HOW RAPIDLY DEVELOPING DEMANDS IN CORE PUBLIC HEALTH SERVICES AFFECT PUBLIC HEALTH & SAFETY AND LOCAL HEALTH DEPARTMENT RESOURCES IN NYS

New demands on public health resources sometimes result from naturally emerging communicable diseases or natural disaster. But at other times, new laws and regulations can cause a spike in demands on our public health workforce, and the need for stronger communication and collaboration between multiple state agencies and local health departments (LHDs) is imperative.

In some cases, these new requirements, along with ongoing General Public Health Work, have led to concerns about interagency and intergovernmental communication. In this paper, we hope to explain these concerns in an effort to increase state aid for needed local public health resources and improve interagency communication and collaboration.

Most important, these additional demands and the resulting resource strains and communication challenges can have an adverse impact on the provision of essential public health and safety services to our state's residents.

Between August 2015 and September 2016, all of the following pressures listed below have caused a serious strain on the resources within the local health departments in New York State.

ENVIRONMENTAL HEALTH – 36 of 58 local health departments (LHDs) in NYS have an Environmental Health (EH) unit. The remaining 22 LHDs in counties with mostly rural populations rely on a New York State Department of Health (NYSDOH) District Office for EH service. Even these partial service LHDs need to be responsive to community concerns about health hazards in the environment.

> **Zika virus** – This naturally emerging health threat has fostered the need for new, higher levels of mosquito surveillance by LHDs, particularly those in downstate communities. This surveillance involves greater levels of mosquito trapping, laboratory testing, and mosquito population control techniques. This is a highly time-intensive addition to previous environmental surveillance and control of other insect-borne diseases. At the federal level, an impasse in Congress about funding for this crisis has led to concerns among state and local health department leadership regarding the sustainability of efforts needed for mosquito surveillance and control.

New Law and Emergency Regulations for testing public school drinking water supplies for lead - Prior to the passage and signing of a new NYS law in August 2016, Ithaca (Tompkins County) and other New York locales found that many schools were sampling drinking water to test for lead contamination. This demonstrated the need to clarify procedures used by school personnel who had no expertise in such water sampling. The new law and regulations have highlighted additional needs to: provide education of the public and news media; respond to concerns from both public school personnel, parents, and labs; respond to equal protection issues raised by private schools and parents of children attending those schools because the state is neither requiring testing in their schools nor reimbursing for any water testing expense. There is no doubt among LHDs about the importance and urgency of keeping drinking water in schools free of lead contamination. However, NYSACHO's members in LHDs believe that NYS could have benefited by consulting earlier with them to gain input about potential, unintended consequences of issuing the emergency regulations in their current form. NYSACHO also believes that laboratory capacity for testing of water samples could have been considered more fully prior to the release of emergency regulations, if state resources had been allocated for that purpose.

Discovery of PFOA and PFOS in drinking water supplies in locations around the state –Legislative hearings on water quality, along with prior and subsequent media reports, have provided a clear example in the public record of how an emerging issue can affect resources and reputations at all levels and branches of government, while it affects the health of all communities and individuals involved. Retaining public trust in government's handling of public health crises is contingent upon close coordination between federal, state, and local partners, across multiple agencies. This becomes most apparent when coordination, collaboration, and communication are less than ideal. The many challenges that remain as a result of this discovery are likely to require the continued deployment of significant resources. Local health officials bear responsibilities for the monitoring of public drinking water supplies, community health outcomes and public health education. In counties where this discovery has already been made, LHDs need to be responsive to the community by answering questions from the public and media, attending public meetings, and participating in discussions about related legal issues. Federal, state, and local officials must work together to address the roles of all responsible parties, as well as determine actions needed to monitor for these and other unregulated contaminants that may present serious health risks.

Cooling tower regulations to monitor for Legionella – Due to an unusual community-based outbreak in the south Bronx in 2015, emergency regulations have required all LHDs with an Environmental Health unit to assist NYSDOH in monitoring for compliance with regulations about cooling towers in buildings. Larger counties with a significant number of such buildings have faced a heavy workload due to the new regulations. New York State has provided no additional funding to accompany this new mandate.

Justice Center and Summer Camps –On October 1, 2016, new regulations governing summer camps will require any camp that has even one child with a disability to meet additional standards similar to those that previously applied only to camps where at least 20% of the registrants were disabled. In camps with the higher threshold of disabled campers, LHD staff must be involved in neglect investigations that may arise from failures of camps to comply with these regulations, and these investigations are often

highly time intensive. No additional resources have been provided by New York State to meet the increased workload anticipated as a result of the new regulations.

Funding for and Communication regarding ongoing General Public Health Work required of LHD Environmental Health Staff – The Environmental Health leadership from local health departments meet regularly as the Conference of Environmental Health Directors (CEHD). NYSACHO fully agrees with concerns that CEHD raised to NYSACHO's Board of Directors at the Board's August 2016 meeting. These include a dramatic increase in workload due to new state mandates, despite a decrease in funding to enforce all mandates; communication and coordination between state agencies and NYSDOH, and a lack of advance communication with LHDs as new regulations and guidance are drafted by NYSDOH's Center for Environmental Health (CEH). We summarize those concerns below:

- **Regarding funding for existing and new mandates**: As one example, the Drinking Water Enhancement Grant originally enhanced an LHD's capacity to address new requirements for the water supply program. However, Safe Drinking Water mandates continue to increase as does the staff time required, but grant funding has been level or reduced. This is also true of other state-funded grants such as lead poisoning prevention, emergency preparedness, and adolescent tobacco use prevention. In addition, Article 6 State Aid was significantly amended to eliminate reimbursement for "optional services" effective July 1, 2011. However, State Aid guidance for Environmental Health programs has not been revised since 2009. LHDs need clarification in written guidance about activities that are eligible for State Aid. Both CEHD and NYSACHO should be included in the development of this critical guidance before it is finalized. Furthermore, CEHD members from LHDs request that the NYSDOH/CEH develop a process to establish priority activities for resource-challenged LHDs. NYSDOH and LHDs should work collaboratively through this process and the resulting decisions about program resources.
- **Regarding intersecting programs with New York State agencies other than NYSDOH**: Several of the concerns listed below relate to unclear communication or confusion over jurisdiction. CEHD is requesting that the NYSDOH continue to improve coordination and communication with its partnering agencies, particularly on these intersecting areas of concern. An FAQ document would be helpful in questions regarding jurisdiction.
  - NYS Department of Agriculture and Markets (DAM): Recent legislation and marketing of NYS farm products has created some concerns over expanding venues and changing practices. Article 20-C license exemptions: Some home processors with 20-C exemptions have expanded their menus to include ready to go meals. Farm to Table Events: Full meals are being served at these events and they have onsite wells. One example is maple sugar houses holding pancake breakfast events. Breweries, Distilleries and Wineries: Increasingly, these facilities are providing food. When do wineries, breweries and distilleries become a bar requiring Health Department permit? Some wineries are sporadically holding special onsite events that include the service of food. Farmer's Markets: More venues are offering food samples. Determining whether the water supplies at these facilities are technically Public Water Supplies is difficult and there is a concern regarding the lack of oversight of food preparation. Better communication is needed between DAM, NYSDOH and LHDs regarding these rapidly changing venues. CEHD requests the following:

- Clarification of Memo Of Understanding between DAM and the NYSDOH and the EHM item in relation to changing venues.
- Greater assistance to LHDs from DAM in gaining Part 5 compliance, such as assistance in closure if necessary.
- Clarification by DAM as to what type of documentation is required to determine if a facility is a NYSDAM or HD facility (using the 50% rule).
- Preparation of a Frequently Asked Question (FAQ) reference document for areas of mutual responsibility.

- NYS Department of Environmental Conservation (DEC): CEHD is concerned about allowing Professional Engineers (P.E.s) to self-certify Onsite Wastewater Treatment Systems (OWTS) plans for compliance with design standards for systems discharging greater than 1,000 GPD. LHDs have found that the work does not always meet such standards only AFTER the system has been completed. The CEHD requests that DEC require that consultants submit a copy of their plans to the LHD in that area. The CEHD also is concerned that DEC's well drilling program has not robustly enforced its requirement that only certified well drillers may install wells; well log information is either incorrect or totally lacking from DEC's database.
- Agricultural Impacts on Water Quality - In recent years, application of manure has contaminated both groundwater and surface water in many counties across NYS polluting both private and public water supplies. The response to these occurrences by DEC, NYSDOH, and LHDs should be better coordinated and steps should be implemented to prevent manure from running off agricultural fields. The CEHD encourages NYSDOH to work with DEC to better protect our water resources from agricultural impacts, including additional oversight of concentrated animal feeding operation (CAFO) plans and the siting of manure lagoons. In addition, best management practices geared at protecting groundwater are lacking and need to be developed and implemented.
- NYS Workers Compensation Board (WCB): WCB requirements have had an adverse impact upon the permit process and consume LHD staff time in tracking down proof of insurance.
- NYS Office of Children and Family Services (OCFS): OCFS often refers day care centers to the LHDs to obtain children's camp permits. CEHD requests that NYSDOH help clarify the criteria used by OCFS when referring daycares to LHDs for camp permits. Also, the 2010 mandate for Children's Camp Directors to provide a 28-year residency history has resulted in increased data entry for LHD staff.
- NYS Division of Housing and Community Renewal (DHCR): CEHD has had difficulty getting a clear understanding of the responsibilities and authority of this agency.
- State Liquor Authority (SLA): Often the SLA fails to notify the LHD when issuing a new liquor license. CEHD requests that the NYSDOH work with SLA to rectify this problem.
- Department of State (DOS): With the change in the Temporary Residence regulations in 2011, some LHDs are finding a number of facilities that do not have current fire safety plans and do not have documentation that fire safety equipment is

maintained as required. Training of local Code Enforcement Officials is needed to ensure adequate fire safety and evacuation plan updates.

- Department of Social Services (DSS): DSS has inspection requirements for some Transitional Residences that house their clients. This could be better coordinated with the LHDs.

- **Regarding Collaboration with the Center of Environmental Health (CEH):** There is concern among CEHD membership regarding the lack of involvement being provided to the LHDs by the NYSDOH/CEH in the development of regulations and environmental health manual (EHM) items. Since the majority of all environmental health programs are implemented throughout New York State by LHDs, participation of the CEHD at the outset of this process is recommended. The CEHD requests that draft regulations and draft EHM items be shared with the LHDs with sufficient advance notice to permit meaningful input prior to their finalization.

COMMUNICABLE DISEASE PREVENTION AND CONTROL

Zika Virus – Epidemiology experts in LHDs are called upon to quickly learn as much as we know about this emerging viral disease. While Environmental Health experts focus on the mosquitos that carry the disease initially, communicable disease experts face the need to monitor for the presence of the disease in the population, working with hospitals and medical providers at the local level. Unusual in an insect-borne disease, Zika can also be transmitted sexually from one person infected by a mosquito to another who has had no mosquito contact. This opens an entirely different front for disease surveillance and public education about the Zika virus.

Mumps – An unusual outbreak of mumps in young adults has led to the need for special attention to this illness in 2016.

Legionella – The 2015 Bronx outbreak of Legionnaire's Disease highlighted concerns that we are seeing an increase in this disease over the past five years. Epidemiological work to determine whether this is a true increase or simply a reflection of increased testing for the disease is a concern that LHDs face, along with NYSDOH.

Sexually Transmitted Illnesses (STIs) – Communities throughout New York State and the U.S. have experienced an epidemic in chlamydia, gonorrhea, and syphilis across demographic sectors. While LHDs strive to end the HIV/AIDS epidemic, this additional rise in reported cases of STIs challenges LHD resources for disease surveillance and public health education needed to control epidemics.

Hepatitis and other disease investigations of unregulated medical practices – In the downstate region, a rapid growth in free-standing medical practices that do not fall under Article 28 regulations of facilities such as hospitals has led to an uptick in reports of possible communicable disease transmission at facilities that perform invasive procedures. Given a significant increase in hepatitis C and other disease cases transmitted in medical facilities, LHDs are concerned about specialty investigative resources and legal authority needed to follow up on some of these reports, while essential resources for both the state and local health departments are squeezed.

COMMUNITY HEALTH ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLANNING

New York State requires LHDs to work with hospital partners in their communities when assessing the health of their communities and agreeing on plans to address health needs with evidence-based programs for improvement. The IRS recently implemented new regulations of hospitals that fall into a different timetable than the past NYSDOH requirements for LHDs and hospitals. As a result, LHDs were required to advance their assessment and planning process by one year in 2016. This has caused an unanticipated strain on local budgets very late in their budgeting process.

FAMILY HEALTH (MATERNAL CHILD HEALTH) and CHRONIC DISEASE PREVENTION

Zika Virus – In the context of maternal/child health, Zika presents challenges in counseling, monitoring, and following up with pregnant women and their newborns if mother and child are infected with this virus. Zika causes long-term neurological damage that could be considered a chronic disease condition.

Maternal/Child Home Visiting: The closure of public Certified Home Health Agencies (CHHAs) in most counties has had the unfortunate side effect of limiting their ability to bill for home visits for ante-partum and/or post-partum women and infants who often have multiple risk factors that benefit from public health interventions. These risk factors include alcohol/substance abuse, teen pregnancy, domestic violence and post-partum depression, and for children, low birth weight, failure to thrive or premature birth. These visits are educational rather than clinical in nature and are often provided to Medicaid eligible populations. LHDs are still required to be licensed home care services agencies (LHCSAs) under NYS law, but federal barriers to Medicaid reimbursement make Medicaid Managed Care insurers unwilling to contract with LHD LHCSAs for these services. This eliminates a major source of revenue to support these public health interventions. Despite several years of requesting state assistance in addressing these barriers, public health home visiting services remain in limbo; they are currently supported only through local tax levy and state aid for General Public Health Works, despite being Medicaid billable services.

Opioid crisis – Most counties in NYS center the responsibility for substance abuse in the Mental Hygiene/Community Service unit. In NYC and a small number of counties, public and mental health units have merged under one commissioner. But throughout all locales, the use and abuse of opioids looms large as an epidemic with life and death consequences for increasing numbers of teens and adults across demographic sectors in rural, suburban, and urban communities. We list this rapidly expanding crisis under Family Health because it presents crises for families that can affect mothers, fathers, and children of all ages. This epidemic defies the silos that government uses for public and mental health funding because it requires the involvement of all members in families and communities, from law enforcement and mental health professionals, to hospital emergency rooms and first responders of all types. Increasingly, we also understand that addiction becomes a chronic disease that requires intensive treatment. Over time, addiction to opioids is accompanied by many other serious physical and mental health problems. LHDs need new resources to contribute their public health expertise to the amelioration of this crisis.