

Executive Summary

The California Department of Public Health has made concerted progress in its first year of operation toward improving the state's public health and safety under challenging circumstances. Though the environment has grown only more difficult, there is more work to be done.

The department's ability to protect Californians from disease and respond to public health emergencies will depend not only on the leadership in the department, but on the vision and leadership of the governor and the Legislature.

In four previous reports this decade, the Commission pointed out critical gaps in the state's public safety infrastructure, specifically weaknesses in the state's preparedness in light of the threats illuminated by the September 11 attacks. A 2003 study focused on the weakest of these links, the public health system. It found a department hampered by a lack of independent leadership, an inappropriate organizational structure, poor coordination with public health partners, eroding infrastructure and workforce, and difficulty keeping track of public health funding.

The California Public Health Act of 2006 created an independent department as well as an expert public health advisory committee, in part implementing recommendations made by the Commission in previous studies. The new department emerged from the Department of Health Services in July 2007. The department's first months were dominated by moving public health functions out of the Department of Health Services, creating a new management team and setting a course for the new department's future. The new department put in place efforts to address other Commission recommendations as well. This report documents the department's early progress and makes recommendations for how the department should move forward. Continued progress will require legislation. It also will require a commitment by the governor and Legislature to prioritize public health spending as one of the core components of public safety, equal to fire and police, as the Commission has previously recommended.

As part of the public health department's transition from the health services department, the state public health officer, Dr. Mark Horton,

restructured the organization of public health programs to bring greater executive involvement from program-level leaders and led the creation of a strategic plan. The department took the important step of conducting a comprehensive assessment of laboratory capacity that identified workforce as a major weakness in the system. Following the assessment, the department co-created LabAspire, an outreach and training program designed to increase participation and interest in employment in the state's laboratory network. More broadly, the department initiated and secured money for a Leadership and Workforce Development project that seeks to develop the department's workforce competency and leadership.

The public health department now is close to completing development of an electronic disease reporting system to be made available statewide, implementing a Commission recommendation to install a surveillance system to track the emergence of contagious disease. The system, called Web Confidential Morbidity Reporting (Web-CMR), will allow the state to receive reportable disease information from local health officials and clinicians within minutes or hours of a suspected outbreak rather than days, weeks, or sometimes months.

The department also has taken part in statewide planning and training exercises that should strengthen its emergency preparedness capacity. These efforts should continue alongside the creation of the new California Emergency Management Agency, which combines the Office of Emergency Services and the Office of Homeland Security. The public health department has built its own emergency operations center to better coordinate with larger statewide emergency response efforts. In addition, the department has written standards to guide local health professionals in their response to a major emergency, as well as provided corresponding trainings and a public education component. The department continues to work with local health officials on weaknesses that were identified in the assessment.

It was a busy first year under difficult circumstances. Many challenges remain, however, and many of them are beyond the department's ability to address on its own.

California still lacks a strong public health presence and independent public health leadership. The public health officer does not report directly to the governor, and the public health advisory committee is not designed to effectively advocate for and coordinate public health assets and experts. The governor and the Legislature must take the steps for further structural reform, creating an independent public health department reporting to the governor, and empower a public health board that elects its own chair and can provide oversight and guidance to the department's leaders. The public health officer must be Californians'

advocate for public health and public safety, a role that requires the public health officer to speak with boldness when necessary.

California still lacks a clear vision for the scope and framework of public health activities in the state, including the roles and responsibilities of each public health partner: the state public health department, local health offices, other government agencies, nonprofit organizations, private entities, and individuals. The state's public health leadership, with the input of an independent expert public health board, should assess state problems, strategize on how best to move forward, and facilitate coordination between these public health partners. The public health officer and the board should be vocal advocates for policies that improve public health and public safety. California's public health leaders missed the opportunity to drive change in the area of healthcare acquired infections. Instead, it was the Legislature that took the initiative to require health care institutions to demonstrate they have adequate practices to fight healthcare acquired infections and report infection rates to the department, and eventually, the public. In response to each new piece of legislation, however, the department stepped up to the challenge of implementing the new requirements, relying on the considerable expertise of the department's staff.

The state's public health infrastructure – the network of human, physical, and informational resources – continues to erode, in part due to across-the-board budget cuts. Because of these cuts, the department recently closed its immunoserology unit at the state laboratory in Richmond, halting a number of tests that will be redirected to the national Centers for Disease Control and Prevention laboratory. Local public health officials have expressed concern that the delay in receiving results from the CDC will increase the state's vulnerability to disease outbreaks and the spread of multi-drug resistant tuberculosis. Though the state has assessed its laboratory capacity and is moving forward to address the issues identified in the assessment, considerable work remains, including consideration of how public health partners, public and private, can structure local laboratory services to best serve their needs and the state as a whole.

For a number of reasons, the public health workforce suffers from high vacancy rates in certain job classifications, with particularly acute shortages of microbiologists critical to lab bench work. The department has not done comprehensive workforce planning and is only just beginning to track its vacancies, and that at the request of the Legislature. The public health department should be proactive in developing plans to solve current and potential workforce shortages, including collaborating with the Office of Statewide Health Planning and Development (OSHPD) to ensure that data on public health workers is

collected as part of the implementation of the new, legislatively required Health Care Workforce Clearinghouse. Further, the department should use its place as the state's public health leader to partner with local, academic and private industries to identify needs and bolster the department's and the state's public health workforce.

Funding for public health continues to challenge state and local public health programs, which operate in programmatic silos that are burdened with expenditure restrictions and reporting requirements. The state needs to find ways to enhance the flexibility of public health funds so that its limited dollars can be used more effectively. The department has been proactive in this area, working with the federal government to streamline federal funds coming into the state. Once it is successful in doing so, the department should use its funding flexibility to introduce incentives that reward improved public health outcomes. Discussions on appropriate outcome measures should start now, in anticipation of greater opportunities to introduce performance measures into funding decisions.

The creation of the new state public health department is an opportunity to re-examine from top to bottom how California provides public health services and protects public safety from health threats. It should be an opportunity to think creatively and assertively about new ways of delivering these services, the need for creativity made even more urgent given the state's financial straits. Making the department an independent agency would only enhance its leaders' ability to think, and speak, more forcefully on behalf of the public.

California has growing health threats that include drug-resistant tuberculosis, new, highly contagious diseases and the threat of a potential biological terror attack. California also has benefitted from medical breakthroughs and advances in communications technology that allow better and faster identification of pathogens, communication of lab results and mobilization of public health responses to these new threats.

The state can no longer do business as it has in the past, nor should it. Instead, state and local public health leaders together must continue to redesign a public health system, one based not on "what it used to be, but what it *has* to be," in the words of one member of the Commission's advisory committee.

Significant steps have been taken in the last several years to address the Commission's previous concerns, but more must be done to continue to improve California's public health system. The governor and Legislature can lead this effort by giving the public health department and public

health advisory committee the appropriate structure and authority to pave a new road to greater public health and safety.

Recommendation 1: The governor and Legislature should make the California Department of Public Health an independent office, led by a state surgeon general reporting directly to the governor, to act as a forceful advocate for Californians on public health and public safety issues.

Recommendation 2: The governor and Legislature should transform the public health advisory committee into a state Board of Public Health to provide independent advice and guidance to the governor, the Legislature and the state public health officer.

- ❑ The governor and Legislature should enact legislation to replace the existing temporary advisory committee with a permanent public health board with the following characteristics:
 - ✓ Members should consist of an equal number of appointees by the governor, leaders of each party in the Senate and leaders of each party in the Assembly.
 - ✓ The board should provide scientific expertise on the department's public health programs and projects and should examine ways to address problems and improve the health and safety of Californians.
 - ✓ The board should report at least annually in writing to the governor and Legislature on the priorities for government action to improve public health.
 - ✓ Appointments should be for fixed, voluntary terms and members charged with the responsibility to represent the public interest and protect the public's health.
 - ✓ The state public health officer should be a member of the committee and should report to the board on a regular basis about the department's activities, regulatory projects, strategic planning progress, special projects, workforce needs and any other similarly critical issues or projects of the public health department.
 - ✓ The board should develop partnerships with California's academic institutions, foundations, and private medical, biotechnology and information technology industries.
 - ✓ The board should meet monthly.
- ❑ Until a new advisory board is created, the state public health officer should bolster the stature of the existing advisory committee by:
 - ✓ Convening advisory committee meetings at least quarterly.

- ✓ Allowing committee members to develop the committee's agenda and priorities.
- ✓ Devoting resources to reimburse committee members for meeting-related expenses.
- ✓ Directing the committee to develop an annual report for the governor and Legislature identifying priority areas where state action is needed to improve public health in California.

Recommendation 3: The California Department of Public Health must broaden its efforts to grow and maintain the public health workforce.

- ❑ The department should partner with all three public higher education systems to fill the pipeline for public health workers and to educate and link students with public health opportunities at the department.
- ❑ The department should, on an ongoing basis, assess workforce needs and identify priority areas based on needs, pipeline capacity, and with an eye toward the future of public health practice. The department should work with the Office of Statewide Health Planning and Development in developing its health workforce data collection system to ensure that public health workforce is included in the process.
- ❑ The department should communicate public health workforce needs and proposed solutions directly to the governor and Legislature.

Recommendation 4: The California Department of Public Health should continue to provide leadership to develop the state's laboratory capacity.

- ❑ The department should facilitate consolidation of county laboratories into regional laboratory programs.
- ❑ The department should determine its laboratory capacity priorities and ask the governor and Legislature to help lift barriers to workforce development, such as microbiologist salary structures that cannot compete with private and county laboratories.

Recommendation 5: The California Department of Public Health, with the help of the governor and the Legislature, must create more flexible funding mechanisms in order to provide more efficient and effective services to the public.

- ❑ The public health department should review its categorically-funded programs and determine which programs could be consolidated into block grants. Where possible, the department should consolidate program funding and contracts.
- ❑ The department should continue to work with the federal government to streamline federal funds coming into the state.

