



June 18, 2025

Lead-Free NJ Health Committee Comments on NJ Department of Health Prevention Health and Health Services Block Grant (PHHSBG)

<https://nj.gov/health/documents/ffy25-concept-papers.pdf>

Dear New Jersey Department of Health staff,

Regarding the NJ Department of Health Prevention Health and Health Services Block Grant, we recommend that lead exposure data be incorporated into the work of the Community Health & Wellness Units by being included in the assessment of data resources and opportunities to enhance data collection. Lead exposure is associated with increased risk of two of the chronic diseases under the purview of this program: cardiovascular disease¹ and asthma². Lead exposure is also associated with decreased kidney function³. Incorporation of lead exposure prevention will lead to better data and public health interventions. Lead exposure data is already collected by the NJ Department of Health through blood lead level test results

Additionally, we recommend that blood lead level testing and lead exposure prevention be incorporated into the protocol of the Maternal/Child Health & Chronic Disease program. Lead is associated with four main causes of Black maternal mortality: pre-eclampsia⁴, embolism formation⁵, cardiomyopathy⁶, and hemorrhaging. Testing for lead and providing interventions such as calcium intake will improve maternal and newborn health outcomes. Legislation (S3616) requiring health care professionals to perform lead screening on pregnant persons under certain circumstances is pending in the state legislature. If this bill becomes law, this data should be incorporated into the program.

The need for inclusion of lead exposure to both the “Community Health and Wellness Unit – Epidemiology, Surveillance and Evaluation Data Modernization Project” and “Maternal/Child Health and Chronic Disease” Programs is vital as N.J.A.C. 8:51 rule established a new blood lead reference value of 3.5 µg/dL and requires that local boards of health provide written guidance to parents or guardians about common sources of lead exposure and written guidance on how to prevent such exposure whenever a child has a confirmed blood lead level of 3.5 µg/dL, that was in the NJDOH Announcement of October 7, 2024 with an immediate effective date⁷.

The available blood lead reference values as of today do not and cannot account for the projected change in the NJDOH SHAD data that will surely increase in the number of cases for reportable blood lead reference values. To add lead exposure to these programs would mean that there is a proactive public and population health approach to the anticipated increases of children with lead exposure and

¹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC1849948/>

² <https://pmc.ncbi.nlm.nih.gov/articles/PMC1257653/>

³ [https://www.ajkd.org/article/S0272-6386\(18\)30556-0/fulltext](https://www.ajkd.org/article/S0272-6386(18)30556-0/fulltext)

⁴ <https://pubmed.ncbi.nlm.nih.gov/22779950/>

⁵ <https://pubmed.ncbi.nlm.nih.gov/17226925/>

⁶ <https://www.sciencedirect.com/science/article/pii/S2666084920306136>

⁷ <https://phm.njlicns.net/Message/GetMessageContent?messageId=112528>



lead poisoning. In addition, HealthyPeople 2030 does include as an objective, “Reduce blood lead levels in children aged 1 to 5 years - EH-04”⁸.

Thank you for your consideration.

Sincerely,

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⁸<https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-blood-lead-levels-children-aged-1-5-years-eh-04>