

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

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Despite progress against HIV, STIs, and hepatitis, new threats have emerged

The **opioid epidemic** is fueling rising rates of injection drug use, contributing to the spread of HIV and hepatitis

The Centers for Disease Control and Prevention has identified 220 counties at risk for an **outbreak of HIV or hepatitis C** among people who inject drugs¹

Between 2010 and 2015, acute **hepatitis C** infections nearly tripled²

Rates of syphilis, gonorrhea, and chlamydia have reached **20-year highs**, and congenital syphilis increased **87%** between 2012 and 2016³

Local health departments play a critical role in the prevention and treatment of HIV, STIs, and hepatitis

We have the tools to **end the HIV epidemic, eliminate hepatitis B and C**, and effectively **prevent and treat sexually transmitted infections (STIs)**, but we must ensure that local public health has the funding to achieve these goals. For nearly a decade, local health departments (LHDs) have faced stagnant and declining budgets and in 2017, one-third reported anticipating cuts in the next year.⁴ This impedes LHDs' capacity to promote and protect the health of communities, especially as these new **challenges** arise.

Methodology

To assess the impact of budget cuts on local HIV, STI, and hepatitis programs, NACCHO queried a convenience sample consisting of its HIV, STI, and Viral Hepatitis Sentinel Network members in October 2017. Of the 114 members, 71 responded to the assessment for a response rate of 62%. Sentinel Network members, comprised of LHD staff working in HIV, STI, and viral hepatitis programs, are recruited through NACCHO's communications channels and direct outreach to LHDs in geographic areas underrepresented in the Sentinel Network. Although not nationally representative, members work in LHDs of varied sizes, geographic locations, and settings.

HIV, STI, & Viral Hepatitis Sentinel Network

Sentinel Network Membership



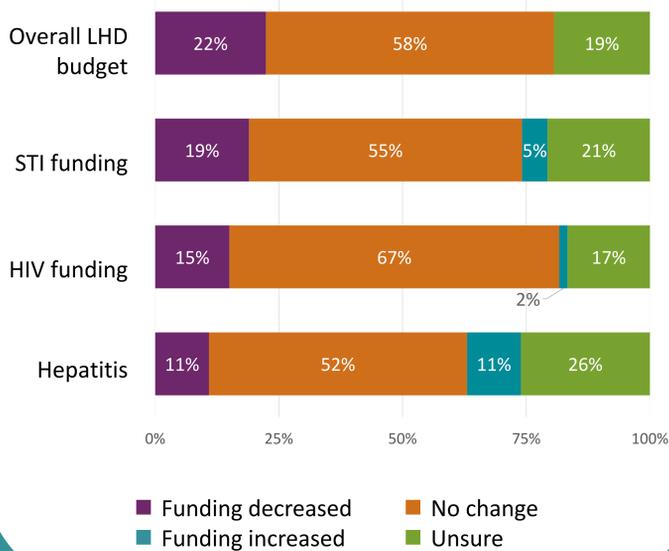
Not pictured: one LHD member each in Alaska and Hawaii

The Sentinel Network is a critical mechanism for gathering the LHD perspective and assessing efforts, needs, challenges, and successes related to HIV, STI, and hepatitis prevention, care, and treatment. Open to all LHDs, the Sentinel Network has more than 100 members from over 40 states and the District of Columbia. Members complete brief online surveys quarterly.

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

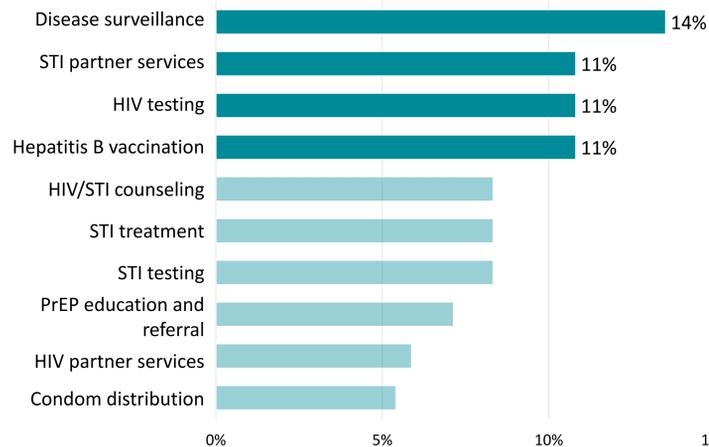
Funding Levels

Compared to Previous Fiscal Year



1/3 of LHDs reporting cuts reduced HIV, STI, hepatitis services or activities

Activities or Services Reduced Due to Budget Cuts



Of LHDs reporting budget cuts (overall or to HIV, STI, and/or hepatitis programs):

- 14% reduced **disease surveillance** efforts, impacting their ability to track disease rates and effectively prioritize and target programming
- 11% reduced **STI partner services**, a strategy that reduces STI morbidity and prevents transmission of new cases
- 11% reduced **HIV testing**, which is critical to ensuring people know their status and access care. HIV testing is also paramount to prevention: 1/3 of new infections are attributed to undiagnosed HIV infections.⁵
- 11% reduced **Hepatitis B vaccination**, an essential strategy on the road to hepatitis elimination.

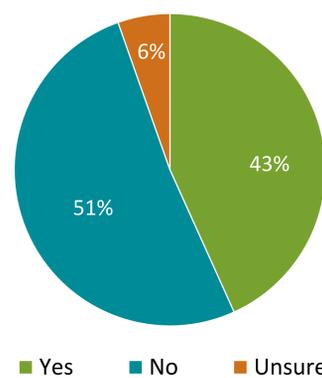
"[If funding cuts continued] we would see a loss in our staffing capabilities, which would impact our ability to do disease investigation, treatment, and disease management."

43% of LHDs experiencing budget cuts reduced HIV, STI, or hepatitis staffing levels

"The rural area already has limited workforce and the potential budget cuts will increase the unemployment rates and decrease the access to care of the community."

Staff Reductions

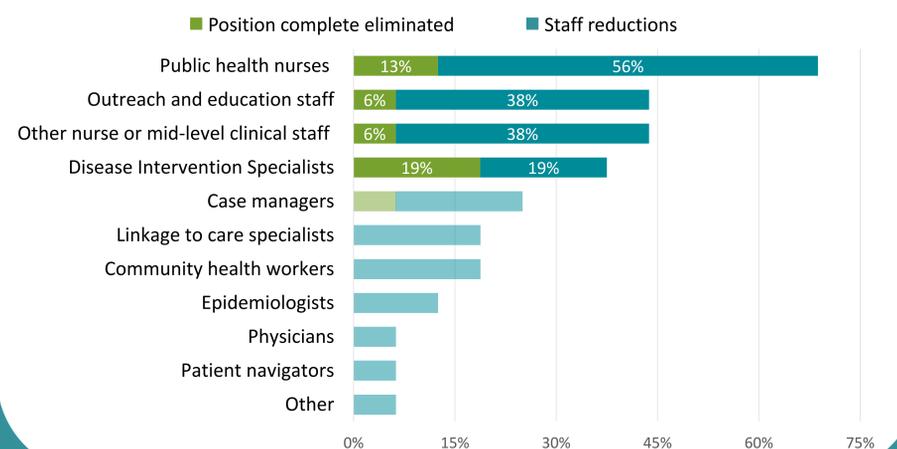
Over Past Year, Due to Budget Cuts*



*Includes eliminating and not filling positions or reducing employees' hours

Staff Roles Eliminated or Reduced

Over Past Year, Due to Budget Cuts



Conclusions

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.

References

1. Van Handel, M.M., et al. (2016). County-level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections among Persons who Inject Drugs, United States. *Journal of Acquired Immune Deficiency Syndromes*, 73(3): 323-33. <http://dx.doi.org/10.1097/QAI.0000000000001098>
2. CDC. (2017, May 11). New Hepatitis C Infections Nearly Tripled over Five Years [press release]. Retrieved from <https://www.cdc.gov/hcbhsp/newsroom/2017/hepatitis-surveillance-press-release.html>
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