

**CORONAVIRUS** | Analysis 0

# NJ contracted \$37M for contact tracing. Was there a better way to use taxpayer dollars?

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It's become a dangerous cycle.

Public health funding is slashed. An emergency strikes. Governments pour money into the problem and then cut funding once again after the crisis subsides.

Local health officials in New Jersey fear that this will happen again.

The Garden State agreed to pay close to \$37 million in contracts to hire and train contact tracers for six months. This provisional workforce notifies those who spent time around an infected individual and helps them with what to do next, a crucial step to keep COVID-19 from spreading further.

These millions are meant to provide quickly deployed backup to the 99 local and county health departments doing this work since March with limited staff and resources — departments that were forced to pull in volunteers and other public employees to help.

But these are still temporary measures to respond to a short-term problem, officials say. It's unclear what will happen when the contracts end and whether local departments will be given sustained funding to cover the basic infrastructure they require.

“In 2022, most of these grants and contracts will be gone, and then we're back to how we do business, but we need to keep building capacity in public health,” said Camden County Health Officer Paschal Nwako. “Nobody dismantles a fire department because there are no fires. That way, we will be ready when the next pandemic comes. Public health rarely gets the attention of funding it deserves until they are in the crisis, which makes it impossible to prevent crises rather than merely reacting to them.”

New Jersey has a patchwork of municipal, regional and county agencies that cover different-size populations with unique needs, which makes it difficult to come up with uniform standards as to how much staff or money an agency should have.

But Nwako's reference to a fire department, where volunteers are on call to respond to an emergency, is one from which more health departments could draw inspiration.

Paterson, for instance, used a \$95,000 state grant to build a "communicable disease strike team," training 25 Health Department employees in what to do in case of an outbreak, and support the two staffers already prepared to do that work. When COVID-19 hit, health officer Paul Persaud called in the team, which was able to keep up with the majority of incoming cases and contact people at risk, he said.

Other areas of the state, meanwhile, struggled to keep up with the mountain of cases and needed backup. Only 12 county health departments and six towns had received similar grants in 2019. So New Jersey turned to consultants.

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The state plans to pay the Rutgers School of Public Health \$13.3 million for developing a six-part course and hiring and training 1,000 students across the state from June 1 through Sept. 15, a memorandum of agreement shows. This nearly doubled the state's workforce.

After that, Public Consulting Group is to take over administering the program and paying tracers for at least the next three months at a price tag of \$23.5 million. About \$20.7 million of that will cover wages for 1,200 tracers paid \$35 an hour, according to the purchase order.

Federal funds are supposed to fill in the gaps, as the Murphy administration reduced certain state line items in his budget proposal, such as cutting "public health infectious disease control" from \$2.5 million to \$1.9 million.

But of the more than \$650 million in federal stimulus money identified by the Centers for Disease Control and Prevention that the Garden State is allowed to pass down to local health departments over multiple years, the state has so far only allocated at most \$74.3 million, or about 11%. Those funds have restrictions, and only a fraction, \$2.3 million, has been passed out.

"Governor Murphy will continue working to secure every federal dollar possible to ensure that our state gets the resources it needs to manage this challenging time," said Alyana Alfaro,

Post, press secretary to the governor. "Regarding budgetary allocations ... the COVID-19 pandemic has created an unprecedented financial reality for our state, one that has led to difficult decisions regarding funding across the board."

But many officials are wondering what happens when the federal funds run out and questioning whether the state will have the appetite to keep paying for these positions, especially as municipalities have their own strained budgets.

## **'Centuries of experience' not being used, funded properly**

The Garden State historically invests less in public health than most states in the country: The median per department was about \$20 per person, compared with New York, which spent more than \$70 per person, according to a 2019 national survey from the National Association of County and City Health Officials.

To patch these holes, New Jersey is turning to federal stimulus funds.

The state allocated \$5 million to local agencies from a \$21.2 million bucket to reimburse expenses for tracing, protecting long-term care facilities and setting up test sites and quarantine locations. Remaining funding went to support lab testing, public call centers and emergency field hospitals, according to the Department of Health.

### ***Story continues below slideshow:***

Another \$32.3 million came from a \$613 million pot. Newark and 21 county agencies divvy up \$13.7 million to hire an epidemiologist and two managerial positions and \$18.6 million goes to the remaining agencies to hire a "vulnerable population outreach coordinator." The position would make sure New Jerseyans at high risk for the virus have access to testing and social support, such as housing, unemployment or health insurance.

The final \$37 million is meant to help 12 counties that had fewer than 500,000 residents that weren't eligible for direct federal relief funds. Not all of this will necessarily be passed down to health departments.

When not grappling with a pandemic, local health officials help promote habits that would reduce underlying health risks, such as diabetes or heart disease, that increase a person's chances of being seriously afflicted by COVID-19. They work closely in their communities, inspecting restaurants and pools, handling rabies control and dealing with ongoing health crises like lead in drinking water, vaping harms or the opioid crisis.

And while these agencies are embedded in localities and know their populations, they feel the state isn't listening to their expertise, said a June 15 letter to Gov. Phil Murphy, Health Commissioner Judy Persichilli and the state Legislature.

“Local health departments are the ‘boots on the ground’ workforce with centuries of collective expertise and experience and this knowledge is not being utilized in response to the greatest public health event in our lifetimes,” wrote the New Jersey Association of County and 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 and New Jersey Association of Public Health Nurse Administrators.

When Assemblywoman Serena DiMaso, R-Monmouth, asked about this letter during a budget hearing, Persichilli said, “Pulling together the communications streams for all those individuals has proved to be daunting and appropriately referenced by you and the individuals that wrote that letter. I’m totally aware and empathetic to the situation.”

The health commissioner said the state has had daily calls with local health departments throughout the six months of the pandemic. DiMaso said local officials tell her the meeting is with lower-level employees, and their complaints “don’t always rise to where they need to go and the information doesn’t trickle down,” she said.

***Story continues below chart:***

## **Problems with the contractors**

The contractors’ roll-out has had quirks that reflect poorly on local health departments and erode the public’s trust in these agencies, said Adriane Casalotti, the chief of government and public affairs at NACCHO, which represents 3,000 local agencies across the country.

Casalotti said there has been troubling feedback from her New Jersey members: The recently hired tracers “weren’t the best” at their new jobs, the system was uncoordinated and residents were receiving multiple calls from different tracers, confusing residents and leading them to assume the calls were part of a scam.

Tracers used a few main generic numbers, so if a resident misses a call and dials back, they may get another tracer who doesn’t know that person’s case as well as they should.

This has unintended consequences.

“We’re asking folks to do all sorts of things to try and help us move through this pandemic, and anyplace where you’re losing trust is a big challenge for whatever the next ask is going to be,” Casalotti said. “And when we don’t have a vaccine, when we don’t have great treatments, all we have are our public health tools, and we really need people to be on board with this.”

About 18% of people who contracted COVID-19 do not answer health departments calls, and 59% of people they followed up with refused to provide public health workers with the names and contact information of people they have spent time around, according to state data through Sept. 5.

"People base decisions on fear or anxiety that their privacy won't be protected," said Perry Halkitis, the dean of the Rutgers School of Public Health, who led the school's contact tracing effort. "This has been the challenge every state has faced."

Another problem is delayed communication.

The Monmouth County Regional Health Commission periodically gets calls from people who say they tested positive, but there is no record of the result in their CommCare or communicable disease reporting system until three to six days later, said Health Officer Dave Henry. This happened with around 40% of cases, he estimated.

“Yes, the bulk of the contract funds goes to salaries, but if we’re still paying millions for infrastructure and administration, that infrastructure should be pretty well set,” DiMaso said. “There shouldn’t be this haphazard thing going. It’s disconcerting.”

Camden had to give tracers an extra two weeks of training, Nwako said, and the new staff didn't know how to properly conduct a case investigation, or how to question the person who tested positive for COVID-19, as opposed to those who came into contact with them.

On top of that, there is limited staff to do the training, said Assemblyman Herb Conaway, D-Burlington, who is also the head of the county's public health department. He said he was lucky because people came out of retirement to help.

## **Wish list**

“It would have been better if the state distributed this funding to local health departments to allow us to hire staff, our own tracers, train them and then work for them,” said Nwako, Camden’s health officer.

Halkitis, of Rutgers, said, "I mean, I would rather get cash at Christmas instead of a sweater. I think what we did was exceptional, creating a course in two months and training close to 1,500 people so they are all working from the same standards."

In an ideal world, Henry, of Monmouth County, would double his 13-person staff and \$1.8 million budget to serve his population of 170,000. His department received a \$95,000 grant from the state in November, and \$61,000 from federal funds to continue to pay his per diem public health nurse and two part-time communicable disease investigations.

"Hopefully that will last me to January, but I can't see any farther past January at the moment," Henry said.

"Camden County doesn't have an epidemiologist," Nwako said. "That position they took from us in 2014, and they gave us a regional epidemiologist that serves four counties. We needed that in March, not in September. And most health departments don't meet the New Jersey Practice Standards for what we need ... you have one person acting in many different jobs instead."

If departments had the staff they needed, they could start pivoting to COVID vaccine deployment sooner, Casalotti said.

Local agencies will most likely be among the entities distributing the vaccines once they are ready, and will need the right resources and staff to organize. So far, the Department of Health's budget proposal includes \$6 million to hire more people to help with the vaccine response, but it's unclear whether that will be passed down to localities.

"When money is just being pushed at one part of one crisis, like contact tracing, it doesn't really allow us to build a system the public really needs to stay healthy in the long run," Casalotti said.

***Read the letter from public health associations to New Jersey leadership here:***

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