



Iowa Public Health Association

– The voice of public health in Iowa

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

The Issue:

Iowa's public health system (comprised of state and local entities) is faced with significant capacity challenges which have diminished the system's ability to deliver essential public health services equitably throughout the state. It is time for Iowa to create a plan for implementing Foundational Public Health Services (FPHS) statewide to modernize, streamline, and fund a twenty-first century public health system in Iowa. Current fees that support the work of public health should be reviewed, and the plan should identify those fees that are not currently supplying adequate revenue to maintain compliance or enforcement. The 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.

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, complicating and in some cases eliminating, public health efforts. Wise investment of tax-payer resources is 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 \$23.04 per person in funding from the CDC (24th in the nation) and \$26.86 per person from HRSA (30th in the nation). The Prevention and Public Health Fund (PPHF) in the Affordable Care Act (ACA) has awarded \$66 million in grants to Iowa since 2010 for community and clinical prevention efforts and improvements to public health infrastructure. Iowa receives \$69.86 per person from state, CDC, and HRSA funds (15th 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. Is this funding enough, and perhaps more importantly, is it spent strategically?

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.

Policy Solutions:

- Restructure public health funding in Iowa to distribute funds to local public health agencies and to assure a minimum package of governmental public health services that is predictable, justifiable and scalable to each local jurisdiction's population size and capacity. The minimum package of public health services would assure the foundational capabilities of public health: assessment (surveillance, epidemiology and laboratory capacity) | preparedness and response | policy development and support | communications and public education | community partnership development | and organizational competencies

Sources: Iowa Health Gaps Report | APHA Speak for Health Campaign | State Health Access Data Assistance Center | CDC, HRSA and state funding: <https://bit.ly/2FwNGW4> | Per person budget is based on \$219,770,221 and a population of 3.146 million.

