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ISSUE BRIEF

Issue: Child Lead Poisoning

There is no safe level of lead in the blood and no effective treatments exist to restore the permanent developmental deficits of lead poisoning. Child lead poisoning can cause irreversible brain and nervous system damage leading to learning and behavioral challenges, lower IQ levels, lower academic achievement, and increased hyperactivity, emotional problems and future delinquent behavior. Thousands of Ohio children under 6 have been poisoned by lead and continue to be exposed to lead hazards. Over a 10-year period (2007-2016), the Ohio Department of Health (ODH) reported 23,252 children with elevated blood lead levels (EBLLs), which is a conservative number.ⁱ Cuyahoga County has the highest percentage of children under 6 tested with EBLL (8.92%), followed by Harrison (6.16%), Jefferson (5.78%) and Crawford (5.33%) counties. Young children are particularly vulnerable to lead because, in their early years, their rapidly developing nervous system does not yet have a defense against toxins like lead.

Policy

All children must be tested for lead at ages 1 and 2 years if they are on Medicaid, reside in a high-risk zip code, or if other identified risk factors exist;ⁱⁱ however, testing compliance falls short of what the law requires.ⁱⁱⁱ ODH's Healthy Homes and Lead Poisoning Prevention Program receives some federal funding for public and professional education. ODH also receives partial Medicaid funding for public health lead investigations of Medicaid covered children and for the lead surveillance program.^{iv} ODH relies on local health agencies to help implement the lead poisoning prevention program; however, the lack of resources limits their ability to enforce existing law. In addition, while Ohio has coordinated early intervention (EI) services for children under the age of 3 with developmental delays or disabilities; lead poisoning is not currently recognized as an EI qualifying disability. This is also true of eligibility requirements for IDEA special education and behavioral support.

Challenges

Ohio's strategies have primarily focused on educating the public about the dangers of lead and having young children screened for lead poisoning. While these efforts are important, we do little to prevent children from being poisoned in the first instance, despite knowing that lead paint and dust in housing remains the single most toxic source of lead for children. Instead, children serve as "canaries in the coal mine" to detect hazardous lead levels for targeted lead remediation in dwellings



where a child has tested for EBLL. Ohio does not require lead hazard remediation prior to children or pregnant women occupying a home. As such, children continue to be lead poisoned. Child lead poisoning requires a comprehensive solution that begins with healthy housing. No single agency is responsible for all the factors that contribute to child lead poisoning. Indeed, state, federal and local agencies^v should be part of a coordinated and effective primary prevention strategy.

Opportunities

The key to preventing lead poisoning in children is the identification and elimination of major sources of lead exposure, as noted by the Center for Disease Control and Prevention (CDC) and the American Academy of Pediatrics: “primary prevention is now widely recognized as the optimal strategy.”^{vi} Governor DeWine has identified the critical importance of primary prevention of child lead poisoning as a priority. As such Ohio must transition from its current focus on controlling lead hazards in homes *after* children have been exposed (secondary prevention) to *preventing* children from any exposure to lead hazards. Primary prevention requires targeting the source – homes built prior to when lead paint was banned in 1978 – and removing/controlling the lead hazards. By targeting the highest risk homes, which Ohio already tracks with high risk zip codes where lead testing is required,^{vii} those hazards could be removed. Ohio has begun to move in this direction with the development of ODH and Ohio Department of Medicaid’s lead hazard abatement model using SCHIP funding (\$9 million per biennium).^{viii}

Advancing state-local partnerships to address lead abatement in high risk dwellings and deepening investments in these prevention efforts will not only save lives but save taxpayer dollars. According to one conservative analysis, “For every dollar spent controlling lead hazards, at least \$17 would be returned (and as much as \$221) in health benefits, increased IQ, higher lifetime earnings, tax revenues, lower special education costs and reduced criminal activity. Given the high societal costs of inaction, lead hazard control is a public health and fiscal imperative.”^{ix}

Support Child Well-being: Budget Recommendation

Consistently prioritize primary prevention:

- Broaden the impact of Medicaid’s SCHIP funded Lead Hazard Control Program.
 - Create a Primary Prevention of Child Lead Poisoning competitive grant program with an additional \$20 million in SCHIP funding^x to foster commitment at the local level for primary prevention strategies.^{xi}
 - Increase access to effective lead screening and testing, and develop a quality improvement program targeting pediatricians in high risk communities to screen and refer in office for an additional \$100,000 per fiscal year. Engage others who do blood draws such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and require results be reported. Include lead testing rates as a key performance measure for managed care providers. Publicly subsidized child care settings could also offer lead testing, and ensure their facilities pass lead clearances.
 - Strengthen enforcement of current lead inspection laws with \$3 million in annual General Revenue Fund (GRF) investment for ODH to support lead investigations, case management and nursing.
 - Prevent further harm to lead poisoned children by ensuring access to appropriate developmental and behavioral supports such as early intervention and special education.^{xii}
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- Convene a State Task Force, led by the Children’s Initiatives Director (including local and state agencies, families impacted by lead, expertise in child development, health, housing and education, and others), to develop and support implementation of a comprehensive primary prevention plan.
- Identify and mobilize community partners and assets to ensure that vulnerable populations have the ability to participate in the 2020 census via paper, mobile, or online forms and in their native language.

Conclusion

A primary prevention approach is essential to eliminating childhood lead poisoning. Not only will the cost savings to the education, child welfare, health, and court systems benefit Ohio taxpayers, but investments in workforce development to implement lead hazard protections and controls and in ensuring healthy homes for Ohioans will further strengthen our economy. Most importantly, current and future generations of Ohio’s children will no longer be burdened with the lifelong harmful consequences of lead poisoning. Childhood lead poisoning is a serious public problem with a doable solution. The time is now to stop lead from keeping our children from reaching their fullest potential.

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ⁱ In 2016, of the 162,185 children who tested for lead, 4,591 (2.83%) had confirmed EBLLs. In 2015, following a recommendation from the Centers for Disease Control and Prevention, the Ohio Department of Health (ODH) dropped the level of concern to 5 µg/dL (micrograms of lead per deciliter of blood) from 10 µg/dL. Thus, children with blood lead levels (EBLL) equal to or greater than 5 µg/dL are not included in the total number of all children in Ohio with elevated blood lead levels in the pre-2015 statewide data. Data is available at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Childhood-Lead-Poisoning/data-and-statistics/>

ⁱⁱ See Ohio lead testing requirements at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Childhood-Lead-Poisoning/for-parents/>

ⁱⁱⁱ In 2016, ODH released “Statewide High Risk Zip Code Testing Rates” for the years 2010-2014 (attached), showing that only 58.5% of 1-year-old children and 37.2% of 2-year-old children residing in high risk zip codes were tested.

^{iv} See ODH website at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Childhood-Lead-Poisoning/welcome/>

^v Including ODH, ODM, OHFA, HUD, EPA, DODD and ODE.

^{vi} Council on Environmental Health. Prevention of Childhood Lead Toxicity. Pediatrics (July 2016). Vol. 138. Issue 1 at:

<http://pediatrics.aappublications.org/content/138/1/e20161493>. See also, CDC Response to Advisory Committee on Childhood Lead Poisoning Prevention (2012) at: https://www.cdc.gov/nceh/lead/acclpp/cdc_response_lead_exposure_rec.pdf

^{viii} The occupants must be at or below 250% FPL and priority is given to properties that are the primary residence for at least one child under six years of age or for a pregnant woman and those contributing to any child’s EBLL.

^{ix} Pew Charitable Trusts, “Cutting Lead Poisoning and Public Costs” (2010)

^x This program could be administered by Ohio Housing Finance Agency (OHFA) to leverage additional non-Medicaid funding sources.

^{xi} For example, targeting pre-1978 rental dwellings preoccupancy, requiring lead clearances with lead-safe rental registry registration, etc.

^{xii} Early intervention and other special education support under IDEA should include lead poisoning as a presumption of disability to ensure access to services in order to prevent further developmental or cognitive delays. Under the ADA Amendments Act, which also amended Section 504 of the Rehabilitation Act, lead poisoning qualifies as a disability and students with the diagnosis are eligible for a 504 Plan. See also, CDC National Center for Environmental Health, CDC, “Educational Interventions for Children Affected by Lead” (April 2015) at <https://www.ncbi.nlm.nih.gov/pubmed/30308678> Ohio Early Intervention programs are administered by the Dept. of Developmental Disabilities, <https://ohioearlyintervention.org/>. Other special education services are administered by the Ohio Department of Education, <http://education.ohio.gov/Topics/Special-Education>