Rethinking and Reinvesting in Public Health In Monroe County

Michael D. Mendoza, MD, MPH, MS, FAAFP
Commissioner of Public Health
Monroe County Department of Public Health

Professor of Clinical Family Medicine, Public Health Sciences, and Nursing, University of Rochester

NYSAC Fall Seminar
September 19, 2022
Federal Public Health Emergency Preparedness Funding Per Capita, Fiscal Years 2002-2016
Life expectancy at birth, by sex, United States (2000-2021)

NOTES: Estimates are based on provisional data for 2021. Provisional data are subject to change as additional data are received. Estimates for 2000–2020 are based on final data.
Proportional Contribution to Premature Death

- Genetic predisposition: 30%
- Behavioral patterns: 40%
- Social circumstances: 15%
- Environmental exposure: 5%
- Health care: 10%

McGinnis JM, Foege WH. Actual causes of death in the United States. JAMA 1993;270:2207-2212
Themes

- Equity
- Data-Driven
- Collaboration
- Workforce
LIFE EXPECTANCY BY ZIP CODE - Monroe County

Cabo Verde
Life Expectancy 72.4 yrs
#148

Belgium
Life Expectancy 81.1 yrs
#30
Climate Action and Environmental Equity

- Minority and poor communities experience impacts of climate change at disproportionately higher rates
Monroe County
Investments in
Data Infrastructure

• Research and Data Analysis Coordinators (3)
  – Masters-Level (MPH) epidemiologists
  – $44,000
• Data Gathering, Sharing, Reporting
• Electronic Public Health Record
  – Go-Live Jan 2023
Who is Overdosing?

Overdoses by Age
2020 to 2022 YTD (5.1.22)

Overdoses by Age- Race Breakdown
2022 YTD (5.1.22)

Data Source: Monroe County Heroin Taskforce database
Where are Overdoses Taking Place?

(1/1/22 through 6/8/22)
Naloxone Boxes
Location of OD and Fatality
(5.1.2021 – 4.30.2022)

• Most overdoses occur in residential locations
• Those who overdosed at a residential address had 2.07 times the odds of death than those who overdosed at non-residential address.

<table>
<thead>
<tr>
<th>Location Type</th>
<th>Non-fatal (N=518)</th>
<th>Fatal (N=137)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential</td>
<td>371 (71.6%)</td>
<td>115 (83.9%)</td>
</tr>
<tr>
<td>Non-Residential</td>
<td>147 (28.4%)</td>
<td>22 (16.1%)</td>
</tr>
</tbody>
</table>

Data Source: Monroe County Heroin Taskforce database
Addiction / IMPACT Team Outreach
COVID Surge Plan Announced – March 27, 2020

- Monroe County
- Rochester Regional Health
- UR Medicine
- UR Dept of Public Health Sciences
- Common Ground Health

<table>
<thead>
<tr>
<th>Hospital System</th>
<th>Total Beds</th>
<th>Medicine/Surgery and ICU Beds</th>
<th>Surge Phase 1</th>
<th>Surge Phase 2</th>
<th>Surge Phase 3</th>
<th>Total Surge Capacity</th>
<th>Percent Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>URMC</td>
<td>1,313</td>
<td>1,066</td>
<td>325</td>
<td>370</td>
<td>404</td>
<td>1,099</td>
<td>103%</td>
</tr>
<tr>
<td>Rochester Regional</td>
<td>1056</td>
<td>898</td>
<td>322</td>
<td>391</td>
<td>268</td>
<td>981</td>
<td>109%</td>
</tr>
<tr>
<td>Community-Wide Total</td>
<td>2369</td>
<td>1964</td>
<td>647</td>
<td>761</td>
<td>672</td>
<td>2080</td>
<td>106%</td>
</tr>
</tbody>
</table>
E-CIGARETTES, VAPE DEVICES & E-LIQUIDS

E-CIGARETTES / VAPE DEVICES / E-LIQUIDS ARE HAZARDOUS WASTE
DO NOT PLACE IN TRASH OR RECYCLING BINS

DO NOT REMOVE BATTERIES
Place in plastic zip-type bag
BRING TO ecopark —
NO APPOINTMENT NECESSARY

- E-Cigarettes:
  Disposable, Prefilled or Refillable - No tank or pod
  Cartridge attached to pen containing battery

- Tanks / Mods:
  Designed for multiple uses
  Can be filled with different substances and
  modified to vary voltage

- Pod Mods:
  E-cigarette or vaping device with prefilled
  OR refillable pod,
  OR pod cartridge with modifiable pod system;
  Come in many sizes, shapes, colors
  Compatible prefilled pod cartridges that
  contain nicotine, THC, or CBD —
  with or without flavors

- E-Liquids:
  Typically a mixture of water, flavoring,
  choice of nicotine levels or cannabis

ecopark HOURS OF OPERATION
Wednesday .................................................. 1pm - 6:30pm
Saturday .................................................. 9:30am - 1pm
(Closed on Holidays)
10 Avon Drive · Rochester, NY 14624
• Detect and interrupt (i.e., prevent) potentially violent situations,
• Identify and change the thinking and behavior of the highest risk transmitters (i.e., those most likely to engage in violence), and
• Change group norms that support and perpetuate the use of violence.
% Children Screened in Monroe County with BLL > 10 ug/dl
Lead Poisoning Prevention

CONCEPT for GIS Map for Predicting Risk of Child Contact with Lead Hazards

Childhood Lead Poisoning Primary Prevention Program

**RESULT:** Every property has a real-time “Lead Risk Score” in GIS based on current data.

CONCEPT for Primary Prevention Process

1. EH receives a monthly (or more frequent) list of primary addresses from Vital Records for all births in that month. (~750)
2. Using that list, a batch query (or data merge) is performed with the data in the GIS map, thereby associating a Lead Risk score (0-4) to each primary address on the list.
3. The primary addresses are sorted by risk score. Homes with highest risk score associated with a newborn will receive a letter stating the potential risk, and offering an inspection.
4. Primary Prevention inspections will be completed in all homes that invite us in, prioritized by Lead Risk score and order of response.
Measles declared eliminated in 2000...

2010-2019** (as of September 19, 2019)
Vaccination Religious Exemption Rates (%) by District, Monroe County Public Schools
Polio Vaccination Rates by ZIP, % by age 2 yrs
QUESTIONS?

Michael Mendoza, MD, MPH, MS
Commissioner of Public Health
Monroe County
mchealth@monroecounty.gov
Building Back Stronger: Rethinking and Reinvesting in Public Health

Diane Oldenburg
Associate Public Health Educator
Oswego County Health Department
September 19, 2022
Health Department’s overall goals for 2022

1. Continue collective efforts in COVID-19 response to mitigate the pandemic damages to the County.

2. Identify department’s infrastructure and capacity gaps revealed in COVID-19 response and develop new organizational structure for long-term public health success.

3. Take the opportunities of the New York State Public Health Corps Fellowship Program to retain and strengthen the dedicated and competent workforce.

4. Continue to efficiently and effectively provide services to prevent disease, promote health and well-being, and protect those that live, work, or play in Oswego County.
RESTRUCTURE COST PERSPECTIVE

• 2022 – 2026 American Rescue Plan Act (ARPA) funding
• Cost will be absorbed by the increased state funding (2027)

  • Currently, the state Article 6 funding to Oswego County:
    • Base funding $650,000 ($750,000) per year on eligible expenses
    • Eligible expenses above the base funding receive 36% reimbursement
    • Total Article 6 funding annually is roughly $1,000,000
    • Fringe was deemed eligible up to 50% of total cost

• After COVID-19 the state is increasing funding to LHDs
  • In 2021 the state increase Article 6 funding 10%
  • This trend will continue in coming years
  • The restructure cost will not be a fiscal burden to the County after ARPA funding is exhausted
Public Health Education and Emergency Preparedness

- Community Health Assessment and Community Health Improvement Plan
- Public Health Emergency Preparedness
- POD set up
- Overdose prevention/opioids
- Medical Countermeasure management
- Poisoning prevention
- Public health detailing
- Injury Prevention
- Low-income car seat distributions
- Chronic Disease Self-management classes
- Diabetes self-management classes
- Stepping On (fall prevention)
- Smoke-free for Baby and Me
- Tobacco/Vaping education
- “Bug School” (tick and mosquito-borne disease)
- STD
- Safe Sleep
- Outreach and education at community events
- Handwashing and hygiene
- Nutrition/physical activity
- Poisoning prevention
- Fentanyl test strip distribution
- Narcan training

Associate Public Health Educator

Senior Public Health Educator

Public Information Specialist

Public Health Educator (coalition and Partnership Building) vacant

Public Health Educator (OD2A) vacant

Epidemiologist

Public Health Educators (2) (1) vacant

Public Health Education Assistant

Public Health Educator (coalition and Partnership Building) vacant

Public Health Educator (OD2A) vacant
Restructure Vision for Health Education and Emergency Preparedness

- COVID-19 demonstrated the need for additional staff and training in specialized areas:
  - Epidemiology
  - Public information Specialist
  - Health Educator
    - Pre-COVID-19: 2 Health Educators (40% PHEP and 60% Health Ed) and 1 Health Educator (100 % OD2A grant funded)
  - Public Health Education Assistant
Restructure Vision for Health Education and Emergency Preparedness

- Improved training and additional staff will allow:
  - Focus on community health assessment and improvement planning (more data driven)
  - Fully implement community health improvement plan to address county health rankings
  - Foster and participate in community partnerships addressing health priorities and preparedness
  - Improve Public Health Emergency planning and response
  - Offer more health education services to residents
  - A healthier community that is more engaged with the health department!
Demystifying Article 6 Funding: Investing Locally to Maximize State Funding and Guarantee Better Health Outcomes

SARAH RAVENHALL, MHA, CHES, EXECUTIVE DIRECTOR
THE NEW YORK STATE ASSOCIATION OF COUNTY HEALTH OFFICIALS
518-475-8905 SRAVENHALL@NYSACHO.ORG
Quick & Dirty-What is the Article 6 Program?

- State aid reimbursement program to support local public health activities that protect the health of community members.
- State aid application (SAA) submitted quarterly for reimbursement.
- Article 6 is an entitlement program NOT a grant.

Article 6 of the NYS public health laws is the “enabling Legislation” LHDs follow as they provide PH responsibilities.

Statutues and Regulations
- Public Health Law Article 6
- Title 10 of NYS Codes Rules and Regulations Part 40
- Guidance Documents
Big Changes for Article 6 Funding Formula in 2022!

**Pre SFY 2022**

100% reimbursement up to the “base grant” amount of $650,000 or 0.65 per capita for full service LHDs (500,000 for partial service local health departments)

After “base grant” reimbursement is 36% and 20% for NYCDHMH

Fringe expenses ineligible for reimbursement

**Post SFY 2022**

100% reimbursement up to the “base grant” amount of $750,000 or 1.30 per capita for full service LHDs (577,500 for partial service local health departments).

After “base grant” reimbursement is 36% and 20% for NYCDHMH

Fringe rate up to 50% of eligible personnel expenses are now eligible for reimbursement, under the base grant and then at 36% (20% NYCDHMH).
What Services does Article 6 Reimburse?

Reimbursement for the six core public health services as defined by law-legally required for counties to provide:

1. Community health assessment
2. Family Health
3. Communicable Disease Control
4. Chronic Disease Prevention
5. Environmental Health
6. Emergency Preparedness and Response

These activities directly impact the health outcomes of your community. Counties must invest up front to see those improvements.

$13.4M for Base Grants
$38M for Fringe Reimbursement
$51.4M Increase SFY 22-23 Budget
Public Health Must be Prepared to Activate Emergency Response At All Times!

Ongoing Public Health Emergencies that LHDs are Actively Responding to!

- COVID-19 bivalent booster vaccine
- Monkeypox response
- Polio detected in wastewater
- Vector Borne: West Nile Virus, lyme, babesiosis, EEE...
- Water contaminants –HABs, PFAS, PFOA...
- Overdose prevention and harm reduction
- Weather related emergencies (flooding, storms)

Challenges with Emergency Funding

- One shot deal-3 years of funding does not allow us to recruit and retain staff long-term.
- Various federal and state level restrictions on how we can utilize spending.
- Funding should be disease-agnostic not specified to only one type of response effort.
- Layers of approval required prior to spending does not allow for rapid response.
Determinants of Health in Comparison to Federal Health Spending

- Health Behaviors: 30%
- Clinical Care: 20%
- Social and Economic Factors: 40%
- Physical Environment: 10%

Medical Services: 97.4%

National Health Expenditures: $3.8 Trillion (2019)

Public Health Spending: 2.6%

Over a Decade of Disinvestment in NY’s Public Health Infrastructure

2010-12
- NYS eliminates funding for enhanced public health services
- Local loss of funding = -$44,746,002

2013-15
- Increased base grant for local health departments = +$7,024,925
- Administrative cuts = -$9,452,179

2013-18
- New mandates, categorical funding reductions = -$16,858,000
- 20% categorical funding cuts and elimination of COLA = -$47,186,430

2019
- Reduction to NYC reimbursement above base grant from 36% to 20% = -$54,000,000
NY Spending on Health Care Vs Public Health

- NYS spends less than 3% of its total health expenditures on public health.
- While NY spends $193 per person on public health, we spend $3,869 per person in Medicaid spending.
- Studies on public health spending have shown that public health investments have a substantial impact.
  - In one study, an increase in public health spending resulted in a decrease in Medicare spending in low-resourced communities.
  - A second study demonstrated that an investment of $10 per person per year in evidence-based community health programs could save the country more than $16 billion annually. That is a potential savings of $5.60 for every $1 invested.

https://www.americashealthrankings.org/explore/annual/measure/PH_funding/state/NY
NYSDOH has already applied for CDC Infrastructure funding for ROS (NYC applies for separate pot).

NYSDOH leadership met with NYSACHO Board of Directors regarding best use of this funding, incorporated our recommendations.

40% of Workforce funding will be passed through to local health departments. 
- 5 Years given up front – 38M total to LHDs
- Formula will be developed based on population and community resilience estimator/communities of need within jurisdiction

Funding should be used to meet critical public health infrastructure needs: increased hiring of diverse staff, increased size and capabilities of the public health workforce.

This multicomponent grant includes a total of $3.945 billion over 5 years

<table>
<thead>
<tr>
<th>Component</th>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1. Workforce</td>
<td>$3 billion</td>
<td>Recruit, retain, support, and train the Public Health Workforce</td>
</tr>
<tr>
<td>A2: Foundational Capabilities</td>
<td>$700 million</td>
<td>Strengthen systems, processes, and policies</td>
</tr>
<tr>
<td>A3: Data Modernization</td>
<td>$200 million</td>
<td>Deploy scalable, flexible, and sustainable technologies</td>
</tr>
<tr>
<td>B. Technical Assistance &amp; Training</td>
<td>$45 million</td>
<td>Training, Evaluation, and Coordination support for Component A</td>
</tr>
</tbody>
</table>
Public Health Professionals are Leaving Governmental Public Health Positions

Over the past five years in New York State, the number of LHD staff delivering Article 6 core services has declined by 7% between 2015 and 2020 while the state’s population increased by 3%.

The aging workforce and pandemic-related burnout of public health leaders and staff will exacerbate this gap.

31% of County Health Officials statewide have retired or left their leadership positions since the start of the pandemic.

LHD Leadership Who have Retired or Left Their Department Since Feb 2020

- 69% No change
- 19% retired
- 12% another reason
Negative Experiences at Work have Taken a Toll on the PH Sector

Public Health Workers have been through a lot. Two years of long hours, 7-day work weeks and new waves of the pandemic as variants emerge has taken its toll.

The politicization of public health has resulted in significant harassment of local health department leaders and workers.

State and Federal lack of recognition for the contributions public health workers have made during pandemic response (HWB program).
An Enumeration of NYS’ LHD Workforce 2021

Goal is to learn about the size, composition, and recruitment/retention challenges facing the state’s local health departments

Conducted between Nov. 2021 – Feb. 2022 for the 2021 fiscal year

52/58 LHDs responded, including:
- NYC and 11/13 of the largest LHDs,
- 17/18 of the medium sized LHDs,
- 23/26 of the small LHDs.

Used questions/definitions from NACCHO’s National Profile of Local Health Departments to compare to their 2019 data.
## Total FTEs Employed in LHDs in NYS, 2019-2021

### Table 3. Total FTEs Employed in LHDs, NYS (2019 vs. 2021)

<table>
<thead>
<tr>
<th>Size of Population Served</th>
<th>NACCHO 2019</th>
<th>NYSACHO 2021</th>
<th>Difference</th>
<th>% Change</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Respondents</td>
<td>8,960</td>
<td>9,111</td>
<td>151</td>
<td>2%</td>
<td>34</td>
</tr>
<tr>
<td>NYC</td>
<td>6,956</td>
<td>6,968</td>
<td>12</td>
<td>0%</td>
<td>1</td>
</tr>
<tr>
<td>Extra Large (&gt;500,000)</td>
<td>265</td>
<td>484</td>
<td>219</td>
<td>83%</td>
<td>1</td>
</tr>
<tr>
<td>Large (200,000-499,999)</td>
<td>721</td>
<td>561</td>
<td>-160</td>
<td>-22%</td>
<td>5</td>
</tr>
<tr>
<td>Medium (75,001-199,999)</td>
<td>612</td>
<td>643</td>
<td>31</td>
<td>5%</td>
<td>13</td>
</tr>
<tr>
<td>Small (&lt;75,000)</td>
<td>407</td>
<td>455</td>
<td>49</td>
<td>12%</td>
<td>14</td>
</tr>
</tbody>
</table>

Source: NYSACHO Enumeration 2022
### Table 5. Vacancy Rates Among LHDs in NYS (2019 vs. 2021)

<table>
<thead>
<tr>
<th></th>
<th>NACCHO 2019</th>
<th>NYSACHO 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>37</td>
<td>52</td>
</tr>
<tr>
<td>FTEs Budgeted</td>
<td>10,698</td>
<td>13,239</td>
</tr>
<tr>
<td>FTEs Employed</td>
<td>9,424</td>
<td>10,673</td>
</tr>
<tr>
<td>FTEs Vacant</td>
<td>1,274</td>
<td>2,566</td>
</tr>
<tr>
<td>Vacancy Rate</td>
<td>11.9%</td>
<td>19.4%</td>
</tr>
</tbody>
</table>
Vacancies in LHDs by Employee Title

Budgeted FTEs that are vacant

Percentages, by title

- Licensed Practical or Vocational Nurse
- Supervising Public Health Nurse
- Community Health Worker
- Health Educator
- Public Health Nurse
- Laboratory Worker
- Registered Nurse
- Environmental Health Technician
- Business and Financial Operations Staff
- Environmental Health Sanitarian
- Public Health Physician
- Office and Administrative Support Staff
- Epidemiologist
- Information Systems Specialist
- Communicable Disease Investigator
- Preparedness Staff
- Agency Leadership
- Public Information Personnel
- Environmental Health Engineer

Graphic showing bar chart with percentages for each title.
## Retirement Trends from Enumeration Data

<table>
<thead>
<tr>
<th>Population</th>
<th>How many current employees (# of FTEs) have retired or plan to retire?</th>
<th>Mean</th>
<th>Total</th>
<th>Percentage of Individuals Currently Employed</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Respondents</td>
<td>In more than 3 years</td>
<td>17</td>
<td>851</td>
<td>8.0%</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>Within 3 years</td>
<td>19</td>
<td>990</td>
<td>9.2%</td>
<td>52</td>
</tr>
<tr>
<td>NYC</td>
<td>In more than 3 years</td>
<td>526</td>
<td>526</td>
<td>7.4%</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Within 3 years</td>
<td>625</td>
<td>625</td>
<td>8.7%</td>
<td>1</td>
</tr>
<tr>
<td>Extra Large (&gt;500,000)</td>
<td>In more than 3 years</td>
<td>4</td>
<td>12</td>
<td>1.4%</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Within 3 years</td>
<td>26</td>
<td>84</td>
<td>9.6%</td>
<td>3</td>
</tr>
<tr>
<td>Large (200,000-499,999)</td>
<td>In more than 3 years</td>
<td>6</td>
<td>44</td>
<td>4.5%</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Within 3 years</td>
<td>8</td>
<td>68</td>
<td>7.0%</td>
<td>8</td>
</tr>
<tr>
<td>Medium (75,001-199,999)</td>
<td>In more than 3 years</td>
<td>4</td>
<td>61</td>
<td>5.9%</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Within 3 years</td>
<td>7</td>
<td>118</td>
<td>11.4%</td>
<td>17</td>
</tr>
<tr>
<td>Small (&lt;75,000)</td>
<td>In more than 3 years</td>
<td>9</td>
<td>218</td>
<td>28.2%</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Within 3 years</td>
<td>4</td>
<td>95</td>
<td>12.3%</td>
<td>23</td>
</tr>
</tbody>
</table>
Filling Vacancies is Difficult!

Figure 12. Main reason for vacancies, percentages by title

1. Salaries too low
2. Can’t find Qualified Candidates
# Moving Forward to Support Public Health

<table>
<thead>
<tr>
<th>Recognize</th>
<th>Recognize the importance of <strong>filling vacancies</strong> in public health departments and offering competitive salaries.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximize</td>
<td>Maximize article 6 state aid by <strong>spending money up front</strong> on enhancements to the public health infrastructure.</td>
</tr>
<tr>
<td>Advocate</td>
<td>Advocate for Federal/State agencies to <strong>fund public health adequately</strong> with flexibility in funding mechanisms.</td>
</tr>
<tr>
<td>Offer</td>
<td>Offer <strong>incentives, bonuses, stipends or loan repayment</strong> for professionals to entice workers to come into the field.</td>
</tr>
<tr>
<td>Market and promote</td>
<td>Market and <strong>promote benefits of working in local government</strong> vs. private or clinical sector settings.</td>
</tr>
<tr>
<td>Support</td>
<td>Support public health workers by offering opportunities for <strong>work life balance</strong>.</td>
</tr>
<tr>
<td>Identify</td>
<td>Identify <strong>public-private partnerships</strong> to support public health outcomes.</td>
</tr>
</tbody>
</table>
Raising the Bar for Public Health Funding

Recognition of the discrepancy between health care/clinical care and public health funding.

Strengthened focus on cost-benefit of funding public health, population health and preventive services.

50% of what makes us healthy is influenced by healthy behaviors, yet we spend 88% on medical services.

It takes a village—public health can’t work in a silo. We need local governmental leaders to make significant investments locally to strengthen emergency response capabilities.
Thank you
NYSAC!

Sarah Ravenhall, MHA, CHES
Executive Director, NYSACHO
sravenhall@nysacho.org
Health is Bigger than Healthcare:
The Case for Public Health Reinvestment and the PREPARE Act

(Public Health Reinvestment and Emergency Pandemic Adaptability, Readiness and Efficiency)

Sarah Ravenhall, MHA, CHES
Executive Director
New York State Association of County Health Officials
Public Health Protects Communities

• Local Health Departments Diagnose
• Local Health Departments Collaborate
• Local Health Departments Prevent Injury and Illness and Promote Healthy Behaviors
• Health equity and access to services underpins all public health interventions
Determinants of Health and Health Spending

- Health Behaviors: 30%
- Clinical Care: 20%
- Social and Economic Factors: 40%
- Physical Environment: 10%

Medical Services: 97.4%
Public Health: 2.6%

NY Spending on Health Care Vs Public Health

- NYS spends less than 3% of its total health expenditures on public health.
- While NY spends $193 per person on public health, we spend $3,869 per person in Medicaid spending.
- Studies on public health spending have shown that public health investments have a substantial impact.
  - In one study, an increase in public health spending resulted in a decrease in Medicare spending in low-resourced communities.
  - A second study demonstrated that an investment of $10 per person per year in evidence-based community health programs could save the country more than $16 billion annually. That is a potential savings of $5.60 for every $1 invested.

https://www.americashealthrankings.org/explore/annual/measure/PH_funding/state/NY
New York State is served by 58 local health departments
The Local Public Health Workforce

• The local public health workforce in NYS - 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.

• LHD staff 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.
Over a Decade of Disinvestment in NY’s LHDs

2010-12
- NYS eliminates funding for enhanced public health services
- Local loss of funding = -$44,746,002

2013-15
- Increased base grant for local health departments = +7,024,925
- Administrative cuts = -$9,452,179

2013-18
- New mandates, categorical funding reductions = -$16,858,000
- 20% categorical funding cuts and elimination of COLA = -$47,186,430

2019
- Reduction to NYC reimbursement above base grant from 36% to 20% = -$54,000,000
What is the PREPARE ACT?

The public health reinvestment and emergency pandemic adaptability, readiness, and efficiency (PREPARE) act is designed to increase the infrastructural state funding supporting local health departments’ provision of the core public health services so that they can provide a base level of protection to the communities they serve.
Why PREPARE? We are Losing Public Health Staff

- Over the past five years in New York State, the number of LHD staff delivering Article 6 core services has declined by 7% between 2015 and 2020 while the state’s population increased by 3%.
- The aging workforce and pandemic-related burnout of public health leaders and staff will exacerbate this gap.
Why PREPARE?
LHD staffing is already under-resourced to provide mandated 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.

• When applying this formula for how many local public health workers each community needs to 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.

PREPARE ACT Components – Increase Article Six

- Increase Article 6 base grant for full service LHDs (37) to $750,000 or $1.30 per capita.
  - Total increase over current base grant = $15.19 million Included in Executive Budget
- Increase Article 6 base grant for partial service LHDs (21) to $577,500.
  - Total increase over current base grant = $1.62 million Included in Executive Budget
- Restore NYC to 36% reimbursement beyond the base grant under Article 6 state aid.
  - Total cost NYC restoration = $60 million annually
- Permit fringe benefits as an eligible expense under article 6 state aid and reimburse fringe at 36% in all counties.
  - Total estimated cost of fringe reimbursement at 36% = $56 million Included in Executive Budget with a 50% cap.
PREPARE ACT Components – Lead Poisoning Prevention

• Fully fund the implementation of the 2019 Elevated Blood Lead Level Mandate
  ▫ Total estimated cost = $30.3 million
PREPARE ACT Components – Medical Examiners/Coroners

- Provide state reimbursement of 50% for pathology and toxicology services provided by county medical examiners.
  - Total estimated cost = $53.4 million (based on 2018 budgets).
Raising the Bar for Public Health Funding

- Recognition of the discrepancy between health care and public health funding.
- Strengthened focus on cost-benefit of funding public health, population health and preventive services.
- 50% of what makes us healthy is influenced by healthy behaviors, yet we spend 88% on medical services.
- #PREPAREActNYS

INFOGRAPHIC: What Makes Us Healthy vs. What We Spend on Being Healthy | Bipartisan Policy Center
Local Elected Voices Matter

• The leadership and advocacy by local elected officials during COVID-19 and their support of their local health departments has been critical to assuring available resources and state responsiveness to policy and resource challenges.

• Article Six is a state/local partnership. State investment will likely be predicated on local governments’ support for and willingness to implement the necessary public health infrastructure improvements.
What You can do for Your Local Health Department

• Local Elected Leaders Can:
  ▫ Hold local press events or write Op-Eds on the PREPARE Act
  ▫ Highlight the response and daily work of their local health departments
  ▫ Advocate with the Executive and Legislative branches through calls, personal contacts, and passage of resolutions in support of the PREPARE Act
  ▫ Make the PREPARE Act a key element in budget testimony and communications
  ▫ Encourage other local or federal elected officials to lend their support to the PREPARE Act
What NYSACHO Can Do For You

- Provide communications resources/messaging on the PREPARE Act
- Share supporting data
- Recruit support from other public health, healthcare and community stakeholders
- Provide templates to local health departments and elected officials for showcasing their specific local needs and how the PREPARE Act can benefit them.
- Provide policy briefs to educate legislators on the individual components of the PREPARE Act ask
- Provide subject matter expertise on Article Six funding and services
- Advocate through legislative visits and testimony
Sullivan County Department of Public Health

NYSAC 2022 Fall Seminar Presentation
September 19, 2022

► Rethinking and Reinvesting in Public Health

Nancy McGraw, MPH, MBA, LCSW
Public Health Director
Our Mission
Sullivan County Public Health is committed to promoting the health and wellness of those who live, work and play in Sullivan County.

We will achieve this by monitoring the health of our community to prevent avoidable disease and injury, by responding to public health emergencies, by providing health education to the community, and by assuring conditions in which people can be healthy.

OUR VISION
HEALTHY PEOPLE IN HEALTHY COMMUNITIES
### Recommended 2022 Budget by Program

<table>
<thead>
<tr>
<th>County Budget Appropriations</th>
<th>2020 Actual</th>
<th>2021 Amended</th>
<th>2022 Adopted</th>
<th>Percent of 2022 PHS Budgeted County Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Admin</td>
<td>674,257</td>
<td>756,783</td>
<td>842,377</td>
<td>16%</td>
</tr>
<tr>
<td>Core Programs</td>
<td>36,370</td>
<td>110,973</td>
<td>145,534</td>
<td>3%</td>
</tr>
<tr>
<td>Certified Home Health Agency</td>
<td>1,647,592</td>
<td>1,206,874</td>
<td>1,249,560</td>
<td>26%</td>
</tr>
<tr>
<td>Long Term HHCP</td>
<td>107,782</td>
<td>95,434</td>
<td>115,239</td>
<td></td>
</tr>
<tr>
<td>Healthy Families</td>
<td>151,194</td>
<td>44,135</td>
<td>42,090</td>
<td>n/a &lt; 1%</td>
</tr>
<tr>
<td>Rural Health Network</td>
<td>8,558</td>
<td>21,258</td>
<td>12,057</td>
<td>n/a &lt; 1%</td>
</tr>
<tr>
<td>Disease Control &amp; Prevention (Diagnostic &amp; Treatment)</td>
<td>353,838</td>
<td>370,482</td>
<td>400,988</td>
<td>8%</td>
</tr>
<tr>
<td>Early Care Programs /Children w/ Special Health Care Needs</td>
<td>2,380,714</td>
<td>2,535,382</td>
<td>2,415,597</td>
<td>46%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2020</td>
<td>2021 Amended</td>
<td>2022 Adopted</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>------</td>
<td>--------------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>Total Positions (FT, PT and per diem)</td>
<td>80</td>
<td>76</td>
<td>78</td>
<td></td>
</tr>
</tbody>
</table>

* In 2020 the WIC program was transferred (9 positions eliminated in 2021; Other 2021 staff reductions (included cutting 7 vacant positions); multiple per diem positions were created for COVID-19 response and vaccination efforts, covered by COVID funding; Therapy positions added to CHHA, cutting contractual costs by 82% from 2020 to 2022 recommended budget.
## Revenues

(Grants, state and federal aid, insurance reimbursements)

<table>
<thead>
<tr>
<th>Program/Budget Org</th>
<th>2021 Amended Budget</th>
<th>2022 Adopted Budget</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Admin</td>
<td>$294,078</td>
<td>$305,514</td>
<td>4%</td>
</tr>
<tr>
<td>Core Programs</td>
<td>$216,786</td>
<td>$433,729</td>
<td>50%</td>
</tr>
<tr>
<td>CHHA/LT</td>
<td>$2,039,161</td>
<td>$2,434,502</td>
<td>16%</td>
</tr>
<tr>
<td>Healthy Families</td>
<td>$413,673</td>
<td>$418,508</td>
<td>1%</td>
</tr>
<tr>
<td>Rural Health Network</td>
<td>$95,178</td>
<td>$87,570</td>
<td>-9%</td>
</tr>
<tr>
<td>Disease Control (D&amp;T)</td>
<td>$872,137</td>
<td>$3,232,005</td>
<td>73%</td>
</tr>
<tr>
<td>Early Care</td>
<td>$4,480,323</td>
<td>$4,021,865</td>
<td>-11%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8,411,336</strong></td>
<td><strong>10,933,693</strong></td>
<td><strong>23%</strong></td>
</tr>
</tbody>
</table>
Challenges and Accomplishments

2020-2022 Challenges: Staff turnover, retirements, vacancies, medical leaves, ongoing pandemic response and workload, Increased fiscal and grant management responsibilities, hiring and filling vacancies with qualified individuals, staff retention

Accomplishments
Despite this, we accomplished the following despite devoting huge resources and time to the COVID-19 pandemic response in 2020 through 2022:
• Updated Rabies Management Plan, public information sharing and education to community
• Effective COVID-19 Pandemic direct response (Disease control and prevention)
• National and state recognition for Medical Reserve Corps and pandemic response
2022 Challenges and Goals

Health Emergency Preparedness
• Ongoing COVID-19 Vaccine distribution and vaccination efforts
• Health emergency preparedness readiness for future pandemics
• Increase Health Education efforts, Medical Reserve Corps readiness & training

Other Public Health Work
• Resume and Enhance other Article 6 required services:
• Rabies prevention and treatment, STD screening, Lead poisoning prevention, newborn screening and maternal visits, opioid overdose prevention, continue to increase availability of Narcan training and distribution
• Increase chronic disease prevention and education efforts on improving Community Health outcomes
• Increased childhood immunization clinics for preventable diseases
• Strategic Plan and Community Health Assessment/CHIP in 2022,
• Performance Management and Quality Improvement projects
• Prepare for impacts of legalized marijuana on community health outcomes/education and prevention resources
Building Public Health Departments

Disease Control & Epidemiology

- From 4 to 8 positions (100% increase) plus per diems and volunteers
- Surge capacity with appropriate state/federal support based on threats in community
- Employing staff with the ability to analyze and share data in meaningful ways
- Meaningful and competitive salaries to draw talented workforce

Health education

- Over a 300% increase, from 1 to 3 public health educators and incorporating health education into other titles: providing critical information to the public
  - Dedicated Public Information Officer for Public Health Department
- Community health nurses
- Public health nurses
- Other administrative public health staff

Medical Reserve Corps Volunteers

- From not being allowed to use volunteers, to using over 200 volunteers assisting from every town (15) and villages (6).
- Allowed a partial services health department to surge for mass vaccination clinics during the COVID-19 pandemic.
- Over 17,500 vaccinated in a county of 75,400 ~ 23% by public health department alone
Building Public Health Departments

Maternal Child Health

- Ensuring early prenatal care
- Access to prenatal care
- Healthy birth outcomes
- Newborn screening and visits
- Infant and childhood well baby visits
- Childhood immunizations
- Child development education
- Postpartum education and support for mothers
Protecting Public Health Infrastructure

Increase to Article 6 funding

- Increases base grant from $500K to $650K
- Allows 50% reimbursement on fringe costs for staff providing Article 6 state aid activities

Grant funding to offset public health emergencies

- COVID related grants – restricted
- Limited allowable activities
- Not flexible

- Imminent Threat to Public Health Emergencies (ITPH) does provide 50% reimbursement to related activities.
  - Administrative fiscal burden to track
  - 3 ITPH designations in 4 years.
    - Measles
    - COVID-19
    - Monkeypox
    - Will Polio be next?
How do we sustain the gains to protect public health infrastructure to meet the needs of the community?

Ensure that the increase in Article 6 state funding does not erode the ability to create new positions in public health departments.

Make the positions permanent when grant funding expires. Support from local elected officials in budget process to protect public health infrastructure.