Public Health at a Crossroads: Securing New Jersey's Future Through Legislative Action

Executive Summary

New Jersey's public health system is at a critical inflection point. For more than a decade, the state has operated without a dedicated stream of public health funding, forcing local health departments to rely on inconsistent federal grants and strained municipal budgets. The consequences of this fragile system became clear in March 2025, when a sudden $350 million federal funding cut triggered statewide stop-work orders and halted vital local public health services.

At the same time, the state continues to face major health threats. Chronic illnesses such as heart disease and diabetes are resurging after years of progress. Opioid overdoses, while stabilizing, remain significantly higher than a decade ago and disproportionately impact Black residents and southern counties. Food insecurity has worsened, particularly for children and low-income families. Climate-related hazards, including flooding and extreme heat, pose increasing risks, especially in vulnerable urban and coastal communities. Mental health concerns, especially among youth, are escalating, while maternal mortality, particularly for Black women, remains among the highest in the nation.

These challenges are unfolding amid a fragmented public health system. With more than 100 local health departments serving 565 municipalities, coordination is difficult, and resources are often spread thin. The 2011 elimination of the state's Public Health Priority Fund erased a crucial funding lifeline, leaving New Jersey more dependent on federal grants than most states. This dependence has proven unsustainable.

The evidence is clear: restoring and increasing public health investment will strengthen essential services, improve outcomes, and reduce long-term healthcare costs. Every $1 invested in prevention yields an estimated $5.60 in savings. Strategic investment will also allow local health departments to expand critical services like disease surveillance, emergency response, and health education—interventions that are particularly important in underserved communities.

Public health investment is not only fiscally sound but politically viable. Voters are concerned about rising healthcare costs and support prevention-focused solutions. As New Jersey's legislative and gubernatorial elections approach, lawmakers have an opportunity to

champion a bipartisan, high-impact policy agenda that protects health, promotes equity, and restores public trust.

This paper, developed by the New Jersey Public Health Association with contributions from students and faculty at Rutgers University, outlines a targeted policy agenda for the 2025 legislative session. It offers evidence-based recommendations to stabilize and modernize New Jersey's public health system, including:

- Restoring dedicated public health funding through a modernized Public Health Priority Fund
- Strengthening the public health workforce and data systems
- Improving access to preventive services and addressing health inequities
- Preparing for climate-related health risks with sustainable planning and investments

With decisive action and sustained funding, New Jersey can build a resilient, equitable, and future-ready public health system.

Why This Matters Now

New Jersey's public health system stands at a critical crossroads. Local health departments, the frontline of public health services, are struggling with fragmented structures and unstable funding. The state has more than 100 local health departments serving 565 municipalities, many of which operate independently with limited coordination or consistent funding (New Jersey Department of Health [NJDOH], n.d.[1]). These challenges were intensified in March 2025, when a $350 million federal funding cut led to stop-work orders and staff terminations across all 21 counties (Wildstein, 2025[22]). As of this writing, a temporary injunction keeps the funding in place; however, its future remains uncertain, and the erratic funding and regulatory environment that has accompanied the current presidential administration is the new normal. New Jersey state lawmakers, like those across the nation, must act to secure and stabilize public health funding to maintain the essential functions of the state and local health departments (U.S. District Court for the District of Rhode Island, 2025[2]).

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[1] New Jersey Department of Health. (n.d.). For the community. New Jersey Department of Health. https://www.nj.gov/health/lh/community/#:~:text=Local%20health%20departments%20(LHDs)%20are,multiple%20municipalities%20or%20entire%20counties.

[2] U.S. District Court for the District of Rhode Island. (2025, May 16). *Preliminary injunction enjoining enforcement of HHS stop-work orders related to COVID-19 pandemic funding cuts* (Case No. 1:25-cv-00121-MSM-LDA). https://www.courthousenews.com/wp-content/uploads/2025/05/preliminary-injunction-hhs-rfk-covid-funding-cuts.pdf

While federal intervention has historically played a key role in supporting public health infrastructure, New Jersey's dependence on federal and local sources without a stable state-level commitment has made the system fragile. The elimination of the state's dedicated Public Health Priority Fund in 2011 severed a critical lifeline for flexible, local investment.

These structural vulnerabilities are emerging just as New Jersey confronts some of its most pressing health threats in decades. Chronic diseases like diabetes are on the rise, particularly in lower-income communities and among senior citizens (New Jersey Hospital Association, 2023[3]). Opioid-related deaths, which have decreased in recent years, were nevertheless 157% higher in 2023 than they were in 2012 (NJDOH, 2025[4]). Mental health issues, especially among youth, have reached crisis levels (Burney, as cited in Lowrie & Schwartzman, 2023[5]), and the state continues to report a stark racial disparity in maternal mortality: between 2016 and 2018, the maternal mortality rate for Black women in New Jersey was almost seven times that of White women (Nantwi et al., 2022[6]).

The State of Public Health in New Jersey

Chronic Disease Burden

In 2020, New Jersey recorded an age-adjusted heart disease mortality rate of roughly 152.8 per 100,000 residents, making it the state's leading cause of death (NJDOH, 2022[7]). After years of decline in heart disease mortality rates, recent data from the New Jersey Department of Health and the CDC indicate that the trend has plateaued and may be reversing in some populations (CDC, 2021[8]). This reversal coincides with rising rates of obesity and poor nutrition,

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[3] New Jersey Hospital Association. (2023). Chronic illness burden grows as more N.J. patients experience multiple underlying health conditions. *Chart Bulletin Series* (49). https://www.njha.com/media/746694/trends-in-chronic-conditions-bulletin-december-121223-final.pdf

[4] New Jersey Department of Health. (2025). Unintentional overdose deaths over time. New Jersey SUDORS Overdose Mortality Data Explorer. https://www.nj.gov/health/populationhealth/opioid/sudors.shtml

[5] Lowrie, K. L., & Schwartzman, B. (2023). Youth mental health in New Jersey: Current status and opportunities for improved services. New Jersey State Policy Lab. https://policylab.rutgers.edu/projects/

[6] Nantwi, A.K., Kraus, R.N., & Slutzky, C.B. (2022). New Jersey maternal mortality report 2016-2018. https://www.nj.gov/health/fhs/maternalchild/mchepi/mortality-reviews/

[7] New Jersey Department of Health. (2022). Deaths due to coronary heart disease by county, New Jersey, 2020. New Jersey State Health Assessment Data. https://www-doh.nj.gov/doh-shad/indicator/view/CHDDeath.County.html#:~:text=Heart%20disease%20is%20the%20leading%20cause%20of,heart%20attack%2C%20angina%2C%20heart%20failure%2C%20and%20arrhythmias.

[8] Sawyer, A., & Flagg, L. A. (2021). State declines in heart disease mortality in the United States, 2000–2019. NCHS Data Brief. https://www.cdc.gov/nchs/data/databriefs/db425.pdf

particularly in low-income and underserved communities (NJDOH, 2024[9]). Further, the lingering impact of disruptions in routine preventive care and chronic disease management during the COVID-19 pandemic is likely still reverberating. To prevent further reversal of substantial gains made in heart disease mortality over the past two decades, New Jersey must recommit to public health interventions targeting cardiovascular risk.

Renewed investments in prevention, nutrition, physical activity, and access to care, especially in structurally vulnerable areas, are essential to reducing avoidable mortality and long-term healthcare costs. New Jersey has laid important groundwork through initiatives such as Healthy New Jersey 2030, the NJ Empower to Prevent Program, and the network of Regional Chronic Disease Coalitions; however, these programs require expanded, stable funding and broader statewide coordination to maximize their reach, ensuring that evidence-based interventions in nutrition, physical activity, and equitable access to care are available to all residents at risk for chronic disease (NJDOH, n.d.[10]; NJDOH, 2013[11]; Middlesex County, New Jersey, n.d.[12]; Rutgers Cooperative Extension, n.d.[13]) .

Cancer Prevention, Screening, and Education

While New Jersey has made notable progress in reducing cancer mortality rates, cancer remains the second leading cause of death in the state, responsible for nearly 15,000 deaths annually (NJDOH, 2024[14]). Disparities persist across race, ethnicity, and geography, with higher incidence and mortality rates observed among Black and Hispanic residents for certain cancers, including breast, colorectal, and prostate cancer. Early detection through regular screening remains one of the most effective tools for reducing mortality, yet screening rates have declined in some populations since the COVID-19 pandemic disrupted routine healthcare. Statewide

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[9] New Jersey Department of Health. (2024). Obesity among adults. New Jersey State Health Assessment Data. https://www-doh.nj.gov/doh-shad/indicator/summary/Obese.html

[10] New Jersey Department of Health. (n.d.). *Healthy New Jersey 2030*. https://www.nj.gov/health/hnj

[11] New Jersey Department of Health. (2013). *Partnering for a healthy New Jersey: Chronic disease prevention and health promotion plan, 2013–2018*. https://www.nj.gov/health/fhs/chronic/documents/chronic_disease_prevention_plan.pdf

[12] Middlesex County, New Jersey. (n.d.). *Regional Chronic Disease Coalition of Middlesex and Union Counties*. https://www.middlesexcountynj.gov/government/departments/department-of-public-safety-and-health/office-of-health-services/regional-chronic-disease-coalition-of-middlesex-union-counties

[13] Rutgers Cooperative Extension. (n.d.). *NJ Empower to Prevent. Rutgers, The State University of New Jersey.* https://extension.rutgers.edu/fchs/chronic-disease

[14] New Jersey Department of Health. (2024). *Cancer deaths*. New Jersey State Health Assessment Data (NJSHAD). https://www-doh.nj.gov/doh-shad/indicator/summary/CancerDeath.html

investment is needed to expand access to evidence-based screening programs such as mammography, colonoscopy, and low-dose CT scans for lung cancer.

Investments in cancer prevention and screening are also fiscally prudent. Early detection and treatment of cancers can significantly reduce treatment costs and improve survival rates, with estimates suggesting that preventive screenings save billions annually in avoided late-stage cancer care costs (Philipson et al., 2023[15]). Public education campaigns, particularly those tailored to culturally diverse communities, can increase awareness of risk factors, the benefits of early detection, and the availability of low-cost or no-cost screening services. Expanded partnerships with community organizations and federally qualified health centers can help ensure that underserved populations have equitable access to preventive cancer care. A robust, statewide screening and education program would not only save lives but also yield substantial long-term healthcare savings for New Jersey.

Infectious Disease Resurgence and Vaccination Gaps

In recent years, New Jersey has experienced a resurgence of certain infectious diseases once considered largely under control, including measles, pertussis, and tuberculosis. These outbreaks are driven in part by declining vaccination coverage in some communities. Notably, New Jersey kindergartners have a measles vaccination rate of approximately 92.8%, slightly higher than the national average of 92.7%, but still below the 95% threshold necessary for herd immunity—mirroring nationwide declines in vaccine coverage among schoolchildren (Johns Hopkins Bloomberg School of Public Health, 2025[16]; Seither et al., 2024[17]).

Local health departments play a critical role in infectious disease surveillance, outbreak response, and vaccination efforts, but funding shortfalls have limited their capacity to respond swiftly and comprehensively. The loss of funding to community-based organizations has further eroded support for public health outreach and education. To address these threats, the state

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[15] Philipson, T. J., Durie, T., Cong, Z., & Fendrick, A. M. (2023). The aggregate value of cancer screenings in the United States: full potential value and value considering adherence. *BMC health services research, 23*(1), 829. https://doi.org/10.1186/s12913-023-09738-4

[16] Johns Hopkins Bloomberg School of Public Health. (2025, February 21). *Measles risk assessment: February 21, 2025*. https://publichealth.jhu.edu/sites/default/files/2025-02/Measles-Risk-Assessment-2.21.25_1.pdf

[17] Seither, R., Yusuf, O. B., Dramann, D., Calhoun, K., Mugerwa-Kasujja, A., Knighton, C. L., Kriss, J. L., Miller, R., & Peacock, G. (2024, October 17). Coverage with selected vaccines and exemption rates among children in kindergarten — United States, 2023–24 school year. *MMWR. Morbidity and Mortality Weekly Report, 73*(41), 925–932. https://doi.org/10.15585/mmwr.mm7341a3

should invest in strengthening immunization infrastructure, expanding school- and community-based vaccine programs, and supporting culturally responsive education campaigns to combat vaccine hesitancy. Dedicated funding will also enable local health departments to maintain robust disease monitoring systems and respond rapidly to emerging infectious threats, protecting both individual and population health. Legislators should pair vaccine access investments with statewide tracking and rapid-response protocols, ensuring that outbreaks are met with coordinated, well-funded interventions capable of restoring herd immunity and protecting vulnerable residents.

Opioid Overdose and Substance Use

Unintentional injuries driven largely by drug poisonings, which were the sixth-leading cause of death in 2000, are now the third leading cause of death in New Jersey (NJDOH, 2025[18]). Synthetic opioid overdoses, particularly involving fentanyl, have surged since 2014 (NJDOH, 2025[19]). The crisis is particularly severe in southern counties such as Atlantic and Cape May, which have experienced some of the highest opioid-related death rates in the state. Overdose deaths disproportionately affect Black New Jerseyans, who represent 13% of the State's population and accounted for 23% of overdose deaths in 2020. More broadly, New Jersey men are disproportionately dying from drug overdoses (Scherder et al., 2023[20]). Local health departments remain central to prevention efforts but have been historically constrained by insufficient resources for overdose response, harm reduction, and mental health integration. Recent progress should be vigorously supported and a multi-pronged approach to prevention and harm reduction should continue to develop (American Civil Liberties Union, 2024[21]). New

[18] New Jersey Department of Health. (2025). Mortality and leading causes of death. New Jersey State Health Assessment Data. https://www-doh.nj.gov/doh-shad/topic/Mortality.html#:~:text=New%20Jersey%2C%202000%2D2022&text=Heart%20disease%20remains%20the%20leading,changed%20rankings%20over%20the%20years.

[19] New Jersey Department of Health. (2025). Unintentional overdose deaths over time. New Jersey SUDORS Overdose Mortality Data Explorer. https://www.nj.gov/health/populationhealth/opioid/sudors.shtml

[20] Scherder, C., Forsythe, M., Calvo, M., & Atkinson, J. (2023). New Jersey Overdose Fatality Review Teams: Preliminary findings and recommendations. https://www.nj.gov/health/populationhealth/documents/FY21OFRTFinalReport.pdf

[21] American Civil Liberties Union. (15 February 2024). Public health experts applaud harm reduction investments in the Opioid Settlement Advisory Council's first round of recommendations. https://www.aclu-nj.org/en/press-releases/public-health-experts-applaud-harm-reduction-investments-opioid-settlement-

Jersey will allocate half of the estimated 1 billion dollars it will receive in opioid settlement funds to state and local governments, though whether these funds will go directly towards fulfilling the strategic plan to combat the upstream factors of the opioid epidemic is an open question (NJDOH, 2025[22]). The New Jersey government should stay engaged by actively reviewing council reports, questioning allocations, pushing for data-backed initiatives, and legislating as needed to ensure these funds directly serve their intended purpose and are not diverted by local governments for unrelated purposes. Ongoing legislative oversight should ensure that opioid settlement funds are allocated to evidence-based programs such as medication-assisted treatment, overdose prevention, and community-based recovery services. Their impact should be tracked through measurable health outcomes such as reductions in overdose deaths and emergency department visits (National Academy for State Health Policy, 2024[23]).

Food Insecurity, Food Deserts, and Food Swamps

Food insecurity and barriers to healthy eating are widespread in New Jersey. Food insecurity is defined by the United States Department of Agriculture as "a household-level economic and social condition of limited or uncertain access to adequate food" (2025, para. 6[24]) The New Jersey Economic Development Authority has designated 50 so-called "food deserts", or census tracts featuring virtually nowhere to purchase nutritious meals statewide (Rutgers University, 2024[25]). An analysis of 1,945 out of New Jersey's 2010 state census tracts revealed that nearly 18% were categorical food deserts and more than 9% were "food swamps", or areas flooded with unhealthy food options, and further, that obesity in these areas was elevated

advisory#:~:text=The%20initial%20set%20of%20recommendations,reduction%20centers%20across%20the%20state.

[22] New Jersey Department of Public Health. (2025). ICYMI: New Jersey Opioid Recovery and Remediation Advisory Council releases statewide strategic plan to inform opioid settlement investments through 2030. State of New Jersey, Governor Phil Murphy. https://www.nj.gov/governor/news/news/562025/approved/20250612a.shtml

[23] National Academy for State Health Policy. (2025, March 13). *State opioid settlement spending decisions*. NASHP. https://nashp.org/state-tracker/state-opioid-settlement-spending-decisions/

[24] United States Department of Agriculture. (2025). Food security in the U.S. - Definitions of food security. USDA Economic Research Service. https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security

[25] Rutgers University. (2024). Food system dashboard. School of Environmental and Biological Sciences. https://njfooddashboard.rutgers.edu/food-nutrition-security

(Cerceo et al., 2023[26]). Food insecurity, or the lack of a consistently adequate diet, rose considerably (about 9% to about 11%) among New Jerseyans between 2018 - 2022. In 2022, more than 13% of New Jersey children were thought to be food insecure (NJDOH, 2025[27]). Expanding access to healthy food through community partnerships, incentives for grocers, and investment in nutrition assistance programs should be a public health priority.

The public health consequences of food insecurity are compounded by potential federal cuts and cost-sharing changes to the Supplemental Nutrition Assistance Program (SNAP), which could significantly reduce access to benefits for hundreds of thousands of New Jersey residents. SNAP plays a critical role in reducing hunger, supporting healthier diets, and lowering healthcare expenditures by helping prevent diet-related chronic illnesses. Under a new federal law, New Jersey will be required to contribute an additional $100–$300 million annually to maintain the program, and counties will need to find an extra $78 million each year to offset reduced federal reimbursements (New Jersey Department of Human Services, 2025[28]). Without this funding, SNAP in New Jersey could be eliminated entirely. An estimated 400,000 New Jersey households could lose some or all of their benefits, deepening disparities in nutrition and health. Proposed reductions could also reverse gains in child nutrition and exacerbate disparities in obesity and related health conditions.

In addition to protecting and expanding SNAP, New Jersey should bolster funding for community-based food assistance programs, many of which have recently lost crucial support. The USDA's cancellation of over $26 million in funding for local food purchasing and school nutrition programs has undermined efforts by food banks and pantries to deliver fresh, local food (Murphy & Coughlin, 2025[29]). Philanthropic safety nets are also strained: the Community

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[26] Cerceo, E., Sharma, E., Bogulslavsky, A., & Rachoin, J.-S. (2023). Impact of food environments on obesity rates: A state-level analysis. *Journal of Obesity*, https://onlinelibrary.wiley.com/doi/10.1155/2023/5052613

[27] New Jersey Department of Health. (2025). Food insecurity. New Jersey State Health Assessment Data. https://www-doh.nj.gov/doh-shad/indicator/summary/FoodInsecurity.html

[28] Department of Human Services, State of New Jersey. (2025, July 3). *Statement from Human Services Commissioner Sarah Adelman on impact of Medicaid and SNAP cuts on NJ.* https://www.nj.gov/humanservices/news/pressreleases/2025/approved/20250703.shtml

[29] Murphy, P., & Coughlin, C. (2025, March 11). *Governor Murphy and Speaker Coughlin condemn U.S. Department of Agriculture's cancellation of $26 million in funding for local food for schools and food banks across New Jersey*. Office of the Governor, State of New Jersey. https://www.nj.gov/governor/news/news/562025/20250311b.shtml

Foundation of New Jersey launched an emergency fund to aid nonprofits experiencing funding freezes or terminations (Community Foundation of New Jersey, n.d.[30]), and the Community FoodBank of New Jersey reports that cuts to SNAP and local food purchasing programs are forcing them to scale back nutritional offerings (Schrob, 2025[31]).

Emerging Environmental and Climate Health Threats

New Jersey's geographical location and infrastructure place its residents at elevated risk from climate-related hazards. Coastal flooding, extreme heat events, and deteriorating air quality pose direct threats to public health. Urban areas and low-income communities are disproportionately affected due to limited infrastructure resilience and higher rates of preexisting health conditions. Average annual temperatures in New Jersey are now about 4°F higher than they were in the early 1900s, making the heat-related health impacts of climate change -in terms of both direct exposure and secondary impacts, such as increased frequency of wildfires and diminished air quality- a population health concern of pressing significance (Wamsher et al., 2023[32]). The statewide public health system must be equipped with sufficient early-warning systems, community outreach plans, and coordinated contingency plans for when natural disasters threaten to sicken or displace vulnerable community members. Without significant investment and adaptation strategies, these environmental risks will increasingly threaten health equity in New Jersey. The state should invest in public health infrastructure upgrades that enhance resilience to climate impacts, including community cooling centers, air filtration systems, and emergency preparedness outreach in vulnerable communities.

Mental Health

New Jersey faces a growing youth mental health crisis. A 2022 NJ Department of Education report shows a clear upward trend in youth mental health concerns, with anxiety and depression symptoms and self-harm referrals increasing significantly between 2010 and 2022 (Lowrie & Schwartzman, 2023[3]). School-based mental health services are underdeveloped, and

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[30] Community Foundation of New Jersey. (n.d.). *Grant opportunities*. https://cfnj.org/grantopportunities/

[31] Schrob, M. (2025, July 2). *How SNAP cuts reshape food sourcing for New Jersey's food banks. Community FoodBank of New Jersey*. https://cfbnj.org/how-snap-cuts-reshape-food-sourcing-for-new-jerseys-food-banks/

[32] Wamsher, I., Shope, J., Broccoli, A., Herb, J., Kaplan, M., Kohut, J., Saba, G., Garzio, L., Nazzaro, L., & Robinson, D. (2023). State of the climate: New Jersey 2023. New Jersey Climate Change Resource Center, Rutgers-New Brunswick. https://njclimateresourcecenter.rutgers.edu/wp-content/uploads/2024/06/State-of-the-Climate-2023-06-24.pdf

many local health departments lack the capacity to offer behavioral health support. It was recently announced that New Jersey will have to prematurely conclude a federally supported $15 million dollar project aimed at boosting mental health resources for students, marking a significant reversal of progress and intensifying the challenge of addressing youth mental health using state resources (Murphy, 2025[33]). To address this growing need, New Jersey should expand sustainable funding for school-based mental health programs and ensure continuity of services beyond federal grant cycles.

Maternal Health

Finally, of significant concern is that New Jersey has one of the highest Black maternal mortality rates in the United States, underscoring deep racial disparities in access to care, quality of care, and structural determinants of health (Nantwi et al., 2022[4]). Data published in the 2023 *New Jersey Hospital Maternity Care Report Card* showed that Black women had the highest rates of severe maternal morbidity and obstetric hemorrhage, followed by Hispanic women, reflecting the historic disparities in pregnancy outcomes among racial and ethnic groups whose proportions of the state population are growing (NJDOH, 2025[34]). To reduce maternal mortality and eliminate racial disparities, the state should invest in culturally competent prenatal care, expand doula services, and support programs that address social determinants of maternal health such as housing, nutrition, and transportation.

Public Health Infrastructure and Funding Challenges

Federal Funding

On March 28, NJDOH issued a stop work order following the cancellation of about $11 billion in grant agreements across the United States, including $350 million in funding for public health in New Jersey. All 21 New Jersey counties receive funding under these grants via pass-through by the NJDOH, which are disseminated to local health departments (Wildstein, 2025[35]).

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[33] Murphy, P. (1 May 2025). Statement from Governor Murphy on Trump administration's cancellation of school-based mental health services grant. State of New Jersey, Governor Phil Murphy. https://www.nj.gov/governor/news/news/562025/20250501b.shtml

[34] New Jersey Department of Health. (2025). New Jersey hospital maternity care report card, 2023. Nurture New Jersey. https://www.nj.gov/health/maternal/documents/2023-report-card-summary-of-findings.pdf

[35] Wildstein, D. (2025, March 28). N.J. health officials issue stop work notices after loss of federal funds. New Jersey Globe. https://newjerseyglobe.com/governor/n-j-health-officials-issue-stop-work-notices-after-loss-of-federal-funds/

On April 1, New Jersey Attorney General Matthew Platkin joined a coalition of 23 states and the District of Columbia in filing a lawsuit against the U.S. Department of Health and Human Services, arguing that the termination of these funds is illegal (Platkin, 2025[36]). The federal cuts have since been temporarily blocked by a federal judge; however, their future is still undetermined and the public health infrastructure throughout the United States and New Jersey remains tenuously functional.

New Jersey Public Health Infrastructure

New Jersey is a home rule state where statutory authority rests with either an autonomous local board of health or is a function of the local governing body, such as county commissions or city councils and have primary responsibility for local public health administration. More than 100 local health departments provide shared services to 564 municipalities that are vital to maintaining the health and well-being of New Jersey residents. Critical services performed by local health departments include clinical preventive services and immunizations, communicable disease investigations, environmental health inspections, community health education, and emergency planning and response.

New Jersey public health has been historically underfunded in comparison to other states (Herb & Lowrie, 2021[37]). Furthermore, the current funding model, which entails heavy dependency on local property taxes and categorical state spending, has been shown to weaken the ability of public health agencies to provide essential services (Salinsky, 2012[38]). New Jersey funded local public health from 1966 to 2010 under the State Health Aid Act, later amended as the Public Health Priority Funding Act of 1977. Local boards of health and their respective departments used this dedicated, flexible funding to address community-specific priorities. In 2011, New Jersey eliminated the Public Health Priority Funding in the FY 2011 Appropriations

[36] Platkin, M. J. (2025, April 1). Attorney General Matthew J. Platkin sues to stop Trump administration from cutting essential public health funding. New Jersey Office of Attorney General. https://www.njoag.gov/attorney-general-matthew-j-platkin-sues-to-stop-trump-administration-from-cutting-essential-public-health-funding/

[37] Herb, J., & Lowrie, K. (2021). Enhancing local public health capacity in New Jersey: Opportunities for modernization. Rutgers Edward J. Bloustein School of Planning and Public Policy. https://sites.rutgers.edu/nj-phi/wp-content/uploads/sites/669/2021/12/Enhancing-Local-Public-Health-Capacity-in-NJ-12-20-2021.pdf

[38] Salinsky, E. (2012). Financing mission-critical investments in public health capacity development. *For the Public's Health: Investing in a Healthier Future. Chapter: Appendix C*. https://nap.nationalacademies.org/read/13268/chapter/9

Act (New Jersey Legislature, 2022[39]). In doing so, the State maintained the fund but dissolved the appropriation, leaving local health departments without dedicated funding in New Jersey for nearly 14 years. Currently, local health departments operate with a combination of local property tax, state, and federal funding - much of which tends to be designated for specific purposes, such as lead screening. This lack of flexibility is compounded by uncertainty. Due to the dissolution of the Public Health Priority Fund, New Jersey's public health infrastructure is more reliant on local taxes than any other form of consistent funding as grant funds are not guaranteed.

In January 2023, NJDOH was awarded the five-year $80 million Public Health Infrastructure, Workforce, and Data Systems grant from the Centers for Disease Control and Prevention, with subsequent awards totaling over $110 million (HHS, 2025[40]). Funds are being used to strengthen the public health workforce and to increase administrative and program efficiency, particularly in the area of data modernization (State of New Jersey, 2025[41]). Because this grant is part of the Public Health Infrastructure Grant of the American Rescue Plan Act, it bears an aura of (strictly) pandemic-related aid; however, in the setting of chronic underfunding and categorical allocation, this "COVID" money has become an essential funding source for service provision in New Jersey. Currently, the public health infrastructure of New Jersey is critically dependent on receiving federal grants, including COVID money, in addition to municipal and county level taxes.

A Call to Increase Public Health Funding in New Jersey

Expanding Services and Improving Outcomes

Investments in public health help reduce disparities, prevent disease outbreaks, and support healthier behaviors. Tobacco control provides a clear example. Tobacco use remains the leading cause of preventable death in the U.S., responsible for over 490,000 deaths annually

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[39] New Jersey Legislature. (2022). Bill S2413 - Public Health Priority Funding. https://njleg.state.nj.us/bill-search/2022/S2413/bill-text?f=S2500&n=2413_S1

[40] U.S. Department of Health and Human Services. (2025). Strengthening New Jersey's Public Health Infrastructure, Workforce and Data Systems through Innovation and Commitment to Action. *TAGGS. Award Information.* https://taggs.hhs.gov/Detail/AwardDetail?arg_AwardNum=NE11OE000055&arg_ProgOfficeCode=283&utm

[41] New Jersey Legislature. (2022). Bill S2413 - Public Health Priority Funding. https://njleg.state.nj.us/bill-search/2022/S2413/bill-text?f=S2500&n=2413_S1

(American Lung Association, 2025[42]). Evidence-based local programs have reduced smoking rates through cessation support, public education, and regulatory policy. Yet despite the success of tobacco taxes, local health departments often receive little to no revenue from these levies, limiting their ability to sustain prevention work (Hall & Doran, 2016[43]).

Economic Benefits and Long-Term Savings

Investments in prevention yield strong returns. For every $1 spent on prevention, there is a $5.60 return in savings from reduced hospitalizations and chronic disease treatment (Trust for America's Health, 2018[44]). These savings are especially relevant in addressing costly, preventable conditions like diabetes and heart disease. Without stronger investment in prevention, healthcare costs will continue to rise. National estimates suggest the cost of treating preventable disease could increase by $68 billion annually by 2030 (Trust for America's Health, 2018[29]). Programs with strong public health partnerships, such as the Diabetes Prevention Program, Safe Routes to School, and syringe access programs, demonstrate measurable returns.

Strengthening Local Capacity and Collaboration

Increased funding can address the chronic staffing shortages and capacity gaps by supporting new hires, professional training, and system modernization. Funding enhances collaboration between municipal, county, and state partners. Additional state investment can stimulate local investment as well: for every dollar of state or federal support, local health departments have been shown to increase their own contributions by $0.50 (Bernet, 2007[45]). This multiplier effect builds a more stable and resilient system. Dedicated state funding can also

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[42] American Lung Association. (2025, January 27). Smoking and tobacco use facts. https://www.lung.org/research/sotc/facts#:~:text=5.4%25%20of%20middle%20school%20students,in%20the%20U.S.%20each%20year

[43] Hall, W., & Doran, C. (2016). How much can the USA reduce health care costs by reducing smoking? PLoS Medicine, 13(5), e1002021. https://doi.org/10.1371/journal.pmed.1002021

[44] Trust for America's Health. (2018). The value of prevention: A summary of the return on investment of evidence-based prevention programs. Healthy Americans. https://www.tfah.org/wp-content/uploads/2018/02/The-Value-of-Prevention.pdf

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insulate departments from volatile local revenue streams, protecting essential services from political or economic fluctuations.

Generating Political and Public Support

Investing in prevention is not just sound policy - it is a strategic political opportunity. Public health investment enjoys broad support among voters increasingly concerned about healthcare costs and effective preventive solutions. A recent poll found that 75% of New Jersey residents worry about out-of-pocket health costs and more than 60% are concerned about premiums and drug prices (Schumann, 2024[46]). Policymakers who champion public health funding can strengthen constituent trust and demonstrate fiscal responsibility by implementing preventive health strategies like smoking cessation and diabetes prevention. Such efforts offer both political appeal and measurable impacts on the health of New Jersey communities. Lawmakers who act now can improve lives, reduce long-term costs, and position New Jersey as a national leader in public health innovation.

Conclusion

Increased public health funding, particularly at the local level, can expand essential services, improve population health, and reduce long-term costs. With more resources, local health departments can strengthen core services such as disease surveillance, emergency preparedness, inspections, and health education. Adequate, reliable, flexible funding is a critical predictor of public health system performance across the 10 essential services provided by gold-standard public health departments (Salinsky, 2012[23]). Well-resourced departments can offer broader and more effective interventions, particularly in high-need communities.

New Jersey's ongoing public health challenges, from resurgent chronic disease to climate-related risks, require a system that is coordinated, resilient, and sufficiently resourced. As this paper has shown, the current reliance on federal grants and fragmented local tax bases is unsustainable and leaves the state vulnerable to disruption, as seen in the ongoing federal funding crisis. Restoring dedicated state-level public health funding, especially through the proposed restoration of the Public Health Priority Fund, is essential for long-term stability.

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[46] Schumann, M. (2024, May 14). Majority of New Jerseyans worried about medical and health care costs. *Rutgers University.* https://www.rutgers.edu/news/majority-new-jerseyans-worried-about-medical-and-health-care-costs

To meet today's demands and prepare for tomorrow's threats, New Jersey must act decisively. Legislators should prioritize policies that stabilize funding, enhance public health workforce capacity, strengthen data infrastructure, and ensure equitable access to core services. These investments will not only improve health outcomes but also reduce long-term healthcare costs and rebuild public trust. With the 2025 legislative session and elections ahead, New Jersey has a rare opportunity to lead with bold, bipartisan public health reform. Now is the time to invest in the future health of our residents and communities.