Future of Public Health (FoPH) Funding

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Overview

- ► Funding background
- Allocation and spending parameters
- Priorities
- Success and challenges
- ► Future activities



Funding Background

- COVID-19 pandemic exposed significant gaps in the existing public health infrastructure and emphasized the need for adequate investment in public health
- Budget Act of 2021: \$200,400,000 annually to local health departments for public health workforce and infrastructure
 - Referred to as "Future of Public Health" funding
 - Purpose: ongoing investments in core public health functions that are cross-cutting and underpin the work of state and local public health departments
- ► First allocation to local health departments in FY2022-2023



CDPH Allocations

CDPH funding formula (2019 data or most recent year):

- ▶ 1) 50% based on population,
- > 2) 25% based on proportion of population in living in poverty, and
- ▶ 3) 25% based on proportion of the population that is Black/African-American, Latino/a, or Native Hawaiian/Pacific Islander

County of Monterey Health Department Allocation:

- FY2022-2023: \$2,563,477
- FY2023-2024: \$2,563,477



CDPH Spending Parameters

- At least 70% of funding must support recruitment of new permanent staff, including benefits and training
- No more than 30% of funding may be used for equipment, supplies, and other administrative purposes (such as facility space, furnishings, travel, and similar activities)
- Funding cannot replace existing public health resources; it may be used to supplement but not to supplant all other specific county fundings
- With the exception of FY2022-2023 funding, unspent funds cannot be rolled over to the next fiscal year



California Department of Public Health-Defined Key Service Areas

- Workforce Development, Recruitment, and Training
- Emergency Preparedness and Response
- ► IT, Data Science, and Informatics
- Communications, Public Education, Engagement, and Behavioral Change
- Community Partnerships
- Community Health Improvement Plan

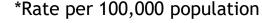


Leading Causes of Mortality among Monterey County Residents: 2022

| Rank | Cause | Rate* |
|------|--|-------|
| 1 | Alzheimer's Disease | 48.6 |
| 2 | Ischemic Heart Disease | 40.3 |
| 3 | Hypertensive Heart Disease | 30.1 |
| 4 | Stroke | 29.7 |
| 5 | COVID-19 | 23.0 |
| 6 | Chronic Obstructive Pulmonary Disease | 20.2 |
| 7 | Prostate Cancer | 19.7 |
| 8 | Breast Cancer | 18.1 |
| 9 | Drug Overdose | 17.8 |
| 10 | Lung Cancer | 17.1 |

| Rank | Cause | YLL** |
|------|--|-------|
| 1 | Drug Overdose | 499.9 |
| 2 | Breast Cancer | 248.2 |
| 3 | Hypertensive Heart Disease | 174.2 |
| 4 | Ischemic Heart Disease | 173.5 |
| 5 | COVID-19 | 149.8 |
| 6 | Stroke | 117.1 |
| 7 | Lung Cancer | 75.3 |
| 8 | Chronic Obstructive Pulmonary Disease | 71.3 |
| 9 | Prostate Cancer | 53.5 |
| 10 | Alzheimer's Disease | 26.6 |

^{**}Potential Years of life lost per 100,000 population



COUNTY OF MONTEREY
HEALTH DEPARTMENT

Leading Causes of Hospitalization among Monterey County Residents: 2022

| Cause | Number of Hospital-izations |
|--|-----------------------------|
| Septicemia | 2,738 |
| Hypertension | 1,323 |
| Other complications from birth | 1,260 |
| COVID-19 | 778 |
| Complication of device, implant or graft | 716 |
| Acute cerebrovascular disease | 708 |
| Diabetes | 693 |
| Alcohol-related disorders | 691 |
| Polyhydramnios & other problems of amniotic cavity | 683 |

| 1 | |
|--|---------------------------|
| Cause | Average Stay (Days) |
| Lung disease, external agents | 44.7 |
| Tuberculosis | 34.9 |
| Respiratory distress syndrome | 33.6 |
| Short gestation, low birth weight fetal growth retardation | nt, & 33.4 |
| Late effects of cerebrovascular disease | 20.6 |
| Spinal cord injury | 19.4 |
| Leukemias | 17.8 |
| Hodgkin's disease | 16.4 |
| Meningitis (not TB or STI) | 14.0 |

Leading Reportable Diseases and Conditions among Monterey County Residents: 2022

| Rank | Disease | Number Reported |
|------|--------------------------------------|--------------------|
| 1 | Novel Coronavirus 2019 (COVID-19) | 65,937 |
| 2 | Chlamydia | 2,216 |
| 3 | Hepatitis C Virus, Chronic Infection | 659 |
| 4 | Gonorrhea | 403 |
| 5 | DMV Reportable Conditions | 142 |
| 6 | Coccidioidomycosis (Valley Fever) | 142 |
| 7 | Syphilis, Late | 130 |
| 8 | Syphilis, Early | 103 |
| 9 | Campylobacteriosis | 73 |
| 10 | Hepatitis B Virus, Chronic Infection | 55 |



2022 Monterey County Community Needs Assessment Priorities

- 1. Diabetes
- 2. Mental Health
- 3. Access to Health Care Services
- 4. Nutrition, Physical Activity, and Weight
- 5. Heart Disease and Stroke
- 6. Substance Abuse

- 7. Housing
- 8. Infant Health and Family Planning
- 9. Injury and Violence
- 10. Cancer
- 11. Potentially Disabling Conditions

https://www.co.monterey.ca.us/government/departments-a-h/health/general/accreditation/2022 monterey-county-community-health-needs-assessment-chna



2018-2024 Health Department Strategic Plan Goals

- 1. Empower the community to improve health
- 2. Enhance public health and safety through prevention
- 3. Ensure access to culturally and linguistically appropriate, customer-friendly, quality health services
- 4. Engage Health Department workforce and improve operational functions to meet current and developing population health needs

https://www.co.monterey.ca.us/government/departments-a-h/health/general/strate-ic-plane



Health Department FoPH Budget

| Funding Area | FY2022-2023 | FY2023-2024 |
|--------------------------------------|-------------|-------------|
| New Staffing (Salaries and Benefits) | \$1,793,013 | \$1,890,144 |
| Health Administration (PEP, IT, HR) | \$735,192 | \$628,787 |
| Environmental Health | \$122,611 | \$198,082 |
| Public Health | \$935,210 | \$1,063,275 |
| Training | \$90,000 | \$0 |
| Hiring Bonuses | \$20,000 | \$200,000 |
| Supplies and Equipment | \$62,316 | \$797 |
| Community Plans & Assessments | \$149,895 | \$0 |
| Indirect Costs | \$448,253 | \$472,536 |
| Total | \$2,563,477 | \$2,563,477 |



Successes

- ► Added and filled 11 new, permanent full-time positions at Environmental Health, Public Health, and Health Administration including Planning, Evaluation, and Policy (PEP), Information Technology and Human Resources (Strategic Plan Goal #4)
 - ► Launched new Healthy Aging program (CHNA priority #9)
 - Provided dedicated support for Farmworker Resource Center and Community Health Worker Program (CHNA priority #3)
 - Expanded epidemiology and public health preparedness programs (Strategic Plan Goal #2)
 - Increased capacity for environmental health inspections and educational outreach (Strategic Plan Goal #2)
- Provided 10 sign-on bonuses for hard to recruit positions (Strategic Plan Goal #4)
- Supported completion of the 2022 Community Health Needs Assessment (Strategic Plan Goal #1)



Challenges

- ► Lengthy process for creating, approving, and recruitment for new permanent positions
- ▶ 70%/30% spending restriction
- Uncertain state-level fiscal outlook
- ▶ No rollover of unspent funding



Future Activities

- Update Healthy Department Violence Prevention Plan, strengthen prevention program (CHNA Goal #9)
- Expand HIV, STD and HCV services (Strategic Plan Goal #2)
- Increase training and professional development opportunities for staff (Strategic Plan Goal #3)
- Increase engagement with community and organizations in planning processes (Strategic Plan Goal #1)
- Expand quality improvement and compliance efforts (Strategic Plan Goal #4)



Questions and Comments

