

Impact of Budget Cuts on Local Health Department HIV, STI, and Viral Hepatitis Programs

Overview

Local health departments (LHDs) play an important role in the prevention, care, and treatment of HIV, sexually transmitted infections (STIs), and viral hepatitis. We have the tools and technologies to end the HIV epidemic, eliminate hepatitis B and C, and effectively prevent and treat STIs, but we must ensure that local public health has the funding to achieve these goals. For nearly a decade, LHDs have faced stagnant and declining budgets. In 2017, nearly one-third reported anticipating cuts in the next fiscal year.¹

The impact of these funding cuts impedes LHDs' capacity to promote and protect the health of their communities, especially as new challenges arise. For example, the opioid epidemic is fueling rising rates of injection drug use, which has contributed to the spread of infectious diseases. Between 2010 and 2015, the rate of acute hepatitis C infections nearly tripled.² In 2015, injection drug use catalyzed an outbreak of HIV in Scott County, Indiana—home to just over 24,000 people—that led to more than 200 newly infected individuals, more than 90% of whom were co-infected with hepatitis C.^{3,4} Rates of syphilis, gonorrhea, and chlamydia are at 20-year highs and congenital syphilis increased by 87% between 2012 and 2016.⁵

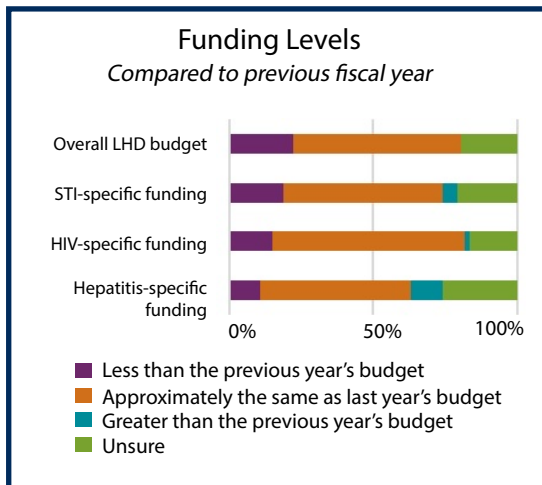
The HIV, STI, & Viral Hepatitis Sentinel Network is a critical mechanism for gathering the local health department (LHD) perspective and assessing efforts, needs, challenges, and successes related to HIV, STI, and hepatitis prevention, care, and treatment.

The Sentinel Network is comprised of more than 100 LHDs from over 40 states and the District of Columbia. For more information or to join, visit: bit.ly/SentinelNetwork.

To assess the impact of experienced and potential budget cuts on LHD HIV, STI, and hepatitis programs, NACCHO queried its [HIV, STI, and Viral Hepatitis Sentinel Network](#). The query was conducted in October 2017 and 71 of the 114 Sentinel Network members responded, for a response rate of 62%. The Sentinel Network represents a convenience sample of LHD staff who have volunteered to be part of the network through NACCHO recruitment efforts to LHDs across the country. Although not nationally representative, members work in LHDs of varied jurisdiction sizes and geographic locations and settings. Findings from this query show that most LHDs (81%) reported stagnant or decreased funding levels over the past year. Of those that experienced recent budget cuts, 43% reported reductions in staffing levels and one-third reported reducing or eliminating services in response.

Results

Most LHDs report stagnant or declining funding levels for HIV, STI, and viral hepatitis activities and services.



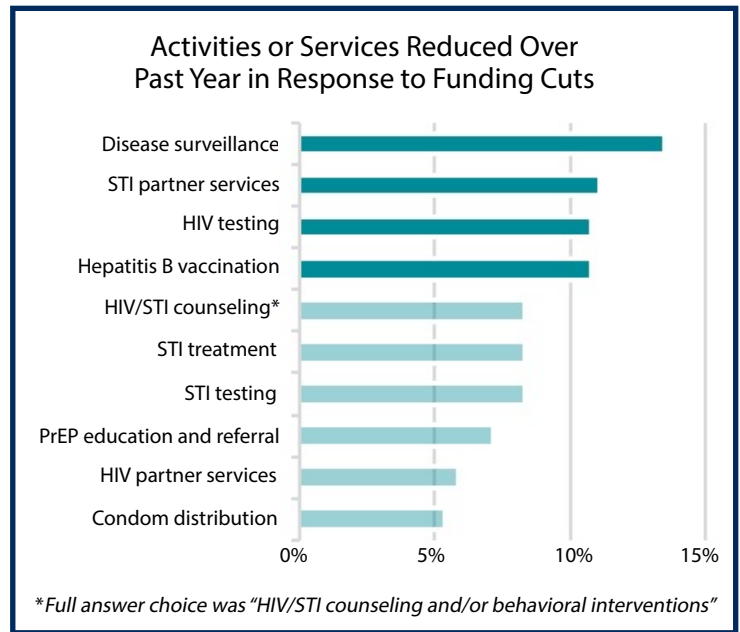
Findings indicated that most respondents experienced stagnant funding for HIV, STI, and viral hepatitis programs, with some experiencing budget decreases and very few seeing budget increases. Of particular concern, nearly one in five LHDs reported cuts to STI program budgets. This comes after years of chronic underfunding.

Declining or stagnant program budgets are no new phenomenon; LHDs have experienced this for the last decade. From 2008-2011, many LHDs reported budget cuts and few reported increases.¹ According to a national survey conducted in 2013, 62% of LHDs reported cuts to their STI programs resulting in significant reductions in staffing and services.⁶ In recent years, the number reporting cuts has tapered, though most LHD budgets have not increased. According to NACCHO's *Forces of Change*, in 2017, 23% of LHDs experienced lower operating budgets compared to the previous fiscal year and more than half reported stagnant funding.¹

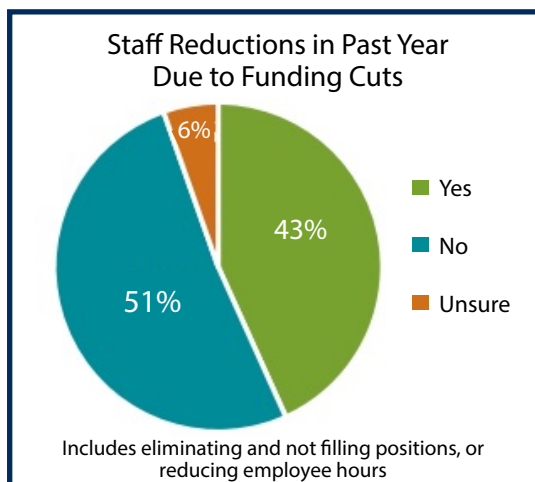
One-third of LHDs that reported recent funding cuts also reported reducing services or activities.

Reductions were most likely to affect:

- **Disease surveillance:** 14% of respondents indicated that recent budget cuts reduced their LHD’s ability to conduct disease surveillance, which not only allows LHDs to monitor and track HIV, STI, and hepatitis rates and trends, but enables them to effectively prioritize and plan programmatic efforts.
- **STI partner services:** 11% of respondents reported reductions to STI partner services. Partner services include identifying and notifying the partners of people who test positive for HIV or another STI and referring them to testing and treatment, ultimately reducing morbidity and preventing transmission. These reductions in partner services follow previously documented reductions. According to a national survey conducted in 2013, of the nearly two-thirds of LHDs reporting cuts to STI programs, 42% reduced partner services.⁶
- **HIV testing:** 11% of respondents noted reductions in HIV testing because of budget cuts. HIV testing is critical to ensuring that people living with HIV are aware of their status and can access care and treatment. HIV testing is also paramount to prevention, as people living with HIV who are on treatment and have an undetectable viral load have effectively no risk of transmitting HIV. Nearly one-third of new HIV infections in the United States are transmitted by people living with undiagnosed HIV.⁷ HIV testing is also cost-effective: for every \$1 the Centers for Disease Control and Prevention spends on HIV testing, \$2 are saved in direct medical costs.⁸
- **Hepatitis B vaccination:** 11% of respondents reported reducing (8%) or eliminating (3%) hepatitis B vaccination. Vaccinating for hepatitis B is essential for achieving our hepatitis elimination goals. Increased adult vaccination, as well as improved management of pregnant women with hepatitis B, may be all that is needed to end transmission within the United States, according to the National Academies of Sciences, Engineering, and Medicine’s consensus report, *A National Strategy for the Elimination of Hepatitis B and C*.⁹



Among LHDs that experienced funding cuts in the past year, 43% reported reductions in HIV, STI, and/or viral hepatitis program staffing levels.



Since 2008, LHDs have experienced significant, sustained reductions in staffing due to funding cuts, resulting in a 23% decrease in the LHD workforce between 2008 and 2016.¹⁰ Further, in 2017, 34% of LHDs reported at least one job loss.¹ Findings from this query show that trends in staff reductions continue to impact LHDs’ HIV, STI, and viral hepatitis programs.

“We currently don’t have adequate funding to support hepatitis activities, so any significant reduction of funds or increase in rates would severely impact our communities. We don’t have the workforce capacity to carry out some of the tasks that need to be done to keep us up to speed.” — Sentinel Network Member

Staff positions most likely to be reduced or eliminated are public health nurses, outreach and education staff, and DIS.

Of LHDs reporting staff roles being eliminated or reduced, 69% reported reductions to their public health nurse workforce. Public health nurses are incredibly valuable to the public health workforce. Nearly all LHDs (96%) employ public health nurses, who make up 19% of the entire LHD workforce.¹¹ Public health nurses bridge clinical and public health. The perspective gained through direct relationships with patients, coupled with their knowledge of health and social sciences, enables them to effectively design and implement interventions to improve health at the individual, community, and population levels. The reductions to public health nursing reported by Sentinel Network members comes alongside a 28% reduction in the number of full-time registered nurses working at LHDs between 2008 and 2016.¹⁰

Not only did two-thirds of the query respondents experiencing budget cuts report reducing or eliminating their public health nurse workforce, but nearly half (44%) reported reducing other nursing or mid-level clinical staff.

Nearly half (44%) of LHDs reporting staff roles being eliminated or reduced experienced reductions to their community outreach and education staff. Outreach and education staff are critical to addressing gaps in diagnosis, linkage to and engagement in care, and treatment of HIV, STIs, and viral hepatitis. Outreach and education staff play an important role in reaching individuals at increased risk for

“Every time there are cuts, I lose staff who are notifying our community of diseases.” — Sentinel Network Member

infectious diseases and those not effectively reached with other public health promotion efforts. Additionally, these staff are essential to prevention strategies aimed at reducing stigma.

Disease intervention specialists (DIS) are the backbone of public health. Alarming, 38% of LHDs reporting staff roles being eliminated or reduced reported reductions in their DIS workforce. DIS conduct contact tracing and provide partner services that include the identification, notification, and referral to testing for sexual partners of individuals infected with HIV and other STIs. Increasingly, DIS are playing an expanded role in disease prevention and control, emergency preparedness, and our response to the opioid epidemic. At a time when STI rates are increasing and the unique skillset of DIS is being recognized for its contribution to improving patient outcomes and community health, these cuts stand to have a negative impact on achieving our national HIV, STI, and viral hepatitis prevention and care goals.

Conclusion

LHDs are the first line of defense in protecting the health and safety of their communities. After years of shrinking budgets, overstretched LHDs have been forced to reduce or eliminate essential and lifesaving health services and activities, and further cuts will undermine their ability to protect the public’s health. At this pivotal moment, our nation needs strong and appropriately funded LHDs to confront new and persistent health challenges and to realize our abilities to end the HIV epidemic, eliminate hepatitis B and C, and successfully prevent and control STIs.

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