



**JONATHAN E. FIELDING, M.D., M.P.H.**  
Director and Health Officer

**CYNTHIA A. HARDING, M.P.H.**  
Chief Deputy Director

313 North Figueroa Street, Room 806  
Los Angeles, California 90012  
TEL (213) 240-8117 • FAX (213) 975-1273

[www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)

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August 22, 2014

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H. *je fielding mo*  
Director and Health Officer,  
on behalf of the entire Public Health Staff

SUBJECT: **HEALTH AND DISEASE IN LOS ANGELES COUNTY: THE IMPACT AND ACCOMPLISHMENTS OF THE DEPARTMENT OF PUBLIC HEALTH OVER THE PAST 16 YEARS**

The County of Los Angeles Department of Public Health (DPH) aims to protect health, prevent disease, and promote the health and well-being of all persons in Los Angeles County (LAC). Nearly 4,000 skilled and specialized professionals conduct core public health functions that protect residents from public health threats, support healthy lifestyles, and reduce health disparities affecting vulnerable populations. The Department is prepared to respond immediately to County-wide or more localized natural or man-made disasters. With 39 programs, 14 health centers and a state-of-the-art public health lab, DPH provides population health services for the diverse residents who live, work, play, and learn in the County.<sup>1</sup>

This document summarizes the accomplishments of the Department during the 16 year period of my tenure. Most of these accomplishments are the result of successful collaborations with Board offices, other County Departments, local, state and federal government agencies, and many public and private organizations. Progress in fulfilling our mission significantly accelerated after your Board approved Public Health as a separate County department in 2006.

### **Encouraging Trends in Reduced Disease Burdens and Improved Health Behaviors**

DPH and partners have changed the trajectory of major health and disease trends for the better in our County. Life expectancy at birth increased by more than three and a half years, to 81.5 years<sup>ii</sup> largely attributable to a 25% decline in overall death rates.<sup>iii</sup> The top three leading causes of death showed a major decline: 37% for coronary heart disease, 35% for stroke, and a 22% decrease from lung cancer.<sup>iv</sup> Infant mortality declined 26% between the three year averages of 2000-2002 compared to 2010-2012.<sup>v</sup>

Significant improvements have also occurred in specific health behaviors and health risks for chronic diseases due to effective promotion of healthier lifestyles, better screening and clinical preventive services, and the passage of healthy public policies. For example:

- LAC has one of the lowest rates of smoking among large U.S. metropolitan areas.<sup>vi</sup> Overall, 13.1% of adults reported smoking in 2011. This marked the first time the number of adult smokers in the County fell below one million since the LAC Health Survey was initiated in 1997. Since 1999, there has been a 72.4% decline in adult smokers and 62.7% decline in teen smokers.<sup>vii</sup>
- The percentage of adults who reported consuming five or more servings of vegetables and fruits a day increased from 11.6% in 1999 to 16.2% in 2011<sup>ix</sup>;
- The percent of adults who reported sufficient aerobic activity to meet national guidelines increased 29% from 2002 to 2011<sup>xii</sup>; and
- A 70% reduction in sedentary behavior was reported from 2002 to 2011.<sup>xiii</sup>

### **Internal Structural and Programmatic Improvements**

The following are a few key accomplishments by DPH in fulfillment of its mission to protect and improve the health of all LAC residents over the past 16 years:

- *Restructuring of the LAC Public Health System:* In response to a critical report issued in 1997 by the University of California, Los Angeles (UCLA) School of Public Health, entitled “The Breslow Report”, your Board adopted a plan to revitalize and empower DPH to fully embrace its public health responsibilities and better coordinate services. The vision of a newly invigorated public health infrastructure was achieved following a Board-approved \$15 million dollar increase in investment over three years and the creation of 241 new positions dedicated to public health functions. The restructure allowed community-specific leadership through eight Area Health Offices (AHOs) intended to increase accountability and responsiveness to the public; created a Public Health Communications Office to centrally coordinate external and internal communication; enhanced partnerships with private healthcare providers, managed care organizations and community-based agencies to facilitate broader public reach; and developed systems to collect health data and track performance measures to evaluate efficacy.

- *Los Angeles County Health Survey (LACHS)*: DPH has innovated in conducting a periodic survey on the health care, health care utilization, health behaviors, health status, and knowledge and perceptions of health-related issues among LAC residents. Survey results are used to understand and track trends over time and to ground policy and program planning on real-life, local data. The survey data report was first published in 1997. A user-friendly data query system is available online and facilitates direct access to key indicator data at the County and Service Planning Area (SPA) levels alike. The seventh edition is planned for release in 2015.
- *Nurse-Family Partnership Program*: This nurse home visitation program is multidisciplinary and evidence-based. It provides intensive direct one-on-one services to low-income, first-time mothers and their children. The intervention is clinically proven to improve prenatal health, reduce childhood injuries, abuse and neglect, and increase maternal employment. The Los Angeles-based program was initially piloted at California Hospital and Medical Center, and expanded Countywide in February 2000. Since 2000, the program has served 9,173 of the highest high-risk pregnant youth and women in LAC. Results are very positive:
  - Among mothers:
    - 27% and 36% reductions in maternal smoking and alcohol use, respectively;
    - 52% decrease in fear of partner violence; and
    - 33% increase in workforce participation.
  - Among children:
    - Lower rates of premature babies and low birth weights even compared to the Nurse-Family Partnership national average; and
    - Increased rates of breastfeeding.
- *Restaurant Letter Grading Program*: Establishing the Board approved restaurant letter grading program in 1998 improved hygiene and food safety in local restaurants. It gives consumers information on the most recent inspection results regarding the cleanliness and safe food-handling procedures in place at specific food retailers. In a published scientific study, implementation of the program reduced hospitalization for severe food borne illness by 13% in LAC within the first year following implementation. The LAC grading program has been nationally and internationally replicated.<sup>xv</sup> In 2010, DPH expanded the program to mobile food facilities to ensure health and safety standards across all dining experiences. DPH proactively partnered with Yelp, the popular online business ratings and review site, which now incorporates DPH letter grades on business listings for LAC restaurants.
- *First 5 LA Partnership*: First 5 LA, the County child-advocacy organization that funds health, safety and early education programs for children ages 0-5, has granted DPH more than \$93 million dollars since 1999 to support projects, such as the LAC Health Survey and the Los Angeles Mommy and Baby (LAMB) data project. First 5 funding has also supported direct services such as Substance Abuse Services for High Risk Caregivers, enrollment for

young children and their families into health plans, and a project to reduce overweight and obesity among preschool children (Choose Health LA Obesity Project).

- *Nutrition Policies:* Numerous school, workplace and community policies and practices were adopted to encourage healthier food and beverage consumption. DPH worked closely with the Los Angeles Unified School District to adopt policies that improved the nutritional quality of food served in cafeterias, and eliminated junk food and sugar-sweetened beverages from vending machines and lunch lines. This partnership affected 740,000 students and accelerated school nutrition conversations throughout California, paving the way for State legislation in 2003 and 2005 mandating the removal of sugar-sweetened beverages from schools. DPH also played pivotal roles in obtaining the first State legislation in the U.S. to require menu nutritional labeling in restaurants with 20 or more locations. The Department led the charge to revise the County vending machine policy to limit allowable sodium content for pre-packed snacks and calorie levels for beverages. DPH also worked with DHS on the expansion of healthy food and beverage options offered at County hospital cafeterias and vending machines.
- *Tobacco Prevention and Control Policies:* DPH tobacco prevention and control efforts have provided actionable information on the benefits of smoke-free beaches to your Board, and helped cities across the County pass over 120 local tobacco control policies in the last decade. Major accomplishments include the implementation of smoke-free outdoor dining in the City of Los Angeles in 2011, and the adoption and implementation of a smoke-free multi-unit housing policy in partnership with the Los Angeles County Housing Authority in 2014.

*Quality and Productivity Commission:* The LAC Quality and Productivity Commission manages the Productivity Investment Fund, which nurtures innovative programs that improve the efficacy and operations of the County. From 2006 to 2014, the Commission has awarded DPH more than \$1.2 million dollars in grants to support innovative solutions for public health advancement. Additionally, the Commission has recognized DPH with 21 awards or honors in the past five years, including two prestigious Gold Eagle Awards for Countywide Response to H1N1 Influenza (2009) and the E-contract Management Encounter Billing System (2013). Ten DPH projects have been honored with designation as “Best and Shared Practices.”

- *Opiate Overdose Prevention:* To reduce cases of fatal opiate overdose, DPH advocated for successful state legislation (SB 767) to limit the civil and criminal liability for prescribing and distributing Naloxone, a safe opiate antagonist, for all parties involved in pilot programs operating in seven counties. These programs trained clients on how to prevent narcotics overdose and allowed for the distribution of Naloxone to trained individuals to reverse the effects of an opiate overdose. The 13-month LAC pilot program trained 369 clients in

overdose prevention, distributed 818 doses of Naloxone to program participants, and documented 39 lives saved by successful overdose reversals.<sup>xvi</sup>

- *Emergency Response:* Following the September 11, 2001 attacks, DPH embraced and expanded its roles and responsibilities as a public safety and emergency response agency. A new division of Emergency Preparedness and Response was created. DPH has cultivated the capacity through its on-staff experts, real-time surveillance systems, and a highly equipped Public Health Laboratory to rapidly identify and respond to biological, chemical and radiological terrorism, as well as natural threats to health and public safety. DPH established the national model for public health agencies to effectively serve as a valued ally in counterterrorism efforts through its unique and strategic partnership with the Federal Bureau of Investigation. DPH provides daily staffing support for the Joint Regional Intelligence Center, a cooperative interagency partnership that aims to centralize federal, state, and local response activities related to suspected terrorist threats. These relationships have been effective and vital to maintaining public safety.

In 2009, the Department demonstrated its readiness with an unprecedented response to the H1N1 influenza pandemic. During the response, more than 230,000 doses of H1N1 vaccine were directly administered by DPH staff through mass vaccination clinics, community outreach events and existing public health centers. Another four million doses were dispensed to 3,500 local private health care providers for privately-insured patients. DPH, working with many partner agencies, has provided extensive training to its entire workforce, and has participated in 29 major disaster exercises since 2004. In addition, the Department has responded to several major incidents since H1N1, including the Fukushima Daiichi Nuclear Power Plant Radiation Incident in 2011. These exercises and incidents have increased our preparedness to respond to serious health threats, both natural and man-made, using the incident command structure.

- *Strategic Partnerships to Improve the Physical Environment:* Efforts to address the underlying causes of health disparities have led to new partnerships and initiatives related to the built environment and other factors that influence health outcomes. These collaborative opportunities have led to effective Public Health programming and health-supporting policies. For example:
  - A current initiative to prevent prescription abuse for opiates and other drugs of abuse working with the Los Angeles Medical Association, Kaiser Permanente, and emergency room doctors;
  - Direct assistance by the Chronic Disease and Injury Prevention Division to cities and organizations as they design and implement walkable and bike-able neighborhoods;

- Financial support of the highly successful summertime program, Parks After Dark, implemented with the LAC Parks and Recreation Department at six locations. Since its implementation in 2010, Parks After Dark has:
  - Shown a 32% reduction in serious and vital crimes reported in communities surrounding its six sites compared to an 18% increase in other similar communities;
  - Increased participation in physical activity; and
  - Enhanced residents' perceptions of neighborhood safety and community-level social cohesion.<sup>xvii</sup>
- DPH led the Healthy Design Workgroup to implement healthy design in the County's unincorporated areas. This Board-mandated workgroup was launched after the Board's adoption of the Healthy Design Ordinance, which changed existing zoning and subdivision regulations to legally establish community gardens and farmers markets throughout the County and created more specific requirements for bicycle parking and sidewalk design.

The Department has helped ensure that health is a key consideration in planning decisions. Notable developments in this direction include support of a comprehensive chapter on health and wellness in the City of Los Angeles General Plan, as well as similar health elements in the general plans of several other cities within the County.

- *Infant Mortality:* In 2001 the infant mortality rate among African Americans in LAC was disproportionately high, with exceptionally high rates reported in Antelope Valley.<sup>xviii</sup> In response, DPH helped form a local collaborative to promote healthy births in Antelope Valley and implemented targeted improvement recommendations based on data collected by DPH and other community stakeholders. Some of those recommendations led to the Black Infant Health Program, Safe Sleep Campaign, and the Partnership to Eliminate Racial and Ethnic Disparities in Infant Mortality. As a result of these, and many more efforts, infant mortality rates for African Americans in Antelope Valley area decreased from 28.4 to 8.2 deaths per 1,000 live births between 2001 and 2011.<sup>xix</sup>
- *Baby-Friendly Hospitals:* DPH initiated "Baby-Friendly" hospital designations at LAC+USC, Harbor-UCLA and ValleyCare Olive View-UCLA medical centers, in collaboration with DHS. The "Baby-Friendly" designation is awarded to birthing facilities that successfully implement evidence-based practices shown to increase breastfeeding initiation and duration. Designation was granted for all three county-run hospitals between 2011 and 2012. Additionally, DPH collaborated with LAC and the City of Los Angeles' human resource departments to develop policies that support employees who choose to breast-feed and expand employee access to lactation rooms. Now over 18,500 employees throughout County departments and the City of Los Angeles have access to worksite lactation accommodation policies that support mothers who continue to breastfeed after

returning to work. Breastfeeding reduces infants' risks for a variety of diseases and conditions, such as childhood overweight and obesity, type 1 and 2 diabetes and some types of cancers. Research has also shown a decreased risk of breast and ovarian cancer among women who have breastfed.

- *HIV Testing and Treatment:* The Department's Division of HIV and STD Programs (DHSP) has successfully implemented program improvements to reduce HIV transmission in LAC and meet benchmarks set by the 2010 National HIV/AIDS Strategy. The division's revamped HIV testing program significantly increased the number of individuals being tested. The Division also introduced medical care coordination (MCC), a new service that integrates medical and psychosocial support services to improve health outcomes for patients in HIV care. Program innovations resulted in:
  - 43% increase in testing volume;
  - 63% increase in identifying newly diagnosed HIV+ individuals;
  - Nearly 49% increase in linking HIV+ individuals to care; and
  - Four-fold increase in suppressed HIV viral load among HIV+ patients who received MCC.

DPH also changed the way payments are made for the HIV testing and medical outpatient care contractors, from cost reimbursement to performance-based and fee-for-service. This has increased accountability to ensure more efficient and effective use of public funds.

- *Lead Paint Litigation Award:* In 2013, LAC and seven other counties and three cities in California, prevailed in a lawsuit against companies that manufactured and sold paint containing lead. The trial court verdict awarded LAC \$632.5 million dollars, of the \$1.5 billion dollar judgment, to pay for inspections and lead abatement inside affected homes. Lead-based paint and lead contaminated dust are the most hazardous sources of lead exposure for children in the U.S. and are linked to learning disabilities and other health problems.<sup>xx</sup>
- *EnvisionConnect:* In 2013, the DPH Environmental Health Division transitioned from traditional paper inspection reports to EnvisionConnect, an electronic inspection and data management system that uses portable electronic laptops/tablets to enter information in the field. This much improved system is now used for routine inspection of nearly 122,000 retail food facilities and residential housing annually, and in response to public complaints ranging from unsanitary housing conditions to unsafe restaurant practices. This innovation has created a paperless environment that streamlines workflow by eliminating double data entry and consolidated the collection and analysis of data from multiple decentralized areas into one central system to improve data quality.

- *Affordable Care Act (ACA) Implementation:* DPH facilitated the early adoption of Medi-Cal expansion through successful enrollment of eligible participants. For example, DHSP took the lead in managing the early adoption of Medi-Cal expansion through the migration of eligible HIV-positive individuals from the Ryan White program to ensure continuity of quality care for this medically vulnerable population. The Maternal, Child and Adolescent Health Program assured that children and families received appropriate healthcare insurance coverage through direct and contracted outreach and enrollment services. DPH is upgrading its internal systems to comply with the federal mandate for electronic medical records (EMR). This includes the development of a new on-line public health lab interface that allows providers to order tests electronically and receive the results directly in their EMR system.
- *Healthy Pets, Health Families Initiative:* DPH launched the 2020 Healthy Pets, Healthy Families initiative to improve both animal and human health through the relationship between pets and their owners. The Countywide initiative focuses on several key areas, including spaying and neutering, bite prevention, vaccine-preventable diseases, pet obesity, secondhand smoke, disaster preparedness, and zoonotic disease and parasite infection prevention.
- *Vaccine Preventable Disease Prevention:* DPH has successfully managed the control of measles and other outbreaks of vaccine preventable diseases (VPDs), reducing the burden of all VPDs, such as Pertussis (Whooping Cough). Strategies have included immunization skills training for providers across the County to enhance communication about vaccine safety and policy work to combat parental resistance to immunizations stemming from persistent misinformation regarding their safety.

#### **An Independent Department (2006 to present)**

Your 2006 vote to establish a separate DPH was a signal contribution to improving health and safety in LAC. Its mission, to protect and improve the health of all LAC residents, is distinct among County departments. Independence allowed the Department to advocate for and allocate its own administrative and fiscal resources. This flexibility has been essential in our prioritizing disease prevention and control efforts, diversifying and establishing effective partnerships and evolving into a more prepared and responsive agency when public health emergencies arise. No longer eclipsed by DHS complexity and competing priorities, DPH has focused public resources on mitigating the biggest disease burdens in our population and reducing the yawning disparities in health that undermine quality of life and economic productivity for many. Our increased flexibility contributed to development of an appropriately diverse and highly-skilled workforce.

Outlined below are major successes largely facilitated by the creation of and advocacy by a stand-alone department.

- *Chronic Disease and Injury Prevention Division:* In 2001, the Chronic Disease and Injury Prevention Division had been dismantled due to budget crises and shifts in DHS priorities. As its own entity, DPH was able to re-prioritize chronic disease and injury prevention as a core responsibility and restored the Division in 2006. This provided the foundation to tackle significant health problems affecting millions of County residents, and helped us successfully seek competitive federal funding for major initiatives. Since its reinstatement, the Chronic Disease and Injury Prevention Division has grown from a \$6 million dollar to \$40 million dollar operating budget and consistently delivers innovative programming and policy guidance of state and national significance. These issues will remain among the major DPH priorities moving forward given that chronic disease accounts for 80% of premature death and disability and 75% of the nation's healthcare spending.<sup>xxi,xxii</sup>
- *Public Health Lab:* The Public Health Lab relocated to a new state-of-the-art facility in Downey in 2007. Since then, the lab has made significant improvements, including an expanded menu of testing services and the capacity to rapidly detect agents with potential for bioterrorism in environmental samples and clinical specimens. The lab also is part of a department wide surveillance system for the detection of influenza and other respiratory viruses, food borne pathogens, and other organisms that can cause public health emergencies. The lab currently processes more than 300,000 specimens annually.<sup>xxiii</sup>
- *Public Health Center:* In 2011, DPH expanded the availability of much needed public health services in South Los Angeles through the Martin Luther King, Jr. Center for Public Health, the first public health center in LAC to open in 35 years. In addition to providing clinical services related to tuberculosis, sexually transmitted diseases, and immunizations for uninsured individuals and those with tenuous healthcare, the facility has become a central asset to the surrounding communities. This welcoming facility has dedicated staff that provides technical assistance and education on a variety of public health issues and it offers meeting space for community groups to foster social cohesion.
- *Creative Public Awareness and Social Marketing Campaigns:* DPH has tackled important issues with creative public awareness and social marketing campaigns designed to encourage residents to prioritize important public health issues. Examples include:
  - *Break Up:* A lesbian, gay, bisexual, transgender (LGBT)-targeted smoking cessation campaign that employed social media channels to effect awareness and behavior change in a traditionally hard-to-reach, commercial-savvy population;
  - *LA Condom:* A campaign to encourage the practice of safer sex by using condoms through the design and distribution of an LA-branded condom. Condom designs were selected from community member submissions, and LAC businesses and community based organizations distributed the condoms for free. The campaign has distributed approximately 2.5 million LA-branded and other condoms to date.

- *Community Disaster Resilience Project*: A DPH-led collaborative that promotes community resilience in the face of public health emergencies, such as pandemics and natural or man-made disasters. Project partners include RAND Corporation, UCLA Center for Health Services and Society, Loma Linda University, the Emergency Network of Los Angeles (ENLA), the U.S. Geological Survey and community partners. This project encourages communities to plan together and know the assets and needs of those who live and work in specific communities.
- *Choose Health LA*: A multimedia DPH initiative to prevent and control chronic disease in LAC. The campaign works with community partners to develop innovative strategies to reduce youth access to tobacco products and exposure to secondhand smoke; improve nutrition and opportunities for physical activity; and increase access to high quality, clinical preventive services. This includes Choose Health LA Restaurants, a partnership with restaurant operators to promote healthier meal choices among customers through smaller portion size options and healthier children's meals. Currently, 16 brands representing nearly 700 locations participate in the program.
- *Consumer Protection*: DPH successfully influenced the Federal Drug Administration (FDA) to take regulatory action against aggressive, direct-to-consumer marketing of the Lap-Band, citing major concerns about misleading and imbalanced information. The Department has since expanded its scope to include other consumer protection activities. DPH has formed a Health Care Consumer Protection Program charged with empowering consumers to make informed choices regarding medical devices and pharmaceuticals.
- *Toxic Threat Strike Team*: DPH ensures the environmental protection of communities with its prominent role on the Board-approved Los Angeles County Toxic Threat Strike Team, a high-level, interdisciplinary team of regulatory and technical experts to evaluate and help abate the impact of industrial pollution on surrounding neighborhoods.
- *Quality Assurance and Improvement*: The Department contributed to scientific knowledge and the dissemination of cutting-edge public health practices through numerous publications in well-respected journals and presentations at national conferences. This allowed DPH to participate in a larger dialogue and to emerge as a professional leader with national recognition. Over the past 18 months alone, DPH has published more than 100 articles on a range of diverse topics including infectious diseases, reproductive and sexual health, nutrition, obesity, emergency preparedness, substance abuse, public health policy and public health infrastructure.
- *The Public Health Report Card*: DPH developed the Public Health Report Card as a unique approach to measure and improve internal processes that affect the quality of services delivered by its programs. The Report Card tracks a variety of cross-cutting measures that assess the quality of DPH infrastructure. Seven objective areas are measured including:

program planning, stakeholder engagement, partnership and collaboration, emergency preparedness, policy development, scientific advancement, and staff training. As a result of this tracking system, improvements have been observed in many areas including the number of programs that use population-based data to guide planning and monitoring activities, and the percentage of staff who participate in emergency preparedness exercises.

- *Evidence-based Practices:* DPH moved to align programming with evidence-based strategies to ensure a rigorous and scientific approach to public health practice. The role of Chief Science Officer (CSO) was institutionalized in 2009. The CSO strengthens the Department's science base by overseeing health assessment, data collection, and analysis. The CSO consults on new strategies and assist DPH leaders in integrating guidance from the U.S. Task Force on Community Preventive Services which recommends effective public health interventions.
- *Sharing Best Practices:* The publication of "Public Health Practice: What Works" in 2013 showcased the wide range of LAC DPH responsibilities, innovative programs and continuing challenges. Published by Oxford University Press, with over 70 DPH authors, it is the first volume to compile the activities of a local health department for the purpose of sharing lessons learned with a broad public health audience, including public and private partners, students, academics, business leaders and policy makers. The collection of case studies increased the visibility of public health practices in LAC and made an important contribution to an evolving anthology of public health knowledge.
- *Fund Development:* DPH has financially sustained its programs in large part due to the repeated success in securing competitive grants over the past five years. For example:
  - All but one grant application submitted by DHSP since 2006 has been funded and only 18% of the Division's operating budget is funded by net county dollars; and
  - The Emergency Preparedness and Response Program receives over 10 million dollars of federal funding annually.
- *Administrative Services:* DPH has implemented multiple systems to improve the efficiency of administrative processes. This includes the implementation of the eCAPS Approver Improvement Process and an improved On-Line Requisition approval process, which reduced payment voucher approval time by 56% and increased productivity by an estimated 22%.

### **Future Opportunities and Challenges**

DPH must remain accountable as new health threats, natural and man-made disasters, toxic exposures, and preventable illness and injury challenge LAC's infrastructure and the health of its residents. It is, therefore, critical that DPH continue to have autonomous authority to strengthen its capacity and thrive in a rapidly changing environment. This means adapting to shifts in public health

paradigms, a newly reformed healthcare system and a growing diversity of health information channels. Persistent budgetary pressures on public health funding will necessitate new and flexible approaches. It will also be imperative for the Department to focus on policy-level interventions and address the underlying social and physical determinants of health and significant health disparities among groups in LAC. With the implementation of the Affordable Care Act, future public health initiatives will need to guide and assure appropriate delivery and receipt of effective, high-quality medical services delivered by all health plans and providers. The Department will need to cultivate new strategic partnerships, particularly with organizations that have different missions and those outside our traditional partnering sectors. DPH will be expected to assess and address the preventable local disease burden and health equity challenges, and to work on improving health across every stage of life, with special attention to early childhood and the elderly population. Foreseeable challenges and opportunities include:

- *Perceptions of Public Health:* Public health is aspirational. Goals are long-range and achieved through incremental successes in an environment that often unrealistically expects rapid results. Certain divisions within DPH may face competition from for-profit and other external entities that promise to do the job better, faster, and cheaper. It is, therefore, critical to set and measure our performance expectations and to evaluate both health impact and economic efficiency.
- *Health Disparities:* Life expectancy and mortality rates among LAC residents vary significantly based on socioeconomic status and race/ethnicity. For example, people in wealthy neighborhoods live an average of 12 years longer than those in impoverished neighborhoods, while Asian/Pacific Islanders live an average of 10 years longer than blacks.<sup>xxiv,xxv</sup> And the rates of many leading causes of death remain highest among blacks.<sup>xxvi</sup> Progress in reducing these health disparities will require engaging multiple sectors to address the root causes that contribute to disproportionate high mortality rates among different communities, including poverty, lack of safe and affordable housing, lack of educational and job opportunities, poor access to health care, and limited access to healthy affordable foods and safe places to recreate.
- *Social and physical determinants of health:* Health status is largely determined by social and physical determinants, such as formal education, employment, income, family and social support, community safety and the physical environment. Targeting these underlying causes has the potential to effect widespread and sustainable changes that promote better health, and reduce ill health and disability among all individuals. However, the fundamental challenge of convincing people that their health is primarily determined by social (including economic) and physical environments persists. DPH needs to extend and strengthen the brand to promote public understanding of its essential role in ameliorating poor social and physical conditions in the tradition of early public health practices. This also includes capitalizing on, and further enhancing, community resilience.

- *Health in All Policies:* With a renewed interest in social and physical determinants of health as nexuses of change, public health will need to capitalize on its role to inform public policies that can have positive health effects across a range of service and infrastructure sectors. It will be critical to continue this momentum and engage multiple public and private partners to apply a health lens to their policies, practices and programs to identify win-win opportunities. This collaboration is essential. Society can only develop healthy environments through the collective efforts of public health with urban planning, mental health, economic development, public works, parks and recreation, fire, law enforcement, and transportation departments.
- *Healthcare Reform:* Affordable Care Act has greatly expanded the number of people eligible for no- to low-cost health insurance plans, but certain populations will continue to have limited access to coverage (e.g., undocumented individuals). Given this shifting healthcare landscape, DPH will need to:
  - Develop mechanisms for financial reimbursement to recoup appropriate costs from insurance companies for preventive and other care services provided to insured individuals;
  - Ensure continued service provision to those ineligible for health insurance and public programs; and
  - Assist clients in navigating their health insurance eligibility, enrollment, and benefits.

*Communication:* The internet, social media and cell phones have revolutionized the ways in which people, organizations, businesses and governments interact and disseminate information. These technologies have the potential to engage and educate a wider network of constituents on many public health issues. To be an effective communicator on the wide range of issues where residents need objective public health information, the Department will need to substantially expand distribution channels and the level and timeliness of their content. However, commercially-motivated influences have access to these same communication channels to promote ineffective—and in some cases, very harmful—products and services. Health misinformation also proliferates unchecked through a range of savvy, for-profit marketing strategies or through well-intentioned, yet ill informed, individuals. DPH needs to broaden its work in consumer protection to counter these influences.

- *Public Health Department Accreditation:* DPH is preparing to obtain accreditation through the relatively new Public Health Accreditation Board. The process to obtain accreditation helps advance the quality and performance of DPH and stimulates greater accountability and transparency. It will confer independent validation that DPH is effectively performing all of the services essential to protecting the public and promoting good health for all.
- *Climate Change:* Shifts in weather patterns will likely increase heat-related illnesses, spread vector-borne diseases, such as West Nile, reduce air quality, with resultant increase in

respiratory illness, and stress already strained municipal systems, such as water and power. Public and other health systems need to prepare for these negative impacts related to climate change. Of particular concern is its impact on finite water resources. Reduced supply and increased demand gravely threatens the food supply, energy production, and availability of water for consumption and recreation. Investment must be made in conservation and other strategies for water reuse and resource management. In response, DPH has developed the “Five Point Plan to Reduce the Health Impacts of Climate Change” to proactively address climate change in Los Angeles County. The plan includes:

- Raising awareness and educating the public on the impact of climate change;
  - Promoting policies that reduce contribution to climate change;
  - Providing guidance to other agencies around related issues;
  - Building the Department’s capacity to address climate change; and
  - Adopting best practices that reduce greenhouse gas emissions within DPH facilities.<sup>xxvii</sup>
- *Globalization:* With international transport becoming easier and less expensive, more people are traveling to once remote areas of the world, fueling the potential spread of non-native diseases and increasing the possibility of pandemic infections, such as Ebola, SARS, and influenza variants with high mortality rates. DPH must support common-sense practices to mitigate exposure and contain imported infections; advise the public necessary precautions when traveling (e.g., vaccinations and prophylaxis, when needed); and disseminate accurate health information that allows elected officials and individuals to make informed decisions.
  - *Aging population:* The number of people aged 65 and older has dramatically grown due to the aging “baby boomer” cohort.<sup>xxviii</sup> Over the next 20 years, LAC will experience a four-fold increase in the number of older adults. This portends a shift in disease burden and public health priorities that will include more age-related health concerns, such as Alzheimer’s disease, cancer, diabetes, and other chronic illnesses which can all lead to disabilities and poor quality of life. Public health plays a vital role in shaping programs, practices, and policies that prevent or delay the onset of these age-related conditions and address issues that currently affect aging residents and their families. This will include participating in large multi-sector collaborative efforts to address the health of aging populations (such as the recently formed Los Angeles Alliance for Community Health and Aging); supporting service provider networks that aid the elderly; providing technical assistance through the collection and dissemination of health data and evidence-based practices to decision-makers to those in social work, medicine, and emergency response; and advocating for programmatic policies or systems change that support the care of older individuals and assist caregivers of aging family members.

*Substance Use:* Drug overdose is the fourth leading cause of premature death in Los Angeles, and misuse of illicit and prescription drugs are responsible for both deleterious health effects

and public health safety concerns.<sup>xxix</sup> Healthcare reform has mandated substance use disorder services as an essential health benefit, thereby increasing access to many more individuals. This means a strong infrastructure with the capacity to support expanded service delivery must be in place. At the same time, many County residents remain uninsured and dependent on DPH to provide substance use disorder services as part of the County's health care safety net. To address these conditions, DPH must increase its collaboration with the Departments of Health Services, Mental Health and Public Social Services, County criminal justice agencies, and the two County health plans, to coordinate an effective County-wide approach to health care that addresses physical health and behavioral health service needs of low-income persons, both insured and uninsured, including those incarcerated in the County jail and those returning from state prison. Some of the initiatives already in place include services specifically targeting chronically homeless individuals, prison re-entry populations, transition age youth (TAY), and high utilizers of the emergency department due to mental health and substance use disorder conditions by linking to community services. DPH and its County partners are aggressively working to maximize the opportunities offered by the federal Affordable Care Act and the State health care reform.

DPH has weathered the volatile economic environment of the past several years and continues to flourish with a clear vision, mission and purpose. Sustaining forward momentum will largely depend on DPH's ability to retain autonomy and continue to be innovative, science-driven, accountable and demonstrably effective in addressing significant population health issues. With the support of your Board, DPH will continue to be a national leader in sound public health policies, programs and practices. I have every confidence that the existing cadre of experienced, mission-driven public health professionals at DPH will pursue their charge with vigor and rise to the public health challenges of the 21<sup>st</sup> century.

If you have any questions or need additional information, please let me know.

JEF:hn

c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors

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- <sup>i</sup> U.S. Census 2013 estimate
- <sup>ii</sup> Los Angeles County Department of Public Health, *DPH Annual Report 2012-13*, July 2014.
- <sup>iii</sup> 1998-2010 Linked Death Files, Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology.
- <sup>iv</sup> Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. Mortality in Los Angeles County 2010: Leading causes of death and premature death with trends for 2001-2010. October 2013.
- <sup>v</sup> 2001-2010 Linked Death Files, Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology.
- <sup>vi</sup> Los Angeles County Department of Public Health. Adult Smoking on the Decline, but Disparities Remain. *L.A. Health*, November 2012.
- <sup>vii</sup> Los Angeles County Department of Health Services, Public Health. Key Indicators of Public Health by Service Planning Area 1999/2000, April 2002; Los Angeles County Department of Public Health. Key Indicators of Health by Service Planning Area, March 2013.
- <sup>viii</sup> Los Angeles County Department of Health Services, Public Health. Smoking Prevalence and Efforts to Quit Smoking Among Los Angeles County Adults. *L.A. Health*, April 2001; and Los Angeles County Department of Public Health. Adult Smoking on the Decline, but Disparities Remain. *L.A. Health*, November 2012.
- <sup>ix</sup> Los Angeles County Department of Health Services, Public Health. Key Indicators of Public Health by Service Planning Area 1999/2000, April 2002; Los Angeles County Department of Public Health. Key Indicators of Health by Service Planning Area, March 2013.
- <sup>x</sup> Los Angeles County Department of Health Services, Public Health. Smoking Prevalence and Efforts to Quit Smoking Among Los Angeles County Adults. *L.A. Health*, April 2001; and Los Angeles County Department of Public Health. Adult Smoking on the Decline, but Disparities Remain. *L.A. Health*, November 2012.
- <sup>xi</sup> Los Angeles County Department of Health Services, Public Health. Key Indicators of Public Health by Service Planning Area 1999/2000, April 2002; Los Angeles County Department of Public Health. Key Indicators of Health by Service Planning Area, March 2013.
- <sup>xii</sup> Los Angeles County Department of Health Services, Public Health. Smoking Prevalence and Efforts to Quit Smoking Among Los Angeles County Adults. *L.A. Health*, April 2001; and Los Angeles County Department of Public Health. Adult Smoking on the Decline, but Disparities Remain. *L.A. Health*, November 2012.
- <sup>xiii</sup> Los Angeles County Department of Health Services, Public Health. Key Indicators of Public Health by Service Planning Area 1999/2000, April 2002; Los Angeles County Department of Public Health. Key Indicators of Health by Service Planning Area, March 2013.
- <sup>xiv</sup> Los Angeles County Department of Health Services, Public Health. Smoking Prevalence and Efforts to Quit Smoking Among Los Angeles County Adults. *L.A. Health*, April 2001; and Los Angeles County Department of Public Health. Adult Smoking on the Decline, but Disparities Remain. *L.A. Health*, November 2012.
- <sup>xv</sup> Fielding, MD, J.E., Teutsch, S.M., and Caldwell, S.N. (ed). 2013. *Public Health Practice: What Works*. New York, NY: Oxford University Press.
- <sup>xvi</sup> Fielding, MD, J.E., Teutsch, S.M., and Caldwell, S.N. (ed). 2013. *Public Health Practice: What Works*. New York, NY: Oxford University Press.
- <sup>xvii</sup> Fischer K, Welsing A, Aragon L, Simon P. Parks After Dark: Preventing Violence while Promoting Healthy Active Living. Los Angeles County Department of Public Health. June 2014.
- <sup>xviii</sup> Los Angeles County Department of Health Services Public Health, *Key indicators of health by Service Planning Area, 2002-2003*, <http://publichealth.lacounty.gov/wwwfiles/ph/hae/ha/keyhealth.pdf>
- <sup>xix</sup> California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2001 and 2011.
- <sup>xx</sup> CDC, Lead: Prevention Tips, <http://www.cdc.gov/nceh/lead/tips.htm>.
- <sup>xxi</sup> OHAE, 2000.
- <sup>xxii</sup> CDC, Chronic Diseases: The Power to Prevent, The Call to Control: At A Glance 2009, <http://www.cdc.gov/chronicdisease/resources/publications/aag/chronic.htm>
- <sup>xxiii</sup> Los Angeles County Department of Public Health, *DPH Annual Report 2012-13*, July 2014.
- <sup>xxiv</sup> Health Atlas for the City of Los Angeles, June 2013
- <sup>xxv</sup> Los Angeles County Department of Public Health, L.A. HealthDataNow!, <https://dqs.publichealth.lacounty.gov>, last accessed on July 26, 2014.

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<sup>xxvi</sup> Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, *Mortality in Los Angeles County 2010: Leading causes of death and premature death with trends for 2001-2010*, October 2013.

<sup>xxvii</sup> County of Los Angeles Department of Public Health. *Your Health and Climate Change in Los Angeles County*, 2014.

<sup>xxviii</sup> Myers, D. and Pitkin, J. *The Generational Future of Los Angeles: Projections to 2030 and Comparisons to Recent Decades*. USC Price, Sol Price Schools of Public Policy, March 2013.

<sup>xxix</sup> Fielding, MD, J.E., Teutsch, S.M., and Caldwell, S.N. (ed). 2013. *Public Health Practice: What Works*. New York, NY: Oxford University Press.