

Understanding California's Public Health System¹



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SOLUTIONS-ORIENTED CONVERSATIONS IMPROVING HEALTH POLICY

Educating us about the harms of using tobacco and ways to manage chronic diseases like high blood pressure, providing information to minimize harm from disease outbreaks, and implementing programs to limit the spread of illness—these are among the key responsibilities of the public health system. In California, the job of ensuring the public's health rests with several State agencies, as well as with local health departments. All of these operate in conjunction with federal efforts to keep communities and populations healthy by educating them about physical and mental health, and operating programs to prevent disease, injury, and disability.²

As with the U.S. public health system, the definition of what exactly constitutes the California public health system varies and may include many private sector organizations; this brief focuses on the government's role in ensuring public health. This issue brief 1) describes the public health system in California within the context of the overall public health system in the U.S., 2) raises questions about the ability of California's public health system to address issues such as increases in obesity and chronic diseases, health disparities among diverse populations, and natural and other disasters, and 3) provides two examples of how local health departments are organized and innovative programs they offer.

Overall Structure of the Public Health System in the United States

The Institute of Medicine (IOM) defines public health as "the efforts, science, art, and approaches used by all sectors of

"Health care is vital to all of us some of the time, but public health is vital to all of us all of the time."

—C. Everett Koop, MD, former United States Surgeon General

society to assure, maintain, protect, promote, and improve the health of the people."³ Public health differs from health care in the U.S. in that public health's primary emphasis is on preventing disease and disability, and it focuses on the health of entire populations rather than individuals.⁴ The public health system is complex and multi-faceted, and its role in protecting the health of society tremendously important.

There is some responsibility for public health functions at all levels of government (federal, state, and local); most authority for public health is at the state level. The federal government can influence public health practice through funding decisions and setting national policy/providing leadership and focusing attention on public health problems. Since states retain primary authority for public health, they engage in a variety of activities to protect public health, ranging from "enforcing safety and sanitary codes, to conducting inspections, to mandating the reporting of certain diseases to state authorities, to compelling isolation or quarantine, to licensing healthcare workers and facilities."⁵ States typically delegate authority for many of these functions to local governments that are on the front line in promoting public health and responding to public health emergencies.

Responsibility for Californians' Health

Public health functions in California are decentralized, residing within several State agencies, as well as local health departments. In 2006, legislation was enacted to create a new California Department of Public Health (CDPH) within the California Health and Human Services Agency.⁶ Prior to this, public health functions were subsumed under the California Department of Health Services (CDHS). With the re-organization, which will take effect in July 2007, public health functions will move to CDPH; remaining health responsibilities within the former CDHS (e.g., Medi-Cal, clinical preventive medicine) will be housed within a new California Department of Health Care Services (CDHCS). Figure 1 shows how responsibilities that are currently located within the CDHS will be divided between the CDPH and the CDHCS. At the State level, additional responsibility for public health lies within the Environmental Protection Agency and the State and Consumer Services Agency. While the State is responsible for most policy-making and regulatory activities, the day-to-day job of protecting the public is conducted by local health agencies.⁷

Figure 1: Programmatic Allocations between the California Department of Public Health and the California Department of Health Care Services

California Department of Public Health (CDPH)

- Public health emergency preparedness
- Drinking water and environmental management
- Food, drug and radiation safety
- Laboratory science
- Office of Bi-national Border Health
- Primary care and family health
- Genetic disease; Maternal, Child & Adolescent Health/ Office of Family Planning; Women, Infants & Children
- Communicable disease control
- Environmental and occupational disease control
- AIDS
- Health information and strategic planning
- Chronic disease and injury control
- Licensing and certification
- Office of Multicultural Health

California Department of Health Care Services (CDHCS)

- Medi-Cal operations
- Medi-Cal procurement
- Payment systems
- Medi-Cal policy
- Medi-Cal managed care
- Office of Women's Health
- Long term care
- Clinical preventive medicine
- Audits & investigations
- Primary care and family health
- Foster care, primary and rural health care systems, Children's Medical Services: Child Health & Disability Prevention, Genetically Handicapped Persons, Medical Therapy Program, California Children's Services

Source: California Department of Health Services. Retrieved on November 22, 2006. <http://www.dhs.ca.gov/home/organization/reorganization/Re-org%20Chart%2010-18-06.pdf>

Public Health Spending in California

As is the case with national health spending, state health spending is disproportionately allocated to medical care (97.6% of state health expenditures) versus public health (2.4%).⁸ A total of \$3.7 billion was budgeted for public health services in California in the 2006-07 fiscal year.⁹ California ranks 29th of 50 states in its per capita public health expenditures, and ranks 22nd in terms of overall health.¹⁰ There were two notable improvements in the health of Californians in the past year: 1) the prevalence of smoking decreased from 16.8% to 14.7% of the population, and 2) immunization coverage increased from 77.4% to 81.3% of children ages 19 to 35 months receiving complete immunizations.¹¹

California's Public Health Objectives and Outcomes

California has developed 72 specific objectives in 15 focus areas to help move the State toward the overall goals of the national **Healthy People 2010** initiative—to increase quality and years of healthy life, and to eliminate health disparities.¹² In assessing its progress in each area over the 2000-2005 period, the State has:

1. Achieved its **Healthy People 2010** objectives around lung cancer deaths, pediatric asthma hospitalizations, prostate cancer deaths, and coronary heart disease deaths, among others.¹³
2. Made progress toward the **Healthy People 2010** objectives in several other areas but has not achieved the targets for health insurance coverage for persons under age 65, female breast cancer deaths, stroke deaths, HIV infection deaths, and early prenatal care, as well as several others.
3. Has been moving away from the **Healthy People 2010** targets in areas including diabetes-related deaths, poisoning deaths, primary and repeat Cesarean section deliveries among low-risk births, and asthma hospitalizations for people aged 65 and over. These areas are ones for which additional efforts will need to be implemented over the next three years to achieve the **Healthy People 2010** objectives.

Endnotes

- 1 A companion issue brief is also available: *Understanding the United States Public Health System*.
- 2 Department of Health and Human Services. 1999. "Public Health in America State-ment." Public Health Functions Project. Retrieved on November 21, 2006 from <http://www.health.gov/phfunctions>
- 3 The Future of the Public's Health in the 21st Century. Institute of Medicine, 2002.
- 4 *Public Health's Infrastructure—A Status Report*. 2001. Centers for Disease Control and Prevention. Retrieved on November 21, 2006 from [http://www.phppo.cdc.gov/docu-ments/phireport2_16.pdf](http://www.phppo.cdc.gov/documents/phireport2_16.pdf)
- 5 Lister SA. 2005. *An Overview of the U.S. Public Health System in the Context of Emergency Preparedness*. Congressional Research Service. Retrieved on November 22, 2006 from <http://www.fas.org/spp/crs/homsec/RL31719.pdf>
- 6 California Department of Health Services. Retrieved on January 16, 2007 <http://www.dhs.ca.gov/home/organization/reorganization/november%20Reorg%20Update.pdf>
- 7 *To Protect & Prevent: Rebuilding California's Public Health System*, Little Hoover Commis-sion, 2003.
- 8 America's Health Rankings—2004 Edition: A Call to Action for People and Their Com-munities. United Health Foundation. Retrieved December 11, 2006 from <http://www.unitedhealthfoundation.org/mediakit/shrmediakit/State%20Health%202004.pdf>
- 9 Governor's Budget Summary 2006-07. Retrieved December 11, 2006 from <ftp://ftp-govbud.dof.ca.gov/pub/BudgetSummary/FullBudgetSummary.pdf>
- 10 America's Health Rankings—2005 Edition: A Call to Action for People and Their Com-munities. ©2005 United Health Foundation.
- 11 Ibid.

As noted above, California's smoking rate is 14.7% and the second lowest in the nation in large part due to public health initiatives. Throughout the past several decades, California implemented a number of programs to reduce the harmful effects of tobacco and related diseases such as lung cancer and cardiovascular disease, and lung ailments like chronic obstructive pulmonary disease (COPD) and asthma. These include banning smoking indoors in several cities beginning in the 1970s; passing voter-supported cigarette taxes in 1988 and 1998; implementing anti-smoking social marketing campaigns; and banning smoking in all workplaces, bars, and restaurants and within 20 feet of entrances and exits to public buildings. Most recently, two California cities (Calabasas and Dublin) have declared second-hand tobacco smoke a public nuisance. The Belmont City Council recently voted to pursue a law banning smoking anywhere in the city except for in single-family detached residences.¹⁴

Local Health Departments

There are 61 local health jurisdictions in California—representing the 58 counties as well as three cities: Berkeley, Long Beach, and Pasadena. Across California, however, there is “widespread variation in the ability of local health jurisdictions to respond to infectious disease outbreaks and other public health threats... As a result, California residents do not enjoy an equal level of protection against a wide array of public health threats, even after real or perceived differences in health risks faced by residents of different locales are accounted for.”¹⁵

A survey on services provided, funding sources, and expenditures of local public health jurisdictions was conducted by the Department of Health Services for fiscal year 1996-97.¹⁶ All 34 responding counties provided maternal and child health, child health and disability prevention, tuberculosis control, and AIDS services; and most counties provided services related to sexually transmitted diseases, smoking/tobacco, childhood lead poisoning, immunization, and children's medical needs.

On average, funding sources for public health programs in counties were comprised of the State of California (33%), the County General Fund (27%), federal funding (22%),

Figure 2: Fresno County: Women's Health Education and Outreach Program

Population: 877,584

Public health budget 2003-04: \$73.1 million

The Community Health Department in Fresno County provides health promotion, surveillance, and disease prevention services designed to protect the health of the public, population groups, and individuals. One of the Department's programs, The Women's Health Education and Outreach Program (WHEOP), employs a uniquely focused approach to provide adult women with preventive and screening services for breast and cervical cancer, diabetes, heart disease and other chronic diseases. The program uses several strategies to achieve its goals, including community education, public awareness campaigns, provider training and local collaboratives.

Two examples of innovative programs developed by the WHEOP are the Valley Women Care Clubs (VWCC) and the Compañeras de Salud (Partners in Health) Project:

- **VWCCs are monthly workshops held for a total of eight months in a chosen community. The workshops focus on reducing chronic disease risk through nutrition education, food tastings/food preparation demonstrations, physical activity sessions, and discussions on health perceptions and practices.**
- **Compañeras de Salud recruits individuals from the community and trains them as local health navigators (Compañeras). The Compañeras focus on helping Latinas adopt healthy lifestyles by supporting community-centered nutrition and health education activities, serving as positive role models, and coordinating walking clubs and grocery store tours.**

Source: Fresno Community Health Department

and other funding sources (18%). More recent data from Alameda County show major revenue sources as the State (46%), charges for services rendered (19%), and the federal government (14%).¹⁷ Expenditures in 1996-97 were primarily in five categories: communicable disease control (35%), environmental health (17%), children's medical services (15%),

12 Building on public health initiatives pursued over the past two decades, a panel of scientists has developed a comprehensive set of disease prevention and health promotion objectives for the United States to pursue, known as *Healthy People 2010*. The overall goals of *Healthy People 2010* are to increase quality and years of healthy life, and to eliminate health disparities. To achieve these goals, there are a total of 467 objectives in 28 focus areas.

13 California Department of Health Services. Retrieved on December 11, 2006 from <http://www.dhs.ca.gov/hisp/chs/OHIR/hp2010/hc2010progress.htm>

14 “Belmont to be first U.S. city to ban all smoking.” *San Mateo Daily Journal*, 11/15/06. Retrieved on November 22, 2006 from http://www.smdailyjournal.com/article_preview.php?id=66988

15 *Public Health Preparedness in California: Lessons Learned from Seven Health Jurisdictions*, RAND, 2004.

16 A Description of Public Health Services Provided by California's Local Public Health Jurisdictions for Fiscal Year 1996-97, Office of County Health Services, California Department of Health Services, 2001.

17 Alameda County Department Summary, 2004-2005 budget.

18 A Description of Public Health Services Provided by California's Local Public Health Jurisdictions for Fiscal Year 1996-97, Office of County Health Services, California Department of Health Services, 2001.

maternal and child health (13%), and administration (8%). Health promotion and education represented only 3% of local public health expenditures.¹⁸

Examples of Local Public Health Departments in California

The organization and funding of, as well as services provided by, the 61 local public health authorities in California vary. Two examples of local public health authorities (one urban county and one city health department) demonstrate these differences (see Figures 2-3).

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Figure 3: City of Berkeley Department of Public Health

Population: 102,743

Public health budget 2003-04: \$10.5 million

Berkeley is one of three cities in California with a local health department. Berkeley Public Health works in partnership with its diverse communities to: promote healthy behaviors and environments, prevent illness and injury, protect against disease and other emerging health threats, eliminate health inequities, and advocate for social and environmental justice.

The Berkeley Public Health Department runs the Berkeley High School Health Center, a collaborative effort with the Berkeley Unified School District. The Health Center provides a free, safe, and convenient place for students to receive the comprehensive medical and mental health care they need to address the physical, emotional, and psychosocial issues that influence the degree to which they can succeed in life and in school. The Peer Education Program (PASSHEN) and Youth Advisor Groups also operate from the Health Center. The Peer Educators are trained in sexuality, HIV/STI's, reproductive health, the impact of drugs and alcohol on driving, bike safety, and other health topics, and then conduct classroom presentations and community events for their peers, promoting healthy behaviors. Youth Advisors advise Health Center staff regarding outreach and policy efforts. Both groups utilize a youth development framework, in which the students run and direct the programs themselves, while adult program coordinators support the students in training new members, developing age appropriate curriculum, running campus outreach programs, and organizing community events.

- **The “Berkeley Be Fit” program works with the community to increase healthy eating and physical activity among low-income Berkeley residents, particularly African Americans and Latinos, with a goal of reducing dramatic inequities in chronic disease health outcomes.**
- **San Pablo Park Steps to Wellness supports youth in eating healthy and being physically active through multiple environmental, policy, and programmatic supports at a recreation center and park, including on-site sales of healthy, low-cost take-out dinners (with toys) for purchase and pick-up at the after-school childcare program; and purchase and installation of a “Dance Dance Revolution” arcade game for fun physical activity targeting “non-athletes” who are most sedentary.**
- **The Healthy Restaurant program is modeled on the Bay Area Green Business Project, which works with businesses to implement sustainable practices. The Berkeley Public Health Department is working with restaurants to help them increase the healthy options on their menus, eliminate trans fats, and increase promotion of healthy options while decreasing promotion of unhealthy options. Assistance is provided in making these changes, revising their menus to indicate healthy choices, providing education to their customers, and promoting them as “healthy restaurants” much like Green Businesses are promoted (stickers on windows, listings in papers, etc.).**

Source: City of Berkeley Department of Public Health