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COLLABORATORS:

New Jersey Association
Of County & City Health
Officials

New Jersey
Environmental Health
Association

New Jersey Public Health
Association

New Jersey Local Boards of
Health
Association

New Jersey Society for
Public Health Education

New Jersey Association of
Public Health Nurse
Administrators

**Funding Public
Health:**

Protects
Communities

Adds Critical Staff &
Infrastructure

Provides a Return
on Investment

Increases Health
Equity

Enables Timely
Disease
Investigation

Improves
Productivity
& Efficiency

Sustains Essential
Immunization
Programs

Saves Billions of
Dollars

PUBLIC HEALTH ASSOCIATIONS' COLLABORATIVE EFFORT (PHACE)

Fund Public Health & Protect our Communities

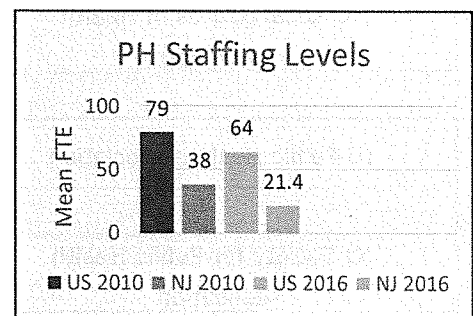
- New Jersey's public health system needs the reinstatement of dedicated funding, and local health departments are requesting \$10,000,000 statewide.
- This will establish necessary infrastructure and capacities, for which there is **zero** State funding.
- There is a statutory obligation for the State to provide funding to local health, and health departments have been without this funding since 2010.
- Restoration of public health funding would not replace current support or services, but would restore and expand vital essential services including, but not limited to:
 - Infectious disease investigation, outbreak containment and emergency response
 - Control of chronic illnesses and enhancement of health promotion and education
 - Advance economics of communities through regional, place-based initiatives
 - Improve health by addressing social determinants of health and increasing equity

Public Health Funding: A Return on Investment

- Funding public health is *smart and fiscally responsible*.
- State funding to local health departments was \$6.2 million statewide in 1990, which would equate to \$11.2 million today.¹
- Public health offers exceptional return on investment:
 - Each 10% increase in local public health spending decreases deaths attributed to heart disease, diabetes and cancer²
 - An additional investment of just \$10 per person to increase physical activity, improve nutrition and reduce tobacco use could save the country over \$16 billion - a return on investment of \$5.60 for each \$1 spent.³ In New Jersey, this would amount to \$504 million in savings.
 - Up to \$34 is saved for every \$1 spent per person on substance abuse prevention⁴
 - Each dollar spent on childhood vaccination saves as much as \$44⁵
- Public health improves productivity:
 - For every dollar spent on workforce wellness programs, absenteeism costs are reduced by approximately \$2.73⁶

Reversing the Trend: A Declining Workforce & Lack of Support

- When compared to national averages, New Jersey health departments are under-resourced, ranking 41st out of 50 states in public health expenditures.
- New Jersey's local health departments have 55% less staff than the national average.
- In 2011, the first year after public health funding was eliminated:
 - 53% of New Jersey's local health departments reported loss of staff
 - 32% reported reduced staff time
 - 71% reported cuts to at least one funded public health program
 - 47% of New Jersey's local health departments cut *three or more* programs⁷



Public Health Funding Saves Lives and Money!

¹ U.S. Bureau of Labor Statistics; ² Robert Wood Johnson Foundation; ³ Trust for America's Health, Robert Wood Johnson Foundation; ⁴ Trust for America's Health; ⁵ Johns Hopkins University; ⁶ U.S. Surgeon General; ⁷ National Association of County & City Health Officials

Investing in Public Health: Creating an Infrastructure to Support Prevention, Preparedness, and Health

Resilient, well-supported public health systems are critical to our future. They maintain the health victories we have achieved so far, and are essential to confronting problems such as rising chronic disease rates. For over two centuries, state and local public health agencies have been protecting residents' health and safety by preventing infectious diseases and other health risks, informing the public, and effectively responding to an outbreak, such as COVID-19.



Why Public Health?

There is a critical need for public health, and our society does not invest an adequate amount of money into highly cost-effective prevention programs. Our health policies have largely ignored prevention, even though it is more effective and less expensive to avoid an illness or injury than to deal with the consequences. Cuts to public health budgets represent a false economy and may save money in the short-term, but are likely to generate billions of dollars of additional costs to health services and the wider economy.



75% of U.S. health spending is on preventable chronic conditions such as obesity, heart disease and diabetes, but only 3 cents of every \$1 spent on health care goes toward public health and prevention



Each 10% increase in local public health spending decreases deaths attributed to chronic illness, including heart disease, diabetes, and cancer



A \$1 per person annual investment in community-based public health programs can provide a return on investment of up to \$10 per person within 5 years



Every \$1 spent on childhood vaccines saves as much as \$29 in future health care costs

If Public Health is so Beneficial, Why is it so Often Overlooked?

Public Health Needs Support

The COVID-19 pandemic has revealed challenges within our public health system that has been underfunded and overlooked for years, both nationally and in New Jersey. Operating in the background, public health rarely gets the attention or funding it deserves — until there is a crisis. This puts our local and state health departments in a “neglect, crisis, repeat” cycle that makes it impossible to prevent problems rather than merely reacting to them. Instead of bolstering public health infrastructure, programs that build the capacity of the public health workforce wind up on the chopping block every single year.

The US public health workforce has shrunk by approximately 56,000 positions over the past ten years—due mostly to cuts in funding

Federal funding for state and local public health preparedness was cut by 28% from 2003 to 2020 (\$939 million to \$675 million)

NJ Public Health Preparedness funding declined 42% from 2005 to 2019 (\$26 million to \$15 million)

Since 2008, NJ state and local departments of health have had a 30% reduction in critical staffing

Current State of Public Health

With budgets and staff being cut, it is no surprise that NJ was underprepared for the current pandemic. In addition to managing “normal” public health duties, local and state health departments are handling the immediate needs of COVID-19 with inadequate budgets and staff.

Additionally, the lack of coordination and communication at the state, regional, and local levels with other agencies and partners has undermined public health expertise and guidance, making it that much more difficult to protect NJ communities. This lack of public trust is a problem public health recognizes and is struggling constantly to combat. As a result, public health professionals, who have been working long hours with little breaks, are starting to burn out and lose momentum.

What We Need Now

Public health needs the following from elected officials, policy makers, the healthcare community, and the public:

1. Financial support to manage the next pandemic phase – vaccination efforts, better communication/education strategies, building public trust and cooperation
2. Utilization of advanced technology to better predict, prepare for, and track outbreaks
3. Commitment to promoting health equity in our communities
4. Better coordination among public health professionals, State and Federal leaders

We need to solidify public health as a local, state, and national priority that is essential for maintaining a functioning society. Until we do that, we will be unable to effectively respond to crises like this one — let alone prevent them.

PHACE Collaborating Organizations

NJEHA: NJ Environmental Health Association

NJLBHA: NJ Local Boards of Health Association

NJACCHO: NJ Association of City and County Health Officials

NJPHA: NJ Public Health Association

NJAPHNA: NJ Association of Public Health Nursing Administrators

NJSOPHE: NJ Society for Public Health Education

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