Taking Action: The Activities of State Health Agencies From 2016-2019

State health agencies (SHAs) serve on the frontlines to promote public health, prevent illness, and protect the health of their communities. To fulfill their mission, agencies perform or oversee the provision of a wide variety of activities, including screening for tuberculosis, providing oral health services, conducting lab testing for influenza, and licensing food service establishments. The Association of State and Territorial Health Officials (ASTHO) surveyed SHAs on over 200 public health services that they may provide (either directly or via contract with other organizations). The periodic nature of the Profile survey makes it useful for tracking national-level changes in SHA activities. SHAs may commence or suspend activities for a variety of reasons, including:

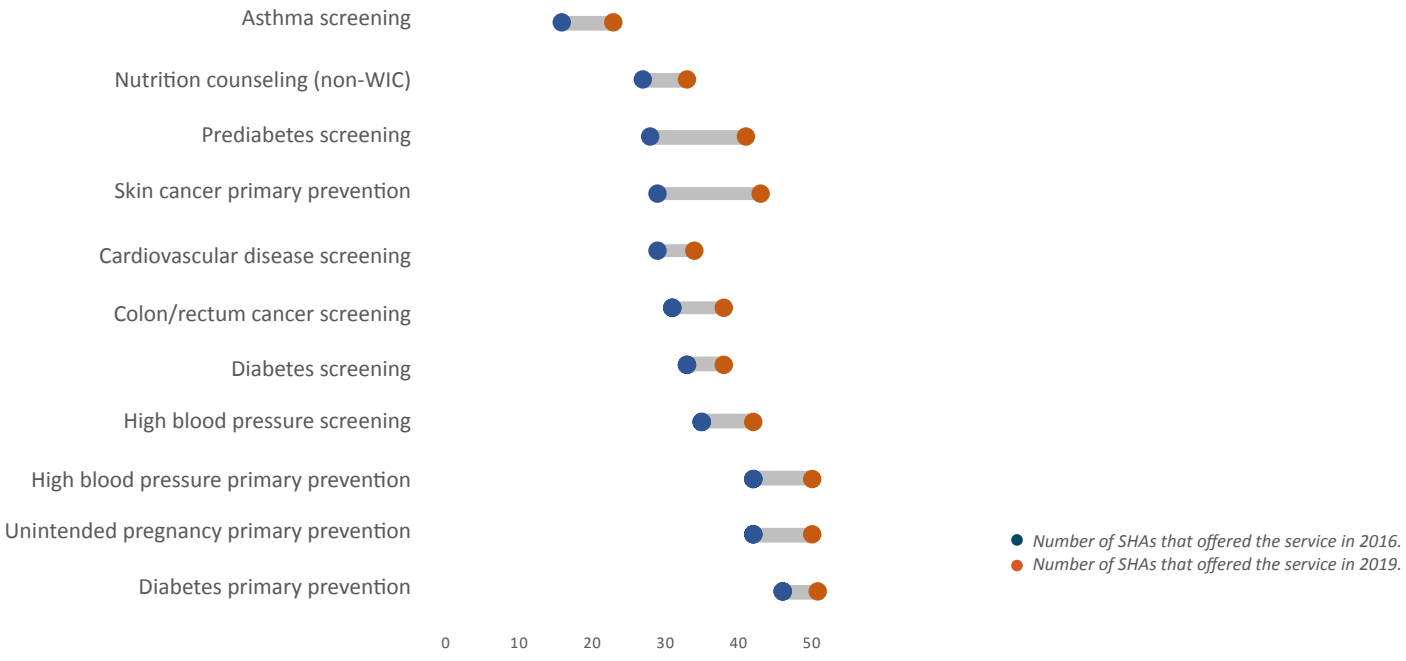
- Reorganizations within state government agencies.
- Changes in federal funding opportunities.
- Competition among states for limited federal grants/cooperative agreements.
- Increased community need related to certain public health issues.
- Changes in federal or state laws.
- Changes related to Medicaid.

Comparing responses to the 2016 and 2019 Profile surveys, 29 activities saw an increase of five or more SHAs performing them, with 27 of these activities highlighted below. Conversely, there were 16 activities that had a decrease of five or more SHAs performing them, with 12 of these activities highlighted below. Over the past three years, there have been notable shifts in the types of services performed by SHAs, highlighting the impacts of responding to broader public health issues—including an increasing commitment to addressing chronic diseases and prioritizing acute challenges like the opioid epidemic. This brief provides a snapshot of key changes in activities provided by SHAs from 2016 to 2019.

Activities Provided by More SHAs in 2019

Prevention and Screening Activities

More SHAs provided several **prevention and screening activities** in 2019 compared to 2016.

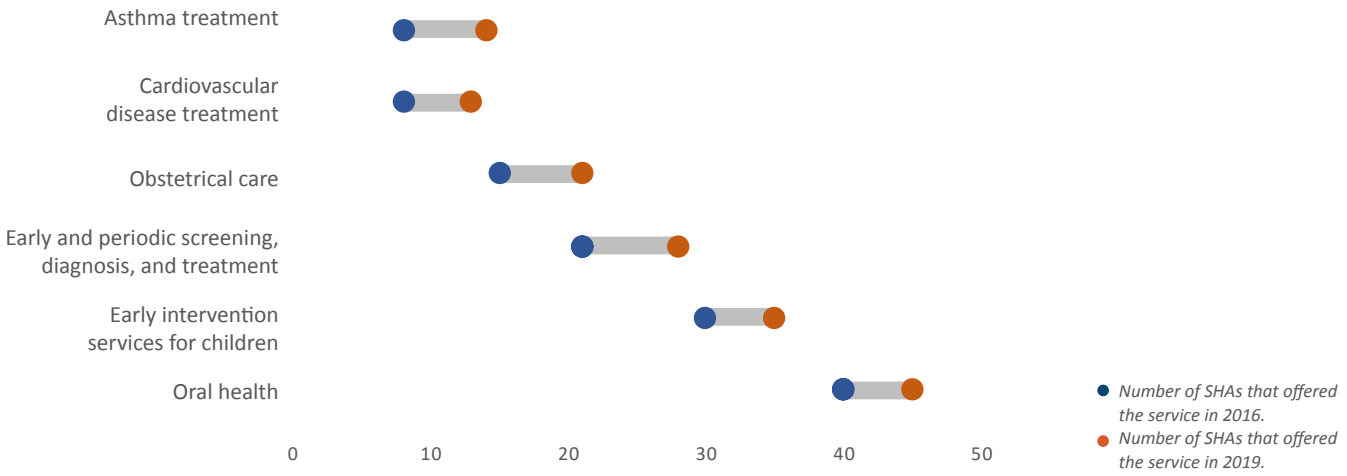


Despite a decrease in federal spending overall for chronic disease from 2015 to 2018 and level funding from CDC, an increased number of SHAs reported providing screening services. While skin cancer population-based primary prevention had the greatest increase among prevention activities, most increases in primary prevention activities focused on chronic diseases. Asthma screening continues to lag behind screening for other health issues, while prediabetes screening experienced the greatest increase in screening activities, with over 40 states reporting participation. One potential cause of the increase in agencies performing population-based primary prevention and screening for cardiovascular disease and its risk factors may be the new cycles of CDC funding for states' work in heart disease and stroke prevention, as well as the establishment of Million Hearts 2022 priorities.

On the other hand, not all primary prevention activities have increased, as evidenced by the decline in cancer incidence surveillance activities between 2016 and 2019.

Clinical Services

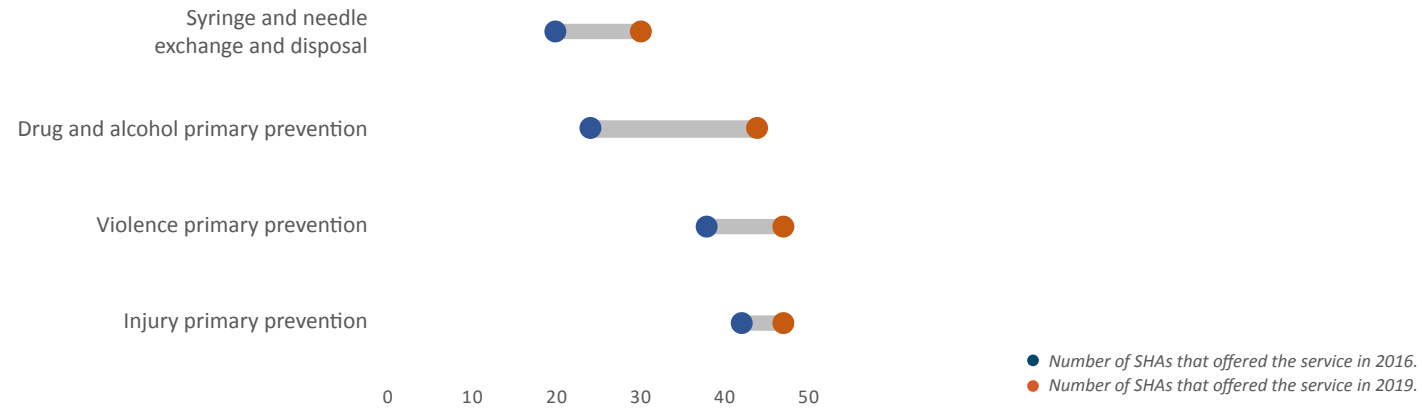
More SHAs provided several **clinical services** in 2019 compared to 2016.



Fewer SHAs report providing treatment for asthma and cardiovascular disease compared to those continuing to report providing oral health services. The increase in the number of SHAs providing oral health services may reflect an increased effort to integrate oral health and primary care activities. Increases in maternal and child health services, such as obstetrical care, may be due to an increasing number of women covered under Medicaid expansion, as well as in response to high rates of maternal morbidity and mortality. Similarly, increases in SHAs providing Early and Periodic Screening, Diagnosis and Treatment (EPSDT) may reflect the expansion of Medicaid in certain states. Increases in SHAs providing early intervention services for children with special healthcare needs likely reflect agency reorganizations, as these services are available in every state (as part of the Individuals with Disabilities Act).

Behavioral Health and Injury Activities

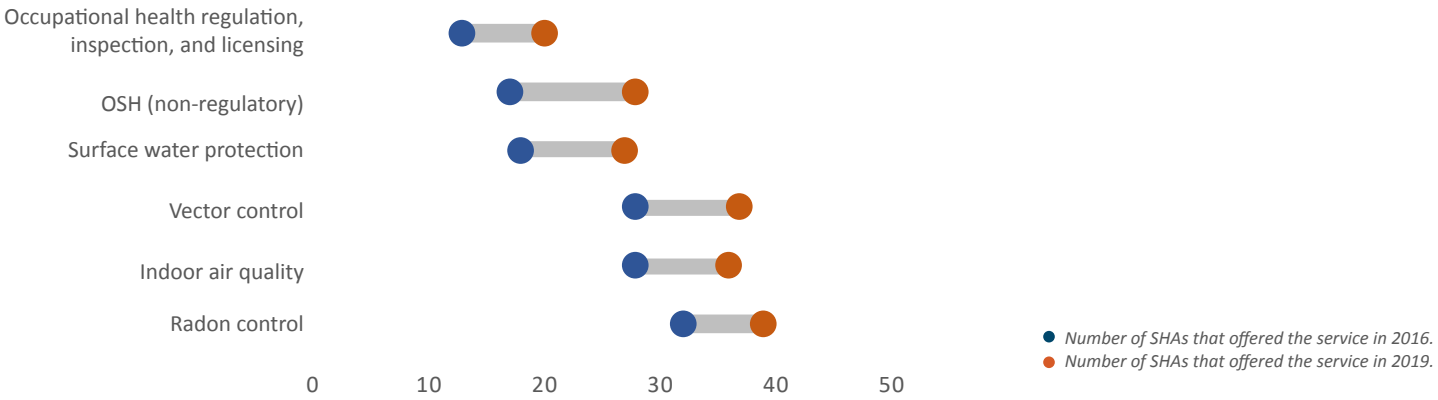
More SHAs provided several new **behavioral health and injury activities** in 2019 compared to 2016.



SHAs reported a consistent increase in the provision of behavioral health services, with drug and alcohol primary prevention services experiencing the greatest increase. The heightened focus on addressing the opioid epidemic is evident in the number of behavioral health services that have increased from 2016 to 2019. Due to continued concerns over co-occurring substance use, states are responding by offering population-based primary prevention for drugs and alcohol. To address the 3.5-fold increase in Hepatitis C (HCV) cases that occurred from 2010-2016, an increasing number of SHAs are performing syringe and needle exchange and disposal services, which are evidence-based interventions shown to effectively reduce HIV and HCV infections.

Environmental and Occupational Health Activities

More SHAs provided several **environmental and occupational health activities** in 2019 than 2016.



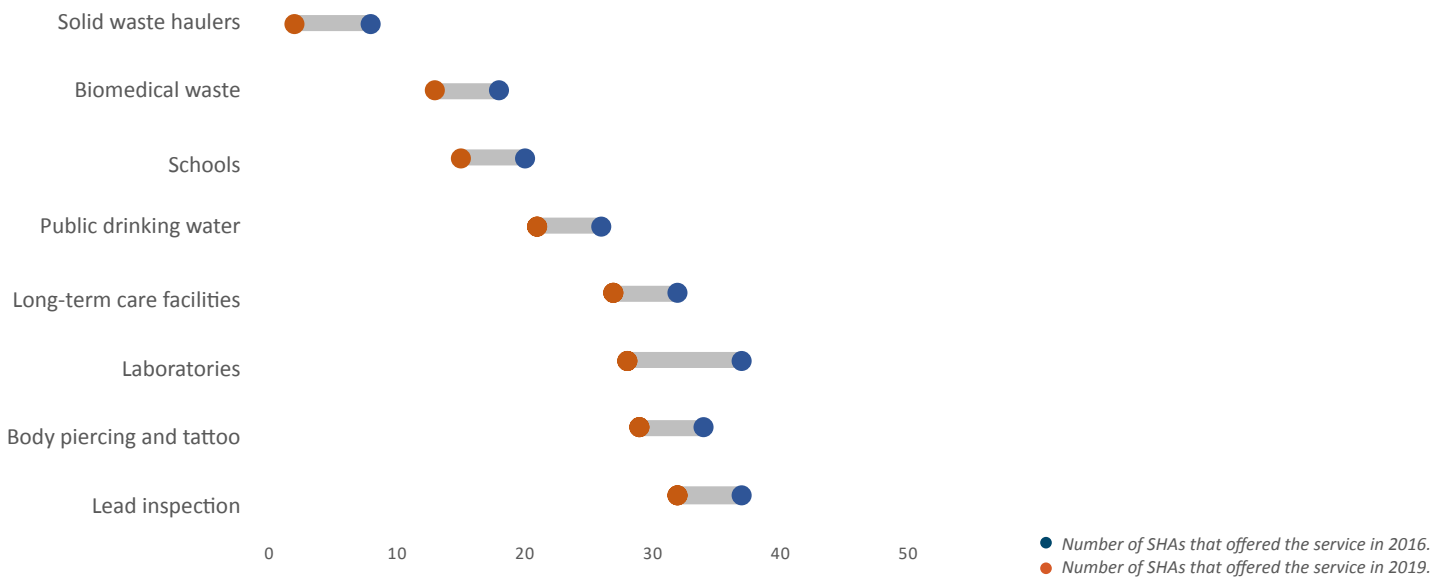
OSH: Occupational Safety and Health

In 2019, occupational health regulation, inspection, and licensing remained the category of environmental health activity performed by the fewest number of SHAs, while radon control remained the environmental health activity performed by the greatest number of agencies. Both activities had the same increase in the number of SHAs offering these services (n=7) between 2016 and 2019. Changes in environmental health activities provided by SHAs may result from governmental reorganization, changes in funding (federal or state), or changes in state laws. For example, an increase in federal funding to assist states in responding to the Zika virus potentially allowed SHAs to increase the capacity of their vector control programs, while a change in state laws related to radon control led to an increased budget allocation in at least one state.

Activities provided by fewer SHAs in 2019

Regulatory, Inspection, or Licensing Activities

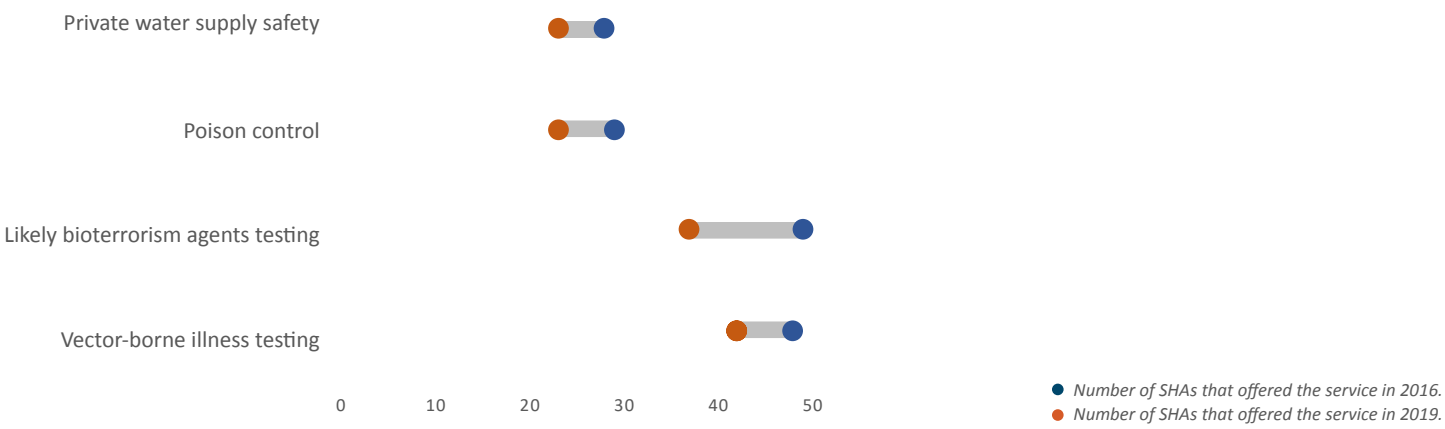
Fewer SHAs were involved in certain **regulatory, inspection, or licensing activities** in 2019 compared to 2016.



The number of SHAs reporting regulatory, inspection, or licensing services has continued to decrease, except in the area of occupational health, with only a few SHAs reporting regulation, inspection, or licensing activities related to solid waste haulers, biomedical waste, or schools. Environmental health divisions, which oversee many regulatory, inspection, and licensing activities, note that several internal agency reorganizations have moved activities out of their purview. These same programs may also be affected by limited funding opportunities.

Other Public Health Activities

Fewer SHAs provided **other** public health services or activities in 2019 compared to 2016.



Almost all states reported conducting likely bioterrorism agents and vector-borne illness testing in 2016, but experienced a great decrease in 2019. These changes may reflect funding decreases or governmental reorganizations that moved these activities outside the SHA.

Methodology and Limitations

The ASTHO Profile of State and Territorial Public Health (Profile) is a survey completed every two to three years since 2007 by all state and territorial health agencies (SHAs), Washington, D.C., and freely associated states. The Profile presents comprehensive data to document changes over time in public health agency activities, structure, and financial resources, and workforce.

Information about Profile methods and limitations of the data, including details on missing data and estimates of data points, is available in the technical notes documentation here.

The Profile survey captures only whether a SHA performs or oversees specific public health activities (i.e., activities questions have yes/no responses). Thus, the Profile captures only whether an activity has been eliminated completely or a new activity has been undertaken. The Profile does not capture changes in the size or scope of SHA activities.

The purpose of this analysis is to examine changes in provision of public health services at a national level rather than to track activities of individual SHAs (including all 50 U.S. states and Washington, D.C.). Consequently, the changes reported here represent net changes in the total numbers of SHAs providing various public health activities. The total number of SHAs providing a public health activity may be the same in the 2016 and 2019 Profile because the same SHAs provided the activity at both time periods or because equal numbers of SHAs added and eliminated that activity between 2016 and 2019.

Profile data can be found on ASTHO's website at www.astho.org/profile. For additional information about the ASTHO Profile Survey, contact profile@astho.org.

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