Akron Children's Hospital

May 22, 2017

To Chairman Hackett, Vice Chair Tavares and Members of the Committee:

Lead exposure and its resulting irreversible toxicity negatively effects the brain development of children who are exposed. Preventing exposure to the child in the first place should be the primary goal. Preventing a child from being exposed is of great local, state and national importance, first and foremost for the life of the child but also for the vitality of that child and their future economic impact on our communities. Preventing lead exposure in children is worth it, every $1 spent returns $17 to $221.

As a leader of pediatric health in Ohio Akron Children's Hospital is opposed to amendments in HB 49 and any similar legislation which limits a local community's ability to protect children from the negative effects of lead toxicity. Akron Children's Hospital serves patients from over thirty counties in Ohio with a significant presence within Ohio's urban core including cities of Akron, Youngstown, Warren, Canton and New Philadelphia. Our 28 outpatient general pediatric offices serve over 150,000 individual Ohio children per year.

**Problem of lead is concentrated in urban environments:**

Sources of lead exposure include primarily dust, paint, dirt and water pipes. The home is by far the environment where children are most likely to be exposed. In Akron over 85% of homes were built before 1978. In looking at over 12,000 Akron Children's Hospital patient lead tests from 2012 to 2014 we know that 3.6% of children in Summit County have lead levels over 5 ug/dL. A disparate number of minority children have elevated blood lead levels. In some specific local neighborhoods within Summit County the rate of children with levels over the established threshold exceeds 14%.

**Lead exposure, even at low levels causes irreversible effects on child development:**

Children exposed to lead have higher rates of inattention, impulsivity and hyperactivity, ADHD, delinquency, aggression, low birth weight and lower IQ. No level of lead in the blood is safe and even small incremental changes of low levels (<10ug/dL) of exposure can cause negative effects. While we still need to support children's access to high quality educational services, once a child is exposed there is no treatment to reverse the negative effects lead has caused that child. There are medications used to extract lead from the blood at extremely high levels, but these medications have side effects, are costly and are used to halt the immediate and life threatening effects of lead on the body. Medication does not reverse the negative neurocognitive effects of lead.

**Policy works:**

Public policy limiting the presence of lead within paint, gasoline and consumer products was quite successful in reducing the average blood lead level of lead in children - one of the best examples of good

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public health from the 20th century. Prevention of lead exposure remains a major public health priority in 2017. Policy at all levels including local, community control is necessary. Children identified as being exposed through screening should not be charged with the role of initiating change. We have better ways of identifying risk and preventing exposure.

**Importance of state and local collaboration:**

It is well known that funding for intervention to address lead exposure at all levels from primary prevention to abatement has been on the decline.

Programs, education, training and intervention at the state level are important and necessary to address the problem of lead toxicity. However, local communities, local governments, local health departments, local housing authorities also have great resources, knowledge and ability to collaborate with the Ohio Department of Health in addressing this problem.

We oppose the amendments made to HB 49 which limit a local community's ability to protect children.

Sincerely,

Dr. Joel Davidson
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Akron Children's Hospital