Study Purpose
For over a decade, the National Association of County and City Health Officials (NACCHO) has surveyed local health departments (LHDs) in order to monitor their capacities and characteristics over time. The Forces of Change has measured changes in public health driven by notable recent events from the Great Recession to the COVID-19 pandemic. The survey assesses the characteristics of LHD budgets, staffing, and programs, as well as broader social, political, and economic impacts on local public health. The 2020 Forces of Change survey focused on the impacts of the COVID-19 pandemic while also maintaining many of the core items surrounding LHD workforce and finance.

Study Population and Sampling
The FOC survey was distributed electronically via Qualtrics to a population of 2,392 LHDs from November 2020 to March 2021. All LHDs received a common core set of questions (n = 583; response rate = 24%). In addition, a stratified random sample of 905 LHDs received an additional module questionnaire. Strata were defined by the size of the population served by the LHD (n = 237, 26% response rate). Large health departments were oversampled.

Analysis and Survey Weighting
Statistics were computed using Stata 16.1. To adjust for oversampling and non-responses, survey weights were applied via post-stratification. By using these survey weights based on size of population served, the present analysis provides national estimates for all LHDs in the US.

Key Findings

Figure 1. Changes in LHD budgets in current fiscal year compared to the previous fiscal year, over time

Figure 2. Percent of LHDs receiving protection from harassment (n=327)

Figure 3. Percent of LHDs reassigning employees from regular programmatic duties to support COVID-19 response (n=560)

Figure 4. Changes in provision of services during COVID-19, among LHDs that provide the service

Discussion
Surprisingly, budget increases and decreases were no more common, year-to-year, in the first year of the pandemic than they were in the year previous to the pandemic. While both of these years show striking differences from the previous six years, they reflect that many LHDs were facing the early period of the pandemic with stagnant or decreasing budgets. During this period of unprecedented strain on the public health system, harassment of LHDs and public health practitioners was widespread. However, LHDs often did not receive protections from local, state, or federal entities in response to this COVID-19-related harassment. Further adding to the strain, many staff members were reassigned from their usual duties to pandemic related activities. As staff were reassigned, the normal provision of services provided by LHDs was also altered significantly.

Practice Implications
NACCHO uses these findings to raise awareness among leaders in Congress, federal agencies, and other organizations involved in decisions driving public health funding and policymaking. The public health field must ensure that LHD staff feel empowered to prevent and intervene in harassment, and support all colleagues. More research is needed to understand the full range of harassing behaviors related to COVID-19 response, as well as impacts, and prevention.