



May 3, 2020

The Honorable Joaquin Arambula  
Chair, Assembly Budget Subcommittee No. 1  
State Capitol, Room 5155  
Sacramento, CA 95814

**Re: Informational Critical Health and Human Services Issues Related to the COVID-19 Crisis**

Dear Assembly Member Arambula:

Our organizations write to express the critical need to for state policy makers to examine and support the public health workforce. While we recognize the importance of the health care workforce, we are disappointed that the agenda does not appear to address public health issues. Local health departments are the first line of defense against public health threats, including COVID-19, and rely on trained public health professionals such as epidemiologists, communicable disease investigators, contact tracers, public health nurses, laboratorians, and health educators, among others. Public health professionals perform critical functions, such as testing and disease surveillance and tracking, rapid case identification, and contact tracing, isolation and quarantine, and outreach and education to communities. It is vital that as California moves forward to recover from COVID-19, that this workforce is bolstered to protect the health of our communities.

Year after year of underfunding of federal, state, and local public agencies left the United States ill-prepared for a pandemic. The Trust for America's Health estimated in April 2019 that public health efforts nationally were underfunded by \$4.5 billion and that nationally 55,000 positions were eliminated from public health between 2008 and 2017.

In the United States, per capita spending on public health is less than 3 percent of total health care expenditures and this amount is projected to fall to 2.4 percent in 2023. Preventing the spread of infectious disease is "minimum necessary" or foundational public health service. Full provision of all foundational public health services is projected to be \$54 to \$149 per capita. This pales in comparison to the annual per capita expenditure of \$10,739 on medical care.

According to the California Future Healthcare Workforce Commission February 2019 report: "The public health workforce in California is chronically underfunded, and most local public health agencies lack personnel with expertise in key areas such as epidemiology and the essential skills to design, implement, and evaluate comprehensive approaches to community health improvement."

Public health jobs lost during the recession of 2008 in many instances were never replaced. An estimated 19 percent of governmental public health workforce positions — roughly 51,000 jobs in state, territorial, and local public health departments were lost following the Great Recession of 2008. Local health jurisdictions received \$121 million less in 1991 Realignment – a primary

funding source for public health – in 2018-19 than they received in 2006-07, further crippling the ability of local health departments to increase workforce.

In California, both state and local public health agencies face increasing competition with the private sector, which provides higher pay and, in some instances, less requirements. For example, public health nurses require additional education and certification, above and beyond what is required to become a registered nurse, including paying additional certification fees that in recent years increased by several hundred dollars. Yet despite these challenges, public health worker shortage has received little attention and there is not a focus on public health pipeline in California's higher education systems. Additionally, while public health work is rewarding, it is also quite challenging, and the difficulty of the work may lead to burn out in the public sector.

Nationally, we face COVID-19 with a governmental public health workforce deficit of as many as 300,000 workers. The Public Health Foundation and others have recognized that "no single system currently provides the number of public health employees working in the United States or provides information on the composition and training levels of these employees."

California needs to address the workforce challenges facing public health to adequately prepare for future public health threats. We respectfully request a future hearing focused exclusively on public health and are available to support the development of this critical hearing.

Should you have any questions, please feel free to contact Michelle Gibbons at (916) 254-9274, Kat DeBurgh at (916) 441-7405 or Liberty Sanchez at (916) 213-1440.

Sincerely



Michelle Gibbons  
Executive Director, CHEAC



Liberty Sanchez  
Legislative Advocate, SEIU California



Kat DeBurgh  
Executive Director, HOAC

cc: Honorable Members, Assembly Budget Subcommittee No. 1  
Andrea Margolis, Consultant, Assembly Budget Subcommittee No. 1  
Cyndi Hillery, Assembly Republican Caucus Budget Director  
Jason Sisney, Budget Director, Office of Assembly Speaker Anthony Rendon  
Tam Ma, Office of the Governor  
Sonia Angell, California Department of Public Health  
Keely Bosler, California Department of Finance