

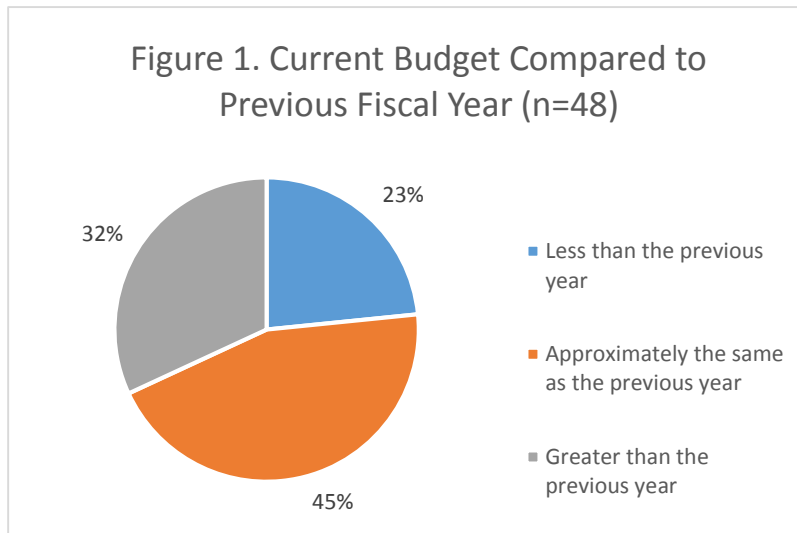
The Current Climate in State Health Agencies

In February 2015, ASTHO fielded the Forces of Change Survey to assess the current climate at its member health agencies. The survey is fielded approximately once a year to address emerging issues in the management, resources, activities, and finances of state and territorial health agencies (S/THAs), including the impact of Affordable Care Act (ACA) implementation. The web-based survey was administered to senior deputies in the fifty states, the District of Columbia, and the eight territories and freely-associated states. A total of 45 states and three territories or freely associated states responded, for an *n* of 48, an overall response rate of 81 percent, and an 88 percent response rate for the fifty states and the District of Columbia.

State Health Agency Budgets, Cost Saving Strategies, and Staffing Levels

Budgets at State Health Agencies

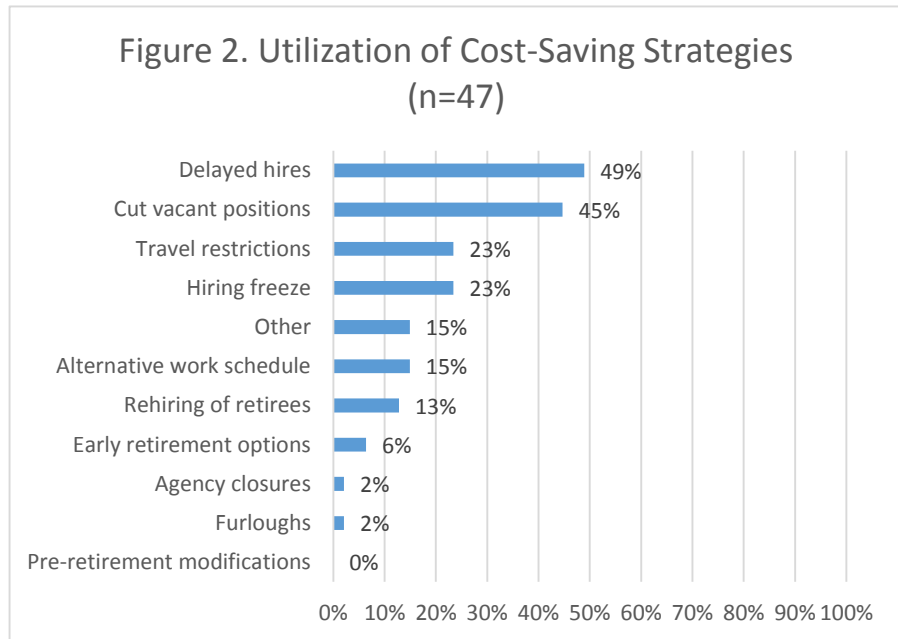
Survey respondents were asked to compare their current fiscal year budgets to the previous fiscal year. Slightly less than half of respondents (45%) indicated that their current fiscal year budget was approximately the same as the previous fiscal year, while slightly less than one-third of respondents indicated that the current fiscal year budget was larger than the previous year's (**Figure 1**). Respondents whose budgets decreased saw a reduction of 2.4 percent to 22.5 percent, with an average reduction of 6.6 percent.



When asked about the expected budget for the next fiscal year, 41 percent of respondents anticipated that it will be approximately the same as the current budget. More than one-quarter (28%) of respondents anticipated that the next budget would be larger than the current budget, while 30 percent expect the next budget to be smaller than the current budget.

Cost-Saving Strategies at State Health Agencies

S/THAs have implemented a variety of strategies to cut expenses and reduce layoffs, such as travel restrictions, delayed hiring and hiring freezes, and cutting vacant positions. Other cost-saving strategies include reducing contracts and consolidating services. **Figure 2** displays the percentage of S/THAs that used a given cost-saving strategy in the past year. Twenty-one percent of respondents reported not using any of the cost-saving strategies listed.



Staffing Levels

Job losses through attrition and layoffs can affect S/THAs' abilities to perform services and functions for their residents. **Table 1** provides an overview of job losses at both the central office and state-run or territory-run local or regional offices in the past year. These numbers most likely underreport national layoffs and staff lost to attrition, given the response rate for the survey and these items.

Table 1. Job Losses Due to Attrition and Layoffs, 2014

	Central Office (n=48)			State-Run Local or Regional Offices (n=32)			Overall Total Job Losses
	Mean	Median	Total	Mean	Median	Total	
Staff laid off	1.3	0	63	1.2	0	37	100
Staff lost to attrition	6.9	0	329	20.4	0	652	981

Some S/THAs have experienced an increase in staffing levels, which could be attributed to lifting a hiring freeze, or filling a vacancy because of employee turnover. **Table 2** provides an overview of job additions at both the central office and state-run or territory-run local or regional offices in the past year. Like job losses, the job additions reported are likely lower than the actual number of jobs filled across all states, given the response rate for these items in the survey.

Table 2. Job Additions, 2014

	Central Office (n=45)			State-Run Local or Regional Offices (n=29)			Overall Total Job Additions
	Mean	Median	Total	Mean	Median	Total	
Number of new positions filled	54.4	1	2447	156	0	4524	6971
Number of vacancies filled due to lift of hiring freeze	12.5	0	487	2.41	0	65	552
Number of vacancies filled due to employee turnover	100.8	36.5	4235	193.2	0	2606	6841

Service Delivery

S/THAs conduct a wide range of activities and provide a multitude of services to their residents. The six services provided by the most health agencies are emergency preparedness (100%), epidemiology and surveillance (100%), tobacco prevention and control (100%), maternal and child health services (98%), immunization (96%), and communicable disease screening and treatment (96%).

Given the breadth of services that S/THAs provide, their service delivery levels may vary over time due to changes in funding, high priority issues, and the current political climate. However, survey results showed that most S/THAs experienced minimal changes in service delivery in the past year. **Table 3** shows the percentage of S/THAs who either expanded or reduced service in the past year for the 10 services provided the most by S/THAs.

Table 3. Top 10 Services and Percent Change in Service Delivery in the Past Year

Service (number of agencies reporting providing services in the past year)	Amount that Expanded Service in Past Year	Amount that Reduced Service in Past Year
Emergency preparedness	23%	2%
Epidemiology and surveillance	22%	2%
Tobacco prevention and control	18%	7%
Maternal and child health	7%	7%
Immunization	24%	12%
Communicable disease screening and treatment	26%	0%
Public health lab	24%	2%
Other environmental health	8%	5%
Chronic disease screening and treatment	21%	5%
Food safety	15%	5%

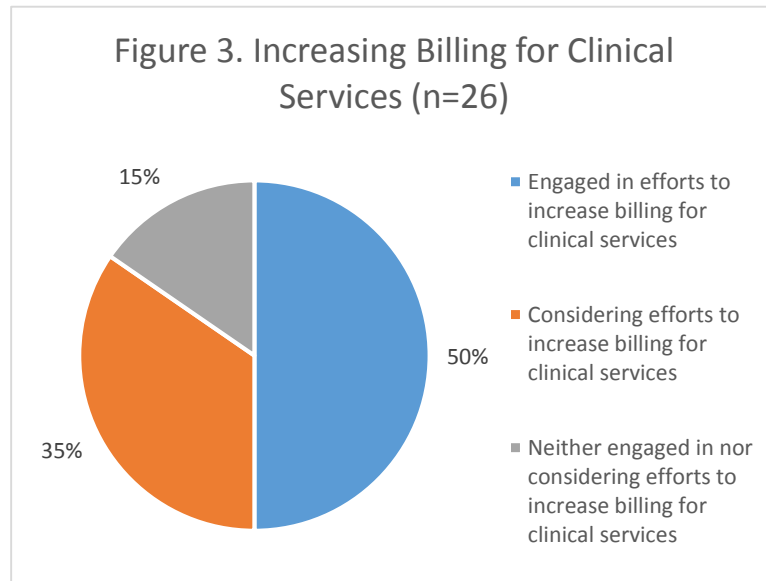
Billing for Services

The implementation of ACA and the resulting increase in insured residents may have an impact on how and which payers states bill. Currently, S/THAs vary in which payers they bill by type of service. **Table 4** displays the percentage of S/THAs reporting billing any third-party payers for ten specific services.

Table 4. Billing Third-Party Payers for Select Services, 2015

Service	Percent of agencies reporting billing third-party payers
Immunization (n=35)	60%
Chronic disease screening and treatment (n=29)	59%
Family planning (n=28)	57%
HIV/STI (n=37)	54%
Behavioral health/substance abuse (n=14)	50%
Cancer screening (n=29)	45%
Tuberculosis testing and treatment (n=34)	41%
Home health (n=13)	38%
Early childhood development (n=33)	36%
Tobacco cessation (n=32)	31%

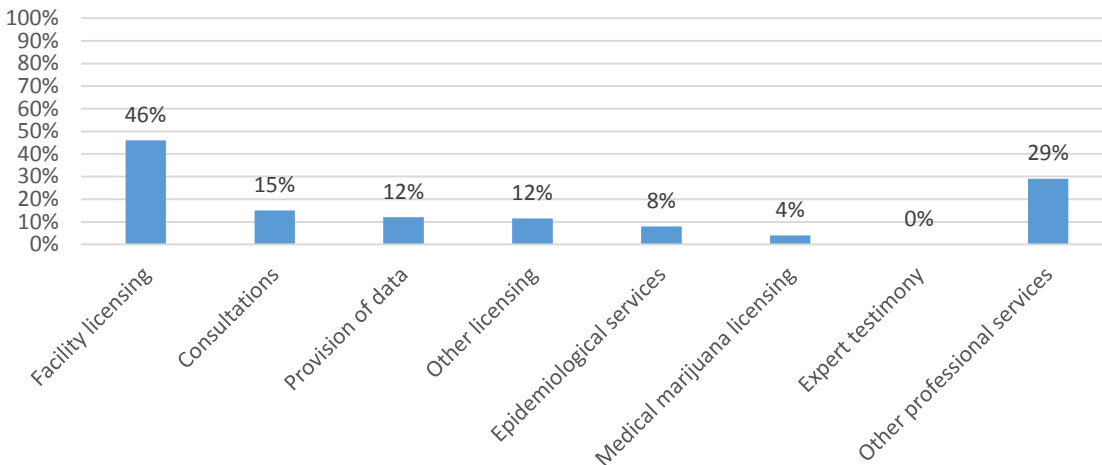
Forty-seven percent of respondents are working to increase billing with one or more private insurers for services they do not currently bill for, and 54 percent of respondents are working to increase Medicaid billing for such services. Half of respondents reported that they are engaged in efforts to increase billing for clinical services (see **Figure 3**). Additionally, half of respondents indicated that they have the capacity in-house to bill third-party payers.



Billing for Professional Services

In addition to billing for clinical services, S/THAs may also bill for the provision of professional services. Forty-six percent of respondents bill for facility licensing services, and 15 percent of respondents bill for the consultations. **Figure 4** shows the types of professional services for which respondents bill, including clinical services such as blood lead risk assessments and nursing home level of care assessments.

Figure 4. Types of Professional Services that S/THAs Bill for (n=26)

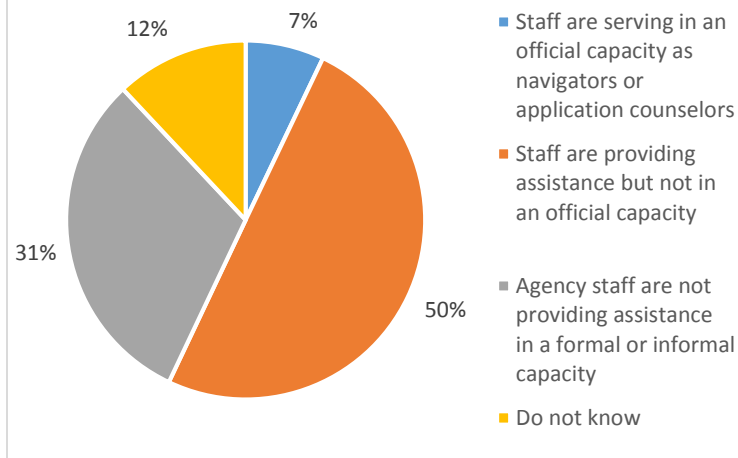


Navigators

As a result of the ACA’s individual mandate, new populations are eligible for insurance through state marketplaces. In many states, S/THAs are involved in establishing a health insurance exchange. As **Figure 5** illustrates, 7 percent of respondents said that agency staff are serving in an official capacity as navigators or application counselors for insurance enrollment, while half of respondents indicated that agency staff are providing informal assistance in insurance enrollment.

Among those respondents with agency staff serving in an official capacity as navigators or application counselors, or with agency staff providing assistance in an unofficial capacity, 25 percent are receiving financial support for insurance enrollment assistance. Among those respondents receiving financial support for insurance enrollment, half are receiving federal funds, while one-third are receiving state funds, and one-third are receiving financial support for navigator work from another source.

Figure 5. Health Agency Involvement in Assisting in Insurance Enrollment (n=42)



Public Health and Primary Care Collaboration

The integration of public health and primary care has gained traction in recent years. S/THAs may work in a variety of ways with primary care providers to improve the health of their communities. **Table 5** presents the percentage of S/THAs that are actively engaged in a selection of collaboration activities.

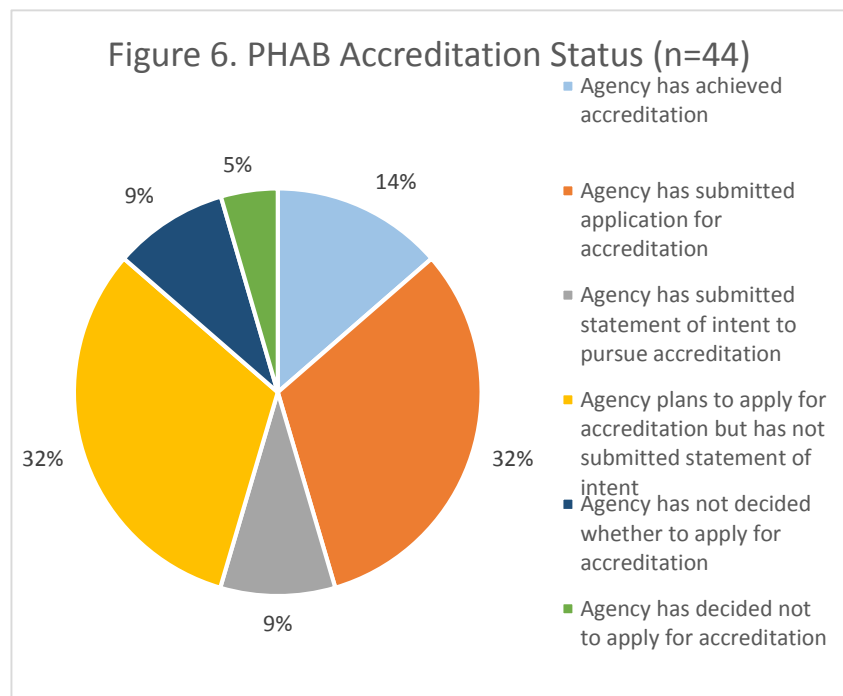
Table 5. Active Engagement with Primary Care Providers, 2014

Integration Activities	Percent
Implementing strategies to increase accessibility to primary care services (n=43)	88%
Encourage the use of evidence-based public health services (n=42)	88%
Encourage the use of evidence-based clinical preventative services (n=42)	88%
Providing population health statistics to primary care associations, providers, and practices (n=42)	86%
Developing a state or territorial health assessment or improvement plan (n=43)	81%
Conducting a community health assessment (n=41)	81%
Receiving clinical data from primary care providers and practices to improve health surveillance (n=42)	76%
Provide care coordination/case management for patients with complex needs (n=43)	74%
Participating in a patient-centered medical home (n=42)	48%
Participating in an accountable care organization, community care organization, or accountable communities of health (n=38)	24%

Many respondents that are not actively engaged in a given collaboration activity are exploring engaging in the activity. Thirty-six percent of S/THAs indicated that they are considering participating in a patient-centered medical home, and 26 percent are exploring participating in an accountable care organization, community care organization, or accountable communities of health.

Accreditation

Voluntary national accreditation through the Public Health Accreditation Board (PHAB) affords state, territorial, local, and tribal health agencies a way to measure their performance and demonstrate accountability. Now in its fourth year of existence, the program has become more popular among S/THAs. As **Figure 6** shows, 14 percent of responding S/THAs have achieved accreditation. In addition, nearly one-third of survey respondents (32%) indicated that their agency had submitted an application for



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accreditation, and nearly another third (32%) reported that their agency plans to apply for accreditation, but has not yet submitted a statement of intent. Among those respondents, 50 percent said that they anticipate submitting their statement of intent in 2016, while 29 percent anticipate submitting their statement of intent for accreditation in 2017 or later.

Acknowledgements

This research was made possible by funding from CDC and the Robert Wood Johnson Foundation. For more information about ASTHO's surveys, please contact Rivka Liss-Levinson (rlisslevinson@astho.org) or Kyle Bogaert (kbogaert@astho.org).