

Exploring Public Health Indicators with State Health Compare: State Public Health Funding

Authors

Caroline Au Yeung, MPH
Research Fellow, SHADAC

Robert Hest, MPP
Research Fellow, SHADAC

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 through analyses of state spending on public health for each budget cycle using publicly available budget documents through state government web sites. TFAH defines "public health" broadly to include all health spending with the exception of Medicaid, CHIP, or comparable coverage programs for low-income residents. In most cases, all state funding—regardless of whether it is general revenue or other state funds (e.g., fee revenue)—is included in TFAH's calculations.

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 these data about them the CDC's Financial Management Office and HRSA's Health Resources and Services Administration Data Warehouse.

INTRODUCTION

Public health activities in the United States 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 U.S. 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 hampered due to limited funds and have not been able to adequately carry out many core public health functions, including programs to prevent disease and prepare for health emergencies.² This situation, combined with concern regarding the impact of attempts to repeal the Affordable Care Act on the future of federal funding for public health efforts, makes the limited, non-federal public health funding that is available more critical than ever.

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 both to one another and to 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](#) website includes estimates for multiple public health indicators, including a measure of per-capita state funding for public health. This brief provides an overview of the most recent estimates for state public health funding, which come from data collected by Trust for America's Health (TFAH). More information on this and other state-level indicators can be found at <http://statehealthcompare.shadac.org>.

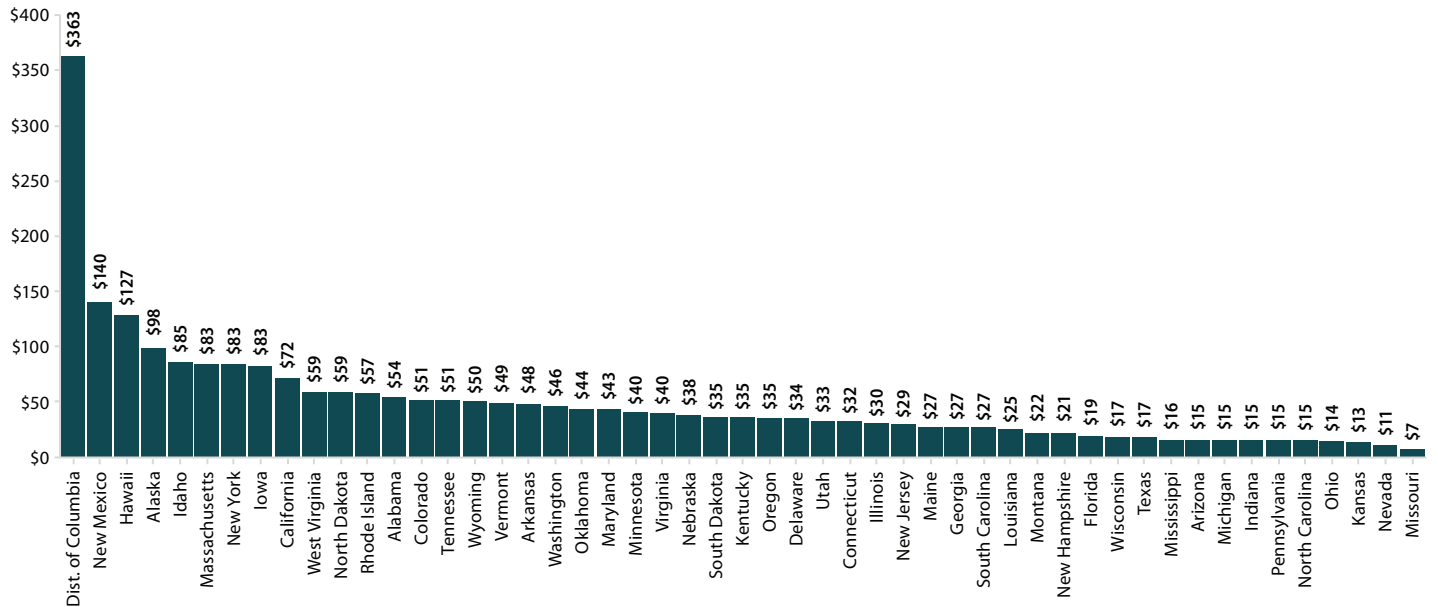
¹ Levi, J., Segal, L.M., St. Laurent, R., & Lang, A. (2013). *Investing in America's Health: A State-by-State Look at Public Health Funding and Key Health Facts* [PDF file]. Retrieved from <https://www.tfah.org/report-details/investing-in-americas-health-a-state-by-state-look-at-public-health-funding-and-key-health-facts/>

² Institute of Medicine. (2003). *The Future of the Public's Health in the 21st Century*. National Academies Press, Washington, D.C.; Centers for Disease Control and Prevention (CDC). (2001). *Public Health's Infrastructure—A Status Report*. Department of Health and Human Services: Atlanta, GA.; Trust for America's Health. (2008, October 1). *Blueprint for a Healthier America: Modernizing the Federal Public Health System to Focus on Prevention and Preparedness* [PDF file]. Retrieved from <https://www.rwjf.org/en/library/research/2008/10/blueprint-for-a-healthier-america.html>; Levi, J., Segal, L.M., St. Laurent, R., & Lang, A. (2013). *Investing in America's Health: A State-by-State Look at Public Health Funding and Key Health Facts* [PDF file]. Retrieved from <https://www.tfah.org/report-details/investing-in-americas-health-a-state-by-state-look-at-public-health-funding-and-key-health-facts/>

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

There is a wide gap between state public health funding among states, with 2019 state-provided funding ranging from \$7 per capita in Missouri to \$363 per capita in the District of Columbia. In 2019, the median state, Kentucky spent \$35 per capita in public health funding.

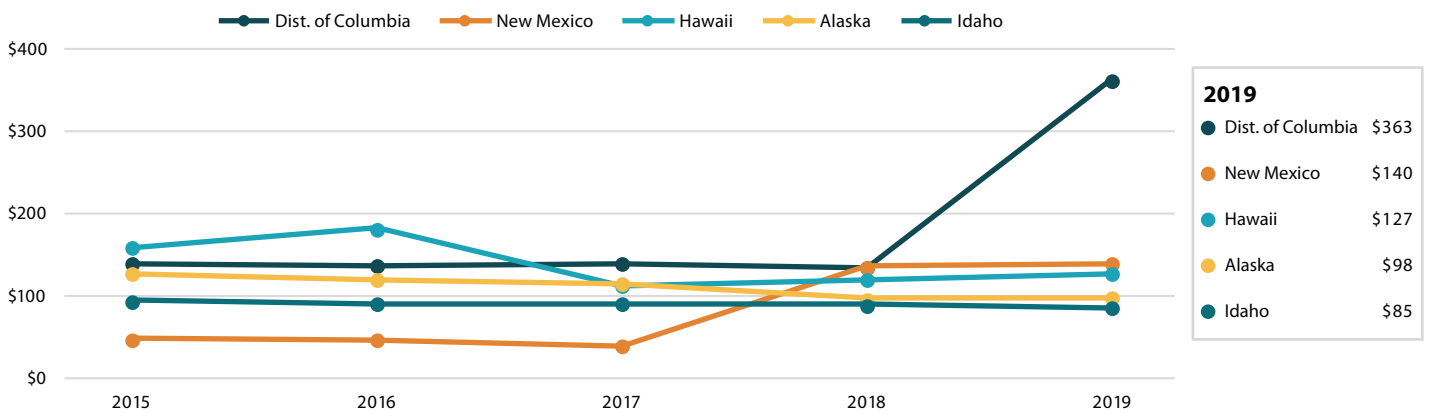
Figure 1. Per Person Public Health Funding, 2019



Top States: Spending on Public Health

Eight states occupied the top five funding spots over the course of five years, from 2015 through 2019 (the most recent five years for which data are available): Alaska, D.C., Hawaii, Idaho, New Mexico, New York, North Dakota, and West Virginia. Alaska, D.C., and Hawaii were among the top five states for each of the five years. In 2019, the top five states for per-capita state public health funding were Alaska, D.C., Hawaii, Idaho, and New Mexico.

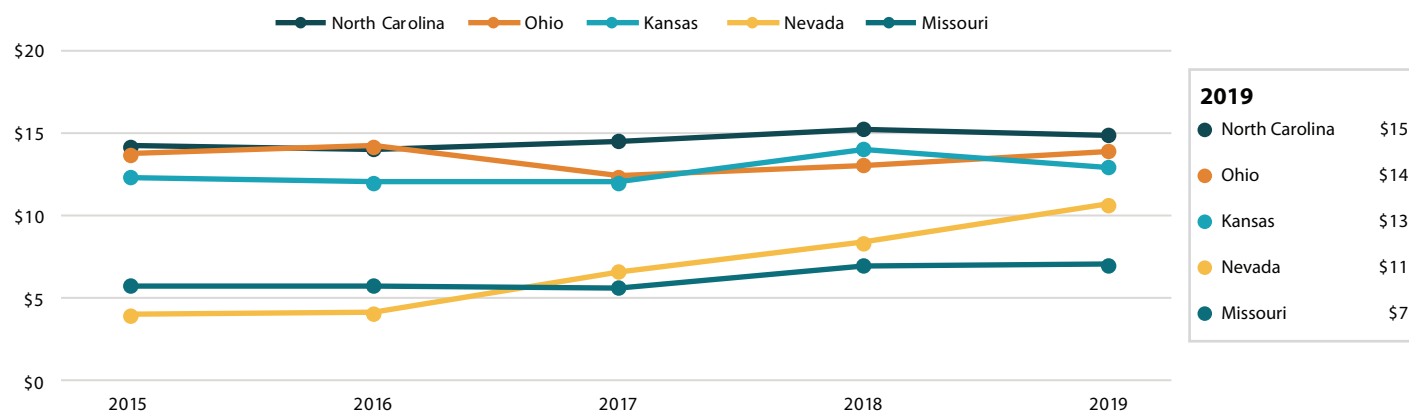
Figure 2. Top States for Per Person State Public Health Funding, 2019



Bottom States for Public Health Funding

Eight states also occupied the bottom five funding spots at various times over the five-year period (2015 through 2019). Arizona, Indiana, Kansas, Mississippi, Missouri, Nevada, North Carolina, and Ohio moved among the bottom five positions for state-provided public health funding during this time period. Both Missouri and Nevada consistently ranked among the bottom five states for each year of this period. In 2019, the bottom five states with regard to public health spending were: Kansas, Missouri, Nevada, North Carolina, and Ohio.

Figure 3. Bottom States for Per Person State Public Health Funding, 2019



According to TFAH, 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.³ 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, the District of Columbia, which had the highest FY 2019 per capita state public health funding, collected \$8.68 billion in taxes in FY 2019, or roughly \$12,298 per capita.⁴ Missouri, on the other hand, reported the lowest per capita state public health funding in FY 2019, and the state collected significantly less tax revenue per capita than the District of Columbia (\$13.2 billion or \$2,148 per capita in FY 2019).⁵

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:

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.

- [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](#)

Variation in State Budgeting Procedures

The ways that states produce their budgets vary due to structural differences across states: the nature of a state requirement to balance the budget; an annual or biennial budget cycle; the governor's authority to revise the enacted budget; and whether earmarked or federal funds are subject to the appropriations process. States also use different types of budgets, including line-item, program-based, performance-based, and modified zero-based (i.e., with every budget item needing approval each year). Additionally, state fiscal years vary; most end on June 30th, but four states follow a different schedule.

Source: Foundation for State Legislatures. National Conference of State Legislatures. Available at <http://www.ncsl.org/research/fiscal-policy/state-budget-procedures.aspx>

³ Levi, J., Segal, L.M., St. Laurent, R., & Lang, A. (2013). *Investing in America's Health: A State-by-State Look at Public Health Funding and Key Health Facts* [PDF file]. Retrieved from <https://www.tfah.org/report-details/investing-in-americas-health-a-state-by-state-look-at-public-health-funding-and-key-health-facts/>

⁴ Federation of Tax Administrators. 2019 State Tax Revenue. Retrieved from <https://www.taxadmin.org/2019-state-tax-revenue>

⁵ Ibid.