1 August 2008

Stuart Drown, Executive Director
Little Hoover Commission
925 L Street, Suite 805
Sacramento, CA 95814

Dear Mr. Drown:

The California Public Health Association-North (CPHA-N) and the Southern California Public Health Association (SCPHA) represent public health professionals and community health advocates throughout California, who work to protect and promote the public's health in California, focusing on issues affecting the health of the public, including environmental – physical, social, and built--, socio-cultural, and personal issues. CPHA-N and SCPHA also are affiliates of the American Public Health Association (APHA).

We appreciate the leadership of the Little Hoover Commission. The Commission's past hearings and reports have been critically important in assessing California's state of readiness and in providing key recommendations for improvement. We would like to take this opportunity to address these issues further, as you are taking another look at progress on this front.

Our two associations have consistently supported the creation of a separate California Department of Public Health (CDPH) and the establishment of a State Board of Health. We did this with the hope, shared by many organizations, that such moves would result in the rebuilding of California's public health and environmental health programs, as well as the resources to support them.

In general, we are concerned that departmental developments, together with state and national developments, particularly in emerging public health challenges and in the fiscal arena, have resulted in a situation that may fail to achieve the hopes on which the Department was created. In some instances, we

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believe this set of circumstances has resulted in a Department with an even lesser capacity to handle the challenges facing the health of the California public today than when it was formed.

This decline in capacity is both suggested and manifested in at least three ways:

- State General Funds. The almost yearly decline in State General Funds to the budget of the CDPH since 1999-2000, now constituting less than 10% of the Department's budget. Such reliance on Federal and other restricted/dedicated funds has serious consequences for the Department's capacity to address emerging health issues for which it does not have specific funding.

- State Public Health Staff. In 2007, CPHA-N documented a decline in the permanent, State-supported staffing of DHS' prevention services areas[1] (PSD) beginning before the split occurred in 2007; in the past ten years, authorized staff positions within PSD have suffered a reduction greater than 18 percent (220 positions).

- Capacity of Remaining Public Health Workforce. A variety of factors reduce the capacity of the remaining workforce, among them, the near-retirement status of a majority of core mid and senior level staff, the trend to rely on temporary and contracted staff for core program efforts, and the elimination/reduction of public health training programs.

It is difficult to see how the best efforts of a dedicated management and staff can counterbalance these serious and cumulative declines.

The following assessments and our subsequent recommendations are based on the observations, experiences, and judgments of our wide-ranging membership as they follow the development both of the Department and also of the challenges it faces.

- Creation of a scientific health board with advice and supervisory responsibilities. We have some concern that naming the State Health Officer chair of this committee, will tend to deprive the incumbent, current and future, of the benefit of the best scientific information and professional judgment.

- Installation of a real time surveillance system. Our experience is that large-scale change in information systems is both slow and uncertain.

[1] Prevention Services included communicable disease programs; AIDS programs; chronic disease and injury control programs; environmental and occupational disease control; food, drug, and radiation safety, and drinking water programs.

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Further, in California, despite some progress in this area, the movement to a syndromic surveillance system is made more difficult by a seriously outdated Information Technology infrastructure.

- State Public Health Lab and other essential capacities. We believe that severe problems still exist, with signs pointing to a worsening in the near future. The State needs to move to strengthen professional staffing, particularly at the entry, junior, and mid-career levels. We believe that a review of the salary structure at the state (vis-à-vis competitive employers including the counties) and its contribution to this continuing problem is warranted.

- Increasing the public health system surge capacity. We fear that cumulative effects of years of budget cuts and personnel reductions have left the Department little surge capacity left beyond emergency preparedness funded primarily by Federal dollars.

- Planning and coordination among public health and emergency-related agencies at all levels of government. We believe that some real progress has been made, particularly in planning and inter-agency communications in Emergency Response/Incident Management situations. We also believe, however, that despite well-intended attempts by overstretched CDPH staff, inter-agency coordination on broader public health issues, such as global warming/climate change, built environment/land use/transportation planning, has not kept up with the urgency attached to these issues.

- Reduction of illness and death resulting from hospital-acquired infections. We believe that staff shortages have meant that potential reductions in these infections have not been realized. Moreover, the movement of infections formerly confined to hospitals to the community has made these issues even more critical for CDPH attention.

As we have testified previously, we believe that the State and local public and environmental systems have been declining at the same time that new as well as old threats are challenging our resources. The decline of resources began before the establishment of the Department and has continued since, even as new challenges to public health have emerged.

We point out that public and environmental health issues are much broader and in many ways are more complex than simply Communicable Disease Control and Emergency Preparedness; we recommend that the Commission broaden its reviews of CDPH to include other critically important programs and resources,

especially in areas of chronic disease control, environmental health, and applications of information technologies.

We strongly recommend that the Commission take all possible action to assure that the Department has both the resources and the capacity to address the full range of current and emerging public health threats. These resources include finances surely, but also workforce and intellectual capital.

In the meantime, we are appending a letter we submitted to the Commission on May 12, 2005 in support of the Commission's 2003 report and recommendations. We believe many of those observations and recommendations remain valid today. We are also appending a summary of our own comments on the preparedness of the Department of Public Health.

We would be happy to expand on these concerns and findings should the Commission find it useful.

Sincerely,

Giorgio Piccagli, PhD, MPH
President, CPHA-N

Gilbert Ramirez, DrPH
President-elect, SCPHA

Enc: 2

- May 12, 2005 Joint Letter to the Hoover Commission
- Preliminary Comments on CDPH Capacity

cc:
Stuart Drown
Executive Director

Whitney Barazoto
Project Manager

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Comments on the Preparedness
of the California Department of Public Health (CDPH)
Little Hoover Commission
August 28, 2008

- We appreciate the opportunity to participate in this important task under the leadership of the Little Hoover Commission

- The California Public Health Association – North, with its sister organization, the Southern California Public Health Association, is an independent, member-supported, crosscutting public health association, with members from across the disciplines of public health, and from both public and private sectors

- We come today to **celebrate progress** in a number of areas since the Commission's last report

    - We are pleased that legislation was enacted establishing CDPH as a separate department

    - We believe that some real progress has been made, particularly in planning and inter-agency communications in Emergency Response/Incident Management situations

    - We are pleased to see first steps to making the CDPH a performance-based organization

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- We also have **two cautions regarding the capacity** of the CDPH. We are concerned that, if unaddressed, these concerns will undermine the ability of the CDPH to achieve the goals it was founded to pursue

- The **first caution** deals with the **resources** of the department, both financial and workforce

    - We suspect strongly that the administrative process of creating the CDPH has weakened the CDPH with an inadequate support services budget and administrative services

    - Coupled with ongoing statewide reductions in General Fund monies, CDPH appears to have less capacity and fewer program resources than were the case in 2005; health professional and scientific staff positions have been reduced further and the department's training and continuing education resources are virtually gone

    - CDPH has not been able to address long standing problems of inadequate compensation of its professional and scientific staff, weak and ineffective information technology resources, and the cumulative effects of years of budget cuts and personnel reductions

    - As we have testified previously, we believe that the State and local public and environmental systems have been declining at the same time that new as well as old threats are challenging our resources

- We point out that public and environmental health issues are much broader and in many ways are more complex than Communicable Disease Control and Emergency Preparedness; we recommend that the Commission broaden its reviews of CDPH to include other critically important programs and resources, especially in areas of chronic disease control, environmental health, and applications of information technologies

- The **second caution** deals with the structure of the **Advisory Board**

    - We believe that the Advisory Board that was established is unlikely to provided needed policy review and oversight

- We strongly recommend that the Commission take all possible action to assure that the Department has both the resources and the capacity to address the full range of current and emerging public health threats.

- We continue to recommend strongly that a multi-year plan and the commitment of significant amounts of new funding and resources are necessary to rebuild and retool California's State and local public health systems

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12 May 2005

Michael E. Alpert, Chairman
Little Hoover Commission
925 L Street, Suite 805
Sacramento, CA 95814

RE: Public Hearing on May 26, 2005 on California's progress in all-hazard preparedness

Dear Chairman Alpert:

The California Public Health Association-North (CPHA-N) and the Southern California Public Health Association (SCPHA) represent public health professionals and community health advocates throughout California. CPHA-N and SCPHA also are affiliates of the American Public Health Association (APHA). CPHA-N and SCPHA have been following California's efforts to improve emergency prevention and preparedness, especially those threats that impact the State and local public and environmental health system.

We appreciate the leadership of the Little Hoover Commission in emergency preparedness. The Commission's past hearings and reports have been critically important in assessing California's state of readiness and in providing key recommendations for improvement. We would like to take this opportunity to further address these issues, as you are taking another look at progress on this front.

As you know, the California Department of Health Services (CDHS) and our sixty-one (61) local health departments constitute one of the most important governmental resources in initially detecting and then protecting California from threats such as infectious diseases, contamination of food and water supplies, radiological incidents, and other mass casualty disasters. The Little Hoover Commission recognized these roles in its April 2003 report, entitled "**To Protect and Prevent: Rebuilding California's Public Health System".** The Commission also made a series of recommendations for improving the emergency preparedness and response of our public health system.

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One of the most important recommendations in your 2003 report was the creation of a separate Department of Public Health and the establishment of a State Board of Health. We continue to believe that a separate department should be created by the Governor and Legislature. While legislation has been introduced to do this, it has not been supported by the Administration and has not yet passed. As you know, many health organizations and groups, including CPHA-N and SCPHA, have endorsed a separate department. It has been clear for a long time that public health issues and needs generally are not being addressed within CDHS, which has historically been preoccupied with the much larger Medi-Cal program. The current State Health Officer is exceptionally well-qualified, but he needs the greater authority that separate departmental status would provide, to rebuild California's public health and environmental health programs, as well as the resources to support them. We also believe that part-time, highly qualified state Board of Health would enhance the rebuilding process and would promote greater public participation and accountability, especially if the composition of the Board were truly representative of all the stakeholders with an interest in the public's health.

Organizational steps are not enough, however. The public and environmental health components of CDHS have suffered years of budget cuts, position reductions, cuts in training and travel, uncompetitive salaries, and poor working conditions. Many local health departments also have been undergoing cutbacks and reductions. In our opinion, State and local public health agencies generally are in worse shape, not better, when compared to 2003. We therefore recommend that the Legislature and the Governor commit to a multi-year program of increasing budgetary resources and support, minimally to restore our public and environmental health system and eventually to enhance these capacities.

Not unexpected, a major exception to the general system decline is bioterrorism and public health emergency preparedness. We believe that the Federal bioterrorism funding has produced some progress in the emergency preparedness of CDHS and many local health departments. New funding and staff resources, trainings and exercises, protective and communication equipment purchases and improved interagency coordination and planning, have created some improvements. However, there has been little progress in setting performance standards; State technical assistance and scientific resources have been limited by staff turnover and hiring restrictions, including low salary rates; and much more needs to be done in establishing effective working relationships and communications with the private health sector and the general public. Another area of continuing concern is developing "surge capacity" within California's health system to respond to a sustained threat, affecting large numbers of people, and requiring medical intervention.

Your 2003 report correctly pointed out that the State needed to bolster technical, scientific, and physical capacity to make sure that the best available tools and talents are protecting Californians. The report recommended a long-term investment in intellectual capital through training, recruiting, and promoting excellence of public health

professionals, scientists, and other members of the public health workforce. Lastly, it recommended the deployment of the best available technologies, improved communications infrastructure, and the assurance of critical laboratory capacity. As noted earlier, we are greatly concerned that years of budget cuts and hiring freezes have thwarted significant progress in these areas. We also believe that the situation may worsen in the near future. The CDHS preventive medicine residency and its epidemiological training programs soon may lose their Federal funding and close. CDHS' continuing education and professional development resources have been eliminated. Critical public health resources, such as the State public health laboratories are operating at 50- to 60-percent of the staffing levels of ten years ago. Many of the remaining senior scientific and professional staff are nearing retirement age, while recruitment of new staff has been limited. Creating and sustaining new partnerships with academia and professional associations like ours should be one the pathways that are developed and supported, to recruit and train new professionals and to maintain and upgrade the skills of the existing workforce. Many of the Department's public health programs do not have up-to-date technologies, resources, and security protocols. Other opportunities for applying information and communication technologies within public health remain unrealized.

Lastly, we always need to keep in mind that, while infectious disease control and emergency preparedness are important components of our public and environmental health system, there are numerous other components involved in documenting, maintaining and promoting the health of Californians. State and local public health agencies provide many other essential services, data and information, innovative programs, and other resources to the public.

We believe that correcting these deficiencies and restoring excellence within California's public and environmental health system will require years of investment, determined leadership, and commitment. We thank you for considering our comments.

Sincerely,

Peter Abbott, MD, MPH
President, CPHA-N

Kathleen Chamberlin, BSN, MS
President, SCPHA

cc. James Mayer
Executive Director

Hattie Hanley
Project Manager