

Potentially the Unhealthiest cut of all

By Drew A. Harris

The Star Ledger, November 14, 2006

New Jersey's public health system is under the microscope-along with schools, fire, police, and other municipal services- as state legislators consider consolidations. Economic efficiency is a laudable goal, but any effort to restructure local public health risks damaging an already fragile system and misses an opportunity to make real improvements in the health of our communities.

If mishandled, local public health could become New Jersey's Federal Emergency Management Agency-a small but vital agency crippled by restructuring.

New Jersey's public health system is already partially regionalized, with 115 health departments serving 566 municipalities. Many towns and cities share public health services or are covered by their counties. Unfortunately, this structure was not built with a comprehensive vision of public health in mind.

Some municipalities contract with the lowest-bidding health department for a set of services that meets minimum standards, without considering whether these are the best arrangements for their community's health. Now the legislature is considering transferring all existing local health departments to 21 county health agencies.

Economics alone is poor justification for this radical change. Health department budgets are so small that the total cost savings would be negligible.

The opportunity for real efficiency lies not in abolishing local health departments but in broadening the range of activities that the departments provide, through robust and effective regional and county partnerships.

Public health works best when it takes the broad view. A case of killer E. coli in an isolated town or two may not cause alarm, but like football coaches perched high in the stands, disease investigators-epidemiologists-see the whole field and the telltale patterns of an emerging epidemic. However, these specialists also must be in constant contact with their colleagues on the sidelines, who are closer to the action, so together they can call the best plays to the team on the field.

As in medicine, legislators need to follow the "First, do no harm" principle when they remake public health-because where public health is weak, more babies die; people live shorter lives, suffer more disease and are more vulnerable to disasters.

Public health is the invisible counterpart to our health care system. While the benefits of effective public health services are barely perceptible individually, we see the collective results in healthier and safer communities.

Through gentle persuasion or rigidly enforced law, health departments encourage activities that protect and promote health, such as mandatory hand-washing for restaurant workers, and campaigns to encourage hypertension and diabetes screening or to quit smoking.

Health departments are a vital component of our emergency preparedness and response system. Whether it's a hurricane, flood, chemical spill, terrorist attack or epidemic, health departments are expected to plan and manage the health-related aspects of community response.

As the public health work force ages, we don't know where the next generation of people who will work to prevent the spread of emerging infectious diseases such as SARS and bird flu or old foes like measles and pertussis will come from.

Our state spends a pittance—a mere \$23 per person per year— for its local public health services. This puts us near the bottom of all states. Any effort to trim fat is sure to cut meat and bone instead.

Our leaders should base the decision about how to remake New Jersey's public health system on what is good for public health, not on what will save a few dollars. The savings should come from the cost of diseases prevented, hazards avoided, and towns and cities made more livable, not from the wholesale elimination of departments. People who understand not only what our public health system is but what it represents— the best means to improve community health—should be at the table when these decisions are made.

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