

County of Los Angeles  
Department of Public Health  
**Strategic Plan 2008-2011**





## County of Los Angeles Department of Public Health

313 North Figueroa Street  
Los Angeles, CA 90012

[lapublichealth.org](http://lapublichealth.org)

The Strategic Plan was prepared by the staff in the Office of Planning, Evaluation, and Development with substantial input from the Department of Public Health's executive leadership and the Director's office. For more information, please visit [www.lapublichealth.org](http://www.lapublichealth.org).

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## MESSAGE FROM THE DIRECTOR

### Dear Fellow Angeleno:

Our role is to protect and improve the health of all Angelenos. This means protecting residents from health threats such as food-borne illnesses, natural and man-made disasters, toxic exposures, and preventable illness and injury. Public Health also works to prevent chronic diseases, such as heart disease, cancer, and diabetes and their risk factors including: poor nutrition, inadequate physical activity, and tobacco use.

In a rapidly changing world, public health departments need to keep pace. As diseases, events, and community health needs evolve, public health must find a way to address new concerns within our already busy agenda. Improving health will take us beyond the traditional sphere of public health, since our physical environment and social factors such as poverty and education are significant determinants of health.



This plan will guide the Department in carrying out our work effectively and efficiently, ensuring the best use of resources and personnel. However, as one department serving over 10 million residents, we cannot do it alone. As we implement the goals and objectives outlined in this plan, I look forward to continuing to collaborate with key stakeholders including community members, community based agencies, businesses, schools, voluntary organizations, and other jurisdictions to work together to improve the quality of life and shape the future of health in Los Angeles County. Working together, **we can** achieve healthy people in healthy communities.

Sincerely,

*Jonathan E. Fielding*

Jonathan E. Fielding, M.D., M.P.H.  
Director and Health Officer



## **VISION:**

**Healthy People in Healthy Communities**

## **MISSION:**

**To protect health, prevent disease, and promote health and well-being.**

## **VALUES:**

**DPH's workforce is guided by the following core values in carrying out its public health work:**

- **Leadership** – We are recognized at the local, regional, national, and international levels for our proactive, trusted, innovative, and future-oriented approach to public health.
- **Customer Service** – We provide outstanding customer service to both internal and external customers. We deliver our services sensitively and confidentially, with dignity and compassion.
- **Quality** – We are known for our efficient, effective, and responsive performance that is evidence-based, fact-based, and driven by data. We are dedicated to improving quality through performance monitoring and use of public health research and best practices.
- **Collaboration, Coordination, and Cooperation** – We strive to develop, sustain, and leverage participatory relationships both internally and externally. This is inherent in all that we are and all that we do.
- **Accountability** – We are faithful stewards of the public's trust and the public's funds. In fulfilling this role, we are responsive, transparent, and demonstrate integrity and honesty.
- **Respect** – We demonstrate respect for the diversity of people, cultures, communities, ethnicities, opinions, and ways of doing things.
- **Professionalism** – Our professionalism is demonstrated by a well trained, competent workforce that is open-minded and flexible, involved in continuous learning, and performs at a high level within the scope of each person's responsibility regardless of the circumstances.





## INTRODUCTION

Improving the health of Los Angeles County residents is an enormous challenge, which must be approached in both traditional and non-traditional ways. The leading causes of morbidity and mortality are largely preventable. Effective prevention requires strategies such as policy development and advocacy, public information and media activities, data sharing, and community work, in addition to more traditional health education and medical services. To properly address the root causes of poor health, the Department of Public Health (DPH) must look beyond risk factors for individual diseases to factors in the physical and social environments that influence health, such as land use, safety, poverty, and educational attainment. DPH also plays other vital roles to maintain the health of the community, including protecting the public from communicable diseases and food-borne illnesses, preparing for manmade and natural disasters, and promoting preventive measures that ensure a healthy life.

However, addressing community health needs in innovative ways while maintaining core public health functions presents several challenges. One of the biggest obstacles DPH faces is that the current budget climate presents many fiscal limitations. For instance, much of DPH's funding is tied to categorical services,<sup>1</sup> and the more flexible funding from local sources is diminishing with the economic downturn. Other challenges include the geographic size of Los Angeles County, the diversity of the population, the status of the healthcare system, and the quality of evidence on which to base public health decisions. The need to do more with less necessitates an examination of DPH's priorities as well as organizational effectiveness to ensure the best use of all departmental resources.

This Strategic Plan provides a roadmap for programs and activities within DPH from 2008 to 2011. The Plan identifies six strategic priority areas that will serve as focal points for activity over the next several years. The strategic priority areas are: health improvement, health protection, preparedness, organizational effectiveness, workforce excellence, and fiscal accountability.



### Health Improvement

Heart disease, diabetes, and other chronic conditions are leading causes of poor health outcomes for all populations, including children. While preventing and controlling the spread of communicable disease remains a priority, the significant shift in the burden of disease has prompted DPH to increase its focus not just on chronic health conditions, but also their deeper influences. This plan focuses on the determinants of health as they relate to the physical and social environments. To this end, some of the goals address public transportation policies, land use, global warming, homelessness, drug abuse, obesity, birth outcomes, access to health care, and children's health.

### Health Protection

DPH strives to continually improve its capacity to protect the public's health from disease and illness. Specifically, this plan focuses on minimizing the impact of communicable diseases. Goals include decreasing foodborne and environment-related illnesses, reducing the risk factors and disease burdens of preventable communicable diseases, and preventing disease through decreasing exposure to harmful pathogens and environmental toxins.

### Preparedness

Protecting Angelenos against the harmful health effects of disasters is a DPH priority. Local, statewide, and national planning efforts have identified the importance of public health in an emergency response. This plan focuses on improving DPH's emergency



response capability. Just as important, advocating for personal preparedness among County residents must be an ongoing role of DPH and its partners. Through this priority, DPH also seeks to improve its ability to provide public information and risk communication.

### **Organizational Effectiveness**

An effective organizational structure is key to achieving the outcomes outlined in this plan and in ultimately realizing DPH's vision and mission. Creating such an organizational structure will require DPH to enhance its business practices, modes and methods of communication, and advocacy strategies.

Some of these efforts will include expanding external and internal capabilities for collaboration, education, and advocacy efforts with local jurisdictions and community partners; improving internal communication and business processes; and instituting an information technology systems framework.

### **Workforce Quality**

A quality, well-trained workforce is essential to meeting the health needs of the community in an effective manner. Likewise, maintaining a high level of productivity and efficiency among employees ensures that DPH provides a high quality of work and services to the public. To improve workforce efficacy, DPH must better equip its employees with skills to enhance their job performance. DPH will also seek measures to improve its ability to attract and retain high quality personnel.

### **Fiscal Accountability**

In order to maximize funding and expand services while working within the fiscal limitations of federal, state, and local funding sources and grants, DPH must be a judicious financial steward. To this end, DPH has identified objectives and activities that ensure that Net County Cost funds are aligned with DPH's strategic priorities, and enhance the capacity to secure and broaden programs and services by maximizing departmental revenue.





## LOS ANGELES COUNTY

Los Angeles County is a vibrant international community, with many distinct ethnic neighborhoods, cultures, and traditions. Historically, the Los Angeles County region has attracted people from all around the world, establishing a long and rich heritage of ethnic, linguistic, and cultural diversity. It stands today as the nation's major immigrant port of entry.<sup>2</sup> Los Angeles County's size and diversity, however, pose challenges in providing services to all areas of the county, some of which are geographically remote, in a culturally and linguistically competent manner. Targeting health disparities, whether from differences in race/ethnicity, income levels, geography, or physical and social environmental factors is also critical with such a diverse population.

### Geography

Los Angeles County is one of the largest jurisdictions in the United States, encompassing a great diversity of landscapes and climates over 4,000 square miles, including two islands (the San Clemente and Santa Catalina islands), 70 miles of Pacific coastline, the westernmost portion of the Mojave Desert, and several mountain ranges. The 88 incorporated cities and the unincorporated areas in Los Angeles County range from dense urban neighborhoods to rural areas in the desert and mountains. The coastline, Los Angeles Basin,

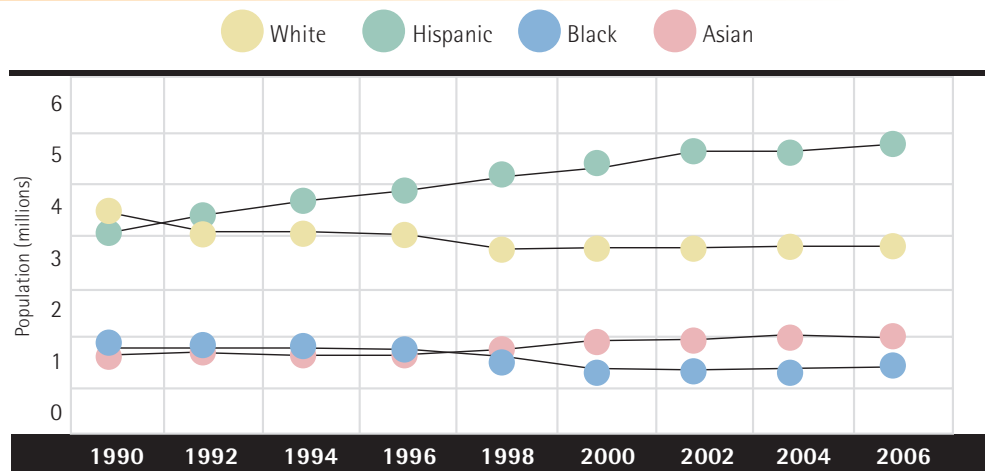
the San Fernando Valley, and the San Gabriel Valley combine dense urban neighborhoods with pockets of more suburban settings. The more suburban Santa Clarita and Antelope Valleys in the north end of Los Angeles County have seen dramatic housing growth in the last two decades. However, most of the Antelope Valley remains remote.

The geography poses inherent threats to the public's health such as risk of earthquakes, fires, floods, and air pollution. Southern California is a well-known seismic zone and the hot and dry climate creates a high risk of forest fires during the summer with possible flash flooding and mudslides in the rainy winter season. Moreover, the geographical location between warmer air from the Mojave Desert and cooler air from the Pacific means that air pollution is trapped in the highly populated valleys during the summers.

### Demographics

Los Angeles County is the most populous county in the United States and its population continues to increase. The County currently ranks 7<sup>th</sup> in population when compared to the 50 states. Between 1990 and 2006, the population increased 15% from almost 8.9 million to more than 10 million. Nearly half (47%) of the population is Hispanic/Latino and 30% is White.

**Figure 1:**  
Race Trends in Los Angeles County 1990-2006



**Source:**  
Population and Poverty Estimates 1990-2006.

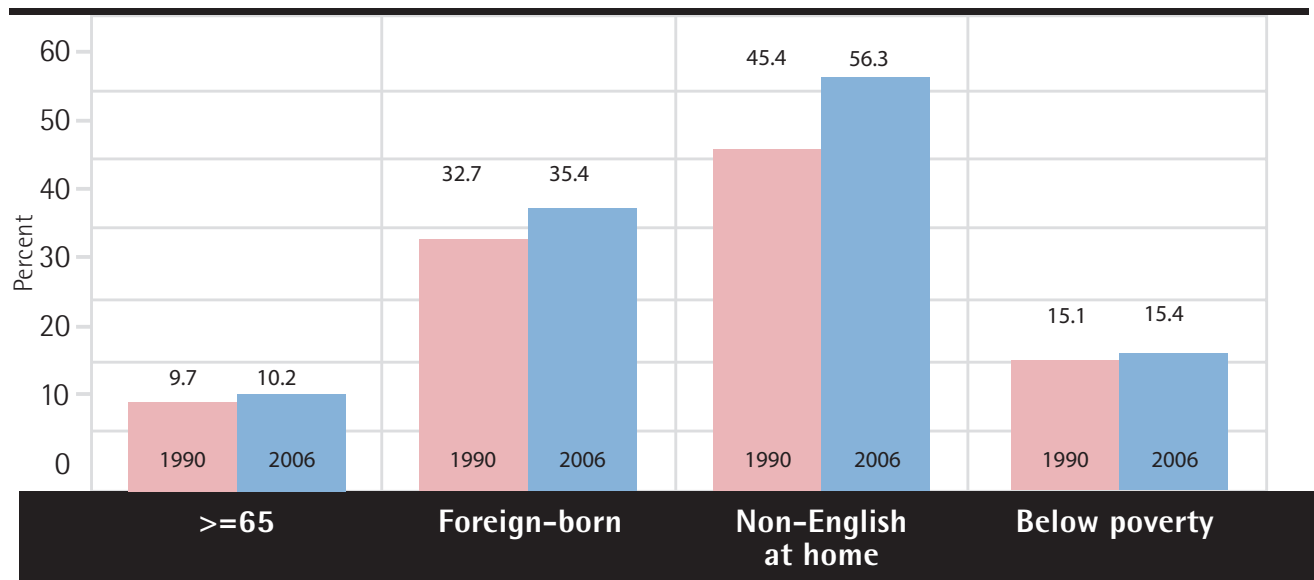
Thirteen percent of the population is Asian/Pacific Islander, 9% are African-American and less than one percent American Indian/Alaskan Native.<sup>3</sup> In 2006, over 35% of the County population was foreign born. This diverse population speaks over 100 languages. Based on these demographics, it is essential that public health services be delivered in a culturally and linguistically appropriate manner. In addition, disease rates and health indicators vary by demographic group, indicating a need to tailor DPH's priorities to the populations to be served.

One such growing demographic group with particular health needs is the elderly. In Los Angeles County, 10% of the population is over 65. Statewide, California is projected to have the largest growth rate of any other state of residents 65 and older. By 2025, the population of elderly residents is expected to double in California, reflecting the aging of the national population where one out of six individuals will be a senior citizen by 2020.

This demographic shift is expected to be accompanied by related shifts in local health care needs, including an increase in chronic illness and demand for long-term care. Effectively targeting this population will also mean paying attention to senior health issues such as fall prevention, Alzheimer's prevention or mitigation, and elder abuse and neglect.

Income is also a contributing factor in determining health status. The median annual household income in Los Angeles County is \$51,315.<sup>4</sup> However, Figure 3 reveals a large income gap among County residents. Although one out of five households have incomes of \$100,000 or more, one out of two household incomes are only \$49,999 and below. As Figure 4 indicates, over a third of the population (36%) is at 200% of federal poverty level (FPL) and below.<sup>5</sup> Additionally, according to the Los Angeles Homeless Services Authority, on any given day in 2007, nearly 74,000 residents in Los Angeles County were homeless.

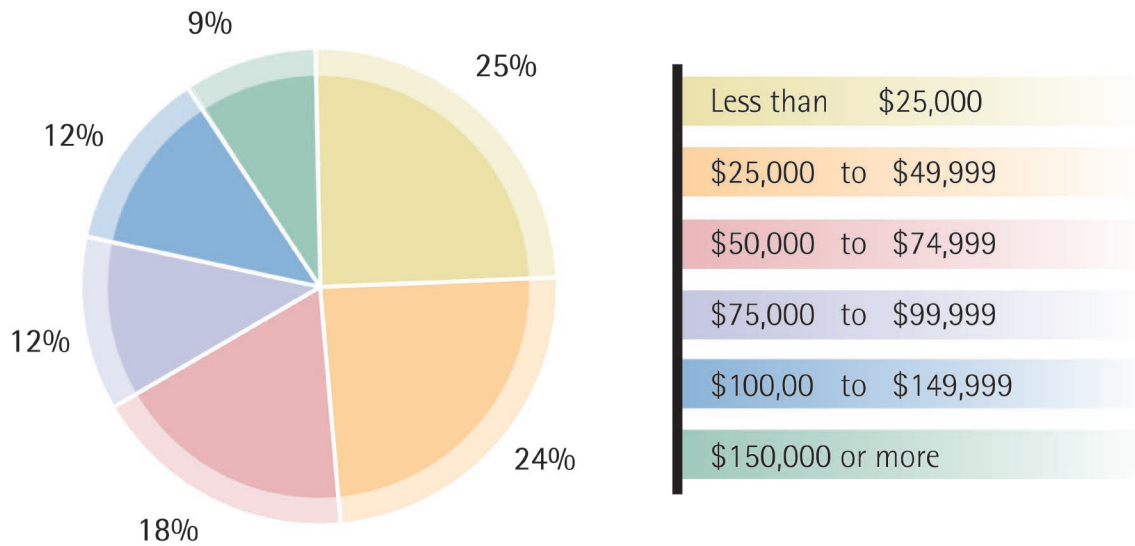
**Figure 2:**  
Changes in Demographics in Los Angeles County, 1990-2006



**Source:**

- US Census Bureau: State and County Quickfacts <http://quickfacts.census.gov/qfd/06/06037.html>
- U.S. Census Bureau American Factfinder. DP-1. General Population and Housing Characteristics: 1990; DP-2. Social Characteristics: 1990; DP-4. Income and Poverty Status in 1989: 1990.

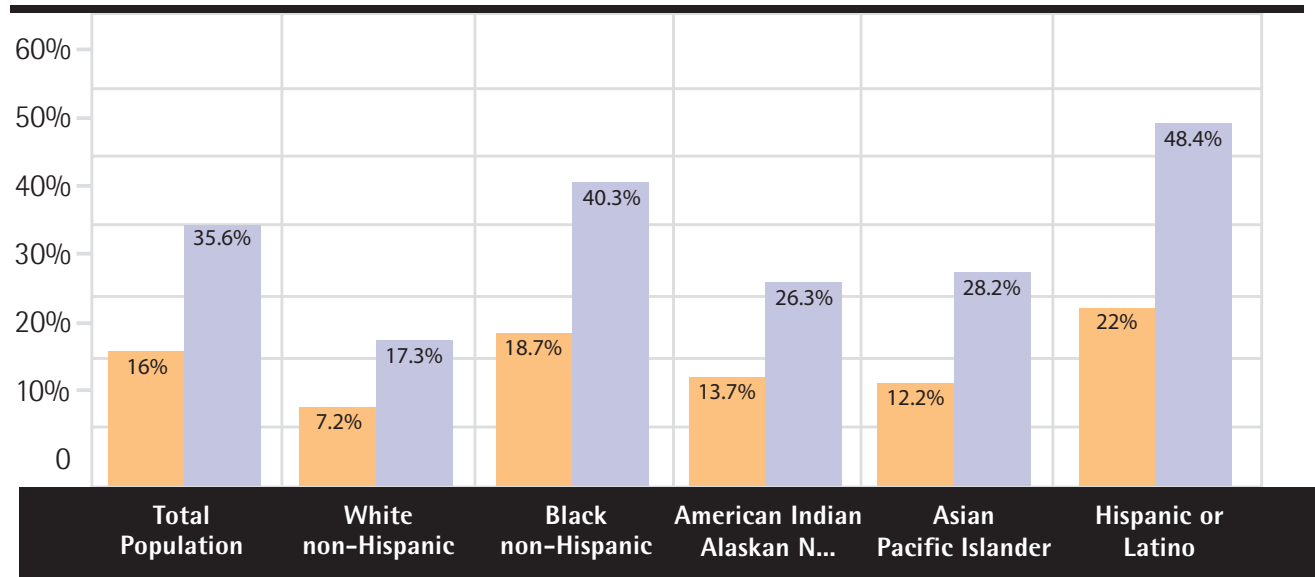
**Figure 3:**  
Income and Benefits, Los Angeles County, 2006 (Inflation-adjusted dollar)



**Source:**  
American Community Survey Demographic and Housing Estimates, 2006

**Figure 4:**  
Comparison of Percentages of Persons in Poverty, by Racial and Ethnic Groups, 2006

■ Percent at 100% FPL  
■ Percent at 200% FPL



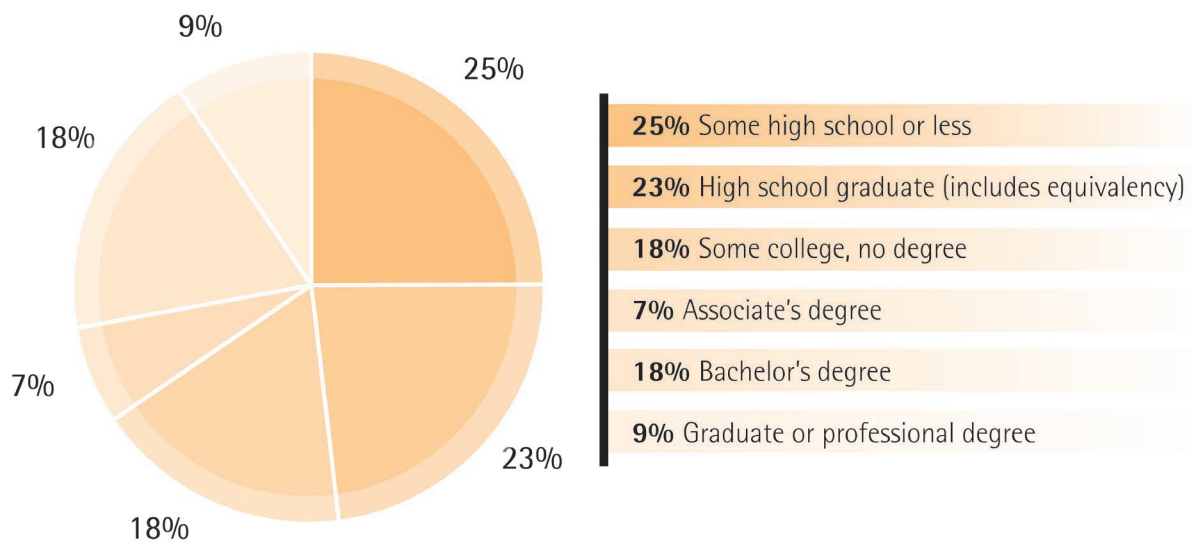
**Source:**  
July 1, 2006 Population and Poverty Estimates, prepared by Walter R. McDonald & Associates, Inc. (WRMA) for Urban Research, LA County CAO, released 5/18/2007 Population and Poverty Estimates 1990-2006.

Moreover, poverty measures reveal striking racial and ethnic disparities in Los Angeles County (see Figure 4). Blacks and Hispanics have significantly larger percentages of their populations living in or near poverty than other racial or ethnic groups. Although Hispanics make up 47% of the County's population, they represent 65% of the County's population living below 200% FPL. This material disparity is a well-recognized and intrinsic contributor to racial and ethnic health inequality, a serious issue in Los Angeles County requiring a targeted and coordinated public health response.

In addition to income, studies have shown that education is also a strong predictor of health outcomes: higher education levels are associated with better health outcomes.<sup>6</sup> Furthermore, low educational attainment is associated with earlier death and higher levels of participation in risky health behaviors.

Education levels vary across Los Angeles County. As shown in Figure 5, a quarter (25%) of the population 25 and older does not have a high school diploma. The dropout rates for grades 9<sup>th</sup> through 12<sup>th</sup> have risen in recent years. In the 2001-02 school year, a total of 17,422 students dropped out of high schools across Los Angeles County.<sup>7</sup> This figure increased to 23,762 students in the 2003-04 school year. Education statistics reveal racial disparities as well. A report published in 2005, found that the Los Angeles Unified School District, California's largest district, had a dropout rate of 45%. Only 48% of Black and Latino students who start 9<sup>th</sup> grade completed grade 12 four years later. Furthermore, among Black and Latino students, only one in five students meet the requirements to apply to a four-year public university.<sup>8</sup>

**Figure 5:**  
Educational Attainment in Los Angeles County, 2006



**Source:**  
American Community Survey Demographic and Housing Estimates, 2006





## HEALTH STATUS OF LOS ANGELES COUNTY

Health, as defined by the World Health Organization, is not merely the absence of disease or infirmity, but includes physical, mental, and social well-being. To better assess and plan for health improvement for all Los Angeles County residents, DPH tracks a wide range of indicators that are health related or have an impact on health.

In some areas, Los Angeles County's health indicators are positive. For example, the overall age-adjusted mortality rate for Los Angeles County (669/100,000) is lower than the national rate (832.3/100,000). In addition, Los Angeles County is exceeding Healthy People 2010 goals in areas such as teen smoking and young children's exposure to tobacco smoke at home, breastfeeding, and the death rate for certain cancers. In other areas, however, Los Angeles County is falling far short of Healthy People 2010 goals and is below the national average, including having a high rate of uninsurance, overweight and obesity, diabetes,

hypertension, homicide, and the incidences of AIDS and other sexually transmitted diseases (STDs).

Leading causes of death and premature death<sup>9</sup> are also good indicators of where DPH should focus its resources to improve community health. Table 1 lists the leading causes of death and premature death in Los Angeles County in 2004.

### **Chronic Disease and Injury**

Nationally, chronic conditions, injury, and violence have replaced communicable diseases as the leading causes of morbidity and mortality. The major risk factors for many of these conditions are largely preventable and involve behavior change related to tobacco use, poor diet, physical inactivity, alcohol and drug abuse, violence, unsafe driving practices, and risky sexual behavior. However, physical and environmental factors play a role in facilitating behavior change or promoting unhealthy behavior. For example, the inability to smoke in the workplace and many other public places makes

smoking more difficult and has ultimately contributed to a reduction in smoking rates. As another example, access to affordable healthy food and safe places to exercise facilitates healthy diet and physical activity.

One major health concern which has had significant impact on Los Angeles County's population is the obesity epidemic. The obesity rate among adults rose from 14.3% in 1997 to 20.9% in 2005. The rate of childhood overweight (ages 0-18) is also on the rise. In 2005, 23.3% of children in Los Angeles County were obese.<sup>10</sup> Map 1 illustrates the prevalence of children who are at risk for overweight among 5<sup>th</sup>, 7<sup>th</sup>, and 9<sup>th</sup> graders attending Los Angeles County public schools.

Studies show that the obesity rates are increasing faster among particular populations. In all ages, the prevalence is higher among minority populations. The prevalence of obesity is highest among Blacks (27.7%) and Latinos (28.7%). Rates of obesity are increasing faster among men, Latinos, and young adults (18-29 years) than other identifiable populations. Families with the lowest incomes are at greatest risk for obesity. The most serious of the many health effects of obesity/overweight include diabetes and hypertension. These health conditions can significantly inhibit a person's

quality of life and can lead to serious complications and possible loss of life. Studies show that the physical environment has a significant impact on the rate of obesity/overweight. A recent study conducted by the University of California, Los Angeles, found that people who live in communities with more fast food restaurants and convenience stores compared to grocery stores and vendors that sell fruits and vegetables have a "significantly higher prevalence of obesity and diabetes regardless of individual or community income."<sup>11</sup>

As a department, DPH is engaged in finding creative methods to address these major risk factors for obesity and other chronic conditions. Some approaches include partnering with cities to include public health principles in their general plans or working with schools to promote healthy eating and physical activity.

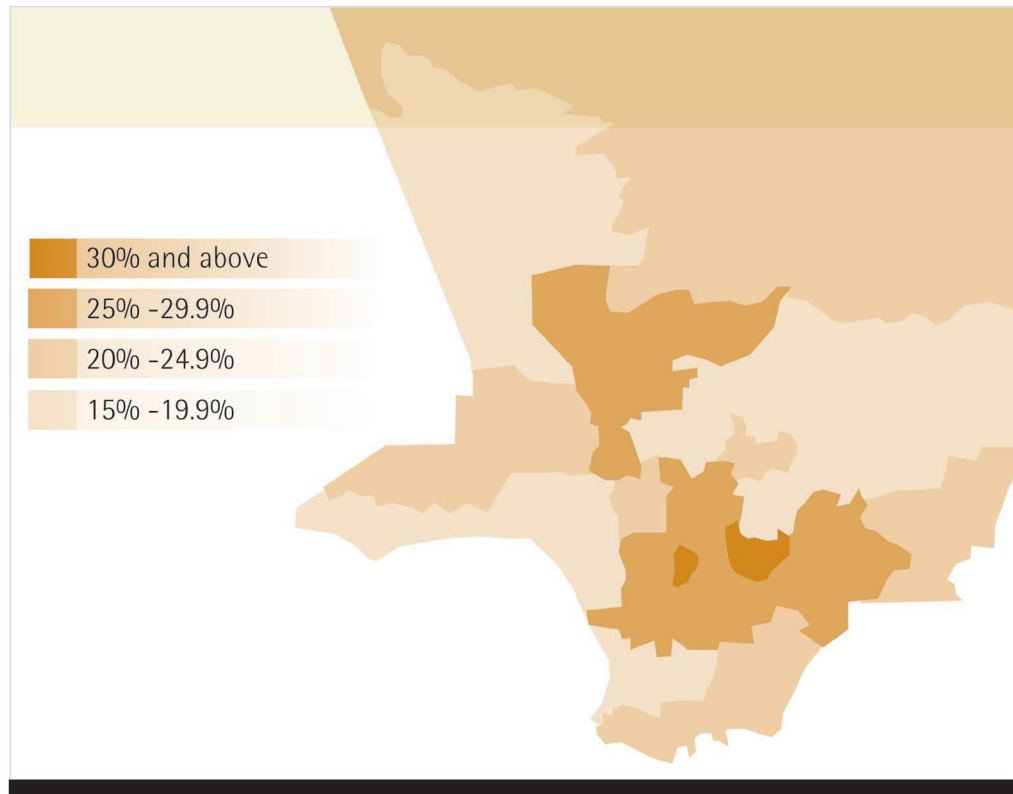
### Communicable Disease

Due to the availability of improved sanitation, vaccinations and antibiotics, better surveillance, and case management efforts to successfully identify and treat communicable diseases (CDs), the rate of CDs has remarkably declined in Los Angeles County within this

Leading causes of death		Leading causes of <i>premature</i> death	
1	Coronary heart disease	1	Coronary heart disease
2	Stroke	2	Homicide
3	Lung cancer	3	Motor vehicle crash
4	Emphysema/COPD	4	Suicide
5	Pneumonia/Influenza	5	Lung cancer
6	Diabetes	6	Liver disease
7	Colorectal Cancer	7	Drug overdose
8	Alzheimer's disease	8	Stroke
9	Breast Cancer	9	Diabetes
10	Homicide	10	HIV

**Source:**

Mortality in Los Angeles County 2004. Leading Causes of Death and Premature Death. A publication of the Los Angeles County Department of Public Health. July 2007.

**Map 1:** Prevalence of Childhood Obesity by Health District, Los Angeles County, 2005**Source:**

California Department of Education Physical Fitness Testing Program 2005.

last century. Emerging and re-emerging diseases have also decreased in recent years. For example, the infection rate for West Nile Virus significantly decreased in 2006 from the 2004 level. Despite notable improvements, however, communicable disease work continues to be a serious concern within many communities of Los Angeles County.

During 2006, there were 885 tuberculosis (TB) cases in Los Angeles County, a 2.3% decrease in TB cases from 2005 and an overall 59.7% decrease since the peak of 1992.<sup>12</sup> Rates were highest among minorities with 44.5% of the cases reported as Hispanic and 37.2% among Asian/Pacific Islander. A significant portion of TB cases (690 out of 885) were attributed to foreign-born populations.

Following national trends, in recent years, rates of bacterial diseases (water and foodborne diseases) such as campylobacteriosis, salmonellosis, and shigellosis in Los Angeles County have decreased, mirroring national

trends. While the exact underlying causes for these local and national trends are unknown, the implementation of control measures at every level are believed to be important factors. No doubt some of these factors have been influenced by efforts of DPH programs such as the restaurant inspection and grading system and improved communicable disease surveillance and control.

Sexually transmitted diseases or STDs continue to be prevalent within Los Angeles County. Significant disparities in the prevalence of these diseases are observed when considering geographic region, gender, and race. In particular, STD rates are higher among specific populations, including men who have sex with men, women, and adolescents.

In 2007, 67% of the reported early syphilis cases were among men who have sex with men. For chlamydia, women represented 70% of the total cases in 2007, approximately 2.3 times the number of cases among



men. In addition, the number of reported STD cases among adolescents ages 10 to 24 in 2005 was greater than the total number of all reportable communicable diseases in Los Angeles County in 2004 for all other age groups combined. This age group represents approximately 63% of all chlamydia cases and 51% of all gonorrhea cases reported in Los Angeles County in 2005. Disparities in reported STD morbidity continue to exist across racial groups. In 2007, Hispanics (41%) and African Americans (24%) accounted for 65% of the total reported chlamydia cases. The proportion of Hispanics among the cases was 4.5 times more than that of Whites and 1.7 times that of Blacks.

Los Angeles County continues to have some of the highest levels of immunization among the large urban areas in the United States. Keeping young children current with their immunizations has historically been considered the most effective method available to prevent disease incidence in children (including infants) and control disease incidence among adults, thus bringing down the rate of vaccine preventable cases. Despite these successful strides in vaccination coverage levels, however, several vaccine-preventable

diseases have reappeared in recent years. For example, a resurgence of reported mumps cases occurred nationally in 2006. In addition, a multi-state mumps outbreak in the Midwest area of the United States had a profound impact on mumps surveillance nationwide and doubled the number of disease reports received in Los Angeles County in 2006, as compared to previous years.

### **Environmental Factors**

Studies show that the physical and social environments have a significant impact on the status of health. For many reasons, the physical environment around Los Angeles County is conducive to a healthy lifestyle with beaches, mountains and deserts. Along with the beautifully diverse landscape the County has to offer, there are harmful environmental factors that greatly impact the public's health, including poor air quality, water quality and scarcity, and food safety.

In the case of air quality, the 2007 State of the Air report prepared by the American Lung Association, ranked the Los Angeles metropolitan area as having the dirtiest air for both short and long-term particle

air pollution and the worst ozone pollution. Health impacts associated with this air quality are respiratory illnesses like asthma, premature heart-related deaths, and pre-mature births. Many factors contribute to the air quality problem, including vehicle emissions (due to lengthy commutes and the limited availability of public transportation), high volume of air traffic,<sup>13</sup> and the goods movement.<sup>14</sup>

As noted earlier, the geographic layout of the Los Angeles County region is conducive to air pollution. This problem is exacerbated by the design of cities and streets across the county. The current system caters to automobiles rather than pedestrians or bikers. An insufficient public transportation system allows for limited use for people who do not work or live near public transit stations. Viable solutions to these problems will require new approaches to planning and land use such as transit-oriented design and mixed-use developments as well as expanding the public transportation infrastructure countywide.

Along with limited transportation options, many cities and unincorporated areas within Los Angeles County do not have enough open space. Recent studies have shown that the prevalence or likelihood of obesity is connected to the prevalence of parks or open space.<sup>15</sup> Cities and communities with fewer parks, recreational areas, or wilderness areas in Los Angeles County are reported to have a higher prevalence of children who are overweight than areas with more access to open space. Following national trends, the prevalence of obesity/overweight within Los Angeles County is increasing among children and adults. The health impacts of obesity are significant, including diabetes, heart disease, asthma, and bone and joint problems.

Similar to the physical environment, there are factors in the social environment that impact health as well. In many communities around Los Angeles County, residents face challenges from the social environment like crime and violence, homelessness, poverty, unemployment, limited access to healthy foods, lack of health insurance, and social isolation. Food insecurity is one example of how the social environment can impact health. Food insecurity is defined as the limited or uncertain availability of nutritionally adequate and safe foods that can result in poor health outcomes,

including poor nutritional status, hunger, and even obesity.<sup>16</sup> The prevalence of food insecurity is higher among the poorest households in Los Angeles County. A survey conducted in 2005 found that 471,000 of low income households (defined as households with annual incomes less than 300% of the federal poverty level) in Los Angeles County experienced food insecurity in the past year, an increase of 17% over the number reported in 2002-03.<sup>17</sup>

Another element of the social environment that affects health status is health insurance and access to health care. Having health insurance is strongly linked to receiving appropriate preventive care and managing illness. In 2005, over one million (21.8%) of Los Angeles County residents ages 18-64 were uninsured, higher than the national average. In contrast, only about 8% of children in Los Angeles County were reported as being uninsured.<sup>18</sup> This figure is lower than what it is nationally due in large part to local and state/federal programs that offer health insurance for children ages 0-18. Despite this increased coverage, however, research reveals that children are more likely to access health care when their parents have health insurance as well.<sup>19</sup>



## THE DEPARTMENT OF PUBLIC HEALTH

The Department of Public Health is charged with improving the quality of life and maintaining the overall health of all Los Angeles County residents.<sup>20</sup> This charge includes a range of responsibilities, incorporating three overarching aspects of public health: protection, promotion, and prevention. In order to best address these broad functions, DPH operates a number of programs to carry out this work. Some of the specific duties include data collection and analysis, health education, communicable disease control, maternal, child, and adolescent health services, food and water inspection, emergency preparedness, and laboratory and clinical services.

With over 4,000 employees, DPH is one of the largest departments within the County of Los Angeles government. DPH has an annual budget exceeding \$750 million comprised of local, state and federal funding, and grant revenue. Many of these funding streams drive mandated work for DPH with a relatively small amount of flexible funding that can be used to meet local needs. Therefore, limited resources are

available for discretionary activities. DPH faces the constant challenge of having to devise innovative ways of addressing the underlying risk factors for morbidity, such as nutrition and physical activity, with relatively few discretionary resources.

In total, there are 39 programs within DPH. Some of the programs carry out their work by contracting with community organizations to provide direct services. Additionally, DPH operates 14 health centers, one rehabilitation center, and one tuberculosis satellite clinic. The health centers provide immunizations and medical treatment for sexually transmitted diseases and tuberculosis.

For planning purposes and ease of service delivery, DPH uses eight geographical regions known as service planning areas or SPAs, adopted by the Board of Supervisors (see Map 2). Six of the eight SPAs have more than a million residents and are more populous

Map 2



than many states in the United States. SPAs range from rural and vast regions to densely populated urban areas. Racial/ethnic mix, poverty rates, and health indicators vary by SPA, indicating a need for DPH field staff and programs to tailor their services to the community being served.

DPH activities range from direct medical services for selected communicable diseases to policy analysis and advocacy. Some programs include:

### **Office of AIDS Programs and Policy**

The Office of AIDS Programs and Policy directs the overall response to the HIV/AIDS epidemic in Los Angeles County. Primary responsibilities include programmatic direction, contract oversight, training, and technical assistance for a wide range of HIV services, including prevention, medical services, case management, and social services. The program also conducts policy analyses and program evaluations.

### **Alcohol and Drug Program Administration**

The mission of the Alcohol and Drug Program Administration (ADPA) is to reduce the community and individual effects of alcohol and drug abuse through evidence-based programs and policy advocacy. ADPA administers contracts with over 300 community-based agencies for a wide array of prevention, intervention, treatment and recovery services for Los Angeles County residents. ADPA also operates the Antelope Valley Rehabilitation Center, which provides residential treatment services in the Antelope Valley.

### **Children's Medical Services**

Children's Medical Services (CMS) provides preventive screening, diagnostic, treatment, rehabilitation, and follow-up services for children in Los Angeles County through the State Child Health and Disability Prevention (CHDP) and California Children's Services (CCS) programs. CHDP makes regular well-child checkups available to eligible children, and CCS coordinates and pays for medical care and therapy services for children under 21 years of age with certain health care needs.

### **Communicable Disease Control and Prevention**

The mission of Communicable Disease Control and Prevention is to reduce the risk factors and disease burdens of preventable communicable diseases

for all persons and animals in Los Angeles County through promoting healthy behavior, conducting surveillance of diseases and risk factors, screening and early detection, providing laboratory services, and conducting communicable disease investigation and control measures. The programs within the division are: Tuberculosis Control Program, Public Health Laboratory, Sexually Transmitted Disease Control Program, Immunization Program, Acute Communicable Disease Control Program, HIV Epidemiology, Veterinary Public Health & Rabies Control Program, Public Health Employee Liaison, and the Public Health Education in Medicine Program.

### **Community Health Services**

Community Health Services provides clinical services, surveillance and case management through fieldwork. Public Health Nurses, Public Health Investigators, community workers, and other field staff work within Service Planning Areas (see Map 2) to follow up on communicable diseases and other health related concerns, educate the community on health related topics, and conduct outreach activities. In addition, CHS operates the 14 public health clinics, which provide immunizations and medical treatment for tuberculosis and sexually transmitted diseases.

### **Division of Chronic Disease and Injury Prevention**

DPH established the Chronic Disease Division in 2005 to improve health and decrease health disparities in Los Angeles County by reducing the occurrence, severity, and consequences of chronic diseases and injuries. Programs within the Chronic Disease Division work with government and community partners to address the underlying causes of chronic diseases, including those related to the physical and social environment. These programs are: Nutrition, Physical Activity and Cardiovascular Health, Tobacco Control and Prevention, Injury and Violence Prevention, Senior Health, Policies for Liveable Active Communities and Environments (PLACE), and the Toxics Epidemiology Program.

### **Emergency Preparedness and Response**

The Emergency Preparedness and Response Program's purpose is to prepare for emergencies caused by bioterrorism, infectious disease, and other public health threats through the development and exercise of a comprehensive public health emergency preparedness



and response plan. This includes collaboration with internal and external partners to coordinate and plan for disasters and emergencies.

### **Environmental Health**

The Environmental Health Division strives to promote health and quality of life by identifying, preventing, and controlling harmful environmental factors. To achieve this mission, Environmental Health controls potentially harmful chemicals, physical or biological agents in the environment through education and enforcement of local, state, and federal public health laws and regulations. In addition, Environmental Health conducts hygiene inspections of retail food facilities and residential housing units and monitors the water quality in swimming pools and beaches.

### **Office of Health Assessment and Epidemiology**

The Office of Health Assessment and Epidemiology is comprised of the Health Assessment Unit, the Epidemiology Unit, and the Data Collection and Analysis Unit. Health Assessment oversees the development and implementation of Los Angeles County Health Survey, which is a population-based telephone survey used to collect data on health conditions, health behavior, and health care access and utilization of services from a representative sample of Los Angeles County residents.

The Epidemiology Unit's mission is to ensure the availability of high-quality and comprehensive health data on the Los Angeles County population and to facilitate its use for public health assessment, policy development, and program planning and evaluation. This unit supports DPH programs and community partners with data analysis and geographic information systems requests, and they also conduct in-house research studies.

The Data Collection and Analysis Unit is responsible for the collection and processing of birth and death data. From the data collected, analyses are performed to assess health status indicators for Los Angeles County.

### **Health Facilities Inspection**

Health Facilities Inspection has the authority and responsibility for the licensing and certification of the 1,964 health facilities and ancillary health services

in the Los Angeles County area. Surveyors conduct inspections to evaluate compliance and document findings, and respond to citizen complaints regarding health facilities or providers.

### **Maternal, Child and Adolescent Health**

Maternal, Child, and Adolescent Health (MCAH) is responsible for planning, implementing and evaluating services that address the health priorities and primary needs of infants, children and adolescents, mothers, and their families in Los Angeles County through ongoing assessment, policy development and quality assurance. The MCAH staff is comprised of a multidisciplinary team of physicians, public health nurses, policy analysts, administrators, nutritionists, health educators, social workers, epidemiologists, and support staff. In addition, MCAH actively partners with community-based organizations to address community health needs.

### **Office of Women's Health**

The Office of Women's Health strives to improve the health status of women in Los Angeles County by serving as the focal point for strategic planning, encouraging comprehensive and effective approaches to improving women's health, and promoting the expansion of funding for research activities.

## TODAY IN THE DEPARTMENT OF PUBLIC HEALTH...

*On any given day, the Department of Public Health performs a variety of functions to make Los Angeles County residents safer and healthier. Below is a sampling of the services and operations carried out by the Department of Public Health on an average day.*

- Food Safety inspectors will inspect 252 of the more than 38,500 retail food facilities in Los Angeles County and rate them on cleanliness and proper food storage and preparation.
- Sexually Transmitted Disease program staff will answer STD-related questions through the DPH STD hotline, offer free STD/HIV testing via a mobile clinic, and train Public Health Investigators and disease intervention specialists on how to work with sexually transmitted diseases.
- The Tobacco Control and Prevention Program and its community partners will encourage cities within Los Angeles County to develop policies that protect their residents from secondhand smoke.
- Water quality experts will monitor County beaches, post warning signs whenever bacteriological standards are exceeded, and give letter grades based on water quality.
- The Office of Women's Health will conduct heart disease risk assessments and schedule free screening appointments at community partner clinics for approximately 60 low-income women.
- Contracted agencies with the Children's Health Outreach Initiative will provide 90 children and their families with information about health insurance and will assist 80 children and their families with submitting an application for health insurance.
- The Immunization Program will ensure that through its community partners, 1,985 doses of vaccine are given to high-risk children from birth to 18 years of age to keep them safe from vaccine-preventable diseases.
- The Medical Therapy Program in the California Children' Services program will provide occupational and physical therapy services to approximately 400 children and youth.
- The Office of AIDS Programs and Policies through its contracted community agencies will provide Los Angeles County residents free HIV care and treatment services, including counseling and testing.



- Housing inspectors will conduct over 250 inspections of residential housing with five units or more within Los Angeles County to ensure the housing is safe, sanitary, and fit for human habitation.
- Emergency Preparedness and Response-funded staff will monitor bioterrorism activities as well as emerging infectious diseases (e.g., pandemic flu) by reviewing surveillance data from emergency rooms, nurse call lines, over-the-counter pharmaceutical sales, the Coroner's office, and disease reports from medical practitioners.
- The Tuberculosis Control program will monitor potential outbreaks of tuberculosis, provide consultation for complicated investigations and implement strategic interventions through ongoing surveillance and data analysis.
- Public Health Nurses and the Acute Communicable Disease Control program will investigate communicable disease outbreaks in community settings (e.g., restaurants) and hospital/healthcare settings.



## STRATEGIC PRIORITIES, GOALS, & OBJECTIVES

DPH has a broad range of responsibility, from the everyday work of inspecting restaurants and health facilities, to following up on suspected communicable disease cases to avoid further infections, to conducting health education in the community, to conducting population and case-based surveillance to monitor the health of the population. The strategic priorities in this Plan do not encompass all the work that DPH does; rather they touch upon the major functions and sets out goals and objectives that in most cases go beyond the routine work to enable DPH to achieve the overall mission and vision of a healthier population.

DPH's strategic priorities, for which goals and objectives have been identified, include:

1. **Health Improvement:** Improve the quality of life in the cities and communities of Los Angeles County and increase years of healthy life among residents while reducing health disparities.
2. **Health Protection:** Protect the public's health by minimizing the impact of communicable diseases and foodborne and environment-related illnesses.
3. **Preparedness:** Improve preparedness and readiness for the identification of and response to emergencies.
4. **Organizational Effectiveness:** Improve organizational effectiveness.
5. **Workforce Excellence:** Enhance the quality and productivity of the workforce.
6. **Fiscal Accountability:** Develop fiscal strategies to support program commitments within financial targets.



## HEALTH IMPROVEMENT

### Strategic Priority 1:

**Improve the quality of life in the cities and communities of Los Angeles County and increase years of healthy life among residents while reducing health disparities.**

**Goal 1.1:** Address elements of the physical environment to improve population health and reduce disparities.

#### Objectives

- 1.1.1 Influence regional transportation policies to support public health goals.
- 1.1.2 Engage in County cross-departmental efforts to improve the physical environment through internal and external environmental initiatives.
- 1.1.3 Support cities in implementing land use, transportation, and organizational policies that protect and promote the health of residents and workers.
- 1.1.4 Promote the inclusion of public health principles in Los Angeles County's General Plan update for unincorporated areas and the general plans of cities in Los Angeles County and encourage land use policies that are consistent with these principles.
- 1.1.5 Increase awareness of and preparedness for the public health effects of global warming, such as changing habitats for vectors carrying diseases and increased morbidity resulting from extreme heat events.
- 1.1.6 Conduct health impact assessments to assess the positive and negative health impacts of policies related to the physical environment.

**Goal 1.2:** Address elements of the social environment to improve population health and reduce disparities.

#### Objectives

- 1.2.1 Increase DPH focus on the social environment by developing and disseminating information regarding social capital to DPH programs, and identifying and strengthening program activities that increase social capital in high disease burden communities.
- 1.2.2 Develop and implement an action plan that defines DPH's role and recommends a course of action related to educational attainment and poverty, two major social determinants of health.
- 1.2.3 Develop and implement a countywide plan to reduce methamphetamine use and increase treatment options.

- 1.2.4 Implement an internal plan to increase the coordination and effectiveness of the services DPH provides to the homeless.

## **Goal 1.3:** Reduce the child and adult obesity epidemics.

### **Objectives**

- 1.3.1 Develop an advocacy strategy for public policy measures that can reduce the obesity epidemic, such as menu labeling and food marketing to children.
- 1.3.2 Promote healthy eating and physical activity in all schools.
- 1.3.3 Utilize results from published evaluations and reviews to identify the most effective prevention strategies and ensure they are targeted to the appropriate populations.
- 1.3.4 Develop performance measures to quantify the impact of programs that address the obesity epidemic, including DPH programs.
- 1.3.5 Establish a network for information and resource sharing among DPH programs, Area Health Offices, and community partners.

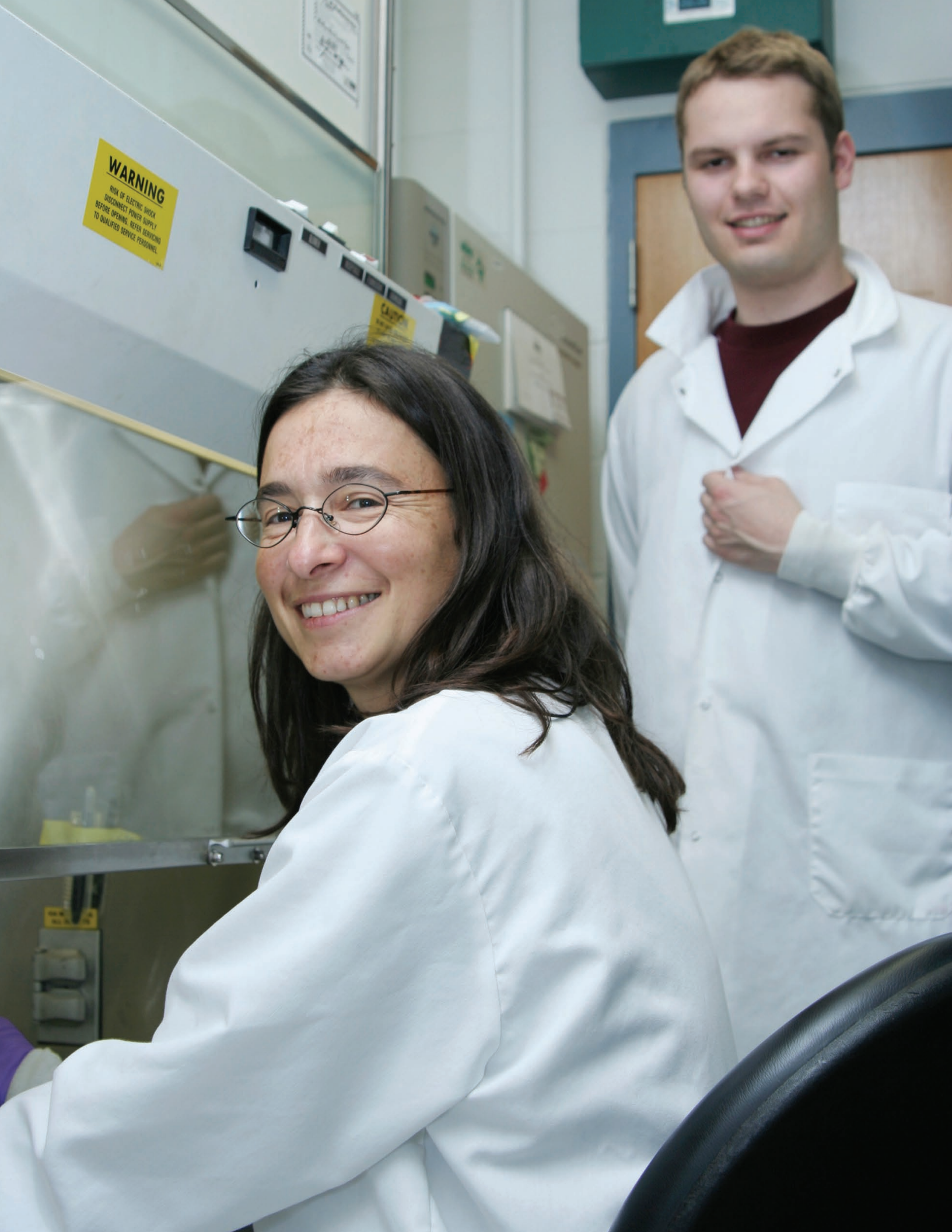
## **Goal 1.4:** Address the health priorities and primary health needs of children and families in Los Angeles County.

### **Objectives**

- 1.4.1 Improve birth outcomes for the highest risk populations in Los Angeles County by providing case management, promoting preconception health, increasing the availability of comprehensive resources for low-income families, and improving the quality of care provided.
- 1.4.2 Increase the number of children with access to health care services by providing families with health insurance enrollment assistance and preventive care.
- 1.4.3 Assist families that have children with chronic conditions and special needs to make sure their children receive the specialized medical care they need to lead healthy and productive lives through the California Children's Services (CCS) program.







## HEALTH PROTECTION

### Strategic Priority 2:

**Protect the public's health by minimizing the impact of communicable diseases and foodborne and environment-related illnesses.**

**Goal 2.1:** Reduce the risk factors and disease burdens of preventable communicable diseases.

#### Objectives

- 2.1.1** Promote behaviors (such as hand and cough hygiene, safe sex, proper food preparation, insect avoidance, and isolation or mask use) that reduce the spread of communicable diseases.
- 2.1.2** Improve data reporting and analysis to more efficiently and rapidly detect disease outbreaks, possible bioterrorism, and other public health threats.
- 2.1.3** Establish an integrated and consistent approach to surveillance activities throughout DPH, to ensure that efforts across programs are coordinated and adhere to best practices.
- 2.1.4** Conduct screening among high-risk populations for early detection of communicable diseases such as HIV, hepatitis B, and chlamydia.
- 2.1.5** Provide state-of-the-art public health laboratory services to rapidly detect disease agents and communicate results in a timely manner.
- 2.1.6** Provide medical treatment, directly or through contracted services, for selected communicable diseases, including TB, STD, HIV, and immunizations.
- 2.1.7** Work with health care providers, hospitals, and treatment centers to implement appropriate procedures and guidelines for treatment and prevention of communicable diseases.
- 2.1.8** Investigate reports of suspected communicable disease outbreaks and implement control measures, working with health care facilities, restaurants, schools, and the infected individual and his/her contacts.

**Goal 2.2:** Protect health and prevent disease through assurance of physical environments that minimize exposure to harmful pathogens and environmental toxins.

### Objectives

- 2.2.1** Expand the scope of current housing inspections to include "Healthy Housing" elements, and implement the expanded inspections in two of the eight Service Planning Areas.
- 2.2.2** Develop more effective procedures to reduce response time to ensure that recalled food products are removed from food facilities.
- 2.2.3** Reduce the number of required residential swimming pool closures through focused education and enforcement efforts.
- 2.2.4** Train and equip a sufficient number of Environmental Health staff to substantially increase field deployment and response capabilities in times of emergency.





## PREPAREDNESS

### Strategic Priority 3:

**Improve preparedness and readiness for the identification of and response to emergencies.**

**Goal 3.1:** Assure that Los Angeles County residents are protected from the public health consequences of natural or man-made disasters through increased readiness and response capabilities of DPH and external partners.

#### Objectives

- 3.1.1 Ensure that DPH meets county, state, and federal emergency preparation requirements and guidelines.
- 3.1.2 Improve preparedness for and responsiveness to infectious disease outbreaks, suspected bioterrorism events, and other public health threats and emergencies.
- 3.1.3 Ensure that DPH response operations utilize Incident Command System principles and best practices, consistent with the California Standardized Emergency Management System, and the National Incident Management System.

**Goal 3.2:** Improve DPH's ability to provide public information and risk communication.

#### Objectives

- 3.2.1 Complete, maintain, and test the Public Health Risk Communication plan annually in a department-wide drill.
- 3.2.2 Conduct and evaluate a public information campaign to increase awareness and encourage preparedness among Los Angeles County residents.
- 3.2.3 Ensure that DPH public health information and risk communication materials address the communication needs of Los Angeles County's diverse populations.







## ORGANIZATIONAL EFFECTIVENESS

### Strategic Priority 4: Improve organizational effectiveness.

**Goal 4.1:** Expand DPH's organizational capacity and internal capability to increase collaboration, education, and advocacy efforts with local jurisdictions and community partners.

#### Objectives

- 4.1.1 Ensure that each DPH program has developed and implemented a formal advocacy strategy.
- 4.1.2 Enhance collaboration, education, and advocacy efforts by developing internal processes to increase cultural sensitivity and awareness of diverse needs of individuals and geographic areas throughout all programs.
- 4.1.3 Advance DPH's policy work by developing an annual legislative agenda.

**Goal 4.2:** Improve internal communication and business processes.

#### Objectives

- 4.2.1 Develop and implement a communication plan to educate DPH employees on DPH's vision, mission, values, programs, and priorities.
- 4.2.2 Enhance the capacity of the DPH intranet to support information exchange across divisions and programs.
- 4.2.3 Develop and implement performance measures department wide, review progress on a regular basis, and ensure that interventions are based on best evidence.
- 4.2.4 Identify opportunities to achieve efficiencies in the Area Health Office work processes.
- 4.2.5 Assess customer service and the level of satisfaction with services received from DPH and develop and implement customer service information and skills building opportunities for DPH workforce.

**Goal 4.3:** Institute an information technology systems framework to ensure the prudent use of information technology resources.

#### Objectives

- 4.3.1 Determine the service levels and resources needed in the central IT organization to support DPH's routine operations and support the achievement of DPH's strategic goals.
- 4.3.2 Identify the necessary organizational design, governance process, IT infrastructure, and financial model required to support a strong central IT organization and develop a phased IT transformation plan.



## WORKFORCE EXCELLENCE

### Strategic Priority 5:

### Enhance the quality and productivity of the workforce.

**Goal 5.1:** Improve competence of the workforce in leadership, emergency preparedness and other areas critical to DPH.

#### Objectives

- 5.1.1 Develop a base set of competencies for public health employees, supervisors, and managers.
- 5.1.2 Implement a Public Health Employee Emergency Readiness Framework that specifies trainings, exercises, and resources required at various levels in the organization.
- 5.1.3 Implement a Leadership Development Framework to enhance leadership capacity and continuity.
- 5.1.4 Develop a public health workforce that is well informed on the connection between health and the physical and social environments.
- 5.1.5 Implement a coordinated workplace health promotion program within DPH.
- 5.1.6 Develop Public Health Ambassador tools, including key messages, presentations and resources for use by public health employees.

**Goal 5.2:** Enhance DPH's ability to attract and retain a high quality workforce.

#### Objectives

- 5.2.1 Develop and implement a marketing plan to attract and recruit highly qualified entry-level, credentialed, and experienced public health professionals.
- 5.2.2 Create an employment classification series for public health professionals.
- 5.2.3 Develop retention strategies to retain qualified candidates hired by DPH, particularly those who have completed specialized training.



## FISCAL ACCOUNTABILITY

### Strategic Priority 6:

### Develop fiscal strategies to support program commitments within financial targets.

**Goal 6.1:** Develop a balanced operating plan designed to meet highest priority programmatic needs within available net County cost and external funding.

#### Objectives

- 6.1.1 Develop a programmatic funding plan detailing the current budget and estimated actual performance (costs with revenue offsets) for fiscal year 2008-09.
- 6.1.2 Develop projections for fiscal years 2009-10 and 2010-11 detailing forecasted budgetary status.
- 6.1.3 Develop, in collaboration with program executives, programmatic plans, action steps, and implementation plans needed to adjust programmatic activities and services to ensure that actual financial performance will be within net County cost targets at year end closing.

**Goal 6.2:** Ensure that all programs funded by net County cost and third-party funding remain aligned within DPH's financing targets and that they support the DPH's goals and objectives.

#### Objectives

- 6.2.1 Develop expenditure allocations for controllable components of salaries and wages, and service and supplies expenditures, thereby improving fiscal accountability, organizational effectiveness and decision-making metrics.
- 6.2.2 Develop a finance intranet web site to improve access to finance expenditure and performance reports.

**Goal 6.3:** Enhance capacity to secure and broaden the safety net of public health programs by maximizing departmental revenue.

#### Objectives

- 6.3.1 Pursue opportunities to leverage federal, state, and other revenue sources.
- 6.3.2 Employ the use of financial screening for public health services where appropriate without impeding access to services.
- 6.3.3 Pursue external funding by developing grant proposals for activities that further DPH's mission.

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- 11 *Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes*. California Center for Public Health Advocacy, PolicyLink, and the UCLA Center for Health Policy Research. April 2008.
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