



## New York State Public Health Association (NYSPHA)

October 21, 2022

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

RE: NYSPHA recommendations for the 2023 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 2023 to be proposed in January. Our focus this year is on the budgetary needs of the State's public health and mental hygiene infrastructure; 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.

### **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 health and behavioral health inequities in the population, the impact of which falls disproportionately on Black, Latinx, Asian, and Indigenous New Yorkers; the LGBTQIA and two-spirit community; rural residents; and those living in poverty. These populations were already experiencing significant health disparities; these disparities have 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.

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. Since the beginning of the pandemic, 17 (31%) of New York's 58 Local Health Officials have departed their jobs due to early retirements or other reasons related to the pandemic. Between 2019 and 2022, total personnel vacancies in NYS' LHDs increased by 951 positions across 34 counties due to limited funding, inability to find qualified candidates, and hiring freezes.

Not only were local public health staff subject to a tremendous increase in workload during COVID, but they also faced numerous other challenges, including daily exposure to risk of infection, worry for their own loved ones, and hostility from a public that was and remains conflicted on compliance with response activities. A consortium of researchers from the New York State Association of County Health Officials (NYSACHO), SUNY Oneonta, Bassett Healthcare Network Research, and Utica University convened to conduct a statewide survey of public health workers, the findings of which were compiled in a report entitled "Pain and Perseverance." This study revealed:

- 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.
- 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.

**NYSPHA makes the following budget recommendations to address health disparities and to strengthen the local public health and mental health infrastructure.**

1) Increase Public Health Infrastructure Funding to Recruit and Retain Professionals within the Workforce

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 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:

- 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.
- Establish a *Public Health* Workforce Bonus Program (PHWB) for those local and state health department staff who meet the salary and vesting requirements as defined by the 2022 HWB program and for those that DID NOT receive a bonus during the previous health worker bonus program (estimated 9,000 staff locally in NYS).
- Increase public health salary ranges within state statute to ensure public health salaries are competitive to attract and retain staff.

## 2) Increase funding for 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 epidemics. 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.
- 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.
- Provide funding coroners and medical examiners to establish a suicide fatality review system in New York counties.

### 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.
- 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; 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 this past July and is expected to greatly increase 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) Appropriate Adequate Funding for Childhood Lead Prevention Funding

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:

- Propose and 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.

6) Increase funding for Coroners/Medical Examiner and provide 50-50 State-Local Share

Our third priority is to increase support for coroners and medical examiners by providing a 50% state match for local costs. Local coroners and medical examiners have played an increasingly important role in public health as a result of COVID, the opioid crisis, and the steady increase in suicide. Funding will support efforts by coroners and medical examiners to 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. To increase support for coroners/medical examiners:

- Provide for a 50-50 state and local match for counties investigating unattended deaths (services are currently 100% county cost).

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

New York State should create a state-funded Essential Plan for ALL low-income New Yorkers regardless of immigration status by enacting legislation like last session's A880A/S1572A. This would immediately provide coverage to immigrants not eligible for insurance due to their immigration status, as we advocate for the Federal Government to approve the State's 1332 waiver, which could secure federal funding for this coverage extension.

**Finally, funding to support these recommended budget increases could be generated by selected tax increases on tobacco products and sugar-sweetened 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.

- 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. To further increase public health benefits, increase cost savings, and generate revenue, New York State should also raise the tax on all other products including e-cigarettes, nicotine-free vaping and cigars to provide tax parity with cigarettes. Vaping has been shown to lead to lung injury, chronic lung disease and death. There is an epidemic of vaping among youth who, as noted above, are particularly sensitive to increased prices due to taxes. Raising the tobacco and vaping taxes is one of the most effective prevention and control strategies for these products, but the tax has remained static for the last

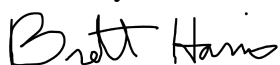
ten years. A \$1.00 per pack cigarette tax increase is projected to net \$30.40 million in new annual revenue, which could be used to support the state and local health departments. Additionally, it is estimated that 29,500 youth under age 18 would be prevented from becoming adult smokers, decreasing 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. 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%.

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,



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President

New York State Public Health Association

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CC:

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