



## New York State Public Health Association (NYSPHA)

October 19, 2021

The Honorable Kathy Hochul  
Governor of New York State  
New York State Capitol  
Albany, NY 12224

Dear Governor Hochul,

Congratulations on your taking the helm as New York State's 57<sup>th</sup> Governor!

### **Who We Are and What We Stand For**

The New York State Public Health Association (NYSPHA) is the New York State affiliate of the American Public Health Association (APHA) and serves as the statewide organization for members from all disciplines across the spectrum of public health professionals, organizations, academia, and students pursuing careers in public health. Our mission is to improve the public's health through advocacy, education, networking, and professional development. We stand ready to support and assist you in pursuing policies to support the ability of the state's public health system, which includes state and local health and mental health departments, community-based organizations, academia, the business community, and other sectors, to protect and improve the health of all New Yorkers. Our Statements of Policy on various issues of public health importance can be found [here](#) for your future reference.

In this letter we lay out our recommendations to you to address health disparities and promote health equity, and support the State's public health infrastructure, particularly the local health and mental hygiene departments. We also provide our recommendations for the 2022 Executive Budget proposal.

### **New York's Current Public Health Landscape – Urgent Longstanding Issues and New Needs**

**Address Health Disparities and Promote Health Equity.** The COVID-19 pandemic has amplified the pre-existing, dire health and behavioral health inequities in the population, the impact of which falls disproportionately on Black, Latinx, Asian, and Indigenous New Yorkers as well as those living in poverty and/or in rural areas. These populations were already experiencing significant health disparities that have only been further exposed and worsened by the COVID-19 pandemic. The causes of these disparities are exacerbated by the social determinants of health such as poor housing, limited education, environmentally hazardous living environments and jobs, and poor access to care in inner-city and rural areas, as well as the enduring effects of implicit bias and outright racism in healthcare and other systems. Structural and institutional racism has been a public health crisis for generations, only to be exacerbated during the pandemic.

## **Support New York's Public Health Infrastructure – Local Health and Mental Hygiene**

**Departments.** To promote health equity, New York's public health infrastructure needs significant support. At the core of New York State's public health infrastructure are the 58 local health departments (LHDs) and local government units representing mental hygiene (LGUs) - including New York City's. Even before the COVID-19 pandemic, LHDs and LGUs were on the front lines of public health issues. Many local health departments were operating on shoestring budgets before the pandemic. After two years of battling COVID while trying to maintain other essential functions, financial and staffing resources are depleted.

LHDs and LGUs develop and maintain individual and community preparedness for public health hazards and events; investigate, prevent, and control communicable diseases; prevent environmental health hazards through assessment, regulation, and remediation; prevent chronic diseases through outreach and education to promote healthy lifestyles among the public; ensure medical providers use evidence-based guidelines for chronic disease management; provide services to individuals, children, and families who have developmental delays and concerns; and manage the local mental hygiene system to meet the needs of individuals and families affected by mental illness, substance use disorders, and/or developmental disability in their communities. The LHDs and LGUs have stepped up during the pandemic to conduct disease surveillance, contact tracing, and vaccine distribution and to provide mental health and substance use disorder treatment to patients with pre-existing conditions as well as to those whose mental health was affected by the pandemic. They have been key communicators and trusted sources of information at the local level.

### **NYSPHA Recommendations.**

- Address health disparities and assure health equity in both the pandemic response and in addressing New York's longstanding health issues.
- Declare racism as a public health emergency and address it in those terms across all state governmental agencies.
- Increase funding for New York's public health infrastructure, particularly the LHDs and LGUs. Our detailed budgetary recommendations are below.
- Adopt a "health-in-all-policies" approach to vet all policy proposals for their health impact across the breadth of New York State government.

To carry out these recommendations we commend your choice of Dr. Mary Bassett to be the next New York State Commissioner of Health. Dr. Bassett brings a wealth of experience and expertise to the very issues that we raise in this letter. Her wise counsel will be a tremendous resource and guide for you in addressing these issues.

### **NYSPHA's 2022 Executive Budget Recommendations.**

NYSPHA writes each year to the Governor with detailed recommendations for the development of the Executive Budget to be proposed in January. Our focus this year is on the budgetary needs of the State's public health and mental hygiene infrastructure, which has been underfunded historically and was badly in need of reinforcement even before the current circumstances of the COVID-19 pandemic, leading to many missed opportunities to prevent disease, reduce health disparities, increase health equity, and improve the health of all New Yorkers.

The first priority of New York LHDs is to maintain the core public health services they are tasked to provide. LHDs need increased funding for staff to support surveillance, inspection, outreach, communications, and enforcement activities to address communicable diseases, chronic diseases, emergency preparedness and response, community health assessments and, in full-service counties, environmental health. Additionally, LHDs must respond to emerging public health threats such as the vaping-related illnesses, legionella, measles and other vaccine-preventable diseases, the opioid crisis, dangerous water contaminants, increasing rates of sexually transmitted diseases, vector-borne diseases and beyond. And that was before the pandemic. These are problems that short-term increases in funding will not address.

The public health infrastructure is built on people – local health officials, preparedness coordinators, epidemiologists, public health nurses, sanitarians, social workers, public health educators and support staff. Long-standing stagnant state aid, tax caps, Article 6 State Aid restrictions, and recent cutbacks, funding eligibility restrictions and other administrative barriers have all undermined the local public health infrastructure, the one we all rely on to be there in emergencies. As a result, the State’s public health workforce outside of New York City decreased by one-third between 2011 and 2018, even before the pandemic. Despite recent funding to LHDs in support of the COVID-19 response, the state’s LHDs need a permanent and sustainable commitment of adequate resources so they can rebuild over the long term. This will also assure that the state is better prepared for the next pandemic.

Similarly, local departments of mental health and hygiene are playing a critical role in addressing the mental health impacts of the pandemic caused by social distancing, business closure, and unemployment. New Yorkers across the board are struggling with their mental health during this time of upheaval. Localities are experiencing a shortage of behavioral health (mental health and substance use) professionals, particularly in rural areas, making adequate services unavailable or out of reach for many New Yorkers who need them.

To maintain core public health services and address these emerging threats, we recommend the following be included in the 2022 Executive Budget:

1) Increase Article 6 State Aid to Local Health Departments.

- Increase Article 6 base grants and state aid reimbursement to ensure public health services are eligible for full reimbursement of local expenditures:
  - From \$650,000 to \$750,000 in full service LHDs;
  - From \$500,000 to \$550,000 in partial service LHDs;
  - In the six largest counties, a per capita reimbursement increase from 0.65 to \$1.30;
  - In the beyond-base-grant state aid reimbursement from 36% to 40%.

These increases should not come at the expense of New York City’s Article 6 funding.

- Fully restore the COLA for Department of Health programs which was removed in the 2018-2019 State Budget.
- Provide 100% reimbursement for the first full year of any new and/or significantly expanded mandates emerging from law, rule or regulation including reimbursement of salary and fringe expenses under the Article 6 state aid appropriation.

2) Increase Public Health Program Funding.

- Increase funding for public health and mental health programs in the proposed 2022 Executive Budget. Historically, the Executive Budget proposal includes across-the-board cuts to Article 6 and public health programs in the Department of Health's budget, to essentially be bargaining chips in discussions with the legislature. A more responsible approach to budgeting would be to develop the justification for increased funding and to work with the legislature to achieve that goal. Evidence-based community prevention programs to prevent or reduce smoking and improve physical activity and nutrition have been shown to have a return-on-investment of 7:1 on Medicaid savings in five years.

3) Increase funding for behavioral health services, resources, and supports.

- Provide funding to LGUs/mental hygiene departments for one full-time position to coordinate the activities of suicide prevention coalitions and opioid task forces to drive the public health approach to suicide and overdose prevention and to ultimately promote mental wellbeing. Directors of Community Services in each county work tirelessly to ensure the availability of services for mental health, substance use disorders, and developmental disabilities. They have expanded their roles in bringing together suicide prevention coalitions and opioid task forces that pull in a wide range of professional and community stakeholders to take a public health approach to substance use, opioid overdose, and suicide prevention, some of the major issues impacting our state today. Each coalition member has a taxing day job, and their participation in these coalitions and task forces is on a volunteer basis and on their own time.
- Grant State Aid for behavioral health services based on need, not population size. In particular, additional funding is needed by rural counties for the provision of behavioral health services. Rural areas are hard hit by opioid overdose and suicide. Our NYSPHA Vice President Brett Harris spent the last year and a half conducting a mental health listening tour of rural New York, conducting a total of 30 listening sessions with professionals and community members across 16 of New York's 22 rural counties. Across all sessions, participants emphasized how state aid is insufficient, because allocation is based on population size, not need. Rural areas are experiencing the highest rates of suicide and are impacted by lack of services, a population with multiple-systems involvement, substandard housing, and poverty. They require additional funding to meet the needs of their residents.

4) Assure the long-term sustainability of the Public Health Corps Fellowship Program and similar public health workforce initiatives.

- Develop a sustainability plan for the Public Health Corps Fellowship Program. We commend the New York State Department of Health for launching the Public Health Corps Fellowship Program and the New York City Department of Health and Mental Hygiene for its similar efforts to support the public health workforce. These programs bring new graduates into the public health workforce for one to two-year fellowships in local health departments and community-based public health organizations and is a tremendous first step in rebuilding the public health workforce. However, these programs are federally funded with COVID-related dollars that will likely not continue. The ability of LHDs to permanently hire the fellows after their fellowship ends is significantly restricted by the local property tax cap and Article 6 restrictions on paying fringe benefits. We recommend building a fully funded continuation

of the Public Health Corps and New York City positions into the state financial plan for the 2024 budget year. Otherwise, the program will not achieve its goals of rebuilding the state public health workforce.

- Provide funding for the development and implementation of an incentive program that attracts and retains recent graduates in behavioral health careers in rural areas. Rural areas have a hard time attracting and retaining a behavioral health workforce due to better salaries and opportunities for promotion in urban areas, issues which are associated with the lack of funding in rural areas, mentioned above. This leaves the remaining behavioral health workforce short-staffed, struggling to meet state quotas, and more prone to burnout. Because these staff are serving New Yorkers with serious needs who are often involved in multiple systems, it is critical that we pay close attention to this workforce.

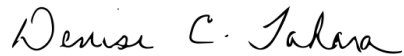
5) Generate additional revenue with direct public health benefits.

- Increase the tax on cigarettes and other tobacco and vaping products. NYSPHA recommends that New York State raise the cigarette tax by \$1.00 per pack. Raising the cigarette tax is one of the most effective tobacco prevention and control strategies, but the tax has remained static for the last ten years. A \$1.00 per pack cigarette tax increase is projected to net \$30.40 million in new annual revenue, which could be used to support the state and local health departments. Additionally, it is estimated that 29,500 youth under age 18 would be prevented from becoming adult smokers, decreasing future healthcare expenditures due to smoking. Currently, \$9.7 billion is spent annually on tobacco-related healthcare costs in New York State. Therefore, increasing the price of cigarettes not only raises critical revenue – it decreases the prevalence of tobacco use, particularly among youth and young adults. To further increase public health benefits, increase cost savings, and generate revenue, New York State should also raise the tax on all other tobacco products including e-cigarettes and cigars to provide tax parity with cigarettes. This will also prevent tobacco users from jumping between products whenever one product's price increases.
- Establish a tax on Sugar Sweetened Beverages (SSB). According to the NYS Department of Health, over 25% of all New Yorkers are obese. The negative effects of obesity are disproportionately burdensome for the state's poor residents and for African American and Latinx New Yorkers. SSBs are associated with increased body weight, poor nutrition, diabetes, and obesity. As demonstrated in Philadelphia and elsewhere, sugar sweetened beverage taxes are an effective policy tool for reducing sugary drink purchases among at-risk populations. SSB taxes can be especially effective when some of the revenue collected is reinvested in the low-income communities that are especially at risk for obesity and for increased SSB consumption. The tax could raise additional needed funds for public health and other initiatives that support New Yorkers who are most in need as a result of this pandemic.

The COVID pandemic has tested all of us. We urge you to use this extraordinary moment to change the budget process to include these new sources of revenue and to increase support for public health programs to improve the health of our communities and to address health disparities.

We respectfully ask you to **support the health of all New Yorkers** by including these recommendations in the FY 2022-2023 New York State Executive Budget.

Sincerely,



Denise C. Tahara, PhD

President

New York State Public Health Association

[advocacy@nyspha.org](mailto:advocacy@nyspha.org)

CC:

*Dr. Mary Bassett, Commissioner-designate, New York State of Department of Health*

*Angela Profetta, Deputy Secretary for Health and Human Services, Executive Chamber*

*Tina Kim, Assistant Secretary for Health (Rachel Baker)*

*Robert Mujica, Director, New York State Division of the Budget (Katie Hare)*

*Kristin M. Proud, Acting Executive Deputy Commissioner, New York State Department of Health*

*Danielle Greene, Chief of Staff, New York State Department of Health*

*Brittany Glenn, New York State Division of the Budget*

*Eustacia Sanon, New York State Division of the Budget*

*Dr. Ann Sullivan, Commissioner, New York State Office of Mental Health*

*Arlene Gonzalez-Sanchez, Commissioner, New York State Office of Addiction Services and Supports*