
CCLHO

California Conference of Local Health Officers

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Eileen M. Eastman, Executive Administrator

February 6, 2003

Hattie Rees Hanley
Project Manager
Little Hoover Commission
925 L Street, Suite 805
Sacramento, CA 95814

Dear Ms. Hanley:

I am writing on behalf of the California Conference of Local Health Officers (CCLHO) in response to the Little Hoover Commission's question about the importance of physician leadership at the state and local levels.

At the local level in California, county Health Officers are required by statute to be physicians. The Health Officer is an official appointed by the local governing body to provide public health leadership for the entire community. He or she is responsible for assessing the community's health status and for directing the local government's mandated health protection functions. The Health Officer is expected to keep the governing body informed about all health issues that affect the jurisdiction, to act as a consultant to the governing body, and to provide advice and opinions on medical and public health policy issues.

The Health Officer provides leadership in public health matters for the entire community. **He or she is the visible medical authority who interacts with all segments of the community** to lead in the development of public health policy and implementation of effective public health programs. In the area of health care, the relationship between the physician Health Officer and other physicians and local hospitals is grounded in collegial and professional respect. Local Health Officers also work with a variety of other individuals and agencies such as schools (primary, secondary and post-secondary), elected officials, jails, retirement boards, environmental health specialists, other governmental agencies and the general public. Their status as physicians lends them the necessary authority and credibility to lead and guide efforts to improve community health.

The Health Officer may do what no other health practitioner can do -- exercise police powers. He or she is charged with enforcing local health orders and ordinances, the orders and rules prescribed by the State Department of Health Services and the statutes related to public health. **The very nature of most public health law makes it imperative that an experienced public health physician carry out the duties. Many health laws are quite general and, therefore, require considerable medical expertise for sound interpretation and rational enforcement.**

The sphere of public health concern is exceptionally broad; any factor which affects health status and can be influenced by public education or public policy is a legitimate concern of public health. Therefore, the Health Officer must evaluate health risks based on his or her medical knowledge and communicate this information effectively in answer to community concerns as well as in pro-active ways. He or she must be able to facilitate interaction of the complex mix of public agencies and community-based organizations that impact public health and public policy.

The Health Officer must have a blend of medical, scientific, political, administrative, and personnel management skills. All of these attributes are important but **it is the physician's medical education and experience that provide the essential core of knowledge and professional credibility.** To fulfill these mandates and trusts, the Health Officer must be a physician consistent with state law who has broad skills and knowledge including clinical medicine, public health (e.g., epidemiology, biostatistics, communicable disease control, environmental health, maternal and child health), management/administration, and personal attributes such as objectivity and effective communication skills.

In order for the Health Officer to effectively determine priorities and resource allocation for public health problems, he or she must be assured a high degree of control, or direct decision-making influence, over the budget and activities of the local health department. If the Health Officer is also the director of the local health department as consistent with State regulations, this is usually assured. If the department is not under the direction of the Health Officer, the governing body must assure that the Health Officer has sufficient authority, time and resources to perform the duties as required by State law, and must ensure that the organizational structure does not impede the Health Officer from carrying out those duties.

In our society, physicians are one of the most trusted professions. It is critical that physicians, trained in public health, serve in positions where their special training in the field of medicine, and their understanding the etiology of disease, its process, its spread, its control and its treatment are so vitally necessary. If the primary mission of public health is to prevent disease, this cannot be done without medical expertise.

The Health Officer must apply disease prevention strategies on a community wide basis enhanced by the intimate knowledge of his or her own community. This overall approach has to be supported by specialized expertise in a multitude of diverse areas that only the state can provide.

An example of critical physician leadership in public health is the planning and implementation of the smallpox vaccination program. Health Officers are tasked with the responsibility of establishing a smallpox vaccination plan and a smallpox response plan for their communities. Health Officers must work with their local physicians and hospitals to develop health care teams, comprised of medical personnel, that will be responsible for caring for persons who develop smallpox. They are also responsible for establishing public health teams that will be responsible for determining if a case has occurred, isolate and quarantine

the individual(s), do contact tracing and follow-up, and vaccinate any contacts or isolate them as necessary. Both teams must be pre-vaccinated.

Physicians will make medical determinations about whether an individual cannot be vaccinated because of contraindications. They will also be available to determine vaccine “takes” or if the individual should be revaccinated. Additionally, the physician will determine if there are any adverse consequences of vaccination serious enough to require treatment. The state has provided exemplary leadership to the locals in the area of smallpox planning in the last several months. We applaud them in this recent effort and believe this should be used as a template for the future.

The state must be structured such that it can specifically support local activities. If structured correctly, we would have a state/local system that combines local expertise with specialized state knowledge to protect the health of the public. The Department of Health Services has many physicians with superb, scientific and technical expertise who fulfill this role for the state at the program level.

The Health Officers strongly support the leadership of the Director of Health Services, Dr. Diana Bontá. Her health and public health background make her an ideal person to lead the department. However, we are concerned about physician participation and leadership at the state level. Currently, there are no physicians in high-level, influential, policy-making positions at the state. We believe it is just as important to have strong physician leadership at the state as it is locally. An excellent example of how this leadership role could be accomplished was the development of the dedicated physician Associate Director position which led the department’s bioterrorism effort. Unfortunately, this position was recently vacated. We feel confident that the DHS is actively recruiting to fill this position. However, there are other key positions that we feel should be filled by physicians with public health expertise.

At the state level, the case for physicians in certain positions is important. State physician leadership is necessary to provide expertise in specialized areas that cannot be replicated in every local health department. This expertise provides professional leadership in the scientific data and state-of-the art approaches to disease identification, control and prevention. This leadership is also designed to provide a benchmark for the quality and level of service that should be provided by various disease control programs.

Fortunately, for the health of all Californians, there is strong leadership, dedication, and a breadth and depth of knowledge among its physician Health Officers. We reiterate our belief that this same level of support, resources, and infrastructure for physician leaders must exist at the state level to provide technical expertise and sound public health policy recommendations to the locals. Unfortunately, the state has had enormous difficulty recruiting qualified physicians for a variety of reasons including inadequate compensation.

The myriad of complex issues related to smallpox is only the latest example of the importance of physician leadership in public health. As we face the future, in which both natural and

man-made emerging disease is expected, it is critical that the appropriate medical expertise and the optimal local/state public health system exists to meet these challenges.

Thank you for the opportunity to comment on the critical role played by the physician in public health. We hope the Little Hoover Commission recognizes the importance of physician leadership at both the state and local levels and highlights it.

Sincerely,

(original signed by:)

Poki Stewart Namkung, M.D., M.P.H.
President, CCLHO