



Targeted Local Health Department Spending means Stronger Starts for Infants

Policy Brief
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MCH services must not be lost in the effort to cut costs and reduce public health spending. Local health departments (LHDs) have long been providing preventive services that aim to promote healthy pregnancies and child development among the families and communities they serve. Recent budget cuts to LHDs in recent years, however, have hit their delivery of maternal and child health services the hardest. Yet little has been known about the impact of these reductions on the public's health.

KEY FINDINGS

- Higher LHD spending on MCH services has a beneficial relationship with reduced rates of low birth weight, particularly in counties with high levels of poverty.
- Higher overall LHD spending has a beneficial relationship with reduced rates of infant mortality, indicating a “package” of expenditures by LHDs that, together, reduce the risk of infant mortality.
- LHDs make a unique, beneficial contribution to maternal and child health outcomes on a community-level—a contribution most strongly detected in areas of high poverty.
- While LHD spending on WIC services kept pace with increasing need in study communities, some maternal and child health service expenditures were significantly negatively associated with need—that is, decreasing service expenditures in communities where the local percent of infants born in poverty was increasing the most.

Our Study

The purpose of this Public Health Activities and Services Tracking (PHAST) study was to examine the effects of changes in LHD resources and services specific to maternal and child health on the health of the communities they serve. PHAST is a multi-state collaboration that has been studying the outcomes associated with variation and change in public health financing, infrastructure, and service delivery at the local level. PHAST works closely with public health practice partners participating in the national consortium of Public Health Practice-Based Research Networks (PBRNs) to collaborate around research questions of interest to public health practice leaders and policy makers.

We examined spending on services related to Maternal and Child Health (MCH) among 102 local public health departments in Florida and Washington State over 11 years. We analyzed this spending in relation to county-level birth outcomes and controlled for other community and local resource factors that are known to have an impact on maternal and child health.

In examining 11 years (2000-2010) of annual MCH expenditures by 102 LHDs in 2 states (FL and WA), we found strong beneficial relationships between these expenditures and county-level rates of low birth weight. This was particularly apparent in high poverty counties. Despite this beneficial relationship between these LHD resources and related health outcomes, we also found that LHD expenditures specific to MCH were not distributed in relation to local need, such that some MCH expenditures were significantly decreasing in communities with increasing local need among pregnant women in poverty. These MCH expenditures that did not keep pace with need represented a composite of prenatal, maternity support, and home visiting program expenditures. Spending specific to the Special Supplemental Nutrition for Women, Infants, and Children (WIC) program, however, was positively associated with increasing need. The complementary relationship between LHD expenditures related to WIC and local variation and change in need, suggests that effective policy approaches exist with regard to funding allocations relative to need.

Policy Recommendations

- MCH programs and the “package” of service delivered by LHDs provide a vital key to community-level prevention of disease and disability among pregnant women and families. Therefore, LHDs must remain key agencies in the organization and delivery of MCH services in order to assure that these services continue to meet the needs of communities.
- Changes in LHD service delivery expenditures related to MCH activities must be monitored for their impact on related health outcomes and to assure that effective care delivery systems continue to support the beneficial impacts of public health preventive activities.
- The assurance of an effective and consistent public health delivery system is particularly critical, as public health activities remain threatened and underfunded. The exploration of policy development is needed that will assure a sustainable funding stream, such as social impact bonds or financing mechanisms, for these programs.

Related Publications

- Bekemeier, B., Yang, Y., Dunbar, M., Pantazis, A., & Grembowski, D. (2014). Targeted Health Department Expenditures Benefit Birth Outcomes at the County Level, *American Journal of Preventive Medicine*, 44(6), 569-577.
- Bekemeier, B., Dunbar, M., Bryan, M., & Morris, M. (2012). Local health departments and specific Maternal and Child Health expenditures: Relationships between spending and need. *Journal of Public Health Management and Practice*, 18(6), 615-622.



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