

GOVERNOR'S PUBLIC HEALTH COMMISSION

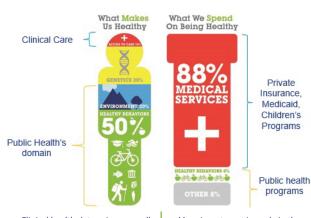
Public Health Funding



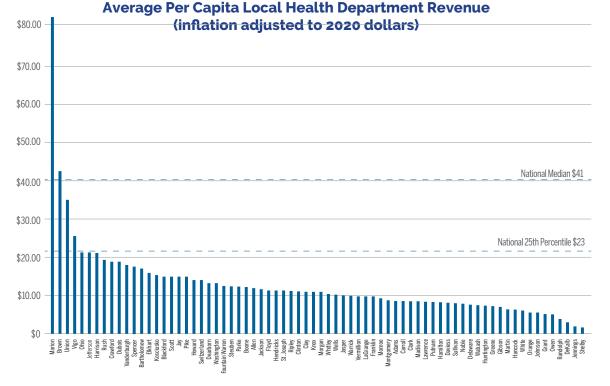
Our goal: To ensure that every Hoosier has access to the core public health services that allow them to achieve their optimal health and wellbeing.

- Indiana ranked 45th nationally for state government public health spending in 2021
- Pre-pandemic (2018-2019) state and CDC spending per person in Indiana was \$55 versus \$91 nationally
- Most federal public health funding coming to the state consists of grants tied to specific diseases or categories, which limits how local public health agencies can use those dollars
- The majority of local public health funding in Indiana comes from local governments (70%), many times from property taxes
- Two-thirds of Indiana counties have populations of less than 50,000, which often results in limited tax revenue being prioritized for infrastructure and public safety over public health
- The state of Indiana makes good use of the funds it receives. In 2019,
 Indiana ranked 47th in funding but 41st in overall public health.

Public Health vs. Clinical Care



Clinical health determines a small amount of overall health, and the bulk of health (70%) is determined by our environment and behaviors. More investment is made in the treatment of injuries and chronic diseases than in prevention.



Public health funding ranges from \$1.25 to \$83 per person depending on where you live in the state. The current state and local revenue coming in to 90 of our 94 local health departments is below the national 25th percentile

Source: Fairbanks School of Public Health Indiana Public Health System review, December 2020



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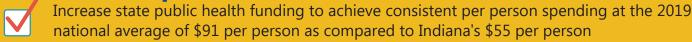
Indiana spends approximately \$55 a person on public health annually, which equates to \$374 million. Since 2000, the state budget only provides \$6.7 - \$6.9M of direct funding each year to local health departments.

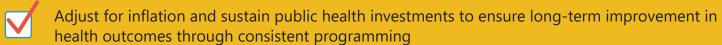


To drive down healthcare spending, investments in public health must be made – this is where the greatest effect of interventions lies.

A restructuring of public health will ensure resources are consistent and efficient.

Next steps:





- Provide local health departments with stable, recurring, and flexible funding to build and sustain their foundational public health capabilities
- Increase state-funded Local Health Maintenance Fund (LHMF) allocations to support the provision of core public health services in each county, considering county population and district support services
- Opt in by local officials who vote to increase funding every five years in exchange for agreement to provide core public health services
- Include maintenance of effort for local health budgets of up to 20% local cost-sharing with approval of county fiscal body
- Provide state support to help local health departments maximize all funding sources, including insurance and Medicaid billing and grants
- Offer state-sponsored annual training regarding public health and public health finance for county auditors, commissioners, attorneys and councilors
- Provide consistent tracking of public health revenues and expenditures across IDOH and LHDs