Recommendations of the Governor's Lead Advisory Committee

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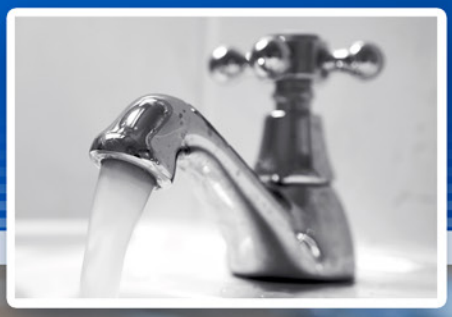

January 2021

MIKE DEWINE
GOVERNOR OF OHIO
www.Governor.Ohio.gov

Ohio GOVERNOR'S CHILDREN'S INITIATIVE
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Governor's Letter

Dear Ohioans

Home is supposed to be a place of safety and refuge, but sadly for many Ohio children, home is also a place where they are exposed to dangerous amounts of lead.

Many of Ohio's homes were built before 1978, when the federal government prohibited the use of lead in paint. That often makes homes built before 1978 a possible source of lead contamination. There is no safe level of lead exposure. Lead attacks the brain and nervous systems of those who are exposed to it, causing permanent brain damage that can impact a child's behavior and academic success and, in some cases, it can even lead to death.

More than four decades after the federal government's ban on lead paint, thousands of Ohio children continue to be poisoned by lead each year. In fact, in 2019, more than 3,500 Ohio children had blood lead levels above the threshold established by the Centers for Disease Control and Prevention. More than 20 had blood lead levels nine times that amount. This extremely unsafe level of lead requires immediate medical intervention.

Every single child deserves to live up to his or her full potential, but too many children's opportunities and dreams are stifled by lead poisoning. In fact, a recent study showed that nearly 25 percent of all kindergartners attending Cleveland Metropolitan Schools had a history of elevated blood lead levels. This is unconscionable.

My first state operating budget invested millions in new resources to address the consequences of lead poisoning, including early intervention services for children with elevated blood lead levels and a brand-new tax credit for homeowners who remove lead hazards from their homes. Further, in September 2019, I established the Governor's Lead Advisory Committee, which includes experts from public health, medicine, real estate, construction, local government, and others. I asked them to develop recommendations that built on those initial investments. Those recommendations follow and chart a bold vision for combating lead poisoning in Ohio.

I am grateful to the members of the Governor's Lead Advisory Committee for their time, expertise, and tireless efforts to protect Ohio's children from lead poisoning.

Very respectfully yours,

Mike DeWine

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Governor's Lead Advisory Committee Members

Commissioner Terry Allen, Cuyahoga County Board of Health
Chris Amato, Historic South Initiative
Patricia Barnes, Ohio Healthy Homes Network
Dr. Aparna Bole, UH Rainbow Babies & Children's Hospital
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Introduction

Lead is a naturally occurring element that can be found in water, air, soil, and consumer products. Lead is hazardous to humans. Exposure to lead can result in poisoning when it accumulates in a person's bones and soft tissue. Lead poisoning can cause numerous health challenges, including abdominal pain, vision and hearing loss, seizures, cognitive and developmental delays, behavior changes, and even death.[1]

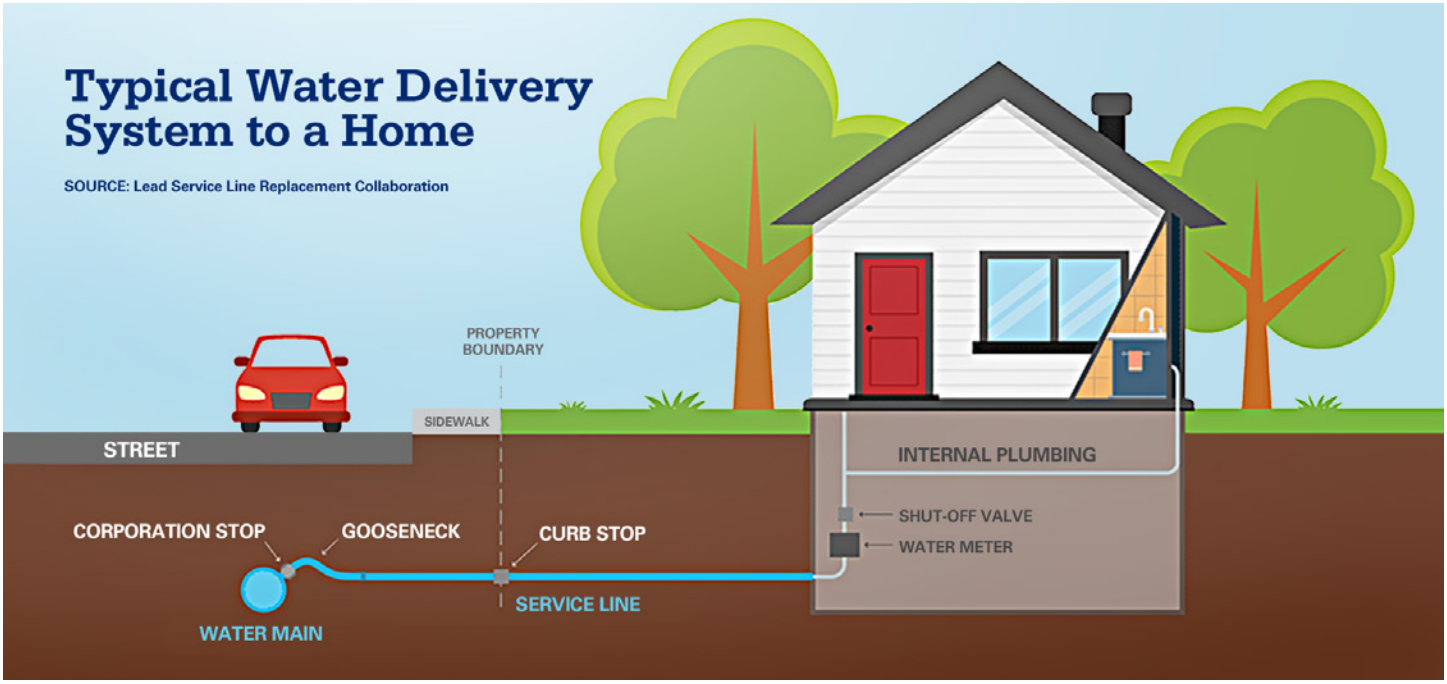
Lead-based paint and its dust are the most common source of lead poisoning. Lead was commonly added to interior and exterior paint in the United States and Europe for centuries. In 1978, the United States government banned the use of lead paint in residential settings.[2] Though lead paint is not used today, it is still found in many homes built prior to 1978.

Much of Ohio's housing stock was constructed before lead-based paint was prohibited. In fact, more than two-thirds of homes in Ohio were built before 1980, and more than one-fourth were constructed before 1950. In Ohio's urban communities, there is an even greater concentration of older homes. Fifty-eight percent of homes in Ohio's urban cores were built before 1950.[3]

Cuyahoga County and the City of Cleveland have been particularly hard hit by lead poisoning due to lead-based paint. There, as much as 80% of the housing stock was constructed before 1950.[4]

Poisoning can occur when lead paint peels, chips, or is pulverized into dust and ingested or inhaled. This is particularly common near points of friction, such as windowsills and door frames.

[1] Centers for Disease Control and Prevention, "Lead," available at https://www.cdc.gov/niosh/topics/lead/health.html
[2] Centers for Disease Control and Prevention, "Lead in Paint," available at https://www.cdc.gov/nceh/lead/prevention/sources/paint.htm.
[3] Ohio Housing Finance Agency, "Fiscal Year 2021 Ohio Housing Needs Assessment Executive Summary," available at https://ohiohome.org/hna-20/executivesummary-hna.aspx.
[4] Lisa Nelson, Federal Reserve Bank of Cleveland, "Lead Poisoning and the Children of Cuyahoga County," available at https://www.clevelandfed.org/en/newsroom-and-events/publications/community-development-briefs/db-20160803-lead-poisoning.aspx#.



Lead poisoning can also be caused by aging water systems, such as what occurred in Flint, Michigan. When plumbing materials containing lead corrode, they emit lead particles into water. Lead service lines, or the pipes that connect a home to the public water system, are the "most significant source of lead in water."[5] For nearly two centuries, communities across the nation used lead pipes to supply water to their citizens. By 1900, the majority of medium to large cities used lead water lines, as they were more durable than iron pipes.[6] In 1986, Congress passed the Safe Drinking Water Act, banning the use of lead pipes, solder, or flux in public water systems.[7]

Today, most service lines are copper or galvanized iron, but many lead lines remain. In fact, there are an estimated 6.1 million lead water lines across the nation, with half estimated to be in Ohio and Illinois, ranking Ohio second in the nation for the prevalence of lead service lines.[8]

Lead poisoning from air and soil are also possible, but less common.

While lead poisoning can affect individuals of all ages, children are at greatest risk. Children's bodies absorb lead more efficiently than adults, and they are less able than adults to detoxify their bodies of lead. Children with iron and calcium deficiencies may absorb even greater amounts of lead than their well-nourished peers, making food-insecure children at greater risk for poor outcomes.[10]

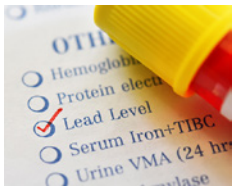
Infants and toddlers are developmentally programmed for mouthing behavior. Small children learn new sensations, objects, and experiences through hand- and object-to-mouth behaviors. This is normal behavior up to 2 years of age. Children in this age group may consume lead paint that is peeling or chipping or other products containing lead, such as toys. Additionally, as children crawl, they can collect lead dust on their hands, which is then ingested when they touch their hands to their mouth. Infants consuming formula mixed with contaminated tap water are also vulnerable to lead poisoning from water.

[5] United States Environmental Protection Agency, "Basic Information about Lead in Drinking Water," available at https://www.epa.gov/ground-water-and-drinking-water/basic-information-about-lead-drinking-water.
[6] Richard Rabin, "The Lead Industry and Lead Water Pipes: A Modest Campaign," American Journal of Public Health, Sept. 2008, available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2509614/.
[7] United States Environmental Protection Agency, "Lead Ban: Preventing the Use of Lead in Public Water Systems and Plumbing Used for Drinking Water," available at https://nepis.epa.gov.
[8] Rachel Layne, "Lead in America's water systems is a national problem," CBS News, Nov.21, 2018, available at https://www.cbsnews.com/news/lead-in-americas-water-systems-is-a-national-problem/.

[9] Alan Abelsohn and Margaret Sanborn, "Lead and children: Clinical management for family physicians," available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2902938/#.
[10] Ibid.

Regularly testing children from birth to age 6 for elevated blood lead levels is essential. Ohio requires lead testing of children at 12 and 24 months, or up to age 6 if no other lead test has been performed and the child is at elevated risk for lead poisoning. Children are considered at elevated risk if they:

- Are enrolled in Medicaid.
- Live in a high-risk ZIP code.
- Live in or regularly visits a residential unit, child care facility, or school built before 1950.
- Live in or regularly visit a residential unit built before 1978 with recent or ongoing renovation.
- Have a sibling with an elevated blood lead level.
- Come into regular contact with an adult who has a lead-related hobby or occupation.
- Live near an industry known to generate airborne lead dust.[12]

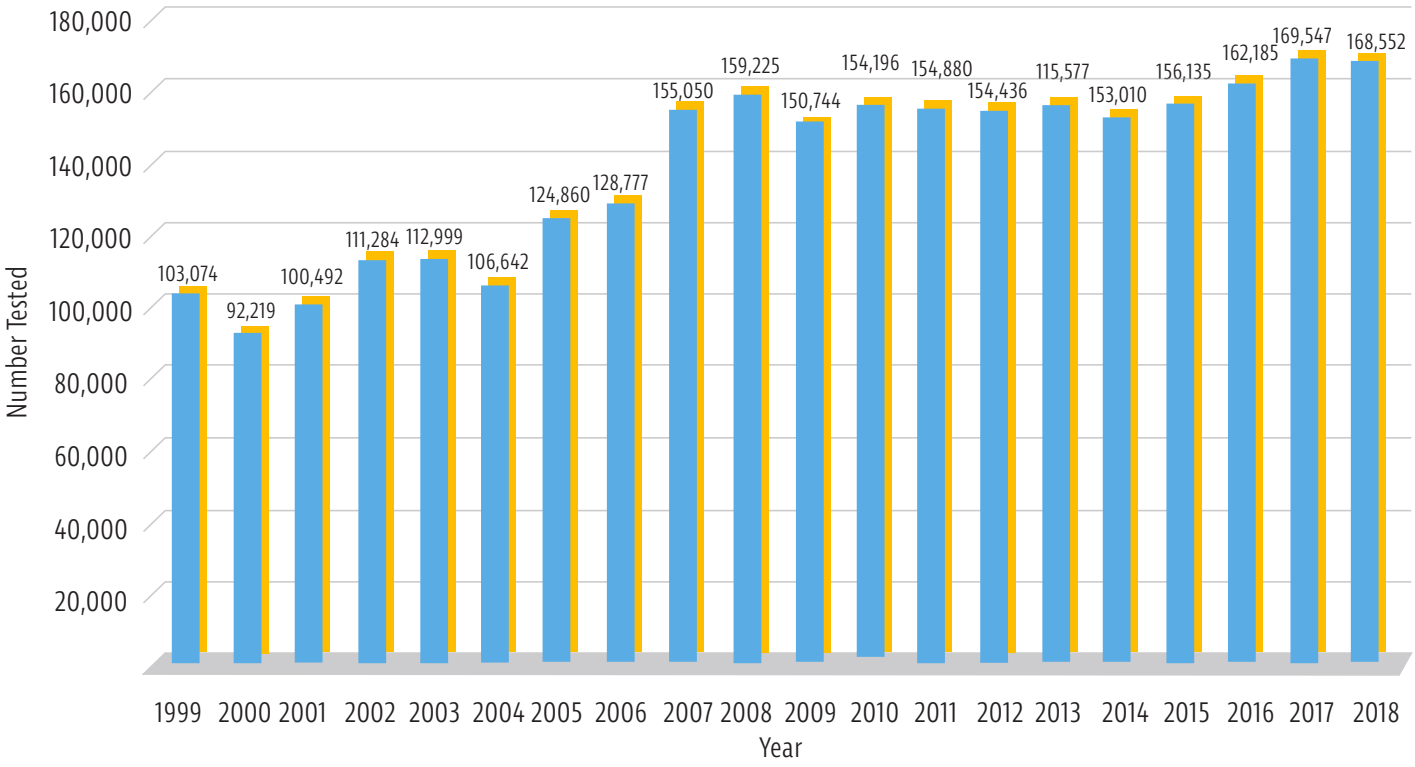


Though there is no safe level of lead exposure, the Centers for Disease Control and Prevention established 5 micrograms of lead per deciliter of blood as the threshold for an Elevated Blood Lead Level (EBLL).[13]

In 2019, more than 3,500 Ohio children had EBLLs, including more than 20 children with EBLLs greater than 45 micrograms per deciliter[14] – a level that requires immediate medical intervention to extract heavy metals from the body.

As the chart below demonstrates, Ohio has significantly increased the number of children tested for lead annually over the past two decades.

Number of Ohio Children, Less Than Six Years of Age, Tested for Lead (1999-2018)

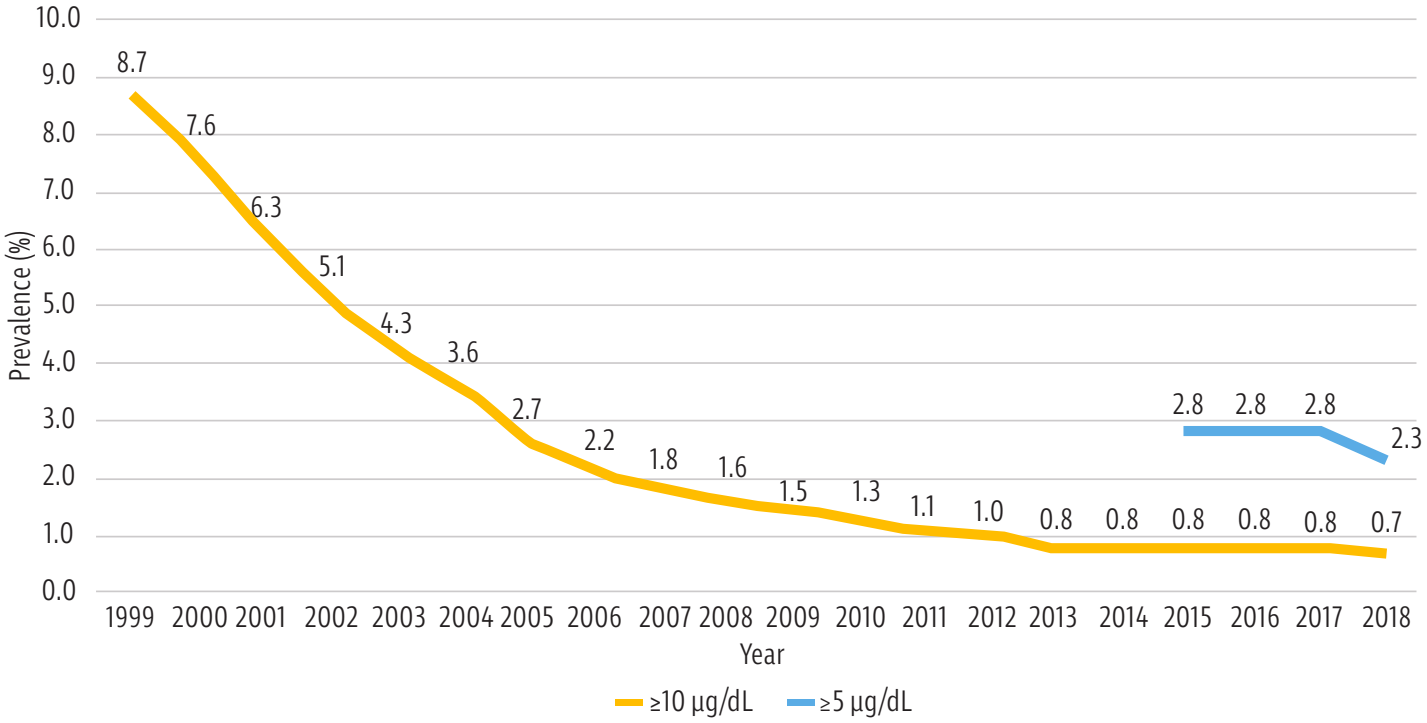


Notes: *Children tested for lead more than once in a calendar year were counted only once. Estimates are made using data from the Healthy Housing and Lead Poisoning Surveillance System at the Ohio Department of Health.*

[11] O.R.C. § 3742.30, O.A.C. § 3701-30-01 and 3701-30-02.
[12] O.A.C. § 3701-30-01(D).

[13] Centers for Disease Control and Prevention, "Standard Surveillance Definitions and Classifications," available at https://www.cdc.gov/nceh/lead/data/case-definitions-classifications.htm.
[14] Ohio Department of Health, Ohio Public Health Information Warehouse, "Lead Data," available at http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/LeadData.

Prevalence of Confirmed Elevated Blood Levels (≥10 µg/dl and ≥5 µg/dl) Among Ohio Children, Less than Six Years of Age (1999-2018)



Notes: *In November of 2014, the State of Ohio adopted 5 µg/dl as the new threshold for elevated blood levels in children. This is in line with the CDC reference value and scientific literature, which have established that children are subject to adverse effects of lead poisoning at blood lead levels much lower than the previous reference value of 10 µg/dl. For this reason, this chart shows the prevalence of confirmed blood levels of 5 µg/dl or higher only for 2015 and later.*

Children tested for lead more than once in a calendar year are counted only once, using their highest confirmed blood lead level if they have one, or their highest test for the year otherwise. Estimates were made using data from the Healthy Housing and Lead Poisoning Surveillance System at the Ohio Department of Health.

As indicated in the chart above, the number of children with EBLLs has steadily declined over that same time period. However, many vulnerable Ohio children continue to go untested.

Early and routine lead testing provides an opportunity for professionals to intervene early and reduce a child's lead exposure. However, the damage caused by lead poisoning is permanent. Prevention remains the single most important factor in mitigating and reducing the harmful effects of lead exposure in young children.[15]

To prevent more children from suffering the long-term consequences of lead poisoning, Governor DeWine and the Ohio General Assembly made historic investments in combating youth lead poisoning. House Bill 166 (133rd General Assembly), the state's operating budget for fiscal years 2020 and 2021, included the following investments:

- $10 million, over the biennium, from the State Children's Health Insurance Program (SCHIP) to fund lead assessments, lead remediation, and advertise lead-safe housing for families. Additional changes were made to the program, such as eliminating private match requirements for lead remediation costs and expanding eligibility to any structure that a child is in for at least eight hours a day, to enable more families to participate.
- Up to $10 million, over the biennium, in Lead Abatement Tax Credits for property owners who conduct lead abatement activities on their properties.
- $4 million, over the biennium, to serve children with EBLLs through Help Me Grow Early Intervention.
- $500,000, over the biennium, to increase the supply of lead hazard control workers.

[15] Centers for Disease Control and Prevention (CDC), Preventing Lead Poisoning in Young Children (Atlanta, Ga., Oct. 1991), p. 36.

In the fall of 2019, Governor DeWine created the Governor's Lead Advisory Committee and tasked the group with developing recommendations to further address lead exposure in Ohio. The advisory committee was made up of 29 individuals with diverse backgrounds and professions including medicine, housing and real estate, construction trades, state and local government, and others. Members met on five occasions to:

- Review the most common sources of lead exposure.
- Review local, state, and national best practices to prevent lead exposure and abate or remediate sources of contamination.
- Develop recommendations for Ohio's response to lead exposure that build upon existing investments.

The following is a summary of the committee's five meetings.

Meeting 1: Dec. 10, 2019

The committee received three presentations from the Ohio Department of Health (ODH), the Ohio Department of Developmental Services Agency (DSA), and the Ohio Environmental Protection Agency (Ohio EPA). ODH staff provided an overview of the agency's lead work: Blood Surveillance, Investigation, and Case Management. DSA representatives discussed the agency's abatement programs, including the Housing Development Assistance Program, Housing Assistance Grant Program, and the Community Housing Impact and Preservation Program (CHIP). Ohio EPA representatives discussed water testing, the U.S. Environmental Protection Agency's pending Lead and Copper Rule, and lead service line prevalence. The meeting was concluded with a discussion on goals and next steps.

Meeting 2: Jan. 14, 2020

The committee received presentations from the U.S. Department of Housing and Urban Development (HUD), the University of Rochester, and the Western Reserve Land Conservancy. Paul Diegelman, representing HUD, offered an overview of available funding, including Ohio's allocations. Katrina Smith Korfmacher, Ph.D., representing the University of Rochester, discussed the policies and strategies the City of Rochester implemented to address childhood lead poisoning. Jim Rokakis of the Western Reserve Land Conservancy discussed the Thriving Communities program and the role that land banks play in remediating blighted homes, which often contain lead. The meeting was concluded with a discussion on goals and next steps.

Meeting 3: Feb. 11, 2020

The committee received presentations from the U.S. Environmental Protection Agency (EPA), the Ohio Department of Health (ODH), and a panel of lead contractors. Alan Walts, Ph.D., representing the EPA, offered an overview of the Renovation, Repair, and Painting Rule. Pam Blais and Shamus Estep of ODH discussed the status of Ohio's lead abatement program, which was made possible by the State Children's Health Insurance Program, and provided an overview of the new state lead abatement tax credit. John Black, Carrie Patton, and Clifton "Jay" Shields, representing lead contractors throughout the state, discussed the challenges and day-to-day business of being a licensed lead contractor in Ohio. The meeting was concluded with a discussion of the committee's final reports and recommendations.

March – August 2020

Due to the COVID-19 pandemic and the essential role that many Lead Advisory Committee members were playing in the state and local response, the committee took a hiatus.

Meeting 4: Sept. 22, 2020

The committee received presentations from the U.S. Environmental Protection Agency (EPA), the Ohio Housing Finance Agency (OHFA), and the Ohio Lead Free Kids Coalition. Darren Lytle of the EPA provided an overview of water sampling strategies to detect lead in home water systems. OHFA and Ohio Department of Health staff reviewed the Lead Safe Housing Registry, including how tenants can locate lead-safe housing and landlords can enroll in the registry. Patricia Barnes, Gabriella Celeste, and Timothy Johnson with the Ohio Lead Free Kids Coalition presented the coalition's nine-point lead action plan and budget priorities.

Meeting 5: Dec. 1, 2020

The committee reviewed and discussed draft recommendations. Each recommendation was discussed individually until group consensus was reached. It is the prerogative of the Governor's Lead Advisory Committee members that these recommendations build upon the state's current investments and are viewed through a lens of equity.

Ohio's Lead Abatement and Prevention Programs

Ohio Department of Developmental Disabilities

The Ohio Department of Developmental Disabilities (DODD) operates Ohio's Individuals with Disabilities Education Act, Part C early intervention program, called Help Me Grow Early Intervention. Help Me Grow Early Intervention provides children up to 3 years of age who have documented delays or disabilities with needed services, including physical, occupational, and speech therapies and behavioral supports.

In 2019, DODD expanded eligibility for Help Me Grow Early Intervention to include children 3 years of age or younger with elevated blood lead levels of 5 micrograms per deciliter or higher and began providing training and education to professionals serving children with elevated blood lead levels, nutrition services to aid in the lead detoxification process, and therapies to dozens of Ohio children.

Ohio Development Services Agency

Access to safe and affordable housing is an essential component of the Ohio Development Services Agency's (DSA) efforts to strengthen Ohio communities and neighborhoods. To preserve and develop affordable, lead-safe housing options, DSA funds home repairs, energy efficiency programs, and lead stabilization services through a variety of state and federal programs. Though not explicitly designed to address lead hazards, the programs below permit stabilization or abatement when a hazard is encountered.

Local governments can apply for competitive grants through the Community Housing Impact and Preservation (CHIP) Program to preserve and improve single-family dwellings of households at or below 80% area median income. Sixty-seven Ohio counties have active CHIP projects underway, including lead abatement and lead-safe projects. CHIP is jointly funded by the Home Investment Partnership Program (HOME), Community Development Block Grant (CDBG), and the Ohio Housing Trust Fund (OHTF) at approximately $25 million to this program annually.

Nonprofit agencies can apply for funding from the Housing Assistance Grant Program to improve the condition of existing housing through emergency home repairs and accessibility modifications for low-income households at or below 50% area median income. Homeowners with mobility challenges can have their home enhanced for handicap accessibility. The program also provides limited down payment assistance for income eligible families. The OHTF provides $4.5 million to this program annually.

DSA also leverages Community Development Block Grant funding to improve household water connections, including the replacement of lead pipes. Since 2008, more than 1,400 water line replacement projects have been funded, including residential units, public buildings, and community water systems.

Administered by the Ohio Housing Finance Agency, the Housing Development Assistance Program provides grants and loans to developers to create and rehabilitate affordable rental housing. The program targets low-income households at or below 50% of area median income. HOME, OHTF, and National Housing Trust Fund jointly fund this $30 million program annually.

DSA and the Ohio Department of Health (ODH) provide subsidized training opportunities to increase and maintain ODH's lead abatement contractor, lead abatement worker, and lead risk assessor workforce, as well as U.S. Environmental Protection Agency Lead Renovation, Repair and Painting Rule Lead-Safe Renovators. Hundreds of contractors were subsidized in 2020 through three training providers in the state of Ohio. The training subsidy program will continue in 2021.

Ohio Environmental Protection Agency

The Ohio Environmental Protection Agency (Ohio EPA) protects the environment and public health of all Ohioans by ensuring clean water, air, and soil. Ohio EPA establishes and enforces state and federal standards to protect ground and source waters that supply more than 5,000 public water systems across the state. The agency also requires local public water systems to monitor for lead in drinking water, including assessing and reporting on corrosion control measures.

In December 2020, the U.S. EPA finalized new lead and copper rules for drinking water, the first regulatory update in nearly 30 years. The new rules require greater disclosure of possible lead contamination, lead line replacement, and increased testing for lead. The Ohio EPA will partner with public water systems to aid them in mapping lead service lines and ensure transparency of lead hazards in water. The new rules also require water lead testing in child care facilities and schools.

The Ohio Department of Health, through the U.S. EPA Water Infrastructure Improvement for the Nation (WIIN) Act grant program, is conducting water testing in Ohio's child care facilities. If lead service lines are known or detected through WIIN monitoring, the H2Ohio fund has allocated $1.5 million for lead service line and fixture replacement.

Ohio EPA also assists public and private water systems to remove lead service lines through the Water Supply Revolving Loan Account (WSRLA). The Lead Service Line Grant Program provides reimbursement to replace lead service lines, both public and private, that tie into public water systems such as municipalities, schools, mobile home parks, and homeowners' associations. Lead service line projects funded by the WSRLA must include:

- An acceptable lead service line map to identify areas needing replacement.
- Authority to access private property for replacement work.
- A lead education outreach program.
- An assistance program for low-income households.

Ohio Department of Health

The Ohio Department of Health (ODH) has administered a comprehensive, statewide lead poisoning prevention program since 1991. ODH's lead program provides guidelines on lead testing; educates health care providers; conducts surveillance, case management, and public health lead investigations; licenses lead professionals; approves lead training courses, lead testing laboratories; and provides technical assistance and monitoring for the field.

Ohio's primary lead abatement and lead poisoning prevention program – Ohio Healthy Homes and Lead Poisoning Prevention Program (OHLPPP) – is managed by ODH. OHLPPP assists family members, care providers, and other community members to decrease and prevent lead exposure from birth through age 6 through three primary strategies — blood lead surveillance, investigation and case management, and licensure and accreditation.

Blood lead tests must be performed by approved clinical laboratories, as part of Ohio's blood lead surveillance system. Test results are reported to the Healthy Housing and Lead Poisoning Surveillance System, an online case management system that automatically creates and assigns referrals to ODH or a local board of health when a child's blood lead level is above 5 micrograms per deciliter.

An investigator will contact the family to initiate an investigation into the source of contamination. A questionnaire helps determines the probable source of exposure, and environmental sampling and testing confirms sources of lead hazards. Lead hazard control orders are issued to the property owner at a site of exposure. The property owner then has 90 days to control the hazard. Extensions are permitted if the lead-exposed child is protected and progress toward compliance is made. Compliance requires that all hazards have been controlled and a compliance letter is issued. If a property owner fails to comply with the lead hazard control order and an order of noncompliance is issued, the residents have 14 days to vacate the property and the property owner could face civil or criminal penalties. The property will also be placarded and placed on ODH's "Lead Hazardous Properties" listing.

Children enrolled in Medicaid with elevated blood lead levels of 10 micrograms per deciliter or higher may be eligible for free lead control and abatement services through Ohio's State Children's Health Insurance Program (SCHIP). Through a Health Services Initiative, Ohio allocates $5 million of its annual, federal SCHIP allocation to two lead abatement programs. First, properties with lead hazard control orders are prioritized for abatement. ODH emphasizes long-term lead hazard control practices over short term interim controls. In 2019, ODH abated 190 properties of lead hazards, at an average cost of nearly $27,000 per property. Second, ODH solicits referrals from high-incidence communities for abatement and repair. In 2019, ODH served nearly 100 homes, at a cost of $40,000 per home.

ODH also launched a lead abatement program for middle-income families between 250% and 400% of the federal poverty level. Families in this income range often are not eligible for other state or federal lead hazard control programs. An average of $10,000 was invested into each property to cover the costs of lead clearance examinations and lead hazard control. Sixteen owner-occupied properties were served through the program.

ODH also partnered with the Ohio Housing Finance Agency (OHFA) to assist in demolishing lead-blighted homes across the state. Ohio's Land Banks referred lead-blighted properties to OHFA for demolition. Through state and local partnerships, OHFA demolished the blighted homes and worked with the land banks to beautify the properties. Thirty properties were impacted by this program to date.

In 2019, ODH and OHFA launched the Lead Safe Rental Registry to increase awareness of and access to lead-safe housing. Residential rental property owners can seek a lead-safe certificate for each of their residential units. Once certified, the residential units are listed on the registry. There are currently more than 9,000 units listed on the Lead Safe Rental Registry.

Pre-Covid meeting of the Governor's Lead Advisory Committee

Recommendations

The recommendations below are intended to build upon the state's current investments in lead hazard control and prevention. The Governor's Lead Advisory Committee acknowledges that children exposed to toxic levels of lead are disproportionately Black and minority. Accordingly, the implementation of the recommendations that follow should focus on reducing disparities and achieving equity.

Finally, while children are exposed to and poisoned by lead from numerous sources, the recommendations below primarily refer to lead poisoning caused by lead paint, unless explicitly stated otherwise. Lead poisoning caused by lead paint continues to be the primary source of exposure for most children.

Education and Outreach

1. Ohio must adopt a primary prevention approach to all sources of lead exposure and contamination.

Many Ohioans do not understand or appreciate the dangers of lead exposure. The State should develop and deploy a statewide public awareness campaign on the hazards of lead, as well as the resources available to help families mitigate and abate lead hazards. A targeted campaign for pregnant mothers, who are at elevated risk, should be deployed through Help Me Grow, Ohio's home visiting program.

2. The Lead Safe Rental Registry should be expanded and enhanced to serve as a trusted, comprehensive resource for consumers seeking information about lead safety in housing.

The Lead Safe Rental Registry includes properties deemed safe from lead-based paint. However, lead-based fixtures, water pipes, and lead service lines, which can also contribute to lead exposure and poisoning, are not evaluated as part of the lead-safe certification process. The Lead Safe Rental Registry should clarify the definition of *lead safe*.

Owners may certify their properties if all units are lead safe or if some units are lead safe. The Ohio Housing Finance Agency (OHFA), which operates the Lead Safe Rental Registry, should clarify that large, multi-unit properties and owners with large rental portfolios have the option of certifying a portion of their properties. Additionally, OHFA should review the registration period and consider extending it to allow owners to stagger unit inspection.

3. Ohio must increase the number of high-risk children tested annually for lead exposure, with a priority focus on children living in high-incidence communities and those enrolled in the Medicaid program, as required by state and federal law.

While the number of lead tests administered annually has gradually increased over the past decade, many Ohio children at high-risk for lead exposure are still not being tested. To increase adherence to lead testing recommendations and requirements, especially for high-risk children, the Ohio Departments of Health and Medicaid should partner with the American Academy of Pediatrics Ohio Chapter, the Ohio Association of Community Health Centers, and the Ohio Children's Hospital Association to develop strategies to:

- Promote creative partnerships among health systems and child care providers to ensure children are tested according to the Ohio Department of Health recommendations; and
- Enroll children in a medical home, prioritizing those with lapsed and inconsistent primary care.

4. The Ohio Department of Health should partner with trade associations and state agencies, boards, and commissions to provide training to professionals who work and interact with lead-exposed children and families.

The committee recommends that the Ohio Department of Health partner with the following organizations to deploy ongoing professional development opportunities:

- Medical professionals — the importance of primary prevention, including incorporating anticipatory guidance about lead exposure in prenatal and infant preventive visits; lead testing and treatment protocols for lead poisoned children, including developing connections between primary care and pediatric lead specialists; and enrollment in early intervention programs for children with EBLLs.
- Landlords, property owners, home builders, and renovation contractors — identifying lead hazards, including lead service lines; lead-safe work practices; and enrollment in the Lead Safe Rental Registry.
- County prosecuting attorneys, city law directors, and other chief legal officers — authority under Ohio Revised Code Section 3742.18(B) to initiate civil action for lead hazards.
- Realtors and closing agents — the contents and importance of the Lead Based Paint Disclosure Form.
- Child care providers and resource and referral agencies — identifying possible lead hazards, signs and symptoms of lead exposure, eligibility for Help Me Grow early intervention, and talking to families about the hazards of lead.
- Insurers — medical needs of children with elevated blood lead levels, including chelation therapy and micronutrient support.

Data Collection and Sharing

5. Ohio should develop statewide, long-term goals for lead poisoning reduction.

The Ohio State Health Improvement Plan (SHIP) identifies health metrics and short-, intermediate-, and long-term goals to optimize the health of Ohioans, including child lead poisoning. Ohio should commit to the goals set forward in the 2020 SHIP and develop steps toward accomplishing 2022, 2025, and 2028 targets. The Ohio Lead Advisory Council may report on Ohio's progress toward SHIP goals.

6. The Ohio Department of Health should make lead screening and testing data available by race and ethnicity.

In order to truly address disparities in lead exposure and poisoning, the department should begin disaggregating lead testing data by race and ethnicity, when possible and when doing so would not be personally identifiable.

7. The Ohio Department of Health should evaluate modifying the lead screening and testing report to include whether a child lives in a rental or privately-owned property.

Publicly available data should reflect, to the extent possible, the number of children tested in rental and privately-owned residences. In addition to the Ohio Lead Hazardous Properties listing, the department should evaluate making all properties with a lead hazard control order public and searchable.

8. The Ohio Departments of Health and Medicaid should evaluate sharing lead screening and testing data across local and statewide entities.

Greater transparency within lead testing data empowers local jurisdictions, insurers, and others to better respond to lead exposure in their communities and networks.

9. Leverage federal, state, and local data sources to map the prevalence of lead hazards and poisoning to ensure resources are targeted to communities most in need.

The Ohio Department of Health, in partnership with the Ohio Development Services Agency and the Ohio Environmental Protection Agency, should evaluate their ability to map all sources of lead contamination and exposure to target any available state and federal resources to highest-risk communities.

10. The Lead Advisory Council should regularly highlight local and national best practices to aid communities in their response to lead hazard control.

The Governor's Children's Initiative should continue to assist in coordinating state agency lead efforts.

Lead Hazard Control

11. The Ohio Department of Health should institute a Continuous Quality Improvement approach to the delivery of the lead hazard control program.

Special focus should be placed on shortening the time between a lead test and lead hazard control and repair services.

12. The Ohio Department of Health should request authorization to administer the federal Renovation, Repair, and Painting (RRP) program.

The U.S. Environmental Protection Agency operates the RRP program, but it has created a pathway for states to assume responsibility for administering RRP, which certifies and oversees contractors who perform renovation, repair, and painting work that could disturb lead based paint . Fourteen other states currently administer the RRP rule. Administering RRP would require upfront funding, but the program would become sustainable over time through licensing fees.

13. To properly regulate lead abatement contractors, the Ohio Department of Health needs additional, tiered enforcement authority.

Currently, the Ohio Department of Health has limited authority to sanction malfeasant lead contractors. In order to better regulate the field, the department should be granted additional enforcement authority, including monetary penalties.

14. The Ohio Department of Health should evaluate the role of the Ohio Lead Poisoning Prevention Fund to conduct lead stabilization activities, including window and door replacement.

Currently, the Ohio Lead Poisoning Prevention Fund is unfunded. However, the Ohio Department of Health (ODH) should develop a strategy to deploy resources to support lead stabilization activities. Committee members highlighted the need for dedicated resources to assist with window and door replacements in homes with lead hazards near these friction points. The committee recommends that ODH use best practices – such as those deployed in Rochester, New York – when developing their strategy.

15. The Ohio departments of Health and Job and Family Services should collaborate on a study to evaluate the prevalence of lead hazards in child care settings.

Ohio's child care providers are a valuable part of the education system. They nurture children, helping them to develop socially, emotionally, cognitively, and academically. Often children spend eight hours a day, or more, at their child care provider, making these facilities an important part of Ohio's lead response. The departments of Health and Job and Family Services should use licensing and other information to better understand the possible risk of lead exposure in child care settings.

16. The Ohio Department of Job and Family Services should strengthen its licensing procedures to identify possible lead hazards and assist providers in locating resources to remediate them.

Additionally, the Ohio departments of Health and Job and Family Services should collaborate to develop training for Child Care Licensing Specialists to identify possible lead hazards and educate providers on possible sources of lead exposure, including paint, water, soil, food, and toys.

17. The Ohio Department of Health, Ohio Environmental Protection Agency, and Ohio Development Services Agency should explore developing additional state programs to support middle-income families with lead abatement activities.

Ohio's 2020-21 operating budget included $300,000 to support lead abatement for middle-income families (between 250% and 400% of the federal poverty level). This program was incredibly popular, and all of these resources have been used. To further support low- to middle-income families, the committee identified the following possible products:

- 0% interest loans for lead abatement.
- Tax credits for lead service line replacement, including the potential for inclusion in the Ohio Department of Taxation's existing Lead Abatement Tax Credit, to the extent that it continues.
- Low-cost home lead assessments.

18. The Ohio Environmental Protection Agency (Ohio EPA) should work with local public water systems to identify and map all lead service lines and likely lead service lines within their systems.

In compliance with the U.S. Environmental Protection Agency's (EPA) Lead and Copper rule, Ohio EPA should support local public water systems in their efforts to map all actual and likely lead service lines. If resources become available to aid communities in replacement, Ohio EPA should target communities with a high density of lead service lines.

Workforce

19. The Ohio Department of Health should evaluate their State Child Health Insurance Program (SCHIP) lead abatement contracts to identify opportunities for small to medium-sized contractors to participate.

The current structure of the Ohio Department of Health's contract for lead abatement work under the SCHIP program may limit the ability of smaller lead abatement contractors to participate. ODH should review the contract structure to identify additional opportunities to enroll smaller lead contractors in the program.

20. The Ohio Department of Health should partner with the Ohio Department of Education and the Ohio Department of Higher Education to highlight career opportunities in lead abatement.

Specific focus should be placed on partnering with career technical centers to make courses on lead testing and abatement available, especially in communities experiencing high incidences of lead poisoning.

21. Training hours for prospective lead abatement workers should be reduced from 24 to 16 hours.

Ohio Administrative Code currently requires prospective lead abatement workers to take at least 24 hours of approved coursework to become a licensed lead abatement professional. To increase the pipeline of lead abatement workers, while maintaining safety and professionalism, the number of mandatory training hours should be reduced to 16.

Recommendations of the

Governor's Lead Advisory Committee

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