

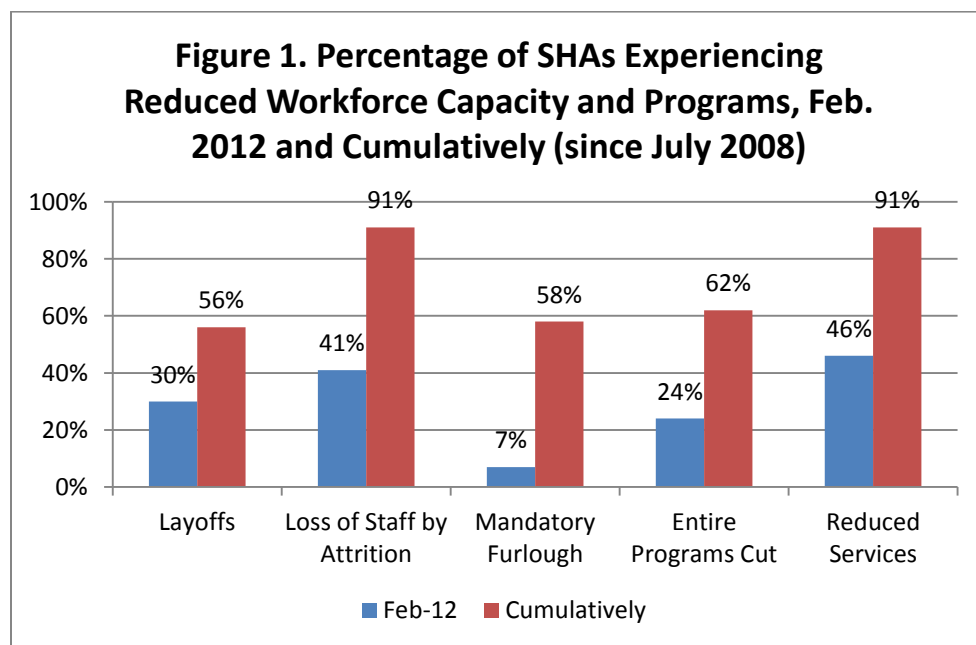
## Background

Federal, state and local government budget cuts are jeopardizing a decade of significant gains made by state and territorial health agencies (SHAs). Critical SHA programs and services have been cut or reduced, staff positions have been eliminated and many staff have been laid off or furloughed.

The Association of State and Territorial Health Officials (ASTHO) has been following this trend since 2008, when it initiated a longitudinal study to investigate the impact of budget cuts on SHAs and the people they serve.

## Reduced Workforce Capacity and Programs

SHAs continue to experience budget cuts and job losses, resulting in the reduction or elimination of critical public health programs and services. Figure 1 displays the percentage of SHAs experiencing reduced workforce capacity between July 1 and December 31, 2011 and the percentage of SHAs experiencing reduced workforce capacity since July 2008.



## Job Loss

Since July 2008, 91 percent of all SHAs have experienced job losses through a combination of layoffs and attrition. Approximately **9,400 state jobs have been lost** in central, local and regional offices.<sup>1</sup>

<sup>1</sup> In order to more accurately represent the jobs lost in all state health agencies, this number accounts for states that did not respond to individual rounds of the Budget Cuts Survey since it was launched in 2008 by using state population data to estimate jobs lost when a state did not respond.

- About **6,100 state employees in central offices** lost their jobs.
- More than **3,300 state employees assigned to local/regional offices** lost jobs.
- Combining this data with the latest numbers from NACCHO's survey of local health department job losses and program cuts<sup>2</sup> reveals that **more than 45,700 state and local jobs have been lost since 2008.**

Table 1 breaks down the number of jobs lost since 2008 in central and local/regional offices by fiscal year.

Table 1. Number of Job Losses in Central and Local/Regional Offices by Fiscal Year			
	Central	Local/Regional	Total
FY09	1,920	800	2,700
FY10	1,730	905	2,650
FY11	1,705	975	2,700
FY12	755	600	1,350
Total	6,100	3,300	9,400

Note: Individual estimates are rounded to the nearest 5 jobs; fiscal year totals are rounded to the nearest 50 jobs.

More than a half (58 percent) of all health agencies imposed furloughs since FY10.

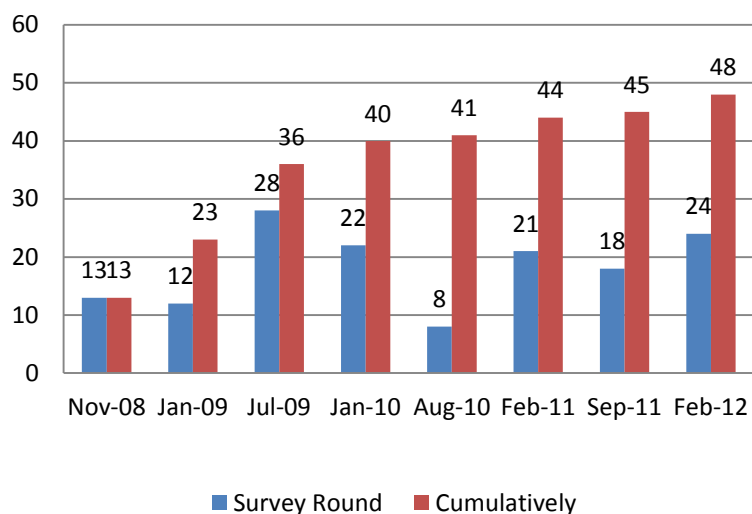
- Since FY10, state employees in **central offices took nearly 242,000 furlough days**, the equivalent loss of over 1,050 full-time workers.
- Since FY10, state employees assigned to **local/regional offices took approximately 5,285 furlough days**, the equivalent of 23 full-time workers.

## Budget Cuts

Forty-eight SHAs (87 percent) have reported budget cuts since July 2008, based on the results of the ASTHO Budget Cuts Surveys (figure 2). The number of SHAs reporting budgets smaller than the previous fiscal year is also displayed in figure 2. With 24 SHAs reporting budget cuts between July 1 and December 31 and three SHAs reporting budget cuts for the first time this survey round, the graph demonstrates that budget cuts are still on the rise.

<sup>2</sup> <http://www.naccho.org/topics/infrastructure/lhdbudget/upload/Research-Brief-Final.pdf>

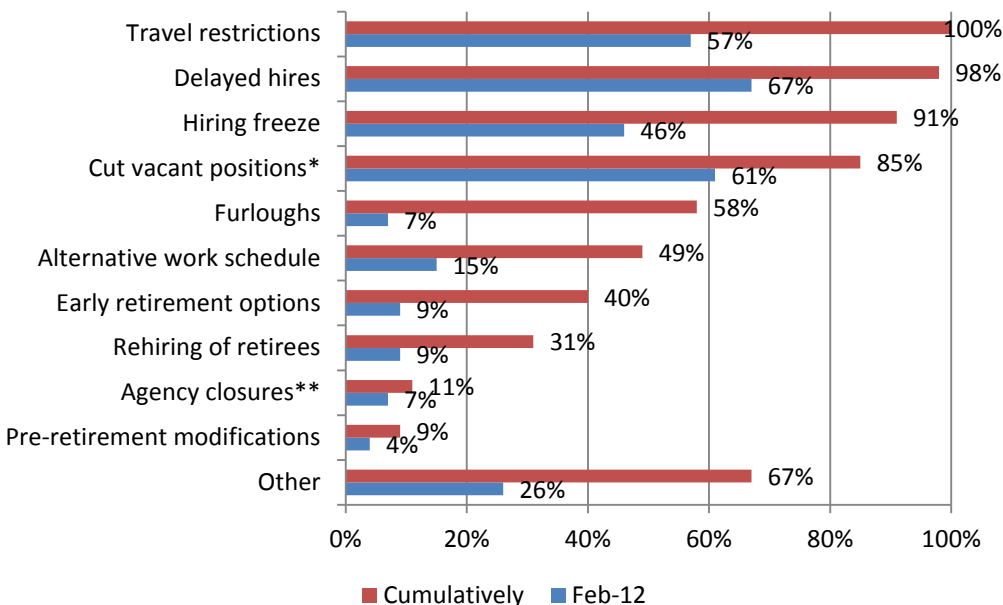
**Figure 2. Number of SHAs Reporting Budget Cuts by Survey Round and Cumulatively**



## Cost-Saving Strategies

Since July 2008, SHAs have implemented a variety of cost-saving strategies to cut expenses and reduce layoffs. Strategies used most frequently are travel restrictions, delayed hires, hiring freezes and cutting vacant positions (figure 3). The most common cost-saving strategies in the *other* category include general operating expense reductions in supplies, training, equipment, nonclient/patient-related services and consolidating local health units.

**Figure 3. Percentage of SHAs Implementing Cost-saving Strategies Feb. 2012 and since July 2008**



\*Data were only collected since FY10.

\*\*Data were only collected since FY11.

### A Sample of SHA Program Cuts

Continuous budget cuts are forcing SHAs to eliminate or drastically reduce programs and services aimed at protecting the public's health. Table 2 lists the programs most frequently cut, as reported since July 2008. Almost half (46%) of SHAs reduced services in the last six months of 2011.

**Table 2. Number and Percentage of SHAs with Program Cuts Since July 2008 by Program Area (N=55)**

	Number with Program Cuts	As % of the Whole
Public health hospitals and clinics	24	44%
HIV, AIDS, and STDs	23	42%
Family health and nutrition (including WIC)	22	40%
Disease-specific programs (ALS, Alzheimer's, Arthritis, Asthma, Cystic Fibrosis, Epilepsy, Genetic Disorders, Hepatitis C, Infectious Diseases, Osteoporosis, Parkinson's, PKU, Renal Diseases, Sickle Cell, Tuberculosis, Valley Fever)	22	40%
Maternal and child health programs	20	36%
Prevention programs	18	33%
Tobacco prevention and control	17	31%
Immunization	17	31%
Family planning services	16	29%
Children with special healthcare needs	15	27%

Note: Corrections to numbers and corresponding percentages for Tobacco prevention and control, Immunization, and Children with special healthcare needs were made on March 28, 2012. These updates moved Tobacco prevention and control from the 5<sup>th</sup> most cut program to the 7<sup>th</sup> most cut program, but did not otherwise affect the order, and did not affect which programs were the top ten cut.

**Alabama:** Reduction in "317" vaccine funds; reduced selected state-supplied vaccines; select vaccines now limited to persons eligible for Vaccines For Children program.

**Iowa:** Almost all programs reduced due to decreased or same funding, but increased costs. This has limited eligibility, reduced frequency of services, and reduced the number of people served.

**Maryland:** Closure of one care facility for persons with intellectual disabilities; hospital services for non-citizens reduced; rate cuts to service providers; reduction in equipment and supplies.

**Ohio:** Reduced program operations for the Zoonosis Program; reduced sub-grants from the Immunization Program due to a loss of general revenue funds; reduced operations for the Epidemiology Program; reduced general supporting operations for the Division of Prevention; reduced the amount of funding to be distributed to sub-grantees for the Bureau of Children and Family Health Services due to the loss of state and federal funding; merged two lead sub-grant programs and reduced the amount of grant funding; reduced the amount of hearing and vision clinic subsidies; reduced the size of the Healthy Child Care Ohio Program; reduced the size of the Regional Infant Hearing Program; phased out developmental evaluation teams with the Help Me Grow Program; reduced the Hospital-Based Regional



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Child Find grant, which connects families with children who may be eligible for Early Intervention; and reduced Population-Based Birth Defects Surveillance, necessitating a reduction in the time an epidemiologist can spend on birth defects data.

**Washington:** Family Services Planning: Funding is contracted out for infrastructure and direct services. Tobacco Quit Line Services: Reductions have impacted tobacco cessation services.

### Methods

ASTHO surveyed 59 SHAs via a Web-based survey that was fielded in November 2008, January 2009, and approximately every six months since then for a total of eight survey rounds thus far. Since 2008, the survey has generated a total of 55 respondents (50 states, four territories and the District of Columbia). In February 2012, 44 states, one territory, and the District of Columbia responded to the survey. Slight changes to the survey instrument were made at various time points. Data analysis was conducted using SPSS statistical software.

### Acknowledgments

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For more information about ASTHO's surveys, please contact Katie Sellers ([ksellers@astho.org](mailto:ksellers@astho.org); 571-527-3171) or Rivka Liss-Levinson ([rlisslevinson@astho.org](mailto:rlisslevinson@astho.org); 571-318-5404).