

Local Health Department Job Losses and Program Cuts: 2008–2010

LOCAL HEALTH DEPARTMENTS LOSE 29,000 JOBS

Throughout the country, local health departments (LHDs) continue to lose the skilled staff needed to protect the health of the communities they serve. In 2010, LHDs eliminated an estimated 6,000 jobs (Figure 1), as 44 percent shed employees (Figure 2). Three times as many staff (18,000) had their working hours reduced or were placed on mandatory furlough over the same time period (Figure 1). When combined with previous National Association of County and City Health Officials (NACCHO) findings, 29,000 cumulative jobs were lost from 2008 to 2010, approximately 19 percent of the 2008 nationwide LHD workforce.

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TIGHT BUDGETS CONTINUE TO THREATEN ESSENTIAL SERVICES

In November 2010, 44 percent of all LHDs said their budgets were lower than in the previous year, making 2010 the third consecutive year that substantial percentages of LHDs reported budget cuts (Figure 3).

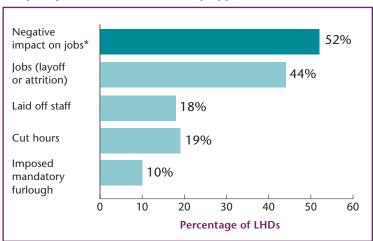
Continued budgets cuts undermine the ability of LHDs to protect the public from preventable diseases, environmental hazards, and other threats to public health. Forty percent of all LHDs made cuts in at least one program area between July 2009 and June 2010 (Figure 4). Maternal and child health programs were among the hardest hit, with nearly one in every five LHDs (18%) across the country reporting reduced or eliminated services to pregnant women, new mothers, and children. These reductions were in addition to those reported in the prior 12-month period (July 2008–June 2009), when 55 percent of all LHDs suffered program cuts in at least one area.

FIGURE 1: Estimated Number of LHD Jobs Lost and Adversely Affected, 2008–2010

Jobs Lost to Layoffs or Attrition		
2008	7,000	
2009	16,000	
2010	6,000	
TOTAL	29,000	
Jobs Affected by Hours Reduced or Mandatory Furlough*		
2008	Not known	
2009	More than 13,000	
2010	18,000	

^{*}Because a single employee can have hours reduced or be placed on mandatory furlough in multiple years, total cannot be calculated.

FIGURE 2: Percentage Of LHDs Losing Workforce Capacity in 2010, Overall and by Type



^{*}Figure denotes the percentage of LHDs that experienced any of the following: layoffs, attrition, reduced hours, or mandatory furlough.

[SURVEY FINDINGS]

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FIGURE 3: Percentage Of LHDs with Budget Cuts (July 2008–June 2010)

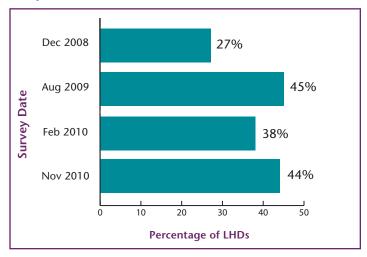


FIGURE 4: Percentage of LHDs that Cut Program Areas (July 2009–June 2010), Overall and by Program Area

Program Area	Percentage of LHDs
At Least One Program Area	40%
Maternal and Child Health	18%
Population-Based Primary Prevention	13%
Environmental Health	12%
Clinical Health Services	12%
Chronic Disease Screening/Treatment	11%
Immunization	8%
Emergency Preparedness	8%
Communicable Disease Screening/Treatment	6%
Food Safety	6%
Epidemiology And Surveillance	5%

METHODOLOGY

NACCHO administered the National Profile of Local Health Departments Survey to all LHDs (N=2,568) in the United States from September to November 2010, which included questions about budget, staffing, and program cuts between July 1, 2009 and June 30, 2010. A total of 2,107 LHDs completed the survey (response rate of 82%). Data were weighted to adjust for nonresponse. Questions related to staffing cuts were repeated in January 2011 when NACCHO conducted another nationwide survey of LHDs to assess job losses in the entire 2010 calendar year. A total of 596 LHDs (response rate of 74%; 440 respondents) were selected using stratified random sampling methods designed to provide national estimates. Reported statistics were developed using appropriate weights for both sampling and non-response. All data in both studies were selfreported; NACCHO did not independently verify the data provided by LHDs. Additional findings will be posted on NACCHO's website at www.naccho.org/ Ihdbudget.

ACKNOWLEDGMENTS

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The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice for local health departments in order to ensure the conditions that promote health and equity, combat disease, and improve the quality and length of all lives.