

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)



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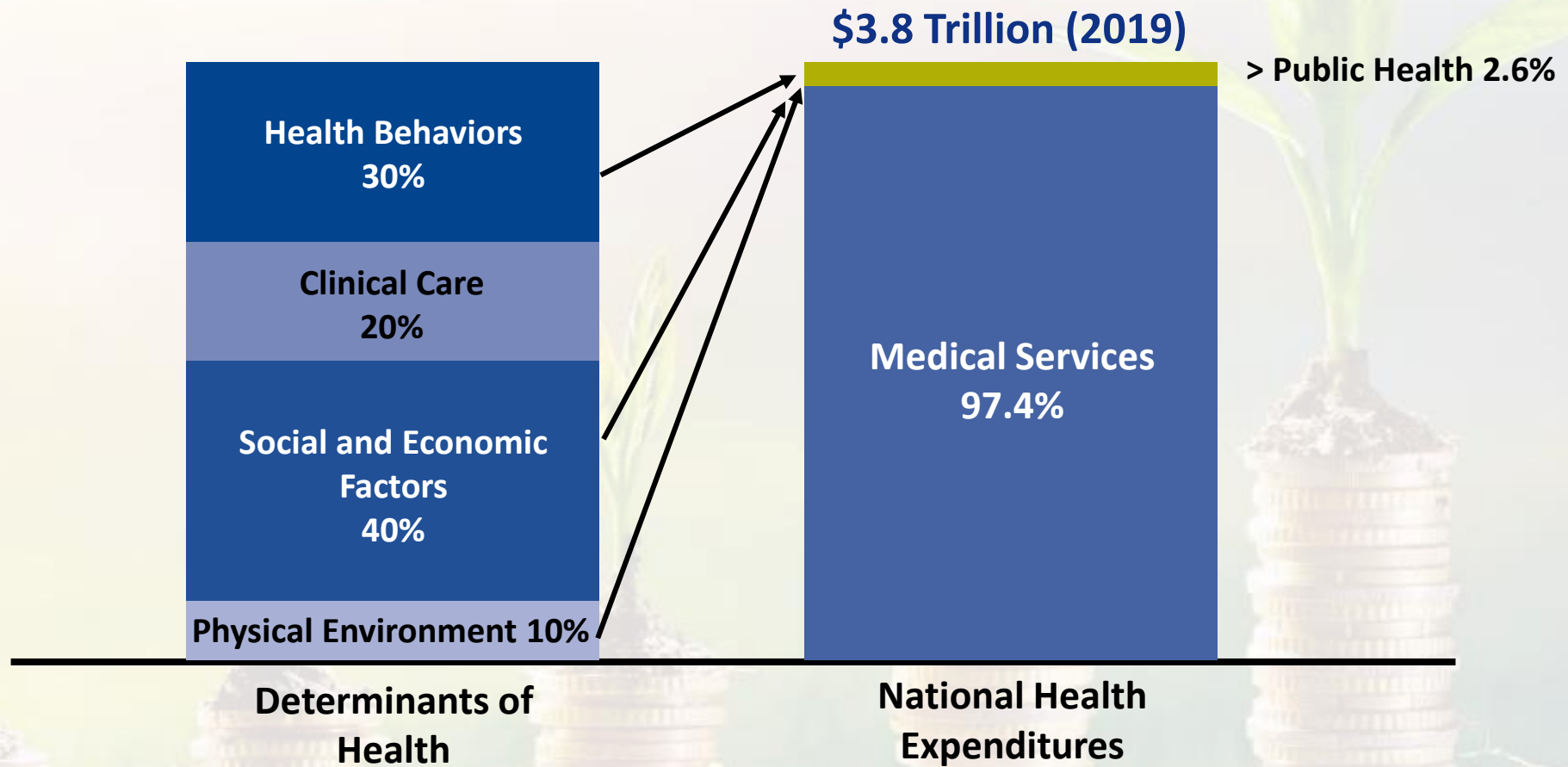
Public Health Protects Communities



- 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

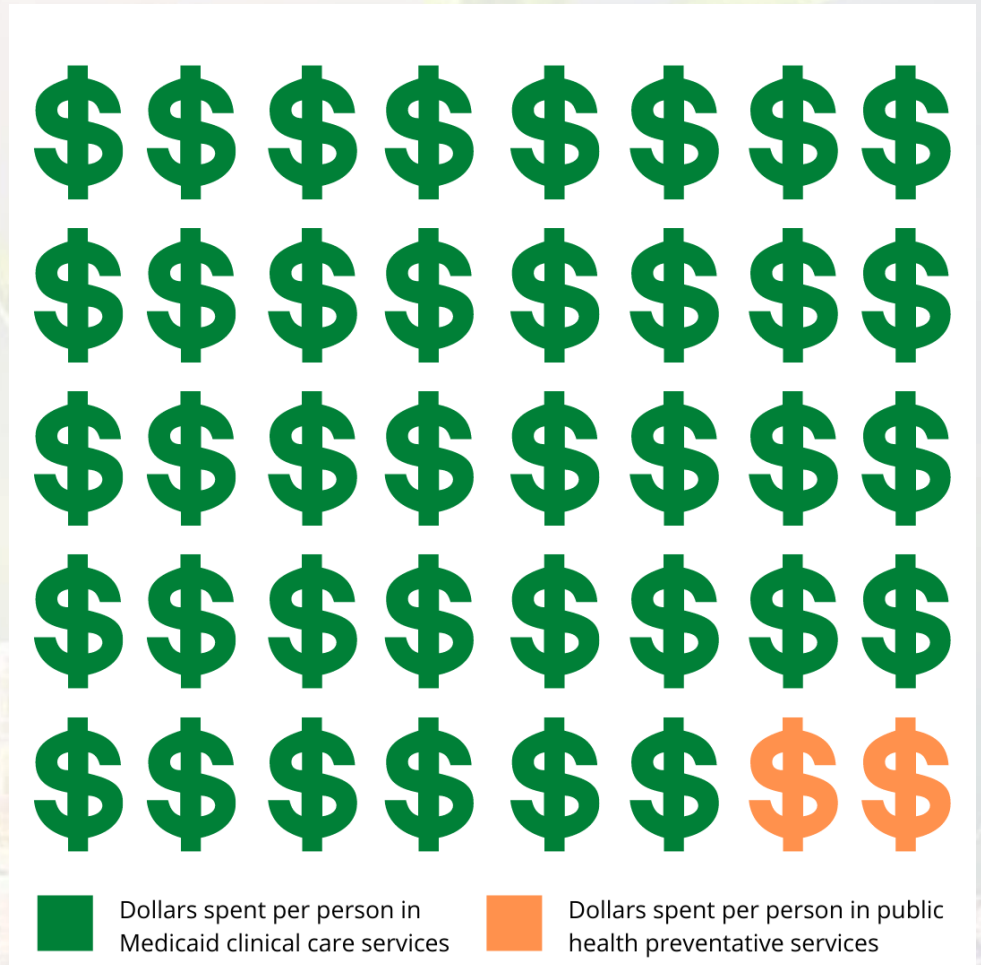


Determinants of Health and Health Spending



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.



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.

Six Core Public Health Services Provided by LHDS



**Community
Health
Assessment**



**Communicable
Disease Control**



**Maternal &
Child Health
Services**



**Chronic
Disease
Prevention**



**Environmental
Health
Services**



**Emergency
Preparedness
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

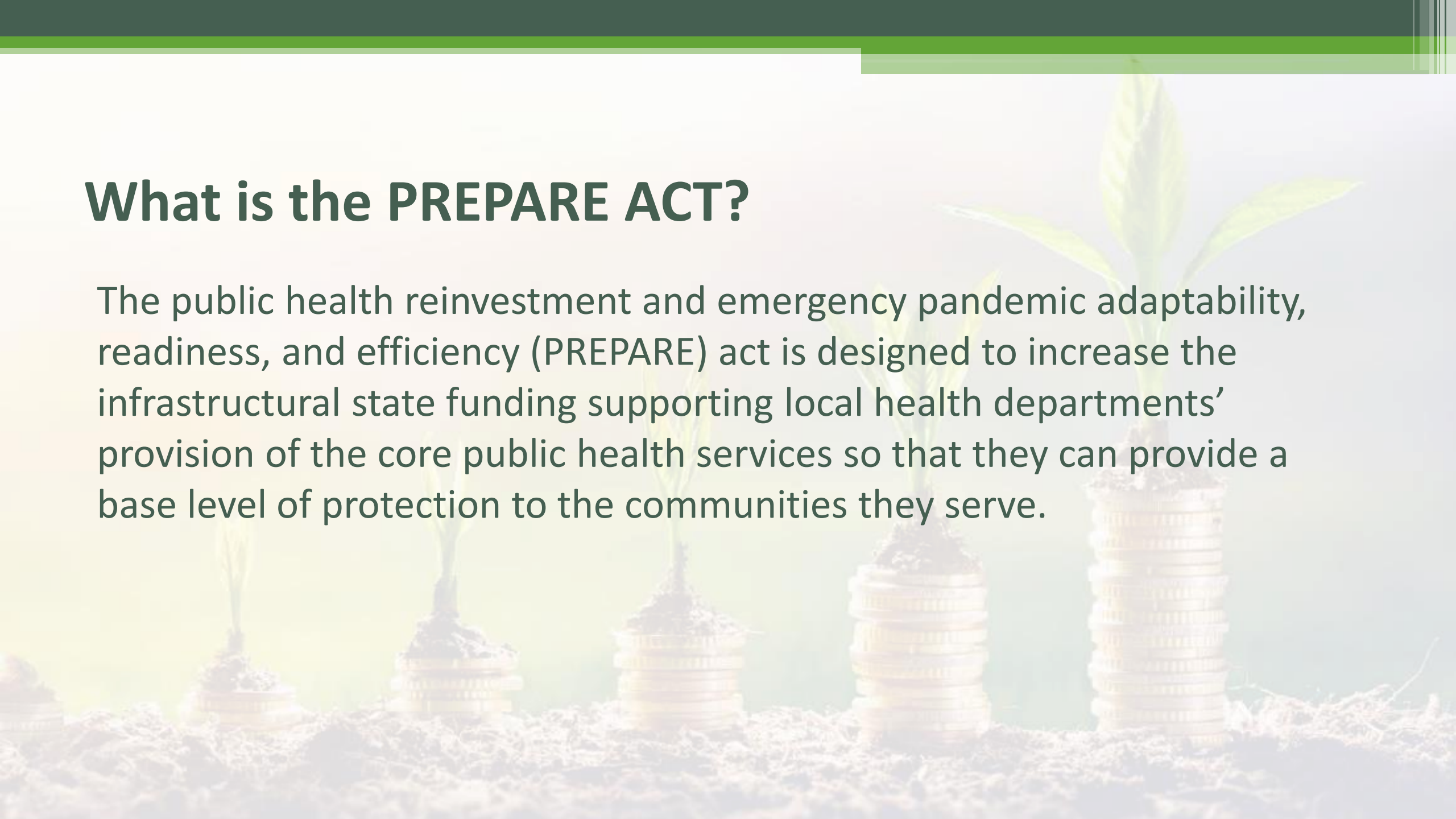
- New mandates, categorical funding reductions = **-\$16,858,000**
- 20% categorical funding cuts and elimination of COLA = **-\$47,186,430**

2019

- Reduction to NYC reimbursement above base grant from 36% to 20% = **-\$54,000,000**

What is the PREPARE ACT?

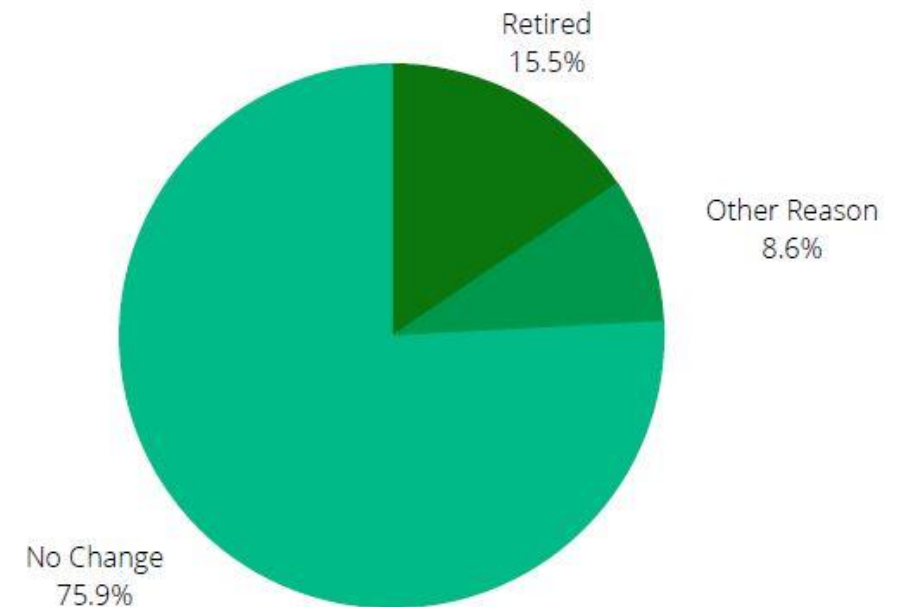
The public health reinvestment and emergency pandemic adaptability, readiness, and efficiency (PREPARE) act is designed to increase the infrastructural state funding supporting local health departments' provision of the core public health services so that they can provide a base level of protection to 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.

LHD Leadership Who Have Retired or Left Their Department for Another Reason Since Feb. 2020



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.

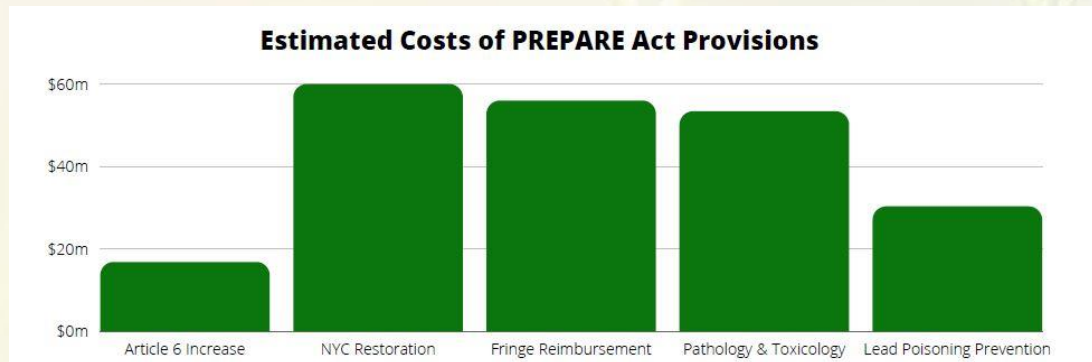
- When applying this formula for how many local public health workers each community needs to New York's LHDs, an estimate showed that 90% of LHDs do not have enough staff to adequately provide basic foundational public health services to their communities.
- In total, over 1,000 additional Full-Time 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.**

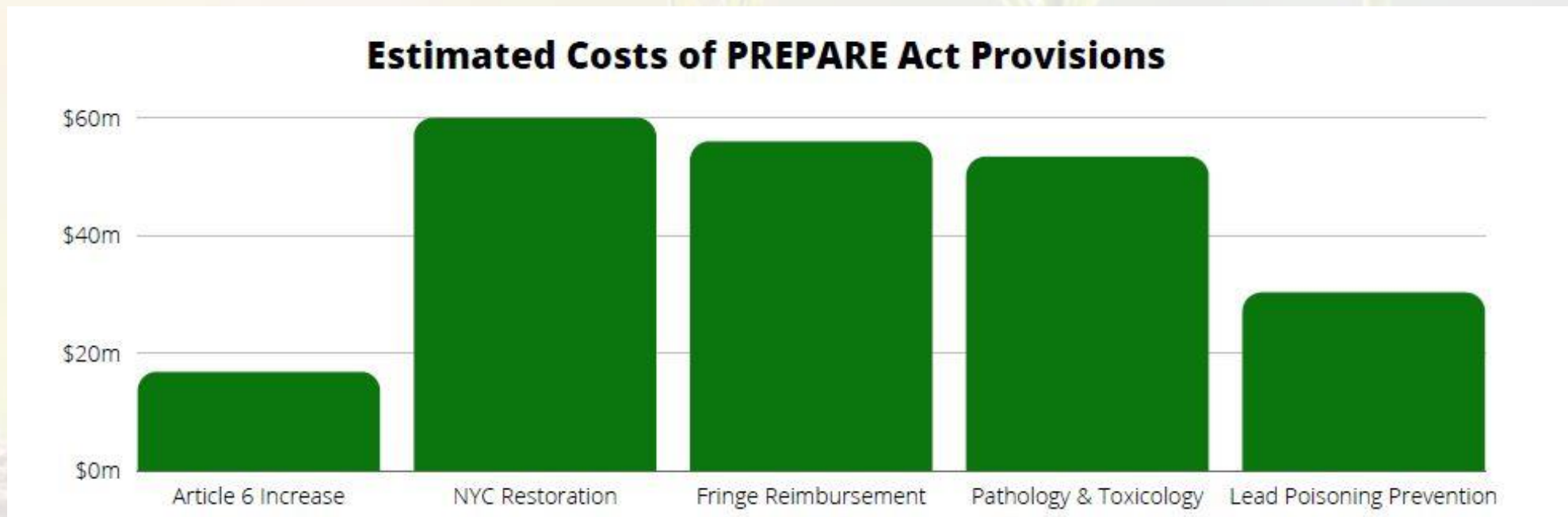
PREPARE ACT Components – Lead Poisoning Prevention

- 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

What **Makes** Us Healthy



What We **Spend** On Being Healthy

