



Background

California's 61 local health departments (LHDs) play a unique and critical role in protecting and promoting the health and well-being of all California communities. LHDs conduct a wide variety of specialized activities, including responding to communicable disease outbreaks, epidemiological surveillance and intensive contact tracing and investigation, public health laboratory testing, public education and outreach, health system coordination, and pandemic and public health emergency planning.

The historic COVID-19 pandemic exposed significant gaps in LHD infrastructure, surge capacity, and capital equipment and facilities. State and federal funding for LHDs has remained stagnant or declined over time, and funding is often siloed based on disease conditions. LHDs continue to be under-resourced and are in dire need of significant investments in critical areas to adequately protect and promote the health of all Californians.

Increased Staff Communicable Disease and Public Health Emergency Response

Invest \$150 million General Fund ongoing to bolster LHD infrastructure.

LHDs in California experienced severe budget and workforce cuts due to the Great Recession of the late 2000s. LHDs continue to operate with limited staffing and resources, resulting in limited surge capacity during widespread emergencies.

While a one-time investment for communicable disease prevention and response activities included in the 2019 Budget Act, these funds do not adequately address the need to bolster public health infrastructure. These funds could be used to support staffing for disease surveillance, health informatics, contact tracing, health education, outreach, clinical services, laboratory testing and operations and other core public health needs.

1. Flexible allocation to each LHD.
2. Funding for regional epidemiologists aligned with the existing EMSA regions.
3. One communicable disease investigator in each jurisdiction that would be designated for deployment to other jurisdictions within the designated EMSA region. Requests would be made through the Medical health mutual aid system. The medical health operational area coordinator (MHOAC) would make the request of the regional disaster medical health coordinator (RDMHC). Resources would not be required to be deployed in a pandemic, where all jurisdictions are impacted, but could be deployed for outbreaks limited to a jurisdiction.

Public Health Infrastructure Study

Invest \$2 million General Fund one-time to conduct a study of California's current and future public health needs.

COVID-19 has demonstrated the impact public health threats can have on numerous sectors such as health care, education, social services, administration of justice and businesses. To prevent these downstream impacts, it is critical that we study, evaluate and take the necessary steps to ensure California's governmental public health infrastructure is adequately resourced. This includes, but is not limited to assessing the workforce needs, laboratory capacity, and critical supplies. CDPH would convene stakeholders including but not limited to health department directors, health officers, laboratory directors, public health nurses, communicable disease controllers, and schools of public health and labor.



Public Health Workforce Recruitment and Retention

1. Invest \$20 million General Fund for local public health loan repayment programs

Local Health Departments rely on a highly trained and uniquely skilled workforce, including public health laboratory specialists, public health nurses, disease investigators, epidemiologists, and emergency preparedness coordinators, administration among others.

LHDs continue to experience significant challenges related to workforce recruitment and retention and workforce funding. To address this challenge, our organizations request \$20 million for loan forgiveness

2. General Fund Backfill for Public Health Nurse Certification Fees

In 2017, SB 1480 (Hill) increased certification fees for public health nurses from \$150 to \$500 and instituted a renewal fee of \$125. Public health nurses are licensed registered nurses, who choose to work in the public health field, where an additional certification is required. Public health nurses often earn less than their counterparts in private health care settings. Our organizations ask that the public health nurse fees be capped at \$150 with a general fund back fill to support the board of registered nursing.

Capital Equipment, Facilities and Supplies

\$1.5 billion bond dedicated to local public health departments to procure, update, and maintain critical LHD capital equipment, facilities, and supplies.

LHDs require sophisticated technologies, equipment, facilities and supplies to carry out activities related to communicable disease prevention and control, clinical services, disease surveillance and investigation, and public health emergency coordination, among others. This investment would allow LHDs to procure, update, and maintain critical capital equipment, facilities and supply stockpiles to more efficiently and effectively carry out their mandated responsibilities to promote and protect the health of all Californians.

Additional Information

For additional information, please contact:

Michelle Gibbons
Executive Director, CHEAC
(916) 254-9274; mjgibbons@cheac.org

Kat DeBurgh
Executive Director, HOAC
(916) 441-7405; deburgh@calhealthofficers.org

Liberty Sanchez
Legislative Advocate, SEIU California
(916) 213-1440; libby@sanchezadvocacy.com