

Future of Public Health Impact Report: Southern California

Introduction

The COVID-19 pandemic revealed the urgent need for well-funded public health jurisdictions. Despite chronic underfunding, local health jurisdictions (LHJs) were our first line of defense, *facing immense challenges to meet the demands of the crisis*. The Future of Public Health (FoPH) funds were a crucial first step to address this underinvestment, but only secured basic essentials. As we face rising rates of chronic and communicable diseases, wildfires, extreme heat, and persistent health inequities, it's clear that threats are growing, not decreasing. We all deserve to live long, healthy, fulfilling lives, and to achieve this, we must invest in robust public health infrastructure that protects and promotes the well-being of all Californians.

What Public Health Accomplished with FoPH Funding



FoPH funds have allowed LHJs across Southern California to reinvest in essential personnel and bolster public health infrastructure:

» **Infrastructure & Workforce Highlights:**

- **\$111.26 million** invested in Southern California.
- **626 new positions** created in Southern California.

Positions include nurses, microbiologists, epidemiologists, communicable disease specialists, genomic lab specialists, and health equity experts

» **Infectious Disease Control Highlights:** Expanded capabilities in areas like disease surveillance, outbreak investigations, laboratory testing, and mobile vaccination teams.

- 46% reduction congenital syphilis cases (San Bernardino).
- 31% reduction in syphilis in pregnant women (San Bernardino).
- 65% of carrier mosquitoes eradicated within seven days in response to locally acquired dengue cases (Pasadena).
- 99% of tier 1 diseases investigated within 24 hours with a newly developed surveillance team (Riverside).
- 80 TB patients with highly transmissible or multi-drug resistant TB received robust case management, decreasing outbreak risk (Los Angeles).
- 8,431 vaccines delivered to 7,197 patients by mobile immunization teams (Riverside).
- 700 TB investigations (Ventura).

- 1,314 Mpox vaccines administered (Ventura).
 - 11,400 STD cases were investigated and managed to prevent further spread (Los Angeles).
 - 7 days a week beach water testing due to the Tijuana Sewage emergency (San Diego).
 - 200+ cases annually of flea-borne typhus, West Nile virus, and other vector-borne diseases were responded to and isolated (Los Angeles).
- ### » **Public Health Nursing Highlights:** Implemented initiatives like disaster preparedness for skilled nursing facilities, comprehensive health services for youth, and community outreach.
- 350,000 residents were engaged through outreach initiatives by peer health workers and promotoras (Los Angeles).
 - 22,500 mobile vaccine engagements reached under-resourced communities, including those experiencing homelessness and residents of skilled nursing facilities (Los Angeles).
- ### » **Data Modernization Highlights:** Upgraded critical disease surveillance systems, environmental health monitoring, and public-facing dashboards, enhancing early threat detection and response.
- 2,634+ documents providing life-saving, in-language health communications in 24 different languages through the newly formed Language Justice Unit's Hub for Interpretation and Translation (HIT) System (Los Angeles).
 - Automated data analysis, created dashboards for decision-makers and the public, and set up automatic website updates to keep information current. (Riverside)

These investments have strengthened LHJs' ability to address pressing public health challenges head-on.

Public Threats are Growing, Not Waning



The need for robust public health infrastructure is escalating, not subsiding:

- » **Chronic Diseases:** Conditions like heart disease, cancer, and diabetes continue to drive premature deaths and strain healthcare systems.
- » **Communicable Disease Outbreaks:** Increasing outbreaks such as tuberculosis, measles, Mpox, acute Hepatitis C, avian flu, West Nile and dengue and emerging pathogens exacerbated by antimicrobial resistance and global interconnectedness.

- » **Climate Emergencies:** Wildfires, extreme heat, and other climate impacts are increasing in frequency and severity, with profound public health implications.
- » **Health Inequities:** Unacceptable disparities in health outcomes persist across socioeconomic, racial, and geographic lines, representing a moral and economic imperative to act urgently.

Robust public health capacity is essential to prevent, prepare for, and respond to these mounting threats equitably and effectively.

Impact of the Proposed FoPH Funding Cuts



The proposed elimination of the \$300 million FoPH funds would be catastrophic, undermining California's ability to protect public health and respond to emergencies:

» **\$111.26 million cut in public health infrastructure investments in Southern California.**

» **626 Skilled Positions lost in Southern California.**

- » **Critical Programs and Services at Risk:** The following are a select few of the many essential services and programs that could be cut or severely compromised:
 - Disaster & Emergency Preparedness and Response Activities
 - Communicable Disease Unit Initiatives
 - Violence Prevention Work
 - Homelessness Response Teams
 - Mobile Vaccination Clinics
 - Telehealth Services
 - Public Health Communications & Messaging

- Language Interpretation Services
- Environmental Health Programs
- STD Reduction Programs
- Narcan Programs
- Lab Services
- Health Education Programs
- Community Partnership Programs
- Community Health Assessments

- » **Impaired Outbreak Response:** The capacity to detect and control infectious disease outbreaks would plummet, putting communities at heightened risk.
- » **Inequity Amplification:** Underserved communities would bear the brunt of proposed cuts, as outlined in numerous equity analyses, exacerbating existing health disparities.
- » **Diminished Resilience:** Our ability to address public health emergencies, from disease outbreaks to climate impacts, would be severely compromised.

These cuts represent an extremely short-sighted approach that raises long-term societal costs while leaving all Californians more vulnerable. We cannot afford to dismantle the primary system designed to safeguard our well-being.

Our Path Forward

The COVID-19 crisis provided a tragic glimpse into the heavy toll of an underprepared public health system. We must learn from this experience and prioritize sustained investments to protect our communities, bolster resilience, and cultivate a thriving society for all Californians. Preserving robust public health infrastructure is a moral and economic imperative—the modest costs pale in comparison to the catastrophic consequences of inaction.

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The Public Health Alliance is fiscally administered by the Public Health Institute