We had two reasons for writing a book about upstream factors and public health in New Jersey. First, New Jersey’s healthcare sector is massive; the state added almost a quarter-million new jobs in health care since 1990. Although pharmaceuticals and life sciences are not considered part of this employment sector, they are part of New Jersey’s overall health-related economy and remain the fastest growing industries in the state. Additionally, thousands of students across the state are studying public health, medicine, biomedical engineering, environmental science, and other health-related disciplines. In short, one reason for writing this book is the large audience of individuals who work in health care, pharma, life sciences, and the related areas of environmental protection, urban planning, transportation, housing, social work, and the many jobs directly and indirectly connected to the social, economic, political, and environmental determinants of health.

The second reason for writing this book is to advocate for a Health in All Policies approach to public policy.¹⁻⁶ This approach requires that public policies be evaluated for their ramifications on the health of the population, not just the health of the economy or selected groups. To build our case, we decided to begin this book by examining the forces that joined together to improve public health in New Jersey after World War II. We settled on this focus because innumerable personal, corporate, and government decisions have brought New Jersey from distressed cities and a “Cancer Alley” label to the promise of a brighter and healthier future. Baby boomers born between 1946 and 1964 may remember many of the events and policy
decisions described in this book, but younger readers will have less famil-

iarity with what happened along the way. Thus, we feel it is important to
closely reflect on what worked and what may have made things worse in
the public health and healthcare arenas so we can more effectively address
those daunting challenges in the foreseeable future.

New Jersey’s progress has been slowed and accelerated by events and
policies—upstream factors that influence health but are beyond the control
of individuals. We present one or more events in each chapter that were part
obstacle and part opportunity. The Cancer Alley presentation in chapter 4,
for example, emphasizes interdisciplinary contributions from the literature,
data with some statistical massaging, and it blends interviews from officials
of that period. We used this approach to flesh out the policies and other
events that created and later quelled the Cancer Alley moniker for New Jersey.
Chapter 5 zeroes in on COVID-19’s hellacious impacts, especially on poor
minorities living in the state’s older cities, and the efforts to respond. Chap-
ter 6 illustrates the role of policy-makers and the New Jersey Supreme Court,
specifically how their interventions attempted to provide more educational
and housing opportunities for residents with limited means.

Throughout the book we specifically point out instances where adverse
public health consequences could have been avoided or significantly reduced
if health had been a more serious consideration in the decision-making
process. These instances are the inflection points that make our case for
Health in All Policies and the importance of building a “culture of health”
that supports this important concept. We also wrestled with how much
attention should be paid to long-standing risks, including corruption, social
inequality, and blind adherence to populism—issues that have been with
us for centuries.

Although this book does not focus on long-standing risks, it also does not
ignore them, particularly because issues with income, education, housing,
and access to health care have long been present even as new challenges such
as unprecedented addiction levels, climate change, cyber risks, financial fail-
ures, and disease pandemics have emerged. Therefore, every chapter looks for
evidence of long-standing and emerging risks, and we place special emphasis
in the epilogue on the ones we are likely to face going forward.

We acknowledge that health is substantially influenced by age, gender,
genetics, and other personal attributes, as well as by individual lifestyle deci-
sions and social and community networks. We do not ignore these personal
health determinants, but they are not the focus of this book. Instead, we
focus on the broader set of upstream factors defined as policies and actions influencing design, land use, transportation, energy, housing, infrastructure, decisions by government officials at all levels, businesses, and, more recently, decisions by not-for-profit organizations. Such decisions have consequences that impact the health of us all as well as that of select (particularly high-risk) individuals.

We also acknowledge that while the Garden State has been the scene of some terrible health-related events, it has also come up with some of the best solutions to public health challenges and important innovations. For example, the concrete barriers developed for traffic safety along Route 1 (called Jersey barriers) are now deployed across the globe for highway safety. Similarly, during the Cancer Alley decade, state officials created the New Jersey Carcinogen Survey, a data set of potential toxic exposures that served as a model for the U.S. Environmental Protection Agency’s Toxic Release Inventory (TRI). Today, individuals can search that data set for hazardous industrial emissions by geographic area.7

At the time of this writing, the COVID-19 pandemic has shifted to endemic status—the state has been learning from this experience, but we have more to learn. The nation must engage in the struggle to retain what we have learned from this experience before the next challenge that surely will follow emerges. Alas, the reality that New Jersey cumulatively has had some of the worst outcomes from COVID-19 has stimulated considerable thinking, research, and policy development and implementation. As in many other instances, the state was hit as hard or harder than other places at the beginning of the epidemic and responded aggressively. Other populations, as well as our own, will benefit from our travail. In other words, there are many lessons to be learned from New Jersey’s public health legacy as well as its healthier future.

Readers of this book should come away with (1) the recent public health history of the most densely developed, and one of the most affluent and demographically diverse states in the nation; and (2) the importance of managing upstream social, political, economic, and environmental factors to improve the public’s health. Notably, they should understand the importance of Health in All Policies and developing a culture of health to aggressively and fearlessly push down the road toward a healthier New Jersey.

MRG, DS
August 23, 2022
References


Toward a Healthier Garden State