

Public Health Infrastructure: A Decade of Disinvestment



2009

Despite the ongoing impact of the Great Recession, local health departments responded to the H1N1 Pandemic, implementing pandemic plans and mass vaccination PODs.



2010-12

**Total Disinvestment=-
-\$44,746,002**

In 2010-11, NYS eliminates funding for enhanced or "optional" public health services, including funding for Medical Examiner/Coroner services, and reduces funding to several public health programs; in 2012 a statewide property tax cap goes into effect for all counties outside of NYC.



2013-14

**Total Investment=
+\$7,024,925**

As part of a modernization of Article Six public health foundational services and funding, NYS increases base grants for local health departments.



2014-15

**Total Disinvestment=-
-\$9,452,179**

NYS cancels out its base grant investment through administrative cuts to LHDs by reducing the allowable revenue amounts localities used to offset some of their ineligible fringe and indirect costs.



2013-17

**Total Disinvestment=-
-\$16,858,000**

The state property tax cap impacts the LHD workforce outside of NYC, which shrinks by 33%. LHDs continue to respond to new public health threats and mandates: The opioid epidemic, Ebola, Zika, Legionella, Mumps, Measles, Hepatitis A, Vaping, Harmful Algal Blooms (HABs), PFOAs, and other emerging contaminants in drinking water, and lead poisoning prevention mandates.



2017-18

**Total Disinvestment+
-\$47,186,430**

In 2017, NYS cuts several core public health categorical programs by 20%, followed by the 2018 elimination of the categorical COLA. Services lost/reduced include migrant worker outreach, immunization clinics, water supply sampling, and other health education and outreach activities.



2019

**Total Disinvestment=-
-\$54,000,000**

In 2019, NYS cuts NYC state aid reimbursement above the base grant from 36% to 20%.



2020-21

LHDs respond to COVID-19 with a reduced and aging workforce. Retirements rise, employee recruitment and retention remain challenging and local governments are wary of relying on short-term funding fixes. Will NYS return to dismantling local public health, or will we reinvest and rebuild?

