The health of a community begins with its children. If we want to predict the health and prosperity of any community – and our state – we might simply begin by asking, “How are the children?” The health and well-being of Delaware’s children have shown progress over the past 25 years, but there is still progress to be made. Every child in Delaware should have the opportunity to begin life with a strong foundation of good health, with access to quality care and health food, and on a path to success.
Since 1995, the number of children with elevated blood lead levels (EBLLs) has dropped significantly and Delaware’s work to reduce environmental lead contaminants began even before our 25-year tracking initiative. Despite this extraordinary success, disparities persist as certain vulnerable populations – like children living below the federal poverty level, children living in older housing, non-Hispanic blacks, Mexican Americans, immigrants and refugees – are disproportionately affected.

In 1995, the Delaware General Assembly passed the Childhood Lead Poisoning Prevention Act which mandates lead screening at 12 months of age. The screening process was expanded in 2010 so that children at high risk for lead exposure can receive additional testing at 24 months of age. However, it is estimated that less than 23% of Delaware children are tested for lead in their early years.

In 2012, the CDC updated its EBLL reference value, reducing it to 5 micrograms per deciliter (mg/dL) based on continuing research which has led to a better understanding of outcomes. Recommendations related to medical treatment have...
25 Years of Delaware Data: Lead Poisoning

Elevated Blood Lead Levels
Children under age 6 and under with blood lead levels at or exceeding 5µg/dL
2010-2017

Why Does it Matter?
Building and sustaining health environments is one of government’s core responsibilities to its citizens. All children deserve such environments, no matter where they live, learn and play in the state.

Children commonly develop EBLLs from exposure to lead laden dust and paint chips from deteriorating lead paint. Recent research suggests that no blood lead level is safe. Lead has been known to impact children’s cognitive functioning, IQ, educational achievement and behavior, with higher blood lead levels associated with more severe impacts.

Next Steps
The best way to reduce childhood lead poisoning is by focusing on primary prevention, which entails removing lead hazards from the environment before a child is exposed. Early identification is a second-best strategy to reducing impact of environmental lead contaminants to children’s health. Health departments accomplish this using blood lead screening tests.

To minimize the adverse effects of lead poisoning, it is essential that testing rates increase so no child is left undiagnosed and their EBLLs are treated early. A messaging campaign to engage those who interact daily with children – including pediatricians and the early education community – is one strategy that would raise awareness of primary prevention methods and increase testing rates so that children’s development is not irreversibly hindered.
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The photographs in this data snapshot do not necessarily represent the situations described.

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