

Local Health Department Job Losses and Program Cuts: Findings from January 2011 Survey and 2010 National Profile Study



The National Association of County and City Health Officials (NACCHO) surveyed local health departments (LHDs) nationwide twice between September 2010 and January 2011 to measure the impact of the economic recession on LHDs' budgets, staff, and programs. These surveys, the fourth and fifth of a series, show that LHDs have experienced deep job losses and cuts to core funding that erode or eliminate essential public health services.

To view the summary findings or state-level analysis of these data, please visit www.naccho.org/jobloss. Here you can also access results of earlier studies.

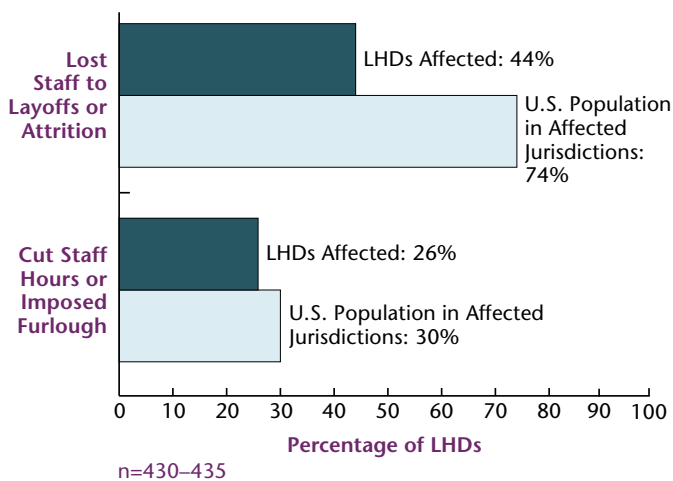
METHODOLOGY

NACCHO administered the National Profile of Local Health Departments survey to all LHDs (n=2,568) in the United States from September to November 2010, which included questions about cuts to budgets, staff, and programs between July 1, 2009, and June 30, 2010. A total of 2,107 LHDs completed the survey (response rate of 82%). Data were weighted to adjust for non-response. Questions related to staffing cuts were repeated in January 2011 when NACCHO conducted another nationwide survey of LHDs to assess job losses in the entire 2010 calendar year. A total of 596 LHDs (response rate of 74%; 440 respondents) were selected using stratified random sampling methods designed to provide national estimates. Reported statistics were developed using appropriate weights for both sampling and non-response. All data in both studies were self-reported; NACCHO did not independently verify the data provided by LHDs. Additional findings are posted on NACCHO's website at www.naccho.org/jobloss.

LOCAL HEALTH DEPARTMENTS LOSE 29,000 JOBS

More than half (52%) of all LHDs experienced negative job impact in 2010, as they collectively shed 6,000 employees and reduced the working capacity of three times as many (Figure 2). Forty-four percent of all LHDs reported staff reductions through layoffs or attrition, and nearly three-quarters (74%) of the U.S. population lives in a jurisdiction impacted by these reductions (Figure 1). Since 2008, 29,000 total jobs were lost to layoffs or attrition (Figure 2), approximately 19 percent of the 2008 nationwide LHD workforce.

FIGURE 1: 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 (Calendar Year 2010)



29,000 cumulative jobs were lost from 2008 to 2010, approximately 19 percent of the 2008 nationwide LHD workforce.

FIGURE 2: Estimated Total Number of LHD Jobs Lost and Adversely Affected, 2008–2010

Jobs Lost to Layoffs or Attrition	
2008	7,000
2009	16,000
2010	6,000
TOTAL	29,000
Jobs Affected by Hours Reduced or Mandatory Furlough*	
2008	Not known
2009	More than 13,000
2010	18,000

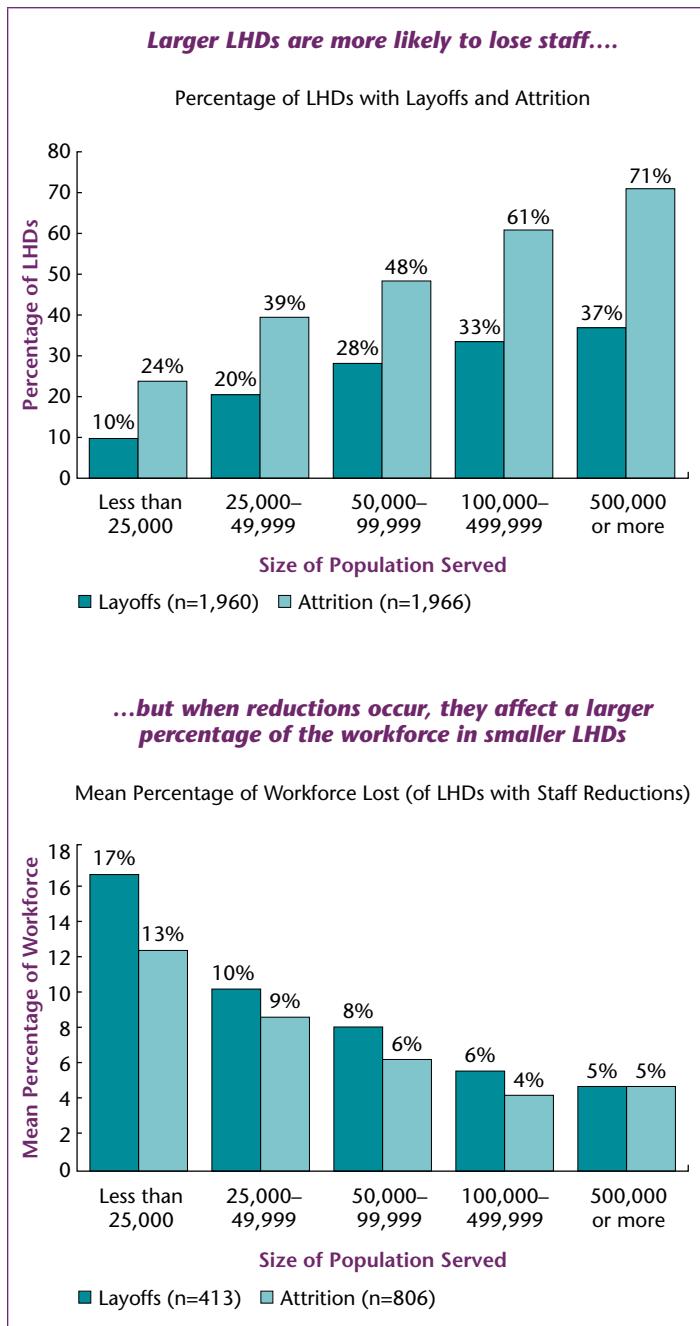
*Because a single employee can have hours reduced or be placed on mandatory furlough in multiple years, total cannot be calculated.

Layoffs and attrition were more common at larger LHDs than at smaller ones (Figure 3). Ten percent of LHDs that serve communities of 25,000 or less laid off staff between July 2009 and June 2010, whereas 37 percent of LHDs that serve communities of 500,000 or more experienced similar staff reductions. Similarly, while 24 percent of the smallest LHDs lost staff to attrition, the same is true of 71 percent of the largest LHDs. These differences are statistically significant at the five percent significance level ($p < 0.05$).

Although smaller LHDs were less likely to experience staff reductions, a larger percentage of their workforce was affected when it did occur ($p < 0.05$) (Figure 3). Among LHDs that laid off staff between July 2009 and June 2010, LHDs serving communities of 25,000 or less laid off 17 percent of their total workforce, on average; the largest LHDs laid off an average of five percent of their staff. Among LHDs that lost

staff to attrition during this same time period, the smallest LHDs shed 13 percent of their total workforce while the largest LHDs reduced their workforce by five percent, on average.

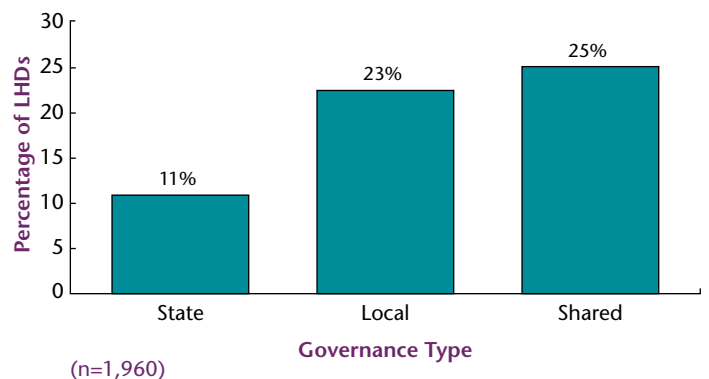
FIGURE 3: Percentage of LHDs with Staff Reductions and Mean Percentage of Workforce Lost by Size of Population Served (July 2009–June 2010)



Larger LHDs are more likely to lose staff. However, when reductions do occur, they affect a larger percentage of the workforce in smaller LHDs.

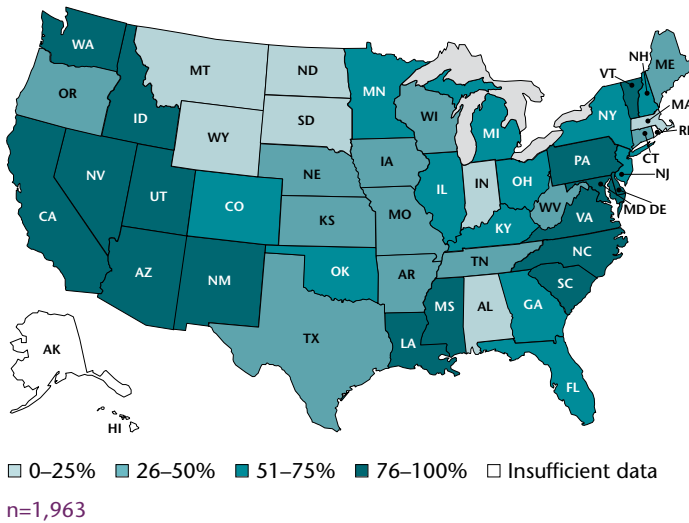
Staff layoffs varied by governance type ($p < 0.05$) (Figure 4). LHDs can be governed by local authorities, the state health agency, or both. LHDs were more likely to report layoffs when governed by local authorities than when governed by the state health agency. Layoffs were similarly more common in LHDs where governance was shared between state and local authorities than in state-governed LHDs. These differences persisted even after controlling for population size (not shown).

FIGURE 4: Percentage of LHDs that Lost Jobs Due to Layoffs by Governance Type (July 2009–June 2010)



In 28 states, over half of LHDs lost staff between July 2009 and June 2010. In 16 states, over 75 percent of LHDs lost staff positions due to layoffs or attrition (Figure 5).

FIGURE 5: Percentage of LHDs that Lost Jobs Due to Layoffs or Attrition (July 2009–June 2010)



Ongoing budget cuts negatively affected not only those that lost their jobs but also those who remained on staff. In one LHD, “six positions became vacant due to attrition [in 2010]...[and] 16 additional positions were abolished.... [This] has placed a hardship on the remaining employees as their workload demands continue to increase.”

To illustrate the severity of workforce cuts, three officials referenced their “skeleton” staff and another noted how her workforce had been “cut to the bone.” As one LHD official explains, “our remaining employees are now expected to assume additional job duties due to positions being eliminated and the expectation that services delivery is not impacted.” For some, this increased burden also takes an emotional toll: “Morale is at an all-time low due to the constant potential for more cuts coupled with increased work load.”

STAFFING PROBLEMS JEOPARDIZE QUALITY OF SERVICE

Many LHDs reported trouble retaining and recruiting qualified staff even as they were forced to lay off others. As one LHD official explains, “Given current budgets, wage freezes and proposed and actual cuts to benefits make retaining and recruiting skilled staff (RNs, RDs, etc.) increasingly difficult.” Another official echoes this sentiment: “We have not been able to offer raises and the lagging salary scale we operate by has been a detriment in recruiting and retaining qualified people.”

Ultimately, the community suffers: “A wage freeze plus an increase in health insurance premium has reduced take-home pay... This has a negative effect on morale [and] quality of service.”

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TIGHT BUDGETS CONTINUE TO THREATEN ESSENTIAL SERVICES

With fewer resources, many LHDs throughout the nation have been forced to reduce or entirely eliminate services that ensure the health and safety of their communities (Figure 6). Between July 2009 and June 2010, 42 percent of LHDs reported cuts to at least one program, and 59 percent of the U.S. population lives in one of these affected jurisdictions. Fourteen percent of LHDs nationwide cut three or more programs, impacting nearly one-third (32%) of the U.S. population. For the second year in a row (not shown), maternal and child health programs were among the hardest hit, with nearly one in every five LHDs (18%) across the country reporting reduced or eliminated services to pregnant women, new mothers, and children (Figure 7).

FIGURE 6: Percentage of LHDs Affected by Cuts to Program Areas and Percentage of Population Living in Jurisdictions of Affected LHDs (July 2009–June 2010)

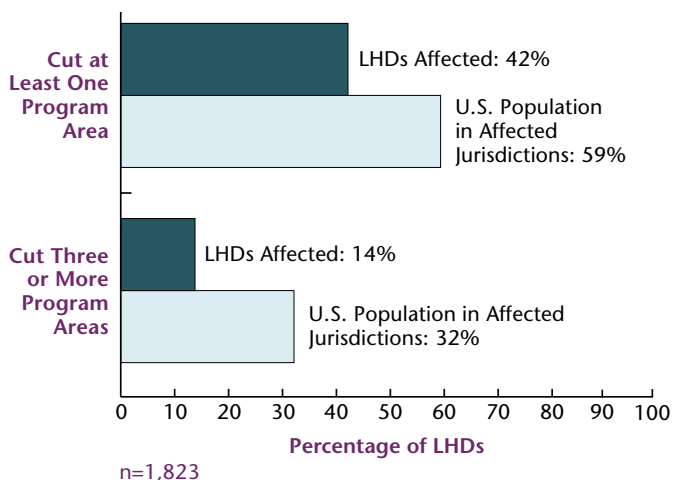


FIGURE 7: Percentage of LHDs with Program Cuts, by Program Area (July 2009–June 2010)

Program Area	Percentage of LHDs
At Least One Program Area	42%
Maternal and Child Health	18%
Population-Based Primary Prevention	12%
Environmental Health	12%
Clinical Health Services	12%
Chronic Disease Screening/Treatment	10%
Immunization	8%
Emergency Preparedness	7%
Communicable Disease Screening/Treatment	6%
Food Safety	6%
Epidemiology And Surveillance	4%

n=1,823

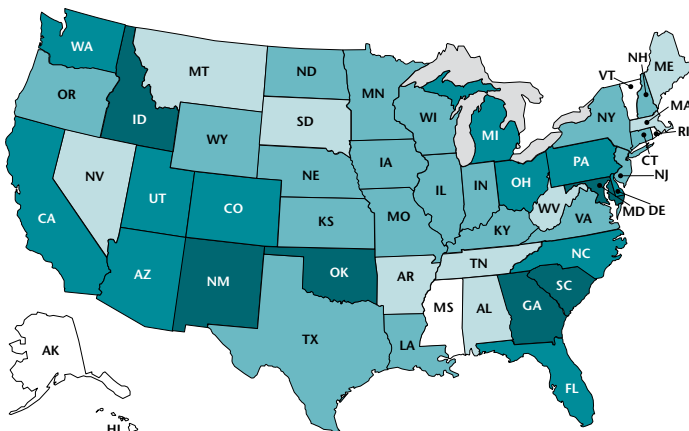
In some cases, communities lost programs that were available nowhere else. As one LHD official laments, “We closed a substance abuse treatment program [that] was the only program in one of our counties and one of two in the other county. County law enforcement says alcohol and drug abuse is the single largest cause of crime in our counties, [but there are] almost no services for people wanting help.” This comment illustrates how program cuts negatively impact both those who directly receive the services and those who benefit from them indirectly.

“[Our LHD] is the only public health facility in a county covering more than 1,300 square miles,” explains one official, “and many of our residents are not able to meet the monetary requirements for service from [fee for service] providers.”

Even when services are available elsewhere, for some they remain financially out of reach. “[Our LHD] is the only public health facility in a county covering more than 1,300 square miles,” explains one official, “and many of our residents are not able to meet the monetary requirements for service from [fee for service] providers.”

In 17 states, more than half of all LHDs made cuts to at least one program between July 2009 and June 2010 (Figure 8). The same was true of 27 states during the prior 12-month period (not shown).

FIGURE 8: Percentage of LHDs with Program Cuts (July 2009–June 2010)



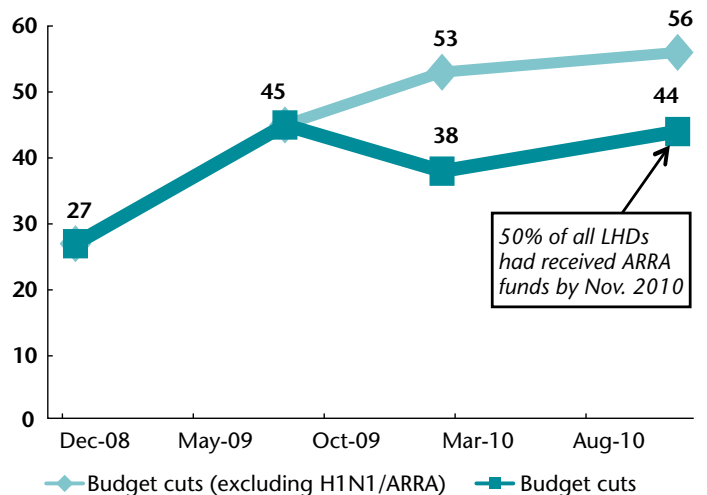
0–25% 26–50% 51–75% 76–100% Insufficient data

n=1,823

CUTS TO CORE FUNDING ARE SEVERE

Budget cuts have continued unabated since 2008. When asked in November 2010 how their current operating budget compares to their prior year’s budget, 44 percent of all LHDs noted a decrease (Figure 9). When one-time funding from the American Recovery and Reinvestment Act or H1N1 supplemental funding is excluded, an additional 12 percent of LHDs reported a lower budget, for a cumulative 56 percent of LHDs experiencing cuts to core funding. This amount is higher than the percentage reported in previous NACCHO surveys.

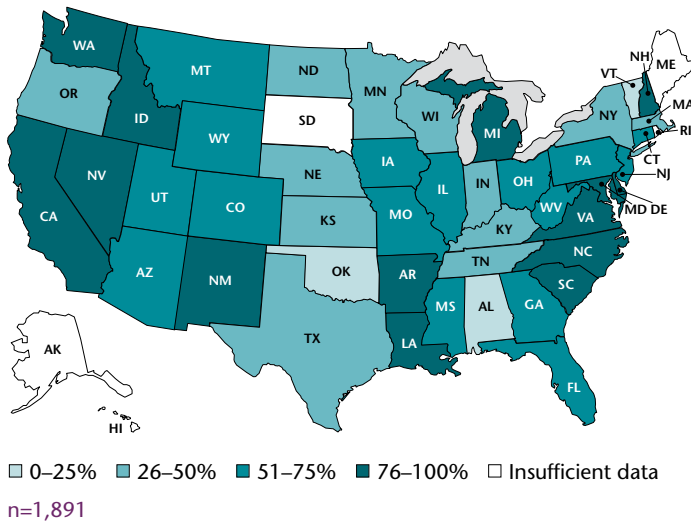
FIGURE 9: Percentage of LHDs with Budget Cuts, Including and Excluding Government Assistance, (July 2008–June 2010)



*In December 2008 and August 2009, we asked LHDs to report whether the current budget was less than, equal to, or greater than the prior year’s budget. Beginning in February 2010, we began asking LHDs to also report the change if they exclude one-time funding such as H1N1 funding or ARRA funding.

More than half of LHDs in 30 states reported a lower budget (excluding one-time assistance) in late 2010 compared to the previous year (Figure 10). The same was true of 20 states in mid-2009 and of seven states in late 2008, compared to the previous year (not shown).

FIGURE 10: Percentage of LHDs with Budget Decreases in Late 2010 Compared to Previous Year, Excluding One-time Funding Such as ARRA or H1N1

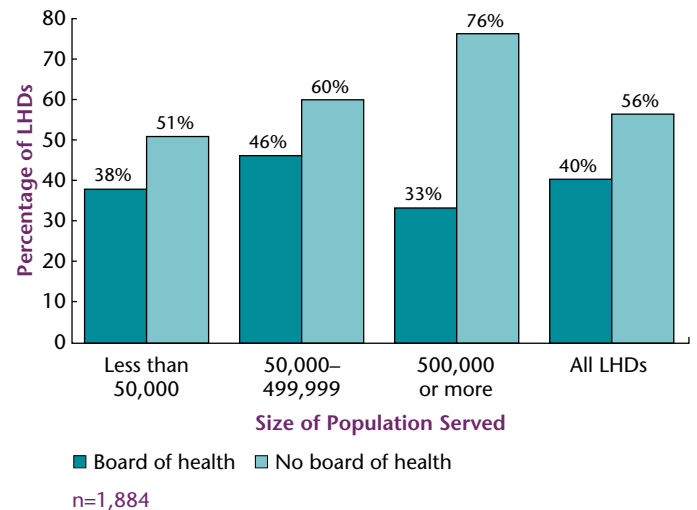


Three-fourths of LHDs in the 2010 Profile study reported having a local board of health. These entities serve many functions, including adopting public health regulations, setting and imposing fees, and approving the LHD budget. Another government official or agency, such as the state health agency, county council, or mayor, typically performs these functions in the absence of a local board of health.

Having a local board of health is associated with a reduced likelihood of reporting a lower budget in the current year as compared to the prior year, a difference that is most pronounced among the largest LHDs ($p < 0.05$) (Figure 11). Overall, 40 percent of LHDs *with* local boards of health had lower budgets in late 2010 than

in the previous year; the same was true of 56 percent of LHDs *without* local boards of health. Among officials at LHDs serving populations of 500,000 or more, about one in three reported reduced budgets if he or she had a local board of health; three in four reported lower budgets if they did not have a local board of health.

FIGURE 11: Percentage of LHDs with Budget Cuts in Late 2010 Compared to Previous Year, by Size and Presence of Local Board of Health



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CONCLUSION

Although the Great Recession officially ended in June 2009, its effects reverberate in LHDs throughout the country. After collectively shedding 23,000 jobs in 2008 and 2009,

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a little less than half (44%) of all LHDs made staff cuts in calendar year 2010. When asked in late 2010 how their current operating budget compares to that of the previous year, 44 percent reported reductions. For many, these cuts compounded reductions already made in 2008 and 2009. Armed with fewer resources, many LHDs have been forced to cut programs that are essential to protecting the health of their communities. Other healthcare providers sometimes fill the void, but too often communities lose programs that are available nowhere else. In other instances, services are available but unaffordable.

LHDs struggle to offer competitive salaries that help retain and recruit qualified staff. Increased workloads, wage freezes and reductions, increased health insurance premiums, reduced benefits, restrictions on training and travel, and job insecurity contribute to low morale in many LHDs. Qualified staff leave in pursuit of higher paying jobs in the private sector. When positions do become available, they are difficult to fill.

“Due to the low wage offered [to] new employees, I will begin an interview stating the salary amount. There have been times when the individual will stop the interview because he/she will not work for the amount offered.”

As one official notes, “Due to the low wage offered [to] new employees, I will begin an interview stating the salary amount. There have been times when the individual will stop the interview because he/she will not work for the amount offered.”

The outlook remains bleak for many LHDs as they look into the future. When asked in late 2010, fully half of all LHDs expected a lower budget in the next fiscal year than in the current one, and nearly two-thirds (63%) of the U.S. population live in one of these jurisdictions. LHDs need stable, long-term funding to overcome this crisis and protect the public’s health in the years to come.

ACKNOWLEDGMENTS

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