**Investing in our Local Health Departments:**

The [Public Health Alliance of Southern California](https://phasocal.org/) (Alliance) has developed a suite of materials to uplift the importance of increased funding to local health departments at this critical time. These materials explore the vital role that local health departments play in keeping us safe and healthy, as well as preventing public health emergencies and the health inequities they cause. They explain how years of funding cuts at the national, state, and local levels have left our local health departments under-resourced and our communities unprepared for a public health emergency like COVID-19, as well as future threats including climate change. These materials call for a bold vision to fund robust and resilient local health departments, and investment strategies that policymakers should consider in making this vision a reality.

These talking points, developed with support from the [Berkeley Media Studies Group](http://bmsg.org/) (BMSG), summarize the key points to make in advocating for increasing local health department funding, and easy-to-tailor background information for public health practitioners. The suite of materials also includes a comprehensive brief, PowerPoint slide deck, and customized data template to support your budget advocacy at the local, state and federal level and engage other public health practitioners and allies to do the same.

These talking points can be tailored for multiple purposes (e.g. speaking with reporters, testifying to Council or Board of Supervisors, hosting a town hall); strong messages have the problem, solution and values. This document provides concise background information that can be pulled into talking points. We recommend you create a more tailored talking points for your purpose, centering your values, the problem and solutions.

**How Our Funding Decisions Today will Determine California’s Future**

**How To Use This Document**

**Strong** [**messages**](http://www.bmsg.org/wp-content/uploads/2020/05/bmsg_message_development_worksheet.pdf) **include:** 1) values, 2) solutions, 3) a brief description of the problem. Whether you are talking to reporters, testifying to the Board of Supervisors, hosting a town hall, or creating a report, you will want to tailor your talking points by including a few key points from the background materials included in this document. As public health practitioners, we often spend more time talking about the problem. While it’s important to include a few key aspects, aim to focus your talking points on the solution and your values. A reminder—values are not a restatement of the problem or data, but are why we get up each day and do this work, like unity, interconnectedness, justice, and dignity. If possible, try to have a specific solution that names the policymaker(s) and timeline.

**Example message:**

* What is keeping me hopeful during these challenging times is that right now, we have more knowledge than ever before of how to create healthy communities for all—communities where everyone can live to their full potential, where people have enough stability in their work, homes, schools, and environments to enjoy life, and where we come together to ensure no one is left behind. *(This offers a compelling vision of where you want to go. Values = inclusiveness, community.)*
* Almost all funding sources for local health departments have been declining at the same time that public health threats are growing. LHDs are consistently underfunded and, even now, during the worst pandemic in our lifetimes, our policymakers are proposing further funding cuts. *(The problem)*
* Our local health departments are at a critical juncture. We must support a comprehensive public health system to protect our communities from the threat we currently face with COVID-19, as well as take steps to prevent the disproportionate impacts of the next public health threat before it occurs. This is why we are supporting [X action] that would provide [$X] to local health departments in [X city/county/state] and are asking our legislators to do the same. We need to fund robust and resilient local health departments that can support all residents in times of crisis and advance a vision of health for all and now is the time to make that happen. *(The solution. Values = protection, inclusiveness)*

**Background Information That Can Be Tailored For Talking Points**

**The Importance and Essential Nature of Local Health Departments**

**Key Message:** *Public health plays a critical role in nearly every aspect of our lives. Investments in local health departments will create healthy, vibrant communities for all.*

**A Compelling Vision of Health for All:**

* Public health has a compelling vision—communities where everyone can live to their full potential, where people have enough stability in their work, homes, schools, and environment to enjoy life, and where we come together to ensure no one is left behind.
* Public health plays a critical role in nearly every aspect of our lives. Investments in public health and prevention create healthy, vibrant communities for all.
* What is needed during COVID-19 and beyond is a fierce call to action for funding robust and resilient public health systems at all levels, especially at the local level where city and county health departments are working on the frontlines, ensuring the health and safety of the most impacted communities.

**What Public Health Does:**

* Public health touches every aspect of our day, from the water we drink to the air we breathe. Our public health system includes many moving parts that keep us healthy and safe, from the people who test our water to our public health nurses who do home visits for new parents to our clinic buildings. When all is well, public health professionals are largely invisible, but now, amid COVID-19, many are learning what public health means for the first time and why having a well-resourced public health system is critical to keeping communities across California safe and healthy.
* Our local health departments (LHDs) are the backbone of our public health systems, provide essential services in the communities they serve, such as:
	+ Organizing testing and follow-up, collecting data on health outcomes, creating nutrition and active living programs, and more.
	+ Working year-round to address the social factors that touch our lives, like access to safe and stable housing, increased food security, and expanded employment opportunities.
	+ Building authentic relationships with community members and community-based organizations, which makes them key partners both immediately during a public health emergency like COVID-19, and long-term as we work toward a just recovery.
* In addition to what we do, I also want to add why we do it. We truly believe that everyone should be able to live to their full potential, no matter the color of their skin, how much money they have, or where they live. When our communities support everyone in reaching their full potential, we all benefit.

**Investing in Public Health Saves Lives and Money:**

* We know that public health funding helps everyone live to their full potential and creates healthier, happier communities for everyone. Investing in local health departments is also the smart thing to do.
* For every one dollar we invest in prevention-focused initiatives, our health care system yields an average $5.60 in savings.
* [INSERT LOCAL DATA HERE] Example: In Los Angeles County, every $10 per capita we spend on public health would result in:
	+ 7,271 years of life gained among county residents
	+ 2,222 more people in very good or excellent health
	+ A decrease of 822 gonorrhea cases per year and 343 early stage syphilis cases per year
	+ A decrease of 403 cases of salmonella per year
	+ 204 fewer new cases of HIV, hepatitis A and B, and tuberculosis
* **Despite the demonstrated cost savings generated from public health interventions that create a healthier population, we are not funding our public health system adequately.**
* **Inadequate funding to local health departments is a grave threat at a time when the essential services that our public health system provides are absolutely critical.**

**How Did We Get Here? What Decisions Weakened Local Health Departments?**

**Key Message:** *Nearly all funding sources for local health departments have been declining at the same time that public health threats, like COVID-19 and climate disasters, are growing. Local health departments also have a restrictive funding structure, meaning federal, state and other sources have a narrow and specific focus – less than 5% of funding is flexible.*

**At the local, state, and federal level, we’ve underfunded health departments, which means local Jurisdictions are underprepared for responding to public health and other emergencies:**

* Almost all funding sources for local health departments have been declining at the same time that public health threats are growing. LHDs are consistently underfunded and, even now, during the worst pandemic in our lifetimes, our policymakers are proposing further funding cuts.
* Under-resourced, dedicated public health workers are putting in long hours to address the COVID-19 response, while departments are understaffed, and challenges are swelling.
* Our local health departments are woefully unprepared to address future challenges lurking around the corner, including wildfires and extreme heat threats, rising rates of chronic and communicable diseases, and persistent health inequities.
* Most local health departments also do not have dedicated staff to work on climate change, despite *The Lancet* calling it the "biggest global health threat of the 21st century"[[1]](#footnote-1)

**A History of Funding Cuts:**

* Over the past decade alone, local and state health departments lost 20% of their workforce, and LHD budgets shrank by as much as 24%.

**Federal Funding Cuts:**

* National policymakers have decreased funding for Public Health Emergency Preparedness from $940 million in 2002 to $675 million in 2020.
* The CDC and HHS decreased allocations to California LHDs from $81 million in 2010 to $65 million in 2019, a 25% decrease.

**State Funding Cuts:**

* 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.
* 11 local public health labs in California closed 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.

**Local Funding Cuts:**

* County general funding remains flat and LHDs have to compete with other agencies for funding. [INSERT LOCAL EXAMPLE HERE] 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 threats 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.

**Lack of Flexible Funding and Sustained Funding:**

* The categorical nature—meaning funding is often tied to a specific disease and not underlying causes or emerging threats— of local health department funding makes it difficult to shift funding to address other priorities or emergencies. LHDs are not able to be as nimble in emergency situations when they need to respond quickly.
* Local funding sources are typically the most flexible, as well as California 1991 Realignment funding, but the latter is currently about $130 million below where it was in 2006 and the state legislature and counties often divert these funds to other county agencies in response to other priorities.
* Realignment and other local sources are largely dependent on fluctuating sales tax revenue, vehicle license fees and other taxes and fees, which are all currently projected to plummet as a result of the COVID-19 pandemic, making it even less reliable when the need for robust funding for local health departments is extremely high. Tying our local health department funding to volatile forms of funding sets us up for this problem to occur again and again, especially during crises.
* When there are increases in local health department funding, they are often one-time, temporary allocations to address a specific issue or emergency. While essential, once the funding goes away, LHDs are often left without the staffing and resources to prepare for the next emergency. To prepare for these, the public health workforce needs to build relationships and trust with communities, other agencies, businesses, etc. One time funding does not allow for long-term staffing plans that supports building these relationships.

**Limited Resources to Address Health Equity and Climate Change:**

* Public health plays a uniquely valuable role and helps to “shift the narrative” when it uses its expertise and data to educate non-health sectors and policymakers about the role of structural factors and community conditions in creating and perpetuating racial and health inequities.
	+ Local health departments are well positioned to work with residents of communities that face multiple, intersecting inequities and challenges to health and safety—they can connect key health data and information with these inequities and tie it to policy and system change.
	+ Well-resourced local health departments that possess data and GIS systems and skilled staff are able to collect, analyze, interpret, and disseminate useful equity related data to influence and create policy and systems change.
	+ LHDs often connect with a wide range of community-based organizations and can help ensure preparedness and other plans are created with community needs and recommendations, which is critical for reducing inequities.
	+ Departments with dedicated staff to advance equity are best positioned to prevent disproportionate impacts of health, economic and other emergencies in the future.
* Disinvesting in LHDs and limiting their ability to address health equity means disinvesting in the communities that experience the worst health inequities and are the most vulnerable to public health emergencies, such as COVID-19 and climate change.
* Most LHDs do not have the resources to hire dedicated staff to focus on health equity or climate change, despite the critical importance of these issues and grave threats that they pose to our future.

**Strategies for Investing in Local Health Departments**

**Key Message:** *Investing in our local health departments will lead to healthier, more resilient communities for all.*

**We Must Advance a Bold Vision for Healthy Communities for All**:

* We need to invest in funding robust and resilient local health departments that can support all residents in times of crisis and advance a vision of health for all.

**Significant Funding Increases Are Needed at the Local, State and National Level to Protect the Public’s Health and Create Healthy Communities That Benefit All:**

* We need more funding from local, regional, state and federal sources to be dedicated to LHDs. When we invest in our public’s health, we all benefit.
* This funding should be flexible and allow for the hiring of critical staff, purchasing new and modernizing existing equipment and facilities, acquiring critical supplies, developing plans and strategies for addressing important public health challenges and emergencies, and partnering with community-based organizations to advance health equity.
* LHDs need flexible, non-categorical funding—less than 5% of current LHD funding is flexible, which limits ability to hire staff trained in multiple disciplines, such as city planning, environmental science, or journalism, and pivot as public health emergencies arise.
* There are high-need, technical positions like epidemiologists and public health nurses that are critical during a crisis and for routine LHD work where funding should be enhanced.
* LHDs need long-term funding to be able to address everyday public health threats and more proactively prepare themselves for future emergencies.
* There should be dedicated resources to allow for the hiring of health equity and climate change staff, given the grave threats to our future that systemic racism, historic inequities and climate change pose.
* This also includes funding to enhance our data platforms to provide real-time disease surveillance and facilitate data sharing for greater integration within LHDs and across other agencies at the local, regional, State and federal levels. This will also allow communities to access data so they can understand health issues in their own area.
* This funding should be allocated equitably, to ensure that jurisdictions most in need receive an adequate amount of funding.
* We spend an estimated $3.6 trillion annually on health care, but less than 3% of that is spent on public health—there is a significant opportunity to leverage our health care expenditures to improve public health and invest in local health departments.

**Invest Directly in Communities Most Impacted By Health Inequities:**

* In addition to addressing infectious disease outbreaks, LHDs address the biggest driver of inequities and top causes of death—chronic diseases through diverse programs that range from diabetes education to preventing smoking to addressing sources of pollution that can increase cancer. Local health departments need funding for prevention of chronic disease and improving community conditions, which can also support responses to infectious disease outbreaks and emergencies, as well as climate change. Because social and economic factors, like clean air, access to housing, and quality jobs, have a greater impact on health than genetics, our investments in local health departments should be made with these social factors in mind.
* Investments should also be made directly in communities themselves to address longstanding health inequities, community conditions and structural racism. COVID-19 has had the greatest impact on low-income communities and communities of color, and our recovery efforts will need to put these communities front and center.
* Investing in our communities goes hand in hand with investing in our local health departments and helps us prepare for emergencies, climate change, infectious diseases, and chronic diseases.

**Funding From Other Sectors Can Also Support Public Health:**

* Traditional funding sources alone will not provide sufficient funding for LHDs to carry out their routine work, let alone what is needed to keep our public safe during a public health emergency.
* Existing health care funding streams should also include investments in prevention and local health departments. As we reform Medi-Cal and other parts of our health care system, there is a significant opportunity to leverage the changes we make to also improve our public health systems.
* We should be encouraging and incentivizing innovative partnerships and investment strategies with other sectors and exploring ways to align and leverage our funding. This includes strategies like blending funding with sources from other sectors like health care and community development, creating a Wellness Fund, developing an Accountable Communities for Health model, exploring anchor institution strategies, and partnering with community development financing institutions and other sectors to leverage funding sources.
* We could be expanding eligibility for LHDs to apply for grant funding from non-health agencies, philanthropy and other sources. For example, at the state level, LHDs can apply to the California Transportation Commission’s Active Transportation Program grants to promote walking, bicycling, and Safe Routes to School that ensures that streets are safe and encourages students, parents, and caregivers to walk and bike. However, there are many other grant programs, including most of the California Climate Investment programs, where LHDs are not eligible or are only identified as recommended partners in project implementation, without funding attached for their participation.

**A Call to Action:**

* Our local health departments are at a critical juncture. We must support a comprehensive public health system to protect our society from the threat we currently face with COVID-19, as well as take steps to prevent the disproportionate impacts of the next public health threat before it occurs.
* Funding robust and resilient local health departments will protect our residents most impacted by health inequities and keep everyone safe and healthy.
* When we invest in public health, we are not just investing in local health departments. We are investing in a future where everyone can live to their full potential, where people have stability and security in their work, homes, schools, and environment to enjoy life, and where we come together to help each other and ensure no one is left behind.
1. The Lancet, 2009. Managing the health effects of climate change. https://www.thelancet.com/pb/assets/raw/Lancet/pdfs/climate-article.pdf [↑](#footnote-ref-1)