

Equity Assessment Framework for Public Health Laws and Policies

Example – The Prevention and Public Health Fund

The [Prevention and Public Health Fund](#) (PPHF) was established as part of the Patient Protection and Affordable Care Act of 2010 (ACA), under Section 4002. Established by law, it was the nation's first mandatory funding stream dedicated to improving the nation's public health system. The PPHF focused on controlling healthcare costs and improving health.

1. What is the issue and how does the law or policy address it?


Much has been written about the chronic underfunding of the public health system at all levels (federal, state and local). In order to have a vigorous public health system, one that can fully support and build a healthy nation and can prepare for and respond to emergent and chronic public health crises—including the current worldwide COVID-19 pandemic and global climate change—financing through dedicated funds at federal, state and local levels is necessary. Such funds must be predictable, reliable, sustainable, and responsive to changes in demand and cost over time. They must allow for the delivery of efficient public health services that are effective for everyone, no matter their income, age, gender, health status, geographic location or other socioeconomic or demographic characteristics.

One of the critical public health funding sources is the PPHF, which provides major funding for public health services, including the Preventive Health and Health Services Block Grant (PHHS Block Grant) which supports all 50 states, Washington D.C., two American Indian tribes and eight U.S. territories. Funding provided to states through the PPHF is substantial; in 2016, [states received over \\$625 million from the PPHF](#), with funding ranging from \$2-\$61 million per state, depending on a state's population and proposed public health activities. State and local public health agencies use these funds for public health interventions that are locally determined and adapted to address key health problems. In New Mexico, for example, the PPHF is used to fund health literacy efforts and health equity initiatives.

The PPHF is a significant funding source for CDC programs, providing up to 12% of the CDC's total program funding. The PPHF also funds programs directly, like the [Racial and Ethnic Approaches to Community Health \(REACH\) Program](#). REACH works to address health disparities among racial and ethnic populations with the highest rates of chronic disease, work that is particularly critical now as these populations experience higher rates of mortality and morbidity due to COVID-19.

2. How are community voices included in identifying and defining the issue and deciding what law or policy approach to take?

Since 1982, states have been required to hold public legislative hearings and share their proposed use of grant funds (including PPHF and PHBG) with the public. States often gather input on the proposed use of PPHF by soliciting public input through surveys, advisory groups, committees and other community engagement methods. Some state and local public health agencies have developed community health advisory groups who participate in the selection of health priorities and subsequent community health improvement plans. These same groups, as well as other



partnering agencies, advocate for funds such as the PPHF and many are involved in making budget recommendations at state and local levels.

3. What is the historical context of the issue?


In the past ten years alone, spending for [state public health departments has dropped by 16 percent per capita and spending for local health departments has fallen by 18 percent](#). When adjusted for inflation, public health has lost 45 percent of its funding for staff, training, equipment and supplies in the past 15 years. At least 38,000 state and local public health jobs have disappeared ([with some studies citing the loss of 56,360 public health jobs](#)) since the 2008 recession. As a result, the public health system, with a skeletal remaining workforce, is challenged to address numerous public health issues ranging from COVID-19 to the opioid epidemic to the economic crisis affecting so many social determinants of health, such as access to food and safe housing.

Despite testimony from the public health community as to the critical need for PPHF support, [the PPHF has experienced significant cuts in funding](#), often to cover other healthcare costs such as Medicaid expansion, the Children’s Health Plan and, more recently, the 21st Century Cures Act, which is aimed at accelerating medical product development. While all of these are important policies and programs for improving the health care of our population, the PPHF is vital to maintaining a robust and modern public health system, able to prevent and mitigate a wide range of public health issues and promote healthy behaviors.

In addition to cuts in PPHF funding, additional cuts have continued across public health at all levels. Recent analysis point to the critical underfunding of public health as one of the reasons the U.S. has fared so poorly in its response to COVID-19, and in its response to other critical health issues. The lack of adequate funding for public health was captured in a [recent statement by Donald Berwick](#) in which he notes “Decades of research on the true causes of ill health, a long series of pedigreed reports, and voices of public health advocates have not changed this underinvestment in actual human well-being.” Such underfunding was noted as a contributing factor in declining life expectancies due to increasing “deaths of despair” in a [recent JAMA Viewpoint article in which](#) the authors state that “Core public health funding is also incommensurate with population health needs. Even as life expectancy decreases, support for public health systems and the role of law are under-valued by policymakers and citizens”. As far back as 2012, an Institute of Medicine report recommended doubling the federal government’s expenditures for public health activities in order to fully fund “a minimum package of public health services”.

4. How does the law or policy impact different population groups?

Not everyone in the U.S. has benefited from the advances that have been made in reducing illness and premature death, and in increasing the length and quality of life in the U.S. Significant disparities in health and life expectancy remain, particularly among people of color when compared to white populations. COVID-19 has highlighted these [disparities among the U.S. population by race and ethnicity](#) with Black, Indigenous Americans, Pacific Islanders and Latinx populations having much higher rates of mortality compared to White Americans.



An underfunded public health system is less equipped to address these disparities. When funding for research, program and policy development, and front-line interventions is lacking, disparities in health outcomes remain and can become increasingly intractable. PPHF funding can enable and empower states and local public health jurisdictions to assess the health of various populations within their communities and can make it possible for them to direct programming to those populations experiencing significant health disparities, and to those with the highest needs, where interventions have the potential for the greatest impact.

5. What are the known or expected outcomes of a given law or policy?

For many years tracking and evaluation of outcomes resulting from funding provided by the PPHF had been a requirement. Programs funded by the PPHF, such as the PHHS Block Grant, have enhanced healthcare quality, improved outcomes and reduced healthcare costs. The PPHF helps fund a broad range of evidence-based prevention initiatives at both clinical and community levels. These funds have been used to develop surveillance and tracking systems vital to communicable disease prevention and response; increase access to immunizations and chronic disease screenings; and support essential public health infrastructure components, emergency preparedness efforts, and workforce training. The level of funding provided by the PPHF directly affects the reach, strength and effectiveness of the U.S. public health system. Cuts to PPHF funding can reasonably be expected to result in increased illness, injury and preventable deaths in the U.S., and a continuation of the health disparities that COVID-19 has so strikingly brought to the forefront. Similarly, increased funding through the PPHF would move these measures in the opposite direction, restoring and reinvigorating a system currently funded at a level that is not commensurate with the level of need currently experienced by communities throughout the U.S.

6. What other options can achieve the same or similar outcome?

Federal investment in public health is a critical source of support and authority for states and provides for a minimal level of support across all states. States also have a responsibility to allocate portions of their budget to adequately fund state and local health departments and public health programs. State and local health departments should look to public-private partnerships and expanded relationships with other government entities, foundations and other funders as a way to fund public health services. Hospitals and health systems also have a role in keeping communities healthy, and can leverage community benefits requirements, engage in place-based investing, and serve as anchor institutions. Coordinated approaches at population, community and clinical levels are key to an effective, efficient U.S. health system.

Full utilization of public health laws and policies already in existence can also assist in advancing public health. For example, there are existing law and policy options that can be used to help federal, state and local governments develop the infrastructures and emergency response resources needed to respond to a variety of public health emergencies, including COVID-19. Laws and policies range from declarations of public health emergencies at federal, state, county and tribal levels to county ordinances and workplace and school safety policies. Examples of COVID-19 laws and policies can be found on the Network for Public Health Law's [COVID-19](#) webpage.

Such laws and policies, in tandem with an adequately funded public health system, will enable the U.S. to effectively and efficiently respond to a wide range of public health issues and emergencies. While public health funding must come from federal, state and local levels, the PPHF is necessary

to maintain the limited public health system we currently have in place. It can also be used to fund health initiatives aimed at reducing the disparities in health and life expectancy so blatantly exposed by the COVID-19 pandemic.

7. Can the solution be successfully sustained?

Since its inception, public health leaders, advocates and employees have upheld their support of the PPHF and have testified to just how critical such funding is. They also advocate for a sustained and, more importantly, an expanded national investment in prevention and public health programs to both improve health and curtail the rate of growth in private and public health care costs. The public health community's strong advocacy efforts have helped to maintain the PPHF despite variable political influences. Ongoing support for funding the PPHF requires a federal government that understands the vital role of public health at all levels. It requires a government willing to invest fully in the public health system so that it has the tools and resources needed to develop programs and interventions that improve health outcomes within communities and addresses long-entrenched health inequities; a system that can effectively respond to a variety of public health emergencies, including climate change and emerging diseases like COVID-19.

SUPPORTERS




Robert Wood Johnson Foundation

Support for the Network provided by the Robert Wood Johnson Foundation. The views expressed in this document do not necessarily reflect the views of the Foundation. The Network provides information and technical assistance on issues related to public health. The legal information and assistance provided in this document does not constitute legal advice or legal representation. For legal advice, please consult specific legal counsel.

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