

Strong Foundation Walls

- INCIDENCE OF LEAD POISONING

Children who start behind, stay behind. Most Ohio children are not ready for kindergarten, a trend which persists through third grade and beyond. Without a strong foundation, closing the learning gap between kindergarten and third grade is very difficult. Further, the health and education of young children are inextricably linked. Whether it is their mental or physical health, healthy students are better learners and more educated children have better health outcomes. Poor children, children of color and Appalachian children are disproportionately impacted by poor health outcomes that undermine their ability to excel in school. In order to support the whole child, we have to begin with a strong foundation.



Incidence of Lead Poisoning



Lead poisoning can affect nearly every system in the body and is especially harmful to children in their first five years of life because it disrupts the rapid brain development they are undergoing.

Lead poisoning can cause damage to the brain and nervous system, slowed growth and development, speech and hearing problems, learning disabilities (e.g., reduced IQ, ADHD), behavioral problems (e.g. juvenile delinquency and criminal behavior) and preterm birth for pregnant moms. At very high levels, lead poisoning can cause seizures, coma and even death.

There is no way of reversing damage already done by lead poisoning.

The primary source of lead exposure among children is deteriorated lead-based paint (dust). Other sources include soil, water and consumer products. Children can also be exposed in utero through their mother’s blood supply. While there is no safe level of lead in the body, public health actions are recommended to be initiated when a child has blood lead levels of 5 micrograms per deciliter of blood. Children living at or below the poverty line and who live in older housing are at greater risk.



In 2016, out of the 162,185 children tested there were 4,591 children ages 0-5 with confirmed blood lead levels of 5 µg/dL (micrograms per deciliter) or greater. More than 28% of those children (1,303) had confirmed blood levels of 10 µg/dL or greater.

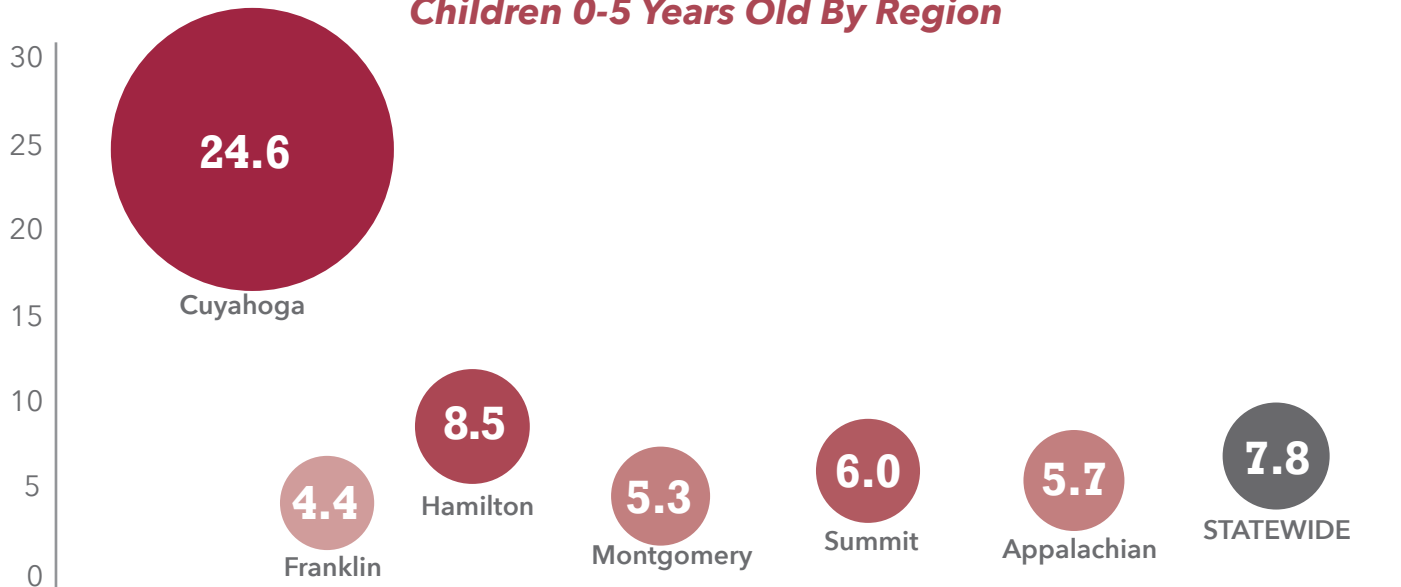
Ohio Cases of Elevated Lead Levels in Children 0-5 Years Old By Region

Region	# Cases Confirmed Elevated Lead Levels	# Cases Unconfirmed Elevated Lead Levels*	TOTAL # Confirmed + Unconfirmed	# Children Under 6	# Cases of Lead Exposure Per 1000 Children
Cuyahoga	1,866	260	2,126	86,440	24.6
Franklin	235	225	460	103,908	4.4
Hamilton	425	110	535	63,122	8.5
Montgomery	125	82	207	38,946	5.3
Summit	153	64	217	36,291	6.0
Appalachian	477	274	751	132,825	5.7
STATEWIDE	4,591	1,848	6,439	823,546	7.8

*Unconfirmed cases are children who had a capillary test of 5 µg/dL or greater and did not receive a confirmatory venous blood draw test. Data Source: Ohio Department of Health Data Warehouse FY 2016.

Incidence of Lead Poisoning

Ohio Cases of Elevated Lead Levels PER 1000 Children 0-5 Years Old By Region



Data Source: Ohio Department of Health Data Warehouse FY 2016.

WHY ARE CLEVELAND KIDS POISONED BY LEAD AT 3X THE STATE RATE?

Reflections

WITH ONLY 162,185 TESTED, HOW MANY CHILDREN MAY HAVE UNDETECTED LEAD POISONING? HOW WOULD HAVING ACCESS TO PUBLIC HEALTH INTERVENTIONS TO PREVENT FURTHER EXPOSURE MITIGATE ITS EFFECTS?

LEAD POISONING IS PREVENTABLE. WHAT WOULD IT TAKE TO FIX THE PROBLEM?

Incidence of Lead Poisoning:

SOURCES

Ohio Lead Advisory Council, Annual Report 2017
www.odh.ohio.gov/-/media/ODH/ASSETS/Files/eh/lead-poisoning---children/2017/2017-Annual-Report.pdf

Center for Disease Control and Prevention
www.cdc.gov/nceh/lead/factsheets/Lead_fact_sheet.pdf

DATA SOURCE

Ohio Department of Health Data Warehouse FY 2016



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