

State AND Local Health Departments:

Doing More with Support from Foundations

The nation's public health system is under increasing pressure as state and local health departments are asked to take on more responsibilities with fewer resources. The economic downturn, coupled with emergence of H1N1 influenza, has strained this fragile system and exposed persistent gaps in its functioning and financing.

Despite these challenges, there are many opportunities for foundations to work with and strengthen state and local health departments. Grants to health departments, for example, can fund services and programs that might otherwise be scaled back or eliminated, or can support needed workforce training and development. Funders can also build community support for public health by convening stakeholders and helping broker and build relationships among health departments and businesses, schools, faith-based groups, and many others.

FINANCING PUBLIC HEALTH

Public health receives only a small fraction of total U.S. health spending. In fact, less than 5 percent of health spending is devoted to public health and prevention (Meyer and Weiselberg 2009). Additionally, the majority of public health funding is categorical, meaning it is designated for specific services or programs, making it difficult for state and local health departments to respond to unexpected events. This historically poor funding has directly impacted the quality, provision, and organization of public health services.

Highly visible public health events over the last decade have led to significant investments in preparedness, which in turn have improved the nation's readiness for public health emergencies and disease outbreaks. This patchwork approach in responding to individual emergencies, however, is inadequate, and progress made since the 2001 terrorist attacks has eroded. Trust for America's Health (2009) estimates that preparedness funding has been cut 27 percent since fiscal year 2005 when adjusted for inflation.

IMPACT OF THE ECONOMIC DOWNTURN ON PUBLIC HEALTH DEPARTMENTS

State and local health departments have been hit hard by the current economic environment. They have been forced to

lower budgets, cut staff, and reduce or eliminate services. These cutbacks have further diminished agencies' core capacity. According to the Association of State and Territorial Health Officials (2009), 74 percent of state health departments reduced services in fiscal year 2009. Forty percent

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eliminated entire programs. The largest cuts were to prevention and health education programs; disease specific programs, including heart disease, Alzheimer's, and tuberculosis; tobacco prevention and control; and laboratory services. At the local level, 55 percent of local health departments reported program cuts in 2009 with almost a quarter cutting maternal and child health programs, including Women, Infants, and Children (WIC) and early intervention services (NACCHO 2009).

The public health workforce has also been significantly impacted by layoffs and hiring freezes due to budget constraints. Almost three-quarters of state health departments lost staff through attrition in fiscal year 2009 and half expect to lose additional staff in fiscal year 2010 (ASTHO 2009). Additionally, a 2009 survey by the National Association of County and City Health Officials found that 51 percent of the local health department workforce has been affected by job losses or reduced pay and hours. Agencies are also struggling with an unevenly prepared and trained workforce and a large number of workers retiring in the near future. The Center for State and Local Government Excellence (2009) suggests that, over the next five years, the shortage of public health professionals will impact the ability of state and local agencies to protect the public's health. The most severe shortages are in areas such as epidemiology, environmental health, and nursing. In fact, in 2008, almost 60 percent of local health departments experienced difficulties hiring qualified public health nurses (CSLGE 2009).

FOUNDATION WORK TO STRENGTHEN HEALTH DEPARTMENT CAPACITY

Many opportunities exist for health foundations to work with and strengthen state and local health departments. Areas of

mutual interest are not difficult to identify and can include specific populations such as women, children, or the elderly; disease prevention and health promotion; and the health workforce.

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Many health foundations are able to award grants directly to governmental agencies. General operating support provides state and local health departments with flexible funds that otherwise would not be available. The Colorado Health Foundation, for example, has provided operating support to the state's health departments during public health emergencies. When a major Salmonella outbreak in Alamosa, Colorado, sickened more than 435 people in 2008, the four county health department staff, with support from the state's department of health, worked seven days a week to address the outbreak. While the state's Emergency Preparedness and Response Division helped defray the some costs of the investigation, The Colorado Health Foundation awarded a \$50,000 grant to cover overtime expenses for staff (Geiser 2009).

Foundation support can also counteract health department budget cuts that result in diminished funds for professional training and continuing education. In January 2009 The Duke Endowment awarded a \$261,000 grant to support the North Carolina Public Health Academy, a "virtual academy" for public health professionals. Developed in partnership with the North Carolina Institute for Public Health and the state's Area Health Education Centers, it provides a wide array of discipline-specific professional development resources for local health directors, public health nurses and social workers, environmental health specialists, public health educators, and others (The Duke Endowment 2010).

To improve health officials' ability to communicate effectively with media and the public, especially during public health emergencies, the Kansas Health Foundation awarded a grant to the Kansas Department of Health and the Environment for media training workshops. The trainings consisted of mock interviews and critiques by communications experts. Participants also learned how to structure effective and easy-to-understand messages, as well as how to nurture positive working relationships with the media prior to a crisis (GIH 2010).

Funders can also contribute beyond grant dollars by providing leadership, acting as neutral conveners, and providing technical assistance. In the spring of 2009, the Paso del Norte Health Foundation in El Paso, Texas, worked closely with public officials on a coordinated response to the H1N1 outbreak. In collaboration with representatives from the region's cities, counties, and state, as well as the World

Health Organization's regional office, foundation staff helped develop goals and tactical plans for education and dissemination of information. This work led to a series of five foundation-supported convenings for health educators, childcare workers, and volunteer coordinators. Presentations included instructions on how to download health information for dissemination to the community and the opportunity for participants to question health leaders on the outbreak. The foundation also sponsored a gathering of regional stakeholders to reflect on the region's response to H1N1 and identify areas for improvement in preparation for the fall flu season (GIH 2009).

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