

Building Bridges: Connecting Public Health and County Leadership

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NYSAC
— NEW YORK STATE —
ASSOCIATION OF COUNTIES

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Building Bridges

Goals for Today



Understand how county government functions and makes budget decisions



Learn what issues county leaders are prioritizing in 2026



Explore strategies for linking health priorities to broader county goals



Identify how NYSAC can support and amplify your work

County Government 101

County Government 101

What Counties Do

- Serve as the **primary service providers** for New York State residents at the local level—responsible for delivering **nearly every major program** that touches residents' daily lives.
- Administer public and mental health services, social services, elections, emergency management, etc.
- Maintain roads, bridges, 911 systems, jails, etc.
- Counties are the **first responders** for public health crises, natural disasters, and emerging community needs.

County Government 101

County Governance Basics

- **Boards of Supervisors, Legislators, or Representatives** – enact laws, adopt budgets, levy taxes
- **Committees** – provide oversight, coordination, and accountability
- **Executives or Administrators/Managers** – manage daily operations and department budgets
- Understanding **who manages what** helps you time your conversations effectively

County Priorities & Federal Landscape

County Priorities & Federal Landscape

County Fiscal Environment

- Counties are preparing 2026 budgets amid **major federal cost shifts** under the One Big Beautiful Bill Act (OBBBA).
- The federal government is **reducing support for core safety-net programs**.
- County governments must maintain services while absorbing **millions in new obligations**.

County Priorities & Federal Landscape

Federal Cost Shifts: SNAP

- Federal financing of SNAP administrative costs **cut by half** starting **October 1, 2026**.
- Counties & NYC must absorb **\$170 million** in new costs.
- New work and eligibility rules create additional **administrative burden**.
- If error rates remain unchanged, penalties could shift up to **15% of benefit costs (~\$1.2 billion annually)** to New York.

County Priorities & Federal Landscape

Medicaid Pressures

- New federal immigration restrictions and possible loss of ACA premium credits could raise state costs by **\$2.7 billion**.
- Counties are concerned the **Medicaid cap (\$7.6 billion) could be revisited** to balance the state financial plan.
- As state costs rise, counties face risk of **increased local shares and service demands**.

County Priorities & Federal Landscape

Health & Human Services Strain

- **Federal safety-net reductions** increase local demand for public health and social services.
- **Healthcare provider closures** shift responsibilities to LHDs and DSS.
- **Workforce shortages** limit capacity to absorb added duties.

County Priorities & Federal Landscape

Economic Headwinds & Fiscal Challenges

- **Slower sales tax growth** and **persistent inflation** pressure local revenues.
- **Rising costs** for mandated programs leave little flexibility for new initiatives.
- **Persistent workforce vacancies** strain capacity.

County Priorities & Federal Landscape

How Public Health Connects to County Priorities

County Priority	Public Health Connection
Housing	Healthy homes inspections prevent lead and asthma triggers
Workforce	Preventive care reduces absenteeism
EMS	Injury prevention and overdose prevention reduce call volume
Criminal Justice	Behavioral health diversion reduces recidivism
Infrastructure	Water quality monitoring and regulation prevent costly failures

Public health supports **every major county priority**—not just health.

County Priorities & Federal Landscape

Why This Matters for LHDs

- **County leaders face competing demands and shrinking resources.** Health is one of many priorities alongside housing, workforce, infrastructure, and public safety—and it competes for the same limited local dollars.
- **LHDs can gain influence by linking their work to fiscal stability and risk management.** When public health programs are framed as protecting budgets, reducing liability, and improving service delivery, they become part of the county's core strategy—not an add-on.
- **Data and visibility matter.** Regularly sharing clear, concise results—cost avoidance, improved outcomes, or successful partnerships—helps leadership see public health as an investment with measurable returns.
- **Collaboration earns credibility.** Working with DSS, emergency management, and public safety demonstrates that the LHD understands countywide priorities and can deliver joint solutions.

Engaging County Leadership

Engaging County Leadership

Public Health as a Bridge Builder

- **Translate data into decisions.** LHDs turn health metrics into operational insight — showing how outbreaks, chronic disease, or workforce shortages affect budgets, emergency response, and county services.
- **Provide real-time intelligence for county leadership.** Public health surveillance offers early warning on trends that shape county decisions—from EMS demand and housing conditions to workforce and behavioral health pressures.
- **Connect policy to community outcomes.** You demonstrate whether investments in housing, workforce, and infrastructure are improving residents' well-being.
- **Align public health with countywide goals.** When LHDs frame their work in terms of risk reduction, fiscal protection, and service reliability, they become essential partners in every major county initiative.

Engaging County Leadership

Know What Drives County Leaders

- **Delivering fiscal stability** — must keep budgets balanced year-to-year despite volatile revenues (sales tax, state aid, federal grants)
- **Affordability** — even good ideas compete with limited local dollars
- **Delivering visible results** — leaders prioritize programs that residents can see, measure, and understand
- **Reducing risk and liability** — fewer crises, lawsuits, or negative headlines = political and fiscal success
- **Protecting local reputation** — counties succeed when residents feel services are reliable, competent, and responsive

When you understand their pressures, you can position public health as part of the solution

Engaging County Leadership

What County Leaders Value in Partners

- **Solutions that save time or money** — efficiency is influence
- **Data that clarifies choices** — evidence reduces political risk
- **Programs that align with local goals** — housing, workforce, safety, infrastructure
- **Reliable communication** — steady updates build trust and credibility
- **Shared ownership of outcomes** — success framed as “countywide,” not “departmental”

*You **build bridges** by connecting your goals to theirs!*

Engaging County Leadership

Speak Their Language

Public Health Priority	County Leadership Lens	Example
Disease prevention and surveillance	Cost avoidance & continuity	Early detection prevents outbreaks that shut down schools, jails, and county offices
Community health education / chronic disease prevention	Healthier, more productive residents	Reduces EMS calls, ER use, and DSS caseload growth
Maternal & child health programs	Workforce and long-term stability	Healthy pregnancies and early intervention lower special ed costs and improve future workforce participation

Translate health language into budget and operations language.

Engaging County Leadership

Your Value to County Leadership

- Deliver **trusted community data** and **risk analysis**
- Offer **technical and regulatory expertise**
- Support **coordinated crisis response**
- **Prevent future costs** through early intervention
- Strengthen **interdepartmental collaboration**

Health departments aren't just service providers — they're risk managers, fiscal stabilizers, and trusted advisors in county government

Engaging County Leadership

How to Engage Effectively

- **Before:** Understand the budget timeline and county structure
- **During:** Link requests to cost avoidance and shared priorities
- **After:** Follow up with data and thanks

*Ongoing communication builds trust and credibility. **Consistency matters.***

Framing Health as an Investment

- Shift from "need" to "**return on investment**" language
- Demonstrate how **prevention reduces long-term county expenses**
- Position programs as **budget protection**
- Emphasize **cost avoidance** when possible

Examples

- Disease prevention → lower Medicaid costs
- Substance-use programs → reduced jail and EMS expenses

Engaging County Leadership

Example 1: Lead Abatement = Cost Savings

- LHD data show **decline in lead poisoning cases** after targeted inspection and education
- Fewer cases reduce **special-education** and **healthcare costs**
- Message to officials: **"Prevention protects children and saves county resources."**

A public health win is a budget win.

Engaging County Leadership

Example 2: Healthy Students = Workforce Readiness

- School health partnerships improve **attendance** and **child development**.
- Healthier students mean **lower future DSS caseloads** and **stronger local workforce**.

Link children's health to economic growth and community stability.

Engaging County Leadership

Example 3: Preparedness = Continuity of Government

- Emergency preparedness plans and drills **improve response times.**
- **Prevent disruptions** to core county functions and **reduce overtime costs.**
- Enhanced **public confidence** and **lower liability.**

Preparedness investments save money and protect operations.

Engaging County Leadership

Practical Engagement Ideas

- Present annual "**State of County Health**" briefings
- **Align metrics** with county strategic goals
- **Invite officials** to participate in LHD activities and events
- **Share success stories** internally and on social media (when appropriate)
- **Participate** in NYSAC standing committees

***Visibility** drives support!*

Engaging County Leadership

Common Pitfalls

- **Overly technical language** without fiscal context
- **Waiting until budget season** to engage
- **Assuming officials understand** LHD responsibilities and mandates
- Using **jargon instead of outcomes**

*Year-round communication prevents misalignment. **Educate before you advocate!***

Partnering with NYSAC

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How NYSAC Supports Public Health

- **Advocacy:** Standing committees and resolutions on legislative/budgetary priorities
- **Education:** Webinars, podcasts, magazine, and conferences
- **Networking:** Legislative Conference, Fall Seminar, and Finance School
- **Research:** Policy briefs, fact sheets, and white papers

Partnering with NYSAC

Resolution Process

- Standing committees **develop and advance policy resolutions**
- Resolutions **shape NYSAC's legislative advocacy agenda**
- Adopted items **form the statewide platform**
- Example: "**Protect Core Public Health Funding and Enable Flexibility for LHDs**"

Partnering with NYSAC

Opportunities for LHDs

- **Join** NYSAC committees (Public Health, Medicaid, Children w/ Special Needs)
- **Attend** conferences and committee meetings
- **Propose** resolutions on policy, budgetary, and regulatory issues affecting your work
- **Collaborate** with NYSAC on training and policy initiatives
- **Contribute** to NYSAC's magazine and newsletters to highlight local successes

Closing & Call to Action

Closing & Call to Action

The Bridge Forward

- **Strong partnerships** build the foundation for sustainable public health and sound fiscal management.
- **Alignment between departments and leadership** turns health priorities into budget realities.
- **Collaboration across county systems** strengthens both fiscal stability and community well-being.

When public health and county leadership move in the same direction, every resident benefits.

Closing & Call to Action

Three Things to Do After Today

1. **Attend** an upcoming county committee or budget hearing.
2. **Meet** with your administrator or budget officer about federal impacts.
3. **Join** a NYSAC or NYSACHO committee to stay engaged.

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Thank You!



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