

MICHIGAN ANNUAL BLOOD LEAD LEVELS

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Abstract

This dataset contains blood lead results for Michigan children by calendar year under age 6 and for Medicaid-enrolled children ages 1-2. The data are aggregated and stratified by county of residence (including City of Detroit separately from Wayne County) at the time of the test, year tested, test sample type, and venous elevated blood lead level (EBLL) categories. This dataset contains the following measures:

- Population of children
- Number and percent of children tested for lead
- Number and percent of children tested with an EBLL (result ≥ 5 $\mu\text{g}/\text{dL}$)
 - By capillary or venous sample type
 - By venous blood lead level category

It is recommended that all users read and fully comprehend metadata prior to data use. To access these data, please visit the [MiTracking data portal](#).

Purpose

The dataset is intended to provide public health professionals, researchers, and the general public with summary information on childhood blood lead testing in the state of Michigan. These data can be used to guide interventions and allocation of resources related to blood lead testing and prevention of lead exposure in young children.

Keywords*

Exposure; Environmental exposure; Childhood lead poisoning; Blood lead levels; Elevated blood lead levels; BLL; Lead; Pb; Capillary blood; Venous blood; Blood lead screening

Bounding Coordinates*

West Bounding Coordinate: -90.41813399999995

East Bounding Coordinate: -82.418394000000006

North Bounding Coordinate: 48.189534000000002

South Bounding Coordinate: 41.696088000000003

* From CDC Tracking Program Metadata Creation Tool

Other Information on Data

Level of Geographic Detail: Statewide, County, and City of Detroit

Data Current as of: 8/31/2020

Frequency at which the data are updated: Quarterly

Data Status: Complete

Completeness Report

This dataset contains blood lead test results for all Michigan children under age 6 and Medicaid-enrolled children ages 1-2 tested since 2010 using MDHHS surveillance data. Yearly counts are published at least 90 days after the year is finished to allow for late test reports to arrive. In past years, about 90% of all tests are reported within 90 days of the year end. Counts for past years may change if late test reports are received or improvements are made in the analysis.

Data Sources

Blood Lead Testing

Children under age 6 are the primary focus of testing because they are most likely to experience negative health effects from lead. Children enrolled in Michigan Medicaid programs are required to be tested for lead by age 3.¹ Testing is also required for Michigan children enrolled in the WIC program (see [MCL 280.400.111](#)). For other children under 6 years old, the child's family and medical care providers will decide if testing is needed. CLPPP provides information to help providers and families determine a child's lead risk, including a lead risk screening questionnaire and other resources.^{2,3}

Surveillance Database

Blood lead testing results are reported to the Michigan Department of Health and Human Services (MDHHS) Childhood Lead Poisoning Prevention Program (CLPPP), as required by the [Public Health Code MCL 333.5474](#). These test results are stored in the CLPPP blood lead surveillance database management system called MiCLPS (Michigan Childhood Lead Poisoning Surveillance) and in the MDHHS Data Warehouse. Test results are analyzed and results of analysis are posted on the [MiTracking portal](#).

Population Estimates

Annual population estimates for children < 6 years old were obtained from the American Community Survey (ACS) 5-year population estimates (<https://www.census.gov/data.html>) table B09001 for Population Under 18 Years of Age); for example, the 2017 population estimate listed is the 2013-2017 ACS 5-year estimate. However, the 2018 ACS 5-year estimate was used to calculate the testing rate in 2019 because the 2019 estimates are currently available. For more information, see the [ACS General Handbook](#).

Population estimates for children 1-2 years old and enrolled in Medicaid are from the MDHHS Medicaid Green Book of Key Program Statistics (https://www.michigan.gov/mdhhs/0,5885,7-339-73970_61179_10830---,00.html). Estimates from December reports are used for each year except

in 2018, where the estimate for November was used because a December estimate was not available.

Data Processing Description

All cleaning and processing were completed in SAS version 9.4.

Data Elements

Lead surveillance data were extracted from the MDHHS data warehouse, including the following variables: unique identifier for the person, the person's date of birth, unique identifier for the test, specimen date (date blood was drawn), blood lead test result, blood lead test result sign (indicates results above or below limits of detection), and address at the time of the blood lead test.

Inclusion Criteria

Test results were included if:

1. Specimen date was in 2010 through 2019 (incomplete data years are not included; for example, counts for 2020 will not be posted until 2021, after the year has passed);
 - 2a. The child was under six years old at the time of the test (specimen date was before the child's sixth birthday)
 - OR
 - 2b. The child was 1 to 2 years old (specimen date was on the date of the first birthday through the day before the third birthday) and had at least one blood lead test while enrolled in Medicaid during any point of the year; The child's reported address was in Michigan, based on reported county, city, or ZIP code. Records were excluded from the analysis if they were missing these three parts of the address or had a non-Michigan address

To report the number of children who were tested (instead of the number of tests overall), it is necessary to deduplicate test results so that only one test is counted for each child in each year. If a child had more than one test within the calendar year, the highest BLL from a venous test was kept because it is the most accurate type of test.⁴ If there was no venous test, the highest BLL from a capillary test was kept. If the only test results were of unknown sample type, then the highest of those results was kept.

Analysis

These results were added together to create counts of children tested. They were grouped by year of specimen date, blood lead level, and geographic area of residence at the time of the blood lead test. These geographic areas are the state and county. Detroit and the rest of Wayne county are treated as two separate counties, listed as City of Detroit and Wayne (without Detroit).

Currently, MDHHS and the Centers for Disease Control and Prevention (CDC) consider 5 micrograms per deciliter ($\mu\text{g}/\text{dL}$) or more lead in the blood to be an elevated blood lead level (EBLL).^{5,6} All test results were conventionally rounded to the nearest whole number before being

assigned to a BLL category. For example, a value of 4.5 µg/dL was rounded up to 5 µg/dL and considered an elevated result; a value of 4.4 µg/dL was rounded down and considered a non-elevated result.⁵

This dataset includes the following measures for both children under age 6 and Medicaid-enrolled children ages 1-2 for each geography:

- Population
- Number tested for lead
- Percent tested for lead: $\frac{\text{Total Number tested}}{\text{Population}} \times 100$
- Number with an EBLL (result ≥ 5 µg/dL)
 - Stratified by capillary or venous EBLL
- Percent with an EBLL among those tested: $\frac{\text{Number with EBLL}}{\text{Total Number tested}} \times 100$
 - Stratified by capillary or venous EBLL among those tested: $\frac{\text{Number with capillary or venous EBLL}}{\text{Total Number tested}} \times 100$
- Number tested with venous EBLL by category: 5-9, 10-14, 15-19, 20-39, and ≥ 40 µg/dL.
- Percent with venous EBLL by category among those tested: 5-9, 10-14, 15-19, 20-39, and ≥ 40 µg/dL: $\frac{\text{Number with a venous EBLL in category}}{\text{Total Number tested}} \times 100$

Limitations and Other Considerations

Data Limitations

- When a child has more than one blood lead test, a computer algorithm uses information like name and date of birth to link each test result to the same child. However, the algorithm is not perfect. Errors in spelling of names, dates of birth, and other information may cause the linkage to fail. In this way, the number of children can be over-counted because it appears that the tests were for more than one child.
- Laboratories across Michigan do not report race and ethnicity information in a consistent way, so it is unavailable in these data. This is an area that CLPPP is working to improve, so that this information can be provided in the future.
- Mailing addresses are reported to CLPPP from the child's caregiver, health provider, or testing laboratory. Address processing changed in November 2017 with the addition of automatic verification and geocoding.
 - Prior to November 2017, a child's county of residence was based on the reported address. From November 2017 onward, county of residence has been based on geocoding.
 - A child's city of residence is currently based on the reported mailing address and not the geocoded municipality (for example, townships). CLPPP is working to improve this area and will provide municipalities in the future.
- Starting in November 2017, the CLPPP database was changed to collect non-rounded results and indications that a result is below or above limit of detection (through less-than and greater-than signs). Prior to this, laboratories were conventionally rounding test results

before reporting to CLPPP.

Examples are provided below to illustrate the impact of these changes:

- Before the change, a child with a BLL of 4.5 µg/dL was reported to CLPPP as a rounded value of 5 µg/dL. This child would then be at the action level for services. The result is now stored in the database as the actual value of 4.5 µg/dL. To keep the same level of service as in the past, CLPPP now conventionally rounds the values for reporting. For example, CLPPP considers a value of 4.5 µg/dL to be an elevated result, but a value of 4.4 µg/dL to be a non-elevated result.⁵
- Point-of-care testing has a limit of detection of 3.3 µg/dL. Before the change, a laboratory would have reported a result below the limit of detection as “3 µg/dL” with no less-than sign. This meant that the CLPPP database could not distinguish between a result below 3.3 µg/dL and equal to 3 µg/dL prior to November 2017. Now, the less-than sign (<) is stored with these test results, allowing for identification of results below the limit of detection.

Interpretation of Results

- Michigan does not have mandatory blood lead testing, except for children enrolled in Medicaid¹ and WIC[†]. Instead, Michigan uses a targeted testing approach, where a child’s healthcare provider *recommends* a blood lead test based on their professional judgement of the child’s risk. If this targeted testing approach is being followed, it means that the children most likely to have an EBLL are the ones most likely to be tested.
 - Since not all children are tested, it is likely that not all children with EBLL are tested.
 - The true *proportion* of tested Michigan children with an EBLL might be lower than reported due to targeted testing.
 - Results are not representative of all children in the state, counties, or Detroit. Children who are tested may have different characteristics (like age, race and ethnicity, or Medicaid status) and may have been exposed to different risk factors (like poverty and living in older housing), than children who are not tested.
 - For example: 66% of *tested* children under six years old in 2017 were enrolled in Medicaid, while 50% of *all* Michigan children under six years old were enrolled in Medicaid.⁷
- Capillary blood lead tests are known to produce false positives, where a test result indicates that the lead level is higher than it truly is.⁴ Many EBLLs are from these types of tests. For example, in 2017, 44.6% of all EBLLs in Michigan children under six years old were from capillary tests.⁷
- Year-to-year comparisons of the percent with EBLL should be interpreted with caution. Changes may be due to real change in blood lead levels, but changes can also be driven by changes in testing rates and the underlying risk factors of children that are tested. Factors

[†] MCL 400.1111 <http://legislature.mi.gov/doc.aspx?mcl-400-1111>

influencing the testing rate may include changes in blood lead testing rules and practices, changes in confirmatory testing practices, how well physicians are following these guidelines, and public awareness and demand for blood lead testing.

Comparing Findings with Other Lead Reports

- Other agencies periodically obtain CLPPP data for their own analyses. Their results may not be the same as those reported by MDHHS. This may be because they use different methods to determine the population, total number of children tested, which test is chosen for each child for the year (deduplication), and the definition of an EBLL. These inconsistencies can make it difficult to compare results between agency reports.
 - Please Note: The CDC Environmental Public Health Tracking (Tracking Program) Childhood Lead Poisoning Content Workgroup designed a classification scheme to select one test per child per calendar year that differs from the MDHHS CLPPP's methodology described above. Thus, the data presented on the MiTracking portal will differ from the data on the CDC's data explorer.
- The CLPPP dataset is constantly updated to reflect new information. Analysis methods are continually being improved. This means that information about past years presented in these data may not exactly match the information from past updates. The most complete information is always contained in the most recent update.

Access Constraints

There are no access constraints for data available through the Michigan Environmental Public Health Tracking data portal. To access these data, please visit the [MiTracking data portal](#).

Use Constraints

It is recommended that all users read and fully comprehend metadata prior to data use. For a more thorough description of the data and methods for analysis, see the [CLPPP Annual Blood Lead Reports](#).

These data cannot be used for commercial purposes and shall not be used to engage in any method, act, or practice to conduct the solicitation or advertisement of goods, services, or real estate to Michigan consumers.

To protect privacy, counts between one (1) and five (5) are suppressed (not reported); other counts are not reported if they can be used to calculate the suppressed counts. This is called [complementary \(or secondary\) suppression](#).

Security Handling Description

If data are distributed, the use constraints specified in this metadata apply to all recipients of the data.

Confidentiality of all data is required by law and strictly maintained by the Health Department staff. Section 2631 of the Public Health Code regulates procedures protecting confidentiality and regulating disclosure of data and records.

Distribution Liability

The Michigan Public Health Tracking Network is maintained, managed, and operated by the Division of Environmental Health (DEH) within MDHHS. In preparation of these data, every effort has been made to offer the most current, correct, complete, and clearly expressed information possible. Nevertheless, some errors in the data may exist. In particular, MDHHS disclaims any responsibility for source data, compilation and typographical errors and accuracy of the information that may be contained in these data.

These data do not represent the official legal version of source documents or data used to compile these data. MDHHS further reserves the right to make changes to these data at any time without notice.

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Use of the data with other data shall not terminate, void, or otherwise contradict this statement of liability.

The sale or resale of the data, or any portions thereof, is prohibited unless with the express written permission of MDHHS and CLPPP. These data may not be used for commercial purposes without first obtaining written permission from CLPPP.

If errors or otherwise inappropriate information is brought to our attention, a reasonable effort will be made to fix or remove it. Such concerns should be addressed to the Michigan Tracking Program via email or telephone (see *Contact Information*).

Custom Order Process

For more information or access to unrestricted or public use Michigan-specific data, please

contact the Michigan Childhood Lead Poisoning Prevention Program (CLPPP). Most of the information that people need is in the annual reports or supplemental documents, available on the web at www.michigan.gov/lead, on the [Lead Data and Reports webpage](#). However, if other information is needed, please [email MDHHS-CLPPP@michigan.gov](mailto:MDHHS-CLPPP@michigan.gov). The CLPPP team can provide non-identifiable summary data (counts and percentages); they may ask you to fill out a data request form to better understand your needs. If the information needed is not summary-level (not aggregated, with information about individual tests or children) or is needed for research purposes, a Data Use Agreement and/or Institutional Review Board (IRB) approval may be required.

Contact Information

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