary recommendations for implementation by new and continuing grantees.

One recommendation from *Early Lessons Learned* is noteworthy even at this early stage:

*To streamline the process of gaining access to homes, grantees should expeditiously use the authority granted in 2007 under Public Health Law Section 1370(a)(3), to designate high-risk areas for primary prevention activities and expand designation to other areas as local conditions warrant, unless a local jurisdiction already has such authority.*

Other recommendations include:

1. Improve GIS mapping capability;
2. Build cooperation across programs, including cross-training staff and “closing the loop” on the referrals so that all programs are aware of the outcome of those referrals;
3. Address property owner and resident resistance to allowing entry into units for the purpose of inspections;
4. Reduce delays in remediation by exploring additional administrative strategies, such as Housing Courts, or agreements with local code enforcement offices, prosecutors, and judges. Ensure swift referral to the Pilot for inspections when lead hazards are suspected or identified and rapid citation of deteriorated paint when housing code violations are identified;
5. Make the LSWP training more attractive to contractors and property owners by using incentives, scheduling training at convenient times, and building community demand for these services; and
6. Increase efforts to coordinate with other public or private housing programs that fund or require lead-related repairs to keep pace with the demand the Pilot is expected to generate in Year Two.

The Background section (pages 14-16) provides additional detail regarding these recommendations.

## BACKGROUND

### EXISTING PRIMARY PREVENTION IN NEW YORK STATE

Each Local Health Department that receives State funding for its Childhood Lead Poisoning Prevention Program (CLPPP) incorporates primary prevention as part of its activities, including:

- 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 non-governmental 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 (LBP) and its associated hazards safely.

These are described more fully in the State's and New York City's lead poisoning elimination plans.<sup>1</sup>

In addition, New York City and Rochester have adopted and enforce local ordinances that require inspection and remediation of LBP hazards in dwellings that house young children, even when those children have blood lead levels that are below the federal "level of concern" of 10 micrograms/deciliter or greater.

Other communities rely on a combination of state and local authority to enter, inspect, and require remediation of homes or apartments where young children do not have Elevated Blood Lead Levels (EBLL). Funding for this remediation traditionally comes from the property owner, federal lead hazard control grants, or other state and federal rehabilitation funds.

### NEW PRIMARY PREVENTION PILOT PROGRAM

In 2007, the New York State Legislature legislation amended the language of Public Health Law Section 1370(a) to include a new subdivision 3, creating a Primary Prevention Pilot Project:

The department shall identify and designate a zip code in certain counties with significant concentrations of children identified with elevated blood

---

<sup>1</sup> see [0] *Eliminating Childhood Lead Poisoning in New York State by 2010*, <http://www.health.state.ny.us/environmental/lead/exposure/childhood/finalplanstate.htm> and *New York City Plan to Eliminate Childhood Lead Poisoning*, <http://www.nyc.gov/html/doh/downloads/pdf/lead/lead-plan.pdf>.

lead levels for purposes of implementing a pilot program to work in cooperation with local health officials to develop a primary prevention plan for each such zip code identified to prevent exposure to lead-based paint.

In granting the New York State Commissioner of Health authority to designate zip codes as “areas of high-risk,” the State Health Department as well as the local health departments adopted a proactive approach to reducing children’s exposure before harm occurred. Now, health departments could gain access to homes for the purposes of education and inspection, even if no child with an EBLL currently resided in the unit and even if the unit was not currently occupied by a child (but one day could be).

The legislation authorized the New York State Commissioner of Health to enter into agreements or Memoranda of Understanding (MOUs) with, and provide technical and other resources to, local health officials, local building code officials, property owners and community organizations. In the absence of a comprehensive state-level primary prevention law or local legislation, this authority enables local health departments to use the “high-risk” zip code designation as the first step to more vigorous primary prevention, while continuing to carry out their ongoing secondary prevention activities. The Pilot also requires grant recipients to create and implement policies, conduct community outreach to address lead exposure, and detect and ensure risk reduction in selected zip codes, with particular focus on children under age six who live in the highest-risk housing in the zip code identified. Grantees must identify means to collaborate with weatherization assistance or other local housing programs to accomplish risk reduction.

As a condition of grant funding, each grantee submitted a work plan and budget to the NYSDOH that described activities to develop and implement a local primary prevention strategy, and the specific steps it would take to identify and correct lead paint hazards in high-risk housing in the absence of a referral for a child with an EBLL. NYSDOH required grantees to target one or more of the designated zip codes, but authorized work in other high-risk areas within the targeted county as resources permitted.

The plan required grantees to:

1. Use the “area of high-risk” designation and the Notice and Demand process as appropriate to complete remediation work in targeted areas.
2. Identify geographic areas within high-risk zip codes that had a high prevalence of actual or presumed LBP hazards, based on lead surveillance data, prior case histories, demographic information, age and condition of housing, and other factors.
3. Refer children under six who had not received required lead screenings to their primary care provider and/or LHD lead prevention program for follow-up.
4. Develop a housing inspection program that included:
  - a. Prioritization of dwellings within target areas for inspections;

- b. Inspection of high-risk dwellings for potential lead hazards;
  - c. Correction of identified lead hazards using effective lead-safe work practices,
  - d. Appropriate oversight of remediation work; and
  - e. Clearance by certified inspectors.
5. Develop formal partnerships, including formal agreements or Memoranda of Understanding, with other county and municipal agencies and programs. Prospective partners included code enforcement offices, local Departments of Social Services, local housing agencies, HUD Lead Hazard Control grantees, and existing lead poisoning prevention community groups;
  6. Develop new or use existing enforcement policies and activities to assure safe and effective remediation of identified lead hazards.
  7. Coordinate available financial and technical resources to assist property owners with remediation.
  8. Develop and implement lead-safe work practices training for property owners, contractors, and residents and promote development and use of a certified workforce for lead remediation activities; and
  9. Collect and report data to NYSDOH to evaluate the progress and effectiveness of the Pilot.

Work plans were based on specific needs, resources, and capacities in each jurisdiction. Grantees could implement activities as part of an existing program, including their Childhood Lead Poisoning Prevention Program (CLPPP) or Healthy Neighborhoods Programs (HNP), or they could develop new infrastructure as needed.

The first grantee submitted a work plan in August 2007; the remaining grantees submitted work plans throughout the fall of 2007 and negotiated revisions throughout the spring of 2008. Westchester County was the only jurisdiction to begin work in the first quarter of Year One. NYSDOH encouraged grantees to modify their approved work plans throughout the summer of 2008 to address specific issues they encountered throughout the Year One implementation.

## OVERVIEW OF *EARLY LESSONS LEARNED* REPORT

The forthcoming *Early Lessons Learned* will describe how the eight counties implemented Pilot activities during the first three quarters of FY 2008 (October 1, 2007 through June 30, 2008). The report will detail barriers encountered in program implementation and discuss the strategies grantees developed to address those barriers or unique circumstances they encountered.

Grantees cited several important factors delaying program start-up. These included:

1. The length of time needed to design and receive local approval for the work plan;
2. The length of time needed for final approval of the work plan and contracts;

3. Delays related to compliance with local requirements for contracting;
4. Delays in hiring staff; and
5. The length of time needed to formalize data-sharing and other relationships with other agencies.

**Early Implementation: Identifying High-risk Housing**

The zip codes identified by NYSDOH as the target for the Pilot contain more than 53,646 units. Each grantee refined its target to the units and populations most likely to benefit from the Pilot’s intensive effort, using census data, EBLI history, and local housing data. Each also had to determine the optimum method to reach high-risk housing given the local program’s capacity and resources. The most common implementation issues grantees faced in the first three quarters of Year One included how to:

1. Use the authority provided under PHL 1370a;
2. Define the target area; and
3. Improve GIS mapping capacity and dissemination of maps.

The majority of the grantees used their authority under PHL 1370a to declare areas of high risk following local internal review. NYC and Monroe County chose not to use this mechanism because they had authority under local ordinances. Oneida County cited the PHL and County sanitary code in the designation.

Table 1 illustrates the strategies grantees used to identify target housing. As noted earlier, the forthcoming *Early Lessons Learned*, will describe selected model practices for these and other implementation issues in more detail.

**Table 1. Grantee Approaches to Defining Target Housing\***

<b>Strategies</b>	<b>Albany</b>	<b>Erie</b>	<b>Monroe</b>	<b>NYC</b>	<b>Oneida</b>	<b>Onondaga</b>	<b>Orange</b>	<b>Westchester</b>
Re-inspect units with history of EBLI cases; extend inspection to other units in the same building	x							
Concentrate on specific neighborhoods within designated high-risk zip codes		x	x	x	x	x	x	x
Visit the homes of at-risk newborns in the designated high-risk zip codes				x	x			
Inspect rental units before occupancy by resettled refugees or DSS-funded recipients (TANF, foster care)			x		x	x		

\*Through the third quarter of Year One

Many of the grantees did not have fully developed GIS capabilities, but Erie, Monroe, Oneida, Onondaga Counties, and Westchester Counties and New York City all provided maps of target areas as part of their work plans or quarterly reports. Most relied on

partners outside the health department to produce the maps, such as their local Department of Community Development. Onondaga County also contracted with Syracuse University’s Geography Department to develop a risk index for all Syracuse census blocks. Grantees have used the maps in presentations to their communities and in newspaper articles.

### Early Implementation: Developing Agency Partnerships and Community Engagement

Grantees concentrated on four key implementation issues in the first three quarters of the grant:

1. Building stronger partnerships and collaborations with other local agencies;
2. Obtaining formal letters of commitment or Memoranda of Understanding for specific program activities;
3. Expanding the role and membership of local coalitions; and
4. Using marketing and media to build community support.

Table 2 illustrates strategies grantees used to build partnerships with local agencies. Of possible partners, grantees most frequently mentioned NYSDOH’s Healthy Neighborhoods Program, which existed in all eight jurisdictions, as the source of referrals and as a partner in education, outreach, and home visits. The Healthy Neighborhoods Program conducts outreach in many of the same target neighborhoods as the Pilot on a variety of health and safety issues, including lead poisoning prevention.

**Table 2. Grantee Approaches to Building Collaborations with Other Agencies\***

Strategies	Albany	Erie	Monroe	NYC	Oneida	Onondaga	Orange	Westchester
Changes in referral process, procedures, documentation	x	x	x	X	x	x	x	x
Coordinate data collection with other agencies	x		x	X	x	x	x	x
Joint visits with or referrals from the Healthy Neighborhoods Program		x	x		x	x	x	x
Joint visits with or referrals from Maternal and Child Health, Visiting Nurses, or other social service programs				X		x		
Joint staff training with any of the above referral or home visiting programs			x	X	x	x	x	x
Referrals to code enforcement or local lead hazard control programs	x	x	x	X	x	x	x	x
Joint training or inspection with		x	x (City	*initiated	*initiated			

code enforcement or local lead hazard control programs			Code)	prior to Pilot start up	prior to Pilot start up			
--	--	--	-------	-------------------------	-------------------------	--	--	--

\*Through the third quarter of Year One

As noted earlier, most grantees did not require formal letters of commitment or formal MOUs in place between agencies to support the Pilot. Examples of agreements in place by July 30, 2008 are shown in Table 3.

**Table 3. Examples of Commitments between Agencies\***

County	Nature of the Commitment
Albany	Contract with Cornell Cooperative Extension Service to conduct Lead Safe Work Practice training on behalf of the Pilot.
Erie	Letter of Commitment between City Housing Court Judge and Pilot to hear cases at no-cost; speak at events; participate in revisions to Sanitary Code
Monroe	Pilot funded activities of 2 City Code Inspectors in target areas to support Pilot activities.
NYC	New collaborations with the Manhattan and Bronx DPHO and Queens Nurse Family Partnership to conduct home visits to families of newborns and provide referrals to address deteriorated paint in 1-2 family homes.
Oneida	Utica's Municipal Housing Authority and Rebuild Mohawk Valley, Inc. committed to rehabilitate 40 owner-occupied units in the target area with rehabilitation monies received from the Empire Development Corporation and the Division of Housing and Community Renewal.
Onondaga	DSS only places foster care children aged seven or under where homes with known LBP hazards are addressed; this agreement is being extended to Child Protective Services and rent-subsidy programs.
Orange	VISTA Neighborhood watch workers to distribute primary prevention materials.
Westchester	Joint weekly and monthly meetings with Lead Safe Westchester (HUD-funded lead hazard control grant program).

\*Through the third quarter of Year One

Most of the grantees already had an advisory board or community coalition to support their existing primary prevention efforts under their CLPPP grants. Table 4 illustrates additional efforts grantees took during the first three quarters.

**Table 4. Grantee Approaches to Expanding Community-Based Organizational Engagement\***

Strategies	Albany	Erie	Monroe	NYC	Oneida	Onondaga	Orange	Westchester
Convene or attend meetings of existing coalitions/ advisory boards to present Pilot activities	X	x	x	x	x	x		x
Host a Community Forum or kickoff meeting specifically to solicit ways that community groups could support the Pilot		x	x			x		
Expand number or types of organizations represented in coalitions		x			x	x		

\*Through the third quarter of Year One

All grantees also sought to build county-wide awareness and support for the Pilot. Table 5 illustrates media and community presentation strategies.

**Table 5. Grantee Media and Marketing\***

Strategies	Albany	Erie	Monroe	NYC	Oneida	Onondaga	Orange	Westchester
Press releases				x	x	x		x
Kickoff events, including participation by elected officials					x	x		
Radio or TV coverage, follow-up interviews about the program					x	x	x	
Public Service Announcements, special program bulletins/newspapers, paid advertisements	X			x	x	x	x	
Presentations to community groups or health fairs	X	x	x	x	x	x	x	x
Display of Pilot literature in libraries, building permit offices, hardware stores, etc.		x		x	x			
Written marketing/communication plan to coordinate all Pilot messages			x					

\*Through the third quarter of Year One

### Early Implementation: Housing Interventions

Grantees encountered four main challenges to implementation:

1. Gaining access to units in the designated high-risk areas;
2. Completing LBP inspections in those units;
3. Completing remediation on a timely basis using different enforcement strategies; and
4. Strengthening enforcement capacity through integrating housing and sanitary code enforcement.

Access for the purposes of inspection is critical to the Pilot’s long term goal of preventing children’s exposure to LBP hazards. Grantees’ reported success in gaining access to a unit to complete a full home visit ranged from 15 to 50 percent. Reported time in the unit ranged from 15 minutes to 2.5 hours, depending on whether the visit was strictly educational or involved a full LBP inspection. By September, Albany, Erie, Monroe, Oneida, Orange, and Westchester Counties and New York City provide lead-related clean-up supplies (such as mops, buckets, detergent, spray bottles, etc.), crayons, coloring books, and other educational items to residents during the visit. Some also included other Healthy Homes related products such as smoke detectors. Table 6 illustrates these strategies.

**Table 6. Strategies for Gaining Access to Units \***

Strategies	Albany	Erie	Monroe	NYC	Oneida	Onondaga	Orange	Westchester
Use community organizations in the target neighborhoods to enroll units	x	x		x	x	x	x	x
Landlord workshops or “owner’s nights”				x	x			x
Letters, flyers, door hangers for property owners or tenants	x	x	x	x	x	x	x	x
Door-to-door canvass **		x	x				x	x
Provide information on tenants’ rights			x					
Street fairs/health fairs in target neighborhoods		x					x	
Translation services, translated materials, special efforts to engage ethnic/language groups in Pilot	x	x	x	x	x	x	x	x
Incentives for residents to participate in the visits (such as cleaning supplies, etc.)		x	x		x		x	x
Saturday or late afternoon or evening visits			x		x			
Inspect units at the request of owner or tenant	x	x			x	x	x	x

\*Through the third quarter of Year One.

\*\*Most grantees began canvass activities by the end of Year One.

Grantees also concentrated on refining inspection procedures during the third quarter. Most chose a variant of the investigation procedure used for investigations of households where children with EBLL reside. The majority of grantees did not conduct this investigation at the time of the initial home visit, but scheduled the investigation for a future date.

Once inspected, grantees used several mechanisms to notify property owners of the results of the inspection and need to remediate:

1. Letter or Notice of Information (Erie, Oneida County, Westchester);
2. Commissioner’s Order to Remediate Nuisance (COTR) (NYC);
3. Hazard and Notice Order (City of Rochester); and
4. Notice and Demand (Albany, Erie, Onondaga, Orange, Westchester).

Typically these notices required owners to submit a plan for remediation to the local health department to review, use Lead Safe Work Practices, employ trained lead professionals where a Notice and Demand or COTR was issued, and have a LBP hazard dust wipe clearance test performed by a licensed professional after remediation was completed. The notice procedures established timetables for completion of remediation. Failure to demonstrate progress on remediation could result in a referral for court action, yet no grantees had instituted these proceedings as of the third quarter of the grant.

Grantees also began to investigate other mechanisms to increase enforcement, specifically working more directly with code enforcement and increasing local statutory

or regulatory authority. New York City's Local Law 1 and the City of Rochester's Lead-based Paint Poisoning Prevention Law (Municipal Code of the City of Rochester Ordinance 2006-37) have served as models for other grantees. Onondaga County has begun to consider a local lead law. Erie County, in addition to its vigorous use of its Housing Court mechanism, has begun to modify its County Sanitary Code to incorporate deteriorated LBP or LBP hazards as code violations. Other grantees have approached the local code housing enforcement and fire code inspectors to institute joint training and coordinated referrals.

### Early Implementation: Lead Safe Work Practice Training (LSWP)

Most of the grantees had successfully developed partnerships for delivery of free LSWP training by the third quarter of Year One. Key implementation issues that the grantees addressed included:

1. How to increase capacity to deliver LSWP training at the local level;
2. How to increase the number of individuals who received LSWP and EPA-certified abatement training; and
3. How to build demand for LSWP workers in the wider community.

Albany, Erie, Westchester, and Oneida Counties trained Pilot and partner organizations' staff to deliver the eight-hour EPA/HUD-approved "Lead Safety for Renovation, Repair, and Painting" curriculum to community-based organizations and do-it-yourselfers. Other grantees expanded the number of LSWP trainings offered through existing training providers. Oneida County was the only grantee to sponsor EPA-certified abatement training in addition to LSWP training.

To increase the number of property owners trained to remediate LBP hazards identified by Pilot inspections, Erie, Onondaga, and Oneida Counties offered additional incentives (such as plastic sheeting, disposable coveralls, and clean up supplies) if the owners completed the training and performed work on their units under review by the grantee. Some grantees offered use of vacuums equipped with High Efficiency Particulate Air (HEPA) filters. Oneida County offered free professional cleaning after the unit was remediated, and provided free dust wipe clearance tests for those who enrolled in the LSWP training.

New York City and Onondaga County explored ways to increase community demand for workers trained in LSWP through informational campaigns at hardware stores and working with local media to find ways to advertise firms that have staff trained in LSWP.

### Early Implementation: Securing Additional Funding For Lead Hazard Control

Most grantees reported progress in securing additional funding for lead hazard control in the first year of the Pilot. If a community had a HUD-funded Lead Hazard Control grant, the grantee referred the property owners to the program, and took steps to expedite completion of the application where possible. New York City and Onondaga County

developed new resource funding directories for property owners; others distributed existing materials. Several grantees with current HUD funding received FY 2009 approval for new grants; one grantee applied but was unsuccessful. No grantee reported a new source of local funding, such as a tax credit or privately-funded loan or grant program. As noted earlier, Oneida County secured a commitment to rehabilitate 40 units with funding held by the City of Utica and community-based nonprofit organizations.

Other strategies grantees used to leverage funding for repairs include voluntary compliance by property owners and mandatory repairs required under other local authority. Through their Pilot inspections and LSWP training opportunities, Westchester and Oneida Counties identified several owners of multiple rental properties who voluntarily committed to make their other buildings lead safe. New York City uses its authority under Local Law 1 to refer properties that have not met remediation requirements to its Emergency Repair Program. The City's Department of Housing Preservation and Development makes the repairs through its contractors and its Department of Finance bills the owner for the cost of repairs. If the owner fails to pay the bill within 60 days, the Department of Finance places a lien on the property.

## RECOMMENDATIONS

NCHH has the following recommendations for the benefit of new grantees and for current grantees who wish to strengthen their program design and implementation:

1. Use Public Health Law Section 1370a, subdivision 3 to designate high-risk areas and to expand designation to other areas as local conditions warrant, unless a local jurisdiction has such authority already. This will streamline primary prevention inspections.
2. Expand mapping efforts by integrating lead poisoning prevention data with other health data such as childhood injury and asthma prevalence data. This may identify future partners for prevention and increase understanding of the health issues associated with the housing in the high risk zip codes. For those communities that lack a Healthy Neighborhoods Program, it may provide the impetus for developing this resource.
3. Allow sufficient time to expand existing or build new relationships with community-based organizations and local agency partners. Increase efforts to engage community-based organizations in the target areas in outreach and recruitment.
4. Cross-train staff from all programs that conduct home visits in lead poisoning primary prevention issues. Staff from other programs can complete training for visual assessments of deteriorated paint and provide referrals to the Pilot for follow-up.
5. "Close the loop" on referrals so agencies that refer units into the Pilot also know the outcomes for their clients and what additional steps they could take to support prevention activities.

6. Address obstacles to gaining entry for inspections posed by property owners' resistance through approaches such as:
  - a. Using incentives for LSWP training and remediation;
  - b. Engaging landlord/rental property associations in how to address landlords' concerns about costs;
  - c. Framing the issue of lead poisoning in human terms: stress the physical, social, and emotional costs to the child and the community of lead poisoning.
7. Address obstacles to gaining access to units by gaining resident cooperation through approaches including:
  - a. Beginning education with issues of greatest concern to the resident, even if they are not lead-related. Provide appropriate lead safe incentives (such as clean up supplies) during home visits.
  - b. Reinforcing tenant protection messages and providing referrals to local tenants' rights or legal services organizations.
  - c. Using culturally diverse and mixed gender teams when conducting home visits to reduce residents' apprehension about letting strangers into the home.
8. Address obstacles to re-entry for the purposes of inspection. Grantees report that they encountered problems re-entering the unit if lead inspections do not occur at the time of the initial home visit. Even if the purpose of home visits is education, an inspector should be on standby to conduct an inspection if the resident gives consent. This will reduce the number of visits made to the home.
9. Reduce delays in remediation by exploring additional administrative strategies, such as Housing Courts, or agreements with local code enforcement offices, prosecutors, and judges. Ensure swift referral to the Pilot for inspections when lead hazards are suspected or identified and rapid citation of deteriorated paint when housing code violations are identified.
10. Explore ways to make the LSWP training more attractive to contractors and property owners by using incentives, scheduling training at convenient times, and building community demand for these services.
11. Increase efforts to coordinate with other public or private housing programs that fund or require lead-related repairs to keep pace with the demand the Pilot is expected to generate. Strategies may include:
  - a. Establishing agreements to give units identified by the Pilot high priority in funding with agencies that administer Community Development Block Grants (CDBG), Housing Choice Vouchers (Section 8), weatherization, and other state and federally-funded programs.
  - b. Allocating Pilot funding for outreach staff to assist property owners with completing applications for available federal, state, and local funding,

such as CDBG and NYS Energy Research and Development Authority's programs for energy conservation and renovation.

- c. Approaching local housing programs, community development corporations, and lenders about establishing a "one-stop shopping" site for grant and loan programs that can fund lead hazard reduction for rental and owner-occupied units.