

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 outbreaks, 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.

About NJSOPHE

~170 health educators who work across the state in:

- Local and State government
- Community and non-profit agencies
- Health care facilities
- Businesses

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Providing support to health education professionals for over three decades

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