TESTIMONY BEFORE THE

LEGISLATIVE COUNCIL SPECIAL STUDY COMMITTEE ON HEALTH CARE ACCESS

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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 also thank the Chair and Vice-Chair and Legislative Leadership for their interest and support of this important topic.

The lack of funding for state and local public health has become a critical issue. We face many critical health challenges at the local level, and health disparities have continued to grow wider. Our public health funding system requires an immediate investment if we want to assure a healthier Wisconsin.

Others who have come before you today have already provided a definition of public health. So my testimony will focus on the impact that increased workload, minimal increases in local funding, and the absence of state funding, are having on the delivery of local public health services. I will also touch on the problems associated with our heavy dependence on federal funding to finance governmental public health activities

The achievements in public health that were responsible for the dramatic increase in average life expectancy during the last century have already been discussed. Vaccination against infectious or communicable diseases has proven to be one of the most cost effective disease prevention strategies in our prevention tool box.

In collaboration with our community public health system partners at the local level, we remain committed to improving the health of the public through cost effective disease prevention strategies like vaccination and through a focus on policy development and partnerships. But addressing Wisconsin's public health funding is critical if we are to move to the next level of creating a healthier Wisconsin.

LOCAL IMPACTS

Immunizing people to prevent infectious or communicable diseases through vaccination is a very necessary and cost-effective strategy. However, we do not have vaccines against all infectious or communicable diseases, including tuberculosis, HIV, sexually transmitted diseases, salmonella, tick-borne diseases like Lyme disease, and viruses that cause illnesses like West Nile Fever. The local public health response to many of these reportable communicable diseases is to work to limit their further spread in the community using known effective interventions. Communicable disease prevention and control is required by state statutes, and is an unfunded mandate.

Local health departments receive no funding from the state for conducting this staff time intensive activity. In Eau Claire County, the number of investigations has increased by 113%, from 380 in 2000 to 811 in 2009. The estimated cost to operate this one public health program in our department in 2011 is $491,000, which is nearly 19% of our local tax levy resource. There has been no ability to add public health staffing to meet the increasing volume of communicable diseases that must be prevented and controlled. We do not receive other sources of funding to support this activity.

The increased communicable disease workload is impacting our ability to accomplish other needed public health activities and program goals, such as maternal and child health visiting programs. In year 2000, we provided 4,612 visits; in 2009 we able to provide 1,511 visits, a 300% decrease. The communicable disease prevention and control program is an essential public health service, and the cost to operate it should be shared on an equal basis between the state and local health departments.

We remain committed to improving the health of the public through cost effective disease prevention strategies like vaccination and through a focus on policy development and partnerships. As I mentioned earlier, we collaborate with our community public health system partners at the local level to assess the health of our communities and to determine the health improvement priorities that are deemed most important for improving the health of our communities. Increasing workloads with no corresponding resource increase are also negatively impacting our ability to conduct this activity.

Community health assessment and improvement planning is a core function of health departments and we are statutorily responsible for conducting this activity with our stakeholders. Again, we receive no funding from state partners to support this mandated responsibility.

Our ability to conduct chronic disease prevention programs is also impacted. As documented in America's Health Rankings, the County Health Rankings, and Department of Health Services or Centers for Disease Control and Prevention reports, we rank consistently high in the prevalence of binge drinking. Wisconsin is also not immune from the obesity epidemic sweeping the country. In 1985, Wisconsin's obesity rate was 10-14%; in 2009 it is nearly 29%. Both binge drinking and obesity are common, serious and costly.

FINANCE

The financing structures we operate in often constrain local and state health departments through categorical restrictions placed on the funding source for the use of the funds. With the exception of local tax levy, very little of the revenues received by state or local government have flexible uses. The result is that these revenues cannot always be used for the most pressing problems identified at the local level. The priorities that are deemed important at the federal level may not be what are most important for improving the health of our communities.

Our heavy dependence on federal funding, which is often decreasing or flat, and caps limiting increases in local tax levy, are having an adverse effect on public health capacity at both the state and local level. With these two sources contributing over three-quarters of all funding for governmental public health, the stability of the public health infrastructure is at increased risk.

Others have mentioned that 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. The foundation of the public health infrastructure is at risk. The current shortages within the public health workforce driven by declining resources, the realities of an aging workforce, the continuing need for greater technical skills within the public health career field, and the need to develop a workforce that reflects the diversity of Wisconsin communities is critical to address if we seek to improve the health outcomes and rankings of our counties and state.

The significant variation that exists between counties' local tax bases does lead to increased disparities in service availability, delivery, and health outcomes across the state. In general, there is a direct relationship between per capita public health funding and the health of individual counties and communities.

If we hope to improve health outcomes for our residents, State revenue must increase significantly above the current contribution of 7%.

RECOMMENDATIONS

We ask the Study Committee to support strategies that can fix the current problems with our current system of funding public health. In addition to the strategies identified by others, please consider the following:

To provide resources for addressing the obesity epidemic, institute an excise tax on sugar sweetened beverages.
To provide resources for addressing binge drinking, and underage drinking prevention, increase the sales tax or institute an excise tax on alcohol containing beverages.
To assure that these resources are used for the intended purpose, consider legislation that would authorize counties and municipalities to levy and collect these taxes.
Studies categorically demonstrate the reduction in product consumption that can be achieved with these approaches.

We specifically ask that state general purpose revenue be provided to health departments to strengthen community health through improved assessment, planning and evaluation. These funds would be used to support a standardized community health assessment and improvement planning process throughout the state. A portion of this funding should be as flexible as possible so that we can address the community priorities identified through the planning process.

I would like to share an example of how a small amount of funding helped create new community partnerships and leverage matching contributions. In 2009, Eau Claire County launched a prescription drug task force to develop a collection and disposal program for unwanted/unused prescription and non-prescription drugs. A small amount of locally generated recycling funds and public contributions was used to leverage additional funds from participating community partners to support collection and disposal costs, and to establish four permanent sites for collection in local law enforcement agencies across Eau Claire County.

Thank you for coming to Marshfield and for giving us the opportunity to speak to you today. I would be happy to answer your questions.