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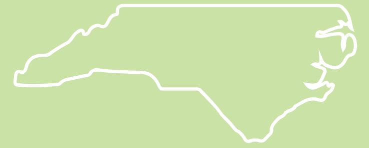


CHAPTER 2

WHERE WE ARE

The COVID-19 pandemic has demonstrated the extraordinary commitment and innovation of local health departments and the threadbare nature and precarity of the systems—data, compensation, staffing levels, and training—that support them. The organizations responsible for the many vital activities that keep our communities safe, healthy, and functioning daily are working with outdated human resources systems, inefficient data infrastructure, and inadequate staffing. The COVID-19 pandemic highlighted these challenges, but these foundational concerns existed in every county long before the pandemic.

The local public health sector is at a crucial inflection point now, particularly regarding the public health workforce. On one hand, schools of public health around the country have reported steep increases in applications (an effect of increased attention on the sector during the pandemic), yet local public health departments are not yet benefitting from this attention and need intentional strategies for attracting motivated talent to their workforces. It is not only the talent pipeline that needs attention and investment;[1] data from a national survey of public health workers from late 2021 to early 2022 illustrate critical retention concerns for current employees:

These data reflect sentiments shared through a survey[A] of North Carolina health directors in Summer 2021 regarding workload, staffing, and recruitment:

- "We are so often 'drinking from the firehose,' it is difficult to focus on foundational capabilities."
- "Recruitment issues and obstacles of salary and competitive benefits make it extremely difficult to hire and retain staff."
- "My health department is very understaffed at present, with no hopes or indications of successful recruitment."
- "Local health departments have more to do, have more hoops to jump through, and fewer resources than ever, making it difficult to find time to 'do it all'."
- "Our funding is so low that we are a skeleton crew. With so few staff we only have time to do the basics. We can't do any extra."
- "Finding and maintaining a strong, educated, compassionate, professional workforce is such a challenge these days."
- "COVID made our shortcomings very clear. For the last year and a half, we've worked all of our staff to the bone to try to keep up with the COVID work. We have some staff who are currently experiencing extreme burnout, to the point of quitting public health. It's very sad and it's a huge loss to us."

To realize a brighter future, local governmental public health will need assistance to address its unstable foundation of inadequate and unreliable funding and its shrinking workforce.

- In 2021, state funding for public health in North Carolina was $76 per capita, placing our state 45th in the nation compared to the national average of $116 per capita.[B,2]
- Prior to the pandemic, the number of public health workers had decreased by 16% across the country since 2008.[2]
- Over one-third of the North Carolina public health workforce make less than $45,000 per year.[2]
- The average salary for registered nurses in North Carolina in 2022 was $89,555, but health departments are not able to offer competitive salaries, with an average public health nurse salary of $63,835.[3,4]
- County-level per capita spending on public health in North Carolina dropped 22% from 2010 to 2018 when adjusted for inflation.
- Communicable disease programs cost North Carolina local public health departments around $20 million, and less than 5% of the cost is provided by the state.[5]

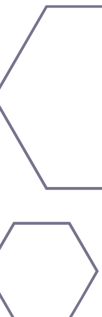
> **"We are continuing to… go from disaster to disaster without ever talking about the actual infrastructure."**
>
> *- Brian Castrucci, de Beaumont Foundation, "Public Health Experts Worry About Boom-Bust Cycle of Support." Kaiser Health News.*
>
> *https://khn.org/news/article/public-health-experts-worry-about-boom-bust-cycle-of-support/*

[A] The North Carolina Institute of Medicine conducted an informal, voluntary survey of North Carolina health directors at the start of the Task Force on the Future of Local Public Health in North Carolina to understand current strengths, challenges, and needs related to the Foundational Public Health Capabilities which enable achievement of the 10 essential services each health department should provide.

[B] Per-capita funding in 2020-2021 increased due to COVID-19 pandemic funds from the federal government.

Figure 5. North Carolina Local Health Department Spending Compared to Population Change, 2010-2018.

Source: Crumpler R. Health spending shortage in NC affects coronavirus response. Raleigh News & Observer. Published January 22, 2021. Accessed August 24, 2022. https://www.newsobserver.com/article248029345.html



An analysis conducted by the *Raleigh News & Observer* reviewed changes in annual local public health expenditures compared to population change from 2010 to 2018 in 46 health departments representing 51 counties.[C,5] Results from the analysis are shown in **Figure 5** and indicate that, in most cases, the change in spending decreased dramatically at the same time county population increased.

The funding challenges for local public health are related to a "boom and bust" cycle of time-limited funding for public health emergencies (e.g., post-9/11, H1N1, Zika virus), as well as reductions in services due to competition or transfer of revenue-generating services to the private sector. When services are eliminated, staffing often decreases as well. Federal funding has also remained flat or has been allocated for other purposes. For example, the Affordable Care Act set up the Prevention and Public Health Fund. Over the years, this fund has been used for unintended purposes, such as payroll tax cut extensions, with local and state health departments losing some $12.4 billion in planned funding.[6,7] Disease-specific grant funding from the Centers for Disease Control and Prevention (CDC) has stayed nearly flat for a decade.[6]

> "[N]ow is the time to give this nation the core capabilities of public health, not only that it needs, that it deserves.... [P]ublic health is not some extra thing you do if you have a few bucks left over."
>
> *-Robert Redfield, former CDC Director (2018-2021) "A Conversation with Robert Redfield." Council on Foreign Affairs.*
>
> *https://www.cfr.org/event/conversation-robert-redfield*

Growing Challenges Impact Local Public Health's Ability to Promote Community Health and Economic Opportunity

Research has indicated that increased public health spending can have a positive effect on community health outcomes, with reductions in infant mortality, deaths from heart disease, spread of infectious disease, and years of potential life lost.[8,9]

Funding cuts and staffing shortages seriously impact the ability of local governmental public health to accomplish its core responsibilities, let alone lead or participate in partnerships to address root causes of community health challenges. North Carolina ranked 32nd in health outcomes compared to other states in America's Health Rankings in 2021 and while CNBC ranked North Carolina the best state for business in 2022, they highlight the issue of lagging per capita public health spending compared to other states.[10,11] Local governmental public health can play an important role in improving all the factors that impact our health outcomes—social and economic, environmental, health behaviors, and clinical care—whether through direct services, policy change, or collective action with community partners. Improving the health of community members directly affects the business economy and state health expenditures:

- Self-reported good health is associated with creation of businesses and increased labor force participation.[12]
- Over time, areas with high economic activity and poor population health[D] have lower economic growth compared to areas with good population health.[12]
- In 2021, 10.8% of adults in North Carolina had three or more chronic diseases.[13]
- Chronic diseases cost North Carolina $116.5 billion ($11,336 per capita) in 2016—$34 billion in health care costs and $82.4 billion in indirect costs of work absences, lost wages, and reduced economic productivity.[14]

The COVID-19 Pandemic and Local Public Health

The COVID-19 pandemic has been difficult and exhausting on all levels of society, regardless of political perspective or work sector. It has meant massive disruptions in lives, businesses, and incomes. Federal, state, and local public health and health care responses were necessarily fast and often changing, which led to confusion, frustration, and subsequent distrust by many in the public. Yet, while the pandemic has brought extensive challenges and exposed serious societal issues, it now provides an opportunity to "recharge the system"—to inject new energy and new vision into sectors that have been taken for granted for so long. The opportunity is clear for local governmental public health to draw attention to the spectrum of roles it plays in helping create healthy communities and fully realize the value it holds in ensuring that all members of our communities have an opportunity to be healthy.

[C] *There is no central reporting database for local health department spending in North Carolina or in many other states.*

[D] *Population health indicators in the referenced study included general health (self-rated), heart disease, high blood pressure, high cholesterol, obesity, diabetes, smoking, exercise, and mental health.*

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