

Investing in America's Health:

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

2014



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.

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TFAH would like to thank RWJF for their generous support of this report.

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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.

The nation’s public health system is responsible for improving the health of Americans. 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

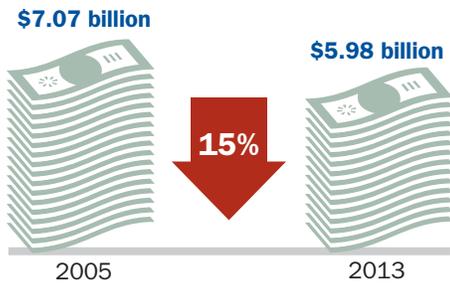
In this report, the Trust for America’s Health (TFAH) examines public health funding and key health facts in states around the country.

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;

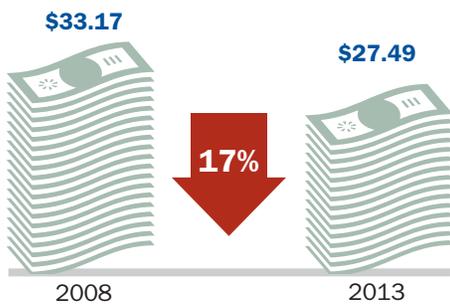
encourages greater transparency and accountability of the system; and recommends ways to assure the public health system meets today’s needs and works across boundaries to accomplish its goals.

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

Change in CDC Budget from 2005 – 2013



Change in Median per Capita State Spending from 2008 – 2013



During 2012, close to one-half (48 percent) of all local health departments reduced or eliminated services in at least one program area.

MAIN FINDINGS

- **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 Fiscal Year (FY) 2005 to \$5.98 billion in FY 2013.² Spending through CDC averaged to only \$18.92 per person in FY 2013. 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 \$13.67 in Indiana to a high of \$46.48 in Alaska.
- **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, 33 states and Washington, D.C. decreased their public health budgets from FY 2011-12 to FY 2012-13. Budgets in 20 states decreased for two or more years in a row, and budgets in 16 states decreased for three or more years in a row. In FY 2012-13, the median state funding for public health was \$27.49 per person, ranging from a high of \$144.99 in Hawaii to a low of \$5.86 in Missouri. From FY 2008 to FY 2013, the median per capita state spending decreased from \$33.71 to \$27.49. This represents a cut of more than \$1.3 billion adjusted for inflation.
- According to a 2013 report by the Association of State and Territorial Health Officials (ASTHO), 48 states, three territories and Washington, D.C. have reported budget cuts, and 91 percent of all state and territorial health agencies (SHAs) experienced job losses through a combination of layoffs and attrition. SHAs have also reported cuts to programs, including to public health hospitals and clinics; HIV/AIDS and sexually transmitted disease prevention services; disease specific programs; family health and nutrition programs; maternal and child health programs; tobacco prevention and control; immunizations; and for programs for children with special healthcare needs. Fifteen SHAs reported cuts to their FY 2013 budgets.³
- During 2012, close to one-half (48 percent) of all local health departments (LHDs) reduced or eliminated services in at least one program area. Immunization, maternal and child health and emergency preparedness services were the three most affected program areas. Since 2008, LHDs lost almost 44,000 jobs, and 31 percent of all LHDs expect cuts in the upcoming fiscal year.⁴

● **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 7.0 percent of adults in Alaska have diabetes compared to 13.0 percent in West Virginia and 28.3 percent of adults in Kentucky are current smokers while only 10.6 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.

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.

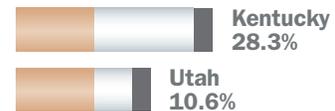
In 2014, the public health field faces a sea change. A reforming health system, massive budget cuts, an increased focus on accountability and the growing adoption of electronic health records (EHRs) are creating new challenges and opportunities.

Historically, the exact services and programs that public health departments provide can be different depending on where you are in the country. And, the structures, budgets and sets of responsibilities can vary significantly based on the state and county.

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



**Percent of Adults Who are Smokers—
Kentucky vs. Utah**



This report examines some key disease rates in combination with health spending to help further the discussion about what the right amount of public health funding should be in order to have a real impact on reducing disease rates nationally.

Two recent projects have stressed that to adapt to the modern challenges they face, public health departments must have a stronger focus on their unique and most effective capabilities. Both the IOMs *For the Public's Health: Investing in a Healthier Future* report and a group of thought-leaders who comprised the Transforming Public Health project, funded by RWJF and convened by RESOLVE, identified foundational capabilities for public health.^{5,6} (See the *Investing in America's Health* report supplement for a summary of the public health foundational capabilities and public health accreditation initiatives).

But, federal public health programs, as currently structured, do not actively promote a set of baseline, consistent capabilities that every community across the country should be able to achieve. There is little strategic rationale for the way public health is funded in America, including for the variances in funding for different places around the country. 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.

Because of federal funding limitations, many states submit competitive grants that are “approved but unfunded” due to limited funds. In most cases, there is no official strategy for targeting or coordinating these funds.

Also, state and local funding varies dramatically, largely due 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 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.

Overall, the report concludes that a sustained and sufficient level of investment in prevention at all levels of government is essential to improving health in the United States, and that differences in disease rates will not be changed unless an adequate level of funding is provided to support public health departments and disease prevention efforts.

State Rates and Trends

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.

TEAH 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. TFAH uses FY 2013 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

Approximately 75 percent of CDC's budget is distributed to states, localities and other public and private partners to support services and programs. Most of the federal funding from CDC is distributed by categories. Some of CDC's funding is based on the number of people in a state or on a need-based

formula for priority programs. Other funds are based on competitive grants. States can apply to CDC for funding for specific program areas. Often in these cases, not all states that apply for funds receive them because there are insufficient funds appropriated to allow all states to receive grants.

CDC FUNDING BY STATE

State	Agency for Toxic Substances and Disease Registry (ATSDR)	Birth Defects and Developmental Disabilities, Disabilities and Health	Chronic Disease Prevention and Health Promotion	Environmental Health	Infectious Diseases	Injury Prevention and Control	Occupational Safety & Health	PHPF/Other ACA Funds
Alabama	\$0	\$2,090,916	\$9,552,382	\$256,690	\$13,949,505	\$497,862	\$1,483,791	\$1,565,363
Alaska	\$260,246	\$926,435	\$11,223,624	\$0	\$4,166,201	\$702,819	\$70,193	\$1,927,641
Arizona	\$223,040	\$1,676,583	\$9,598,228	\$189,135	\$15,739,160	\$975,202	\$905,016	\$2,902,306
Arkansas	\$226,787	\$1,711,315	\$7,434,563	\$0	\$6,984,202	\$303,725	\$724,920	\$1,118,489
California	\$655,364	\$3,389,559	\$25,539,449	\$4,280,900	\$127,381,612	\$6,245,416	\$8,693,622	\$33,408,649
Colorado	\$278,038	\$2,985,094	\$12,466,969	\$307,975	\$17,145,152	\$2,733,584	\$4,408,242	\$2,559,183
Connecticut	\$431,189	\$186,016	\$5,112,638	\$487,148	\$13,809,468	\$372,282	\$1,594,327	\$2,869,238
Delaware	\$0	\$393,246	\$3,618,545	\$0	\$4,206,364	\$438,193	\$0	\$4,256,666
D.C.	\$1,607,034	\$4,787,174	\$11,347,976	\$1,784,017	\$27,579,145	\$1,336,944	\$1,917,892	\$4,891,515
Florida	\$443,878	\$593,136	\$12,963,692	\$805,677	\$66,732,815	\$2,997,858	\$1,624,997	\$6,089,438
Georgia	\$167,461	\$1,094,908	\$20,903,911	\$969,866	\$38,594,389	\$3,138,770	\$632,863	\$7,780,863
Hawaii	\$0	\$196,257	\$3,698,697	\$523,003	\$5,639,710	\$283,505	\$0	\$1,641,030
Idaho	\$219,879	\$57,573	\$5,470,867	\$0	\$3,590,600	\$573,280	\$0	\$394,978
Illinois	\$638,692	\$5,554,593	\$14,805,724	\$603,604	\$38,748,977	\$3,062,314	\$3,316,562	\$10,678,943
Indiana	\$0	\$230,620	\$6,252,177	\$371,777	\$11,182,613	\$1,038,549	\$201,663	\$1,213,899
Iowa	\$0	\$2,412,598	\$8,507,035	\$276,253	\$5,709,180	\$1,111,973	\$4,924,099	\$5,049,407
Kansas	\$0	\$20,327	\$7,100,472	\$60,842	\$5,735,440	\$567,622	\$0	\$1,273,484
Kentucky	\$0	\$328,290	\$8,419,131	\$328,200	\$7,132,294	\$1,283,193	\$2,685,854	\$2,688,500
Louisiana	\$268,100	\$342,446	\$6,254,017	\$450,781	\$15,906,022	\$972,136	\$175,615	\$4,636,497
Maine	\$0	\$122,891	\$5,714,596	\$667,446	\$4,336,150	\$138,363	\$133,404	\$3,269,026
Maryland	\$0	\$3,123,939	\$14,747,859	\$1,944,661	\$31,970,358	\$3,691,028	\$7,881,968	\$4,776,358
Massachusetts	\$402,895	\$2,130,609	\$10,267,751	\$741,735	\$23,359,409	\$1,897,078	\$8,630,495	\$12,961,134
Michigan	\$415,276	\$1,748,839	\$21,384,334	\$715,859	\$23,387,443	\$4,443,496	\$3,888,417	\$3,496,758
Minnesota	\$436,860	\$503,460	\$12,048,071	\$967,619	\$16,454,442	\$1,379,716	\$4,376,270	\$9,128,883
Mississippi	\$0	\$327,138	\$9,697,369	\$464,614	\$11,676,549	\$309,077	\$67,270	\$876,559
Missouri	\$331,895	\$909,493	\$8,833,648	\$507,161	\$13,192,346	\$1,418,476	\$686,535	\$3,003,749
Montana	\$0	\$454,182	\$6,633,838	\$354,200	\$3,068,164	\$103,058	\$98,824	\$4,139,969
Nebraska	\$0	\$112,854	\$8,551,804	\$166,675	\$4,662,182	\$481,745	\$1,876,455	\$2,039,274
Nevada	\$0	\$583,866	\$5,434,755	\$10,000	\$6,588,184	\$281,292	\$0	\$824,151
New Hampshire	\$299,659	\$798,999	\$5,334,698	\$764,534	\$3,531,100	\$137,125	\$120,000	\$1,568,415
New Jersey	\$524,292	\$6,406,769	\$7,848,520	\$409,560	\$35,685,767	\$1,102,104	\$426,386	\$3,354,082
New Mexico	\$1,000,000	\$142,053	\$6,710,121	\$483,414	\$7,907,783	\$387,005	\$867,457	\$4,187,333
New York	\$1,837,102	\$5,160,770	\$24,748,912	\$2,720,289	\$117,462,879	\$5,734,128	\$4,946,346	\$19,681,833
North Carolina	\$263,712	\$3,829,261	\$14,271,002	\$593,661	\$22,988,245	\$4,269,358	\$2,699,796	\$10,454,981
North Dakota	\$0	\$455,704	\$3,849,117	\$0	\$2,825,698	\$70,058	\$0	\$745,341
Ohio	\$613,108	\$663,897	\$10,180,887	\$690,742	\$22,409,293	\$3,253,360	\$3,504,454	\$3,834,773
Oklahoma	\$0	\$618,249	\$6,908,008	\$534,689	\$7,682,981	\$895,151	\$551,882	\$2,420,164
Oregon	\$482,171	\$547,058	\$9,784,606	\$1,033,532	\$12,246,255	\$1,675,669	\$1,894,899	\$3,829,582
Pennsylvania	\$455,685	\$1,329,288	\$13,056,110	\$385,035	\$36,535,957	\$3,237,356	\$997,857	\$5,339,601
Rhode Island	\$0	\$851,731	\$6,490,078	\$920,631	\$4,899,154	\$842,083	\$0	\$624,311
South Carolina	\$0	\$4,306,109	\$10,652,463	\$0	\$15,347,060	\$681,986	\$0	\$6,246,354
South Dakota	\$0	\$95,883	\$4,902,074	\$0	\$3,472,827	\$294,800	\$0	\$994,612
Tennessee	\$205,360	\$1,545,540	\$5,594,216	\$500,000	\$18,012,449	\$899,518	\$162,638	\$1,767,863
Texas	\$341,070	\$704,773	\$13,988,476	\$388,840	\$72,328,849	\$4,001,871	\$3,144,970	\$17,211,000
Utah	\$217,145	\$1,561,647	\$8,349,107	\$391,147	\$7,218,107	\$1,353,611	\$1,525,020	\$2,637,086
Vermont	\$0	\$165,000	\$4,102,629	\$510,476	\$4,096,673	\$65,178	\$0	\$2,228,131
Virginia	\$383,412	\$409,583	\$8,838,919	\$699,654	\$21,472,814	\$2,248,404	\$2,171,272	\$6,790,075
Washington	\$536,552	\$246,794	\$14,458,332	\$1,980,761	\$19,642,008	\$1,865,964	\$5,274,195	\$7,567,851
West Virginia	\$0	\$0	\$7,853,886	\$370,862	\$4,118,432	\$987,672	\$314,962	\$3,737,097
Wisconsin	\$530,867	\$1,365,736	\$8,564,676	\$640,069	\$13,087,366	\$795,121	\$2,514,906	\$7,865,357
Wyoming	\$0	\$141,924	\$2,897,315	\$0	\$2,807,850	\$58,708	\$0	\$235,859
U.S. TOTAL	\$14,696,769	\$70,341,125	\$492,968,274	\$32,253,734	\$1,024,407,623	\$77,634,786	\$92,116,334	\$254,783,651

FEDERAL FUNDING FOR STATES FROM THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

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.⁷ 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 2013 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	\$57,278,771	\$20,775,434	\$25,929,809	\$30,161,232	\$136,692,433	\$28.28	15
Alaska	\$41,407,646	\$1,113,348	\$4,163,826	\$2,165,841	\$53,010,542	\$72.11	1
Arizona	\$51,287,448	\$8,104,416	\$21,676,521	\$26,136,963	\$110,674,542	\$16.70	41
Arkansas	\$34,524,010	\$8,253,925	\$17,097,012	\$10,186,735	\$73,241,440	\$24.75	19
California	\$341,649,846	\$62,448,175	\$71,565,322	\$279,886,359	\$763,247,514	\$19.91	31
Colorado	\$73,622,136	\$11,678,843	\$19,315,017	\$27,307,207	\$136,381,204	\$25.89	17
Connecticut	\$36,602,864	\$6,118,212	\$17,372,912	\$28,166,330	\$88,770,706	\$24.69	20
Delaware	\$9,473,617	\$3,319,038	\$8,534,875	\$6,537,572	\$28,537,268	\$30.83	8
D.C.	\$13,369,125	\$20,455,549	\$23,079,540	\$61,425,606	\$119,802,709	N/A*	N/A*
Florida	\$141,436,891	\$20,558,562	\$41,014,789	\$229,702,104	\$435,959,358	\$22.30	25
Georgia	\$67,942,177	\$13,015,794	\$25,484,406	\$94,062,051	\$204,141,301	\$20.43	30
Hawaii	\$30,594,208	\$6,304,681	\$6,217,873	\$3,944,667	\$48,881,830	\$34.81	3
Idaho	\$25,622,940	\$1,316,125	\$5,086,732	\$3,115,878	\$36,829,109	\$22.84	23
Illinois	\$124,352,618	\$20,920,261	\$43,980,766	\$84,371,178	\$278,664,341	\$21.63	28
Indiana	\$32,381,687	\$6,429,127	\$27,080,093	\$15,980,522	\$84,640,691	\$12.88	50
Iowa	\$24,456,635	\$2,990,291	\$16,587,494	\$5,066,097	\$53,111,205	\$17.19	38
Kansas	\$22,303,419	\$2,994,383	\$10,785,066	\$4,773,384	\$43,697,927	\$15.10	46
Kentucky	\$40,099,915	\$4,957,921	\$21,983,719	\$13,298,858	\$85,409,031	\$19.43	33
Louisiana	\$48,761,641	\$12,245,542	\$25,903,802	\$48,441,732	\$139,497,464	\$30.16	9
Maine	\$22,751,944	\$2,548,445	\$12,533,018	\$2,768,313	\$43,802,200	\$32.98	5
Maryland	\$31,949,997	\$11,635,821	\$28,932,540	\$60,151,913	\$134,030,796	\$22.61	24
Massachusetts	\$66,840,339	\$31,297,522	\$38,605,672	\$47,360,657	\$185,763,262	\$27.76	16
Michigan	\$68,107,092	\$23,008,294	\$38,270,764	\$30,245,362	\$167,062,075	\$16.88	40
Minnesota	\$25,368,965	\$8,851,389	\$22,110,537	\$14,398,969	\$77,391,106	\$14.28	47
Mississippi	\$52,372,310	\$1,370,050	\$12,225,527	\$17,608,597	\$86,298,258	\$28.85	12
Missouri	\$58,136,573	\$17,502,684	\$22,439,133	\$27,424,077	\$132,545,401	\$21.93	26
Montana	\$25,333,859	\$3,757,141	\$10,229,539	\$1,978,737	\$45,628,120	\$44.95	2
Nebraska	\$11,827,715	\$3,920,412	\$9,127,649	\$4,222,761	\$31,587,889	\$16.91	39
Nevada	\$12,180,092	\$1,791,924	\$5,989,862	\$14,741,176	\$36,496,234	\$13.08	49
New Hampshire	\$12,547,784	\$1,202,320	\$7,609,876	\$2,304,380	\$25,929,445	\$19.59	32
New Jersey	\$49,207,404	\$4,687,966	\$26,507,829	\$84,298,910	\$166,191,807	\$18.67	34
New Mexico	\$48,192,264	\$4,414,335	\$10,134,040	\$5,511,826	\$70,466,058	\$33.79	4
New York	\$160,243,332	\$32,045,165	\$53,829,763	\$315,007,625	\$565,532,559	\$28.78	13
North Carolina	\$77,996,894	\$13,655,527	\$27,844,398	\$53,610,265	\$177,457,921	\$18.02	35
North Dakota	\$4,540,380	\$2,619,999	\$4,368,358	\$683,465	\$17,101,493	\$23.64	22
Ohio	\$72,039,766	\$37,010,109	\$35,529,490	\$29,654,894	\$178,555,714	\$15.43	45
Oklahoma	\$32,587,516	\$5,558,855	\$10,203,998	\$10,336,017	\$60,519,759	\$15.72	43
Oregon	\$56,455,993	\$3,105,862	\$19,928,412	\$12,168,383	\$94,749,444	\$24.11	21
Pennsylvania	\$76,511,308	\$56,806,363	\$48,364,931	\$78,628,901	\$266,994,770	\$20.90	29
Rhode Island	\$15,897,881	\$2,158,457	\$9,247,959	\$5,325,934	\$33,037,101	\$31.42	6
South Carolina	\$59,987,737	\$3,263,197	\$25,245,443	\$31,449,964	\$122,272,603	\$25.61	18
South Dakota	\$12,304,871	\$2,019,998	\$5,667,820	\$1,692,499	\$24,845,233	\$29.41	10
Tennessee	\$53,279,635	\$21,353,775	\$25,301,424	\$38,713,551	\$141,346,550	\$21.76	27
Texas	\$163,132,817	\$39,178,099	\$57,727,624	\$144,593,686	\$408,552,115	\$15.45	44
Utah	\$20,829,069	\$8,019,546	\$13,726,214	\$6,490,336	\$50,421,687	\$17.38	36
Vermont	\$9,142,755	\$2,153,676	\$4,757,576	\$1,322,496	\$18,298,895	\$29.20	11
Virginia	\$54,492,625	\$11,125,978	\$23,648,880	\$41,113,959	\$134,552,868	\$16.29	42
Washington	\$78,639,115	\$18,067,150	\$21,866,385	\$76,552,429	\$199,363,617	\$28.60	14
West Virginia	\$38,932,091	\$3,267,997	\$9,350,756	\$3,478,840	\$58,167,760	\$31.37	7
Wisconsin	\$25,449,976	\$13,329,994	\$23,614,943	\$12,813,403	\$78,129,758	\$13.61	48
Wyoming	\$5,533,439	\$659,806	\$1,896,651	\$978,857	\$10,124,819	\$17.38	36
U.S. TOTAL	\$2,719,981,132	\$625,387,483	\$1,099,696,585	\$2,152,361,498	\$6,764,407,932	\$21.40	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.

B. STATE INVESTMENT IN PUBLIC HEALTH

State Public Health Budgets			
State	FY 2012-2013	FY 12-13 Per Capita	Per Capita Ranking
Hawaii	\$201,873,600	\$144.99	1
New York	\$2,274,228,415	\$116.21	2
Alaska	\$77,143,500	\$105.47	3
District of Columbia	\$65,973,000	\$104.33	4
Idaho	\$143,214,100	\$89.75	5
West Virginia	\$133,181,354	\$71.78	6
North Dakota	\$46,001,508	\$65.75	7
California	\$2,425,696,000	\$63.76	8
Alabama	\$305,929,969	\$63.44	9
Massachusetts	\$367,338,942	\$55.27	10
Wyoming	\$31,330,064	\$54.35	11
Rhode Island	\$52,987,767	\$50.45	12
Arkansas	\$146,786,093	\$49.77	13
New Mexico	\$97,829,500	\$46.91	14
Kentucky	\$189,192,500	\$43.19	15
Tennessee	\$277,696,100	\$43.01	16
Colorado	\$222,275,563	\$42.85	17
Delaware	\$38,601,500	\$42.09	18
Nebraska	\$72,919,516	\$39.30	19
Oklahoma	\$145,154,000	\$38.05	20
Vermont	\$22,310,357	\$35.64	21
Virginia	\$291,330,197	\$35.59	22
Utah	\$95,652,200	\$33.50	23
Washington	\$207,489,500	\$30.08	24
South Dakota	\$24,180,537	\$29.02	25
MEDIAN \$27.49			
Connecticut	\$98,689,440	\$27.49	26
New Jersey	\$221,261,000	\$24.96	27
Maryland	\$143,781,785	\$24.43	28
Illinois	\$287,402,900	\$22.32	29
Maine	\$27,046,561	\$20.35	30
Montana	\$19,554,595	\$19.45	31
South Carolina	\$91,847,984	\$19.44	32
Texas	\$503,091,075	\$19.31	33
Michigan	\$186,714,700	\$18.89	34
Florida	\$354,972,558	\$18.38	35
Georgia	\$179,356,456	\$18.08	36
Indiana	\$113,929,495	\$17.43	37
Oregon	\$62,720,932	\$16.08	38
Louisiana	\$73,979,199	\$16.08	38
Iowa	\$48,744,506	\$15.86	40
New Hampshire	\$20,919,806	\$15.84	40
Pennsylvania	\$188,316,000	\$14.75	42
Ohio	\$165,639,694	\$14.35	43
Kansas	\$40,603,359	\$14.07	44
Minnesota	\$71,932,000	\$13.37	45
Wisconsin	\$75,042,700	\$13.10	46
North Carolina	\$121,993,025	\$12.51	47
Mississippi	\$33,117,216	\$11.09	48
Nevada	\$21,657,208	\$7.85	49
Arizona	\$50,003,300	\$7.63	50
Missouri	\$35,292,453	\$5.86	51



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 2011-12 and FY 2012-13, 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.



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.⁸ Local health departments 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.⁹ A July 2011 study in *Health Affairs* found that increased spending by local public health departments can save lives currently lost to preventable illnesses.¹⁰

Key Health Facts

Key Health Facts

ADULT HEALTH INDICATORS	U.S. Total	State with Highest/Worst	State with Lowest/Best
% Uninsured, All Ages (2012)	15.4%	Texas (24.6%)	Massachusetts (4.1%)
AIDS Cumulative Cases Aged 13 and Older (2011 Yr End)	1,146,271	New York (202,741)	North Dakota (184)
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 - (2013)	1,660,290	California (171,330)	Wyoming (2,700)
Chlamydia Rates per 100,000 Population (2012)	456.7	D.C. (1,106.1)	New Hampshire (233.0)
Diabetes, % Adults (2012)	N/A	West Virginia (13.0%)	Alaska (7.0%)
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 12/03/13)	2,318	California (364)	AK, D.C., HI, ME, WV (0)
Hypertension, % Adults (2011)	N/A	Alabama (40.0%)	Utah (22.9%)
Obesity, % Adults (2012)	N/A	Louisiana (34.7%)	Colorado (20.5%)
Physical Inactivity, % Adults (2012)	N/A	Arkansas (31.5%)	Oregon (16.3%)
% Pneumococcal Vaccination Rates 65 and Over (2012)	68.8%	New Jersey (61.6%)	Oregon (76.2%)
% Seasonal Flu Vaccination Rates 65 and Over (2012)	60.1%	Nevada (50.5%)	Iowa (70.1%)
Syphilis Rates per 100,000 Population (2012)	5.0	D.C. (26.7)	Montana (0.2)
% Tobacco Use - Current Smokers (2012)	19.6%	Kentucky (28.3%)	Utah (10.7%)
Tuberculosis Number of Cases (2012)	9,945	California (2,191)	Wyoming (3)
CHILD HEALTH INDICATORS			
% Uninsured, under 18 (2012)	8.9%	Nevada (18.3%)	D.C. (2.1%)
AIDS Cumulative Cases Under Age 13 (2011 Yr End)	9,521	New York (2,457)	Wyoming (2)
% Asthma - High School Students (2011)	N/A	Maryland (28.7%)	Iowa (16.0%)
Fruit Indicator – % High School Students (2011)	N/A	Kentucky (23.0%)	New York (36.8%)
High School Dropout Rate - % of 9th- to 12th-graders who dropped out of public schools (2009-10)	3.4%	Arizona (7.8%)	New Hampshire (1.2%)
Immunization Gap, % of Children Aged 19 to 35 Months Without All Immunizations (2012)	31.6%	Alaska (40.5%)	Hawaii (19.8%)
Infant Mortality - Per 1,000 Live Births (2010 Final Data)	6.2	Mississippi (9.7)	Alaska (3.8)
% Low Birthweight Babies (2012 Preliminary Data)	8.0%	Mississippi (11.6%)	Alaska (5.6%)
Obesity, % High School Students (2011)	N/A	Alabama (17.0%)	Colorado (7.3%)
Obese, % of 10 to 17 Year Olds (2011)	N/A	Mississippi (21.7%)	Oregon (9.9%)
Pre-Term Births % of live births (2012 Preliminary Data)	11.5%	Mississippi (17.1%)	Vermont (8.7%)
Tobacco: % Current Smokers High School Students (2011)	N/A	Kentucky (24.1%)	Utah (5.9%)
% of High School Students who consume recommended levels of vegetables (2011)	N/A	Indiana (9.0%)	West Virginia (18.7%)

Sources: CDC. For a detailed list of references see Appendix A of full report.

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;
- Funding be considered strategically — so funds are used efficiently to maximize effectiveness in lowering disease rates and improving health;
- In addition to reducing rates of chronic disease, the Prevention Fund be targeted to help modernize the nation's approach to public health;
- Accountability must be at the cornerstone of public health funding — the use of funds should be transparent and clearly communicated with the public; and
- All Americans should be 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. The public deserves to know how effectively their tax dollars are being used, and accreditation, continuous quality improvement and transparency are important ways to help demonstrate that these capabilities are being met. The U.S. Department of Health and Human Services' Advisory Group on Prevention has recommended that "federal funds be made available to help state and local health departments to build the foundational capabilities that are needed to support accreditation and a response to 21st century health challenges." Federal resources, such as those available through the Preventive Services Block Grant, which was doubled in the FY 2014 appropriations, could provide the Program an opportunity to address these needs.

The full *Investing in America's Health* report including data and methodology notes and additional background on the jurisdictional roles of public health can be found at <http://www.tfah.org/public-health-funding/>.

Endnotes

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- 5 Institute of Medicine. *For the Public's Health: Investing in a Healthier Future*. April 2012.
- 6 RESOLVE. "Transforming Public Health: Emerging Concepts for Decision Making in a Changing Public Health World." 2012.
- 7 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).
- 8 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.
- 9 Mays GP and Smith SA. "Geographic Variation in Public Health Spending," 2009.
- 10 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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