

The Impact of Chronic Underfunding on America's Public Health System: Trends, Risks, and Recommendations, 2024

Insufficient funding has left the nation's public health system without the necessary resources to meet the public health challenges of the 21st century.

Most federal public health funding goes out to states, tribes, territories, and localities to protect their communities and prevent disease and injury. Funding has not kept pace with inflation or the nation's growing public health challenges.



Progress At Risk Due to Funding Cliffs

- The response to the COVID-19 pandemic included important investments in public health infrastructure and workforce, but much of this funding was one-time, temporary allocations. This progress is at risk due to funding ending or being rescinded, which will leave the nation less prepared for ongoing and emerging health threats.



Limited Funding to Prevent Illness & Injury

- Chronic and mental health conditions account for 90 percent of the nation's \$4.5 trillion in health care expenditures, and programs to prevent and manage these conditions have both health and economic benefits. Yet, proven, evidence-based prevention programs are not in place in many states and communities due to lack of funding.

NORTH DAKOTA



Total State Funding:
\$56,283,518



Public Health Funding Change
FY 22-23: **No change**

UNITED STATES



Total CDC Funding, FY 24:
\$9.2 billion



CDC Funding Percent Change, FY 15-24:
4% after inflation



Percentage of U.S. adults with a
chronic disease: **~60%**



Inflation-adjusted program funding
reductions in the past 2 decades:

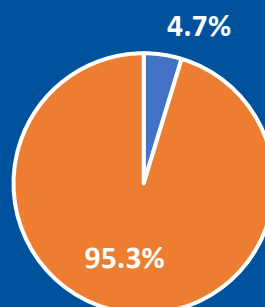
1/2 for Public Health Emergency Preparedness

2/3 for Health Care Readiness and Recovery

CY2022 National Health Expenditures



Total U.S. spending on health, CY2022:
\$4.5 trillion



Public Health and Prevention

All other health services

For the full report, please go to:

<https://www.tfah.org/report-details/funding-2023/>

Recommendations for Policy Actions



Strengthen and modernize America's public health infrastructure. Provide sustained funding of at least \$11.5 billion annually for CDC, invest in public health data modernization, and bolster the recruitment and retention of the public health workforce. Additionally, restore the Prevention and Public Health Fund, enact full-year appropriations bills, and ensure continuous improvement of public health systems at all levels of government.



Invest in the nation's health security to protect against emergencies and infectious threats. Strengthen the Public Health Emergency Preparedness program with \$1 billion in funding, increase support for healthcare system readiness to \$500 million, and bolster vaccine infrastructure with \$1.1 billion for the National Immunization Program. Additionally, increase funding for antimicrobial resistance prevention and create a Health Defense Operations budget designation to ensure sustainable resources for pandemic preparedness.



Address health disparities and root causes of disease by investing in social determinants of health. Fund CDC's Social Determinants of Health program at \$100 million to support local, state, and tribal efforts in addressing nonmedical factors influencing health outcomes. Allocate at least \$102.5 million for CDC's Racial and Ethnic Approaches to Community Health (REACH) and Healthy Tribes programs to reduce health disparities in specific communities.



Promote health and prevent chronic diseases across the lifespan through increased investments in prevention programs. Significantly boost funding for CDC's National Center for Chronic Disease Prevention and Health Promotion, allocating at least \$130 million to the Division of Nutrition, Physical Activity and Obesity to expand obesity prevention efforts to all states. Provide at least \$50 million to support Age-Friendly Public Health Systems, building capacity in state, local, tribal, and territorial public health departments to address the unique health needs of older adults.



Invest in primary prevention of behavioral health concerns and deaths of despair through expanded funding for critical programs. Allocate at least \$80 million for CDC's Comprehensive Suicide Prevention program to implement prevention plans in all states, territories, and tribes, and provide at least \$33 million to expand CDC's Adverse Childhood Experiences prevention program. Increase funding for CDC's Division of Adolescent and School Health to \$100 million to expand school-based services that reduce risk behaviors and promote mental health among youth.



Prepare for and prevent the health impacts of environmental threats through increased funding for critical programs. Boost funding for CDC's National Center for Environmental Health, including \$65 million for the Environmental Health Tracking Network, \$110 million for the Climate and Health Program, and \$40 million for the National Asthma Control Program. Allocate \$100 million for the Agency for Toxic Substances and Disease Registry and \$5 million for the HHS Office of Climate Change and Health Equity to coordinate efforts addressing climate change's impact on health.