



Federal Funding of Public Health Activities in Kansas

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Stimulus for the Study:

- Trust for America's Health, "*Shortchanging America's Health*," 2008 and 2009
- Included PH funding from CDC, HRSA, and ASPR
- Kansas Rankings (per capita funding):
 - CDC: 41st
 - HRSA: 50th
 - ASPR: 16th



KHI Study Questions

- Why is Kansas funding lower than other states?
- Are there opportunities to increase levels of federal funding coming to Kansas?



Study Design

- In-depth analysis of funding data
 - 5 Years
 - Grantee type
 - Award type
 - Program office
 - Program name
- Key informant interviews
- Limited to CDC and HRSA funding



Findings – Funding Data

Funding Totals, FFY2008

	U.S. \$ per capita	KS \$ per capita	Kansas Rank
CDC	\$ 11.58	\$ 9.49	32nd
HRSA	\$ 18.84	\$ 9.85	51st

(Rankings include 50 states & D.C.)



Findings – Funding Data (continued)

CDC Funding by Grantee Type, 2004-2008

Grantee Type	U.S. \$ per capita	KS \$ per capita
State government	\$ 40.45	\$ 42.47
County, city, local govt.	\$ 4.81	\$ 0.09
Non-profit organizations	\$ 10.88	\$ 1.44
Private profit organizations	\$ 0.69	\$ 0.87



Findings – Funding Data (continued)

CDC Funding by Program, 2004-2008

Program	U.S. \$ per capita	KS \$ per capita
CDC Investigations & TA	\$ 13.85	\$ 12.10
Immunization Grants	\$ 11.45	\$ 10.60
Public Health Emergency Preparedness	\$ 5.20	\$ 6.10
Injury Prevention & Control	\$ 1.67	\$ 2.17
State Health Planning & Development	\$ 0.05	\$ 2.17



Findings – Funding Data (continued)

CDC Funding by Program, 2004-2008

Program	U.S. \$ per capita	KS \$ per capita
Chronic Disease & Prevention Control	\$ 0.83	\$ 0.46
HIV Demonstration, Research & Education	\$ 2.80	\$ 0.08
HIV Prevention – Health Dept. Based	\$ 4.67	\$ 0.54
Occupational Safety & Health	\$ 1.63	\$ 0.20



Findings – Funding Data (continued)

HRSA Funding by Grantee Type, 2004-2008

Grantee Type	U.S. \$ per capita	KS \$ per capita
State government	\$ 40.12	\$ 28.44
County, city, local govt.	\$13.10	\$ 3.70
Non-profit organizations	\$ 36.21	\$ 14.95
Private profit organizations	\$ 2.00	\$ 6.09



Findings – Funding Data (continued)

HRSA Funding by Program, 2004-2008

Program	U.S. \$ per capita	KS \$ per capita
Bioterrorism Training	\$ 0.23	\$ 1.19
Training in Primary Care Medicine & Dentistry	\$ 0.87	\$ 1.81
National Bioterrorism Hospital Preparedness	\$ 3.04	\$ 3.25
PH & Social Services Emergency	\$ 1.62	\$ 1.89
Rural Hospital Improvement	\$ 0.24	\$ 1.54
Rural Hospital Flexibility	\$ 0.61	\$ 1.07



Findings – Funding Data (continued)

HRSA Funding by Program, 2004-2008

Program	U.S. \$ per capita	KS \$ per capita
Consolidated Health Centers	\$ 26.21	\$13.28
Health Facilities Renovation or Construction	\$ 3.20	\$ 2.14
Rapid Expansion Antiretroviral Therapy	\$ 2.04	\$ 0.00
HIV Care Formula Grants	\$ 17.33	\$ 5.78
HIV Emergency Relief	\$ 9.37	\$ 0.00
Coordinated HIV Services & Access	\$ 1.08	\$ 0.00



Findings - Key Informants

- Barriers to obtaining federal Public Health Funding:
 - Data access
 - Need for evidence base
 - Small target populations
 - Lack of technical skills – epidemiology & evaluation
 - Complex applications
 - Administrative burden



Findings - Key Informants (continued)

- It may be unrealistic to expect to be successful with the first application
- Sometimes an up-front investment in capacity building is needed in order to position the applicant as competitive
- Sustainability is always a concern



Conclusions

- Heavy funding emphasis on HIV/AIDS limits Kansas funding
- However, some areas of opportunity may exist:
 - Occupational safety & health research
 - Other research-based programs

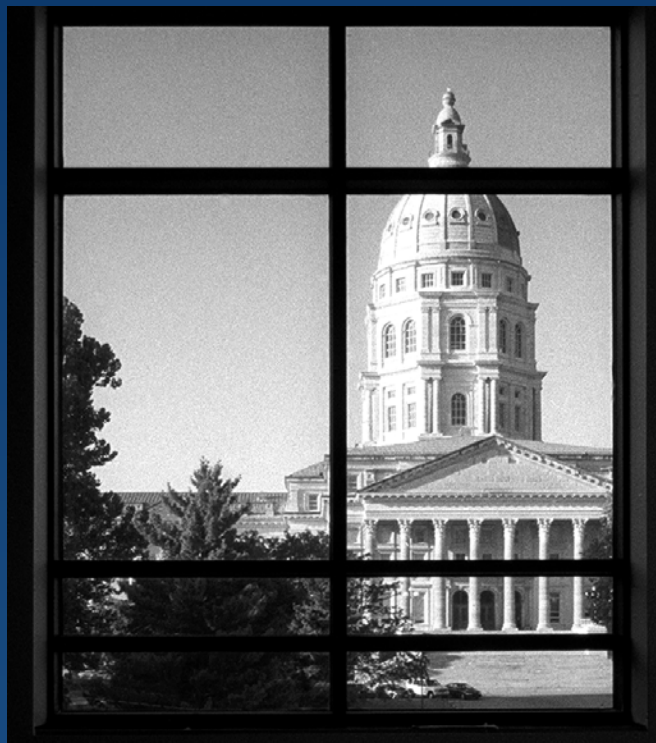


Conclusions (continued)

- Steps that might be taken to increase Kansas funding levels:
 - Improved data access
 - Regional collaboratives as applicants
 - Investments in technical skills
 - Growth of Kansas research programs



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Information for policy makers. Health for Kansans.