

The background of the slide features a large, faint, circular seal of Rutgers University. The seal contains the text 'RUTGERS UNIVERSITY' and 'THE STATE UNIVERSITY OF NEW JERSEY' around its perimeter, with a central emblem. The entire slide has a solid red background.

**RUTGERS**

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OF NEW JERSEY

**Assessing Local Public Health Capacity in New Jersey:  
*Challenges and Opportunities***

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# Project Objectives

*Consult with a PWG of public health experts*

Compare local public health infrastructure in NJ to other states

Set NJ in national context

Review historic studies/reports regarding local public health in NJ

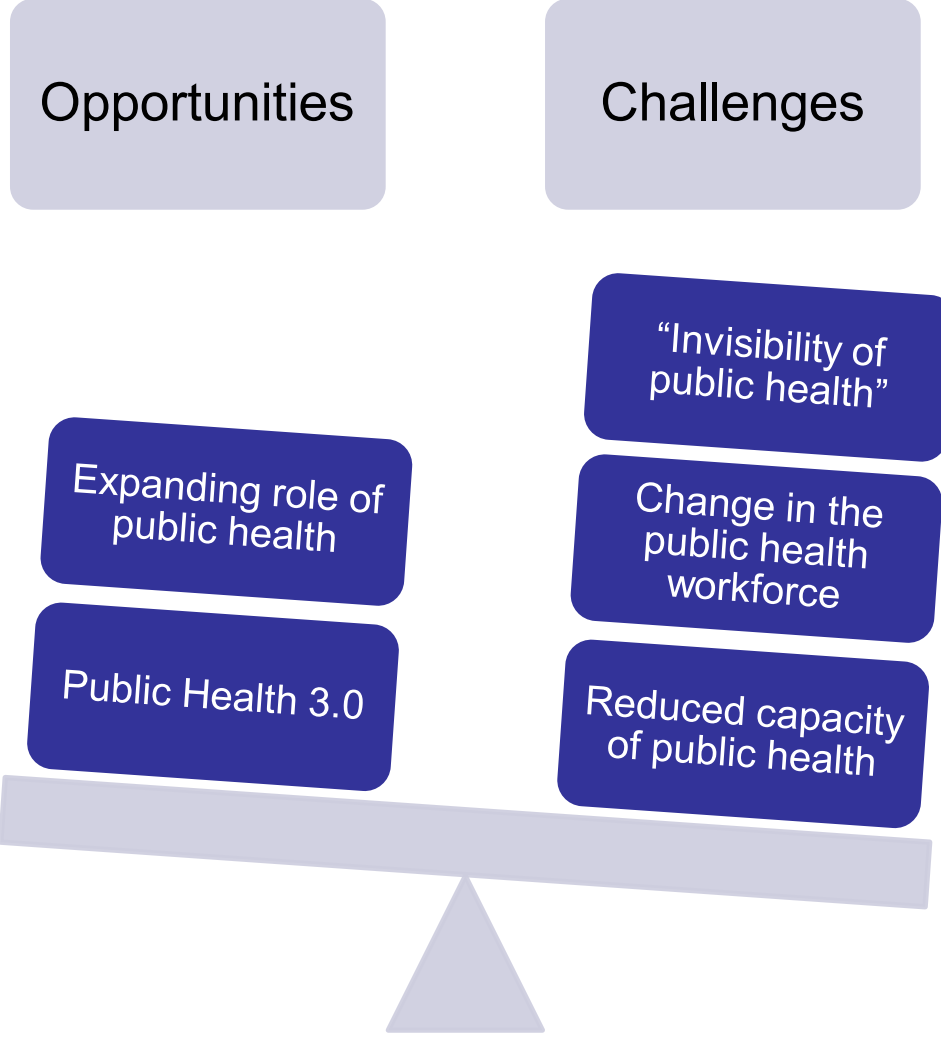
Develop case studies of impact of local public health capacity

Assess New Jerseyans' perceptions of and support for public health

# Overview of Local Public Health Nationally: *What do we know?*

**Chief Health Strategists, partnering across multiple sectors and leveraging data and resources to address social, environmental, & economic conditions that affect health and health equity.**

CDC



*“The easiest way to explain public health is that it deals with health from the perspective of populations, not individuals. The clinical health care provider — your doctor, nurse, or dentist — helps you with your own personal healthcare issues. Let’s say you have asthma. It’s the clinical care provider who listens to you describe your symptoms. He or she does the necessary tests, makes the diagnosis, and prescribes the right medicines. You go home breathing better.*

*The public health approach is different. Public health takes a look at the whole neighborhood (or city, county, state, etc.) and figures out how many people have asthma and what’s putting them at risk. Then, public health professionals get to work figuring out how to reduce those exposures and cut down on the number of new asthma cases. Public health is also concerned with whether the people with asthma have access to doctors and are getting good care. If the folks on our side do their jobs right, the whole neighborhood breathes easier.”*

APHA

**NAM  
2003**

- Historic gap in priorities for investment between public health & health care.
- Many health departments do not have dedicated funding to sustain their infrastructure.

**NAM  
2012**

- Reforms in medical care will not alone improve the public's health.
- Population-based prevention is efficient & effective for health improvement.

**TFAH  
2020**

- U.S. spends \$3.6 on health.
- < 3% spent on public health & prevention.

**2021  
TFAH**

- CDC's \$7.8 B budget was down 1% from previous year.
- CDC's core budget fell 2% when adjusted for inflation.

**PHLF  
2021**

- \$13/ person gap in annual public health spending.
- 4.5 billion fund to support core government public health functions

*"Health departments across the country are battling 21<sup>st</sup>-century health threats with 20<sup>th</sup> century resources. The COVID-19 crisis demonstrates this reality in the starkest of terms."*

TFAH

# Overview of Local Public Health in NJ:

## *The “essentials”*

- 1. Local health infrastructure*
- 2. Minimum practice standards*
- 3. Role of the state health department*
- 4. Funding for public health in New Jersey*
- 5. Extensive historic review of NJ local health*


# Local health infrastructure

- Local Board of Health
- Relationship of LBH to health agency/department
- Role of DOH

|  | Municipal LHDs solely covering their own municipality | Municipal LHDs serving other municipalities <sup>1</sup> | Regional Health Commissions <sup>2</sup> | County Health Departments serving at least one municipality | County Health Departments providing only county-wide services <sup>3</sup> | Summary<br>% of municipalities that participate in some form of shared services, either through <u>interlocal</u> agreement, a regional health commission, or a county health dept. |
|--|---|--|--|---|--|---|
| 2008 (DHSS 2008)                       | 46  | 40   | 7  | 14  | 5  | 92%   |
| 2021 <sup>4</sup> NJDOH, May 21, 2021) | 30  | 32   | 6  | 18  | 2  | 95%   |

# Minimum practice standards

- NJ standards compared to other states
- NJ standards compared to national accreditation



*Public Health is everywhere – safety, gun violence, opioids, flu shots, restaurant inspections, housing, pandemics, health services.... the list goes on and on. But our funding situation is always constricting us from ongoing work on these issues.*  
NJ public health official



## **Environmental health**

Recreational bathing inspections  
Youth camp inspections  
Child care center inspections  
Body art / tattoo facility inspections  
Noise pollution investigations  
Solid waste control / enforcement  
Environmental health education  
Update Right-to-Know information for employers  
Public health nuisance complaint investigations

## **Food Safety**

Retail food establishment licensing  
Product recall inspections  
Retail food / restaurant inspection  
Non-retail food inspections  
Food safety education

## **Planning and Preparedness**

Emergency response to natural & man-made event  
Community risk communication  
Emergency preparedness education and planning  
Pandemic influenza planning  
Development / consultation of local ordinances

## **Maternal and Child Health:**

NJ Family Care referrals  
Child health conferences and home nursing visits  
Childhood immunizations  
Childhood lead exposure health education  
Childhood lead exposure investigations / referrals

## **Animal Control**

Rabies vaccination clinics for pets  
Animal bite investigations / referrals  
Rabies control (besides vaccination clinics)  
Kennel/shelter/pound/pet shop inspections

## **Communicable Disease**

Reportable disease / outbreak investigations  
Communicable infectious disease health ed.  
Food and water sampling

## **Health Education**

Older adult health education  
Cardiovascular disease health education  
Diabetes health education  
Nutrition health education  
Cancer health education  
Blood-borne pathogen/risk education

## **Clinical Services:**

Public health nursing activities  
Hypertension screenings  
Hypertension counseling / referrals  
TB investigations / referrals  
Diabetes referrals  
HIV/AIDS referral  
Hepatitis B immunization / screening  
Cardiovascular disease screenings  
Older adult immunizations

# Role of the state health department

- Monitor LHDs
- License health officers
- Register LHDs
- Priority Health Funds
- Public Health Council

# Funding for public health in New Jersey

- NJ ranking nationally
- Sources of NJ local public health funds
- Local property taxes
- Public Health Priority Fund
- Estimate for lost investment
- Funding breakdown

*We have funding to do what we're required to do, but, typically, we're lacking in funds to do the things that we know we NEED to do.*

NJ local public health official

*Besides not having adequate funds to address all public health challenges, too often the funding that we have is overly prescriptive, telling me exactly how I have to spend that money regardless of the particular needs of my community.*

NJ local public health official

# Extensive historic review of NJ public health

| Date      | Subject  |
|-----------|--|
| 1992-2004 | Capital Forums on Health and Medical Care                          |
| 1993      | Commissioner's Working Group on Local Health                       |
| 1999-2004 | Crafting a Restructured Environment; Turning Point                 |
| 2000      | Internal NJDHSS 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 and Consolidation Commission  |
| 2011-2014 | Quality Improvement  |
| 2018      | New Jersey Public Health Associations Collaborative Effort (PHACE) |

# Voices from NJ local public health officials

COVID-19 has really highlighted the fact that health departments are severely understaffed.

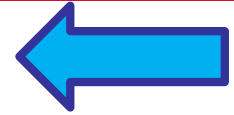
*I would like for the politicians to understand that we know our job - we know how to do it and what we need to do it. If we have the resources to do it, we'll do it right.*

*People don't realize how much we do in public health - restaurant inspections, public health campaigns, nuisance complaints. We inspect pools, schools, and daycares. Some of us inspect nail and hair salons, and everything in between. Public health really is part of your everyday life, including the air you breathe.*

*I know my community: I know who to reach out to when I need things, and that's vital, especially during something like a pandemic, where you need to get in touch with your religious leaders, and your school leaders, and people who are influential in the community. That intimate relationship is so important.*

*The monies that we've received 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.*

New Jerseyans' knowledge of and support for public health



## Observations

Public health capacity is not keeping up with its mandate

NJ minimum performance standards are comprehensive

Confusing assumptions about local public health structure

National capacity Trends are acute in NJ

Public Health 3.0

Extensive historic study of NJ local public health

Successful efforts in other states to address chronic under capacity

COVID laid bare challenges of local public health capacity

## Next Steps

- ✓ Survey December 1 participants
- ✓ Finalize write up of Eagleton poll results
- ✓ Final project report (mid-December)
- ✓ Post all project outputs on website -  
<https://sites.rutgers.edu/nj-phi/>
- ✓ Conduct outreach



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