Testimony before the Local Unit Alignment Reorganization
& Consolidation Commission
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Local Unit Alignment, Reorganization and Consolidation Commission

Chairman Fisher, Commissioner Doria, Mayor Passanante & Commission Members:

Good morning. My name is Peter Tabbot and I am President of the New Jersey Health Officers Association. Thank you for the opportunity to speak with you this morning about New Jersey's local public health system, which has a rich and successful history of regionalization, and is perhaps the best example of a shared service among New Jersey's municipalities.

The New Jersey Health Officers Association represents the 111 Health Officers who serve our state's local health departments, and through our allied organizations, the public health workforce of New Jersey. As an organization, we have never opposed consolidation and regionalization, where appropriate. In fact, we recognize and embrace current regulations that already allow for and encourage the regionalization of public health services. By statute, municipalities may participate in regionalization by sharing costs through interlocal municipal agreements, by participating in a regional health commission, or by contracting for services with a county health department.
In fact, 92% of New Jersey's municipalities have already formed agreements under current statute to provide consolidated health services, resulting in the provision of public health services to 566 municipalities by only 111 health departments. By this evidence alone, there may be no greater example of successful regionalization in New Jersey.

The success in public health regionalization reflects natural partnerships based largely on homogenous populations, contiguous borders and the intelligent sharing of costs. Because New Jersey is such a diverse state, even within Practice Standards of Performance for Local Boards of Health in New Jersey, health departments are given some flexibility in assessing the needs of the jurisdiction and providing services accordingly. These same Practice Standards are aligned with national guidelines for public health service delivery, and also require municipalities to collaborate on a countywide basis through partnerships that assure regional planning. We are *not* 566 municipalities providing the same services across the board, but are 111 agencies that provide population based services through collaborative community partnerships.

Unlike the majority of other government services, the New Jersey public health community is already taking several steps to examine the capabilities and efficiencies – or lack thereof – of the state's public health system. The state's comprehensive May 2008 Study of New Jersey's Local Public Health System reveals some interesting information about the regionalization of public health services in the state. The data emerging from this document indicates the following:

- County health departments have an average per capita cost of $25.99, while municipal health departments have per capita costs of $24.39.

- In fact, if one removes single municipality health departments (of which there are only 45) from the data, per capita costs for municipal health departments are $15.44. Per capita costs for Regional Health Commissions are $12.75.
- There will be a decrease in services with no clear net savings to taxpayers through strict countywide regionalization of services.

Clearly, the data in this statewide report does not show any evidence that further regionalization of local health departments into larger units will result in reduction in the cost per capita. In fact, in its report, the NJDHSS concluded that an analysis of the data "does not provide a compelling case for recommending significant structural changes to the organization of local public health in New Jersey." Given the lack of sound data to support structural change, the aggressive pursuit of consolidation at this juncture would seem imprudent.

In speaking with you about the regionalization of local public health, I would be remiss if I did not discuss the potential negative effect of consolidation on the public health workforce. As public health professionals, we are concerned that further reduction in the number of health departments will result in a critical diminution in New Jersey's public health workforce. The importance of having a well-trained, experienced public health workforce cannot be overstated. Besides having experts in place who may aptly respond to the health needs of communities, emergencies such as pandemic flu and biological attacks are felt first at the local level. It is the local health department to whom residents turn for guidance during such events, and where a response must be generated.

Statistics from the national Association of State and Territorial Health Officials show an alarming trend, citing a rapidly aging public health workforce that will experience high rates of retirement over the next five years. There is no clearly identified source of qualified employees to fill this void in knowledge and experience when threats surface. ASTHO concludes that our nation's public health system is in a legitimate preparedness crisis. Locally, the reduction in experienced public health personnel would severely cripple our ability to handle pandemic influenza, provide vaccinations and distribute medication. Experience from past pandemics tells us that during such an event, upwards of 30% of our workforce may be unable to report because they could be sick, dead or caring for homebound/ill family members. Even with a full response of all governmental public health professionals in New Jersey, it would be difficult, at best. *Anything that could reduce this vital workforce must be avoided.*

There has been some debate that savings could perhaps be achieved if administrative functions performed by Health Officers were placed at the county level. Please remember that most Health Officers do not only administer programs but also provide oversight and support for well over 100 different services, many of which exceed traditional public health programs and emergency preparedness activities.

Simply stated, the amalgamation of health departments and the termination of Health Officers will result in the elimination of vital, experienced local public health leadership, will impair the ability of municipalities to perform their work in a variety of program areas, and will irreparably compromise the workforce. To remove local staff will not only squander local expertise, but will compromise many local programs. Worse still, local governing bodies will have to backfill positions for the performance of other critical and state-mandated programs that health officials customarily oversee. This cannot result in a savings of tax dollars.

As stated previously, the public health community does *not* oppose regionalization. The NJHOA supports accountability and accreditation of health departments, and through collaboration with the Robert Wood Johnson Foundation, NACCHO and other national partners, we are taking steps to assure that departments failing to meet an established standard of accreditation are encouraged to consider regionalization with other agencies to efficiently provide essential services. A national accreditation model is currently being developed, which will ensure that public health services provided in our state are among the best in the nation. Truthfully, we should be looking for ways to *strengthen* and *fund* the public health system, rather than dismantling the core of its infrastructure.

In summary, I wish to leave you with three points:

1. New Jersey provides a model to which other municipal disciplines may aspire in their efforts to regionalize.

2. If the state's public health workforce, which is already critically depleted, is further diminished for the 'convenience' of having fewer, larger departments, or for a perceived but unfounded cost savings, the delivery of health services will undoubtedly disintegrate.

3. National accreditation of local health departments, which is the direction in which New Jersey is headed, will ensure a standard of public health practice that will continue to promote functional regionalization and ensure fiscal responsibility.

We do not wish to disparage other agencies or departments that have not successfully regionalized or consolidated, however, in our view, statewide efforts would be better spent encouraging the regionalization of other municipal services that have yet to explore collaborative and fiscally responsible options.

I sincerely thank you for the opportunity to be heard on this subject, and would be happy to answer any questions you might have.