For close to 20 years, political leaders at the state and federal level cut almost all funding sources for local health departments, at the same time that threats to public health are increasingly growing:

* Over the past decade alone, local and state [health departments lost 20% of their workforce](https://apnews.com/9960d22817a6402c7693bee74ad2b75d), and LHD [budgets shrank by as much as 24%](https://www.tfah.org/wp-content/uploads/2020/03/TFAH_2019_PublicHealthFunding_07.pdf).
* State and federal decisions have led to California’s LHDs receiving $177 million less in total funding in 2018-2019 versus 2007-2008.
* State lawmakers decreased the portion of general funds to LHDs by $90M over this span of time, including:
* Infectious disease control: While the overall amount increased by $38 million, when categorical funding is excluded, the amount flowing to LHDs is $8.5 million less than 2007-08.While this means that LHDs have some increased support for specific diseases specified by the categorical funding, it does not give them the flexible funding they need to address root causes that impact all diseases or to build the infrastructure across programs to be prepared for new threats, like COVID-19.

GRAPHIC HERE:

WHAT DOES FUNDING LOOK LIKE IN [CITY/COUNTY NAME]

* Chronic Disease: While the total amount increased by $26 million, when tobacco-related diseases are excluded, chronic disease funding actually fell by $15.4 million, even though chronic diseases are a key driver of disparities in quality of life and life expectancy.
* Emergency Preparedness: Funding is $10.7 million less than 2007-08 despite an increasing number of weather and climate-related disasters like heat waves and wildfires.
* The State of California’s recently approved budget cuts public health funding from $3.4 billion in FY2019-2020 to $3.2 billion in FY2020-21, a 6.3% decrease, despite the ongoing pandemic and calls from LHDs and public health associations to increase LHD funding.
* Prior to COVID-19, the rate of all infectious diseases combined increased by 45% over the past decade, and there were inadequate resources to address their spread. California legislators agreed to a one-time $40 million budget allocation in 2019 for communicable diseases, but this was a temporary fix requested before the COVID-19 pandemic unfolded.
* The CDC and HHS decreased allocations to California LHDs from $81 million in 2010 to $65 million in 2019, a 25% decrease.
* 11 local public health labs in California over the past 15 years because of funding cuts, limiting the capacity during COVID-19 to scale up testing and staffing needed to adequately meet the state’s phased reopening goals.
* County general funding remains flat and LHDs have to compete with other agencies for funding. For example, in Riverside County the health department has a budget of approximately $100 million per year, and the Board of Supervisors allocates $12 million from the County General Fund, but this amount has been flat for years amid competing priorities while public health are growing. As a result, Riverside has had to cut its LHD staff by about 60% over the past decade.
* Due to COVID-19, sales tax and vehicle license fee revenues have declined, leading to a $1.7 billion loss in county revenue that will impact LHD budgets.

INSERT ADDITIONAL FACTS/FIGURES HERE

* National policymakers have decreased funding for Public Health Emergency Preparedness from $940 million in 2002 to $675 million in 2020. These decisions meant funding cuts for vital programs despite 14 weather and climate disasters nationally in 2019 that each cost at least $1 billion. Even 10 years ago, we only had 7 weather/climate events meeting that threshold.
* Congress has stated that the federal Prevention & Public Health Fund should be budgeted at $2 billion per year, but they only provided $892.5 million in FY2020 due to diversions to other programs.

**This historical and longstanding disinvestment,**

**coupled with the structural limitations of public**

**health funding, have depleted public health**

**readiness. We cannot turn our public health system on and off during times of emergency.**

**We need to invest in funding robust and resilient local health departments.**