



Child Lead Poisoning

Lead is a toxin. There is no safe level of lead in the blood. Childhood lead poisoning can cause irreversible brain and nervous system damage leading to learning and behavioral challenges, lower IQ, lower academic achievement, increased hyperactivity, emotional problems, and future delinquent behavior. Over 90% of Ohio's lead poisoning cases result from dust created by lead-based paint in houses built before 1978. Young children are uniquely vulnerable to lead because their rapidly developing nervous system has no defense against toxins. Thousands of Ohio children have already been poisoned and many more continue to be exposed to lead. Over 5-years (2016-2021), 22,418 children tested for elevated blood lead levels (EBLLs), which is an undercount and does not disaggregate data by race. Ohio has the second highest rate of kids who test for EBLLs in the country.

Policy

The Ohio Department of Health (ODH)'s Healthy Homes and Lead Poisoning Prevention Program (OHHLPPP) conducts investigations to identify and abate lead hazards when children have an EBLL. 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, but existing testing falls far short of this. ODH receives federal and state funding for the State Child Health Insurance Program (SCHIP) Health Services Initiative (HSI) lead program which supports some lead investigations and abatement, public education, and the Lead Safe Rental Registry. ODH relies on local health agencies to help implement the OHHLPPP; however, the lack of resources limits the effectiveness. In the most recent state budget, funding was allocated to ODH to start a first of its kind grant program for communities to establish or enhance existing lead safe programming and prevention. \$6.8 million in new grants were administered by ODH via the Lead Safe Home Fund in FY22-23. ODH also manages GRF funding for local lead prevention including the Lead Safe Home Fund in Cleveland and earmarked funding for Toledo. There is also funding for the Department of Developmental Disabilities (DoDD) which implemented expanded automatic eligibility of early intervention (EI) for children with EBLLs. The Ohio Department of Development recently received 1-time American Rescue Plan dollars for lead poisoning prevention projects and workforce development efforts.

Challenge

We know lead dust from lead paint is the most common source of lead exposure and yet Ohio does not require lead hazard remediation prior to children or pregnant women residing in a home. Instead, Ohio relies primarily on increasing public awareness and lead testing to identify and abate lead hazards after a child has been lead poisoned, rather than preventing them from being poisoned in the first place, relegating children to the proverbial “canaries in the coal mine.” The COVID-19 pandemic posed an additional challenge; keeping children inside their homes longer further exposing them to potential lead hazards while also slowing down the number of children tested.

Childhood 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. However, it is incumbent upon agencies to work together with local and community partners to implement solutions that have a foundation in primary prevention. Furthermore, we must continue to invest in EI funding so that we are taking care of the children and families who have already been negatively affected by lead. DoDD went from serving 56 children in its first year of automatic EI eligibility for children with EBLLs, to 327 children in FY22 and further growth in the need for EI is expected.

Ohio is set to adjust its lead reference levels consistent with the CDC from 5.0ug/dl down to 3.5ug/dl. The change will enable ODH to identify more children exposed to lead earlier, allowing for a quicker response. However, to handle the increase, it will be necessary to invest in additional resources to make sure children and families have access to educational information and supportive services.

Opportunity

Governor DeWine recognizes the critical importance of primary prevention of child lead poisoning, identified as the “optimal strategy” by the CDC and the American Academy of Pediatrics. However, despite important investments in the FY22-23 budget, Ohio still is not adequately funding its lead poison prevention efforts. Over two-thirds of Ohio’s housing stock is older than 1980, many in neighborhoods that bear the brunt of historical disinvestment. If we continue at the current level of funding, it will take over a century before Ohio rids itself of lead poisoning. The funding for the state Lead Safe Home Fund, while historic, was still only enough to fund seven (7) grantees. Given the success of the program, the funding should at minimum be doubled to help expand the reach of the program to more communities in need. SCHIP continues to have a backlog and is still primarily abating houses where children have already been poisoned rather than its intended purpose of primary prevention. Particularly given how the SCHIP program leverages federal dollars, funding for this program should be maximized. Another opportunity to protect children from lead hazards at the source would be for the state to assume control of the federal Renovation, Repair and Painting (RRP) rule, which requires the use of lead safe work practices when conducting repairs in a pre-1978 unit. Granting ODH authority to manage RRP would offer a solid foundation for building a primary prevention approach. If implemented, these prevention efforts could save lives and increase job opportunities, ultimately saving taxpayer dollars. Additionally with the state considering changing the reference level to 3.5 ug/dl, Ohio needs to make

sure that the delegated health authorities have the necessary funding to handle the increased responsibilities after the rule change. Similarly, once the reference level is lowered, EI funding should increase to account for the influx of newly eligible children.

Support Child Well-Being: Budget Recommendation

Build on existing lead poisoning efforts, including workforce development, lead safe housing and critical funding for EI supports for children with EBLLs, through the following primary prevention investments:

1. Double the investment in local lead poisoning prevention innovation through the Lead Safe Home Fund which was newly created in FY22-23, in order to expand the programs reach to more regions across the state looking to start or expand lead poisoning prevention programs in their local communities (\$13 million/FY).
2. Broaden the reach and impact of the SCHIP HSI Lead Hazard Control Program by doubling the total dollars (\$20 million over the Biennium) and require that at least 50% of the funding support the Phase 2 primary prevention track which targets pre-1978 dwellings prior to a child having an EBLL.
3. Shift oversight authority for the RRP rule from the federal level to the state by designating ODH authority to enforce the program, with one-time cost of \$1.3 million.
4. Increase Services & Supports to Mitigate Harm due to Lead Exposure for Children with EBLLs through enhanced Early Intervention (EI) (approximately \$1 million of the total \$26 million/FY) & Funding for Delegated Health Authorities (\$2.5 million/FY) to accommodate additional education and supportive services with increased caseloads due to the lowering of the blood lead reference level.
5. Designate a lead coordinator within the DeWine administration to oversee and streamline communication and collaboration between the various state agencies and committees working on lead poisoning prevention related efforts, including the Ohio Department of Health, Ohio Department of Development, Ohio Housing Finance Agency, and Ohio EPA

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