

Local Health Department Job Losses and Program Cuts: Findings from January 2012 Survey

ECONOMIC RECOVERY? NOT FOR MANY LOCAL HEALTH DEPARTMENTS

Although the country as a whole shows signs of economic recovery, the same is not true for many local health departments (LHDs). During 2011, 57 percent of all LHDs reduced or eliminated at least one program (Figure 1), a larger percentage than in any 12-month period since the recession began in 2008 (not shown). Emergency preparedness was among the hardest hit, with 23 percent of LHDs reporting a reduction to this program. An equal percentage of LHDs cut clinical health services, such as comprehensive primary care and mental health services. Other programs frequently cut include maternal child health, population-based primary prevention, and immunization.

FIGURE 1. Percentage of LHDs that Reduced or Eliminated Programs, Overall and by Program Area (Calendar Year 2011)

Program Area	Percentage of LHDs
At least one program	57%
Emergency Preparedness	23%
Clinical Health Services	23%
Maternal and Child Health Services	21%
Population-based Primary Prevention	19%
Immunization	19%
Environmental Health	17%
Chronic Disease Screening and/or Treatment	16%
Communicable Disease Screening and/or Treatment	10%
Food Safety	10%
Epidemiology and Surveillance	9%

n=590-633

NEARLY 40,000 JOBS LOST SINCE 2008

During the second half of 2011, LHDs throughout the country collectively shed 5,200 jobs, more than three times as many positions as they gained (Figure 2). Of the reductions, 3,000 were positions lost to attrition that were not replaced due to

hiring freezes or budget cuts; the remaining 2,200 were staff layoffs. When combined with loss estimates from previous studies, nearly 40,000 jobs have been eliminated since 2008.

FIGURE 2. Estimated Number of LHD Job Losses (2008–2011) and Job Losses and Additions (July–December 2011)

Job Losses (Layoffs and Attrition) (2008–2011)	
2008	7,000
2009	16,000
2010	6,000
<u>2011</u>	<u>10,600</u>
Total	39,600
Job Losses and Additions (July–December 2011)	
<i>Losses</i>	
Layoffs	2,200
<u>Attrition</u>	<u>3,000</u>
Total	5,200
<i>Additions</i>	
New positions	1,200
<u>Vacancies filled due to lift of hiring freeze</u>	<u>500</u>
Total	1,700

Forty-four percent of all LHDs lost at least one staff person during the second half of 2011, and more than one in every five (21 percent) either reduced staff work hours or imposed mandatory furlough on existing staff (Figure 3). In total, more than half (51 percent) of all LHDs reported some type of reduced workforce capacity between July and December 2011. These figures are essentially unchanged since 2010.

BUDGETS CONTINUE TO DWINDLE

Forty-one percent of LHDs throughout the country said their current fiscal year budget is less than the previous one, compounding significant cuts made in prior periods (Figure 4). About half (48 percent) said their budgets are holding steady, and only 11 percent reported increases (not shown). Looking ahead, 41 percent of LHDs expect cuts in the next fiscal year.

FIGURE 3. Percentage of LHDs Losing Workforce Capacity, Overall and by Type (2010–2011)

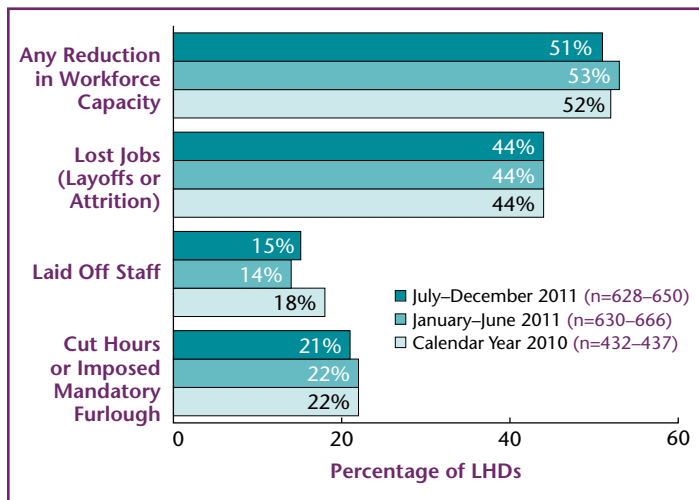
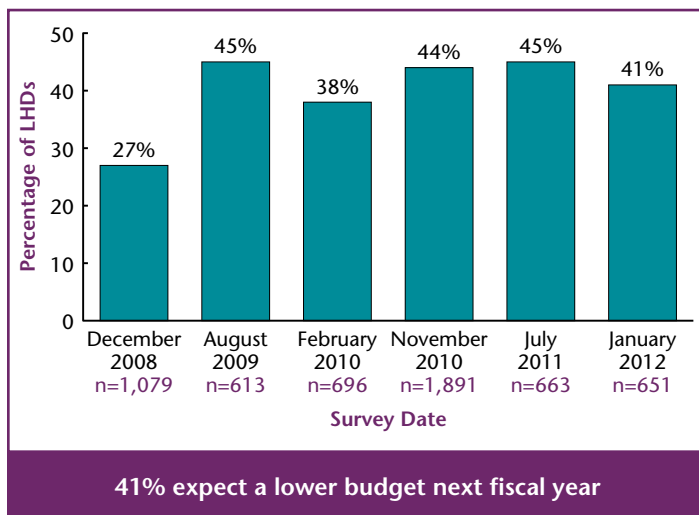


FIGURE 4. LHDs with Budget Cuts (2008–2011)

Percentage of LHDs Reporting Lower Budgets in the Current Fiscal Year than in the Prior Fiscal Year



PROTECTING THE COMMUNITY DESPITE ONGOING CHALLENGES

LHDs used various strategies to minimize the negative impact of cuts on service to their communities. Eighty-two percent reported cross-training staff, one of the most common strategies. To offset workforce reductions, health officials were much more likely to increase the workload of their employees (77 percent) than to increase work hours (16 percent). A large majority (60 percent) reported increased use of technology as a means to reduce expenses or increase efficiencies. Many employed measures to increase revenues, including pursuing new funding streams (59 percent), originating or increasing fees for services (55 percent), and originating or increasing insurance billing (35 percent). To

reduce workload, more than half (51 percent) identified other providers in the community for client referrals, while 22 percent contracted with another public health provider for services.

FIGURE 5. Percentage of LHDs Reporting Various Strategies to Mitigate Negative Impact of Cuts on Service to Communities

Strategy	Percentage of LHDs
Cross-trained staff	82%
Increased staff workload	77%
Utilized technology to become more efficient and/or reduce costs	60%
Pursued new funding opportunities	59%
Increased or began charging fees for service	55%
Identified other providers in the community for client referrals	51%
Shared equipment or staff with another LHD	40%
Hired contract staff rather than regular employees	35%
Increased or began billing to insurance	35%
Merged departments within the LHD	23%
Contracted with another public health provider for services	22%
Shared equipment or staff with a non-LHD organization	17%
Increased work hours of existing staff	16%
Reduced employee pay	9%

n=657

METHODOLOGY

In January and February 2012, NACCHO surveyed 957 LHDs, selected as part of a statistically random sample designed to provide both national and state-level estimates. A total of 663 LHDs distributed across 47 states participated for a response rate of 69 percent. Data in this study were self-reported; NACCHO did not independently verify the data provided by LHDs. Technical documentation is posted on NACCHO's website at www.naccho.org/lhdbudget. Additional findings will be made available here in the coming months.

ACKNOWLEDGMENTS

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