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GUEST EDITORIAL

The Impact of the Current Financial Situation on Public Health Prevention Efforts

Millions of Americans look to state and local health departments for disease screenings, immunizations and other disease prevention programs. The current economic situation in the United States has led to drastic cuts in funding for public health agencies. State and local health departments have been increasingly unable to provide programs and services upon which community members depend, as evidenced in numerous media reports.[1-3] Most alarming is a recent report published by the National Association of County and City Health Officials [4] that noted that more than half of all local health departments reduced or eliminated at least one program in the last year.

Community Health Centers (CHCs) are especially feeling the pinch, as they serve predominantly low-income patients who are uninsured or who rely on public insurance. "The significance of CHCs as sources of care for the uninsured and underinsured has grown as a result of recent Federally Qualified Health Center (FQHC) expansions and a worsening economy." [5] Health departments are also responsible for assessing community health, enforcing laws and regulations that protect health, and preparing for emergencies. Anyone who has seen the film *Contagion* can understand the need for a robust public health infrastructure.

Research has shown that consistent funding is one of the most important contributors to health departments' ability to meet public needs.[6] Increases in health department expenditures are significantly associated with decreases in infectious disease morbidity at the state level, [7] and increased public health investments can produce measurable improvements in health. [8]

However, this evidence has not generally led to consistent, highly funded local health departments: in fact, public health funding is extremely variable [9,10] and driven by the realities of public finance and political agenda setting. Health departments have tried to deal with funding cuts through various strategies including regionalization of services, and greater utilization of volunteers; however, budget cuts have led to drastic job losses and program cuts in many communities. [4]

We know that healthy communities and individuals are more productive, live longer, and cost society less money; however, the dependence on public funding for most population health activities may have to be reconsidered given the current financial crisis. Rather than forgo health promotion and disease prevention activities, I recommend consideration of two key areas to preserve and expand public health activities even during times of financial stress.

First, I recommend integrating population health into other government departments and activities.

Researchers have suggested the integration of public health and urban planning by sharing conceptual frameworks and theories in order to marry the two disciplines.[11] Many conceptual theories in different disciplines are complementary and can be used together to create synergy between different goals. Ensuring green spaces, trails, bicycle access, and adequate lighting can encourage the use of urban areas for healthy activities. Similar strategies can be used to bring public health together with departments of education, recreation, and emergency preparedness.

Population health is impacted by every agency in a community; however, people who are trained in other disciplines often overlook public health. For example, in Pennsylvania, Marcellus Shale drilling has been virtually unregulated by the Department of Health or Environmental Protection Agency. The long-term health impacts of drilling for natural gas and introducing chemicals into groundwater have not been considered because of the economic gains such drilling may bring to the state. Ensuring a population health perspective is represented at the table when developing energy policy can help to make communities healthier without a great deal of financial investment.

While it is the responsibility of the government to help fund and maintain public health agencies, my second recommendation is that population health practitioners partner with non-traditional funding agencies for specific initiatives. For example, partnering with a sneaker company to help fund an athletic program in a local school or recreation center or working with a local health food store to give healthy cooking lessons to parents can not only increase healthy behaviors, but bring in new partners who may be interested in investing in local communities. Public-private partnerships have been successful in many global public health initiatives,[12] and such partnerships can expand the reach of population health into new sectors in the community, and can advance the population health agenda.

Financial challenges will continue to be of concern for population health as it is for all publicly funded agencies. As population health practitioners and researchers, we must begin to think of new and creative ways to maintain our relevance and sustainability. ■

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REFERENCES

1. Malan J. OKAHEC may lose funding. Enidnews.com. Published July 12, 2011. Accessed July 12, 2011.
2. Paradis R. Public health loses $250,000 from funding, cuts programs. YNN.Com. Updated 2011. Accessed July 12, 2011.
3. 6 WECT. Columbus county health department could lose 60% of general aid funding. 2011. http://www.wect.com/story/14866881/columbus-co-health-dept-could-lose-60-of-general-aid-funding. Accessed July 11, 2011.
4. National Association of County and City Health Officials. Local health department job losses and program cuts: Findings from July 2011 survey. 2011. Accessed November 29, 2011.
5. Hing E, Hooker RS. Community health centers: Providers, patients, and content of care. *NCHS Data Brief*. 2011;65. Accessed November 29, 2011.
6. Mays GP, McHugh MC, Shim K, et al. Institutional and economic determinants of public health system performance. *Am J Health Promot*. 2006;96(3):523-531.
7. Erwin PC, Greene SB, Mays GP, Ricketts TC, Davis MV. The association of changes in local health department resources with changes in state-level health outcomes. *Am J Public Health*. 2011;101(4):609-615.
8. Mays GP, Smith SA. Evidence links increases in public health spending to declines in preventable deaths. *Health Aff.* 2011;30(8).
9. Potter MA, Fitzpatrick T. State funding for local public health: Observations from six case studies. *J Public Health Man*. 2007;13(2):163-168.
10. Mays GP, Smith SA. Geographic variation in public health spending: Correlates and consequences. *Health Serv Res*. 2009;55(5 pt 2):1796-1817.
11. Hoehner CM, Brennan LK, Brownson RC, Handy SL, Killingsworth R. Opportunities for integrating public health and urba planning approaches to promote active community environments. *Am J Health Promot*. 2003;18(1):14-20.
12. Reich M. *Public-private partnerships for public health.* Cambridge, MA: Harvard Center for Population and Development Studies; 2002.