

## 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 caused by 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.<sup>1</sup> 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 rapidly developing nervous systems do not yet have defenses against these kinds of toxins.

## 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



where a child has tested for EBL. 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<sup>v</sup> 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 Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics: "Primary prevention is now widely recognized as the optimal strategy." <sup>iv</sup> 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,<sup>vii</sup> 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).<sup>viii</sup>

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



Prevent further harm to lead poisoned children by ensuring access to appropriate developmental and behavioral supports such as early intervention and special education.<sup>xii</sup>

Convene a State Task Force, led by the Children's Initiatives Director (including local and state agencies, families impacted by lead, experts in child development, health, housing and education, and others), to develop 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 public problem with a doable solution. The time is now to stop lead from keeping our children from reaching their true potential.

<sup>1</sup> In 2016, of the 162,185 children who tested for lead, 4,591 (2.83%) had confirmed EBLs. 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 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/>

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