

TESTIMONY BEFORE THE

LEGISLATIVE COUNCIL SPECIAL STUDY COMMITTEE ON HEALTH CARE ACCESS

October 1, 2010

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ON BEHALF OF THE WISCONSIN PUBLIC HEALTH ASSOCIATION AND WISCONSIN ASSOCIATION OF LOCAL HEALTH
DEPARTMENTS AND BOARDS

**STATEMENT OF POSITION ON PUBLIC HEALTH FUNDING NEEDS
AND PRIORITIES IN WISCONSIN**

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INTRODUCTION

Thank you for the opportunity to present testimony to the Special Study Committee. I would like to begin by thanking the Chairs and Legislative Leadership for their interest and support. The lack of funding for public health in the state has become a critical issue. Obesity and binge drinking rates remain critical challenges, and health disparities continue to grow wider. At the same time the economic recession has placed an increased burden on the public health system. Our public health funding system requires immediate investment to assure a healthier Wisconsin.

I would like to begin by briefly defining public health, and placing it in context for Wisconsin. Public Health is the science of protecting and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention. During the last century, achievements in public health were responsible for the dramatic increase in average life expectancy. Vaccination programs, control of infectious diseases, effective safety policies such as motor-vehicle and occupational safety, improved maternal and child health, fluoridation of drinking water, anti-smoking measures, and chronic disease prevention programs all helped contribute to a healthier nation.

Public health is also described as community health. Our communities can be as small as a local neighborhood, or as big as the entire country. Public health provides life-saving immunizations; manages programs working to limit the spread of communicable diseases; and investigates, evaluates, and eliminates environmental conditions harmful to citizens.

The Wisconsin Public Health Association and the Wisconsin Association of Local Health Departments and Boards represent over 1,000 public health professionals and partners throughout the state. We are committed to improving public health through policy and partnership. We share a commitment to make a healthier state through our focus on policy development and partnerships. Addressing Wisconsin's public health funding is a critical step towards achieving this vision.

FUNDING

The America's Health Rankings have been published annually since 1990. Since that time, Wisconsin's health ranking has ranged from a high of 8 in 1990 to a low of 17th in 2008. These rankings are determined through an analysis of numerous indicators including measures of behavior, environment, policies, clinical care and health outcomes. The two measures that have consistently weighed on Wisconsin's overall ranking is the prevalence of binge drinking and the low per capita funding – both ranked last out of all 50 states in the 2009 report.

A mix of federal, state, and program revenues and a small amount of segregated appropriations finance governmental public health on the state level. At the local level public health programs are financed primarily by local tax levies along with a mix of federal, state, and program revenues. These financing structures often constrain local and state health departments by placing categorical restrictions by the funding source on the use of these funds. Very little of

the revenues received by state or local government have flexible uses; therefore, these revenues cannot always be used for the most pressing problems of the community or state.

Compared with other states, Wisconsin's state investment in public health financing ranks very low. For the 2004-2005 period Wisconsin public health spending amounted to only \$6.24 per capita, which translates into a total investment of just over \$34 million. It is important to note that this number includes all state GPR funds appropriated for public health activities – including state health department spending, pass-through to local health departments, and pass-through to community-based organizations.

Out of this \$34 million only \$13.4 million supports the governmental public health system in Wisconsin. The remaining \$20.6 million supports non-governmental public health entities. Data indicates that Wisconsin is heavily dependent on federal funding and local tax levy revenues to finance its governmental public health activities – these two sources contribute over three-quarters of all funding for governmental public health. State revenue contributes relatively little (7%) to support the public health responsibility for improved health outcomes for residents of the state.

Further analysis reveals that the state health department in Wisconsin has become dependent on federal revenue to finance 75% of its public health activities. Local health departments are dependent upon local tax levies for 50% of their funding and federal revenue for about 25% of their funding. In each case the state investment is minimal. In 2005, GPR contributed about 7.5% of state health department revenues and 6.6% of local health department revenues.

There are two primary challenges associated with the current funding model.

- Federal funding is categorical. Changing priorities and appropriations at the federal level directly affect Wisconsin's ability to support the specific priorities determined to be most important in Wisconsin. The priorities that are deemed important at the federal level may not be what are most important for improving the health of Wisconsinites.
- Significant variation exists between counties' local tax bases; wealthier counties may have the ability to provide more and better programs and services than other counties, leading to increased disparities in service availability and delivery across the state.

The lack of public health funding also heightens the public health workforce needs in the state. Workforce development is a fundamental element of the public health system; without a strong workforce, the system will fracture and ultimately result in significant health risk increases. Yet despite the importance of public health to our society, critical workforce challenges exist. These challenges include addressing a shortage of workers, succession planning to replace an aging workforce, need for greater technical skills, and developing a workforce that reflects the diversity of Wisconsin communities. The Association of Schools of Public Health reports that by 2020, the United States public health workforce will be insufficient to meet the essential services required – projecting a need for more than 250,000 additional public health professionals. In Wisconsin, nearly one in five workers in the Wisconsin Division

of Public Health (DPH) is eligible for retirement; and approximately 50 percent of the public health employees in DPH will be eligible for retirement by 2011.

RECOMMENDATIONS

The public health community asks the Study Committee to support strategies that can fix the current problems with our current system of funding public health. We believe this can be done through a combination of the following:

- Assuring public health professionals receive comparable reimbursement for services provided;
- Increase Wisconsin's competitive advantage in applying for funding; and
- Eliminate unnecessary regulation to better manage available resources.

We specifically ask that state funding be provided to health departments to strengthen community health through improved assessment, planning and evaluation. These funds will be used to support a standardized community health assessment and improvement planning process throughout the state.

Community health assessment and improvement planning is a core function of health departments. Planning will become even more critical as health department accreditation develops, public health system partners are also required to conduct assessments, and everyone works to match limited funds with local health priorities. Unfortunately there is no current source of funding available to support statutorily required community health improvement planning process. We recommend the state support public health by funding community assessment and improvement planning, and to allow a portion of funding to be used to directly address community priorities as identified through planning process.

Funding will help assure a more consistent and coordinated planning process throughout the state, and among partners. It will create stronger community partnerships through involvement in the planning process. The quality of public health services will be improved through accreditation. And perhaps most importantly, improved planning will lead to greater funding through leveraging community partnerships and increased success in securing new funds.