Supplementary file

Jack Pellegrino, Amy Auchincloss, Jennifer Kolker, Saima Niamatullah. (2025) ***Wide disparities in childhood lead poisoning revealed by city-level data****. Drexel University, Urban Health Collaborative. Philadelphia, PA*.

For this blog, percent of elevated blood lead refers to levels ≥5 micrograms per deciliter among ages <6 tested for lead; ≥5 micrograms per deciliter was the "blood lead reference value" (BLRV) during 2012-2021. The BLRV is a value used to identify children with higher levels of lead in their blood compared to most U.S. children and in some communities, values at or above the BLRV triggers medical and/or environmental follow-up (inspection and remediation of a child's environment). Dramatic improvements in childhood blood lead levels across the U.S., coupled with growing evidence of health risks of lead at lower levels have motivated CDC to continue to lower the childhood BLRV while acknowledging that changes in BLRV thresholds create challenges for surveillance. In 2021, the CDC lowered the BLRV from 5.0 micrograms per deciliter to 3.5 micrograms per deciliter. For this blog, we did not use the newer BLRV because less than ten BCHC cities publicly report data at the newer BLRV. A few jurisdictions have concerns that their lab assays are not yet sensitive/accurate enough and welcome standardization of surveillance and assaying practices nationwide.

To put the blog data into context, in two cities, the percent of elevated blood lead was higher than 5% which was the prevalence found in 2015 during Flint Michigan's temporary water crisis.

EPA states that lead-based paint is usually not a hazard if it is in good condition. Nevertheless, lead-based paint should be removed from all surfaces that children can chew or that get a lot of wear and tear thus potentially generating lead-contaminated dust (particularly windows/sills, doors/frames, stairs, railings/banisters, and porches); and work should be performed by lead-safe certified contractors.