



SOUTHERN NEVADA HEALTH DISTRICT 2017 FUNDING ANALYSIS



fast facts sheet



The Southern Nevada Health District's mission is "to assess, protect, and promote the health, the environment, and the well-being of Southern Nevada communities, residents, and visitors." (1). But without sufficient funding, SNHD cannot fulfill its mission. (2).

What can be done?

In order to open up new or improved funding resources, SNHD is working on new policy initiatives to generate increased, consistent funds to be used to promote public health in Southern Nevada. These policy initiatives seek to create more robust funding. Ideally, this funding will be allocated to SNHD through grants from various agencies and can expand the capabilities of SNHD while also positively impacting the health outcomes of our community.

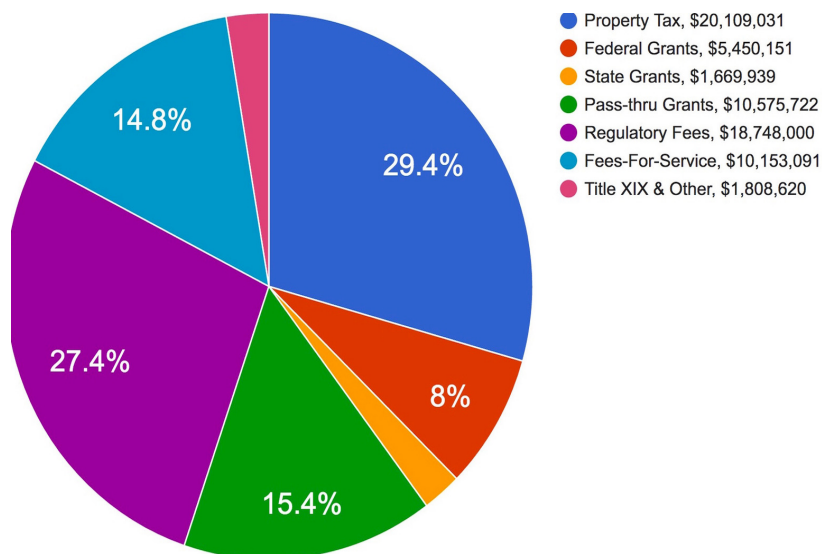


Figure I: Percentage of Total 2016/2017 Revenue by Funding Source (Total Revenue: \$68,514,554)

Source: 2017 Fiscal Year Budget Report, Southern Nevada Health District.

The Reality

SNHD is severely under-funded compared to health departments in the other 49 states and the national average. (4)

The Southern Nevada Health District, which serves the largest county in the state, **receives a disproportionate amount of funding to support the population.** (5)

Some of the key funding sources for Southern Nevada Health District **are inconsistent from year to year.** (6)

Understanding of the relationship between increased public health funding and improved public health is mixed. There is some evidence that the relationship varies among different communities. (7)



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What criteria was used to evaluate the proposed policy alternatives?

The merits of the proposed policy alternatives were evaluated using criteria developed through brainstorming, examination of the SNHD health assessments, and the application of public health policy theory. The final three evaluation criteria were finalized in collaboration with SNHD.

--Cost to SNHD: This criteria evaluates SNHD's costs in implementing the alternative in terms of time, energy, and money.

--Effectiveness: This criteria evaluates whether the proposed policy alternative will likely help address the problem and what the expected returns might be.

--Stakeholder Perspective: The final criteria evaluates who is most affected by the alternative, and, for those most directly affected, what the likely benefits and burdens might be.

Proposed Policy Alternatives

Several policy alternatives were proposed to address the problem of low funding to SNHD. Crucially, these alternatives seek to *address*, not *solve*, the problem of low funding.

The policy alternatives that we have analyzed below are:

-Status Quo: The first policy alternative is to maintain the status quo by leaving the SNHD funding sources and policies as they currently stand. This policy alternative is based on the presumption that either 1) the current funding sources provide sufficient funding to meet SNHD's needs; 2) the funding is low, but the time is not right to act on any specific new policies; or 3) we don't yet have enough data to determine what action is most appropriate and/or feasible.

-Regulatory Fees: This policy alternative seeks to marginally increase certain regulatory fees. The premise behind this policy is that a small, base and per-seat restaurant inspection fee increase will boost revenue to SNHD.

-Grant Funding: The third policy alternative is to seek and obtain local, state, and federal special interest grants. This policy alternative is built on the contention that increasing the number of grants that SNHD receives will increase the overall funding levels available.

-Educational Campaign: The final policy alternative is for SNHD to develop an educational outreach campaign geared toward improving public health in the community.

Final Policy Recommendation

Taking the evaluative criteria into consideration, it is the recommendation of this brief that the best policy alternative is to combine the 1) Increased Regulatory Fees Alternative combined with the 2) Grant Writing Alternative.

The recommended policy would involve a multi-step approach:

1. Begin by increasing the regulatory fees by 10% due to the low cost to SNHD and medium risk stakeholder pushback.
2. Once fees have been raised, funds may be used to bolster the current grant writing program by hiring another permanent grant writer with a greater focus on collaborative efforts with other health agencies in the Las Vegas area.

Resources:

- (1) General Information, SNHD, <http://southernnevadahealthdistrict.org/general-information.php> (last visited 04/19/17).
(2) SNHD Comprehensive Annual Financial Report for Fiscal Year Ending June 30, 2016, Southern Nevada Health District, pg 38, (June 19, 2016) <http://southernnevadahealthdistrict.org/download/cafr-fy063016.pdf>.
(3) Grant Funding Profiles, CDC Fiscal Year 2016 Grant Funding By State, Ctrs. for Disease Control & Prevention, <https://www.cdc.gov/FundingProfilesApp/> (last visited 04/19/17).
(4) 2016 Annual Report, The United Health Found., <http://www.americashealthrankings.org/explore/2016-annual-report/measure/Overall/state/NV> (last visited 04/19/17).
(5) United States Census 2010, Interactive Population Map, U.S. Census Bureau, <https://www.census.gov/2010census/popmap/> (last visited 04/19/17).
(7) Glen P. Mays & Shari A. Smith, Evidence Links Increases in Public Health Spending To Declines in Preventable Deaths, Health Affairs (July 21, 2011), available at <http://content.healthaffairs.org/content/early/2011/07/19/hlthaff.2011.0196.full>.