

The Honorable Jim Wood
Chair, Committee on Health
California State Assembly
120 N Street, Room 390
Sacramento, CA 95814

The Honorable Richard Pan
Chair, Committee on Health
California State Senate
1021 O Street, Room 3310
Sacramento, CA 95814

The Honorable Maria Elena Durazo
Chair, California Latino Legislative Caucus
Legislative Office Building
1020 N Street, Room 550
Sacramento, CA 95814

Chair, California Asian American & Pacific
Islander Legislative Caucus
State Capitol, Room 370
Sacramento, CA 958145

We, the undersigned XXX public health institutions, are focused on mitigating the impact of Pulmonary Diseases, e.g., tuberculosis (TB), influenza and COVID-19, in addition to community-based organizations committed to improving housing and food security that contribute to disease progression. These entities aligned with clinical providers, federally qualified health centers, community health centers and advocates are requesting your support to create sustained funding to reduce and eliminate Pulmonary Diseases within the State of California.

We recognize and give gratitude to the State for allocating \$9.1M in direct support and local assistance to address tuberculosis and the allocation of emergency funding for both influenza outbreaks and the COVID-19 pandemic. And we honor the efforts of the California Department of Public Health Office of Health Equity to improve the health outcomes of residents. Each of these health conditions disproportionately impacts Black-Indigenous-People of Color (BIPOC); people residing within health deserts; and/or individuals living in rural regions of California. Our most fervent goal is to achieve improved health equity to not only improve the longevity of all Californians, but also to improve the quality of life for each resident.

As we approach World Tuberculosis Day on March 24th, it is important to note that California accounts for over 2 million of the estimated 13 million people within the United States and Territories living with latent (inactive) tuberculosis infection (LTBI). Within the State, the distribution of tuberculosis disease is anything but equitable with 50% of people living with active tuberculosis identifying as Asian and 39% of those individuals identifying as Hispanic/Latinx. Furthermore, foreign-born Asians, Black/African Americans, and Hispanic/Latinx folk are diagnosed with tuberculosis disease at 50, 51, and 20 times, respectively, the rate of US-born white non-Hispanic people.

Throughout the United States, Black/African Americans, American Indian/Alaskan Native people, and Hispanic/Latinx folx are all disproportionately hospitalized by influenza. And COVID-19 is no different. Native Hawai'ian/Pacific Islanders, Hispanic/Latinx, and Black/African Americans are succumbing to COVID-19 complications throughout the state of California at unacceptably disproportionate rates. The vast majority of these hospitalizations and deaths are completely preventable.

The common etiology of prevention and treatment for all these health conditions is that they are: 1) preventable with biomedical interventions; 2) preventable with environmental interventions; 3) treatable with improved survivor rates if diagnosed early. Another common trend impacting communities is the built environment in which they live. For instance, Californians living with TB/COVID-19 co-infection tended to be Hispanic/Latinx, have higher rates of diabetes, and reside in low health equity census tracts. The mortality rate for persons with TB/COVID-19 is higher than that of persons with either disease alone potentially due to impaired pulmonary reserve, higher rates of pollution, and increased persons per household. As we address the unmet needs of unhoused Californians, it is important to note that unhoused people are 30% more likely to die from the disease than people who are not transitionally housed.

Across all health conditions, we know that prevention takes multiple forms. First and foremost is surveillance so that people living with a Pulmonary Disease can take precautions to protect their loved ones and community from acquiring an infection(s). Biomedical and behavioral based interventions such as vaccines have the greatest impact at mitigating a disease. But it is imperative to note that treatment is also prevention as those who are under science-based and evidence-based care are much less likely to pass a Pulmonary Disease to another person.

We ask that you include at least \$90 million in your FY2023 budget to establish and fund a statewide Pulmonary Disease Prevention program. This program should provide funding to the state and Local Health Jurisdiction public health departments, community-based organizations, federally qualified health centers, and community health centers. This funding is vital to increasing culturally responsive and timely services to the demographic and geographic populations most impacted by tuberculosis, influenza and COVID-19. An integrated, proactive approach to preventing these pulmonary diseases as opposed to a reactive approach will allow California to redirect the pathway of these diseases that regularly break apart families especially within BIPOC communities.

The \$90 million will be allocated appropriately to the California Department of Public Health to integrate, guide, and oversee statewide Pulmonary Disease initiatives (\$8 million); Local Health Jurisdiction public health departments to implement the tailored interventions to meet the demographic and geographic needs of its residents (\$23 million); community-based organizations to create, adapt, and enhance culturally responsive awareness, messaging, and patient navigation (\$15 million); and federally qualified health centers and community health centers to ensure timely provisioning of services to prevent, identify and treat Pulmonary Diseases (\$44 million) Intentional

coordinated efforts to collectively reduce multiple health conditions will rapidly drive efforts for elimination of those diseases to completion.

Thank you for your time and consideration of this request. If you have questions or need additional information, please do not hesitate to contact Ace Robinson, MHL, MPH, chief mission officer of COVID Clinic, Inc. and member of the Coalition for a TB-free California (CTC) at Ace@CovidClinic.org or Ryan Clary, convening consultant of CTC at RyanTBfree@gmail.com.

cc: Assemblyman Joaquin Arambula
Senator Susan Eggman
Senator Lena Gonzalez
Assemblyman Ash Kalra
Assemblyman Evan Low
Assemblyman Patrick O'Donnell
Dr. Tomas Aragon, Director of the California Department of Public Health
Dr. Rohan Radhakrishna, Deputy Director of the California Office of Health Equity
Ms. Michelle Baass, Director of the California Department of Health Care Services

Citations

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<https://www.cdc.gov/flu/highrisk/disparities-racial-ethnic-minority-groups.html>

<https://covid19.ca.gov/state-dashboard/#ethnicity-gender-age>

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