

# Ohio Lead Advisory Council

Annual Report 2013

# Ohio



ANNUAL REPORT



Ohio Healthy Homes Program  
Bureau of Child and Family Health Services

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## **Introduction**

This Annual Progress Report highlights accomplishments of the Ohio Lead Advisory Council (OLAC) for 2013. OLAC, established under Ohio Revised Code (ORC) Chapter 3742.32, plays an active role in assisting the Director of Health with the ongoing development and implementation of the Ohio Healthy Homes and Lead Poisoning Prevention Program (OHHLPPP) at the Ohio Department of Health (ODH).

OLAC and OHHLPPP have worked together to develop and implement *Ohio's Plan to Eliminate Lead Poisoning*. The elimination plan includes priorities established by OLAC, ODH, and the U.S. Centers for Disease Control and Prevention (CDC). Objectives and activities are constantly evaluated and modified as they are completed or found to be ineffective. OLAC meets quarterly and works on activities focused on eliminating childhood lead poisoning as a public health issue.

The mission of *Ohio's Plan to Eliminate Childhood Lead Poisoning* is to engage stakeholders in the process of actively working toward the elimination of all sources of lead poisoning in the state. Stakeholders include state agencies, local public health jurisdictions, housing agencies, property owners, medical providers, and advocates for children and lead-safe housing. This report includes information on OLAC membership and its responsibilities, blood lead testing data, and county fact sheets.

## **Ohio Lead Advisory Council**

OLAC, established under Ohio Revised Code (ORC) Chapter 3742.32, consists of nine members representing the following agencies:

- Ohio Department of Medicaid
- Ohio Department of Job and Family Services, Bureau of Child Care
- Ohio Environmental Protection Agency
- Ohio Department of Education
- Ohio Development Services Agency
- Ohio Apartment Owners' Association
- Ohio Healthy Homes Network
- Ohio Environmental Health Association
- Ohio representative of the American Coatings Association

OLAC is also assisted by an ad hoc group with members from local health departments, development, affordable housing, non-profit healthy homes organizations, the medical community, and other state and national health programs.

### **OLAC is tasked with the following responsibilities as outlined in the ORC:**

- Provide the Director of Health with advice regarding the policies the childhood lead poisoning prevention program should emphasize, preferred methods of financing the program, and any other matter relevant to the program's operation;
- Submit a report of OLAC's activities to the governor, president of the senate, and speaker of the house of representatives on or before the first day of March each year.

## **Key OLAC Accomplishments of 2013:**

1. OLAC met four times during 2013. The group met on March 14, 2013, June 6, 2013, September 5, 2013, and December 19, 2013. OLAC continues to work on the elimination of lead poisoning, but recent meetings of the council have also covered the expansion of Ohio's childhood lead poisoning prevention program to a healthy homes program. OLAC has supported OHHLPPP and ODH for 10 years and has been critical in developing many of the program's activities that continue to this day.

2. In 2013, OLAC finalized and began to implement Ohio's Healthy Homes Strategic Plan. While this planning process was required as part of a CDC grant received by OHHLPPP, OLAC guided the development of the plan in 2012 and 2013. Now that the plan is completed, OHHLPPP will implement the plan with OLAC acting as its main advisory body. Education is critical to building healthy homes capacity and the public's demand for safe and healthy housing. Both OLAC and OHHLPPP will encourage and implement healthy homes through primary prevention via training and education of health and housing professionals and the public.

3. OLAC reorganized itself in 2013. Business rules were developed and finalized requiring more regular participation by members, defined responsibilities, and officer roles. OLAC will now regularly agree on guidance for the Director of Health and will submit recommendations in memorandum format on a quarterly basis. With this reorganization, the appointed members now meet to discuss pressing issues as a smaller group. A secondary, larger group called the Ohio Healthy Homes Partnership was formed as result. The formation of this group allows for broader participation from non-appointed stakeholders. The larger group meets after the official council meeting and uses the time to present ideas to appointed members. This allows broader participation and provides opportunities for more viewpoints to be considered. Furthermore, stakeholders can present additional topics to be considered for the official council meetings.

4. OLAC spent much of the year discussing the CDC's new reference value of childhood lead poisoning. The new reference value for childhood lead poisoning is 5 µg/dL, which is half the state's definition of 10 µg/dL. The council unanimously agreed that the state should adopt the CDC's definition and helped develop new childhood lead poisoning prevention rules (OAC 3701-30) for ODH that will be finalized in 2014. OLAC has also worked to develop new targeted testing and medical management guidelines for childhood lead poisoning and these will also be finalized and distributed in 2014. Education of the state's medical professionals on the new guidance will be a major undertaking of OLAC and OHHLPPP in the years to come.

5. OLAC helped guide the production of childhood lead poisoning fact sheets for each county in the state. These fact sheets are attached as part of this annual report. OHHLPPP intends to distribute these fact sheets across the state and hopes the fact sheet will also foster local lead poisoning prevention efforts and collaboration with the state. These fact sheets provide information on the predicted probability of blood lead levels  $\geq 5$  µg/dL by census tract, blood lead testing data, housing data, and relevant information about lead poisoning prevention for each county of the state. More childhood lead data can be found here: ([http://www.odh.ohio.gov/odhprograms/cfhs/lead\\_ch/lead\\_data.aspx](http://www.odh.ohio.gov/odhprograms/cfhs/lead_ch/lead_data.aspx))

## 2012 State of Ohio Childhood Lead Testing Statistics

In 2012, there were 154,436 children less than six years of age tested for lead poisoning in the state of Ohio. This is consistent with the number of children tested in 2011. The distribution of tests by blood lead level is depicted in the table below. In 2012, the threshold for an elevated blood lead level, as defined by the State of Ohio, was 10 µg/dL. As such, all blood lead levels at or above this threshold were considered to be elevated blood lead levels. There were a total of 1,553 children with confirmed elevated blood lead levels (1.01% of the total tested population).

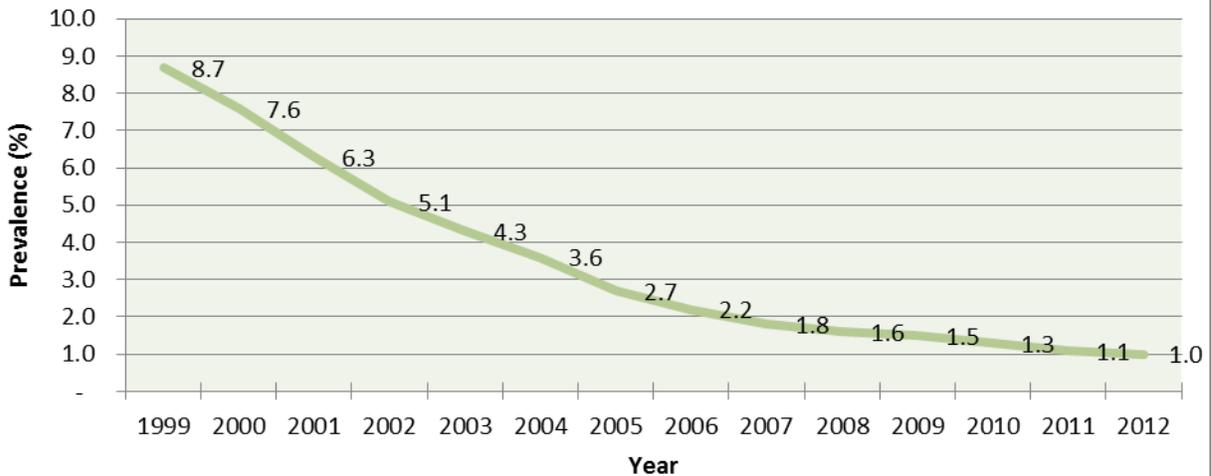
Children with confirmed elevated blood lead levels are eligible for case management and environmental investigation services from OHHLPPP. In 2012, the CDC reduced the threshold for elevated blood lead levels to 5 µg/dL in accordance with the reference level recommended by the Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP). This reference level is the 97.5<sup>th</sup> percentile of the blood lead level distribution for children generated by the most recent National Health and Nutrition Examination Survey (NHANES). While the state of Ohio has not yet officially approved this new definition for an elevated blood lead level, it is important to note that 3,847 children had confirmed blood lead levels in the 5-9 µg/dL range in 2012, which constitutes a significant increase in caseload for the state. It is well documented that children with blood lead levels at these levels suffer cognitive dysfunction and IQ loss, as well as adverse cardiovascular, immunological, endocrine, and behavioral effects. It should be noted that there is no level of lead exposure that is considered to be safe, and that it should be the aim of public health officials to reduce the exposures of children at all blood lead levels.

### Blood Lead Testing Statistics for Ohio Children, 2012

State of Ohio	Total Children Tested	Confirmed BLLs Only						Total Confirmed EBLLs	% EBLLs	Unconfirmed 5-9 µg/dL	Unconfirmed EBLLs
		< 5 µg/dL	5-9 µg/dL	10-14 µg/dL	15-19 µg/dL	20-24 µg/dL	≥25 µg/dL				
TOTAL	154,436	145,074	3,847	900	327	164	162	1,553	1.01%	3,637	327

- i. The table above contains data for children less than 72 months (6 years) of age at the time of test.
- ii. Elevated Blood Lead Levels (EBLLs) are shown in red.
- iii. Blood lead levels reflect the highest confirmed test if a confirmed test exists for the child or the highest test for the year, otherwise.
- iv. Unconfirmed EBLLs are defined as tests for children who had an elevated capillary test and did not receive an elevated confirmatory test within 90 days.

### Prevalence of Confirmed Elevated Lead Cases ( $\geq 10 \mu\text{g/dL}$ ) among Children, Less than Six Years of Age, Tested in Ohio, 1999-2012



The prevalence of confirmed elevated blood lead levels (EBLLs) is a measure of the percent of tested children under the age of six, who have confirmed blood lead levels  $\geq 10 \mu\text{g/dL}$  in a calendar year. Children tested for lead more than once in a calendar year were counted only once. The chart above depicts a decline in the prevalence of EBLLs from 8.7 percent in 1999 to around 1 percent in 2012.

### Number of Children, Less than Six Years of Age, Tested for Lead in Ohio, 1999-2012

