



Exploring Public Health Data with State Health Compare: State Funding for Public Health

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ABOUT STATE HEALTH COMPARE

State Health Compare is an online tool that allows users to explore state-level data on a wide range of topics related to health insurance coverage, cost of care, access to and utilization of care, care quality, health behaviors, health outcomes, public health, and social determinants of health. Users can view estimates through customized maps, bar charts, trend lines, and tables. Estimates can be explored within and across states and over time.

This brief provides an overview of State Health Compare's most recent estimates for state public health funding, which come from data collected by Trust for America's Health.

More information on this and other state-level indicators can be found at <http://statehealthcompare.shadac.org>.

INTRODUCTION

Public health activities in the U.S are funded at both the federal and state levels and are critical to disease prevention, health promotion, environmental health monitoring, and emergency preparedness. Most public health funding in the United States is provided by state and local governments, which have cut their public health budgets significantly in recent years.¹ Analyses from the Institute of Medicine (IOM), the Centers for Disease Control and Prevention (CDC), and other expert sources, have found that health departments at all levels (federal, state, and local) have been constrained due to limited funds and have not been able to adequately carry out many core public health activities, including disease prevention and preparation for health emergencies.^{2,3,4,5} This situation, combined with current concern about the future of federal spending on public health through the Prevention and Public Health Fund, makes the limited non-federal public health funding that is available more critical than ever.⁶

State Funding for Public Health: About this Measure

State Health Compare obtains information about per-capita state funding of public health from Trust for America's Health (TFAH), which collects a number of public health funding indicators across states.

TFAH calculates state public health funding using budget documents that are publicly available through state government web sites. Based on what is made available, budget documents that are used include: executive budget documents that listed actual expenditures, estimated expenditures, or final appropriations; appropriations bills enacted by the state's legislature; or documents from legislative analysis offices. TFAH defines "public health" broadly to include most state-level health funding with the exception of Medicaid, CHIP, or comparable health coverage programs.

TFAH's public health funding indicators also track federal public health program funds from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). These funds are generally disease/condition and/or population-specific (e.g., Vaccines for Children), and TFAH gathers data about them from the CDC's Financial Management Office and HRSA's Health Resources and Services Administration Data Warehouse.⁷

Efforts to monitor state public health funding play an important role in this environment of scarce public health resources. Information about relative state public health funding levels--taken together with other data such as the relative performance of each state on other public health indicators (e.g., disease prevalence) and the comparative reliance of each state on federal funding--indicates which states are best situated to absorb a potential decrease in federal support and which states would be hit hardest by a potential decrease as well as where limited resources can be most effectively distributed among the states. Additionally, information about state public health funding levels relative to one another, and about relative trends in state public health funding over time, can be important data points for protecting public funding during state budget discussions, where this funding is often at risk because it is generally discretionary.

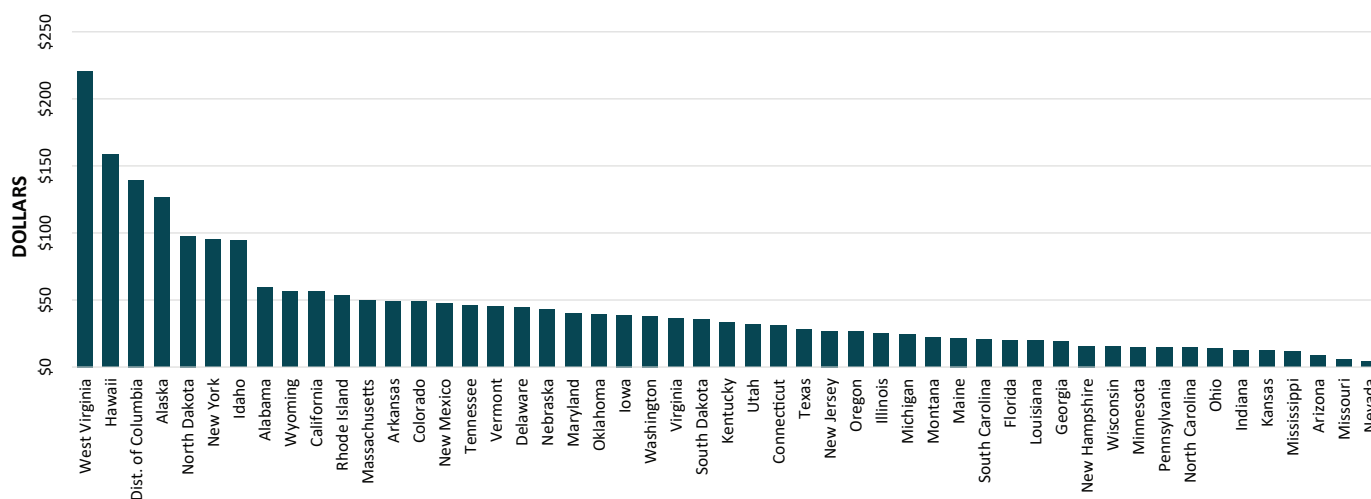
STATE FUNDING FOR PUBLIC HEALTH

SHADAC's State Health Compare tool includes estimates for multiple public health indicators, including a measure of per-capita state funding for public health. This brief provides an overview of State Health Compare's most recent estimates for state public health funding, which come from data collected by Trust for America's Health. More information on this and other state-level indicators can be found at <http://statehealthcompare.shadac.org>.

The Big Picture: Wide State Variation in Per Capita Public Health Funding

It bears noting that there is a wide gap between state public health funding among states, with 2015 state-provided funding ranging from \$4 per capita in Nevada to \$221 per capita in West Virginia (Figure 1). The national average for 2015 was \$44 per capita, and the median was \$34 per capita.

Figure 1: Per Person State Public Health Funding, 2015

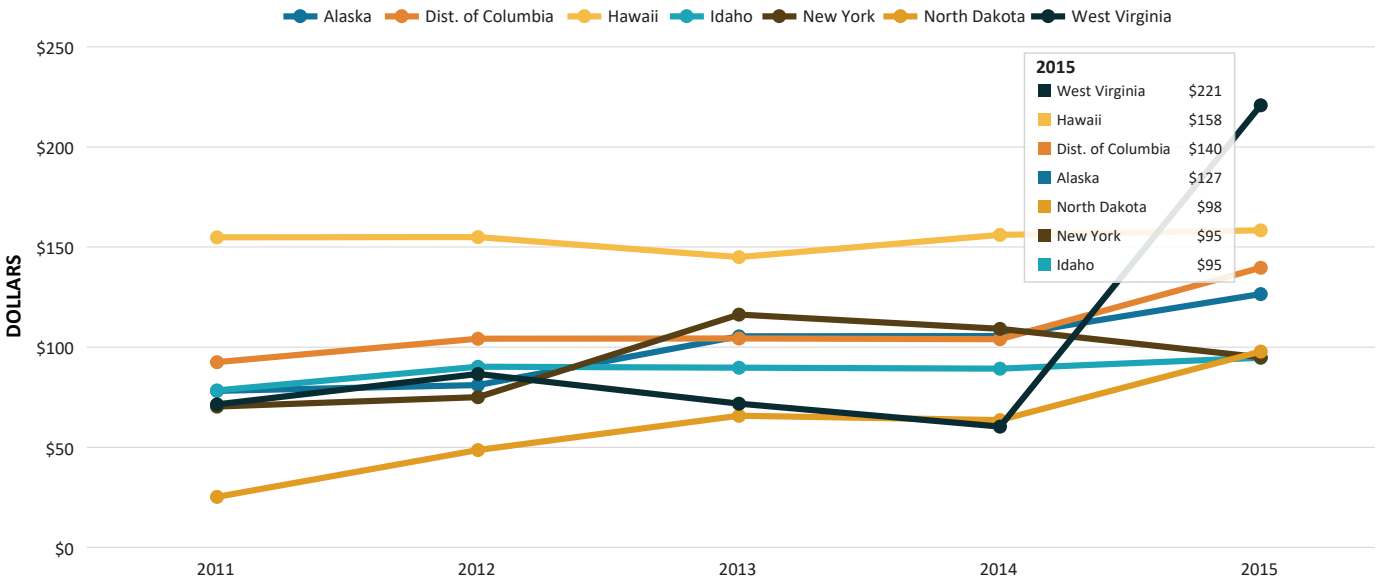


Source: SHADAC Analysis of Shortchanging America's Health, Investing in America's Health, State Health Compare, SHADAC, University of Minnesota, statehealthcompare.shadac.org, accessed February 19, 2018.

Top States: Spending on Public Health

Seven states occupied the top five state public health funding spots over the course of five years, from 2011 through 2015 (the most recent five years for which data are available): Alaska, the District of Columbia, Hawaii, Idaho, New York, North Dakota, and West Virginia. Alaska, the District of Columbia, and Hawaii were among the top five states for each of the five years (Figure 2).

Figure 2: Per Person State Public Health Funding, 2011-2015: Alaska, District of Columbia, Hawaii, Idaho, New York, North Dakota, and West Virginia

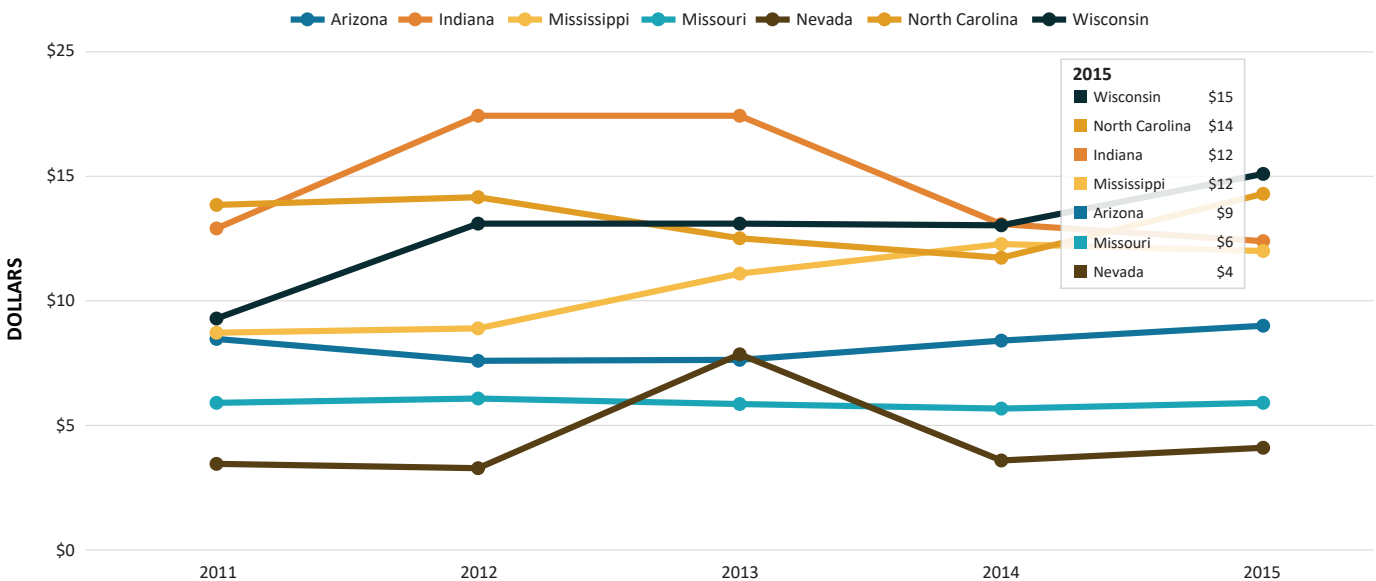


Source: SHADAC Analysis of Shortchanging America's Health, Investing in America's Health, State Health Compare, SHADAC, University of Minnesota, statehealthcompare.shadac.org, accessed February 19, 2018.

States at the Bottom of Public Health Spending

Seven states also occupied the bottom five funding spots over the five-year period (2011 through 2015). Arizona, Indiana, Mississippi, Missouri, Nevada, North Carolina, and Wisconsin moved among the bottom five positions for state-provided public health funding during this time period. Arizona, Mississippi, Missouri, and Nevada were among the bottom five for every year in the data series (Figure 3).

Figure 3: Per Person State Public Health Funding, 2011-2015: Arizona, Indiana, Mississippi, Missouri, Nevada, North Carolina, and Wisconsin



Source: SHADAC Analysis of Shortchanging America's Health, Investing in America's Health, State Health Compare, SHADAC, University of Minnesota, statehealthcompare.shadac.org, accessed February 19, 2018.

Why the Variation in State Public Health Funding?

According to Trust for America's Health, comparisons of public health funding levels across states are difficult, because every state allocates and reports its budget in different ways, and states vary widely in the budget details they provide. For example, some states don't differentiate between state and federal public health funding in their totals, and others include public health dollars within health care spending totals; in both cases, it is difficult to determine state public health funding as a separate budget item. Some of the variation we see is likely due to this type of variation in budget allocation, reporting, and details.⁸

Non-methodological sources of interstate variation in state public health funding may also include the relative performance of individual state economies (since state public health funding is often cut during economic downturns) as well as the relative tax bases of individual states along with state population counts. For example, Hawaii, which had the second highest FY 2015 per capita state public health funding, collected \$6.54 billion in taxes in FY 2015, at which time the state's population was roughly 1.4 million. Nevada, on the other hand, reported the lowest per capita state public health funding in FY 2015, during which time the state collected less tax revenue than Hawaii (\$5.4 billion in FY 2015), and the state's population was more than twice as large as Hawaii's (nearly 2.9 million).⁹

EXPLORE ADDITIONAL PUBLIC HEALTH DATA AT STATE HEALTH COMPARE

Visit [State Health Compare](#) to explore national and state-level estimates for the following public health indicators:

- [Weight Assessment in Schools](#)
- [School Nutrition Standards Stronger than USDA](#)
- [School Required to Provide Physical Activity](#)
- [Smoke Free Campuses](#)
- [Cigarette Tax Rates](#)
- [Public Health Funding](#)

State Health Compare also features a number of other indicator categories, including: health insurance coverage, cost of care, access to and utilization of care, care quality, health behaviors, health outcomes, and social determinants of health.

REFERENCES

¹ Trust for America's Health. (April 2015). *Investing in America's Health: A State-by-State Look at Public Health Funding and Key Health Facts*. Issue Report. Washington, D.C.

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³ U.S. Centers for Disease Control and Prevention. (2001). *Public Health's Infrastructure—A Status Report*. Atlanta, G.A.

⁴ Trust for America's Health. (2008). *Blueprint for a Healthier America: Modernizing the Federal Public Health System to Focus on Prevention and Preparedness*. Washington, D.C.

⁵ Trust for America's Health. (2013). *Investing in America's Health: A State-by-State Look at Public Health Funding and Key Health Facts*. Issue Report. Washington, D.C.

⁶ Trust for America's Health. (August 2017). *Prevention and Public Health Fund Detailed Information*. Reports. Washington, D.C. Available at <http://healthyamericans.org/report/134/>

⁷ Trust for America's Health. *State Public Health Budget Methodology*. Accessed on Feb 19, 2018. Retrieved from <http://healthyamericans.org/states/>

⁸ Trust for America's Health. (April 2015). *Investing in America's Health: A State-by-State Look at Public Health Funding and Key Health Facts*. Issue Report. Washington, D.C.

⁹ U.S. Census Bureau. *2015 State Government Tax Tables*. Retrieved from <https://www.census.gov/data/tables/2015/econ/stc/2015-annual.html>

ABOUT SHADAC

SHADAC is a multidisciplinary health policy research center with a focus on state health policy. SHADAC is affiliated with the University of Minnesota School of Public Health and is located in the Division of Health Policy and Management.