

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.

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.

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

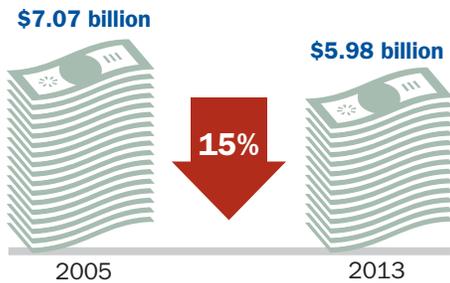
In this report, the Trust for America's Health (TFAH) examines public health funding and key health facts in states around the country.

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;

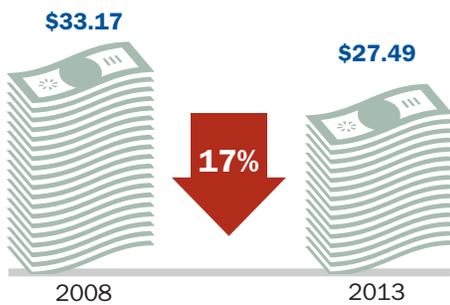
encourages greater transparency and accountability of the system; and recommends ways to assure the public health system meets today's needs and works across boundaries to accomplish its goals.

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.

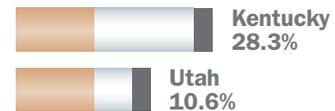
In 2014, the public health field faces a sea change. A reforming health system, massive budget cuts, an increased focus on accountability and the growing adoption of electronic health records (EHRs) are creating new challenges and opportunities.

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

State	Preventive Health and Health Services Block Grant	Public Health Preparedness & Emergency Response	Public Health Scientific Services	Vaccines for Children	Cross-Cutting Activities and Program Support	Public Health and Social Services Emergency Fund	World Trade Center Health Program Fund	CDC Total (All Categories)	CDC Per Capita 2013	CDC Per Capita Ranking	
Alabama	\$1,138,472	\$8,946,889	\$376,806	\$56,514,647	\$300,000	\$277	\$0	\$96,673,600	\$20.00	26	
Alaska	\$323,876	\$4,176,943	\$442,911	\$9,695,512	\$250,000	\$0	\$0	\$34,166,401	\$46.48	1	
Arizona	\$970,264	\$11,609,303	\$428,057	\$76,838,019	\$700,000	\$240,821	\$0	\$122,995,134	\$18.56	32	
Arkansas	\$643,028	\$6,437,482	\$332,379	\$38,742,657	\$300,000	\$0	\$0	\$64,959,547	\$21.95	18	
California	\$5,161,505	\$60,227,334	\$1,696,065	\$395,913,552	\$89,694	\$1,208,306	\$0	\$673,891,027	\$17.58	38	
Colorado	\$975,301	\$9,465,200	\$553,688	\$39,308,692	\$400,000	\$0	\$0	\$93,587,118	\$17.76	36	
Connecticut	\$1,030,622	\$7,511,728	\$408,448	\$36,398,317	\$300,000	\$30,353	\$305,205	\$70,816,626	\$19.69	28	
Delaware	\$137,282	\$4,309,494	\$244,769	\$10,126,936	\$250,000	\$0	\$0	\$27,981,495	\$30.23	4	
D.C.	\$587,350	\$8,291,013	\$6,811,200	\$9,823,043	\$1,280,972	\$450,000	\$305,205	\$82,800,480	\$128.09	N/A	
Florida	\$2,257,597	\$27,530,560	\$349,769	\$189,984,641	\$13,854	\$0	\$0	\$312,387,912	\$15.98	44	
Georgia	\$2,572,896	\$16,271,688	\$3,689,453	\$112,571,836	\$1,392,519	\$832,642	\$0	\$210,614,065	\$21.08	21	
Hawaii	\$550,794	\$4,763,065	\$447,029	\$13,271,873	\$0	\$0	\$0	\$31,014,963	\$22.09	15	
Idaho	\$272,064	\$4,902,137	\$357,141	\$17,219,674	\$300,000	\$0	\$0	\$33,358,193	\$20.69	22	
Illinois	\$1,831,436	\$26,336,448	\$528,945	\$129,702,250	\$800,000	\$0	\$0	\$236,608,488	\$18.37	33	
Indiana	\$1,425,543	\$11,086,768	\$226,002	\$56,168,536	\$400,000	\$0	\$0	\$89,798,147	\$13.67	50	
Iowa	\$929,134	\$6,857,966	\$232,665	\$25,424,055	\$300,000	\$0	\$0	\$61,734,365	\$19.98	27	
Kansas	\$805,381	\$6,708,826	\$429,142	\$25,174,085	\$300,000	\$0	\$0	\$48,175,621	\$16.65	42	
Kentucky	\$1,095,856	\$8,424,858	\$124,546	\$45,329,520	\$300,000	\$0	\$0	\$78,140,242	\$17.78	35	
Louisiana	\$2,165,189	\$8,773,689	\$1,258,884	\$59,568,548	\$1,009,195	\$40,397	\$0	\$101,821,516	\$22.01	16	
Maine	\$758,519	\$4,848,530	\$358,985	\$13,339,778	\$0	\$125,511	\$0	\$33,813,199	\$25.46	9	
Maryland	\$1,383,252	\$14,275,702	\$9,143,889	\$57,255,087	\$400,000	\$171,019	\$0	\$150,765,120	\$25.43	10	
Massachusetts	\$1,967,223	\$13,404,201	\$533,607	\$60,151,148	\$405,342	\$142,687	\$0	\$136,995,314	\$20.47	24	
Michigan	\$3,005,670	\$16,092,816	\$313,107	\$87,281,393	\$1,136,345	\$105,034	\$0	\$167,414,787	\$16.92	40	
Minnesota	\$1,921,488	\$11,456,279	\$538,832	\$35,682,767	\$0	\$125,274	\$0	\$95,019,961	\$17.53	39	
Mississippi	\$1,027,847	\$6,441,849	\$328,720	\$38,346,109	\$300,000	\$79,278	\$0	\$69,942,379	\$23.38	12	
Missouri	\$1,862,770	\$10,696,227	\$276,052	\$54,687,937	\$400,000	\$81,625	\$0	\$96,887,914	\$16.03	43	
Montana	\$553,485	\$4,062,430	\$350,220	\$7,901,368	\$250,000	\$100,535	\$0	\$28,070,273	\$27.65	6	
Nebraska	\$1,227,628	\$5,367,026	\$495,950	\$15,709,833	\$0	\$100,075	\$0	\$40,791,501	\$21.83	19	
Nevada	\$300,536	\$6,781,224	\$415,881	\$30,529,051	\$300,000	\$100,110	\$0	\$52,149,050	\$18.69	31	
New Hampshire	\$1,068,018	\$4,883,863	\$372,692	\$7,825,539	\$250,000	\$60,912	\$0	\$27,015,554	\$20.41	25	
New Jersey	\$2,130,123	\$15,153,565	\$452,935	\$65,151,366	\$79,562	\$0	\$999,927	\$139,724,958	\$15.70	45	
New Mexico	\$985,796	\$6,611,724	\$482,218	\$37,989,914	\$300,000	\$0	\$0	\$68,054,818	\$32.64	3	
New York	\$4,910,518	\$37,139,328	\$1,805,155	\$201,614,063	\$1,109,929	\$199,962	\$17,593,330	\$446,664,544	\$22.73	14	
North Carolina	\$1,956,510	\$14,905,122	\$450,549	\$97,761,189	\$0	\$106,553	\$0	\$174,549,939	\$17.72	37	
North Dakota	\$213,708	\$3,907,640	\$257,847	\$5,798,579	\$0	\$109,286	\$0	\$18,232,978	\$25.20	11	
Ohio	\$3,217,722	\$17,525,243	\$678,295	\$96,763,793	\$500,000	\$114,307	\$0	\$163,949,874	\$14.17	49	
Oklahoma	\$682,133	\$7,769,619	\$826,606	\$55,499,017	\$300,000	\$0	\$0	\$84,688,499	\$21.99	17	
Oregon	\$534,849	\$7,724,660	\$534,632	\$29,968,009	\$250,000	\$0	\$0	\$70,505,922	\$17.94	34	
Pennsylvania	\$3,397,551	\$19,136,646	\$518,468	\$101,276,768	\$500,000	\$0	\$0	\$186,166,322	\$14.57	48	
Rhode Island	\$335,724	\$4,443,500	\$321,756	\$11,489,779	\$250,000	\$76,157	\$0	\$31,544,904	\$30.00	5	
South Carolina	\$968,345	\$9,280,935	\$380,226	\$54,678,305	\$300,000	\$0	\$0	\$102,841,783	\$21.54	20	
South Dakota	\$167,898	\$3,960,564	\$236,300	\$8,884,996	\$0	\$0	\$0	\$23,009,954	\$27.23	7	
Tennessee	\$1,255,503	\$10,504,074	\$288,713	\$67,833,134	\$0	\$0	\$0	\$108,569,008	\$16.71	41	
Texas	\$3,145,884	\$35,235,013	\$443,685	\$343,238,197	\$1,135,132	\$0	\$0	\$495,307,760	\$18.73	30	
Utah	\$691,817	\$6,541,918	\$417,354	\$23,840,025	\$300,000	\$41,830	\$0	\$55,085,814	\$18.99	29	
Vermont	\$193,400	\$3,831,452	\$434,735	\$6,435,336	\$0	\$127,500	\$0	\$22,190,510	\$35.41	2	
Virginia	\$1,482,376	\$16,596,540	\$6,687,059	\$56,964,750	\$525,000	\$93,440	\$305,145	\$125,818,443	\$15.21	47	
Washington	\$763,305	\$12,490,211	\$613,406	\$77,170,727	\$400,000	\$192,203	\$0	\$143,202,309	\$20.54	23	
West Virginia	\$708,700	\$5,276,327	\$482,508	\$18,944,386	\$0	\$100,678	\$0	\$42,895,510	\$23.13	13	
Wisconsin	\$1,457,868	\$11,020,471	\$458,428	\$39,428,145	\$0	\$76,909	\$0	\$87,805,919	\$15.29	46	
Wyoming	\$162,037	\$3,906,477	\$396,279	\$4,818,164	\$151,457	\$24,308	\$0	\$15,600,378	\$26.77	8	
U.S. TOTAL	\$69,311,793	\$593,902,567	\$49,232,988	\$3,162,035,045	\$18,229,001	\$5,257,989	\$19,508,812	\$5,982,137,418	\$18.92		

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.

WHAT ARE THE FEDERAL GOVERNMENT'S PUBLIC HEALTH OBLIGATIONS?

In partnerships with states and localities, the federal government has an obligation to:

- Assure the capacity of all levels of government to provide essential public health services;
- Act when health threats may span many states, regions, or the whole country;
- Act where the solution may be beyond the jurisdiction of individual states;
- Act to assist the states when they do not have the expertise or resources to mount an effective response in a public health emergency such as a natural disaster, bioterrorism, or an emerging disease;
- Facilitate the formulation of public health goals in collaboration with state and local governments and other relevant stakeholders;
- Be transparent and accountable for public health investments; and
- Disseminate innovation and best practices from state and local public health.

Source: Trust for America's Health. *Public Health Leadership Initiative an Action Plan for Healthy People in Healthy Communities in the 21st Century.* ⁸

National Prevention Strategy and Prevention Fund

The Affordable Care Act (ACA) included a number of new federally-supported public health and prevention measures, aimed at improving the health of Americans, including:

- A new focus on cost containment and improving health within the healthcare system;
- A major expansion of the number of Americans and types of preventive services covered by insurance;
- The creation of a National Prevention Strategy and Action Plan to find more ways the federal government can support better health across all agencies;
- A Prevention and Public Health Fund to originally provide \$12.5 billion in mandatory appropriations over the first 10 years to local communities to improve health and reduce illness rates; and
- New community engagement and reporting requirements for nonprofit hospitals' community benefit programs.



THE PREVENTION AND PUBLIC HEALTH FUND

Prevention saves lives, reduces healthcare costs and makes the country a healthier, more productive place. More than half of Americans live with at least one serious preventable health condition, like diabetes or heart disease, which forces taxpayers to spend billions of dollars a year on health care. 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 Prevention and Public Health Fund enables communities around the country to invest in proven strategies to improve health. **The Fund has the support of more than 800 national, state and local organizations.**

Combating the leading causes of chronic diseases will improve the health of Americans and reduce healthcare costs over the long term.

The Fund will be used for programs at the local, state and federal level to reduce the rates of obesity, heart disease and stroke and tobacco use by 5 percent within five years.

Communities across the country often face increased health and safety threats without the resources to combat them. The Fund supports community-driven prevention efforts to reduce tobacco use, increase physical activity, improve nutrition, expand mental health and injury prevention programs and improve prevention activities.

Patients need to be able to act on their doctor's orders outside of the doctor's office. The Fund supports services and programs that improve access to healthy choices in our schools, neighborhoods and workplaces.

Businesses benefit by having a productive, healthy workforce.

Investing in the health of Americans improves the bottom line of businesses by lowering healthcare costs, reducing

absenteeism, increasing academic achievement and improving productivity.

Public health emergencies demand a public response. The Fund enables state and local health officials to respond to emergencies that put citizens' lives and health at stake — including natural disasters, terrorist attacks, infectious diseases, and unsafe food, air and water. The Fund provides training and financial assistance for workers, and invests in up-to-date equipment and technology, needed to protect communities from disease outbreaks and other health threats.

Every community has unique challenges. The Fund provides financial support directly to states and communities, and gives them flexibility, while holding them accountable, to address their most pressing health challenges.

Flexibility must come with accountability when taxpayer dollars are at stake.

The Fund invests in prevention programs that are proven and effective. Oversight and evaluation is a key component of every Fund-sponsored program, and strict performance measures ensure accountability.

THE NATIONAL PREVENTION, HEALTH PROMOTION, AND PUBLIC HEALTH COUNCIL; THE ADVISORY GROUP ON PREVENTION, HEALTH PROMOTION, AND INTEGRATIVE AND PUBLIC HEALTH AND THE NATIONAL PREVENTION STRATEGY

The ACA established a National Prevention, Health Promotion, and Public Health Council and an Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, designed to provide coordination and leadership among 20 executive departments and agencies at the Federal level on prevention, wellness and health promotion practices through the public health system.

The Council, chaired by the surgeon general, was created by Executive Order in June 2010.

The role of the council is to ensure federal health and prevention efforts are coordinated, aligned and championed; and to encourage partnerships to benefit all Americans among all levels of government, the private sector, philanthropic organizations, educational organizations and community- and faith-based organizations. The role of the Advisory Group is to offer recommendations to the members of the Council and advise them on effective, evidence-based prevention and health-promotion activities.

In June 2011, the Council released the National Prevention Strategy — a guide for the country to achieve, in the most effective way, improved health and well-being. The Strategy identified four Strategic Directions: 1) create, sustain and recognize communities that promote health and wellness through prevention; 2) ensure prevention-focused healthcare and community prevention efforts are available, integrated and mutually reinforcing; 3) support people in making healthy choices; and 4) eliminate health disparities to improve the quality of life for all Americans.

It also specified seven evidence-based priorities: 1) tobacco free living; 2) preventing drug and excessive alcohol abuse; 3) healthy eating; 4) active living; 5) injury and violence free living; 6) reproductive and sexual health; and 7) mental and emotional well-being.

In June 2012, the Council released the National Prevention Council Action Plan, which builds from the vision, goal, recommendations, and actions of the landmark National Prevention Strategy. The Action Plan identifies commitments

and unique department actions being taken to further each of the Strategic Directions and Priorities of the National Prevention Strategy. The Council identified three shared commitments across the federal government: 1) identifying opportunities to consider prevention and health; 2) increasing tobacco-free environments; and 3) increasing access to healthy and affordable food.

Why The National Prevention Strategy Matters:

- Numerous factors outside the healthcare system — including housing, education, transportation, the availability of quality affordable foods, and conditions in the workplace and the environment — often play a large role in public health so working across agencies to identify and develop reforms can have a major impact in improving the health of all Americans.
- If every federal agency focuses increased attention on prevention and health promotion, benefits will flow to the public's health and will help each agency fulfill its mission.

FOUNDATIONAL CAPABILITIES FOR PUBLIC HEALTH

In their April 2012 report, *For the Public's Health: Investing in a Healthier Future*, the IOM called for increased focus and prioritization among public health agencies at all levels. They identified a set of foundational capabilities that included:⁹

- Information systems and resources;
- Health planning;
- Partnership development and community mobilization;
- Policy development analysis and decision support;
- Communication; and
- Public health research, evaluation and quality improvement.

Following the IOM report, a group of public health thought leaders also participated in the Transforming Public Health project, funded by RWJF and convened by RESOLVE to develop guidance for public health officials and policymakers to prioritize vital public health functions in a shifting political landscape.¹⁰

They summarized the foundational capabilities of public health as:

- Developing strategies to effectively promote and improve health;
- Using integrated data sets for assessment, surveillance and evaluation to identify crucial health challenges, best practices and better health;
- Communicating with the public and other audiences to disseminate — and receive — information in an effective manner for health, including health promotion opportunities, access to care and prevention;

- Mobilizing the community and forging partnerships to leverage resources (funding and otherwise);
- Building new models that integrate clinical and population health;
- Cultivating leadership — along with organization, management and business — skills needed to build and sustain an effective health department and workforce to effectively and efficiently promote and improve health;
- Demonstrating accountability for what governmental public health does directly and for those things that it oversees through accreditation, continuous quality improvement and transparency; and
- Protecting the public in the event of an emergency or disaster, as well as responding to day-to-day challenges or threats, with a cross-trained workforce.

The project also identified a set of additional important issues for public health departments to consider, which include:

- Maintaining a culture of continuous quality improvement;
- Improving coordination across all levels of government to foster synergy and efficiency;
- Building a better-and cross-trained workforce that is more versatile and well equipped to handle a range of public health needs;
- Bolstering research and capitalizing on improved technology to access and analyze data to better demonstrate the value of public health and prevention services and programs; and

- Ensuring sufficient, stable and sustainable funding for public health, including leveraging resources from non-traditional sources that also have an interest in improving health, such as across government agencies and from the healthcare sector, private industry, non-profit fundraising and community development.

The project stressed that “prioritizing is the only way to be able to take on new challenges in a time of declining resources,” it is essential to be successful in the future and that public health should focus on:¹¹

- Ensuring what is being done is being done well and as efficiently as possible;
- Coordinating across all levels of the governmental public health system and other government agencies and jurisdictions to maximize impact; and
- Cultivating and/or training a workforce that can deliver foundational capabilities when implementing programs.

A subsequent effort, funded by RWJF, formed two working groups to define the path moving forward that included, 1) the Definitions and Constitution Working Group, convened under the Public Health Leadership Forum, managed by RESOLVE, and 2) the Cost Estimation Working Group, convened by the University of Kentucky. The Definitions and Constitution Working Group put together a consensus-based report that includes a framework for governmental public health services highlighting foundational capabilities and foundational areas. Below is an overview for a national conceptual model.¹²

FOUNDATIONAL CAPABILITIES—CROSS CUTTING SKILLS AND CAPACITIES

- ▲ Assessment (Surveillance, Epidemiology, Laboratory Capacity, and Vital Records)
- ▲ All Hazards Preparedness/Response
- ▲ Communications
- ▲ Policy Development/Support
- ▲ Community Partnership Development
- ▲ Organizational Competencies
 - Leadership and Governance
 - Health Equity
- Accountability, Performance Management and Quality Improvement
- Information Technology Services, including Privacy and Security
- Human Resources Services
- Financial Management, Contract, and Procurement Services, including Facilities and Operations
- Legal Services and Analysis

FOUNDATIONAL AREAS—PROGRAMMATIC EXPERTISE AND ACTIVITIES

- ▲ Communicable Disease Control
- ▲ Chronic Disease and Injury Prevention
- ▲ Environmental Public Health
- ▲ Maternal/Child/Family Health
- ▲ Access to/Linkage with Clinical Health Care

The second group, the Workgroup on Public Health Cost Estimation, developed a methodology for estimating the resources required to develop and maintain foundational capabilities.¹³ The Public Health Cost Estimation Workgroup used the 11 domains

put together by the Definitions and Constitution Working Group to develop a cost estimation methodology. The detailed methodology included specific details for all steps such as recruitment, data collection method, instrument piloting and testing and an implementation timeline. The methodology provided by the working group is a first step in the process of building evidence about the costs of public health capabilities and is meant to be changed and improved after implementation.¹⁴

PUBLIC HEALTH ACCREDITATION

The Public Health Accreditation Board (PHAB), created in 2007, has launched a voluntary public health accreditation program for state and local public health departments.¹⁵

This accreditation process is a major effort to improve and standardize core capabilities of health departments.

The PHAB administers the national public health department accreditation program for public health departments operated by Tribes, states, local jurisdictions and territories,¹⁶ and in March, 2013, PHAB announced the first round of public health departments to achieve accreditation status. PHAB accreditations include domains (groups of standards that pertain to a broad group of public health services), standards (the required level of achievement that a health department is expected to meet) and measures (evaluation tools for meeting standards).

There are 12 domains. The first 10 domains address the 10 Essential Public Health Services; domain 11 addresses management and administration, and domain 12 addresses governance.¹⁷

The 12 domains include:

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.

Domain 2: Investigate health problems and environmental public health hazards to protect the community.

Domain 3: Inform and educate about public health issues and function.

Domain 4: Engage with the community to identify and address health problems.

Domain 5: Develop public health policies and plans.

Domain 6: Enforce Public Health Laws.

Domain 7: Promote strategies to improve access to healthcare services.

Domain 8: Maintain a competent public health workforce.

Domain 9: Evaluate and continuously improve health department processes, programs and interventions.

Domain 10: Contribute to and apply the evidence base of public health.

Domain 11: Maintain administrative and management capacity.

Domain 12: Maintain capacity to engage the public health governing entity.

Standard 5.4 focuses specifically on preparedness and requires that public health departments maintain an all hazards emergency operations plan. In order to become accredited, a health department must:¹⁸

- Participate in the process for the development and maintenance of an All Hazards Emergency Operations Plan (EOP);
- Adopt and maintain a public health EOP; and
- Provide consultation and/or technical assistance to Tribal and local health departments in the state regarding evidence-based and/or promising practices/templates in EOP development and testing.

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 2012-13, using a definition as consistent as possible across all years, based on how each state reports data. TFAH defined “public health services” broadly, including most state-level health funding.

WHAT ARE STATE AND LOCAL GOVERNMENTS PUBLIC HEALTH OBLIGATIONS?

States and localities have an obligation to:

- Fulfill core public health functions such as diagnosing and investigating health threats, informing and educating the public, mobilizing community partnerships, protecting against natural and human-made disasters and enforcing state health laws;
- Provide relevant information on the community's health and the availability of essential public health services.

This information should be integrated with reporting from local hospitals and healthcare providers to show how well public concerns and health threats are being addressed. These reports should also be publicly available and utilized by public health departments to work collaboratively with hospitals, physicians and others with a role in public health to set health goals;

- Work collaboratively with the multiple stakeholders who influence public

health at the community level in designing appropriate programs and interventions that address key health problems and improve the health of the region; and

- Deal with complex, poorly understood problems by acting as “policy laboratories.” States and localities are closer to the people and to the problems causing ill health.

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.¹⁹ 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.²⁰ A July 2011 study in *Health Affairs* found that increased spending by local public health departments can save lives currently lost to preventable illnesses.²¹

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.

Community Prevention Programs

Evidence-Base for Community Disease and Injury Prevention Programs

A series of independent analyses, including those by the IOM and CDC, found that the nation’s public health system had been chronically under-funded for several decades, and the “infrastructure had greatly deteriorated.” The analyses concluded that it would require a long-term, sustained commitment to yield the major improvements required to protect Americans from the range of health threats the country faces in the 21st century.^{22, 23}

In 2008, NYAM and TFAH, in consultation with a panel of leading experts, conducted an analysis that found there was a shortfall of \$20

billion annually — across state, local and federal governments — in funding for critical U.S. public health programs.²⁴



COMPENDIUM OF PROVEN COMMUNITY-BASED PREVENTION PROGRAMS

In October 2013, NYAM released *A Compendium of Proven Community-Based Prevention Programs*, highlighting 79 evidence-based disease and injury prevention programs that have saved lives and improved health.²⁵

The report includes an extensive literature review, conducted by NYAM, of peer reviewed studies that evaluated the effectiveness of community-based prevention programs designed to reduce tobacco use, injuries, asthma, alcohol abuse and sexually-transmitted infections, increase physical activity and improve eating habits.

The *Compendium* notes that since 2008, the number of effective community-based programs and interventions has grown exponentially and the report identifies specific programs—that can be taken to scale—which prevent disease and create a healthier population.

The report includes examples of programs that increase physical activity, reduce asthma, sexually transmitted infections and tobacco and alcohol use and prevent violence and injury. Summaries of some examples include:

Physical Activity:

- The Partnership for an Active Community Environment (PACE) steering committee in New Orleans, Louisiana installed a six-block walking path and school playground in a low-income Black neighborhood. The proportion of residents who were active increased significantly in the neighborhood with the path and playground, where 41 percent of those engaging in physical activity were mod-

erately or vigorously active, compared to 24 to 38 percent of residents in similar neighborhoods without the path. The report notes that PACE is an effective intervention that demonstrates how changes to the built environment may increase neighborhood physical activity.

- North Carolina's State Health Plan for Teachers and State Employees made the Eat Smart, Move More, Weigh Less (ESMMWL) guide available to their members to better manage weight and reduce associated health care costs. The percentage of participants with a BMI less than 30 increased from 40 percent to 45 percent and those with a normal blood pressure increased from 23 percent to 32.5 percent.
- Shape Up Somerville, a comprehensive effort to prevent obesity in high-risk first through third grade students in Somerville, Massachusetts, included improved nutrition in schools, a school health curriculum, an after-school curriculum, parent and community outreach, collaboration with community restaurants, school nurse education and a safe routes to school program (SRTS). After one year, on average, the program reduced one pound of weight gain over eight months for an 8-year-old child. On a population level, this reduction in weight gain would translate into large numbers of children moving out of the overweight category and reducing their risk for chronic diseases.
- The Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program provides low-

income, uninsured women aged 40 to 64 with chronic disease risk factor screenings, lifestyle interventions and referral services. Over the course of a year, WISEWOMAN participants improved their 10-year risk of coronary heart disease by 8.7 percent, and there were significant reductions in the percent of participants who smoked and had high blood pressure and high cholesterol.

Asthma:

- School bus emissions collect within passenger cabins, pollute the environment and contribute disproportionately to air quality. The Washington State Clean School Bus Program found that school bus retrofits could result in reductions of bronchitis, asthma and pneumonia, with conservative benefit-cost ratios between 7:1 and 16:1.
- Urban, low-income patients with asthma from four zip codes were identified through logs of Emergency Department (ED) visits or hospitalizations, and offered enhanced care including nurse case management and home visits. The program provided services to 283 children with 39.6 percent Black, 52.3 percent Latino, 72.7 percent using Medicaid and 70.8 percent with a household income of less than \$25,000. Twelve-month data show a significant decrease in any asthma ED visits and hospitalizations and any days of limitation of physical activity, patient missed school and parent missed work. There was a significant reduction in hospital costs compared with the comparison community, and a return on investment of \$1.46.

Violence and Injury Prevention:

- The federal Safe Routes to School program allocated funds for state departments of transportation to build sidewalks, bicycle lanes, and safe crossings, improve signage and make other improvements that allow children to travel more safely to school. In New York City, from 2001-2010, annual pedestrian injury rates per 10,000 population were calculated for different age groups and for census tracts with and without SRTS interventions during school-travel hours. The annual rate of school-aged pedestrian injury during school-travel hours decreased 44 percent in census tracts with SRTS interventions.

- Tennessee implemented an extensive statewide sobriety checkpoint program (Checkpoint Tennessee). The volume of checkpoints increased from about 15 in the preceding year to nearly 900 in the program year. The checkpoint activity was publicized extensively. The program resulted in a 20.4 percent reduction in alcohol related crashes extending at least 21 months after conclusion of the formal program, preventing nine fatal alcohol-related crashes per month.

Tobacco Use:

- A cost-benefit analysis approach was used to estimate the return on investment for the tobacco cessation program implemented by the state of Massachusetts. Administrative data indicated that program costs were

about \$183 per program participant (in 2010 dollars). The study also estimated inpatient savings per participant of \$571, meaning every \$1 in program costs was associated with \$3.12 in medical savings, for a \$2.12 return on investment to the Medicaid program for every dollar spent.

The Compendium is a follow-up to a 2009 report²⁶ released by TFAH and NYAM, which followed a 2008 TFAH study²⁷ that found that an investment of \$10 per person per year in proven evidenced-based community prevention programs that increase physical activity, improve nutrition and prevent smoking and other tobacco use could save the country more than \$16 billion annually within five years—a return of \$5.60 for every \$1.

COMMUNITY GUIDE TO PREVENTIVE SERVICES

CDC publishes *The Community Guide to Preventive Services*,²⁸ featuring a collection of all of the Community Preventive Services Task Force findings and the systematic reviews on which they are based. The Task Force was established in 1996 by the U.S. Department of Health and Human Services (HHS) to identify population health interventions that are scientifically proven to save lives, increase lifespans and improve quality of life. The Task Force produces recommendations (and identifies evidence gaps) to help inform the decision making of federal, state,

and local health departments, other government agencies, communities, healthcare providers, employers, schools and research organizations.

The Community Guide includes a review of the evidence for which community health interventions have worked or have not; in which populations and setting an intervention worked or not; what an intervention may cost and what are the expected returns for an investment; and what interventions need more research before it is known if they will work or not.

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 FY2014 appropriations, could provide the Program an opportunity to address these needs.

Notes on Data and Methodology

The sources for the funds and indicators come from a variety of publicly available sources. In some cases fiscal years for funding may vary depending on availability of data, and year of health indicators may vary slightly as well.

Funding References

CDC Funds for State and Local Health Departments, Universities, & Other Public and Private Agencies

FY 2013 data were all provided by the U.S. Centers for Disease Control and Prevention's Financial Management Office. The total (all categories) was also provided by the CDC; it includes program areas not highlighted here. CDC Per Capita Total FY 2012 calculated by TFAH by dividing CDC provided total by July 1, 2013 U.S. Census Bureau population estimates. CDC Per Capita Ranking based on TFAH calculated per capita totals.

HRSA Health Professions, HIV/AIDS, Maternal & Child Health, and Primary Health Care FY 2013 funding data come from [HRSA's Geospatial Data Warehouse](#), State Profile Report (accessed January 2013.) The total HRSA dollar amount also came from this source. HRSA key program area totals, however, were calculated by TFAH using Microsoft Excel. **HRSA Per Capita Total** FY 2013 calculated by TFAH by dividing HRSA Total dollars by July 1, 2013 U.S. Census

Bureau population estimates. **HRSA Per Capita Ranking** based on TFAH calculated per capita totals.

ASPR Hospital Preparedness Program

FY 2013 funding from U.S. Department of Health and Human Services: Office of the Assistant Secretary for Preparedness and Response Office of Preparedness and Emergency Operations Division of National Healthcare Preparedness Programs. "Hospital Preparedness Program (HPP) Budget Period 2 (Fiscal Year 2013) Funding" (accessed January 2, 2014).

State Public Health Budget

Methodology TFAH conducted an analysis of state spending on public health for the last budget cycle, fiscal year 2012-2013. For those states that only report their budgets in biennium cycles, the 2013-2015 period (or the 2012-2014 and 2012-2013 for Virginia and Wyoming respectively) was used, and the percent change was calculated from the last biennium, 2011-2013 (or 2010-2012 and 2011-2012 for Virginia and Wyoming respectively).

This analysis was conducted from August to October of 2013 using publicly available budget documents through state government web sites. Based on what was made publicly available, budget documents used included either executive budget document that listed actual expenditures, estimated expenditures, or final appropriations; appropriations bills enacted by the state's legislature; or documents from legislative analysis offices.

“Public health” is defined to broadly include all health spending with the exception of Medicaid, Children's Health Insurance Program, or comparable health coverage programs for low-income residents. Federal funds, mental health funds, addiction or substance abuse-related funds, Women, Infants and Children funds, services related to developmental disabilities or severely disabled persons, and state-sponsored pharmaceutical programs also were not included in order to make the state-by-state comparison more accurate since many states receive federal money for these particular programs. In a few cases, state budget documents did not allow these programs, or other similar human services, to be disaggregated; these exceptions are noted. For most states, all state funding, regardless of general revenue or other state funds (e.g. dedicated revenue, fee revenue, etc.), was used. In some cases, only general revenue funds were used in order to separate out federal funds; these exceptions are also noted.

Because each state allocates and reports its budget in a unique way, comparisons across states are difficult. This methodology may include programs that, in some cases, the state may consider a public health function, but the methodology used was selected to maximize the ability to be consistent across states. As a result, there may be programs or items states may wish to be considered “public health” that may not be included in order to maintain the comparative value of the data.

Finally, to improve the comparability of the budget data between FY 2011-2012 and FY 2012-2013 (or between biennium), TFAH adjusted the FY 2012-2013 numbers for inflation (using a 0.9817 conversion factor based on the U.S. Dept. of Labor Bureau of Labor Statistics; Consumer Price Index Inflation Calculator at <http://www.bls.gov/cpi/>).

After compiling the results from this online review of state budget documents, TFAH coordinated with the Association of State and Territorial Health Officials to confirm the findings with each state health official. ASTHO sent out emails on October 24, 2013 and state health officials were asked to confirm or correct the data with TFAH staff by November 8, 2013. ASTHO followed up via email with those state health officials who did not respond by the November 8, 2013 deadline. In the end, six states did not respond by December 3, 2013 when the report went to print. These states were assumed to be in accordance with the findings.

Population Facts

U.S. Total Population estimates come from the U.S. Census Bureau 2013, National and State Population Estimates, [Resident Population Data](#), released December 2013 (accessed January 3, 2014).

Poverty Rate 2011-2012 (2-Year Average) estimates from the U.S. Census Bureau 2011-2012, [Percentage of People in Poverty by State Using 2- and 3- year Averages: 2009-2010 and 2011-2012](#) (accessed December 19, 2013).

Total Number of U.S. Uninsured, All Ages estimates come from the U.S. Census Bureau, Current Population Survey, [Table HI06, Health Insurance Coverage Status by State for All People: 2012](#) (accessed December 17, 2013).

Total Number of Uninsured, under 18 estimates come from the U.S. Census Bureau, Current Population Survey, [Table HI05: Health Insurance Coverage Status and Type of Coverage by State and Age for All People: 2012](#) (December 18, 2013).

Adult Health Indicator References

Adult Physical Inactivity Rate 2012 data come from the Behavioral Risk Factor Surveillance System (BRFSS) Prevalence Data 2012, percent responding “did not engage in any physical activity”. National Center for Chronic Disease Prevention & Health Promotion, Centers for Disease Control and Prevention. Available at [BRFSS Data](#).

AIDS Cumulative Cases Aged 13 and Older 2011 Yr End data come from the U.S. Centers for Disease Control and Prevention, National Center for HIV, STD, and Tuberculosis (TB) Prevention, [Table 20, HIV Surveillance Report: AIDS diagnoses, by area of residence, 2011 and cumulative—United States](#) (accessed December 18, 2013).

Alzheimer's Estimated Cases among 65+ (2025) data come from the [Alzheimer's Association report Alzheimer's Disease Facts and Figures 2013](#) (December 19, 2013).

Asthma 2010 data come from the BRFSS Prevalence Data 2010, percent responding “ever been told” they have asthma. National Center for Chronic Disease Prevention & Health Promotion, Centers for Disease Control and Prevention. Available at [BRFSS Data](#).

Breast Feeding Report Card 2010 data come from “Breastfeeding Report Card, United States: Outcome Indicators.” [CDC National Immunization Survey, Provisional Data, 2010 births](#) (accessed December 19, 2013).

Cancer Estimated New Cases 2013 data come from the [American Cancer Society's Cancer Facts and Figures 2013](#) (accessed December 19, 2013).

Chlamydia Rates per 100,000 Population (2012) data come from the Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, [U.S. Centers for](#)

[Disease Control and Prevention Sexually Transmitted Disease Surveillance, 2012](#) (accessed January 8, 2014).

Diabetes 2012 data come from the BRFSS Prevalence Data 2012, percent responding “ever been told” they have diabetes. National Center for Chronic Disease Prevention & Health Promotion, Centers for Disease Control and Prevention. Available at [BRFSS Data](#).

Fruit and Vegetable Intake 2011 data come from the BRFSS Prevalence Data 2011, percent who consume fruit and vegetables 5+ times daily. Available at [BRFSS Data](#).

Human West Nile Virus Cases 2013 data come from the [2013 West Nile Virus Human Infections in the United States](#) (accessed December 19, 2013).

Hypertension 2011 data come from the BRFSS Prevalence Data 2011, percent responding “ever been told” they have high blood pressure. Hypertension data is collected only on odd-numbered years. National Center for Chronic Disease Prevention & Health Promotion, Centers for Disease Control and Prevention. Available at [BRFSS Data](#).

Obesity 2012 data were calculated by contractors using self-reported height and weight measure from the BRFSS Prevalence Data 2012. National Center for Chronic Disease Prevention & Health Promotion, Centers for Disease Control and Prevention. Available at [BRFSS Data](#).

Obesity was defined as having a BMI greater than or equal to 30.

Pneumococcal Vaccination Rates 65 and Over 2012 data come from the BRFSS Prevalence Data 2012. National Center for Chronic Disease Prevention & Health Promotion, Centers for Disease Control and Prevention. Available at [BRFSS Data](#).

Seasonal Flu Vaccination Rates 65 and Over 2012 data come from the BRFSS Prevalence Data 2012. National Center for Chronic Disease Prevention & Health Promotion, Centers for Disease Control and Prevention. Available at [BRFSS Data](#).

Syphilis Rates per 100,000 Population (2012) data come from the Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, [U.S. Centers for Disease Control and Prevention Sexually Transmitted Disease Surveillance, 2012](#) (accessed January 8, 2014).

Tobacco Use — Current Smokers 2012 data come from the BRFSS Prevalence Data 2012, percent responding they are current smokers. National Center for Chronic Disease Prevention & Health Promotion, Centers for Disease Control and Prevention. Available at [BRFSS Data](#).

Tuberculosis Number of Cases 2012 data come from “[Reported Tuberculosis in the United States, 2012](#),” U.S. Centers for Disease Control and Prevention (accessed December 20, 2013).

Child and Adolescent Health Facts

AIDS Cumulative Cases Children

Under 13 2011 Yr End data

come from the U.S. Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, [Table 20, HIV Surveillance Report: AIDS diagnoses, by area of residence, 2011 and cumulative—United States](#) (accessed December 18, 2013).

Asthma 2011 High School Students data

come from the Youth Risk Behavior Surveillance System, Comprehensive Results 2011, percent responding “ever been told” they have asthma. National Center for Chronic Disease Prevention & Health Promotion, Centers for Disease Control and Prevention. Available at: <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf> (accessed January 14, 2013).

Fruit and Vegetable Behavioral

Indicators Students data come from

the Youth Risk Behavior Surveillance System, Comprehensive Results 2011, percent responding “ate fruit or drank 100% fruit juices two or more times/day” and “ate vegetables three or more times/day” in the past seven days. National Center for Chronic Disease Prevention & Health Promotion, Centers for Disease Control and Prevention. Available at: <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf> (accessed January 14, 2013).

High School Dropout Rates data come from [Public School Graduates and Dropouts from the Common Core of](#)

[Data—School Year 2009-2010. Table 4: Public high school number of dropouts, event dropout rate, and enrollment for grades 9-12, by state or jurisdiction: School year 2009-2010.](#) National Center for Education Statistics, U.S. Department of Education (accessed February 20, 2014).

Immunization Gap: Children

Aged 19 to 35 Months without All

Immunizations 2012 data come from [Estimated Vaccination Coverage with Individual Vaccines and Selected Vaccination Series Among Children 19-35 Months of Age by State and Local Area U.S., National Immunization Survey, 2012](#) (accessed December 18, 2013). TFAH used the data for the **4:3:1:3:3:1:4** series which is the CDC-recommended series for children aged 19–35 months. The 4:3:1:3:3:1:4 series is used to evaluate progress toward one of the Healthy People 2020 objectives, which aims to achieve greater than 80% coverage with the series among children ages 19–35 months.

Infant Mortality per 1,000 Live Births

2010 data come from the [National Center for Health Statistics, National Vital Statistics Report, Deaths: Final Data for 2010](#) (accessed December 23, 2013).

Low Birthweight Babies 2012 data

come from the National Center for Health Statistics, [National Vital Statistics Report, Births: Preliminary Data for 2012, State-specific Detailed Tables for 2012, Table I-4](#) (accessed December 23, 2013).

Obese High School Students 2011

data come from the Youth Risk Behavior Surveillance System, Comprehensive Results 2011. National Center for Chronic Disease Prevention & Health Promotion, Centers for Disease Control and Prevention. Available at <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>.

Obese 10 to 17 Year Olds 2011 data come from the National Survey of Children's Health, 2011. Child and Adolescent Health Measurement Initiative. *2011 National Survey of Children's Health*, Data Resource Center for Child and Adolescent Health website. Available at <http://childhealthdata.org/browse/survey?q=2456&r=1> (accessed December 17, 2013).

Other Public Health Indicators

Health Professions Shortage Areas: Primary Care, Mental Health, Dental Care FY 2013 data come from [HRSA's Geospatial Data Warehouse](#), State Profile Report (accessed January 2, 2013).

Projected Supply vs. Demand for RNs (2010) data comes from the National

Pre-Term Births as Percent of Live

Births 2012 data come from the National Center for Health Statistics, [National Vital Statistics Report, Births: Preliminary Data for 2012, Table I-3](#) (accessed December 23, 2013).

Tobacco: Current Smokers High School Students 2011 data come from the Youth Risk Behavior Surveillance System, Comprehensive Results 2011, percent of "students who smoked cigarettes on one or more of the past 30 days." National Center for Chronic Disease Prevention & Health Promotion, Centers for Disease Control and Prevention. Available at <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf> (accessed January 14, 2013).

Center for Health Workforce Analysis in the Bureau of Health Professions, Health Resources and Services Administration paper "What Is Behind HRSA's Projected Supply, Demand and Shortage of Registered Nurses?" Washington, D.C.: September 2004.

APPENDIX B: STATE-BY-STATE ADULT HEALTH INDICATORS

Adult Health Indicators										
State	2013 Census Population Estimates	% Uninsured, All Ages (2012)	Adult Physical Inactivity Rate 2012 (95% Conf Interval)	AIDS Cumulative Cases Aged 13 and Older - 2011 Yr End	Alzheimer's Estimated Cases among 65+ (2025)	Asthma Prevalence 2010	Percent Exclusive Breastfeeding at 6 Months - from Births 2010^	Cancer Estimated New Cases - 2013	Chlamydia Rates per 100,000 Population (2012)	Diabetes 2012 Percentage (95% Conf Interval)
Alabama	4,833,722	14.8	27.2% (+/- 1.4)	10,519	110,000	11.8%	11.9%	27,080	637.6	12.3% (+/- 0.9)
Alaska	735,132	19	18.5% (+/- 1.6)	786	7,700	14.4%	26.8%	3,290	755.8	7.0% (+/- 1.0)
Arizona	6,626,624	18	22.6% (+/- 1.6)	13,026	130,000	14.8%	15.0%	34,010	469.6	10.6% (+/- 1.2)
Arkansas	2,959,373	18.4	31.5% (+/- 1.8)	4,688	76,000	13.6%	9.2%	16,330	565.4	11.3% (+/- 1.0)
California	38,332,521	17.9	19.2% (+/- 1.0)	167,986	660,000	12.6%	27.4%	171,330	444.9	9.8% (+/- 0.7)
Colorado	5,268,367	13.7	17.0% (+/- 1.0)	10,348	110,000	14.7%	24.7%	23,410	422.7	7.4% (+/- 0.6)
Connecticut	3,596,080	8.1	22.1% (+/- 1.3)	16,522	76,000	15.3%	15.5%	21,180	364.9	9.2% (+/- 0.8)
Delaware	925,749	10.8	23.5% (+/- 1.6)	4,310	16,000	15.1%	17.4%	5,370	489.2	9.6% (+/- 1.0)
D.C.	646,449	7.9	17.4% (+/- 1.8)	21,238	10,000	15.5%	14.6%	2,920	1,101.6	8.2% (+/- 1.2)
Florida	19,552,860	21.5	23.3% (+/- 1.5)	125,268	590,000	13.8%	10.6%	118,320	407.4	11.4% (+/- 1.1)
Georgia	9,992,167	19.2	23.6% (+/- 1.5)	41,814	160,000	11.5%	6.2%	49,280	534.0	9.9% (+/- 0.9)
Hawaii	1,404,054	7.7	18.7% (+/- 1.4)	3,391	34,000	17.6%	22.0%	6,650	461.2	7.8% (+/- 1.0)
Idaho	1,612,136	15.9	20.3% (+/- 1.8)	773	38,000	13.6%	27.0%	7,670	287.1	8.5% (+/- 1.0)
Illinois	12,882,135	13.6	21.8% (+/- 1.6)	40,531	240,000	13.6%	11.1%	66,090	526.1	9.4% (+/- 1.0)
Indiana	6,570,902	13.4	25.9% (+/- 1.2)	10,080	130,000	14.2%	13.8%	35,550	452.7	10.9% (+/- 0.8)
Iowa	3,090,416	10.1	23.1% (+/- 1.2)	2,163	77,000	11.6%	18.8%	17,480	371.5	9.7% (+/- 0.7)
Kansas	2,893,957	12.6	22.9% (+/- 1.0)	3,424	62,000	13.2%	15.1%	14,370	387.8	9.4% (+/- 0.6)
Kentucky	4,395,295	15.7	29.7% (+/- 1.3)	5,828	97,000	14.9%	14.4%	25,100	395.3	10.7% (+/- 0.8)
Louisiana	4,625,470	18.3	29.9% (+/- 1.5)	22,104	100,000	11.6%	10.7%	24,930	597.9	12.3% (+/- 1.0)
Maine	1,328,302	9.5	20.9% (+/- 1.0)	1,309	28,000	15.7%	22.9%	9,190	257.0	9.7% (+/- 0.7)
Maryland	5,928,814	12.4	23.1% (+/- 1.3)	38,073	100,000	12.4%	15.1%	30,680	455.3	10.2% (+/- 1.0)
Massachusetts	6,692,824	4.1	19.8% (+/- 0.8)	23,392	140,000	15.3%	20.6%	38,250	357.5	8.3% (+/- 0.5)
Michigan	9,895,622	10.9	23.3% (+/- 1.2)	17,939	190,000	15.8%	13.0%	57,560	481.6	10.5% (+/- 0.8)
Minnesota	5,420,380	8.3	17.6% (+/- 0.9)	6,040	110,000	10.9%	23.5%	28,410	337.8	7.3% (+/- 0.6)
Mississippi	2,991,207	15.3	30.8% (+/- 1.5)	8,481	65,000	11.6%	5.1%	15,830	774.0	12.5% (+/- 0.9)
Missouri	6,044,171	13.3	24.7% (+/- 1.5)	13,275	130,000	14.2%	15.7%	33,950	463.1	10.7% (+/- 1.0)
Montana	1,015,165	18.1	20.5% (+/- 1.1)	507	29,000	12.9%	20.1%	5,450	383.4	7.2% (+/- 0.6)
Nebraska	1,868,516	13.3	21.0% (+/- 0.8)	1,857	44,000	12.2%	21.4%	9,060	366.2	8.1% (+/- 0.5)
Nevada	2,790,136	23.5	21.3% (+/- 1.7)	7,170	42,000	14.5%	18.6%	13,830	408.9	8.9% (+/- 1.2)
New Hampshire	1,323,459	12	20.0% (+/- 1.3)	1,278	26,000	15.0%	24.9%	8,470	233.0	9.1% (+/- 0.8)
New Jersey	8,899,339	14	24.9% (+/- 1.0)	56,154	170,000	13.3%	10.9%	49,440	309.2	9.3% (+/- 0.6)
New Mexico	2,085,287	21.9	21.8% (+/- 1.1)	3,259	43,000	14.6%	19.3%	10,090	571.4	10.3% (+/- 0.7)
New York	19,651,127	11.3	24.7% (+/- 1.6)	202,741	350,000	14.7%	16.5%	108,760	516.5	9.7% (+/- 1.1)
North Carolina	9,848,060	17.2	24.9% (+/- 1.0)	21,288	210,000	12.6%	14.8%	53,200	524.0	10.4% (+/- 0.7)
North Dakota	723,393	11.5	23.8% (+/- 1.6)	184	20,000	10.6%	20.5%	3,510	425.2	8.6% (+/- 0.9)
Ohio	11,570,808	12.3	25.3% (+/- 1.0)	18,678	250,000	13.8%	17.7%	66,610	460.3	11.7% (+/- 0.7)
Oklahoma	3,850,568	17.2	28.3% (+/- 1.3)	5,810	96,000	14.2%	16.6%	20,160	444.2	11.5% (+/- 0.8)
Oregon	3,930,065	15.4	16.3% (+/- 1.3)	7,122	110,000	16.2%	23.9%	21,720	347.5	9.9% (+/- 1.0)
Pennsylvania	12,773,801	12	23.5% (+/- 0.9)	40,179	280,000	13.8%	16.5%	79,560	431.6	10.2% (+/- 0.6)
Rhode Island	1,051,511	12.3	23.6% (+/- 1.5)	3,027	24,000	16.7%	16.7%	6,280	410.3	9.8% (+/- 1.0)
South Carolina	4,774,839	14.3	25.1% (+/- 1.1)	16,905	100,000	12.9%	16.0%	27,620	580.2	11.6% (+/- 0.8)
South Dakota	844,877	14.4	22.5% (+/- 1.5)	346	21,000	11.6%	26.3%	4,570	476.2	7.8% (+/- 0.9)
Tennessee	6,495,978	13.9	28.6% (+/- 1.5)	15,606	140,000	9.3%	4.1%	36,580	507.9	11.9% (+/- 1.0)
Texas	26,448,193	24.6	27.2% (+/- 1.3)	85,710	470,000	12.8%	14.5%	112,230	494.8	10.6% (+/- 0.8)
Utah	2,900,872	14.4	16.6% (+/- 0.9)	2,670	50,000	14.3%	22.5%	10,810	270.3	7.2% (+/- 0.5)
Vermont	626,630	7	17.2% (+/- 1.2)	524	13,000	17.2%	25.9%	4,200	275.2	7.3% (+/- 0.8)
Virginia	8,260,405	12.5	22.5% (+/- 1.3)	20,522	160,000	12.9%	15.1%	40,870	431.8	10.6% (+/- 0.8)
Washington	6,971,406	13.6	19.0% (+/- 0.9)	13,762	150,000	15.8%	19.6%	37,290	360.1	8.8% (+/- 0.9)
West Virginia	1,854,304	14.6	31.0% (+/- 1.5)	1,898	50,000	10.7%	9.1%	11,450	258.2	13.0% (+/- 1.0)
Wisconsin	5,742,713	9.7	20.4% (+/- 1.6)	5,463	130,000	12.8%	15.3%	31,590	415.4	8.3% (+/- 1.0)
Wyoming	582,658	15.4	21.1% (+/- 1.6)	305	15,000	14.7%	24.9%	2,700	370.0	9.1% (+/- 1.0)
U.S. Total	316,128,839	15.4	N/A	1,146,271	6,479,700	13.5%	16.4%	1,660,290	456.7	N/A

Notes ^The AAP Section on Breastfeeding, American Academy of Family Physicians, World Health Organization, United Nations Children's Fund, and many other health organizations recommend exclusive breastfeeding for the first 6 months of life.

State	Fruits and Vegetables (5 or more times a day) 2011 (95% Conf Interval)	Human West Nile Virus Cases 2013 (as of December 3, 2013)	Hypertension 2011 (95% Conf Interval)	Obesity 2012 Percentage (95% Conf Interval)	Pneumococcal Vaccination Rates 65 and Over 2012	Poverty 2011-2012 (2-Year Average)	Seasonal Flu Vaccination Rates 65 and Over 2012	Syphilis Rates per 100,000 Population (2012)	Tobacco Use – Current Smokers 2012	Tuberculosis Number of Cases – 2012
Alabama	12.5% (+/- 1.1)	7	40.0% (+/- 1.6)	33.0% (+/- 1.5)	67.1%	15.8%	61.2%	4.5	23.8%	134
Alaska	18.9% (+/- 1.9)	0	29.4% (+/- 2.1)	25.7% (+/- 1.8)	62.5%	10.8%	50.8%	1.5	20.5%	66
Arizona	21.4% (+/- 2.0)	33	28.0% (+/- 2.0)	26.0% (+/- 1.8)	66.2%	18.1%	52.3%	3.1	17.1%	211
Arkansas	13.5% (+/- 1.7)	18	35.7% (+/- 2.1)	34.5% (+/- 1.9)	63.5%	19.4%	57.2%	5.9	25.0%	70
California	24.4% (+/- 0.9)	364	27.8% (+/- 0.9)	25.0% (+/- 1.1)	67.5%	16.4%	57.9%	7.8	12.6%	2,191
Colorado	19.0% (+/- 1.0)	316	24.9% (+/- 1.0)	20.5% (+/- 1.0)	73.8%	12.5%	66.2%	4.1	17.7%	64
Connecticut	20.8% (+/- 1.4)	4	29.7% (+/- 1.5)	25.6% (+/- 1.3)	67.6%	10.2%	59.5%	1.5	16.0%	74
Delaware	12.9% (+/- 1.4)	3	34.6% (+/- 1.9)	26.9% (+/- 1.7)	70.7%	13.6%	63.1%	4.2	19.7%	28
D.C.	25.6% (+/- 2.1)	0	29.9% (+/- 2.0)	21.9% (+/- 2.1)	64.0%	19.1%	56.7%	26.7	19.6%	37
Florida	18.4% (+/- 1.1)	4	34.2% (+/- 1.3)	25.2% (+/- 1.6)	65.8%	15.1%	54.7%	7.2	17.7%	679
Georgia	15.4% (+/- 1.1)	6	32.3% (+/- 1.3)	29.1% (+/- 1.7)	66.2%	18.3%	60.1%	9.5	20.4%	357
Hawaii	19.7% (+/- 1.4)	0	28.7% (+/- 1.5)	23.6% (+/- 1.6)	65.1%	13.0%	62.7%	1.7	14.6%	117
Idaho	17.4% (+/- 1.5)	40	29.4% (+/- 1.7)	26.8% (+/- 2.0)	68.5%	15.1%	52.0%	1.6	16.4%	15
Illinois	18.3% (+/- 1.6)	112	31.0% (+/- 1.8)	28.1% (+/- 1.7)	63.7%	13.4%	52.5%	6.2	18.6%	347
Indiana	15.0% (+/- 1.1)	21	32.7% (+/- 1.3)	31.4% (+/- 1.3)	68.0%	15.4%	57.1%	3.4	24.0%	102
Iowa	13.5% (+/- 1.0)	42	29.9% (+/- 1.3)	30.4% (+/- 1.4)	70.8%	10.4%	70.1%	2.3	18.1%	46
Kansas	13.3% (+/- 0.6)	78	30.8% (+/- 0.8)	29.9% (+/- 1.2)	70.3%	14.2%	66.7%	0.8	19.4%	42
Kentucky	10.6% (+/- 1.0)	3	37.9% (+/- 1.5)	31.3% (+/- 1.4)	65.6%	16.9%	61.8%	3.4	28.3%	80
Louisiana	8.2% (+/- 0.9)	54	38.3% (+/- 1.4)	34.7% (+/- 1.6)	67.7%	21.1%	63.8%	7.4	24.8%	149
Maine	19.5% (+/- 0.9)	0	32.2% (+/- 1.0)	28.4% (+/- 1.2)	70.7%	13.1%	61.3%	1.3	20.3%	17
Maryland	16.6% (+/- 1.2)	16	31.3% (+/- 1.4)	27.6% (+/- 1.3)	67.4%	9.6%	63.2%	7.4	16.2%	224
Massachusetts	18.8% (+/- 0.9)	8	29.2% (+/- 1.0)	22.9% (+/- 0.9)	70.2%	10.9%	63.6%	4.8	16.4%	215
Michigan	17.8% (+/- 1.1)	36	34.2% (+/- 1.3)	31.1% (+/- 1.3)	66.8%	14.3%	55.4%	3.0	23.3%	149
Minnesota	15.2% (+/- 0.8)	79	26.3% (+/- 1.0)	25.7% (+/- 1.1)	73.6%	10.0%	65.5%	2.2	18.8%	162
Mississippi	10.3% (+/- 0.9)	45	39.2% (+/- 1.4)	34.6% (+/- 1.6)	65.8%	19.7%	62.4%	5.0	24.0%	81
Missouri	14.2% (+/- 1.3)	26	34.3% (+/- 1.6)	29.6% (+/- 1.6)	71.1%	15.3%	67.3%	2.6	23.9%	89
Montana	16.0% (+/- 1.1)	38	30.1% (+/- 1.3)	24.3% (+/- 1.2)	69.5%	15.0%	57.5%	0.2	19.7%	5
Nebraska	14.6% (+/- 0.7)	216	28.5% (+/- 0.8)	28.6% (+/- 0.9)	70.0%	11.2%	62.9%	0.4	19.7%	22
Nevada	18.7% (+/- 2.0)	11	30.9% (+/- 2.2)	26.2% (+/- 1.9)	64.1%	15.6%	50.0%	4.1	18.1%	82
New Hampshire	22.5% (+/- 1.5)	1	30.6% (+/- 1.5)	27.3% (+/- 1.5)	75.0%	7.9%	58.9%	2.7	17.2%	9
New Jersey	16.6% (+/- 0.9)	11	30.6% (+/- 1.1)	24.6% (+/- 1.0)	61.6	10.4%	61.2%	2.6	17.3%	302
New Mexico	18.8% (+/- 1.1)	38	28.5% (+/- 1.2)	27.1% (+/- 1.2)	70.8%	21.3%	57.8%	4.9	19.3%	40
New York	19.9% (+/- 1.3)	26	30.6% (+/- 1.4)	23.6% (+/- 1.5)	67.1%	16.6%	55.1%	6.3	16.2%	866
North Carolina	14.1% (+/- 1.0)	3	32.4% (+/- 1.3)	29.6% (+/- 1.1)	70.2%	16.3%	68.4%	3.6	20.9%	211
North Dakota	13.7% (+/- 1.2)	123	28.9% (+/- 1.5)	29.7% (+/- 1.8)	68.8%	10.7%	59.7%	0.6	21.2%	26
Ohio	14.6% (+/- 1.0)	24	32.7% (+/- 1.3)	30.1% (+/- 1.1)	69.5%	15.2%	61.0%	3.7	23.3%	149
Oklahoma	9.8% (+/- 0.9)	78	35.5% (+/- 1.4)	32.2% (+/- 1.4)	74.9%	16.0%	67.8%	2.2	23.3%	88
Oregon	22.3% (+/- 1.4)	1	29.8% (+/- 1.5)	27.3% (+/- 1.7)	76.2%	13.9%	53.9%	5.5	17.9%	61
Pennsylvania	16.4% (+/- 1.0)	11	31.4% (+/- 1.2)	29.1% (+/- 1.0)	71.1%	13.2%	60.2%	3.9	21.4%	234
Rhode Island	19.8% (+/- 1.4)	1	33.0% (+/- 1.5)	25.7% (+/- 1.6)	71.4%	13.5%	57.6%	4.2	17.4%	23
South Carolina	12.5% (+/- 0.9)	7	36.4% (+/- 1.3)	31.6% (+/- 1.2)	69.4%	17.8%	60.1%	4.8	22.5%	122
South Dakota	11.0% (+/- 1.2)	148	30.9% (+/- 1.9)	28.1% (+/- 1.6)	64.1%	13.7%	66.4%	2.2	22.0%	19
Tennessee	10.6% (+/- 1.9)	23	38.6% (+/- 2.6)	31.1% (+/- 1.6)	69.6%	17.4%	69.9%	4.2	24.9%	164
Texas	17.1% (+/- 1.1)	165	31.3% (+/- 1.3)	29.2% (+/- 1.4)	70.3%	17.2%	59.4%	6.3	18.2%	1,233
Utah	19.2% (+/- 1.0)	7	22.9% (+/- 0.9)	24.3% (+/- 1.0)	70.1%	11.0%	56.0%	1.5	10.6%	37
Vermont	22.7% (+/- 1.3)	2	29.3% (+/- 1.4)	23.7% (+/- 1.4)	70.8%	11.4%	64.2%	1.0	16.5%	4
Virginia	15.9% (+/- 1.3)	6	31.2% (+/- 1.6)	27.4% (+/- 1.4)	65.7%	11.0%	60.1%	3.5	19.0%	235
Washington	17.5% (+/- 1.0)	1	30.1% (+/- 1.2)	26.8% (+/- 1.0)	72.8%	12.1%	60.1%	4.4	17.2%	185
West Virginia	7.9% (+/- 0.9)	0	37.1% (+/- 1.6)	33.8% (+/- 1.6)	68.0%	17.1%	68.9%	0.4	28.2%	8
Wisconsin	16.1% (+/- 1.5)	21	28.9% (+/- 1.8)	29.7% (+/- 1.9)	70.4%	12.2%	50.5%	1.6	20.4%	71
Wyoming	17.4% (+/- 1.4)	41	28.7% (+/- 1.6)	24.6% (+/- 1.8)	68.4	10.2%	53.3%	0.7	21.8%	3
U.S. Total	N/A	2,318	N/A	N/A	68.8%	15.0%	60.1%	5.0	19.6%	9,945

APPENDIX C: STATE-BY-STATE CHILD AND ADOLESCENT HEALTH INDICATORS

Child/Adolescent Health Indicators							
State	2013 Census Population Estimates	% Uninsured, under 18 (2012)	AIDS Cumulative Cases Under Age 13 - 2011 Yr End	Asthma - 2011 High School Students (95% Conf Interval)	Fruit Indicator High School Students - 2011 (95% Conf Interval)	Vegetable Indicator High School Students - 2011 (95% Conf Interval)	Immunization Gap, % of Children Aged 19 to 35 Months Without All Immunizations - 2012
Alabama	4,833,722	8.2%	77	20.2% (+/- 2.6)	29.2% (+/- 4.1)	14.2% (+/- 2.1)	28.7% (+/- 6.8)
Alaska	735,132	16.5%	7	22.1% (+/- 3.0)	32.0% (+/- 3.7)	15.1% (+/- 2.4)	40.5% (+/- 6.8)
Arizona	6,626,624	13.7%	47	21.7% (+/- 2.5)	N/A	N/A	32.5% (+/- 7.5)
Arkansas	2,959,373	8.3%	39	23.4% (+/- 2.4)	25.8% (+/- 3.7)	12.4% (+/- 2.0)	33.6% (+/- 7.6)
California	38,332,521	9.6%	705	N/A	N/A	N/A	33.2% (+/- 7.5)
Colorado	5,268,367	5.5%	33	N/A	N/A	N/A	28.3% (+/- 7.9)
Connecticut	3,596,080	3.6%	187	N/A	35.2% (+/- 2.6)	11.1% (+/- 2.1)	22.9% (+/- 5.7)
Delaware	925,749	10.0%	27	N/A	30.3% (+/- 2.1)	N/A	27.4% (+/- 6.7)
D.C.	646,449	2.1%	193	N/A	N/A	N/A	26.6% (+/- 6.2)
Florida	19,552,860	13.1%	1,571	21.7% (+/- 1.2)	34.8% (+/- 1.5)	14.9% (+/- 0.8)	31.4% (+/- 7.5)
Georgia	9,992,167	12.8%	254	26.8% (+/- 2.8)	30.8% (+/- 2.8)	13.3% (+/- 1.8)	25.3% (+/- 6.8)
Hawaii	1,404,054	3.6%	17	N/A	25.5% (+/- 2.1)	13.9% (+/- 1.8)	19.8% (+/- 5.5)
Idaho	1,612,136	9.5%	3	19.7% (+/- 2.2)	28.8% (+/- 2.7)	13.5% (+/- 2.5)	37.0% (+/- 8.2)
Illinois	12,882,135	6.9%	287	20.7% (+/- 1.7)	31.5% (+/- 3.0)	11.4% (+/- 1.7)	31.5% (+/- 4.9)
Indiana	6,570,902	9.6%	57	23.7% (+/- 2.9)	24.6% (+/- 1.9)	9.0% (+/- 1.2)	38.6% (+/- 7.4)
Iowa	3,090,416	5.2%	14	16.0% (+/- 2.8)	30.9% (+/- 3.9)	13.2% (+/- 2.4)	25.2% (+/- 6.3)
Kansas	2,893,957	6.1%	16	22.6% (+/- 2.6)	26.1% (+/- 2.6)	12.4% (+/- 1.7)	35.0% (+/- 6.7)
Kentucky	4,395,295	9.2%	38	26.7% (+/- 2.8)	23.0% (+/- 2.5)	12.3% (+/- 2.9)	31.8% (+/- 6.6)
Louisiana	4,625,470	8.3%	138	23.9% (+/- 6.6)	23.8% (+/- 4.4)	11.7% (+/- 1.9)	31.5% (+/- 7.1)
Maine	1,328,302	3.8%	9	26.0% (+/- 1.4)	30.8% (+/- 2.1)	N/A	27.4% (+/- 6.6)
Maryland	5,928,814	7.5%	345	28.7% (+/- 2.7)	34.7% (+/- 2.6)	15.3% (+/- 1.7)	32.9% (+/- 7.1)
Massachusetts	6,692,824	3.8%	235	N/A	N/A	N/A	26.5% (+/- 6.2)
Michigan	9,895,622	3.5%	119	24.6% (+/- 1.9)	31.2% (+/- 3.5)	12.6% (+/- 1.7)	29.5% (+/- 7.3)
Minnesota	5,420,380	6.2%	29	N/A	N/A	N/A	33.8% (+/- 7.6)
Mississippi	2,991,207	8.9%	57	20.0% (+/- 1.9)	32.3% (+/- 4.1)	16.6% (+/- 1.6)	22.5% (+/- 7.0)
Missouri	6,044,171	10.7%	64	N/A	N/A	N/A	36.1% (+/- 8.0)
Montana	1,015,165	11.5%	3	20.3% (+/- 1.2)	26.9% (+/- 1.6)	11.9% (+/- 1.2)	33.5% (+/- 7.1)
Nebraska	1,868,516	9.5%	13	19.2% (+/- 1.7)	26.9% (+/- 1.6)	N/A	27.4% (+/- 6.5)
Nevada	2,790,136	18.3%	29	N/A	N/A	12.2% (+/- 1.2)	34.7% (+/- 6.6)
New Hampshire	1,323,459	5.6%	10	26.1% (+/- 2.4)	33.9% (+/- 2.7)	15.5% (+/- 2.3)	19.9% (+/- 5.7)
New Jersey	8,899,339	5.6%	816	N/A	30.6% (+/- 3.3)	13.1% (+/- 2.1)	28.5% (+/- 6.4)
New Mexico	2,085,287	15.0%	9	24.9% (+/- 1.8)	31.2% (+/- 1.5)	18.1% (+/- 1.5)	28.4% (+/- 6.6)
New York	19,651,127	5.6%	2,457	21.3% (+/- 1.0)	36.8% (+/- 2.1)	N/A	36.3% (+/- 4.6)
North Carolina	9,848,060	8.4%	133	22.8% (+/- 1.7)	30.1% (+/- 2.8)	13.3% (+/- 2.0)	24.6% (+/- 6.5)
North Dakota	723,393	5.5%	2	N/A	28.7% (+/- 2.3)	10.8% (+/- 2.2)	27.8% (+/- 7.2)
Ohio	11,570,808	6.7%	151	N/A	26.7% (+/- 3.5)	11.2% (+/- 2.1)	33.2% (+/- 6.9)
Oklahoma	3,850,568	9.9%	27	22.1% (+/- 2.2)	28.2% (+/- 3.3)	14.1% (+/- 2.6)	39.0% (+/- 7.6)
Oregon	3,930,065	5.6%	19	N/A	N/A	N/A	33.3% (+/- 6.7)
Pennsylvania	12,773,801	7.7%	375	N/A	N/A	N/A	31.7% (+/- 5.9)
Rhode Island	1,051,511	6.7%	28	25.3% (+/- 1.8)	34.1% (+/- 2.7)	14.1% (+/- 1.4)	27.5% (+/- 6.5)
South Carolina	4,774,839	9.6%	117	23.5% (+/- 2.8)	25.6% (+/- 3.7)	11.7% (+/- 2.0)	28.2% (+/- 6.7)
South Dakota	844,877	7.9%	6	N/A	25.9% (+/- 2.4)	11.3% (+/- 1.7)	36.4% (+/- 6.4)
Tennessee	6,495,978	7.3%	62	20.7% (+/- 2.1)	28.7% (+/- 2.9)	13.2% (+/- 1.3)	26.9% (+/- 6.8)
Texas	26,448,193	15.6%	396	21.4% (+/- 2.2)	29.9% (+/- 2.0)	10.7% (+/- 1.5)	35.2% (+/- 4.0)
Utah	2,900,872	8.5%	20	20.7% (+/- 1.8)	31.7% (+/- 2.8)	15.3% (+/- 2.6)	27.0% (+/- 7.2)
Vermont	626,630	4.6%	6	N/A	36.1% (+/- 2.7)	16.9% (+/- 1.0)	36.8% (+/- 6.7)
Virginia	8,260,405	5.7%	188	22.0% (+/- 3.6)	30.2% (+/- 3.0)	12.0% (+/- 2.7)	30.2% (+/- 7.7)
Washington	6,971,406	4.9%	34	N/A	N/A	N/A	34.8% (+/- 7.2)
West Virginia	1,854,304	8.4%	11	22.7% (+/- 2.7)	33.0% (+/- 4.9)	18.7% (+/- 5.1)	39.2% (+/- 7.9)
Wisconsin	5,742,713	4.9%	35	N/A	32.9% (+/- 2.4)	12.7% (+/- 1.9)	24.8% (+/- 6.5)
Wyoming	582,658	9.5%	2	25.3% (+/- 1.8)	29.8% (+/- 1.9)	17.5% (+/- 1.6)	32.8% (+/- 6.8)
U.S. Total	316,128,839	8.9%	9,521	N/A	N/A	N/A	31.6% (+/- 1.4)

State	Infant Mortality - Per 1,000 Live Births 2010 Final Data	% Low Birthweight Babies - 2012 Preliminary Data	Obese - 2011 High School Students (95% Conf Interval)	Obese: % of 10 to 17 Year Olds (2011)	Pre-Term Births % of live births 2012 Preliminary Data	Tobacco: Current Smokers High School Students 2011 (95% Conf Interval)	High School Dropout Rate - % of 9th- to 12th-graders who dropped out of public schools, 2009-10
Alabama	8.7	10.0%	17.0 (+/- 3.9)	18.6% (+/- 3.9)	14.6%	22.9% (+/- 3.6)	1.8%
Alaska	3.8	5.6%	11.5 (+/- 2.0)	14.0% (+/- 3.3)	9.2%	14.1% (+/- 3.8)	6.9%
Arizona	6.0	6.9%	10.9 (+/- 1.9)	19.8% (+/- 4.6)	11.6%	17.4% (+/- 2.8)	7.8%
Arkansas	7.3	8.7%	15.2 (+/- 2.1)	20.0% (+/- 4.2)	13.3%	18.2% (+/- 3.2)	3.6%
California	4.7	6.7%	N/A	15.1% (+/- 4.1)	9.6%	N/A	4.6%
Colorado	5.9	8.8%	7.3 (+/- 2.4)	10.9% (+/- 3.6)	10.4%	15.7% (+/- 3.1)	5.3%
Connecticut	5.3	7.9%	12.5 (+/- 2.7)	15.0% (+/- 3.2)	9.7%	15.9% (+/- 3.0)	3.0%
Delaware	7.7	8.3%	12.2 (+/- 1.5)	16.9% (+/- 4.1)	12.3%	18.3% (+/- 2.2)	3.9%
D.C.	7.9	9.6%	N/A	21.4% (+/- 5.5)	12.8%	N/A	7.0%
Florida	6.5	8.6%	11.5 (+/- 2.3)	13.4% (+/- 3.3)	13.7%	14.3% (+/- 1.5)	2.3%
Georgia	6.4	9.3%	15.0 (+/- 2.3)	16.5% (+/- 3.8)	12.7%	17.0% (+/- 3.0)	3.8%
Hawaii	6.2	8.1%	13.2 (+/- 2.4)	11.5% (+/- 2.6)	12.2%	10.1% (+/- 1.9)	5.2%
Idaho	4.8	6.4%	9.2 (+/- 1.6)	10.6% (+/- 3.4)	10.3%	14.3% (+/- 3.6)	1.4%
Illinois	6.8	8.1%	11.6 (+/- 1.7)	19.3% (+/- 3.9)	12.0%	17.5% (+/- 2.4)	2.9%
Indiana	7.6	7.9%	14.7 (+/- 1.8)	14.3% (+/- 3.7)	10.9%	18.1% (+/- 2.3)	1.6%
Iowa	4.9	6.7%	13.2 (+/- 3.2)	13.6% (+/- 3.2)	11.5%	18.1% (+/- 2.8)	3.4%
Kansas	6.2	7.1%	10.2 (+/- 1.5)	14.2% (+/- 3.6)	11.0%	14.4% (+/- 2.6)	2.1%
Kentucky	6.8	8.6%	16.5 (+/- 2.5)	19.7% (+/- 3.9)	12.7%	24.1% (+/- 3.3)	3.2%
Louisiana	7.6	10.8%	16.1 (+/- 2.6)	21.1% (+/- 4.0)	15.3%	21.8% (+/- 4.4)	4.8%
Maine	5.4	6.6%	11.5 (+/- 1.4)	12.5% (+/- 3.0)	9.2%	15.2% (+/- 1.3)	4.2%
Maryland	6.8	8.8%	12.0 (+/- 1.7)	15.1% (+/- 3.7)	12.2%	12.5% (+/- 3.5)	2.7%
Massachusetts	4.4	7.5%	9.9 (+/- 1.8)	14.5% (+/- 3.5)	10.0%	14.0% (+/- 1.9)	2.8%
Michigan	7.1	8.4%	12.1 (+/- 1.6)	14.8% (+/- 3.6)	11.8%	14.0% (+/- 2.8)	4.3%
Minnesota	4.5	6.6%	N/A	14.0% (+/- 3.7)	10.2%	N/A	1.6%
Mississippi	9.7	11.6%	15.8 (+/- 2.2)	21.7% (+/- 4.4)	17.1%	17.9% (+/- 3.0)	7.4%
Missouri	6.6	7.7%	N/A	13.5% (+/- 3.0)	11.7%	N/A	3.5%
Montana	5.9	7.4%	8.5 (+/- 1.1)	14.3% (+/- 3.4)	11.2%	16.5% (+/- 2.2)	4.3%
Nebraska	5.3	6.7%	11.6 (+/- 1.2)	13.8% (+/- 3.1)	11.1%	15.0% (+/- 1.8)	2.2%
Nevada	5.6	8.0%	N/A	18.6% (+/- 4.2)	13.0%	N/A	4.5%
New Hampshire	4.0	7.3%	12.1 (+/- 1.7)	15.5% (+/- 3.6)	9.3%	19.8% (+/- 3.8)	1.2%
New Jersey	4.8	8.2%	11.0 (+/- 2.0)	10.0% (+/- 2.9)	11.2%	16.1% (+/- 3.2)	1.6%
New Mexico	5.6	8.8%	12.8 (+/- 2.1)	14.4% (+/- 3.7)	11.5%	19.9% (+/- 2.4)	6.9%
New York	5.1	7.9%	11.0 (+/- 1.3)	14.5% (+/- 3.2)	10.7%	12.5% (+/- 1.9)	3.6%
North Carolina	7.0	8.8%	12.9 (+/- 3.2)	16.1% (+/- 4.0)	12.0%	17.7% (+/- 3.0)	4.7%
North Dakota	6.8	6.2%	11.0 (+/- 1.7)	15.4% (+/- 3.8)	9.9%	19.4% (+/- 3.0)	2.2%
Ohio	7.7	8.6%	14.7 (+/- 3.1)	17.4% (+/- 3.7)	12.1%	21.1% (+/- 5.5)	4.2%
Oklahoma	7.6	8.0%	16.7 (+/- 3.0)	17.4% (+/- 3.6)	13.0%	22.7% (+/- 3.8)	2.4%
Oregon	5.0	6.1%	N/A	9.9% (+/- 2.8)	9.1%	N/A	3.4%
Pennsylvania	7.3	8.1%	N/A	13.5% (+/- 3.5)	10.8%	N/A	2.1%
Rhode Island	7.1	8.0%	10.8 (+/- 2.3)	13.2% (+/- 3.3)	11.0%	11.4% (+/- 2.7)	4.6%
South Carolina	7.4	9.6%	13.3 (+/- 3.0)	21.5% (+/- 4.1)	13.7%	19.1% (+/- 3.2)	3.0%
South Dakota	6.9	6.2%	9.8 (+/- 2.0)	13.4% (+/- 3.3)	10.7%	23.1% (+/- 6.7)	2.6%
Tennessee	7.9	9.2%	15.2 (+/- 1.6)	20.5% (+/- 4.2)	12.5%	21.6% (+/- 3.4)	2.7%
Texas	6.1	8.3%	15.6 (+/- 2.0)	19.1% (+/- 4.5)	12.4%	17.4% (+/- 2.0)	2.7%
Utah	4.9	6.8%	8.6 (+/- 1.7)	11.6% (+/- 3.3)	10.2%	5.9% (+/- 1.2)	2.6%
Vermont	4.2	6.2%	9.9 (+/- 2.0)	11.3% (+/- 2.7)	8.7%	13.3% (+/- 1.3)	2.4%
Virginia	6.8	8.1%	11.1 (+/- 2.5)	14.3% (+/- 3.6)	11.3%	15.0% (+/- 4.1)	2.1%
Washington	4.5	6.1%	N/A	11.0% (+/- 3.1)	9.9%	N/A	4.2%
West Virginia	7.3	9.2%	14.6 (+/- 2.4)	18.5% (+/- 3.4)	12.4%	19.1% (+/- 3.3)	4.0%
Wisconsin	5.8	7.1%	10.4 (+/- 1.6)	13.4% (+/- 3.1)	10.5%	14.6% (+/- 2.2)	2.2%
Wyoming	6.8	8.5%	11.1 (+/- 1.4)	10.7% (+/- 4.2)	10.8%	22.0% (+/- 3.0)	6.0%
U.S. Total	6.2	8.0%	N/A	NA	11.5%	N/A	3.4%

APPENDIX D: STATE-BY-STATE OTHER PUBLIC HEALTH INDICATORS

Other Public Health Indicators						
State	2013 Census Population Estimates	Health Professions Service Areas Primary Care (As of 7/29/13)	Health Professions Service Areas Mental Health (As of 7/29/13)	Health Professions Service Areas Dental Care (As of 7/29/13)	Nursing Shortage Estimates (2010)	ASPR Hospital Preparedness Program Funding by State 2013
Alabama	4,833,722	79	50	61	-200	\$5,118,503
Alaska	735,132	82	52	50	-2,300	\$1,186,273
Arizona	6,626,624	142	95	153	-12,500	\$6,676,397
Arkansas	2,959,373	71	42	40	-2,700	\$3,317,556
California	38,332,521	503	315	325	-47,600	\$27,009,882
Colorado	5,268,367	106	56	78	-10,900	\$5,359,548
Connecticut	3,596,080	37	28	37	-11,100	\$3,953,533
Delaware	925,749	9	10	6	-1,300	\$1,367,644
D.C.	646,449	14	8	10	-3,000	\$1,081,425
Florida	19,552,860	253	140	218	-32,700	\$18,667,091
Georgia	9,992,167	183	84	141	-16,400	\$9,860,862
Hawaii	1,404,054	23	27	19	-4,500	\$1,814,414
Idaho	1,612,136	70	31	63	-800	\$2,014,703
Illinois	12,882,135	226	119	159	-9,300	\$10,293,152
Indiana	6,570,902	101	52	45	-8,200	\$6,765,086
Iowa	3,090,416	115	66	116	-3,400	\$3,443,593
Kansas	2,893,957	153	60	126	-1,000	\$3,256,875
Kentucky	4,395,295	123	92	85	1,200	\$4,692,988
Louisiana	4,625,470	118	107	102	100	\$4,880,449
Maine	1,328,302	64	49	73	-2,500	\$1,783,552
Maryland	5,928,814	48	48	39	-7,000	\$6,078,794
Massachusetts	6,692,824	62	57	62	-16,100	\$6,826,760
Michigan	9,895,622	225	141	161	-3,100	\$10,050,238
Minnesota	5,420,380	107	55	115	-4,400	\$5,625,009
Mississippi	2,991,207	107	40	108	-500	\$3,367,202
Missouri	6,044,171	191	66	149	-12,900	\$6,286,904
Montana	1,015,165	94	62	70	-500	\$1,456,039
Nebraska	1,868,516	103	74	71	-2,400	\$2,264,734
Nevada	2,790,136	66	28	45	-4,100	\$3,109,454
New Hampshire	1,323,459	24	18	21	-3,300	\$1,772,062
New Jersey	8,899,339	30	31	35	-19,600	\$8,995,320
New Mexico	2,085,287	94	61	76	-3,100	\$2,489,717
New York	19,651,127	179	135	123	-21,500	\$11,325,062
North Carolina	9,848,060	117	84	128	-8,100	\$9,713,825
North Dakota	723,393	79	50	34	-900	\$1,149,903
Ohio	11,570,808	124	90	119	-12,100	\$11,647,346
Oklahoma	3,850,568	169	107	94	-500	\$4,124,808
Oregon	3,930,065	103	66	87	-5,300	\$4,201,841
Pennsylvania	12,773,801	149	113	151	-21,100	\$12,773,893
Rhode Island	1,051,511	15	12	16	-3,000	\$1,517,061
South Carolina	4,774,839	91	44	78	-5,200	\$4,969,338
South Dakota	844,877	84	49	54	-200	\$1,286,715
Tennessee	6,495,978	99	62	134	-18,500	\$6,632,034
Texas	26,448,193	341	314	221	-41,900	\$24,797,333
Utah	2,900,872	55	34	48	-1,500	\$3,170,652
Vermont	626,630	29	22	23	-600	\$1,104,633
Virginia	8,260,405	84	47	82	-11,000	\$8,231,128
Washington	6,971,406	145	112	106	-8,800	\$6,997,703
West Virginia	1,854,304	93	77	89	700	\$2,290,487
Wisconsin	5,742,713	100	101	88	500	\$5,995,149
Wyoming	582,658	38	16	21	-1,200	\$1,044,613
U.S. Total	316,128,839	5,768	3,739	4,595	-405,800	\$303,839,283

Endnotes

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