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DEPARTMENT OF HEALTH SERVICES  
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February 22, 2006

Gloria Molina  
Supervisor, First District  
Board of Supervisors, County of Los Angeles  
856 Kenneth Hahn Hall of Administration  
Los Angeles, CA 90012

Dear Supervisor Molina:

Thank you for the opportunity to address your concerns about separating Public Health from DHS.

I have tried to address each of your specific questions below. However, overall I want to emphasize that separation will not impact the way we provide health care or the quality of care we offer. No programs or services provided to our patients or clients will be changed by separation. The way in which we provide health care to patients will not be affected in any way by separation and the change will be more of an administrative change in reporting structure. It is highly unlikely that our clients will notice any change.

There are relatively few cases where individual patients receive direct services from both Personal and Public Health, so integration of services at the patient level is not at issue. Areas of shared responsibility have been addressed in the MOU between Personal Health and Public Health that was developed at the request of the Board.

With regard to your comments on governance, it is true that some separate Public Health departments have been created as part of the process of creating a health authority for hospitals and ambulatory care. Although separation of Public Health from DHS would be likely if Los Angeles County ever develops a health authority, the question of separation does not have to hinge on the decision to establish a health authority. Creation of a separate Public Health department can improve public health regardless of the health authority decision and, although some people may see this as the first step toward an authority, it does not have to be so. Independent of a whether a health authority is established, separation would allow the Director of Health Services to focus all of his/her time and attention on critical safety-net health care delivery issues and the Director of Public Health to focus his/her time on public health issues affecting the entire population of the County.

In addition, a key reason I support separation is the greatly increased need for protection of the public against emerging infections and bioterrorism, issues that were not present when most jurisdictions which have approved separation considered the reasons for separation.

Another benefit of a separate Public Health Department is that the Board will interview and directly appoint Directors of Public Health and hold them accountable for meeting performance standards for emergency preparedness and the quality of services provided to constituents. Directors of Public Health will serve at the pleasure of the Board.

My responses to your questions are below:

Better Service To Constituents

Separation will result in better service to constituents in several ways - not just for those constituents who use specific clinical services, but for all residents of Los Angeles County.

All Constituents

I believe that health protection for all Los Angeles County residents against bioterrorism, pandemic influenza, and other emerging infections will be enhanced by a stand-alone public health department. Having a department whose primary mission is to protect and improve the health of every resident will help assure that these issues get the priority they need and deserve. As a separate department, Public Health would have direct control over its budget priorities and its administrative resources for purchasing, contracting, and hiring. This would enable the department to better and more efficiently fulfill its role in bioterrorism and emergency preparedness regardless of the leadership of the Department of Health Services or pressing health services issues, such as the Medi-Cal waiver and King-Drew Medical Center. In light of increased threats, a nimble department that can mobilize quickly is essential to guaranteeing the safety of the County's residents.

A separate Public Health Department will help assure that we do not repeat the dangerous erosion of public health capacity that occurred during the 1980's and 1990's, when the per capita investment of County resources in Public Health declined and external reviews of the Public Health division were critical of the overall organizational competency. This led to recruitment of new leadership and additional investment to reinvigorate the public health core functions.

All Los Angeles County residents will also benefit from a high-visibility focus on prevention and control of chronic disease. We have just created a Division of Chronic Disease Control to focus on prevention of diabetes, heart disease, cancer and other major health threats for which we are all at risk. We also want to give greater attention and visibility to the important work of the Women's Health Office and the soon to be created Senior Health unit. Having a separate Department that focuses on improving the health of every resident will make it easier to communicate key messages to the public and develop key prevention and control programs with private sector partners.

Constituents Receiving Specific Health Care Services

A separate Public Health Department will increase accountability for timely and appropriate delivery of the services we provide to individuals, which also reduces the risk of transmission of well-recognized serious communicable diseases. Below we detail some examples of improved service opportunity and enhanced accountability.

Service requests from Public Health clinics are often not given a high priority, especially in contrast to requests from the Personal Health facilities such as King/Drew Medical Center. This has resulted in a delay in processing Public Health's personnel action requests, requisition requests to purchase supplies

and equipment, and service requests for repairs and maintenance. The result has been a negative impact on patients, as these examples indicate:

- Hollywood/Wilshire and Pomona Health Centers have had problems with their trash collection and housekeeping contractor, resulting in overflowing dumpsters and dirty and ill-maintained facilities. Efforts to resolve these problems have not been highly prioritized and the problems persist. In general, Public Health projects are not highly prioritized because Building Crafts staff are working on JCAHO-mandated projects at Personal Health facilities.
- A bioterrorism-funded contract to credential volunteer health care professionals as required by the CDC and HRSA grants took over 12 months to get through Contracts and Grants as it was repeatedly displaced by other priorities.
- In the Antelope Valley Health Center, Public Health has been waiting three years to create a separate waiting area for children waiting for immunizations. Children currently have to wait in the same area as patients who may have TB or STDs.
- Public Health laboratory supplies and reagents have not been ordered and received promptly, due to a backlog of requisition requests in DHS' Materials Management division or because vendors have instituted a "credit hold" because they have not been paid. Not having these supplies and reagents on hand compromises the laboratory's ability to culture and identify pathogens in a timely manner. This can lead to patients not receiving timely and appropriate treatment, foodhandlers with salmonella or shigellosis continuing to handle foods, or foods containing E. coli not being promptly removed from the marketplace. The Public Health laboratory has avoided these risks by borrowing supplies from DHS hospitals because supplies that had been ordered were backlogged. The problem has been so persistent that on August 31, 2005, the lab sent a letter to providers informing them of a delay in turnaround time due to shortage of reagents and supplies.
- Public Health patient care needs have not always been taken into account during budget reductions. The DHS decision to close the High Desert skilled nursing ward was made with minimal consultation with Public Health, with no alternate provision for TB patients needing this service. This has resulted in two negative outcomes: TB patients who are no longer acute but still infectious remain in acute beds, making the bed unavailable for an acute patient and potentially denying DHS possible revenue for that bed-day; or difficult patients are discharged into the community, which results in patient compliance problems when they miss appointments for Directly Observed Therapy, posing a potential risk for relapse and infecting others.

As a separate department, Public Health will be able to address all of these issues in a more efficient manner, resulting in improved service delivery and ultimately improved patient care. In addition, as the CAO noted in its report dated June 9, 2005, as separate departments, the director of DHS will be able to better focus on the critical patient care, operational, and long-term funding issues related to managing one of the nation's largest health care delivery systems.

#### More Efficient Operation Of Health System

Other than the improvements which could occur from Public Health being able to prioritize its own materials management, contract and grants and facilities support services in the ways mentioned above, there should be no difference in the way that patients receive care. Services will remain at current levels, at existing locations. There should be no change in the locations where patients access care; separation should be invisible to patients. Areas of overlap have been addressed in the MOU, which has been agreed

to by both departments, so there will be no gaps in service. For example, TB and STD liaisons will continue to be housed in DHS facilities, providing services to DHS patients. As another example, the Public Health and Personal Health laboratories will continue to provide services to both departments, on a mutually agreed-upon fee-for-service schedule.

#### Integration Of Prevention Into Personal Health Care Services

I share your concern that prevention activities be integrated into personal health care wherever appropriate. The example you cite of providing pneumococcal vaccine to County inpatients is the best, if perhaps almost the only, example of successful incorporation of additional public health services into the routine delivery of personal health care services. The MOU specifies that the departments will continue to work together to implement the existing "Integration" Plan, continue to co-chair and participate on a task force to monitor and update the plan, and continue to expand to include new strategies. Public Health is committed to continue providing consultation and advice on the effectiveness of public health interventions and to assist the Department of Health Services in areas of public health expertise. However, we recognize that decisions on what prevention measures will be incorporated into clinical care will continue to rest with those responsible for personal health services.

#### Preparing Our Health Facilities For A Disease Outbreak

You asked how creating another layer of bureaucracy would better prepare our health facilities for a serious disease outbreak. I believe that separation will eliminate, rather than create, a layer of bureaucracy. Currently, all documents must go from the Director of Public Health to the Director of Health Services before going to the Board, or even to the DHS Personal Health facilities. Separation would allow the Director of Public Health to communicate directly with the Board and health facilities throughout the County. In the event of a serious disease outbreak or bioterrorist event, hospitals and health facilities throughout the County, both public and private, will be part of the response. The ability of the health officer to communicate directly with these facilities will streamline the process and yield a quicker, and more efficient emergency response.

#### Monitoring And Oversight Of The MOU

Appendix A of the MOU establishes a joint working group that will meet at least quarterly to provide an ongoing channel of communication, monitor progress towards service integration and other areas of joint interest, suggest areas for improvement, and suggest additions or changes to the MOU as needed. While we expect that communication and problem-solving will occur on an everyday basis, the working group will provide a back-up and set place to bring issues that cannot be resolved through normal channels and to monitor MOU progress and areas for improvement. In addition, since DHS and Public Health are co-located, there will be ongoing communication by virtue of proximity.

One reason for the disconnect between DHS and DMH is that the MOU between the two departments is vague and contains very little substance. In contrast, the draft MOU between DHS and Public Health is detailed and specific, and covers all areas of overlapping responsibility. Many managers from both departments were involved in its development and are invested in its being adhered to. Had an MOU as detailed as this one been developed between Mental Health and the Department of Health Services before they separated, many of the issues which have arisen since could have been avoided.

Costs Of Separation

Separation will entail adding 25 positions to Public Health, at an estimated cost of \$1.7 million. That cost will be absorbed within Public Health's budget and will not increase net County cost. Long-term program operation costs are not expected to increase as a result of separation.

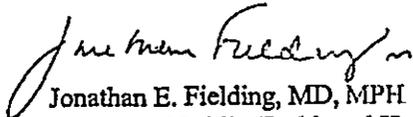
There is actually relatively little duplication of administrative infrastructure. The work group led by the CAO to develop the implementation plan examined workload and FTEs in every administrative area, and designated the number of positions for each area based on the amount of time that they currently work on Public Health activities. Therefore, only the number of FTE's already working on Public Health activities are proposed to go to Public Health. In a few instances, it was determined that more supervision or management would be needed, so new positions were proposed.

The work group's analysis also determined that DHS is under-staffed in administrative support functions, particularly in Human Resources, Contracts and Grants, and Contract Monitoring. Therefore, regardless of whether the separation occurs or not, additional resources are needed to properly staff these functions.

Long-term operation costs should only increase in proportion to workload increases. Also, the CAO would have to approve any increase in future appropriation, and the Board's instruction that separation would have to be implemented at no new net County cost would be a safeguard against increases which are not based on demonstrated need being submitted or approved.

Thank you for your thoughtful consideration of the important issues involved in separation. I would like to meet with you to further discuss any of your concerns and clarify any issues in our response to them.

Very truly yours,



Jonathan E. Fielding, MD, MPH  
Director of Public Health and Health Officer

JEF:wks

c: Bruce A. Chemof, MD  
David Janssen