RT Notes

11/11/20

ADJUSTED FOR INFLATION

* What’s your source for Jones County having 10 health department employees? According to the KHN data, it had 19 in 2017.
  + Has it been cut in almost half since 2017?
  + Can anyone in Jones explain why the county jumped from 15 FTEs in 2003 to 60 in 2005 and then back down to 15 in 2007?

I started my query trying to replicate the nut graph from the KHN article:

**“Since 2010, spending for state public health departments has dropped by 16% per capita and spending for** [**local health departments**](http://nacchoprofilestudy.org/wp-content/uploads/2020/05/2019-Profile-Preparedness-Capacity.pdf) **has fallen by 18%, according to a KHN and Associated Press analysis of government spending on public health. At least 38,000 state and local public health jobs have disappeared since the 2008 recession, leaving a skeletal workforce for what was once viewed as one of the world’s top public health systems.**

Here’s what I think I found (OH… Also need to adjust NC dollars for inflation…)

* While spending on public health has declined across the country over the last decade, North Carolina’s drop has been nearly twice as steep. Since 2010, spending for state public health departments has dropped by 16% per capita – but 27% in North Carolina.
* (Line chart showing change in national per capita spending at state level and NC per capita spending at state level)
* At the state level, North Carolina spends less per person on public health than all but 12 other states. For every dollar spent per person on state-level public health nationally in 2010, N.C. spent 90 cents. By 2018, North Carolina was spending only 77 cents per dollar of national per capita spending at the state level.
* North Carolina spends about $73 per person at the state level.
* While the spending at the state level has decrease, that has left counties to pick up the tab. On top of the 27% drop at the state level, **county-level spending also dropped 21%.**
* It's been left to local agencies to pick up the slack. Some have. Some haven't. But nobody really knows. The report for the first time ever tries to shine light on the local public health spending in North Carolina.
* Between 2010 and 2018, the county with the biggest decline was Wake. In just one year -- from 2012 to 2013 -- its per capita spending dropped **nearly 60%. (We have inflation issues here because we’re missing inflation data for some reason for 2012 and 2013. But the 2011-2014 change also indicates about 60%.)**
* Right next door to Wake, in more rural Johnston County in the same year (2012-2013, you had **a 33% increase**. **(same inflation issues, with same 2011-2014 change that supports this number)**
* In fact, over 2010-2018 Johnston increased per-capita spending **by 33%....** more than any county but Mecklenburg.
* Mecklenburg – the state’s most populous county -- saw the biggest increase even when adjusting for population **and inflation -- 40% increase** in per capita spending over those 8 years, and a jump of 28% **(confirmed)** from 2015 to 2016 alone.
* Meck did dip a little back from 2011 to 2012, but then came rocketing back in 2013 and 2014.
* In 2010, Mecklenburg had one of the lowest per capita rates in the state -- similar to tiny Stanly and Burke counties. (Show an animated map change from 2010 to 2018 per capita.)
* In 2010, Meck and Union were both near the bottom, spending similar amounts per person. But by 2018 as Meck continued to spend, Union' expenditures dropped nearly **32%.**
* (Line chart showing change in per capita spending for Meck, Wake, Union and Johnston. Maybe make width of lines = population)
* Here: What happened in these four counties??? I know the what, but what’s they why??
* Funding public health is especially challenging in the state’s rural counties, many of which are losing population. Even while the state’s population increased by about 10%, some counties are spending more on fewer people. For example, Richmond County's per capita spending increased nearly **15%** even while its population decreased 3%.
* **~~Cleveland, Lenoir and Rockingham counties also owe part of their per-capita spending increase to their losses in population.~~**
* At least 20 LHDs (serving 24 counties) saw a decline in public health spending in 2010-2018. **(confirmed this is true when adjusted for inflation)**
* Fewer dollars means fewer people (this would be a good place to talk about what kinds of jobs public health employees actually do.)
* Of the 85 LHDs, 67 had fewer people working at them in 2017 than in 2007. (2017 is the most recent year for which we have FTE data).
* Brunswick County's population exploded by more than a third over those 10 years. At the same time, its public health staff was cut by 41%.
* Wake County has cut 268 FTEs over that decade -- 30% of its workforce.
* Wake's cuts were biggest in terms of raw numbers, but 17 health departments across the state saw their staffing drop by more than a third. Hyde County lost two thirds of its FTE. The Toe River Health District (Avery, Mitchell, Yancey) went from 200 to 60 people.
* Meanwhile, Mecklenburg County more than doubled its workforce from 379 in 2007 to 825 in 2017. That's the biggest increase in terms of both raw numbers of new employees as well as percent increase.
* This isn't just about poverty. Union County has the highest median household income in the state -- about $86,000 -- but in 2018 spent less per person on public health than any other county -- just $32.92. **($33.63 in 2019 dollars, but here use 2018 dollars)**

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Map that shows counties:

\* name

\* Pop change

\* expenditure change

\* FTE change

red = counties that increased pop, but decreased FTEs

yellow = increased pop, increased FTEs

green = increased FTEs and expenditures at faster rate than pop.

\*\* Lollipop that shows counties that have increased per\_capita spending vs decreased.