Trump Administration Proposes Major Cuts to Vital Public Health Programs

By Kevin McNally, MBA, NJPHA President

According to an analysis by the American Public Health Association (APHA), the fiscal year 2018 budget requested by President Donald Trump includes devastating reductions in funding for public health programs and other vital services. Specifically, the proposed budget would cut $15.1 billion from the Department of Health and Human Services (a nearly 18 percent decrease from 2017 levels); $26 billion from the Environmental Protection Agency (a 31 percent decrease from 2017 levels); and $403 million in funding to train health professionals and nurses. (1) These cuts would be on top of a 12% decrease in funding to the Centers for Disease Control and Prevention – if the Prevention and Public Health Fund (PPHF) is eliminated as part of Congress’ repeal of the Affordable Care Act. (2)

In response, APHA Executive Director Dr. Georges C. Benjamin said: “Cuts to these agencies would threaten programs that protect the public from the next infectious disease outbreak, polluted air and water, health threats due to climate change and our growing chronic disease epidemic. … Public health and environmental health programs are vital to helping Americans lead healthy, productive lives — which saves money, makes our communities stronger and helps our nation grow and prosper.” (1)

While the President’s budget proposal does not cite cuts to specific programs, a reduction of this magnitude would have a major impact on all public health services in New Jersey, as the State and local health departments are heavily dependent on federal funds to provide such critical services as emergency preparedness and response, immunizations, maternal and child health, reproductive health, HIV/AIDS, communicable disease surveillance, and cancer screening. The PPHF alone provides New Jersey with more than $12 million each year for infectious disease prevention, vaccines for low-income adults and children, and other crucial services. (3)

References

Department of Health Calls for Proposals to Add Psychiatric Beds
By Cathleen Bennett, Commissioner, New Jersey Department of Health

As part of Governor Chris Christie’s comprehensive plan to stem New Jersey’s opioid public health crisis, the state Department of Health issued a Certificate of Need (CN) call in February for 864 new adult inpatient acute psychiatric beds.

The beds can be added to existing acute care or psychiatric hospitals licensed by the Department; any health care provider also can apply to open a new inpatient psychiatric facility or create an inpatient psychiatric wing in an existing health care facility. For the Public Notice of the CN call, the CN application form, and guidance for the application and attachments, visit [http://nj.gov/health/legal/cn_call.shtml](http://nj.gov/health/legal/cn_call.shtml).

The beds are for individuals with mental health or co-occurring mental health and substance abuse disorders. Approximately 7.9 million U.S. adults have both mental health and substance abuse disorders, according to a survey by the federal Substance Abuse and Mental Health Services Administration. A 2016 Healthcare Cost and Utilization Project Report cites a study finding that one in eight emergency department visits in the U.S. involves behavioral health and substance abuse disorders.

In New Jersey, emergency department visits increased by 117,000 between 2014 and 2015, and nearly 54,000 of those cases included a mental health or substance abuse disorder diagnosis, according to the New Jersey Hospital Association.

Priority consideration will be given to health facilities that focus on:

- A regional approach across multiple counties or regions
- Investment in Warren, Salem, and Cape May counties where there are currently no inpatient psychiatric beds
- Innovative treatment options for those with both mental health and substance abuse disorders
- Inpatient and outpatient services
Proposals are due on May 1, 2017 and must document financial viability to invest in creating beds. The additional beds must be operational within two years. Up to 5 percent of the beds must be used for Medicaid patients and another 5 percent for those who are uninsured.

This call, representing a nearly 40 percent increase in the adult psychiatric beds currently licensed by the Department, is the first such CN in almost 20 years. It is part of Governor Christie’s comprehensive strategy to create the most aggressive response in the country to the opioid crisis.

The Governor has called on the state’s hospitals to expand access to drug and alcohol abuse treatment.

“All the insurance coverage in the world won’t matter if we don’t have a bed to put that person in. If we don’t have a group of healthcare providers to give them the tools they need to recover from their addiction,” he said during a visit to Cooper University Medical Center.

He signed into law reforms that limit opioid prescriptions to five days and require state-regulated health plans to cover the first four weeks of inpatient or outpatient substance abuse treatment without prior authorization by insurers. Additional coverage for up to six months if medically necessary is also mandated.

As part of an executive order declaring the opioid epidemic a public health crisis, Governor Christie also created a Task Force on Drug Abuse Control that includes the Attorney General and the Commissioners of Banking and Insurance, Children and Family Services, Correction, Education, Health, and Human Services. This Task Force is charged with identifying barriers, reducing obstacles, and developing and executing a comprehensive strategy to combat opioid addiction.

The Governor also launched a “Help is Within Reach” public awareness campaign and 24/7 helpline at 1-844-ReachNJ for instant drug addiction-related help. For more information, visit http://nj.gov/governor/reachnj/.

Editor’s Note:
Office of the Governor’s press release on Executive Order 219 and link to a copy: http://bit.ly/2IBh9Qp
NJ.com on the new reforms: http://bit.ly/2lVMP5n
Monmouth County Regional Health Commission No. 1 Celebrates 80th Anniversary

By Paul D. Roman, MCRHC President

The Monmouth County Regional Health Commission No. 1 (MCRHC), the oldest and largest of New Jersey’s six regional health commissions, is celebrating its 80th year.

In 1936, MCRHC was created by state legislative action, and founded as a health district, consisting of the original member towns of Long Branch, Ocean Township, Monmouth Beach, Oceanport, and West Long Branch. In 1938, the Legislature instituted New Jersey's first shared service, creating regional health commissions. During the 1960's, MCRHC consolidated its administrative functions. To benefit from the efficiencies of a shared service model, MCRHC is a partner in the Monmouth Public Health Consortium, along with the health departments of Colts Neck, Freehold Township, Long Branch, and Manalapan Township. Now, MCRHC comprises 21 member and contract municipalities.

On Friday, October 21, 2016, MCRHC held a celebration in the American Red Cross's Jersey Coast Conference Center. The program opened with welcoming remarks to more than 75 attendees by MCRHC’s Health Officer, David A. Henry, MPH. As keynote speaker, New Jersey Commissioner of Health Cathleen D. Bennett, JD, highlighted current statewide initiatives and focused on current critical issues in public health. Mayor Gerald M. Turning, Borough of Tinton Falls (host community member), then spoke. Finally, President Paul D. Roman, a Commissioner representing the Borough of Shrewsbury who has served as MCRHC President for over 25 years, discussed public health agency structures, funding mechanisms and needs, and strategies to protect the public. President Roman also emphasized the need for increased collaboration between local agencies and the state as well as the necessity for the Legislature’s reinstitution of Public Health Priority Funds for the 90-plus local health departments striving to serve 565 municipalities. President Roman then mentioned the mission of the New Jersey Local Boards of Health Association (founded in 1992) to encourage stronger ties among local boards of health as the governance bodies for local health departments. As President Roman said, although our sights are set on the challenges to Prevent, Promote, and Protect our communities, the more local view is to Educate, Engage, and Enforce.

A Proclamation of praise and support from the New Jersey Legislature was presented by Assemblyman Eric Houghtaling (11th District) and Assemblywoman Joann Downey (11th District). And a proclamation from the Monmouth County Board of Chosen Freeholders was presented by Deputy Director John P. Curley and Freeholder Serena DiMaso.

Editor’s Note:

For more information on MCRHC, visit their website:  www.mcrhc.org/index.html and their Facebook page:  www.facebook.com/MCRHCno.1/
Public Health Data Resources

By Gwyneth M. Eliasson, JD, MPH

On February 9, 2017, the Association for Schools and Programs of Public Health (ASPPH) moderated “Accessing and Using Public Health Data,” part of its ASPPH Presents Webinar Series. This webinar (which was Part 1; Part 2 TBD) featured speakers from the National Library of Medicine (NLM) and the Association of State and Territorial Health Officials (ASTHO) who showcased public health data sources and discussed the Public Health Interests and Needs (PH WINS) survey, respectively.

Sources of data on health status include:

- Data.gov, “home of the U.S. government’s open data”
- Centers for Disease Control and Prevention (CDC) Data & Statistics webpage
- Robert Wood Johnson Foundation’s Culture of Health Resources webpage, with links to County Health Rankings, Healthy People 2020, and other resources
- PHPPartners.org’s Health Data Tools and Statistics webpage

Sources of data on the public health workforce (demographics, training needs, education, etc) include:

- NLM’s Health Services Research & Public Health Information Programs webpage
- AcademyHealth seminars, such as “Back to School: Where are the Data?”
- PHPPartners.org’s webpages on Public Health Workforce Data and Workforce Development

For data harmonization, references include:

- “Compendium of Federal Data Sources to Support Health Workforce Analysis” (Health Resources and Services Administration – April 2013)
- “Public Health Workforce Taxonomy” (American Journal of Preventive Medicine (2014))


Career Corner: Resources for Job Seekers

Compiled by Gwyneth M. Eliasson, JD, MPH

- In The New York Times: “How to write a cover letter people will actually read” http://nyti.ms/2er7CLp
New Jersey Public Health Association

NJPHA’s quarterly Newsletter offers you an opportunity to write about public health topics.

**Deadline for Summer 2017 Issue: Friday, June 23rd**

Articles on ANY public health-related topic are welcome, such as:

- Internship or fieldwork (capstone/practicum) experience
- Work with a public health program or research project
- Public health events or news at your school
- Thoughts on a policy with public health implications
- Commentary on a public health issue
- Public health career advice
- Local, state, or national public health events, projects, or advocacy efforts
- Other news of public health importance

Please include this information:

- Title of article
- Byline with:
  - Your name and degree(s)
  - Your academic institution or employment affiliation
- A head shot or picture of yourself (if available)

Please follow these article submission guidelines:

- In Microsoft Word with 12-point, Times New Roman font
- Single-spaced
- 300-word maximum
- References (if applicable)

For examples of published articles, please see past newsletters, posted on NJPHA’s website: [http://njpha.org/](http://njpha.org/)

Email your article (or any questions) to the Editor - Gwyneth M. Eliasson, JD, MPH: gme10467@gmail.com