OHIO CHILDREN'S BUDGET 2022-2023

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ISSUE BRIEF

Child Lead Poisoning

Lead is a toxin. There is no safe level of lead in the blood[1]. Child 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. 95% of Ohio's lead poisoning cases result from dust created by lead-based paint in houses build before 1978[2]. 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 (2015-2019), 21,076 children tested for elevated blood lead levels (EBLLs), which is an undercount and also does not disaggregate data by race[3]. The overall percentage of children in Ohio with EBLLs was 2.1% of all children tested in 2019 with Crawford (6.9%), Harrison (6.29%), Cuyahoga (5.79%), Morgan (4.87%) and Clark (4.78%) having the highest rates of EBLLs.[4]

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[5], but testing falls far short of this.[6] ODH receives federal and state funding for the State Child Health Insurance Program (SCHIP) 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. ODH also manages GRF funding for local lead prevention including the Lead Safe Home Fund in Cleveland and earmarked funding for Toledo. With new dollars in the last biennium, ODH and the Department of Developmental Disabilities implemented the expanded automatic eligibility of early intervention (EI) for children with EBLLs.

Challenge

We know 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

[1]American Academy of Pediatrics, Ohio Chapter, Lead Prevention Resource Guide (March 2020). Retrieved at: http://ohioaap.org/wp-content/uploads/2020/03/LeadPrev_ResourceGuide.pdf

[2]Ibid.

[3]See Lead Data, Ohio Department of Health (ODH) Public Health Information Warehouse at

[4]http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/LeadData. 2015 data obtained from ODH Lead Program.

County-specific percentages calculated from 2019 EBLL and testing data from ODH Public Information Warehouse.

[5]See Ohio lead testing requirements at https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/childhood-lead-poisoning/for-parents

[6]In 2016, ODH released "Statewide High Risk Zip Code Testing Rates" for the years 2010-2014, 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. https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/childhood-lead-poisoning/for-healthcare-providers/lead-testing-requirements-and-zip-codes

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proverbial "canaries in the coal mine." Recent housing studies in Lima and Cleveland point to age, deferred maintenance and low market value of rental housing as major risk factors for lead paint hazards.[7] Ohio is also second in the nation with an estimated 650,000 lead service lines (LSL), creating potential lead hazards in drinking water.[8] 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[9] must be part of a coordinated primary prevention strategy. In addition, it is essential to continue to address the health and education needs of children who have already been poisoned by ensuring access to EI supports, while advancing a comprehensive primary prevention strategy.

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.[10] However, despite important investments in the FY20-21 budget, Ohio still does not have a comprehensive strategy for targeting the most common source of lead: pre-1978 homes. Ohio has begun to move in this direction with the successful implementation of the SCHIP lead hazard abatement program[11], reaching homes in 59 counties in the last two years. But with a growing waiting list, the SCHIP program is over-extended and current funding only allows up to 150 homes to be abated a year. Over two-thirds of Ohio's housing stock is older than 1980, many in neighborhoods that bear the brunt of historical disinvestment. 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 is the effective implementation 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. These prevention efforts both save lives and increase job opportunities, ultimately saving 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.* "[12]

Support Child Well-Being: Budget Recommendation

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

1. 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.
2. 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 $400,000 in GRF for start-up expenses.
3. Sustain innovation and public-private partnership through local lead prevention efforts, including Cleveland's Lead Safe Home Fund and Toledo's program ($2.1 million in GRF).
4. Create dedicated GRF funding for ODH's Ohio Lead Poisoning Prevention Fund ($2 million). Most of the funding available for primary prevention is dependent on federal appropriations with guidelines set by the federal government. This fund, created in state law in 2003, would allow Ohio to set its own priorities for primary prevention and could be an avenue to foster public-private funding partnerships throughout the state.

[10] 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_recs.pdf

[11] 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.

[12] Pew Charitable Trusts, "Cutting Lead Poisoning and Public Costs" (2010)

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