



## New York State Public Health Association (NYSPHA)

October 30, 2023

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

RE: NYSPHA recommendations for the 2024 Executive Budget

Dear Governor Hochul,

### **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, professional development, and public health practice. 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.

This letter contains NYSPHA's assessment of the current public health landscape in the State and contains our detailed recommendations for the development of the Executive Budget for 2024-25 to be proposed in January. Our focus this year is on the budgetary needs of the State's public health and mental hygiene infrastructure; addressing climate change, increasing funding in this area will create tangible opportunities to prevent disease, reduce health disparities, increase health equity, and improve the health of all New Yorkers.

With a membership of over 700 public health professionals across the spectrum of sectors and public health expertise, our recommendations are backed by a wealth of knowledge and experience. Though we have a small budget and limited staffing (we are mainly a volunteer organization), we have a lot to offer in helping the state carry out its public health priorities; we believe we could be of great value on contracted projects with specific deliverables and would welcome the opportunity to meet with you to discuss where we can be of assistance.

Based on input from our Board of Directors, Policy and Advocacy Committee, Climate and Suicide Prevention Special Interest Groups, and our membership, we describe NYSPHA's recommended priorities below.

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

Address Health Disparities and Promote Health Equity. The COVID-19 pandemic amplified the pre-existing health and behavioral health inequities in the population, the impact of which falls disproportionately on Black, Latinx, Asian, and Indigenous New Yorkers; LGBTQIA and two-spirit communities; rural residents; and those living in poverty. These populations were already experiencing significant health disparities; these disparities only widened as a result of 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. LHDs 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; and provide services to individuals, children, and families who have developmental delays and concerns. LGUs 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. LHDs and LGUs need consistent and sufficient resources to maintain and strengthen the public health workforce that is the heart of each local public health agency.

**NYSPHA makes the following budget recommendations to address health disparities and to strengthen the local public health and mental health infrastructure, address climate change, assure health insurance for all undocumented New Yorkers, and support rural health initiatives.**

### **1) Maintain Public Health Infrastructure Funding, even in the face of an overall budget deficit, and to recruit and retain professionals within the public health workforce.**

The first priority of New York LHDs is to maintain the core public health services they are tasked to provide. Since the beginning of the pandemic, 27 (47%) of New York's 58 Local Health Officials have departed their jobs due to retirements or other reasons related to the pandemic. Between 2021 and 2022, there was a 6% decrease in budgeted full time equivalent positions in local health departments. 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 monkey pox, polio, measles and other vaccine-preventable diseases, the opioid crisis, drinking water contamination, increasing rates of sexually transmitted diseases, vector-borne diseases and more. 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. To strengthen the public health workforce:

- Provide state support to continue the Public Health Fellows program. NYSPHA supports sustainable state investment for the continuation of the New York State Public Health Corps (NYSPHC) Fellowship Program. A strong public health workforce is representative of the community it serves, is sufficiently sized to meet the public’s needs, and has the knowledge, skills, and resources to respond quickly to emerging health threats. The NYSPHC was designed during the COVID-19 pandemic response in part to address gaps in staffing in the local and state public health workforce and to increase knowledge and awareness of public health as a critical professional field among the general population. The fellows working in local health departments (LHDS) throughout New York State are providing critical support for core public health programs, as well as allowing for the development of new initiatives and increased community partnerships.

We recommend that the state continue to maximize available federal funding and identify and commit state resources to assure the program remains in place.

NYSPHC benefits to LHDS:

1. Recruitment and retention of local talent
  2. Increased diversity in the workforce
  3. Innovative programs/partnerships with other community organizations
  4. Support for core public health programs
  5. Support to continue the Public Health Fellows program – data from recent interviews.
- The second priority is to support local health departments so that they can adequately respond to the threats of lead poisoning. Lead Poisoning Prevention Activities delivered by local health departments are supported through a variety of funding mechanisms, including the Lead Poisoning Prevention Program, Childhood Lead Poisoning Primary Prevention Program (15 counties), Healthy Neighborhood Program (some counties), and reimbursement through Article Six Public Health Law General Public Health Work funding. In 2019, the definition of elevated blood lead level (EBLL) was lowered from 10 to 5 ug/dL or greater and the state only allocated \$9.7 million to Article Six state aid. This investment falls short, with an additional \$30.3 million needed to implement this work and protect children, thereby placing the majority of the cost burden on the local tax levy (estimated need based on an average cost per case of nursing case management of \$713 and an average cost of \$2,123 per case for environmental management activities). The COVID-19 pandemic has had an enormous impact on children and families at risk for lead exposure due to stay at home orders, remote learning, and barriers to attending pediatric appointment and access testing for lead screening. In 2021, the CDC lowered the recommendation to 3.5 µg/dL, which if implemented as the definition of an elevated blood lead level in NYS would cost an additional estimated \$30M to implement locally.

To support LHDS to address lead poisoning we recommend you appropriate an increase in the monies allocated to the expanded mandate (current and/or future) into the Lead Poisoning Prevention program of the New York State Department of Health and distribute all funding necessary to the local health departments through existing grant mechanisms to support

implementation of the expanded mandate.

- Restore New York City Department of Health and Mental Hygiene's Article 6 reimbursement to 36% beyond the base grant to align their state aid with what other counties in NYS receive.

## **2) Increase funding for Local Governmental Mental Health Units (LGUs) for suicide and opioid overdose prevention**

LGUs play a critical role in addressing the continuing mental health impacts of the pandemic on top of the preexisting opioid and suicide crises. 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 address the infrastructure needs of LGUs:

- Increase funding for LGUs for staff to support and maintain the essential services they provide their county residents to respond to the opioid crisis, mental health challenges, and risk of suicide. Specifically, a full-time mental health and suicide prevention coordinator within each New York County is critical to support the suicide prevention coalitions. Funding is also needed to support suicide prevention coalitions that do not receive federal funding like substance use and opioid taskforces. Individuals who participate on these coalitions do this work outside of their day jobs. Though they are passionate and extremely dedicated, this is challenging work, and a full-time coordinator is needed to ensure the best outcomes for county residents.
- Provide increased and targeting funding opportunities to support rural LGUs so that they can provide needed services and resources in their communities. The NYSPHA President recently completed a Rural New York Mental Health Listening Tour with 289 professionals and residents in 16 rural counties which led to several recommendations both for needed services and for revising funding strategies and algorithms. The report and recommendations can be accessed [here](#).
- Invest in the implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT) for alcohol and other drug use in schools and primary care settings so that risk is identified across a continuum and brief intervention is provided to reduce risk before consequences become more severe.
- Invest in the provision of Question, Persuade, Refer (QPR) suicide prevention training so that it is readily available free-of-charge across the state.
- Invest in the routine delivery of universal screening and brief intervention for depression and suicide risk in primary care settings and ensure county and organizational leadership have the information and tools they need to develop and implement a comprehensive approach to suicide prevention.
- Invest in local health department opioid overdose prevention initiatives. Local health departments conduct data analysis to assess the needs in their community and work with community partners to implement evidence-based solutions such as increasing access and linkages to medication-assisted treatment and increasing availability and access to naloxone.

- Provide funding for a 50-50 state and local match for county coroners and medical examiners. Local coroners and medical examiners have played an increasingly important role in public health as a result of the opioid crisis, the steady increase in suicide and COVID. Additional and consistent funding will support efforts by coroners and medical examiners to establish a suicide fatality review system in New York counties; perform autopsy, pathology, and toxicology services including the identification of real-time trends such as prescription medication and drug misuse; and to alert the appropriate county and State agencies and the public of these dangers. Current services are paid entirely by county government.

### **3) Address the need for mental health programs for students and schools**

Schools are in significant need of funding to support the mental health of students following their return to in-person schooling in the wake of the COVID-19 pandemic. The U.S. Surgeon General declared a mental health crisis among youth; youth are struggling after losing almost a year and a half of in-person schooling and connections with their peers and school staff. To address these mental health needs:

- Support funding to schools to implement depression and suicide risk screening and intervention and the evidence-based Sources of Strength program to build trust between students and adults, promote help-seeking, create a positive school climate, and prevent suicide.
- Support funding to schools for the integration of social-emotional learning curricula in elementary schools to introduce emotional competence and foster a positive school climate from a young age.
- Support funding for community training for educators on trauma-informed practices which recognize and address the adverse experiences many students face, ensuring that educational environments are both safe and supportive in an ever increasingly tumultuous world.
- Provide funding for a psychologist and social worker in each school, universal screening for mental health issues as described in A6636, and mental health parity for student insured through CHIP as described in A343. NYSPHA strongly supports these bills.
- NYSPHA also urges the state to provide more funding and guidance to schools on the adherence to state laws around mental health education in schools and training for school staff. First, mental health is as important as physical health, so mental health education should be provided at the same level as standard health classes, not only one class. Second, schools should be provided guidance on specific evidence-based mental health and suicide prevention trainings and should invest in the provision of these trainings to schools including offering incentives for staff to complete these trainings annually. These trainings include Youth Mental Health First Aid (uniquely trains adolescents to recognize and respond to mental health crises among their peers); Question, Persuade, Refer (QPR); Applied Suicide Intervention Skills Training (ASIST); Suicide Safety Training for School Staff (SST); and Helping Students At-Risk for Suicide (HSAR).

### **4) Provide Adequate Funding to Support the Rollout of the 988 Suicide and Crisis Lifeline**

In 2020, Congress designated a new 988 dialing code to increase access and utilization of the National Suicide Prevention Lifeline. This new dialing code went into effect July 2022 and has greatly increased call volume and demand on community-based crisis services. Funding is needed to support this service including:

- Promoting the use of 988 across New York State and among underserved communities
- Providing training and support to 988 operators and call centers
- Providing incentives to increase the crisis care workforce including a pipeline from school to the workforce and a competitive salary and benefits
- Providing training, technical assistance, implementation support, and quality control of community-based crisis services including the delivery of suicide risk screening, safety planning, follow up and monitoring, and transitions to outpatient care so they are equipped to provide services to those referred by 988

## **5) Take bold new measures to address climate change.**

NYSPPHA commends you for naming climate chaos “the defining challenge of our era.” In 2023 alone, you publicly lamented the “once-in-a-lifetime” blizzard in Buffalo, the fierce floods in Brooklyn, and the Canadian wildfire smoke that caused health-harming air pollution from New York’s northern border, south to New York City. This year alone, these crises have cost New York State over \$2 billion in disaster clean up.

As stewards of public health and safety for all New Yorkers, especially those in Black, Brown, Asian, Indigenous, and low-income communities, we ask you to help mitigate and reverse the public health consequences of climate change: heatstroke, heart and lung disease, cancer, asthma, mental health and trauma, and food and shelter insecurity, to name just a few. You can address this alarming public health crisis by attacking the problem at its source: a behemoth fossil fuel industry that profits at the expense of people and planet.

NYSPPHA strongly urges that you include full funding the 2019 Climate Leadership and Community Protection Act (CLCPA) in the Executive Budget and ensure that it is implemented according to the original intent of the law. We ask you to allocate \$1 billion to the Climate Action Fund in 2024 to kick start the state’s clean energy transition. This would represent a down payment on the more than \$10 billion that will be needed annually to build infrastructure, ensure a reliable grid, fortify coastal communities, and train workers for the eco-economy’s new and family-sustaining jobs.

We’re calling on you to:

- Invest at least \$1 billion of “shovel-ready” appropriations via the Climate Action Fund (CAF) in 2024 by passing the **People’s Climate Justice Budget**
- Include a **Community Directed Climate Solutions Account** in the CAF
- Support a **Gap Fund** to help renters and homeowners address buildings’ structural deficiencies to prepare for electrification
- Include the **Just Energy Transition Act** in your executive budget
- Ensure polluters pay their fair share by including the **Climate Change Superfund Act** in your executive budget
- Include the **NY HEAT Act** in your executive budget

These investments amount to less than half of one percent of New York’s \$229 billion state budget.

Additionally, NYSPPHA recommends funding in the Executive Budget for

- Sustained funding for staff in each LHD to hire a climate and health adaptation coordinator. These coordinators would be responsible for working with public health programs and community partners to prioritize climate hazards, implement adaptations and

interventions to reduce climate and health risks, and liaise with state partners who are working on climate initiatives.

- Funding for community health programs to consider adaptations that impact their area of focus. By allocating resources for these programs, communities can be empowered to respond more effectively to climate-related challenges, and programs can tailor their services and interventions to the specific needs and vulnerabilities of their communities, thus bolstering overall public health resilience.
- Develop and pilot plans for resilience hubs. This is a critical step in building robust community infrastructure that can withstand and respond to climate-related disruptions. These hubs serve as centralized, multifunctional centers for emergency response, resource distribution, and community support, offering a blueprint for enhancing community resilience and preparedness in the face of climate change impacts.

## **6) Provide comprehensive health insurance for all low-income New Yorkers regardless of immigration status.**

NYSPHA is very grateful for the commitment to expanding and deepening immigrant health coverage shown by your administration. We applaud the expansion of Medicaid coverage to seniors who are undocumented and look forward to seeing its implementation on January 1, 2024.<sup>1</sup>

In April of 2022, you communicated an intention to “reach out to the federal government and ask for a waiver... under the Essential Plan,” In that conversation you noted that emergency Medicaid is not “ideal” coverage.”<sup>2</sup>

Despite this, New York State submitted a 1332 innovation waiver only requesting funding to increase the federal poverty level (FPL) from 200% to 250% FPL, excluding immigrants. CMS has responded that it is allowable to spend surplus money to expand health coverage to New Yorkers, regardless of status. Colorado and Washington State have both requested and been approved for a Federal 1332 Waiver that utilizes the federal surplus pass-through account to fund health insurance coverage for undocumented immigrants.

We urge New York State to amend the May 12, 2023 1332 State Innovation Waiver 1332 to expand the Essential Plan to New Yorkers regardless of immigration status. The Senate acted to require the state to do this when they passed last session’s S2237A, but the Assembly failed to pass the corresponding bill A3020A. Leadership from the executive branch to make this happen is essential for the health of communities across New York State, as well as for the financial health of safety net hospitals that care for the majority of immigrants without insurance.<sup>3</sup> Short of amending the waiver, NYSPHA recommends that coverage for undocumented immigrants be included in the Executive Budget.

<sup>1</sup> <https://www.nyc.gov/assets/doh/downloads/pdf/public/comments/comment-20230311-section-1332-essential-plan-extension.pdf>

<sup>2</sup> <https://www.youtube.com/watch?v=Ysb38zrpx6Q&t=2066s>

<sup>3</sup> <https://www.coverage4all.info/policy>

## **7) NYSPHA supports the policy and budgetary agenda of the New York State Association for Rural Health**

- Restore and provide additional funding for the Advocate for funding/support for Rural Health programs
  1. Rural Health Care Access Development Program
  2. Rural Health Network Development Program
  3. Rural Health Council

**Finally, funding to support these recommended budget increases could be generated by selected tax increases on sugar-sweetened beverages and alcoholic beverages that have the added benefit of reducing the consumption of these products and directly improving health.**

**8) Generate additional revenue with direct public health benefits to fund public health programs.**

- 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. Sugar consumption also leads to dental caries, which is one of the most common chronic diseases in adults and children in the United States according to Healthy People 2030. 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 other adverse health effects 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.
- Increase the state tax on all alcoholic beverages. New York's taxes for beer are ranked 38<sup>th</sup> in the nation, for wine are 40<sup>th</sup> in the nation, and for liquor are 5<sup>th</sup> in the nation. (New York Sales Tax Handbook 2022). These taxes have not been increased in a number of years, and have not been adjusted for inflation. As with cigarettes, increased taxes reduce harmful consumption and reduce the physical and financial costs of overuse. Research has shown that a doubling of alcohol sales tax (that would still only barely place New York's tax in the top 10 among all states) can reduce alcohol-related mortality by 35%, automobile accident deaths by 11%, violence by 2%, and crime by 1.4%.

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 2024-2025 New York State Executive Budget.



Sincerely,



Brett Harris, DrPH  
President  
New York State Public Health Association  
[president@nyspha.org](mailto:president@nyspha.org)

CC:

*James McDonald, Commissioner, New York State of Department of Health*  
*Ursula Bauer, PhD. Deputy Commissioner, Office of Public Health, NYSDOH*  
*Angela Profeta, Deputy Secretary for Health and Human Services, Executive Chamber*  
*Blake G. Washington, Director, New York State Division of the Budget*  
*Katie Hare, Executive Assistant to the Director, New York State Division of the Budget,*  
*Eustacia Sanon, Executive Assistant to the Director, New York State Division of the Budget*  
*Jillian Kirby Bronner, New York State Division of the Budget, Health*  
*Peggy A. O'Shea, New York State Division of the Budget, Mental Hygiene*  
*Ann Sullivan, MD, Commissioner, New York State Office of Mental Health*  
*Chinazo Cunningham, MD, Commissioner, New York State Office of Addiction Services and Supports*