

Investing in America's Health:

A STATE-BY-STATE LOOK
AT PUBLIC HEALTH FUNDING
AND KEY HEALTH FACTS

2015



Acknowledgements

Trust for America's Health is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority.

For more than 40 years the **Robert Wood Johnson Foundation** has worked to improve the health and health care of all Americans. We are striving to build a national Culture of Health that will enable all Americans to live longer, healthier lives now and for generations to come. For more information, visit www.rwjf.org. Follow the Foundation on Twitter at [www.rwjf.org/twitter](https://twitter.com/rwjf) or on Facebook at www.rwjf.org/facebook.

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Introduction

For too long, the country has focused on treating people after they become sick instead of preventing diseases before they occur.

Investing in disease prevention is the most effective, common-sense way to improve health — helping to spare millions of Americans from developing preventable illnesses, reduce healthcare costs, and improve the productivity of the American workforce so we can be competitive with the rest of the world.

Tens of millions of Americans are currently suffering from preventable diseases such as cancer, heart disease and diabetes. And, today's children are in danger of becoming the first generation in American history to live shorter, less healthy lives than their parents.

Americans across the country deserve and should expect basic health protections, no matter where they live. Yet, disease rates vary significantly from city-to-city and region-to-region. And, fundamental public health services intended to protect our health and the funding of these programs often vary dramatically from state-to-state and among communities within states. Currently, there is no systematic rationale for ensuring a minimum level of health services for all Americans, or that the money spent on public health programs is being used in the most effective ways to reduce and prevent disease and injury.

Public health departments have the unique role and responsibility as chief health strategist for communities — working to improve health in schools, workplaces and neighborhoods. This involves identifying the top health problems and developing strategies for how to address them. To be effective, public health officials must have the capabilities to define the scope of health problems, set goals to improve health and recruit whoever can help make change happen.

But, the public health system has been chronically underfunded for decades. Analyses from the Institute of Medicine (IOM), The New York Academy of Medicine (NYAM), the U.S. Centers for Disease Control and Prevention (CDC), and a range of other experts have found that federal, state and local public health departments have been hampered due to limited funds and have not been able to adequately carry out many core functions, including programs to prevent disease and prepare for health emergencies.¹

In this report, the Trust for America's Health (TFAH) examines public health funding in combination with key health facts in each state to further the discussion about how to ensure public health is funded sufficiently and structured as effectively as possible to have real impact on improving health. The report:

- Provides the public, policymakers and a broad and diverse set of groups involved in public health with an objective, nonpartisan, independent analysis of the status of public health funding policies;
- Encourages greater transparency and accountability of the system; and
- Recommends ways to assure the public health system meets today's needs and works across boundaries to accomplish its goals.

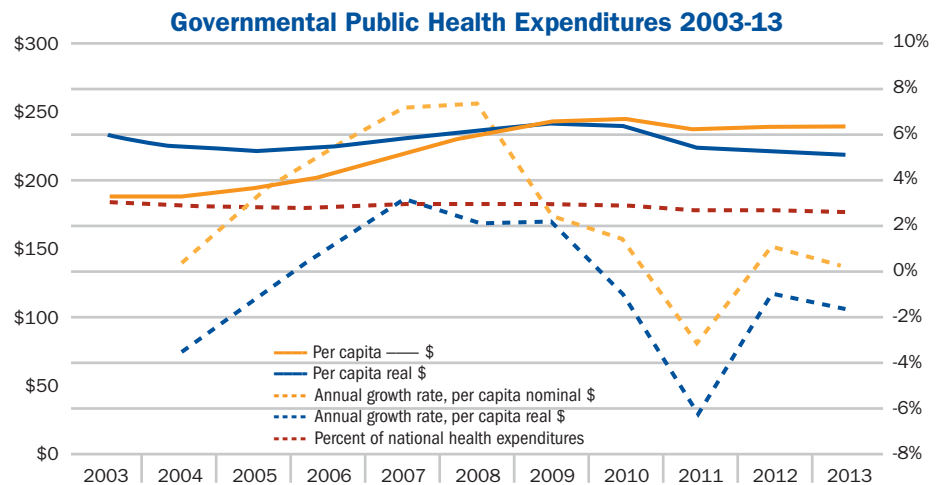
Overall, *Investing in America's Health* concludes that the public health system must be modernized — and that a sustained and sufficient level of investment in prevention is needed at all levels of government to improve health in the United States. Improvements and closing the gaps in differences in disease rates will not be accomplished unless an adequate level of funding is provided to support public health.

Investing in America's Health *Public Health* *Report* SERIES

MAIN FINDINGS

• **National Public Health Funding:** Combined federal, state and local public health spending is below pre-recession levels — at \$75.4 billion total in 2013 — or \$239 per

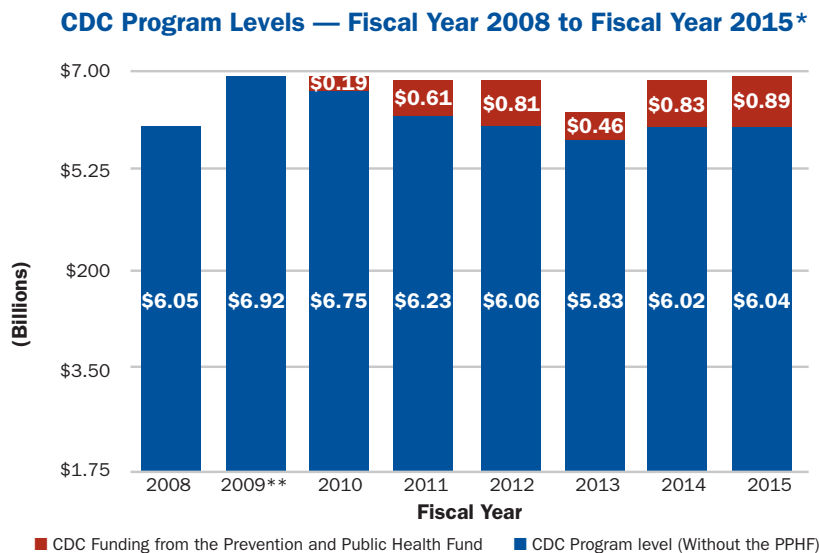
person (\$218 adjusted for inflation) compared to \$241 per person in 2009. Adjusting for inflation, public health spending was 10 percent lower in 2013 than in 2009.²



Source: Public Health Economics

• **Flat Federal Funding:** Federal funding for public health has remained at a relatively flat level for years. The budget for CDC has decreased from a high of \$7.07 billion in FY 2005 to \$6.93 billion in FY 2015.³ Spending through CDC averaged to only \$20.01 per person in

FY 2015. And the amount of federal funding spent to prevent disease and improve health in communities ranged significantly from state to state, with a per capita low of \$15.14 in Indiana to a high of \$50.09 in Alaska.



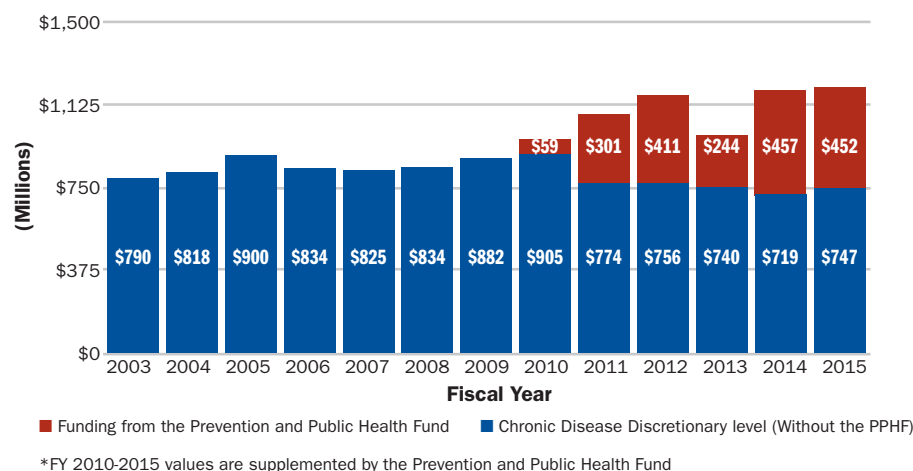
*This chart does not account for inflation, numbers are rounded

**FY2009 includes from the 2009 Recovery Act

• Chronic Disease Increases Important But Insufficient:

- The Prevention and Public Health Fund (Prevention Fund) has provided increased support for evidence-based prevention programs (since 2010), but rates of obesity, smoking and chronic diseases remain high and require additional federal, state and local resources to adequately fund programs and services to show returns in reducing diseases.

Chronic Disease Funding — Fiscal Year 2003 to Fiscal Year 2015*



• Public Health Emergency Preparedness Cuts:

- Public Health Emergency Preparedness (PHEP) Cooperative Agreement Funding — which provides support for states and localities to prepare for and respond to all types of disasters — has dropped from a high of \$919 million in FY 2005 to \$643 million in FY 2015
- The Hospital Preparedness Program (HPP) has been cut from a high of \$515 million in fiscal year 2004 to just \$255 million in FY 2015 a cut of more than 50 percent, including a more than \$100 million cut in FY 2014. The HPP provides grants and leadership to develop coalitions of healthcare facilities to improve medical surge capacity and enhance community and hospital preparedness for health emergencies.

- **Cuts in State and Local Funding:** At the state and local levels, public health budgets have been cut at drastic rates in recent years. According to a TFAH analysis, 22 states and Washington, D.C. decreased their public health budgets from FY 2012-13 to FY 2013-14. Budgets in 17 states decreased for two or more years in a row, and budgets in nine states decreased for three or more years in a row. In FY 2013-14, the median state funding for public health was \$31.06 per person, ranging from a high of \$156.01 in Hawaii to a low of \$3.59 in Nevada. From FY 2008 to FY 2014, the median per capita state spending decreased from \$33.71 to \$31.06. This represents a cut of more than \$1.3 billion adjusted for inflation.

Percent of Adults Who Have Diabetes— Alaska vs. West Virginia



7.1% of adults in Alaska have diabetes



13.8% of adults in Alabama have diabetes

Percent of Adults Who are Smokers— Kentucky vs. Utah



Kentucky
27.3%



Utah
10.3%

● Wide Variation in Health Statistics by

State: There are major differences in disease rates and other health factors in states around the country. For instance, only 7.1 percent of adults in Alaska and Utah have diabetes compared to 13.8 percent in Alabama, and 27.3 percent of adults in West Virginia are current smokers while only 10.3 percent report smoking in Utah.

● Wide Variation in Health Statistics

by County: There are also major differences in disease rates and health factors within each state. *County Health Rankings*, published by the Robert Wood Johnson Foundation (RWJF) and University of Wisconsin

Population Health Institute, provide county-level data on a number of key health factors for nearly every county in the country. The rankings assess health behaviors (tobacco use, diet, alcohol use, etc.), clinical care (access to and quality of care), social and economic factors (such as education, employment and income) and physical environment (environmental quality and the built environment such as housing and transportation). The *Rankings* highlight the healthiest and least healthy counties in every state and identify factors that influence health, outside of the doctor's office. The rankings do not currently include budget data by county.

ENSURING BASELINE PUBLIC HEALTH IN EVERY U.S. ZIP CODE: FOUNDATIONAL CAPABILITIES

It is time to rethink key aspects of the country's public health system. The Institute of Medicine, the Transforming Public Health Project funded by the Robert Wood Johnson Foundation and other leading public health groups have called for reenergizing the public health system around foundational capabilities that ensure basic abilities are maintained and sufficiently funded — while policies, programs, training and technologies can adapt to meet changing threats.^{4, 5}

Prioritizing a set of foundational capabilities would help ensure the country maintains a consistent baseline for protecting the public against both emerging and ongoing health threats. This means focusing on the fundamental, proven practices of health promotion and disease prevention — and imple-

menting them well. Achieving this goal will require restructuring public health programs — exploring new funding and business models that can assure consistent resources are devoted to support these foundational capabilities. This can be achieved through new funding mechanisms or by giving states and localities more flexibility in exchange for increased demonstration of capabilities and accountability. Modernizing business practices and finding efficiencies may require exploring innovative approaches such as regionalization, increased healthcare and public health integration, public-private partnerships, resource-sharing and working with Accountable Care Organizations (ACOs), or within new and risk-sharing structures and global health budgets.

Funding for Public Health

Public health programs are funded through a combination of federal, state and local dollars.

Each level of government has different, but important responsibilities for protecting the public's health. While this report focuses primarily on federal funding to states, it also provides information about state funding.

TFAH analyzes federal and state funding for public health based on the most complete financial data currently available. There is a

significant delay from the time a President proposes a fiscal year budget to when appropriations legislation is signed into law to the time when the funds are disbursed. Thus in looking at federal public health funds that go to the states, TFAH uses FY 2014 data for this analysis, which is the most recent budget year for which the data is most complete and accurate.

A. FEDERAL INVESTMENTS IN PUBLIC HEALTH

FEDERAL FUNDING FOR STATES FROM THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION



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Approximately 75 percent of CDC's budget is distributed to states, localities, and other public and private partners to support services and programs.

These funds support a wide range of essential public health programs — to improve health, prevent diseases and injuries and to prepare for major health emergencies. However, the current federal public health funding structure does not actively promote a set of baseline, consistent capabilities that every community across the country should be able to achieve.

Most of the federal funding from CDC is distributed by categories — for important, but often siloed, health concerns. Federal funding is based on a mixture of population-based formula grant programs (often based on disease rates or other incidence formulas) and a series of competitive grants — where some states receive funding and others do not due to insufficient funds. Because of federal funding limitations, many states submit competitive grants that are “approved but unfunded” due to limited funds.

State Rates and Trends

CDC FUNDING BY STATE 2014

State	Agency for Toxic Substances and Disease Registry (ATSDR)	Birth Defects, Developmental Disabilities, Disability and Health	CDC-Wide Activities and Program Support	Chronic Disease Prevention and Health Promotion	Emerging and Zoonotic Infectious Diseases	Environmental Health	Health Reform - Chronic Disease Prevention and Health Promotion	Health Reform - Toxic Substances & Environmental Public Health	HIV/AIDS, Viral Hepatitis, STI and TB Prevention	
Alabama		1,669,697	2,679,308	12,902,069	855,765	24,000			9,835,523	
Alaska	357,639	806,933	840,617	12,455,377	1,117,503				2,255,366	
Arizona	298,981	620,431	1,844,968	13,032,152	1,600,420	572,880			9,081,193	
Arkansas	374,054	1,469,141	1,379,539	9,809,207	1,008,688				3,991,922	
California	789,040	3,732,277	11,164,599	61,471,451	7,394,091	4,203,255	1,255,000		99,468,487	
Colorado	336,764	2,549,568	2,201,582	13,302,749	3,606,329	1,240,339			9,224,433	
Connecticut	498,307	188,327	2,525,907	8,060,851	4,090,586	1,802,416			7,355,728	
Delaware		394,477	286,674	8,717,616	658,012	102,113			2,651,101	
D.C.	723,835	5,738,806	1,572,934	20,261,908	2,156,848	2,201,536			22,367,237	
Florida	443,878	624,430	4,599,330	23,719,764	2,137,848	2,281,677			56,812,029	
Georgia	375,802	1,609,947	7,197,605	32,991,404	5,444,031	2,179,065			26,969,865	
Hawaii		220,901	1,214,074	8,294,064	777,984	515,000			3,339,494	
Idaho	201,477	57,019	574,164	6,840,838	522,874				1,542,556	
Illinois	1,680,405	5,904,145	3,845,374	27,090,756	3,908,895	1,727,015			29,398,022	
Indiana		212,131	2,513,080	7,701,696	926,179	901,800			6,573,245	
Iowa		2,269,999	1,696,511	9,223,864	1,769,137	1,149,864			2,575,322	
Kansas			1,727,666	12,664,094	949,933	639,717			2,428,708	
Kentucky		341,301	2,255,394	10,952,047	851,846	1,031,146			3,475,145	
Louisiana		347,446	5,242,512	9,610,182	934,179	1,876,009			13,368,650	
Maine		122,924	1,648,757	8,687,075	851,224	1,876,701			1,904,915	
Maryland		3,858,540	3,148,027	22,508,449	4,670,672	2,599,055			23,699,185	
Massachusetts	402,138	1,884,544	4,468,531	19,262,806	3,581,480	3,253,984	1,255,000		17,112,267	
Michigan	440,581	1,524,500	6,810,122	29,805,746	2,123,566	1,876,371			13,970,238	
Minnesota	451,912	356,399	4,204,729	18,615,370	6,023,124	2,573,577			7,220,704	
Mississippi		116,032	2,253,384	10,874,985	829,889	183,148			7,976,671	
Missouri	331,895	370,947	3,856,458	9,359,812	1,371,333	2,036,341			9,845,408	
Montana		454,182	1,299,540	8,097,752	767,062	508,000		2,499,839	1,564,097	
Nebraska		107,104	2,596,738	13,033,098	966,059	6,900			2,425,447	
Nevada		473,425	606,639	8,930,803	709,964	10,000			4,133,316	
New Hampshire	354,584	842,231	2,223,566	7,463,545	1,035,005	2,782,651			1,525,995	
New Jersey	578,728	478,803	4,455,712	9,156,614	1,232,382	2,001,472			29,514,178	
New Mexico	1,000,000	106,111	2,183,615	9,450,335	2,312,607	2,113,999			3,641,496	
New York	826,102	4,556,975	11,165,935	40,650,466	7,865,195	4,845,641			96,943,339	
North Carolina	320,138	3,454,560	4,447,090	19,450,241	1,482,105	512,522			16,499,007	
North Dakota		455,703	394,511	4,845,488	667,138	5,000			1,317,948	
Ohio	149,998	569,151	6,990,280	19,427,776	4,594,209	1,278,707			12,078,697	
Oklahoma		477,750	1,444,677	12,534,902	829,726	582,266			4,258,909	
Oregon	586,950	542,447	1,107,390	13,732,031	3,146,957	2,266,273			5,423,548	
Pennsylvania	455,685	1,403,523	7,366,098	19,514,863	2,431,211	1,871,773			26,160,359	
Rhode Island		637,169	733,643	9,459,691	1,017,094	1,291,717			2,934,746	
South Carolina	150,000	4,387,272	1,900,192	15,918,459	1,242,040	750,390			10,585,334	
South Dakota		138,550	358,699	7,682,784	715,531	10,000			1,354,233	
Tennessee	277,550	2,408,219	2,505,510	9,043,732	5,084,128	645,939			10,506,281	
Texas	542,173	740,553	6,268,434	17,632,688	2,047,231	310,669	2,500,997		50,058,883	
Utah	222,845	750,021	1,494,846	13,147,945	1,540,649	2,362,697			2,494,410	
Vermont		150,000	422,077	3,506,388	974,772	1,879,200			2,208,866	
Virginia	351,292	106,650	3,372,805	18,569,701	1,697,306	1,788,088			13,698,484	
Washington	533,600	243,107	1,544,578	21,623,561	1,770,574	1,427,733			15,989,581	
West Virginia			1,388,611	9,528,710	926,821	210,480			1,994,971	
Wisconsin	445,246	1,046,092	3,021,064	11,158,694	2,273,553	2,327,783			5,232,970	
Wyoming		141,924	352,509	3,464,267	701,426				1,374,756	
Grand Total	14,501,599	61,662,384	151,396,605	755,240,866	108,193,181	68,636,909	5,010,997	2,499,839	718,363,265	

[Source: CDC. For a detailed list of references, see Investing in America's Health at www.healthyamericans.org]

	State	Immunization and Respiratory Diseases	Injury Prevention and Control	National Institute for Occupational Safety and Health	Public Health Preparedness and Response	Public Health Scientific Services (PHSS)	Vaccines for Children	World Trade Center Health Programs (WTC)	Grand Total	CDC Per Capita 2014	CDC Per Capita Ranking
	Alabama	3,646,671	598,333	1,608,821	9,275,797	321,771	57,386,155		100,803,910	\$20.79	26
	Alaska	2,805,090	779,576	115,302	4,373,966	239,747	10,758,940		36,906,056	\$50.09	1
	Arizona	5,790,241	1,164,497	885,511	12,208,367	587,091	80,382,894		128,069,626	\$19.03	34
	Arkansas	2,652,201	423,510	724,909	6,654,114	350,454	46,880,238		75,717,977	\$25.53	14
	California	27,827,270	6,159,589	9,457,267	62,473,892	1,196,775	423,344,051		719,937,044	\$18.55	38
	Colorado	6,029,473	3,032,862	5,140,176	9,998,933	360,088	44,409,953		101,433,249	\$18.94	36
	Connecticut	4,203,412	670,731	994,650	7,760,623	247,691	32,385,298		70,784,527	\$19.68	31
	Delaware	2,498,238	578,888		4,389,690	224,246	9,909,588		30,410,643	\$32.50	4
	D.C.	7,584,317	1,557,610	1,701,665	8,507,863	8,187,906	9,554,122		92,116,587	\$139.81	N/A
	Florida	11,093,837	3,043,539	1,759,027	29,139,373	417,234	209,260,534		345,332,500	\$17.36	43
	Georgia	15,377,359	2,779,086	1,190,979	16,324,723	8,652,581	118,975,080		240,067,527	\$23.78	17
	Hawaii	2,305,386	540,825		4,886,947	466,741	14,677,105		37,238,521	\$26.23	12
	Idaho	2,284,328	707,037		5,028,347	302,135	16,223,549		34,284,324	\$20.98	25
	Illinois	12,548,405	3,486,024	2,493,580	27,212,373	596,315	126,411,429		246,302,738	\$19.12	33
	Indiana	4,162,862	1,402,464	297,801	11,593,046	363,627	63,249,685		99,897,616	\$15.14	50
	Iowa	5,975,943	1,377,787	5,201,984	7,061,211	477,607	26,888,950		65,668,179	\$21.13	24
	Kansas	5,259,419	950,238		6,921,859	427,128	23,184,027		55,152,789	\$18.99	35
	Kentucky	4,973,038	1,397,073	3,189,481	8,698,334	166,302	44,147,114		81,478,221	\$18.46	40
	Louisiana	2,211,097	924,742	175,615	9,142,513	1,019,008	64,026,582		108,878,535	\$23.42	19
	Maine	2,060,714	468,946		4,925,847	215,523	12,314,954		35,077,580	\$26.37	11
	Maryland	9,277,330	3,680,893	8,338,391	13,682,174	7,925,332	65,498,244		168,886,292	\$28.26	10
	Massachusetts	5,462,701	1,885,128	9,986,301	13,440,931	399,486	55,991,048		138,386,345	\$20.52	27
	Michigan	12,260,236	4,832,960	4,232,631	16,783,122	407,927	85,344,445		180,412,445	\$18.21	42
	Minnesota	8,940,671	1,260,380	5,167,158	11,398,228	312,741	41,881,679		108,406,672	\$19.86	29
	Mississippi	4,725,742	428,329	67,455	6,615,533	336,720	38,719,729		73,127,617	\$24.42	16
	Missouri	4,629,252	584,338		11,140,524	272,070	53,237,409		97,035,787	\$16.00	45
	Montana	1,090,888	302,806	98,824	4,142,346	209,312	8,381,542		29,416,190	\$28.74	9
	Nebraska	3,703,019	621,001	2,210,061	5,526,426	486,494	17,466,815		49,149,162	\$26.12	13
	Nevada	3,568,362	403,308		7,017,456	376,863	29,871,029		56,101,165	\$19.76	30
	New Hampshire	1,433,389	830,079	120,000	4,980,300	463,106	8,984,174		33,038,625	\$24.90	15
	New Jersey	7,801,247	1,271,580	632,573	15,845,833	497,218	64,737,388	999,675	139,203,403	\$15.57	48
	New Mexico	4,003,630	524,822	856,908	6,808,065	373,497	34,200,681		67,575,766	\$32.40	5
	New York	22,144,209	6,265,931	5,032,199	39,047,788	1,975,332	206,563,313	20,114,304	467,996,729	\$23.70	18
	North Carolina	6,107,469	4,646,443	2,951,278	15,219,724	239,971	106,830,269		182,160,817	\$18.32	41
	North Dakota	3,274,460	278,089		4,107,079	373,851	6,034,246		21,753,513	\$29.42	8
	Ohio	7,467,030	3,482,664	3,111,233	18,408,295	432,496	103,840,251		181,830,787	\$15.68	47
	Oklahoma	2,958,363	1,393,588	563,348	8,084,077	944,121	54,458,397		88,530,124	\$22.83	21
	Oregon	7,659,747	2,053,155	1,748,287	8,051,668	519,844	30,704,262		77,542,559	\$19.53	32
	Pennsylvania	10,076,334	4,957,435	1,858,564	19,603,017	598,675	102,749,567		199,047,104	\$15.57	48
	Rhode Island	2,856,453	1,643,392		4,512,116	383,791	10,123,715		35,593,527	\$33.73	3
	South Carolina	3,556,132	819,853		9,730,185	435,504	55,799,476		105,274,837	\$21.78	22
	South Dakota	1,161,373	286,369		4,150,932	278,294	9,284,479		25,421,244	\$29.80	7
	Tennessee	6,536,511	1,855,942	162,638	11,044,268	521,947	70,363,950		120,956,615	\$18.47	39
	Texas	19,842,231	3,248,622	4,364,128	37,940,151	494,505	364,044,963		510,036,228	\$18.92	37
	Utah	2,582,349	1,868,259	1,582,920	7,010,496	521,396	24,153,950		59,732,783	\$20.30	28
	Vermont	1,565,401	197,379		4,024,418	422,210	5,998,085		21,348,796	\$34.07	2
	Virginia	7,625,285	2,194,317	83,271	17,457,338	7,199,549	59,792,631		133,936,717	\$16.09	44
	Washington	9,709,796	2,129,272	7,166,768	12,594,537	648,251	75,620,063		151,001,421	\$21.38	23
	West Virginia	1,609,719	1,640,306	323,000	5,428,268	303,291	19,963,685		43,317,862	\$23.41	20
	Wisconsin	9,978,578	919,432	1,995,984	11,440,453	685,515	41,610,736		92,136,100	\$16.00	45
	Wyoming	1,551,170	202,865		4,099,542	250,412	5,627,196		17,766,067	\$30.41	6
	U.S. TOTAL	326,448,378	88,752,294	97,590,688	615,913,108	54,109,691	3,292,247,666	21,113,979	6,381,681,449	\$20.01	

FEDERAL FUNDING FOR STATES FROM THE HEALTH RESOURCES AND SERVICES ADMINISTRATION

The Health Resources and Services Administration (HRSA) distributes approximately 90 percent of its funding in grants to states and territories, public and private healthcare providers, health professions training programs and other organizations.⁶ HRSA's funding is not distributed on a strictly per capita basis.

The bulk of HRSA funds are in its two largest programs, the community and migrant health centers and the Ryan White Act HIV programs, and these dollars are awarded on a competitive basis and/or based on disease burden.

FY 2014 HRSA Grants to States by Key Program Area (Selected Programs)

State	Primary Health Care	Health Professions	Maternal & Child Health	HIV/AIDS	HRSA Total (All Programs)	HRSA Per Capita Total (All Programs)	HRSA Per Capita Ranking
Alabama	\$65,389,587	\$21,434,165	\$24,894,605	\$30,755,777	\$145,353,257	\$29.97	16
Alaska	\$53,025,593	\$1,292,505	\$4,261,804	\$2,758,178	\$64,380,629	\$87.39	1
Arizona	\$60,458,194	\$11,261,206	\$23,356,638	\$26,621,768	\$125,190,281	\$18.60	43
Arkansas	\$39,493,547	\$9,490,664	\$16,509,391	\$9,838,327	\$78,552,343	\$26.48	21
California	\$426,569,877	\$77,295,438	\$76,353,192	\$286,978,798	\$876,823,829	\$22.60	32
Colorado	\$80,527,319	\$12,393,081	\$20,863,443	\$27,010,201	\$146,577,293	\$27.37	18
Connecticut	\$39,220,809	\$8,714,479	\$17,005,938	\$27,186,170	\$92,705,342	\$25.78	22
Delaware	\$10,696,918	\$3,628,820	\$7,961,352	\$6,354,647	\$29,565,685	\$31.60	13
D.C.	\$16,639,949	\$22,340,992	\$23,011,644	\$56,113,832	\$120,015,099	N/A*	N/A*
Florida	\$174,888,478	\$23,228,613	\$32,591,560	\$240,115,388	\$473,892,558	\$23.82	29
Georgia	\$81,995,511	\$16,514,574	\$26,649,444	\$89,982,711	\$219,686,152	\$21.76	33
Hawaii	\$34,436,613	\$7,273,108	\$5,495,754	\$2,954,956	\$52,560,558	\$37.03	7
Idaho	\$31,006,886	\$1,380,917	\$8,437,747	\$3,285,209	\$45,944,064	\$28.11	17
Illinois	\$145,969,147	\$25,324,774	\$42,170,327	\$90,742,688	\$309,544,271	\$24.03	26
Indiana	\$44,951,137	\$7,899,946	\$27,768,202	\$17,221,765	\$101,668,568	\$15.41	47
Iowa	\$29,351,080	\$5,087,281	\$16,866,808	\$5,755,304	\$61,088,420	\$19.66	38
Kansas	\$27,176,136	\$3,885,586	\$9,236,304	\$4,988,136	\$50,635,370	\$17.44	45
Kentucky	\$51,531,617	\$7,010,717	\$23,115,114	\$13,083,143	\$101,007,687	\$22.89	30
Louisiana	\$65,045,375	\$14,142,889	\$26,299,820	\$50,458,532	\$159,930,514	\$34.40	8
Maine	\$29,783,110	\$3,010,729	\$14,103,948	\$2,938,454	\$53,814,050	\$40.46	3
Maryland	\$49,528,333	\$6,308,889	\$31,511,386	\$54,363,043	\$143,257,287	\$23.97	27
Massachusetts	\$89,191,598	\$32,112,845	\$39,490,427	\$44,624,872	\$207,601,413	\$30.78	15
Michigan	\$86,543,844	\$29,539,604	\$38,392,943	\$30,900,165	\$194,266,891	\$19.60	39
Minnesota	\$30,274,286	\$8,849,552	\$22,132,494	\$15,297,302	\$83,800,725	\$15.36	48
Mississippi	\$58,723,210	\$2,738,360	\$17,783,895	\$17,433,647	\$99,229,216	\$33.14	11
Missouri	\$73,865,808	\$20,401,342	\$27,978,561	\$28,582,364	\$155,248,877	\$25.60	23
Montana	\$29,845,891	\$3,776,082	\$9,672,125	\$1,862,028	\$50,167,502	\$49.01	2
Nebraska	\$15,849,182	\$4,972,982	\$8,132,220	\$3,514,725	\$35,312,073	\$18.77	42
Nevada	\$13,582,454	\$2,521,085	\$5,781,591	\$16,035,676	\$39,907,179	\$14.06	50
New Hampshire	\$17,753,733	\$2,062,229	\$7,748,972	\$1,813,595	\$32,013,121	\$24.13	25
New Jersey	\$60,067,107	\$5,969,034	\$27,916,631	\$85,823,163	\$180,760,498	\$20.22	35
New Mexico	\$56,675,744	\$5,277,325	\$12,511,620	\$5,791,182	\$82,855,412	\$39.73	5
New York	\$185,711,009	\$38,896,521	\$57,196,096	\$331,733,144	\$617,852,877	\$31.29	14
North Carolina	\$90,887,434	\$17,623,919	\$29,244,369	\$57,846,038	\$200,852,555	\$20.20	36
North Dakota	\$6,459,500	\$2,611,645	\$3,490,408	\$700,222	\$18,085,886	\$24.46	24
Ohio	\$92,806,132	\$37,927,403	\$34,832,158	\$36,931,468	\$206,883,631	\$17.84	44
Oklahoma	\$38,347,845	\$7,894,063	\$18,835,334	\$10,329,109	\$77,610,174	\$20.01	37
Oregon	\$68,673,355	\$4,392,480	\$18,846,937	\$12,980,428	\$108,364,262	\$27.29	19
Pennsylvania	\$90,252,859	\$66,770,835	\$47,750,428	\$82,280,913	\$291,976,507	\$22.83	31
Rhode Island	\$18,991,506	\$2,197,351	\$9,230,262	\$5,351,992	\$36,279,514	\$34.38	9
South Carolina	\$67,016,210	\$3,621,427	\$24,344,718	\$32,725,475	\$130,295,411	\$26.96	20
South Dakota	\$15,132,492	\$2,084,804	\$5,796,409	\$1,300,515	\$27,178,813	\$31.86	12
Tennessee	\$61,893,934	\$20,982,133	\$26,064,746	\$44,852,049	\$156,541,772	\$23.90	28
Texas	\$196,093,378	\$42,053,859	\$59,102,544	\$156,731,241	\$457,929,116	\$16.99	46
Utah	\$25,319,784	\$7,147,895	\$21,311,442	\$6,761,683	\$62,144,852	\$21.12	34
Vermont	\$14,745,565	\$1,734,027	\$4,245,163	\$1,422,201	\$23,561,826	\$37.60	6
Virginia	\$64,587,425	\$11,808,093	\$24,467,383	\$51,033,629	\$156,386,451	\$18.78	41
Washington	\$93,645,035	\$21,082,592	\$23,042,886	\$95,128,776	\$237,896,869	\$33.69	10
West Virginia	\$48,370,888	\$3,452,880	\$15,849,330	\$3,369,860	\$74,116,062	\$40.06	4
Wisconsin	\$30,900,969	\$13,463,832	\$22,860,706	\$13,812,641	\$85,225,434	\$14.80	49
Wyoming	\$6,735,601	\$483,341	\$1,911,958	\$974,362	\$11,305,762	\$19.35	40
U.S. TOTAL	\$3,306,628,994	\$713,368,913	\$1,144,429,177	\$2,247,451,492	\$7,593,843,938	\$23.44	N/A*

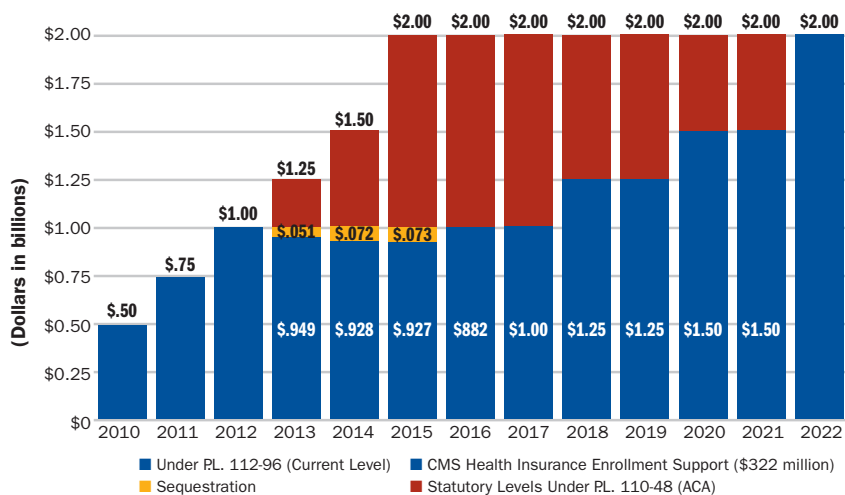
*D.C. was not included in the per capita rankings because total funding for D.C. includes funds for a number of national organizations. **The US total reflects HRSA grants to all states and D.C. [Source: HRSA. For a detailed list of references, see Investing in America's Health at www.healthyamericans.org]

THE PREVENTION AND PUBLIC HEALTH FUND

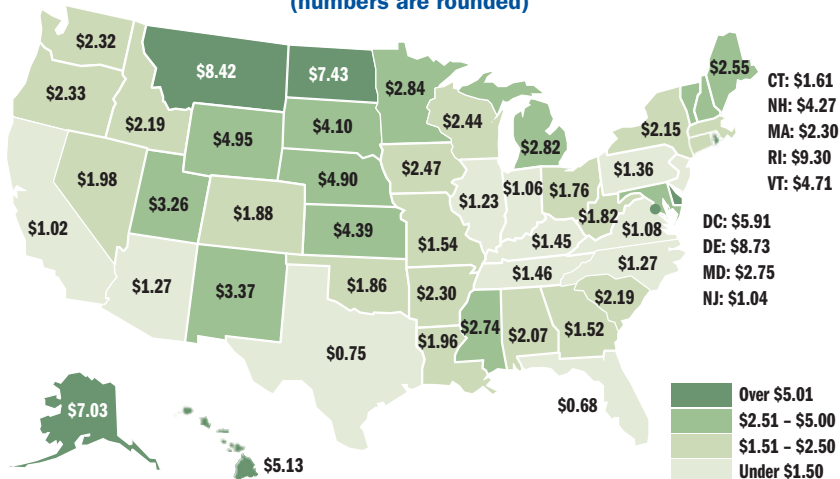
The Prevention and Public Health Fund — an integral part of CDC’s budget and programs — enables communities around the country to invest in proven

strategies to improve health. The Fund has the support of more than 900 national, state and local organizations.

Prevention and Public Health Fund Allocations (FY 2010 to 2022)
Current Funding Under P.L. 112-96 vs. Funding by P.L. 110-48 (ACA)



CDC Prevention and Public Health Fund Per Capita Allocations by State (FY 14)*
(numbers are rounded)



*Per capita calculations do not include grants to National Organizations

PREVENTION FUND: SNAPSHOT OF SOME KEY PROGRAMS

Preventive Health and Health Services Block Grant

- Provides every state with flexible support to address what they determine to be their most important health needs.
- Block grant funds have doubled from \$80 million in fiscal year 2013 to \$160 million in fiscal years 2014 and 2015 under the Prevention Fund.

Tips from Former Smokers Campaign

- Evidence-based tobacco education campaign — has helped 1.6 million Americans attempt to quit and 100,000 to successfully quit immediately. It has led to a 12 percent increase in quit attempts and prevented more than 17,000 premature deaths.
- ROI: \$480 spent per quitter with a \$2,800 return in premature death averted.

Childhood Immunization Grant Program (Section 317)

- \$210 million of funding from Prevention Fund provides support for children to receive all recommended vaccinations on schedule.
- Supports registries, surveillance, outreach and vaccine services.

National Breast and Cervical Cancer Early Detection Program

- \$104 million from the Fund to help provide support in all 50 states to support screening for uninsured or underinsured women and help provide follow-up services as needed.

State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Related Risk Factors and Promote School Health (“1305” awards)

- Provides \$33 million in funds to enhance key chronic disease prevention programs in states.
- Supports cross-cutting approaches to prevent risk factors that contribute to chronic diseases.

State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke (1422 awards)

- Four-year project to create community strategies to promote health and integrate with health care systems.
- \$69.5 million given to 17 states and four large cities.

State Healthcare-Associated Infection (HAI) Prevention Program

- \$12 million from Fund supports coordination between public health and healthcare systems to reduce HAIs — helping to identify problem areas and improve prevention efforts.

Epidemiology and Laboratory Capacity (ELC) Grants

- \$40 million from Fund supports improving a state’s ability to detect, diagnose and contain disease outbreaks.
- Supports 460 full- and part-time highly expert jobs, and modern scientific equipment.

Million Hearts Campaign

- \$4 million from Fund supports national initiative aimed at preventing 1 million heart attacks and strokes by 2017.

Workplace Wellness

- \$10 million from Fund providing support to help employers implement practice-based strategies to support health in the workplace and surrounding communities to lead to measurable health improvements.

Fall Prevention Grants

- \$5 million from Fund aimed at evidence-based community programs to reduce falls, the leading cause of fatal and non-fatal injuries in seniors.
- Awards to 14 states and localities.

Garrett Lee Smith Youth Suicide Prevention Grants

- \$12 million to expand program to 12 additional grantees for education, training, screening, hotlines and support services to prevent youth suicides.

Racial and Ethnic Approaches to Community Health (REACH)

- \$30 million from Fund — \$50.05 million total — supports 39 grants for culturally-tailored, evidence-based strategies to reduce health disparities at the community level.

Good Health and Wellness in Indian Country

- \$11 million from Fund for 22 grants to prevent and manage heart disease, diabetes and associated risk factors in American Indian tribes and Alaskan Native villages.

B. STATE INVESTMENT IN PUBLIC HEALTH

State Public Health Budgets			
State	Nominal FY 2013-2014 (Not Adjusted for Inflation)	FY 2013-2014 Per Capita	Rank
Hawaii	\$219,042,777	\$156.01	1
New York	\$2,144,180,554	\$109.11	2
Alaska	\$77,613,600	\$105.58	3
District of Columbia	\$67,202,000	\$103.96	4
Idaho	\$143,890,100	\$89.25	5
California	\$2,484,860,000	\$64.82	6
North Dakota	\$46,001,508	\$63.59	7
West Virginia	\$111,761,920	\$60.27	8
Alabama	\$286,261,887	\$59.22	9
Massachusetts	\$376,797,663	\$56.30	10
Wyoming	\$31,693,243	\$54.39	11
Rhode Island	\$53,281,186	\$50.67	12
New Mexico	\$100,120,700	\$48.01	13
Arkansas	\$141,876,132	\$47.94	14
Tennessee	\$285,610,100	\$43.97	15
Oklahoma	\$168,215,000	\$43.69	16
Delaware	\$39,703,400	\$42.89	17
Colorado	\$223,789,365	\$42.48	18
Nebraska	\$74,670,172	\$39.96	19
Vermont	\$24,657,900	\$39.35	20
Washington	\$262,623,500	\$37.67	21
Maryland	\$215,592,000	\$36.36	22
Virginia	\$290,405,109	\$35.16	23
Kentucky	\$142,051,439	\$32.32	24
South Dakota	\$26,291,465	\$31.12	25
MEDIAN \$31.06			
Connecticut	\$111,695,871	\$31.06	26
Utah	\$85,514,900	\$29.48	27
New Jersey	\$230,549,000	\$25.91	28
Illinois	\$308,700,900	\$23.96	29
Texas	\$589,908,925	\$22.30	30
Montana	\$22,495,177	\$22.16	31
Michigan	\$212,403,700	\$21.46	32
Maine	\$27,469,065	\$20.68	33
South Carolina	\$98,131,352	\$20.55	34
Florida	\$376,397,399	\$19.25	35
Iowa	\$58,263,068	\$18.85	36
Georgia	\$184,693,477	\$18.48	37
New Hampshire	\$21,579,046	\$16.31	38
Oregon	\$62,720,932	\$15.96	39
Louisiana	\$71,532,451	\$15.46	40
Pennsylvania	\$193,901,000	\$15.18	41
Ohio	\$168,783,566	\$14.59	42
Minnesota	\$77,344,000	\$14.27	43
Indiana	\$85,946,625	\$13.08	44
Wisconsin	\$74,823,300	\$13.03	45
Kansas	\$36,179,733	\$12.50	46
Mississippi	\$36,739,194	\$12.28	47
North Carolina	\$115,532,335	\$11.73	48
Arizona	\$55,640,800	\$8.40	49
Missouri	\$34,248,229	\$5.67	50
Nevada	\$10,005,244	\$3.59	51

[Source: TFAH analysis. For a detailed methodology, see *Investing in America's Health* at www.healthyamericans.org]



Every state allocates and reports its budget in different ways. States also vary widely in the budget details they provide. This makes comparisons across states difficult. For this analysis, TFAH examined state budgets and appropriations bills for the agency, department, or division in charge of public health services for FY 2012-13 and FY 2013-14, using a definition as consistent as possible across the two years, based on how each state reports data. TFAH defined “public health services” broadly, including most state-level health funding.

State funding ranges dramatically, often related to the different structures of a state’s public health department. Some departments are centralized, while others are decentralized wherein responsibilities rest more on local departments than at the state level. However, states and localities also place different priorities on public health, which also accounts for differences in funding. The state-by-state comparisons included in this report’s budget analysis do not include county or city revenues that are generated to support local health departments, which are also quite variable.



C. LOCAL INVESTMENT IN PUBLIC HEALTH

There are approximately 2,800 local health departments in the United States serving a diverse assortment of populations ranging from less than 1,000 residents in some rural jurisdictions to around eight million people, as in the case of the New York City Department of Health.⁷ Local health departments (LHDs) are structured differently in each state and may be centralized, decentralized or have a mixed function. Therefore, the level of responsibility and services provided by LHDs varies dramatically,

and, correspondingly, the way resources are determined and allocated differs significantly. A 2008 study found that median local public health spending was \$29.57 per capita in 2005, while funding ranged from an average of \$8 per person in the lowest 20 percent of communities to nearly \$102 per person in the top 20 percent of communities.⁸ A July 2011 study in *Health Affairs* found that increased spending by local public health departments can save lives currently lost to preventable illnesses.⁹

Key Health Facts

ADULT HEALTH INDICATORS	U.S. Total	State with Highest/Worst	State with Lowest/Best
% Uninsured, All Ages (2013)	14.5%	Texas (22.1%)	Massachusetts (3.7%)
AIDS Cumulative Cases Aged 13 and Older (2012 Yr End)	1,161,609	New York (199,548)	North Dakota (187)
Alzheimer's Estimated Cases among 65+ (2025)	6,479,700	California (660,000)	Alaska (7,700)
% Asthma Prevalence (2010)	13.5%	Hawaii (17.6%)	Tennessee (9.3%)
Cancer Estimated New Cases (2014)	1,665,540	California (171,730)	D.C. (2,840)
Chlamydia Rates per 100,000 Population (201)	446.6	D.C. (1,014.4)	New Hampshire (236.2)
Diabetes, % Adults (2013)	N/A	Alabama (13.8%)	Colorado (6.5%)
Fruits and Vegetables Intake, % who consume fruit and vegetables 5+ times daily (2011)	N/A	West Virginia (7.9%)	D.C. (25.6%)
Human West Nile Virus Cases (as of 12/16/14)	2,085	California (780)	AK, DE, HI, ME, NH, NC, RI, VT, WV (0)
Hypertension, % Adults (2013)	N/A	West Virginia (41.0%)	Utah (24.2%)
Obesity, % Adults (2013)	N/A	MS and WV (35.1%)	Colorado (21.3%)
Physical Inactivity, % Adults (2013)	N/A	Mississippi (38.1%)	Colorado (17.9%)
% Pneumococcal Vaccination Rates 65 and Over (2013)	69.5%	New Jersey (61.9%)	Oregon (75.6%)
% Seasonal Flu Vaccination Rates 65 and Over (2013)	65.0%	Nevada (53.6%)	West Virginia (75.4%)
Syphilis Rates per 100,000 Population (2013)	5.5	D.C. (26.6)	Wyoming (0.2)
% Tobacco Use – Current Smokers (2013)	19.0%	West Virginia (27.3%)	Utah (10.3%)
Tuberculosis Number of Cases (2013)	9,582	California (2,171)	Wyoming (0)
CHILD HEALTH INDICATORS			
% Uninsured, under 18 (2013)	7.1%	Nevada (14.9%)	Massachusetts (1.5%)
AIDS Cumulative Cases Under Age 13 (2012 Yr End)	9,377	New York (2,431)	ND and WY (2)
% Asthma – High School Students (2012)	N/A	Hawaii (30.1%)	Nebraska (16.9%)
Fruit Indicator - % High School Students (2013)	N/A	Alabama (24.0%)	Utah (34.3%)
High School Dropout Rate (2011-2012)	3.3%	Alaska (7.0%)	New Hampshire (1.3%)
Immunization Gap, % Children Aged 19-35 Months Without All Immunizations (2013)	27.4%	Arkansas (39.4%)	Rhode Island (15.5%)
Infant Mortality – Per 1,000 Live Births (2010 Final Data)	6.2	Mississippi (9.7)	Alaska (3.8)
% Low Birthweight Babies (2013 Final Data)	8.0%	Mississippi (11.5%)	Alaska (5.8%)
Obesity, % High School Students (2013)	N/A	Kentucky (18.0%)	Utah (6.4%)
Obesity, % 10 to 17 Year Olds (2011)	N/A	Mississippi (21.7%)	Oregon (9.9%)
Pre-Term Births % of live births (2013 Final Data)	11.4%	Mississippi (16.6%)	Vermont (8.1%)
Tobacco: % Current Smokers High School Students (2013)	N/A	West Virginia (19.6%)	Utah (4.4%)
Vegetable Indicator - % High School Students (2013)	N/A	South Carolina (9.7%)	New Mexico (17.5%)

Source: CDC. For a detailed list of references, see *Investing in America's Health* at www.healthyamericans.org

Key Health Facts

Recommendations

Recommendations

America's future economic well-being is inextricably tied to our health. High rates of preventable diseases are one of the biggest drivers of healthcare costs in the country. And, right now, Americans are not as healthy and productive as they could or should be to compete in the global economy.

The nation's public health system is responsible for keeping Americans healthy and safe. Public health is devoted to preventing disease and injury. If we kept Americans healthier, we could significantly drive down trips to the doctor's office or emergency room, reduce healthcare costs and improve productivity.

In addition to shoring up the core ongoing funds for public health, we need to ensure the Prevention and

Public Health Fund is used to build upon — and expand not supplant — existing efforts. The Prevention Fund is the nation's largest single investment in prevention, using evidence-based and innovative partnership approaches to improve the health of Americans. Without a strong investment in prevention, we will never advance in the fight to prevent diseases, curb the obesity epidemic or reduce smoking rates.





TFAH recommends that:

- Core funding for public health — at the federal, state and local levels — be increased.
- The first dollars of core funding should be used to assure that all Americans are protected by a set of foundational public health capabilities and services no matter where they live. For this to be accomplished, these capabilities must be fully funded, and funding should be tied to achieving and maintaining these capabilities.
- Funding be considered strategically — so funds are used efficiently to maximize effectiveness in lowering disease rates and improving health.
- The Prevention Fund should be fully allocated to support evidence-based and innovative approaches to improve the public health system and reduce disease rates.
- Stable, sufficient, dedicated funding is needed to support public health emergencies and major disease outbreaks — so the country is not caught unprepared for threats ranging from Ebola to an act of bioterror — and is better equipped to reduce ongoing threats such as the flu, foodborne illness and the measles. Currently, inadequate and fluctuating resources have left gaps in the ability to quickly detect, diagnose, treat and contain the spread of illnesses.
- Accountability must be at the cornerstone of public health funding. Americans deserve to know how effectively their tax dollars are used, and the government's use of funds should be transparent and clearly communicated with the public.

Endnotes

- 1 Institute of Medicine. The Future of the Public's Health in the 21st Century. Washington, D.C, 2003. U.S. Centers for Disease Control and Prevention. Public Health's Infrastructure — A Status Report. Atlanta, Georgia, 2001. Trust for America's Health. *Blueprint for a Healthier America: Modernizing the Federal Public Health System to Focus on Prevention and Preparedness*. 2008.
- 2 Mays, G. "National Public Health Spending: Still Waiting for Recovery." In *Public Health Economics*. January 6, 2015. <http://publichealtheconomics.org/2015/01/06/national-public-health-spending-still-waiting-for-recovery/> (accessed March 2015).
- 3 Adjusted for inflation.
- 4 Institute of Medicine. For the Public's Health: Investing in a Healthier Future. Washington, D.C.: National Academies Press, April 2012.
- 5 RESOLVE. *Transforming Public Health: Emerging Concepts for Decision Making in a Changing Public Health World*. 2012.
- 6 Health Resources and Services Administration. "About HRSA." U.S. Department of Health and Human Services. <http://www.hrsa.gov/about/default.htm>. (accessed January 23, 2008).
- 7 Meyer J. and Weiselberg L. "County and City Health Departments: The Need for Sustainable Funding and the Potential Effect of Healthcare Reform on their Operations." Health Management Associates, A Report for the Robert Wood Johnson Foundation and the National Association of County & City Health Officials. December 2009.
- 8 Mays GP and Smith SA. "Geographic Variation in Public Health Spending," 2009.
- 9 Mays GP and Smith SA. Evidence Links Increases in Public Health Spending to Declines in Preventable Deaths. *Health Affairs*, 30(8): 1585-1593, 2011.





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