

PUBLIC HEALTH FINANCING LITERATURE

#	Title	Source/Author	Date	Link	Document Headlines, Summary or Results
1	The Impact of Chronic Underfunding on America's Public Health System: Trends, Risks, and Recommendations, 2021	Trust for America's Health (TFAH)	May 2021	TFAH 2021 Link	This annual report examines federal, state, and local public health funding and recommends the investments and policy actions necessary to effectively address modern health security threats.
2	A funding crisis for public health and safety: state-by-state public health funding and key health facts, 2018	TFAH	2018	TFAH 2018	This annual report examines the level of federal and state public health funding that each state receives. It also provides policymakers and communities with an independent analysis of how their communities protect their health; encourages transparency and accountability; and recommends strategies to modernize the nation's public health system.
3	National Profile of Local Health Departments	National Association of County & City Health Officials (NACCHO)	2019	2019 NACCHO Link	The Profile study is the only longitudinal study of its kind focused on the infrastructure and practice of local health departments (LHDs). The Finance chapter includes information on total annual and per capita LHD expenditures and revenues and changes in LHD budgets over time.
4	An Examination of Public Health Financing in the United States	NORC at the U. of Chicago, presented to ASPE/HHS	March 2013	2013 NORC Report Link	Results of a mixed-methods study that included an environmental scan, analysis of financial data collected from select states, interviews with expert consultants, and site visits to seven states (AL, AR, CA, GA, MA, ND, and OR).
5	The Future of Public Health	Institute of Medicine (IOM) (now, the National Academy of Medicine)	1988	IOM Future of PH Link	Recommends that "State support of local level health services should balance local revenue-generating disparity, establish local capacity to provide minimum levels of service, and encourage local attention to state health objectives; support should include "core" funding. State funds could be furnished with strings attached and sanctions available for noncompliance, and/or general support could be provided with appropriate accountability requirements built in. States have the obligation in either case to monitor local use of state funds."
6	For the Public's Health: Investing in a Healthier Future	IOM Committee on Public Health Strategies to Improve Health	April 2012	IOM 2012	This book: examines how state and LHDs are funded and the requirements placed on PH spending; discusses the administrative changes needed to support the uniform collection and reporting of PH financial information (revenues and expenditures), and the research needed to

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					inform the most efficient and effective use of PH funding; and describes contemporary PH, provides some estimates of need, and discusses options for generating revenues to ensure stable, sustainable, and adequate PH funding.
7	Evidence links increases in public health spending to declines in preventable deaths	Glen P. Mays, Sharla A. Smith	August 2011	Mays, Smith 2011 Article Link	Examines whether changes in spending by local PH agencies over a 13-year period contributed to changes in rates of community mortality from preventable causes of death, including infant mortality and deaths due to cardiovascular disease, diabetes, and cancer. Findings: mortality rates fell between 1.1% and 6.9% for each 10% increase in local PH spending. These results suggest that increased PH investments can produce measurable improvements in health, especially in low-resource communities. However, more money by itself is unlikely to generate significant and sustainable health gains; improvements in PH practices are needed as well.
8	Preventable Death Rates Fell Where Communities Expanded Population Health Activities Through Multisector Networks	Glen Mays, Cezar Mamaril, Lava Timsina	November 2016	Mays, Mamaril, Timsina 2016 Article Link	This study uses 16 years of data from a large cohort of US communities to measure the extent and nature of multisector contributions to population health activities and how these contributions affect community mortality rates. The results show that deaths due to cardiovascular disease, diabetes, and influenza decline significantly over time among communities that expand multisector networks supporting population health activities. The findings imply that incentives and infrastructure supporting multisector population health activities may help close geographic and socioeconomic disparities in population health.
9	Geographic variation in public health spending: correlates and consequences	Glen P. Mays, Sharla A. Smith	October 2009	Mays, Smith 2009 Article Link	Study examines the extent of variation in PH agency spending levels across communities and over time and identifies institutional and community correlates of this variation. Principal Findings: The top 20 percent of communities had public health agency spending levels >13 times higher than communities in the lowest quintile, and most of this variation persisted after adjusting for differences in demographics and service mix. Local boards of health and decentralized state-local administrative

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10	Getting what you pay for: public health spending and the performance of essential public health services	Glen Mays, Megan McHugh, Kyumin Shim, Dennis Lenaway, Paul Halverson, Ramal Moonesinghe, Peggy Honoré	September 2004	Mays et al 2004 Article Link	This study used data from local PH systems that participated in the National Public Health Performance Standards Program pilot tests between 1999 and 2001 to examine the association between PH spending and the performance of essential PH services. Results indicated that performance varies significantly with both local and federal spending levels, even after controlling for other system and community characteristics. Some PH services appear more sensitive to these expenditures than others, and all services appear more sensitive to local spending than to state or federal spending.
11	US Public Health Neglected: Flat Or Declining Spending Left States Ill Equipped To Respond To COVID-19	Y Natalia Alfonso, Jonathon P Leider, Beth Resnick, J Mac McCullough, David Bishai	April 2021	Y. Natalia Alfonso et al, 2021 Article Link	We present state spending trends in eight categories of PH activity from 2008 through 2018. We obtained data from the Census Bureau for all states except California and coded the data by PH category. Although overall national health expenditures grew by 4.3% in this period, state governmental PH spending saw no statistically significant growth between 2008 and 2018 except in injury prevention. Moreover, state spending levels on PH were not restored after cuts experienced during the Great Recession, leaving states ill equipped to respond to COVID-19 and other emerging health needs.
12	The Role of Public Health Expenditures in COVID-19 control: Evidence from Local Governments in England	Arnab Acharya, Carrie Wolfson, Sasmira Matta, Carolina Cardona, Sneha Lamba, David Bishai	September 2021	Arnab Acharya et al, 2021 Article Link	We use administrative data on past budgetary allocations per capita to PH departments at upper tier local areas (UTLAs) of England to examine whether PH funding levels were correlated with more rapid control of the first wave of the COVID-19 pandemic between March and July of 2020. The dependent variable was the number of days between a UTLA's 10th case of COVID-19 and the day when new cases per 100,000 peaked and began to decline. Our models controlled for regional socio-economic factors. We found no correlation between local PH expenditure and the speed of control of COVID-19. However, overall

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13	Public Health's Share of US Health Spending	David Bishai, Jonathon Leider, Beth Resnick	July 2016	Bishai, Leider, Resnick 2016 Article Link	NHEA data on PH spending, derived from Census data, includes clinical care spending and therefore overstates PH spending. We estimate that slightly less than 40% of the Census' reports of state government nonhospital health expenditure is for population-focused PH spending.