

FPHS GAP: A BREAKDOWN BY PROGRAM

Under Alternative 1, additional state funding responsibility for FPHS would be \$130M.
What does this actually buy us?

Foundational Element	Estimated FPHS Gap	Current Spending Supported by Local Government Funding	Estimated State Responsibility Under Alternative 1	Notes about this gap
Foundational Capabilities	\$16 M	\$8 M	\$24 M	While foundational capabilities defined in FPHS are generally provided today, additional funding is needed to provide a uniform level statewide.
Communicable Disease	\$7 M	\$8 M	\$15 M	While communicable disease services defined as FPHS are generally provided today, additional funding is needed to provide a uniform level statewide.
Chronic Disease and Injury Prevention	\$53 M	\$2 M	\$55 M	About \$43 million of additional funding would go to new and increased activities for tobacco and healthy eating, active living (HEAL) programs. Additionally, \$10 million is needed to raise the level of current activities to a uniform level statewide as described in the FPHS definitions.
Environmental Public Health	\$14 M	\$7 M	\$21 M	Additional funding will mostly go towards increased service in the areas of land use planning, built environment, and toxic exposures.
Maternal/Child/Family Health	\$6 M	\$5 M	\$11 M	While maternal/child/family health services defined as FPHS are generally provided today, additional funding is needed to provide a uniform level statewide.
Access/Linkage to Clinical Health Care	\$3 M	--	\$3 M	This is an emerging area due to ACA implementation, and many government public health entities are not adequately providing these services today. Additional funding is needed to provide the defined services uniformly statewide.
Vital Records	\$0.3 M	\$0.3 M	\$0.6 M	Additional funding will go to DOH and LHJs to provide Vital Records program services at a uniform level statewide.
TOTAL	\$100 M	\$30 M	\$130 M	