

#CACantWait UNTIL THE NEXT CRISIS

Pandemic Inequities Highlight Need to Invest in Public Health Workforce & Infrastructure Now

The job of public health is to keep everyone safe and promote health for all, but California has neglected that work for over a decade, and we can see the dire consequences throughout the COVID-19 pandemic. Severe disinvestment in our state's public health infrastructure had

a disproportionate impact on California's Black and Brown communities, resulting in needless sickness and death. California can't wait until the next crisis to address inequities in health outcomes and rebuild the life-saving public health programs and infrastructure we will rely on in the next crisis.



Colleen Chawla
PRESIDENT
CHEAC and Director of the Alameda County Health Care Services Agency

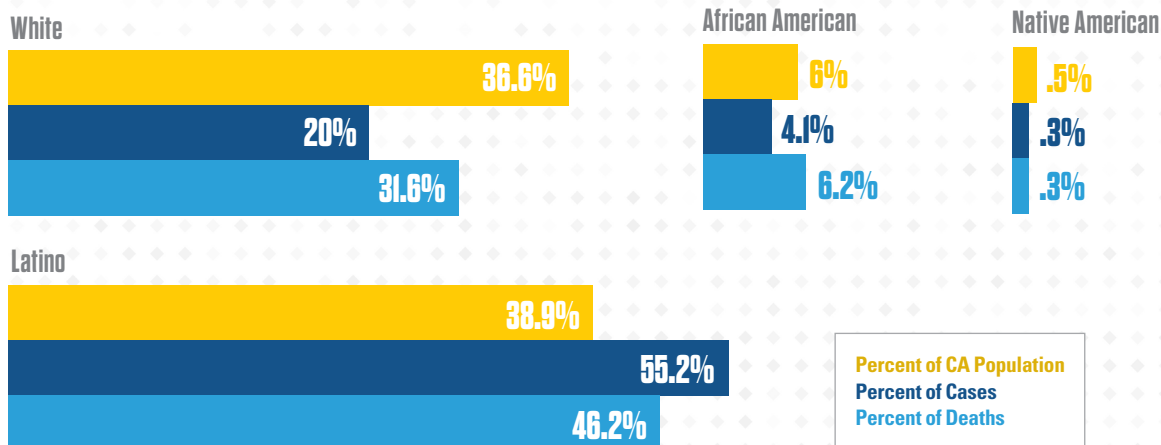


Shamika Ossey
MEMBER
SEIU Local 721 and Public Health Nurse, Emergency Preparedness and Response, LA County Public Health

“COVID-19 confirmed the worst fears of public health officials who have been warning that a decade of budget cuts would leave our workforce hollowed out and our infrastructure wiped out just when we needed it most. California can't wait until the next crisis to rebuild our public health infrastructure and invest in health equity strategies local public health departments are uniquely equipped to deliver. A \$200 million ongoing investment is a crucial starting point to ensure California is in a far stronger place to save lives before the next threat arrives.”

“Defunding public health departments for decades made California's COVID-19 crisis so much worse than it might have been. Our capacity for contact tracing, testing, and outreach to the most underserved has been severely hampered. If COVID-19 taught us anything, it's that California can't wait to invest in public health until after the next disaster or public health emergency strikes - we need to invest beforehand.”

Disinvestment in Public Health Left Communities of Color Most Vulnerable to COVID-19

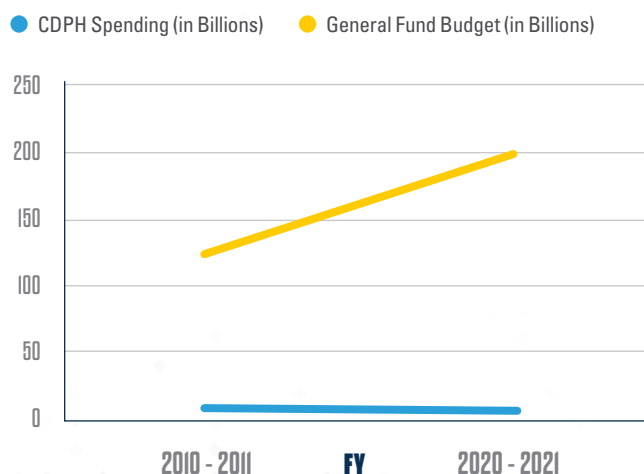


Data is current as of 2/24/21

Crisis Brewing for Decades

Public health officials have been warning for years that chronic underfunding of public health at the federal and state levels left American lives vulnerable to devastating health inequities, disease outbreaks, bioterrorism, chronic disease and more. A decade ago, the Trust for America's Health (TFAH) said Great Recession budget cuts put California's public health readiness at risk. TFAH also estimated the national underfunding of public health to be roughly \$4.5 billion. In the last 10 years, funding for California's Department of Public Health shrunk even further. FY 19-20 spending was \$300 million below 2009-2010, meanwhile overall General Fund spending has nearly doubled.

CDPH Spending and General Fund Budget



Simultaneously, the federal government has neglected public health. Nearly 75% of the budget for the United States Centers for Disease Control and Prevention goes to states and local communities, and its budget has remained flat.

Local Impact of Disinvestment: Lack of Preparedness in a Crisis, Lost Lives

In the past decade, California has seen a steady hollowing out of our local public health staff and closures of vital public health labs, among other devastating impacts. According to a recent report by the Public Health Alliance of Southern California, over the past decade local and state public health departments have lost 20% of their workforce. As California's fight against COVID-19 continues, this chronic underfunding is showing locally:

- In Riverside County, a 40% funding decline over the last decade has left just 30 disease investigators, contact tracers and public health nurses to serve the sprawling region of 2.5 million people.
- In Yuba and Sutter counties, nearly a third of the contact investigators and contact tracers are extra hires with no clear funding in the months ahead.
- Since 1999, budget cuts have resulted in the forced closures of 11 public health labs, with 6 labs closing in just the past 5 years alone.

California Can't Wait Until the Next Crisis

The California Can't Wait coalition representing counties, public health officials, organized labor, and community advocates developed a two-pronged budget proposal that would begin to reverse the Legislature's decade-long disinvestment in local public health. The budget proposal would dedicate \$200M annually to local public health departments to begin to rebuild local public health infrastructure before the next public health crisis and make strides toward health equity. An additional, one-time \$3.5M would fund a study into the current and future needs of local public health departments.

The core capabilities of a robust public health system include:

Source: Trust for America's Health

- **Equity:** addressing public health and health equity issues to ensure population-wide protections, including working within disproportionately impacted communities and in partnership with community stakeholders
- **Threats assessment and monitoring:** the ability to track the health of a community via data and laboratory testing.
- **All-hazards preparedness:** the capacity to respond to emergencies of all kinds, from natural disasters to infectious disease outbreaks to bioterrorism.
- **Public communication and education:** the ability to effectively communicate to diverse public audiences with timely, science-based information.
- **Program management and leadership:** applying the best business and data-informed practices to the public health enterprise.



Communities of color, who are becoming ill and dying at higher rates than whites, are bearing the brunt of these decisions [to underfund public health].”

– California Pan Ethnic Health Network

California Can't Wait Budget Proposal FY 21-22

Public Health Infrastructure and Equity:

The #CACantWait coalition proposes \$200M on an ongoing basis to support local public health infrastructure and equity. This investment would enable local public health departments to protect and promote the health of families and communities:

- Hire staff for the important job of keeping people healthy and addressing health disparities that left people of color more vulnerable to COVID-19.
- Ensure equitable vaccine distribution, particularly for communities of color
- Support public health nurse home visiting programs for new and expecting mothers, and their families
- Be ready for the next public health crisis by readying staff for communicable disease monitoring, contact tracing, and disease investigation
- Chronic disease prevention and wellness promotion
- Homelessness outreach
- Environmental health (e.g., restaurant inspections)

Study the needs of local public health departments:

The #CaCantWait coalition proposes a \$3.45M General Fund commitment to study the current and future public health infrastructure needs.

California leaders are rightly focused on getting through the current COVID-19 crisis, but if we don't decide to invest and rebuild our public health infrastructure NOW, another set of public health and elected leaders will be back to square one when the next public health crisis hits.

Support:

- County Health Executives Association of California*
- Service Employees International Union (SEIU) - California*
- Health Officers Association of California*
- California State Association of Counties*
- Urban Counties of California*
- Rural County Representatives of California*
- Public Health Advocates*

