

SUMMARY
BASIC INFORMATION ABOUT NEW JERSEY'S LOCAL PUBLIC
HEALTH SERVICE

LUARCC MEETING – October 22, 2008

SELECTED TERMS IN PUBLIC HEALTH

County Environmental Health Act (CEHA) Act under which the NJ Department of Environmental Protection delegates the administration of core pollution control programs in the areas of water, air, noise, solid waste and emergency response to county health agencies.

Health officer - means an individual who is licensed pursuant to N.J.A.C. 8:7 and is employed full-time as the chief executive officer of a municipal, regional, county or contractual health agency. This individual is responsible for evaluating health problems, planning appropriate activities to address these health problems, developing necessary budget procedures to finance these activities, and directing staff to carry out these activities efficiently and economically.

Local Board of Health (LBOH) - a county or municipal board of health, or a board of health of any regional, local, or special health district having the authority to regulate public health or sanitation by ordinance..

Local Health Agency (or Department) - any municipal local health agency, contracting local health agency, regional health commission, or county health department that is administered by a full-time health officer and conducts a public health program

Local Information Network and Communication System (LINCS) a network of 22 strategically positioned local health departments located throughout the state, the New Jersey Department of Health and Senior Services, all other local health departments and public/private organizations that enhances the identification and containment of diseases and hazardous conditions that threaten the public's health.

Practice Standards - standards of performance for public health services that meet the legislative intent as set forth in the Local Health Services Act, N.J.S.A. 26:3A2-1 et seq. and Local Boards of Health, N.J.S.A. 26:3-1 et seq

Public health - means organized societal efforts to protect, promote, and restore the people's health, and societal activities undertaken to assure the conditions in which people can be healthy. This includes organized community efforts to prevent, identify, and counter threats to the health of the public.

10 ESSENTIAL PUBLIC HEALTH SERVICES

The Public Health Practice Standards of Performance for Local Boards of Health, N.J.A.C. 8:52, adopted in February 2003, designate specific activities to be performed by all Boards of Health. The 16 subchapters address the 10 Essential Public Health Services,

public health practice, administration, staff competencies, nursing, health education and performance evaluation. The 10 services, established in 1994 under the auspices of the Centers for Disease Control and Prevention, are:

1. Monitor health status;
2. Protect people from health problems and health hazards;
3. Give people the information they need to make healthy choices;
4. Engage the community to identify and solve health problems;
5. Develop public health policies and plans;
6. Enforce public health laws and regulations;
7. Help people receive health services;
8. Maintain a competent public health workforce;
9. Evaluate and improve programs; and
10. Contribute to and apply the existing body of knowledge regarding public health.

More detail on these 10 functions can be found at The National Association of County and City Health Officials (NACCHO) <http://www.naccho.org> and in <http://www.naccho.org/topics/infrastructure/NPHPSP/upload/FINAL-State-MS.pdf>

STRUCTURE OF NEW JERSEY'S PUBLIC HEALTH SYSTEM

Local Health Departments

- 86 municipal health departments
 - 46 cover only their own municipality
 - 40 also cover other municipalities through interlocal agreements
- 7 regional health commissions
- 19 county health departments
 - 14 are full service health departments which provide local health services to at least one municipality in their county
 - 5 are CEHA and/or LINCS agencies.

Municipal Coverage for Local Public Health Services

- 46 municipalities operate a stand-alone health department
- 133 municipalities participate in interlocal agreements
- 52 municipalities participate in regional health commissions
- 335 municipalities covered by county health departments

Registered Local Boards of Health By Type

- Autonomous 133
- Advisory 59
- Local Governing Body 140
- Covered by County Board of Health 35
- None 10

Additional Details on the current structure of the system can be found in “A Study of New Jersey’s Local Public Health System” April 2008
http://www.state.nj.us/health/lh/documents/study_report.pdf

FINANCE

The average cost per capita among all local health departments in New Jersey was \$25.27. The cost of providing services varies widely for a host of reasons, total population and number of services provided being chief among them.

The average cost per capita
by type of local health department

- County health department \$25.99
- Regional Health Commission \$12.75
- Municipal health department \$24.39
 - Multi-municipality health department \$15.44
 - Single municipality health department \$32.74.

Average cost per capita
All local health departments providing local services
by number of services provided

Services provided	Average cost per capita
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WORK FORCE ISSUES

New Jersey public health agencies employ over 3200 people including nurses, Registered Environmental Health Specialists, and clerical/administrative staff.

A study done in Union County which estimates manpower requirements for compliance with practice standards and bioterrorism preparedness found that Union County has a manpower shortfall equal to 67 percent of current staff. While staffing across the State varies, even using a deflator of half, the figures in this study would indicate a statewide deficit in excess of 1,000 employees. While this number may or may not be accurate, the possible increase in demand on the Public Health system subsequent to September 11, 2001 because of security concerns is not surprising. Combined with the variation in staffing levels in the DHSS report, this raises questions regarding the ability of the Public Health System to respond to statewide needs.

See Santiago, D. and Richter, A “Assessment of Public Health Infrastructure to Determine Public Health Preparedness”, The Journal of Homeland Security Affairs, Volume II No. 3: October 2006 <http://www.hsaj.org/?fullarticle=2.3.11>

Note: Homeland Security Affairs is the peer-reviewed online journal of the Naval Postgraduate School Center for Homeland Defense and Security sponsored by the U. S. Department of Homeland Security’s National Preparedness Directorate.

GENERAL CONCLUSIONS REGARDING PUBLIC HEALTH SERVICE DELIVERY IN NEW JERSEY (based on studies cited below)

The various reports examining the state of the delivery of Public Health Services in New Jersey make or reinforce several key claims:

- 1) Local Health Agencies are responsive to local needs;
- 2) Local Health Agencies are less responsive to regional needs and are not sufficiently coordinated for regional response;
- 3) The New Jersey Local Health system is underfunded and understaffed;
- 4) The current structure of New Jersey’s Public Health System is uneven in the provision of the “10 Essential Functions of a Public Health System;”
- 5) The delivery of public health services is characterized by a high degree of local control. The number and scope of services delivered by each local health agency is variable across the State, as are their respective service areas.

SOURCES

Bernet, Patrick M., PhD, “Public Health Regionalization Study National Overview”
Prepared for: Massachusetts Department of Public Health Kansas Association of Local Health Departments, October 2007

New Jersey Department of Health and Senior Services, “A Study of New Jersey’s Local Public Health System” April 2008
http://www.state.nj.us/health/lh/documents/study_report.pdf

Santiago, D. and Richter, A “Assessment of Public Health Infrastructure to Determine Public Health Preparedness”, The Journal of Homeland Security Affairs, Volume II No. 3: October 2006 <http://www.hsaj.org/?fullarticle=2.3.11>

2006 Joint Legislative Committee on Government Consolidation and Shared Services:

Testimony of David Gruber, Senior Assistant Commissioner, Health Infrastructure Preparedness and Emergency Response, New Jersey Department of Health and Senior Services, before Joint Committee, September 13, 2006. It describes the New Jersey’s current public health infrastructure, administrative responsibilities and services, and the impact of consolidation and shared services.

Transcript: www.njleg.state.nj.us/legislativepub/pubhear/jcgo091306.pdf

Archived Proceedings, Audio Testimony before Joint Committee, September 13, 2006
http://www.njleg.state.nj.us/media/archive_audio2.asp?KEY=JCGO&SESSION=2006

Gruber slide presentations to Joint Committee

http://www.njleg.state.nj.us/PropertyTaxSession/OPI/jcgo_presentation_Gruber_files/frame.htm

Follow up letter with further information from Gruber to Joint Committee

www.njleg.state.nj.us/PropertyTaxSession/OPI/gruber_letter1018.pdf

Final Report: www.njleg.state.nj.us/PropertyTaxSession/OPI/jcgo_final_report.pdf

National

U.S. Department of Health and Human Services Centers for Disease Control and Prevention, "State Public Health System Performance Assessment - Model Standards Version 2.0" <http://www.naccho.org/topics/infrastructure/NPHPSP/upload/FINAL-State-MS.pdf>

Public Health Foundation, Public Health Infrastructure Resource Center
National Standards and Initiatives

http://www.phf.org/infrastructure/phfpage.php?page_id=57&pp_id=52

Excellent compilation of national efforts, best practices to improve delivery of public health services

National Association of County and City Health Officials (NACCHO)

www.naccho.org/topics/infrastructure/regionalization/resources/upload/Bernet-National-Overview-Study.pdf

Public Health Regionalization Study National Overview

This study explores the potential impact of regionalizing public health services in Massachusetts and Kansas and investigates the financial and economic rationale for regionalization in other states. Public Health regionalization offers a strategy to help smaller health departments meet the Public Health Accreditation Board's standard to ensure that everyone, regardless of where they live, is served by a local health department that meets the standards of the Operational Definition of a Functional Health Department. In addition to this study, the National Association of County and City Health Officials (NACCHO) is disseminating lessons learned, case studies and tools developed during the course of this project on their website. This Report was prepared for the Massachusetts Department of Public Health and the Kansas Association of Local Health Departments. It was funded by the Robert Wood Johnson Foundation.

National Public Health Performance Standards Program (NPHPSP)

In an effort to improve the performance of public health organizations, the [Centers for Disease Control and Prevention](#) (CDC) is leading a coalition of national public health organizations to develop, promote, and achieve public health performance standards. The program offers state, local, and governance performance standards and measurement tools related to [Essential Public Health Services](#). For more information about the initiative, its partners, instruments, and other technical assistance tools, visit the CDC [National Public Health Performance Standards Program](#) website.

