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Health Policy and Management

May 26, 2015

Honorable Supervisors,

As your Health Officer and Director of Public Health for 16 years before retiring last September, I was honored to have your support as Los Angeles County developed one of nation's best public health departments. Together we built a much stronger capacity to protect and improve the health of all 10 million residents of our great County. I remain dedicated to continuing our progress by helping to prepare our next generation of public health leaders.

I have been closely following the discussion of possible reorganization of the health departments, have provided my input to the individual developing the final report for your Board, and have closely studied the content and recommendations in the draft report.

I write to you with great urgency now because I believe the current recommendations in the draft report will directly jeopardize the safety and health of County residents. By developing a health service dominated umbrella agency, public health will be returned to the difficult situation I encountered when I entered County service in 1998.

I was recruited to lead a struggling and demoralized public health department housed within the Department of Health Services (DHS). Due to its location in the organizational structure, one small part of a large department with an important but different mission, the ability of public health to protect the public and improve our collective health had been terribly compromised. Placing the Department of Public Health (DPH) under an umbrella health agency will again relegate it to inferior status under an individual whose primary responsibility and accountability is to fulfill a clinical mission focused on individual health care services.

Los Angeles County is by far the largest county in the country. DPH protects the health of all residents with approximately 4,000 employees working in 39 divisions. The only jurisdiction of comparable size is New York City and there, as here currently, public health is a separate independent department. New York Health and Hospitals has the primary responsibility for that city's clinical services. Today, in the largest jurisdictions of the nation, the different missions of public health and clinical care are recognized through entirely independent public health departments.

I understand and agree with your important objective of improving coordination between the three county health departments to streamline access to direct services and remove unnecessary barriers for clients. There are at least two better alternatives to achieve your objective than the approach recommended in the recent report:

1. Appoint a seasoned manager with a broad view of health improvement opportunities through health services, mental health and public health as Health Care Services Coordinator under the Chief Executive's Office (CEO). This individual's charge would be to improve coordination in the provision of clinical services among the three departments. This action would parallel your recent decision to appoint an Interim Director for the LAC Office of Child Protection. It would accomplish your goal of improved service coordination consistent with your priorities.

2. Immediately use your power and authority to direct the three Departments to achieve 3-5 high priority goals that improve service integration within defined timelines and hold your leaders accountable for their individual and collective contributions toward success. This approach could also enhance the County's responsiveness to the multi-faceted challenges of health services reform.

I had hoped the draft report would identify the priority service delivery problems to be solved in the short term, yet it does not. The risks of an umbrella agency led by the same person running the largest of the three departments are clear in the draft report. I was disappointed, but not surprised, that the report concluded that the rapid implementation of an agency structure is the **only** solution (and the only option studied) for improving clinical service integration in LAC.

The entire process was not constructed to be objective. The author of the report was put in an impossible position to remain objective. She has worked for the putative agency head as a deputy director since 2011, was only temporarily assigned to the CEO to write this report, and has been clear with myself and other stakeholders that she will return to DHS after the Board votes on the agency, presumably to report to the same individual. Given this situation, I am not surprised that the report first oversimplified complex ideas to justify the predictable conclusion that an umbrella agency should be created. Nor am I surprised that the report dismisses dissenting views and legitimate concerns from local stakeholders including those with extensive public health leadership experience. Despite this lack of objectivity, the author still had to admit within the report that "most, if not all opportunities, could technically be achieved under any organizational structure."[1] But this alternative is quickly discarded. Further the report inadequately articulates the specific integration problems to be addressed, so the overarching solutions don't inspire confidence that the actual needs will be met.

The report also neglects to provide any oversight for the clinical care system more broadly. It fails to clearly articulate the integration priorities, the standards of metrics by which success will be measured, or how the shift to this structure will tangibly advance the missions of all three departments beyond clinical services. By taking an exclusively clinical approach, the report also totally ignores the critical population-wide needs for improving the health of LAC residents by improving the conditions in which people live and reducing their health threats.

Each of these failures can jeopardize the health of your constituents.

I am so passionate about the misdirection of the draft report recommendations because I served 8 years when Public Health was only a division of DHS. Our work during those years was seriously impeded by being a small part of a large bureaucracy. Our budget suffered. We were always last in getting

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[1] Page 6 - *Response to the Los Angeles County Board of Supervisors Regarding Possible Creation of a Health Agency* issued from the LAC CEO on March 30, 2015.

human resources help, which contributed to unhealthy high vacancy rates. We had minimal assistance getting and monitoring key contracts and our efforts to focus on the broad opportunities for improving the health of all were subordinated to clinical health service priorities. The accomplishments of the 8 years since DPH became a stand-alone department testify to the benefits of independence.

Some of the accomplishments include:

- Built a nationally acclaimed chronic disease prevention division that teamed with many communities and other stakeholders to change the trajectory of major health and disease trends for the better. Life expectancy in LAC increased and death rates declined by double digits for coronary heart disease, stroke, lung cancer and infant mortality.
- Opened a new state of the art public health laboratory that serves as a critical reference laboratory for all Southern California, novel biological agents capable of causing epidemics.
- Advised Los Angeles Unified School District on policies to improve the nutritional quality of food served in cafeterias and eliminated junk food and sugar sweetened beverages.
- Played a pivotal role in obtaining state legislation to require menu nutritional labeling in fast food restaurants.
- Partnered with First 5, WIC and other organizations to stop and start reversing the increase in obesity in preschool children.
- Recruited a senior epidemiologist with a national reputation as the first Chief Public Health Science Officer.
- Reduced opiate overprescribing and over dose deaths by working with the Los Angeles County Medical Association and increasing use of drugs that can reverse an overdose.
- Led efforts to effectively reduce tobacco use to 13% with multipronged efforts including working with cities to pass over 120 local tobacco control policies.
- Developed an effective bioterrorism and all-hazards capability within DPH and trained every employee to be a public health responder using an incident command structure with first in the nation agreement and partnership with the Federal Bureau of Investigation.
- Mounted the largest ever public health mobilization response, to H1N1 influenza, establishing vaccination sites throughout LAC to administer over 230,000 doses of vaccine and efficiently allocating more than 4 million additional vaccine doses to private sector providers.
- Established an economic analysis unit to assess the cost-benefit and cost-effectiveness of novel public health initiatives.
- Published a first of its kind book that summarizes key activities, lessons learned and best practices that have emerged from DPH programs.
- Established a major public health communication capability that provided accurate information in a timely fashion on key public health threats and issues, which effectively raised the visibility of the County Health Officer as the public's doctor.

I was disturbed, therefore, that there was minimal acknowledgement within the report of the risks of eroding DPH's ability to fulfill its mission by returning to a structure that did just that. Nor did the report sufficiently address valid concerns about the appropriate recruitment of a DPH Director[2]. Make no mistake, if the proposed agency model is implemented, the County will fail to attract a nationally recognized Public Health leader to innovate and push DPH to its full potential, which the largest local

[2] Pg. 52 - *Response to the Los Angeles County Board of Supervisors Regarding Possible Creation of a Health Agency* issued from the LAC CEO on March 30, 2015.

public health jurisdiction in the country deserves. The brief paragraph in the report about the Health Officer[3] indicates there will be a dotted reporting line to the Board, yet it omits any safeguards the agency will establish to assure the Health Officer's ability to produce and enforce orders that may be inconsistent with the opinion of the agency director. The proposed organizational structure makes a public health director subservient to a medical care system, not an equal partner in improving health. It is a badly outdated model for improving the health and wellbeing for all 10 million residents.

The narrow perspective of the report is seen in the description of human resource needs. It raises human resources as an area for the agency to support improved recruitment of staff tied to health care delivery, yet many of the staffing needs for public health require non-healthcare background, skills and knowledge (e.g. policy analysis, economic evaluation, urban planning, inspection, environmental assessment, epidemiology, and spatial analysis). It is unclear how the agency plans to prioritize and ensure that critical, non-clinical staff will be recruited and retained. Nor is it clear that when subordinated in the bureaucracy that DPH would command the authority to accomplish its mission. The wide range of expertise public health needs to employ was neither understood nor supported by human resources when DPH was only a division of DHS, and I am greatly concerned with the narrow view of staffing needs presented in the report. The always-compelling demands for clinical services for individuals has historically trumped the need for less visible but more impactful preventive public health activities; the proposed agency is likely to exacerbate this problem.

The report asserts that bringing successful integration to scale across the County will require significant work and costs at the operational level to make progress[4]. At the same time, the report claims that by creating a lean structure, with individuals performing dual roles complementary to their current assignments[5], costs will be essentially negligible. It does not sufficiently address the real world concerns of stakeholders that anticipate the dual staffing model will erode the departments' abilities to meet their existing commitments, that the agency will be disproportionately staffed by employees of one department, or that over time there will be additional funding requests to finance agency operations. The report indicates that the Chief Executive Officer does not support an agency structure that requires additional County investment[6]. At minimum, a thorough cost analysis should be completed prior to your final decision on the implementation of the health agency. Failure to codify what specific changes are needed and how they can be achieved makes it impossible to assess what the financial impacts are likely to be, but they are likely to be substantial. Moreover, the greatest savings to the clinical care system are likely to come from population health interventions, yet the importance and value of pursuing these is not considered.

Evidence-based preventive interventions delivered broadly to the population before individuals need to access clinical services, is the County's greatest advantage in reducing overall healthcare expenditures in LAC. An agency designed to focus on the integration of clinical services falls short of its potential to truly benefit the health of people in LAC. The report did not provide a forward thinking argument for

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[3] Pg. 51 - *Response to the Los Angeles County Board of Supervisors Regarding Possible Creation of a Health Agency* issued from the LAC CEO on March 30, 2015.
[4] Pg. 45 - *Response to the Los Angeles County Board of Supervisors Regarding Possible Creation of a Health Agency* issued from the LAC CEO on March 30, 2015.
[5] Pg. 39 - *Response to the Los Angeles County Board of Supervisors Regarding Possible Creation of a Health Agency* issued from the LAC CEO on March 30, 2015.
[6] Pg. 39 - *Response to the Los Angeles County Board of Supervisors Regarding Possible Creation of a Health Agency* issued from the LAC CEO on March 30, 2015.

how the agency will specifically improve health. What essentially boils down to an improved referral system, shared clinical files, and potentially more full-service options at some County venues does not solve the bigger health issues our communities face: poverty, low educational attainment, low wages, limited job opportunities, unhealthy environmental exposures, stigma, high rates of incarceration, institutional discrimination and a fragmented clinical care system.

Without a strong and innovative public health presence in LAC, which is inconsistent with the agency model in the currently projected structure agency model, DPH's current capacity to serve as an honest, and independent, broker on major underlying determinants of health will be diminished. I am concerned that the report does not adequately inform you of the potential drawbacks, and that it overstates the benefits of an agency with bias. It takes strong senior-level leadership to stand up for the health of the public. DPH funding is largely categorical which means it has deep expertise in specific areas, but it needs more depth in the future-oriented population health mission which is recognized as essential to continue progress towards better health for all. Individual clinical services are one important tool to improve health but it is recognized, in the Affordable Care Act, the Triple Aim, and elsewhere, that future improved health requires a great and strong concentration on population health, the primary mission of DPH.

I want to emphasize that my concerns are related to the proposed structure and predetermined leadership arrangement, not with the very competent current leadership of DHS which has made remarkable progress in improving the County's important clinical health services function.

In summary, we all want improved services for residents seeking care at County facilities, yet the agency structure is not the only viable path to consider. To make a truly informed decision about how you would like to structure the County's overall health systems governance for the foreseeable future, greater consideration should be given to practical alternative models with similar potential to provide the results you want. A decision to accept the blatantly biased report will lead to a severely weakened public health capacity without the independent innovation, leadership and voice you deserve to hear.

I would be pleased to meet with any of you to discuss this further at your convenience.

Sincerely,

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cc: Ms. Sachi Hamai
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