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Description of document: California Department of Public Health (CDPH) correspondence to and from Reuters/Thomson Reuters, and/or Joshua Schneyer and/or M.B. Pell, concerning the Reuters public records request for statistics on elevated lead tests in California communities, 2016-2017

Requested date: 22-March-2017

Released date: 26-June-2017

Posted date: 17-July-2017

Source of document: [CFPH online Public Records Act request portal](#)

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KAREN L. SMITH, MD, MPH  
Director and State Public Health Officer

State of California—Health and Human Services Agency  
California Department of Public Health



EDMUND G. BROWN JR.  
Governor

June 26, 2017

On March 22, 2017, the California Department of Public Health (CDPH) received your Public Records Act (PRA) request. You requested: *[A] copy of all correspondence (not underlying requested records) TO and FROM Reuters/ThomsonReuters, and/or Joshua Schneyer and/or M.B. Pell, concerning the Reuters public records request for statistics on elevated lead tests in California communities.*

You requested that the responsive records be provided to you via disc.  
Enclosed is a disc containing records responsive to your request.

This concludes the CDPH response to your request. Please let me know if you need anything else.

Matt Conens  
Office of Public Affairs  
[Matt.Conens@cdph.ca.gov](mailto:Matt.Conens@cdph.ca.gov)  
916-445-6350

CDPH Office of Public Affairs • MS 0502 • P.O. Box 997377  
Sacramento, CA 95899-7377-XXXX  
(916) 440-7259  
[Department Website](http://www.cdph.ca.gov) ([www.cdph.ca.gov](http://www.cdph.ca.gov))



From: "Conens, Matt (CDPH-OPA)"  
To: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)  
Date: 1/17/2017 2:43:44 PM  
Subject: RE: inquiry to CDPH: lead-childhood (folo)

Hi Mike, thanks for the voice mail. I don't think I will have time to talk today but hopefully tomorrow.

I had a question about the highlighted comment:

CDPH has a [Childhood Lead Poisoning Prevention Program \(CLPPP\)](#). Or does CLPPP (in your comment) refer to something else?

Matt

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**From:** michael.pell@thomsonreuters.com [mailto:michael.pell@thomsonreuters.com]  
**Sent:** Friday, January 13, 2017 1:36 PM  
**To:** Conens, Matt (CDPH-OPA)  
**Subject:** RE: inquiry to CDPH: lead-childhood (folo)

Matt,

Thanks for taking the time to continue to engage with me. You said as many as 20 percent of test results don't have addresses associated with them. I have a couple of questions about this.

What percentage of blood test results are missing zip codes state-wide over the last five years?

Could you provide me with the percentage of tests that are missing zip codes by year for the last five years?

You said in 2012 some counties were missing up to 20 percent of zip codes. Can you please tell me what the highest percentage of missing zip codes is for a county for each of the past five years?

Why have has the department not corrected this problem and required providers to submit full addresses as is the case in other states?

**California once belonged CLPPP.** Doesn't that program require the state to track the address of children screened for lead poisoning? Why was that not being done?

Based on what you've said we ask you to provide us with testing data for 2007 through 2015 broken down by zip code.

We ask for the data even though you said the ZIP code data we asked for "would require extensive new work to create." We appreciate the investment of time it will take your department to produce this information and we don't ask you to embark on this endeavor lightly. Even though this will take time for your employees it will provide residents with an invaluable tool to identify areas with high risk of lead exposure, according to epidemiologists from across the country. Further it provides counties, cities and towns with critical empirical evidence to assist in grant applications that can provide funds to help them cope with childhood lead exposure and eliminate the source. California is not the only state that did not have blood lead level testing data aggregated to the census tract or zip code level when Reuters requested it. Many other states, knowing the value of this information, provided us with granular testing data even though it required work. These states, most recently Mississippi, inevitably faced significant hurdles in providing us with this data, but said they would make the testing information available to us because it served the best interests of their residents. We ask you to do the same.

As far as the problem of imperfect data – missing zip codes – we discussed the missing zip codes problem with epidemiologists who specialize in studying lead surveillance data and their response was: yes, data is never perfect. One epidemiologist told us missing zip codes does not require "you to stick your head in the sand and pretend the data doesn't exist." They said this missing address information is a common problem in any surveillance data and the correct approach would be to analyze it and then note what's missing from the data.

If you continue to maintain that you will not release this data, could I please talk with the head of your lead program to discuss why? We plan on writing a story featuring states that will not make this information public and California will be among the first we discuss given the intense interest in the subject by elected officials, the public and other media outlets in California.

Happy to talk about this whenever you'd like.

7/3/2017

Thanks for your help,

Mike

---

**From:** Conens, Matt (CDPH-OPA) [Matt.Conens@cdph.ca.gov]

**Sent:** Thursday, January 12, 2017 11:14 AM

**To:** Pell, Michael (Reuters)

**Subject:** inquiry to CDPH: lead-childhood (folo)

Mike,

The California Department of Public Health (CDPH) cannot provide the analyses for the other years that you requested. California did not have essentially full electronic reporting of blood lead tests until 2007. ZIP code analyses, such as have been done for 2012, are not available for the other years you indicate, would require extensive new work to create, and would have similar limitations to those described above for 2012.

The information aggregated by the California Department of Public Health (CDPH) and provided to you previously in a table (the 200 ZIP codes with the highest percentage of young children with blood lead levels at and above 4.5 micrograms per deciliter) was for ZIP codes with 500 children tested. It is information that was aggregated from blood lead test results submitted by laboratories to CDPH for blood lead tests done in 2012 on children under age 6 years and 500 tests were chosen because this number would yield reliable information for the group of children tested.

It needs to be recognized that testing results in California do not represent an average for all children, as do results from national blood lead sampling studies carried out by the Centers for Disease Control and Prevention (CDC). California does not aim to test all children and CDPH testing results only convey information on children who are blood lead tested. Our blood-lead screening regulations are designed to identify children most at risk for lead exposure and have them tested. These include: young children in government-assisted programs; those living in older housing, which puts them at risk from lead-based paint and lead-contaminated soil and dust; and any child where circumstances are thought to have put them at risk for exposure. The latter would include refugee children, who national policies specify be blood lead tested. Testing of at-risk children, and not all children, would serve to skew California results to higher percentages of children showing lead exposure, than if all children in our state were blood lead tested.

It should also be noted that the information sent to CDPH from the laboratories and included in the table are largely screening blood lead tests. This means that a child considered at risk for lead exposure may be tested during a routine health exam, by a finger-stick blood sample. These tests are more easily contaminated by lead from the testing environment than is a venous blood test and can result in falsely high results. To be sure of the accuracy of an increased blood lead finger-stick value, children would need a confirming venous blood test. CDPH has not excluded testing results which lacked a confirming venous test from the information in the table.

Blood lead levels of 4.5 micrograms per deciliter (mcg/dL) are regarded as equivalent to the current CDC reference blood lead level, which indicates above usual lead exposure in studies aiming to describe overall population exposure for young children. CDC adopted the reference level in 2012. Prior to that the CDC used a blood lead level of concern of 10 mcg/dL to indicate increased lead exposure.

Another factor that should be noted is that complete address information may be missing from blood lead test results sent to the state: California receives approximately 700,000 blood test results each year. In 2012, when a blood lead value of 9.5 mcg/dL (viewed as equivalent to 10 mcg/dL in California) was reported and was missing essential information, CDPH staff called the physician or laboratory to obtain this information. This would allow the child to be identified to the correct address. This was not true for many lower blood-lead values. For example, in 2012, some counties in California had almost 20 percent of laboratory reports that were missing ZIP code information and these reports with lower blood lead levels may not have been able to be assigned to a particular ZIP code. ZIP code results would then lack lower blood lead values, resulting in calculation of a larger percentage of increased values for the ZIP code.

The year 2012 is still the one with the data that has been most thoroughly analyzed for our state. If it is of interest, CDPH can provide ZIP code information for that year for ZIP codes with at least 200 children tested. This would provide you with additional information about our state, while maintaining reasonable reliability of the information on tested children and confidentiality of information.

[Data by California county is available for the years 2007 through 2012](#) on the CDPH website.

If you need to attribute this information please attribute it to the California Department of Public Health (CDPH).

Matt Conens  
Office of Public Affairs  
California Department of Public Health (CDPH)  
(916) 440-7259 (main office)  
(916) 445-6350 (cubicle)

From: ["Conens, Matt \ \(CDPH-OPA\)"](#)  
 To: [Joshua.Schneyer@thomsonreuters.com](mailto:Joshua.Schneyer@thomsonreuters.com)  
 Date: 4/13/2016 12:43:41 PM  
 Subject: inquiry to CDPH: lead testing- childhood

Joshua – thank you for your patience.

Below are your questions and the CDPH responses. Let me know if you need anything else.

Do you know when your story will run?

Matt

#### QUESTIONS:

- 1) **Does California require that health care providers administer/order BLL testing for all children at certain ages? (If so, please provide information on when children are required to be tested. For instance, some states require that at pediatric visits at ages 1 and 2.)**

##### **CDPH response:**

All children in a publicly funded program for low-income children are to receive blood lead testing at age 12 months and 24 months. Publicly funded programs for low-income children include Medicaid (in California called Medi-Cal), Child Health and Disability Prevention, the Women, Infants and Children (WIC) and other programs.

California does not require blood lead testing of children not in these government programs. However, under state regulations, the families of all children in California are to receive anticipatory guidance about lead exposure at routine health care visits from age 6 months to 72 months. These families are asked: Does your child live in, or spend a lot of time in, a place built before 1978 that has peeling or chipped paint or that has been recently renovated, to ascertain exposure to lead and the child is blood lead tested based on the response. Children are also to be tested up to age 72 months, if the testing at age 12 and 24 months was not done and whenever the health care provider performing a periodic health assessment of a child 12 to 72 months of age becomes aware that, in the professional judgment of the health care provider, a change in circumstances has put the child at risk of lead poisoning.

A summary of the [state Screening Regulations](#) can be found on the CDPH website, along with a link to the complete regulations.

- 2) **If California doesn't require universal BLL testing in children, are BLL tests required for certain children, and if so which ones? (For example, Medicaid-enrolled children, children entering Head Start/WIC programs, children residing in certain ZIP codes?)**

##### **CDPH response:**

See response above and link to complete regulations.

- 3) **Does California require health care providers to give risk-assessment questionnaires to children's caregivers to determine which children should be referred for BLL testing? If not, are clinicians urged to use their discretion on whom to test?**

##### **CDPH response:**

See response above and link to complete regulations. Publicly funded programs for low-income children include Medicaid (in California called Medi-Cal), Child Health and Disability, the Women, Infants and Children (WIC) and other programs. Please see the regulations for full description.

- 4) **Does California require all childhood BLL test results to be reported to a state agency? If not, which BLL results (if any) must be reported? Are the state results reported to the CDC?**

##### **CDPH response:**

California law requires laboratories and health care providers performing blood lead analysis on blood specimens drawn in California to electronically report all results to the California Department of Public Health (CDPH) Childhood Lead Poisoning Prevention Branch, along with specified patient demographic, ordering physician, and analysis data on each test performed. These results are not reported to the CDC.

- 5) **Reuters has reviewed various sources BLL testing data. Among them are state-by-state CDC data ([here](#)) and Medicaid (CMS) data ([here](#)). Does CDPH have any comment/thoughts on whether CDC/CMS data accurately reflects the number of children who have received BLL screening in California? (NOTE: If the CDC/CMS data is inaccurate or incomplete, can you point us to/make available additional BLL testing data from California?)**

##### **CDPH response:**

The most accurate information on blood lead testing being done in California is available through CDPH. Blood lead testing information, based on the laboratory reporting discussed in question 4 is available on the CDPH website at: <http://www.cdph.ca.gov/programs/CLPPB/Pages/default.aspx>

Matt Conens

Office of Public Affairs

[California Department of Public Health](http://www.cdph.ca.gov)

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Cubicle: 916-445-6350



Learn easy ways to  
save water during  
California's drought at  
[SaveOurWater.com](http://SaveOurWater.com)



From: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)

To: "Conens, Matt (CDPH-OPA)" <[Matt.Conens@cdph.ca.gov](mailto:Matt.Conens@cdph.ca.gov)>

Date: 10/10/2016 2:21:29 PM

Subject: RE: inquiry to CDPH - Lead Data

Attachments: california\_records\_request\_blood\_lead\_level\_test\_October\_10\_2016.doc

Matt,

This is fantastic. Thanks for taking the time to put together such a detailed response. This helps tremendously in my understanding of how the Department of Public Health stores blood lead level testing data.

Could you please provide me with whatever data the department has on census tract level testing results? I understand it's for limited jurisdictions. I'll take it anyway you have it, but given a choice, I would prefer data on both the number of children tested, 0-72 months, and the number of children, 0-72 months, who had a blood lead level over 5 and the number of children who have a blood lead level over 10? I would like this for each year going as far back as possible.

Also as the California Department of Public Health does have data on each blood lead level test conducted by 300 labs across the state up to the present, I would like data from 2005 through 2015. I can be flexible on the date range. For example, if you only have data extending back through 2007, as your website suggests, that's not a problem. I would like the following fields: the blood lead level test result, the date of the test (year only is fine), the zip code of the test recipient, the name of the town of the test recipient (I can be flexible on the necessity of this field) and a unique identifier for each recipient. I understand if you have to redact the unique identifiers that the department currently uses, like a social security number, and replace it with another unique identifier in order to preserve the anonymity of individual children. I would like test results for each child age 0-72 months.

If you would prefer, instead of the individual testing results as described above, I would gladly accept the data broken down by year and zip code with the number of children (age 0-72 months) tested, the number of children with a blood lead level at or above five and the number of children with a blood lead level at or above 10.

If it helps, please find a public records request attached.

I understand this may not be a run-of-the-mill request. I am happy to discuss this request with your database administrator or someone from your Childhood Lead Poisoning Prevention Branch or anyone else you think I should speak with.

Thanks for your help,

Mike

Reuters News  
646-223-6997

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**From:** Conens, Matt (CDPH-OPA) [mailto:[Matt.Conens@cdph.ca.gov](mailto:Matt.Conens@cdph.ca.gov)]

**Sent:** Monday, October 10, 2016 1:36 PM

**To:** Pell, Michael (Reuters)

**Subject:** inquiry to CDPH - Lead Data

Michael –

Thank you for your patience.

Below is the information you requested. If you need to attribute this information please attribute it to the California Department of Public Health (CDPH) .

If you have additional questions please let me know and I can get the information and see if we have someone available.

Matt

#### QUESTIONS:

1. **Is CDPH still collecting blood-lead test results from laboratories?**

**CDPH RESPONSE:** Yes. Blood lead test results are reported to CDPH by the more than 300 laboratories that carry out blood-lead analyses.

2. **If CDPH is still receiving blood-lead test results, how does CDPH receive blood-lead test results? Paper format? Some sort of online portal?**

**CDPH RESPONSE:** For the most part, these blood tests are reported electronically into the CDPH database, where the individual becomes an entry or, if the individual is already listed in the database, the



new test result gets added to existing information. This process requires that information be accurate and contain key components which allow identification of the individual tested. About 700,000 blood tests are reported to CDPH annually.

**3. If CDPH is still receiving blood-lead test results, how are the blood-lead test results maintained? A database? A huge filing cabinet? Or maybe a few dozen boxes?**

**CDPH RESPONSE:** Results are maintained in a database.

**4. Even though the data are not online, could I have the data in a less aggregated format than what is available online?**

**CDPH RESPONSE:** CDPH does not have de-identified statewide data available in a less-aggregated format than what is available on [the CDPH website](#) . De-identified data are those data for which information that could be used to identify an individual have been deleted. There is some limited information that has been analyzed by smaller geographic area. 2012 is the most current year for which analyzed information is available.

(The type of data that we have will either be jurisdiction specific for a few cities or towns, or tables that we have given out before, like the top 200 zip codes for children with increased blood lead levels, from 2012, the zip codes with highest counts of children with blood lead levels at and above 9.5 mcg/dL from 2011-2013, and analysis of some areas in Los Angeles County.)

**5. Could CDPH please provide me with testing data broken down by census tract?**

**CDPH RESPONSE:** CDPH does not have statewide data broken down by census tract. There is some limited information that has been analyzed by census tract for specific areas.

(The type of data that we have will either be jurisdiction specific for a few cities or towns, or tables that we have given out before, like the top 200 zip codes for children with increased blood lead levels, from 2012, the zip codes with highest counts of children with blood lead levels at and above 9.5 mcg/dL from 2011-2013, and analysis of some areas in Los Angeles County.)

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Office of Public Affairs  
California Department of Public Health (CDPH)  
(916) 440-7259 (main office)  
(916) 445-6350 (cubicle)

From: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)  
To: ["Conens, Matt \(CDPH-OPA\)" <Matt.Conens@cdph.ca.gov>](mailto:Conens.Matt@cdph.ca.gov)  
Date: 10/10/2016 3:29:48 PM  
Subject: RE: inquiry to CDPH - Lead Data

Matt,

Yes, statewide data please. And the records request does refer to the second paragraph.

Again, thanks for your continued efforts to help me out. Your response today was extremely helpful.

Mike

---

**From:** Conens, Matt (CDPH-OPA) [mailto:Matt.Conens@cdph.ca.gov]  
**Sent:** Monday, October 10, 2016 4:27 PM  
**To:** Pell, Michael (Reuters)  
**Subject:** RE: inquiry to CDPH - Lead Data

Thanks Mike.  
Just to clarify ... statewide data, correct?

And the attachment refers to your second paragraph?  
I've added some numbers to make sure we're on the same page.

Matt Conens  
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**From:** [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com) [mailto:michael.pell@thomsonreuters.com]  
**Sent:** Monday, October 10, 2016 12:21 PM  
**To:** Conens, Matt (CDPH-OPA)  
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- 1- Could you please provide me with whatever data the department has on census tract level testing results? I understand it's for limited jurisdictions. I'll take it anyway you have it, but given a choice, I would prefer data on both the number of children tested, 0-72 months, and the number of children, 0-72 months, who had a blood lead level over 5 and the number of children who have a blood lead level over 10? I would like this for each year going as far back as possible.
- 2- Also as the California Department of Public Health does have data on each blood lead level test conducted by 300 labs across the state up to the present, I would like data from 2005 through 2015. I can be flexible on the date range. For example, if you only have data extending back through 2007, as your website suggests, that's not a problem. I would like the following fields: the blood lead level test result, the date of the test (year only is fine), the zip code of the test recipient, the name of the town of the test recipient (I can be flexible on the necessity of this field) and a unique identifier for each recipient. I understand if you have to redact the unique identifiers that the department currently uses, like a social security number, and replace it with another unique identifier in order to preserve the anonymity of individual children. I would like test results for each child age 0-72 months.

If you would prefer, instead of the individual testing results as described above, I would gladly accept the data broken down by year and zip code with the number of children (age 0-72 months) tested, the number of children with a blood lead level at or above five and the number of children with a blood lead level at or above 10.

If it helps, please find a public records request attached.

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7/3/2017

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Matt Conens  
Office of Public Affairs

7/3/2017

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To: ["Conens, Matt \(CDPH-OPA\)" <Matt.Conens@cdph.ca.gov>](mailto:Matt.Conens@cdph.ca.gov)  
Date: 10/10/2016 3:51:36 PM  
Subject: RE: inquiry to CDPH - Lead Data

Love it. Perfect. Much thanks.

Mike

---

**From:** Conens, Matt (CDPH-OPA) [mailto:Matt.Conens@cdph.ca.gov]  
**Sent:** Monday, October 10, 2016 4:45 PM  
**To:** Pell, Michael (Reuters)  
**Subject:** RE: inquiry to CDPH - Lead Data

How does this look:

Available data on census tract-level test results for children under 72 months (as far back as possible)  
Preference is:

- number of children tested,
- number of children with bll more than 5 micrograms per deciliter (mg/dcl), and
- number of children with bll more than 10 mg/dcl

===

The following fields from the CDPH database used to collect blood lead level testing results for each child age 0-72 months (under the age of six) from 2005 through 2015.

- The blood lead level test result;
- The date of the test (year only is fine);
- The ZIP code of the test recipient;
- The name of the town of the test recipient

And a unique identifier for each recipient. I understand if you have to redact the unique identifiers that the department currently uses, like a social security number, and replace it with another unique identifier in order to preserve the anonymity of individual children.

OR data (by year and ZIP code)

- number of children tested,
- number of children with a blood lead level at or above 5 mg/dcl, and
- number of children with a blood lead level at or above 10 mg/dcl

Matt

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**From:** [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com) [mailto:michael.pell@thomsonreuters.com]  
**Sent:** Monday, October 10, 2016 1:30 PM  
**To:** Conens, Matt (CDPH-OPA)  
**Subject:** RE: inquiry to CDPH - Lead Data

Matt,

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Again, thanks for your continued efforts to help me out. Your response today was extremely helpful.

Mike

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Thanks for your help,

Mike

Reuters News  
646-223-6997

---

**From:** Conens, Matt (CDPH-OPA) [<mailto:Matt.Conens@cdph.ca.gov>]  
**Sent:** Monday, October 10, 2016 1:36 PM  
**To:** Pell, Michael (Reuters)  
**Subject:** inquiry to CDPH - Lead Data

Michael –

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7/3/2017

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Matt Conens  
Office of Public Affairs  
California Department of Public Health (CDPH)  
(916) 440-7259 (main office)  
(916) 445-6350 (cubicle)



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To: ["Conens, Matt \(CDPH-OPA\)" <Matt.Conens@cdph.ca.gov>](mailto:Matt.Conens@cdph.ca.gov)  
Date: 10/10/2016 4:18:56 PM  
Subject: RE: inquiry to CDPH - Lead Data

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Thanks for your help,

Mike

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The date of the test (year only is fine);

The ZIP code of the test recipient;

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OR data (by year and ZIP code)

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Matt

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**From:** [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com) [mailto:michael.pell@thomsonreuters.com]  
**Sent:** Monday, October 10, 2016 1:30 PM  
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Mike

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7/3/2017

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Matt Conens  
Office of Public Affairs  
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**Sent:** Monday, October 10, 2016 12:21 PM  
**To:** Conens, Matt (CDPH-OPA)  
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Matt,

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- 1- Could you please provide me with whatever data the department has on census tract level testing results? I understand it's for limited jurisdictions. I'll take it anyway you have it, but given a choice, I would prefer data on both the number of children tested, 0-72 months, and the number of children, 0-72 months, who had a blood lead level over 5 and the number of children who have a blood lead level over 10? I would like this for each year going as far back as possible.
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7/3/2017

available.  
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California Department of Public Health (CDPH)  
(916) 440-7259 (main office)  
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From: "Conens, Matt \ (CDPH-OPA)"  
 To: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)  
 Date: 10/10/2016 12:35:53 PM  
 Subject: inquiry to CDPH - Lead Data

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7/8/2017

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From: ["Conens. Matt \ \(CDPH-OPA\)"](#)  
 To: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)  
 Date: 10/20/2016 2:35:20 PM  
 Subject: PRA REQUEST to CDPH - childhood lead

Mike,

On October 10, 2016, CDPH received your request for childhood blood-lead data:

1). Available data on census tract-level test results for children under 72 months (as far back as possible)  
 Preference is:

- number of children tested,
- number of children with bll more than 5 micrograms per deciliter (mg/dcl), and
- number of children with bll more than 10 mg/dcl

===

2) The following fields from the CDPH database used to collect blood lead level testing results for each child age 0-72 months (under the age of six) from 2005 through 2015.

- The blood lead level test result;
- Test type (capillary or venous);
- The date of the test (year only is fine);
- The ZIP code of the test recipient;
- The name of the town of the test recipient

And a unique identifier for each recipient. I understand if you have to redact the unique identifiers that the department currently uses, like a social security number, and replace it with another unique identifier in order to preserve the anonymity of individual children.

3) OR data (by year and ZIP code)

- number of children tested,
- number of children with a blood lead level at or above 5 mg/dcl, and
- number of children with a blood lead level at or above 10 mg/dcl

For clarity, CDPH has labelled items 1 through 3.

Response for items 1) and 3)

With respect to your request for information by census tract and ZIP code, CDPH does not have an existing record on blood lead levels in all tested California children under 72 months, with the extent of information that you requested. CDPH has available limited blood lead level information by census tract or ZIP code in specific areas or for specific years. Please let us know if you wish to request this information.

Response for item 2)

With respect to your request for the multiple fields and information from the CDPH database on all tested California children under 72 months, CDPH does not have an existing record that is responsive to this extensive request. Additionally, the categories of information you are requesting consist of individual patient level medical data in confidential records and may lead to re-identification of young children. Accordingly, this information is exempt from disclosure under the PRA as established in Government Code 6254(c). This information is also exempt under Government code 6254(k) because the Information Practices Act (Civil Code section 1798 et seq) and the Childhood Lead Poisoning Prevention Laboratory Reporting Law (Health and Safety Code section 124130(g)) prevent the disclosure of confidential medical information, including information that you are requesting.

This concludes CDPH's response to this request. Please let me know if you need anything further.

Matt

From: ["Conens, Matt \(CDPH-OPA\)"](#)  
 To: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)  
 Date: 12/2/2016 10:45:22 AM  
 Subject: RE: inquiry to CDPH: BLL data

Hi Mike,  
 Apologies for not acknowledging your email sooner.  
 I've sent the question to my program experts and will get back to you ASAP.

Matt Conens  
 Office of Public Affairs  
 (916) 445-6350

---

**From:** michael.pell@thomsonreuters.com [mailto:michael.pell@thomsonreuters.com]  
**Sent:** Thursday, December 01, 2016 1:56 PM  
**To:** Conens, Matt (CDPH-OPA)  
**Subject:** RE: inquiry to CDPH: BLL data

Matt,

For the table which provides information on the top 200 ZIP codes for California, with the highest number of children under age 6 years with blood lead levels at and above 4.5 micrograms per deciliter (mcg/dL) in 2012, with at least 500 children tested, are these confirmed blood lead level tests?

Thanks again for your help,

Mike

---

**From:** Conens, Matt (CDPH-OPA) [mailto:Matt.Conens@cdph.ca.gov]  
**Sent:** Wednesday, November 23, 2016 5:13 PM  
**To:** Pell, Michael (Reuters)  
**Subject:** inquiry to CDPH: BLL data

Mike,

On October 20, 2016, your requested follow-up information to your October 10 Public Records Act request. Your request, and CDPH's response, is attached and below.

## REQUEST

Available ZIP code and census tract level data (children 0- 72 months)

## CDPH RESPONSE:

De-identified information that has been analyzed by census tract or ZIP code, which is currently available, is provided. This includes the following:

- A table which provides information on the top 200 ZIP codes for California, with the highest number of children under age 6 years with blood lead levels at and above 4.5 micrograms per deciliter (mcg/dL) in 2012, with at least 500 children tested.

- A table indicating which ZIP codes were omitted from the top 200 ZIP codes because less than 500 children were tested. (This is a second spread sheet in the file above and distinguishes those ZIP codes from ones omitted because they were not among those with high numbers of children with increased blood lead levels.)

- A table listing the 20 Los Angeles County ZIP codes with the highest number of children under age 6 years with blood lead levels at and above 4.5 mcg/dL for the year 2012

- A table listing blood lead levels by ZIP Code and age group for Los Angeles for the year 2012

- A table listing by ZIP code the number of individuals under age 21 years with blood lead levels at and over 9.5 mcg/dL for the years 2009-2011

- A map indicating the census areas where the rates of children with BLLs  $\geq$  4.5 mcg/dL were higher or lower than usual for Fresno County in 2009.

- Analysis of census tract information for children less than 6 years of age in 2012 in areas around the

Exide plant in Los Angeles County and Exide summary document, which are available at:  
<http://www.dtsc.ca.gov/HazardousWaste/Projects/upload/An-Analysis-of-Children-s-Blood-Lead-Levels-in-the-Area-Around-the-Exide-Site.pdf>

Other de-identified information of this type, but limited to specific locations and years, may be available. We would have to look for these materials which may exist in different formats and locations. We would get back to you by November 14, 2016 on what other materials are available, which can be provided, and when they can be produced. If this information is still of interest, please let us know.

**QUESTIONS:**

Why doesn't CDPH have at least ZIP code level data for each test result? Are these results not being reported?

**CDPH RESPONSE:**

CDPH does receive information with blood lead tests, which is for the most part data "as received" from the laboratories. This information resides in a database and may be incomplete or inaccurate. In limited instances, the data has been cleaned, verified, and aggregated and used in analyses, as indicated in the response above. CDPH does not have an existing analyzed record on blood lead levels in all tested California children under 72 months, with the information that you requested. CDPH cannot release this individual level data since this information could re-identify individuals and is exempt from disclosure under the PRA as established in Government Code 6254(c). This information is also exempt under Government code 6254(k) because the Information Practices Act (Civil Code section 1798 et seq) and the Childhood Lead Poisoning Prevention Laboratory Reporting Law (Health and Safety Code section 124130(g)) prevent the disclosure of confidential medical information.

**What areas and what years is census tract and ZIP code level data available?**

**CDPH RESPONSE:** Please see the initial response above.

This concludes CDPH's response to this request. Please let me know if you need anything else.

Matt Conens  
Office of Public Affairs  
[California Department of Public Health \(CDPH\)](http://www.cdph.ca.gov)  
(916) 440-7259 (main office)  
(916) 445-6350 (cubicle)



Learn easy ways to  
save water during  
California's drought at  
[SaveOurWater.com](http://SaveOurWater.com)

From: "[zzzArredondo, Abraham \ \(CDPH-OPA\)](#)"

To: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)

Date: 12/2/2016 4:39:58 PM

Subject: Response from the California Department of Public Health

Hello,

Here is the department's response to your recent inquiry. Please be sure to attribute it to the California Department of Public Health. Thank you.

Best,

Abram Arredondo

**QUESTIONS:**

**Are these confirmed blood lead level tests?**

**CDPH RESPONSE:**

No. Blood lead levels at and above 4.5 mcg/dL have not usually been confirmed and most would not have been confirmed in 2012. The subset of high blood lead values, at and above 14.5 mcg/dL, which would have defined a child as a case of lead poisoning, would have been confirmed.

Abram Arredondo  
Public Information Officer  
California Department of Public Health  
916-650-6864 (work)  
916-207-5743 (cell)



From: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)

To: ["Conens, Matt \(CDPH-OPA\)" <Matt.Conens@cdph.ca.gov>](mailto:Conens, Matt (CDPH-OPA))

Date: 1/4/2017 3:45:46 PM

Subject: Blood lead level testing data

Attachments: state\_sample\_format\_zip\_code.xls

Last month Reuters published a story on where tested children with elevated lead levels live down to the census tract or zip code level. <http://www.reuters.com/investigates/special-report/usa-lead-testing/>

For this report the California Department of Public Health provided us with limited testing data from 2012 for 200 zip codes.

Since publication, we have been contacted by numerous media outlets, researchers and residents of California who are interested in knowing more about lead poisoning in their state. This issue resonated with elected officials as well. Sadly, we have had to tell people who contact us that California could not share more comprehensive data with us because the department does not have an existing record that fit our request.

But we are working on a follow up story now in which we plan to publish testing data from additional states. We would like to highlight the California Department of Public Health's commitment to providing the public with information that allows them to make informed decisions about their personal health by publishing complete testing data for the entire state.

We would like the department to provide us with the number of unique children tested and the number of unique children with lead levels over five micrograms per deciliter for each year from 2005 through 2015 broken down by zip code. We would also like the data aggregated over that time period and broken down by zip code. We would like data for all children under the age of six. Attached is an example of what we would like.

We understand that you did not have the data broken down by zip code before, but we ask that you create the data for us. We have been told by epidemiologists and other public health officials that this data is critical for the public to understand the risks in their communities and make informed decisions about how to spend scarce public health dollars.

Thanks for your help,

Mike

Michael B. Pell  
Thomson Reuters  
646-223-6997

7/3/2017

From: ["Conens, Matt \CDPH-OPA\"](#)  
To: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)  
Date: 1/12/2017 10:14:57 AM  
Subject: inquiry to CDPH: lead-childhood (folo)

Mike,

The California Department of Public Health (CDPH) cannot provide the analyses for the other years that you requested. California did not have essentially full electronic reporting of blood lead tests until 2007. ZIP code analyses, such as have been done for 2012, are not available for the other years you indicate, would require extensive new work to create, and would have similar limitations to those described above for 2012.

The information aggregated by the California Department of Public Health (CDPH) and provided to you previously in a table (the 200 ZIP codes with the highest percentage of young children with blood lead levels at and above 4.5 micrograms per deciliter) was for ZIP codes with 500 children tested. It is information that was aggregated from blood lead test results submitted by laboratories to CDPH for blood lead tests done in 2012 on children under age 6 years and 500 tests were chosen because this number would yield reliable information for the group of children tested.

It needs to be recognized that testing results in California do not represent an average for all children, as do results from national blood lead sampling studies carried out by the Centers for Disease Control and Prevention (CDC). California does not aim to test all children and CDPH testing results only convey information on children who are blood lead tested. Our blood-lead screening regulations are designed to identify children most at risk for lead exposure and have them tested. These include: young children in government-assisted programs; those living in older housing, which puts them at risk from lead-based paint and lead-contaminated soil and dust; and any child where circumstances are thought to have put them at risk for exposure. The latter would include refugee children, who national policies specify be blood lead tested. Testing of at-risk children, and not all children, would serve to skew California results to higher percentages of children showing lead exposure, than if all children in our state were blood lead tested.

It should also be noted that the information sent to CDPH from the laboratories and included in the table are largely screening blood lead tests. This means that a child considered at risk for lead exposure may be tested during a routine health exam, by a finger-stick blood sample. These tests are more easily contaminated by lead from the testing environment than is a venous blood test and can result in falsely high results. To be sure of the accuracy of an increased blood lead finger-stick value, children would need a confirming venous blood test. CDPH has not excluded testing results which lacked a confirming venous test from the information in the table.

Blood lead levels of 4.5 micrograms per deciliter (mcg/dL) are regarded as equivalent to the current CDC reference blood lead level, which indicates above usual lead exposure in studies aiming to describe overall population exposure for young children. CDC adopted the reference level in 2012. Prior to that the CDC used a blood lead level of concern of 10 mcg/dL to indicate increased lead exposure.

Another factor that should be noted is that complete address information may be missing from blood lead test results sent to the state: California receives approximately 700,000 blood test results each year. In 2012, when a blood lead value of 9.5 mcg/dL (viewed as equivalent to 10 mcg/dL in California) was reported and was missing essential information, CDPH staff called the physician or laboratory to obtain this information. This would allow the child to be identified to the correct address. This was not true for many lower blood-lead values. For example, in 2012, some counties in California had almost 20 percent of laboratory reports that were missing ZIP code information and these reports with lower blood lead levels may not have been able to be assigned to a particular ZIP code. ZIP code results would then lack lower blood lead values, resulting in calculation of a larger percentage of increased values for the ZIP code.

The year 2012 is still the one with the data that has been most thoroughly analyzed for our state. If it is of interest, CDPH can provide ZIP code information for that year for ZIP codes with at least 200 children tested. This would provide you with additional information about our state, while maintaining reasonable reliability of the information on tested children and confidentiality of information.

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If you need to attribute this information please attribute it to the California Department of Public Health (CDPH).

7/9/2017



Matt Conens  
Office of Public Affairs  
California Department of Public Health (CDPH)  
(916) 440-7259 (main office)  
(916) 445-6350 (cubicle)

---

From: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)  
To: ["Conens. Matt \(CDPH-OPA\)" <Matt.Conens@cdph.ca.gov>](mailto:Conens.Matt@cdph.ca.gov)  
Date: 1/13/2017 3:36:05 PM  
Subject: RE: inquiry to CDPH: lead-childhood (folo)

Matt,

Thanks for taking the time to continue to engage with me. You said as many as 20 percent of test results don't have addresses associated with them. I have a couple of questions about this.

What percentage of blood test results are missing zip codes state-wide over the last five years?

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California once belonged CLPPP. Doesn't that program require the state to track the address of children screened for lead poisoning? Why was that not being done?

Based on what you've said we ask you to provide us with testing data for 2007 through 2015 broken down by zip code.

We ask for the data even though you said the ZIP code data we asked for "would require extensive new work to create." We appreciate the investment of time it will take your department to produce this information and we don't ask you to embark on this endeavor lightly. Even though this will take time for your employees it will provide residents with an invaluable tool to identify areas with high risk of lead exposure, according to epidemiologists from across the country. Further it provides counties, cities and towns with critical empirical evidence to assist in grant applications that can provide funds to help them cope with childhood lead exposure and eliminate the source. California is not the only state that did not have blood lead level testing data aggregated to the census tract or zip code level when Reuters requested it. Many other states, knowing the value of this information, provided us with granular testing data even though it required work. These states, most recently Mississippi, inevitably faced significant hurdles in providing us with this data, but said they would make the testing information available to us because it served the best interests of their residents. We ask you to do the same.

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If you continue to maintain that you will not release this data, could I please talk with the head of your lead program to discuss why? We plan on writing a story featuring states that will not make this information public and California will be among the first we discuss given the intense interest in the subject by elected officials, the public and other media outlets in California.

Happy to talk about this whenever you'd like.

Thanks for your help,

Mike

---

**From:** Conens, Matt (CDPH-OPA) [Matt.Conens@cdph.ca.gov]  
**Sent:** Thursday, January 12, 2017 11:14 AM  
**To:** Pell, Michael (Reuters)  
**Subject:** inquiry to CDPH: lead-childhood (folo)

Mike,

The California Department of Public Health (CDPH) cannot provide the analyses for the other years that you requested. California did not have essentially full electronic reporting of blood lead tests until 2007. ZIP code

7/8/2017

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The year 2012 is still the one with the data that has been most thoroughly analyzed for our state. If it is of interest, CDPH can provide ZIP code information for that year for ZIP codes with at least 200 children tested. This would provide you with additional information about our state, while maintaining reasonable reliability of the information on tested children and confidentiality of information.

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If you need to attribute this information please attribute it to the California Department of Public Health (CDPH).

Matt Conens  
Office of Public Affairs  
California Department of Public Health (CDPH)  
(916) 440-7259 (main office)  
(916) 445-6350 (cubicle)



From: "Conens, Matt (CDPH-OPA)"  
To: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)  
Date: 1/17/2017 2:43:44 PM  
Subject: RE: inquiry to CDPH: lead-childhood (folo)

Hi Mike, thanks for the voice mail. I don't think I will have time to talk today but hopefully tomorrow.

I had a question about the highlighted comment:

CDPH has a [Childhood Lead Poisoning Prevention Program \(CLPPP\)](#). Or does CLPPP (in your comment) refer to something else?

Matt

---

**From:** michael.pell@thomsonreuters.com [mailto:michael.pell@thomsonreuters.com]  
**Sent:** Friday, January 13, 2017 1:36 PM  
**To:** Conens, Matt (CDPH-OPA)  
**Subject:** RE: inquiry to CDPH: lead-childhood (folo)

Matt,

Thanks for taking the time to continue to engage with me. You said as many as 20 percent of test results don't have addresses associated with them. I have a couple of questions about this.

What percentage of blood test results are missing zip codes state-wide over the last five years?

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**California once belonged CLPPP.** Doesn't that program require the state to track the address of children screened for lead poisoning? Why was that not being done?

Based on what you've said we ask you to provide us with testing data for 2007 through 2015 broken down by zip code.

We ask for the data even though you said the ZIP code data we asked for "would require extensive new work to create." We appreciate the investment of time it will take your department to produce this information and we don't ask you to embark on this endeavor lightly. Even though this will take time for your employees it will provide residents with an invaluable tool to identify areas with high risk of lead exposure, according to epidemiologists from across the country. Further it provides counties, cities and towns with critical empirical evidence to assist in grant applications that can provide funds to help them cope with childhood lead exposure and eliminate the source. California is not the only state that did not have blood lead level testing data aggregated to the census tract or zip code level when Reuters requested it. Many other states, knowing the value of this information, provided us with granular testing data even though it required work. These states, most recently Mississippi, inevitably faced significant hurdles in providing us with this data, but said they would make the testing information available to us because it served the best interests of their residents. We ask you to do the same.

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Happy to talk about this whenever you'd like.

7/8/2017

Thanks for your help,

Mike

---

**From:** Conens, Matt (CDPH-OPA) [Matt.Conens@cdph.ca.gov]

**Sent:** Thursday, January 12, 2017 11:14 AM

**To:** Pell, Michael (Reuters)

**Subject:** inquiry to CDPH: lead-childhood (folo)

Mike,

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If you need to attribute this information please attribute it to the California Department of Public Health (CDPH).

Matt Conens  
Office of Public Affairs  
California Department of Public Health (CDPH)  
(916) 440-7259 (main office)  
(916) 445-6350 (cubicle)



From: ["Conens, Matt \CDPH-OPA\"](#)  
To: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)  
Date: 1/31/2017 6:28:19 PM  
Subject: RE: inquiry to CDPH: lead-childhood (folo)

Hi Mike,  
Thanks for the call this morning.  
What was the item that you mentioned that you said you wanted to prioritize?

Matt

---

**From:** michael.pell@thomsonreuters.com [mailto:michael.pell@thomsonreuters.com]  
**Sent:** Friday, January 13, 2017 1:36 PM  
**To:** Conens, Matt (CDPH-OPA)  
**Subject:** RE: inquiry to CDPH: lead-childhood (folo)

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Thanks for your help,

7/3/2017

Mike

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 7/3/2017

(CDPH).

Matt Conens  
Office of Public Affairs  
California Department of Public Health (CDPH)  
(916) 440-7259 (main office)  
(916) 445-6350 (cubicle)

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From: "Conens, Matt (CDPH-OPA)"  
To: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)  
Date: 2/1/2017 10:56:53 AM  
Subject: RE: inquiry to CDPH: lead-childhood (folo)

Thanks for the clarification, Mike.

Matt

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**From:** michael.pell@thomsonreuters.com [mailto:michael.pell@thomsonreuters.com]  
**Sent:** Wednesday, February 01, 2017 8:37 AM  
**To:** Conens, Matt (CDPH-OPA)  
**Subject:** RE: inquiry to CDPH: lead-childhood (folo)

"Easily," could have been (translate as definitely was) my editorial addition. I assume it's easy as the numbers have already been run. After all you can't know which zip codes have at least 500 tested children if you don't know how many tested children there are for each zip code.

Mike

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**From:** Conens, Matt (CDPH-OPA) [mailto:Matt.Conens@cdph.ca.gov]  
**Sent:** Wednesday, February 01, 2017 11:30 AM  
**To:** Pell, Michael (Reuters)  
**Subject:** RE: inquiry to CDPH: lead-childhood (folo)

Thanks Mike, for clarifying.  
I'm not sure where "easily" was stated but I will pass along your request.  
Your patience is appreciated.

Matt

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**From:** [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com) [mailto:michael.pell@thomsonreuters.com]  
**Sent:** Wednesday, February 01, 2017 5:34 AM  
**To:** Conens, Matt (CDPH-OPA)  
**Subject:** Re: inquiry to CDPH: lead-childhood (folo)

Matt,

You said you could easily provide the number of children tested and the number with high lead levels broken down by zip code for those zip codes where at least 200 children were tested for the year 2012.

Much thanks,  
Mike

Sent from my iPhone

On Jan 31, 2017, at 7:28 PM, Conens, Matt (CDPH-OPA) <[Matt.Conens@cdph.ca.gov](mailto:Matt.Conens@cdph.ca.gov)> wrote:

Hi Mike,  
Thanks for the call this morning.  
What was the item that you mentioned that you said you wanted to prioritize?

Matt

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**From:** [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com) [mailto:michael.pell@thomsonreuters.com]  
**Sent:** Friday, January 13, 2017 1:36 PM  
**To:** Conens, Matt (CDPH-OPA)  
**Subject:** RE: inquiry to CDPH: lead-childhood (folo)

Matt,

Thanks for taking the time to continue to engage with me. You said as many as 20 percent of test results don't have addresses associated with them. I have a couple of questions about this.

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- 1.) What percentage of blood test results are missing zip codes state-wide over the last five years?
- 2.) Could you provide me with the percentage of tests that are missing zip codes by year for the last five years?
- 3.) You said in 2012 some counties were missing up to 20 percent of zip codes. Can you please tell me what the highest percentage of missing zip codes is for a county for each of the past five years?
- 4.) Why have has the department not corrected this problem and required providers to submit full addresses as is the case in other states?
- 5.) California once belonged CLPPP. Doesn't that program require the state to track the address of children screened for lead poisoning? Why was that not being done?

Based on what you've said we ask you to provide us with testing data for 2007 through 2015 broken down by zip code.

We ask for the data even though you said the ZIP code data we asked for "would require extensive new work to create." We appreciate the investment of time it will take your department to produce this information and we don't ask you to embark on this endeavor lightly. Even though this will take time for your employees it will provide residents with an invaluable tool to identify areas with high risk of lead exposure, according to epidemiologists from across the country. Further it provides counties, cities and towns with critical empirical evidence to assist in grant applications that can provide funds to help them cope with childhood lead exposure and eliminate the source. California is not the only state that did not have blood lead level testing data aggregated to the census tract or zip code level when Reuters requested it. Many other states, knowing the value of this information, provided us with granular testing data even though it required work. These states, most recently Mississippi, inevitably faced significant hurdles in providing us with this data, but said they would make the testing information available to us because it served the best interests of their residents. We ask you to do the same.

As far as the problem of imperfect data – missing zip codes – we discussed the missing zip codes problem with epidemiologists who specialize in studying lead surveillance data and their response was: yes, data is never perfect. One epidemiologist told us missing zip codes does not require "you to stick your head in the sand and pretend the data doesn't exist." They said this missing address information is a common problem in any surveillance data and the correct approach would be to analyze it and then note what's missing from the data.

If you continue to maintain that you will not release this data, could I please talk with the head of your lead program to discuss why? We plan on writing a story featuring states that will not make this information public and California will be among the first we discuss given the intense interest in the subject by elected officials, the public and other media outlets in California.

Happy to talk about this whenever you'd like.

Thanks for your help,

Mike

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**From:** Conens, Matt (CDPH-OPA) [[Matt.Conens@cdph.ca.gov](mailto:Matt.Conens@cdph.ca.gov)] ]  
**Sent:** Thursday, January 12, 2017 11:14 AM  
**To:** Pell, Michael (Reuters)  
**Subject:** inquiry to CDPH: lead-childhood (folo)

Mike,

The California Department of Public Health (CDPH) cannot provide the analyses for the other years that you requested. California did not have essentially full electronic reporting of blood lead tests until 2007. ZIP code analyses, such as have been done for 2012, are not available for the other years you indicate, would require extensive new work to create, and would have similar limitations to those described above for 2012.

The information aggregated by the California Department of Public Health (CDPH) and provided to you previously in a table (the 200 ZIP codes with the highest percentage of young children with blood lead levels at and above 4.5 micrograms per deciliter) was for ZIP codes with 500 children tested. It is information that was aggregated from blood lead test results submitted by laboratories to CDPH for blood lead tests done in 2012 on children under age 6 years and 500 tests were chosen because this number

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would yield reliable information for the group of children tested.

It needs to be recognized that testing results in California do not represent an average for all children, as do results from national blood lead sampling studies carried out by the Centers for Disease Control and Prevention (CDC). California does not aim to test all children and CDPH testing results only convey information on children who are blood lead tested. Our blood-lead screening regulations are designed to identify children most at risk for lead exposure and have them tested. These include: young children in government-assisted programs; those living in older housing, which puts them at risk from lead-based paint and lead-contaminated soil and dust; and any child where circumstances are thought to have put them at risk for exposure. The latter would include refugee children, who national policies specify be blood lead tested. Testing of at-risk children, and not all children, would serve to skew California results to higher percentages of children showing lead exposure, than if all children in our state were blood lead tested.

It should also be noted that the information sent to CDPH from the laboratories and included in the table are largely screening blood lead tests. This means that a child considered at risk for lead exposure may be tested during a routine health exam, by a finger-stick blood sample. These tests are more easily contaminated by lead from the testing environment than is a venous blood test and can result in falsely high results. To be sure of the accuracy of an increased blood lead finger-stick value, children would need a confirming venous blood test. CDPH has not excluded testing results which lacked a confirming venous test from the information in the table.

Blood lead levels of 4.5 micrograms per deciliter (mcg/dL) are regarded as equivalent to the current CDC reference blood lead level, which indicates above usual lead exposure in studies aiming to describe overall population exposure for young children. CDC adopted the reference level in 2012. Prior to that the CDC used a blood lead level of concern of 10 mcg/dL to indicate increased lead exposure.

Another factor that should be noted is that complete address information may be missing from blood lead test results sent to the state: California receives approximately 700,000 blood test results each year. In 2012, when a blood lead value of 9.5 mcg/dL (viewed as equivalent to 10 mcg/dL in California) was reported and was missing essential information, CDPH staff called the physician or laboratory to obtain this information. This would allow the child to be identified to the correct address. This was not true for many lower blood-lead values. For example, in 2012, some counties in California had almost 20 percent of laboratory reports that were missing ZIP code information and these reports with lower blood lead levels may not have been able to be assigned to a particular ZIP code. ZIP code results would then lack lower blood lead values, resulting in calculation of a larger percentage of increased values for the ZIP code.

The year 2012 is still the one with the data that has been most thoroughly analyzed for our state. If it is of interest, CDPH can provide ZIP code information for that year for ZIP codes with at least 200 children tested. This would provide you with additional information about our state, while maintaining reasonable reliability of the information on tested children and confidentiality of information.

[Data by California county is available for the years 2007 through 2012](#) on the CDPH website.

If you need to attribute this information please attribute it to the California Department of Public Health (CDPH).

Matt Conens  
Office of Public Affairs  
California Department of Public Health (CDPH)  
(916) 440-7259 (main office)  
(916) 445-6350 (cubicle)

From: ["Conens. Matt \ \(CDPH-OPA\)"](#)  
To: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)  
Date: 2/8/2017 6:26:21 PM  
Subject: your message

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Hi Mike,

Thanks for the call while I was out. My coworker gave me the message.

I don't have a firm ETA at this point but have been advised it's being worked on. I'll check in on it towards the end of the week. I know it's important.

Matt

From: ["Conens. Matt \ \(CDPH-OPA\)"](#)

To: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)

Date: 2/23/2017 6:53:24 PM

Subject: your voicemail

Hi Mike, thanks for the voicemail and keeping in touch.

We're still working on this. I'm afraid that I can't provide a specific ETA but progress is being made.

Matt



From: ["Conens, Matt \ \(CDPH-OPA\)"](#)

To: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)

Date: 3/2/2017 11:13:18 AM

Subject: call to CDPH

Hi Mike,  
Thanks for the voice mail.  
Still working on this for you.

Matt Conens  
Office of Public Affairs  
[California Department of Public Health \(CDPH\)](#)  
(916) 440-7259 (main office)  
(916) 445-6350 (cubicle)

From: ["Conens, Matt \ \(CDPH-OPA\)"](#)  
 To: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)  
 Date: 3/6/2017 11:21:00 AM  
 Subject: RE: inquiry to CDPH: lead-childhood (folo)

Certainly, I will send over your request this morning.

Matt

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**From:** michael.pell@thomsonreuters.com [mailto:michael.pell@thomsonreuters.com]  
**Sent:** Monday, March 06, 2017 9:14 AM  
**To:** Conens, Matt (CDPH-OPA)  
**Subject:** RE: inquiry to CDPH: lead-childhood (folo)

Matt,

[Thank you for this response.](#)

The response says, "CDPH can provide 2012 statewide data by ZIP code (at least 250 children tests). If you would like this, or other data that CDPH has offered to provide to you, please let us know."

Can you please provide me with those test results?

Thank you.

Mike

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**From:** Conens, Matt (CDPH-OPA) [mailto:[Matt.Conens@cdph.ca.gov](mailto:Matt.Conens@cdph.ca.gov)]  
**Sent:** Friday, March 03, 2017 7:49 PM  
**To:** Pell, Michael (Reuters)  
**Subject:** inquiry to CDPH: lead-childhood (folo)

Mike,

Thank you for your patience.

As always, if you need to attribute please attribute to the California Department of Public Health (CDPH).

**Q1.) What percentage of statewide blood test results are missing ZIP codes over the last five years?**

**CDPH RESPONSE:**

California has looked at the percentage of blood test results from throughout the state that are missing accurate ZIP codes for 2012, 2013, 2014, 2015 and 2016. Information for 2016 may not yet be complete since not all tests may have been reported.

The California Department of Public Health (CDPH) looked at all blood lead test reports (on children and adults) submitted to CDPH. Over this time period, 16 percent of statewide blood lead tests reported to CDPH did not have a ZIP code included. However, CDPH carries out extensive efforts to locate the tested children so that they can be provided services.

**Q2.) Could you provide me with the percentage of tests that are missing ZIP codes by year for the last five years?**

**CDPH RESPONSE:**

The percentage of tests missing ZIP codes were:

For 2012: 19 %  
 For 2013: 19 %  
 For 2014: 19 %  
 For 2015: 13 %  
 For 2016: 11 %

**Q3.) You said in 2012 some counties were missing up to 20 percent of ZIP codes. Can you please tell me what the highest percentage of missing ZIP codes is for a county for each of the past five years?**

**CDPH RESPONSE:**

For certain counties, the percentage of missing ZIP codes was higher than the previously noted 20 percent. The county with the highest percentage of missing ZIP codes by year, for the past five years was:

2012 - Tuolumne 76 %  
 2013 - Sonoma 78 %  
 2014 - San Joaquin 82 %  
 2015 - Marin 41 %  
 2016 - Ventura 35 %

**Q4.) Why has the department not corrected this problem and why hasn't it required providers to submit full addresses (as is the case in other states)?**

**CDPH RESPONSE:**

Test reports do not come from the health care provider. California law requires the analyzing laboratory to report the test result to the state. Laboratories may be several steps removed from the site at which the blood lead test sample was drawn. The information held by the laboratory and submitted to the state may not be the child's actual place of residence. Some addresses submitted are post office boxes where the family receives mail, other addresses may include those of the health care facility sending the sample, some errors may occur when results are transcribed, etc. All blood test results are reported. They are not limited to just increased blood-lead test results, as they have been in some states.

Also, under the legislation that implemented universal laboratory reporting of blood lead tests, the address is to be provided if the analyzing laboratory has that information. If the laboratory does not have that information, a telephone number may be provided. Either allows a child with an increased blood lead level to be located quickly for the purpose of providing services and address information can be added later. Addition of addresses may not occur for children with lower blood lead levels.

CDPH does not believe these issues are unique to California. However, as indicated in the responses above, there has been improvement in capturing ZIP codes in recent years.

With about 700,000 blood test results received each year, extensive labor goes into identifying and reaching the children who have increased blood lead levels and providing these children with needed outreach and services.

CDPH also works with laboratories to facilitate reporting of blood lead tests and reminds them of the information that is to be reported. The last notification to laboratories doing blood lead testing was in November 2016.

**Q5.) California once belonged to the [CDC's Childhood Lead Poisoning Prevention Program](#) . Doesn't that program require the state to track the addresses of children screened for lead poisoning? Why was that not being done?**

**CDPH RESPONSE:**

The Centers for Disease Control and Prevention (CDC) did not require tracking of ZIP code information. CDPH carried out its responsibilities under the CDC grant program. As previously explained, testing results in California do not represent an average for all children (low risk and high risk for lead exposure), as do results from national blood lead sampling studies carried out by the CDC. Yet, even with testing of only higher risk children, the percent of California children found with blood lead levels at and above 4.5 micrograms per deciliter (mcg/dL) in 2012 was 1.9 percent, well below the 2.5 percent with blood lead levels of 5 mcg/dL or greater (which defined the CDC reference level that year).

**Q6.) Regarding testing data for 2007 through 2015 broken down by ZIP code. We ask for the data even though CDPH said the ZIP code data requested "would require extensive new work to create." If you continue to maintain that you will not release this data, could I please talk with the head of your lead program to discuss why?**

**CDPH RESPONSE:**

California has been a leader in preventing exposure to lead, through many initiatives and environmental legislation, and has been successful in reducing the number of children with increased blood lead. The information that you are requesting does not exist as a record. The California Public Record Act does not require the creation of a new record, however, CDPH can provide 2012 statewide data by ZIP code (at least 250

children tests). If you would like this, or other data that CDPH has offered to provide to you, please let us know.

Matt

From: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)  
To: [<Matt.Conens@cdph.ca.gov>](mailto:Conens.Matt (CDPH-OPA))  
Date: 3/15/2017 10:31:17 AM  
Subject: EBLL testing data by zip code

Matt,

As we've discussed many times over the last weeks and months, Reuters is planning to write a story addressing BLL testing data and elevated blood lead levels in additional states, and we want to include California. Given your repeated assurances that CA will share additional data, we very much hope to address California, among many other states, in this upcoming story. We request that you share the data (including zip code level data for areas where 250 or more children were tested in 2012) **by close of business on Monday, March 20**. We'd greatly appreciate that. We've been patient in awaiting this further data, but some of the specific challenges you've related to us (such as some BLL tests not being linked to a zip code) are commonplace in other states as well, and that hasn't stopped them from sharing the data.

If we can't get the additional California data, then it won't be included as one component in a broad national story, but we would still have other story plans to address CA's lead program separately in the coming weeks. A California-specific story would likely include a discussion of our months-long back and forth seeking data, CA's relative data blackout on BLL data among children, and commentary from experts who say this type of health surveillance gap has been a predicated factor in disasters including Flint's. As we've discussed by phone, officials from several CA counties have expressed frustration to us that the state is "withholding" BLL data that could serve as a valuable resource for their own programs, and they are puzzled as to why, when CA has clearly collected the data (including compiling it into the RASSCE database, which de-identifies patients, and was already handed over to paint companies).

Furthermore, as CA legislators debate the merits of a bill that could require virtually all children in the state to have BLL tests, it's important now to highlight how little local information is publicly available about BLL testing results among CA children, and potentially juxtapose this scenario with CA's stellar track record for closely and transparently monitoring so many other sources of environmental toxins. For the California-specific story, if we go in that direction, we'd probably like to feature the role of CA lead poisoning prevention director Valerie Charlton and would want to seek an interview with her.

Happy to discuss this with you if you'd like.

Mike

Michael B. Pell  
Thomson Reuters  
646-223-6997

**Blood Lead Testing Results by Jurisdiction and Zip Code for Children Age < 6 Years; California 2012.**

Zip Code	Jurisdiction	Children age < 6		
		years tested during 2012*	BLLs >= 4.5 Age < 6	% BLLs >= 4.5 Age < 6
94501	ALAMEDA	382	17	4.45%
94536	ALAMEDA	257	5	1.95%
94538	ALAMEDA	261	16	6.13%
94541	ALAMEDA	463	12	2.59%
94544	ALAMEDA	613	10	1.63%
94577	ALAMEDA	275	7	2.55%
94578	ALAMEDA	330	8	2.42%
94587	ALAMEDA	375	10	2.67%
94601	ALAMEDA	502	38	7.57%
94603	ALAMEDA	400	24	6.00%
94605	ALAMEDA	377	27	7.16%
94606	ALAMEDA	295	22	7.46%
94607	ALAMEDA	253	18	7.11%
94608	ALAMEDA	257	16	6.23%
94621	ALAMEDA	448	28	6.25%
95926	BUTTE	250	7	2.80%
95965	BUTTE	266	20	7.52%
95966	BUTTE	307	27	8.79%
94509	CONTRA COSTA	540	6	1.11%
94513	CONTRA COSTA	315	2	0.63%
94521	CONTRA COSTA	363	2	0.55%
94553	CONTRA COSTA	529	1	0.19%
94565	CONTRA COSTA	1,511	5	0.33%
94801	CONTRA COSTA	405	12	2.96%
94804	CONTRA COSTA	455	7	1.54%
94806	CONTRA COSTA	960	11	1.15%
96150	EL DORADO	259	17	6.56%
93234	FRESNO	263	10	3.80%
93612	FRESNO	326	12	3.68%
93630	FRESNO	435	24	5.52%
93640	FRESNO	436	5	1.15%
93646	FRESNO	384	7	1.82%
93648	FRESNO	366	15	4.10%
93654	FRESNO	696	23	3.30%
93657	FRESNO	422	21	4.98%
93662	FRESNO	515	34	6.60%
93701	FRESNO	427	58	13.58%
93702	FRESNO	1,378	76	5.52%
93703	FRESNO	725	39	5.38%
93704	FRESNO	302	17	5.63%
93705	FRESNO	608	30	4.93%
93706	FRESNO	1,011	58	5.74%
93710	FRESNO	265	8	3.02%
93722	FRESNO	874	38	4.35%
93725	FRESNO	545	23	4.22%

**Blood Lead Testing Results by Jurisdiction and Zip Code for Children Age < 6 Years; California 2012.**

Zip Code	Jurisdiction	Children age < 6		
		years tested during 2012*	BLLs >= 4.5 Age < 6	% BLLs >= 4.5 Age < 6
93726	FRESNO	634	16	2.52%
93727	FRESNO	1,203	29	2.41%
93728	FRESNO	272	25	9.19%
95501	HUMBOLDT	303	33	10.89%
92227	IMPERIAL	813	25	3.08%
92231	IMPERIAL	1,360	45	3.31%
92243	IMPERIAL	1,609	55	3.42%
92251	IMPERIAL	292	4	1.37%
93203	KERN	879	23	2.62%
93215	KERN	1,550	20	1.29%
93241	KERN	735	29	3.95%
93250	KERN	459	13	2.83%
93263	KERN	633	15	2.37%
93268	KERN	304	18	5.92%
93280	KERN	638	8	1.25%
93301	KERN	402	9	2.24%
93304	KERN	1,454	30	2.06%
93305	KERN	1,164	39	3.35%
93306	KERN	1,649	36	2.18%
93307	KERN	2,783	69	2.48%
93308	KERN	989	27	2.73%
93309	KERN	1,241	13	1.05%
93311	KERN	541	4	0.74%
93312	KERN	726	9	1.24%
93313	KERN	918	13	1.42%
93314	KERN	260	1	0.38%
93555	KERN	496	3	0.60%
93560	KERN	302	2	0.66%
93204	KINGS	319	20	6.27%
90802	LONG BEACH	433	12	2.77%
90804	LONG BEACH	612	16	2.61%
90805	LONG BEACH	2,049	24	1.17%
90806	LONG BEACH	870	20	2.30%
90807	LONG BEACH	359	5	1.39%
90808	LONG BEACH	290	5	1.72%
90810	LONG BEACH	633	14	2.21%
90813	LONG BEACH	1,349	37	2.74%
90815	LONG BEACH	271	8	2.95%
90001	LOS ANGELES	2,242	78	3.48%
90002	LOS ANGELES	2,044	45	2.20%
90003	LOS ANGELES	2,376	89	3.75%
90004	LOS ANGELES	1,112	24	2.16%
90005	LOS ANGELES	815	17	2.09%
90006	LOS ANGELES	1,657	74	4.47%

**Blood Lead Testing Results by Jurisdiction and Zip Code for Children Age < 6 Years; California 2012.**

Zip Code	Jurisdiction	Children age < 6		
		years tested during 2012*	BLLs >= 4.5 Age < 6	% BLLs >= 4.5 Age < 6
90007	LOS ANGELES	690	27	3.91%
90008	LOS ANGELES	606	14	2.31%
90011	LOS ANGELES	3,979	210	5.28%
90012	LOS ANGELES	283	6	2.12%
90015	LOS ANGELES	443	28	6.32%
90016	LOS ANGELES	995	27	2.71%
90017	LOS ANGELES	570	14	2.46%
90018	LOS ANGELES	1,232	36	2.92%
90019	LOS ANGELES	1,126	43	3.82%
90020	LOS ANGELES	730	22	3.01%
90022	LOS ANGELES	1,813	41	2.26%
90023	LOS ANGELES	1,398	46	3.29%
90025	LOS ANGELES	257	4	1.56%
90026	LOS ANGELES	1,036	36	3.47%
90027	LOS ANGELES	417	10	2.40%
90029	LOS ANGELES	841	25	2.97%
90031	LOS ANGELES	858	24	2.80%
90032	LOS ANGELES	936	14	1.50%
90033	LOS ANGELES	1,295	61	4.71%
90034	LOS ANGELES	703	20	2.84%
90035	LOS ANGELES	250	6	2.40%
90037	LOS ANGELES	2,139	112	5.24%
90038	LOS ANGELES	599	15	2.50%
90039	LOS ANGELES	323	10	3.10%
90040	LOS ANGELES	327	8	2.45%
90041	LOS ANGELES	255	3	1.18%
90042	LOS ANGELES	1,178	33	2.80%
90043	LOS ANGELES	800	24	3.00%
90044	LOS ANGELES	2,873	101	3.52%
90045	LOS ANGELES	324	2	0.62%
90047	LOS ANGELES	937	23	2.45%
90057	LOS ANGELES	1,443	22	1.52%
90059	LOS ANGELES	1,462	43	2.94%
90061	LOS ANGELES	760	16	2.11%
90062	LOS ANGELES	764	31	4.06%
90063	LOS ANGELES	1,588	54	3.40%
90065	LOS ANGELES	876	20	2.28%
90066	LOS ANGELES	538	19	3.53%
90201	LOS ANGELES	3,214	57	1.77%
90220	LOS ANGELES	1,394	33	2.37%
90221	LOS ANGELES	1,894	37	1.95%
90222	LOS ANGELES	1,059	28	2.64%
90230	LOS ANGELES	370	6	1.62%
90240	LOS ANGELES	487	6	1.23%



**Blood Lead Testing Results by Jurisdiction and Zip Code for Children Age < 6 Years; California 2012.**

Zip Code	Jurisdiction	Children age < 6		
		years tested during 2012*	BLLs >= 4.5 Age < 6	% BLLs >= 4.5 Age < 6
90241	LOS ANGELES	968	6	0.62%
90242	LOS ANGELES	1,067	7	0.66%
90247	LOS ANGELES	836	10	1.20%
90249	LOS ANGELES	413	9	2.18%
90250	LOS ANGELES	1,902	21	1.10%
90255	LOS ANGELES	2,439	71	2.91%
90260	LOS ANGELES	577	6	1.04%
90262	LOS ANGELES	2,472	35	1.42%
90270	LOS ANGELES	854	25	2.93%
90280	LOS ANGELES	2,726	55	2.02%
90301	LOS ANGELES	696	16	2.30%
90302	LOS ANGELES	564	14	2.48%
90303	LOS ANGELES	678	9	1.33%
90304	LOS ANGELES	757	13	1.72%
90501	LOS ANGELES	502	5	1.00%
90503	LOS ANGELES	312	8	2.56%
90504	LOS ANGELES	261	2	0.77%
90601	LOS ANGELES	416	7	1.68%
90602	LOS ANGELES	470	7	1.49%
90604	LOS ANGELES	584	4	0.68%
90605	LOS ANGELES	721	9	1.25%
90606	LOS ANGELES	607	3	0.49%
90638	LOS ANGELES	544	5	0.92%
90640	LOS ANGELES	1,377	12	0.87%
90650	LOS ANGELES	2,223	16	0.72%
90660	LOS ANGELES	1,414	12	0.85%
90703	LOS ANGELES	450	1	0.22%
90706	LOS ANGELES	1,771	23	1.30%
90710	LOS ANGELES	414	1	0.24%
90712	LOS ANGELES	374	4	1.07%
90713	LOS ANGELES	310	2	0.65%
90715	LOS ANGELES	311	3	0.96%
90716	LOS ANGELES	325	2	0.62%
90723	LOS ANGELES	1,398	14	1.00%
90731	LOS ANGELES	702	12	1.71%
90744	LOS ANGELES	923	17	1.84%
90745	LOS ANGELES	733	6	0.82%
90746	LOS ANGELES	287	6	2.09%
91001	LOS ANGELES	429	4	0.93%
91006	LOS ANGELES	359		0.00%
91007	LOS ANGELES	359	7	1.95%
91010	LOS ANGELES	533	3	0.56%
91016	LOS ANGELES	875	17	1.94%
91042	LOS ANGELES	313	5	1.60%

**Blood Lead Testing Results by Jurisdiction and Zip Code for Children Age < 6 Years; California 2012.**

Zip Code	Jurisdiction	Children age < 6		
		years tested during 2012*	BLLs >= 4.5 Age < 6	% BLLs >= 4.5 Age < 6
91201	LOS ANGELES	305	2	0.66%
91202	LOS ANGELES	258	4	1.55%
91204	LOS ANGELES	256	7	2.73%
91205	LOS ANGELES	605	13	2.15%
91206	LOS ANGELES	366	10	2.73%
91303	LOS ANGELES	584	12	2.05%
91304	LOS ANGELES	698	10	1.43%
91306	LOS ANGELES	673	4	0.59%
91321	LOS ANGELES	586	5	0.85%
91324	LOS ANGELES	298	2	0.67%
91325	LOS ANGELES	339	6	1.77%
91331	LOS ANGELES	2,528	44	1.74%
91335	LOS ANGELES	1,174	23	1.96%
91340	LOS ANGELES	743	12	1.62%
91342	LOS ANGELES	1,472	16	1.09%
91343	LOS ANGELES	1,227	20	1.63%
91344	LOS ANGELES	442	6	1.36%
91345	LOS ANGELES	273	1	0.37%
91351	LOS ANGELES	441	4	0.91%
91352	LOS ANGELES	1,015	19	1.87%
91387	LOS ANGELES	498	2	0.40%
91401	LOS ANGELES	543	7	1.29%
91402	LOS ANGELES	1,722	9	0.52%
91405	LOS ANGELES	1,051	15	1.43%
91406	LOS ANGELES	925	15	1.62%
91411	LOS ANGELES	444	3	0.68%
91504	LOS ANGELES	278	1	0.36%
91505	LOS ANGELES	289	3	1.04%
91601	LOS ANGELES	524	8	1.53%
91605	LOS ANGELES	1,123	11	0.98%
91606	LOS ANGELES	816	10	1.23%
91702	LOS ANGELES	1,349	15	1.11%
91706	LOS ANGELES	2,025	24	1.19%
91722	LOS ANGELES	594	7	1.18%
91723	LOS ANGELES	276	2	0.72%
91724	LOS ANGELES	386	4	1.04%
91731	LOS ANGELES	808	16	1.98%
91732	LOS ANGELES	1,706	44	2.58%
91733	LOS ANGELES	1,408	33	2.34%
91740	LOS ANGELES	400	2	0.50%
91741	LOS ANGELES	270	2	0.74%
91744	LOS ANGELES	2,384	25	1.05%
91745	LOS ANGELES	739	7	0.95%
91746	LOS ANGELES	762	9	1.18%

**Blood Lead Testing Results by Jurisdiction and Zip Code for Children Age < 6 Years; California 2012.**

Zip Code	Jurisdiction	Children age < 6		
		years tested during 2012*	BLLs >= 4.5 Age < 6	% BLLs >= 4.5 Age < 6
91748	LOS ANGELES	682	10	1.47%
91750	LOS ANGELES	281	2	0.71%
91754	LOS ANGELES	527	4	0.76%
91755	LOS ANGELES	439	10	2.28%
91765	LOS ANGELES	455	3	0.66%
91766	LOS ANGELES	2,078	40	1.92%
91767	LOS ANGELES	1,330	16	1.20%
91768	LOS ANGELES	865	16	1.85%
91770	LOS ANGELES	1,567	81	5.17%
91773	LOS ANGELES	307	2	0.65%
91775	LOS ANGELES	330	3	0.91%
91776	LOS ANGELES	769	16	2.08%
91780	LOS ANGELES	492	10	2.03%
91789	LOS ANGELES	386	2	0.52%
91790	LOS ANGELES	777	13	1.67%
91791	LOS ANGELES	425	1	0.24%
91792	LOS ANGELES	469	6	1.28%
91801	LOS ANGELES	771	15	1.95%
91803	LOS ANGELES	490	8	1.63%
93534	LOS ANGELES	1,048	6	0.57%
93535	LOS ANGELES	2,110	12	0.57%
93536	LOS ANGELES	1,107	2	0.18%
93543	LOS ANGELES	284	2	0.70%
93550	LOS ANGELES	2,310	13	0.56%
93551	LOS ANGELES	834	9	1.08%
93552	LOS ANGELES	1,136	5	0.44%
93637	MADERA	1,025	16	1.56%
93638	MADERA	1,697	30	1.77%
95301	MERCED	497	20	4.02%
95340	MERCED	548	21	3.83%
95348	MERCED	260	6	2.31%
95388	MERCED	281	9	3.20%
93901	MONTEREY	559	15	2.68%
93905	MONTEREY	2,658	46	1.73%
93906	MONTEREY	1,547	30	1.94%
93907	MONTEREY	302	5	1.66%
93926	MONTEREY	262	3	1.15%
93927	MONTEREY	712	13	1.83%
93930	MONTEREY	558	10	1.79%
93955	MONTEREY	672	50	7.44%
93960	MONTEREY	498	12	2.41%
94558	NAPA	426	7	1.64%
90620	ORANGE	607	6	0.99%
90621	ORANGE	786	15	1.91%

**Blood Lead Testing Results by Jurisdiction and Zip Code for Children Age < 6 Years; California 2012.**

Zip Code	Jurisdiction	Children age < 6		
		years tested during 2012*	BLLs >= 4.5 Age < 6	% BLLs >= 4.5 Age < 6
90630	ORANGE	532	7	1.32%
90631	ORANGE	1,310	28	2.14%
90680	ORANGE	684	19	2.78%
92626	ORANGE	500	7	1.40%
92627	ORANGE	1,139	25	2.19%
92630	ORANGE	737	13	1.76%
92646	ORANGE	262	1	0.38%
92647	ORANGE	660	19	2.88%
92656	ORANGE	295	2	0.68%
92675	ORANGE	320	5	1.56%
92683	ORANGE	1,292	22	1.70%
92688	ORANGE	258	4	1.55%
92691	ORANGE	301	1	0.33%
92701	ORANGE	1,634	76	4.65%
92703	ORANGE	2,089	68	3.26%
92704	ORANGE	2,400	61	2.54%
92705	ORANGE	610	9	1.48%
92706	ORANGE	988	34	3.44%
92707	ORANGE	1,685	47	2.79%
92708	ORANGE	438	6	1.37%
92780	ORANGE	999	21	2.10%
92801	ORANGE	1,596	26	1.63%
92802	ORANGE	1,044	20	1.92%
92804	ORANGE	1,930	47	2.44%
92805	ORANGE	1,929	65	3.37%
92806	ORANGE	801	13	1.62%
92807	ORANGE	378	6	1.59%
92821	ORANGE	449	10	2.23%
92831	ORANGE	455	7	1.54%
92832	ORANGE	480	13	2.71%
92833	ORANGE	882	22	2.49%
92840	ORANGE	1,161	22	1.89%
92841	ORANGE	673	15	2.23%
92843	ORANGE	1,039	15	1.44%
92844	ORANGE	465	7	1.51%
92865	ORANGE	350	4	1.14%
92867	ORANGE	713	11	1.54%
92868	ORANGE	409	7	1.71%
92869	ORANGE	563	9	1.60%
92870	ORANGE	810	14	1.73%
92886	ORANGE	451	5	1.11%
91101	PASADENA	317	15	4.73%
91103	PASADENA	584	16	2.74%
91104	PASADENA	583	17	2.92%

**Blood Lead Testing Results by Jurisdiction and Zip Code for Children Age < 6 Years; California 2012.**

Zip Code	Jurisdiction	Children age < 6		
		years tested during 2012*	BLLs >= 4.5 Age < 6	% BLLs >= 4.5 Age < 6
91106	PASADENA	304	3	0.99%
91107	PASADENA	361	7	1.94%
91752	RIVERSIDE	561	4	0.71%
92201	RIVERSIDE	1,751	13	0.74%
92203	RIVERSIDE	369	1	0.27%
92220	RIVERSIDE	500	5	1.00%
92223	RIVERSIDE	587	4	0.68%
92225	RIVERSIDE	253	3	1.19%
92234	RIVERSIDE	719	4	0.56%
92236	RIVERSIDE	1,611	8	0.50%
92240	RIVERSIDE	645	3	0.47%
92253	RIVERSIDE	353		0.00%
92254	RIVERSIDE	697	13	1.87%
92260	RIVERSIDE	299	2	0.67%
92274	RIVERSIDE	588	3	0.51%
92501	RIVERSIDE	374	6	1.60%
92503	RIVERSIDE	1,644	12	0.73%
92504	RIVERSIDE	950	9	0.95%
92505	RIVERSIDE	922	10	1.08%
92506	RIVERSIDE	450	1	0.22%
92507	RIVERSIDE	961	22	2.29%
92508	RIVERSIDE	318	2	0.63%
92509	RIVERSIDE	1,701	31	1.82%
92530	RIVERSIDE	952	13	1.37%
92543	RIVERSIDE	820	14	1.71%
92544	RIVERSIDE	765	7	0.92%
92545	RIVERSIDE	582	5	0.86%
92551	RIVERSIDE	850	1	0.12%
92553	RIVERSIDE	2,328	14	0.60%
92555	RIVERSIDE	798	2	0.25%
92557	RIVERSIDE	1,045	13	1.24%
92562	RIVERSIDE	395	4	1.01%
92563	RIVERSIDE	429	1	0.23%
92570	RIVERSIDE	1,230	23	1.87%
92571	RIVERSIDE	1,391	11	0.79%
92582	RIVERSIDE	333		0.00%
92583	RIVERSIDE	721	6	0.83%
92584	RIVERSIDE	301	4	1.33%
92585	RIVERSIDE	277	4	1.44%
92591	RIVERSIDE	336	5	1.49%
92592	RIVERSIDE	401	6	1.50%
92595	RIVERSIDE	299	3	1.00%
92860	RIVERSIDE	258	3	1.16%
92879	RIVERSIDE	899	10	1.11%

**Blood Lead Testing Results by Jurisdiction and Zip Code for Children Age < 6 Years; California 2012.**

Zip Code	Jurisdiction	Children age < 6		
		years tested during 2012*	BLLs >= 4.5 Age < 6	% BLLs >= 4.5 Age < 6
92880	RIVERSIDE	1,079	12	1.11%
92881	RIVERSIDE	352	2	0.57%
92882	RIVERSIDE	1,252	10	0.80%
92883	RIVERSIDE	419	2	0.48%
95608	SACRAMENTO	280	2	0.71%
95624	SACRAMENTO	278	4	1.44%
95660	SACRAMENTO	333	6	1.80%
95670	SACRAMENTO	457	11	2.41%
95758	SACRAMENTO	313	1	0.32%
95820	SACRAMENTO	348	9	2.59%
95822	SACRAMENTO	341	1	0.29%
95823	SACRAMENTO	890	10	1.12%
95824	SACRAMENTO	334	4	1.20%
95828	SACRAMENTO	506	7	1.38%
95833	SACRAMENTO	256	2	0.78%
95838	SACRAMENTO	353	7	1.98%
95842	SACRAMENTO	263	3	1.14%
95023	SAN BENITO	941	33	3.51%
91701	SAN BERNARDINO	354	1	0.28%
91709	SAN BERNARDINO	832	3	0.36%
91710	SAN BERNARDINO	1,342	15	1.12%
91730	SAN BERNARDINO	1,108	11	0.99%
91739	SAN BERNARDINO	438	4	0.91%
91761	SAN BERNARDINO	1,286	17	1.32%
91762	SAN BERNARDINO	1,545	21	1.36%
91763	SAN BERNARDINO	826	15	1.82%
91764	SAN BERNARDINO	1,534	28	1.83%
91786	SAN BERNARDINO	948	8	0.84%
92284	SAN BERNARDINO	349	2	0.57%
92301	SAN BERNARDINO	1,203	13	1.08%
92307	SAN BERNARDINO	626	4	0.64%
92308	SAN BERNARDINO	644	6	0.93%
92311	SAN BERNARDINO	762	8	1.05%
92316	SAN BERNARDINO	792	8	1.01%
92324	SAN BERNARDINO	1,151	23	2.00%
92335	SAN BERNARDINO	3,199	46	1.44%
92336	SAN BERNARDINO	1,931	14	0.73%
92337	SAN BERNARDINO	821	11	1.34%
92344	SAN BERNARDINO	325	1	0.31%
92345	SAN BERNARDINO	2,040	22	1.08%
92346	SAN BERNARDINO	835	12	1.44%
92374	SAN BERNARDINO	467	7	1.50%
92376	SAN BERNARDINO	2,255	30	1.33%
92377	SAN BERNARDINO	350	2	0.57%

**Blood Lead Testing Results by Jurisdiction and Zip Code for Children Age < 6 Years; California 2012.**

Zip Code	Jurisdiction	Children age < 6		
		years tested during 2012*	BLLs >= 4.5 Age < 6	% BLLs >= 4.5 Age < 6
92392	SAN BERNARDINO	1,194	5	0.42%
92394	SAN BERNARDINO	857	6	0.70%
92395	SAN BERNARDINO	1,087	9	0.83%
92399	SAN BERNARDINO	440	6	1.36%
92404	SAN BERNARDINO	1,609	32	1.99%
92405	SAN BERNARDINO	908	37	4.07%
92407	SAN BERNARDINO	1,392	30	2.16%
92408	SAN BERNARDINO	363	8	2.20%
92410	SAN BERNARDINO	1,686	46	2.73%
92411	SAN BERNARDINO	1,070	25	2.34%
91910	SAN DIEGO	1,256	33	2.63%
91911	SAN DIEGO	1,774	41	2.31%
91913	SAN DIEGO	607	4	0.66%
91915	SAN DIEGO	356	4	1.12%
91932	SAN DIEGO	524	15	2.86%
91941	SAN DIEGO	367	6	1.63%
91945	SAN DIEGO	425	7	1.65%
91950	SAN DIEGO	1,559	39	2.50%
91977	SAN DIEGO	1,105	22	1.99%
92019	SAN DIEGO	405	14	3.46%
92020	SAN DIEGO	1,078	22	2.04%
92021	SAN DIEGO	997	28	2.81%
92024	SAN DIEGO	262	6	2.29%
92025	SAN DIEGO	1,318	20	1.52%
92026	SAN DIEGO	691	10	1.45%
92027	SAN DIEGO	1,032	22	2.13%
92028	SAN DIEGO	605	11	1.82%
92040	SAN DIEGO	335	11	3.28%
92054	SAN DIEGO	1,091	12	1.10%
92056	SAN DIEGO	488	7	1.43%
92057	SAN DIEGO	685	9	1.31%
92064	SAN DIEGO	257	4	1.56%
92065	SAN DIEGO	477	9	1.89%
92069	SAN DIEGO	897	21	2.34%
92071	SAN DIEGO	291	6	2.06%
92078	SAN DIEGO	364	11	3.02%
92083	SAN DIEGO	886	12	1.35%
92084	SAN DIEGO	934	7	0.75%
92102	SAN DIEGO	1,126	46	4.09%
92104	SAN DIEGO	677	22	3.25%
92105	SAN DIEGO	1,998	49	2.45%
92111	SAN DIEGO	581	7	1.20%
92113	SAN DIEGO	2,009	61	3.04%
92114	SAN DIEGO	1,531	31	2.02%

**Blood Lead Testing Results by Jurisdiction and Zip Code for Children Age < 6 Years; California 2012.**

Zip Code	Jurisdiction	Children age < 6		
		years tested during 2012*	BLLs >= 4.5 Age < 6	% BLLs >= 4.5 Age < 6
92115	SAN DIEGO	997	23	2.31%
92116	SAN DIEGO	381	12	3.15%
92117	SAN DIEGO	561	14	2.50%
92123	SAN DIEGO	307	5	1.63%
92124	SAN DIEGO	283	7	2.47%
92126	SAN DIEGO	560	8	1.43%
92129	SAN DIEGO	252	7	2.78%
92139	SAN DIEGO	687	13	1.89%
92154	SAN DIEGO	1,763	35	1.99%
92173	SAN DIEGO	1,212	44	3.63%
94109	SAN FRANCISCO	312	4	1.28%
94110	SAN FRANCISCO	855	38	4.44%
94112	SAN FRANCISCO	961	20	2.08%
94116	SAN FRANCISCO	267	3	1.12%
94117	SAN FRANCISCO	251	6	2.39%
94118	SAN FRANCISCO	294	13	4.42%
94121	SAN FRANCISCO	289	8	2.77%
94122	SAN FRANCISCO	394	6	1.52%
94124	SAN FRANCISCO	784	27	3.44%
94133	SAN FRANCISCO	313	7	2.24%
94134	SAN FRANCISCO	645	10	1.55%
95203	SAN JOAQUIN	364	10	2.75%
95204	SAN JOAQUIN	483	6	1.24%
95205	SAN JOAQUIN	1,094	29	2.65%
95206	SAN JOAQUIN	1,635	31	1.90%
95207	SAN JOAQUIN	1,000	5	0.50%
95209	SAN JOAQUIN	547	4	0.73%
95210	SAN JOAQUIN	1,029	11	1.07%
95212	SAN JOAQUIN	396	2	0.51%
95215	SAN JOAQUIN	489	10	2.04%
95219	SAN JOAQUIN	269	2	0.74%
95240	SAN JOAQUIN	785	25	3.18%
95336	SAN JOAQUIN	431	1	0.23%
95337	SAN JOAQUIN	313	5	1.60%
95376	SAN JOAQUIN	530	3	0.57%
94014	SAN MATEO	365	10	2.74%
94015	SAN MATEO	356	3	0.84%
94025	SAN MATEO	250	3	1.20%
94061	SAN MATEO	421	4	0.95%
94063	SAN MATEO	771	7	0.91%
94080	SAN MATEO	333	12	3.60%
94303	SAN MATEO	835	21	2.51%
94401	SAN MATEO	513	11	2.14%
94403	SAN MATEO	341	5	1.47%



**Blood Lead Testing Results by Jurisdiction and Zip Code for Children Age < 6 Years; California 2012.**

Zip Code	Jurisdiction	Children age < 6		
		years tested during 2012*	BLLs >= 4.5 Age < 6	% BLLs >= 4.5 Age < 6
93101	SANTA BARBARA	302	6	1.99%
93436	SANTA BARBARA	396	3	0.76%
93454	SANTA BARBARA	1,272	18	1.42%
93455	SANTA BARBARA	562	7	1.25%
93458	SANTA BARBARA	2,589	57	2.20%
94086	SANTA CLARA	315	2	0.63%
95020	SANTA CLARA	954	16	1.68%
95035	SANTA CLARA	355	9	2.54%
95037	SANTA CLARA	369	4	1.08%
95050	SANTA CLARA	255	7	2.75%
95051	SANTA CLARA	350	6	1.71%
95110	SANTA CLARA	270	10	3.70%
95111	SANTA CLARA	939	17	1.81%
95112	SANTA CLARA	475	20	4.21%
95116	SANTA CLARA	985	19	1.93%
95117	SANTA CLARA	397	9	2.27%
95121	SANTA CLARA	296	9	3.04%
95122	SANTA CLARA	1,087	27	2.48%
95123	SANTA CLARA	520	4	0.77%
95125	SANTA CLARA	283	4	1.41%
95126	SANTA CLARA	333	4	1.20%
95127	SANTA CLARA	862	26	3.02%
95128	SANTA CLARA	330	7	2.12%
95136	SANTA CLARA	363	3	0.83%
95148	SANTA CLARA	265	4	1.51%
95076	SANTA CRUZ	1,347	53	3.93%
94533	SOLANO	989	13	1.31%
94585	SOLANO	253	3	1.19%
94589	SOLANO	626	16	2.56%
94590	SOLANO	962	23	2.39%
94591	SOLANO	579	11	1.90%
95687	SOLANO	313	3	0.96%
95307	STANISLAUS	274	4	1.46%
95350	STANISLAUS	290	9	3.10%
95351	STANISLAUS	454	21	4.63%
95991	SUTTER	388	6	1.55%
95993	SUTTER	365	13	3.56%
96021	TEHAMA	375	18	4.80%
96080	TEHAMA	883	34	3.85%
93219	TULARE	427	4	0.94%
93257	TULARE	783	10	1.28%
93274	TULARE	850	22	2.59%
93291	TULARE	316	11	3.48%
93618	TULARE	699	29	4.15%

# Blood Lead Testing Results by Jurisdiction and Zip Code for Children Age < 6 Years; California 2012.

Zip Code	Jurisdiction	Children age < 6		
		years tested during 2012*	BLLs >= 4.5 Age < 6	% BLLs >= 4.5 Age < 6
91361	VENTURA	788	1	0.13%
93001	VENTURA	297	4	1.35%
93003	VENTURA	378	4	1.06%
93004	VENTURA	269	1	0.37%
93010	VENTURA	270	5	1.85%
93015	VENTURA	446	8	1.79%
93030	VENTURA	1,676	27	1.61%
93033	VENTURA	3,347	49	1.46%
93035	VENTURA	342	1	0.29%
93036	VENTURA	989	13	1.31%
93041	VENTURA	434	6	1.38%
93060	VENTURA	706	18	2.55%
93063	VENTURA	252	2	0.79%
93065	VENTURA	441	4	0.91%
95695	YOLO	256	17	6.64%
95901	YUBA	347	12	3.46%
95961	YUBA	283	9	3.18%

## \* Explanatory notes

- California does not require blood lead testing of all children. Blood lead test information is primarily based on testing done on at-risk populations. Testing requirements are at California Code of Regulations, TITLE 17, Division 1, Chapter 9, Screening for Childhood Lead Poisoning §37000- §37100
- Blood test results reported include capillary testing results which have not been confirmed by a venous test, as well as venous test results.
- The highest value for an individual child in a calendar year is reported in this table. Results which have been determined to be false positives or clerical errors are not included.
- We used the ZIP code where the child resided when they had their highest blood lead level (BLL) during 2012. Each child is counted only once.
- ZIP code information is not available for all blood lead tests. Since correct address information is sought to provide services for children with increased blood test results, testing information missing the ZIP code will primarily be lower blood lead values. This serves to skew information for individual ZIP codes to more heavily reflect higher blood lead tests, producing a higher apparent proportion with elevated levels. The proportion of test results missing zip code varies among health jurisdictions in California, and from year to year.
- California is more protective than current national guidelines and regards blood lead values at and above 4.5 mcg/dL as equivalent to the Centers for Disease Control and Prevention reference value of 5 mcg/dL. In 2012, 14% of the results at and above 4.5 mcg/dL were in the range 4.50-4.99 mcg/dL.
- Data is provisional and subject to revision.
- Prepared by the California Department of Public Health Childhood Lead Poisoning Prevention Branch

From: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)

To: ["Conens, Matt \(CDPH-OPA\)" <Matt.Conens@cdph.ca.gov>](#)

Date: 3/20/2017 5:16:28 PM

Subject: Lead testing questions

I just wanted to make sure you were going to get back to us today. I have an editor who is nudging me.

Mike

Michael B. Pell  
Thomson Reuters  
646-223-6997

7/3/2017

From: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)  
To: ["Conens, Matt \(CDPH-OPA\)" <Matt.Conens@cdph.ca.gov>](mailto:Matt.Conens@cdph.ca.gov)  
Date: 3/20/2017 12:27:20 PM  
Subject: Question from Reuters

Matt,

We're getting ready to publish a story about lead screening results in California based on the data you sent us last week.

We plan on saying the following:

- Dozens of California communities have experienced recent childhood lead poisoning rates surpassing those of Flint, Michigan, with one Fresno locale showing rates nearly three times higher, blood testing data obtained by Reuters shows. In Fresno's downtown 93701 zip code, nearly 14 percent of children tested had elevated lead levels. The Centers for Disease Control and Prevention's current threshold for an elevated reading is 5 micrograms per deciliter of blood.
- The new data, covering more than 400,000 children tested in 546 zip codes, shows that at least 29 Golden State neighborhoods had lead poisoning rates at least as high as those found in Flint, which drew national attention after its water supply was laced with lead. Across the city of Flint, 5 percent of children tested high during its recent water contamination crisis.
- The data obtain by Reuters is just a partial snapshot, covering tests conducted during 2012 – the most recent year for which information was provided – and in about one-fourth of the state's more than 2,000 zip code areas. The state health department withheld data from zip codes where fewer than 250 children were screened, calling such results less reliable. So, the available data likely omits many neighborhoods where poisoning remains a problem but fewer children were screened.
- In the worst affected zip codes surveyed, more than 10 percent of tests were high. In scores of others, lead poisoning was found in less than 1 percent of children tested; Three zip codes reported no high tests in 2012.
- Eight zip codes in Alameda County, which includes Oakland, had rates equal or greater than those found in Flint.
- In the Los Angeles area, the prevalence of high blood lead tests reached 5 percent or higher in at least four zip codes during 2012.

In addition to giving you a heads up and a chance to respond, we were also wondering if the department has any response? If you would like to respond or comment, please let me know by 5 pm eastern. I know this is a tight deadline, but we're looking to publish this story.

Thanks for your help.

Mike

Michael B. Pell  
Thomson Reuters  
646-223-6997

From: ["Conens, Matt \CDPH-OPA\"](#)  
To: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)  
Date: 3/21/2017 1:51:33 PM  
Subject: inquiry to CDPH: Childhood Lead

Mike,  
As always, if you need to attribute this information please attribute it to the California Department of Public Health (CDPH).  
Matt

In California, our blood lead screening (blood testing) regulations are designed to identify children most at risk for lead exposure and have them blood lead tested. These are: young children in government assisted programs; those living in older housing, which puts them at risk from lead-based paint and lead-contaminated soil and dust; and any child where circumstances are thought to have put them at risk for exposure, such as children who are refugees. Testing of at-risk children, and not all children, skews California results to higher percentages of children tested showing lead exposure, than if all children in our state were blood lead tested.

As has been previously explained, California calendar year 2012 testing results cannot be compared to results from National Health and Nutrition Examination Survey (NHANES) testing by the Centers for Disease Control and Prevention (CDC). The NHANES is designed to test all children, including those at increased risk and those at low risk for lead exposure. California tests only children at increased risk of lead exposure.

In addition, testing results in one community cannot be compared with testing in other communities without knowing which population of children has been tested. If only children who are at increased risk of lead exposure are tested, as is the case in California, then a higher percentage of tested children will show evidence of lead exposure.

Finally, in instances where small numbers of children are tested, such as is the case when testing only children who are at high risk in a given ZIP code, there is a greater possibility that the results will vary more widely year to year.

In addition, information CDPH receives from laboratories are largely screening blood lead tests. This means that a child considered at risk for lead exposure was tested during a routine health exam, by a finger stick blood sample. These tests are more easily contaminated by lead from the testing environment, than is a venous blood test, and can result in false high results. The CDC's NHANES blood test studies are carried out by venous sampling, so the blood testing results are less likely to have falsely high values included.

Being more protective, California uses a cut off of 4.5 micrograms per deciliter (mcg/dL) to indicate lead exposure. The CDC uses a value of 5 mcg/dL. So California's numbers will also include children with slightly lower blood lead values, in the groups considered as indicating lead exposure.

Further, complete address information may be missing from blood lead test results sent to CDPH, in which case specimens cannot be assigned to a specific ZIP code. In 2012, when a blood lead value of 9.5 mcg/dL or higher was reported and was missing essential information, CDPH staff called the physician or laboratory to identify the child's correct address. This has not been the practice for many lower blood-lead values. The consequence is that a higher percentage of tests attributed to the ZIP code have increased blood lead values.

Matt Conens  
Office of Public Affairs  
[California Department of Public Health \(CDPH\)](#)  
(916) 440-7259 (main office)  
(916) 445-6350 (cubicle)

From: ["Conens, Matt \ \(CDPH-OPA\)"](#)  
 To: [Joshua.schneyer@thomsonreuters.com](mailto:Joshua.schneyer@thomsonreuters.com)  
[michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)  
 Date: 3/21/2017 3:57:39 PM  
 Subject: questions about CDPH statement

Thanks for the phone call, Mike and Joshua.  
 Is this correct?

Regarding paragraph one:

Most states do targetted (only at-risk children) testing, like California.

**Why should California be considered different from other states that also do targetted testing?**

Regarding paragraph six:

Rounding up is common practice in many states, including Michigan.

**Is CDPH saying it doesn't recognize the CDC threshold?**

1. In California, our blood lead screening (blood testing) regulations are designed to identify children most at risk for lead exposure and have them blood lead tested. These are: young children in government assisted programs; those living in older housing, which puts them at risk from lead-based paint and lead-contaminated soil and dust; and any child where circumstances are thought to have put them at risk for exposure, such as children who are refugees. Testing of at-risk children, and not all children, skews California results to higher percentages of children tested showing lead exposure, than if all children in our state were blood lead tested.
2. As has been previously explained, California calendar year 2012 testing results cannot be compared to results from National Health and Nutrition Examination Survey (NHANES) testing by the Centers for Disease Control and Prevention (CDC). The NHANES is designed to test all children, including those at increased risk and those at low risk for lead exposure. California tests only children at increased risk of lead exposure.
3. In addition, testing results in one community cannot be compared with testing in other communities without knowing which population of children has been tested. If only children who are at increased risk of lead exposure are tested, as is the case in California, then a higher percentage of tested children will show evidence of lead exposure.
4. Finally, in instances where small numbers of children are tested, such as is the case when testing only children who are at high risk in a given ZIP code, there is a greater possibility that the results will vary more widely year to year.
5. In addition, information CDPH receives from laboratories are largely screening blood lead tests. This means that a child considered at risk for lead exposure was tested during a routine health exam, by a finger stick blood sample. These tests are more easily contaminated by lead from the testing environment, than is a venous blood test, and can result in false high results. The CDC's NHANES blood test studies are carried out by venous sampling, so the blood testing results are less likely to have falsely high values included.
6. Being more protective, California uses a cut off of 4.5 micrograms per deciliter (mcg/dL) to indicate lead exposure. The CDC uses a value of 5 mcg/dL. So California's numbers will also include children with slightly lower blood lead values, in the groups considered as indicating lead exposure.
7. Further, complete address information may be missing from blood lead test results sent to CDPH, in which case specimens cannot be assigned to a specific ZIP code. In 2012, when a blood lead value of 9.5 mcg/dL or higher was reported and was missing essential information, CDPH staff called the physician or laboratory to identify the child's correct address. This has not been the practice for many lower blood-lead values. The consequence is that a higher percentage of tests attributed to the ZIP code have increased blood lead values.

From: [Joshua.Schneyer@thomsonreuters.com](mailto:Joshua.Schneyer@thomsonreuters.com)  
 To: ["Conens, Matt \(CDPH-OPA\)" <Matt.Conens@cdph.ca.gov>](mailto:Matt.Conens@cdph.ca.gov)  
[michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)  
 Date: 3/21/2017 4:54:10 PM  
 Subject: RE: questions about CDPH statement

Matt –

Thanks. Yes, that's the gist of it. For instance, Michigan (like CA) has targeted testing, not universal testing. Most states take a targeted approach, and yet (as we reported last year) many of the children deemed "at risk" still don't get tested in CA. Also, we aren't comparing CA's documented prevalence of EBLs among children tested to NHANES rates or data. And a 4.5 micrograms/deciliter BLL test result meets the CDC threshold in CA (is in other states, including MI, where results get rounded to the nearest whole number).

---

**From:** Conens, Matt (CDPH-OPA) [mailto:Matt.Conens@cdph.ca.gov]  
**Sent:** Tuesday, March 21, 2017 4:58 PM  
**To:** Schneyer, Joshua S. (Reuters News); Pell, Michael (Reuters)  
**Subject:** questions about CDPH statement

Thanks for the phone call, Mike and Joshua.  
 Is this correct?

Regarding paragraph one:

Most states do targeted (only at-risk children) testing, like California.

**Why should California be considered different from other states that also do targeted testing?**

Regarding paragraph six:

Rounding up is common practice in many states, including Michigan.

**Is CDPH saying it doesn't recognize the CDC threshold?**

1. In California, our blood lead screening (blood testing) regulations are designed to identify children most at risk for lead exposure and have them blood lead tested. These are: young children in government assisted programs; those living in older housing, which puts them at risk from lead-based paint and lead-contaminated soil and dust; and any child where circumstances are thought to have put them at risk for exposure, such as children who are refugees. Testing of at-risk children, and not all children, skews California results to higher percentages of children tested showing lead exposure, than if all children in our state were blood lead tested.
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4. Finally, in instances where small numbers of children are tested, such as is the case when testing only children who are at high risk in a given ZIP code, there is a greater possibility that the results will vary more widely year to year.
5. In addition, information CDPH receives from laboratories are largely screening blood lead tests. This means that a child considered at risk for lead exposure was tested during a routine health exam, by a finger stick blood sample. These tests are more easily contaminated by lead from the testing environment, than is a venous blood test, and can result in false high results. The CDC's NHANES blood test studies are carried out by venous sampling, so the blood testing results are less likely to have falsely high values included.
6. Being more protective, California uses a cut off of 4.5 micrograms per deciliter (mcg/dL) to indicate lead exposure. The CDC uses a value of 5 mcg/dL. So California's numbers will also include children with slightly lower blood lead values, in the groups considered as indicating lead exposure.

7. Further, complete address information may be missing from blood lead test results sent to CDPH, in which case specimens cannot be assigned to a specific ZIP code. In 2012, when a blood lead value of 9.5 mcg/dL or higher was reported and was missing essential information, CDPH staff called the physician or laboratory to identify the child's correct address. This has not been the practice for many lower blood-lead values. The consequence is that a higher percentage of tests attributed to the ZIP code have increased blood lead values.
-



From: "Conens, Matt \ (CDPH-OPA)"  
 To: [Joshua.Schneyer@thomsonreuters.com](mailto:Joshua.Schneyer@thomsonreuters.com)  
[michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)  
 Date: 3/21/2017 6:34:57 PM  
 Subject: RE: questions about CDPH statement

Thanks, I've sent it on for the information. I don't think we will have it for you tonight.

Matt

---

**From:** Joshua.Schneyer@thomsonreuters.com [mailto:Joshua.Schneyer@thomsonreuters.com]  
**Sent:** Tuesday, March 21, 2017 2:54 PM  
**To:** Conens, Matt (CDPH-OPA); michael.pell@thomsonreuters.com  
**Subject:** RE: questions about CDPH statement

Matt –

Thanks. Yes, that's the gist of it. For instance, Michigan (like CA) has targeted testing, not universal testing. Most states take a targeted approach, and yet (as we reported last year) many of the children deemed "at risk" still don't get tested in CA. Also, we aren't comparing CA's documented prevalence of EBLs among children tested to NHANES rates or data. And a 4.5 micrograms/deciliter BLL test result meets the CDC threshold in CA (is in other states, including MI, where results get rounded to the nearest whole number).

---

**From:** Conens, Matt (CDPH-OPA) [mailto:Matt.Conens@cdph.ca.gov]  
**Sent:** Tuesday, March 21, 2017 4:58 PM  
**To:** Schneyer, Joshua S. (Reuters News); Pell, Michael (Reuters)  
**Subject:** questions about CDPH statement

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From: "Conens, Matt \ (CDPH-OPA)"  
To: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)  
Date: 3/21/2017 2:53:10 PM  
Subject: RE: Response time

---

Hi Mike, do you know when your story will run?

Matt

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**From:** michael.pell@thomsonreuters.com [mailto:michael.pell@thomsonreuters.com]  
**Sent:** Tuesday, March 21, 2017 8:18 AM  
**To:** Conens, Matt (CDPH-OPA)  
**Subject:** RE: Response time

Thanks Matt. Looking forward to any responses you have by noon your time.

---

**From:** Conens, Matt (CDPH-OPA) [mailto:Matt.Conens@cdph.ca.gov]  
**Sent:** Tuesday, March 21, 2017 11:12 AM  
**To:** Pell, Michael (Reuters)  
**Subject:** RE: Response time

Hi Mike, I got your voicemails. Thanks for keeping me in the loop. I'll share that information.

Matt

---

**From:** [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com) [mailto:michael.pell@thomsonreuters.com]  
**Sent:** Tuesday, March 21, 2017 8:04 AM  
**To:** Conens, Matt (CDPH-OPA)  
**Subject:** Response time

Matt,

If the Department of Public health would like to comment on our story, please contact me by noon Pacific time (3 pm eastern).

Thank you.

Mike

Michael B. Pell  
Thomson Reuters  
646-223-6997

From: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)  
To: ["Conens, Matt \(CDPH-OPA\)" <Matt.Conens@cdph.ca.gov>](mailto:Matt.Conens@cdph.ca.gov)  
Date: 3/21/2017 10:17:39 AM  
Subject: RE: Response time

Thanks Matt. Looking forward to any responses you have by noon your time.

---

**From:** Conens, Matt (CDPH-OPA) [mailto:Matt.Conens@cdph.ca.gov]  
**Sent:** Tuesday, March 21, 2017 11:12 AM  
**To:** Pell, Michael (Reuters)  
**Subject:** RE: Response time

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Matt

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**From:** [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com) [<mailto:michael.pell@thomsonreuters.com>]  
**Sent:** Tuesday, March 21, 2017 8:04 AM  
**To:** Conens, Matt (CDPH-OPA)  
**Subject:** Response time

Matt,

If the Department of Public health would like to comment on our story, please contact me by noon Pacific time (3 pm eastern).

Thank you.

Mike

Michael B. Pell  
Thomson Reuters  
646-223-6997

From: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)

To: ["Conens, Matt \(CDPH-OPA\)" <Matt.Conens@cdph.ca.gov>](mailto:Matt.Conens@cdph.ca.gov)

Date: 3/21/2017 10:03:57 AM

Subject: Response time

Matt,

If the Department of Public health would like to comment on our story, please contact me by noon Pacific time (3 pm eastern).

Thank you.

Mike

Michael B. Pell  
Thomson Reuters  
646-223-6997

From: "Conens, Matt \ (CDPH-OPA)"  
To: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)  
Date: 3/22/2017 10:09:07 AM  
Subject: RE: Story out today

---

Thanks Mike.

I will send along the information you requested yesterday as soon as possible, in case you can still use it.  
Please let me know if you no longer want us to work on it.

Matt

---

**From:** michael.pell@thomsonreuters.com [mailto:michael.pell@thomsonreuters.com]  
**Sent:** Wednesday, March 22, 2017 6:58 AM  
**To:** Conens, Matt (CDPH-OPA)  
**Subject:** Story out today

Matt,

Below find a link to our story about childhood lead exposure in California.

<http://www.reuters.com/article/us-usa-lead-california-exclusive-idUSKBN16T18Y>

Thanks for your help.

Mike

Michael B. Pell  
Thomson Reuters  
646-223-6997

From: [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)

To: ["Conens, Matt \(CDPH-OPA\)" <Matt.Conens@cdph.ca.gov>](mailto:Matt.Conens@cdph.ca.gov)

Date: 3/22/2017 8:57:37 AM

Subject: Story out today

Matt,

Below find a link to our story about childhood lead exposure in California.

<http://www.reuters.com/article/us-usa-lead-california-exclusive-idUSKBN16T18Y>

Thanks for your help.

Mike

Michael B. Pell  
Thomson Reuters  
646-223-6997

From: "Arredondo, Abraham \ (CDPH-OPA)"

To: "Conens, Matt (CDPH-OPA)" <Matt.Conens@cdph.ca.gov>

Date: 3/28/2017 6:01:55 PM

Subject: FW: Response from the California Department of Public Health

---

**From:** michael.pell@thomsonreuters.com [mailto:michael.pell@thomsonreuters.com]

**Sent:** Saturday, December 03, 2016 6:02 AM

**To:** Arredondo, Abraham (CDPH-OPA)

**Cc:** Conens, Matt (CDPH-OPA)

**Subject:** RE: Response from the California Department of Public Health

Thanks Abram. This is great.

Have a nice weekend.

Mike

---

**From:** Arredondo, Abraham (CDPH-OPA) [Abraham.Arredondo@cdph.ca.gov]

**Sent:** Friday, December 02, 2016 5:39 PM

**To:** Pell, Michael (Reuters)

**Cc:** Conens, Matt (CDPH-OPA)

**Subject:** Response from the California Department of Public Health

Hello,

Here is the department's response to your recent inquiry. Please be sure to attribute it to the California Department of Public Health. Thank you.

Best,

Abram Arredondo

**QUESTIONS:**

**Are these confirmed blood lead level tests?**

**CDPH RESPONSE:**

No. Blood lead levels at and above 4.5 mcg/dL have not usually been confirmed and most would not have been confirmed in 2012. The subset of high blood lead values, at and above 14.5 mcg/dL, which would have defined a child as a case of lead poisoning, would have been confirmed.

Abram Arredondo  
Public Information Officer  
California Department of Public Health  
916-650-6864 (work)  
916-207-5743 (cell)





From: "Conens, Matt \ (CDPH-OPA)"

To: [Joshua.Schneyer@thomsonreuters.com](mailto:Joshua.Schneyer@thomsonreuters.com)  
[michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com)

Date: 4/5/2017 6:55:43 PM

Subject: RE: questions about CDPH statement ( lead-childhood )

Mike/Joshua,

In response to your inquiry:

Below is the information you requested. If you need to attribute this information please attribute it to the California Department of Public Health (CDPH).

**Q1. Why should California be considered different from other states that also do targeted testing?**

**CDPH Response:** Overall, a lower percentage of children tested in California had increased blood lead levels in 2012 than in the Centers for Disease Control and Prevention's (CDC) National Health and Examination Survey (NHANES). In the NHANES, 2.5 percent of young children had blood lead levels at and above 5 micrograms per deciliter (mcg/dL) and 1.9 percent of young children had blood lead levels at and above 4.5 mcg/dL in California. The difference is because California does targeted testing of children at increased risk of lead exposure, rather than testing all children in the survey population, which is what is done in the NHANES.

States, and even individual communities within a state, are different. Blood lead testing results need to be considered in the context of the unique population being tested. Even when targeted testing is done, as in California, each population of children tested is unique. Factors that increase lead exposure, such as cultural practices, foreign travel and immigration status, will be reflected in blood lead testing results from these populations and the communities in which they live. About two-thirds of California's population identifies as Hispanic, Asian, African-American, Native American and other ethnic groups. The Hispanic population is the largest of these groups. Twenty-seven percent of Californians are foreign born. In contrast, only about a quarter of Michigan's population identifies as belonging to these ethnic groups, while the African-American population is the largest. Just six percent of people living in Michigan are foreign born.

Exposures from other sources of lead, such as paint, soil and dust, are also a factor. California has a lot of older housing, mostly from the 1950s. Other states may have predominantly newer housing stock.

Furthermore, in California, laboratories (not health care providers), report lead testing results to the state. These results may not have complete information on a child's location of residence. CDPH seeks out that information for children who blood lead levels are elevated, but does not always do so for those with lower lead levels. Consequently, test specimens with higher blood lead are more likely to be assigned to a ZIP code, while those with lower values may not be. The amount of incomplete information for specimens can vary from different communities and ZIP codes, leading to differences in accuracy of calculations of rates of elevated blood levels.

**Q2. Rounding up is common practice in many states, including Michigan. Is CDPH saying it doesn't recognize the CDC threshold?**

**CDPH RESPONSE:** The CDC reference value of 5 micrograms per deciliter was defined using the 97.5th percentile found for blood lead distribution in results from the National Health and Nutrition Examination Survey (NHANES) on which it was based. In other words, values at and above that value identified the 2.5 percent of children with the highest blood lead levels in that study. California has no reason to doubt that this was what the NHANES showed. This value is a mathematical cutoff and not a biologic threshold.

What we are pointing out is that California uses a slightly lower value of 4.5 mcg/dL to indicate above-usual lead exposure and the need for additional follow-up. Using a lower threshold means that more children in California will be classified as having elevated blood lead levels than if we used the CDC reference value. In 2012, approximately 1,700 children had blood lead levels greater than or equal to 4.5 mcg/dL and less than 5.0 mcg/dL and were classified as having increased blood lead levels.

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**From:** Joshua.Schneyer@thomsonreuters.com [mailto:Joshua.Schneyer@thomsonreuters.com]  
**Sent:** Tuesday, March 21, 2017 2:54 PM  
**To:** Conens, Matt (CDPH-OPA); michael.pell@thomsonreuters.com  
**Subject:** RE: questions about CDPH statement

Matt –

Thanks. Yes, that's the gist of it. For instance, Michigan (like CA) has targeted testing, not universal testing. Most states take a targeted approach, and yet (as we reported last year) many of the children deemed "at risk" still don't get tested in CA. Also, we aren't comparing CA's documented prevalence of EBLs among children tested to NHANES rates or data. And a 4.5 micrograms/deciliter BLL test result meets the CDC threshold in CA (is in other states, including MI, where results get rounded to the nearest whole number).

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**From:** Conens, Matt (CDPH-OPA) [mailto:Matt.Conens@cdph.ca.gov]  
**Sent:** Tuesday, March 21, 2017 4:58 PM  
**To:** Schneyer, Joshua S. (Reuters News); Pell, Michael (Reuters)  
**Subject:** questions about CDPH statement

Thanks for the phone call, Mike and Joshua.  
Is this correct?

Regarding paragraph one:

Most states do targetted (only at-risk children) testing, like California.

**Why should California be considered different from other states that also do targetted testing?**

Regarding paragraph six:

Rounding up is common practice in many states, including Michigan.

**Is CDPH saying it doesn't recognize the CDC threshold?**

1. In California, our blood lead screening (blood testing) regulations are designed to identify children most at risk for lead exposure and have them blood lead tested. These are: young children in government assisted programs; those living in older housing, which puts them at risk from lead-based paint and lead-contaminated soil and dust; and any child where circumstances are thought to have put them at risk for exposure, such as children who are refugees. Testing of at-risk children, and not all children, skews California results to higher percentages of children tested showing lead exposure, than if all children in our state were blood lead tested.
2. As has been previously explained, California calendar year 2012 testing results cannot be compared to results from National Health and Nutrition Examination Survey (NHANES) testing by the Centers for Disease Control and Prevention (CDC). The NHANES is designed to test all children, including those at increased risk and those at low risk for lead exposure. California tests only children at increased risk of lead exposure.
3. In addition, testing results in one community cannot be compared with testing in other communities without knowing which population of children has been tested. If only children who are at increased risk of lead exposure are tested, as is the case in California, then a higher percentage of tested children will show evidence of lead exposure.
4. Finally, in instances where small numbers of children are tested, such as is the case when testing only children who are at high risk in a given ZIP code, there is a greater possibility that the results will vary more widely year to year.
5. In addition, information CDPH receives from laboratories are largely screening blood lead tests. This means that a child considered at risk for lead exposure was tested during a routine health exam, by a finger stick blood sample. These tests are more easily contaminated by lead from the testing environment, than is a venous blood test, and can result in false high results. The CDC's NHANES blood test studies are carried out by venous sampling, so the blood testing results are less likely to have falsely high values included.
6. Being more protective, California uses a cut off of 4.5 micrograms per deciliter (mcg/dL) to indicate lead exposure. The CDC uses a value of 5 mcg/dL. So California's numbers will also include children with slightly lower blood lead values, in the groups considered as indicating lead exposure.
7. Further, complete address information may be missing from blood lead test results sent to CDPH, in which case specimens cannot be assigned to a specific ZIP code. In 2012, when a blood lead value of 9.5 mcg/dL or higher was

reported and was missing essential information, CDPH staff called the physician or laboratory to identify the child's correct address. This has not been the practice for many lower blood-lead values. The consequence is that a higher percentage of tests attributed to the ZIP code have increased blood lead values.

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