Is childhood lead poisoning still a public health problem?

Rad Cunningham, MPH MPA Environmental Epidemiology, Environmental Public Health March 12, 2014



Public Health – Always Working for a Safer and Healthier Washington

We will cover:

- State and national data
- Cognitive and social impacts
- Screening tools and the lead risk map



State and National Data







US Totals Blood Lead Surveillance,

Source: http://www.cdc.gov/nceh/lead/data/index.htm





Washington: Among Children under 6 who are tested, percentage who have reported blood lead levels ≥ 5 mcg/dL

Percent of tests that are ≥ 5mcg/dL



Childhood Lead Screening Tests and Elevated Results in Children 6 and Under in Washington State 1993-2013



Proportion of Pre -1950 Housing in Washington State Compared to states that do universal screening

Data Source: ACS 5-year estimates 2009-2013

Lead wipe results in NY vs OR



⁷ Lanphear, B.P., Weitzman, M., Winter, N.L., et. al. Lead-Contaminated House Dust and Urban Children's Blood Lead Levels. Am. J. Public Health, 86(10), 1416-1421, 1996.



Lead Program in WA State

- 2.0 FTE's, with Support
 - Elizabeth Long, Epidemiologist
 - Amanda Jones, Health Services Consultant
- Surveillance: Receives all lead tests performed in the state
- Outreach
 - Mailing in Child Profile
 - Website



How much does it take to poison a child?

- 5 µg/dL Definition of childhood lead poisoning
- > 2 liters estimated blood volume of a 2 year old

$$= \frac{5\mu g}{dl} \times \frac{10 \, dl}{1 \, L} \times 2L = 100 \frac{mcg}{mcg} \times \frac{1 \, gram}{1000000 \, mcg} =$$

0.0001 grams

- Reference 1: one grain of salt weighs 0.0003 grams
- Reference 2: a cubic centimeter of water weighs 1 gram



Cognitive and Social Impacts







Blood Pb at 78 months, adjusted for sex Regions with *decreased* volume



FM factor, adjusted for sex Regions with increased volume

FM factor, adjusted for sex and Pb78 Regions with *increased* volume



The Prevention Paradox

The majority of IQ points lost due to lead exposure occur in children who have low to moderate blood lead levels.



Estimated Loss of IQ in US Children

Using the current reference value of 5 g/dl we will only protect 3.1 million IQ points (about 18% of the total). Adapted from Bellinger D. EHP 2011;120:501-507.

Lead and Crime



Cost of Lead Poisoning – USA

What Does Lead Poisoning Cost?

ington State Department of Iealth

Total Cost (Billions of Dollars)							
Cognitive	IQ & Earnings	Special Education	ADHD	Total			
	\$28.1	\$1.04	\$0.17	\$29.3			
Behavioral	Crime	Juvenile Delinq.	Teen Pregnancy				
	\$46.0	\$1.43	\$4.94	\$52.4			
Health	Adult Health						
	\$126.9			\$126.9			
			Total:	\$209			

Source: Wolpaw Reyes, J. (2014, May 7). The Costs and Benefits of Preventing Lead Exposure: Putting Economics into the Picture [Webinar]. NIH.

http://www.niehs.nih.gov/research/supported/dert/programs/peph/webinars/lead_exposure/index.cfm

Putting 200 Billion into Perspective

- Market Capitalization of Pfizer, Verizon, or Toyota
- GDP of the Czech Republic, Iraq, or New Zealand
- The EPA's budget for 20+ years
- About \$600 for every person in America



Cost of Lead Poisoning - WA

<u>Annual</u> income lost in Washington from BLLs > 2ug/dl estimated to be between: **\$675 Million to \$2.3** Billion.

Estimated cost per house for:

Average cost for interior & exterior assessment -- \$636 Interim controls -- \$12,000 Full abatement -- \$19,000

Estimated cost to <u>fully</u> abate lead-based paint in <u>all</u> Washington homes: \$5.9 Billion.

2009 Washington State Lead Chemical Action Plan, Dept.s of Ecology & Health



The Affordable Care Act requires insurers (except those that are "grand-fathered") to cover lead screening for young children and pregnant women without cost to the consumer.

Average cost for BLL screening with a follow-up test: \$21.50.



Screening tools and the lead risk map



CDC Risk Questionnaire*

- Does your child live in or regularly visit a house that was built before 1950?
- Does your child live in or regularly visit a house built before 1978 with recent or ongoing renovations or remodeling (within the last 6 months)?
- Does your child have a sibling or playmate who has or did have lead poisoning?



*CDC: Screening Young Children for Lead Poisoning 1997: CH3 P.67

Sensitivity + Specificity - Does the CDC risk questionnaire work?



ton State Department of ealth MRI for bone infection**



*EM Ossiander 2012. A Systematic Review of Screening Questionnaires for Childhood Lead Poisoning. **Lee K, Gibson G. 2009. A Meta Analysis of FDG PET/CT versus MRI in Diagnosing Diabetic Foot Osteomyelitis

Creating a Risk Map



Spatial epidemiology: the "Where"

- The analysis of the spatial/geographical distribution of the incidence of disease
- Objectives:
 - Description of spatial patterns





Explanation or prediction of disease risk





Geographic Information Systems (GIS)

 GIS lets us visualize, question, analyze, interpret, and understand data to reveal relationships, patterns, and trends



How we chose the variables

Literature

palth

- Mostly focuses on 10 mcg/dL and up
- Previous analyses
 - Some not published, incomplete documentation
- Analysis of combined dataset
 - Non-random sample
 - Incomplete matching
 - Missing addresses
 - Generalized risk factors



 Age of housing - Pre 1940 Black race Low income Proximity to an airport Proximity to a major roadway 	Literature
Hispanic ethnicityTacoma smelter	Previous analysis
 American Indian/Alaska Native race Previous elevated case 	Current analysis
 Proximity to lead emitting industry Land use type 	Assumption

Washington State Department of Health



Model formulation

Simplest way is to <u>average</u> all values

HSI = [(SV1 + SV2 + SV3 + SV4)/4]

 <u>Weights</u> can be incorporated to give some criteria priority over others

HSI = [(2SV1 + SV2 + SV3 + SV4)/5]

- Multiplication can be used to have a reduction effect
 - 0 * anything = 0; 50% * anything reduces the value by half
 - Gives some variables greater control over final value

 $HSI = SV1 \times [(SV2 + SV3 + SV4)/3]$

Risk variable weights

Variable	Weight
Pre-1940 housing	35%
Census blocks with elevated cases	15%
Income	10%
Hispanic	10%
Black	5%
American Indian	5%
High traffic roadway proximity	5%
Airport proximity	5%
Toxic release site proximity	5%
Historic Tacoma smelter proximity	5%
Total	100%



Land use variable weights

Land Cover Type	Weighted value
Medium intensity residential	1.0
Low intensity residential	0.61
Developed open space	0.11
High intensity residential	0.11
Evergreen forest	0.02
Cultivated crops	0.02
Pasture	0.02
All other land cover	0.01



Final Model

- $RI = RV1 \times [RV2 + RV3 + RV4 + RV5 + RV6 + RV7 + RV8 + RV9 + RV10 + RV11]$
- Risk Index = Land Use Weight x [Housing + Previous Elevated + Income + Hispanic + Black + American Indian + Roadways + Airport + Toxic Release Site + Tacoma Smelter Plume]



































Risks we can't map



Limitations

- The predictive power of the map is only as good as the data and the data are:
 - non-random
 - Have missing addresses
 - Are generalized to block group and census tract levels
 - Overfit? We have some 'noise' variables in there
 - Underfit? We are missing some 'signal' variables



Validation

Sample	n	Min	Mean	Median	Max
2006-2012 Cases	1933	0	0.36	0.36	0.94
2013-2014 Cases	255	0	0.29	0.28	0.82
Random locations	19296	0	0.18	0.07	0.89

*Mann-Whitney P-Value <0.001



Next Steps

- Put it on the Washington Tracking Network
- Improve the map as we get more data parcel data, improved screening data, more exposure data
- Do outreach to providers targeting those that are in both high-risk & low-screening rate neighborhoods



Thank You

Rad Cunningham rad.cunningham@doh.wa.gov 360-236-3359



Public Health – Always Working for a Safer and Healthier Washington