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

https://sites.rutgers.edu/nj-phi/
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

(Ref: TFAH 2020)
• 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)
Health Equity Challenges

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

Practice Standards

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

Funding

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

Workforce

- 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

<table>
<thead>
<tr>
<th>Have these services</th>
<th>56% - Infectious disease monitoring &amp; prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>59% - Very important</td>
</tr>
<tr>
<td>29% - Somewhat Important</td>
<td></td>
</tr>
<tr>
<td>5% - Not very important</td>
<td></td>
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</tbody>
</table>

If you had a question or concern about a public health issue?

<table>
<thead>
<tr>
<th>Neighbors</th>
<th>30%</th>
</tr>
</thead>
</table>
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

Lynette Medeiros
Asst. Health Officer, Hoboken
https://youtu.be/PFsJf_7a0I

Kevin Sumner
Health Officer, Middlebrook
Regional Health Commission
https://youtu.be/vg7dhhRbUIQ
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
I feel like we start projects, but we can never end them because the funding doesn’t stay.

COVID-19 has really highlighted the fact that health departments are severely understaffed. The monies that we receive are for very specific programs and tasks, and it doesn’t allow me to run my department or to staff my department in ways that I think will be most advantageous for my communities.

Oftentimes I would like for politicians to understand that we know our job, we know how to do it, what we need to do it, and we need the resources to do it, and we’ll do it right.

I think that one of the reasons that public health is not well-funded is because public health professionals just put our chins down and get the job done. Most people don’t understand what we actually do and, as a result, they don’t understand our funding challenges.

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Report</th>
</tr>
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<tbody>
<tr>
<td>1992-2004</td>
<td>Capitol Forums on Health and Medical Care</td>
</tr>
<tr>
<td>1993</td>
<td>Commissioner’s Working Group on Local Health</td>
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<tr>
<td>1999-2004</td>
<td>Crafting a Restructured Environment</td>
</tr>
<tr>
<td>2000</td>
<td>NJDHSS Internal Research</td>
</tr>
<tr>
<td>2002</td>
<td>Executive Order #140</td>
</tr>
<tr>
<td>2005</td>
<td>Public Health Governance Performance Assessment</td>
</tr>
<tr>
<td>2008</td>
<td>NJDHSS Review of Local Public Health Systems</td>
</tr>
<tr>
<td>2009</td>
<td>NJ Health Officers Association</td>
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<tr>
<td>2010</td>
<td>Rutgers Review of Local Health Evaluation Report</td>
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<tr>
<td>2010</td>
<td>Local Unit Alignment/Reorganization &amp; Consolidation Com.</td>
</tr>
<tr>
<td>2011-2014</td>
<td>Quality Improvement</td>
</tr>
<tr>
<td>2018</td>
<td>NJPHACE</td>
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Background Documents & Previous Studies

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


Executive Order # 140 (2002), Governor Richard Codey.

https://sites.rutgers.edu/nj-phi/background-documents-previous-studies/
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
Observations

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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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