Testimony on
CALIFORNIA'S PUBLIC HEALTH SYSTEM

Presented to
THE LITTLE HOOVER COMMISSION

by

Mary Pittman DrPH
President and CEO

Public Health Institute
555 12th Street, 10th Floor
Oakland, CA 94607

Testimony on
CALIFORNIA'S PUBLIC HEALTH SYSTEM
Presented to
THE LITTLE HOOVER COMMISSION
by
Mary Pittman DrPH
President and CEO
Public Health Institute
555 12th Street, 10th Floor
Oakland, CA 94607

Introduction

Good morning, Chairman Hancock, members of the Commission. My name is Mary Pittman, the new President and CEO of the Public Health Institute since January 2008, but no stranger to California and the public health system. Thank you for inviting me to participate in today's hearing. I am grateful for the opportunity to provide the Commission with our perspective on the current state of California's public health system, and to describe several of the important achievements, and also the opportunities and challenges that confront the new California Department of Public Health (CDPH).

The Public Health Institute

The Public Health Institute (PHI) is an independent, nonprofit organization dedicated to promoting health, well-being and quality of life for people throughout California, across the nation and around the world. As one of the largest and most comprehensive public health organizations in the nation, PHI promotes and sustains independent, innovative research, training and demonstration programs and serves as a close partner with government to support its role in assessment, policy development and assurance.

PHI is pleased to assist CDPH implement a series of programs and initiatives with diverse areas of specialty including nutrition education and obesity prevention, tobacco control, chronic disease surveillance, environmental monitoring, occupational health including occupational lead poisoning prevention and newborn genetic screening. This close working relationship and our decades of experience in program implementation uniquely positions PHI and provides us with a 360° perspective on California's public health system.

A Vision for a New Public Health

In 2002, my predecessor as President and CEO of PHI, Joe Hafey, testified before this Commission, and set out a far-reaching vision for public health in the twenty-first century. That vision is still as relevant today. It emphasized that we must look beyond a narrow definition of public health and provide the necessary support and infrastructure to allow the public health system in California to have more focused leadership and accountability and to play a dramatically different role than it has in the past.

With that vision as my frame of reference, I noted with interest that the questions raised by the Commission for today's hearing focused on areas such as emergency preparedness and infectious/communicable disease.

Certainly, with potential health impacts from public emergencies including food-and water-borne illness, fires, earthquakes and other natural threats to public safety, and the ease of global travel that opens possible risks for tuberculosis, avian flu, or other communicable disease, the public expects and deserves a strong public health system at the State and local level that is ready for those types of emergencies. It is essential that we have the necessary tools to prevent and respond as appropriate.

However, it is also true that the new department has to take on a broader set of tasks and responsibilities. With over 45 percent of death and disability today caused by preventable conditions[1], CDPH has a broad responsibility, ranging from preventing the consequences of disastrous events through to the evaluation and implementation of the critical tools that prevent needless death and suffering.

Many of the tools and strategies that prevent disease from both acute and chronic conditions are cross-functional. A robust surveillance system, a fully staffed and fully functional public health laboratory, and a statewide communications system that can report health status and threats to that status are the most basic requirements of a system that can adequately protect the health of Californians.

Establishing a Focus: The New California Department of Public Health

Establishing the new California Department of Public Health was the first step towards creating an entity that is responsive to these needs and accountable to the public. We should not underestimate the significance of the creation of the new department. Under the leadership of its Director Mark Horton, and in a very short year, CDPH has raised the profile of public health, and provided a foundation that will allow us to prepare and respond to future public health threats and opportunities. Dr. Horton deserves recognition, not just for his personal leadership, but for his determined effort to maximize programmatic efficiencies and effectiveness within the department.

The reorganization within CDPH of the new programmatic centers has helped to strengthen the connection between program delivery and executive management and to improve accountability. It is still in its early days, but we are hopeful that this new approach will bear fruit.

The Public Health Advisory Committee, established in statute, should be an important tool of an accountable department but it must meet more than twice a

[1] Mokdad, Ali H., Marks, James S. and Stroup Donna F. et. Al. Actual Causes of Death in the United States, 2000. JAMA. 2004; 291:1238-1245

year and it must have the ability to meaningfully review the department's performance and advise the department on both its accomplishments and shortcomings.

The Coordinating Office for Obesity Prevention (CO-OP) is a good illustration of the new way of thinking being encouraged by Dr. Horton. Working across categorical program silos, CO-OP is working to build on the strength of existing programs while promoting enhanced collaboration with CDPH's partners in government, business, and NGOs to support obesity prevention.

Benchmarking for Success—BRFS Report

An important example of the dual usefulness of a functional surveillance system is *The Healthy People 2010 Report* released in June 2007, and prepared by CDPH in partnership with PHI through the Survey Research Group[2]. The report illustrates key data from the California Behavioral Risk Factor Survey (BRFS) and compares against the Healthy People 2010 objectives across a series of key indicators, including health status, access to quality health services, cancer, and diabetes, among others. The report shows that while California has more diabetics in the state than the goal, once diagnosed we are above the HP 2010 objective in getting people educated on diabetes self management.

PHI is pleased to be able to assist CDPH in this manner so California can better use available data to measure successes, and also see where we need to invest more resources. *The Healthy People 2010 Report* is historical data but it underscores the need for a strong surveillance system at the core of the public health system. It is essential that we benchmark progress towards national and state level objectives to ensure that CDPH is responsive to emerging challenges and provides data for the accountability called for in setting up a new department.

Maintaining a Strong Public Health Workforce

California's public health system can only be as strong as its public health workforce. The California State Auditor's 2006 Report highlights the State's current workforce challenges, including that 44 percent are over age 45 and 35 percent are eligible to retire between 2006-2010[3]. Further the report notes, state agencies have difficulty recruiting, retaining, and training staff due to lengthy hiring processes and noncompetitive salaries. We remain very concerned at very real shortages in key areas, such as state employed lab scientists and senior technical positions. It is important that CDPH have partners such as PHI that are able to hire staff for key technical and limited service projects which support the department and take advantage of a broader pool of private sector talent.

---

[2] Wayland S, Induni M, Davis B. Healthy People 2010 Objectives: 23-Year Behavioral Risk Factor Survey Report 1984-2006. Sacramento, CA: California Department of Public Health, Cancer Surveillance and Research Branch, Survey Research Group Section, June 2007.

[3] California State Auditor, Bureau of State Audits, *High Risk: The California State Auditor's Initial Assessment of High-Risk Issues the State and Select State Agencies Face*. May 2007

Furthermore, it is absolutely essential that we give greater emphasis to intersectoral leadership work both to help the state meet critical workforce demands and to address the public health issues that cut across organizational boundaries. The state public health agency has a responsibility to ensure that current and future employees can fulfill their full potential within the public health system.

It is for this reason that I am particularly excited about our partnership with CDPH through the *California/Hawaii Public Health Leadership Institute*. This project, a collaboration between PHI and the University of North Carolina with funding support from the California Endowment and the Centers of Disease Control and Prevention (CDC) will allow the development of a network of public health leaders, capable of leading public health systems change in the United States.

I am pleased that Dr. Horton has agreed to be an Executive Sponsor for the Institute, along with Dr. Chiyome Fukino, Director of the Hawaii Department of Public Health. This innovative model will provide year-long leadership development to selected participants from the public health system in each state, increasing their knowledge and skills in leading and managing change, developing organizational capacity and building partnerships.

Of course, as with any new endeavor, there continue to be challenges. Much of the emphasis in structuring a new department with many new staff is focused on how to establish management and oversight functions and the core business of getting the work done is slowed. This is frustrating but not unexpected.

It is also important that we put perhaps unrealistic expectations into perspective, given the length of time and budget neutral mandate when the department was established. Despite the scale of the public health challenges facing California, the public health system's ability to respond is constrained by this limit on funding and by the fact that revenues were diverted in the split of the former Department of Health Services. This impacts both CDPH and local public health agencies that have to maintain capacity while using outdated and archaic systems in areas such as IT. However, even with limited resources, more can and should be done to streamline existing administrative systems and to speed contract processing and oversight. Programs must have the support and flexibility necessary to do their work and ensure that vital resources can reach the communities for which they are intended. In addition, flexibility and funding must be provided to ensure that the public health system can maintain surge capacity to respond to unexpected events that require a turnaround response—whether a food-borne outbreak or an emergency health situation—at the core of our public health mission.

The current budget impasse is also a serious concern that threatens the delivery of public health services throughout the state. PHI has been informed that, as a result of the Governor's Executive Order S-09-08, all of our state contracts have

been “suspended” effective July 1, 2008. We have decided to maintain work on our state contracts for the time being to ensure the continuation of important services for the families and communities we serve. However, at a cost to PHI of almost $46,000 per day, we are only able to maintain this commitment for a limited time without severe financial hardship on the organization.

Nonetheless, beyond the current budget situation, there are larger structural budget issues that undermine the capacity of the state’s public health system. Resources from the state General Fund represent approximately 10 percent of the overall CDPH budget and there is too great a reliance on federal funds. The United States Department of Agriculture is the single largest source of funding for CDPH, through programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Food Stamp Nutrition Education (FSNE).

While these resources are vital and must be protected, we will only achieve success in addressing public health challenges such as obesity that mirror our achievements with tobacco control if we ensure an adequate dedication of resources and a greater state commitment for public health that reflects the breadth of the issues at hand. Governor Schwarzenegger’s Health Care Reform Proposal did include a strong health promotion and wellness component, and would have provided over $150 million annually in new state resources for chronic disease prevention, helping to improve the lives of Californians and keep down medical costs.

The growth in Medi-Cal and other medical expenditures is directly linked to public health problems that become medical care problems. As appreciation has grown for the connection between public health and healthcare expenditures, so we need to do more to emphasize the public health connection with issues such as education, economic development, urban planning and the built environment. There are still many opportunities for collaborative work to be done on cost avoidance and reduction.

The New Public Health

In California today, the emerging public health challenges that demand our attention are in the area of prevention, particularly for chronic disease. As we strengthen our response to risk factors such as smoking, poor nutrition, physical inactivity, and alcohol and drug use contribute to the burden of disease, the public health system must also confront the socio-economic determinants of health that disproportionately impact at-risk low-income families in California, and result in unacceptable inequities in health outcomes. A recent study showed that teen birth rates are rising in California for the first time in 15 years required renewed attention in prevention programs[4].

[4] No Time for Complacency: Teen Births in California. Norman A. Constantine, PhD, Carmen Rita Nevarez, MD, MPH, and Petra Jerman, PhD, MPH, Spring 2008 Update. Oakland, CA: Public Health Institute, Center for Research on Adolescent Health and Development.

Other emerging areas that demand the focus and attention of public health include land-use planning and built environment, economic development, and climate change, and another serious, but often hidden problem of hunger and food insecurity. According to a 2007 study from UCLA that looked at data from the California Health Interview Survey, approximately 2.5 million low-income adults in California struggle to put food on the table[5]. Paradoxically, many of these same food insecure individuals are impacted by obesity and face increased risk of serious life threatening and costly chronic disease.

In response, CDPH programs are doing some tremendous work. Programs such as the *Network for a Healthy California* and Project LEAN are held up as exemplars across the United States for their work to make healthy eating and active living environments the norm for underserved populations. Yet despite these successes, greater leadership is required from within the public health system, including CDPH and the local health departments, to find solutions to these complex problems and to enhance the state's readiness to address public health emergencies.

In closing, CDPH has set admirable goals and there have been some significant steps forward; yet more needs to be done. The department's new strategic plan, completed in June of this year, will help to support program delivery by identifying meaningful goals and improve internal functions while also strengthening external relationships.

Society has benefited from unprecedented advances in science, technology, longevity, and overall standards of living over the past century. It is tempting to believe that this progress will continue at a similar pace allowing us to conquer new problems as they occur.

Yet, as we have seen, some of these advances have spawned new challenges and we are losing ground against both old and new threats to our nation's health and the health of Californians. Only with a sound public health infrastructure that includes strong laboratories, secure electronic data and communication systems, and a skilled public health workforce working with strong community partners, can we combat these threats. Despite a budget crisis, it is exactly when we have difficult economic times that the public health sector is most challenged and needed. Investment today will buy something priceless for tomorrow—enhanced protection and improved health for future generations.

Thank you for the opportunity to testify. I am pleased to provide any further assistance that might be helpful to assist your inquiries.

[5] UCLA Food Insecurity Brief, June 2007. http://www.healthpolicy.ucla.edu/pubs/publication.asp?pubID=225