

Data Brief

State Public Health Resources and Capacity

March 23, 2020

In addition to its shifting priorities, the state public health system contends with fluctuating resources and capacity. State health agencies (SHAs) play a crucial role in protecting and promoting the public’s health, holding responsibility for everything from food safety to violence prevention. This brief outlines the financial and human resources made available to SHAs to carry out this work over the past decade.

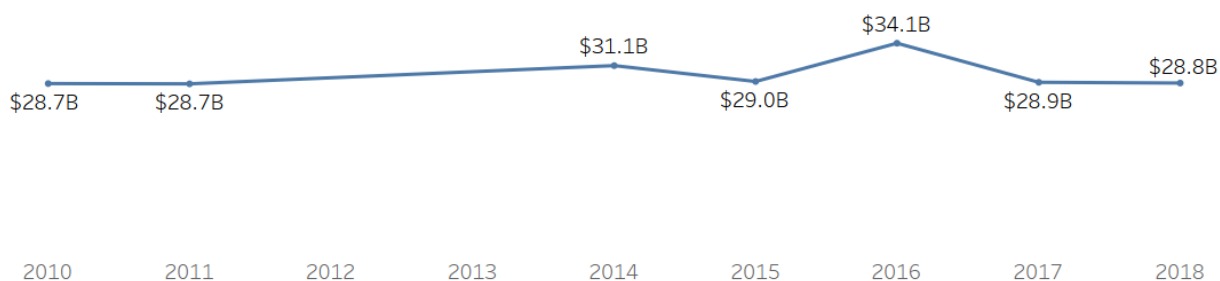
The ASTHO Profile Survey collects data on SHA expenditures from the 50 SHAs and the District of Columbia Department of Health (DCDOH). The survey has been fielded approximately every three years since 2010, most recently in 2019. Response rates for the survey have varied (n=48-51); reported figures include estimates from non-reporting jurisdictions.

State Public Health Finances

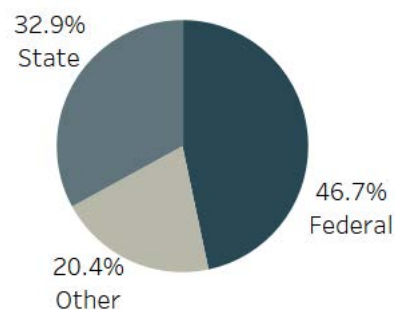
SHAs regularly adjust their expenditures based on the funding available, while continuing to meet the needs of the populations they serve. Since fiscal year (FY) 2016, SHAs have experienced a steady decrease in their expenditures, marking a return to FY 2010 funding levels. This change represents a decrease in actual public health spending from a median of \$80.5 spent annually per capita across states in FY 2010 to \$78.8 in FY 2018.

Total state health agency expenditures have decreased by 15.6% since FY 2016.

**includes estimated figures for agencies with missing data in a given year*



SHAs receive funding from federal agencies, individual state budgets, and a limited number of other sources. The trend in total SHA expenditures is mirrored by similar changes to SHA expenditures of federal funds over the same period, while public health funding from state sources has remained relatively stable (\$8.9 billion in FY 2010 to \$9.1 billion in FY 2018) and funding from other sources has increased (\$3.4 billion in FY 2010 to \$5.6 billion in FY 2018). In FY 2010, the state public health system received 53.8% of its funding from federal sources and 33.3% from state sources.



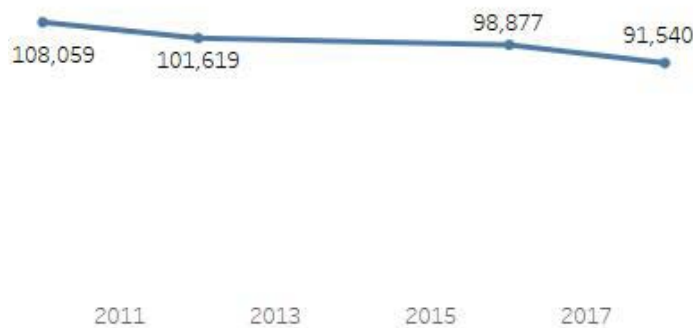
State Public Health Workforce

The SHA workforce comprises a diverse group of people who work in fields ranging from administrative work and financial operations to healthcare and environmental health. Between 2010 and 2019, the overall SHA workforce decreased by 15.3% from 108,059 to 91,540 full-time equivalents (FTEs). On average, the workforce has decreased by over 5,500 FTEs every three years since 2010. In 2019, the median number of FTEs per state was down to 1,169 (range = 212 - 12,471) from a median of 1,224 (range = 199 - 15,364) in 2010.

In FY 2018, a plurality of state health agency expenditures came from federal funding sources.

Total state health agency FTEs have decreased by 15.3% since 2010.

**includes estimated figures for several missing agencies each year*



The largest percentage of these public health workers support business and financial operations (2019: 12.8%) and administrations (2019: 14.0%) that are vital to keeping health agencies running.

A limited percentage of these FTE positions are classified as roles focused on preparedness efforts and healthcare.

States reported a total of 7,170 public health nurses, who made up 7.8% of the workforce (median = 56), 587 public health physicians who, made up .6% of the workforce (median = 3), and 601 nurse practitioners and physicians assistants, who made up .1% of the public health workforce (median = 0).

In 2019, only 9.9% of the workforce represented staff who focus on preparedness efforts.

States reported a total of 1,102 preparedness staff, who made up 1.2% of the workforce (median = 18), 3,939 epidemiologists/statisticians, who made up 4.3% of the workforce (median = 45), and 4,072 laboratory workers, who made up 4.4% of the workforce (median = 62). At 8.5%, the percentage of the workforce represented by healthcare providers is even smaller.

Some SHA staff may be stationed in local, regional, or district health departments. These local-level employees are included in the workforce figures above, revealing an even lower number of state public health workers across the country.

Despite limited resources and decreases in the public health workforce over the past decade, SHAs have continued to maintain their infrastructure and strive to meet the needs of their jurisdictions.

This report was supported by grant or cooperative agreement number NU38OT000161, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services. Support for this publication was also provided in part by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.