

STORY FROM THE FIELD

Snohomish Health District – Everett, WA

Population Served: 685,500

The list of program cuts at Snohomish Health District in Washington runs on and on: no more fluoride sealants for low income youth; no smoking cessation assistance; no screening of small group wells; no testing for West Nile Virus; no car seat and bicycle helmet checks; hours cut for immunization clinics; limited screening or treatment for tuberculosis; and more.

Each of those cuts hurts for Dr. Gary Goldbaum, Health Officer and Director.

“There isn’t a public health program that I feel okay about cutting. It’s very painful,” he says.

Dr. Goldbaum says this is particularly true for population-based programs that provide services across the community, often engaging schools and community organizations as partners. For example, thanks to technical assistance from the Snohomish Health District, one town built a bike lane system, successfully competed for a national grant, and created a large community garden that provides exercise and fresh produce for the local food bank and participating community members and groups. Health district assistance to child care centers ensured that children were in safe environments and engaged in developmentally appropriate activities. Despite their cost-effectiveness, Dr. Goldbaum says, these types of programs are often the first to be cut.

FAST FACT

A NACCHO survey found that approximately 8,000 public health jobs were lost in the first six months of 2009. More than half of local health departments had to cut key programs, such as maternal and child health or environmental health, in the last year.

“As we have fewer resources, we have to make hard decisions. Politically, it’s easier to cut population-based programs because you don’t get individuals showing up on your doorstep upset. But I believe the community is going to pay a price down the road. We can’t just sit back and hope that obesity and other problems are going to go away by themselves.”

Dr. Goldbaum argues that population-based prevention programs carried out by local public health agencies can have tremendous impact.

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“Communities need to be actively involved in shaping their health. That’s not something that can be imposed. It can’t really be done at the state or national level. It must be done at the local level, and local public health agencies are prepared to take the lead.”

“I can’t imagine any system that returns more for the dollar than local public health agencies,” says Dr. Goldbaum. “These are agencies that can work with schools, medical groups, service organizations, and others in the community to make sustainable policy and environmental changes that benefit everyone’s health. Only local public health agencies can do that effectively.”

In short, he says, “There is no better investment that you can make.”

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NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health



NACCHO is the national organization representing local health departments. NACCHO supports efforts that protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, seeking health equity, and supporting effective local public health practice and systems.

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