



# Approach to Childhood Blood Lead Testing in Michigan



**Division of Environmental Health**

# Guiding Principles

Primary prevention is key: There is no safe level of lead in a child's blood

- Robust evidence of negative neurocognitive impacts at lowest levels of exposure.

Secondary prevention is still necessary: Our public health goal is that all children at risk of lead exposure should, at a minimum, have a blood lead test at around age 1 AND age 2 years.

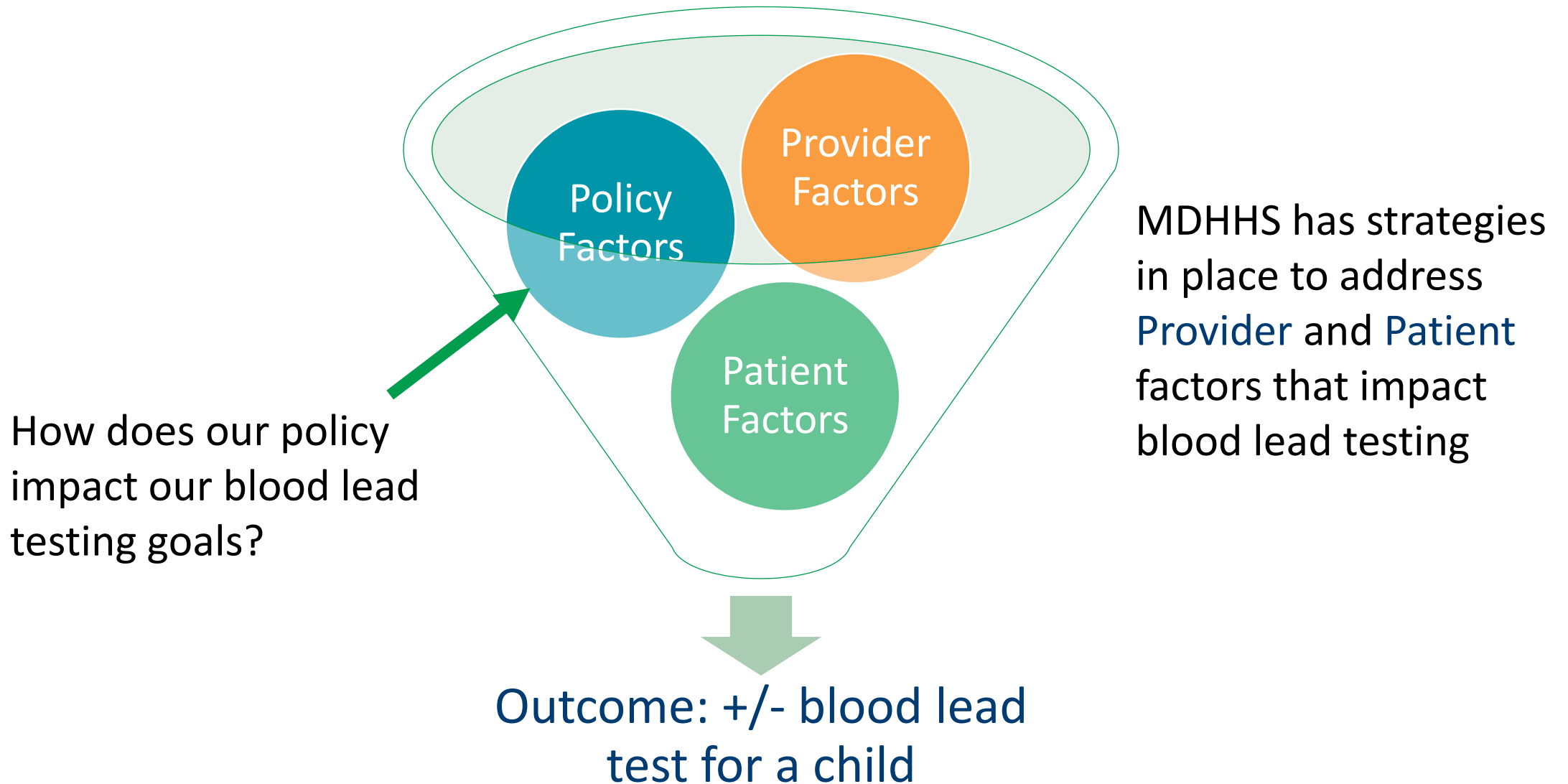
# Michigan's Current Approach to Blood Lead Testing

Blood lead testing is mandated for some and recommended for others:

- Children enrolled in WIC (MCL § 400.111)
- Children enrolled in Medicaid at ages 1 AND 2 years (or once between 3-6 yrs)
- Children in Detroit annually between 6 months and 6 years (city ordinance)
- Other children <6 with positive risk screening questionnaire (MDHHS recommendation)

This approach does not result in all at risk children having a blood lead test

# Factors Contributing to Whether a Child Has a Blood Lead Test



# How are we doing?

Of the cohort of 113,211 children born in 2015

- 78% had at least one test before 6 years
- 70% had at least one test before 3 years

## Timing of the tests

- 54% were tested around age 1 year (9-17 mo)
- 39.5% were tested around 2 year (18-35 mo)
- 24% were tested at both ages 1 and 2 years

# Options for Blood Lead Testing Policy

## Key Takeaways from Review of Blood Lead Testing Approaches in U.S. (outside of Medicaid mandate)

- Approaches include no/minimal recommendations and targeted, hybrid, and universal approaches
- 12 states and Washington, D.C. have universal testing policies/mandates
- States with universal testing policies tend to have higher rates of testing

## Groups in Michigan that have expressed interest in/support for universal blood lead testing

- The Childhood Lead Exposure Elimination Commission
- Local Health Department members of Sec. 1238 Workgroup, provided sufficient funding
- Michigan Alliance for Lead Safe Homes
- Recent survey of Local Health Departments 37/37 responded that they either “support” or “support with reservations”

# The Path Forward

## Awareness building/Stakeholder Engagement

Provider organizations  
Local Public Health  
CLEEC  
Lead Stakeholder Group

## Data Analysis

Ongoing data analysis to inform

- State of testing under current approach
- Potential impact of universal testing

## Work Group

Structured meetings with stakeholder work group to develop lead testing recommendation to MDHHS

(plan for January 2022)

# Proposed Work Group Plan

## Meeting 1

- Overview
  - Current approach
  - Other states' approaches
  - Rationale for alternatives
- Facilitated discussion
- Identify needed information

## Meeting 2

- Review summary of meeting 1
- Information sharing as needed
- Facilitated discussion of recommendations to MDHHS

Draft report & share with group

## Meeting 3

- Discuss draft report
- Vote on consensus or alternative recommendations



# Contact us

Jen McDonald, MD, MPH, FAAP

[Mcdonaldj11@michigan.gov](mailto:Mcdonaldj11@michigan.gov)

Martha Stanbury, MSPH

[stanburym@michigan.gov](mailto:stanburym@michigan.gov)

[MDHHS - Environmental Health Education for Healthcare Providers \(michigan.gov\)](#)