

2010 Resolution

Increased Public Health Funding for Wisconsin

WHEREAS the economic downturn, which began in 2008, has had a direct impact on governments' ability to fund public health efforts, and;

WHEREAS decreasing tax revenue due to loss of personal income, corporate income, sales taxes, and property taxes have forced many state and local public health agencies to scale back services and staffing, and;

WHEREAS Wisconsin ranks 43rd among the states, at \$14.97 per person, in federal support for disease prevention in fiscal year 2008¹, and;

WHEREAS Wisconsin ranked 49th of 51 states and territories assessed in 2008 regarding per capita state budget expenditures on public health, with \$10.51 spent for every resident¹, and;

WHEREAS Wisconsin ranked second from last in state budget dollars allocated to local public health departments in 2008², and;

WHEREAS Wisconsin ranked 3rd highest in terms of reliance on local tax dollars as a revenue source for local public health departments (LHDs) in 2008², and;

WHEREAS Federal agencies have increased their spending on public health between 2001 and 2006³ but the vast majority of such increases were spent on the Strategic National Stockpile of pharmaceuticals (735% increase) and terrorism preparedness (634%) rather than on other key public health programs and infrastructure (e.g., Federal infectious disease spending decreased by 2%, and Federal HIV funding decreased 21%³);

THEREFORE, BE IT RESOLVED that WPHA supports an increased proportion of State General Purpose Revenues be allocated to state, local and tribal public health agencies serving and protecting the people of Wisconsin.

- ❖ Request an increase in State funds per capita from \$10.51 to between \$16.27 to \$27.20 per person in the 2011-2013 State budget. This range reflect the low end, and average, per capita rate between Maryland (\$38.13) and Minnesota (\$16.27), the two states closest to Wisconsin in terms of population.
- ❖ Request that more State and Federal funds be invested in environmental health, socioeconomic health determinants, and the prevention of chronic and infectious disease.
- ❖ Continue to encourage and support collaboration between public-private partners to increase the focus on disease prevention.

NOW BE IT FURTHER RESOLVED that WPHA supports the following recommendations from the Trust for America's Health report¹:

- ❖ Establish a pilot program where state and local health departments would be allowed greater flexibility for how they use Federal funds in exchange for greater accountability for improving health outcomes and measures in communities.
- ❖ Provide Federal financial support through either a dedicated funding stream or a set-aside from existing grants to assist LHDs in preparation for accreditation.
- ❖ Increased Federal investment in public health research including best practices, data collection pertaining to health outcomes and workforce issues, address complex problems like social determinants of health, focus on prevention, and assist in the development of accountability measures.

1. Levi, J., St. Laurent, R., Segal, L.M., & Vinter, S. (2009). Shortchanging America's health: A state-by-state look at how federal public health dollars are spent and key state health facts. Trust For America's Health & The Robert Wood Johnson Foundation, <http://healthyamericans.org/report/74/federal-spending-2010>

2. NACCHO. (2009). National Profile of Local Health Departments, 2008. <http://www.naccho.org/>

3. Levi, J., Juliano, C., & Richardson, M. (2007). Financing public health: Diminished funding for core needs and state-by-state variation in support. Journal of Public Health Management and Practice, 12(2), 97-102.