RETHINK IOWA’S PUBLIC HEALTH FUNDING FOR A SMARTER RETURN ON INVESTMENT

The Issue:

According to the County Health Rankings & Roadmaps (Robert Wood Johnson Foundation) every year, nearly 1,800 deaths in Iowa could be avoided if all residents in the state had a fair chance to be healthy. However, budget cuts to vital public health agencies and programs at both the federal and state levels have taken their toll on Iowa and the nation as a whole, complicating and in some cases eliminating, public health efforts. Additional resources are needed to adequately support improving access to care, controlling diseases, eliminating health disparities and other public health activities and core functions.

The state of Iowa spends an average of $15.86 a year on the public health needs of each resident, the 40th highest level in the nation. The state receives an additional $19.98 per person in funding from the CDC (27th in the nation) and $17.19 per person from HRSA (38th in the nation). The Prevention and Public Health Fund (PPHF) in the Affordable Care Act (ACA) has awarded $55 million in grants to Iowa since 2010 for community and clinical prevention efforts and improvements to public health infrastructure. Iowa receives $71 per person from state, CDC, and HRSA funds (31st in the nation); the national average is $99 per person. Threats to the PPHF mean Iowa could miss out on an investment of $35,630,210 over the next five years.

Public health departments across Iowa vary in their capacity to carry out foundational capabilities, in part because funding to provide public health services is often variable, unreliable and not sustainable. Some public health services are required in Iowa Code but without an adequate funding mechanism to do so. Even some of the programs which do collect fees fail to cover the actual costs associated with providing the service (e.g., food establishment licensure/inspections). Local tax support for public health services varies across jurisdictions, and state funding also falls short.

The foundational public health services (FPHS) version 1.0 is a conceptual framework outlining the capabilities and areas (i.e., programs) that no health department should be without and for which costs can be estimated. The framework also leaves space for additional important programs and activities that are specific to the needs of the community served by the health department.

Policy Solutions:

- Restructure public health funding in Iowa to assure a minimum package of governmental public health services that is predictable, justifiable and scalable to each jurisdiction’s population size and capacity. The minimum package of public health services would assure the foundational capabilities of public health:
  1) assessment (surveillance, epidemiology and laboratory capacity);
  2) preparedness and response;
  3) policy development and support;
  4) communications and public education;
  5) community partnership development; and
  6) organizational competencies

Sources: Trust for America’s Health, Investing in America’s Health; Trust for America’s Health, Prevention and Public Health Fund at Work in States; United Health Foundation, America’s Health Rankings.