



# **Enhancing Local Public Health Capacity in New Jersey Opportunities for Modernization**

*New Jersey Public Health Association – April 2023*

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# Enhancing Local Public Health Capacity in New Jersey

Opportunities for Modernization

view report

# Project Components

1. Compare NJ capacity to a set of other states
2. Conduct a statewide poll
3. Understand how capacity constraints affect practice
4. Review 30 years' worth of studies
5. Understand capacity building in other states



- New Jersey County and City Health Officers Association
- New Jersey Association of Public Health Nurse Administrators
- New Jersey Environmental Health Association
  - New Jersey Public Health Association
- New Jersey Society for Public Health Education
- New Jersey Local Boards of Health Association
  - New Jersey Department of Health

# 1. Compare NJ capacity to a set of other states

## Funding Trends:

- The U.S. spent \$4.1 trillion on health in 2020, but only 5.4 percent of that spending targeted public health and prevention
- Recent infusion of funds were “onetime COVID19-specific appropriations and therefore could not be used to correct structural and long-standing funding deficiencies” (TFAH 2022).

**Per capita, New Jersey ranks 31st in the nation in state funding for public health**

(TFAH 2021) 5

Connecticut  
Kentucky  
Maryland  
Massachusetts  
Minnesota  
New York  
Oregon  
Washington

Funding

Workforce

- Most densely populated & racially diverse
- Aging infrastructure
- Similar poverty level as neighboring states

• All services provided by any comparison state appears in the NJ public health practice standards (N.J.A.C. 8:52).

- Lowest state appropriation per capita among comparison states
- Among the lowest local appropriation per capita (MA)

• Smallest public health workforce per capita among comparison states

## 2. Conduct a statewide poll

*Why do a poll?*



Assess  
invisibility of  
public health

Identify support  
for actions to  
enhance capacity



# Poll highlights

<p><b>Have these services</b></p>	<p><b>56% - Infectious disease monitoring &amp; prevention</b></p>
<p><b>How important is it for New Jersey to establish a source of stable, dedicated funding that can only be used for public health services and programs?</b></p>	<p><b>59% - Very important</b>  <b>29% - Somewhat Important</b>  <b>5% - Not very important</b></p>
<p><b>had a question or concern about a public health issue?</b></p>	<p><b>neighbors</b></p>



### 3. Understand how capacity affects practice



*Megan Sheppard*  
*Cumberland County Health Officer*  
<https://youtu.be/FNyAV0WvOPo>



*Margi Jahn*  
*Health Officer, Freehold Area Health Dept.*  
<https://youtu.be/VSWtWdu-EZE>



*Kevin Sumner*  
*Health Officer, Middlebrook*  
*Regional Health Commission*  
<https://youtu.be/vg7dhhRbUIQ>



*Lynette Medeiros*  
*Asst. Health Officer, Hoboken*  
[https://youtu.be/PFszJf\\_7a0I](https://youtu.be/PFszJf_7a0I)

## Emerging threats

- Social/structural determinants of health (housing, food, community design, etc.)
- Pandemic, opioids
- Climate change, extreme weather

## New roles

- Chief Strategist
- Community partnerships
- Cross-sector collaboration

## Funding

- Inadequate
- Unstable
- Inflexible
- Not community-responsive



**Public Health**  
Prevent. Promote. Protect.

*In Their  
Own Words*



*Besides not having adequate funding to address all the challenges facing public health, too often our funding is overly prescriptive, telling me exactly how to spend the money regardless of the needs of my community. That doesn't allow me to run my department in ways that I think will be most advantageous for my communities.*



## 4. Review 30 years of previous studies

Year	Report
1992-2004	Capitol Forums on Health and Medical Care
1993	Commissioner's Working Group on Local Health
1999-2004	Crafting a Restructured Environment
2000	NJDHSS Internal Research
2002	Executive Order #140
2005	Public Health Governance Performance Assessment
2008	NJDHSS Review of Local Public Health Systems
2009	NJ Health Officers Association
2010	Rutgers Review of Local Health Evaluation Report
2010	Local Unit Alignment/Reorganization & Consolidation Com.
2011-2014	Quality Improvement
2018	NJPHACE



## Background Documents & Previous Studies

Our report includes summaries of the following documents and previous studies that examined or evaluated public health in New Jersey:

[Bialek, Ronald. Commissioner's Working Group on Local Health Final Report. September 1994. New Jersey Department of Health.](#)

[Edwards, Kathleen F., Beth Resnick, Thomas Burke. New Jersey Public Health Agency Assessment/Improvement Study Phase One. The Johns Hopkins Bloomberg School of Public Health Department of Health Policy and Management. October 1, 2009.](#)

[Edwards, Kathleen F., B. Resnick, T. Burke. New Jersey Public Health Agency Assessment/Improvement Study Phase Two. Johns Hopkins Bloomberg School of Public Health Department of Health Policy and Management. November 10, 2010.](#)

[Executive Order # 140 \(2002\). Governor Richard Codey.](#)



## Structure

*A cookie-cutter 21-county system is not the answer to improving public health in New Jersey. When we talk about some of the new challenges facing local public health, it's critically important for us to advance solutions that are integrated with community-based efforts. Each community is different and what works in one place won't necessarily work in another.*

A local NJ Public Health Official

### Take Home Message

% of municipalities that participate in some form of shared services, either through interlocal agreement, a regional health commission, or a county health dept.

2008 – 92%

2021 – 95%

## 5. Understand capacity building in other states

*If we want to make public health governance effective, we have to invest in it.*

*Other state public health professional*



Washington



Kentucky



Maryland



## Common themes in Other States' Success Efforts

- ✓ Framing: Modernization
- ✓ Focus: Public Health Service Delivery
- ✓ Tactic: Coalition Building
- ✓ Tactic: Compelling Messages
- ✓ Tactic: Build capacity for advocacy

## National Trends

- Invisibility of Public Health
- Reduction in public Health Workforce
- Declining resources
- COVID “laid bare” current constraints

## NJ Specific

- Comprehensive standards
- Health inequity conditions
- Highly constrained resources
- Low understanding of public health
- Decades of study

## Implications

- “Keeping up” with core functions, much less emerging threats
- Barriers to public health ‘chief strategists’

## Need: Funding that is...

- Adequate
- Unrestricted
- Stable
- Community Responsive

## Good news

- Campaigns in other states: compelling messages, coalitions, targeted decision-makers



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