BACKGROUND

Wisconsin needs a strong, well-funded public health system, including both local governmental health agencies and non-governmental community-based partners, in order to collectively assure the conditions in which people can be healthy. But Wisconsin is lagging behind.

In 2021, Wisconsin ranked 42nd out of 50 states with the lowest budget funding for public health investing only $17/person when compared to the median investment of $36/person in the United States.

<table>
<thead>
<tr>
<th>State</th>
<th>2021 Per-Capita State Investment in Public Health:</th>
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<tbody>
<tr>
<td>OK</td>
<td>$389</td>
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<tr>
<td>MN</td>
<td>$377</td>
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<tr>
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<td>MI</td>
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<td>WI</td>
<td>$170</td>
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<tr>
<td>IN</td>
<td>$150</td>
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</tbody>
</table>

Poor public health funding results in poor health outcomes for everyone. Unfunded mandates and reliance on short-term “ARPA” funds leave local health departments insecure. A stable public health system is good for Wisconsin.

Increasing investment to the U.S. median ($34-$36/person) requires $100M+ additional per year. The Wisconsin Public Health Association (WPHA) and the Wisconsin Association of Local Health Departments and Boards (WALHDAB) urge lawmakers to start investing now to create stable, healthier communities across Wisconsin.

PRIORITIES

1. **Sustained Funding for Local Health Departments – $18 million**
   - Strengthen Wisconsin’s underfunded local public health infrastructure
   - Pay for administering nearly two-dozen unfunded state mandates
   - Enable local communities to implement public health strategies more effectively and equitably
   - Improve additional core functions:
     - Develop effective strategies to respond quickly to public health emergencies
     - Communicate important, accurate data and information to the public in a timely manner
     - Improve quality and performance

2. **Communicable Disease Grants for Local Health Departments – $10 million**
   - This specific role of local public health departments requires targeted funding. Unmanaged spread of communicable diseases, like Hepatitis C, Influenza, Lyme Disease, and others, increases employer costs due to employees’ illness. Help Wisconsinites stay well.

3. **Local Grants for Community-Based Organizations, Hospitals, and Local Health Departments to Address Community-Specific Health Gaps – $30 million**
   - Hospitals and local health departments maintain strong action plans, but they need prevention funding to accomplish their communities’ health priorities.

For more information about WPHA-WALHDAB Policy Priorities, visit www.wpha.org/page/CurrentLegislative

WE URGE LAWMAKERS TO INCREASE FUNDING FOR

**Environmental Health**
- Windows Plus Lead Exposure Prevention Program
- Lead screening and outreach grants

**Maternal and Child Health**
- Expanded eligibility for Birth to 3 Program
- Black women and infants’ health
- Extended postpartum medical assistance eligibility

**Community Health**
- Services proven to work, like cancer screenings, substance use prevention, and mental wellness programs
- Community Health Medical Assistance Benefit
- Community Health Workers
- Medication-assisted Treatment (MAT) reimbursement for individuals with substance use disorder
- Tobacco and vaping prevention

1. [https://jamanetwork.com/journals/jama/article-abstract/382688](https://jamanetwork.com/journals/jama/article-abstract/382688)
2. Among the 50 US states plus the District of Columbia. [http://datahealthcompare.shadac.org/rank/117/per-personstate-public-health-funding](http://datahealthcompare.shadac.org/rank/117/per-personstate-public-health-funding) Data not available for 5 states in 2021. Note: $17/person refers only to state budget funding. When federal and state funds are combined, Wisconsin invests only $72/person/yr in public health, which is tied for the worst per capita funding of any state.
3. [https://uwmadison.app.box.com/s/ufmenvo0d4uezfl6x2wkfnewy9m2xalw7](https://uwmadison.app.box.com/s/ufmenvo0d4uezfl6x2wkfnewy9m2xalw7)