

You get what you pay for

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Public health is the practice of preventing disease and promoting health within groups of people, ranging from neighborhoods to entire nations. The science and art of public health includes evidence-based strategies to control infectious diseases, ensure access to clean water and air, and prevent chronic disease and injury from happening in the first place.

Last year, the nation spent a staggering \$3 trillion or 18 percent of our gross domestic product on health. The lion's share of this spending was devoted to hospital and physician services, prescription drugs, and other curative measures to treat people after they've already become ill or injured. In contrast, less than three pennies of every health dollar were spent on upstream public health services.

Despite abundant evidence that modest, targeted investments in public health actually improve health outcomes and therefore result in significantly lower health care costs, our approach remains focused downstream. For example, the [Centers for Disease Control and Prevention](#) estimates that 92,000 premature heart disease deaths and 85,000 cancer deaths could be prevented each year through straightforward public health measures aimed at reducing known risk factors such as tobacco use, poor diet, and sedentary behavior.

Adding insult to injury, a new study from the [Trust for America's Health](#) documents drastic cuts in state and local public health funding in recent years. Over the past two years, close to one-half of all local health departments in the US, including the Washoe County Health District, have reduced or eliminated services in at least a major program area, such as immunization services, maternal and child health, and emergency preparedness.

In the most recent fiscal year, median state funding for public health in the US was \$27.49 per person, ranging from a high of \$144.99 in Hawaii to a low of \$5.86 in Missouri. Nevada's investment of general fund dollars in public health services was a miserly \$7.85 per person resulting in a rank of 49<sup>th</sup> among US states and the District of Columbia.

One of our state's best kept secrets is that sixty percent of legislatively approved budgets for state-administered public health services in Nevada currently is underwritten by the federal government in the form of grants from the CDC and other federal public health agencies.

Indeed, it is no exaggeration to say that most core public health programs – notably, communicable disease surveillance, public health preparedness, chronic disease prevention,

tobacco cessation and control, and maternal and child health services and nutrition assistance – would not exist in Nevada were it not for the millions of dollars state lawmakers gladly accept each year from the incessantly vilified federal government.

So, never let an elected official in Nevada express surprise or dismay about the avalanche of data that has had our state at the bottom of state rankings for health behaviors and outcomes for decades. Sometimes the public's health is simply a matter of getting what you pay for.

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