



TRI: Identifying Potential Health Impacts

USING RISK-SCREENING ENVIRONMENTAL INDICATORS (RSEI)
DATA TO UNDERSTAND ASSOCIATIONS BETWEEN AIRBORNE
LEAD EXPOSURE AND CHILDHOOD COGNITION

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POLICY AND PRACTICE

1887
Recognition
of childhood
lead
poisoning

1904
Lead
poisoning
linked to
paint

1909
France,
Belgium,
Austria ban
lead interior
paint

1951
Baltimore
bans the use
of lead paint
in housing

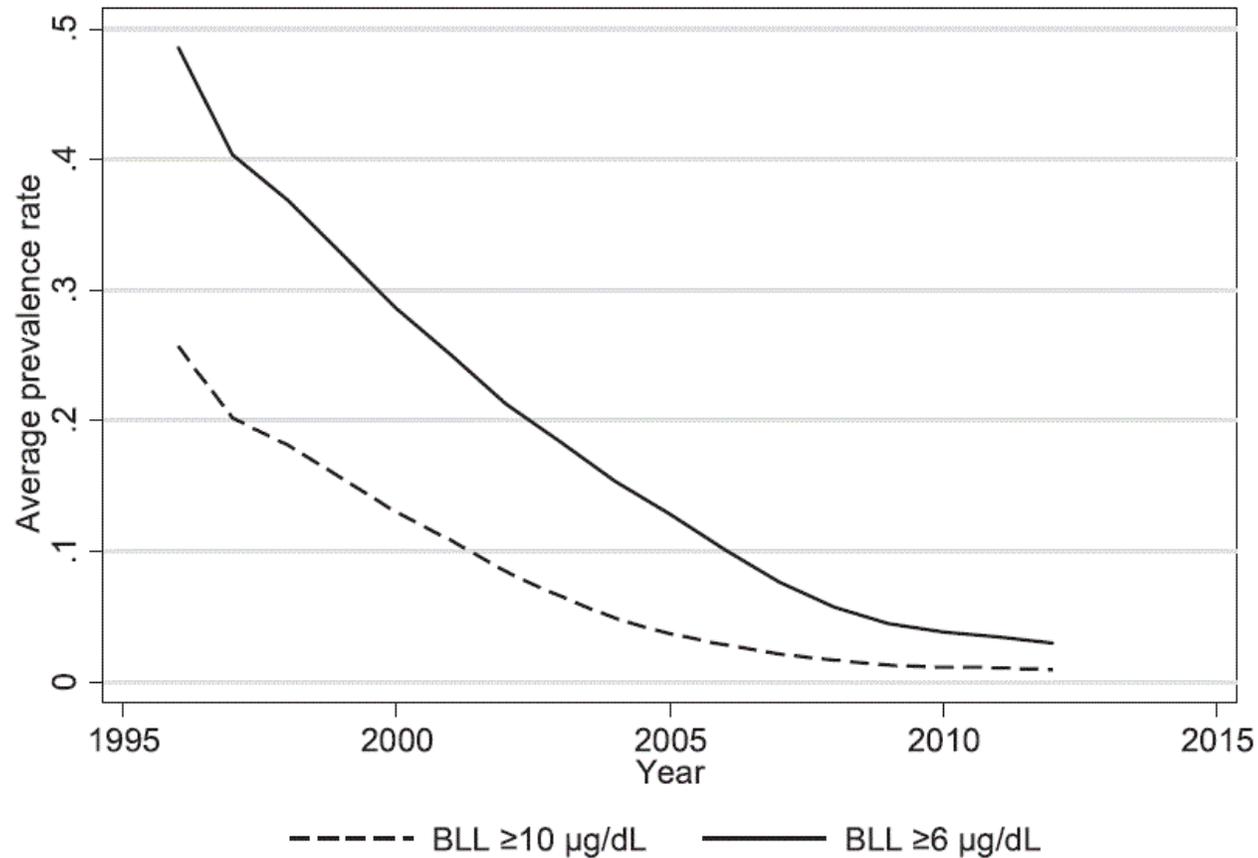
1922
League of
Nations bans
lead interior
paint (but
not the U.S.)

1978
Lead-Based
Paint Banned
in the US

1976 - 1996
Leaded
gasoline
phaseout

1986 -
current
Regulations
regarding
plumbing

EXPOSURE TRENDS OVER TIME



Toxic Inequality in Chicago
Neighborhoods, 1995-2013
(Sampson & Winter, 2016)

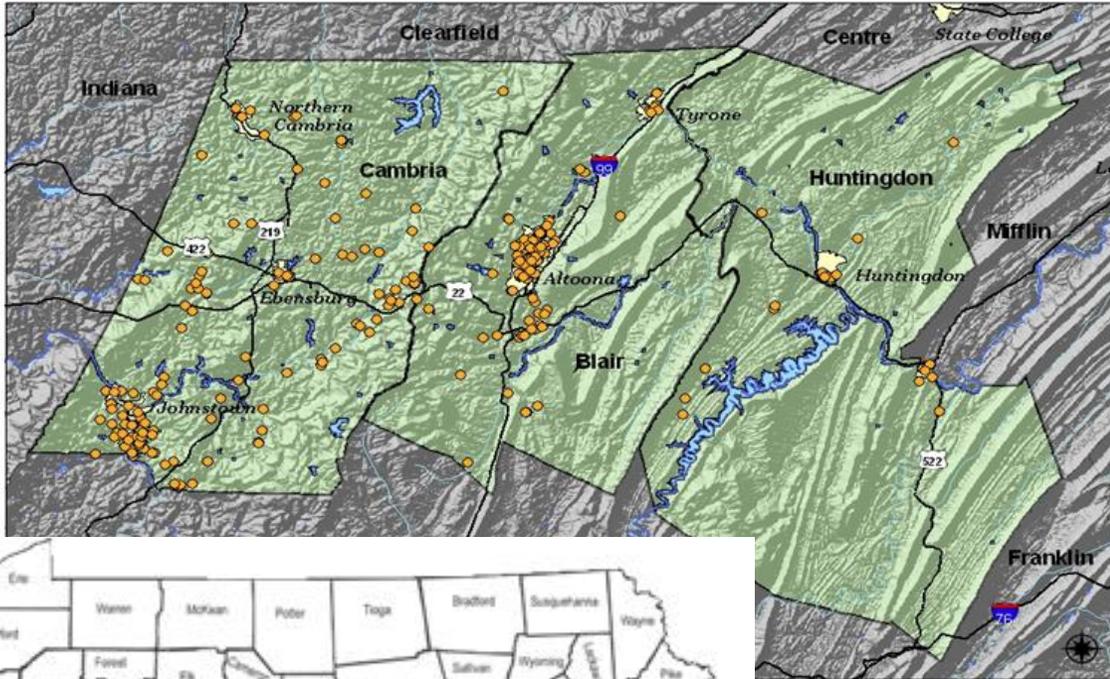
Fig. 2. Average Block-Group Prevalence Rates of Elevated BLL, 1995-2013.

LEAD AND NEUROTOXICITY

- Neurotoxic effects of lead increasingly evident
 - *Cognitive impairments*
 - *Behavioral- antisocial/impulsive*
- Research contributed to revisions in CDC threshold recommendations
- Current perspective- **no** safe level of lead exposure

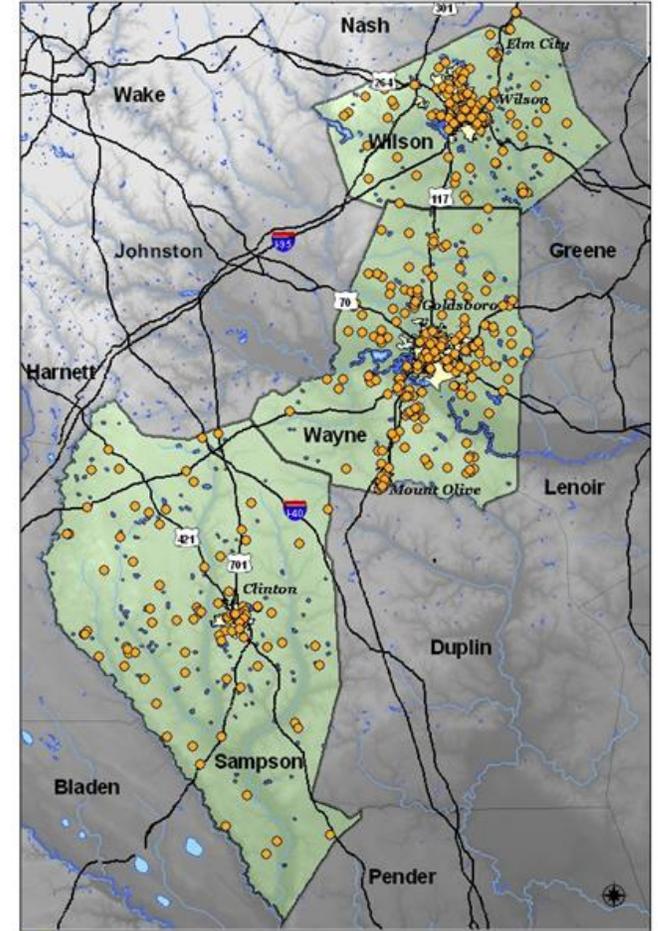
THE FAMILY LIFE PROJECT

The Family Life Project: Participant locations in Pennsylvania



$n = 519$

The Family Life Project: Participant locations in North Carolina



$n = 773$

THE FAMILY LIFE PROJECT

TABLE 6

SCHEDULE OF DATA COLLECTION

Birth	2 months	6 months	9, 12 months	15 months
Hospital	Home Visit	2 Home Visits	<i>Phone Calls</i>	2 Home Visits
		Child Care Visit		Child Care Visit
18, 21 months	24 months	27, 30, 33 months	36 months	
<i>Phone Calls</i>	2 Home Visits	<i>Phone Calls</i>	2 Home Visits	
	Child Care Visit		Child Care Visit	

Outcome Variables

IQ (WPPSI)

@ 3yrs

Executive Function

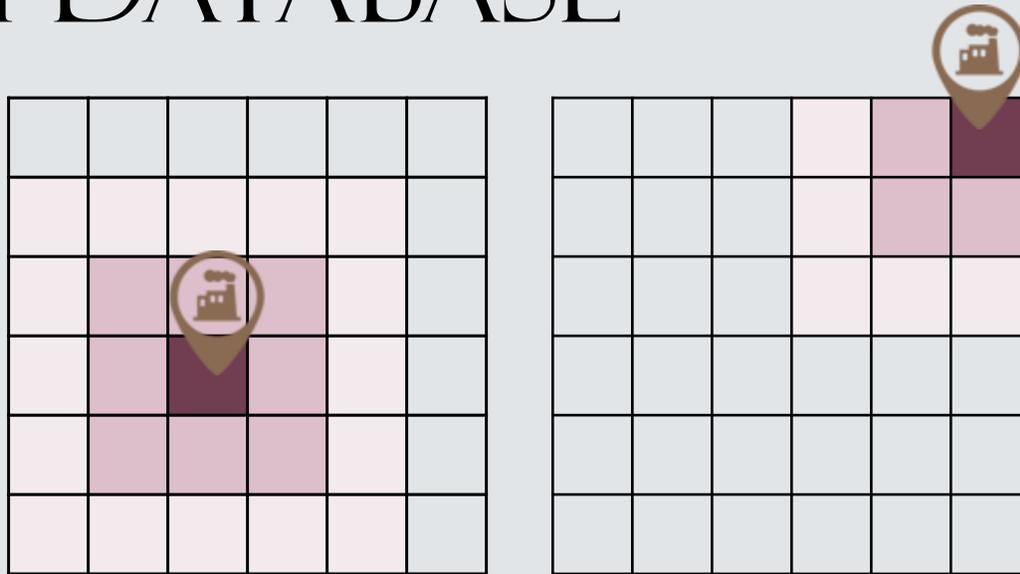
@ 3yrs

@ 4yrs

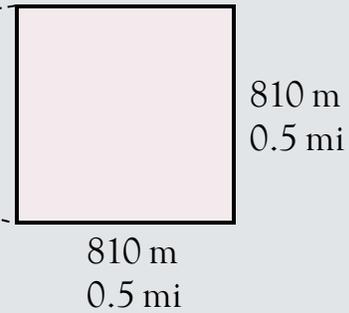
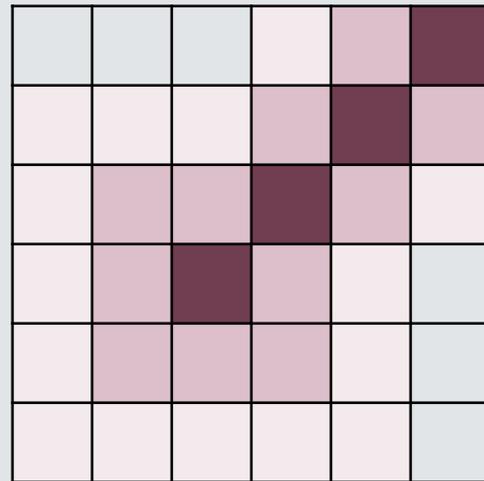
@ 5yrs

RSEI DATABASE

Approximates the impact region of toxic releases



Aggregates across multiple toxic releases



Chemical	Concentration ($\mu\text{g}/\text{m}^3$)	ToxConc (conc \times toxicity)
Abamectin		
...		
Lead		
...		
Total		

ALIGNING HOME LOCATIONS WITH RSEI

- RSEI data is massive
 - *Millions of RSEI cells needed to cover the US*
 - *Each with hundreds of attributes every year*
- Cannot distribute child locations
 - *Need to match child's location to RSEI on the local machine*
 - *Thousands of point locations across the US, multiple years*
- Developed a flexible R script
 - *Takes a list of latitude/longitude coordinates*
 - *Appends the RSEI data for the requested year(s)*

rseilution

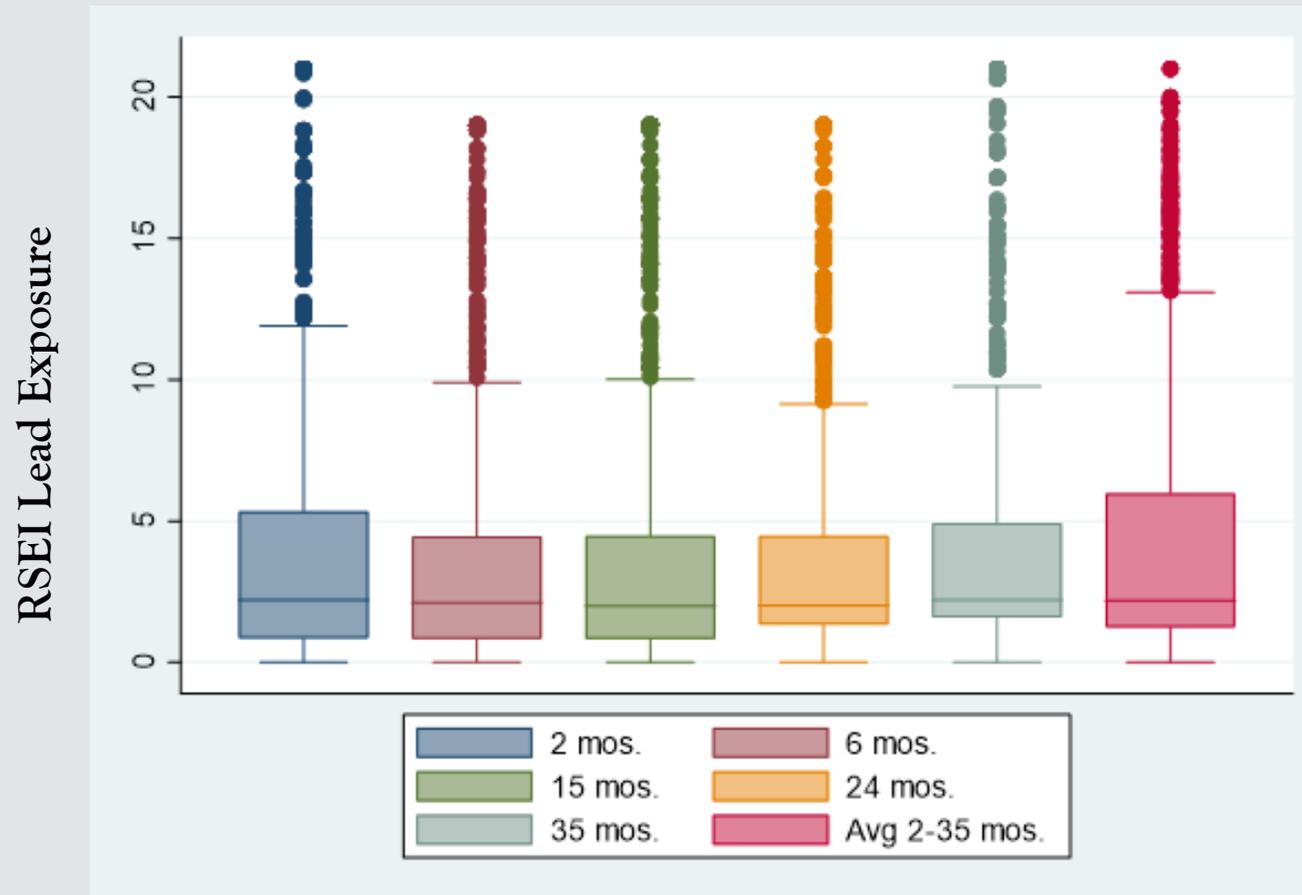
R tools for deriving air toxicity for geographic coordinates

This code will append annual air toxicity data to any point location within the United States. The toxicity data come from the US Environmental Protection Agency's (EPA) [Risk-Screening Environmental Indicators \(RSEI\)](#) model, which is based on data collected for the [Toxic Release Inventory \(TRI\)](#).

The code offers many options. The following example is for points with a unique ID (in column 'id') in a single state (Delaware) for a single year (2015) starting with latitude/longitude

<https://github.com/dfolch/rseilution>

EXPOSURE DISTRIBUTIONS



2003 - 2007

INSTRUMENTAL VARIABLE APPROACH

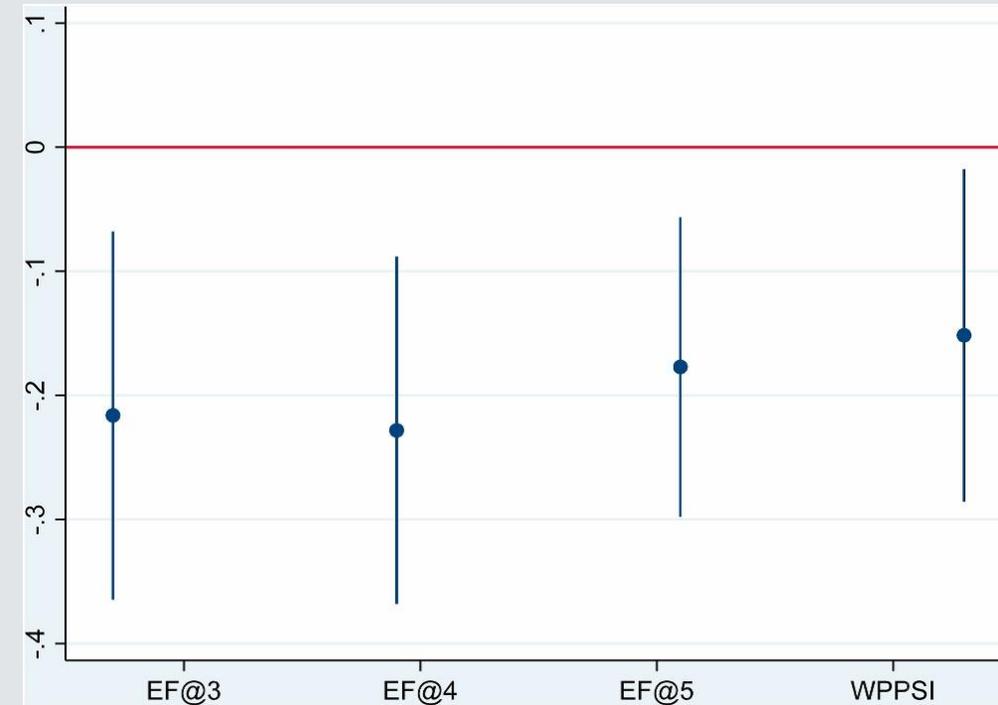
- A valid instrument is identified that
 - *Is correlated with children's exposure*
 - *Does not share common causes with children's cognitive outcomes*
 - *Has no effect on child outcomes except through the potential effect on exposure*
- Census tract manufacturing density
 - *Is correlated with airborne lead exposure*
 - *Is not related to children's cognitive outcome except through lead exposure*
 - *Include additional confounds*
 - Child sex, child race, income/needs, caregiver education, biological father presence, caregiver IQ, caregiver hostility, caregiver depression, child low birth weight, regional poverty, child second-hand smoke exposure

RESULTS

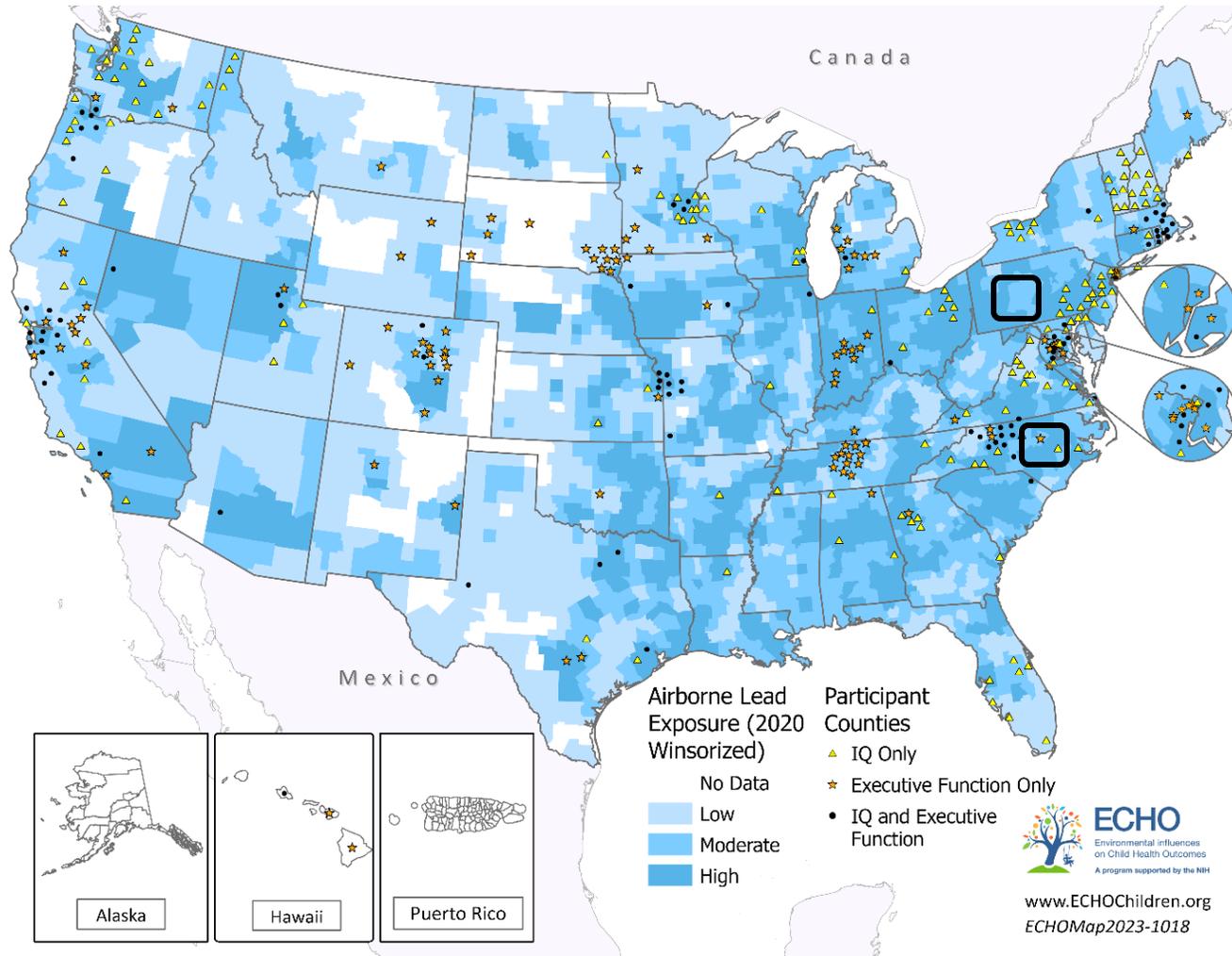
Table 5. Coefficients of airborne lead exposure from IV 2SLS model.

	Lead exposure, (fitted value)	
	Coefficient	SE
<i>Outcomes</i>		
Executive Function (3 years)	-0.213**	0.008
Executive Function (4 years)	-0.227**	0.007
Executive Function (5 years)	-0.178**	0.006
WPSSI (3 years)	-0.152*	0.212

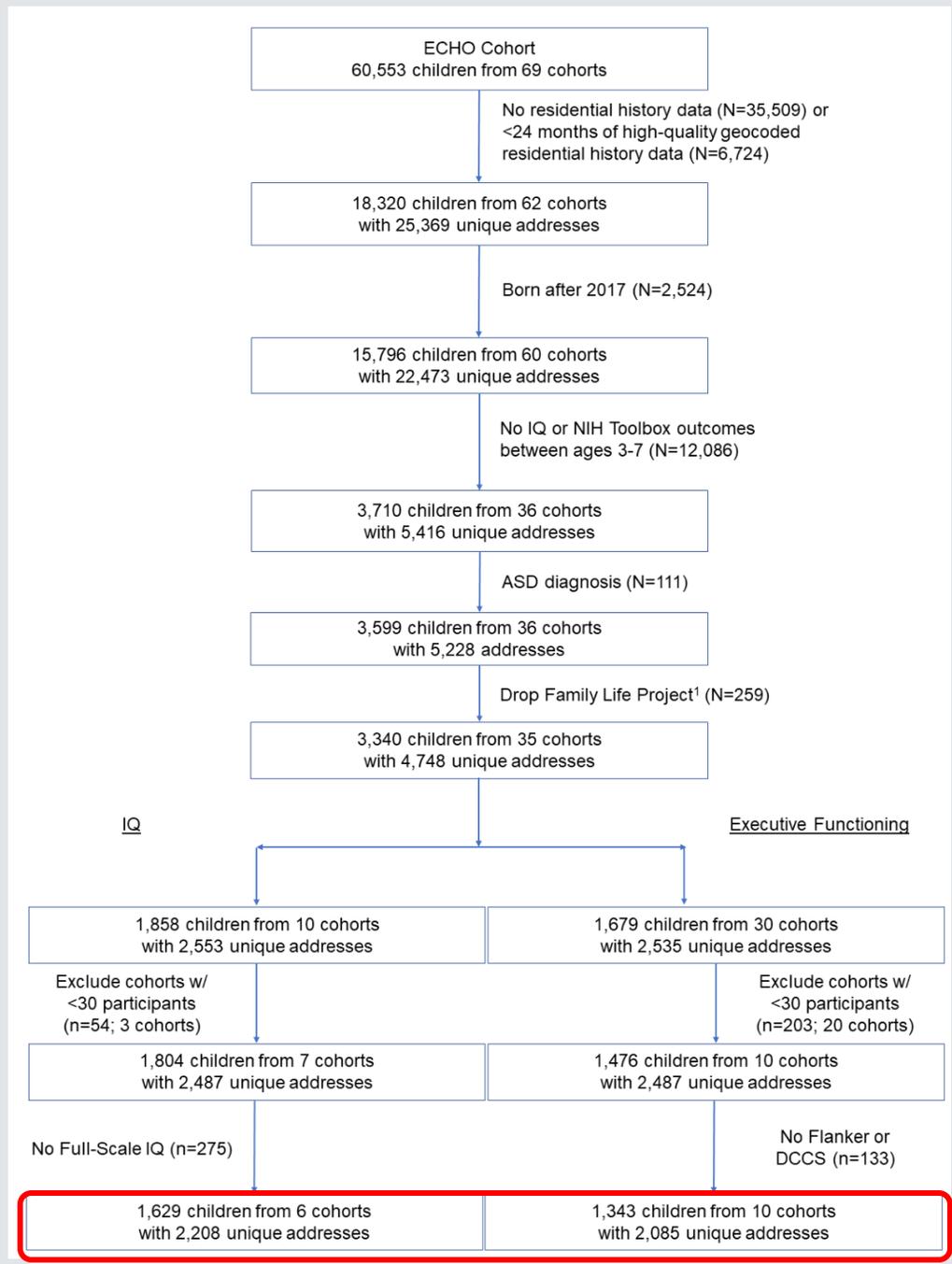
NOTE: Coefficients are standardized beta coefficients. Standard errors are clustered at the tract level.



ENVIRONMENTAL CHILDHOOD HEALTH OUTCOMES (ECHO)



Region	IQ sample	EF sample
Midwest	141 (8.7%)	208 (15.5%)
Northeast	1,164 (71.5%)	167 (12.4%)
South	35 (2.2%)	196 (14.6%)
West	289 (17.7%)	772 (57.5%)
	1,629	1,343



1,629 children
6 cohorts
2,208 addresses

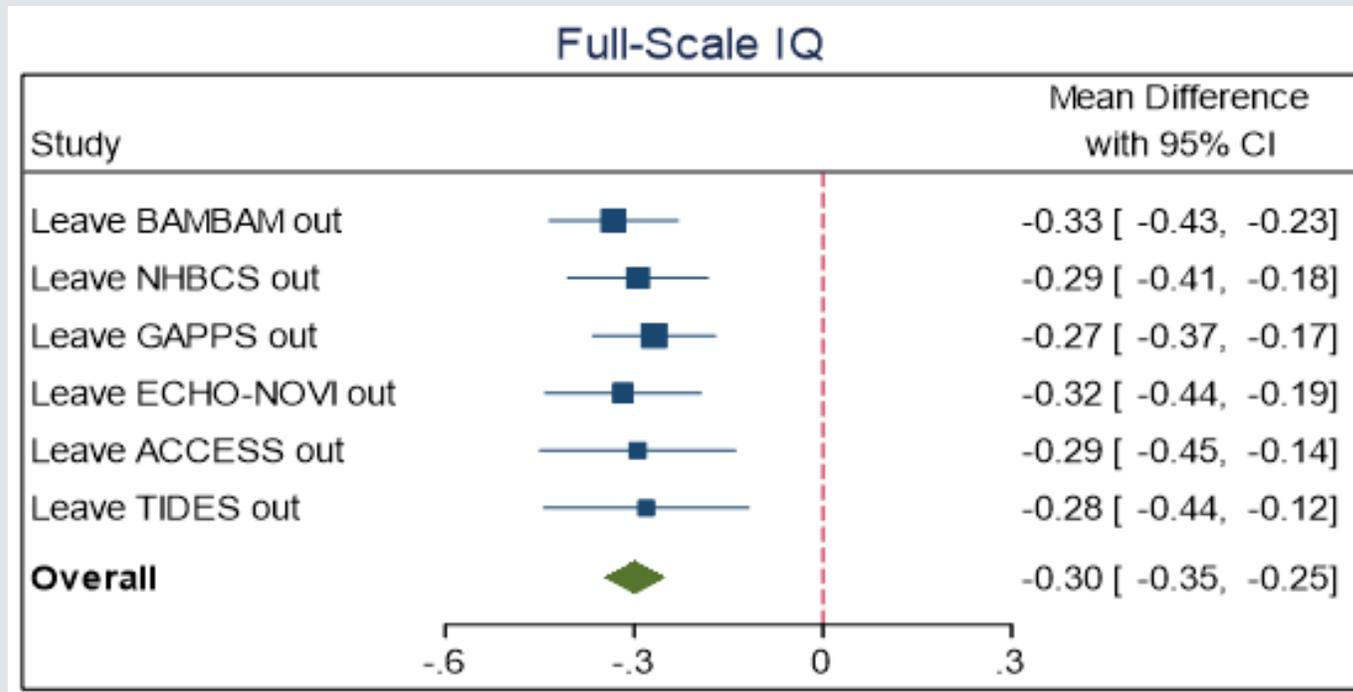
1,343 children
10 cohorts
2,085 addresses

RESULTS

		Executive Function	
	Full-Scale IQ b (95% CI)	Inhibitory Control (Flanker) b (95% CI)	Cognitive Flexibility (DCCS) b (95% CI)
Total sample	1,629	1,241	1,298
<i>per unit Δ airborne lead</i>	-0.31 (-0.41, -0.20)	-0.67 (-1.25, -0.08)	-0.09 (-0.55, 0.37)
<i>per IQR Δ airborne lead</i>	-0.74 (-1.00, -0.48)	-1.13 (-2.13, -0.14)	-0.15 (-0.93, 0.62)

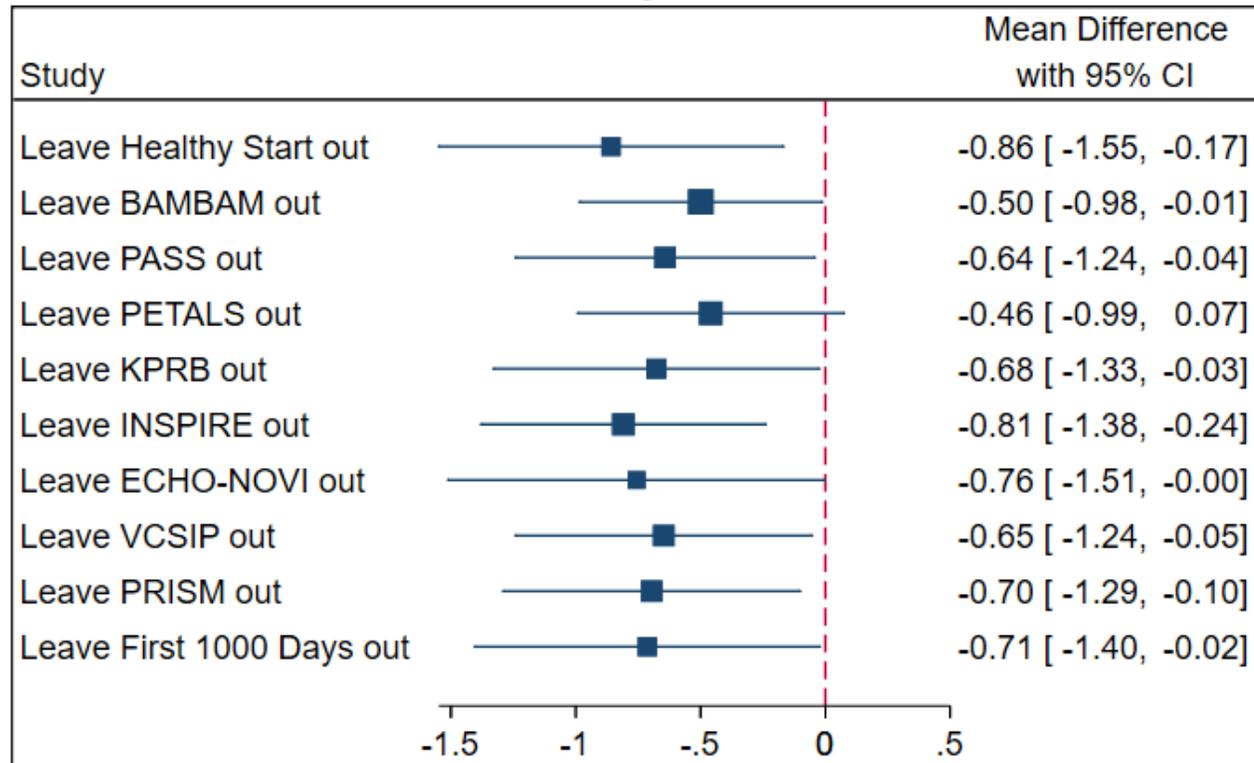
Covariates: child sex, birth year, preterm status, low birthweight status, age at assessment (IQ only), maternal age at delivery, maternal prenatal smoking status, regional socioeconomic vulnerability, urbanicity, pre-1980s housing stock,

ROBUSTNESS

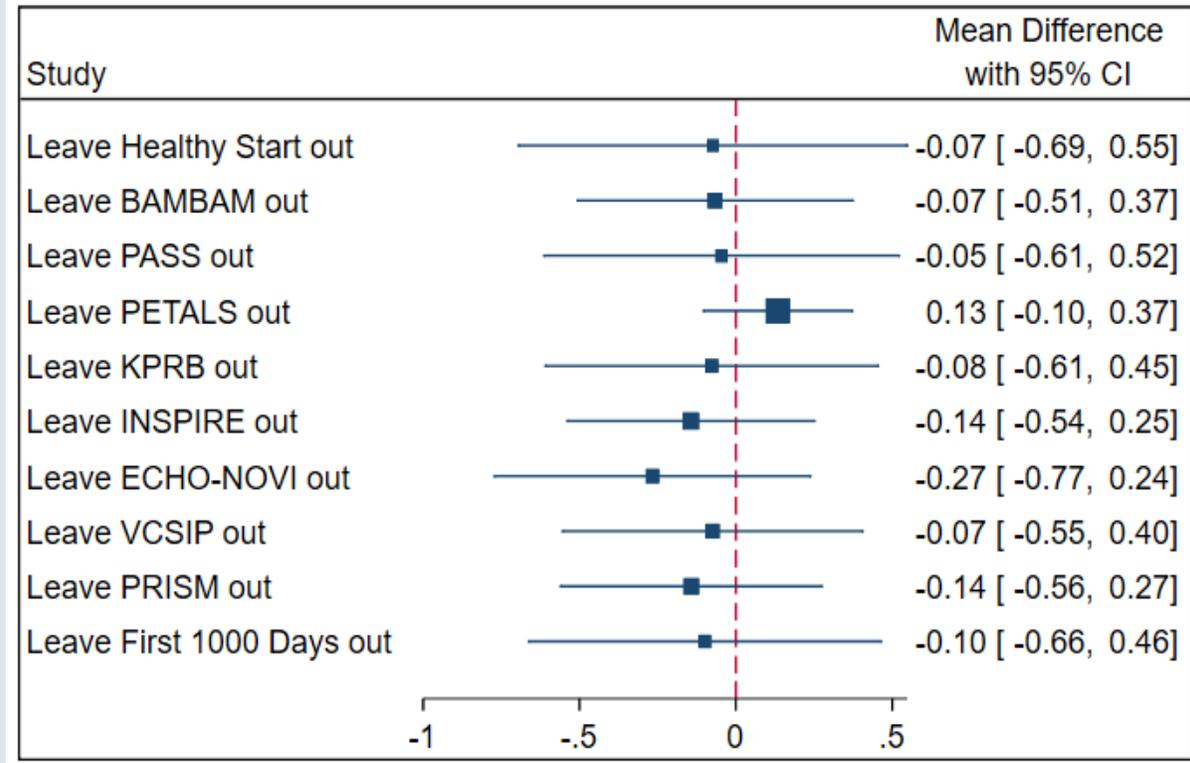


ROBUSTNESS

Inhibitory Control



Cognitive Flexibility



SEX STRATIFIED MODELS

	Full-Scale IQ b (95% CI)	Inhibitory Control (Flanker) b (95% CI)	Cognitive Flexibility (DCCS) b (95% CI)
Male participants	836	635	657
<i>per unit Δ airborne lead</i>	-0.60 (-0.81, -0.38)	-0.93 (-1.76, -0.11)	-0.12 (-0.80, 0.56)
<i>per IQR Δ airborne lead</i>	-1.46 (-1.99, -0.92)	-1.58 (-2.98, -0.19)	-0.20 (-1.54, 0.99)
Female participants	793	606	641
<i>per unit Δ airborne lead</i>	0.13 (-0.05, 0.31)	-0.42 (-0.85, 0.01)	0.08 (-0.28, 0.43)
<i>per IQR Δ airborne lead</i>	0.32 (-0.12, 0.76)	-0.71 (-1.43, 0.02)	0.13 (-0.47, 0.73)

SUMMARY

- Regional variation in airborne lead in the first 3-5 years of life is associated with decrements in children's cognitive functioning
- Effects may be more pronounced among male children
- In addition to the implications for these findings on environmental policies, additional research could examine individual or family-level factors mitigate this association (e.g. nutrition) that could also inform policy and practices for child health.

STRATEGIC HIRING INITIATIVE IN ENVIRONMENTAL HEALTH SCIENCES

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