



Costing the Foundational Public Health Services in Ohio

FULL REPORT FOR FISCAL YEAR 2024
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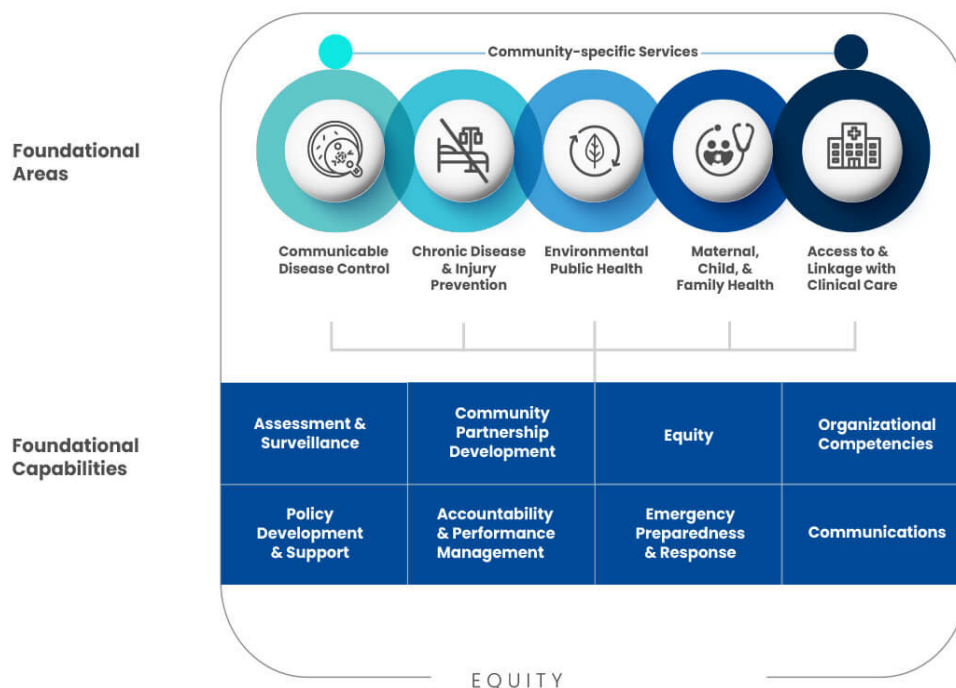
EXECUTIVE SUMMARY

This report presents a comprehensive analysis of the expenditures incurred by Ohio's local health departments (LHDs) in delivering the Foundational Public Health Services (FPHS) during fiscal year (FY) 2024. It details current spending patterns, highlights gaps in the full implementation of these essential services, and quantifies the extent of unmet needs. In addition, the report provides estimates of the additional annual investment required to address these resource gaps and achieve full implementation of the FPHS statewide.

The FPHS define a minimum package of public health capabilities and programs essential for communities across the United States. The FPHS framework (see Figure E1) consists of two main components: **Foundational Capabilities** and **Foundational Areas**. Foundational Capabilities encompass the essential skills and capacities that support fundamental public health protections crucial for safeguarding community health and promoting equitable health outcomes. These capabilities form the infrastructure necessary to deliver the Foundational Areas, which include targeted public health programs focused on enhancing the community's health in relation to specific diseases or public health threats.

Figure E1: Foundational Public Health Services Framework

Foundational Public Health Services



Key findings

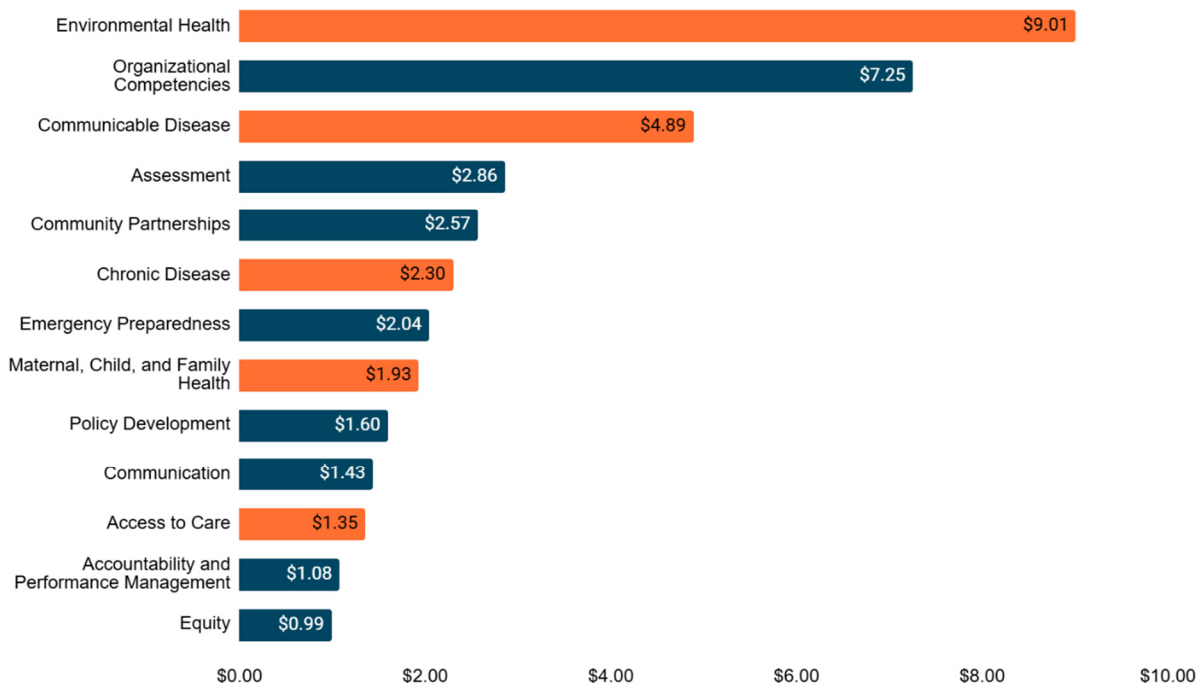
Data for FY 2024 was provided by 71 Ohio LHDs serving approximately 7.2 million Ohioans. LHDs served communities ranging from around 12,000 residents to more than 920,000 residents and were located in communities across the state representing all five Association of Ohio Health Commissioners (AOHC) districts.

Spending on the Foundational Public Health Services

In FY 2024, Ohio LHDs spent an average of \$39.28 per capita on the FPHS. This total was nearly evenly split, with \$19.81 per capita (50%) allocated to the Foundational Capabilities and \$19.84 per capita (50%) directed toward the Foundational Areas.

Spending levels across the 13 foundational services that make up the FPHS varied substantially (see Figure E2). In FY 2024, average spending ranged from a low of \$0.99 per capita for Equity to a high of \$9.01 per capita for Environmental Health.

Figure E2: Per capita spending on the Foundational Public Health Services, FY 2024

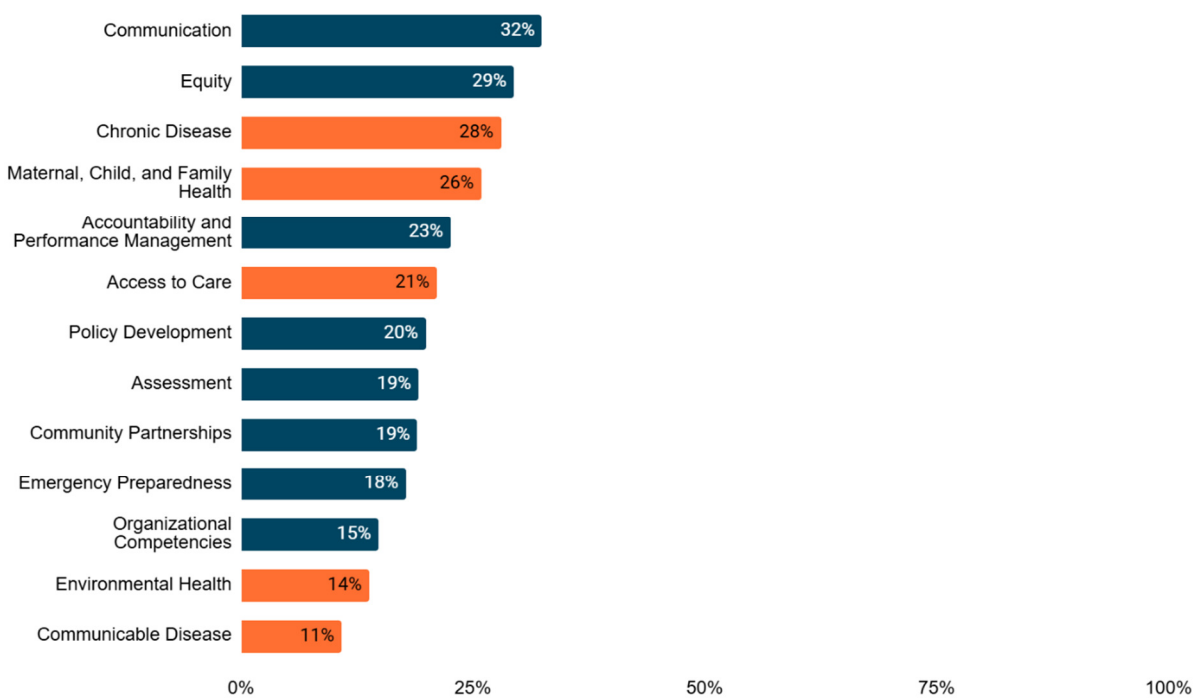


Note: Foundational Capabilities are shown in blue; Foundational Areas are shown in orange.

Attainment of the Foundational Public Health Services

As in prior years, **existing spending levels on the FPHS were insufficient for most LHDs to fully achieve the FPHS in FY 2024** (see Figure E3). Even when accounting for both agency efforts and contributions from community partners, the majority of LHDs reported persistent gaps in their ability to fully attain the FPHS. Attainment gaps ranged from an average of 11 percent for Communicable Disease to 32 percent for Communication.

Figure E3: Gaps in attainment of the Foundational Public Health Services, FY 2024



Note: Foundational Capabilities are shown in blue; Foundational Areas are shown in orange.

Investment Need to Fully Attain the Foundational Public Health Services

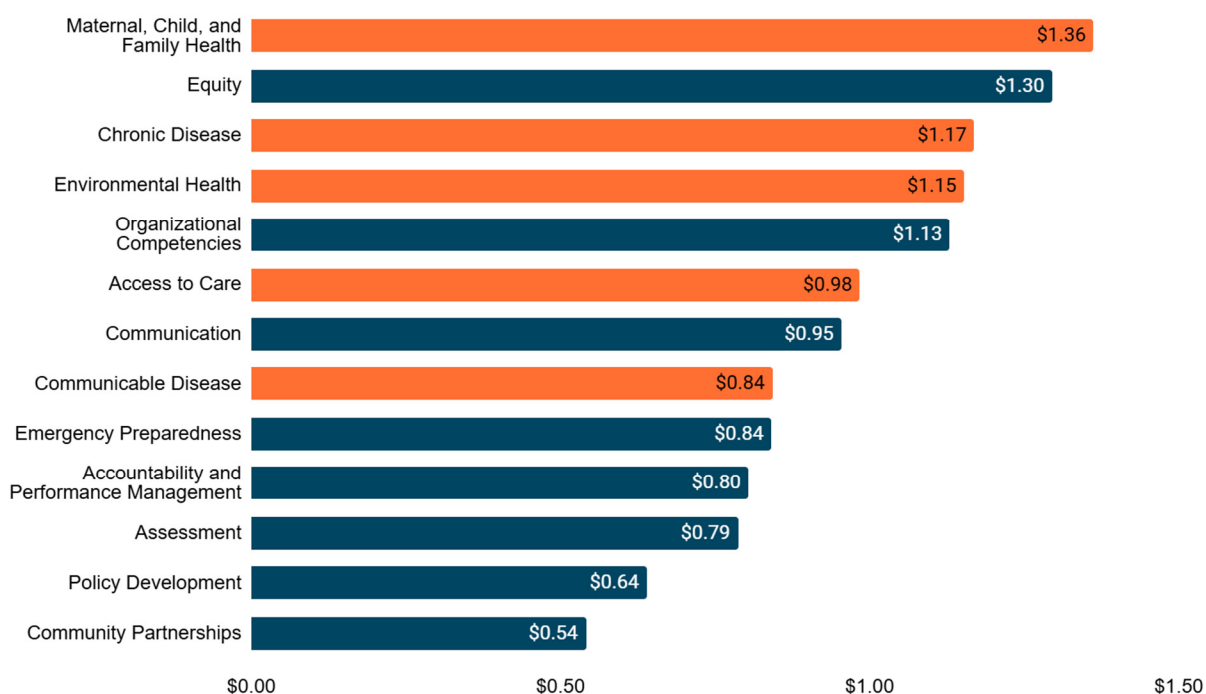
Based on FY 2024 data, an additional annual investment of approximately \$12.51 per capita is needed to close current funding gaps and achieve full implementation of the FPHS across Ohio communities. Of this amount, \$6.99 per capita (56%) would be necessary for the full implementation of the Foundational Capabilities. The remaining \$5.51 per capita (44%) would be allocated to supporting the full implementation of the Foundational Areas.

Additional investment needs varied widely across foundational services (see Figure E4). Based on FY 2024 data, the highest per capita investment is required for Maternal, Child, and Family

Health, with an additional need of \$1.36 per capita. This was followed by Equity (\$1.30 per capita) and Chronic Disease (\$1.17 per capita). Among the areas with the lowest additional per capita investment needs are Community Partnerships (\$0.54 per capita), Policy Development (\$0.64 per capita), and Assessment (\$0.79 per capita).

Based on Ohio's population of 11.88 million in 2024, the total additional annual investment required to fully implement the FPHS was estimated at \$148.6 million. Of this total, approximately \$83.1 million is needed to support the attainment of the Foundational Capabilities in Ohio while \$65.5 million is needed for the Foundational Areas.

Figure E4: Per capita investment needed to fully attain the Foundational Public Health Services, FY 2024



Note: Foundational Capabilities are shown in blue; Foundational Areas are shown in orange.

Thank you for the opportunity to analyze FPHS costing data for Ohio LHDs for FY 2024. For questions or more information, please email singhsim@umich.edu.

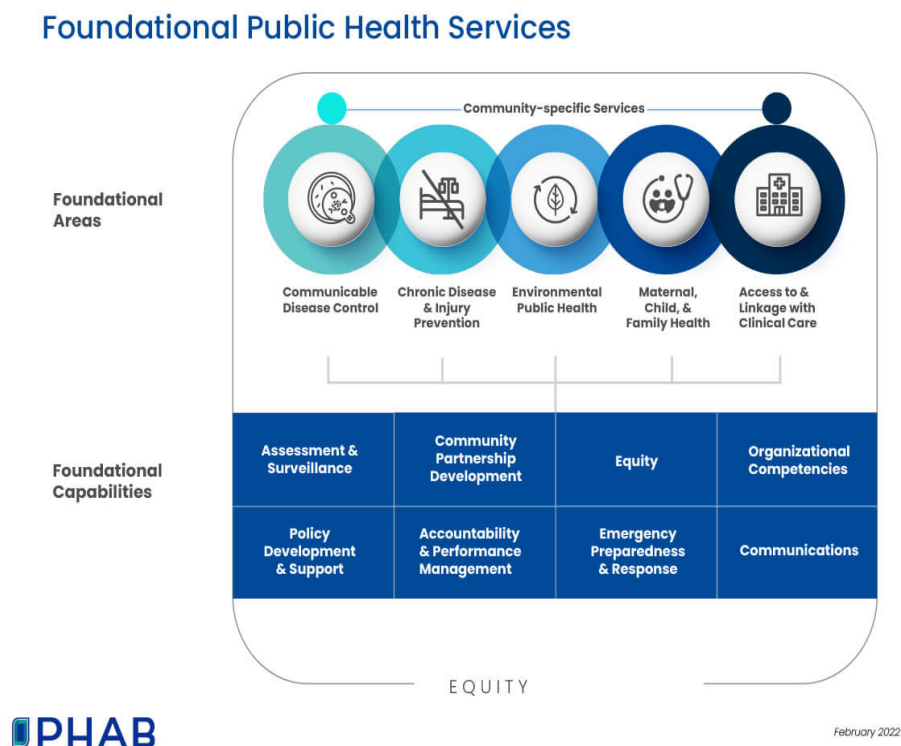
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OVERVIEW

This report presents a comprehensive analysis of the costs incurred by local health departments (LHDs) in Ohio of delivering the Foundational Public Health Services (FPHS) during fiscal year (FY) 2024. It details the expenditures associated with providing the FPHS, highlights gaps in current service implementation, and presents estimates of the annual investment required to bridge these resource gaps and achieve full implementation of the FPHS statewide.

The FPHS establish a minimum set of essential public health capabilities and programs for communities across the United States. The **FPHS framework** (see Figure 1) is comprised of two main components: **Foundational Capabilities and Foundational Areas**. Foundational Capabilities refer to the essential skills and capacities that provide the infrastructure necessary for effective public health practice, ensuring community protection and advancing health equity. Foundational Areas consist of key public health programs that address specific diseases or threats to community health. Together, these components establish the minimum package of public health services required to protect and promote the health of every community.

Figure 1: Foundational Public Health Services Framework



METHODS

Data and Sample

Data on the cost of providing public health services were obtained from "Costing of FPHS" spreadsheets submitted by Ohio Local Health Departments (LHDs) to the Ohio Public Health Partnership (OPHP). **For fiscal year 2024, cost data were available for 71 LHDs, collectively serving nearly 7.2 million Ohio residents.**

The LHDs included in this analysis represent a diverse range of communities, with populations ranging from approximately 12,000 to over 920,000 residents, and are distributed throughout the state (see Table 1). The sample encompasses all five Association of Ohio Health Commissioners (AOHC) districts. A complete list of LHDs participating in the 2024 data collection effort is provided in the Appendix.

Table 1: Descriptive statistics for sample local health departments, FY 2024

Demographic characteristic	Number of local health departments (%)
Jurisdiction size	
<30,000 residents	19 (27%)
30,000-49,999 residents	19 (27%)
50,000-100,000 residents	16 (22%)
>100,000 residents	17 (24%)
Geographic location	
Central district	10 (14%)
Northeast district	15 (21%)
Northwest district	17 (24%)
Southeast district	17 (24%)
Southwest district	12 (17%)

Measures

This report analyzed three key measures: current LHD spending on FPHS, gaps in FPHS attainment, and the estimated additional investment needed for full FPHS implementation in Ohio.

Current spending was defined as total per capita spending on the FPHS as reported by Ohio LHDs.

Attainment gaps referred to the percentage of FPHS not provided by either LHDs or community partners.

Additional investment needs were estimated as the cost to close the gap between current and full attainment.

To estimate investment needs, each LHD's per capita cost per foundational service was divided by its attainment percentage to project the cost at full attainment. This result was then multiplied by the attainment gap to calculate the per capita cost needed to fill that gap. The estimates assume that LHDs cover all attainment gaps without community partners and that the costs to close gaps mirror LHDs' existing FPHS spending, with no change in economies of scale or cost structure. Observations with additional investment needs over \$10 per capita (approximately equal to the 95th percentile) were excluded to reduce outlier impact.

Analytic Strategy

Descriptive analysis was conducted to describe current levels of spending on the FPHS, gaps in attainment of the FPHS, and any additional investment needed to fully attain the FPHS, by foundational services.

All analyses were conducted first for all Ohio LHDs in the aggregate and then broken out by jurisdiction size and geographical location. Jurisdiction size was defined as the jurisdiction size of each LHD. In line with prior years, LHDs were grouped into the following four population groups: fewer than 30,000 residents; 30,000 to 49,999 residents; 50,000 to 99,999 residents; and 100,000 and more residents. Geographic location was defined in terms of the five AOHC health districts: Central, Northeast, Northwest, Southeast, and Southwest.

All results presented in this report were weighted by jurisdiction size to account for the large variation in the number of residents served across sample LHDs.

RESULTS

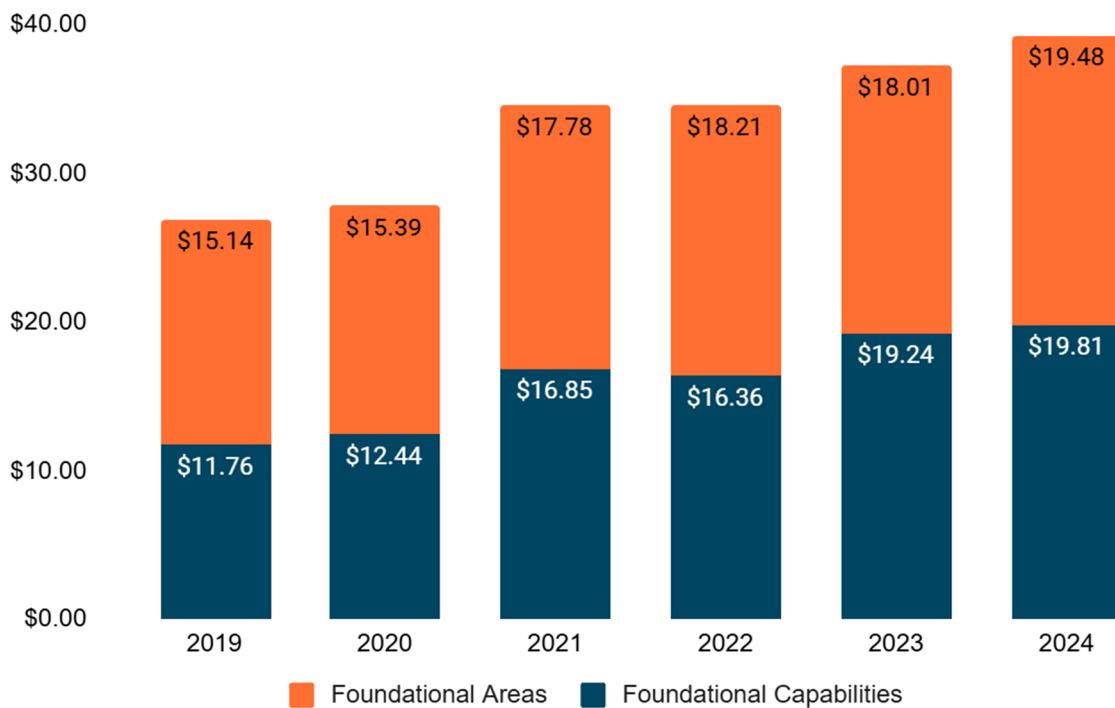
Part 1: Spending on the Foundational Public Health Services

In FY 2024, Ohio LHDs spent an average of \$39.28 per capita on the FPHS, reflecting a continued upward trend in spending among LHDs over time.

Of the \$39.28 per capita spent in FY 2024, approximately half (\$19.81, or 50%) was allocated to the Foundational Capabilities, and the other half (\$19.84, or 50%) to the Foundational Areas.

From FY 2019 to FY 2024, average per capita spending on the Foundational Capabilities increased by \$8.05 (68%), while per capita spending on the Foundational Areas grew by \$4.34 (29%).

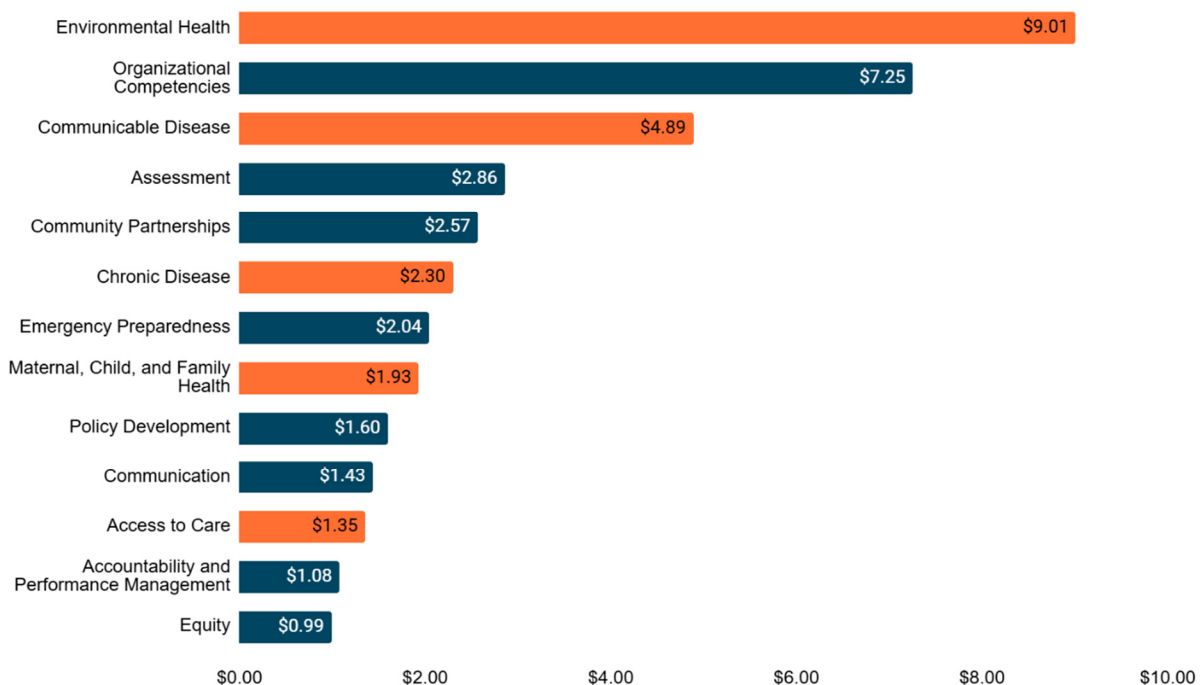
Figure 2: Per capita spending on the Foundational Capabilities and Foundational Areas, FY 2019 to FY 2024



Average per capita spending on the 13 foundational services that comprise the FPHS varied significantly across categories (see Figure 3 and Table 2). Areas with the highest average per capita expenditures included Environmental Health (\$9.01), Organizational Competencies (\$7.25), and Communicable Disease (\$4.89).

Conversely, certain foundational services received substantially less funding. The lowest average per capita expenditures were seen in Equity (\$0.99), Accountability and Performance Management (\$1.08), and Access to Care (\$1.35).

Figure 3: Per capita spending on the Foundational Public Health Services, FY 2024



Note: Foundational Capabilities are shown in blue; Foundational Areas are shown in orange.

Table 2: Per capita spending on the Foundational Public Health Services, FY 2024

Foundational Service	Mean	25th Percentile	Median	75th Percentile
<i>Foundational Capabilities</i>				
Assessment	\$2.86	\$1.56	\$2.41	\$3.90
Emergency Preparedness	\$2.04	\$1.11	\$1.52	\$2.66
Communication	\$1.43	\$0.35	\$0.94	\$1.98
Policy Development	\$1.60	\$0.66	\$1.26	\$2.16
Community Partnerships	\$2.57	\$0.81	\$1.66	\$3.93
Organizational Competencies	\$7.25	\$3.47	\$5.96	\$11.79
Accountability and Performance Management	\$1.08	\$0.31	\$0.67	\$1.28
Equity	\$0.99	\$0.24	\$0.63	\$1.11
<i>Foundational Areas</i>				
Communicable Disease	\$4.89	\$1.47	\$3.48	\$7.61
Chronic Disease	\$2.30	\$0.79	\$1.14	\$3.61
Environmental Health	\$9.01	\$6.04	\$7.71	\$8.56
Maternal, Child, and Family Health	\$1.93	\$0.54	\$1.17	\$2.17
Access to Care	\$1.35	\$0.18	\$0.68	\$1.49

Spending by Jurisdiction Size

Average per capita spending on the FPHS varied significantly by size of the population served (see Figure 4 and Table 3). In FY 2024, LHDs serving fewer than 30,000 residents reported the highest average spending, at \$62.13 per capita. In contrast, LHDs serving larger populations reported noticeably lower per capita expenditures, ranging from \$35.40 for those serving 30,000 to 50,000 residents, to \$39.27 for those serving 50,000 to 100,000 residents.

Figure 4: Per capita spending on the Foundational Capabilities and Foundational Areas by jurisdiction size, FY 2024

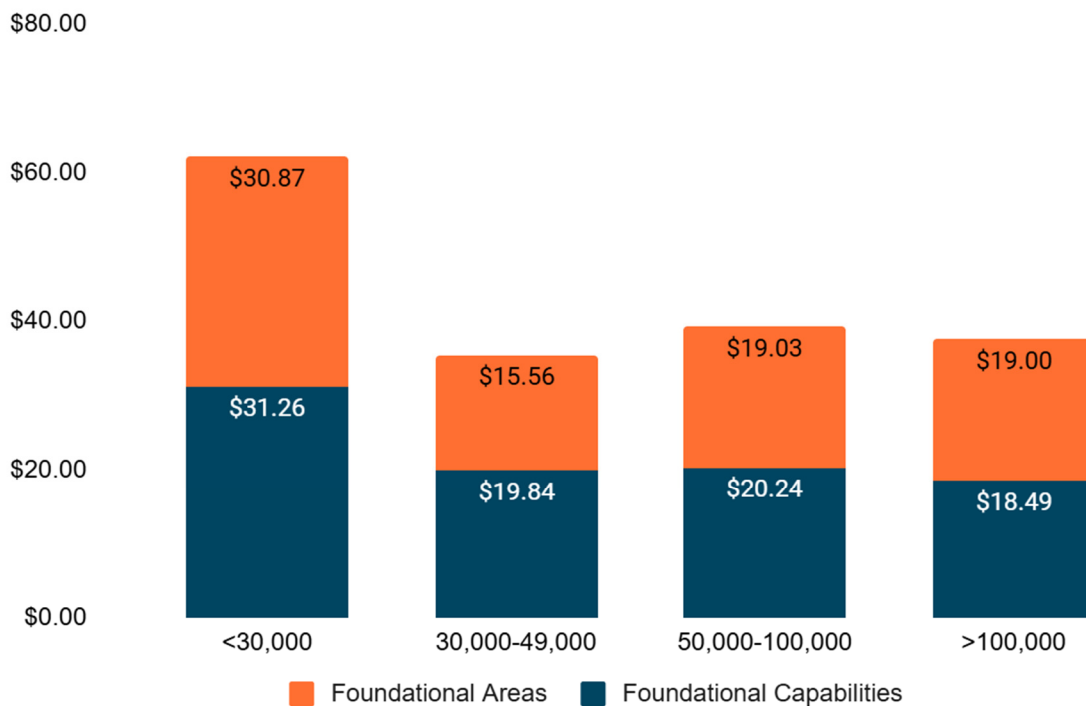


Table 3: Per capita spending on the Foundational Public Health Services by jurisdiction size, FY 2024

Foundational Service	<30,000	30,000-49,000	50,000-100,000	>100,000
<i>Foundational Capabilities</i>				
Assessment	\$5.50	\$3.06	\$3.37	\$2.51
Emergency Preparedness	\$4.31	\$2.50	\$1.72	\$1.83
Communication	\$3.36	\$1.22	\$0.89	\$1.25
Policy Development	\$3.48	\$1.25	\$1.89	\$1.45
Community Partnerships	\$3.29	\$2.43	\$2.08	\$2.68
Organizational Competencies	\$7.81	\$6.71	\$7.86	\$7.00
Accountability and Performance Management	\$2.26	\$1.79	\$1.53	\$0.74
Equity	\$1.25	\$0.88	\$0.90	\$1.04
Total Foundational Capabilities	\$31.26	\$19.84	\$20.24	\$18.49
<i>Foundational Areas</i>				
Communicable Disease	\$8.66	\$4.38	\$3.43	\$5.00
Chronic Disease	\$4.23	\$1.50	\$2.23	\$2.22
Environmental Health	\$9.06	\$7.34	\$7.91	\$9.27
Maternal, Child, and Family Health	\$5.11	\$1.53	\$2.62	\$1.55
Access to Care	\$3.81	\$0.81	\$2.85	\$0.95
Total Foundational Areas	\$30.87	\$15.56	\$19.03	\$19.00
Total Foundational Public Health Services	\$62.13	\$35.40	\$39.27	\$37.49

Spending by Geographic Location

Spending on the FPHS also varied by geographic region, highlighting disparities across Ohio's districts (see Figure 5 and Table 4). In FY 2024, LHDs in the Southeast district reported the highest per capita spending at \$48.76, followed closely by those in the Central district at \$47.14. In contrast, per capita spending was considerably lower in the other regions: \$36.51 in the Northeast district, \$35.35 in the Northwest district, and \$29.40 in the Southwest district.

Figure 5: Per capita spending on the Foundational Capabilities and Foundational Areas by district, FY 2024

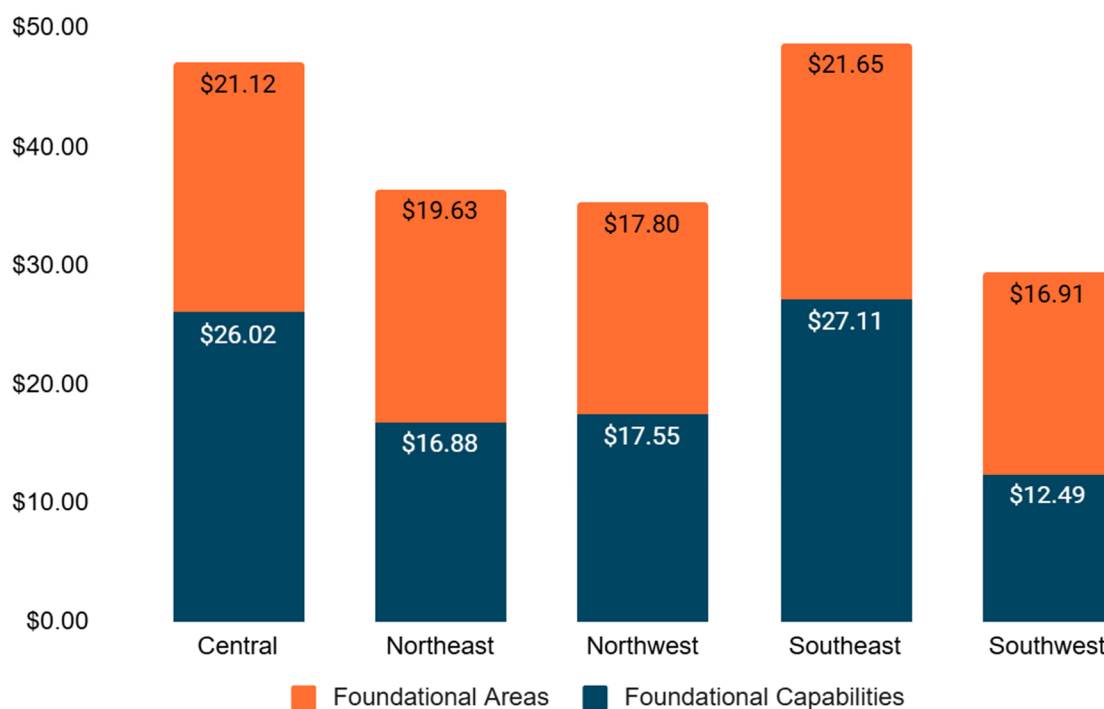


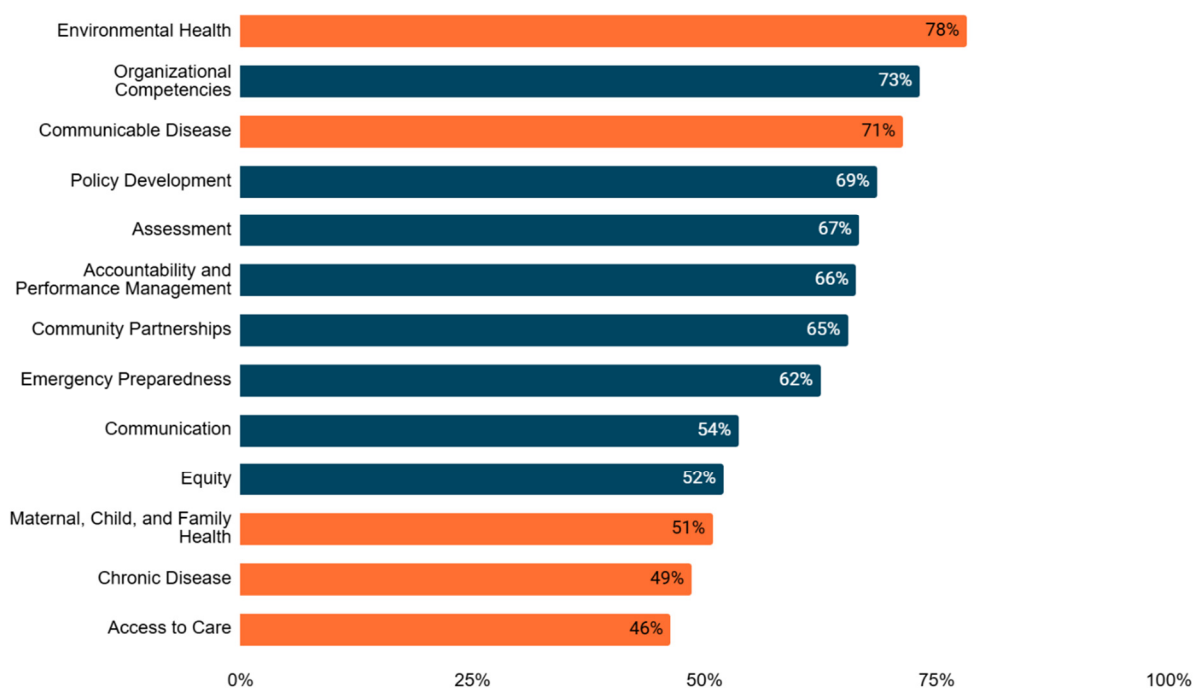
Table 4: Per capita spending on the Foundational Public Health Services by district, FY 2024

Foundational Service	Central	Northeast	Northwest	Southeast	Southwest
Foundational Capabilities					
Assessment	\$2.70	\$3.47	\$2.52	\$4.75	\$2.00
Emergency Preparedness	\$2.82	\$1.43	\$1.59	\$3.33	\$1.41
Communication	\$1.84	\$0.95	\$0.92	\$1.64	\$1.18
Policy Development	\$2.37	\$1.32	\$1.33	\$2.36	\$0.81
Community Partnerships	\$5.03	\$1.43	\$1.83	\$3.34	\$0.85
Organizational Competencies	\$9.98	\$5.82	\$7.69	\$7.68	\$4.07
Accountability and Performance Management	\$0.71	\$0.93	\$1.04	\$2.77	\$0.97
Equity	\$0.57	\$1.54	\$0.63	\$1.22	\$1.20
Total Foundational Capabilities	\$26.02	\$16.88	\$17.55	\$27.11	\$12.49
Foundational Areas					
Communicable Disease	\$5.93	\$2.50	\$6.94	\$4.80	\$4.59
Chronic Disease	\$3.85	\$1.09	\$1.52	\$3.04	\$1.62
Environmental Health	\$7.46	\$13.29	\$7.73	\$7.49	\$7.49
Maternal, Child, and Family Health	\$1.38	\$2.22	\$0.97	\$3.45	\$2.47
Access to Care	\$2.50	\$0.54	\$0.64	\$2.88	\$0.74
Total Foundational Areas	\$21.12	\$19.63	\$17.80	\$21.65	\$16.91
Total Foundational Public Health Services	\$47.14	\$36.51	\$35.35	\$48.76	\$29.40

Part 2: Attainment of the Foundational Public Health Services

Attainment rates and gaps in achieving the FPHS varied substantially across different service areas (see Figures 6 and 7). In FY 2024, the highest levels of agency-level attainment were observed in Environmental Health (78%), Organizational Competencies (73%), and Communicable Disease (71%). In contrast, Access to Care (46%), Chronic Disease (49%), and Maternal, Child, and Family Health (51%) had the lowest average agency-level attainment rates, highlighting areas where additional support and resources may be needed.

Figure 6: Agency-level attainment rates of the Foundational Public Health Services, FY 2024

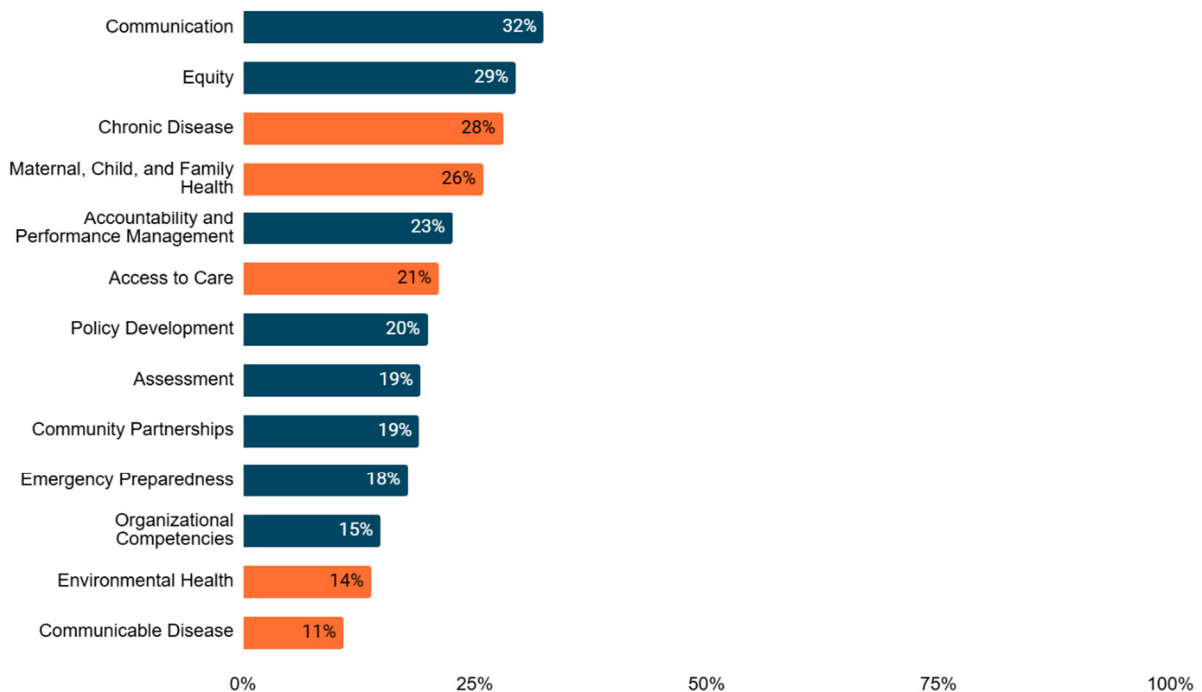


Note: Foundational Capabilities are shown in blue; Foundational Areas are shown in orange.

As in previous years, current spending levels on the FPHS were insufficient for many Ohio LHDs to fully implement these services in their communities (see Figure 7). Despite ongoing efforts to allocate resources effectively, significant gaps persisted, preventing many LHDs from adequately meeting essential community health needs. This underscores a continuing and urgent need for increased funding.

The largest gaps in attainment were observed in key areas critical to community well-being, including Communication (32%), Equity (29%), and Chronic Disease (28%). In contrast, some foundational services, such as Communicable Disease (11%), Environmental Health (14%), and Organizational Competencies (15%), had comparatively lower attainment gaps, suggesting these areas currently receive more sufficient support.

Figure 7: Gaps in attainment of the Foundational Public Health Services, FY 2024



Note: Foundational Capabilities are shown in blue; Foundational Areas are shown in orange.

Attainment by Jurisdiction Size

LHDs serving populations of fewer than 100,000 residents tended to encounter greater resource limitations and larger attainment gaps compared to those serving larger jurisdictions (see Table 5). However, patterns of attainment gaps were similar regardless of jurisdiction size. Across all LHDs, the most significant gaps were observed in Communication, Equity, Chronic Disease, and Access to Care. Conversely, foundational services with consistently low gaps in attainment included Assessment, Emergency Preparedness, Communicable Disease, and Environmental Health.

Table 5: Gaps in attainment of the Foundational Public Health Services by jurisdiction size, FY 2024

Foundational Service	<30,000	30,000-49,000	50,000-100,000	>100,000
<i>Foundational Capabilities</i>				
Assessment	14%	17%	17%	20%
Emergency Preparedness	9%	12%	16%	20%
Communication	33%	32%	44%	32%
Policy Development	16%	20%	27%	19%
Community Partnerships	22%	18%	29%	17%
Organizational Competencies	23%	15%	23%	19%
Accountability and Performance Management	27%	28%	28%	20%
Equity	38%	42%	48%	24%
<i>Foundational Areas</i>				
Communicable Disease	9%	8%	16%	17%
Chronic Disease	25%	24%	30%	34%
Environmental Health	8%	13%	12%	15%
Maternal, Child, and Family Health	15%	27%	24%	27%
Access to Care	29%	35%	37%	24%

Attainment by Geographic Location

Gaps in attainment also varied by the geographic location of LHDs (see Table 6), highlighting regional disparities in the capacity to deliver essential public health services. LHDs in the Central and Southwest districts generally reported the smallest gaps in meeting the FPHS. In contrast, LHDs in the Northeast, Northwest, and Southeast districts reported larger gaps, particularly in critical areas such as Communication, Equity, and Chronic Disease. These regional disparities underscore the need for targeted interventions tailored to the specific challenges of each area, ensuring that all LHDs, regardless of their location, are equipped to meet the foundational public health needs of their communities.

Table 6: Gaps in attainment of the Foundational Public Health Services by district, FY 2024

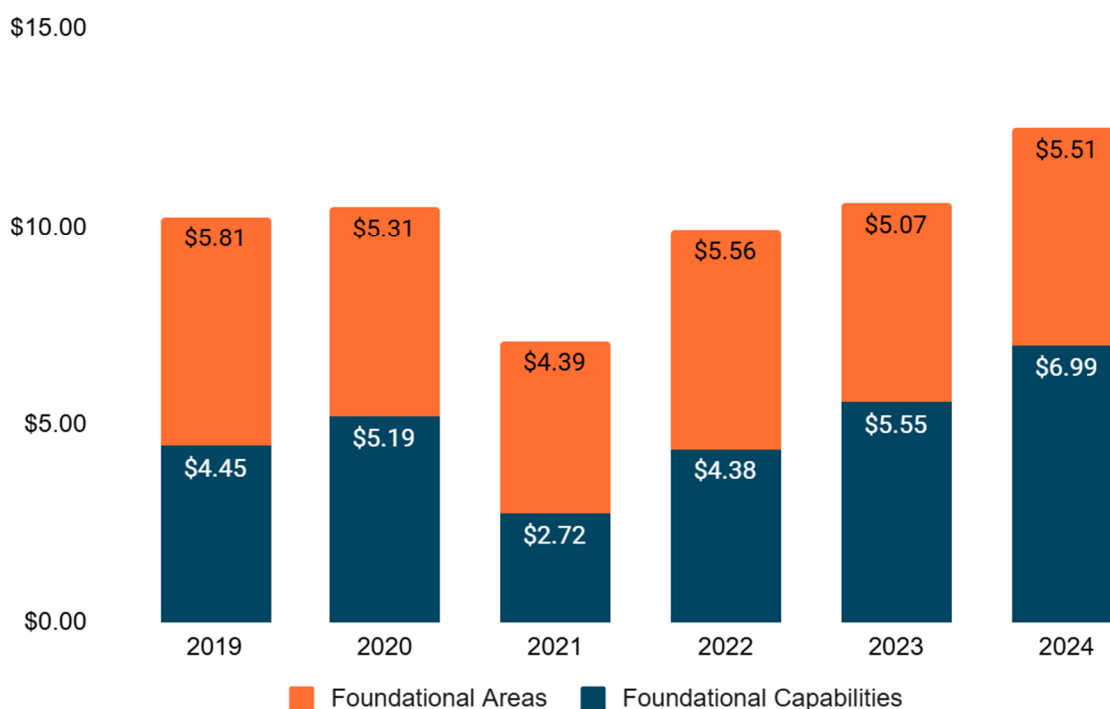
Foundational Service	Central	Northeast	Northwest	Southeast	Southwest
<i>Foundational Capabilities</i>					
Assessment	11%	19%	44%	22%	10%
Emergency Preparedness	14%	12%	42%	16%	11%
Communication	19%	35%	64%	40%	26%
Policy Development	8%	20%	47%	22%	14%
Community Partnerships	9%	20%	49%	20%	9%
Organizational Competencies	11%	19%	44%	22%	10%
Accountability and Performance Management	11%	24%	52%	31%	11%
Equity	11%	27%	65%	44%	27%
<i>Foundational Areas</i>					
Communicable Disease	8%	15%	39%	14%	8%
Chronic Disease	25%	42%	58%	23%	15%
Environmental Health	9%	16%	33%	13%	5%
Maternal, Child, and Family Health	26%	18%	55%	19%	14%
Access to Care	17%	27%	58%	32%	16%

Part 3: Investment Need to Fully Attain the Foundational Public Health Services

Based on FY 2024 data, an additional annual investment of approximately \$12.51 per capita is needed to close current funding gaps and achieve full implementation of the FPHS across Ohio communities (see Figure 8 and Table 7). Of this amount, \$6.99 per capita, or 56%, would be necessary for the full implementation of the Foundational Capabilities. The remaining \$5.51 per capita, or 44%, would be allocated to support the full implementation of the Foundational Areas.

Since FY 2022, the need for additional per capita investment has steadily increased, reversing the temporary decline observed during the COVID-19 pandemic in FY 2021. This rebound reflects the gradual resurgence of unmet public health needs that were overshadowed or temporarily addressed through emergency funding and response measures during the pandemic. As these short-term resources have diminished and structural challenges remain, Ohio's LHDs are once again facing growing funding gaps. This trend highlights the ongoing, and in some cases intensifying, need for sustained investment to ensure the FPHS are fully implemented and communities across the state are adequately protected.

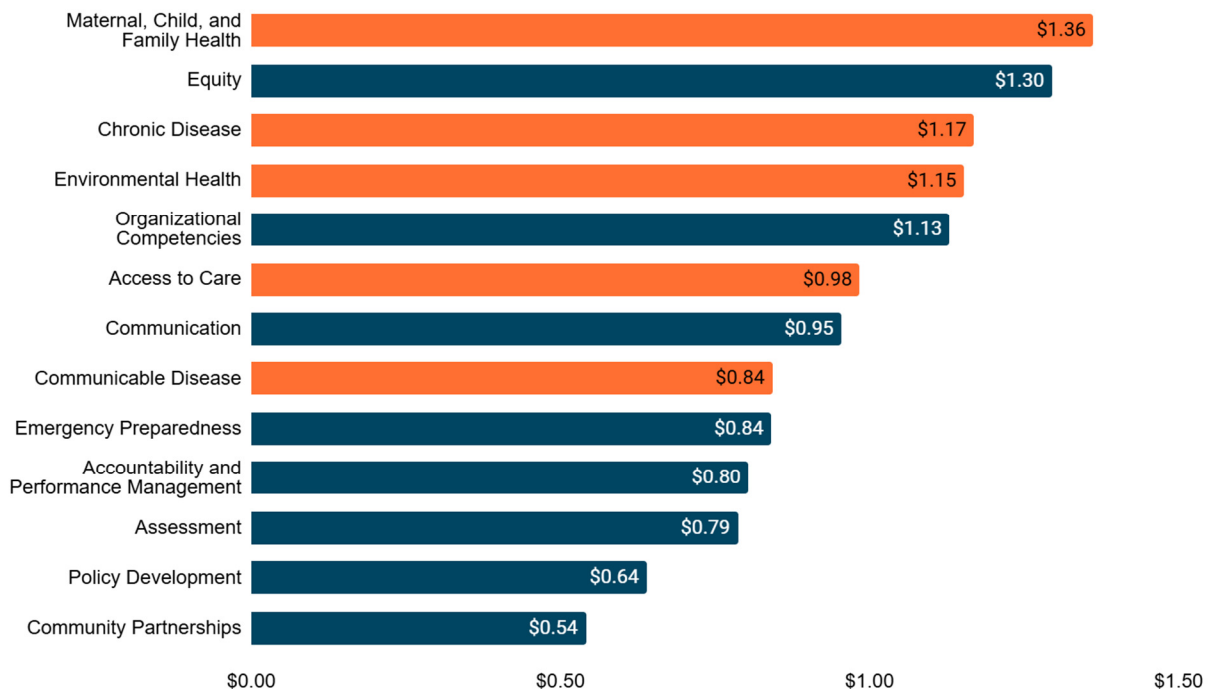
Figure 8: Per capita investment needed to fully attain the Foundational Capabilities and Foundational Areas, FY 2019 to FY 2024



The need for additional investment in the FPHS varied considerably across different service areas (see Figure 9 and Table 7). Based on FY 2024 data, the highest per capita investment was required for Maternal, Child, and Family Health, with an additional need of \$1.36 per capita. This was followed by Equity (\$1.30 per capita) and Chronic Disease (\$1.17 per capita).

Conversely, certain foundational services required relatively smaller increases in funding. Among the areas with the lowest additional per capita investment needs were Community Partnerships (\$0.54 per capita), Policy Development (\$0.64 per capita), and Assessment (\$0.79 per capita).

Figure 9: Per capita investment needed to fully attain the Foundational Public Health Services, FY 2024



Note: Foundational Capabilities are shown in blue; Foundational Areas are shown in orange.

Based on Ohio's population of 11.88 million in 2024, the total additional annual investment required to fully implement the FPHS in the state was estimated at \$148.6 million (see Table 7). Of this total, approximately \$83.1 million is needed to support the attainment of the Foundational Capabilities while \$65.5 million is needed for the Foundational Areas.

Table 7: Per capita and total additional investment needed to fully implement the Foundational Public Health Services in Ohio, FY 2024

Foundational Service	Additional Investment Per capita	Additional Investment Total for Ohio
<i>Foundational Capabilities</i>		
Assessment	\$0.79	\$9.4 million
Emergency Preparedness	\$0.84	\$10.0 million
Communication	\$0.95	\$11.3 million
Policy Development	\$0.64	\$7.6 million
Community Partnerships	\$0.54	\$6.4 million
Organizational Competencies	\$1.13	\$13.4 million
Accountability and Performance Management	\$0.80	\$9.6 million
Equity	\$1.30	\$15.4 million
Total Foundational Capabilities	\$6.99	\$83.1 million
<i>Foundational Areas</i>		
Communicable Disease	\$0.84	\$10.0 million
Chronic Disease	\$1.17	\$13.9 million
Environmental Health	\$1.15	\$13.7 million
Maternal, Child, and Family Health	\$1.36	\$16.2 million
Access to Care	\$0.98	\$11.7 million
Total Foundational Areas	\$5.51	\$65.5 million
Total Foundational Public Health Services	\$12.51	\$148.6 million

Investment Need by Jurisdiction Size

The additional investment required to fully implement the FPHS in Ohio varied moderately based on the population size served by each LHD (see Figure 10 and Table 8). LHDs serving fewer than 100,000 residents need additional investments of approximately \$15 per capita. In comparison, LHDs serving populations greater than 100,000 require an average additional investment of \$11.40 per capita.

Figure 10: Per capita investment needed to fully attain the Foundational Capabilities and Foundational Areas by jurisdiction size, FY 2024

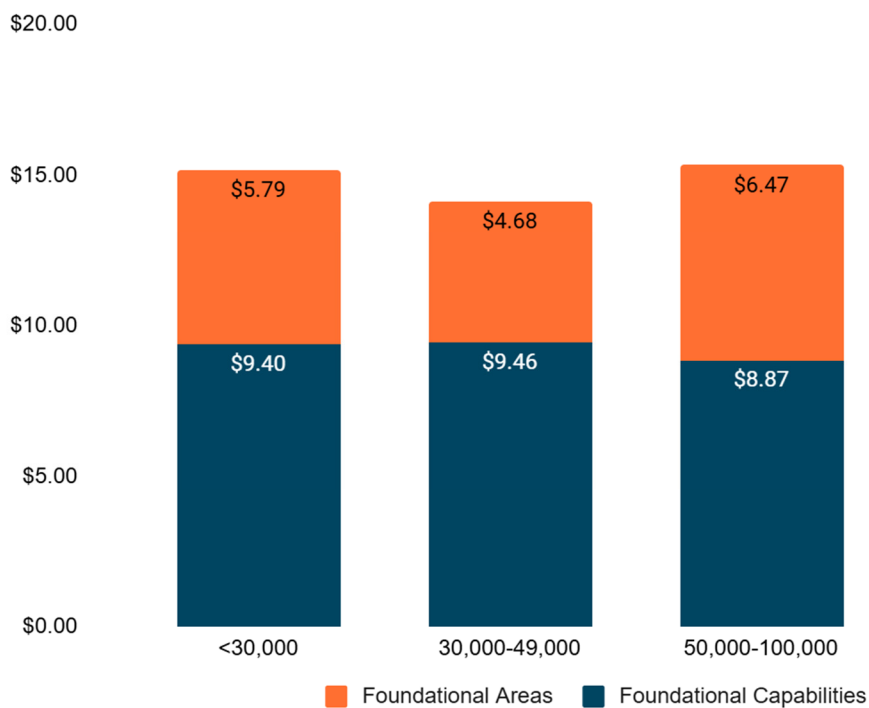


Table 8: Per capita investment needed to fully attain the Foundational Public Health Services by jurisdiction size, FY 2024

Foundational Service	<30,000	30,000-49,000	50,000-100,000	>100,000
<i>Foundational Capabilities</i>				
Assessment	\$1.29	\$1.39	\$1.19	\$0.56
Emergency Preparedness	\$0.71	\$0.55	\$0.67	\$0.93
Communication	\$1.30	\$1.12	\$0.83	\$0.94
Policy Development	\$0.74	\$0.51	\$0.80	\$0.62
Community Partnerships	\$1.18	\$1.10	\$0.66	\$0.38
Organizational Competencies	\$1.02	\$1.79	\$2.31	\$0.74
Accountability and Performance Management	\$1.19	\$1.63	\$1.16	\$0.59
Equity	\$1.97	\$1.36	\$1.25	\$1.25
Total Foundational Capabilities	\$9.40	\$9.46	\$8.87	\$6.00
<i>Foundational Areas</i>				
Communicable Disease	\$0.69	\$0.42	\$1.30	\$0.82
Chronic Disease	\$1.11	\$0.85	\$1.51	\$1.14
Environmental Health	\$1.03	\$1.06	\$1.10	\$1.19
Maternal, Child, and Family Health	\$1.61	\$1.49	\$1.62	\$1.27
Access to Care	\$1.35	\$0.86	\$0.96	\$0.98
Total Foundational Areas	\$5.79	\$4.68	\$6.47	\$5.40
Total Foundational Public Health Services	\$15.19	\$14.14	\$15.34	\$11.40

Investment Need by Geographic Location

The additional investment required to fully implement the FPHS in Ohio also varied considerably by geographic location (see Figure 11 and Table 9). According to FY 2024 data, LHDs in the Northwest district required the highest average investment, at \$26.57 per capita, followed by those in the Southeast district at \$18.90 per capita. In contrast, LHDs in the Central, Northeast, and Southwest districts needed significantly lower investments, with per capita amounts ranging from \$7.19 to \$11.28.

Figure 11: Per capita investment needed to fully attain the Foundational Capabilities and Foundational Areas by district, FY 2024

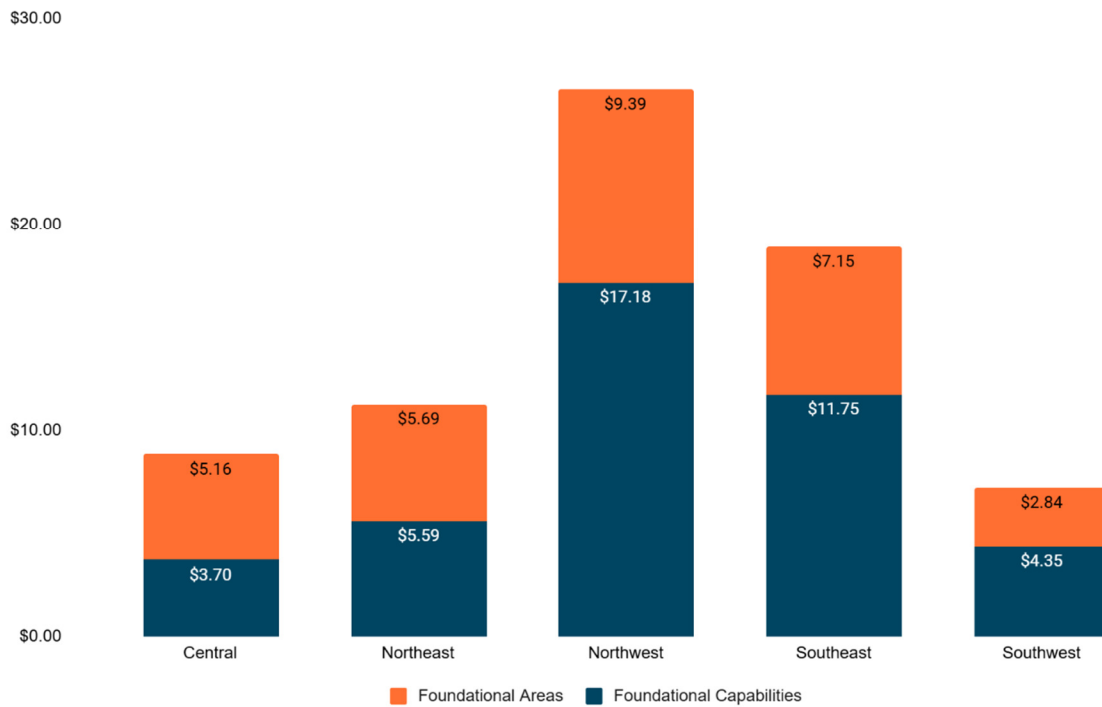


Table 9: Per capita investment needed to fully attain the Foundational Public Health Services by district, FY 2024

Foundational Service	Central	Northeast	Northwest	Southeast	Southwest
<i>Foundational Capabilities</i>					
Assessment	\$0.44	\$1.11	\$1.55	\$1.35	\$0.34
Emergency Preparedness	\$0.75	\$0.36	\$2.32	\$0.94	\$0.28
Communication	\$0.55	\$1.00	\$1.77	\$1.33	\$0.85
Policy Development	\$0.26	\$0.45	\$1.97	\$0.81	\$0.31
Community Partnerships	\$0.46	\$0.52	\$1.23	\$1.07	\$0.15
Organizational Competencies	\$0.96	\$0.83	\$2.67	\$2.10	\$0.54
Accountability and Performance Management	\$0.19	\$0.60	\$2.17	\$2.14	\$0.30
Equity	\$0.08	\$0.72	\$3.49	\$2.02	\$1.59
Total Foundational Capabilities	\$3.70	\$5.59	\$17.18	\$11.75	\$4.35
<i>Foundational Areas</i>					
Communicable Disease	\$0.67	\$0.61	\$2.31	\$1.49	\$0.37
Chronic Disease	\$2.01	\$0.93	\$0.84	\$0.80	\$0.53
Environmental Health	\$0.76	\$1.85	\$2.14	\$1.45	\$0.47
Maternal, Child, and Family Health	\$0.93	\$0.83	\$3.20	\$1.79	\$0.93
Access to Care	\$0.79	\$1.46	\$0.91	\$1.61	\$0.54
Total Foundational Areas	\$5.16	\$5.69	\$9.39	\$7.15	\$2.84
Total Foundational Public Health Services	\$8.86	\$11.28	\$26.57	\$18.90	\$7.19

Part 4: Composition of Ohio LHDs' Revenues

Of the 71 LHDs analyzed for this report, 69 provided complete data on their agencies' revenue sources for FY 2024. On average, Ohio LHDs reported total revenues of approximately \$6 million, or \$67.83 per capita (see Table 10). Revenues from local sources provided the majority of funding (\$44.99 per capita) followed by revenues from state (\$20.28 per capita) and federal sources (\$2.56 per capita). When including carryover resources, average total revenues amounted to \$99.98 per capita, with \$74.78 from local sources, \$23.52 from state sources, and \$2.67 from federal sources.

Among local sources of revenues, public health levies contributed approximately one quarter, or \$11.26 per capita, to total local funding (see Figure 12), followed by revenues from environmental health (\$9.09 per capita), local government funds (\$8.15), and personal health services (\$7.59 per capita). Revenues from local sources varied noticeably across LHDs (see Table 10). For both inside mileages and public health levies, for example, a substantial number of agencies reported no revenues from one or both of these sources. Similarly, very few LHDs reported any revenues from donations or laboratory.

Figure 12: Per capita revenues from local sources

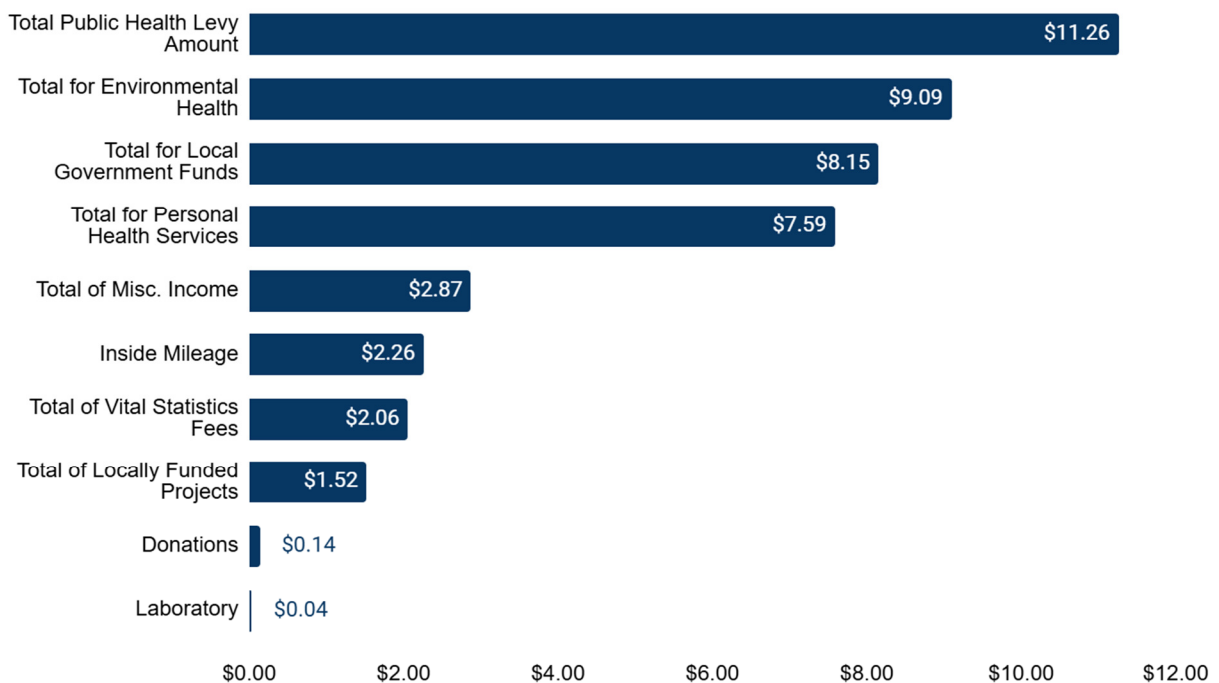


Table 10: Per capita revenues by source, FY 2024

REVENUE SOURCE	Mean	25 th percentile	Median	75 th percentile
LOCAL REVENUES				
Inside Mileage	\$2.26	\$0	\$0	\$3.28
Total Public Health Levy Amount	\$11.26	\$0	\$7.92	\$20.82
Total for Local Government Funds	\$8.15	\$0.70	\$4.15	\$9.09
Total for Personal Health Services	\$7.59	\$1.93	\$3.53	\$8.75
Total for Environmental Health	\$9.09	\$5.33	\$7.51	\$10.05
Total of Vital Statistics Fees	\$2.06	\$1.43	\$1.74	\$2.34
Laboratory	\$0.04	\$0	\$0	\$0
Total of Locally Funded Projects	\$1.52	\$0	\$0.21	\$1.37
Donations	\$0.14	\$0	\$0	\$0.03
Total of Misc. Income	\$2.87	\$0.01	\$0.63	\$1.65
Total New Local Revenue	\$44.99	\$26.98	\$38.53	\$52.48
Carryover	\$28.80	\$6.54	\$18.46	\$46.01
Total Local Revenue (incl. carryover)	\$73.78	\$44.36	\$56.91	\$91.33
STATE REVENUES				
State Subsidy	\$0.54	\$0.51	\$0.56	\$0.64
Total of State (ODH) funding	\$17.15	\$8.06	\$12.77	\$21.22
Total of State (non-ODH) funding	\$3.34	\$0	\$0.94	\$3.80
Total New State Revenue	\$20.28	\$9.68	\$16.06	\$23.54
Carryover	\$3.24	\$0	\$0	\$3.60
Total State Revenue (incl. carryover)	\$23.52	\$10.98	\$18.28	\$28.74
FEDERAL REVENUES				
Total Direct Federal Funding	\$2.56	\$0	\$0	\$0.65
Total New Federal Revenue	\$2.56	\$0	\$0	\$0.65
Carryover	\$0.11	\$0	\$0	\$0
Total Federal Revenue (incl. carryover)	\$2.67	\$0	\$0	\$2.35
ALL REVENUES				
Total New Revenues	\$67.83	\$42.25	\$59.12	\$86.32
Total Revenues (incl. carryover)	\$99.98	\$59.15	\$86.73	\$126.33

CONCLUSION

FY 2024 data indicates a continued, gradual rise in spending on the FPHS by Ohio LHDs. Despite this incremental increase in investment, the rates of attainment for FPHS have remained relatively stable, with persistent gaps still evident across the system. Notably, the data also reflect a corresponding and ongoing growth in the additional funding required to fully address these gaps. This trend underscores that while financial support for FPHS has been steadily increasing, current investments have not yet translated into significant progress in closing service delivery gaps, highlighting an urgent and increasing need for further resources and strategic efforts to achieve comprehensive public health capacity statewide.

Significant variation in both spending levels and attainment of the FPHS continues to persist among Ohio LHDs. Certain programmatic areas—including Environmental Health, Communicable Disease, and Organizational Competencies—remain consistently well-funded, resulting in relatively smaller attainment gaps. In contrast, other domains such as Communication, Equity, and Chronic Disease continue to experience lower funding levels coupled with substantially larger attainment gaps. Addressing these discrepancies will require not only additional targeted investments but also strategic policy and operational interventions to ensure that capacity in all foundational areas is strengthened and more equitably distributed across Ohio's public health system.

A combined analysis of spending and attainment data provides a clear prediction of where additional investments are most urgently needed within Ohio's LHDs. According to FY 2024 figures, the most substantial per capita funding gap was observed in the area of Maternal, Child, and Family Health, which requires an estimated additional \$1.36 per capita to meet foundational service benchmarks. This was closely followed by Equity and Chronic Disease, with additional needs of \$1.30 and \$1.17 per capita, respectively. These figures highlight ongoing challenges and resource shortfalls in areas critical to advancing community health and reducing preventable disparities.

In contrast, other foundational service areas demonstrate much lower additional per capita investment needs. Community Partnerships (\$0.54 per capita), Policy Development (\$0.64 per capita), and Assessment (\$0.79 per capita) all require comparatively modest additional investments to close their respective attainment gaps. This variation suggests that while some services have nearly achieved their funding and capacity goals, others lag behind and require focused, increased investment. Understanding and addressing these differentiated funding requirements is essential for moving toward a more balanced and effective statewide public health system that can meet the needs of all Ohioans.

Continuing the trends observed in previous years, FY 2024 data reveal notable variation in spending levels, attainment rates, and additional investment needs across LHDs, influenced by both jurisdiction size and geographic location. LHDs serving smaller communities consistently exhibit higher per capita spending on Foundational Public Health Services (FPHS) compared to their counterparts in larger or more urban jurisdictions. This pattern likely reflects the higher fixed costs and resource needs associated with maintaining adequate public health

infrastructure in areas with smaller, more dispersed populations, where economies of scale are more difficult to achieve.

Furthermore, there are marked differences in spending levels based on geographic location, with regional disparities highlighting the diverse community health needs and priorities across the state. These differences underscore the importance of tailoring public health strategies and resource allocation to the unique contexts of individual communities. Recognizing and addressing the distinct challenges faced by LHDs is essential for ensuring equitable access to foundational public health services for all Ohioans. Strategic, data-informed investments will help minimize gaps and support a more responsive and effective statewide public health system.

APPENDIX

Ohio local health departments included in the FY 2024 report

- | | |
|--------------------------|--------------------------|
| 1. Adams County | 37. Knox County |
| 2. Allen County | 38. Logan County |
| 3. Alliance City | 39. Lorain County |
| 4. Ashland County | 40. Lucas County |
| 5. Ashtabula City | 41. Mahoning County |
| 6. Athens City County | 42. Marietta Belpre City |
| 7. Auglaize County | 43. Marion County |
| 8. Brown County | 44. Massillon City |
| 9. Canton City | 45. Medina County |
| 10. Carroll County | 46. Meigs County |
| 11. Clark County | 47. Mercer County |
| 12. Clermont County | 48. Monroe County |
| 13. Cleveland City | 49. Morgan County |
| 14. Clinton County | 50. Noble County |
| 15. Columbiana County | 51. Ottawa County |
| 16. Columbus City | 52. Paulding County |
| 17. Conneaut City | 53. Perry County |
| 18. Coshocton County | 54. Pike County |
| 19. Crawford County | 55. Portsmouth City |
| 20. Darke County | 56. Preble County |
| 21. Defiance County | 57. Putnam County |
| 22. Delaware County | 58. Richland County |
| 23. Fayette County | 59. Ross County |
| 24. Franklin County | 60. Seneca County |
| 25. Fulton County | 61. Sidney Shelby County |
| 26. Gallia County | 62. Trumbull County |
| 27. Greene County | 63. Tuscarawas County |
| 28. Guernsey County | 64. Union County |
| 29. Hamilton City | 65. Van Wert County |
| 30. Hamilton County | 66. Warren County |
| 31. Hancock County | 67. Williams County |
| 32. Henry County | 68. Wood County |
| 33. Hocking County | 69. Wyandot County |
| 34. Jackson County | 70. Youngstown City |
| 35. Jefferson County | 71. Zanesville County |
| 36. Kenton-Hardin County | |

