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**Hon. William E. Cherry**, *President*  
**Stephen J. Acquario**, *Executive Director*



## COUNTIES PROMOTING PUBLIC HEALTH A SPECIAL REPORT

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## A SPECIAL THANKS!

NYSAC worked with  
Executive Director  
Linda M. Wagner  
and staff members  
of the  
NYS Association of  
County Health Officials  
on the development  
of this report.



## WHAT DO LOCAL HEALTH DEPARTMENTS DO, AND HOW DO THEY DO IT?

Local health departments (LHDs) are at the forefront of New York State's public health issues, serving as the first line of defense against all new and potentially wide-spread public health crises.

LHDs are agencies of county government that work closely with the New York State Department of Health (DOH). Local health departments operate under the statutory authority of Article 3 and Article 6 of the Public Health Law (PHL).

Through our LHDs, counties provide essential, population-based health services that promote and protect the health of all who live, work, and play in counties throughout New York. County LHDs protect the public's health by:

- Developing and maintaining individual and community preparedness for public health hazards and events;
- Investigating, preventing, and controlling communicable diseases;
- Preventing environmental health hazards through assessment, regulation, and remediation;
- Preventing chronic diseases through outreach and education to promote healthy lifestyles; and
- Providing services to individuals, children, and families that have developmental delays and concerns.



## WHO OVERSEES LOCAL HEALTH DEPARTMENTS?

In New York, fifty-seven county health departments and the New York City Department of Health and Mental Health assumes the major responsibility for public health services at the local level. LHDs operate under the administrative authority of local governments and the general supervision of the State Commissioner of Health (Article 2 of the PHL, Section 206). While federal and state public health statutes and regulations guide services, each LHD addresses the unique needs of its own community as determined through ongoing assessment. In most counties, the county legislature or board of supervisors serve as the governing authority of the LHD. Others are governed by a local board of health, the county executive, or a combination of these entities.

Under New York State law (Article 3 of the PHL) and regulations, LHDs must be served by a full-time public health director or a full-time Commissioner. Public health directors can be appointed in counties with populations of 250,000 or less. All other counties must appoint a commissioner, who must be a physician. Both positions are appointed for six year terms and must be approved by the State Commissioner of Health. If need be, smaller counties can share a public health official who is allowed to serve up to three counties, with a combined population of 150,000 or less, or a county with a population of 35,000 or less may choose to share a commissioner with a larger county, regardless of their combined populations. Variability exists across the county spectrum.

## HOW ARE LOCAL HEALTH DEPARTMENTS FUNDED?

### LHD funding comes from:

- The county property tax levy and/or sales tax revenues;
- Fees, fines or reimbursement for services (i.e., restaurant permit fees, civil penalties for failure to comply with Public Health Law, etc.);
- State aid for general public health work (Article 6 funding); and
- State, federal and private grants.



## ARTICLE 6 OF THE PUBLIC HEALTH LAW AND STATE REIMBURSEMENT

**A**rticle 6 of the Public Health Law provides statutory authority for state aid for general public health work. The program provides reimbursement for expenses incurred by LHDs for core public health areas as defined in law. Counties are eligible to receive a flat base grant or a per capita rate, depending on whichever is higher.

Counties either receive a flat base of \$650,000 or a per capita rate of 65 cents per person, whichever is greater. Currently, this means that counties with populations of one million (1,000,000) or less receive the flat base of \$650,000. Counties with more than one million (1,000,000) residents receive the per capita rate of 65 cents per person.

Eligible expenses are reimbursed 100% by the state up to the amount of the base grant. Once a county exceeds its base grant reimbursement funding, LHDs receive 36% reimbursement from the state, and pay the remaining 64% and all of the costs associated with services that are ineligible for reimbursement, such as employee benefits.

Article 6 is an entitlement program, meaning it is a government program that guarantees certain benefits and the reimbursement provided to LHDs for providing these services is not capped. As the program costs are not capped (because the services must be provided), the state has an obligation to pay out eligible claims based on the statutory formula regardless of what the state appropriation is for Article 6 in any given year. The cost of this program varies from year to year.





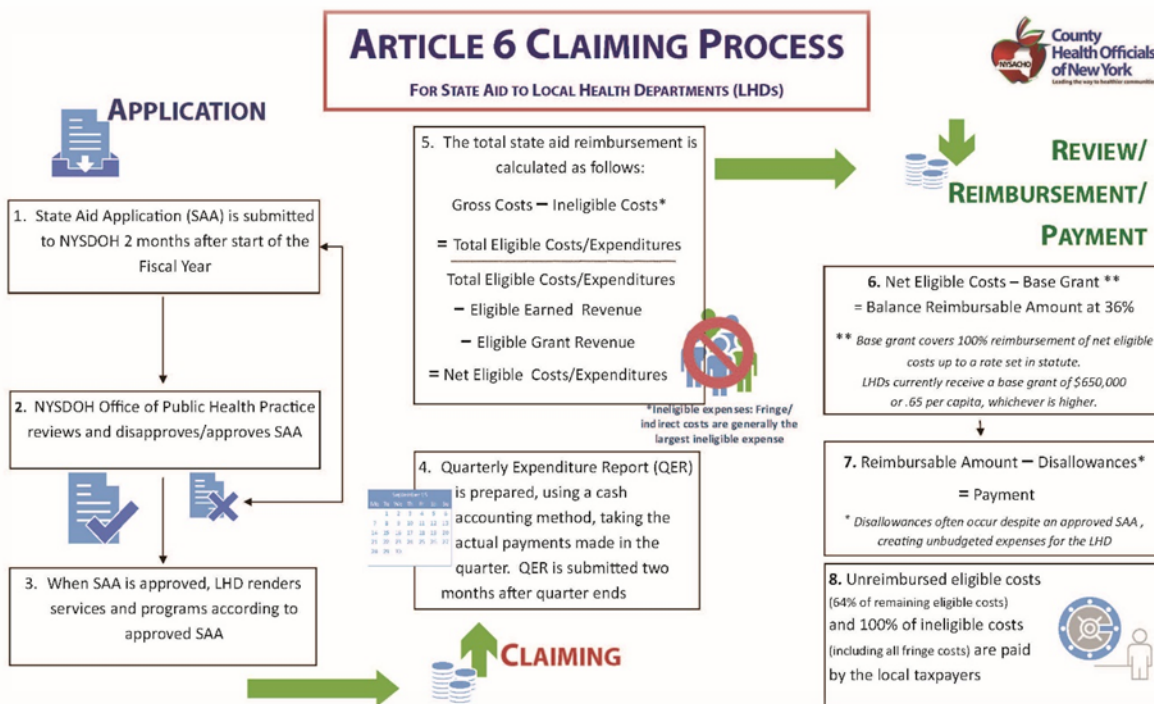
Reimbursement through Article 6 is provided based on the net expenses of each LHD. The net expenses are determined by subtracting revenues obtained from third party reimbursement, fees and grants from a county's gross expenditures for public health services. The remaining balance is what a LHD can submit for reimbursement for core services.

The flat base grant ensures that even our lowest populated counties receive sufficient state aid to support their core public health work. If municipalities with populations of 75,000 or less received the current per capita rate, most could barely afford a single full-time employee. A flat base grant might cover a majority, or in a few instances all, of the eligible public health expenses for smaller counties.

The intent of the per capita rate is to provide more state reimbursement at 100% for public health expenditures in the communities serving more people. Thus the per capita rate is important for large counties.

Historically, the per capita rate in Article 6 mirrors the flat base grant. On paper, the matching numbers give the appearance of equitable funding: \$650,000 or 65 cents per capita. However, when you translate the flat base grant into a per capita rate, it turns out that the fewer people your local health department serves, the more New York State pays (per capita) at 100% reimbursement.

Conversely, our most populous counties receive more total state reimbursement, but the LHDs in these counties receive far less, per capita, at 100% of eligible public health costs. Thus, per capita state support for public health is lower in communities with greater public health needs.



## WHAT SERVICES DO LOCAL HEALTH DEPARTMENTS PROVIDE?



Article 6 of the PHL requires counties to deliver the following six core services in order to receive funding.

### 1. FAMILY HEALTH

Through these core services, LHDs work with schools and other community stakeholders to encourage good nutrition, physical activity, smoking cessation programs, and oral health education. They also connect with pregnant women and new moms to encourage breastfeeding.

### 2. COMMUNICABLE DISEASE

LHDs investigate communicable disease reports and outbreaks. They provide childhood and adult immunizations directly or connect families to providers who offer immunizations. They offer rabies clinics to help pet owners comply with state vaccination laws.

### 3. CHRONIC DISEASE

LHDs create policies and plans that reduce the burden of chronic diseases, such as smoke-free parks, working with schools and restaurants to offer healthy food choices, and encourage physical activity.

### 4. EMERGENCY PREPAREDNESS AND RESPONSE

LHDs plan and train for all hazards for health emergencies, including medical countermeasures, exercises and drills, community readiness and respond to emergencies, such as pandemics, floods or other extreme weather events.

### 5. COMMUNITY HEALTH ASSESSMENT

LHDs conduct community health assessments by analyzing community health quality data and convening community

stakeholders, such as hospitals, other health care providers, schools, businesses and non-profit organizations to identify and design strategies to address the health and prevention priorities in their communities. LHDs work with local partners to complete a Community Health Assessment and a Community Health Improvement Plan. These plans generally are completed to cover four year cycles, but can be required no more frequently than every two years.

## 6. ENVIRONMENTAL HEALTH

LHDs monitor public water supply systems and inspect and monitor restaurants, hotels, swimming pools and beaches, children's camps, mass gatherings and other facilities, provide technical assistance for individual sewage and wells, enforce tobacco control laws and do lead poisoning primary prevention and control.

*\*Descriptions of the core services are examples and do not encompass all core program activities and services provided.*

The New York State Department of Health (NYS DOH) can opt to provide services if they are not provide by the LHD, with the LHD receiving a pro-rated Article 6 base grant.

### Optional Services:

Optional services are services that LHDs were once required to provide and were eligible for reimbursement through Article 6 funding that they are no longer required to provide and that are no longer eligible for reimbursement. Many LHDs still continue to provide these optional services, even without reimbursement.

*Examples of what the state considered optional services include:*

- Emergency Medical Services (EMS)
- Medical Examiners
- Hospice
- Dental Health Services
- Certified Home Health Agencies (CHHAs)
- Housing Hygiene
- Early Intervention Administration and Service Coordination

All Full service Local Health Departments perform all core public health services required under PHL Article 6. Partial Services Local Health Departments perform all core services required under PHL Article 6 except for Environmental Health services and are primarily in rural counties. State Health Department District Offices provide the environmental health services in these counties.

In addition to NYC, there are 36 counties with full service LHDs

Albany	Chemung	Erie	Niagara	Putnam	Suffolk
Allegany	Chenango	Genesee	Oneida	Rensselaer	Tioga
Broome	Clinton	Livingston	Onondaga	Rockland	Tompkins
Cattaraugus	Columbia	Madison	Orange	Schenectady	Ulster
Cayuga	Cortland	Monroe	Orleans	Schoharie	Westchester
Chautauqua	Dutchess	Nassau	Oswego	Seneca	Wyoming

There are 21 counties with partial service LHDs

Delaware	Fulton	Herkimer	Montgomery	Saratoga	Steuben	Washington
Essex	Greene	Jefferson	Ontario	Schuyler	Sullivan	Wayne
Franklin	Hamilton	Lewis	Otsego	St Lawrence	Warren	Yates

## RECOMMENDATIONS FOR REFORM

The New York State Association of Counties (NYSAC) is calling on state leaders to increase article 6 funding in the 2016-17 State Budget to offset significant state funding cuts to local health departments since 2010. This can be done by:

1. Instructing the Division of Budget and NYSDOH to end administrative actions that will result in further erosion of state aid to LHDs.
2. Requiring NYSDOH to provide one-year advance notice to municipalities of administrative limitations on state aid.
3. Provide 100% reimbursement of expenses due to emergency declarations in the first year of such declarations, using funds appropriated in the current or subsequent year.
4. Reimbursing 100% of any new state mandated activities required of LHDs.
5. Reinstate the past regulations that allow for the appropriation balance remaining after municipalities claims are made and paid (from Article 6 funding) to be distributed to municipalities to enhance core public health activities.

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### Sources:

For more information or to see your county's webpage please use the following link: [www.health.ny.gov/contact/contact\\_information](http://www.health.ny.gov/contact/contact_information)

For the New York State Association of County Health Officials please see: [www.nysacho.org](http://www.nysacho.org)

NYSDOH: [www.health.ny.gov](http://www.health.ny.gov)

