

# Study discovers high levels of lead in blood of city kids

to affect  
near  
a

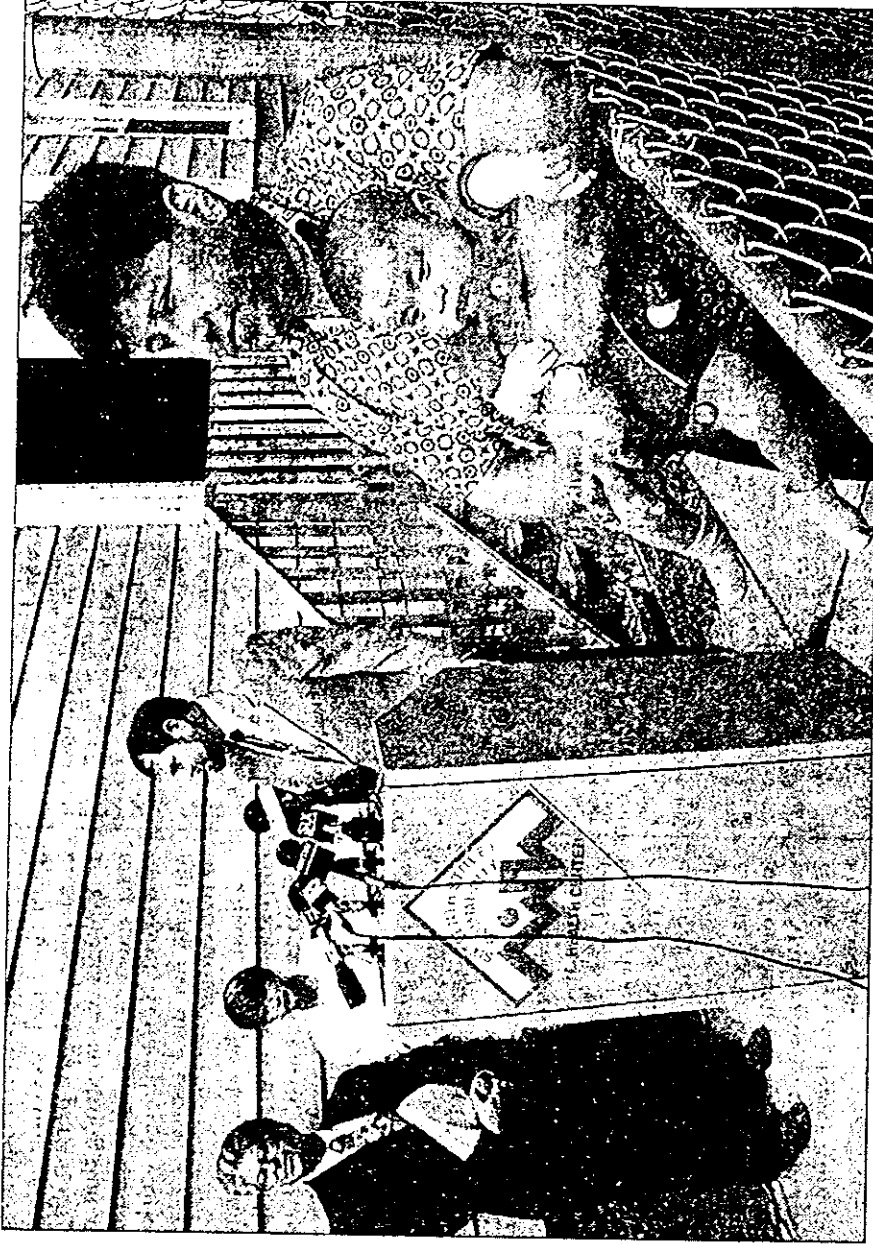
R  
staff

ings, lead  
e a seri-  
tral city,

ilies on  
nd that  
ren test-  
f lead in  
arming,  
reened  
for lead  
n public  
een urg-  
to have

e found  
we are  
es for  
," said  
n pedia-  
the Six-  
munity

d some  
se chil-  
elevat-  
blood,



BENNY SIEU/STAFF PHOTOGRAPHER

Federico Teran, holding his 2-month-old son Misael during a press conference outside his home near S. 16th St. and W. Greenfield Ave., moved his family after a high level of lead was found in the blood of one of his kids.

the Sixteenth Street Health Center.

Community outreach workers canvassed 2,700 homes. Of those, 370 children in 290 families were determined to be appropriate for the study. The children's blood then was tested through finger-stick tests.

The workers also checked the homes for lead and asbestos and advised the parents how to make the homes safer.

Among the findings:

- Sixty-eight percent of the homes were built in the 19th century, when lead paint was used extensively.
- Half of the homes had deteriorated lead paint in the window wells, where small children are likely to play.
- Forty percent had deteriorated lead paint elsewhere inside or outside.

Outreach workers reported that more than half of the homes in the study had been improved to eliminate or reduce the threat of lead poisoning.

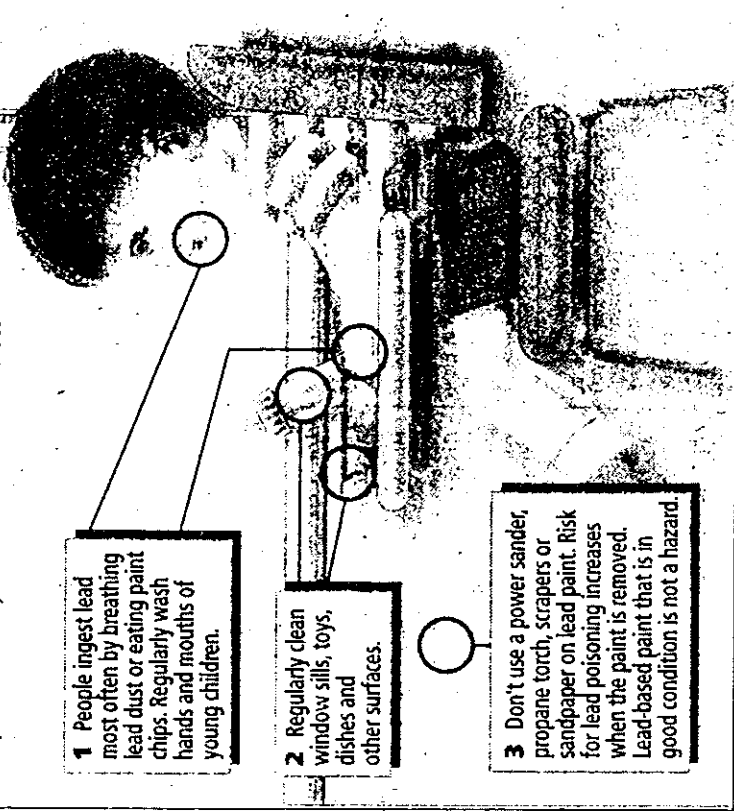
Lead poisoning can cause nerve damage among children, which can result in learning disabilities, attention deficit disorders and behavioral problems. It also can damage a young child's developing nervous system. If undetected, lead poisoning can affect all the major organs of the body.

Lead poisoning is relatively inexpensive to abate but very

Health

## Protecting kids from lead poisoning

Have your young children tested for lead, even if they seem healthy. Lead can also harm fetuses.



**1** People ingest lead most often by breathing lead dust or eating paint chips. Regularly wash hands and mouths of young children.

**2** Regularly clean window sills, toys, dishes and other surfaces.

**3** Don't use a power sander, propane torch, scrapers or sandpaper on lead paint. Risk for lead poisoning increases when the paint is removed. Lead-based paint that is in good condition is not a hazard.

Source: Environmental Protection Agency

LOUIS K. SALDIVAR/Journal Sentinel

costly to treat, said Fleischfreser. The average cost to treat a lead-poisoned child runs \$10,000, she said.

The study now begins its second phase, in which children are re-tested and the homes are

re-inspected for lead risks. Baxmann says the study will be expanded in the second year to include two more census tracts. The area now will include S. 16th St. to S. 23rd St. and W. Mitchell St. to W. Pierce St.

# York County, Meets Managed Care, Praise



Librado Romero/The New York Times  
Isabel Briceno and her 1-year-old daughter, Selena, met with a counselor at Westchester's Medicaid managed care program.

**ORIALS/LETTERS** MONDAY, SEPTEME

abel  
rish  
aid  
f St.  
two  
had  
inor  
tion.  
aid  
visit  
out,  
ster  
or-  
zer  
an-  
uld  
om  
tri-  
life  
no's  
ster

Interviews with doctors, health administrators and families in Westchester's program — the first in the state — indicate that welfare recipients, accustomed to dreary waits in crowded emergency rooms and clinics, have warmed to the managed-care concept of a steady family doctor. There are signs that managed care has begun to improve the quality and consistency of their care. And officials project that it will save Westchester more than \$8 million a year.

Although many Americans spurn managed care because it limits their choice of doctors and specialists, Medicaid recipients, by and large, seem to like H.M.O.'s because they never had much choice to begin with, and had no one to monitor their care over time.

"For Medicaid patients, it's 500 percent better," said Dr. Elio J. Ippolito, a veteran family doctor in Tarrytown. "They get good regular care from a good group of doctors."

For these patients, managed care has pried open the doors of many family doctors, pediatricians and specialists who once refused to take them because Medicaid reimbursements are so low — as little as \$7 a visit. Janet Foley, a 25-year-old welfare recipient from Eastchester, said her enrollment in the Health Insurance Plan of Greater New York gives her access to a better pediatrician for her 2-year-old, Karen, than the medical office she had visited as a Medicaid client.

It was a storefront type of place and they rushed everyone through," she said. "The doctor didn't even take off her diaper to check whether she had diaper rash."

If patients are pleased, so too are welfare officials, for whom a primary appeal of managed care is cost. Dr. Barbara A. DeBuono, the state's Health Commissioner, and Mary Glass, the county's Commissioner for Social Services, say that managed care has saved up to 12 percent of the money Westchester spends on medical care for the poor, in part by reducing emergency room visits. Ms. Glass said the county would spend \$58 million this year on managed care for welfare recipients, while a pure Medicaid program would have cost \$66.5 million.

Encouraged by such savings, New York State, eager to shave \$1 billion to \$2 billion a year from an annual Medicaid budget of \$22 billion, will require all its counties and New York City to start enrolling their welfare recipients early next year.

But Westchester's program may not be a prototype for the rest of the state, particularly New York City, cautions Dr. James R. Tallon, president of the United Hospital Fund, which studies health issues. The county has a rich supply of doctors, a comparatively well-regarded bureaucracy and a manageable welfare caseload. Some New York neighborhoods have virtually no private doctors, leaving the poor little choice but emergency rooms for basic care. And the scale of the city's caseload threaten to make enrolling patients in managed care a bureaucratic nightmare.

To test such criticism, the state, which is waiting for a Federal waiver before beginning the mandatory managed care program statewide, is closely watching a demonstration project that has enrolled welfare clients in southwestern Brooklyn.

If the experience of other states is any guide, speedily shifting tens of thousands of the poor and uninsured off Medicaid and into privately run health care plans can be an open door to trouble. Tennessee, a pioneer in shifting poor residents into managed care, grappled with marketing abuses that potentially could have cost it millions and denied coverage to legitimate applicants.

And critics of managed care say it limits patient choice and constrains doctors, who must clear many of their treatment decisions with the company. Under managed care, each recipient chooses or is assigned a primary doctor who not only provides basic treatment but also controls the number of costly visits to specialists and hospitals.

Welfare clients in Westchester, the experts say, seem to be receiving more preventive care because the H.M.O.'s, eager to meet state standards, have kept track of such fundamentals as immunizations, prenatal visits and pap smears.

"With Medicaid you're on your own," said Mark Santiago, director of marketing for Health Source, one of the county's managed-care providers.

Anecdotal evidence also suggests there has been a small decline in the

The fees doctors receive from managed-care plans run less than \$10 per month for an adult patient. Dr. Ippolito told of visiting a diabetic patient in the hospital each day for a month, and receiving in return a total of \$10 from managed care. If the patient had not been in managed care, Dr. Ippolito said, he would have charged \$50 for each visit and received something closer to \$1,500.

Westchester County pays an H.M.O. \$328 and up per month for each infant under 6 months, a minimum of \$70 for people 20 and under, and \$191 for adults between the ages of 21 and 64. Those fees cover routine checkups, specialist visits, and hospitalizations as well as eyeglasses, hearing aids, prescription drugs, lab tests, X-rays and transportation to doctor's offices.

Managed care proponents stress that doctors receive their monthly fee for each patient no matter how few times they see that patient. And Toni Chagnon, president of Genesis Health Plan, which has 6,400 of Westchester's welfare clients, points out that her plan, which is solely for Medicaid-eligible patients, pays doctors monthly fees that are comparable to those paid by H.M.O.'s dealing with private paying patients.

Moreover, the two H.M.O.'s that pay doctors for every visit rather than a monthly cap also pay rates competitive with commercial insurance plans. The Oxford health plan pays a doctor \$54 for an initial visit, Independent Health Plan pays \$51.

Linda Samuels, a deputy commissioner for social services in Westchester, said that some critics complain that the program "is more generous than the average person gets in their health plan."

"But that is the way Medicaid has been for many years in New York State," she said.

Despite the gains made by managed care, most private doctors continue to spurn welfare clients. Dr. Tallon, of the United Hospital Fund,

said there was a suspicion that economic and racial discrimination might play a role. "Some doctors don't want poor people in the waiting room," he said.

Independent Health, one of the health plans used by Westchester's welfare families, acknowledges that it has made acceptance of Medicaid clients voluntary for its participating physicians.

"No one is a winner if you force physicians to see welfare recipients when they don't want to," said Barbara Pike, Independent's assistant director of marketing.

While doctors may get paid more than they did with Medicaid, the heart of the county's cost-saving strategy has been to use managed care organizations to reduce emergency room visits. The H.M.O.'s have negotiated steep discounts with hospitals for nonessential emergency room visits and they telephone patients who make such visits to remind them to call their primary doctor first.

Dr. Karen Costley, medical director of Ossining Open Door, a clinic that is part of the Healthy Source managed care network, said the county's plan still did not provide a sufficient deterrent for patients to forgo the emergency room.

"The E.R.'s feeling is that medically, legally, a patient is presented to our door, we have to care for them," she said. "And then there's the managed-care plan which says we're not going to pay to see a patient that we paid primary care physicians to manage. So it becomes a battle between the managed care plan and the E.R., and the patient usually gets what they want."

Still, patients accustomed to showing up in an emergency room and waiting have had to adapt to a system built on appointments, and that has not always worked out so well. Dr. Costley says Open Door's "no-show rate" is 20 percent.

"Our patient population has other life priorities that just doesn't allow them to keep their appointments," Dr. Costley said. "There's a lot going on sometimes and we don't always get calls canceling."

For many welfare recipients the changeover to managed care has been no more upsetting than switching membership cards. A welfare client like Milagros Lebron, 52, of Yonkers, chose her plan, Health Source, because the doctor she has seen for her high blood pressure, Dr. Sayegh, is part of that network and so is her neighborhood pharmacy. Ms. Briceno, a Peruvian immigrant, chose Community Choice Health Plan so she could stay with her doctor, Syed Shariff.

"He's a very good doctor," said Ms. Briceno. "When I take the baby, he checks her real good, like the urine, and he gives her a lead test."