

Prevention defense

Service providers must pitch in to help cash-strapped local health departments

Basic health and safety protections that people take for granted are seriously threatened by the current adverse economic conditions. Budget cuts and job losses in industry have been big news for more than a year, but local health departments have been hard hit, too.

A survey of National Association of County and City Health Officials, or NACCHO, members reveals that, during 2008 and 2009, local health departments lost 15% of their employees—23,000 people nationally—to layoffs or attrition. Mandatory furloughs and reduced hours in the second half of 2009 affected an additional 13,000 employees. These proportionately large workforce losses are escalating in 2010, as local and state governments continue to make budget cuts necessitated by losses in revenue.

The nation's 2,800 local health departments serve people in ways both visible and invisible. Local health departments are the only organizations that focus solely on the health and well-being of every person in their communities. The leadership and staff of these agencies are prepared to address sudden threats to health, such as outbreaks of communicable diseases or food-borne illnesses. They help organize activity to address the longer-term threats of chronic disease by creating and maintaining conditions not only by encouraging healthier choices, but also by creating through law the conditions that make health the default choice. The tobacco smoke-free air many of us now take for granted, the knowledge we have about health and disease in our communities, the clean drinking water from our wells, and the safety of our private sewage systems and our restaurants all result from the work of local health departments.

Half of all local health departments cut at least one program area in 2009. More than a quarter (28%) made cuts affecting three or more program areas. The result is a clear and troubling trend away from cost-effective primary and secondary prevention. As one local health official told me, "To stop infectious disease, we do contact tracing rather than education and screening. To stop waterborne illness, we respond to bad water tests rather than work to make all wells safe. We respond to Child Protective Services referrals rather than run parenting classes."

Cuts to local health department programs also affect the safety net for uninsured or medically underserved populations. Many unin-



Job cuts at local health departments are a troubling step away from cost-effective prevention programs.

sured people will not receive access to insurance coverage even with the passage of the Patient Protection and Affordable Care Act until 2014, or possibly later. Meanwhile, local health departments that provide primary-care services are uniquely positioned to continue filling this gap. However, funding cuts are compromising their ability to provide these much-needed services. Last year, 21% of local health departments reduced clinical services and 18% cut back on screening and treatment programs for chronic diseases.

What do these cutbacks look like? One local health official, forced to cut his agency's cervical cancer screening program by two-thirds, thought of the 162 women identified in 2009 with early stages of cancerous growth and predicted, "With (budget) reductions that will be felt fully in 2010, we expect some residents will not have the option for early detection of cancer. This will cause a localized decrease in the survivability of cancer."

Even with a reduced workforce, local health departments still managed to respond effectively to the recent H1N1 pandemic, aided by federal funds that enabled some to hire temporary personnel. That funding, however, will end July 30. When the next epidemic occurs,

the systems that enabled this work to take place will have been dismantled, and there will be fewer staff to respond.

We are all hopeful that the nation's economic troubles will end soon, but in the meantime, NACCHO's members have shown us that innovation can mitigate the damage to prevention and public health. For instance, the Multnomah County (Oregon) Health Department established a system to monitor tuberculosis patients' compliance with their treatment via video rather than in person, a practice that saved time and money for the agency and the patients.

Local health departments promote evidence-based prevention, ultimately reducing demand for more costly medical care. Successful strategies to encourage healthy behaviors, such as reducing tobacco use, or preventing the spread of infectious diseases require many partners—including those in health-care, business, education and faith communities. Reach out to your local health department and explore ways to collaborate on prevention. The health of the public ultimately is everyone's responsibility. <<

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