



February 5, 2021

Senator Nancy Skinner
Chair, Senate Budget Committee
California State Senate, Room 5055
Sacramento, CA 95814

Senator Susan Talamantes Eggman, Ph.D
Chair, Senate Budget Subcommittee #3
California State Senate, Room 5144
Sacramento, CA 95814

Assemblymember Phil Ting
Chair, Assembly Budget Committee
California State Assembly, Room 6026
Sacramento, CA 95814

Assemblymember Dr. Joaquin Arambula
Chair, Senate Budget Subcommittee #1
California State Assembly, Room 5155
Sacramento, CA 95814

RE: Request for Ongoing \$200 Million/year General Fund Investment for Public Health Infrastructure and Workforce

On behalf of the California State Council of the Service Employees Union (SEIU California), County Health Executives Association of California (CHEAC), California State Association of Counties (CSAC), Health Officers Association of California (HOAC), Rural County Representatives of California (RCRC), and the Urban Counties of California (UCC), we strongly request ongoing state General Fund investment of \$200 million/year to address the longstanding erosion of public health workforce and infrastructure. Many of our communities across the state have been ravaged by COVID-19 to more devastating levels than would have occurred had local health departments been sufficiently staffed and resourced before this pandemic. Underinvestment has been a central cause for the deterioration in California's public health infrastructure, resulting in an erosion of the workforce, clinical and laboratory capacity, and the ability to respond to diverse and dynamic community needs.

California's local health jurisdictions are battling 21st century public health threats and need appropriate resources to adequately respond to these current and upcoming battles. The COVID-19 crisis demonstrates this reality in the starkest of terms. As you may know, public health funding is very limited - both in sources of funding and in types of funding. Public health is predominantly funded through federal support, including limited-term grants for specific diseases, and at the state level through County Realignment Funds. Federal funding is very categorical and narrowly focused. County Realignment Funds have not kept pace with needs, or even cost-of-living increases, and are also used to support direct health care coverage (county hospitals, indigent health care expenditures, and serving as a certified public expenditure for Medi-Cal expenditures). Further, Realignment formulas have limited growth funds to public health due to the various adjustments over the last ten years.

For all these reasons, the State needs to be an integral funding partner of local public health infrastructure and workforce and must invest ongoing support of \$200 million state General Fund to facilitate the stabilization of local health jurisdictions so they may address the following key needs and issues that are distinct, separate from COVID-19 responses, including, and not limited to:

- Recruiting and retaining a modern public health workforce, along with sustainable training to build and maintain expertise;
- Improving and expanding communicable disease monitoring, epidemiology, and outbreak mitigation, along with infrastructure improvements;
- Addressing health equity issues and health disparities through a wide-variety of action-oriented approaches using meaningful engagement with diverse communities who are impacted by systemic racism; and through integrating public health as a core partner in addressing the social determinants of health;
- Improving and expanding environmental health and environmental justice capabilities for detecting and protecting communities from hazardous conditions in air, water, food, and other settings, and to address the impact of climate change on the diverse communities of California.

Local public health departments are the first line of defense against all public health threats, and our highly skilled and specialized workforce are stretched far too thin to address our current COVID-19 pandemic and other ongoing public health services. And while COVID-19 is the most devastating epidemiological event in recent memory, it is likely not the last of this magnitude and core. Sustainable funding is essential now to ensure that a robust public health safety-net is in place to contain and minimize not only the next outbreak or emergency. Additional sustainable funding will also ensure that we can confront the smaller, yet daily devastating waves of infectious and chronic diseases, which contribute to premature mortality and crippling morbidity in many regions and underserved communities.

In 2020, with one-time federal funds, local public health departments have hired hundreds of additional staff across the state to respond to the pandemic. They have expanded and trained the ranks of nurses, contact tracers, disease investigators, health educators, and vastly expanded local public health laboratory capacity. Investing ongoing funding in public health would allow local health jurisdictions to convert some of these temporary staff into permanent staff, rather than losing this workforce capacity when the pandemic ends and the funding runs out. We cannot revert to old ways and allow public health to deteriorate again once the pandemic ends.

We have seen firsthand what an understaffed and under resourced public health system means for community spread and outcomes during a pandemic. We have the opportunity and the obligation to rectify this only with the State's commitment in ongoing funding. California can't wait until the next public health crisis hits, instead we must invest and rebuild the public health infrastructure now. We look forward to further discussing our annual \$200 million state General Fund budget request during this year's state budget process.

Respectfully,



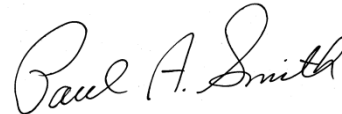
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