

# Creating a New California Department of Public Health: Organizational and Leadership Challenges and Opportunities

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# Setting the Stage for a New Department of Public Health

- **Multiple factors bring new focus to the importance of public health**
  - Emerging Threats
    - Bioterrorism
    - SARS
    - Pandemic Influenza
    - West Nile Virus
  - Internal Reviews Critique California's Ability to Respond
    - California Performance Review
    - Little Hoover Commission Report



# Unsuccessful Attempts

- **AB 2769 (Richman, 2004)** would have established a Department of Public Health and a Public Health Improvement Board. Failed passage in the Assembly Health Committee.
- **SB 858 (Ortiz, Richman, 2004)** nearly identical bill to SB 162. Held in the Assembly Appropriations Committee.
- **Proposals rejected by the Governor:**
  - Cabinet-level department, reporting directly to the Governor
  - A board of health with oversight powers or reporting directly to the Governor
  - Merging the Emergency Medical Services Authority and the Office of Statewide Health Planning and Development into the Department of Public Health



# Senate Bill 162 (Ortiz)

- Governor signed September 14, 2006
- Established the California Department of Public Health (CDPH) within the Health and Human Services Agency
- Renamed the Department of Health Services (DHS) the Department of Health Care Services (DHCS)
- Established a State Public Health Officer/physician-director
- Required budget neutrality
- Established an external advisory committee
- Effective July 1, 2007

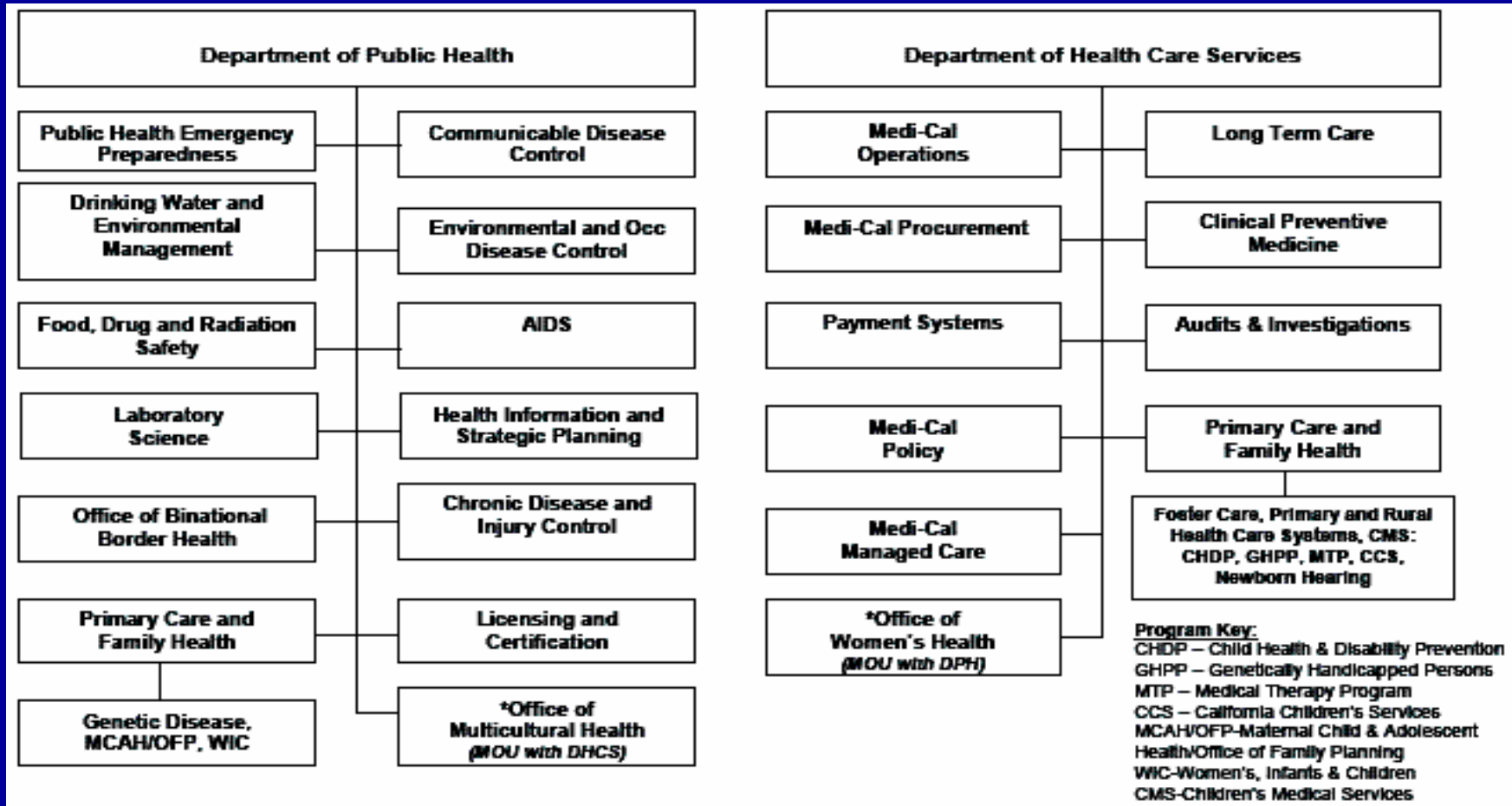


# Splitting the Programs

- Most programs assigned via SB 162
- Crosscutting Programs
  - AIDS Drug Assistance Program
  - Every Woman Counts
  - Family PACT
  - Child Health and Disability Prevention Program
  - Offices of Women's and Multicultural Health

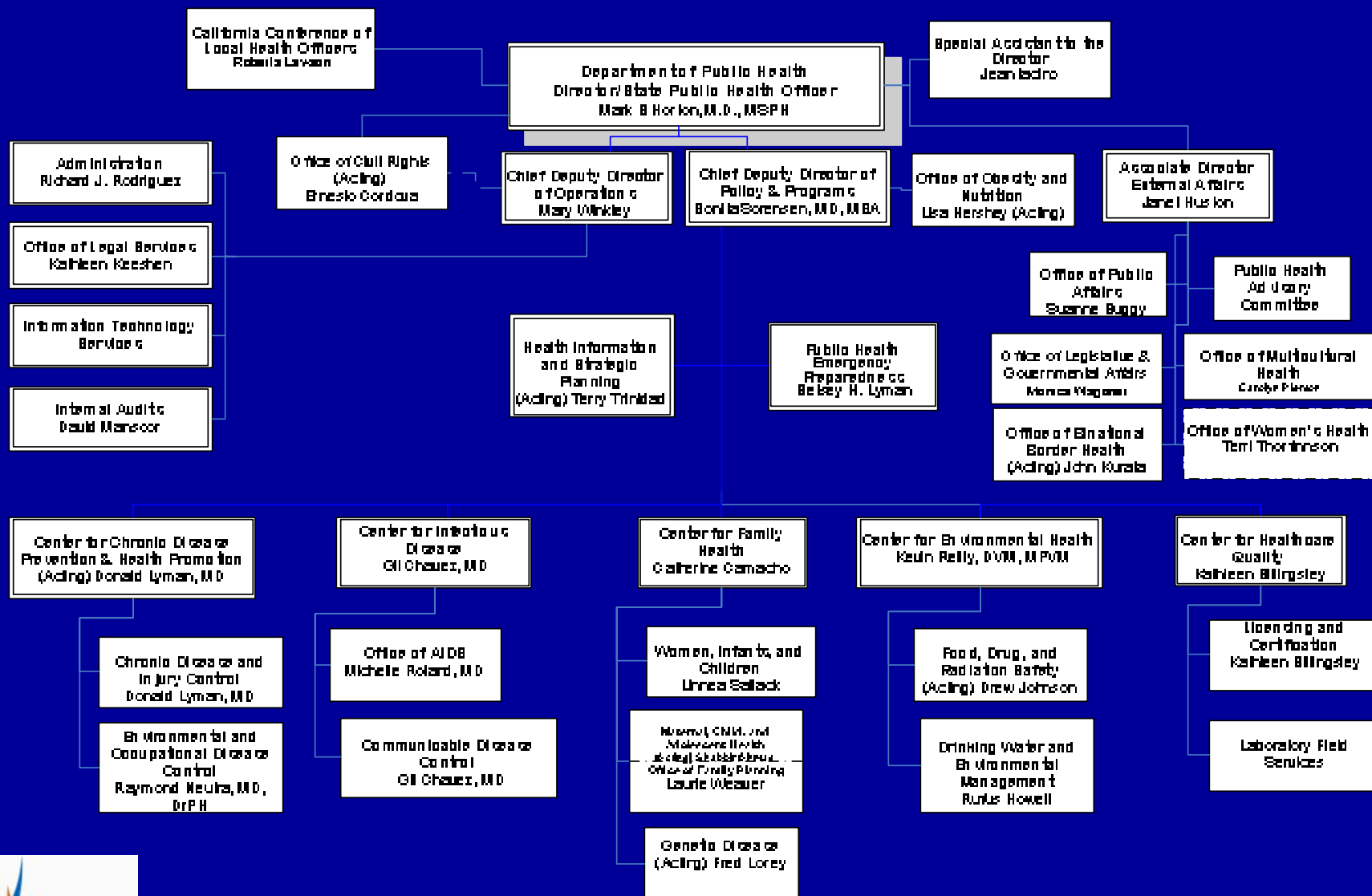


# Program Allocations to CDPH and DHCS



Executive staff, Administration, Information Technology Services, Legislation, Public Affairs, Civil Rights, and Legal Services will be represented in both Departments. An internal audits unit will be in the Department of Public Health.

# CDPH Organization Chart



# Public Health Advisory Committee

- To provide expert advice and make recommendations on the development of policies and programs that seek to prevent illness and promote the public's health
- 15 members
  - 9 appointed by the Governor
  - 3 appointed by the Assembly
  - 3 appointed by the Senate
- Convenes twice a year, open to the public
- Chaired by the CDPH Director
- Sunsets June 30, 2011





# Challenges to Creating the New Department



# Short-Term Challenges

- Redirecting 57 positions to create management structure for the new department
- Creating interagency agreements for sharing data resources and services
- Separating email systems and web pages
- “Re-stacking” staff within existing locations



# Long-Term Challenges

- Budget neutrality
- Managing Expectations
- Resources for emerging public health challenges
- Demonstrating impact of the new department



# Opportunities Presented by Reorganization



# New Programmatic Centers

- **The centers regrouped existing programs to emphasize distinct programmatic domains. The new centers:**
  - ensure quality leadership and management oversight of core public health domains
  - ensure high-level visibility of these core public health domains to key partners and stakeholders such as local health departments, health care providers, the federal government, the Legislature, advocates, the press, and the public
  - bring greater domain-specific expertise to the executive management team via the center deputy directors.



# Coordinating Office for Obesity Prevention (CO-OP)

- Existed within DHS, reporting to the State Public Health Officer, but did not show on the organization chart
- Provides policy and program coordination on obesity prevention, physical activity, and nutrition issues across multiple programs in the new CDPH



# Establishing an Associate Director for External Affairs

- Coordinate and integrate the functions of existing offices that work primarily with our external partners and stakeholders
  - Legislative and Governmental Affairs
  - Office of Public Affairs
  - Office of Women's Health
  - Office of Multicultural Health
  - Office of Binational Border Health



# Transition Team

- Assemble a group of mid-level managers to work with organizational development consultant
- Engage staff beyond the traditional executive level management team in creating the culture of the new department





# Transition Team/Consultant Products

- Governing Principles
  - Vision
  - Mission
  - Core Values
  - Core Activities
  - Essential Public Health Services
  - Strategic Partnerships
- SWOT Analysis
- Leadership Development Plan
- Organizational Development Plan



# SWOT Analysis Themes

- Improve customer service
- Improve business processes
- Improve department culture by including staff more, communicating more frequently
- Establish vision and strategic direction
- Collaborate with department's partners
- Enhance staff development
- Establish department 'brand'



# Vision for the New Department

- Strategic focus on major challenges:
  - Health Care Reform / Electronic Medical Records
  - Preparedness
  - Obesity / Diabetes
  - Tobacco
  - Patient Safety
  - Aging
  - Climate Change / Built Environment



# Vision for the New Department

- Greater efficiency and effectiveness:
  - Infrastructure
  - Performance
  - Accountability & Improved Business Practices
  - Greater Transparency & Responsiveness



# Vision for the New Department

- Enhanced partnerships with multiple communities:
  - Local health departments
  - Health care
  - Academia
  - Foundations
  - Other governmental entities
  - Voluntary & advocacy organizations

