

Rebuilding an Equitable Public Health System

Invest \$403 million GF annually to correct the decades-long underinvestment in our public health system that left us less prepared to address the pandemic, and contributed to the pre-existing health disparities that led to disproportionate negative impacts from COVID-19 on socially vulnerable communities. Invest an additional \$72.1 million one-time to support a public health infrastructure study, support Phase II of the California Reducing Disparities Project and support investments to End the Epidemics of HIV, Hepatitis C, and STDs.

Ongoing Investments	Annual General Fund
Local Public Health Investments	\$200 million
Health Equity and Racial Justice, including:	\$115 million
- Grants for Clinics, CBOs, Tribal orgs.	(\$100 million)
- Transgender Wellness and Equity Fund	(\$15 million)
Public Health Workforce Development	\$35 million
End the Epidemics Investments	\$13 million
DPH Statewide Coordination and Planning	\$40 million
Total Ongoing Investments	\$403 million
One-Time Investments	One-Time General Fund
California Reducing Disparities Project (one-time)	\$63.1 million
End the Epidemics (one-time)	\$6 million
Public Health Infrastructure Study (one-time)	\$3 million
Total One-Time Investments	\$72.1 million

- **Local Public Health Investments - \$200 million General Fund annually**
 - Local health jurisdictions would receive an annual investment of \$200 million General Fund, subject to certain planning, transparency, and accountability requirements.
 - These funds would be provided through a formula that takes into account:
 - Base allocation for each of the 61 local health jurisdictions
 - Population
 - Number of ZIP codes in the lowest quartile of the Healthy Places Index (or some other proxy for social vulnerability/health disparities)
 - Overall burden of preventable mortality and morbidity
 - The first year of funding would be provided immediately to sustain local health jurisdictions as they recover from the pandemic, as well as to participate in the public health infrastructure study coordinated by DPH.
 - Beginning July 1, 2022, local health jurisdictions would be required, as a condition of receiving state public health investment dollars, to submit a triennial plan to DPH that outlines the following:

- Specific strategies and programs to address the most prevalent existing causes of preventable mortality and morbidity, as identified by DPH’s County Health Status Profiles, or other public health data.
- Specific strategies and programs to address the fastest growing causes of preventable mortality and morbidity, as identified by DPH’s County Health Status Profiles, or other public health data.
- Specific strategies and programs to address disparities in the prevalence of causes of preventable mortality and morbidity between demographic groups residing in the local health jurisdiction.
- Local health jurisdictions would also be required to conduct a workforce analysis and submit a plan that demonstrates the following:
 - The workforce necessary to support the strategies and programs identified in the triennial public health plan.
 - A workforce development strategy to recruit and train the necessary staff to support the strategies and programs identified in the triennial public health plan.
 - A strategy to cross-train a sufficient number of local health jurisdiction employees with skills that could support infectious disease prevention and mitigation activities in the event of an infectious disease outbreak.
- These planning requirements would be informed by the findings of the public health infrastructure study coordinated by DPH (see “Public Health Infrastructure Study” below)
- **Health Equity and Racial Justice Innovation - \$115 million General Fund annually**
 - The Office of Health Equity would administer an annual \$115 million grant program to address health disparities.
 - Clinics, community-based organizations, and tribes could apply for grants, either separately, or in collaboration.
 - Applicants would be required to demonstrate how funding would be used to ameliorate existing or emerging health disparities, including metrics for success.
 - Local health jurisdictions would be encouraged to work with grant recipients to serve as trusted community partners to extend public health messages and interventions into underserved and difficult to reach communities.
 - \$15 million would be allocated annually to the Transgender Wellness and Equity Fund, for distribution by the Office of Health Equity to support programs focused on coordinating trans-inclusive health care for individuals who identify as transgender, gender nonconforming, or intersex.
 - DPH would also conduct an annual report on health disparities (see “DPH – Statewide Coordination and Planning” below)

- **Public Health Workforce Development - \$35 million General Fund annually**
 - DPH, in collaboration with OSHPD and local health jurisdictions, would administer an annual \$35 million workforce development program to recruit, expand, and retain a modern public health workforce, including:
 - Epidemiologists
 - Disease investigators
 - Information and data analytics specialists
 - Public health nurses
 - Community health workers
 - Medical social workers
 - Outreach specialists
 - Multilingual health educators
 - Health equity leaders
 - Environmental health specialists
 - Laboratorians
 - Food safety professionals
 - Dietitians
 - Quality improvement coordinators
 - Physical and occupational therapists
 - The workforce development program could include training, scholarships, apprenticeships, or other programs.
 - The programs would be targeted to local health jurisdictions and communities with significant health disparities, as identified by DPH in its annual disparities analysis. (see “DPH – Statewide Coordination and Planning” below)
 - DPH would also perform a triennial gap analysis of public health workforce needs in the state, to align with and inform the preparation of local health jurisdictions’ triennial public health plans. (see “DPH – Statewide Coordination and Planning” below)
- **DPH – Statewide Coordination and Planning - \$40 million General Fund annually**
 - DPH would receive an appropriation of \$40 million annually to support statewide coordination and planning of the activities funded by the components of this proposal, including:
 - *Technical Assistance* - Technical assistance to local health jurisdictions, particularly in small counties or cities, for preparation of the triennial public health plan.
 - *Learning Collaboratives* - Facilitate learning collaboratives to share best practices regarding specific interventions to address causes of preventable morbidity and mortality, or health disparities.
 - *Effective Public Health Communications* - Communication support for public information officers in local health jurisdictions to ensure effective delivery of public health messages,

particularly in smaller counties or cities, as well as access to media and other messaging resources.

- *Effective IT Systems to Support Public Health* - Ongoing information technology upgrades and improvements to support communicable and chronic disease surveillance, testing, case investigation, contact tracing, identification and monitoring of health disparities, and other public health priorities.
- *Public Health Workforce Gap Analysis* - DPH would also perform a triennial gap analysis of public health workforce needs in the state, to align with and inform the preparation of local health jurisdictions' triennial public health plans. This gap analysis would also inform the development and implementation of the \$35 million public health workforce development program. The analysis would identify gaps based on the eight domains of core competencies for public health professionals:
 - Analytical/Assessment Skills
 - Policy Development/Program Planning Skills
 - Communication Skills
 - Cultural Competency Skills
 - Community Dimensions of Practice Skills
 - Public Health Science Skills
 - Financial Planning and Management Skills
 - Leadership and Systems Thinking Skills
- *Annual Health Disparities Reporting* – DPH would, beginning January 1, 2023, and annually thereafter, prepare and publicly release a population-based health status report. In preparing the report, the department shall collect and analyze available health and health-related data by county and geographic sub-division, such as by ZIP code or census tract, for the purpose of analyzing and reporting health disparities and recommendations for reducing identified disparities. The report shall comply with applicable state and federal health information privacy requirements. Health and health-related data shall include:
 - Indicators of chronic disease prevalence and management, including, but not limited to, statistics on asthma and asthma management, obesity, diabetes, and cardiovascular disease;
 - Maternal and infant mortality;
 - Social determinants of health, including, but not limited to, access to nutritious foods, safe and affordable housing and neighborhoods, income and poverty rates; educational opportunities, evidence of racism and discrimination.
 - Environmental factors, such as exposure to polluted air and water, exposure to lead and gun violence;
 - Prevalence of infectious diseases, including respiratory and sexually transmitted diseases;
 - Access and proximity to health care, including rates of uninsured and timely access to health, dental, vision and behavioral health services;

- Tobacco product use and availability;
- Substance use disorders and drug overdose prevalence.
- *Health Disparities Reduction - Statewide Coordination and 2030 Goal* – Through its oversight of triennial public health plans, DPH would establish a goal of reducing health disparities among children by 50 percent statewide by December 31, 2030.
- *Annual State of the State's Public Health* – The State Public Health Officer would annually prepare a report on the State of the State's Public Health, that would identify the most prevalent existing causes of morbidity and mortality in California, emerging causes of morbidity and mortality in California, statewide or regional health disparities based on its annual reporting, as well as policy recommendations and fiscal estimates for addressing these issues. The State Public Health Officer would present the report annually to the Assembly and Senate Budget Committees, or relevant subcommittees, during hearings covering the DPH budget.
- *Annual State of the County's Public Health* – As a condition of receipt of state funding, county public health officers would also be required to annually prepare a report on the State of the County's Public Health. The county public health officer would present this report annually to the county's Board of Supervisors.
- **Public Health Infrastructure Study - \$3 million General Fund one-time**
 - DPH would coordinate with local health jurisdictions, community-based organizations, healthcare providers, and other public health stakeholders to conduct a study to identify specific needs to develop an agile and flexible public health infrastructure at the local and statewide level. The study would be informed by two or more public stakeholder meetings and would be used by local health jurisdictions, in collaboration with DPH and local stakeholders, to develop and implement the triennial public health plan beginning July 1, 2022.
- **Other Public Health Investments - \$79.1 million General Fund one-time**
 - *California Reducing Disparities Project* - \$63.1 million one-time
 - Fund Phase II of the California Reducing Disparities Project
 - *End the Epidemics Investments* - \$19 million General Fund (\$13 million ongoing, \$6 million one-time)
 - PrEP Navigation and Retention Services (ADAP rebate fund)
 - Hep C Test Kits - \$1 million General Fund one-time
 - STI Prevention - \$3 million General Fund ongoing
 - STI Services through FPACT - \$7 million General Fund ongoing
 - Syringe Exchange Supply Clearinghouse - \$3 million General Fund ongoing
 - HIV Aging Demonstration Projects - \$5 million General Fund one-time