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## Lead Screening and Testing Commission (Zoom only)

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Agency: [Cleveland Department of Public Health](#)

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### Summary

- New data suggests 20% of Cleveland children who turned 2 and were on Medicaid last year had no health system interaction.
- Creative efforts are needed to reach these 20%, according to Chris Mundorf from Better Health Partnership.
- Mundorf and a colleague discussed a grant-funded program aimed at improving testing rates.

### Follow-Up Questions

- How can organizations represented in this meeting help?
- Can members of the community help spread the word?
- Is there enough outreach to educate parents and grandparents about testing kids for lead?

### Notes

The [Zoom meeting](#) started at 8 a.m. with about 30 people in attendance. First, Commission Chair Dr. Dave Margolius, director of Cleveland Public Health, introduced commission members in attendance: Dr. Matthew Tien of MetroHealth, Dr. Shanina Knighton of MetroHealth and Case Western Reserve University, Annie Slota of Neighborhood Family Practice, Bernetta Wiggins of Cleveland Metropolitan School District, Shawna Rohrman of Cuyahoga County Office of Early Childhood, Karen Mintzer of Bright Beginnings, and Kathy Schock of the Cuyahoga County Board of Health.

Margolius presented [data](#) that showed that in 2023 and 2024, just under 20% of the kids tested for lead poisoning tested positive. The lead-poisoning rate has remained relatively static since 2019, Margolius said. It hasn't gone up or down. In 2024, of kids under 6 years old, 8,135 kids were tested out of an estimated 24,159 kids in that age range living in Cleveland. If they were tested outside of Cleveland, they are reflected in this number.

*[Editor's note: The number of kids tested was 11,338 in 2019 but has ranged between 7,500-8,800 per year from 2020 through 2024. The number of kids tested in 2023 — 7,834 — was the lowest in seven years.]*

But now the work of testing kids for lead poisoning is getting some reinforcements from the [Better Health Partnership \(BHP\)](#). Margolius turned the meeting over to PJ Kimmel, BHP project manager, and Chris Mundorf, BHP's chief strategy officer. They took turns [presenting about a 17-month program](#), which is funded by a [\\$1 million American Rescue Plan Act grant](#). The purpose is stated on this [presentation slide](#).

There are many people on a [steering committee](#) and also many organizations working together, which will grow over time. The timeline for the project is February 2025 through June 2026. Kimmel said implementation is set to begin Aug. 1 of this year. The community has a desire to do more screening, Kimmel said. They will create data dashboards as a result of this project — some for some clinical organizations, some for the community.

Some budget details: Data collection and integration has \$60,000; implementation (including screening and testing, education and training, and follow-up and case management) has about \$211,000; and community-based organizing and family incentives has roughly \$46,500.

They have already had 26 meetings between December and March with different collaborative partners, Kimmel said.

Mundorf presented data. He said that answering “What percentage of kids should have been tested?” is difficult because they don't have a firm “denominator” — in this case a reliable number of kids in a certain age range living in Cleveland. Other data issues include one kid visiting multiple hospital systems and being counted as three kids, for example, rather than one.

Mundorf shared this data: In 2024, among children who turned 2 who had a [well-child visit](#), 84% were tested for lead.

Mundorf further shared this testing/visit data estimates for kids who turned 2 years old, had a Cleveland address, and were on Medicaid last year:

- 51% had a test on record
- 19% had a well-care visit but weren't tested

- 10% had a sick visit but weren't tested
- 20% had no health system interaction

If we can get the last 20% in for testing, it can help them in other areas that were missed, such as vaccinations, Mundorf said. He also noted that [newcomer children have higher rates of lead poisoning](#).

Dr. Tien said the data was great and that this grant should help fund good practices that can change the data. Doing this sustainably is most important.

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