

## **SB21-243: COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT APPROPRIATION PUBLIC HEALTH INFRASTRUCTURE**

Concerning annual appropriations to the department of public health and environment.

### Details

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<b>Bill Sponsors:</b>	Senate – Moreno (D) House – McCluskie (D)
<b>Committee:</b>	Senate Appropriations Committee
<b>Bill History:</b>	4/13/2021- Introduced in Senate, Assigned to Appropriations Committee
<b>Next Action:</b>	Hearing in Senate Appropriations

### Bill Summary

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For each of the 2021-22, 2022-23, and 2023-24 state fiscal years, the bill requires the General Assembly to appropriate \$21,090,149 to the Department of Public Health and Environment as follows:

- \$10,000,000 for distributions to local public health agencies; and
- \$11,090,149 for disease control and public health response

### Issue Summary

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#### **Public Health Infrastructure**

Public health infrastructure exists to provide the capacity to prevent disease, promote health, and prepare for/respond to both emergency threats and ongoing health challenges. Public health infrastructure has three main components:<sup>1</sup>

- A capable and qualified workforce
- Up-to-date data and information systems
- Agencies capable of assessing and responding to public health needs

The infrastructure is the foundation for the essential public health services:<sup>2</sup>

1. Assess and monitor population health status, factors that influence health, and community needs and assets
2. Investigate, diagnose, and address health problems and hazards affecting the population
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
4. Strengthen, support, and mobilize communities and partnerships to improve health
5. Create, champion, and implement policies, plans, and laws that impact health
6. Utilize legal and regulatory actions designed to improve and protect the public's health
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
8. Build and support a diverse and skilled public health workforce

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<sup>1</sup> Healthy People 2030. *Public Health Infrastructure*. Retrieved from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/public-health-infrastructure>

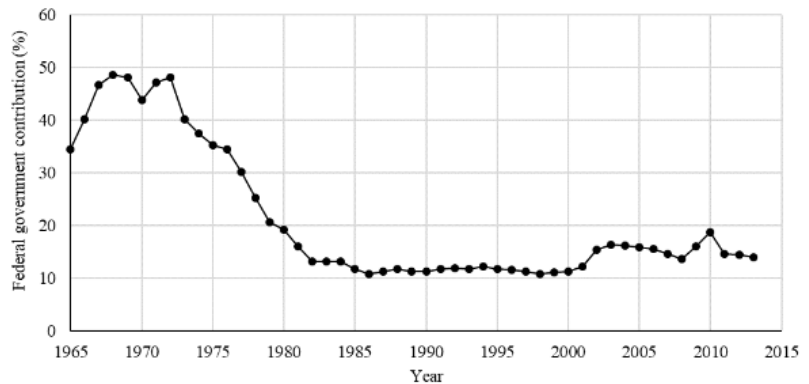
<sup>2</sup> Centers for Disease Control and Prevention (2020). *10 Essential Public Health Services*. Retrieved from <https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>

9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
10. Build and maintain a strong organizational infrastructure for public health

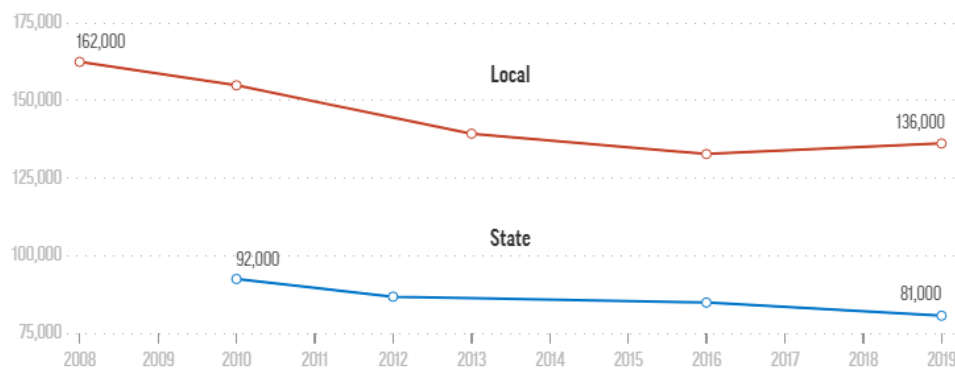
**Underinvestment in Public Health**

The COVID-19 pandemic has highlighted the underinvestment in public health infrastructure and is poised to exacerbate the issue in some states. The public health infrastructure is fragmented in organization and funding, and capabilities of local, county, and state public health agencies vary greatly across the country. Experts assert that there is a \$4.5 billion funding shortfall to provide a minimum standard of foundational public health in the United States.<sup>3</sup> The share of the federal government’s contribution to public health has decreased over the years, illustrated in the accompanying graph, has led to a reliance on state and local funding, which has resulted in differential per capita funding across the nation.

**Figure 1. Federal Government Share of Total Public Health Expenditures<sup>a</sup>**



**State and local public health workforces have shrunk**



State figures are for full-time equivalent employees in state public health agencies excluding Kansas, New Jersey, Texas and Wyoming, which do not have comparable data. Local figures are for full-time equivalent employees of local health departments. Source: Association of State and Territorial Health Officials, National Association of County and City Health Officials / Graphic: Hannah Recht/KHN, Francois Duckett/AP

Even before the pandemic began, the public health workforce at the state and local level has diminished in numbers over the past decade.<sup>4</sup> Even before the COVID-19 pandemic, nearly half of public health workers planned to retire or leave their organizations within the next five years, and poor pay topped the reasons why. A qualified workforce is a key

component of public health infrastructure, yet only 28% of local public health departments have epidemiologists or statisticians.<sup>5</sup>

<sup>3</sup> Maani, N & Galea, S. (June 2020). *COVID-19 and the Underinvestment in the Health Infrastructure of the United States*. Milbank Quarterly. Retrieved from [https://www.milbank.org/quarterly/articles/covid-19-and-underinvestment-in-the-public-health-infrastructure-of-the-united-states/#\\_edn8](https://www.milbank.org/quarterly/articles/covid-19-and-underinvestment-in-the-public-health-infrastructure-of-the-united-states/#_edn8)

<sup>4</sup> Kaiser Health News (Aug 2020) *Hallowed-Out Public Health System Faces More Cuts Amid Virus*. Retrieved from <https://khn.org/news/us-public-health-system-underfunded-under-threat-faces-more-cuts-amid-covid-pandemic/>

<sup>5</sup> Kaiser Health News (Aug 2020) *Hallowed-Out Public Health System Faces More Cuts Amid Virus*. Retrieved from <https://khn.org/news/us-public-health-system-underfunded-under-threat-faces-more-cuts-amid-covid-pandemic/>

## Public Health Funding in Colorado

According to a 2017 report from the Colorado Health Institute (CHI), only 8% of public health funding in the state comes from the state's General Fund, while 55% is from the federal government through different agencies like the U.S. Department of Health and Human Services (HHS) and the Department of Agriculture (USDA).<sup>6</sup> The following graphic from CHI demonstrates the funding sources for Colorado's public health activities for the 2015-16 fiscal year.

CDPHE 2015-16 Budget by Funding Source



## Supporters

- Associated Governments of Northwest Colorado
- Colorado Community Health Network

## Opponents

- Any opposition has not been made public at this time.

## About this Brief

This brief was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This brief is not a complete analysis of this policy issue. This brief is accurate to staff knowledge as of date printed. For more information about this brief or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at [awilliams@healthdistrict.org](mailto:awilliams@healthdistrict.org).

<sup>6</sup> CHI (Apr. 2017). *Colorado Public Health Funding: What's At Risk*. Retrieved from [https://www.coloradohealthinstitute.org/blog/colorado-public-health-funding-whats-risk#:~:text=Just%20eight%20percent%20of%20Colorado's,Department%20of%20Agriculture%20\(USDA\)](https://www.coloradohealthinstitute.org/blog/colorado-public-health-funding-whats-risk#:~:text=Just%20eight%20percent%20of%20Colorado's,Department%20of%20Agriculture%20(USDA).).