Decades of underfunding have left the nation’s public health system ill-equipped to protect the health of Americans. Health emergencies have illuminated weaknesses in the nation’s public health infrastructure, including antiquated data systems, insufficient public health laboratory capacity, an under-resourced public health workforce, and the need for improved public health communications. These foundational public health capacities require increased, flexible, and sustained spending.

**Limited funding for preventive care**

- The country spends $4.3 trillion on healthcare, but only about 4 percent of that goes to public health and prevention. Today, roughly 60 percent of the U.S. adult population has at least one chronic disease, such as obesity, diabetes, or heart disease. Treating these chronic diseases, along with mental health conditions, accounts for the vast majority of U.S. healthcare spending. Public health approaches can save lives and reduce healthcare costs, but many states don’t receive adequate funding to prevent illnesses and injury.

**Public health preparedness cuts**

- Two primary programs focused on public health preparedness have been cut drastically over the past two decades. The Public Health Emergency Preparedness program has been reduced by half, and the Healthcare Readiness and Recovery Program has been cut by two-thirds over the past two decades when adjusting for inflation. This means every community is less protected than it should be.

For the full report, please go to: [https://www.tfah.org/report-details/funding-2023/](https://www.tfah.org/report-details/funding-2023/)
TFAH is calling for annual funding for CDC of at least $11.581 billion in FY 2024, the level requested in the President’s FY 24 budget (FY 2023 CDC funding is $9.2 billion).

Increase and sustain funding to strengthen public health infrastructure. Public health experts estimate an annual shortfall of $4.5 billion in necessary funding for state and local health departments to provide comprehensive public health services in their communities.

Strengthen public health emergency preparedness, including within the healthcare system. Investments should include the restoration of funding to the Public Health Emergency Preparedness Cooperative Agreement, the Healthcare Readiness and Recovery Program, and programs designed to support vaccine infrastructure as well as prevent, detect, and contain antimicrobial-resistant infections.

Modernize the public health data system to ensure comprehensive and real-time data sharing during public health emergencies. Public health experts estimate that at least $7.84 billion is needed over the next five years for CDC’s Data Modernization Initiative to strengthen public health data collection and reporting at the state and local levels. Congress should also provide sustained funding for CDC’s new Center for Forecasting and Outbreak Analytics.

Bolster the recruitment and retention of the public health workforce. In 2021, it was estimated that state and local public health departments needed to hire an additional 80,000 employees to be able to deliver a minimum set of public health services. The one-time nature of short-term emergency funding means that health departments will continue to experience understaffing.

Address health disparities and the root causes of disease by addressing the social determinants of health and investing in chronic disease prevention.

Invest in programs to prepare for and mitigate the impacts of climate change.

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