

The Impact of Budget Cuts on Public Health

By Stacey Schultz

Executive summary

Public health programs help to promote healthy communities and lifestyles, reduce the spread of communicable diseases and provide rapid responses to public health emergencies. Unlike the direct provision of health care between doctors and patients, public health is responsible for improving health at a population-wide level. Even if health care services become more widely available, individual patients, doctors, and the private sector do not address the types of community-wide health issues that this sector covers.

In a bad economy, the need for a strong public sector goes up. Unemployment rates rise, which means more and more people lose their income and health insurance and the need for health information and education that comes through the public health system goes up. At the same time, state and local revenues have plummeted, resulting in deep budget cuts. Local health jurisdictions (LHJs) across the state are feeling the effects of millions of dol-

lars in reduced public health funding from the state and local governments.

The Budget & Policy Center and the Washington State Association of Local Public Health Officials independently conducted surveys of officials at local health jurisdictions--the primary providers of public health services in the state--to get a clearer picture of the impact of these budget cut decisions. Together the surveys show:

- Reduction or elimination of vital public health programs and services in 24 of 31 LHJs
- Lay-offs of public health professionals in 23 of 31 LHJs
- Drops in funding for 24 of 31 LHJs, for example, over \$780,000 in Spokane, \$1.4 million in Snohomish, and \$1.75 million in Thurston Counties
- Increases in demand for public health services, especially for lower income women and children

Public health – an essential part of the state’s health system

Public health is an essential part of our state’s overall health system. It benefits and protects the entire community, as well as vulnerable populations. Rather than focusing on illness, public health attends to the environmental, social, and behavioral determinants of health, emphasizing the prevention of illness and injury as well as the reduction in the expense of preventable and chronic diseases. Washingtonians depend on the public health sector to keep the population safe and healthy so that everyone can achieve their goals in other areas of life such as education, the work place, and at home.

The public health system in Washington consists of 35 local public health jurisdictions (LHJs) and 28 tribal representative groups, as well as the state Department of Health, the state Board of Health, and other partners such as nonprofit agencies and universities.^{1,2} Among the expectations the state outlines for public health funding are disease response capacity, reduction in communicable disease rates, ability to contain disease outbreaks, increase in childhood immunization rates, and the monitoring and protection of drinking water.³ Public health must also respond to emerging diseases and threats (for example, West Nile Virus and obesity), as well as prevent “old” diseases such as tuberculosis, measles, etc. The sector also responds to threats of bioterrorism and natural disasters.⁴

The ability of Washington’s public health system to accomplish its mission has been limited by financial strain even prior to the current recession. In 2000, public health lost its share of Washington’s motor vehicle excise tax, which would have dedicated revenues from cities to local public health agencies while accounting for inflation and population growth. After the repeal of MVET, there was some additional funding provided by the Legislature, but large gaps emerged that local governments could not fill. From 1994 to 2004, in the 34 local health jurisdictions out-

“My concern is that we are moving our public health prevention programs closer to the actual event we are trying to avoid. We are not doing education around communicable disease to help prevent outbreaks; we are responding to outbreaks. We are not maintaining programs which reduce the potential for ground water contamination; we are responding to contaminations. And we are not offering programs which create strong, confident parents that bring up children in a loving home; we are responding to cases of abuse . . .

This strikes at the core of public health. If we are not prevention, then we are just another responsive arm of the health care system.”

Peter Browning, Director of the Skagit County Public Health Department

side of King County, total funding from local sources dropped by 27 percent; between 1998 and 2004, Seattle & King County’s inflation-adjusted funding declined by 19 percent when non-grant, non-categorical state and county funding is considered. Overall, local health agencies were operating with only half the resources needed for their services, with a shortfall close to \$200 million.⁵ Additional cuts in public health funding only further diminish the capacity to meet the mandate of improving the health and well-being of all Washingtonians.

The surveys

Legislation passed in 2007 says, “Protecting the public’s health across the state is a fundamental responsibility of the state.” With any new state funding, “the state expects that measurable benefits will be realized to the health of the residents of Washington.”⁶ So

what is the impact on public health when the opposite occurs – when funding is reduced?

The Budget & Policy Center and the Washington State Association of Local Public Health Officials independently surveyed public health officials to get a sense of how state budget cuts have affected staff, programs, services, and ultimately clients. The Budget & Policy Center received responses from 15 of 35 local health jurisdictions; WASLPHO received answers from 31.

Both surveys showed evidence of widespread cuts in public health programs. These include services to support the health of lower income pregnant women, vulnerable children, and seniors through prevention and education programs. Significant cuts have also been made to staff, which impacts the ability of the public health system to handle sudden increases in demand, such as the upcoming mass effort to vaccinate against the H1N1 virus (swine flu). Many officials who responded to the Budget & Policy Center survey expressed concern about the impact of the budget reductions on the quality and timeliness of the services they offer.

The results

Cuts to programs, service reductions, and limits on hours of operation

Officials in 11 of the 15 LHJs that responded to the Budget & Policy Center survey indicated they had reduced public health programs, services, or hours of operation. For example, the San Juan County Health & Community Services Department has eliminated an entire day of programming from three senior centers that provide nutritional support and services. The county also cut back oversight of water systems to prevent drinking water contamination and reduced vaccine outreach which educates the community, parents, and providers about the necessity of immunizations. The Grays Harbor County Public Health and Social Services Department has decreased its capac-

ity for mental health, substance abuse, and syringe exchange services. The department anticipates cutting about \$1 million in the coming months in these areas, from a starting budget of about \$13 million.

Similar cuts are happening elsewhere in Washington. In the Benton-Franklin Health District, contracts have been cancelled for foster care public health nurses, early intervention services that help families identify and get early treatment for developmental delays, and early family support services that help families with children under age five. These cuts will go into effect on November 1, 2009.

The WSALPHO survey confirmed these findings and showed additional cuts. For example, in Whatcom, services have been reduced for HIV counseling and testing, maternal child health, and the children with special health needs program. In Snohomish, the child care health program has been eliminated, stopping over 750 consultations with child care providers, along with child care classes, reporting on communicable diseases, and in-depth health and safety assessments. In addition, the nurse family partnership has been cancelled in Snohomish, eliminating over 240 home visits and close to 1,700 direct service encounters to vulnerable first-time mothers.

The nurse family program is a good example of how public health programs create a safer, healthier state for everyone. The program provides intensive home visitations by a nurse for at-risk, lower income women bearing their first child. The visits last for two years. Research shows that the nurse family partnership has a significant impact on the future criminality of the mothers who participate in the program, reducing crime outcomes by 38 percent. Interestingly, the program also reduces the future crime levels of the youth by 16 percent compared with similar youth whose families did not participate in the program.⁷

The Budget & Policy Center survey also showed that public health data collection and management

“Snohomish Health District, like many other local health jurisdictions, had to make tough decisions because of budget cuts. This hurts our ability to provide services such as communicable disease control that the health of our community depends on.

For example, our Health District significantly decreased public health nursing case management for the tuberculosis control program as of January 2009. This means that the local health jurisdiction is no longer able to provide tuberculosis prevention services and only address active tuberculosis cases. Careful prevention as well as management of individuals with tuberculosis is vital to preventing the spread of tuberculosis in our community.”

Barbara Bly, BSN, RN, public health nurse, Snohomish Health District

has been eliminated or reduced. For example, Skagit County Public Health department no longer has an assessment coordinator to manage its data; Thurston County has cut its epidemiology capacity by 50 percent; and King County has reduced epidemiology capacity within the Zoonotics Disease Program, which examines diseases transmitted from animals to humans. These cuts weaken the state’s overall public health system. Epidemiology is the basic science of public health that allows local and state officials to understand where health-related events are happening, what is causing them, and who is being affected. This information helps the state to effectively and efficiently deal with disease outbreaks.⁸

Staff reductions, hiring freezes, and furloughs

In the Budget & Policy Center survey, staff reductions, furloughs, or hiring freezes were reported by 13 of 15 LHJs. Among these, the Skagit County and Chelan-Douglas public health departments each report cutting staff by 25 percent over the last year. Pacific County has let go of 10 percent of its staff dedicated to prevention programs.

In Spokane, five full-time nurses were laid off when the county eliminated the First Steps Program for lower income pregnant women. This program provides payment for medical bills, transportation to medical appointments, child care for mothers while they received prenatal care, medical care for newborns, and more. It served more than 900 women in Spokane. First Steps has also been reduced or eliminated in Asotin, Chelan-Douglas, Lewis, Okanogan, Pacific, and Snohomish and is at risk in a number of other counties.

The WSALPHO survey shows that staff has been cut in 23 out of 31 LHJs. Seven additional counties indicated that staff positions are at risk or will be eliminated in 2010. Among the staff reductions, Benton-Franklin lost 9.5 full-time employees, Chelan-Douglas lost 10.9 FTEs, Island let go of 8.6 FTEs, Jefferson cut 2.5 FTEs, and Lewis laid off 7.7 FTEs. Seattle/King County laid-off 44 FTEs and Snohomish eliminated 70 full-time positions. According to Jeff Killip, Managing Director of WSALPHO, statewide there were 332 full-time, public health workers laid off in the state in 2009.

These cuts to staff and resources have a direct impact on the quality and timeliness of public health services. According to Sherri McDonald, Director of Thurston County Public Health & Social Services, “Our community partners in health and social service delivery are experiencing the same type of ‘downsizing’ that governmental services are – and clients are then having

to either delay or seek much higher cost services such as hospital emergency room care.”

Rising demand for services and increases in fees

In the Budget & Policy Center survey, officials in eight of 15 LHJs reported increased demand for public health services and rising caseloads. In particular, participation is on the rise in the Women, Infants, and Children (WIC) program, which provides federal grants to states for supplemental food, health care referrals, nutrition education for pregnant women, new mothers, and children up to age five. San Juan County reports WIC caseloads are up by ten percent. In Grays Harbor, Public Health Director Joan Brewster says that demand for WIC services has climbed steadily as more families are without work. In addition, officials in Walla Walla, Skagit, King, and Clallam all reported rising WIC caseloads.

Many counties also reported an increase in fees to make up for budget cuts. Nine of the 15 counties reported charging higher fees. Among these, client fees have gone up in Walla Walla, Snohomish, Chelan-Douglas and Tacoma-Pierce counties. In Skagit County, fees have gone up for health-related permits as well as immunizations and medical exams.

Some counties indicated an increase in individual clients who cannot pay for the care they need. Six of 15 LHJs report increases in the need for uncompensated clinical care in their communities. Peter Waterstrat, director Okanogan County Public Health says, “Financial data from hospitals within our county indicate a dramatic increase in charity care and bad debt, coupled with an almost twofold increase in Emergency Room visits. The situation for rural hospitals and rural public health is becoming increasingly dire.” These increases are occurring at the same time that other public health resources, such as family planning clinics, behavioral health and social service agencies are losing

capacity. The result is that counties have diminished resources for health-related community problems.

The upcoming flu season is posing a particular challenge for local public health departments. Peter Browning, Director of the Skagit County Public Health Department says he anticipates a big jump in demand for immunizations this year because of swine flu. “We will be trying to do what we have always done, but with fewer staff to do it,” he said.

Conclusion

The two surveys conducted by the Budget & Policy Center and the Washington State Association of Local Public Health Officials show that serious cuts in public health programs and services are occurring across the state. The public health infrastructure, which is responsible for preventing disease, promoting health, and responding to emergencies, has been weakened by the reduction in resources. This diminished ability to provide care, implement sound public health practices, and build capacity to meet increasing demand is taking a toll on Washington residents who rely on a strong public health sector for basic services.

The Budget & Policy Center gratefully acknowledges the support of the Annie E. Casey Foundation, Bill & Melinda Gates Foundation, Paul G. Allen Family Foundation, Marguerite Casey Foundation, Public Welfare Foundation, and the Seattle Foundation. Kate Baber, Jeff Killim, Laura Hitchcock, Aaron Katz, and Sofia Aragon provided data and comments. The findings and conclusions presented in this report are those of the authors alone, and do not necessarily reflect the opinions of these foundations or individuals.

Endnotes

1. LHJs generally follow county lines, with three exceptions: the Northeast Tri-County LHJ covers Ferry, Stevens, and Pend Oreille Counties; Benton and Franklin Counties share an LHJ, as do Chelan and Douglas Counties.
2. American Indian Health Commission for Washington State, <http://www.aihc-wa.org/About/about.htm#members>
3. RCW 43.70.512 Public Health – Required Measurable Outcomes, <http://apps.leg.wa.gov/rcw/default.aspx?cite+43.70.512>
4. Washington State Association of Counties, Policy Statement, 2009, p. 14.
5. Public Health Improvement Partnership, “2008 Public Health Improvement Plan,” page 7.
6. RCW 43.70.512 Public Health – Required Measurable Outcomes, <http://apps.leg.wa.gov/rcw/default.aspx?cite+43.70.512>
7. Elizabeth K. Drake, Steve Aos, and Marna G. Miller, “Evidence-Based Public Policy Options to Reduce Crime and Criminal Justice Costs: Implications in Washington State,” Washington State Institute for Public Policy, Olympia, Washington, USA, April 2009, p. 191-192.
8. Thacker, Stephen B. MD, “Epidemiology and Public Health at CDC,” The Centers for Disease Control and Prevention, December 22, 2006. <http://www.cdc.gov/mmwr/preview/mmwrhtml/su5502a2.htm>