

# 2017 Forces of Change Survey Report



## Introduction

In May 2017, the Association of State and Territorial Health Officials (ASTHO) fielded the Forces of Change Survey, an annual questionnaire completed by the state and territorial health agencies (S/THAs) that comprise ASTHO's membership. ASTHO is the national nonprofit organization representing public health agencies in the United States, the U.S. territories and freely associated states, and the District of Columbia, and the over 100,000 public health professionals these agencies employ. The Forces of Change Survey primarily focuses on emergent and rapidly changing issues. This year, it examined the following topics:

- Health agency resources
- Activities related to the Zika virus
- Opioid epidemic response
- Communicating the value of public health
- Efforts to advance health equity

The web-based survey was administered to S/THAs through their senior deputies. A total of 52 health agencies responded (46 states, Washington, D.C., and five territories and freely associated states), for an overall response rate of 88 percent, and a 92 percent response rate for the fifty states and the District of Columbia.

### State and Territorial Health Agency Resources

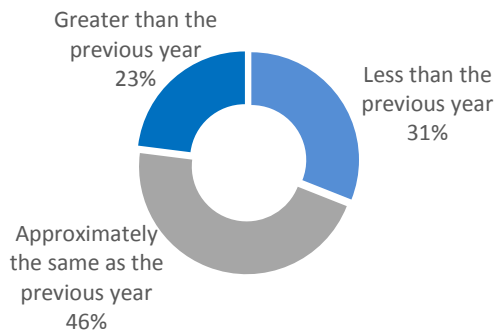
S/THAs provide a wide variety of services in order to promote public health, prevent disease, and protect their constituents. The breadth of services that S/THAs provide necessitates robust and continued funding. Between 2008 and 2015, total S/THA expenditures fluctuated greatly, from a high of \$30.8 billion to a low of \$26.7 billion. The largest dip was seen between 2009 and 2010, when expenditures decreased by \$3.4 billion.<sup>1</sup>

For this survey, respondents were asked to compare their current and previous fiscal year budgets. A majority of S/THAs (77%) reported that their agency budgets either remained stable (46%) or decreased (31%) between 2016 and 2017, while only 23 percent of S/THAs saw a budget increase over this period (**Figure 1**). The average budget decrease was 6.4 percent. In 2018, 39 percent of reporting S/THAs expect their budgets to be lower than in 2017, while 36 percent of S/THAs expect their budgets to remain the same as in 2017 (**Figure 2**).

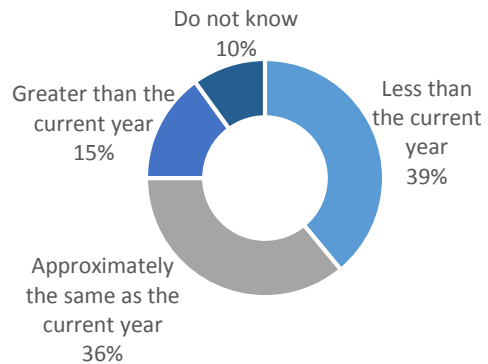
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<sup>1</sup> Association of State and Territorial Health Officials. ASTHO Profile of State and Territorial Public Health, Volume Four. Arlington, VA: Association of State and Territorial Health Officials. 2017.

**Figure 1: S/THA Budget for 2017 (N=52)**



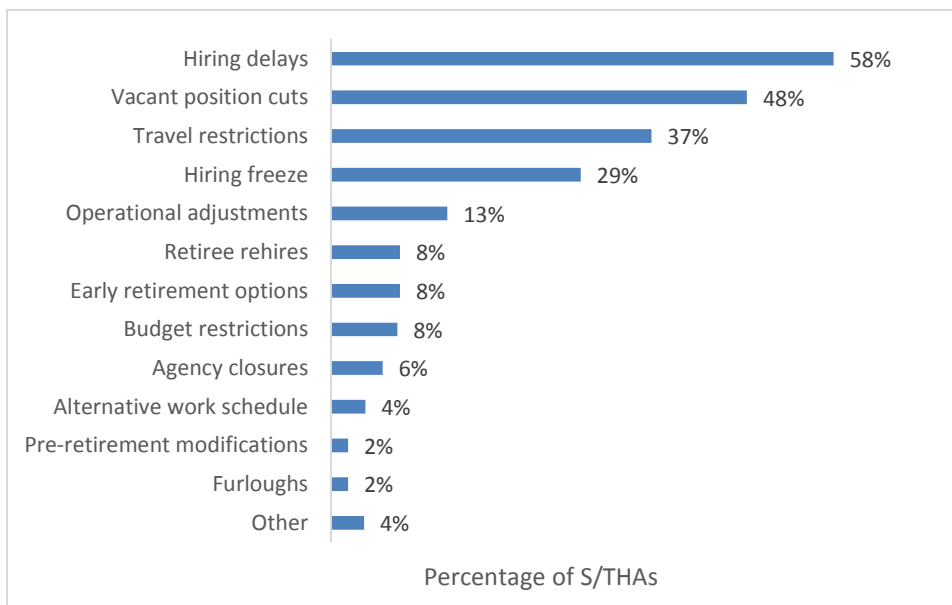
**Figure 2: S/THA Expectation for 2018 Budget (N=52)**



### Cost Saving Strategies

In order to mitigate the financial strain from their decreased budgets, S/THAs employ many cost saving strategies, primarily to shrink their number of full-time employees (FTEs). S/THAs most frequently report delaying hires (58%), cutting vacant positions (48%), enacting travel restrictions (37%), and placing the agency under a hiring freeze (29%) in order to save money (**Figure 3**).

**Figure 3: Cost Saving Strategies Used by S/THAs in 2016 (N=52)**

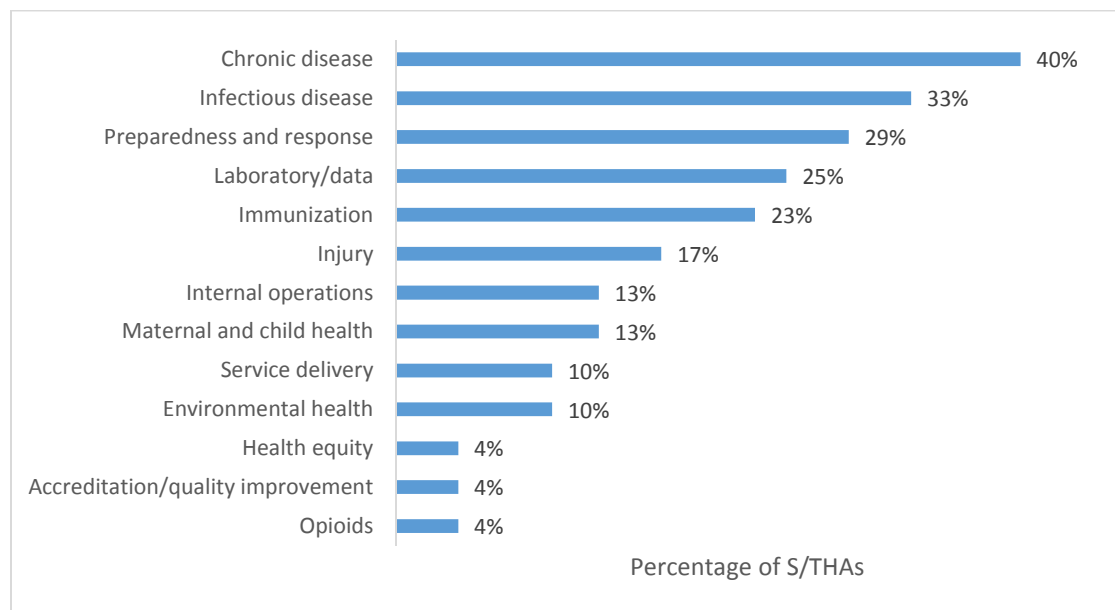


At the time that the survey was fielded, the Prevention and Public Health Fund (PPHF) faced funding cuts under the House of Representatives' proposed American Health Care Act (H.R. 1268).<sup>2</sup> PPHF, which was established to improve the country's public health system, provides substantial funding to CDC—which in turn supports many S/THA activities. With potential cuts in the offing, agencies were asked to predict which

<sup>2</sup> Although H.R. 1268 was approved by the House, it failed to advance in the Senate.

services or programs would be affected should the CDC experience a 10 percent budget reduction. S/THAs provided a wide range of qualitative responses, which were coded into major categories and are displayed in **Figure 4**. Fifty-four percent of agencies indicated that the impact of a CDC reduction on their budget was unclear; however, other S/THAs anticipated effects on chronic disease (40%), infectious disease (33%), preparedness and response (29%), laboratory/data services (25%), and immunization programs (23%).

**Figure 4:** Services or Programs Likely to be Affected by a 10% CDC Budget Reduction, 2017 (N=48)\*



\*Note: 26 agencies (54%) responded that more information was needed in order to answer the question.

Below are several survey responses from S/THA leaders regarding the impact of a 10 percent CDC budget cut:

“Thirty percent of our budget comes from federal funds. While a significant amount goes out in contract services, our agency has 661 FTEs that are federally funded, so we would anticipate significant loss of FTEs...other areas of concern are environmental health, family planning, chronic disease, and emergency preparedness.”

“Significant reductions in our preventive health programs would occur, with subsequent serious consequences for the health of our population.”

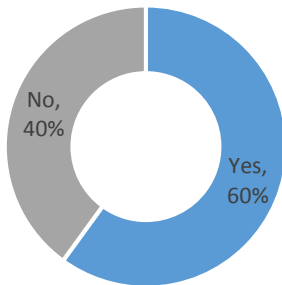
“If CDC received an overall 10% budget cut and applied it across the board in proportion to current funding, we would lose funding (and have to eliminate) approximately 35 FTEs. This would have direct effects primarily on programs in outbreak response, emergency preparedness, vector borne diseases, healthcare associated infections, HIV/STDs, childhood immunizations, environmental epidemiology, and general communicable disease surveillance.”

### Zika Virus Activities

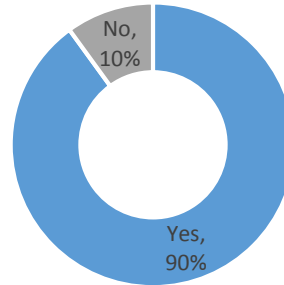
With the increased threat of Zika virus in the U.S. in 2016, ASTHO has helped assist S/THAs with the resources and support necessary for combatting the Zika virus through aggressive prevention, detection, and clinical care measures. Due to the virus' rapid emergence in North America, transmitted principally through a mosquito bite and sexual contact with an infected partner, ASTHO sought to survey S/THAs about both the scope of the problem as well as S/THAs' activities to respond to the outbreak, which remains a large concern for many S/THAs.

More than half of S/THAs have detected the presence of Zika virus vectors (*Aedes aegypti* or *Aedes albopictus* mosquitoes) in their jurisdictions since January 2016 (**Figure 5**). Almost all S/THAs report at least one confirmed case of travel-associated Zika virus since January 2016 (**Figure 6**).

**Figure 5:** Presence of Zika Virus Vectors in State/Territory since January 2016 (N=50)

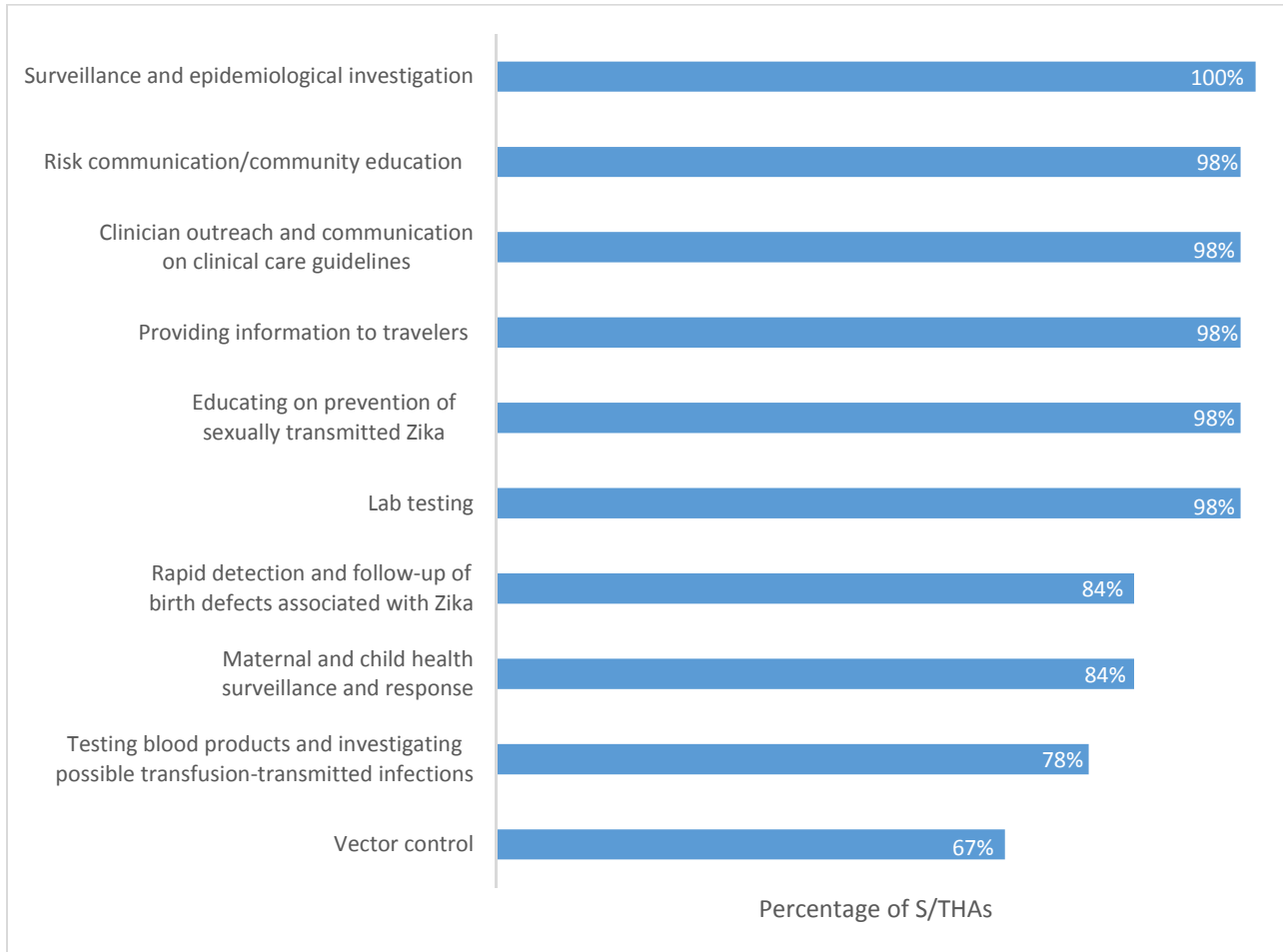


**Figure 6:** Confirmed Travel-Associated Zika Cases in State/Territory since January 2016



**Figure 7** depicts the Zika prevention and response activities in which most S/THAs are engaged.

**Figure 7: Zika-Related Activities in which S/THAs are Currently Engaged, 2017 (N=48-51)\***



\*Note: Response options for this question included “currently engaged,” “planning to engage,” “neither engaged nor planning to engage,” or “not sure.”

### Response to the Opioid Epidemic

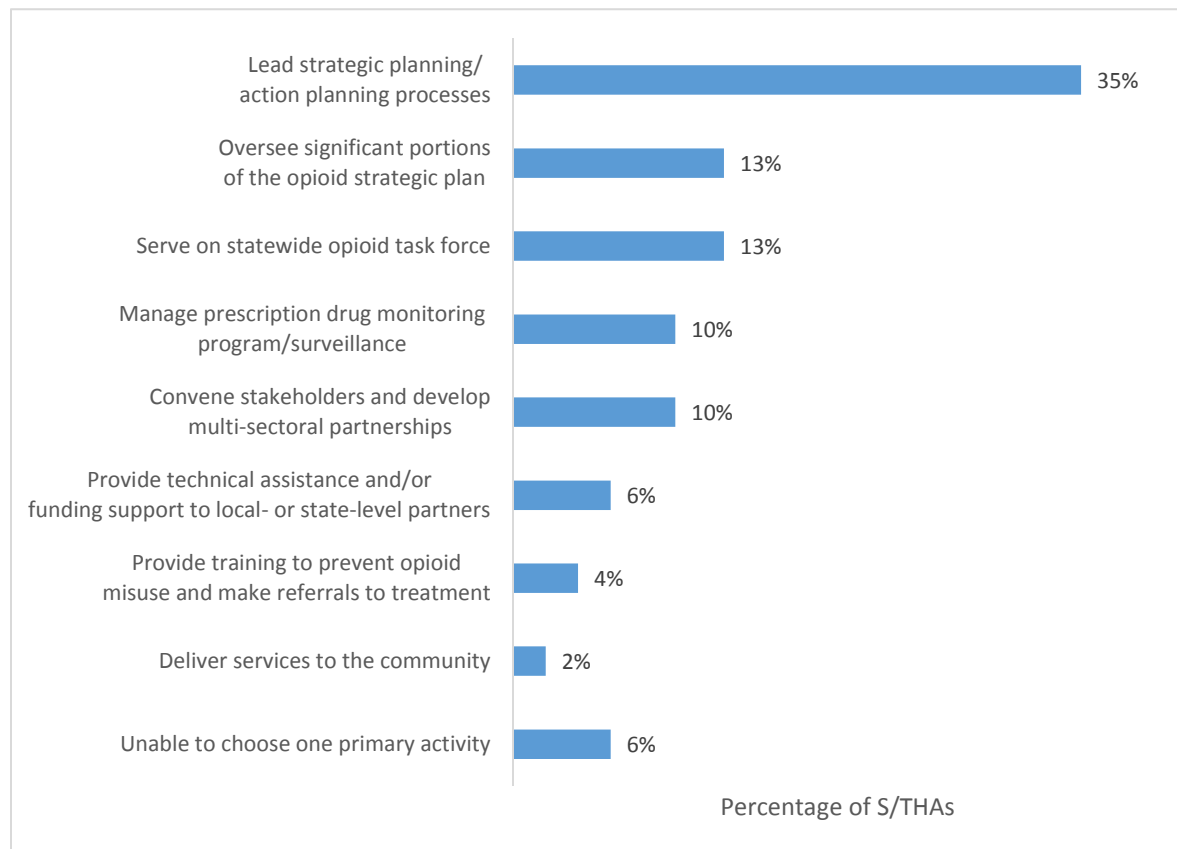
Substance misuse and addictions to alcohol, prescription drugs, and illicit substances are long-standing but growing problems in the United States. According to CDC, the United States experienced three times as many drug overdose deaths in 2016 as in 1999.<sup>3</sup> The continuing ASTHO President’s Challenge, “Public Health Approaches to Preventing Substance Misuse and Addictions,” encourages state and territorial agencies to work together and use proven public health approaches to prevent substance misuse, addictions, and the related consequences. The Forces of Change survey included questions meant to assess how S/THAs are addressing and combatting this epidemic.

Each S/THA was asked to indicate its primary role in responding to the opioid epidemic. Although S/THAs often hold a variety of roles and responsibilities, one-third of S/THAs report that their primary role in

<sup>3</sup> CDC National Center for Health Statistics. “Drug overdose deaths in the United States, 1999–2016.” Available at <https://www.cdc.gov/nchs/products/databriefs/db294.htm>. Accessed 03-05-2018.

responding to the opioid epidemic is to lead strategic and action planning processes. **Figure 8** depicts S/THAs' self-reported primary opioid response roles.

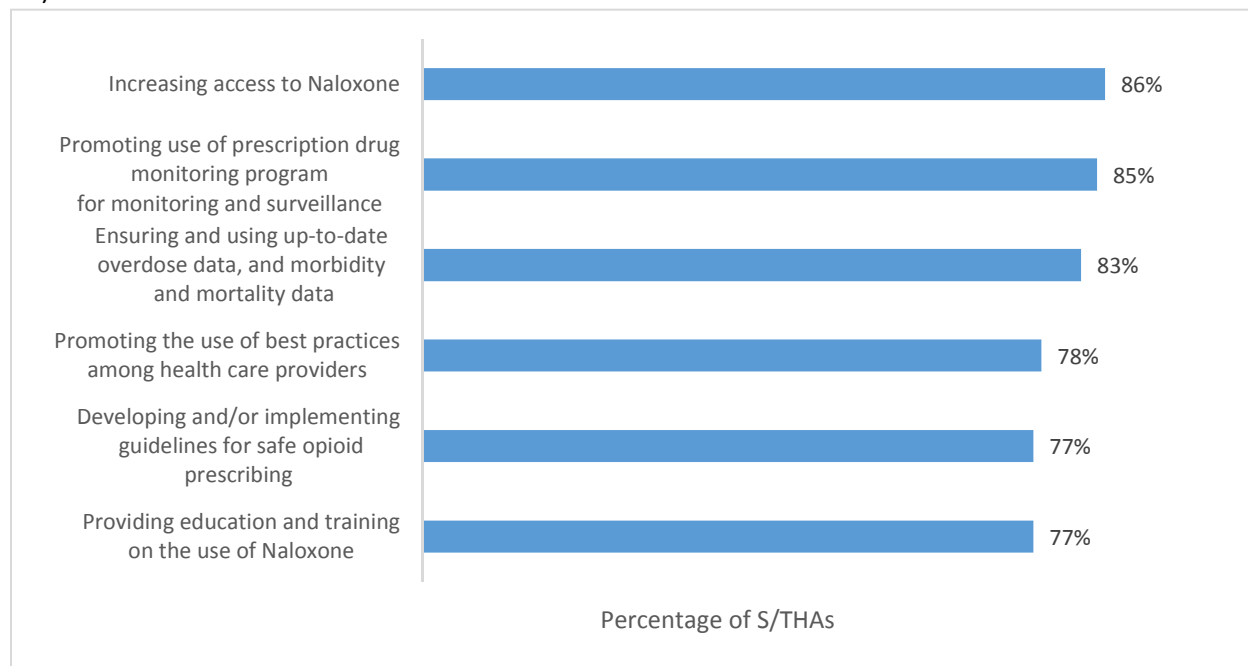
**Figure 8: S/THA Primary Role in Responding to the Opioid Epidemic (N=49)\***



\*Note: This chart represents S/THA's **primary** activities. Agencies can and do perform a variety of activities aimed at responding to the opioid epidemic. Due to rounding, percentages may not add up to 100%.

S/THAs rely on many strategies to combat opioid misuse and abuse in their communities. **Figure 9** depicts the top six strategies that are central to agencies' multi-pronged approaches to combatting the opioid epidemic.

**Figure 9:** Top Strategies Central to S/THAs' Comprehensive Approaches to Combatting Opioids, 2017 (N=46-50)



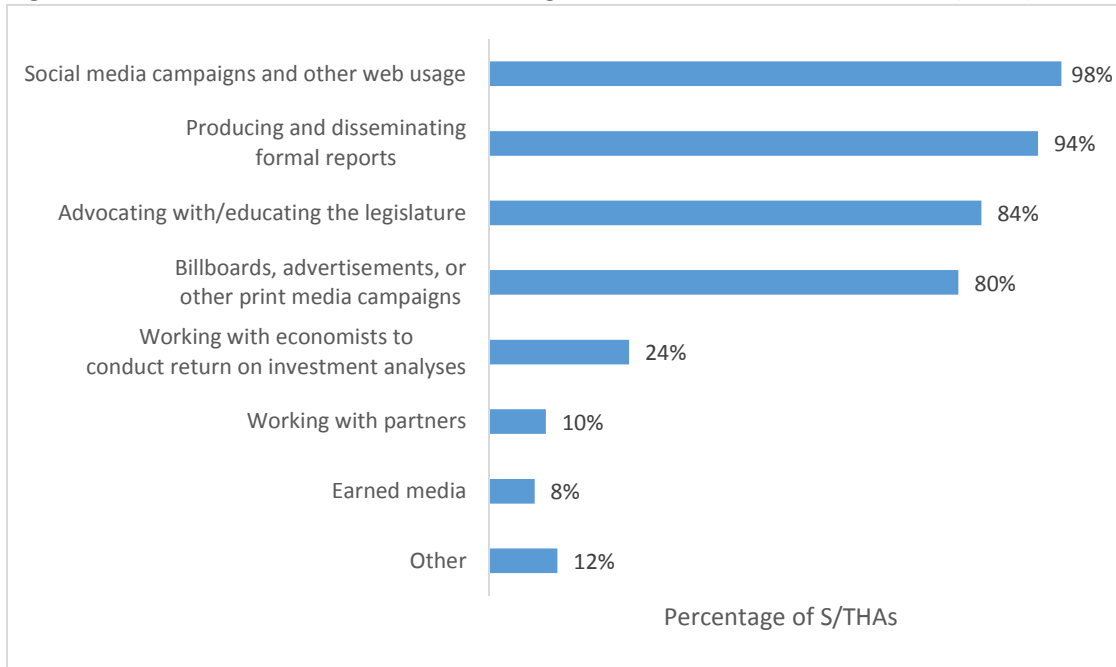
### Communicating the Value of Public Health

Communicating the value of public health is integral to the field, especially as agencies work to set priorities, protect their budgets and garner funding, and engage with communities. The Forces of Change Survey included questions on this topic in order to gather critical baseline data.

All S/THAs communicate the value of public health in numerous ways, most often through social media campaigns (98%), producing and disseminating formal reports (94%), advocating with and educating members of the legislature and government (84%), and using print media campaigns (80%) (Figure 10). S/THAs also communicate value through health fairs and presentations, and by formally evaluating programs. A smaller number of S/THAs are engaging economists to calculate actual return on public health investments.

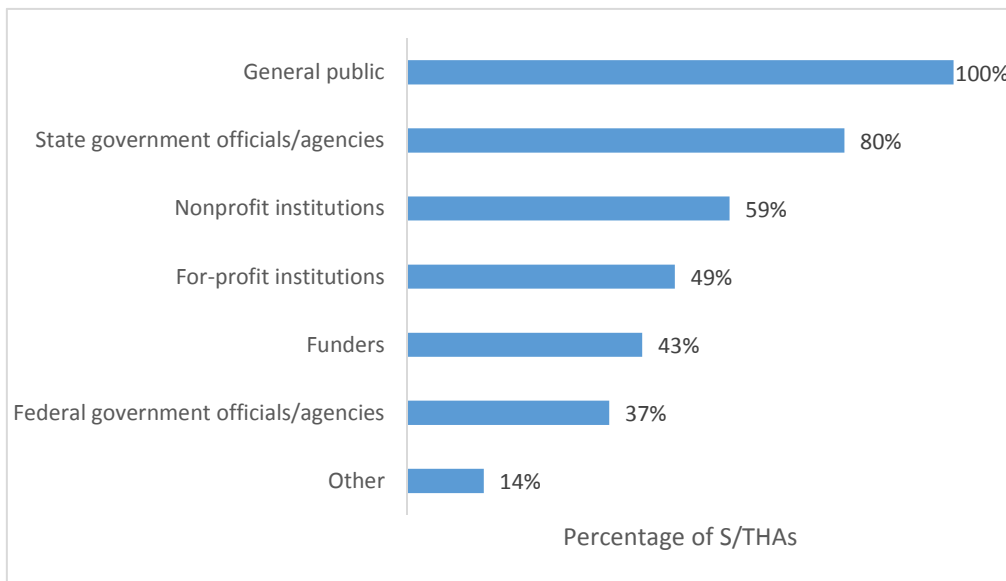


**Figure 10: S/THA Methods for Communicating the Value of Public Health, 2017 (N=51)**



All responding S/THAs direct communications campaigns towards the general public, and 80 percent also cite other state or territorial government officials/agencies as additional target audiences for communications campaigns (**Figure 11**).

**Figure 11: Target Audiences for S/THA Communication Campaigns, 2017 (N=51)**



Below are statements from S/THAs regarding how they have successfully communicated the value of public health:

“Communicating the value of a public health approach to the opioid epidemic resulted in the governor declaring a health disaster, issuing a subsequent administrative order, and sponsoring legislation. For the first time, the public health agency is the lead for the disaster response without the oversight of homeland security.”

“We’re providing education about the value of immunizations and their impact on prevention. When we communicated this to elected officials, it resulted in support to add HPV vaccine to the larger vaccine program for children. The funding for this expansion has been included in the governor’s proposed FY18 budget and the proposed budgets by both parties of legislature.”

“We’re using earned media, social media, and limited paid advertising to promote tobacco cessation and the importance of immunization. On average, the agency distributes about 80 news releases a year, and approximately 75 percent of those are picked up and used by local broadcast, print, or online news sites to spread the word to a broad audience.”

When asked about the biggest challenges that S/THAs face when communicating the value of public health to the public, S/THA respondents discussed a gap in public health knowledge amongst their audiences (50%) and insufficient monetary and personnel resources to devote to communication (34%) (**Table 1**).

**Table 1:** Themes Related to S/THA Communication Challenges, 2017 (N=44)\*

	Frequency	Percent of S/THAs
<b>Public health knowledge</b> <i>Includes combatting the perception that individual services and treatments are more valuable than population health, and confusion between public health and medical care.</i>	22	50%
<b>Resources</b> <i>Includes lack of available fiscal, staffing, and knowledge resources to support the kind of information campaign needed to “move the needle.”</i>	15	34%
<b>Information overload</b> <i>Includes difficulty in being heard above the noise of other messaging and competition from multiple communication channels.</i>	7	16%
<b>Evaluation</b> <i>Includes difficulty assessing audience understanding of messaging, and determining performance measures and return on investment.</i>	6	14%
<b>Governmental</b> <i>Includes short legislative memory and competition with other agencies for resources.</i>	6	14%
<b>Distrust</b> <i>Particularly in government, includes inaccurate information in media and general public.</i>	5	11%
<b>Geography</b> <i>Includes difficulties communicating to rural areas.</i>	4	9%

\*Note: Qualitative responses may have fallen into multiple categories, as a result a single response may have been categorized with multiple codes.

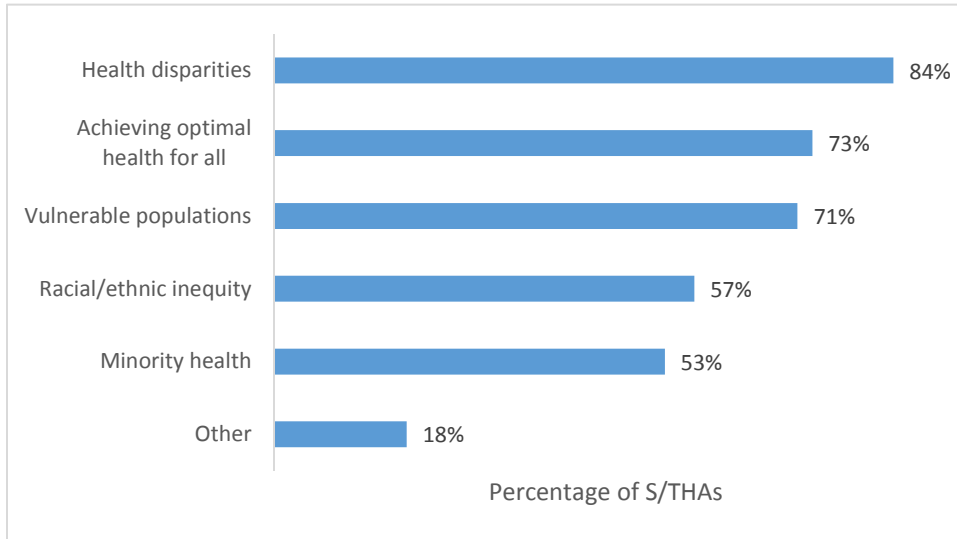
### Health Equity

S/THAs are highly involved in work to address health equity, “the attainment of the highest level of health for all people,” especially those from disadvantaged groups.<sup>4</sup> Following the 2016 ASTHO President’s Challenge, “Advancing Health Equity and Optimal Health for All,” the Forces of Change Survey sought to gather additional data on S/THAs’ work to reduce health disparities.

Agencies use a variety of alternative terms to discuss health equity in their jurisdictions, most commonly “health disparities” (84%) and “achieving optimal health for all” (73%) (**Figure 12**). Other language used includes “social determinants of health,” “social justice,” and “underserved populations.”

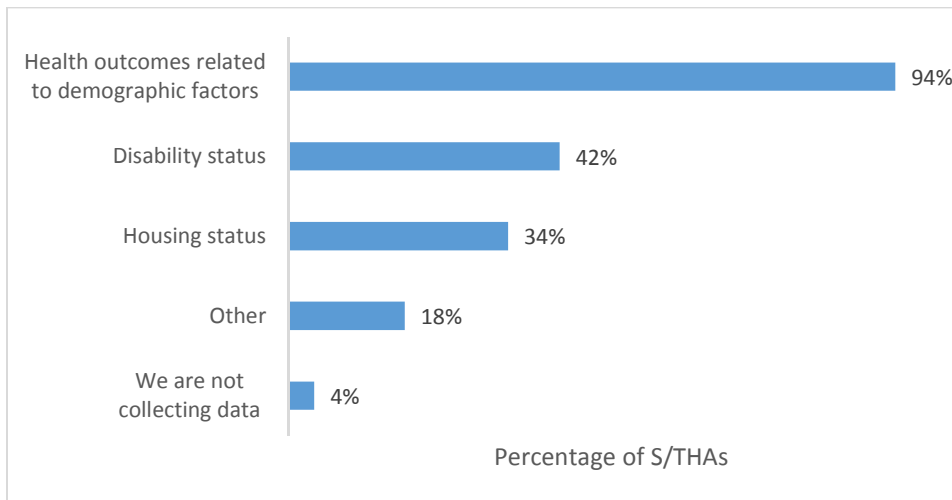
<sup>4</sup> Office of Minority Health. “National Stakeholder Plan to Achieve Health Equity.” Available at <http://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286>. Accessed 10-18-2017.

**Figure 12:** Language Used to Discuss Health Equity within S/THAs, 2017 (N=51)



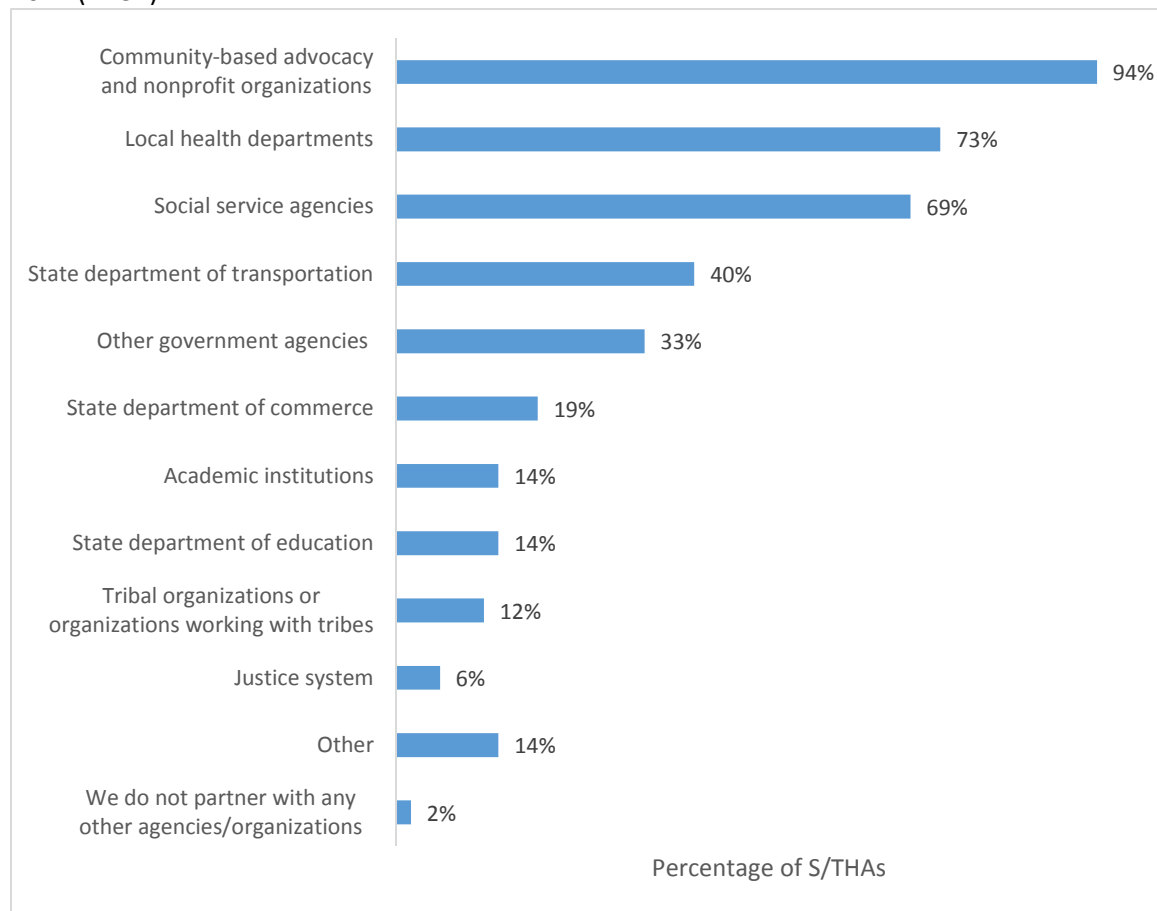
Almost all S/THAs collect data on health inequities, most often for health outcomes related to demographic factors (94%) and disability status (42%) (**Figure 13**).

**Figure 13:** Health Inequity Data Collected by S/THA, 2017 (N=50)



In addition to collecting data, S/THAs work with diverse partners on health equity programs and policies (**Figure 14**). “Other” responses include advisory councils, private clinics, hospitals, and businesses.

**Figure 14:** Agencies or Organizations that S/THAs Partnered with for Health Equity Programs or Policies, 2017 (N=51)



### Summary and Conclusions

The 2017 Forces of Change Survey results showed that over three-quarters of responding S/THAs expected their budgets to decrease or remain stable in the coming year. S/THA respondents reported employing cost-saving strategies mostly concentrated on shrinking the workforce. Roughly half of the Forces of Change respondents were uncertain about which programs would absorb potential cuts in federal funding. The remaining respondents predicted that reductions would primarily affect chronic disease, infectious disease, preparedness and response, laboratory data, and immunization programs.

Against this difficult backdrop, public health challenges continue to emerge and S/THAs' work continues. More than half of responding S/THAs detected Zika virus vectors in their regions and are undertaking a range of activities to mitigate its spread. S/THAs are also increasingly responding to the opioid crisis, primarily through strategic planning and coordinating response. S/THAs are also addressing health inequities by partnering with a variety of agencies and collecting data. Given their complex responsibilities and need for diverse partnerships amidst funding uncertainties, S/THAs are utilizing a variety of social and print media and directly reaching out to their legislature to communicate the value of their work.

**Acknowledgements**

For more information about the Forces of Change Survey, please email ASTHO's Research and Evaluation team at [profile@astho.org](mailto:profile@astho.org).

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