

FOR IMMEDIATE RELEASE

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“People will notice this.”

Local public health leaders outline service cuts in communities around the state as funding cuts land

Leaders from local public health departments around Michigan today said they’re working to adjust services in their communities in the face of rescinded federal grants and anticipated future cuts, and they’re concerned about what Michigan legislative leaders will decide as they finalize state budgets for this year.

At a press roundtable in Lansing, the Michigan Association for Local Public Health said declining local public health dollars call for recognition of what local public health actually does throughout the state, and what residents should expect in their communities as a result.

“People in every Michigan city and town use local public health services regularly, whether they realize it or not,” said MALPH Executive Director Norm Hess. “Whether it’s infectious disease surveillance to keep schoolkids healthy, or restaurant inspections to keep dining safe, beach testing in the summer months or emergency planning and response after major storms, local public health workers keep everyone safer and healthier.”

Major cuts in federal funding this year are anticipated to limit local public health services in ways that will affect life in every county of the state. Eliminating funding that started during the COVID-19 response, as well as several other key funding streams, has resulted in immediate layoffs at many local public health departments.

“While everyone agrees the emergency response phase of COVID-19 is over, the funding streams created for pandemic response have been supporting laboratories monitoring other diseases around the state, from legionella to tuberculosis to measles, as well as water quality inspections and other sampling work,” Hess said.

“Federal leaders rescinded those grants, clearly thinking it was a responsible way to recover money that was being misspent. Instead, it’s a great example of unintended consequences. Everyone agrees government should spend public dollars efficiently and effectively, but it appears they did not check to see what they were actually eliminating when cutting grants that had ‘Covid’ on the label.”

Hess noted local public health offices operate on steady, defined funding streams. They build capacity carefully through time, targeting local community needs.

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Sudden increases – or decreases – in funding are difficult to process. The staff lost to local public health offices, especially in rural areas of the state, won't be easily replaced, and people in those communities will be affected.

The health officers gathered this morning said recruiting new talent has been difficult since the pandemic. Hiring specialists like nurse practitioners, dental hygienists and sanitarians is a challenge, particularly in rural areas. When those positions are eliminated or even temporarily laid-off, rehiring can take months or longer.

Michigan lawmakers are now discussing the state budget, and the local public health officers are watching to see if funding for their work will make it through the process.

"Health officers are accustomed to working with whatever funding is available," Hess said. "Every year, they stitch-together budgets as best they can with what they have, but it is tough to stitch anything without thread."

"We want Michigan residents to know what we do for them, and how this year's budget changes will affect them. At these funding levels, their local public health office may not be able to provide services everyone expects. It's that simple, and we are making the announcement because people throughout Michigan will notice this."

Learn more about local public health at www.malph.org.

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