

## Local Health Department Job Losses and Program Cuts: Findings from the July 2011 Survey



The National Association of County and City Health Officials (NACCHO) surveyed local health departments (LHDs) nationwide in July and August of 2011 to measure the impact of the economic recession on LHDs' budgets, staff, and programs. Results of this survey, the sixth in a series, show that the capacity to protect the public's health continues to deteriorate at many LHDs.

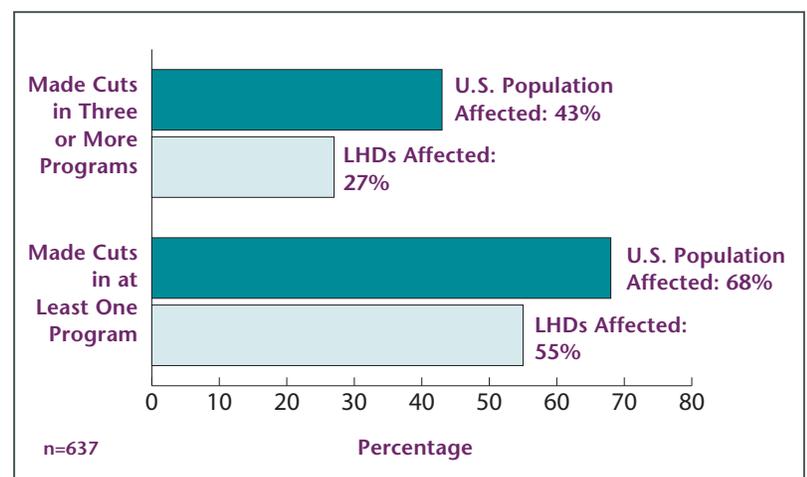
### METHODOLOGY

In July and August 2011, NACCHO surveyed 968 LHDs, selected as part of a statistically random sample designed to provide both national and state-level estimates. A total of 680 LHDs distributed across 48 states participated for a response rate of 70 percent. Data in this study were self-reported; NACCHO did not independently verify the data provided by LHDs. An overview report and state-level tables are also available at [www.naccho.org/lhdbudget](http://www.naccho.org/lhdbudget).

### WIDESPREAD REDUCTIONS IN ESSENTIAL SERVICES CONTINUE

Between July 2010 and June 2011, 55 percent of all LHDs made cuts in at least one program, and more than two-thirds of the U.S. population (68 percent) lives in one of these affected jurisdictions (Figure 1). Twenty-seven percent of LHDs nationwide made cuts in three or more programs, impacting 43 percent of the U.S. population.

**Figure 1. Percentage of LHDs Affected by Cuts to Program Areas and Percentage of Population Living in Jurisdictions of Affected LHDs (Jul 2010 – Jun 2011)**



*Between July 2010 and June 2011, 55 percent of all LHDs made cuts in at least one program, impacting 68 percent of the U.S. population.*

Figure 2 reports the percentage of LHDs that made cuts in 10 different programmatic areas between July 2010 and June 2011, presenting the data in two ways.

It first shows the percentage of all LHDs that reduced or eliminated each program, regardless of whether or not the LHD offered the program in question (teal bars). Analyzing the data this way, we see that maternal and child health services, other personal health services, and emergency preparedness are among the programs most often cut in communities nationwide.

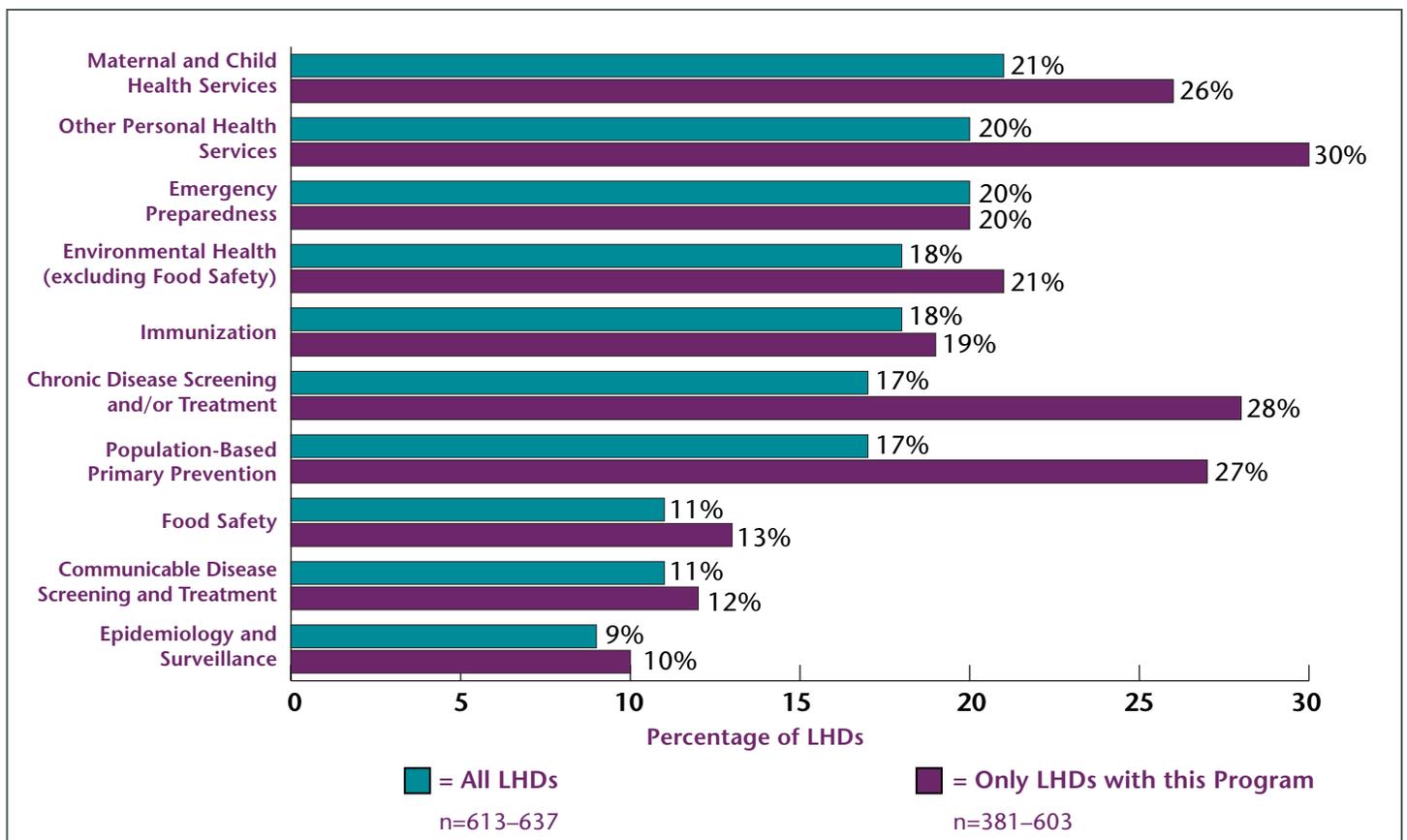
Figure 2 also reports the percentage of LHDs with program cuts, including only those LHDs that offered each program in question at some point between July 2010 and June 2010 (purple bars). These data tell us something about which programs are more vulnerable to cuts. For programs like emergency preparedness and immunization, the story changes little because most LHDs offer these programs. However, fewer LHDs offer other programs, and the situation appears more critical when we exclude from analysis the LHDs that lack these programs. For instance, while 17 percent of

*“We simply will not be as ready and responsive in the event of an emergency because we will not have engaged those we need to, especially those new to the field of emergency preparedness. This is an area where established relationships are critical.”*

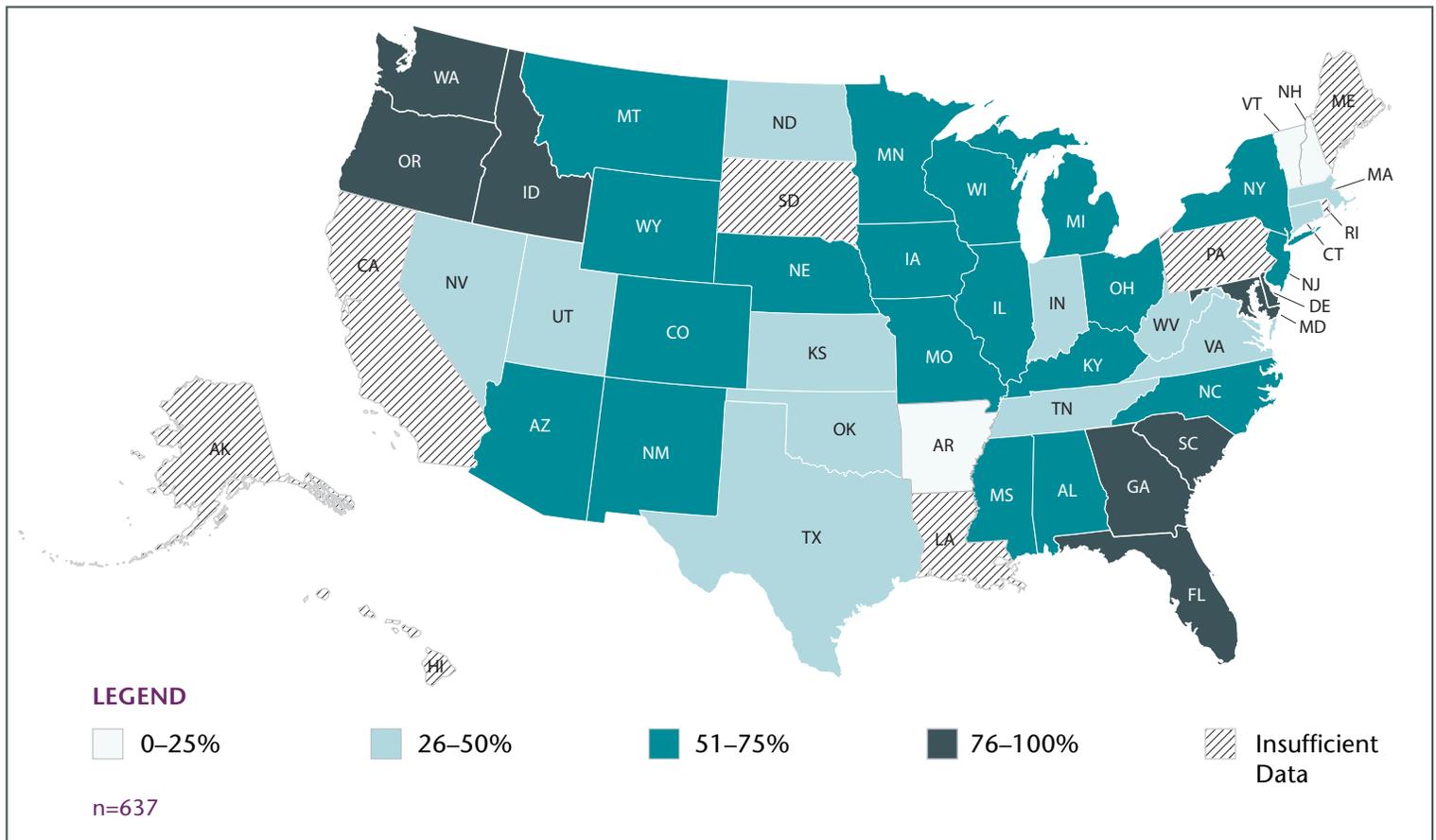
all LHDs made cuts in chronic disease screening and treatment programs, 28 percent of LHDs that offered chronic disease screening and treatment at some point between July 2010 and June 2011 reduced or eliminated this program.

Between July 2010 and June 2011, more than half of LHDs in 27 states made cuts in at least one program area (Figure 3). More than three-quarters of LHDs

**Figure 2. Percentage of LHDs that Reduced or Eliminated Programs (Jul 2010–Jun 2011)**



**Figure 3. Percentage of LHDs with Program Cuts Due to Budgetary Reasons (Jul 2010–Jun 2011)**



in Maryland and Delaware reported program cuts, as did several states in the northwest and southeast.

Feedback from health officials illustrates the risk that these ongoing reductions place on the communities that LHDs serve. Speaking of the anticipated effect of recent reductions to emergency preparedness training, one LHD official notes, “We simply will not be as ready and responsive in the event of an emergency because we will not have engaged those we need to, especially those new to the field of emergency preparedness. This is an area where established relationships are critical.” Similarly, reduced immunization services increase the risk of otherwise preventable outbreaks. One health official describes the impact of these reductions as “tremendous,” noting that “shingles is making a comeback in the U.S., [but] we can’t afford the vaccine.”

LHDs can try to retain programs by imposing fees, but these can be prohibitive. While discussing the STD program at his LHD, one official noted how “men are not coming in [for STD screening] due to fees, and we don’t reduce the fees because we don’t have the funding.” At this LHD, women receive free screening as part of family planning, but men do not. A health official at another LHD foresees similar

problems related to immunization. “Parents cannot afford to pay for these vaccines, so children will go without immunizations,” she said. “Adults cannot afford to pay for immunizations they need, therefore they will go without. The end result of the situation will be more infectious disease.”

Some health officials feel that cuts to preventive services like these will cost more money in the long run. One LHD official put it this way, “People cannot afford to visit their doctor or afford medications for treatment, which will result in emergency room visits of which people again cannot afford.” Another worries that recent reductions in the number of well-child exams at her LHD will lead to “more costly services [because] early identification of delays will not occur.”

*“Shingles is making a comeback in the U.S., [but] we can’t afford the vaccine.”*

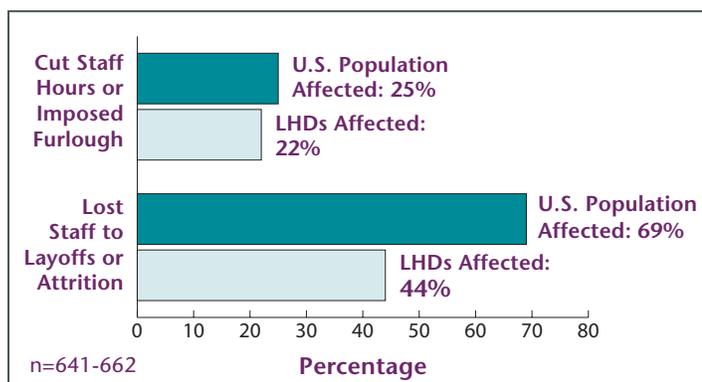
## LOCAL HEALTH DEPARTMENTS LOSING SKILLED STAFF

Since 2008, LHDs throughout the nation have shed 34,400 employees. In the first half of 2011 alone, LHDs collectively lost 5,400 staff to layoffs and attrition, far more positions than they gained (Figure 4). Forty-four percent of all LHDs lost at least one staff to layoffs or attrition over this time period, and 69 percent of the population lives in a jurisdiction impacted by these reductions (Figure 5).

**Figure 4. Estimated Number of LHD Job Losses (Over Time) and Job Additions (Jan 2011 – Jun 2011)**

JOB LOSSES (LAYOFFS OR ATTRITION)	
2008	7,000
2009	16,000
2010	6,000
First half of 2011	5,400
<b>TOTAL</b>	<b>34,400</b>
JOB ADDITIONS (JAN-JUN 2011)	
New positions	1,400
Vacancies filled due to lift of previous hiring freeze	400
<b>TOTAL</b>	<b>1,800</b>

**Figure 5. Percentage of LHDs Affected by Job Losses and Cuts to Staff Hours or Imposed Furlough, and Percentage of Population Living in Jurisdictions of Affected LHDs (Jan 2011 – Jun 2011)**



Between January 2011 and June 2011, more than half of LHDs lost jobs in 19 states. The proportion of LHDs losing jobs to layoffs or attrition was 25 percent or less in only six states (Figure 6).

These trying economic times negatively impact not only the quantity but also the quality of the workforce. Many health officials find themselves unable to retain and attract skilled staff, sometimes because they cannot offer competitive wages. One official states the problem succinctly, “Due to lower budgets we can only offer them base starting pay and they can go almost anywhere else and receive more.” Echoing these sentiments, another health official laments, “Because governmental salary and compensation has not kept pace with the private sector... recruitment is difficult.”

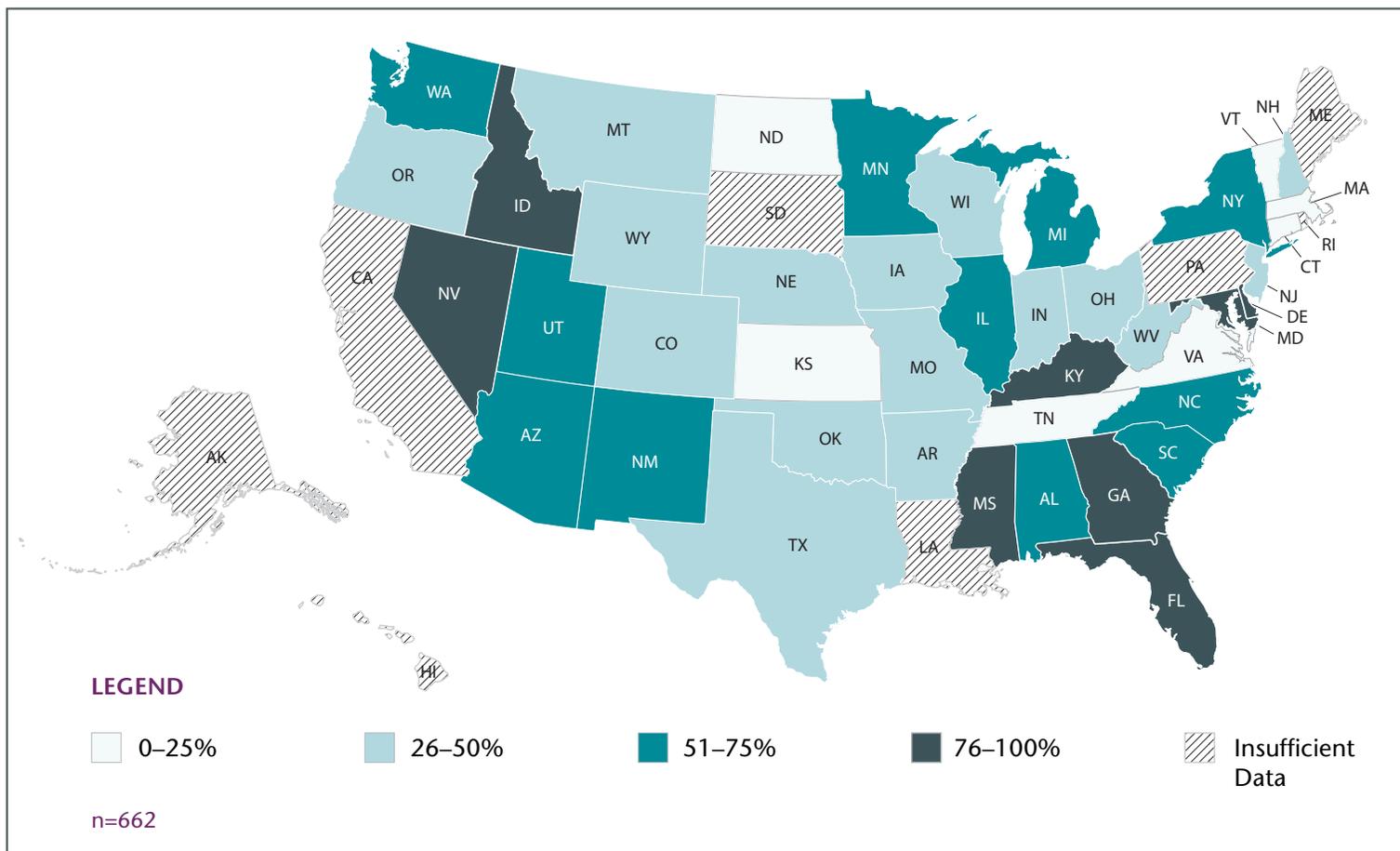
*Because nurses have the opportunity to find “greener financial pastures,” the process of hiring a public health nurse can be “painfully difficult.”*

Nurses are especially hard to recruit and retain because they can find higher paying jobs elsewhere. Describing this problem, one health official noted that “nurses working in the local health department could most likely increase their salary by moving on to another employment situation. This can lead to a continual need for training and orientation for the incoming nursing workforce.” Because nurses have the opportunity to find “greener financial pasture,” the process of hiring a public health nurse can be “painfully difficult.”

Retirement also contributes to the loss of skilled staff at many LHDs, and the poor economic climate is intensifying its effects. Although some LHDs report delayed retirement of staff who need the income, many others report an increase as their older employees capitalize on incentives

*“Due to lower budgets we can only offer [staff] base starting pay and they can go almost anywhere else and receive more.”*

Figure 6. Percentage of LHDs that Lost Jobs Due to Layoffs or Attrition (Jan 2011 – Jun 2011)



to retire early. One health official says, “Due to incentives offered to staff nearing retirement, we lost experienced long-term employees and were unable to capture the institutional knowledge in a more planned fashion.”

Sometimes tight budgets prohibit LHDs from filling positions vacated by retirees, further straining the existing workforce and compromising the ability of LHDs to serve the community. “Inability to replace staff who retire and staff layoffs has had negative impact on workforce,” notes one LHD official. “In particular, loss of clinical staff has limited our ability to respond to communicable disease outbreaks and loss of health educators has virtually eliminated all teen health education.”

When positions vacated by retirees are filled, often they go to younger, less experienced individuals. “Due to an early retirement offer from the County,” explains one health official, “we have lost highly experienced and knowledgeable staff and management, and have replaced them all with younger, less experienced employees.”

*“In particular, loss of clinical staff has limited our ability to respond to communicable disease outbreaks and loss of health educators has virtually eliminated all teen health education.”*

What young employees lack in experience, however, they make up for in other ways. One official finds that younger staff “are generally more open to change and new ways of doing things.” Similarly, another official comments how, “with the younger workforce, we have received fresher and new ideas.” Several consider young workers more scientific and technologically savvy, which they think may lead to increased efficiencies. Other positive words used to describe this young cohort include “vigilant,” “enthusiastic,” and “motivated.”

## NO END IN SIGHT FOR BUDGET WOES

As noted by one health official, program and staffing concerns spring from budgetary constraints. “Budget cuts ultimately resulted in workforce reduction, which in turn affects LHD capacity to provide the volume of public services that was readily available in the past.”

Unfortunately, the fiscal situation continues to deteriorate for many LHDs nationwide. When asked in July 2011 how their current operating budget compares to that of the prior fiscal year, 45 percent of LHDs noted a decrease (Figure 7). Had they not received one-time government assistance, an additional 13 percent of LHDs would have reported reduced budgets, for a total of 58 percent. Even though the recession officially ended in June 2009, the budget situation of LHDs has yet to improve.

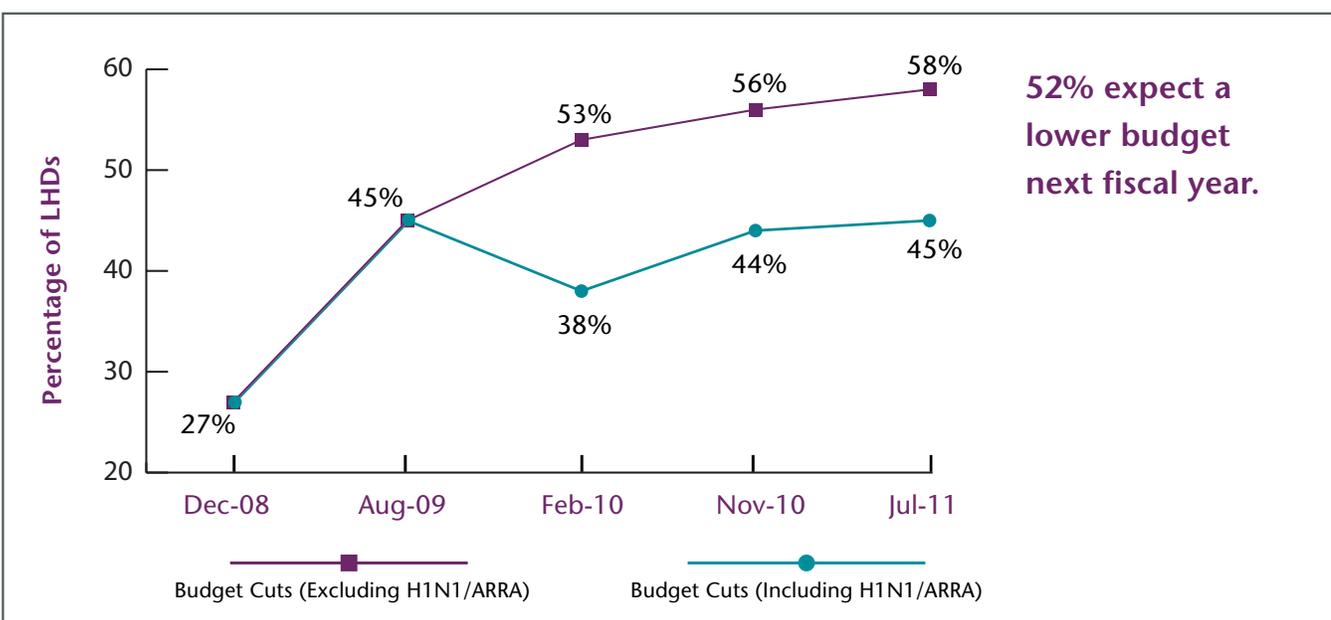
There may even be reason to expect a worse financial situation next fiscal year. Because all one-time government assistance funds have been dispensed, LHDs can no longer count on this budgetary relief, and the federal government has no plans to offer additional rescue funding. These factors may help explain why 52 percent of LHDs expect a lower budget next fiscal year.

LHDs saw reductions from a variety of different funding streams, though funding reductions from state and federal sources were most common (Figure 8). Nearly two-thirds of LHDs (63 percent) received fewer funds from the state this fiscal year compared to last, and a similar proportion (61 percent) reported a reduction in revenue from the federal government (either directly or passed through to the state) over the same time period. Roughly three in 10 reported reductions in revenues from local governments (30 percent), Medicare/Medicaid (28 percent), and fees (27 percent). Only 12 percent of all LHDs experienced no decrease in any revenue source.

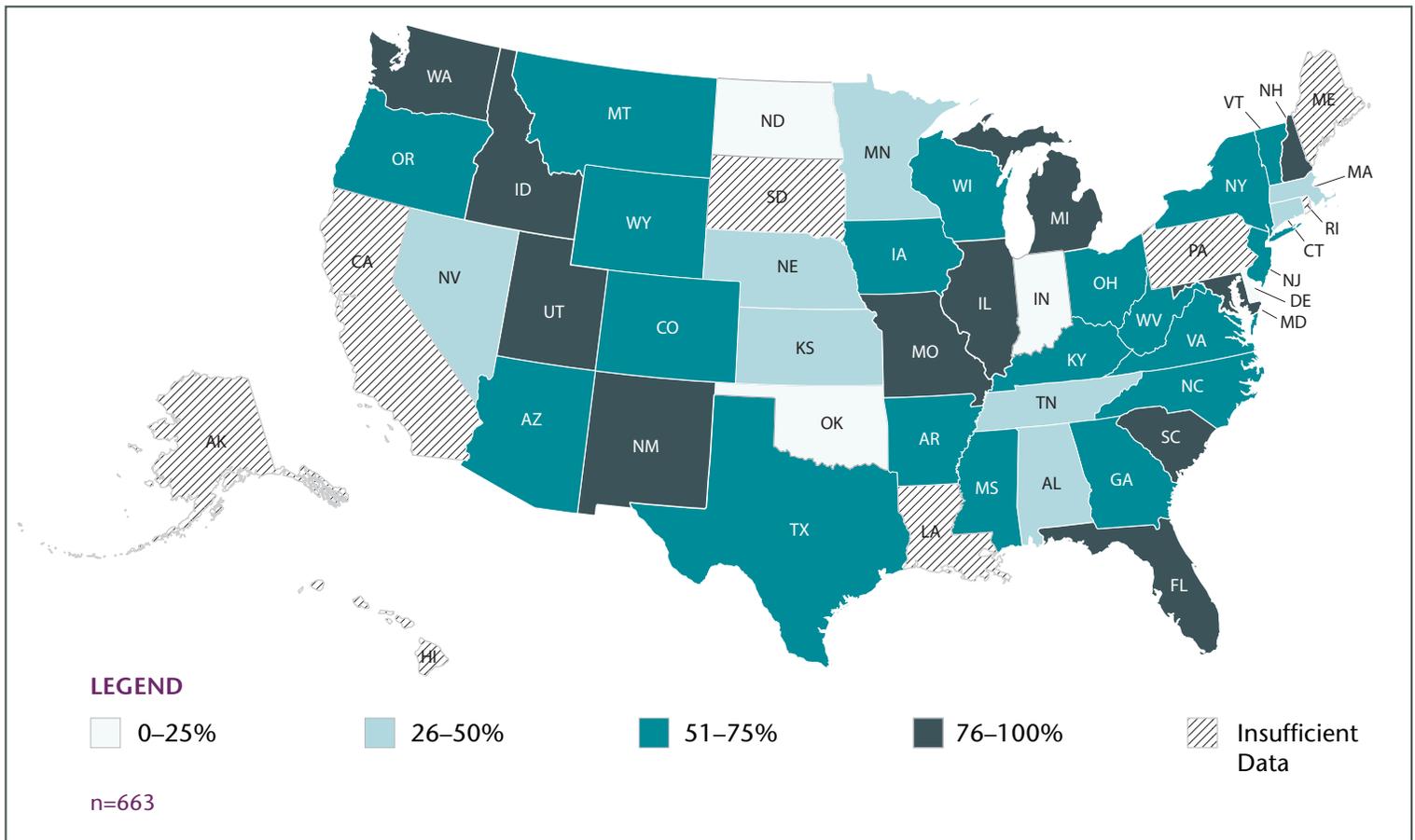
**Figure 8. Percentage of LHDs Experiencing Reductions from Selected Revenue Streams (Current versus Previous Fiscal Year)**

State	63
Federal (direct or via state)	61
Local	30
Medicare/Medicaid	28
Fees	27
No decrease in any revenue source	12
n=636	

**Figure 7. Percentage of LHDs with Budget Cuts, Including and Excluding One-Time Funding Such as ARRA or H1N1 (2008–2011)**



**Figure 9. Percentage of LHDs with Budget Decreases in Mid-2011 Compared to Previous Year, Excluding One-Time Funding Such as ARRA or H1N1**



More than half of LHDs in 30 states reported lower budgets (excluding one-time government assistance) in mid-2011 compared to the previous year (Figure 9), and this figure has risen steadily since 2008. When asked in late 2010, more than half of LHDs in 28 states reported lower budgets compared to the previous year. The same was true of 20 states in mid-2009 and just seven states in late 2008 (not shown).

*These cuts compromise the ability of LHDs to ensure that drinking water is safe, to protect the public in the event of a natural or man-made disaster, to prevent pandemics by immunizing the community against disease.*

## CONCLUSION

Ongoing budget cuts continue to jeopardize the health of those who depend on LHDs for essential services. Nearly seven out of every 10 Americans lives in a jurisdiction that reduced or eliminated at least one program between July 2010 and June 2011. These cuts compromise the ability of LHDs to ensure that drinking water is safe, to protect the public in the event of a natural or man-made disaster, to prevent pandemics by immunizing the community against disease.

An inability to maintain qualified staff also threatens the quality of service offered by many LHDs. On the whole, LHDs lost more positions than they gained during the first half of 2011. Recruitment and retention of highly-qualified staff prove difficult when these individuals can receive higher paying salaries elsewhere. Loss of experience and institutional knowledge presents a special problem at LHDs experiencing high rates of retirement, though many LHDs value the enthusiasm, efficiency, and motivation that they often find in their young employees.

## [ RESEARCH BRIEF ]

December 2011



Looking to the future, the fiscal outlook remains bleak for many LHDs. Fifty-two percent expect next fiscal year's budget to be lower than the current budget. Moreover, LHDs can no longer count on the one-time government assistance provided by the American Recovery and Reinvestment Act and emergency H1N1 flu funding. Unfortunately, no new federal funding options are available.

The tragedy is that the LHD's capacity to serve the community decreases as the need for certain services increases. One health official observed that three years ago, about 600 patients walked through the doors of her health department in a given week. Now this LHD serves about 1,500 members of the community on a weekly basis, a 150 percent increase. "Public health," notes another official, "is the last program that needs to be cut during times of economic distress."

*One health official observed that three years ago, about 600 patients walked through the doors of her health department in a given week. Now this LHD serves about 1,500 members of the community on a weekly basis, a 150 percent increase.*

## Acknowledgements

NACCHO is the national organization representing local health departments (including city, county, metro, district, and tribal agencies).

This document was supported by Award Number 5U38HM000449-04 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of NACCHO and do not necessarily represent the official views of the sponsors.

### FOR MORE INFORMATION, PLEASE CONTACT:

**Christine Brickman Bhutta, PhD**

Senior Research Scientist  
Research and Evaluation

P 202-471-1206

F 202-783-1583

cbhutta@naccho.org

# NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health



**Public Health**  
Prevent. Promote. Protect.

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.

1100 17th St, NW, 7th Floor, Washington, DC 20036

P 202-783-5550 F 202-783-1583

[www.naccho.org](http://www.naccho.org)

© 2011. National Association of County and City Health Officials