OHIO ST	ATE MEDICAL ASSOCIATION HOUSE OF DELEGATES	
	Resolution No. 11 – 202	3
Introduced by:	OSMA Medical Student Section	
Subject:	Lead Poisoning Prevention	
Referred to:	Resolutions Committee No. 1	
	common sources of lead exposure include lead-based paint; air, ution; and consumer products including foods, toys, and cosmetics ¹ ;	-
	in Ohio 67% of housing was built before the 1980s, before lead was leading to increased lead exposure in these residents ² ; and	;
pregnancy issues, h	health effects of lead poisoning in adults include reproductive and hypertension, memory and concentration problems, muscle and joint ge, and digestive problems ³ ; and	t
WHEREAS,	no level of lead in the blood is considered safe4; and	
	pregnant women must limit their exposure to lead due to its ability to barrier, thus endangering the development of a fetus's nervous)
include: brain and n problems with learn	health effects of lead poisoning in children are irreversible and nervous system damage; delayed growth and development; and ning, behavior, hearing, and speech; leading to lower IQ, attention performance in school ⁶⁻⁷ ; and	
have persistent edu	children with high blood lead levels (\geq 5 µg/dL) have been found to ucational deficits, with reading and math test scores about 1 ranked an children with low blood lead levels in grades 3-8 8 ; and	
Survey from 1999-2 poisoning, with non	long-term data from the National Health and Nutrition Examination 2016 identified racial and socioeconomic disparities in lead -Hispanic Black children and children from low-income households ted with higher blood level levels in ages 1-59; and	
	the prevalence of confirmed blood lead levels \geq 5 μ g/dL was 1.9% s 0.5% in tested Ohio children under 6 years of age in 2020 ¹⁰ ; and	

WHEREAS, the national prevalence of elevated blood lead levels (> 10 μg/dL) in 47 adults among 26 reporting states, including Ohio, was 15.8 adults per 100,000 48 employed adults in 2016¹¹; and 49 50 WHEREAS, the lifetime economic burden of childhood lead exposure in Ohio is 51 estimated to be \$2.8 billion based on decreased productivity, premature mortality, and 52 increased spending on healthcare, education, and social support¹²; and 53 WHEREAS, childhood lead exposure results in substantial costs associated with 54 treatment, additional education, and juvenile justice services 13; and 55 WHEREAS, in Ohio in 2020, when lead levels in children were tested by county, 56 57 of the confirmed tests, 2008 tested for level of lead between 5-10 µg/dL, 758 tested for 58 levels between 10-45 µg/dL, and 10 tested for levels greater than 45 µg/dL, among 143,705 children tested¹⁴; and 59 60 61 WHEREAS, Cincinnati, Ohio receives federal funding for its Childhood Lead Poisoning Prevention Program, which provides paint testing, vacuum loans, and home 62 repairs by partnering with local construction nonprofit People Working Cooperatively¹⁵ 63 ¹⁶; and 64 65 WHEREAS, Cincinnati, Ohio has demonstrated success by implementing a 66 67 community-academic partnership that lessened people's risk for lead exposure through education materials and community engagement^{17,18}; and 68 WHEREAS. Ohio is combating lead poisoning in children through The Ohio 69 Healthy Homes and Lead Poisoning Prevention Program by working with and providing 70 aid to community members¹⁹; and 71 72 WHEREAS, the Ohio Public Health Warehouse, an online resource available to the public, offers blood lead testing and information on Ohio housing to take progressive 73 74 steps toward eliminating/reducing lead poisoning, but does not disaggregate data based on race and ethnicity - leaving a gap for targeted interventions²⁰; and 75 WHEREAS, transparent and timely data collection and exchange in Ohio is 76 suboptimal, leading to only 20-25% of completed paperwork to managed care 77 organizations in Cuvahoga County - contributing to barriers in meeting lead testing 78 standards²¹; and 79 WHEREAS, if lead exposure has been confirmed at an occupied property, the 80 Ohio Department of Health (ODH) can proceed with lead hazard control orders for the 81 property owner that result in potential consequences with non-compliance²⁰; and 82 WHEREAS, The Centers for Disease Control and Prevention (CDC) provided

Ohio with \$500,000 to prevent lead poisoning in children and implement surveillance

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strategies in FY 202120; and

Fiscal Note:

References:

WHEREAS, Governor DeWine committed \$6M of the state budget this year towards mapping, identifying, and eliminating nearly 500 lead water service lines in the state of Ohio and replacing them with copper or galvanized iron to ensure residents receive lead-free water²²; therefore be it

WHEREAS, that our OSMA support the distribution of lead exposure reduction and mitigation educational materials at clinical and community centers, with targeted outreach to pregnant mothers and at-risk populations; and NOW THEREFORE

BE IT RESOLVED, that our OSMA partner with relevant stakeholders to support increasing the identification and testing of blood lead levels in Ohio children in areas for high-risk of lead exposure and enrolled in Medicaid, in line with state and federal guidelines and laws; and be it further

RESOLVED, that our OSMA advocates for the transparent dissemination of lead screening and testing data by race and ethnicity, to allow for future targeted interventions in addressing race-based and socioeconomic disparities.

\$ (Sponsor)

\$5,000 (Staff)

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