



The Bell Policy Center

Policy Brief

Briefing papers on issues facing the Colorado General Assembly

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Program Name

General Fund
Per Capita
Appropriations for
Local and Regional
Health Department
Line Item
(CRS § 25-1-516).

Responsible State Agency

Department of
Public Health and
Environment

Goal

Restore
per capita
appropriations for
local and regional
health departments

Rationale

Local health
departments
provide essential
public health
services to
91 percent of
Colorado residents.
Without adequate
funding, the ability
to address public
health needs is
compromised.

*States have a fiscal
responsibility to
help maintain a
public health
infrastructure.*

*State per capita
support to local
health departments
is the "glue" for
Colorado's public
health system.*

Restore State Per Capita Funds to Local Public Health Departments

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State and federal funding: a shared responsibility for public health

Studies by the Centers for Disease Control and Prevention and the National Academies of Science, Institute of Medicine, establish the essential nature of state and local investments in public health. Without adequate funding, health departments cannot effectively respond to natural disasters and public health concerns such as West Nile virus, influenza or adequate prenatal care.

The National Academies of Science also notes that the 10th Amendment to the U.S. Constitution gives states and their local subdivisions the authority and responsibility to create and financially support conditions for people to be as healthy as possible.

The federal government provides 56 percent of total funding for the Colorado Department of Public Health and Environment (CDPHE). Cash funds account for 40 percent, and the remaining 4 percent comes from the state general fund.

Federal funds finance federal programs such as the Women, Infants and Children program. General fund monies are used as state matches for federal grant programs such as the Maternal and Child Health block grant. Cash funds come from fees paid by businesses and individuals for specific services, such as issuing water quality permits or supplying vaccines.

Historically, a portion of general fund monies was allocated, on a per capita basis of up to \$1.50 per person, to encourage the organization of regional and local public health departments.

The importance of local public health departments

State per capita funds provide rare flexible funding to local health departments to:

- Coordinate partnerships.
- Fill funding gaps for community programs, such as environmental pollution tracking, car seat safety, prenatal education or extra immunization clinics.
- Evaluate, prepare for and educate the public on injury prevention and contagious diseases.

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- Identify important public health problems such as inadequate prenatal care and immunizations and work to reverse trends.
- Assure that poor and vulnerable populations have access to quality health care.

Elimination of state per capita line item impairs public health

In 2001, the state's population was 4.5 million. By 2004, it grew by 3 percent, to 4.6 million, and is projected to grow by nearly 12 percent by 2010, hitting 5.2 million.

In 2002, revenue shortfalls led Gov. Bill Owens to veto all per capita funding for local health departments, which was at \$5 million for the 15 local public health departments. Revenue loss ranged from \$60,000 for Otero County Department of Health to \$1.3 million for the Tri-County Health Department, which serves Adams, Arapahoe and Douglas counties.

Colorado public health funding is unbalanced

By statute, organized health departments have more responsibility for local health and must offer more services than public health nursing services. In 2003, the JBC noted that state funding for public health is unbalanced. Local organized health departments no longer receive per capita funds, yet funding remains in place for county public health nursing services.

Health officials across the state are concerned that without per capita funding, their ability to provide essential public health services and maintain readiness for public health problems is compromised. The Bell Policy Center interviewed health officials in 2005 and found these concerns:

- Without state per capita funding, local health departments absorb costs for coordinating regional agreements and training. This kind of collaboration and mutual aid is vital when a disease outbreak or other health emergency occurs.
- Without state per capita funding, health departments lack rare unrestricted funds needed for leveraging added funding, expanding community partnerships, and boosting immunization clinics and health education services.
- All health departments report the loss of state per capita funds has reduced core public health services such as immunizations, prenatal care, and monitoring drinking water safety and waste water discharges.
- All health departments have left staff positions unfilled and reduced travel for site visits.
- Health departments in Otero, Phillips, Sedgwick, Delta, Mesa and Denver counties reduced services for prenatal and child health programs. Such cuts pose a grave risk for healthy babies. Colorado ranked 44th in the nation in 2005 for timely prenatal care.
- Per capita funding also provided basic operating support for the Delta, Otero and San Juan health departments. Loss of state per capita funds resulted in these departments downsizing and facing the possibility of closure without added funding from the state or county.

Colorado's population is growing while funding for public health is shrinking.

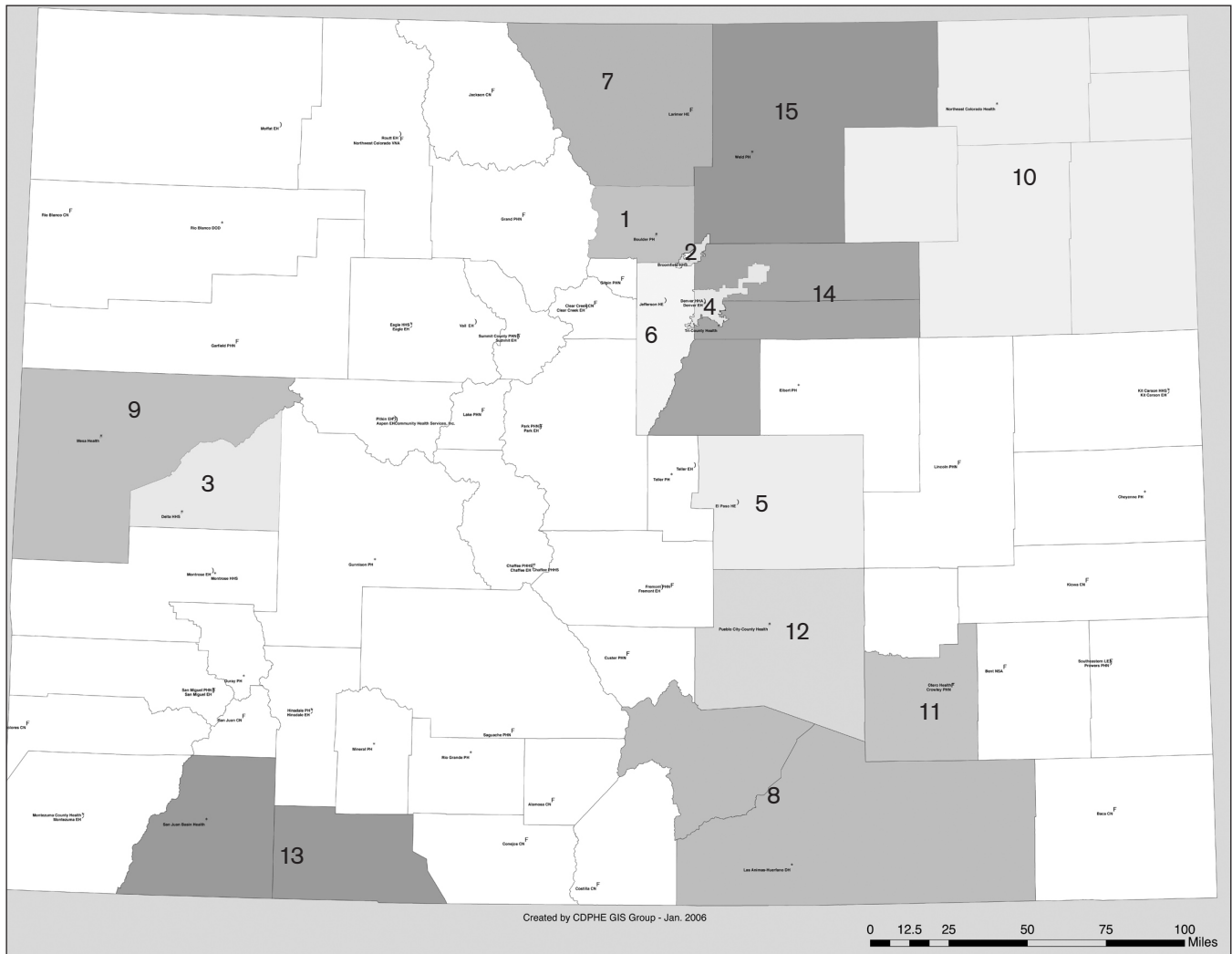
At a minimum, the Legislature and the governor should restore the per capita funding line item.

Legislators should consider whether the per capita allocation formula should be adjusted, given the increased needs and growing population.

Selected References

- U.S. Centers for Disease Control, 2001 report.
Online at: www.phppo.cdc.gov/documents/phireport2_16.pdf
- Institute of Medicine, National Academy of Science:
2002 report, online at: www.nap.edu/books/030908704X/html
2005 report, online at: www.nap.edu/books/0309095425/html
- United Health Foundation, "Health Rankings 2005"
Online at: www.unitedhealthfoundation.org/shr2005/components/healthexpend.html

Colorado local public health departments, 2006



This map of Colorado's 64 counties shows the boundaries of the 15 local health departments, shown in shades of gray. These agencies serve 91 percent of the state's population. The other 9 percent of people live in counties with public health nursing services. **Source:** Colorado Department of Public Health and Environment, 2006.

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| 1. Boulder County Health Department | Department (Aguilar, Las Animas, Huerfano) |
| 2. Broomfield Department of Health and Human Services | 9. Mesa County Health Department (Clifton, Collbran, De Beque, Fruita, Grand Junction, Loma, Palisade) |
| 3. Delta County Health Department (Cedaredge, Delta, Hotchkiss, Orchard City, Paonia) | 10. Northeast Colorado Health Department (Logan, Morgan, Phillips, Sedgwick, Washington, and Yuma Counties) |
| 4. Denver Public Health | 11. Otero County Department of Health (Crowley and Otero Counties) |
| 5. El Paso County Department of Health (Colorado Springs, Manitou Springs, Monument, Palmer Lake) | 12. Pueblo City-County Health Department |
| 6. Jefferson County Health Department (Arvada, Conifer, Edgewater, Evergreen, Golden, Lakewood, Morrison, Mtn View, Wheat Ridge) | 13. San Jan Basin Health Department (Archuleta, La Plata Counties) |
| 7. Larimer County Department of Health and Environment (Berthoud, Estes Park, Fort Collins, Loveland, Timnath, Wellington) | 14. Tri-County Health Department (Adams, Arapahoe, Douglas Counties) |
| 8. Las Animas-Huerfano Counties District Health Department | 15. Weld County Department of Public Health (Greeley, Evans, Windsor) |