



**Department
of Health**

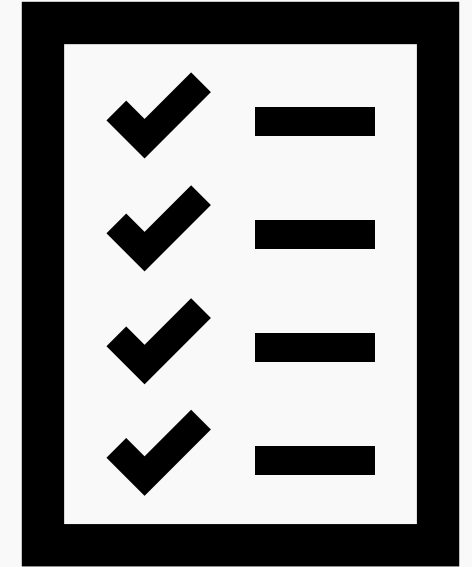
New York State Public Health Corps Fellowship Program

Public Health Funding For Local Health Departments in New York State

JANUARY 8TH, 2025, EDUCATIONAL SERIES: POLICY DEVELOPMENT

AGENDA

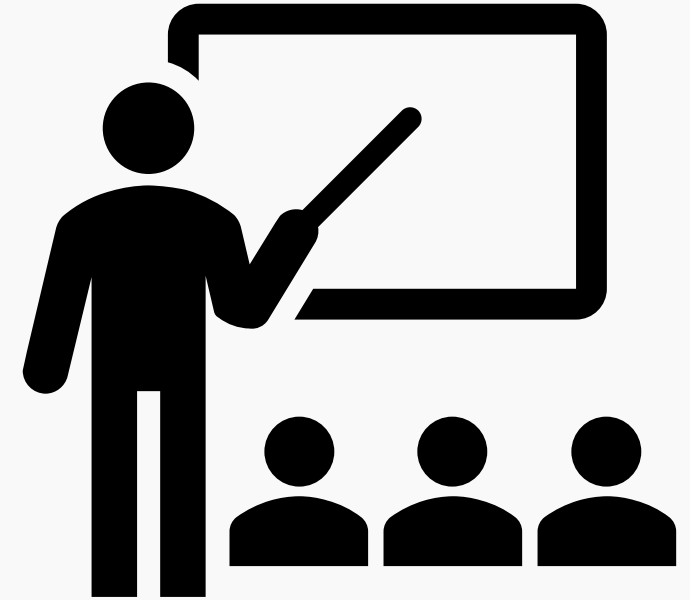
- Welcome!
- Session Learning Objectives
- Presentation: **Public Health Funding For Local Health Departments in New York State**
- Q&A
- Closing Remarks



SESSION LEARNING OBJECTIVES

By the end of the session, learners will be able to:

1. Identify New York State Statutes supporting funding for local health departments
2. List the core public health services provided by local health departments in New York State
3. Describe the funding mechanisms used in the statute and compare the components that support populous vs. less populous jurisdictions.
4. Summarize strengths and challenges in the current funding mechanisms



WELCOME!

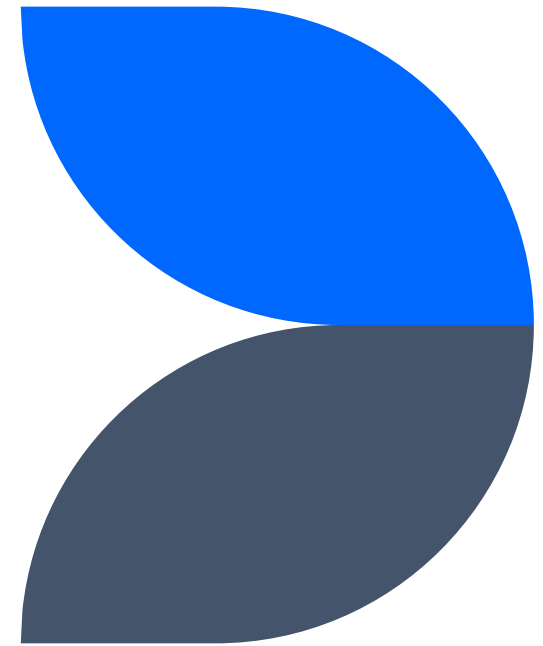
CRISTINA DYER-DROBNACK



Department
of Health

Public Health Funding For Local Health Departments in NYS

Article 6 State Aid for General Public
Health Work



Agenda



How local health departments are governed and funded generally

What is Article 6

Why Article 6 matters

What Article 6 does - and doesn't- pay for

How Article 6 works

Article 6 nuances

Article 6 and the State Budget

Article 6 Strengths and challenges

Local Government Civics 101

62 Counties: 57 counties +
5 boroughs that comprise
New York City

Political subdivisions of
the state: Comprised of
cities, villages, towns and
unincorporated areas

Home rule state: Local
governments can exercise
any powers not strictly
prohibited by state or
federal government

County level services:
Most activities at county
level are state mandated
services





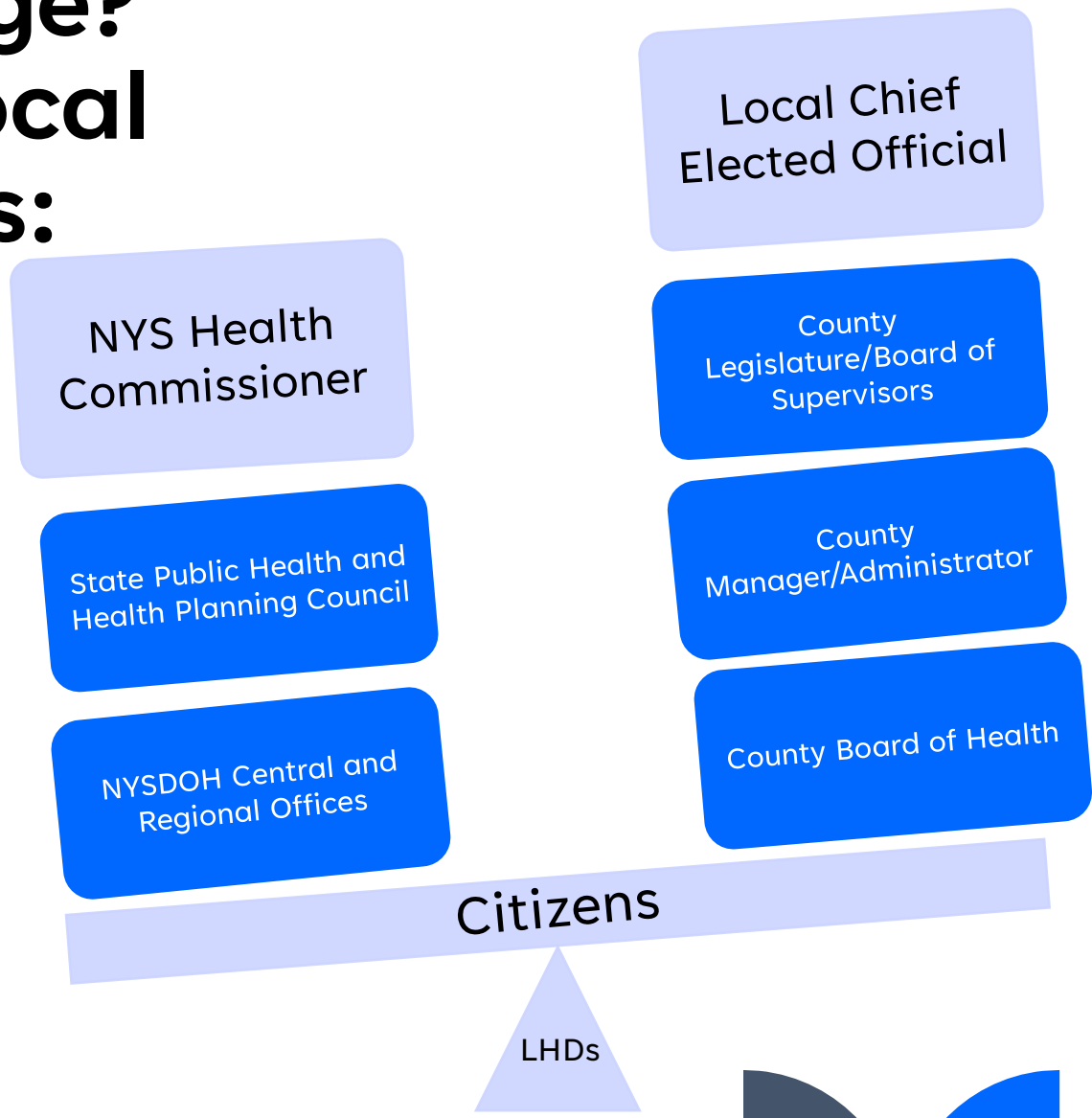
Local Health Departments within the Local Government Structure

Local Health Departments are one many agencies/departments under the authority of elected leadership

- Unchartered vs. Chartered Counties
- County Administrators/Managers
- Merged County Agencies



Who's In Charge? Oversight of local health officials:



Drivers of County Budgets

Revenue sources

- Property Taxes
- Sales Taxes
- State/Local Funding

State Mandates

- 40 plus state mandated programs
- Nine account for 85-100% of local tax levy
- Local Medicaid share is 50% of the cost of top nine mandates

Local vs. state political priorities

- State vs Local political leadership, views and priorities



State Aid for General Public Health Work: Formula funded aid from state provides a base grant that reimburses 100% of Eligible Expenses, plus 36% of expenses over base (20% for NYC); Only reimburses for core public health services set forth in statute; services and formula established in state statute.

Local Share: After the base grant is expended, local government share= 64% of eligible expenses (80% in NYC) for core public health services, and 100% of ineligible expenses.

Grants: state, federal (usually state pass-through) or private: Awarded for specific programs/purposes. Funds can only be used for grant requirements, usually includes personal services, fringe expenses and non-personal services. Federal funds cannot supplant (be used instead of) state or local funds.

Other Programs: Many local health departments provide services for other state programs that receive separate state reimbursement with varying local share amounts. Examples include Early Intervention and PreK Services for Children with Special Health Care Needs. Some provide services such as medical examiners which are a 100% local expense.

State Aid
"Article 6"

Local Share
What State Doesn't Cover

Grants
State, Federal, Private

Other programs

Fees and Fines

Fees and fines: These are collected for required permits or services (fees) or violations of public health laws (fines). Many are set in state law through either a fixed dollar amount or cap. Fees can't exceed the cost of providing the service.

Third Party Insurance

Insurance: Local health departments can charge private or public insurance and set a sliding scale of fees for clinical services based on ability to pay.

Other Limits

Limits on state and local revenues: Limits that affect local health department funding include state appropriation limits, state property tax cap, sales tax rates/receipts, competing local needs and state decisions around what constitutes eligible costs.

HOW NYS LOCAL HEALTH DEPARTMENTS ARE FUNDED

What is Article 6?

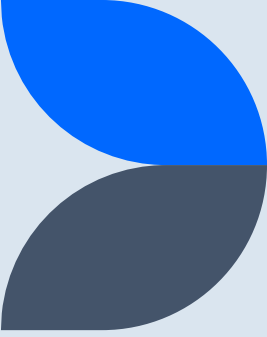


New York State Public Health law Article 6

Establishes state aid for municipal
(county) public health services

Includes services required to receive aid, a
funding formula and restrictions on
funding

Regulation implementing A.6 are found in
NYCRR 10 Part 40



Why Article 6 Matters

Standardization and Consistency

- Offers basic public health protections
- Establishes a minimum expectation of services in that New York State deems are essential for improving and protecting the health of the people in NYS.
- Assures a consistent set of services delivered regardless of where you live in New York State

Intergovernmental Fiscal Expectations

- Sets a standard and clear fiscal investment by New York State for public health services in all communities
- Sets a standard and clear fiscal investment requirement on local governments

Entitlement

- Reimburses for all eligible expenses incurred by municipalities, budgeted or not.
- Because: Public health threats cannot always be predicted AND
- Some public health threats require swift and immediate response to protect health and life.



What Article 6 Pays For

The Services: What the community needs to protect and assure health at the population level

- Delivery of six basic, or core public health services is required and eligible for reimbursement

The People: Personnel, or the people who provide the services (Personal Services)

- Personnel is the top A.6 reimbursable expense

The Things: Non-Personal Services or what the people need to provide the services

- Supplies, equipment, travel, training, vehicles

Services required for Article 6 Funding

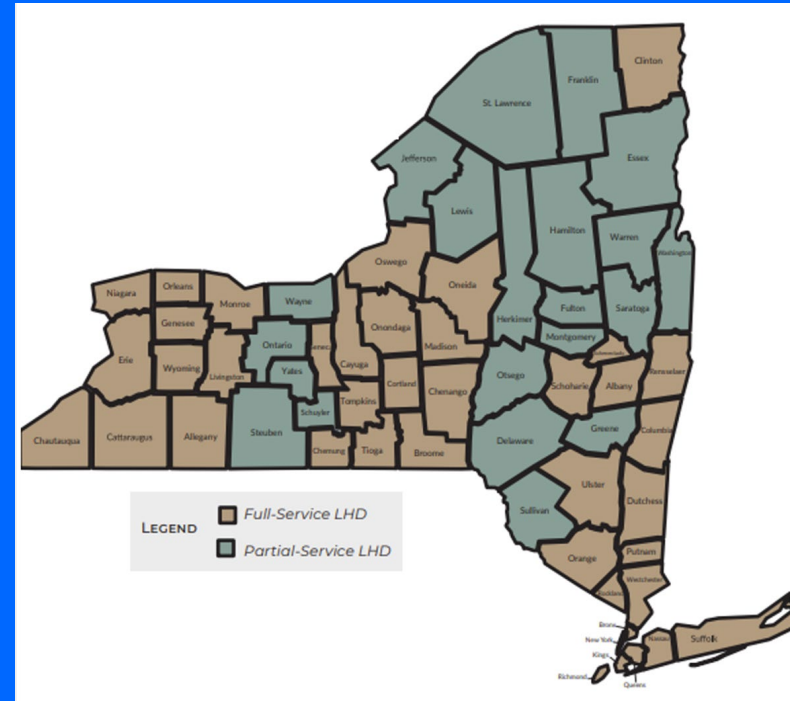
Article 6 reimburses municipalities for the six core public health services defined in statute. To receive state aid, municipalities are legally required to provide:

- Community Health Assessment
- Family Health
- Communicable Disease Control
- Chronic Disease Prevention
- Emergency Preparedness and Response
- Environmental Health*



*Environmental Health

- If a municipality is not providing a core service, the statute allows the state to prorate that municipality's funding to either contract or directly provide the service.
- In practice, the state provides Environmental Health services through state District Offices in 21 counties. These are called “Partial Service” Local Health Departments

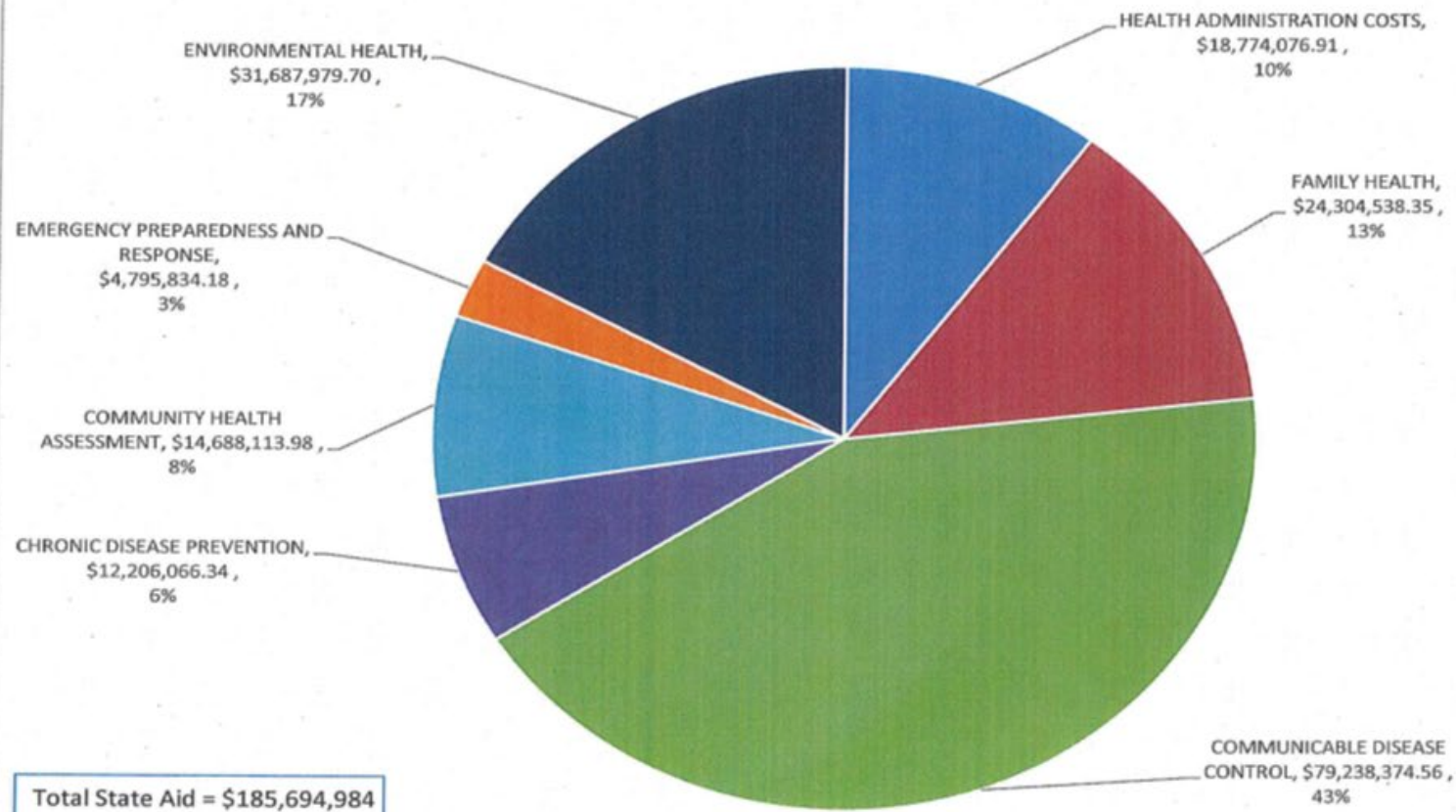


Core Services – The Details

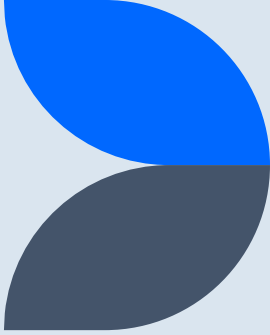
Each broad core service area has specific services and programs provided under its heading:

- Family Health: child health, reproductive health and maternal and infant health
- Chronic Disease: Cardiovascular Disease, Cancer, Diabetes, Arthritis, Asthma, Tobacco, Obesity
- Communicable Disease: General Communicable, STD/HIV, TB, Immunization, Rabies/Zoonotic, Arthropod
- Emergency Preparedness: All Hazards Health Emergency Preparedness and Response Planning, Training on Preparedness, Exercises and Drills, Emergency Response
- Community Health Assessment: Community Health Assessment and Community Health Improvement Plan
- Environmental Health: Public Water Supply Protection, Environmental Radiation Protection, Community Environmental Health and Food Protection, Realty Subdivisions, ATUPA, Individual Water and Sewage Systems, Public Health Nuisances, Environmental Health Exposure Investigation, Assessment and Response, Lead Poisoning Prevention, Injury Prevention AND when authorized by the State Department of Health, Radiation Producing Equipment Inspection Program (NYC, Suffolk, Westchester), Radioactive Materials Licensing & Inspection Program (NYC), Tanning Facilities Licensing and Inspection Program

2019 State Aid Paid by Core Program Area



What Article 6 Doesn't Pay For: Ineligible Expenses



Ineligible expense: Statutory

Indirect – costs of doing business
not directly associated with
services provided

Fringe expenses above 50%:
Fringe costs are things like
insurance, retirement benefits

Costs for primary care, with
exceptions

Ineligible expenses: Regulatory

Activities and services involving
other agencies

Health care programs and
services

Infrastructure/admin costs
(indirect)

Various other programs/services
as determined by Commissioner

Ineligible Expenses: Guidance

A.6 Guidance documents
provided by NYSDOH further
detail by core service area,
these align with any services
ineligible under the broader
categories in statute and
regulation

Funding Mechanism: The A.6 Formula

Base Grant: All municipalities receive a base grant. The amount is set in statute as either a set dollar amount or a per capita rate, whichever is greater. Eligible expenses are reimbursable at 100% up to the amount of the base grant.

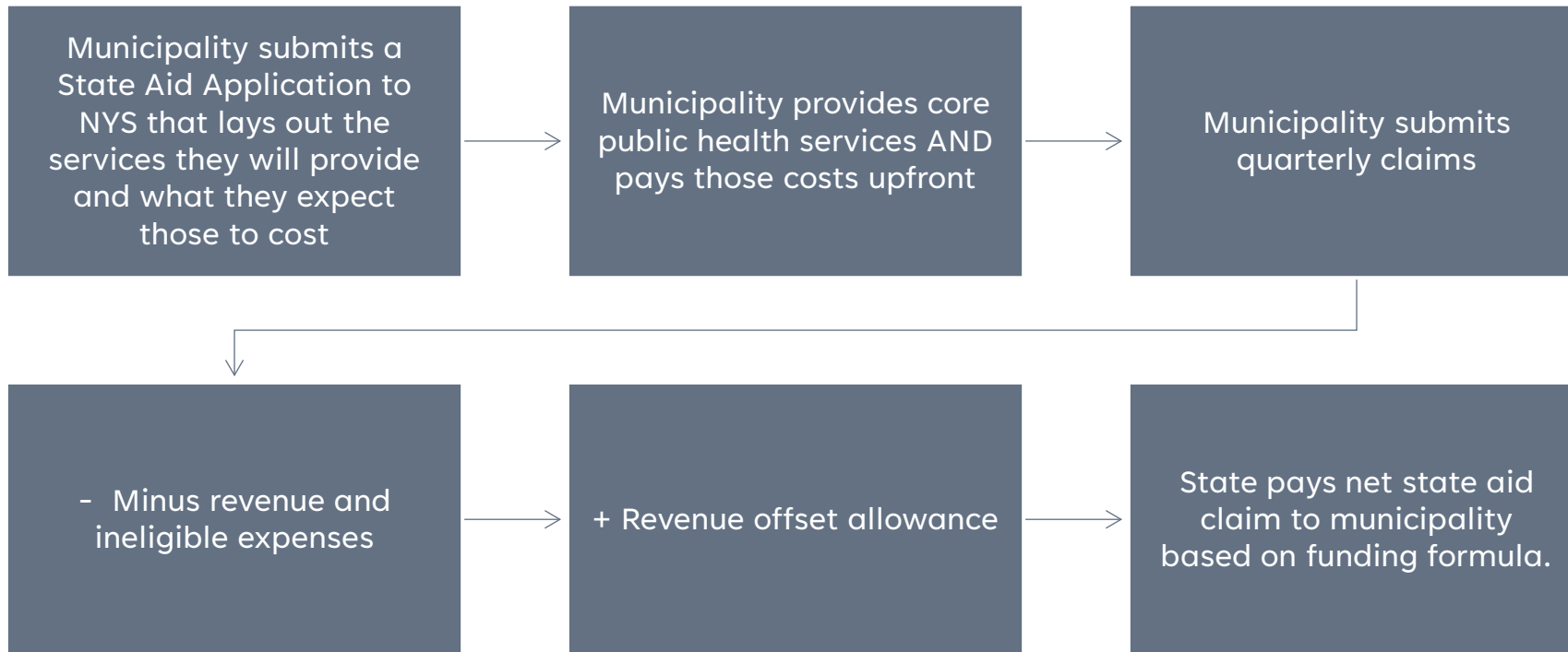
Reimbursement above base: All municipalities receive a set percentage reimbursement of eligible expenditures above the base grant.

Current base grant =
\$750,000 or \$1.30 per
capita; \$577,500 for
partial service LHDs

Current reimbursement
above base grant is
36% for Rest of State
and 20% for NYC



How It Works: The Claiming Process



How It Works: A.6 Nuances



Revenue Offset



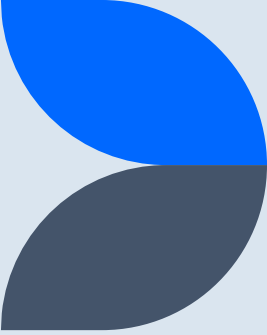
Maintenance of Effort



Imminent Threat to
Public Health



Annual Performance
Incentive



Revenue Offset

Revenue must be applied to the state aid claim – that is revenue reduces the net amount claimed.

Revenue may come from:

- Fees
- Fines
- Third party public or private insurance
- Grants

Revenue offset: Each county is allowed a set dollar amount of revenue to offset their expenses – that is revenue that they “keep” towards covering their local share of expenses, that does not have to be applied to the net claim.



Maintenance of Effort (MOE)

A.6 requires that state aid supports/increases, or at a minimum, does not supplant, local investment in core public health services.

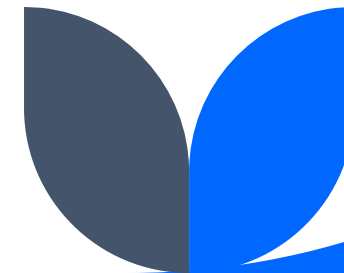
There is a fiscal penalty on municipalities for not maintaining effort.

NYSDOH uses a base year for MOE and there is a set percentage that triggers questions by the state to the localities to monitor for reductions in local government investment in public health services.



Exceptions/Allowed reductions below MOE include:

- Circumstances where municipality demonstrates that expenditure no longer exists.
- Unavoidable/justifiable program reductions
- Absence of temporary/extraordinary expenditures such as disaster relief



Imminent Threat to Public Health (ITPH)



Allows municipalities to request a declaration from State Health Commissioner, or State Health Commissioner to proactively issue a declaration, to address unanticipated public health threats. An ITPH declaration may be local, regional or statewide

When granted, the state provides 50% reimbursement of costs related to the ITPH event, once approved budgeted expenses are exceeded.

Legally, ITPH is a request for state resources necessary for an unanticipated public health response that requires an immediate response and is likely to require significant unbudgeted additional expenditures.

Annual Performance Incentive



- Allows NYSDOH to set specialized performance standards and measures
- \$1 million appropriated annually for incentive awards
- Program focus changes each year and typically includes different parts for LHDs to complete and are tiered based on performance and county size.

Article Six Funding in the State Budget

1. Article 6 funding is found in the Aid to Localities Appropriations Budget in the Department of Health Section, under the Center for Community Health, the appropriation is set based on the funding formula and municipalities state aid applications, laying out what they expect to spend.
2. The state fiscal year runs April 1-March 31st, while county budgets mainly operate on a calendar year, with the exception of New York City, so the appropriations and formula changes may cross county fiscal years.
3. Programmatic changes to the Article 6 statute need to be proposed in separate budgetary programmatic bills, known as Article VII bills. Article VII refers to that section of the state constitution that governs the state budget process.
4. The Governor put out an Executive Budget proposal in January of each year and then negotiates all funding and programmatic changes with the state legislature, who must pass the budget legislation to be signed into law. The legislature can reduce or eliminate the Governor's proposed spending, but if they want to add spending, they must come to agreement with the Governor.



Strengths

Entitlement protects ability to respond to PH threats

Assures foundational level of services, funding and common definitions and language around public health in NYS

Maintenance of Effort is protective in assuring local investment in PH

Model set a standard in New York State that positions counties well for PH Accreditation

and



Challenges

Designed in a revenue generating environment that no longer exists

No longer allows reimbursement for locally identified public health needs outside of the core services

Statewide Property Tax Cap remains a disincentive for local investment.





Questions?

Thank you!

Cristina Dyer-Drobnack, Public Policy
and Program Director, NYSACHO

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CLOSING REMARKS



Department
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CLOSING REMARKS

LMS FOR FELLOWS: COMPLETE A QUIZ

NYLearnsPH LMS <https://www.nylearnsph.com>

Welcome to the LMS!

This guide outlines how to complete a quiz for the Certificate Program.

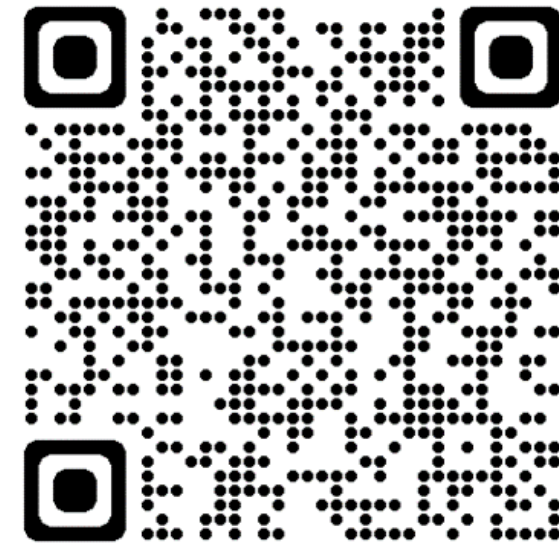
Here's how to get started:

- Please see the [Certificate Program Enrollment Quick Reference Guide](#) for steps to enroll in the NYSPHC Certificate Program.

Step 1: Log In - Start by navigating to the [NYLearnsPH Log in Page](#) (shown below) and log in using your username and password.

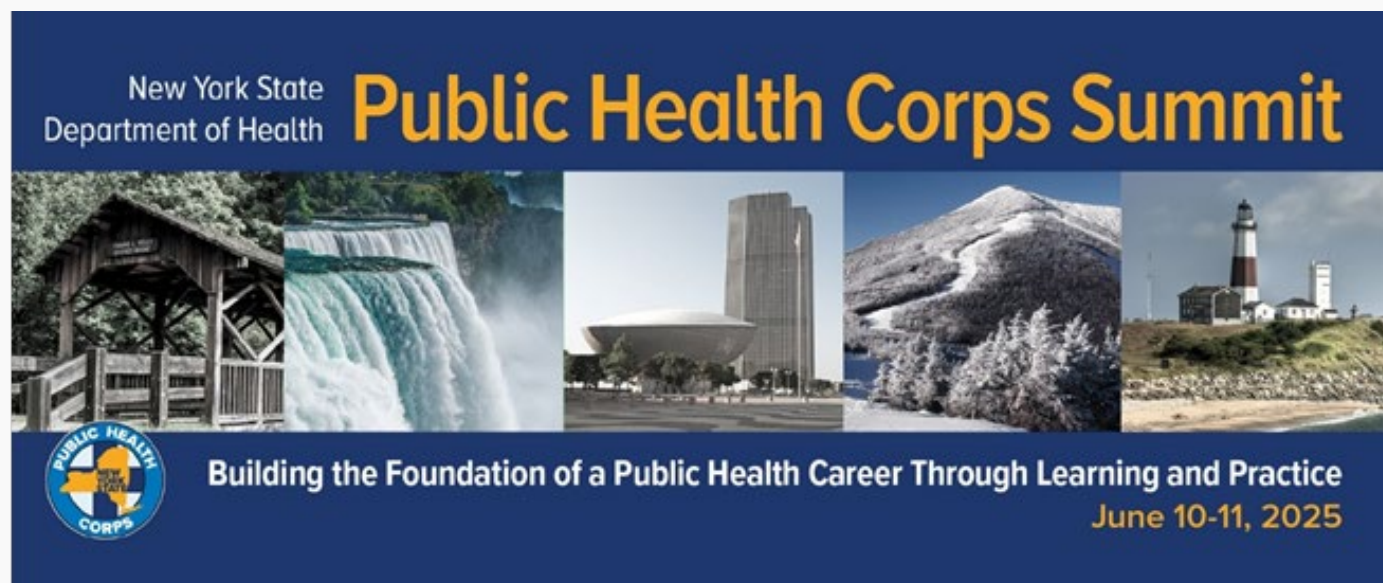


NYSPHC Training and Resources Website



NYSPHC SUMMIT 2025 UPDATES

- Abstract proposals for poster and oral presentations must be submitted by February 3, 2025, at 11:59 pm EST to be considered.
- Registration is now open!



NYSPHA PUBLIC HEALTH PARTNERSHIP CONFERENCE

- Registration for the New York State Public Health Association 2025 Public Health Partnership Conference is now open
- The conference will be held April 30 – May 2 in Ithaca, NY
- If you are interested in attending, please discuss with your supervisor
- For those who are interested and have supervisor approval to attend, NYSPHC will send an email with registration and travel instructions soon
- Fellows should NOT pay out of pocket for registration or any other travel expenses at this time; please await further guidance



NYSPHC UPCOMING EVENTS

NYSPHC Educational Series

- February 12, 2025
- 12pm-1pm

NYSPHC Poster Development Training

- March 7, 2025
- 10am-11am

NYSPHC Consortium

- March 12, 2025
- 12:30pm-2:30pm

NYSPHC Oral Presentation Training

- March 14, 2025
- 1:30pm-2:30pm



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THANK YOU!



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