

POLICY BRIEF

Prioritizing Funding for Public Health Initiatives in New York State

A strong public health infrastructure is crucial to advancing equity in our COVID-19 vaccine response and ending the pandemic. By prioritizing funding for core public health services and the community health workforce, we can build a strong foundation for restoring and creating trust in public health, human services, and health care systems. This will ensure equitable access to health information and preventive health services and provide job opportunities for the communities most impacted by the COVID-19 pandemic.

WHAT CONSTITUTES A STRONG PUBLIC HEALTH INFRASTRUCTURE?

- Adequate staffing and funding for core public services and infrastructure**
 Local, state, and territorial health departments provide both the services and the infrastructure to keep communities healthy. Some examples include surveillance systems to monitor infectious diseases and injuries, health communications, outbreak containment, and overdose prevention. Currently, health departments across the country would need to increase their workforce by 80% to meet minimum standards for these core public health functions and services.¹
- A sustainable and strong community health workforce:**
 There is growing recognition that health-promoting services are most effective when delivered by individuals who reflect the identities of those served. Community health workers (also known as peers or promotores) are frontline public health workers who are culturally competent and trusted in the communities where they work because of their ties to the community and shared lived experiences.²⁻⁴ Unfortunately, these individuals are often underpaid, and finding sustainable funding for their services has been a challenge for community-based organizations.
- Focus on equity:**
 Historically, public health has predominantly focused on promoting healthy behaviors and advancing clinical care for individuals. The social determinants of health and public health 3.0 frameworks implore public health to recognize and address social conditions and policies that contribute to structural racism and health inequities, such as housing and education.⁵ Health departments must have ongoing, close partnerships with community-based organizations embedded in under-resourced communities – with mechanisms in place for them to drive decision-making and receive adequate and sustainable support– to make a difference.
- Consideration for health and age across all policies:**
 Recognizing the need to address structural inequities, NYAM supports the inclusion of health and age in all policies and has been working with state and local partners on its implementation in New York.⁶ A strong public health infrastructure includes active partnerships with and buy-in from all sectors.

WHAT IS THE STATUS OF FUNDING FOR PUBLIC HEALTH DEPARTMENTS AND THE COMMUNITY HEALTH WORKFORCE?

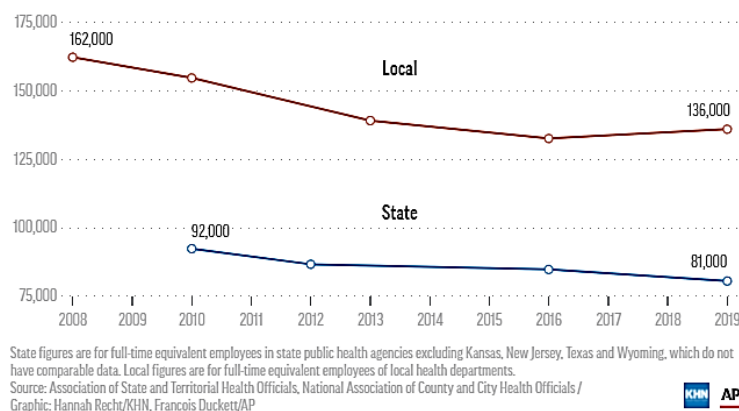
Health department budgets are shrinking.

Funding for state and local health departments dropped 16% and 18%, respectively, from 2010–2019.⁷ These reductions are not solely the result of local decisions, as 23% of local health department revenues are derived from federal investments.⁸ The public health workforce decreased alongside these reductions in funding.⁸

New York has followed the same trend.

New York's public health budget has been reduced or held flat over the past 10+ years even as federal investments increased more recently.^{8, 9} Between 2011–2017, budgets of local health departments outside of NYC decreased by 17% and their workforce decreased by 33% statewide.¹⁰ The state enacted a 16% cut to the NYC Health Department in the 2020–21 budget¹¹ and in the 2021–22 Executive Budget, former Governor Cuomo proposed cutting \$70 million in public health funding.¹²

State and local public health workforces have shrunk

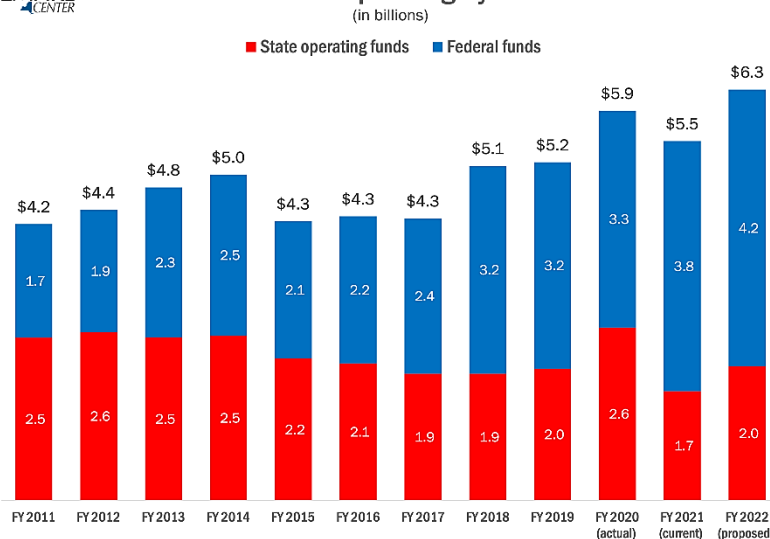


The federal government has acknowledged the importance of public health services.

The CARES Act, passed in March 2020, directed over \$600 million to the Centers for Disease Control and Prevention (CDC) to fund immediate state and local public health needs and the American Rescue Plan included \$250 million to support the community-based workforce in vaccination efforts around the country.^{13,14} However, these funding streams are temporary and do not cover the true cost of basic public health functions, which is closer to several billion dollars per year.¹

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Non-Medicaid spending by NYS DOH



The community health workforce faces structural barriers in funding. Community health workers are often mistakenly not considered to be a professional workforce, leading to poor recognition and a lack of understanding about their work.¹⁵ This creates challenges in identifying funding sources for community-based organizations to hire community health workers, which results in the overreliance on short-term mechanisms such as grants to fund these positions.¹⁵ The end result is that these positions are often temporary, unstable, and lower-paying.

WHY SHOULD THIS FUNDING BE A PRIORITY?

- **Community health workers fill a crucial role in public health.** Research shows that people benefit from forming relationships and exchanging information with members of their community who share similar experiences,¹⁶ and community health workers can build trust and address barriers in underserved communities.² Community health worker programs have been shown to increase access to care and improve health literacy and health outcomes, while also generating cost savings.¹⁷⁻²⁰
- **Community health workers have made a difference during the COVID-19 pandemic.** Interviews with community health workers throughout New York State reflect their resourcefulness in finding new strategies to connect with their clients and provide pandemic-related support, including helping clients develop digital literacy, navigate communication technologies, and make informed decisions about vaccination.²¹ In New York City, the Test & Trace Corps was created to build a partnership between key city agencies and community members impacted by COVID-19. This program is now one component of the NYC Public Health Corps, a historic investment by New York City to strengthen the community health workforce. Outside New York, community health workers have been essential in the pandemic response. The Baltimore Health Corps, for instance, was established to train and employ community health workers who were facing economic challenges and living in neighborhoods most affected by COVID-19.²² This initiative was key to the City's contact tracing and case investigation and streamlining care coordination.²³
- **Significant increases in public health funding are possible.** A diverse group of states, including Nevada, Oregon, Michigan, Illinois, and Oklahoma, all increased their budgets for public health services by double digits in FY19.²⁴ As local health departments enter an era where COVID-19 becomes an endemic illness, core public health services, from disease surveillance to program evaluation, will be critical to promote and protect the health of every community member.
- **A strong public health infrastructure will ensure there is an effective and equitable response to the next public health emergency.** Community-based representatives in our COVID-19 Vaccine Equity Action Collaborative reported that early in the pandemic, months of time were lost in developing partnerships and connecting with the hardest-hit communities. County and City Health Departments across New York can improve systems to rapidly distribute funds and resources to community groups and meaningfully consult with community-based organizations on the response. Partnering together, community-based organizations and Health Departments can implement promising programs, such as those outlined below. These programs must be sustained to ensure a more effective and equitable response to the next public health emergency.

OPPORTUNITIES FOR ACTION

- **Expand, sustain, and evaluate community health investments.** With joint leadership from the NYC Health Department and NYC Health + Hospitals, the NYC Public Health Corps oversees initiatives related to the COVID-19 vaccine, community education, and workforce training, all of which will involve community health workers.²⁵ The initiative is funded by a complex mix of foundation and government funds; however, the sustainability of the program is unclear. Additionally, robust evaluation of the NYC Public Health Corps can determine the extent to which it is achieving its goals in advancing health equity and reaching the City's too often ignored communities. New York State employs nearly 700 community health workers, many through Maternal and Infant Community Health Collaboratives,²⁶ which is expanding across the state in the coming year. New York should consider further expanding these successful programs to serve a wide variety of communities in need of trusted health information and support.
- **Respect, protect, and partner with community health workers.** The National Association of Community Health Workers offers suggestions to support community health workers in their everyday lives, such as instituting permanent funding streams for their work and guaranteeing them equitable employment.²⁷ The #JustPay Campaign, recently launched in New York, seeks to end inequities that affect human services workers, including community health workers. #JustPay is advocating an automatic cost-of-living adjustment (COLA) for all human services contracts and a wage floor of \$21 an hour for all City- and State-funded human services workers.²⁸ To date, Governor Hochul has committed to a 5.4% human services COLA in the 2022-23 Executive Budget.
- **Advocate explicitly for staffing increases in public health departments.** In New York, the 2022-23 Executive Budget has several important investments in public health, including an 11% increase in State Department of Health funding and \$77 million for local health departments to deliver core public health (Article 6) services. The pandemic acceptability, readiness, and efficiency (PREPARE) act contains additional investments for public health infrastructure in New York.²⁹ Federally, the Public Health Infrastructure Saves Lives Act (PHISLA, S.674) seeks to establish a core public health infrastructure program that will receive \$4.5 billion in annual funding, much of which the CDC will distribute to state and local health departments as grants.³⁰ Additionally, the Build Back Better Act currently in Congress includes \$7.0 billion over five years to fund core public health infrastructure in state and local health departments via the CDC.³¹

At the New York Academy of Medicine, we are dedicated to supporting public health policies and programs that are based in evidence and designed with the wisdom of community residents who experience the greatest burden of health inequities. We need sustainable systems and funding to quickly respond to the next emergency with community-based organizations at the forefront.

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ABOUT THE NEW YORK ACADEMY OF MEDICINE

The New York Academy of Medicine (NYAM) tackles the barriers that prevent every individual from living a healthy life. NYAM generates the knowledge needed to change the systems that prevent people from accessing what they need to be healthy, including safe and affordable housing, healthy food, healthcare, and more. Our mission is to drive progress toward improved health through attaining health equity.

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