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Blueprint for Opportunity

No. 16-D

Implementation Memo

TO: Governor Ritter
Members of the 66th Colorado General Assembly

FROM: The Bell Policy Center – Robin Baker, Senior Policy Analyst

DATE: January 9, 2007

**RE: Implementing Bell's Blueprint recommendation No. 16-C
to increase funding to local public health departments**

In the 2006 Blueprint for Opportunity, the Bell Policy Center recommends:

Strengthen the health care safety net: Increase general fund per capita appropriations to local public health departments

Colorado should increase funding to local public health departments so they can continue to provide immunizations and prenatal care, monitor communicable diseases and help provide visiting nurse services. (See *Blueprint*, page 23)

This memorandum briefly discusses the issues surrounding this proposal, describes steps for implementing it, outlines some of the factors to consider and lists sources for additional information and resources.

If you are interested in pursuing this issue further, we are prepared to work with you. Please contact the author of this memo directly at (303) 297-0456 or baker@thebell.org, or Rich Jones, director of policy and research, at (303) 297-0456 or jones@thebell.org.

Overview of the issue

Both federal and state governments have a responsibility to protect people from health and safety threats by supporting conditions that enable people to live healthy lives.

To meet this responsibility, Colorado's state and local public health authorities engage in a variety of activities, such as monitoring injury and disease, providing immunizations, and offering prevention education for poor and vulnerable populations. State and local public health authorities also protect the health of the public through regulatory activities, such as licensing and inspecting child care facilities and restaurants to ensure they are safe and sanitary.

Funding for local public health departments flows through the Colorado Department of Public Health and Environment (CDPHE).¹ Per capita funding is often a local health department's only source of funds that aren't earmarked for specific health-related programs. These funds give departments the flexibility to respond to health needs of the community, such as prenatal care, stop-smoking clinics, restaurant sanitation training, and to foster collaboration and mutual aid among departments.

In 2001, the state allocated \$5 million, or about \$1.50 per local resident, to 15 local health departments statewide. In 2002, due to the budget shortfall, the governor vetoed the \$5 million per capita line item for local health departments.²



According to the National Association of County and City Health Officials, in 2005, Colorado was fifth lowest in the country for state per capita funding to local health departments.³

In 2006, through the supplemental appropriation process, House Bill 06-1372 restored the \$5 million per capita line item to local public health departments,⁴ but made no adjustments for population or inflation.⁵ As a result, the per capita appropriation decreased from \$1.50 per person in 2001 to less than \$1.20 per person in 2006. Even with the supplemental appropriation, Colorado still has a very low national ranking for per capita funding.

Local public health departments serve 90 percent of Colorado residents. To help Colorado's public health infrastructure better accommodate the needs of a growing population, the state's 2001-equivalent contribution of \$1.50 per Coloradoan will cost at least \$6.6 million in fiscal year 2007.

Implementation step

- **The Joint Budget Committee should increase the appropriations for per capita funding for local and regional health services** to at least \$6.6 million in fiscal year 2007-2008, pursuant to CRS 25-1-516.⁶ Each year thereafter, local health department per capita appropriations should be increased to keep pace with population growth and the medical inflation rate, which usually is higher than the consumer price index.

Factors to consider

CRS 25-1-501 through 25-1-719 establish the public health departments in Colorado at the local level. CRS 25-1-516 establishes provisions to organize local health departments under part 5 and regional health departments under part 7.

State General Fund appropriations to the Department of Public Health and Environment have been declining. In constant dollars, General Fund appropriations decreased by 38 percent between 2001 and 2006. With declining state support, the Department of Public Health and Environment has fewer resources to help local health departments cope with or combat new health threats, such as the recent spinach E. coli outbreak, West Nile virus or avian flu.⁷

Local health departments in rural areas of the state struggle to keep their doors open. To ensure that rural health departments continue to operate, Colorado health officials formed the Public Health Directors of Colorado (PHDOC). This group worked with the state Department of Public Health and Environment to develop a base allocation formula for per capita funding. Under this formula, each department receives base funding, regardless of size, to make sure operations continue. Once each department receives its base, the balance of the money is allocated on a per capita basis to each local health department. Local health departments, especially in rural areas, depend on base funding to keep their doors open.

Information and resources:

🔗 [Association of State and Territorial Health Officials](#)

🔗 [Colorado Public Health Association](#)

🔗 [National Association of County and City Health Officials](#)

Public Health Directors of Colorado (PHDOC)

- Dr. Richard Vogt, 2006 president, (303) 846-6203
- John Pickle, 2007 president-elect, (720) 887-2218
- Andi Leopoldus, lobbyist, (719) 536-0886

🔗 [A shared responsibility: State and federal funding for local public health departments](#), Bell Policy Center Blueprint Brief No. 10, 2006.

🔗 [Restore State Per Capita Funds to Local Public Health Departments](#), Bell Policy Center Policy Brief, Feb. 9, 2006.

🔗 [Budget Cuts Can Be Hazardous To Our Health](#), Bell Policy Center op-ed, Boulder Daily Camera, May 29, 2005.

End notes

¹ Colorado Joint Budget Committee (2006). [Fiscal Year 2006-07 Appropriations Report](#).

² Joint Budget Committee (2003, p. 57). FY 2005-06 Staff Briefing: Department of Public Health and Environment (Administrative and Health Divisions).

³ The National Association of County and City Health Officials “2005 Profile of LHDs (Local Health Departments)” [may be ordered online](#).

⁴ [House Bill 06-1372](#), Concerning a Supplemental Appropriation to the Department of Public Health and Environment. Primary sponsors: Rep. Plant and Sen. Tapia.

⁵ Colorado Joint Budget Committee (2006), [Fiscal Year 2006-07 Appropriations Report](#).

⁶ Colorado Revised Statutes, 25, Part 5, Part 6, and Part 7 establish the provision of public health in Colorado at the local level; CRS 25-1-516 for local health departments organized under part 5 and regional health departments organized under part 7; and CRS 25-1-608 for local (county) boards of health organized under part 6, all authorize funding from Colorado Department of Public Health to local public health agencies, once established, on a per capita or formula basis.

⁷ [Ten Years of TABOR](#), Bell Policy Center (2003).