

A Funding Crisis for Public Health and Safety:

STATE-BY-STATE PUBLIC
HEALTH FUNDING AND
KEY HEALTH FACTS

2017



Acknowledgements

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

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Introduction

The nation's public health system has been chronically underfunded for decades—leaving Americans unnecessarily vulnerable to preventable health problems, ranging from major disease outbreaks and bioterrorism threats to diabetes and prescription painkiller misuse.^{1, 2, 3, 4}

Despite the \$3.36 trillion spent annually on healthcare, it has not translated into better health for the country.⁵ Today, only 3 percent of all health spending is directed to public health, which includes federal, state and local resources. That equates to an average of around \$255 per person.⁶ By contrast, total healthcare spending per person is \$10,345 per person.⁷

Investing in public health is one of the most common sense and effective ways to improve the health of Americans and bring down healthcare costs. A national survey of registered voters found that nearly three-quarters (73 percent) of Americans support increasing investments to improve the health of communities.⁸

Insufficient funding has hampered the ability of the Centers for Disease Control and Prevention (CDC), and state and local health departments (LHD) to keep pace with modern advancements in technology, approaches and systems — contributing to health epidemics and adding avoidable healthcare costs.

Trust for America's Health (TFAH) conducts the *Investing in America's Health* report to examine the status of federal public health funding for

states, state public health funding and key health facts — to help highlight the need to invest more in improving health and increasing the impact of funding to achieve measurable impact. The review provides policymakers and communities with an independent analysis; encourages transparency and accountability of the health system; and recommends strategies to modernize the nation's public health system. The report includes:

- 1. An Overview of CDC, State and Local Public Health Funding**
 - Chart 1:** Federal Funding for States from CDC
 - Chart 2:** CDC's Public Health and Prevention Funding for States
 - Chart 3:** Federal Health Resources and Services Administration Funding by State
 - Chart 4:** State Public Health Funding
 - Chart 5:** Key Health Facts
- 2. Rising Epidemics – and Effective Investments to Curb Crises and Cut Costs**
- 3. Recommendations for Modernizing Public Health and Promoting a Vision for a Healthier America**

A Funding Crisis for Public Health and Safety: *Public Health Report* SERIES

Overview of CDC, State and Local Public Health Funding

Overview of CDC, State and Local Public Health Funding

Flat-lined Funding for CDC: One of the world’s leading authorities for public health and the country’s front line against epidemics **has received relatively flat funding in recent years, budgeted at \$7.17 billion in fiscal year (FY) 2016, averaging \$22.26 per person.** Adjusting for inflation, CDC’s budget has declined around \$580 million since 2010. In the past decade, the agency’s budget has been reduced by more than 15 percent (more than \$1.5 billion).

In March 2017, the White House issued the President’s Budget Blueprint, which proposes to cut 17.9 percent of funding for the U.S. Department of Health and Human Services (HHS).⁹ While there are not sufficient details in the budget blueprint about the impact to specific HHS agencies, including at the Centers for Disease Control and Prevention, it is clear that such a big decrease would undercut core health programs.

There is nothing more valuable than the health and vitality of the American people. To achieve that, the country must maintain a strong and stable public health system. Such significant cuts would hurt the country’s health system — which is essential for taking on a range of epidemics — from major disease outbreaks to diabetes to prescription painkiller misuse.

Federal dollars, through the CDC, support a wide range of essential public health programs to improve health, prevent diseases and injuries, and to prepare for major health emergencies.

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

Funding for states is based on a mixture of population-based formula grant

programs (often based on disease rates or other incidence formulas) and a series of competitive grants, where some states receive funding and others do not due to insufficient funds. Because of federal funding limitations, many states submit competitive grants applications that are “approved but unfunded” due to limited funds.

- Of the roughly 75 percent of CDC funds that go to state and local communities, support ranges from a low of \$15.39 per person in Virginia to a high of \$49.67 per person in Alaska.
- Twelve percent of CDC’s budget (\$890 million) consists of the Prevention and Public Health Fund (Prevention Fund), a mandatory funding stream created by the Affordable Care Act (ACA) with \$625 million directed to state and local efforts. Among activities supported directly by the Prevention Fund are grants to states for infectious disease control, resources through the Preventive Health and Health Services Block Grant (Prevent Block Grant) and other core public health programs.
- Public Health Emergency Preparedness (PHEP) Cooperative Agreement Funding, which provides support for states and localities to



prepare for and respond to health emergencies, has dropped from a high of \$940 million in FY 2002 to \$651 million in FY 2016.

- The entire budget for all chronic disease prevention activities at CDC is only \$1.2 billion (just \$4 per person per year). Nearly half of Americans have one or more chronic disease and more than 80 percent of the annual \$3 trillion in healthcare spending is spent on individuals with one or more chronic condition (about \$8,000 per person per year for chronic disease).^{10, 11}

Flat Funding for State Public Health

Since 2010: Funding has decreased in 24 states and the District of Columbia in the past year, while 26 states increased or maintained their public health budgets (from FY 2014 - FY 2015 to FY 2015 - FY 2016).¹² Overall, state funding for public health is still below pre-recession levels. **Overall, adjusting for inflation, state public health spending has remained relatively level since 2010 (\$11.5 billion total, \$31.62 per capita, in FY 2015-2106.)**

Low Local Spending for Public Health:

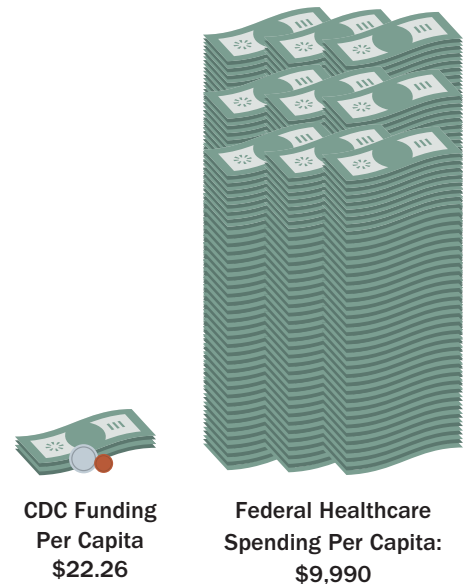
Local public health expenditures average \$55 per person (based on local spending reported within 41 states.)^{13, 14}

State and local funding for public health varies dramatically. One reason is the differing structures for state public health agencies and their activities. For example, some are centralized; others are decentralized where responsibilities rest more on local departments; some are integrated with other health services or programs and mixed functions; and some have different combinations of structures. In addition, states and localities place different priorities on public health, which can account for differences in funding levels. There are approximately 2,800 local health departments in the United States serving a diverse assortment of populations ranging from fewer than 1,000 residents in some rural jurisdictions to around 8 million people, as in the case of the New York City Department of Health.¹⁵

Nearly half of Americans have one or more chronic disease

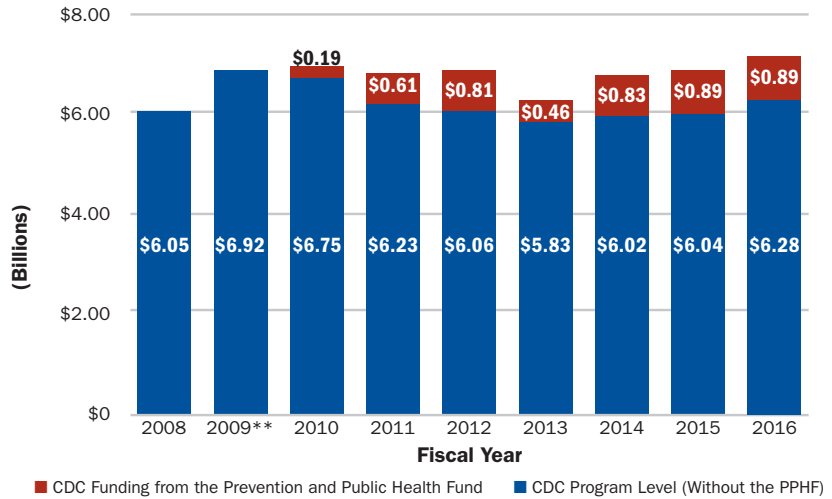


CDC Funding Per Capita VS. Federal Healthcare Spending Per Capita



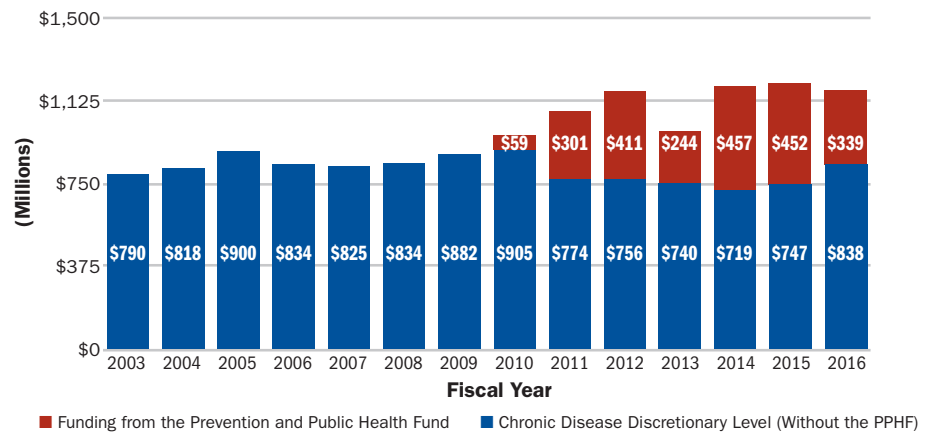
CDC — FLAT FEDERAL FUNDING FOR PUBLIC HEALTH — AROUND 75 PERCENT GOES TO STATES AND LOCALITIES

CDC Program Levels — Fiscal Year 2008 to Fiscal Year 2016*



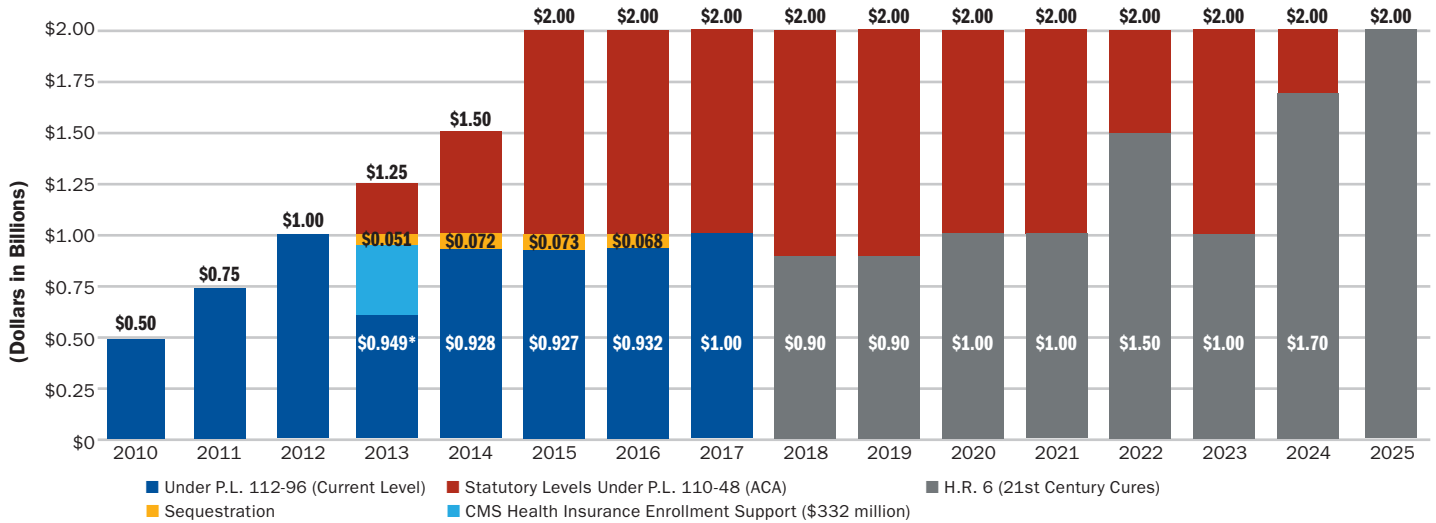
*This chart does not account for inflation, numbers are rounded
 **FY 2009 includes the 2009 Recovery Act

Chronic Disease Funding — Fiscal Year 2003 to Fiscal Year 2016*

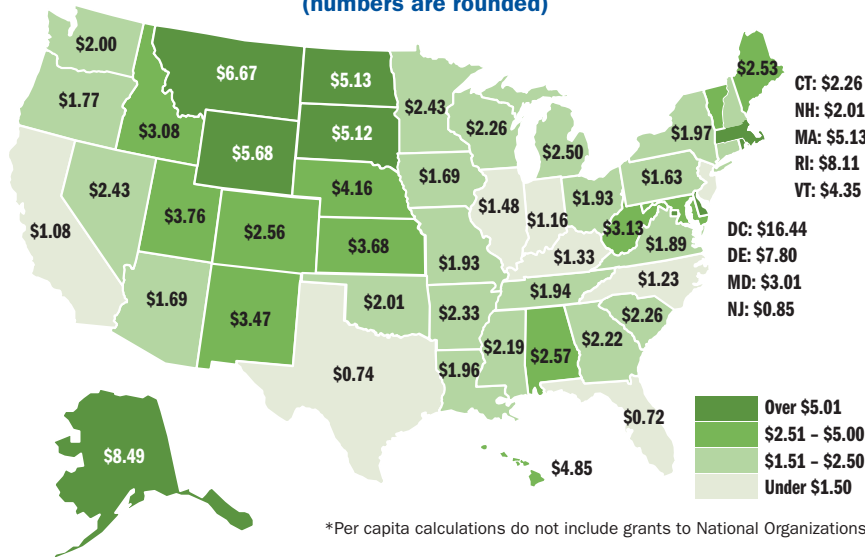


*FY 2010-2016 values are supplemented by the Prevention and Public Health Fund

**Prevention and Public Health Fund Allocations (FY 2010 to FY 2025):
Funding Under P.L. 112-96 and Under H.R. 6 (21st Century Cures) vs. Funding Established by P.L. 110-48 (ACA)**



**CDC Prevention and Public Health Fund Per Capita Allocations
by State (FY 2015)*
(numbers are rounded)**



Note: Federal CDC funding to states is based on a mixture of population-based formula grant programs (often based on disease rates or other incidence formulas) and a series of competitive grants where some states receive funding and others do not due to insufficient funds. Because of federal funding limitations, many states submit competitive grants applications that are “approved but unfunded” due to limited funds.



LOCAL HEALTH DEPARTMENT BUDGETS

Median and Mean Annual per Capita Expenditures and Revenues by LHD Characteristics

	Expenditures		Revenue	
	Median	Mean	Median	Mean
ALL LHDs	\$39	\$55	\$41	\$54
Size of Population Served				
<25,000	\$49	\$68	\$51	\$65
25,000 – 49,999	\$32	\$46	\$37	\$50
50,000 – 99,999	\$30	\$48	\$40	\$48
100,000 – 249,999	\$33	\$40	\$33	\$40
250,000– 499,999	\$32	\$46	\$31	\$44
500,000 –999,999	\$37	\$48	\$36	\$50
1,000,000+	\$31	\$44	\$33	\$43
Type of Governance				
State	\$35	\$40	\$38	\$45
Local	\$38	\$53	\$38	\$51
Shared	\$58	\$78	\$69	\$86
	n(expenditure)—1,286		n(revenue)—1,166	

Source: National Association of County and City Health Officials (NACCHO)
2016 National Profile of Local Health Departments



HIGHLIGHT PUBLIC HEALTH PROGRAMS IN ACTION

Prevention and Public Health Fund: 12 Percent of CDC's Budget, \$625 Million Annually to States and Local Areas

Twelve percent of CDC's budget is supported by the Prevention and Public Health Fund (\$890 million annually). \$625 million of these funds go directly to states to support public health activities.

The Prevention Fund supports services and programs that allow health to be improved in communities, schools, workplaces and homes by making healthy choices easier for millions of Americans, including by:

- Supporting prevention efforts targeted at reducing tobacco use, increasing physical activity, improving nutrition, expanding mental health and injury prevention programs and improving prevention activities;
- Providing financial support directly to states and communities, and giving them the flexibility to address their most pressing health challenges and invest in programs that are proven effective; and
- Ensuring oversight and evaluation of every Fund-sponsored program, and implementing strict performance measures to ensure accountability before federal dollars are spent.

KEY PROGRAMS

Preventive Health and Health Services Block Grant

The Preventive Health and Health Services Block Grant provides all 50 states, the District of Columbia, two American Indian tribes, and eight U.S. territories with flexible funding to address their unique public health issues at the state and community level in innovative and locally defined ways.¹⁶ States and other awardees

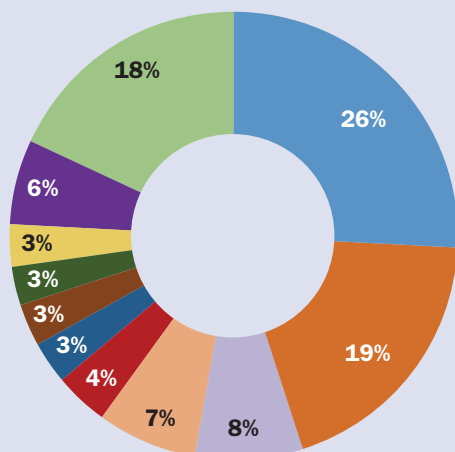
have the flexibility to use funds to respond rapidly to emerging health issues and to fill funding gaps in programs that deal with leading causes of death and disability.

The Prevent Block Grant received \$160 million in Fiscal Years 2014, 2015 and 2016 from the Prevention Fund. The program

supports capacity building and core service development in various areas, including chronic disease prevention, health promotion, communicable disease prevention, environmental health, injury prevention and emergency medical services. Prevention funds can augment limited categorical program funds at the state or local level.

Top 10 Funded Health Topic Areas and Sexual Violence Fiscal Year 2016

\$136,936,530



Public Health Infrastructure	\$136,936,530
Educational and Community-Based Programs	\$26,287,966
Nutrition and Weight Status	\$10,470,533
Injury and Violence Prevention	\$9,703,291
Heart Disease and Stroke	\$6,157,936
Immunization and Infectious Diseases	\$4,257,397
Emergency Medical Services	\$4,026,311
Oral Health	\$3,903,731
Diabetes	\$3,841,819
Sexual Violence (Rape Prevention)	\$8,066,936
Other Health Topic Areas Combined	\$24,108,271

TOTAL \$136,936,530

Administrative costs (up to 10%); Direct Assistance not included

Tips from Former Smokers Campaign

- This evidence-based tobacco education campaign has helped 1.8 million Americans attempt to quit and 500,000 to successfully quit long term. It has led to a 12 percent increase in quit attempts and prevented more than 17,000 premature deaths.
- The return on investment is significant: \$480 spent per quitter resulting in a \$2,800 return in premature death averted.

Immunization Grant Program (Section 317)

- \$324 million from the Prevention Fund supports a vaccine safety net for uninsured people to receive all recommended vaccinations on schedule, up from \$210 million in FY 2015.
- The program supports registries, surveillance, outbreak response, outreach and vaccine purchases and services.

Hospital Promoting Breastfeeding

- \$8 million from the Prevention Fund supports breastfeeding mothers by providing hospitals with breastfeeding promotion strategies.

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

- \$33 million from the Prevention Fund supports 1305 grants to enhance key chronic disease prevention programs in all states and the District of Columbia.
- Supports multi-sector approaches to prevent risk factors that contribute to chronic diseases.

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

- Four-year project to create community strategies to promote health and integrate with healthcare systems.
- \$69.5 million from the Prevention Fund supports efforts in 17 states and four large cities.

State Healthcare-Associated Infections (HAIs) Prevention Program

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

Epidemiology and Laboratory Capacity (ELC) Grants

- \$40 million from the Prevention Fund supports improving a state's ability to detect, diagnose and contain disease outbreaks.
- Supports cross-cutting advancements in surveillance systems, highly-trained and expert personnel, and modern scientific equipment.

Million Hearts Campaign

- \$4 million from the Prevention Fund supports national initiative aimed at preventing 1 million heart attacks and strokes by 2017.
- Prevention activities focus on Aspirin use, Blood pressure, Cholesterol management and Smoking cessation (ABCS).

Alzheimer's Disease Prevention Education and Outreach

- \$14.7 million from the Prevention Fund to expand specialized services and support adults with Alzheimer's disease or related disorders.

Fall Prevention Grants

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

Garrett Lee Smith Youth Suicide Prevention Grants

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

Racial and Ethnic Approaches to Community Health (REACH)

- \$30 million from the Prevention Fund, out of \$50.95 million in total, supports 39 grants for culturally-tailored, evidence-based strategies to reduce health disparities at the community level.

Good Health and Wellness in Indian Country (“1421” Awards)

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

National Early Care and Education Collaboratives and Healthy Weight Taskforce

- \$4 million from the Prevention Fund supports collaboratives to promote children's health by encouraging and supporting healthier physical activity and nutrition practices.
- Supports more than 1,200 programs across nine states.

Office of Smoking and Health

- \$126 million from the Prevention Fund raises awareness and shift attitudes and beliefs regarding the harmfulness of tobacco use and the exposure of secondhand smoke, targeting populations with the highest tobacco use.

Source: U.S. Department of Health and Human Services

CDC's Prevention and Public Health Fund	
State	State PPHF All Grants Awarded by CDC, FY 2016
Alabama	\$8,973,423
Alaska	\$4,462,597
Arizona	\$9,368,015
Arkansas	\$5,919,989
California	\$61,553,706
Colorado	\$8,934,369
Connecticut	\$7,345,772
Delaware	\$2,492,564
D.C.	\$10,306,616
Florida	\$20,372,850
Georgia	\$20,084,351
Hawaii	\$8,005,176
Idaho	\$4,485,717
Illinois	\$18,616,970
Indiana	\$8,276,290
Iowa	\$7,126,042
Kansas	\$9,065,813
Kentucky	\$8,137,514
Louisiana	\$9,022,206
Maine	\$5,517,600
Maryland	\$16,975,209
Massachusetts	\$17,622,501
Michigan	\$22,147,815
Minnesota	\$16,151,974
Mississippi	\$6,255,371
Missouri	\$10,770,773
Montana	\$4,966,229
Nebraska	\$9,591,525
Nevada	\$3,834,916
New Hampshire	\$4,993,404
New Jersey	\$12,111,673
New Mexico	\$8,651,427
New York	\$41,517,446
North Carolina	\$17,183,464
North Dakota	\$2,995,110
Ohio	\$22,990,225
Oklahoma	\$9,317,151
Oregon	\$9,292,480
Pennsylvania	\$22,398,271
Rhode Island	\$8,047,792
South Carolina	\$11,315,305
South Dakota	\$3,746,565
Tennessee	\$13,507,582
Texas	\$29,442,970
Utah	\$9,879,302
Vermont	\$2,927,513
Virginia	\$15,420,904
Washington	\$14,012,178
West Virginia	\$4,533,864
Wisconsin	\$12,824,029
Wyoming	\$2,204,994

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

State Public Health Budgets	
State	Nominal FY 2015–2016
Alabama [^]	\$291,295,624
Alaska–	\$88,717,700
Arizona [^]	\$61,750,600
Arkansas [^]	\$159,503,870
California [^]	\$2,237,649,000
Colorado–	\$243,557,860
Connecticut–	\$108,381,858
Delaware–	\$41,302,100
D.C.>	\$92,025,000
Florida–	\$375,568,783
Georgia [^]	\$200,496,288
Hawaii [^]	\$260,921,312
Idaho–	\$149,693,200
Illinois–	\$278,410,100
Indiana* [^]	\$88,281,103
Iowa–	\$254,967,727
Kansas*	\$35,323,658
Kentucky–	\$139,938,945
Louisiana*	\$91,089,760
Maine*	\$28,831,397
Maryland–	\$220,581,000
Massachusetts [^]	\$347,795,292
Michigan [^]	\$169,511,700
Minnesota–	\$306,656,000
Mississippi [^]	\$37,938,160
Missouri–	\$35,786,884
Montana [^]	\$25,237,849
Nebraska* [^]	\$91,908,003
Nevada* [^]	\$12,227,147
New Hampshire–	\$16,883,416
New Jersey [^]	\$240,090,000
New Mexico–	\$96,537,600
New York–	\$1,766,294,100
North Carolina*	\$141,377,220
North Dakota [^]	\$36,161,850
Ohio [^]	\$165,551,980
Oklahoma–	\$166,416,000
Oregon [^]	\$113,306,169
Pennsylvania [^]	\$188,429,000
Rhode Island [^]	\$56,976,434
South Carolina [^]	\$119,916,820
South Dakota [^]	\$30,858,176
Tennessee [^]	\$307,404,600
Texas–	\$745,419,816
Utah–	\$93,679,000
Vermont [^]	\$32,608,988
Virginia [^]	\$151,764,308
Washington [^]	\$297,057,572
West Virginia*	\$119,085,170
Wisconsin–	\$87,738,900
Wyoming [^]	\$33,068,221
U.S.	\$11,481,973,260
Median State Spending Per Capita	\$31.62

Source: TFAH analysis. For a detailed methodology, see *Ready or Not? Protecting the Public's Health from Diseases, Disasters and Bioterrorism* at www.healthyamericans.org. States vary significantly in how they structure public health agencies, programs and services — so it makes direct comparisons across states difficult. For instance, states may have more centralized or decentralized public structures, or some public health agencies may include environmental health, behavioral health or some direct services, depending on the structure of the state agencies. The budgets may include unrealized collection authority and may or may not include revenue from local sources. State budget numbers may include fee collection authority that may not be realized and is not revenue for the state. And, state budget numbers may include grants to support local health agencies but do not reflect revenue from local government (e.g., city or county taxes).

Notes: North Dakota and Virginia report biennium budgets, and for this analysis the funding was divided in two to reflect one-year spending levels.

[^] States that increased or maintained budgets from FY 2014-2015 to FY 2015-2016.

– States that decreased budgets from FY 2014-2015 to FY 2015-2016. For states with biennium budgets, reflects changes to the two-year cycle.

* States that did not respond to requests to review their state budget information. The most recent publicly available data is used for states that did not provide additional information.

TFAH's *Blueprint for a Healthier America 2016: Policy Priorities for the Next Administration* reviewed how investing in proven public health strategies can improve health and yield positive returns. For instance:

- **Investing \$1 in substance use prevention to realize as much as \$34 in return.** Deaths from prescription painkiller use have more than quadrupled in the past 15 years and deaths from heroin have tripled since 2010, contributing to higher death rates among middle-aged Whites.¹⁸ Five of the strongest school-based substance use prevention strategies have returns on investment ranging from \$3.8:1 to \$34:1.^{19, 20, 21, 22}
- **Saving more than \$16 billion through a more active and healthy population.** One in three children will develop type 2 diabetes in their lifetime and one in four young adults are not healthy enough to join the military. An investment of \$10 per person in proven, evidence-based community prevention programs to increase physical activity,

improve nutrition and reduce tobacco use could save the country more than \$16 billion annually – a \$5.60:1 return.²³

- **Connecting health and social services to cut billions in costs.** Health and social service coordinating systems that address gaps between medical care and effective social service programs – by connecting patients in need with programs ranging from supportive housing to food assistance – could yield between \$15 billion and \$72 billion in healthcare savings a year within 10 years, according to an analysis by TFAH and Healthspire.²⁴
- **Reducing the \$120 billion spent annually on preventable infectious diseases.** Fifteen years after 9/11 and 11 years after Hurricane Katrina, when health crises such as new infectious diseases arise, the country often does not have sufficient funding and capabilities in place to effectively respond. Preventable infectious diseases cost the country more than \$120 billion annually – and that cost is exponentially compounded when new diseases emerge.²⁵

EXAMPLES OF RETURN ON INVESTMENTS FOR PREVENTION EFFORTS

(Analyses/formulas indicate healthcare and/or societal dollars saved for every \$1 invested.)

Five Strongest School-based Substance Misuse Prevention Programs^{26, 27, 28, 29} **3.80:1 to 34:1**

Community-based Nutrition, Activity and Tobacco Prevention Programs³⁰ **5.60:1**

Lead Abatement Programs³¹ **17:1 to 221:1**

Supportive Housing Programs for High-Need Patients³² **2:1 to 6:1**

Diabetes Prevention Program^{33, 34} **2:1**

Early Childhood Education Programs³⁵ **4:1 to 12:1**

Child Asthma Prevention Programs^{36, 37} **1.46:1 to 7:1**

Nurse Home Visiting for High Risk Infants³⁸ **5.70:1**

Rising Epidemics

Rising Epidemics — and Effective Investments to Curb Crises and Cut Costs

Communities across the country face serious, ongoing health problems — a majority of which could be prevented or mitigated by prioritizing strong public health programs and strategies.

The stakes could not be higher. For instance:

- Health Security for Disease Outbreaks, Disasters and Bioterrorism:** With the exception of one-time-only funding for Ebola and Zika, investment in preparedness and response to health emergencies has been cut by more than one-third over the past decade. CDC has responded to more than 750 health emergencies in the past two years alone.³⁹ There currently is no funding for a standing Public Health Emergency Fund — so when new emergencies arise, they divert attention and resources from ongoing priorities.
- Infectious diseases cost the country more than \$120 billion per year, and that cost grows exponentially when major new diseases strike.⁴⁰ Every year, for the past 30 years, one new contagious disease has emerged on average. Moreover, new severe pandemics have the potential to disrupt the global economy. For example, a severe new pandemic could cost the country more than \$680 billion, or 5.5 percent of the gross domestic product.⁴¹ Experts estimate a 21st century worldwide pandemic could cost the global economy in excess of \$6 trillion.⁴²
- Prescription Painkiller and Heroin Misuse:** Deaths from opioids have more than quadrupled in the past

15 years.⁴² Nationally, more than 2 million Americans misuse prescription drugs, and nearly a half million are addicted to heroin, costing the country more than \$55 billion a year in healthcare, workplace and criminal justice spending.^{44, 45, 46, 47} CDC plays a critical role by providing support to states and healthcare providers to monitor and control the inappropriate prescribing of opioids.

- Investing \$1 in substance use prevention could realize as much as \$34 in return.^{48, 49, 50} Five of the strongest school-based substance use prevention strategies have returns on investment ranging from \$3.80:1 to \$34:1.
- Obesity and Diabetes:** Nearly 38 percent of American adults are obese and more than one-third of children are overweight or obese, contributing to more than \$200 billion in direct healthcare costs each year.^{51, 52, 53} Moreover, it creates additional immediate and long-term challenges. One in three children develop diabetes in their lifetime, and one in four are not healthy enough to serve in the military by the ages of 17 to 24.^{54, 55}
- Investing in evidence-based community health improvement programs could save billions through a more active and healthy

How a 10 percent increase in spending on selected social services (2008–2012) affected county health outcomes rankings (2012–2015)



Source: *Health Affairs*, November 2016

population. An investment of \$10 per person in proven, evidence-based community prevention programs to increase physical activity, improve nutrition and reduce tobacco use could save the country more than \$16 billion annually — a \$5.60:1 return.⁵⁶

- **Declining Life Expectancy:** Life expectancy in the United States has declined for the first time in two decades. While death rates are higher among Blacks and other people of color, death rates have increased the fastest (by 10 percent since 1999) among middle-aged White men and women (ages 45 to 54).⁵⁷ Increasing death rates among middle-aged Whites are the highest in West Virginia, Mississippi, Oklahoma, Tennessee, Kentucky, Alabama and Arkansas.⁵⁸
- Increasing local public health spending has shown improved health outcomes. One study found a 10 percent increase in spending led to returns, for example, of decreased heart disease by more than 3 percent and infant deaths by almost 7 percent.⁵⁹ Another study found that government spending on health and related factors that impact health showed improvement on the County Health Rankings index from the Robert Wood Johnson Foundation (RWJF) and University of Wisconsin.⁶⁰ And another study found that states with increased spending on public health and social

services (including education, income support, transportation, environmental programs, housing and public safety) in comparison to spending on healthcare services (Medicare and Medicaid) for a 10-year period had better health outcomes, including reductions in obesity, asthma, mentally unhealthy days, days of activity limitations and mortality rates from type 2 diabetes, acute myocardial infarction and lung cancer.⁶¹

- Connecting health and social services can also cut billions in costs and reduce preventable deaths. Health and social service coordinating systems that address gaps between medical care and effective social service programs — by connecting patients in need with programs ranging from supportive housing to food assistance — could yield between \$15 billion and \$72 billion in healthcare savings a year within 10 years, according to an analysis by TFAH and Healthspire.⁶² A 16-year long-range analysis found that communities expanding population health activities through multisector collaborations and networks had lower preventable death rates — with mortality due to flu, heart disease, diabetes and infant death more than 20 percent lower, and cancer deaths lower by 14 percent in these communities.⁶³

Recommendations

America's future economic well-being is inextricably tied to the health of its communities and people. 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. Keeping Americans healthier would significantly drive down trips to the doctor's office or emergency room, reduce healthcare costs and improve overall productivity.

Public health departments have a unique role and responsibility — to protect citizens from health threats and serve as the Chief Health Strategist for communities — working to improve health in neighborhoods, schools and workplaces. They identify the most pressing health challenges, the most effective strategies to address them and work with public and private partners from across a range of sectors to bring the necessary resources and expertise together to make change happen.

Without a strong investment in prevention, the country will never advance in the fight to prevent diseases and curb epidemics. Achieving a healthier nation is a goal all Americans share — and greater investment in the nation's public health system is a sound and powerful approach.

To achieve the vision of a modern public health system, TFAH recommends:

- **Increasing funding for public health — at the federal, state and local levels — to turn the tide of health epidemics and prevent disease.** Stable, sufficient funding is required to support basic public health capabilities around the country and to ensure all Americans are protected no matter where they live. Increased funds are needed to fill gaps in critical infrastructure and allow for innovation to keep pace with modern technology. Funding should be strategic and accountable so resources are used efficiently to maximize effectiveness and improve health.
- **Modernizing the public health system to address gaps in critical infrastructure and support innovation.** Increased resources are needed to fill gaps in the public health infrastructure to ensure the basic abilities to detect, diagnose and respond to health threats are maintained — and to keep pace with advances in technology and systems. Gaps in key areas of critical infrastructure at CDC and state and local health departments must be addressed — and new resources are required for public health to keep pace with modern advancements in technology, approaches and strategies for keeping Americans safe and well.

Innovation has been hampered — including development and wide-scale use of state-of-the-art biosurveillance, disease diagnostics and medical countermeasures — due to inadequate resources. Every community should be able to protect its citizens by having the basic abilities to detect, diagnose and contain threats. Investment in innovation is essential to retain the U.S. public health system's premier global capabilities.

- **Creating a standing Public Health Emergency Fund for immediate use when new threats arise.** Ongoing funding is essential to prepare for health emergencies — CDC's Emergency Operations Center was activated 90 percent of the time last year, and states and localities are continuously responding to outbreaks, natural disasters and local emergencies. CDC scientists have responded to more than 750 health emergencies in the United States and worldwide in just the past two years. But the country has lacked a standing fund to be able to quickly provide surge funds when new emergencies or outbreaks happen. This means resources and attentions are diverted away from existing threats to deal with a new, immediate threat. The country should not be caught off-guard without the resources needed to counter a new pandemic, disease or bioterror attack. A Public Health Emergency Fund would immediately make resources available to fight new pandemics, disease outbreaks or bioterror threats — while maintaining a strong baseline infrastructure for ongoing readiness. But, there also needs to be ongoing investment in preparedness

to maintain the frontline public health emergency workforce and maintain modern infrastructure as well as a complementary surge fund to be able to use to respond to the problems created when a new emergency arises.

- **Supporting better health — and top local priorities — in every community.** There should be improved mechanisms and funding that provide the flexibility for local communities to prioritize and address their top goals — from prescription drug misuse to obesity to adverse childhood experiences. This should include bringing together the key partners, assets and resources of a community to achieve a more efficient and effective collective impact, including strategies better reflecting both their unique challenges and expertise. Partners should include leaders and institutions across an entire community including the health sector and social services, but also local businesses, philanthropies, schools and faith and community groups. This approach leverages partner expertise as well as creates support for a diversification of public and private funding streams. Additionally, state and local health

departments play a critical role as their partnership's Chief Health Strategist.

- **Expanding the use of evidence-based, high impact strategies to improve health in every community.** Experts at the CDC, National Institutes of Health (NIH), SAMHSA, public health agencies, healthcare systems and other expert organizations have been identifying a growing set of the strongest health improvement strategies, allowing local communities and health systems to share best practices, and better determine which strategies best align with their unique needs. Ensuring greater data exchange and the ability to scale strategies would dramatically improve the health of Americans. For instance, in 2016, CDC released a set of top community-wide Health Impact in 5 Years strategies and community-clinical approaches via the 6|18 Initiative: Accelerating Evidence into Action.^{64, 65} In addition, a network of expert institutes should be supported in every state to be able to provide support to local communities to help identify their top needs and effective strategies for addressing them, measure impact and provide technical assistance.

SURVEY FINDS 73 PERCENT SUPPORT INVESTMENTS TO IMPROVE HEALTH: OBESITY AND FUTURE HEALTH OF CHILDREN ARE TOP CONCERNS

A national survey of registered voters found that nearly three-quarters (73 percent) of Americans support increasing investments to improve the health of communities.⁶⁶ Support spans across party lines (57 percent of Republicans, 87 percent of Democrats and 70 percent of Independents) and regions of the country (75 percent in the Northeast, 71 percent in the Central U.S., 72 percent in the South and 75 percent in the West). Women are the strongest proponents of supporting health improvement efforts (62 percent of Republican women, 87 percent of Democratic women and 80 percent of Independent women).

The survey was conducted by Greenberg Quinlan Rosner Research, in consultation with Bellwether Research, on September 8-9, 2016 of a nationwide sample of 1,302 registered voters across the country.

A majority (51 percent) believe that today's children will be less healthy than previous generations when they reach adulthood. The groups who hold this belief most strongly include: Republicans (55 percent); rural residents (60 percent); Southerners (57 percent); Independent women (62 percent); and Black women (68 percent). Most registered voters with children under age 18, however, believe their own children are very healthy (92 percent give an 8-10 rating on a 10-point scale); this is the case for parents of all ideologies, incomes, education levels and ethnicities.

Additionally, 64 percent believe that the number of health issues facing the country has grown in recent years. Obesity is the top health concern (41 percent), cancer ranked second (33 percent), followed by heart disease and stroke (14 percent) and diabetes and substance misuse (both at 11 percent).

Americans also rate their own health better than the health of the community

where they live (66 percent rate their own health as 8-10 (very good) on a 10-point scale, but only 36 percent rank their community's health as very good). There are differences based on income, age, education and area of the country regarding how people rank their health. For instance:

- 73 percent of college-educated Whites rank their health as very good compared to 57 percent of Whites without college degrees; and 72 percent of individuals with a household income above \$50,000 per year rank their health as very good compared to 59 percent of those with incomes below \$50,000.

A majority of American registered voters also strongly support (rating 8-10 out of a 10-point scale) a range of priorities and strategies for improving health, including:

- 74 percent of people highly support providing enough time — during the school day and afterschool — for kids' physical education, physical activity or community sports;
- 74 percent also highly support creating partnerships among farmers, food suppliers and community health groups to bring fresh produce trucks or mobile markets to communities that lack access to grocery stores;
- 65 percent highly support providing kids with more information on making healthy food choices and being physically active;
- 63 percent highly support investing more in preventing obesity and chronic diseases like heart disease, diabetes and stroke;
- 62 percent highly support increasing early childhood health programs, including home visit programs, mobile health screenings and treatment for diseases like asthma;
- 61 percent highly support investing more in preventing the spread of infectious diseases like the Zika virus, bird flu and hepatitis;

- 60 percent highly support treating substance use, including addiction to prescription painkillers and heroin, like a disease, not a crime;
- 60 percent highly support planning for building more parks, walking and biking trails and other recreation areas for people to be physically active in all communities;
- 60 percent highly support increasing access to safe and affordable housing and routinely testing for things that create health problems in homes, like lead in water and paint, carbon monoxide and harmful chemicals in the air;
- 59 percent highly support increasing incentives that encourage business owners to open grocery stores in communities that lack access to healthy food options; and
- 58 percent highly support building local partnerships across businesses, health systems, schools and community organizations to address specific health problems in communities.

Methodology: On behalf of the Robert Wood Johnson Foundation and the Trust for America's Health, Greenberg Quinlan Rosner Research, in consultation with Bellwether Research, conducted a survey among 1,320 registered voters nationwide (1,019 weighted). The survey was conducted between September 8th and 9th, 2016. Voters were randomly selected from a list of registered voters and reached on a landline or cell phone depending on the number they designated on their voter registration. Interviews were conducted by live telephone interviewers; 50 percent were reached on a cell phone. Included in the sample were three oversamples: 100 Black voters, 100 Hispanic voters and 100 White non-college voters. Upon completion of the survey, the results were weighted to make the three oversampled groups proportional to the racial and ethnic composition of registered voters nationwide. The data was weighted to reflect the total population of registered voters, taking into account regional and demographic characteristics according to known census estimates and voter file projections. The data are subject to a margin of error of +/- 3.1 percentage points. Full survey and topline results are available upon request.

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