Core Funding for Local Health Departments

Maryland's Funding Formula and its Impact on Local Health Services

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Working with the Maryland Association of County Health Officers (MACHO)

Public Health Parity in Tough Economic Times: Raising Awareness and Increasing Visibility of Public Health Programs and Policy in the Maryland General Assembly

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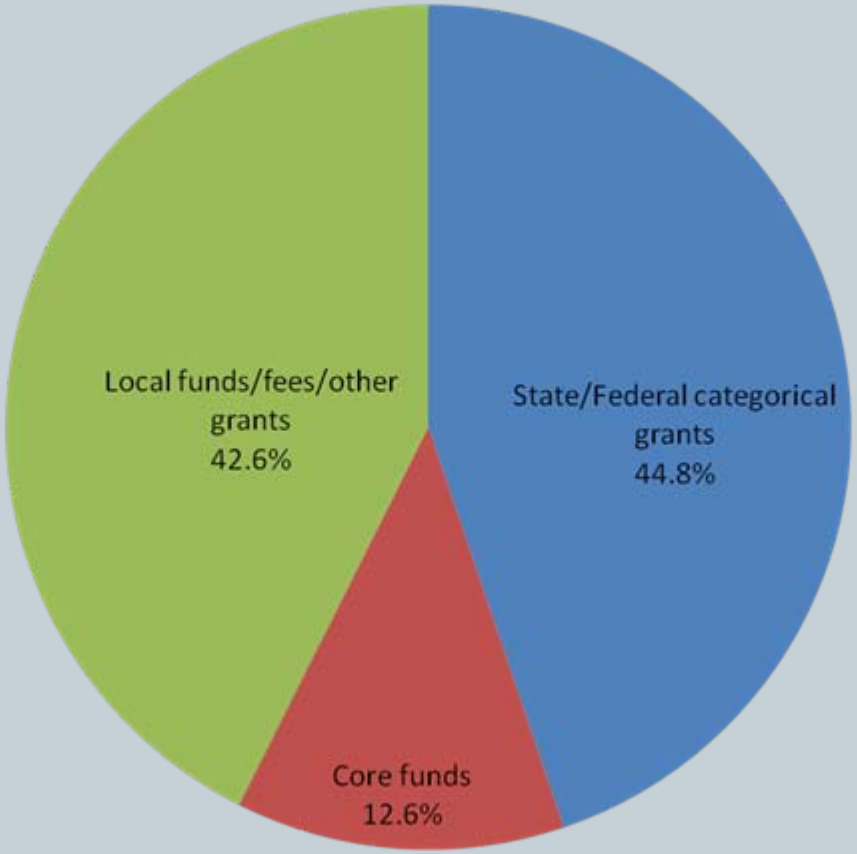
Local Health Department Funding Breakdown



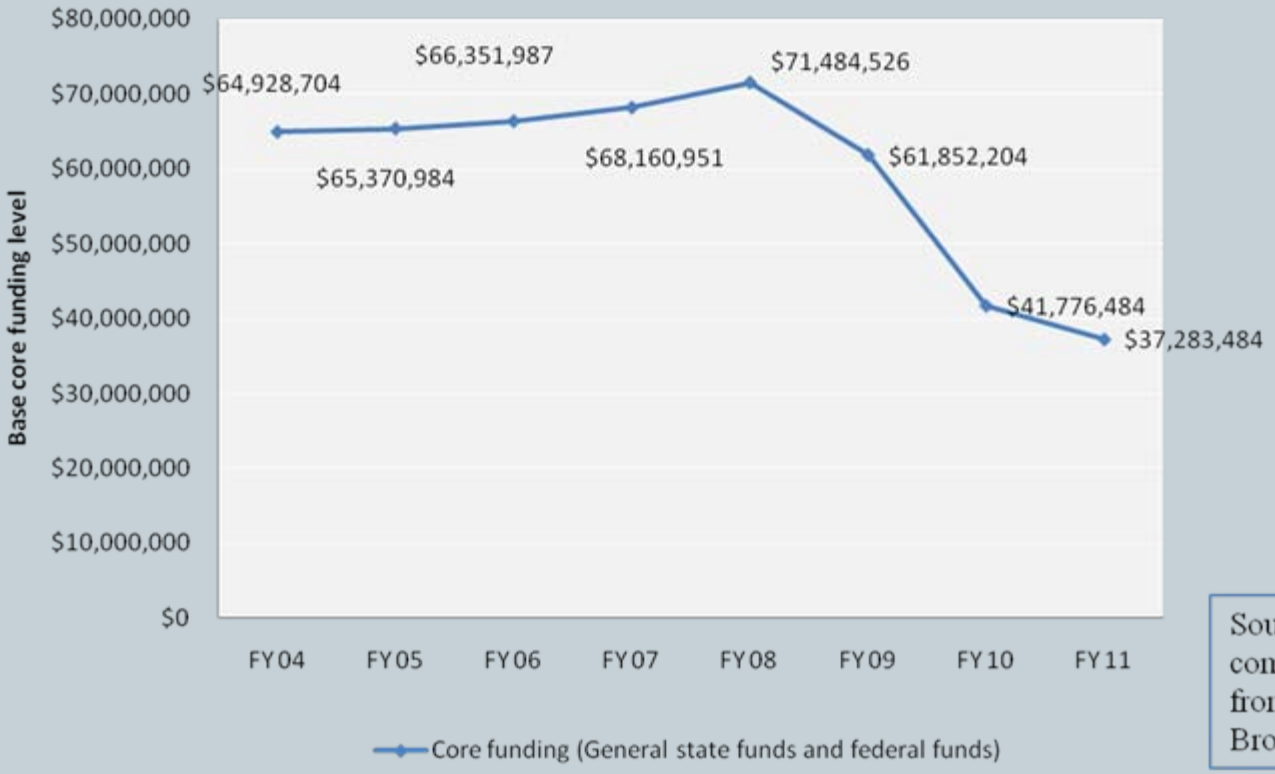
Source: Community Health Administration, Maryland Department of Health and Mental Hygiene. (2007).

Core Funding

- Core funding is directed to the following Core service areas:
  1) Communicable disease
  2) Environmental health
  3) Family planning
  4) Maternal and child health
  5) Wellness promotion
  6) Adult health and geriatric health
  7) Administration and communication services associated with the provision of these essential core services

- Distribution of Core funds to individual LHDs is based on community need.

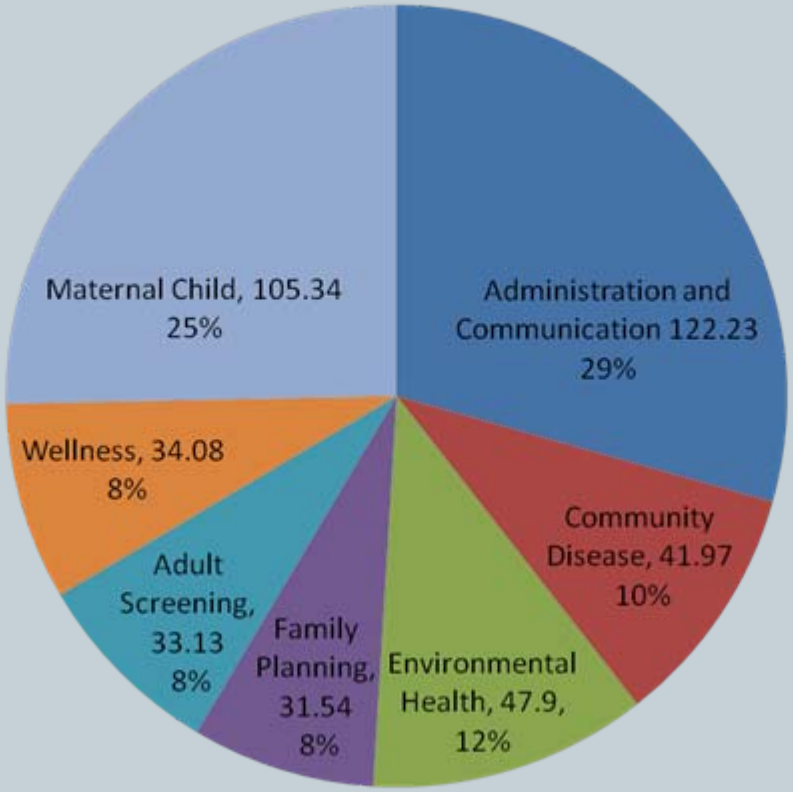
Core Funding Levels



Source: Personal communication from Dr. Barbara Brookmyer.

Positions Reduced Due to Core Funding Cuts

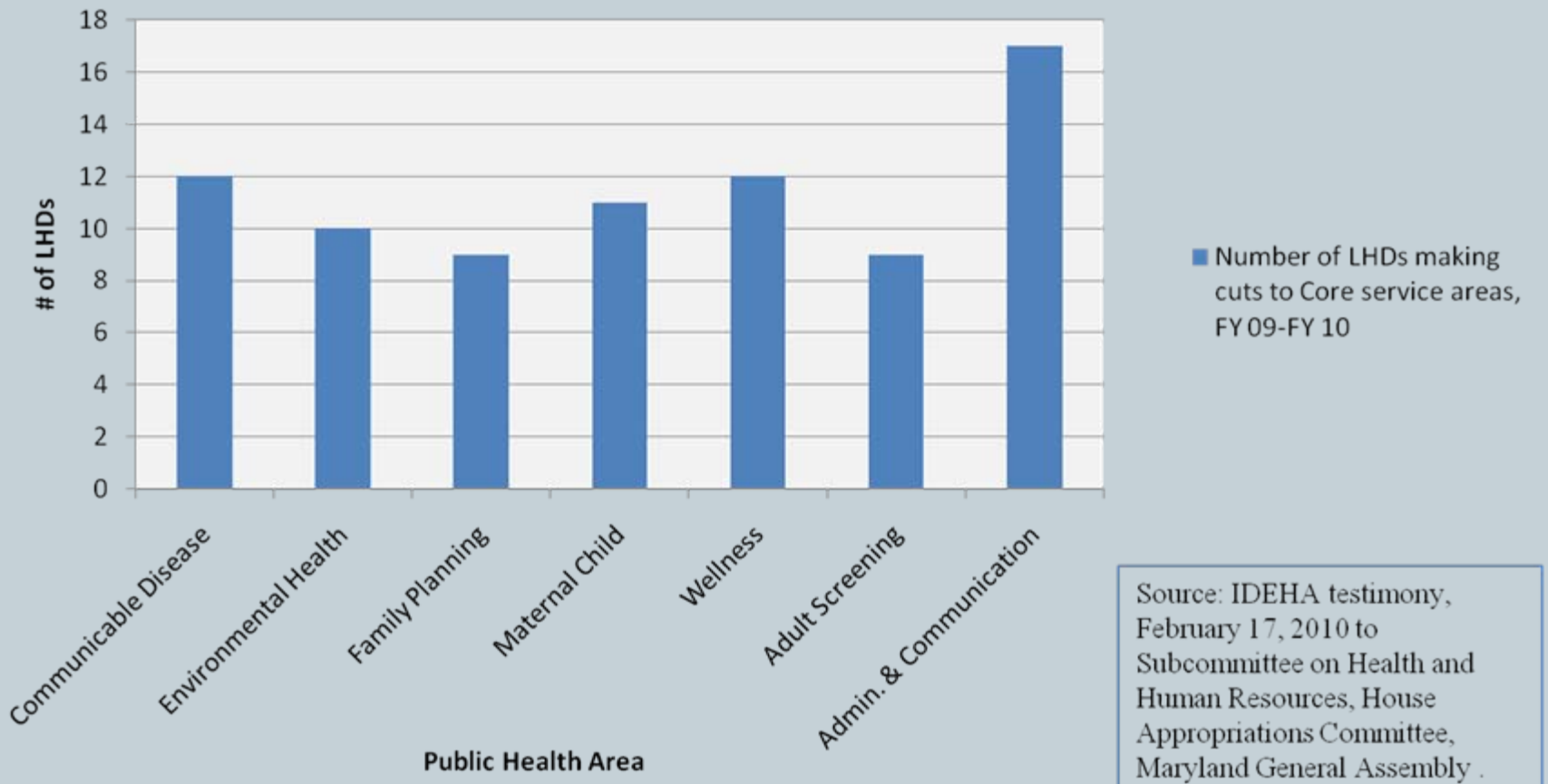
Source: IDEHA testimony, February 17, 2010 to Subcommittee on Health and Human Resources, House Appropriations Committee, Maryland General Assembly .



Cuts FY2009-FY2010 by Public Health Area

416 LHD positions were eliminated between July 1, 2008 and December 1, 2009.

Number of LHDs making cuts to Core services, FY 09-FY 10



Source: IDEHA testimony, February 17, 2010 to Subcommittee on Health and Human Resources, House Appropriations Committee, Maryland General Assembly .

Impact of Core funding reductions on LHD services

- LHDs have had to reduce service hours and service locations, resulting in longer waiting times for the public and less accessibility to services.
- Many local health departments are unable to meet mandated timelines for critical functions such as food service facility inspections.

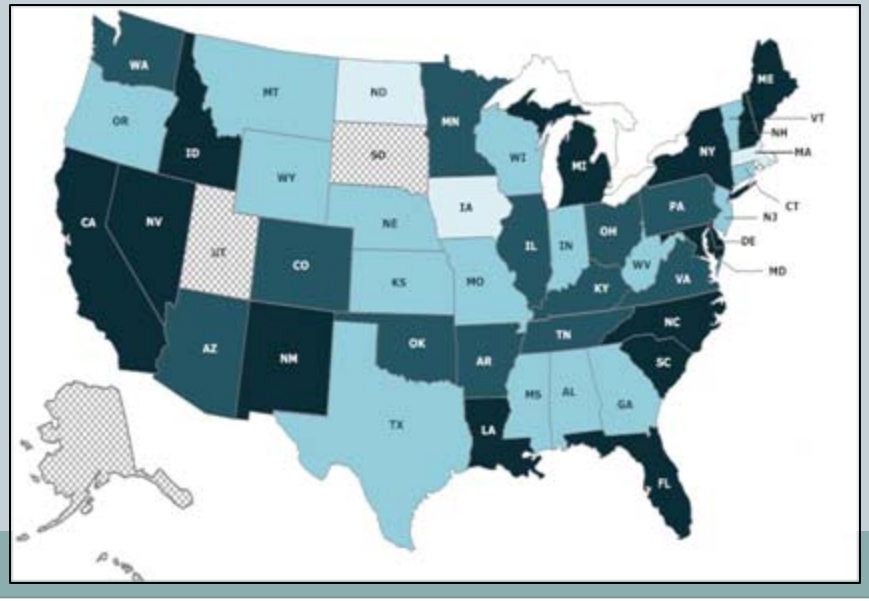
- Other specific cuts include reductions in health education services, tobacco cessation programs, family planning appointments, clinic times, increased case management loads for nurses, and decreases in translation services.

Cuts to Local Health Departments Across the Country

- A National Association of City and County Health Officials (NACCHO) 2009 Economic Survey of LHDs across the country found that Maryland LHDs experienced cuts to overall budgets of 88% in 2009 and anticipated a continued reduction of 88% in 2010.
- LHDs in the rest of the country, by contrast, experienced an average of 45% budget reductions overall in 2009, with a 50% reduction anticipated in 2010.

% of LHDs that Lost Jobs Due to Layoffs or Attrition (July–December 2009)

- 0–25%
- 26–50%
- 51–75%
- 76–100%
- Insufficient Data



The Importance of Supporting Preventive Services

- A 2009 publication by the Robert Wood Johnson Foundation indicates that evidence-based disease prevention programs at the community level can result in improved nutrition, physical activity, and tobacco use prevention.

- Such improvements are associated with reduced rates of heart disease, kidney disease, high blood pressure, stroke, and type 2 diabetes.

- The report suggests that investing just $10 per person in these types of programs would yield a national level return on investment of $5.6 to 1 within 5 years.

Impact of Core Funding Cuts on Preventive Services in Local Health Departments

- Maryland local health departments provide critical chronic disease prevention services such as health education activities, vaccinations, tobacco cessation programs, cancer screenings, and blood pressure checks.
- Many of these programs have been severely cut or eliminated by budget reductions.

Examples of Other Funding Formulas

- Case formula
  - Used to determine state contributions to LHDs in Maryland between 1956 and 1993.
    - Distribution of state funds based on counties' ability to pay.
- Maryland education funding formula
  - Bridge to Excellence Program and foundation formula.
    - Based on relative wealth of local community.
- Funding for local health departments in other states
  - Funding formulas vary greatly across states.
    - The share of federal, state, and local contributions often reflect differing administrative structures (centralized, local, or hybrid organizational structures).

Key Findings

- Strong local health department performance is associated with stable and flexible funding sources.
- Incorporating some elements of other funding formulas into Core funding could make state funding for local health services more predictable, equitable, and transparent.
- Developing a more active advocacy role for LHDs and related stakeholders could be a useful strategy for defending funding sources from future cuts.

Acknowledgments

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