



County Health Officials of New York

Leading the way to healthier communities

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Written Testimony submitted by
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The Board of Directors and Membership of the
New York State Association of County Health Officials (NYSACHO)
to the Assembly Labor with Health and Higher Education Committees

NYSACHO's MISSION:

To support, advocate for and empower local health departments in their work to prevent disease, disability and injury and promote health and wellness throughout New York State.

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

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Introduction

The public health system in New York State is in crisis. Numerous elements have conspired to weaken our public health response infrastructure to a point of unprecedented fragility: ten consecutive years of disinvestment by the state; a malignant and ongoing loss of public health workers; a demoralized public health system diminished by inadequately supported workload demands; the ongoing response to the covid pandemic; and the specter of an anticipated wave of public health staff retirements that will further diminish our public health response and prevention capabilities.

We are at what is perhaps the most meaningful public health inflection point in our lifetime, where only sound policy and resource decisions will steer us back to a path that will ensure our public health system is prepared for even greater challenges that we know will come.

In short, your leadership and support has never been needed more to protect the lives and health of the people of New York.

Within this confluence of factors, however, we see opportunity. The public better understands the real and deadly impact of public health threats, and the immeasurable value of a fully prepared public health system; our governor understands and honors the value of local partners, and the value of partnership and collaboration with the Legislature; and historic levels of state resources are available as we enter the coming budget season.

For the first time in decades, we fully comprehend the value and the needs of our public health system, and at the same time possess the financial means and public support to effectively address these needs.

These factors align to beg a simple question: If not now, then when?

The answer is clear. It must be now.

Background and Trends in New York's Public Health Workforce

New York State's local public health workforce is responsible for promoting and protecting the health of New York's communities. Working for one of New York State's 58 local health departments, the local public health workforce - made up of public health nurses, disease control investigators, sanitarians, community health workers and other professionals – is responsible for preventing disease, protecting the health of New Yorkers, and keeping our communities safe.

Most of the staff in the state's local health departments (LHDs) work to deliver one or more of six core public health services: community health assessment, communicable disease control, chronic disease prevention, maternal and child health services, emergency preparedness services and in 31 of the 58 local health departments, environmental health services. These six core responsibilities are set forth in statute and are known as Article 6 services as they are reimbursed by the state through the statutory mechanisms authorized in Article 6 of the public health law. The six core, or basic, services provide the minimum foundational public health responsibilities delivered by local health departments; however, additional statutory and programmatic mandates fall under these six broad service areas.

Unfortunately, over the past five years in New York State, the number of LHD staff delivering Article 6 core services has declined. According to data from the New York State Department of Health, the number of FTEs working on Article 6 services declined by 7% between 2015 and 2020. During this same period, the population of the state increased by 3%. This reduction in staff has made it harder for the state's local health departments to address the public health challenges facing their communities, including responding to the COVID-19 pandemic. While the largest reduction in staff was experienced by the New York City Department of Health and Mental Hygiene, other LHDs also experienced a decline.

In fact, most of New York's LHDs do not have sufficient staff needed to provide a basic package of public health services. According to the Public Health Center for Innovations and the de Beaumont Foundation, local health departments nationally need approximately 54,000 new staff to be able to provide adequate infrastructure and a minimum package of public health services.¹ When applying this formula for how many local public health workers each community needs to

¹ Staffing Up: Workforce Levels Needed to Provide Basic Public Health Services for All Americans. De Beaumont PHNCI October 2021. <https://debeaumont.org/staffing-up/>

New York's LHDs, an estimate showed that 90% of LHDs do not have enough staff to adequately provide basic foundational public health services to their communities. In total, over 1,000 additional Full-Time staff are needed to be able to provide an adequate infrastructure and a minimum package of public health services.

Public Health Burnout and the Experiences of Public Health Workers

According to a survey led by SUNY Oneonta, Bassett Healthcare Network Research Institute and the New York State Association of County Health Officials, *Pain and Perseverance*, public health workers have been subject to targets of protests and have experienced overwhelming burnout while responding to the pandemic. Of the two-hundred and nine public health workers who completed the survey, data indicates:

- 90.4% of respondents have felt overwhelmed by workload.
- 75.6% felt disconnected from family and friends because of workload
- 65% felt unappreciated at work and 75% felt inadequately compensated.
- Over half of respondents reported experiencing stigma or discrimination during the crisis.
- 35% received job-related threats because of work by members of the public.
- 55% felt bullied or harassed because of work by the members of the public.
- 30% have received any sort of hate mail/email/messages from the public.

To protect and retain the dedicated workers employed by local health departments, investments need to be made to article 6 state aid funding to ensure that these public health entities are appropriately staffed and thus able to allow employees to manage work-life balance and avoid burnout. Making such investments will protect and ensure longevity in the state's public health workforce. Despite all this, local health departments have stood up to the challenges faced to address the pandemic all the while vaccinating tens of thousands of New Yorkers and continue to do so as we face a possible third surge this winter

New York's Looming Retirement Crisis

Based on a survey conducted by NYSACHO, the state is approaching the loss of decades upon decades of public health expertise through local retirements. It is only a matter of time before a large segment of the public health workforce begins to retire and we need to be realistically prepared to rebuild the public health system when we are confronted with another public health crisis. Retirement survey findings indicate:

- 42 LHD respondents reported a total of 1257 LHD employees statewide were eligible to retire in 2020.
 - Of these, 743 were in NYC and 514 in rest of state. This represents a total of *22% of the LHD workforce statewide who were eligible for retirement in 2020*, with 25% of the NYC LHD workforce eligible to retire, and 19% of the total LHD workforce outside of NYC eligible to retire.
- Out of 45 LHDs responding, 23 indicated that they had employees who intended to retire in 2021, for a total of 69 employees statewide.
- Out of 43 LHDs respondents, 33 indicated that they had employees who had, or intended to retire by the end of 2020, for a total of 236 employees statewide.
- Since the start of the COVID-19 pandemic, New York has seen 9 out of 58 local health officials (leadership positions within health department) retire and 5 county health officials leave for other/unidentified reasons.

Solutions: Investing in New York's Public Health Infrastructure

Public health work, particularly response to emergencies like the COVID-19 pandemic, requires trained, highly educated workforce. New York State sets minimum qualifications for 13 public health titles; all but one of these requires a minimum of a bachelor's degree and several require advanced degrees. Given other employment opportunities and the typically lower salary rates of public vs. private sector jobs, fringe benefits are critical for recruitment and retention of a qualified, experienced workforce. Provision of the core public health services required by New York State under Article Six requires that LHDs maintain this educated and highly trained workforce.

Emergency funding for public health threats does not sustain workforce investment. LHDs cannot retain and utilize experienced staff hired for emergency response when funding is time limited. Skills needed and core services provided during COVID-19 and other public health emergencies are those that are used every day for core public health services.

The current fringe ineligibility set forth under Article 6 does not work efficiently in a post clinical care public health model. When Article Six was initially enacted, clinical care revenues reduced, or often fully covered fringe expenses; at that time, localities were the safety net providers of primary and clinical home care services in a fee-for-service payment model, to provide basic care for un- and under-insured populations. New payment models and expansion of the

availability of health care meant that LHDs were largely no longer needed as safety net providers. Rather than reinvesting public health dollars from clinical care to population health services, public health funding was simply reduced. Concurrently, while the state disinvested in existing population health services and expertise provided by local health departments, it directed funding towards pushing clinical care providers towards population health services; rather than coordinating the two, too often, clinical care simply duplicated public health services. COVID-19 showed why clinical care and public health have unique and complementary roles to play, with clinical care focused on individual health and public health focused on population health.

The decade plus of disinvestment and erosion in public health has left little opportunity for succession planning and development of the next generation of public health professionals. Additionally, shortages in fields such as nursing and engineering have resulted in longer periods for recruitment to fill vacancies, as well as competition from the private sector that impacts employee retention. Local governments will be hard-pressed to address the convergence of looming retirements and profession shortages under the current funding structure.

NYSACHO s 2022-2023 Article 6 State Budget Request

1. Increase Article 6 base grant to \$750,000 or \$1.30 per capita in full-service counties.
2. Increase Article 6 base grant to \$577,500 in partial service counties.
3. Restore NYC to 36% reimbursement beyond the base grant under Article 6 state aid.
4. Permit *fringe benefits* as an eligible expense under article 6 state aid and reimburse fringe at 36% in all counties.

Conclusion

The County Health Officials of New York and their association, NYSACHO, look forward to working with you to develop the policies and identify the resources and services necessary to rebuild New York's public health infrastructure. If not now, then when?

Public Health Infrastructure: A Decade of Disinvestment



2009

Despite the ongoing impact of the Great Recession, Local Health Departments responded to the H1N1 Pandemic, implementing pandemic plans and mass vaccination PODs.



2010-12

Total Disinvestment-
-\$44,746,002

In 2010-11, NYS eliminates funding for enhanced or "optional" public health services, including funding for Medical Examiner/Coroner services and cuts several categorical funding lines; in 2012 a statewide property tax cap goes into effect for all counties, except for NYC.



2013-14

Total Investment-
+\$7,024,925

As part of a modernization of Article Six public health foundational services and funding, NYS increases base grants for local health departments.



2014-15

Total Disinvestment-
-\$9,452,179

NYS cancels out its base grant investment through administrative cuts to LHDs by reducing the allowable revenue amounts localities could use to offset some of their ineligible fringe and indirect costs.



2013-17

Total Disinvestment-
-\$16,858,000

The state property tax cap impacts the LHD workforce outside of NYC, which shrinks by 33%. LHDs continue to respond to new public health threats and mandates: The opioid epidemic, Ebola, Zika, Legionella, Mumps, Measles, Hepatitis A, Vaping, Harmful Algal Blooms (HABs), PFOAs, and other emerging contaminants in drinking water, and lead poisoning prevention mandates.



2017-18

Total Disinvestment-
-\$47,186,430

In 2017, NYS cuts several core public health categorical programs by 20%, followed by the 2018 elimination of the categorical COLA. Services lost/reduced include migrant worker outreach, immunization clinics, water supply sampling, and other health education and outreach activities.



2019

Total Disinvestment-
-\$54,000,000

In 2019, NYS cuts NYC state aid reimbursement above the base grant from 36% to 20%.



2020-21

LHDs respond to COVID-19 with a reduced and aging workforce. Retirements rise, recruitment and retention are challenging and local governments are wary of short-term funding fixes. Will NYS return to dismantling local public health, or will we reinvest and rebuild?

