Investing in public health will provide us the opportunity to be healthy where we live, work, learn and play.

Help the state recover from the human and economic trauma. The pandemic exposed longstanding financial inadequacies in Wisconsin’s public health infrastructure. As we navigate the waning months of the pandemic, we need to begin charting our course for recovery that includes addressing neglected chronic underfunding and strategic investments for the future.

**BOOST PUBLIC HEALTH INFRASTRUCTURE FOR HEALTHY COMMUNITIES**

**$18 MILLION**

**Dedicated State Funding for Local Health Departments**

- Provide block grants to support public health infrastructure and fund state mandates which are supported by county and municipal levies.
- Allow for this funding to be flexible for increased alignment with their community’s needs to maximize impact statewide.
- Take into account factors with allocation formula for distribution more effectively and equitably.

Committed state funding provided directly to local public health departments would enable communities to implement public health strategies more effectively and equitably.

Examples where local health departments could utilize this dedicated funding is:

- Increase community health services, like cancer screenings, substance abuse prevention, and mental health services
- Invest in programs to protect against water, air quality, and other environmental health hazards
- Develop preparedness response strategies to guarantee the capacity to respond quickly to public health emergencies
- Communicate important, accurate data and information to the public in a timely manner
- Improve quality and performance through utilization of best practices to develop public health workforce and achieve outcome goals
- Reduce disparities and advance health equity

*It would also allow local health departments to administer the nearly two-dozen unfunded mandates the state has placed on local health departments.*

**$10 MILLION**

**for Communicable Disease Grants**

- Build on state funding to local and tribal health departments.
- Communicable Diseases can lead to a loss in productivity, increase costs, and place employees on extended sick leave.
- Limited resources are provided though threats are increasing. Wisconsin provides surveillance and follow up for a numerous amount of disease, including Zika, Lyme Disease, Hepatitis C, Influenza, Tuberculosis, and Elizabethkingia.

**$30 MILLION**

**for Health Equity Grants**

- The pandemic exposed many ways in which some Wisconsinites across both rural and urban areas have more difficulty accessing health resources. Support for community organizations to implement community health worker models could help address those issues and advance health equity.
- Promote health equity for community organizations to implement community health worker care models.
- Community organizations, and local/tribal health departments to hire health equity strategists and implement health equity action plans.

**Supporting a strong public health infrastructure is paramount with the continuing occurrences of natural disasters, increased substance use, and an increase in both infectious and chronic diseases.**

WPHA & WALHDAB also support these two categorical funding mechanisms for direct support to local health departments and community based organizations:

Investments in public health programs represent around 10% of all health care spending in most countries, yet its impact can be substantial. An investment of $10 per person per year in evidence-based programs in local communities that are proven to increase physical activity, improve nutrition, and prevent smoking or other tobacco use could save the country more than $16 billion annually within five years, according to the Robert Wood Johnson Foundation. This is a potential savings of $5.60 for every $1 invested.

However, Wisconsin is not investing in taking advantage of these savings. According to The Trust for America’s Health, Wisconsin state funding for public health is $17.40 per person per year—$36 per person per year is the national average.

Facing this fact and knowing the detrimental effects of chronically underfunding public health, we respectfully urge you to make ongoing public health funding a top priority in the 2021-23 biennial budget.
The Department of Health Services is an equal partner in a strong public health coalition. We strongly recommend supporting the following initiatives in Governor Evers’ budget proposal:

- **Windows Plus Lead Exposure Prevention Program**: Provide $961,800 in 2021-22 and $1,054,800 in 2022-23.

- **Lead Screening and Outreach Grants**: Provide $50,000 annually to increase a grant for lead screening and outreach activities.

- **Expand Eligibility for Birth to 3 Program**: Provide $3,300,000 in 2021-22 and $6,600,000 in 2022-23.

- **Tobacco and Vaping Prevention**: Increase funding by $2,000,000 in 2021-22 to fund a new public health campaign aimed at preventing initiation of tobacco and vapor product use.

- **Black Women and Infants’ Health**: Provide $3,500,000 annually to fund grants to address Black women’s health and infant and maternal mortality.

- **Lead Screening and Outreach Grants**: Provide $50,000 annually to increase a grant for lead screening and outreach activities.

- **Community Health Benefit**: Provide $1,000,000 in 2021-22 and $24,500,000 in 2022-23 to fund a new MA benefit.

- **Medication-assisted Treatment Reimbursement**: Provide $3,632,800 in 2021-22 and $7,265,500 in 2022-23 to increase reimbursement rates for medication-assisted treatment (MAT) services for individuals with substance use disorder.

A comprehensive recovery strategy needs to include robust investments in public health. For more information, please do not hesitate to contact our government affairs consultants Tim Hoven (414-305-2011) or Erik Kanter (608) 310-8833.

All people deserve the opportunity to live in a state that creates conditions for everyone to be healthy. Public policy should strive toward the elimination of health disparities.