

“The Voice of Local Public Health in New York State”

February 9, 2010

**Testimony before the Joint Legislative Committee on Health
Regarding the 2010-11 Executive Budget Proposal**

About the New York State Association of County Health Officials (NYSACHO)

NYSACHO’s MISSION: To support local health departments in their efforts to provide and improve essential public health services in their communities.

NYSACHO works to:

- **BUILD AND SUSTAIN** local public health infrastructure,
- **PROMOTE AND SUPPORT** efficiency of operation at the local level through enhanced collaboration and alliance building,
- **ADVOCATE FOR** local public health across New York State, and
- **FURTHER** public health priorities by:
 - Promoting and sharing of best practices
 - Providing opportunities for training and resource sharing
 - Developing programs and policies in collaboration with the NYS Department of Health, other state government entities, community-based organizations, the health care community, and educational institutions.
 - Working collaboratively with the New York State Department of Health (NYSDOH), academia and others to address issues of quality, staffing and resources to sustain and enhance the public health workforce.

NYSACHO links together the 58 local health departments that comprise New York’s local public health system. Through our members, we work for all New Yorkers to prevent disease and disability, promote health and safety, and protect our residents from risks and threats to our water, food and air supplies, and from other potential health hazards.

As equal partners with the NYSDOH in promoting and protecting the public’s health, local health departments apply a population-based approach to building robust communities that provide their residents’ with a healthful quality of life. Local health departments emphasize health promotion and disease prevention through a combination of regulatory enforcement, education, oversight, quality assurance and direct services. Evidence-based health promotion and disease prevention are investments in the future and provide the foundation for a strong health care system. An important part of maintaining this foundation is the assurance of a sustained and adequate funding commitment for local public health activities by the state.

NYSACHO seeks to build upon its strong collaborative partnership with the NYSDOH in designing and implementing effective public health policies. As the operational arm of the public health system, local health departments understand the unique needs of their communities. As such, they are necessary voices at the planning table in developing policies that are realistic, effective, and appropriate in scale.

NYSACHO is incorporated as a not-for-profit, non-partisan charitable organization with 501(c)(3) tax exempt status.



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Cynthia Morrow, MD, MPH -- President of the New York State Association of County Health Officials:

Good Morning Senator Kruger, Assemblyman Farrell, Senator Duane, Assemblyman Gottfried and distinguished committee members of both houses. My name is Dr. Cynthia Morrow and I am the Commissioner of Health for Onondaga County and current President of the New York State Association of County Health Officials (NYSACHO). Thank you for the opportunity to present testimony on behalf of my colleagues at all 58 local health departments in New York State.

Today I will briefly present an overview of the current status of local public health in New York State as well as a brief summary of NYSACHO's overall priorities with respect to the proposed budget, and finally I will review specific requests for consideration by this legislature.

Brief background on local public health:

As you are well aware, the national recession continues to cripple the budgets of both state and local government and has already resulted in a loss of funding and staff for local public health. We applaud Governor Paterson for recognizing the critical need to ensure that our state maintains a public health infrastructure that can protect our citizens and promote the health, lives, and safety of New Yorkers.

That being said, the public health safety net has been stretched beyond its limits in all directions. I have been a public health professional for many years. This past year has been one of the most challenging for local health departments. We responded and indeed, are still



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responding, to the global H1N1 pandemic. In early spring 2009, our efforts focused on disease surveillance and public education as we tried to understand the extent of the impact of this new virus and keep the public informed as information rapidly evolved. Over the summer, our efforts focused on preparing to respond to increased disease activity and to planning to receive and rapidly disseminate vaccine once it became available. In the late fall, vaccine became available just as disease activity was peaking and our emphasis shifted to protecting as many people as possible, as quickly as possible through mass vaccination programs across the State. We could not have done this without a coordinated effort with our colleagues at the New York State Department of Health (NYSDOH) and our community partners at the local level.

The reality is there are predictable threats to the public's health, such as tobacco and poor nutrition, and there are more immediate, unpredictable and often frightening threats to our resident's health. For example, just yesterday we heard from colleagues in the Hudson Valley about their response to an ongoing Mumps outbreak. Our ability to rapidly and effectively respond to emerging diseases is in large part attributable to New York's prior commitment to build the basic infrastructure of its local health departments. In today's fiscal environment, we are deeply concerned that this basic infrastructure is at risk and thereby, our ability to protect and promote the health of New Yorkers may be at risk as well.

Summary of the four principles for today's testimony:

The foundation of our testimony today on behalf of local health departments in New York is based on four fundamental principles:



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- **Any further State cuts for local public health programs will mean that many communities will be left without essential public health services.**
- **The State must explore and consider all opportunities to maximize new revenue sources** and allow for increased flexibility and efficiency in delivering public health services. This includes enacting the proposed excise tax on sugar sweetened beverages and the increased tax on cigarettes. It also includes closing loopholes that allow commercial insurers to shirk their responsibility for coverage of early intervention for children with special needs.
- **The prevention of chronic diseases is as essential** today to public health and fiscal well-being in New York State as the prevention of communicable diseases. Again, taxes on sugary beverages and cigarettes are potential weapons in the fight against chronic diseases such as diabetes, heart disease and cancer.
- **New unfunded mandates must be avoided,** and costs for state and federally mandated public health services must not be shifted to the already overburdened local tax base.

NYSACHO urges the legislature to consider the following:

- **Maintain the Current Level of State Aid and State Grant Funding for Local Public Health**

We are pleased that the Governor has recognized the demands on local health department core public health services, as reflected in the appropriation for general public health work in his executive budget. At the same time, we would like to remind you that categorical funding that supports core public health efforts through grants to local health departments for programs, such



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as tuberculosis control or the safe drinking water program, has been significantly reduced over the past two years. Furthermore, this followed a decade of flat funding which had, in effect, resulted in decreased support for these programs. *Any additional erosion of these programs will severely curtail our ability to provide these essential public health services.*

With respect to the State's plans to reduce or shift reimbursement for certain services that have been labeled as "optional," we are happy to see that the governor has acknowledged the need for all communities to have access to home care services by maintaining Article 6 reimbursement for local health departments that are the sole providers of home care in their counties. Since this is an administrative change, we will work with the NYSDOH to arrive at the criteria that determine the appropriate meaning of "sole provider." We are concerned about the impact this change may have on access to care in counties in which there may be other home care service providers, but in which the public certified home health agency (CHHA) provides needed care to the most vulnerable and hard-to-reach populations. The vast majority of local health departments operating public CHHAs are in our smaller, rural communities.

With respect to Medical Examiners, many local health departments are concerned about the proposed shift of funding for this essential service from an entitlement program under the New York State Department of Health (NYSDOH) to an undefined program under the New York State Department of Criminal Justice Services (DCJS). This shift raises significant questions that are not answered in the proposed budget bill language. Although funding for this service is transferred and not reduced in the 2010-11 budget, it is unclear what commitment DCJS will make to fully fund Medical Examiners in the future. If the funding is moved from an entitlement program to a block grant program, sustained funding for Medical Examiners may be jeopardized.



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Furthermore, we feel that it is critical that Medical Examiners, who are responsible for investigating the deaths of persons who might be involved in the criminal justice system or who might be in the custody of state or local government, be independent from law enforcement. We believe that the state should address these concerns before taking a significant step that could potentially have an adverse impact on the effective functioning of Medical Examiners throughout the state.

A final point to consider with regard to changes in the funding of “optional services” is that NYSACHO believes that local health departments should be funded in ways that allow for discretion and flexibility in addressing local public health priorities, which can vary widely from county to county.

- **Realign Fiscal Responsibility for Early Intervention & Preschool Special Education**

NYSACHO strongly supports the reforms put forth in the 2010-2011 Executive Budget for both the Early Intervention and Preschool Special Education programs. Of critical importance are reforms that would ensure that commercial insurance carriers pay for Early Intervention services to the children and families they cover as provided in regulation, and not shift costs to state and local tax payers.

Additionally, we strongly support the cap on the Preschool Special Education local share of costs, with the ultimate goal of transitioning counties from fiscal, administrative and programmatic responsibility for this program altogether, as recommended by the Governor’s special task force in 2008.



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Finally, we continue to be concerned that the appropriation language maintains a 49/51 percent split between the state and counties for funding of the Early Intervention program. This amounts to a cost-shift to local taxpayers, which erodes the original intent that expenses of this mandated program were to be a 50/50 state-local share.

- **Re-establish State Funding for Public Health Emergency Preparedness and Response**

While we are cognizant of the reality that now is not the time to ask for any additional funding, we would like to remind the legislature that as a part of last year's state budget actions, state funding for local public health emergency preparedness was eliminated. That cut is carried forward this year. Funding in past years enabled local health departments to build the capacity needed to mount an effective response to a broad range of public health emergencies. That infrastructure was crucial this past year when we were called upon to respond quickly to the global H1N1 pandemic, which struck communities throughout the state. While we know how many people in New York died from complications of H1N1 influenza, it is more difficult to count the numbers of deaths and hospitalizations that were prevented due to our flu education and vaccination campaigns, an effort that was closely and efficiently coordinated with the NYSDOH.

In October 2009, the national watchdog Trust for America's Health indicated that New York State was one of only eight states nationwide that scored a 9 out of 10 in key public health emergency preparedness indicators. This leadership in public health readiness is not something we can take for granted. New York State's funding for local public health preparedness was initially provided to address an erosion of federal dollars in this area.



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This past year, our state and local health departments benefited from an infusion of federal funds to control H1N1. But as this novel influenza ebbs, we cannot count on continued federal funding for the past year's emergency. Without the level of state funding that has been committed to local preparedness in the past, our capacity for emergency response will be compromised. While we are grateful for the federal funding that became available to support our response to the 2009 H1N1 pandemic, the reality is that many of us would not have been able to mount an effective attack against the pandemic without the core infrastructure that has previously been supported with state funding of public health preparedness.

The current crisis in Haiti offers an extreme example of failure to effectively and rapidly execute an emergency response because the basic infrastructure was severely compromised. We must preserve the infrastructure of local health departments in order to protect the health and safety of all New Yorkers from sudden disasters and emerging diseases.

- **Strengthen statewide policies that foster community health and prevent chronic disease through policies that promote good nutrition, physical activity and discourage unhealthy behaviors.**

NYSACHO strongly supports Governor Paterson's proposed establishment of an excise tax on sugar-sweetened beverages and the increase in taxes on cigarettes. These measures will bring in revenue in the short term to ensure that critical government services can be maintained, but more importantly, they are also evidence-based public health interventions that promote healthy behaviors. Environmental and policy changes that support healthier behaviors are



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crucial to the prevention of chronic diseases such as cancer, heart disease, and diabetes that are so costly in the long term—costly both in terms of human suffering and of medical costs.

We believe that the sugar-sweetened beverage tax will have a positive public health impact. The consumption of sugar sweetened beverages accounts for a significant portion of excess calories that have negligible nutritional benefit and that have contributed to the tripling of obesity in children over the past three decades. Reducing consumption of sugar-sweetened beverages by 10 percent could save about 7,400 empty calories per child per year. In addition, increased cigarette taxes are a proven deterrent to tobacco use by adolescents and research shows that adolescents who do not smoke are less likely to become smokers as adults.

On a different note, over the past year, local health departments have worked closely with hospitals and other community partners to complete our Community Health Assessments. In this effort, we focused our plans on the goals within Commissioner Daines' Prevention Agenda Towards the Healthiest State. Throughout this process, we have identified the state and local public health priorities that will improve the health and safety of the residents of our communities. Health costs are so high today that corporations are scrutinizing the health of the workforce and communities when they decide where to locate and invest. In this economic climate, our state's progress toward meeting the goals of the Prevention Agenda could not be more important. We need your support to preserve our basic public health infrastructure if we are to continue to make progress toward becoming the Healthiest State.



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In closing, an investment in local public health is an investment in the personal health of our families, in the population health of our communities, and in the future economic health of our state. Even in tough times, there are some investments that make sense. Local public health is one of them.