

Ohio Legislative Children's Caucus

Learning, connecting, and problem-solving together. Our children are counting on us.

Strengthening State Efforts to Keep Children Safe from Lead October 18, 2021

Welcome!

Opening comments from our caucus co-chair, Representative Allison Russo



Dr. Harvey Kaufman,

Senior Medical Director,

Medical Informatics at Quest Diagnostics

Time to Eliminate Lead Poisoning

Harvey W. Kaufman, M.D.
Senior Medical Director
Quest Diagnostics



Critical step is testing

"Ohio law requires all healthcare providers to administer blood lead tests to children at age 1 and 2, or up to age 6 if no previous test has been completed based on the following criteria: the child is on Medicaid, lives in a high-risk ZIP code, or has certain other risk factors."

Source: Childhood Lead Poisoning Information For Healthcare Providers

| Ohio Department of Health



Original Investigation

ONLINE FIRST

September 27, 2021

Individual- and Community-Level Factors Associated With Detectable and Elevated Blood Lead Levels in US Children

THE JOURNAL OF PEDIATRICS • www.jpeds.com

Results From a National Clinical Laboratory

Marissa Hauptman, MD, MPH^{1,2}; Justin K. Niles, MA³;



Views **760** | Citations **0** | Altmetric **457**

Editorial

ONLINE FIRST

September 27, 2021

It's Time to End Lead Poisoning in the United States

Philip J. Landrigan, MD, MSc1; David Bellinger, PhD, MSc2,3

» Author Affiliations | Article Information

JAMA Pediatr. Published online September 27, 2021. doi:10.1001/jamapediatrics.2021.3525



August 2016

Blood Lead Levels in Young Children: US, 2009-2015

Leland F. McClure, PhD, Justin K. Niles, MA, and Harvey W. Kaufman, MD

Quest Diagnostics Health Trends® Studies: Ohio

2016 study (*Journal of Pediatrics*)

Ohio was fourth among states

May 2010-April 2011
 8.96% with <u>></u>5.0 µg/dL

• May 2014-April 2015 5.70% with \geq 5.0 µg/dL

• May 2010-April 2015 6.97% with \geq 5.0 µg/dL

1.67% with \geq 10.0 µg/dL

2021 study (JAMA Pediatrics)

- 52% with detectable blood lead level (BLL) of \geq 1.0 µg/dL versus US average of 50.5%
- 5.2% with elevated BLL of >5.0 µg/dL versus US average of 1.9%

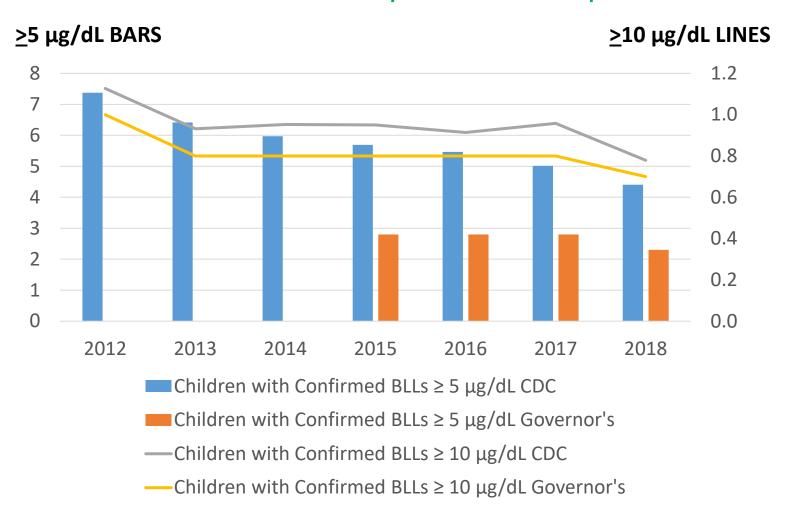
CDC (2018) data: 4.4% with elevated BLL of \geq 5.0 µg/dL versus US average of 2.6%

Key drivers of detectable and elevated BLL:

- Old housing
- Poverty
- Medicaid



Data discrepancy between CDC Ohio-reported data and recent Recommendations of the Governor's Lead Advisory Committee Report



Understanding data is challenging.

Who was tested and what bias does that introduce?

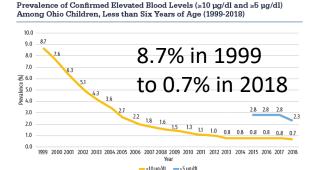
Who had confirmatory testing and when?

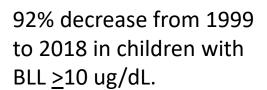


Tremendous Progress In Ohio but more to go

Pediatric Lead: Ohio and US-reported states (not all states): Percent tested with $\geq 5.0 \, \mu \text{g/dL}$ (blue/green) and $\geq 10 \, \mu \text{g/dL}$

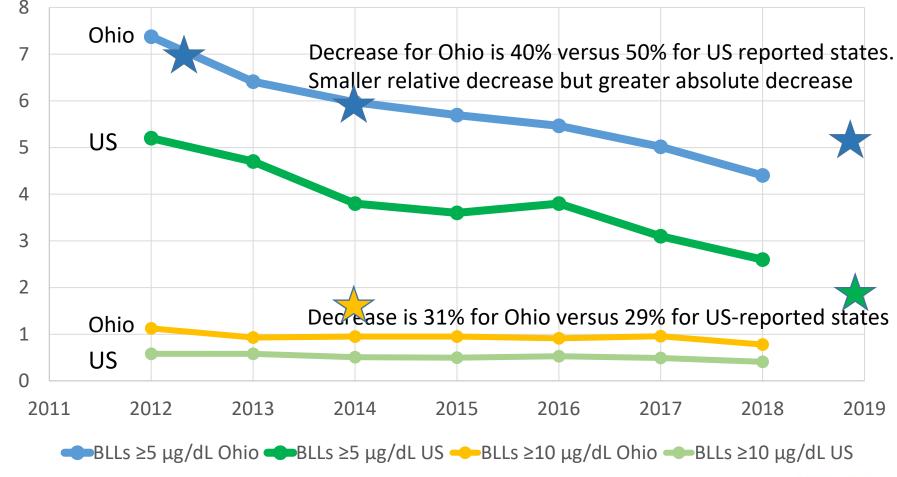
Ohio, May '10-Apr '11





Source:

Recommendations of the Governor's Lead Advisory Committee Report (January 2021)



Source: Lead Data and Statistics | CDC



Quest Diagnostics data



Takeaways

 Ohio has among the best lead programs in the country with a long history of progress.

 Use one set of reliable data: The Ohio Healthy Homes and Lead Poisoning Prevention Program

- More than 67 percent of all housing units in Ohio were built before 1980
- Ohio is number 2 in lead pipes
- Approximately half of children in US have detectable blood lead levels
- Great progress made but more is needed.



Dr. Matthew Tien,

General Pediatrician with the MetroHealth System, Co-Chair MetroHealth Lead Coalition and Assistant Professor of Pediatrics CWRU SOM



8. Does the child lirecycling plant o

Blood Lead Testing Requirements

For Ohio Children less than 6 Years of Age



Ohio Department of Health
Ohio Healthy Homes and Lead Poisoning Prevention Program • www.odh.ohio.gov

There is no safe level of lead in the blood.

- All capillary (finger/heel stick) test results ≥ 5 µg/dL must be confirmed by venous draw. Point of care instruments such as the LeadCare® II cannot be used to confirm an elevated blood lead level, even if the sample is collected by venipuncture.
- Any confirmed level of lead in the blood is a reliable indicator that the child has been exposed to lead.
 All blood lead test results, by law, are required to be reported to ODH by the analyzing laboratory.
- The Ohio Healthy Homes and Lead Poisoning Prevention Program will respond accordingly to all blood lead levels of 5 µg/dL or greater.

 If the family answers "Yes" or "Do not know" to ANY of the questions below then TEST – IT'S OHIO LAW! TEST! at ages 1 and 2 years. TEST! between ages 3 and 6 years if the child has no test history. If the family answers "No" to all questions, provide prevention guidance and follow up at the next visit. 	Yes	Do not know	No
1. Is the child on Medicaid?			
2. Does the child live in a high zip code? (See list on back of this form.)			
3. Does the child live in or regularly visit a home, child care facility or school built before 1950?			
4. Does the child live in or regularly visit a home, child care facility or school built before 1978 that has deteriorated paint?			
5. Does the child live in or regularly visit a home built before 1978 with recent ongoing or planned renovation/remodeling?			
Does the child have a sibling or playmate that has or did have lead poisoning?			
7. Does the child frequently come in contact with an adult who has a hobby or works with lead? Examples are construction welding			
pottory pointing			

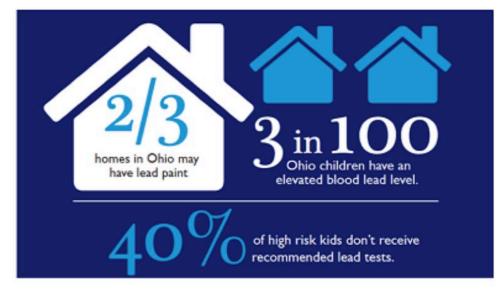


There is a lot to juggle when caring for kids!

Ohio AAP Lead QI project was a great opportunity







Work...together!

System quality goal

% of patients with lead test by 2nd birthday

Baseline (2019): **57%**

POPULATION FAMILY MEDICINE CAMPUS
HEALTH QUALITY PEDIATRICS
NURSING SCHOOL HEALTH MED-PEDS
STELLITE FOSTER INSTITUTE FOR SERVICES



MetroHealth Lead Coalition



Improved workflows system-wide have been working!

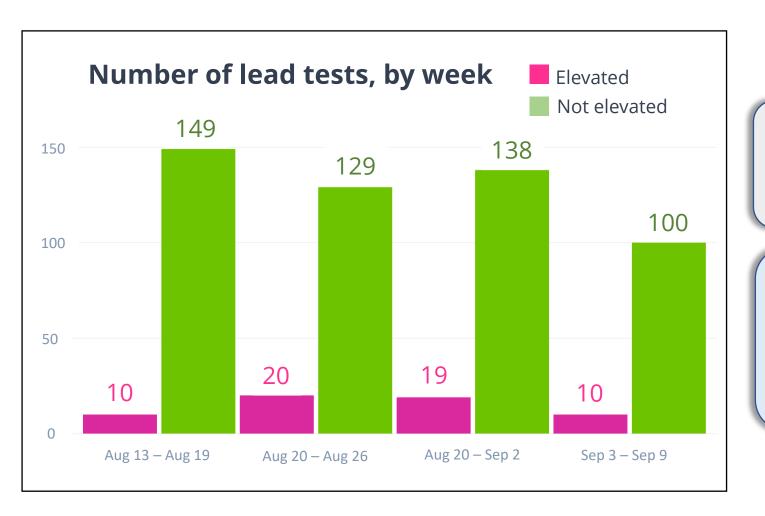
		June 202	21	July 2021		August 2021			
Site	Visits	Lead ordered	Lead drawn	Visits	Lead ordered	Lead drawn	Visits	Lead ordered	Lead drawn
Α	22	17 (77%)	15 <i>(68%)</i>	7	7 (100%)	6 (86%)	11	11 (100%)	11 (100%)
В	14	14 (100%)	2 (14%)	25	24 (96%)	19 (76%)	22	21 (95%)	19 (86%)
С	6	6 (100%)	4 (67%)	5	4 (80%)	1 (20%)	3	2 (67%)	0 (0%)
D	33	31 (94%)	25 (76%)	29	26 (90%)	24 (83%)	43	42 (98%)	37 (86%)
E	19	14 (74%)	13 (68%)	23	21 (91%)	17 (74%)	24	20 (83%)	14 (58%)
F	9	9 (100%)	8 (88%)	5	3 (60%)	3 (60%)	4	3 (75%)	2 (50%)
G	18	18 (100%)	16 (89%)	16	16 (100%)	15 <i>(94%)</i>	11	9 (82%)	9 (82%)
Н	6	6 (100%)	2 (33%)	6	6 (100%)	2 (33%)	10	10 (100%)	5 (50%)
- 1	6	5 (83%)	4 (67%)	0	n/a	n/a	5	5 (100%)	5 (100%)
	10 15/5004)				16 (70%)	9/3/0/	10	1 2/	15 (79%)



Lead drawn on same day of visit (overall): $49\% \rightarrow 72\%$

% of pts with lead by 2nd birthday: $57\% \rightarrow 65\%$ (projected)

Trying to do more to help patients with elevated lead

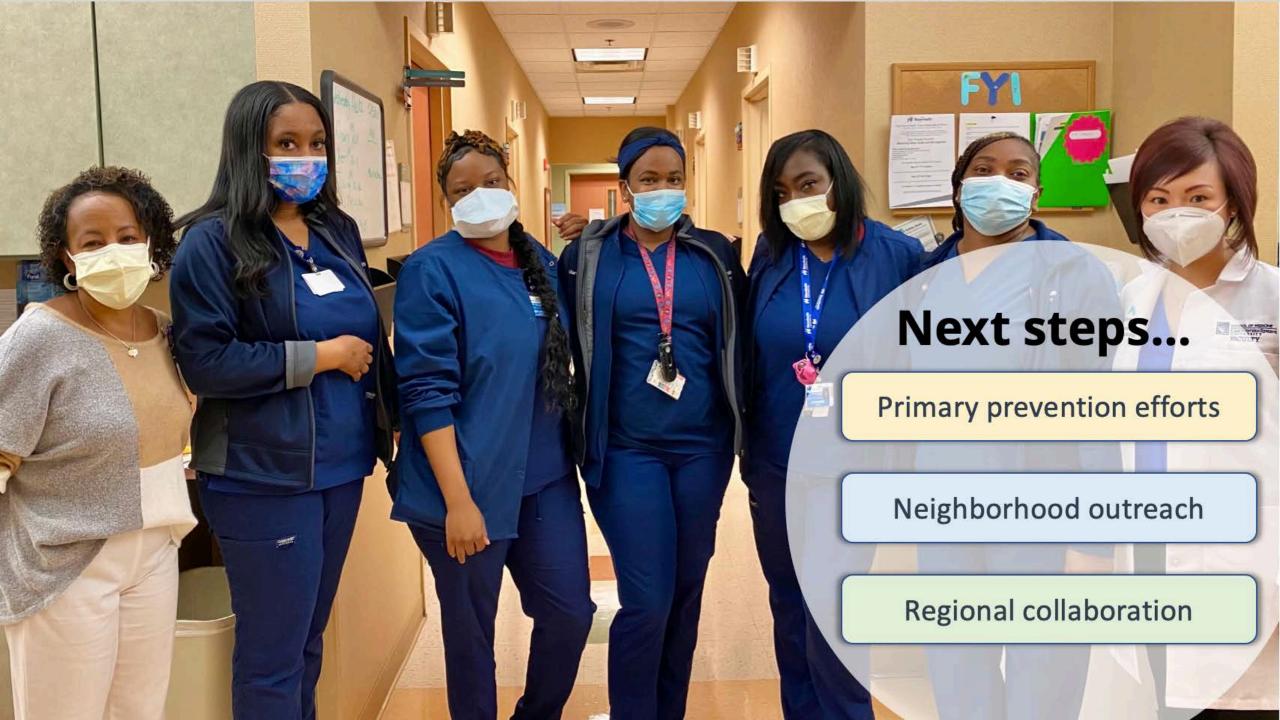


Metric to track timely follow-up

- Was elevated lead repeated w/in 6 mos?
- Currently for MHS → 58%

Lead Clinic for patients ≥10 mcg/dL

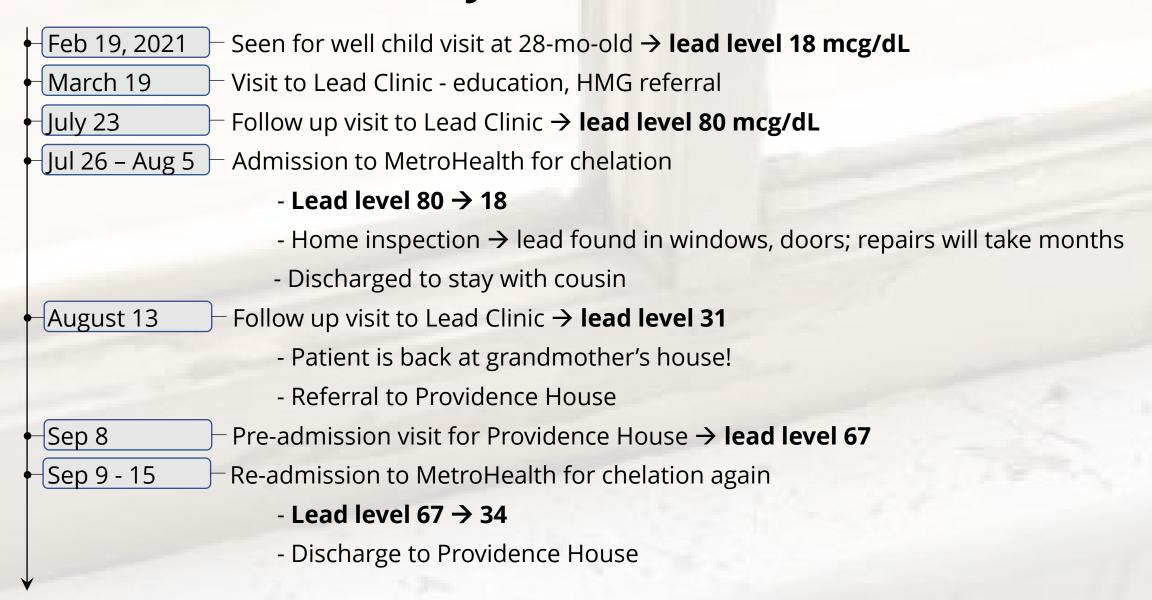
- Neuropsychology
- Community Advocacy Program (legal)
- Monthly case reviews
- Housing resources



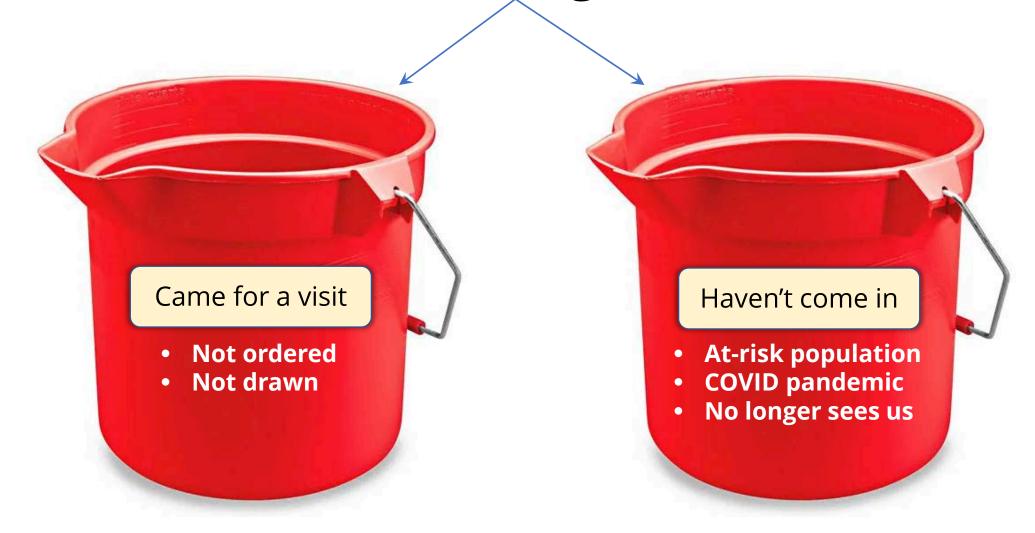


Additional slides (May be used for Q&A)

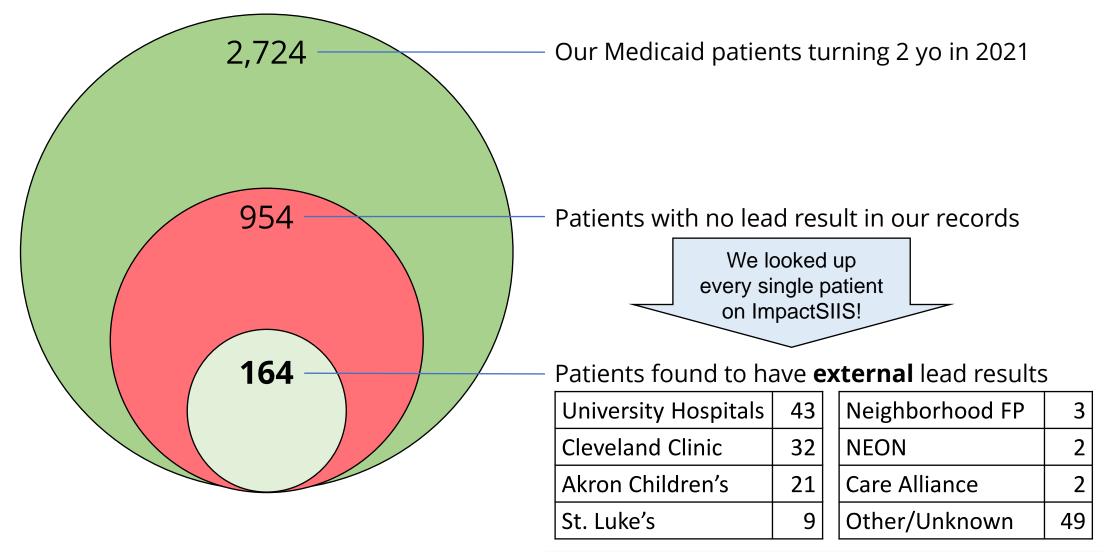
Case: 35-month-old boy



Children missing lead tests



Did some kids get lead testing elsewhere?





There must be a better way to do this!

Drawing the blood in clinic works! Visits 12-30 mo of age where lead was due → visits → ordered → drawn 120 100 80 79% 87% 86% 60 90% 40 20 39% 48% Aug-20 Sep-20 COct-20 Nov-20 Dec-20 Jan-21 Nursing PI Project starts



New York State has 5 regional lead poisoning resource centers

- Educate medical providers/staff
- Resource for managing patient with elevated lead levels
- Direct chelation for hospitalized children
- Collaborate with local health departments

Provider Blood Lead Testing Report Card

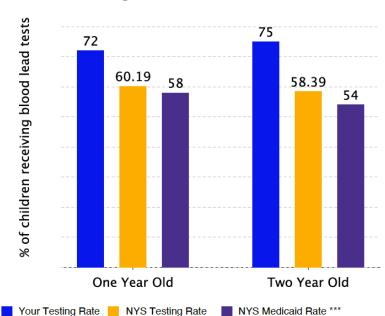
- New York State requires health care providers to test all children for lead with a blood lead test at age 1 year and again at age 2 years, to assess a child's risk of lead exposure at each well-child visit, and to perform lead testing if a child is found to be at risk. (10NYCRR 67-1.2)
- Medicaid requires that all children who are enrolled received a blood lead test at both 1 and 2 years of age. If no lead test has been completed, children should receive a test between 3 and 5 years of age.
- Capillary blood lead samples with a result of 5 μ g/dL or greater require a confirmatory venous sample analyzed by a lab approved for toxicology blood lead comprehensive testing* within 3 months or less, depending on the initial capillary blood lead sample result.
- ALL capillary blood lead results obtained in a provider's office from a point-of-care device (i.e. LeadCareII®) must be reported to the New York State Department of Health.



One Year Olds: 72% Two Year Olds: 75%

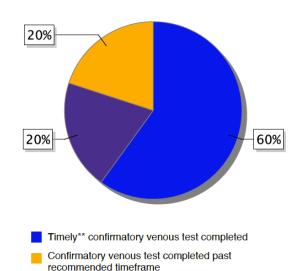
(9months-<18months) (18months-<36months)

Your Testing Rate vs. NYS vs. NYS Medicaid



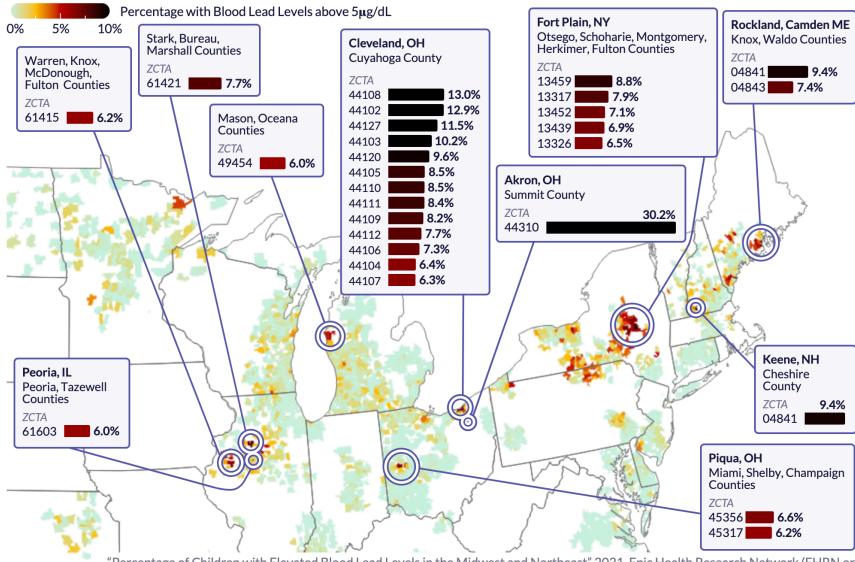
Your 2020 Timely Confirmatory Venous Testing Rate: 60%

Among the children in your practice with a capillary result of $5 \mu g/dL$ or greater



Confirmatory venous test not completed

Percentage of Children with Elevated Blood Lead Levels in the Midwest and Northeast



Trinkl J, Barkley E, Winesett D, Lo J

Elevated Blood Lead Levels Still an Issue for Children in Midwest and Northeast

Epic Health Research Network 25 Aug 2021

"Percentage of Children with Elevated Blood Lead Levels in the Midwest and Northeast" 2021. Epic Health Research Network (EHRN.org)

Figure 2. U.S. ZCTAs in the Midwest and Northeast and the percentage of estimated children in the population who have blood lead levels above 5 µg/dL. Darker red correlates with a higher percentage of children with elevated lead levels. Uncolored areas did not have enough data to report.

FIGURE 3

Locations with the Highest Percentages of Elevated Blood Lead Levels

ZCTA	Urban Area (or Counties)	% w/ High BLL	Penetrance	ZCTA	Urban Area (or Counties)	% w/ High BLL	Penetrano
44310	Akron, OH	30.2%	10.1%	14608	Rochester, NY	5.9%	100.0%
44108	Cleveland, OH	13.0%	53.1%	61462	Monmouth, IL	5.9%	100.0%
44102	Cleveland, OH	12.9%	98.7%	04005	Portland, ME	5.9%	65.5%
14127	Cleveland, OH	11.5%	88.6%	61606	Peoria, IL	5.8%	56.8%
14103	Cleveland, OH	10.2%	52.2%	61570	(Marshall, Peoria, +1, IL)	5.8%	75.5%
3455	Keene, NH	9.7%	57.3%	45216	Cincinnati, OH, KY, IN	5.8%	41.0%
14120	Cleveland, OH	9.6%	46.7%	14904	Elmira, NY	5.7%	96.5%
4841	Rockland, ME	9.4%	54.1%	13320	(Herkimer, +3, NY)	5.6%	99.1%
3459	(Montgomery, +2, NY)	8.8%	81.9%	13431	(Herkimer, Oneida, NY)	5.6%	32.1%
4105	Cleveland, OH	8.5%	81.8%	44135	Cleveland, OH	5.6%	74.3%
4110	Cleveland, OH	8.5%	33.4%	44115	Cleveland, OH	5.5%	100.0%
4111	Cleveland, OH	8.4%	72.7%	12043	Cobleskill, NY	5.5%	100.0%
4109	Cleveland, OH	8.2%	99.6%	95536	(Humboldt, CA)	5.5%	35.9%
3317	Fort Plain, NY	7.9%	51.8%	04002	(York, ME)	5.5%	58.1%
4112	Cleveland, OH	7.7%	35.5%	04862	(Knox, Lincoln, Waldo, ME)	5.5%	36.1%
1421	(Bureau, Marshall, Stark IL)	7.7%	67.6%	12401	Kingston, NY	5.4%	42.0%
04843	Camden, ME	7.4%	47.4%	14489	Newark, NY	5.3%	100.0%
4106	Cleveland, OH	7.3%	35.9%	14879	(Schuyler, Steuben, NY)	5.3%	94.9%
13452	(Fulton, Herkimer, +1,NY)	7.1%	46.3%	45204	Cincinnati, OH, KY, IN	5.3%	79.0%
3439	(Herkimer, Otsego, NY)	6.9%	100.0%	14613	Rochester, NY	5.3%	100.0%
5356	Piqua, OH	6.6%	91.5%	13365	Little Falls, NY	5.2%	89.6%
13326	(Herkimer, Otsego, NY)	6.5%	100.0%	49410	(Lake, Mason, MI)	5.2%	54.3%
4104	Cleveland, OH	6.4%	61.3%	04861	Rockland, ME	5.2%	74.1%
4107	Cleveland, OH	6.3%	24.9%	13416	(Herkimer, NY)	5.1%	73.1%
1415	(Fulton, Knox, +2, IL)	6.2%	42.6%	45205	Cincinnati, OH, KY, IN	5.1%	69.3%
5317	(Champaign, Miami, +1, OH)	6.2%	47.3%	61410	Abingdon, IL	5.1%	100.0%
5570	(Humboldt, CA)	6.2%	79.4%	61377	(LaSalle, Livingston, +1, IL)	5.0%	84.5%
1603	Peoria, IL	6.0%	100.0%	13350	IlionHerkimer, NY	5.0%	100.0%
9454	(Mason, Oceana, MI)	6.0%	74.1%	19602	Reading, PA	5.0%	100.0%
13339	Fort Plain, NY	6.0%	32.9%	16407	Corry, PA	5.0%	28.8%

Northeast

Trinkl J, Barkley E, Winesett D, Lo J

Elevated Blood Lead Levels Still an Issue for Children in Midwest and

Epic Health Research Network 25 Aug 2021

Figure 3. U.S. ZCTAs where the percentage of estimated children in the population that have blood lead levels (BLL) above $5 \mu g/dL$ is 5% or more and penetrance is 10% or more.

[&]quot;Locations with the Highest Percentages of Elevated Blood Lead Levels," 2021. Epic Health Research Network (EHRN.org)

Timothy Johnson,

Ohio Poverty Law Center and representative of the Ohio Lead Free Kids Coalition

Investing In A Lead-Free Ohio

By Tim Johnson





OLFKC Membership

Advocates for Basic Legal Equality, Inc. (ABLE)*

Alliance for the Great Lakes

Ashland/Richland County Lead Prevention

Collaborative

Canton City Public Health

Center for Community Solutions

Children's Defense Fund, Ohio*

Cleveland Lead Safe Network

Coalition on Homelessness and Housing in

Ohio (COHHIO)*

Concerned Citizens Organized Against Lead

(CCOAL)*

Columbus Public Health*

Corporation for Ohio Appalachian

Development (COAD)

Cuyahoga County Board of Health

Enterprise Community Partners

Environmental Health Watch

Freshwater Future*

Greater Cincinnati Water Works

Groundwork Ohio*

Ohio Chapter, American Academy of Pediatrics

Ohio Children's Alliance*

Ohio Environmental Council*

Ohio Federation for Health Equity & Justice

Ohio Healthy Homes Network (OHHN)**

Ohio Nurses Association

Ohio Poverty Law Center**

Ohio Public Health Association

National Council of Negro Women, Inc. -

Cuyahoga County Section

Northeast Ohio Black Health Coalition

Northern Ohioans for Budget & Legislation

Equality (NOBLE)*

Policy Matters Ohio*

Public Children Services Association of Ohio

Schubert Center for Child Studies, Case Western

Reserve University**

The Khnemu Foundation

The MetroHealth System

Toledo Lead Poisoning Prevention Coalition

United Way of Greater Cleveland

Voices for Ohio's Children

West Ohio Community Action Partnership*





9-Point Lead Action Plan Released February 2020



OHIO ACTION PLAN FOR LEAD-FREE CHILDREN

All Ohio Children Deserve to Be Lead-Free. We Can Get There.

- 1 Help Homeowners & Landlords Eliminate Lead Hazards
- 2 Make Rental Housing Lead-Safe
- 3 | Protect Children from Lead During Renovation & Demolition
- 4 Disclose Lead Hazards & Engage Ohioans
- 5 | Empower Schools & Early Learning Programs to Keep Children Lead Safe
- 6 Remove Lead from Drinking Water
- 7 Build a Strong Lead Workforce
- 8 Research New Ways to Protect Children from Lead
- 9 Improve Supports for Children Exposed to Lead





Current State Investment In Lead

- \$6.5 Million each FY investment in the Lead Abatement Line
- \$5 Million each FY for lead abatement tax credit
- \$5 Million each FY to run the SCHIP Lead Abatement Program
- \$1 Million each FY for Lead Safe Home Fund
- \$22.3 Million each FY for Early Intervention Services
- \$10 Million each FY in H2Ohio for Lead Service Line Replacement





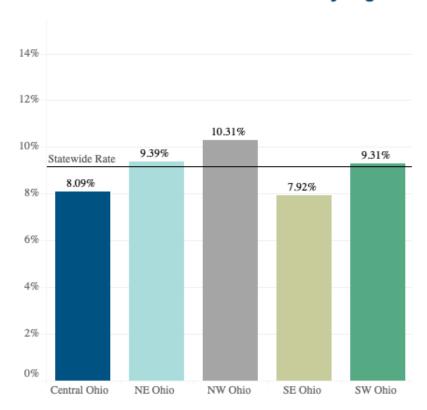
The Problems We Face

- Despite new and continued investments by the state, we still have a long way to go before we are lead free.
- Ohio has the second highest percentage of kids who have elevated bloods lead levels in the country.
- Ohio has the second highest number of lead services lines in the country.
- More than 420,000 kids under age 6 are estimated to be living in a home with lead hazards.

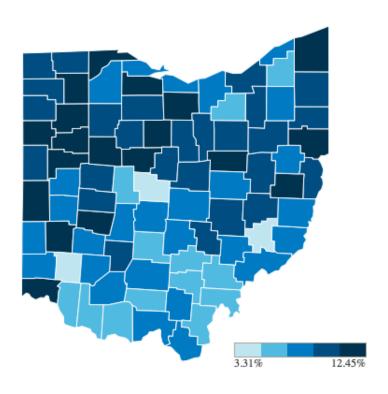




Prevalence of Risk of Lead Paint Hazard by Region



Prevalence of Risk of Lead Paint Hazard





ARPA Funds & Lead Poisoning Prevention

- Use ARPA Dollars to fund the Lead Poisoning Prevention Fund.
- Increase funding for lead abatement tax credit and expand who can use the tax credit.
- Increase SCHIP funding to help ODH get caught up on homes with lead hazard control orders
- Provide funding for full lead service line replacement and lead service line inventory.





Workforce Needs

- ARPA dollars represent a once in a lifetime opportunity to make significant investments in lead.
- However, ridding Ohio homes of lead poisoning will not be possible without people to do the work.
- Department of Development should assist in the development and growth of the lead abatement and lead safety workforces by working with community action agencies, non-profits, contractors, vocational schools & community colleges.
- Ohio should also make funding available for the Department of Health to help subsidize the training and certification costs associated with RRP



The Work Is Not Over

- Ohio stepped up in the most recent budget and placed an emphasis on lead poisoning prevention, but even with the most recent investments by the state, it is nowhere near enough.
- ARPA dollars represent a real opportunity to make some headway with Ohio's lead hazards.
- Lead Poisoning Prevention represents a costs savings opportunity for Ohio; for every dollar spent there is \$17-dollar return.
- The problem is not going to be fixed overnight but with continued investment we can create a lead-free Ohio.





Questions & Answers

Moderated by our caucus co-vice chair, Rep. Susan Manchester

For legislators and legislative staff, please feel free to unmute yourselves to ask questions or share feedback.

For all other participants, please use the chat feature.

Thank you for joining today's webinar!



For more information on upcoming Ohio Legislative Children's Caucus webinars and meetings, please contact Alison Paxson at apaxson@childrensdefense.org