Governments and grantmakers in Northeast Ohio invested more than $6.6 billion in health and human services in 2012, according to the latest available data. This money paid for a range of programs that sought to meet basic needs, provide educational and employment supports, reduce poverty, and address social problems.

Eighty-six percent of the total came from public sources. This included state and federal spending allocated by the State of Ohio and local dollars generated by property tax levies. Grantmakers, excluding United Ways, contributed 13 percent, while the 17 United Ways in Northeast Ohio distributed $58.7 million to make up the final 1 percent of spending.

The vast majority of investments in health and social services in Northeast Ohio in 2012 were from public sources.

While the proportion of most sources remained largely consistent since 2010, the overall pie grew by 9.6 percent or $583 million. County levy collections decreased by about 1 percent, a reflection of the fact that property values remain lower than pre-recession levels. The difficult political environment also means many communities are unwilling to risk bringing tax increases to voters.

This decline was offset by increases in every other source. Although some United Ways’ grantmaking fell and others’ rose, the total for Northeast Ohio remained above 2010 levels at $58.7 million. Other grantmakers in Northeast Ohio increased their giving for health and human services by $257 million, likely a reflection of continuing need in the community and the improved economic conditions which increase foundations’ investments, allowing them to give more each year.
Most categories of spending increased between 2010 and 2012.

Much of the growth in total investment was due to an increase in state disbursements, up $338 million since 2010. The most notable growth came from the Ohio Department of Job and Family Services (ODJFS). Spending on assistance programs such as Medicaid and SNAP (food stamps) continued to increase over this period. Meanwhile, departmental spending shifted away from the Ohio Department of Aging and the Ohio Department of Mental Health to ODJFS as the result of the consolidation of Medicaid spending under that Department and the implementation of the Unified Long Term Care Budget.4

The fact that government plays such a large role in providing dollars to address health and social problems continues to have significant implications for grantmakers, service providers, and community leaders.

1 The Center for Community defines Northeast Ohio as a 16 county region including: Ashland, Ashtabula, Carroll, Columbiana, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull, and Wayne.
2 Visit http://www.communitysolutions.com/big-bucks for more information, including references and complete data tables.
3 This report is an update of “BIG Bucks, BIG Surprises, BIG Questions” published by The Center for Community Solutions in December, 2012 and available online at http://www.communitysolutions.com/assets/docs/Major_Reports/Other_Publications/2012_big_bucks_report%20and%20charts.pdf
4 For more information on state budget changes which impact human services, see State Budgeting Matters, “Highlights of House Changes to H.B. 153, the FY 2012-2013 Budget”, http://www.communitysolutions.com/assets/docs/State_Budgeting_Matters/sbmv7%204_hb153-housechanges_ackerman_052511.pdf.