4-21-2010

The Impact of Economic Downturn on Local Public Health: Qualitative Data Analysis of Decision Drivers

Gulzar H. Shah Dr.
Georgia Southern University, gshah@georgiasouthern.edu

Carolyn J. Leep
National Association of County and City Health Officials (NACCHO)

Rachel Willard
National Association of County and City Health Officials (NACCHO)

Follow this and additional works at: https://digitalcommons.georgiasouthern.edu/health-policy-facpres

Part of the Health Policy Commons, and the Health Services Administration Commons

Recommended Citation
https://digitalcommons.georgiasouthern.edu/health-policy-facpres/5

This presentation is brought to you for free and open access by the Health Policy & Management, Department of at Digital Commons@Georgia Southern. It has been accepted for inclusion in Health Policy and Management Faculty Presentations by an authorized administrator of Digital Commons@Georgia Southern. For more information, please contact digitalcommons@georgiasouthern.edu.
The Impact of Economic Downturn on Local Public Health: Qualitative Data Analysis of Decision Drivers

Gulzar H. Shah*, ** PhD, MStat, MS
Carolyn J. Leep*, MS, MPH
Rachel Willard*, MPH

*National Association of County and City Health Officials (NACCHO), Washington, DC
** Adjunct Professorial Lecturer, George Washington University

NACCHO
National Association of County & City Health Officials
Objectives

• Analyze LHDs’ decision drivers for programmatic cuts in response to budget cuts, using qualitative data
• Discuss implications of restricted LHD budgets on service delivery
Data and Methods

1. NACCHO Survey on Job Loss and Program Cuts, August, 2009
   - Stratified sample of 990 LHDs
     • Using state and LHD size as strata
   - Number of respondents – 623, a response rate of 63%

2. NACCHO Survey on Job Loss and Program Cuts, January –February 2010
   - Stratified random sample of 997 LHDs
   - Number of respondents – 721, a response rate of 72%

• QSR NVivo 8 was used to organize, code, and synthesize qualitative data.
• 328 respondents answered the question on decision drivers for program cuts
Decision Drivers
What factors influence your decision about which services and activities to reduce?
## Prevalence of Decision Drivers by Type of Governance

<table>
<thead>
<tr>
<th>Decision Drivers</th>
<th>State</th>
<th>Local</th>
<th>Total References</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program cut driven by loss of specific funds</td>
<td>18</td>
<td>148</td>
<td>166</td>
</tr>
<tr>
<td>Availability of alternative providers</td>
<td>5</td>
<td>56</td>
<td>61</td>
</tr>
<tr>
<td>Mandatory or core vs. discretionary service</td>
<td>8</td>
<td>45</td>
<td>53</td>
</tr>
<tr>
<td>Expected health impact</td>
<td>2</td>
<td>34</td>
<td>36</td>
</tr>
<tr>
<td>Program cut driven by reduction in staff positions</td>
<td>8</td>
<td>25</td>
<td>33</td>
</tr>
<tr>
<td>Decisions made by another authority</td>
<td>7</td>
<td>25</td>
<td>32</td>
</tr>
<tr>
<td>Number of clients</td>
<td>3</td>
<td>28</td>
<td>31</td>
</tr>
<tr>
<td>Preference for cost effective services</td>
<td>5</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>Perceived importance of services</td>
<td>1</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Advice from board of health</td>
<td>1</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Anticipated public outcry</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Services for vulnerable populations</td>
<td>1</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
Comparison of Decision Drivers by Type of Governance

<table>
<thead>
<tr>
<th>Decision Drivers</th>
<th>Type of Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>State</td>
</tr>
<tr>
<td>Program cut driven by loss of specific funds</td>
<td>18%</td>
</tr>
<tr>
<td>Availability of alternative providers</td>
<td>8%</td>
</tr>
<tr>
<td>Mandatory or core vs. discretionary service</td>
<td>19%</td>
</tr>
<tr>
<td>Expected health impact</td>
<td>8%</td>
</tr>
<tr>
<td>Program cut driven by reduction in staff positions</td>
<td>17%</td>
</tr>
<tr>
<td>Decisions made by another authority</td>
<td>9%</td>
</tr>
<tr>
<td>Number of clients</td>
<td>4%</td>
</tr>
<tr>
<td>Preference for cost effective services</td>
<td>9%</td>
</tr>
<tr>
<td>Perceived importance of services</td>
<td>1%</td>
</tr>
<tr>
<td>Advice from board of health</td>
<td>3%</td>
</tr>
<tr>
<td>Anticipated public outcry</td>
<td>2%</td>
</tr>
<tr>
<td>Services for vulnerable populations</td>
<td>3%</td>
</tr>
</tbody>
</table>

Note: The difference in color-code is due to rounding to whole number
<table>
<thead>
<tr>
<th>Decision Drivers</th>
<th>LHD Jurisdiction Size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Small</td>
</tr>
<tr>
<td>Program cut driven by loss of specific funds</td>
<td>29%</td>
</tr>
<tr>
<td>Availability of alternative providers</td>
<td>12%</td>
</tr>
<tr>
<td>Mandatory or core vs. discretionary service</td>
<td>7%</td>
</tr>
<tr>
<td>Expected health impact</td>
<td>14%</td>
</tr>
<tr>
<td>Program cut driven by reduction in staff positions</td>
<td>9%</td>
</tr>
<tr>
<td>Decisions made by another authority</td>
<td>6%</td>
</tr>
<tr>
<td>Number of clients</td>
<td>8%</td>
</tr>
<tr>
<td>Preference for cost effective services</td>
<td>7%</td>
</tr>
<tr>
<td>Perceived importance of services</td>
<td>2%</td>
</tr>
<tr>
<td>Advice from board of health</td>
<td>3%</td>
</tr>
<tr>
<td>Anticipated public outcry</td>
<td>2%</td>
</tr>
<tr>
<td>Services for vulnerable populations</td>
<td>2%</td>
</tr>
</tbody>
</table>

LHD Size (population served)— Small <50,000; Medium 50,000-499,999; Large 500,000+
Multiple Factors

Multiple Factors, Rather than Single Decision-Driver, Characterized Decisions

“We looked at many factors, including: the demographics of our county; the number of people served; the staff time required to provide the service; the (alternative) availability of similar services, etc. The final decision was made by the County Board.”

“Determined if service was mandated or non-mandated at local, state or federal level; impact of reduction on population served; whether reduction resulted in true cost savings or cost shifting; status of key health indicators for the past 3-5 years; ability of community to fill service gap.”
Decisions were often Difficult; Based on Deliberate and Systematic Prioritization

“The factors considered in ranking programs are listed in their order of importance to the Board of Health:

1. Mandated program vs. non-mandated program (per Nevada Revised Statutes) - 4 pts
2. Public Health Essential Service - 3 pts
3. District Board of Health priority - 2 pts
4. Community expectation/political - 1 pt.”
Decisions Re Service Change -- Program-to-Program Basis, not Uniform Across the Board

“STD - the program was required to reduce expenses and these services selected would have the less impact of the program being able to continue to provide core services and meet primary services.

Office of Women’s Health - Number of people served; no external funding.

ADPA (Alcohol and Drug Program Administration) - Loss of program specific funding resulted in a direct reduction in services available.

OAPP (Office of Adolescent Pregnancy Programs)- Emphasis on maintaining Core Medical HIV services over HIV Supportive Services.

ACDC (Acute Communicable Disease Control Program) - We have to maintain mandated functions, so expansion into new, non-mandated areas is no longer possible.

…

CHS - availability of alternative community services.”
“Most of our services are State or Federally funded, so we cut local programs in accordance with funding cuts from those sources.”

“In my agency, the loss of program specific funding and availability of alternative services would be the top two factors. Because of the loss of program specific funding, staff duties need to be reassessed.”
Availability of Alternative Providers

“We considered …whether there were other providers of comparable services in the community, …”

“Availability of other private providers who provide family planning and immunization services in our county.”

“We try to find other ways for the community to get services.”

“Tobacco program funding was eliminated … alternative tobacco prevention services exist through the [County] Drug Free Coalition.”

“Availability of alternative services related to geographic location.”
Availability of Alternative Providers (2)

“Billable vs. non-billable; if community partners were also providing the service (duplication); highest need; highest risk; staffing; loss of funding.”

“Possibility of having access to other similar programs in the community…”

“Due to reduction in nursing hours made cuts where private sector might be able to fill in gaps.”

“Tried to keep focus on services that no other provider would provide, services that generated revenue, …”
Mandatory or Core vs. Discretionary Services

“The department leadership reviewed to which functions local funds were allocated, and prioritized both mandated activities and those services that most fulfill core community health protection responsibilities.”

“Those programs that had a reduction were prioritized by mandated services, followed by availability of alternative services. ....”
Number of Clients

To “prioritize programming. ... we selected the sites (for service reduction) that had fewer numbers of people served in the prior years”

The number of people served, programs/services that may generate more revenue, and ...

“... also the number of people served ...number of people it would do an injustice to if no program were available.”

“A combination of number of people served, public health impact, and core mission.”

“Number of people needing services, ....”

“# of families reached compared to more population based services”
Expected Health Impact

“Programs which had direct and effective impact on community health were maintain. Programs such as food service, septic system, well water and complaints are essential, unlike exercise or certain health promotion programs.”

“More urgent or time sensitive issues that have obvious impact on immediate health to the public.”

“Only peripheral services were reduced that resulted in the least amount of visible impact to the community.”
"Decisions were affected by staff losses (not able to replace people so the work load had to change and be absorbed by remaining staff), and statewide reorganization of programs and services (e.g. it wasn't our decision, but was decided for us statewide). Certain "core programs" must be covered, which means that others must take the brunt of staff reductions."

"Inability to staff the prevention and education sessions. The staff we have is overburdened in attempting to provide the daily services."

"Decrease in state funding and a reduction in the number of food licenses (local revenue) necessitated a reduction in the staff who conduct food service inspections."
Decisions made by Another Authority

“I have little power within the decision-making structure. [state] is a statewide system for public health and many decisions are made by programs or leadership at the state level.”

“Our Board or County Commissioners handle most of those decisions.”

“The County Council and State Department of Health Program Coordinators make those decisions.”

“The decisions were made by our mayor and I have no influence …”

“Most functional service cuts were decided by Policy Board of Health members.”

“Service reductions were determined by the Legislative Authority, …”
Perceived importance of services

“We tried to cushion the impacts as best we could by making reductions in areas of least utilization or where there may be less public health impacts.”

“May see an increase in teen pregnancy rates. We are trying hard to hang onto our family planning clinic; this will make a difference in the number of unwanted pregnancies and that will impact Social Services and other county services affected with unwanted pregnancies.”

“…Infectious disease surveillance and investigation continues, but the more immediate public health problems receive priority. i.e. vaccine preventable diseases, food borne illness, will precede the follow up of a case of Lyme disease ….”
The Impacts of Budget Cuts on Our Communities
Percentage of LHDs With Services in Program Area that Made Program Cuts in Calendar Year 2009 Due to Budgetary Reasons, by Program Area

- Population-Based Primary Prevention: 37%
- Maternal & Child Health: 32%
- Clinical Health Services: 31%
- Chronic Disease Screening/Treatment: 28%
- Environmental Health: 20%
- Communicable Disease Screening/Treatment: 14%
- Immunization: 13%
- Food Safety: 11%
- Epidemiology & Surveillance: 10%
- Emergency Preparedness: 7%

Source: NACCHO Survey of LHD Budget Cuts & Workforce Reduction (January 2010).
Expected Impacts of the Budget Reductions on the Community – Summary of Qualitative Responses

- Spread of Infectious Diseases
  - preventive/education services
  - reduction in staff time for patients
  - decline in immunizations to individuals without insurance
  - investigation of outbreaks
  - impacts from reduced preparedness/planning efforts
  - reduced collaborations to support community-wide preparedness planning

- Negative MCH Outcomes
  - pre and postnatal services,
  - parental education,
  - education and preventive services in schools and childcare settings

- Unintended Pregnancies
  - impact on access to and quality of family planning services
  - reduced preventive/education services (particularly for teens)

- Undetected Chronic Diseases & Cancers
  - failure in early detection screenings
  - reduced preventive education

- Food-borne Illness Outbreaks
  - restaurants inspection & inspection of community events where food is served will suffer
  - investigation of outbreaks will be compromised

Source: NACCHO Survey on Job Loss and Program Cuts (August 2009).
Acknowledgments

The research included in this presentation was supported by the Centers for Disease Control and Prevention (CDC).

Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.
**Contact info**

Gulzar H. Shah, email: gshah@naccho.org

**Want More Info on Data Sets?**

NACCHO Survey of LHD Budget Cuts & Workforce Reduction:

http://www.naccho.org/advocacy/lhdbudget.cfm

NACCHO’s National Profile of LHDs 2008 and 2005

www.naccho.org/profile