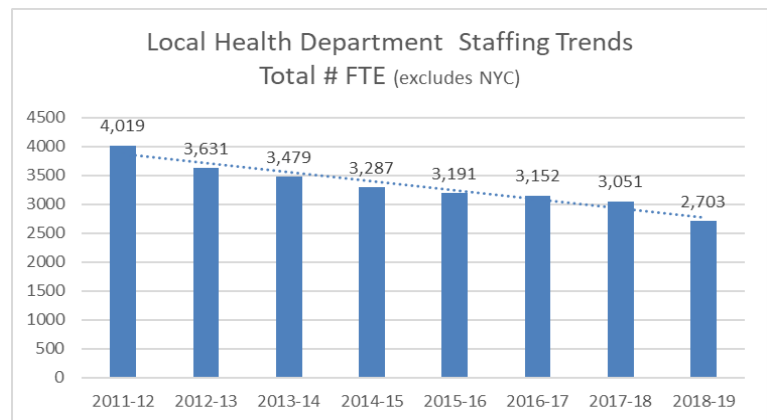




REVERSING THE EROSION OF LOCAL PUBLIC HEALTH SERVICES

Public health infrastructure is built on people – local health officials, preparedness coordinators, epidemiologists, public health nurses, sanitarians, public health educators, fiscal and support staff. Emergency response to public health crises are possible because of the daily public health work, preparedness, and experience of the public health workforce and are critical when we are faced with a threat such as COVID-19. The skilled experts central to public health response have received stagnant and non-competitive salaries for decades, due to stagnant state aid, the property tax caps, funding eligibility restrictions, and other administrative barriers. As their workforce ages, local health departments increasingly face significant loss of experienced, knowledgeable staff through attrition. Combined, these actions have eroded our local public health infrastructure, the one our communities expect to be there in emergencies.

As a result, our public health workforce outside of New York City decreased by one-third between 2011 and 2018. It has placed New York in the position of needing to rebuild and backfill their local a public health workforce in the midst of responding to the COVID-19 pandemic.



Further cuts will not just undermine current and future emergency public health response, they put the entire public health infrastructure at risk. Slashing public health funding in the midst of a pandemic will result in even more illness and death and place an even greater strain on state and local resources as they try to fill the gaps left in these essential services.

For more information contact: Sarah Ravenhall, MHA, CHES, Executive Director, the New York State Association of County Health Officials 518-475-8905; sarah@nysacho.org