

Council Meeting of
January 23, 2024

Honorable Mayor and Members
of the City Council
City Hall
Torrance, California

Members of the Council:

**SUBJECT: City Manager - Receive Update on Public Health Department Research.
Expenditure: None.**

RECOMMENDATION

Recommendation of the City Manager that City Council receive a Public Health Department Research Update.

BACKGROUND

On May 12, 2020, Councilmember Mattucci received concurrence from Your Honorable Body to direct staff to conduct research to identify the requirements, funding strategies and procedures for the City to potentially establish a public health department.

Staff had returned with an update on October 6, 2020, with the requested information. After much discussion, the City Council requested that staff conduct further research on minimum start-up costs, grant opportunities, and research the City of Los Angeles' attempt to establish their own public health department.

On December 1, 2020, after receiving a subsequent update, City Council requested staff to re-investigate the potential for a city or regional health department. On February 23, 2021, City Council was presented with research of other cities that were also considering a city-based public health department including Beverly Hills, Whittier, Glendale, West Covina, Santa Clarita, and Lancaster. Many of these cities have halted their efforts or are awaiting direction from the California Department of Public Health or their respective City Council.

On April 26, 2022, staff received direction from the City to return with an update towards the end of 2022 to better understand any developments from other cities that are exploring the creation of a city-operated health department. Furthermore, staff was directed to report on the financial and litigation aspects of establishing our own Public Health Department.

On September 13, 2022, City Council was provided an update with additional information regarding the progress of other comparable cities' effort in establishing their own public health department. However, Council had requested additional information for follow-up including possible funding sources, benefits and limitations of a city-operated health department, comparative data on population and health metrics, update on West Covina's progress, and insights on Santa Ana's Chief Health Strategist position.

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MATERIAL AVAILABLE

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ANALYSIS

The original intent of this research assignment was to explore the possibility of establishing local public health department in order to deviate from County of Los Angeles Public Health and grant the City autonomy in public health decisions in the event of a public health emergency. Staff does note that the California Department of Public Health (CDPH) retains authority to override local decisions in such emergencies.

Cities interested pursuing establishment of their own Public Health Department need to work with CDPH to prepare a Feasibility and Fiscal Evaluation Study, along with a Community Health Needs Assessment and Community Health Improvement Plan. The responsibilities that the City would need to consider as a potential Public Health Provider are documented in Section 1276 of Title 17 of the California Code of Regulations. A summary of the twelve basic services, responsibilities and functions are as follows:

1. Collection, tabulation and analysis of public health statistics including population data, natality, mortality, and morbidity records as well as evaluation of service records.
2. Health education programs, including staff education, consultation, community organization, public information, and individual and group teaching, such programs to be planned and coordinated within the department and with schools, public and voluntary agencies, professional societies, and civic groups and individuals.
3. Communicable disease control services including availability of adequate isolation facilities, the control of the acute communicable diseases, and the control of tuberculosis and the venereal diseases.
4. Medical, nursing, educational, and other services to promote maternal and child health.
5. Environmental health and sanitation services for food; housing and institutions; radiological health; milk and dairy products; water-oriented recreation; vector control; waste management; and air sanitation, among others
6. Public health laboratory services.
7. Nutrition services, including appropriate activities in education and consultation for the promotion of positive health, the prevention of ill health, and the dietary control of disease.
8. Chronic disease prevention or mitigation services
9. Services directed to the social factors affecting health
10. Occupational health promotion
11. Family planning services
12. Public health nursing services

City Updates

Beverly Hills:

Beverly Hills has firmly decided against establishing a local Public Health Department. The City is currently researching how existing service deliveries offerings can be utilized to improve the public health of the community. However, the City of Beverly Hills decided to halt efforts as they found that the extra administrative burden of operating a Public Health Department would not contribute to the community's overall public health. An example provided of the kind of improvements they are looking to implement is EMS nurse practitioners providing follow-ups with the people they care for.

Long Beach:

The adjusted FY 2023 expenditure of the Long Beach Health and Human Services Department is \$204,752,945. The adopted FY 2023-24 expenditure is \$187,732,395. The adopted projected revenues are estimated to be \$170,025,693. The estimated fund impact is -\$17,706,702. A summary of the City of Long Beach's adopted FY 2023-24 finances are included in Attachment A.

Pasadena:

The City of Pasadena Public Health Department has been in operation for over a century. It should be noted that Pasadena is similar in population (about 134,211) to Torrance -- much closer than Long Beach (about 464,759). Expenditures in FY 2022 were \$16,505,189, and revenues were \$14,322,803. The estimated fund impact is -\$2,182,386. The FY 2022-2023 actual revenues were \$18,392,000, and actual expenditures \$19,213,000. These make the total fund impact a loss of \$821,000.

The FY 2023-24 Adopted Budget of \$23,819,955 is \$636,228 more or 2.7% percent higher than the FY 2022-23 Revised Budget.

West Covina:

West Covina is currently performing a Community Health Needs Assessment Survey in preparation to create a Community Health Improvement Plan. This process must be done pre-approval and every 3-5 years as a required responsibility of a Public Health Department or hospital.

According to City Council Member Tony Wu and Interim City Manager Paulina Morales, West Covina is on track to gain provisional approval for their new City Department of Public Health in 2024. The City of West Covina is currently awaiting on approval from CDPH. Furthermore, the City of West Covina recently awarded a contract with the Long Beach Public Health Laboratory, which will conduct testing service from medical samples to detect human infectious diseases.

The City of West Covina is also waiting on their Finance Department to complete internal research on funding sources. Interim City Manager Morales noted they have found some program-specific and general health department grants. However, the City of West Covina cannot apply to any funding opportunities until they are approved as a public health department. Morales mentioned that the City of West Covina would be willing to share their research on funding mechanisms with other cities, including Torrance, once their research is complete.

Santa Ana:

According to Economic Development Manager Mark Morely, the development of both a public health department and a Chief Health Strategist position were dropped by the City, and the matter has not been updated otherwise, as it is no longer a priority initiative of the current City council.

Other City Council Requests**Councilmember Mattucci – Grants and Funding:**

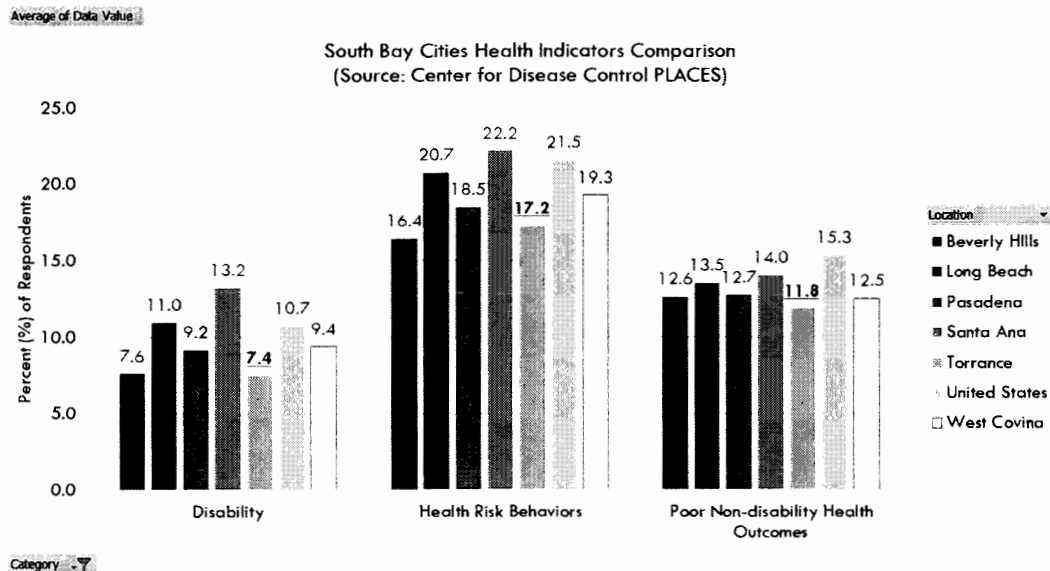
Staff has been able to find only special operating program funding for once a public health department has been established. No funding to start up the health department has been found.

Therefore, the start-up cost of the department would need to be funded through the general fund or the City of Torrance would have to secure a legislative appropriation.

Councilmember Sheikh – Population and Health Indicators Comparison:

The Center for Disease Control has created an informational tool called PLACES, which provides model-based, population-level analysis and community estimates of health measures to all counties, places (incorporated and census designated places), census tracts, and ZIP Code Tabulation Areas (ZCTAs) across the United States. The following two charts use PLACES data to compare health indicators across the cities mentioned included in this update.

The chart below displays the percentage of the population in each city which is estimated to have one of three major indicators of poor health: having a disability, engaging in health risk behaviors, and having other non-disability poor health outcomes. For Torrance, 7.4% of residents are estimated to have a disability, 17.2% of residents are estimated to engage in health risk behaviors, and 11.8% of residents are estimated to have a poor non-disability health outcome.



The definitions of the three major health indicators are the following:

1. Disability: Respondents were asked to report on the presence of six disability types using a six-item set of standard disability questions: hearing, vision, cognition, mobility, self-care, independent living.
2. Health Risk Behaviors: For adults aged ≥ 18 years: 1. having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. 2. Smoked ≥ 100 cigarettes in their lifetime and currently smoke every day or some days. 3. Respondents who answered "no" to the following question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" 4. Usually getting insufficient sleep (< 7 hours for those aged ≥ 18 years, on average, during a 24-hour period).
3. Poor Non-disability Health Outcomes: Arthritis, asthma, high blood pressure, cancer, high cholesterol (among adults who have been screened in the past 5 years), chronic kidney

disease, chronic obstructive pulmonary disease (COPD), coronary heart disease, depression, diagnosed diabetes, obesity, all teeth lost (among adults aged ≥ 65 years), and stroke.

Notably, Torrance has the lowest percentage in two of the three categories. Torrance has the second-lowest percentage in the health risk behaviors category, second only to Beverly Hills. This data indicates that overall, Torrance can be considered the city with the least proportional amount of poor health.

The chart below displays the estimated percentage of the population in each city that engages preventative health activities such as various cancer screenings, taking necessary high blood pressure medicine, and more.

	Cervical cancer screening among adult women aged 21-65 years	Cholesterol screening among adults aged ≥ 18 years	Colorectal cancer screening among adults aged 50-75 years	Current lack of health insurance among adults aged 18-64 years	Mammography use among women aged 50-74 years	Taking medicine for high blood pressure control among adults aged ≥ 18 years with high blood pressure
■ Beverly Hills	85	89	66	4	75	62
■ Long Beach	80	85	59	13	73	60
■ Pasadena	83	87	63	10	75	61
■ Santa Ana	79	80	54	24	67	60
■ Torrance	81	89	62	6	74	62
○ United States	83	85	72	11	78	69
□ West Covina	79	87	58	12	73	61

The definitions of the measured preventative healthcare activities are the following:

1. **Cervical Cancer Screening:** Female respondents aged 21–65 years who do not report having had a hysterectomy and who report having had recommended cervical cancer screening test. For female respondents aged 21-29 years, the recommended screening test is Pap test alone. For female respondents aged 30-65 years, there are three recommended screening tests with varying frequencies: (1) Pap test alone, (2) human papillomavirus (HPV) test alone, or (3) Pap test in combination with HPV test (otherwise known as co-test) (1).
2. **Cholesterol Screening:** Respondents aged ≥ 18 years who report having their cholesterol checked within the previous 5 years.
3. **Colorectal Cancer Screening:** Respondents aged 50–75 who report having had a fecal occult blood test (FOBT/FIT) within the previous year; a FIT-DNA test within the previous 3 years; a sigmoidoscopy within the previous 5 years; a sigmoidoscopy within the previous 10 years with a FOBT in the previous year; a colonoscopy within the previous 10 years; or a CT colonography (virtual colonoscopy) within the previous 5 years.
4. **Current Lack of Health Insurance:** Respondents aged 18–64 who report having no current health insurance coverage.
5. **Mammography among Women 50-74:** Female respondents aged 50–74 who report having had a mammogram within the previous 2 years.
6. **Taking High Blood Pressure Control:** Respondents aged ≥ 18 years with diagnosed high blood pressure who report taking medicine for high blood pressure.

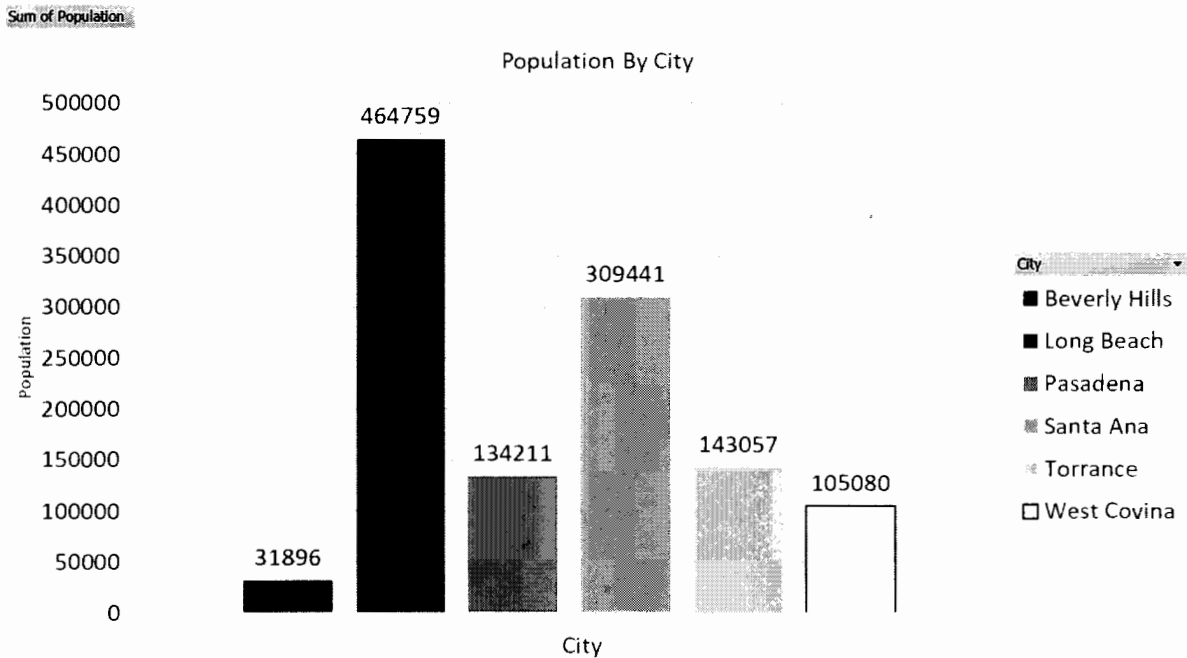
For Torrance:

1. 81% of adult women aged 21-65 years old are estimated to have had a recommended Cervical cancer screening.
2. 89% of adults are estimated to have had a cholesterol screening in the past five years.

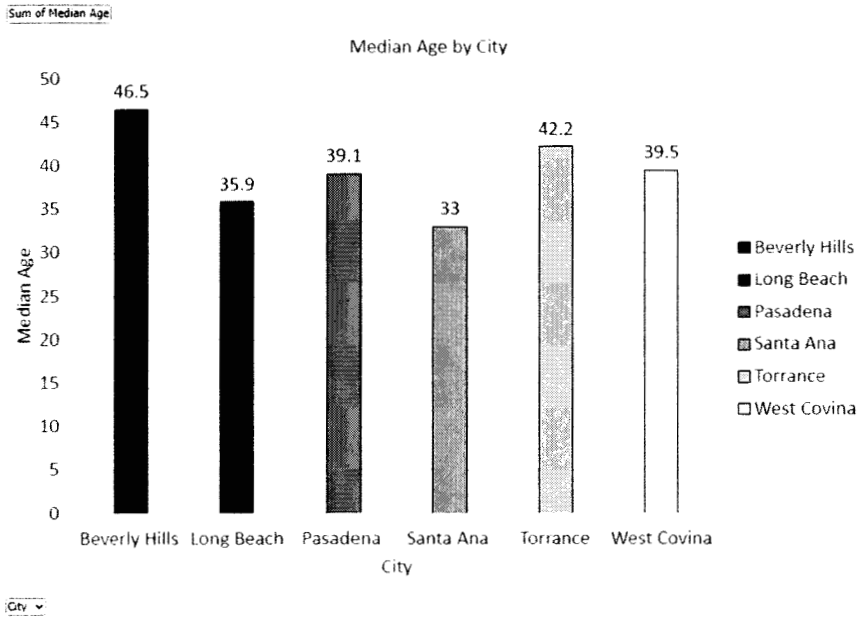
3. 62% of adults 50–75 years old are estimated to have had various colorectal cancer screening tests in the last 3-10 years.
4. 6% of adults aged 18–64 years old are estimated to currently lack health insurance.
5. 74% of women aged 50–74 are estimated to have had a Mammogram in the past two years.
6. 62% of adults with high blood pressure are estimated to be taking medicine for high blood pressure control.

Torrance ranks third or fourth out of seven (including the average across the United States) in three of the five categories. Torrance ties with Beverly Hills for the highest amount of cholesterol screening and has the second lowest amount of lacking health insurance, behind only Beverly Hills. These numbers indicate Torrance is average to above average in terms of preventative health care activity and demand.

Population Comparison

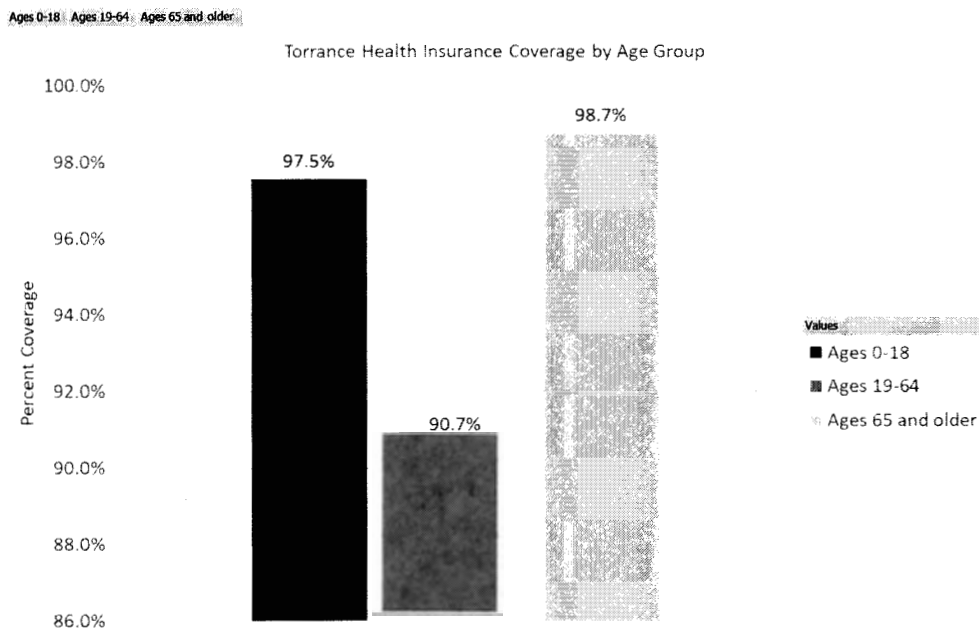


Median Age Comparison

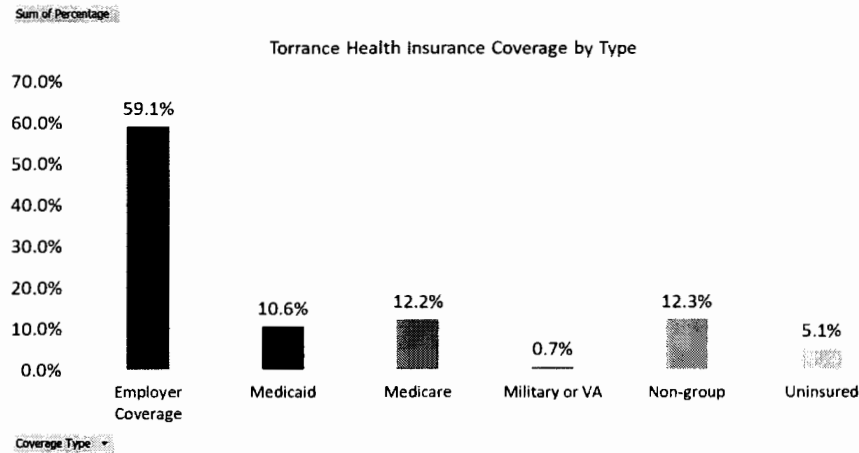


Local Hospital Community Health Needs Assessments

Torrance Memorial and Providence Little Company of Mary both created Community Health Needs Assessments in the past few years. Providence’s assessment contained no relevant information specific to Torrance due to focusing on the service area rather than specific cities. Torrance Memorial’s assessment contains some helpful Torrance-specific information which is displayed in the following chart. The rest of the Torrance-specific information is available as Attachment F.



Additionally, The Census Bureau ACS 5-year estimate gives the following insurance coverage breakdown for 2021:



Mayor Chen – Research into Claim that Establishing the Public Health Department in West Covina is Net \$0:

West Covina City Councilmember Tony Wu set the starting budget for \$500,000, taken from the American Recovery Act COVID-19 assistance funding and no funding from their general fund was required in order to begin the process of establishing their own Public Health Department. As previously mentioned, the American Recovery Act COVID-19 funding has been expended and no longer available for the City of Torrance to consider as a funding source.

Councilmember Kalani – Details on Santa Ana Chief Health Strategist Position:

Economic Development Manager Marc Morely provided staff with a Health Management Associates report detailing what the purpose and responsibility of a Chief Health Strategist position would be in the City of Santa Ana. Their full report, including a methods description, list of potential funding sources for the position(s), a detailed position description, and more, is shared as Attachment E of this report. Here is a broad overview of the position.

The projected annual cost for a community health strategist function was estimated at \$580,000 and includes three full-time positions with the following responsibilities:

- Active pursuit of federal and state grants
- Monitoring and reporting on community conditions
- Internal strategy development related to community services and land use
- Advocacy with county public health
- Community and philanthropic cultivation and partnership.

The three positions were broken down in the following manner:

Proposed New City Staff Position	Comparable City of Santa Ana Position	Projected Number of FTEs	Salary Midpoint	Fully Burdened Cost (+40%)
Chief Strategist Position	Principal Planner Position	1	\$11,295	\$190,000
Grant Manager/Analyst	Senior Budget Analyst	1	\$8,718	\$146,000
Data Analyst	Budget Analyst	1	\$6,538	\$110,000
Subtotal		3		\$446,000
Estimated Infrastructure (30%)				\$133,800
Total Cost with OH				\$579,800

Benefits and Limitations

Staff has provided an analysis of the benefits and limitations of establishing a Torrance public health department. The benefits are as follows:

The City could create programs tailored to the Torrance community and create Torrance-specific targeted interventions when necessary.

Resources would be dedicated to Torrance residents, and not be split among the population of Los Angeles County.

The City would have the authority to create its own public health budget as well as establish taxes (subject to voter approval) and fees for public health.

The limitations include the following:

The City's autonomy to make public health decisions would not be absolute. In the event of a public health emergency, CDPH could require cities to follow state or county public health orders or guidance. This would override any order or guidance provided by a Torrance department of public health;

Potentially creating duplicative administration infrastructure and fragmented or redundant public health services;

City-level public health departments create an extra layer of bureaucracy that could slow disease investigations being carried out across multiple jurisdictions. and cause inefficient use of resources for disease surveillance and emergency preparedness;

Costs for the local health department are borne by the City, and no funds from the rest of the Los Angeles County tax base would go towards the department. Although revenues would be possible from both fee for services and operating grants, as previously noted a review of Pasadena and Long Beach Health Departments found that each operates at a deficit and require substantial local general fund support in order to provide all of the required Public Health Department functions, including services that do include cost recovery.

Services run by a Torrance health department would be less economically efficient than similar services run by the county due to a loss of economy of scaling.

NEXT STEPS:

To this end, Staff are requesting direction as to how the Council would like to move forward and if there are other research areas of interest.

Option 1: Accept/File, direct Staff to bring forth a subsequent update once the City of West Covina has established their Public Health Department for a full one-year period; or

Option 2: Accept/File, direct Staff to bring forth a subsequent update based on Council's priorities or additional research inquiries; or

Option 3: Accept/File, direct Staff to halt research efforts on a potential establishment of a City-operated Public Health Department at this time.

Respectfully submitted,

ARAM CHAPARYAN
CITY MANAGER

for: By 
Benjamin Brown
Management Aide

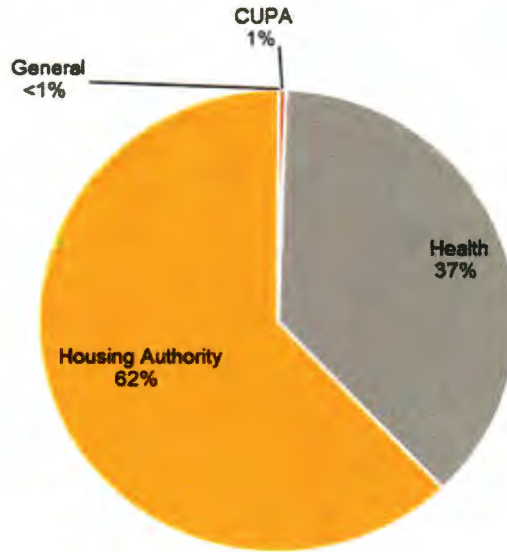
CONCUR:


Aram Chaparyan
City Manager

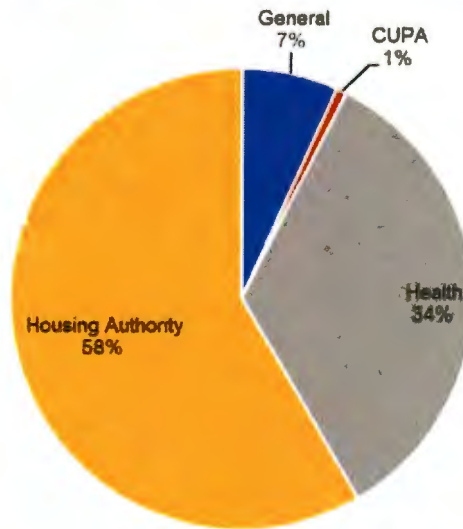
- Attachments:
- A) Long Beach FY 2024 – Adopted Budget
 - B) Pasadena Adopted Operating Budget FY 2024: Public Health
 - C) Los Angeles City Administrative Officer: Council File No. 13-0600;13-0613
 - D) Beverly Hills Agenda Report – August 23, 2022
 - E) City of Santa Ana HMA Report: Community Health Strategist
 - F) Torrance Memorial Community Health Needs Assessment
 - G) California Code of Regulations Tit. 17, § 1276 - Basic Services

FY 24 Budget

FY 24 Revenues by Fund Group



FY 24 Expenditures by Fund Group



Fund Impact

Fund Group	Revenues	Expenditures	Fund Impact
General	2,400	12,564,304	(12,561,904)
CUPA	833,945	1,370,933	(536,989)
Health	63,475,465	64,090,959	(615,495)
Housing Authority	105,713,883	109,706,198	(3,992,315)
Total	170,025,693	187,732,395	(17,706,702)

Financial Summary by Category

	Actual	Adopted*	Adjusted**	Adopted*
	FY 22	FY 23	FY 23	FY 24
Revenues:				
Property Taxes	6,316,746	5,800,000	5,800,000	6,218,277
Sales and Use Taxes	3,065,947	2,885,549	2,885,549	2,885,549
Other Taxes	-	-	-	-
Utility Users Tax	-	-	-	-
Franchise Fees	-	-	-	-
Licenses, Permits and Fees	4,516,208	4,698,685	4,698,685	4,800,655
Fines and Forfeitures	-	-	-	-
Use of Money & Property	415,520	164,611	164,611	162,756
Revenue from Other Agencies	152,022,836	150,379,570	156,522,099	151,646,754
Charges for Services	708,428	1,074,780	1,074,780	1,074,780
Other Revenues	2,322,302	236,855	236,855	236,855
Intrafund Services	2	1,566,832	1,741,832	1,566,832
Intrafund Transfers	51,799	-	-	-
Interfund Services	818,561	714,231	714,231	714,231
Interfund Transfers	1,734,466	325,088	325,088	719,003
Other Financing Sources	-	-	-	-
Total Revenues	171,972,815	167,846,202	174,163,731	170,025,693
Expenditures:				
Salaries and Wages	32,231,619	35,156,045	35,156,045	37,145,184
Employee Benefits	19,275,861	22,446,581	22,446,581	23,812,388
Overtime	1,575,082	395,085	395,085	395,085
Materials, Supplies and Services	147,696,561	116,904,713	139,215,688	117,539,687
Interfund Support	5,410,437	7,324,965	7,374,965	8,567,075
Intrafund Support	32,297	740	740	740
Capital Purchases	1,204,989	-	-	-
Insurance Premiums and Losses	-	150,150	150,150	150,150
Other Non-Operational Expenditures	-	-	-	-
Operating Transfers	1,040,182	13,690	13,690	122,086
Intrafund Transfers Out	51,799	-	-	-
Purchase of Gas & Water	-	-	-	-
Depreciation and Non Cash Expenditures	-	-	-	-
Total Expenditures	208,518,825	182,391,970	204,752,945	187,732,395
Budgeted FTEs	470.52	494.77	494.77	518.52

* Amounts exclude all-years carryover. See budget ordinance in back of this document.

**Adjusted Budget as of April 30, 2023.

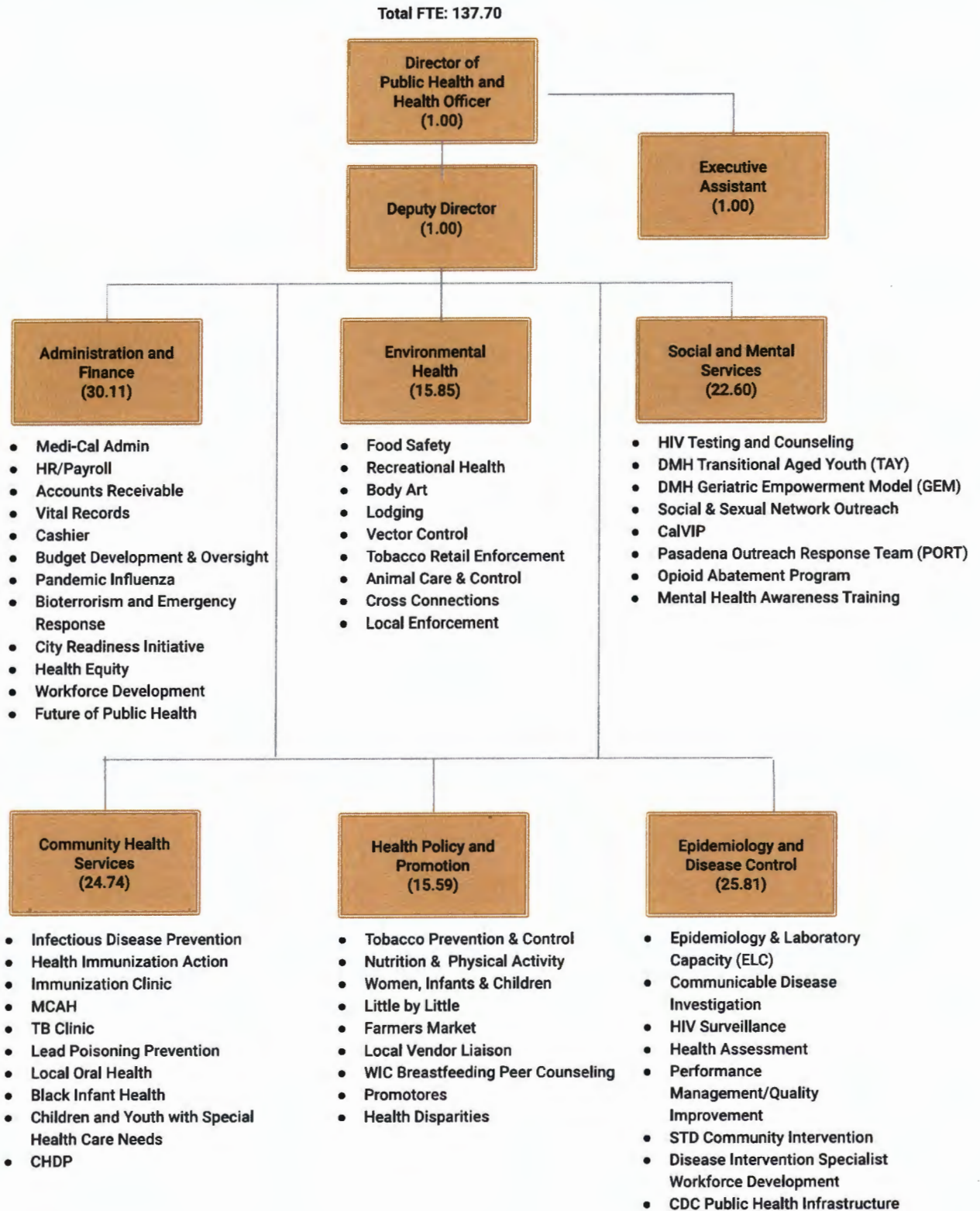
Note: The City is currently maintaining two different financial systems and until a new budget development software is established, the financial information displayed in the future may have further adjustments.



Public Health



ADOPTED OPERATING BUDGET | FISCAL YEAR 2024



MISSION STATEMENT

The Pasadena Public Health Department is dedicated to promoting the physical, social and mental well-being of all who live, work, learn, and play in Pasadena. Our vision is everyone thriving in communities designed for health and well-being. The Department has established “North Stars” as guiding principles to generate, evaluate, and amplify everything that we do. Our North Stars are:

- We Fight for Equity
- We Spark Joy
- We Meet You Where You Are
- We Create Possibility
- We Are All In This Together

PROGRAM DESCRIPTION

The Pasadena Public Health Department has delivered public health services to Pasadena residents and visitors for over 130 years. The City of Pasadena is one of three cities in the State of California that maintains its own independent local health jurisdiction, allowing the City to design public health programming to best address its local needs. The Department provides a range of services that encompass the core public health functions of assessment, policy development and assurance. The Department is responsible for promoting a healthy community through legally mandated services, conducting essential public health functions, enforcing the State Health and Safety Code, and administration of other policies, statutes, regulations and prevention-based programming. To meet the needs of Pasadena’s diverse community, the Department uses the US Department of Health and Human Services’ Healthy People 2030 measures as benchmarks to identify health improvement priorities, in addition to collecting local input to refine those priorities. The Department publishes the Greater Pasadena Community Health Improvement Plan (CHIP) to catalyze collaborations across communities and sectors working on collective impact, and to develop policy that changes systems or environments to improve community health.

The Pasadena Public Health Department follows the 10 Essential Public Health Services to protect and promote the health of all people in all communities. The Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities including:

1. Assess and monitor population health status, factors that influence health, and community needs and assets
2. Investigate, diagnose, and address health problems and hazards affecting the population
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
4. Strengthen, support, and mobilize communities and partnerships to improve health
5. Create, champion, and implement policies, plans, and laws that impact health
6. Utilize legal and regulatory actions designed to improve and protect the public’s health
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
8. Build and support a diverse and skilled public health workforce
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
10. Build and maintain a strong organizational infrastructure for public health

Working with a host of local, regional, state, and federal partners and stakeholders, the Department

champions interventions and strategies that resolve public health problems and create long-term, sustainable improvements in the community's health.

DEPARTMENTAL RELATIONSHIP TO CITY COUNCIL GOALS

Support and Promote the Quality of Life and Local Economy

In 2018, the Department published the Pasadena Community Health Improvement Plan (CHIP), which is a prioritization of health goals for all community partners to work toward, in a strategic, coordinated fashion. The CHIP was developed with broad community input and includes four priority areas: Improve the health, function, and quality of life of older adults; Improve the healthy development, safety, and well-being of adolescents and young adults; Reduce chronic disease risk by creating environments and policies that support smoke-free places, healthful nutrition, and physical activity; and Improve the well-being of women, infants, children and families with a focus on health equity. CHIP goals will continue to guide the collective work of all health partners within Pasadena. The Public Health Department will continue its role as a backbone for development and revision of the CHIP on behalf of all interested in health improvement in the Greater Pasadena area for future years.

Maintain Fiscal Responsibility and Stability

The Department continues to develop and implement mechanisms and systems to collect financial data, identify areas needing attention, and make sound management decisions. The Department is focused on maintaining core public health services for the community through maximization of grant billings, identifying new funding streams, and managing grant programs effectively.

Ensure Public Safety

In addition to ongoing COVID-19 reporting, investigations and community guidance, the Department continues to conduct communicable disease control and surveillance for other infectious risks to maximize community protection from disease-related illness and mortality. The Department continues to address emerging disease risks (e.g., Ebola, influenza, multi-drug resistant organisms, mpox).

FISCAL YEAR 2023 ACCOMPLISHMENTS

In 2023, the Department:

- Investigated over 7,600 confirmed and over 1,000 probable COVID-19 cases (since COVID-19 was first identified in March 2020 PPHD has investigated more than 39,000 confirmed cases)
- Investigated more than 206 COVID-19 outbreaks at over 118 different worksites (excluding long-term care facilities)
- Investigated more than 109 COVID-19 outbreaks at over 58 long-term care facilities including Skilled Nursing Facilities.
- Distributed over 6,800 COVID-19 antigen tests to long-term care facilities, schools and child care centers, and community agencies
- Conducted more than 4,400 non-COVID-19-related, communicable disease investigations including responding to the mpox outbreak, Ebola traveler monitoring, and several multi-drug resistant organism outbreaks in healthcare facilities
- Administered 2,038 COVID-19 vaccine doses, 789 flu vaccine doses, and 413 mpox vaccine doses
- Provided health information and resources using promotores (i.e., community health workers) on topics such as CalFresh, COVID-19, diabetes, and Medi-Cal at 120 tabling/canvassing events, reaching over 7,000 residents

- Assisted 119 clients enrolling in Medi-Cal, provided ongoing assistance to 345 clients with accessing their Medi-Cal services, and offered Medi-Cal renewal assistance to 59 clients
- Provided 2,800 meals, 493 showers and 348 loads of laundry at the mobile hygiene unit through programs for transitional-age youth and older adults
- Linked people experiencing homelessness to 110 total clinical appointments and made 153 average monthly points of contact and outreach through Pasadena Outreach Response Team (PORT)
- Responded to 875 9-1-1- dispatch calls related to people experiencing homelessness reducing the need for law enforcement response
- Provided housing linkages for 92 individuals
- Provided access to necessary drug assistance for 160 clients living with HIV through the AIDS Drug Assistance Program (ADAP)
- Distributed 100 at-home HIV test kits
- Remotely issued over 50,000 food benefits to families participating in the Women, Infants, and Children (WIC) Program
- WIC provided over 4,300 contacts, books and developmental handouts through the Little-by-Little School Readiness Program
- WIC sent over 15,000 informative texts to families and averaged 6,000 interactive chats related to WIC services per month
- Distributed over 1,500 dental kits to children and families
- Provided social support, emergency supplies and case management services to 40 African American mothers through the Black Infant Health Program
- Provided over 200 home visits and 60 mental health family support sessions to parents of children 3-5 years old to support kindergarten readiness and social-emotional wellbeing
- Conducted 2,069 routine inspections of restaurants, markets, hotels, pools, tattoo facilities, schools, and massage establishments
- Investigated 344 complaints related to food handling, vermin infestation, tobacco use, lead paint, and pool sanitation

The Department continued to navigate the COVID-19 response and emergency efforts within FY 2023 as case numbers declined with the community maintaining low transmission levels. While COVID-19 response and investigation has continued to be a priority, community programming and grant related projects resumed operations at enhanced levels while maintaining safe practices.

New grants in FY 2023 continuing into FY 2024:

- California Board of State and Community Corrections (BSCC) - Proposition 47. PPHD will use grant funding to expand the Pasadena Outreach Response Team ("PORT") services with a focus on working with justice-system involved individuals who are experiencing homelessness. Total funding for the grant term is \$1,143,953 and is available through June 1, 2026.
- California Board of State and Community Corrections (BSCC) - California Violence Intervention and Prevention (CalVIP) - Pasadena Intervention and Prevention Project (PIPP). The PIPP is designed to serve at-risk, high-risk, and justice system-involved youth ages 10-24 years in Pasadena using an evidence-based model and innovative practices. The program approach draws on the experience and strength of existing community-based efforts to disrupt youth entry into a life of violence through prevention, intervention, and system development. The Department will receive a total of \$2,510,394 through June 30, 2025.
- California Department of Public Health (CDPH) - Future of Public Health Funding. In the FY 2023 adopted state budget, the State of California included ongoing public health workforce and infrastructure funding

through the CDPH initiative. The purpose of the program is to support long-term public health infrastructure through opportunities and initiatives found within the Community Health Assessment (CHA)/Community Health Improvement plan (CHIP) and Strategic plan goals. The funding is an-ongoing annual allocation (FY 2023 was \$1,033,025; with potential one-time carryover of any unused funding into FY 2024).

- Los Angeles County Department of Public Health (LACDPH) - Infrastructure, Workforce, and Data Systems Grant. The purpose of the program is to support public health infrastructure, workforce development, and accreditation by the Public Health Accreditation Board. The LACDPH awarded the PPHD a total of \$1,193,835 through November 30, 2027.
- National Opioid Settlement - Opioid Remediation. The funding is supported through the State's settlement allocation percentage as part of a \$5 billion National Opioid Settlement. The settlement funding will be used for material and supply purchases along with other contracted services to support opioid remediation through the form of treatment, naloxone distribution, education, and prevention. PPHD's Social and Mental Health Division will be leading the efforts to use the funding to support community needs in coordination with the Pasadena Outreach Response Team (PORT). Funding is anticipated through June of 2031, based on settlement disbursements.
- Substance Abuse and Mental Health Services Administration (SAMHSA) – Mental Health Awareness Training (MHAT). Funded through SAMHSA, the MHAT program will provide both Mental Health First Aid (MHFA) and Community Resiliency Model (CRM) trainings to local service providers, schools, and community members. The grant funding term is through December 30, 2026, and the total grant award is \$247,623.

For the seventh consecutive year, the Department and the Pasadena Library partnered to celebrate National Coming Out Day. National Coming Out Day recognizes the courage and power of coming out as lesbian, gay, bisexual, transgender or queer (LGBTQ), a message of acceptance needed to ensure all members of our community feel safe.

The Department co-leads the Pasadena Elderly and Dependent Adult Liaisons (PEDAL) Committee, a City effort to take local action where possible to maintain required standards at long-term care facilities and advocate for improved regulation by state and county agencies. The Department coordinates citywide efforts to recognize World Elder Abuse Awareness Day in June each year to improve understanding of elder abuse and neglect of older persons and raise awareness of the cultural, social, economic, and demographic factors that increase the potential for elder abuse and neglect.

FISCAL YEAR 2024 ADOPTED BUDGET

Operating Budget

The FY 2024 Adopted Budget of \$23,819,955 million is \$636,228 more or 2.7% percent higher than the FY 2023 Revised Budget.

Personnel

A total of 137.70 FTEs are included in the FY 2024 Adopted Budget, a net decrease of 8.85 FTE from the prior fiscal year Revised Budget. Changes in staffing are related to sun-setting grants.

YEAR-OVER-YEAR BUDGET CHANGES**Health Fund - 203**

To achieve its mission, the Department receives health realignment (a share of state tax revenue and motor vehicle license fee) funds from the state and pursues federal, state, county and private foundation grants to offer various programs to address community health needs. Unfortunately, state health realignment funding has remained relatively flat and has not kept pace with standard increases in personnel costs. In addition, grant funding does not adequately cover the costs required for the City to deliver public health programs. The City is currently seeking FEMA Public Assistance reimbursement for COVID-19 expenditures; however it is uncertain when the revenue will be received.

In FY 2024, the City will provide \$288,000 in General Fund support to California Violence Intervention and Prevention (CalVIP) - Pasadena Intervention and Prevention Project (PIPP) program for consulting and outside services support to expand and develop the program. Additionally, the General Fund will support nearly \$50,000 in appropriations to manage the Local Enforcement program that had previously been absorbed by the Department. The Local Enforcement program provides Environmental Health staffing to enforce compliance of Public Municipal Codes Titles 6, 8, and 9.

Continued support for the Commitment to Health Equity (CHE) program and second Pasadena Outreach Response Team (PORT 2) will be provided by City Council-approved funding through the American Rescue Plan Act (ARPA) for the FY 2024 term. Identified funding for the CHE program is \$350,000 and \$325,000 for the PORT 2 team. The CHE program focuses primarily on department capacity building and community engagement through the strategic practices identified in the Human Impact Partners Health Equity Guide. The PORT 2 program is an additional team dedicated to outreach and aiding individuals experiencing homelessness in the community.

FUTURE OUTLOOK

The Department will implement its new Strategic Plan in FY 2024 and seek reaccreditation through the Public Health Accreditation Board. These activities are important to ensure alignment with national best practices in public health as well as the Department's internal efforts for continuous quality improvement and workforce development. The Department will continue to seek grant funding to support work on all the goals and objectives in the Greater Pasadena Community Health Improvement Plan.

SUMMARY TABLES

SUMMARY OF APPROPRIATIONS BY EXPENSE CATEGORY

(In Thousands)

Expenditure Category	FY 2022 Actuals	FY 2023 Adopted	FY 2023 Revised	FY 2024 Adopted
Personnel	\$11,645	\$14,471	\$16,060	\$16,205
Services & Supplies	2,822	3,462	4,950	5,221
Internal Service Charges	2,091	1,924	1,943	2,364
Capital Outlay	0	226	231	30
Operating Transfers Out	(139)	0	0	0
Public Health Total	\$16,420	\$20,084	\$23,184	\$23,820

SUMMARY OF APPROPRIATIONS BY DIVISION

(In Thousands)

Division	FY 2022 Actuals	FY 2023 Adopted	FY 2023 Revised	FY 2024 Adopted
Community Health Services	\$2,138	\$3,996	\$4,516	\$4,044
Environmental Health	2,023	2,254	2,254	2,346
Health Administration	6,786	4,990	6,059	6,602
Social and Mental Health Services	3,706	3,697	4,811	5,293
Health Policy and Promotion	1,755	2,227	2,338	1,870
Epidemiology and Disease Control	12	2,919	3,206	3,666
Public Health Total	\$16,420	\$20,084	\$23,184	\$23,820

SUMMARY OF APPROPRIATIONS BY FUND

(In Thousands)

Fund	FY 2022 Actuals	FY 2023 Adopted	FY 2023 Revised	FY 2024 Adopted
101 - General Fund	\$0	\$0	\$0	\$338
106 - New Years Day Genl Fund Events	0	0	0	0
203 - Health Fund	16,370	20,014	23,099	23,482
230 - Homeland Security Grant Fund	49	70	85	0
Public Health Total	\$16,420	\$20,084	\$23,184	\$23,820

SUMMARY OF FTEs BY DIVISION

Division	FY 2022 Adopted	FY 2023 Adopted	FY 2023 Revised	FY 2024 Adopted
Community Health Services	20.25	27.15	27.15	26.81
Environmental Health	16.20	15.95	15.95	15.95
Health Administration	40.76	24.02	32.52	31.18
Social and Mental Health Services	32.62	23.70	24.70	22.97
Health Policy and Promotion	20.18	18.61	19.61	14.59
Epidemiology and Disease Control	0.00	20.62	26.62	26.21
Public Health Total	130.01	130.05	146.55	137.70

*Note: The Pasadena Public Health Department completed a re-organization and added the Epidemiology and Disease Control Division in FY 2023. Please note that this division does not have historical representation within the Division Summary Tables.

REPORT FROM

OFFICE OF THE CITY ADMINISTRATIVE OFFICER

Date: June 13, 2013


CAO File No. 0220-04816-0000

Council File No. 13-0600; 13-0613

Council District: All

To: City Council

From: Miguel A. Santana, City Administrative Officer



Reference: Motion (Wesson-Reyes)

Subject: **COSTS, TIMELINE, AND FUNDING NECESSARY TO CREATE A CITY PUBLIC HEALTH DEPARTMENT**

SUMMARY

During consideration of the Mayor's 2013-14 Proposed Budget, the Council adopted a Motion (Wesson-Reyes) instructing the City Administrative Officer to report by June 19, 2013 on the cost, timeline, and funding necessary to implement a City Public Health Department, pursuant to a proposed ballot measure titled City of Los Angeles Public Health Protection Act (Initiative). The proposed measure would reinstate a City Public Health Department that exclusively provides public health services within the City, to be fully fee-supported. Public health services in the City are currently provided by the County of Los Angeles' (County) Department of Public Health (DPH). The City merged its Public Health Department with the County in 1964.

Other pertinent elements of the Initiative include requiring that 1) Department be established within 120 days after the ordinance is enacted and 2) the City be the only governmental entity able to enforce the public health laws of the City and/or the County of Los Angeles within the City of Los Angeles. The Initiative explicitly prohibits the City from contracting with the County of Los Angeles for the enforcement of public health laws.

Public health is a multidisciplinary field concerned with protecting and improving the health of an entire population, such as all residents within a city or county, instead of solely treating particular individuals as in many clinical professions. Given the scope and the purpose of public health work, it is imperative to communicate and coordinate across a large regional area.

The population of the County is approximately 9.96 million, based on the 2012 United States Census Bureau estimate. The City's population is approximately 3.86 million, which represents about 40 percent of the County population. The DPH 2012-13 Budget is \$832 million, of which \$651 million (78 percent) is derived from direct revenues including various fees (\$100 million) and grants (\$551 million), and \$181 million (22 percent) provided by the County's General Fund. According to the County, many of these funding streams drive mandated work with a relatively small amount of flexible funding available for discretionary activities. Further, fee revenue is

limited purpose funding, restricted to specific services.

The full cost of operating an equivalent operation within the City cannot be determined at this time as a more comprehensive review is necessary. Nonetheless, assuming that the City would be obligated to perform every service currently provided by DPH, and 40 percent of the County's health services and DPH budget are expended in the City, City annual operating costs could start at \$333 million. Further, based on this scenario, the County has initially estimated that only \$72 million in direct fee revenue and grant funding currently received by the County could be initially available to the City for a Public Health Department, which could result in a City General Fund impact of up to \$261 million. It should be noted that the County has indicated that the \$333 million estimate includes some services that only the County can provide in compliance with State law, which could reduce the City's operational costs but could also potentially limit public health services available in the City since the Initiative explicitly prohibits the City from contracting with the County of Los Angeles for the enforcement of public health laws.

The \$333 million estimate is a starting baseline for annual operational costs only. It does not include start-up costs, such as the acquisition of laboratory and office space, capital equipment, and information technology needs that would be required, nor does it include the costs incurred by other City departments, such as the Department of General Services (GSD), Information Technology Agency (ITA), Personnel Department and the Office of the Controller, which would be required to provide additional services to the new Department. It is not possible to quantify start-up costs at this time due to many unknowns.

Additionally, the \$333 million estimate does not include the costs to the City should this Initiative be placed on the ballot, estimated by the City Clerk to be \$4.6 million, as well as potential Health Insurance Portability and Accountability Act (HIPAA) data security costs and training costs for all staff in order to be HIPAA compliant. Looking at the County's liability experience, the City can also expect to incur legal liability and risk costs unknown at this time (e.g., medical malpractice and workers compensation). Consequently, it is clear that the \$333 million estimate represents the lowest amount likely to be needed annually for a Los Angeles City Public Health Department, and the estimated General Fund amount of \$261 million is likely to be the minimum amount of General Fund money required annually to subsidize the Department's operations.

Because fees can only recover the costs associated with the provision of the specific service being provided and could not supplement any other public health services, such revenue would be limited. Further, given the City's current fiscal situation, the projected \$261 million annual General Fund impact associated with the ongoing expenditures of such a Department would likely require the City to either 1) submit an initiative to the voters of the City to increase taxes to fund the Department, 2) greatly reduce the scope of public health services currently provided by the County, and/or 3) reduce other General Fund services, such as police hiring, fire service restoration, and street resurfacing. It should also be noted the City is currently projecting a 2014-15 General Fund deficit of \$153.4 million, with declining deficits in the following two years. This Initiative will increase the overall shortfalls the City has to address.

Establishing a City Public Health Department could take a minimum of one year and potentially up to two years. As discussed in this report, the implementation process requires a particularly

extensive and unprecedented plan to hire employees and acquire necessary property for programs, services, and facilities, including the potential eventual construction of a laboratory. Hiring the necessary personnel and providing operational and laboratory space, would have the most significant impact on the timeline associated with establishing a new Department.

The following are also significant issues for consideration:

- It is a largely uncommon experience for any public health jurisdiction in the U.S. to fully cover its operating costs through fees, and given the City's baseline cost estimates identified in this report, it is not feasible to fund the proposed Department entirely through fees. The County currently recovers only 12 percent of operational costs through fees.
- There are severe limitations to accessing supplemental sources of revenue, particularly grants and other streams that are currently specified for the County.
- A newly established Public Health Department in the City will not be equipped to adequately serve all the public health needs for the City's entire population given its vast and specialized responsibilities coupled with the necessary financial resources to fully prepare for implementation.
- All residents within a public health jurisdiction rely on their department of public health for protection from a wide variety of threats, from bioterrorism to tainted foods to many other hazards that could lead to crises in the region. Public health emergencies are not constrained by City boundaries, and require regional coordination and cooperation. The slightest failure in enforcing all existing codes related to public health without the ability to contract with the County DPH would unnecessarily put the residents of Los Angeles and surrounding communities at risk, and is likely given the many administrative restrictions.
- The Initiative's prohibition on contracting with the County could also create a number of operational and potential public health challenges both in terms of addressing public health needs in an effective, efficient, and coordinated manner, and in a potentially wasteful duplication of capabilities and public resources.

Delivery of public health services is not an "off the shelf" service that can be rushed arbitrarily. The breadth and scope of services needed and the design of a system to deliver them requires careful and detailed planning and consideration by a multitude of experts.

RECOMMENDATION

That the Council note and file this report.

FISCAL IMPACT

Adoption of the proposed City of Los Angeles Public Health Protection Act is expected to have a significant fiscal impact on the City. At minimum, the City will incur a \$4.6 million cost, as estimated by the City Clerk, to place this Initiative on the June 2014 ballot. If the Initiative is approved, the creation of a new City Public Health Department is preliminarily expected to result in a significant unknown obligation for start-up costs and ongoing costs of \$333 million per year, at a minimum. In the first year of the Department's operation, it is unlikely the City would receive more than \$72 million in fee and grant revenue. Therefore, the potential \$261 million General Fund impact associated with the operation of the Department would likely result in increased fees and/or taxes, public health service reductions, and/or significant reductions in other City services. It should also be noted the City is currently projecting a 2014-15 General Fund deficit of \$153.4 million, with declining deficits in the following two years. This Initiative will increase the overall shortfalls the City has to address.

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Attachments

- 1 – Cities and Communities of Los Angeles County by Services Planning Area (SPA)
- 2 – Los Angeles County Department of Public Health brochure
- 3 – Services Provided by LA County Department of Public Health
- 4 – Typical County Staffing Reconfiguration/Replica for a Public Health Center

FINDINGS

1. Basis for Report

During consideration of the Mayor's Proposed Budget, the City Council adopted a Motion (Wesson-Reyes) instructing the City Administrative Officer to report by June 19, 2013 on the cost, timeline, and funding necessary to implement a City Public Health Department, pursuant to the proposed ballot measure titled "City of Los Angeles Public Health Protection Act" (C.F. 13-0600).

2. Background

The City of Los Angeles operated a Public Health Department until 1964. At that time, the City merged the Public Health function with, and transferred physical assets to, the County. The transfer occurred after 18 months of intensive effort by administrative and public health officials from both jurisdictions. The City and County executed a contract that, in accordance with State law, resulted in the City's adoption of the County Health Code, authority for the County to enforce the Public Health Code in the City limits, and allows the County to establish fees to pay for services in the City limits. The City does not pay fees directly to the County for public health services. The City and County took this action both to avoid duplication of services and costs and in recognition of the need for public health services to be provided on a broad, regional basis.

On March 7, 2013, the Office of the City Clerk approved a petition for circulation and collection of signatures for "Creation of a City of Los Angeles Public Health Department Initiative Ordinance." The purpose of the measure is to re-establish a City Public Health Department (Department) that is responsible for promoting and protecting the public health, as well as enforcing public health laws within the City.

As proposed, this measure would require the following:

- The City to establish its own, independent Public Health Department to administer and enforce public health laws in the City of Los Angeles;
- All costs for the establishment of the Department to be derived from current fees collected and paid to Los Angeles County as a result of its activities to enforce public health laws in the City;
- Future Department revenue to be generated from the collection of all fees, including license, permit and/or certification fees generated by the enforcement of the Public Health Code;
- The Department to be established within 120 days after the ordinance is enacted; and
- The City of Los Angeles to be the only governmental entity able to enforce the public health laws of the City and/or the County of Los Angeles within the City of Los Angeles. The Initiative explicitly prohibits the City from contracting with the County of Los Angeles for the enforcement of public health laws.

Furthermore, the Initiative requires that the remaining portions of the ordinance be valid if any portion of the ordinance is held to be unconstitutional, invalid, or unenforceable. If there are competing measures on the same ballot, the measure with the greatest number of affirmative votes prevails in its entirety. Finally, it states that this measure can be repealed only by an ordinance adopted by either petition or by the Council at its own instance and adopted by a vote of the electors, or by an amendment of the Charter superseding the Initiative's provisions.

On May 28, 2013, the City Council adopted a resolution opposing this Initiative (C.F. 12-0613).

The City Clerk announced on June 4, 2013 that the number of verified signatures on the petition for this proposed measure had "achieved sufficiency." In accordance with Charter Section 452, the City Council is required to act within 20 days after the presentation of the Initiative petition by the Clerk. As this document was transmitted by the Clerk to the Council on June 12, 2013 (C.F. 13-0613), the City Council has until July 2, 2013 to act.

3. Public Health Services

Generally, public health departments work to provide at minimum the 10 essential public health services, as defined through the National Public Health Performance Standards Program (under the umbrella of the Centers for Disease Control). This list is intended to provide a broad service-delivery framework for all state and local public health agencies. The 10 essential public health services are as follows: (1) Monitor health status to identify and solve community health problems, (2) Diagnose and investigate health problems and health hazards in the community, (3) Inform, educate and empower people about health issues, (4) Mobilize community partnerships and action to identify and solve health problems, (5) Develop policies and plans that support individual and community health efforts, (6) Enforce laws and regulations that protect health and ensure safety, (7) Link people to needed personal health services and assure the provision of health care when otherwise unavailable, (8) Assure a competent public and personal health care workforce, (9) Evaluate effectiveness, accessibility, and quality of personal and population-based health services and, (10) Research for new insights and innovative solutions to health problems.

Actual, specific public health service mandates, such as those provided in the California Health and Safety Code and various regulations, are lengthier and more detailed. The following chart outlines the minimum regulatory standards for a local health department:

Health & Safety Code, §101185 MANDATED SERVICES
1) Collection, tabulation and analysis of all public health statistics, including population data, natality, and mortality and morbidity records (this includes the issuance and record keeping of birth and death certificates)
2) Health education programs
3) Communicable disease control, including availability of adequate isolation facilities, the control of the acute communicable diseases, and the control of tuberculosis and the venereal

diseases, based on provision of diagnostic consultative services, epidemiologic investigation and appropriate preventive measures for the particular communicable disease hazards in the community
4) Maternal and child health services
5) Environmental health and sanitation services including food safety, housing and institutional inspection, radiological health in local jurisdictions contracting with the State, recreational water inspection, vector control, waste management inspection, and water inspection
6) Public Health Laboratory services related to the prevention and control of human disease
7) Nutrition services for the promotion of positive health, the prevention of ill health, and the dietary control of disease
8) Services in chronic disease, which may include case finding, community education, consultation, or rehabilitation, for the prevention or mitigation of any chronic disease
9) Services directed to the social factors affecting health, and which may include community planning, counseling, consultation, education, and special studies
10) Services in occupational health to promote the health of employed persons and a healthful work environment, including educational, consultative and other activities appropriate to local needs
11) Appropriate Services in the Field of Family Planning
12) Public Health Nursing

The County, as a local health jurisdiction, has some discretion as to the method and extent to which mandates are addressed. For example, jurisdictions are required to provide health education programming, but there is flexibility as to the amount of education provided, such as the number of classes and the type and quantity of materials distributed. For the purposes of this report, it is assumed the City would provide a full and comparable level of services as currently provided by the County, in order to ensure that residents do not experience a service reduction.

4. Los Angeles County Department of Public Health (DPH)

The County encompasses 88 cities, including three cities that have been operating their own public health departments for over 100 years: Pasadena, Long Beach, and Vernon. Each of the three cities has a relationship with the County through memoranda of understanding (MOUs), contracts, and agreements to help administer public health services to their respective residents. In 1964, the City of Los Angeles entered into a contract with the County for the provision of public health services as required by State law. Since that time, the DPH has expanded services provided throughout the County to address community needs as they have arisen. DPH activities currently range from direct medical services for select communicable diseases to policy analysis and advocacy. With 4,462 budgeted positions and a budget of \$832 million, DPH serves a

County population of approximately 9.96 million in a large geographic service area that spans 4,300 square miles. The County is divided into eight geographic regions (Service Planning Areas) in order to provide targeted services. Attachment 1 provides a map of these Service Planning Areas, and Attachment 2 provides general information regarding the County's DPH.

DPH provides clinical and field services through its 14 public health centers and one rehabilitation center. These facilities provide free and low-cost services for those without health insurance or a regular health care provider. Specific services include immunizations, triage for communicable disease, Tuberculosis (TB) screening and treatment, and Sexually Transmitted Disease (STD) testing and treatment. Five of the public health centers are physically located within the City (Central, Hollywood Wilshire, North Hollywood, Pacoima, and Ruth Temple); however, services are also open to adjoining areas. The County estimates that City residents account for 46 percent of all visits to the 14 public health centers.

The County addresses its programs under budget divisions to simplify the financial operating system, however the multitude of programs are under more than one division. Specifically, the County administers various programs through five budget divisions: Public Health Programs (PHP), Substance Abuse Prevention and Control (SAPC), Children's Medical Services (CMS), Division of Human Immunodeficiency Virus and Sexually Transmitted Disease Programs (DHSP), and Antelope Valley REHAB Centers (AVRC). Similar to the City's budget program structure, the County's budget divisions may not represent the organizational or operational structure of the DPH, as actual services and functions may cross budget divisions. Of the programs within DPH, some of the programs carry out their work by contracting with community organizations. Attachment 3 provides detail as to the County's services.

- Public Health Programs - budget of over \$424 million with 3,059 budgeted positions

The mission of the PHP is to deliver general public health care to improve the health of all County residents. This means protecting residents from health threats such as food-borne illnesses, natural and manmade disasters, toxic exposures, and preventable illness and injury. PHP also works to prevent chronic diseases such as heart disease, cancer, and diabetes, and other risk factors, including poor nutrition, inadequate physical activity, and tobacco use. Specific programs are described in Attachment 3.

- Substance Abuse Prevention and Control (SAPC) - budget of over \$214 million with 265 budgeted positions

SAPC has the primary responsibility of administering the County's alcohol and drug programs including a wide array of alcohol and other drug prevention, treatment, and recovery programs and services for individuals through contracts with over 150 community-based organizations. The primary recipients of County-funded alcohol and drug treatment, recovery, and intervention services are residents of all parts of Los Angeles County, including City residents, particularly those who are uninsured and/or underinsured.

- Children's Medical Services (CMS) - budget over \$100 million with 807 budgeted positions
CMS focuses on ensuring that children with special healthcare needs and children from low-income families have access to health services and family assistance that maximize their physical, mental, and social health, their overall development, and their well-being. Treatment and screening is provided for individuals age 21 and under.
- Division of Human Immunodeficiency Virus and Sexually Transmitted Disease Programs (DHSP) - budget over \$88.8 million with 228 budgeted positions
DHSP's mission is to prevent and control the spread of HIV and Sexually Transmitted Diseases (STDs) through epidemiological surveillance, implementation of evidence-based programs, coordination of prevention, care, and treatment services, and the creation of policies that promote health.
- Antelope Valley REHAB Centers (AVRC) - budget over \$3.8 million with 103 budgeted positions
Although the name references the Antelope Valley, the AVRCs serve the entire County. The mission of the AVRC is to provide specialized integrated substance abuse disorder treatment. AVRC provides residential and outpatient services to adult men and women, which include assessment, treatment, and recovery support.

Given the regional scope of the services being provided and legally required anonymity aspect of certain health services, the breakdown of the County services provided to City residents is difficult to identify.

5. Costs, Funding, and Timeline

Creating a City department requires identification of the scope and services of the department. Once that information is known, the magnitude of services being offered, the number and type of staff needed, and facilities and equipment required can be determined and budgeted.

A. Assumptions

In the case of a proposed new City Public Health Department, estimating basic costs, timeline, and funding sources must be based initially on the services provided by the County. Because public health provides population-based services, those services cannot be arbitrarily terminated for a period of time as people depend on them. For the purpose of this report, we have used the very broad assumption that 40 percent of the County population is in the City, and therefore 40 percent of the County activities are related to the City. It should be noted that the County has indicated that it provides some services that only a county can provide in compliance with State law, which could reduce the City's operational costs. However, this could also potentially limit public health services available in the City since the Initiative explicitly prohibits the City from contracting with the County for the enforcement of public health laws.

B. Costs

The establishment of a new City Department of this magnitude is expected to be both time-consuming and costly as substantial start-up costs are expected to be incurred. It is also anticipated that existing City staff would need to be diverted from Mayor and City Council-funded priorities to lay the foundation for the creation of the new Department. The following are some of the anticipated impacts to existing City Departments:

- Personnel Department would require additional staff to conduct the classification, recruitment, and examining functions outlined below (See the Personnel/recruiting process within the Timeline Section below.).
- Public Works-Bureau of Engineering would need to determine space needs and potentially acquire land and oversee construction of a lab.
- GSD would need to find space and procure supplies and equipment.
- ITA would need to provide telephone and internet access for the staff at any new office and laboratory space, which may include installation of new network infrastructure to accommodate the additional usage. Additionally, ITA would assist with the procurement of computer equipment and necessary software, as well as the design and implementation of any specialized information technology systems necessary to support the operations of a Public Health Department. Any support staff and related systems that manage health-related information, such as electronic medical records systems, must be compliant with HIPAA privacy regulations to ensure confidentiality of patient information.
- The City Attorney would need to prepare several ordinances to establish the Department and create the necessary positions, as well as provide legal advice and guidance throughout the process.

Given the significant reductions that have been absorbed by each of these departments over the last five years, all of them would likely require additional resources to take on this work, unless the Mayor and Council decide to defer or abandon other budgeted priorities while this work occurs. Assuming a minimum of two additional positions per department listed above, at an estimated average salary cost of \$100,000 per City position, the minimum additional direct salary costs to begin to create a new department would be about \$1.0 million.

In addition to facilities and personnel resources, start-up costs would include acquisition of cars for inspectors and other field personnel, thereby expanding the City's fleet; acquisition of both mobile labs and the equipment for those labs; acquisition or development of integrated information technology systems, including electronic health records; and development of electronic or physical capacity to contain and manage birth and death certificates. For comparison, the County's annual cost for total capital asset equipment is more than \$4.7 million, which includes medical equipment; non-medical lab/testing

equipment; telecommunications, data handling, electronic, and other information technology equipment; as well as office furniture and fixtures, and transportation. The City would also need to be prepared to develop the training and certification required under HIPAA as well as a program to ensure clinical staff are appropriately and currently licensed and credentialed.

Once the department is created, the largest single operating cost will be salaries and benefits. We have assumed that the City would be obligated to provide every service currently by DPH and 40 percent of the County's health services and DPH budget are expended in the City. Consequently, a City Public Health Department would be 40 percent of the size of the County DPH which has an operating budget of \$832 million and 4,462 budgeted positions. Therefore, the City's estimated annual operating budget would be \$333 million, of which salaries and benefits would be about \$174 million for a total of 1,785 positions, based on the County's staffing and budget for salaries and benefits. City salaries will likely be higher, in part because the City will be required to virtually duplicate the executive and management structure of the County department. Thus, the estimated annual salary cost of \$121 million for 1,785 positions is expected to be low. Related costs would add an estimated \$53 million to the annual budget.

Expense costs, including supplies, equipment, transportation, communications services, and contractual services, would be based on the City's procurement processes. It is reasonable to expect that the City's supply and equipment costs may be higher than the County's, due to economies of scale. Since the City would be buying smaller quantities of specialized items, the City may not get bulk pricing available to the County. Additionally, the County contracts with a variety of organizations to provide services. The estimated annual cost of expenses based on 40 percent of the County's cost would be about \$150 million.

Additional ongoing resources would be required in several City departments. The Controller may require additional resources to set up and process accounting documents, along with the need to provide accounting guidance for the new Department because it will potentially have a significant number of restricted funding sources. GSD, Personnel, ITA, and the City Attorney will have ongoing staffing needs.

Looking at the County's liability experience, the City can also expect to incur liability and costs of risk. In fiscal year 2011-2012, the County had 210 new claims and paid a total over \$8.45 million, which includes indemnity and legal fees and expenses for worker's compensation, vehicle liability, general liability, and medical malpractice. Of those claims, eight were from medical malpractice and 169 were from worker's compensation.

Additionally, the \$333 million estimate does not include the costs to the City to place this Initiative on the ballot, estimated at \$4.6 million.

C. Funding

The County DPH 2012-13 Budget is \$832 million, of which \$651 million (78 percent) is derived from direct revenues including various fees, State and federal funding allocations, and grants. The County has initially estimated that only \$72 million in direct fee, State, federal, and grant funding currently received by the County would be initially available to the City for a Public Health Department.

The County DPH currently has over 250 fees established for public health services, and receives fee revenue totaling approximately \$100 million per year. These fees range from charges for copies of birth (\$23) and death certificates (\$16) to permit fees for body art establishments (\$783) to restaurant inspection fees (\$277 to \$1,250). The City would not be entitled to any fee revenue currently received by the County. As the City currently does not have any fees established for public health, fee studies would need to be completed to determine the cost for the City to provide these services. The Council would then need to establish fees through ordinance. Fees can only recover the costs associated with the provision of the specific service being provided, and could not supplement any other public health services provided. The County may currently be achieving a reduced fee structure due to the economy of scale associated with serving such a large population. Therefore, if the City were to achieve full cost recovery for the services provided, it is possible that the City's fees may exceed the current County fees for the same services. The County has estimated that \$38 million of the \$100 million in fee revenue currently received by the County is attributed to fees paid by City businesses, and therefore that \$38 million in fee revenue would be received by the City annually if the City were to establish fees comparable to the County's fees for these services.

Additionally, the County receives additional State and federal funding, including direct allocations and grants, for public health. The County has estimated that initially only \$34 million in grant funding for public health would be available to the City, associated with grants that are funded on a formula basis per capita. The \$34 million represents the allocation that the City would receive simply based on population estimates for these formula grants. Additional grants have previously consistently been allocated to the County, as the County is currently the only eligible service provider, but may be available to the City if a Public Health Department was established. However, a greater analysis would need to be completed on each individual funding source to determine whether the City could receive additional funding. Additionally, the County has indicated that some federal and State funds are allocated to the County, and then the County subsequently provides a portion to the Long Beach and Pasadena Public Health Departments based on population. As these funds are allocated from the County to the cities through a contract, it is unknown what impact the Initiative's prohibition on contracting could have on the availability of these funds to the City.

The County also receives grant funds through competitive awards, which would likely not be immediately available to the City, as they were awarded in response to grant applications submitted by the County. However, the City may be able to compete for such grants in future funding cycles, although it is unknown how competitive the City's applications would be due to the lower population service area and the City's lack of

experience and expertise in providing these services. Additionally, competition between the City and County for the same grants may result in lower funding being allocated to the region overall.

Other funding sources include direct State allocations pursuant to various State legislation, including AB109 revenue, also referred to as 2011 State Realignment Funding, and AB8 revenue, also referred to as 1991 State Realignment Revenue. However, the County is often specifically named in the State legislation as a funding recipient for these types of funds, and therefore State and/or federal legislation change would be required for the City to receive any of these funds. At this time, it is unknown how much, if any, additional funding would be provided to the City associated with any legislation change.

According to a study recently published in the American Journal of Public Health, across the nation, local government public health agencies obtain an average of 44 percent of their funding from local governmental appropriations, with the remainder derived from state government (30 percent), fee-based revenue (19 percent), and direct federal appropriations (three percent).

D. Timeline

Establishing a City Public Health Department in 120 days requires a particularly extensive and unprecedented plan to hire employees and acquire necessary property for programs, services, and facilities, including a laboratory as mandated for local Public Health jurisdictions by the California Health and Safety Code. To put the demands of this effort into context, a recent City recruiting and hiring process for one specialized health care classification took almost two years.

These two areas: hiring the necessary personnel and providing space for the operations, would have the most significant impact on the timeline associated with establishing a new Department.

1. Personnel/Recruiting process

Currently, the County DPH has 4,462 budgeted positions. Considering the City is roughly 40 percent of the County's population, the City's Personnel Department would have to follow City protocol for creating new job classes for potentially as many as 1,785 positions, if the City were required to provide all of the services currently provided by the County. For comparison purposes, in 1964 the City transferred about 1,000 positions to the County when the City and County public health functions were merged.

Because public health would be a completely new undertaking for the City at this time, several steps would need to be taken before recruiting and hiring could begin. As noted above, the first and most critical step is to define the scope and services to be provided as this will drive the understanding of types of skills needed. The Department organization would also need to be determined. Typically, department managers begin the process by defining individual jobs, duties, and requirements. In the absence of department management, that work would need to be undertaken

with the help of the consultants and possibly County DPH and Human Resources personnel. Once the jobs, duties, and responsibilities have been defined, the following process can begin:

Steps	Estimated time to complete
The Personnel Department develops class specifications, which must be approved by the Civil Service Commission	Two to four months
Unions may petition the Employee Relations Board (ERB) to accrete the new classes as soon as the new classes are established.	No impact overall
Personnel's Classification Division evaluates the appropriateness of an accretion and makes a recommendation to the ERB on accretion.	One month
The CAO Employee Relations Division (ERD) establishes salaries. If classifications are represented, the salaries will be negotiated with the applicable bargaining unit. If classifications are unlike current City positions, salary studies have to be conducted.	One to two months
The CAO makes recommendations to the Executive Employee Relations Committee (EERC)	No impact overall
EERC makes recommendations to Council. Recommendations are considered by Personnel Committee and Council.	No impact overall
After approval by the EERC and Personnel Committee, the City Attorney prepares a salary ordinance for approval by the Council and Mayor	Two to three months
Personnel begins to recruit people to fill positions. Recruitment may be done by consultant recruiting firms that provide executive search services particularly for specialized classes with technical education and experience requirements.	Several months for specialized classes *Certain highly specialized classes that are in high national demand with a limited pool of qualified applicants can take up to two years to be recruited and filled
Qualified candidates would go through background checks: possibly fingerprinting, medical, or even Department of Justice fingerprint checks. The Personnel Department would need to research requirements	Time contingent upon degree of background checks and external reviewers involved
Qualified candidates who pass background checks could get emergency appointments, but the positions would	Four to six months

need to be a part of the Civil Service system, which means exams would need to be developed and administered before regular appointments could be made.	
Total time estimated	Minimum of slightly more than one year and potentially up to two years

The City could potentially use County classification specifications and position descriptions to guide this process; however, care would need to be taken to ensure City requirements and needs were met. It is also unlikely that County DPH personnel could be hired at the outset. If the County were required to lay off DPH personnel, it would require a Civil Service process that would result in the employees with the least seniority being released. Those employees may not have the qualifications or experience needed in a new City Department. For reference, typical County staffing for a public health center is provided as Attachment 4.

For comparison, it took the City over two years to facilitate the transfer of sworn and civilian positions from the GSD Office of Public Safety to the Los Angeles Police Department. The classifications and position descriptions for these existing positions were already in place, and the City already had expertise in the functions performed by the positions. To create classifications, recruit qualified applicants, and hire as many as 1,785 positions for the proposed Department in a much shorter amount of time would be extremely challenging and likely infeasible under the terms of this Initiative, particularly considering the City's lack of expertise in the performance of public health activities.

The City would likely not provide all services just with staff. As is the County's practice, the City would likely contract with Community-Based Organizations (CBOs) to provide community services. These CBO contracts would require a competitive procurement process, including the development and issuance of Requests for Proposals (RFPs), evaluation, and subsequent contract development, negotiation, and execution. The RFP process would also impact the timeline for establishment of the Department and its ability to provide services.

2. Building/property acquisition process

One of the minimum requirements for a public health jurisdiction is operating and maintaining a lab. It is an option to contract with a private lab; however such an alternative is costly. The City could send certain specimen to a State lab, but for special cases, not for daily testing operations. Therefore the City would need space to house the new Department and laboratory. Assuming that matters such as the scope of operation (including staffing levels) are first resolved, the following steps would need to occur to address municipal facilities' needs:

- Bureau of Engineering (BOE) would perform a space analysis, which may require consultant support based on the number of employees, the occupations and specialized needs that the operation requires.
- An assessment would be conducted by GSD to see if the City has existing facilities that can accommodate the operation or whether a new location needs to be acquired. While leasing of space is an option if necessary, it is City policy to try to utilize City-owned space to the extent possible to minimize rental costs, especially if the purpose of the use is permanent.
- If a new location needs to be acquired and built, the City should plan for six to 12 months to acquire the land, 12 months for facility design, and 24 months for construction. In all, this process would take up to four years. In the event that a full Environmental Impact Report (EIR) is needed, rather than a negative declaration, another 12 months could be added, totaling up to five years.

To provide a comparison, the County opened a \$52.6 million technologically advanced lab in March 2007. The County's lab is unique among other local public health laboratories in California due to the volume of testing it performs, conducting more than 700,000 tests on 400,000-plus specimens a year. Not only would space need to be acquired for a lab, but storage space to keep vital records would be necessary as well. Providing birth and death certificates would be a function that would need to be up and running immediately for the residents of the City. The buildings themselves require planning, design, and construction, but would need to be outfitted with office and specialized lab supplies and technologies necessary to carry out the needs of the City.

6. Other Considerations

In addition to basic costs, timeline, and funding sources, there are other costs that must be considered associated with the proposal to create a City Public Health Department. These include items such as legal limitations, contract compliance and accreditation. Additionally, the impact of the 2010 Federal Patient Protection and Affordable Care Act is completely unknown.

A. Legal Limitations

State statute provides that when a governing body of a city within a county consents by resolution or ordinance that the county health officer shall enforce all statutes and regulations relating to public health, then that resolution or ordinance is effective indefinitely. The services provided by the county must continue unless the city terminates them by adoption of a resolution or ordinance on or before March 1 of any subsequent year. If termination is adopted, the services of the county health officer must end on July 1 following the service of notice. The requirements for termination of services seem to conflict directly with the Initiative's 120 day timeline, in that adoption of termination cannot happen after March 1. Further, the contract between the City and the County specifies that one party can terminate the agreement at the end of any fiscal year by giving written notice

of such intention to do so not less than 30 days prior to the end of any fiscal year. The existing statute and contractual requirements appear to be intended to provide sufficient notice and time for the transition of operational, organizational, and financial requirements for all parties (City, County, and State). The implications of the conflict between the Initiative language and that of statute and the contract between the County and the City are unclear and require further review from the City Attorney.

B. Memoranda of Understanding (MOUs) & Contracting Prohibition

At this time it is unclear what precisely the prohibition to contract with the County means for the proposed Department. The City would face limitations in all communication and coordination with the County in regards to public health, which would impact the quality of public health work and subsequent outcomes throughout the region. Would the City and County be able to operate alongside each other effectively without interfering or duplicating work if they are not allowed to enter into a contract? Would all communication need to be informal? Could regular and necessary information sharing systems be established without violating the terms of the proposed Initiative? Currently, cities that have their own public health departments have formal MOUs with the County to restore particular services, as well as more informal relationships and regular processes that support each department's own mission. For instance, under one proposed contract the County and the City of Long Beach Diabetes Prevention and Management Program would work collaboratively to adopt and implement a team-based care approach to promote standard protocols for delivering high impact care and clinical preventive services to low-income persons with diabetes. Another contract with the County DPH provides the City of Pasadena with storefront HIV counseling, testing, and referral services, among many others agreements.

Furthermore, the County currently has 710 contracts for services with multiple organizations, some of which are not located within the City. Most likely under the provision of the Initiative, the County would be precluded from providing certain services within the City and thus many of those service obligations would end. It is unclear which contracts might be affected, whether it is possible to terminate those contracts to allow for the City to instead provide those services, and if the City could timely negotiate and officiate its own contracts without disruption in service.

C. Accreditation

In addition to the current regulatory structures facing public health jurisdictions, nationally departments are moving towards voluntary accreditation through the Public Health Accreditation Board (PHAB), a nonprofit organization founded in 2007 that aims to advance the quality and performance of public health departments. Despite having been recently established, 11 departments nationwide have earned five-year accreditations and public health jurisdictions throughout the State are preparing to apply in the coming years. Most public health departments take one to two years to prepare and complete the seven step application process which requires substantial documentation. The City would need additional years to prepare for the application process in order to have sufficient experience and data necessary for application materials that demonstrate the Department is established and operating.

Accreditation through PHAB may become a new standard to identify the performance of public health jurisdictions, particularly in a budgetary environment where departments are required to provide quality services with modest financial resources. Applying for accreditation would be an ongoing responsibility with a potential impact to a department's costs. The time that the City would be without accreditation through PHAB could negatively impact applications for competitive grants, and it could easily take several years for a new public health jurisdiction to meet the application requirements. Applying for accreditation through PHAB would require at least one key staff person from the department (though PHAB recommends a team), supporting staff time and the necessary application fee based on population size of the public health jurisdiction.

7. Impact on Public Health: Transitioning from the County to the City

Given the Initiative's provisions, the process of transitioning to a City Public Health Department creates particular challenges that could lead to compromising public health within the City and the surrounding region.

The County has established a great capacity to halt potential public health crises through its expertise and the ability to coordinate resources on a large scale. Just recently, the County had a role in disseminating timely information and administering prophylaxis (e.g. vaccines) to protect against a recent Hepatitis A outbreak throughout the State. The County had discretion in deciding to administer prophylaxis to control the outbreak and the capacity to serve anyone seeking medicine, regardless of their residency. A City Public Health Department may not be immediately equipped to respond to a similar crisis due to a lack of personnel resources during the early stages of operation coupled with a lack of experience in coordinating a strategic response to public health threats. Such capacity could develop once staffing needs are sufficiently met and the Department has experience deciding how to respond to challenging situations.

The County also relies on timely information sharing between hospitals and physicians in order to avoid public health disasters, and this communication could be disrupted during a transition. MOUs and relationships built over decades with hospitals, non-profits, school districts, ports of entry, and other organizations support DPH operations. If particular strains of communicable diseases occur that could impact the County, then DPH relies on its established relationships to alert its staff of the situation in order to coordinate an appropriate and timely response. With communication across various sectors a public health department can manage an outbreak with efficiency often detecting the issue before it becomes a widespread problem.

In addition, because it is not feasible to immediately recover all grant dollars or other restricted revenue streams lost in the transition, there could easily be a strain on public health services both in the City and County. Especially in cases where one jurisdiction must serve residents of another in order to protect against a public health crisis, service levels may be inadequate. Examples of competitive grants for which the City could apply follow:

- State: Beach Water Quality Monitoring and Public Notification; California HIV/AIDS Research Program Patient Centered HIV Medical Home.

- Federal: Community Transformation Grant; Influenza Incidence Surveillance Project; Epidemiology and Laboratory Capacity for Infectious Diseases; Tuberculosis elimination; Substance Abuse and Mental Health Services Administration (SAMHSA) Drug Court.

8. Conclusion

The sum of projected costs identified in this report serves as a baseline for operating a Public Health Department within the City. However, identification of the cumulative fiscal impact is contingent on many factors that are impractical to quantify prior to implementation. Potential staffing and facility needs are extensive, highly specialized and would incur significant start-up costs. Obtaining these resources is also dependent on multiple points of legislative and administrative approvals that would likely exceed the 120 day timeline. Additionally, the communication processes and work systems necessary in order to arrive at a transition point where a new City Department can function alongside the County to ensure a safe and healthy environment throughout the region while adhering to the terms of the Initiative are unknown, and thus imposes further operating costs.

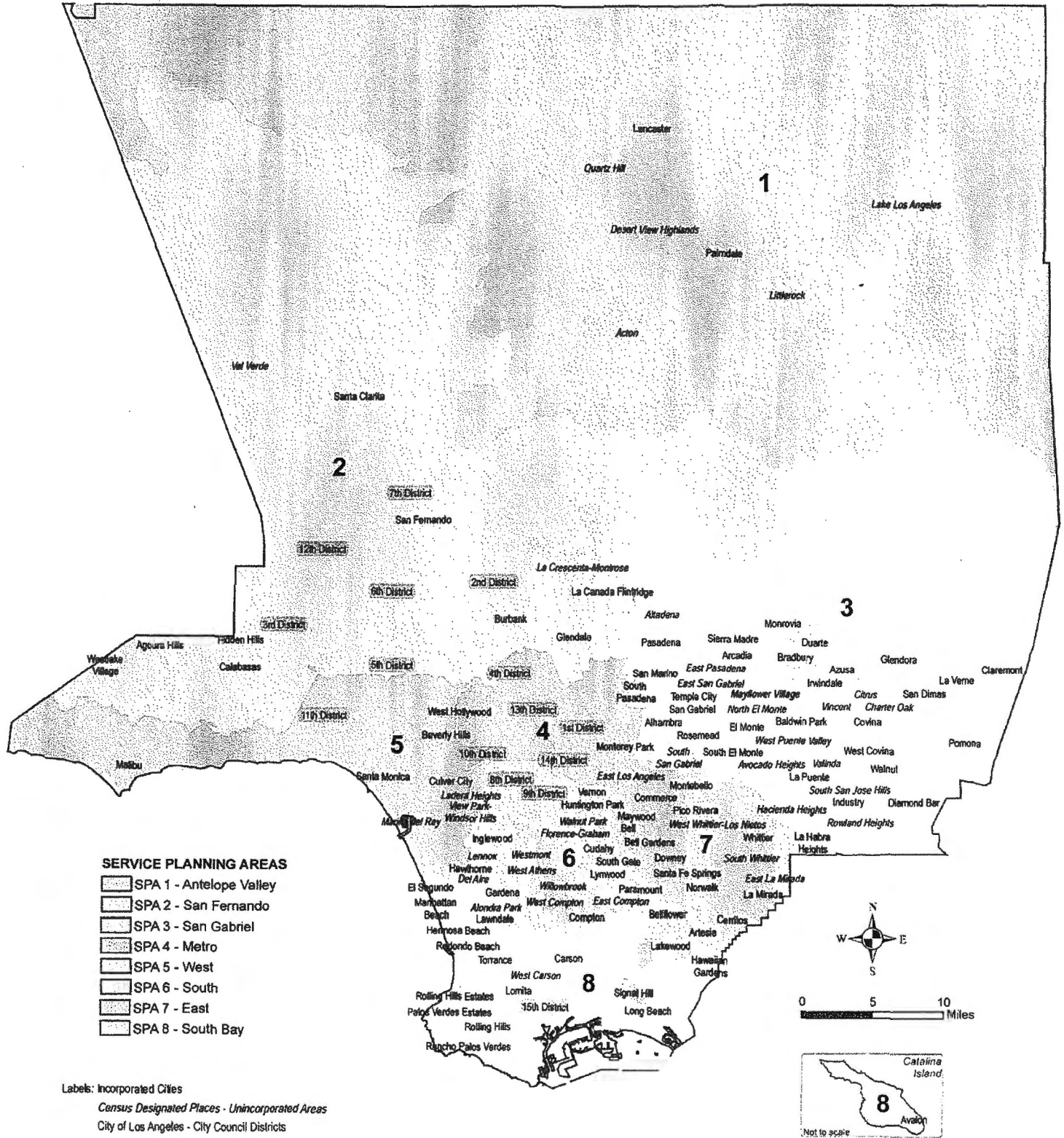
The following are also significant issues for consideration:

- It is a largely uncommon experience for any public health jurisdiction in the U.S. to fully cover its operating costs through fees, and given the City's baseline cost estimates identified in this report, it is not feasible to fund the proposed Department entirely through fees. The County currently recovers only 12 percent of operational costs through fees.
- There are severe limitations to accessing supplemental sources of revenue, particularly grants and other streams that are currently specified for the County.
- A newly established Public Health Department in the City will not be equipped to adequately serve all the public health needs for the City's entire population given its vast and specialized responsibilities coupled with the necessary financial resources to fully prepare for implementation.
- All residents within a public health jurisdiction rely on their department of public health for protection from a wide variety of threats, from bioterrorism to tainted foods to many other hazards that could lead to crises in the region. Public health emergencies are not constrained by City boundaries, and require regional coordination and cooperation. The slightest failure in enforcing all existing codes related to public health without the ability to contract with the County DPH would unnecessarily put the residents of Los Angeles and surrounding communities at risk, and is likely given the many administrative restrictions.
- The Initiative's prohibition on contracting with the County could also create a number of operational and potential public health challenges both in terms of addressing public health needs in an effective, efficient, and coordinated manner, and in a potentially wasteful duplication of capabilities and public resources.

Delivery of public health services is not an "off the shelf" service that can be rushed arbitrarily. The breadth and scope of services needed and the design of a system to deliver them requires careful and detailed planning and consideration by a multitude of experts.

Given the City's current fiscal situation, the projected \$261 million annual General Fund impact associated with the ongoing expenditures of such a Department would likely require the City to either 1) submit an initiative to the voters of the City to increase taxes to fund the Department, 2) greatly reduce the scope of public health services currently provided by the County, and/or 3) reduce other General Fund services, such as police hiring, fire service restoration, and street resurfacing.

Cities and Communities of Los Angeles County by Service Planning Area (SPA)



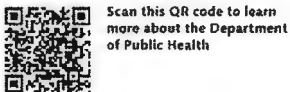
Did you know that Public Health...

- Inspects and grades restaurants, markets, and food trucks to prevent food-related illness?
- Monitors ocean water and swimming pools to ensure safe swim areas?
- Treats people with sexually transmitted diseases and HIV/AIDS?
- Helps residents prepare for natural and human-caused emergencies and disasters?
- Inspects and licenses hospitals and nursing homes?
- Controls animals, rodents, and insects that may cause disease?
- Makes home visits to coordinate the care of high-risk pregnant women?
- Provides laboratory services to identify diseases and health hazards?

Keep up with the latest news from the Department of Public Health

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Los Angeles County Board of Supervisors

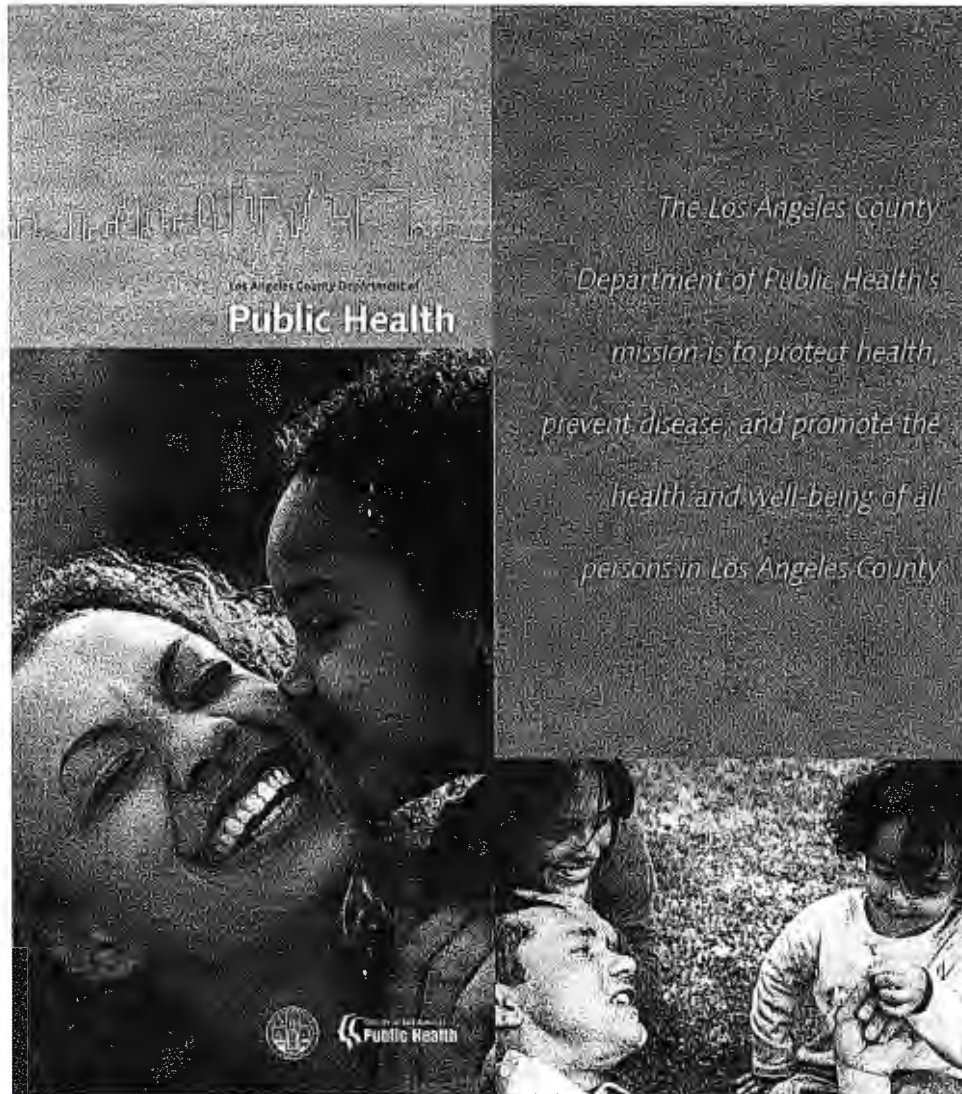
- Gloria Molina, First District
- Mark Ridley-Thomas, Second District
- Zev Yaroslavsky, Third District
- Don Knabe, Fourth District
- Michael D. Antonovich, Fifth District

Los Angeles County Department of Public Health

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



10/11 English



How Does Public Health Help the Community?

The Department of Public Health is prevention-focused and works in many areas to protect and improve the health of our community.

Whether inspecting a restaurant, beach, or nursing home; treating an infectious disease at a public health center; responding to outbreaks or emergencies, such as a pandemic or earthquake; educating the public and community leaders through events and meetings; conducting surveys to assess the health of the population; or creating policies focused on health improvement, the department's work can be seen and felt throughout Los Angeles County's 4,300 square miles.

Day in and day out, the nearly 4,000 employees who staff the department's 39 programs are committed to protecting the health of LA County residents and making the community a better, and healthier, place to live.



Programs and Services

A comprehensive range of programs enables the Department of Public Health to protect and improve the health of LA County residents. Here are a few of the department's programs.

Children's Medical Services: Screens and treats those 21 years old and under.

Chronic Diseases: Focuses on reducing occurrence through environmental and lifestyle change.

Communicable Disease Control and Prevention: Seeks to reduce risk factors through disease surveillance and promoting healthy behavior.

Community Health Services: Provides clinical services and case management through the public health centers.

Emergency Preparedness and Response: Prepares residents for public health threats such as infectious disease and bioterrorism.

Environmental Health: Promotes quality of life by controlling environmental factors, including restaurant inspections.

Health Assessment and Epidemiology: Develops surveys to collect data on health conditions and behavior.

Health Facilities Inspection: Licenses and certifies nearly 2,000 health facilities.

HIV/AIDS: Seeks to prevent the spread of HIV/AIDS.

Immunizations: Protects the community against vaccine-preventable diseases.

Maternal, Child, and Adolescent Health: Evaluates, plans, and implements services for these groups.

Public Health Investigation: Safeguards health through enforcement of public health laws.

Public Health Laboratory: Protects public health through laboratory testing.

Senior Health: Improves quality of life for the elderly and their families.

Sexually Transmitted Diseases: Works to prevent and control STDs throughout the county.

Substance Abuse Prevention and Control: Strives to reduce abuse through evidence-based programs and policy advocacy.

Tuberculosis: Seeks to prevent transmission through early detection of active disease and treatment of latent infection.

Veterinary Public Health and Rabies Control: Investigates animal disease outbreaks and animal bites.

Women's Health: Strives to improve health through strategic planning, including the Women's Health hotline.

Public Health Centers

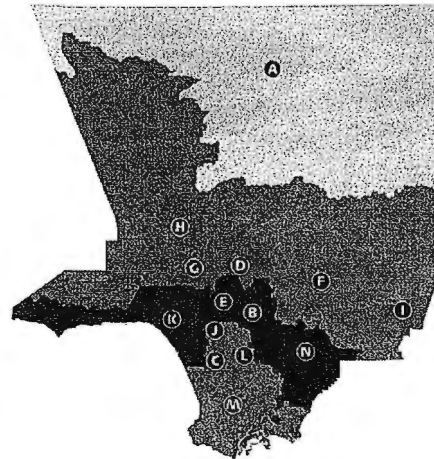
The Department of Public Health operates 14 health centers that provide free and low-cost services for those without health insurance or a regular health care provider.

Services provided are *Immunizations, Tuberculosis (TB) screening and treatment, and Sexually Transmitted Disease (STD) testing and treatment.*

- A Antelope Valley Public Health Center**
335-B East Ave. K-6
Lancaster, CA 93535
(661) 723-4526
- B Central Public Health Center**
241 N. Figueroa St.
Los Angeles, CA 90012
(213) 240-8204
- C Curtis R. Tucker Public Health Center**
123 W. Manchester Blvd.
Inglewood, CA 90301
(310) 419-5325
- D Glendale Public Health Center**
501 N. Glendale Ave.
Glendale, CA 91206
(818) 500-5750
Immunization and TB services only; TB clinics are by appointment
- E Hollywood/Wilshire Public Health Center**
5205 Melrose Ave.
Los Angeles, CA 90038
(323) 769-7800
- F Monrovia Public Health Center**
330 W. Maple Ave.
Monrovia, CA 91016
(626) 256-1600
- G North Hollywood Public Health Center**
5300 Tujunga Ave.
N. Hollywood, CA 91601
(818) 766-3982
STD services only
- H Pacoima Public Health Center**
13300 Van Nuys Blvd.
Pacoima, CA 91331
(818) 896-1903
Immunization and TB services only; TB clinics are by appointment
- I Pomona Public Health Center**
750 S. Park Ave.
Pomona, CA 91766
(909) 868-0235
- J Ruth Temple Public Health Center**
3834 S. Western Ave.
Los Angeles, CA 90062
(323) 730-3507
STD services only
- K Simms/Mann Health and Wellness Center**
2509 Pico Blvd.
Room 325
Santa Monica, CA 90405
(310) 998-3203
STD services only
- L Martin Luther King, Jr. Center for Public Health**
11833 S. Wilmington Ave.
Los Angeles, CA 90059
(323) 568-8100
- M Torrance Public Health Center**
711 Del Amo Blvd.
Torrance, CA 90502
(310) 354-2300
- N Whittier Public Health Center**
7643 S. Painter Ave.
Whittier, CA 90602
(562) 464-5350

Service Planning Areas

Los Angeles County is divided into eight geographic regions, or Service Planning Areas (SPAs). These distinct areas allow the Department of Public Health to provide public health and clinical services that meet the specific health needs in these areas.



SPA Administrative Offices

- Antelope Valley (SPA 1)**
- San Fernando Valley (SPA 2)**
Serving the communities of Antelope, Santa Clarita, San Fernando and Crescenta valleys
(818) 487-0063
- San Gabriel Valley (SPA 3)**
- Metro (SPA 4)**
Serving the communities of Hollywood, Downtown Los Angeles, and San Gabriel Valley
(213) 240-8049
- West (SPA 5)**
- South (SPA 6)**
Serving the communities of South Central Los Angeles, West Los Angeles, and the Santa Monica Bay region
(323) 730-3515
- East (SPA 7)**
- South Bay (SPA 8)**
Serving the communities of the Gateway Cities, East Los Angeles, and the South Bay
(562) 464-5478

Community Health Services Administration: (213) 240-8040

Who Do I Contact?

The following is a list of services and contact information for some of the programs offered by the Los Angeles County Department of Public Health.

- Birth and Death Certificates**
Birth certificate
(213) 240-7812
Death certificate
(213) 240-7816
 - Children's Medical Services**
California Children's Services (CCS)—health care services for children with special health care needs
(800) 288-4584
Child Health and Disability Prevention Program (CHDP)—access to preventive health exams for low/moderate-income families and children with Medi-Cal coverage
(800) 993-2437
 - HIV/AIDS and STDs**
(800) 367-AIDS (2437)
(M-F, 9 am-5 pm, English and Spanish)
automated, 24 hours a day, English and Spanish
(213) 744-5949
(M-F, 9 am-5 pm; health educators are available)
 - Immunizations**
(213) 351-7800
 - Restaurant Grades and Closures**
(888) 700-9995
 - Substance Abuse**
(626) 299-4193
 - Veterinary Public Health and Rabies Control**
(877) 747-2243
 - Women's Health**
(626) 569-3850
(M-F, 8 am-5 pm)
(800) 793-8090
(hotline for low-income women)
 - Emergency Preparedness Program**
(213) 637-3600
 - Foodborne Illness**
(213) 240-7821
(M-F, 8 am-5 pm)
(213) 974-1234
(evenings and weekends)
- For a more comprehensive listing, the most up-to-date contact information, or to file a report on a public health threat, visit the department's website at www.publichealth.lacounty.gov.
- For information about other LA County health and human services, call 2-1-1.

Services Provided by LA County Department of Public Health
<p>Children’s Medical Services</p> <ul style="list-style-type: none"> • Provides preventive screening and diagnostic, treatment, rehabilitation, and follow-up services for eligible children in LA County (LAC) through administration of three State programs: Child Health and Disability Prevention, California Children’s Services, and Health Care Program for Children in Foster Care.
<p>Chronic Disease & Injury Prevention</p> <ul style="list-style-type: none"> • Works to reduce the occurrence, severity, and consequences of chronic diseases and injuries by partnering with government and community partners to address underlying causes of chronic diseases, including those related to the physical and social environment. • Provides senior health activities, physical activity and cardiovascular health programs, nutrition programs, the PLACE program (Policies for Livable, Active Communities and Environments), and tobacco control and prevention programs. • Oversees Choose Health LA website which provides health education materials on chronic disease prevention and healthy living strategies.
<p>Communicable Disease Control & Prevention</p> <ul style="list-style-type: none"> • Seeks to reduce the risk factors and disease burdens of preventable communicable diseases by promoting healthy behavior, conducting surveillance of diseases and risk factors, providing screening and enabling early detection, performing laboratory analysis and conducting communicable disease investigation and control measures. Includes immunization programs, acute communicable disease control activities, tuberculosis control activities, veterinary public health and the Public Health Laboratory.
<p>Community Health Services</p> <ul style="list-style-type: none"> • Provides clinical services, surveillance, and case management through fieldwork. Public health nurses, investigators, community workers, and other field staff follow up on communicable diseases and other health-related concerns, educate the community, and conduct outreach activities. These professionals also conduct planning and implementation for response during emergencies or disasters including mass vaccination and prophylaxis. • Operates 14 public health clinics throughout the County (including five in LA City) providing free or low-cost services to those with no insurance or no regular provider. Clinic services include population-based public health services such as immunizations and medical treatment for tuberculosis and sexually transmitted diseases, with a focus on preventing disease transmission.
<p>Emergency Preparedness & Response</p> <ul style="list-style-type: none"> • Prepares for emergencies and minimizes adverse health effects caused by bioterrorism, infectious disease, and other public health threats through the development and exercise of a comprehensive public health emergency preparedness response plan. Builds community resiliency capacity to respond to emergencies and establishes and coordinates Points of Dispensing (POD).
<p>Environmental Health</p> <ul style="list-style-type: none"> • Promotes health and quality of life by identifying, preventing, and controlling harmful environmental factors. Conducts hygiene inspections of retail food facilities, markets, food vehicles, hotels/motels, residential housing units, well constructions and small water systems. Conducts foodborne disease outbreak investigations and responds to food recalls. Conducts ocean water quality monitoring, recreational water (pool) monitoring, and water reuse/recycling plan approval and monitoring. Ensures that solid waste management in the County is handled in a safe, sanitary, and environmentally acceptable way. Conducts radiation management. Conducts vector management services and vector-borne disease surveillance. Through its Toxics Epidemiology Program, assesses and reduces toxic-related disease and injury, provides targeted investigations of potential environmental exposures, and educates the public around protection from toxic substances.

<p>Office of Health Assessment & Epidemiology</p> <ul style="list-style-type: none"> • Ensures comprehensive health data on LA County population for public health assessment, policy development, and program planning and evaluation. Oversees development and implementation of LA County Health Survey, a periodic, population-based telephone survey from a representative sample of LA County residents on health conditions, health behaviors, health care access and utilization of services. Performs analyses and provides reports and information on the health of LA County residents; handles the collection and processing of birth and death data, and houses the Medical Marijuana Identification Program.
<p>Health Facilities Inspection</p> <ul style="list-style-type: none"> • Provides licensing and certification of the nearly 2,000 hospitals, long-term care facilities, and other health care facilities and ancillary health care services in LA County for which licensure is required under State law. Performs inspections to evaluate compliance and document findings, and responds to citizen complaints regarding health facilities or providers.
<p>Division of HIV and STD Programs</p> <ul style="list-style-type: none"> • Coordinates the department's response to STD and HIV infections in LA County and manages partnerships with public partners, including a network of public health clinics and school districts, as well as with a diverse array of private-sector, community-based organizations. • Manages federal, state and local funds that support epidemiologic and disease surveillance systems, prevention and disease control efforts including counseling, testing, health education and risk reduction services, coordinated care, treatment, and supportive services, field investigation, program monitoring, and evaluation, and HIV prevention community planning.
<p>Maternal, Child, and Adolescent Health</p> <ul style="list-style-type: none"> • Plans, implements and evaluates services that address the health priorities and primary needs of infants, children and adolescents, mothers, and their families in LA County. Employs a multidisciplinary staff of physicians, public health nurses, policy analysts, administrators, nutritionists, health educators, social workers and epidemiologists to engage in ongoing assessment, policy development, and quality assurance. • Coordinates the Children's Health Outreach Initiative (CHOI), to contract with community-based organizations to provide outreach, enrollment, utilization, and retention services to cover uninsured children zero to five in LA County and their families; administers the Childhood Lead Poisoning Prevention Program, the Black Infant Health program, Fetal and Infant Health programs, Sudden Infant Death Syndrome program, Nurse Family Partnership, Breastfeeding Support program, Childhood Asthma Coalition, and various other programs.
<p>Substance Abuse Prevention and Control Program</p> <ul style="list-style-type: none"> • Endeavors to reduce the community and individual effects of alcohol and drug abuse through evidence-based programs and policy advocacy. • Administers contracts with more than 300 community-based agencies for a wide array of prevention, intervention, treatment, and recovery services for LA County residents, including several collaborative drug treatment programs working with correctional facilities and court systems. • Includes the Antelope Valley Rehabilitation Center which has residential and outpatient treatment programs.
<p>Office of Women's Health</p> <ul style="list-style-type: none"> • Works to improve the health status of women in LA County through strategic planning, comprehensive and effective approaches to improving women's health, and promoting the expansion of funding for research activities. • Operates the Women's Health Hotline to increase access to care for low-income women by providing free heart disease risk assessments and by scheduling mammograms and Pap tests with community health care providers.
<p>Administration</p> <ul style="list-style-type: none"> • Provides administrative support and executive oversight to the Department's operations, including strategic planning, intergovernmental relations, communication, information systems, quality improvement, departmental budgeting, accounting, personnel/payroll, procurement, and space/facilities management. • The Homeless Coordinator and Needle Exchange programs are housed under Administration.

Typical County Staffing Reconfiguration/Replica for a Public Health Center

The following is a sample of what it would take and what services are involved to reconfigure/replicate a Public Health Center the size for example of the MLK, Jr., Center for Public Health. This report includes the staffing, equipment, building maintenance, and other support services required for the operation of a typical County Public Health Center if to be replicated. See attached staffing pattern for replicating a Public Health Center. Please note that Environmental Health Services are not included.

BUILDING – A two story 31,000 square foot building that is freeway accessible and to include an emergency generator, alarm system, security cameras, front and back entrance metal detectors and Emergency Video conferencing capability for emergency purposes.

CLINICAL AND OTHER SERVICES PROVIDED – Acute Communicable Diseases, Sexually Transmittable Diseases, TB, Communicable Diseases/Triage, Immunizations, Seasonal Flu (Influenza) and Community Outreach services.

PATIENT VISITS/CONTACTS – Approximately 20,000 patient visits are provided annually as well as 4,600 field visits. The field visits are provided by Public Health Nursing, Community Workers, and Public Health Investigators.

ON-SITE CLINICS AND STAFFING PATTERNS:

TB Clinic Staffing – A complete TB care team is composed of the following personnel:

- Area Medical Director (AMD) – One AMD for 2 or 3 TB clinics. The functions assigned to the AMD include TB physician supervision, contact investigations, and directorship of Public Health Clinics, directorship of pharmacies, correspondence and legal matters concerning clinical services, hires replacement physicians, maintenance of clinical services and plans for operations in the absence of negative air flow, supervises transfers to acute hospital care, serves as the Risk Manager for all clinical services, and regulatory oversight of all clinical operations.
- Radiologist – Contract is established with a radiologist to read chest x-rays/images completed in x-ray to determine TB, status of TB patient, or other upper respiratory diseases.
- TB Control Program Physician – One TB MD per clinic. The TB Control Physician functions as the consultant on difficult cases; helps with jailed and hospitalized patients and oversees discharges from hospitals. This position prescribes regimens for multi-drug resistant (MDR) patients and for patients with XDR and maintains drug supplies for Los Angeles County clinics when medications are in short supply.
- TB Clinic Physician – One Physician per clinic. The TB Clinic Physician provides consultations with community physicians (patients under the care of private physicians), supervises TB clinic patient care, reviews charts and chest x-rays, writes prescriptions for community outbreaks, oversees TB prophylaxis and Extended Role Nurse care and manages patients with Multi-drug resistant (MDR) TB.

- Extended Role Nurse – One Nurse Practitioner or Registered Nurse (RN) to provide TB preventive care to those with TB infection but no evidence of TB disease. TB Clinic physician oversees this care and handles patients with drug reactions.
- Public Health Investigator (PHI) – One or two per TB Clinic. The PHIs ensure patient compliance and provide counseling services for sexually transmitted diseases. Public Health Investigators transport patients from hospitals and jails to clinics and housing for TB patients. PHI also locates non-compliant patients and to see that public health laws are enforced.
- Clinic Nurses – Two or three clinic RNs are assigned per TB Clinic and are required to maintain chest clinic operations. The clinic nurses conduct daily chart review, dispensing of medications to TB clinic patients and patients on long term therapy for TB (6 months to 2 years). They also assist TB lead physician; draw blood; collect sputum; deliver medications when necessary; process laboratory results; conduct hearing and eye tests on TB patients; contact other hospitals and providers for laboratory results; and validate daily functioning of negative air flow systems and pharmaceutical refrigeration systems.
- Community Workers – Two or three are assigned per TB Clinic. They deliver Directly Observed Therapy (DOT) to TB patients at their homes, school, or work. They also help prepare patients for clinic, transport patients in vans to clinic, transport patients to acute care hospitals and to specialty visits. Report on the condition of patients at home and on any problems with the living situations.
- Clerks – One clerk is assigned per clinic session. Clerks register and prepare charts and process laboratory results so that these results are available for the clinician.
- Radiology Technician – One technician for each TB Clinic. Radiology Tech provides chest x-rays to TB Clinic patients, referred TB patients, alien referrals (B1 Visa Holders), and members of the public seeking TB clearance.
- Supervising Radiology Technician – One supervising technician who covers 12 TB clinics in Los Angeles County. Supervises and trains radiology technicians, maintains x-ray machines and digital radiology equipment, patient data base, images taken, certification, and ordering of equipment and supplies.

Sexually Transmitted Disease (STD) clinics – STD clinic staffing is similar to staffing for tuberculosis clinics with the exception that STD clinics do not require prolonged therapy with medications. The staffing for STD Clinics would include:

- Area Medical Director (AMD) – An AMD is needed to oversee the utilization, triage, and provision of STD clinic services, treatment of recalcitrant and court ordered treatment, investigation of cases of child abuse, and coordination of care for patients requiring hospitalization or specialty care.
- STD Clinic Physician – A clinic physician will carry out examinations on STD patients, direct the treatment of contacts, perform PAP smears, perform chart reviews for abnormal laboratory results, and conduct investigations on CD cases, referral for specialty care for cancers of the cervix and anus, and write prescriptions for prophylaxis of CD cases.

- STD Clinic Nurses – Two RNs are required for administration of medications, injections, intake interviews, processing of laboratories, education of patients and handling patient results.
- Public Health Investigator (PHI) – One PHI is needed per STD clinic to educate patients, locate contacts, transport high-risk contacts to clinic and to specialty care appointments related to STD's, Commercial Sex Venues Inspections, counseling of workers in the Adult Film Industry, Home Birth Verifications, Marine Bio-toxin Program Inspections, and removal of employees from sensitive occupations.
- Community Workers – Two to three Community Workers are needed to assist with registration and education of STD patients and may conduct risk assessment interviews and can transport syphilis patients for daily injections when necessary. Some community workers are phlebotomy certified to assist with blood draws and general counseling in the STD Clinic.

Communicable Disease (CD)/Triage Clinics/Immunizations – At these clinics nurses who are cross trained provide and assist with immunizations, communicable disease prophylaxis, TB screening, and testing. Staffing consists of the following:

- Physicians – the same physicians that work TB and STD clinics work with the communicable disease control staff and provide chart review and medical supervision of nurses who function in the Communicable Disease Clinics.
- Registered Nurses – Two to Three RNs run immunization and triage clinics and assist with services from other clinics. Staffing for communicable disease clinics is frequently augmented with other nursing and physician personnel for outbreaks and emergency situations.
- Licensed Vocational Nurses (LVN) – Two to Three LVNs provide assistance in the Communicable Disease Clinics and assist with injections under the supervision of RN's and MD's.
- Clerical Staff – In addition to one clerk assigned to each clinic, clerks register patients, prepare charts, input billing information, and process laboratory results so that these results are available for the clinician.

ADMINISTRATION SUPPORT STAFFING:

- Senior Administration Support – Director of Public Health and Health Officer, Deputy Director of Public Health, and DPH County Board Liaison.
- Community Health Services (CHS) Administration Support – Director of CHS; Deputy Director of Administrative Services, CHS; Deputy Director of Planning and Medical Affairs, CHS; Medical Director, CHS; Staff Analyst for Health Center Operations, Staff Analyst for Quality Assurance and Risk Management, and a Staff Analyst for Human Resources and Financial Management; one Assistant Staff Analyst for procurement, invoice processing, and service requests.
- Office of Administrative Deputy Support – The Administrative Deputy, DPH, oversees the management of: 1) Human Resources (hiring, exams and classification studies, return-to-work, industrial accidents, and performance management); 2) Financial Management (finance, budget preparation, payroll, Medi-Cal billings, cash collection, invoice processing, audit and investigations, and contracts and grants); 3) Materials Management (services and supply

ordering, capital and non-capital equipment and supply inventories, emergency purchase orders, warehousing/storage, equipment and supply deliveries); 4) Facility Management (facility/building/medical equipment pre maintenance, building repairs, service request processing, clinic HVAC system air measurements, ADA compliance, deferred maintenance improvements, building security and security staffing, housekeeping services, engineering and inspections).

OTHER SUPPORT SERVICES:

- Information Systems – Computers, high speed scanners, network printers (black and white and color), fax machines, electronic medical records system, e-mail and internet access service agreements, web sites, electronic protected health information, password protection, and Help Desk support).
- Pharmacy – Filling patient prescriptions, emergency response vaccines and medications, Pharmacy management system, deliveries, staffing and managing health center dispensaries, licensing, and medication counseling and consulting). Approximate drug cost:
 1. \$104,728.15 (med cost, including both stock medications and DOT prescription prepared by pharmacy)
 2. \$23,192.63 (DOT dispensing fee)

TOTAL: \$127,920.78
- Public Health Laboratory and Reference Laboratory Services – Processing, testing, and result provision of patient specimens, supply ordering, training, licensing and accreditation, and emergency processing during special outbreak control efforts).

SPECIAL EQUIPMENT AND SERVICES

- Health Center Equipment and Services – Emergency generator; x-ray machine; digital radiology imaging; security cameras and monitors; emergency video conferencing equipment, clinic televisions as educational tools; DirectTV service agreement for emergencies response and information; incubators; microscopes; medical equipment service agreements; laboratory and courier service contracts; transportation vehicles for patients, staff in an emergency, and outreach clinics; and ADA compliant sputum booth for TB testing.

CODES and REGULATIONS

- Health Center Codes and Regulations – Title 22; Annual Cal/OSHA training; medical licensing of RNs, Doctors, Pharmacist, etc.; medical equipment certification; Medi-Cal and Medicare licensing; Pharmacy licensing; Airborne Transmissible Disease requirements; Annual Health Center negative air flow measurements and testing; and annual Employee Health Assessments.



AGENDA REPORT

Meeting Date: August 23, 2022
Item Number: G-2
To: Honorable Mayor and City Council
From: Cynthia Owens, Policy and Management Analyst
Subject: REQUEST BY MAYOR BOSSE TO CONTINUE THE DISCUSSION ON THE FORMATION OF A LOCAL PUBLIC HEALTH DEPARTMENT
Attachment: 1. Possible Components of a Provisional Approval Application Process by CDPH

RECOMMENDATION

The City Council may also provide any direction it wishes on this item.

INTRODUCTION

This item is a request of Mayor Bosse to continue the discussion on the formation of a local public health department. At the request of Mayor Bosse, this report will provide an interim update to the City Council on staff's progress in exploring the formation of a local public health department.

DISCUSSION

Background

On December 1, 2020, the City Council reviewed the closure of outdoor dining by the Los Angeles Health Officer due to the increase of COVID-19 cases in Los Angeles County. During the discussion, then Councilmember Bosse requested staff explore the possibility of creating a local public health department, which the City Council unanimously supported.

At the December 8, 2020 meeting, staff provided a broad overview of creating a local public health department. The City Council directed staff to continue to explore creating a local public health department and to bring their findings back to Council.

On April 12, 2022, staff provided an update to the City Council on the research that had been completed for creating a local public health department and what research needed to be completed in order to bring more information back to City Council.

Overview of the Requirements for Operating a Local Public Health Department

The California Department of Public Health (“CDPH”) is responsible for:

- Establishing, by regulation, standards of education and experience for professional and technical personnel employed in local health departments and
- The organization and operation of local health departments.

Section 1276 of Title 17 of the CCRs outlines the minimum requirements, responsibilities, and functions of a public health department. A summary of the twelve basic services, responsibilities and functions are as follows:

1. **Collection, tabulation and analysis of public health statistics** including population data, natality, mortality, and morbidity records as well as evaluation of service records.
2. **Health education programs**, including staff education, consultation, community organization, public information, and individual and group teaching, such programs to be planned and coordinated within the department and with schools, public and voluntary agencies, professional societies, and civic groups and individuals.
3. **Communicable disease control services** including availability of adequate isolation facilities, the control of the acute communicable diseases, and the control of tuberculosis and the venereal diseases
4. Medical, nursing, educational, and other services to **promote maternal and child health**
5. **Environmental health and sanitation services** for food; housing and institutions; radiological health; milk and dairy products; water oriented recreation; vector control; waste management; and air sanitation, among others
6. **Public health laboratory services**
7. **Nutrition services**, including appropriate activities in education and consultation for the promotion of positive health, the prevention of ill health, and the dietary control of disease
8. **Chronic disease prevention** or mitigation services
9. Services directed to the **social factors affecting health**
10. **Occupational health promotion**
11. **Family planning services**
12. **Public health nursing services**

Cities with Public Health Departments in California

Under California’s Health and Safety Code, the governing body of a county is required to take measures necessary to preserve and protect the public health in unincorporated areas. Cities, on the other hand, are statutorily required to take measures to preserve and protect public health in their city. While each city is required to appoint its own public health officer, cities are permitted to make arrangements for the county to exercise the same powers and duties within the city as are conferred upon the city health officers by law. Most cities in California have deferred their authority to the counties.

In California, there are only three cities which have their own full service local public health department: Berkeley, Pasadena, and Long Beach. Berkeley established its health department in 1880, Pasadena established its health department in 1892, and Long Beach established its health department in 1906. The City of Vernon only offers environmental health services and is not considered a local public health department by CDPH.

During the pandemic, several cities expressed an interest in exploring operating a local public health department, including Palmdale, Santa Clarita, West Covina, and Whittier. Of these, West Covina is the furthest along in establishing their own local public health department.

In February 2021, the West Covina City Council adopted a resolution and an urgency ordinance to terminate the Health Officer Services provided by LA County Public Health. In theory, this would have allowed West Covina to begin providing local public health services on July 1, 2021; however, they are still waiting for authorization by CDPH. As it has been over 100 years since a local public health department was created, CDPH is establishing guidelines for an application and approval process. Conversations are actively occurring between West Covina and CDPH to establish this process. City staff has also spoken with West Covina and will continue to have conversations with West Covina as they move through the process with CDPH.

Additionally, staff spoke with CDPH about the process for establishing a local public health department. CDPH stated they are currently only working with West Covina in California for establishing a local public health department. CDPH did advise they are creating an application and approval process, with some of the guidelines coming from the national guidance for becoming an accredited health agency. When asked how soon the application and approval process would be finalized, CDPH only advised it would soon. Attachment 1 provides a summary of the possible components of a provisional approval application process

Short Questions and Answers on Creating a Local Public Health Department

The following questions and answers were part of the research staff conducted after the April 12, 2022, Study Session based on the existing CCR's. These are a few of the key questions as to whether or not the City can form a local health department, whether the City would be eligible for state funding, and whether the City could contract out any of the twelve required services.

Question 1: Can a city with a population of less than 50,000 residents form an independent local health department?

Answer 1: Yes. No statute expressly prohibits a city with less than 50,000 residents from creating its own health department.

Question 2: Will a city with a population of less than 50,000 residents be eligible for state funding under the Health & Safety Code ("Code")?

Answer 2: No. The Code expressly provides state funding for local health departments qualifying for assistance, and the definition of "local health department" includes a minimum population threshold of 50,000. However, the City could still apply for grants for funding; however, grant funding is never guaranteed.

Question 3: Can a local health department contract out any of the "basic services" required under Title 17 of the CCRs?

Answer 3: Yes, if contracting for public health services with the county, but unknown as to contracts with private entities.

Question 4: Can Beverly Hills issue its own health officer order if some of the 12 required tasks are contracted out?

Answer 4: Maybe. If the City contracts with LA County Public Health for some of the 12 required tasks, then the City loses its enforcement powers to the County. State law is ambiguous on whether the City can contract with private entities due to

Beverly Hills having less than 50,000 residents. From the California Health and Safety Code, the City would be ineligible for state funding if the City contracts with a private entity, but the City is already ineligible for state funding due to the City's population being under 50,000 residents. The question is whether the City can issue and enforce our own health officer order if the City contracts privately. To determine this, staff would need to consult with the CDPH. Staff is already in the process of obtaining this answer; however, the answer was not available at the time this report was published. It is unknown if staff will have an answer by August 23, 2022.

Timeline to Establish Local Public Health Department

If the City desires to establish its own local health department, the City must first terminate the services provided by LA County Public Health Department. Pursuant to the California Health and Safety Code the services provided by LA County Public Health Department:

"...shall continue indefinitely until the governing body of the city terminates them by adoption of a resolution and ordinance and service of a certified copy on the clerk of the board of supervisors on or before the first day of March of any subsequent year. The services of the county health officer shall terminate on the first day of July following service of notice."

Based on the express language of the statute, should the City Council decide to establish a local public health department then the City Council is required to adopt both a resolution and an ordinance terminating the LA County Public Health Department services, and serve a certified copy of the resolution and ordinance on the Clerk of the County Board of Supervisors no later than March 1, 2023. To fully terminate the LA County Public Health Department services, the City is required to provide notice of termination of the Health Services Agreement at least 30 days prior to the end of the fiscal year, or by May 31, 2023. If so, the termination should be effective July 1, 2023, though it may not be the case depending on the approval process by CDPH.

Potential Advantages and Disadvantages of Establishing a Local Public Health Department

The United States has 51 state health departments (Includes the District of Columbia) and thousands of local health agencies.

Depending on the state's structure, local agencies' authority may flow through the state health department or be granted independently. Their size, structure, and authority differ, but all were created by a legislative grant and share the common goal of promoting and protecting health within their communities. Health departments traditionally work in concert with other agencies and nongovernmental organizations.

Approximately half of the state health agencies have a significant source of authority that allows them to enact rules and regulations to further their public health missions, and 73 percent of local health departments use this authority to adopt public health regulations. This rule-making authority stems from laws passed to advance public health in specific ways.

Some advantages a local public health department may have are:

- Ability to build programs tailored to the community and create targeted interventions
- Focus on residents of highest need in the City without having to split resources among vulnerable populations across the Los Angeles County

- Authority to create their own budgets as well as establish taxes (subject to voter approval) and (subject to state law restrictions) fees for public health

Some disadvantages may include:

- Limited autonomy due to state-mandated compliance
 - CDPH could determine any reopening and safety guidance for a public health emergency which would override a local public health officer order
 - CDPH could determine local public health departments must follow county public health officer orders
- Delays in managing cross-jurisdictional disease investigations and inefficient use of resources for disease surveillance and emergency preparedness
- Potentially creating duplicative administration infrastructure and fragmented or redundant public health services
- Loss of economy of scaling – A smaller health department is typically more expensive to run than one serving a larger city or entire county. Additionally, costs for the local health department are borne by the City with no transfer of funds from the Los Angeles County tax base back to the City

Direction Requested by City Council

It has been determined that under state law, the City has the authority to establish a local public health department. Staff is approximately half way through completing the base research for creating a local public health department. Staff is still pursuing answers to several questions on creating a public health department such as:

- 1) While the City cannot contract with LA County Public Health for any of the 12 basic services, is CDPH willing to allow the City to contract with private entities for services such as public health laboratory services? While we know cities over 50,000 residents can do this, the state law is not clear if a city under 50,000 residents may be able to do so.
- 2) There has been some indication that some physicians and clinical nurses from the community and surrounding area may be willing to volunteer their time to help provide some of the 12 basic services. Staff is still working with CDPH to determine what sort of commitment would be required so CDPH would authorize the use of some volunteers in combination with paid staff to serve the needs of a local public health department.
- 3) Can the City phase in the establishment of a local public health department or does the entire department have to be stood up at the same time? Most likely the City would be unable to issue a health officer order until such a time all 12 basic services have been assumed by the City from the LA County Public Health.
- 4) Staff is talking with West Covina and CDPH as the final application and approval process by CDPH is nearing completion. What this may look like could influence what the formation of a local public health department will look like.

Staff will continue to have conversations with both CDPH and West Covina to answer these questions and any others that are not outlined in this report or that may arise as research continues into this topic.

Staff is seeking direction from the City Council on the following questions:

- 1) Does the City Council still support the pursuit of creating a local public health department and the development of a model for what a local public health department may look like for the City?

- 2) Does the City Council wish to consider having volunteers from the medical community work in the local public health department?
- 3) Does the City Council wish to use the City's Community Charitable Foundation, which is a 501(c)(3), and for donations from the community for expenses related to establishing and operating the local public health department?
- 4) Does the City Council want staff to continue to explore the following models for a local public health department:
 - a. Full-service public local health department – all services provided by City
 - b. Full-service public local health department – some services contracted with a private entity
 - c. Full-service public local health department – all services contracted with a private entity
 - d. Any other vision of the City Council for a local public health department?

The option to contract some or all services with LA County Public Health has not been included as an option as the City would be unable to enforce any health order issued by a City Health Officer, making the City ultimately still subject to LA County Public Health's Health Officer Orders.

The City Council may also provide any direction it wishes on this item.

FISCAL IMPACT

The cost to startup and provide an annual operating budget for a local public health department is unknown and highly dependent on the level and type of service the City Council wishes to provide including any supplemental services the City Council wishes to offer above the 12 basic services required by the state.

For some services, such as permitting and inspecting environmental health and sanitation services for food industries; housing and institutions; and radiological health, the City can develop a fee to recover the costs associated with this programming once a staffing model is developed. Therefore, it would be anticipated that once the known expenses are for this service that the City could recover nearly all costs through charging and collecting fees. There may be other local public health department services the City may be able to develop a fee for, but this will require more time to research and to develop a plan.

The City Council should not anticipate receiving any offsetting revenue for the 12 basic services from the state given the City is ineligible for the state funding as discussed above in the section titled *Short Questions and Answers on Creating a Local Public Health Department*.

The City indirectly pays Los Angeles County for public health services, as part of the City's General Services Agreement; however, it is not clearly defined what those costs are. Therefore, there is no anticipated cost savings to operating a local public health department from this agreement that could be applied towards the City's cost. This does not prevent the City from exploring this option, but at this time, it is difficult to say what amount, if any, the City could get back from the Los Angeles County. Staff would need more time to initiate conversations with the Los Angeles County should City Council decide to move forward with developing a public health department.

The City could also consider applying for non-profit, state, and federal grants for covering the costs for certain public health services. For example, the United States Department of Health Services offers grant opportunities to strengthen maternal and

child health access across the nation as do numerous non-profit associations. Many health departments do receive funding above and beyond the state funding for local health department from grant opportunities.

Another consideration for the City Council is that the community may wish to donate money and/or expertise for establishing a local public health department. The residents of Beverly Hills may be willing to provide substantial donations for funding the startup costs and ongoing annual costs for a local public health department. Staff has identified that these funds could come through the City's Charitable Solicitation Foundation, which is a 501(c)(3), and be designated specifically for the local public health department.

Nancy Hunt Coffey
Assistant City Manager

Approved By

Attachment 1



CITY OF BEVERLY HILLS
POLICY & MANAEMENT DEPARTMENT

**Possible Components of a Provisional Approval Application
Process by CDPH**

In December 2021, the California Department of Public Health (“CDPH”) met to discuss what a new local public health department application and regulation process would consist of, given it had been almost 100 years since the last establishment of a local public health department before West Covina submitted a request to CDPH to establish their own local public health department. Some of the guiding principles discussed in December included:

- 1) The new local public health department must meet public health statutory and regulatory requirements in order to receive funding;
- 2) The applicant must demonstrate a clear understanding of community health needs; and
- 3) The applicant must prove ability to address community health needs through the provision of high quality public health services.

CDPH is still considering the possible components of a provisional approval for establishing a new local health department. This currently consists of:

- 1) Proof that baseline requirements are met
- 2) Submittal of a letter of intent which describes rationale and need for forming a new local public health department
- 3) Feasibility study
- 4) Timeline, budget, and staffing information for service provision
- 5) An agreement or memorandum of understanding with the county / other organization for services or staff that will be contracted out if any services are proposed to be contracted out
- 6) Community Health Assessment and Community Health Improvement Plan and possibly other requirements
- 7) Site visit

Additionally, the proposal includes that within a year of being approved, the local public health department will need to provide CDPH with an update of services and program provisions as well as staff hiring. Also, within one year of full approval, the local public health department must provide all remaining public health services which are not provided by the county.

In order for CDPH to review and make a determination of a new local public health department application, and enforce the application process, CDPH needs to have regulatory authority granted to it by the California Code of Regulations (“CCR”). Per CDPH, no such regulations currently exist; therefore, an amendment to the CCR needs to occur in order to grant CDPH the authority it needs.

Pursuant to a recent conversation with CDPH, they are currently working on revising the CCR’s to include an update to language that is outdated as well as a process for receiving and reviewing applications for establishing a new local public health department. The CDPH representative advised they still need a few months to finalize their proposed revisions to the CCR’s before they will release the proposed regulations for public comment.

Until this occurs, should the City decide to move forward with a local public health department, then the City Council should be aware that the approval process may be delayed until the CCR can be amended and the application process finalized.

Additionally, City staff met with the staff from West Covina for an initial discussion on what steps they have undertaken to establish their local public health department. West Covina is working closely with CDPH to develop an application process. Once completed, West Covina will have five to ten days to provide public comment on the application process. Preliminary thoughts on what this process may look like include nine steps outlined below. Again, this is preliminary and is not necessarily what the final application process would look like.

Potential steps for establishing a public health department which CPDH may implement:

- 1) Local governing body resolution
- 2) Notification to the applicable county health department and CPDH
- 3) Acknowledgement by CDPH which may include:
 - a. Acknowledge receipt of the city's intent letter
 - b. Designate a CDPH contact person or other staff as necessary to coordinate with the city to conduct an initial conference with the city, applicable county health department and designated CDPH staff
 - c. Establish a schedule for consideration of the City's application
- 4) Preliminary application to include:
 - a. Copies of authorizing resolutions
 - b. Overall description of the process
 - c. Description of approach for delivering state mandated and other public health services
 - d. Implementation schedule
- 5) Review and approval of preliminary application by CDPH
- 6) Approval of preliminary application
- 7) Initial implementation
- 8) Final application
- 9) Final approval

HEALTH MANAGEMENT ASSOCIATES

City of Santa Ana: Feasibility and Fiscal Evaluation Services for a Municipal Public Health Agency

Prepared for:

City of Santa Ana

Report on Community Health Strategist Position

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OCTOBER 2022

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COMMUNITY STRATEGIST

The City of Santa Ana engaged Health Management Associates (HMA) in 2021 to provide a comprehensive program and fiscal feasibility analysis for the creation of a municipal public health agency. The final report, separately issued, synthesized HMA's findings and recommendations regarding the feasibility of the City creating a public health department.

This addendum to that report provides additional information related to the creation of a **community health strategist**. The community health strategist provides an opportunity for the City expand its capacity to provide more tailored support to its residents while minimizing the required financial investment. The position will focus on developing and leading health promotion and health education strategies, one of the key priorities identified during the stakeholder engagement process modeled after positions created by other local municipalities. In addition, the community health strategist function builds on the City's track record of successfully securing federal and state grants and anticipates generating additional grants to sustain and expand its effort on health education and health promotion.

This report provides several resources to assist the City in implementing the community health strategist position including:

- Overview and background on the position
- Position description consistent with the City's standard position description template
- Potential funding resources and strategies.

The City Council directed staff to explore creation of this position, associated costs, and potential funding sources.

Background on Community Strategist Position

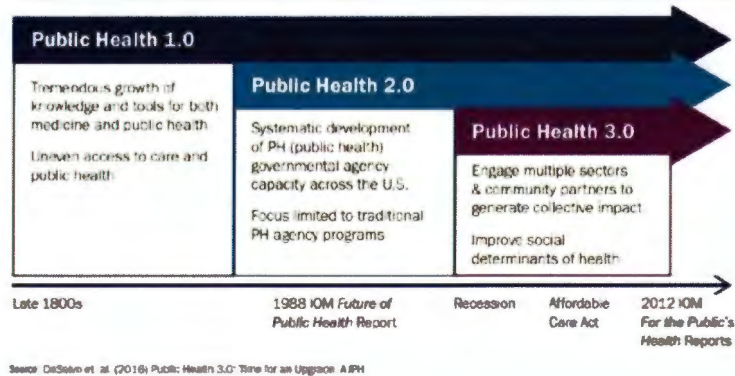
HMA conducted interviews with members of the Santa Ana City Council to understand their interests and priorities in creating a public health department. Through these interviews, city council members indicated a primary interest in improving and expanding the quality of public health promotion services, including health education, for Santa Ana residents. One alternative strategy to achieve the health promotion quality improvement goal is the creation of a **community health strategist position**.

The Public Health 3.0 report¹ issued by Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services, in 2017, recognized the evolution of public health into one that is intentionally focused on engaging partners in improving health outcomes and addressing social determinants of health.

¹ Source: Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure, Office of the Assistant Secretary for Health, US Department of Health and Human Services <https://www.healthypeople.gov/sites/default/files/Public-Health-3.0-White-Paper.pdf>

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Figure 5 | Evolution of Public Health Practices



As shown in Figure 1 below, the community health strategist position is envisioned to serve as a systems-level, strategic leader in local communities, responding to changing health needs and priorities, and advancing proactive strategies to improve community health through advocacy, dedicated leadership, and community partnerships. Six of the seven identified roles align with the City’s priorities and are complementary to a public health department. (Note: Modernize is not aligned with articulated City priorities).

FIGURE 1: COMMUNITY HEALTH STRATEGIST ROLES

Adapt	Strategize	Analyze	Collaborate	Build	Partner	Modernize
<ul style="list-style-type: none"> • U and adapt strategies to address leading causes on illness, injury, and premature death 	<ul style="list-style-type: none"> • D strategies for health promotion 	<ul style="list-style-type: none"> • I secure, analyze, and disseminate real-time data sources for forecasting and decision-making 	<ul style="list-style-type: none"> • Collaborate with federal and state partners to meet community needs 	<ul style="list-style-type: none"> • B collaboration with clinical providers, public health, and payers to optimize population health outcomes 	<ul style="list-style-type: none"> • E effective partnerships with agencies and stakeholders who can make a difference in the community's health 	<ul style="list-style-type: none"> • M modernize public health practices and capabilities

The projected annual cost for a community health strategist function was estimated at \$580,000 and included three full-time positions with the following responsibilities:

- Active pursuit of federal and state grants
- Monitoring and reporting on community conditions
- Internal strategy development related to community services and land use
- Advocacy with county public health
- Community and philanthropic cultivation and partnership.

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Proposed Position Description

Based on review of community health strategist frameworks and comparable positions at other jurisdictions, HMA developed the position description provided on the following page. This description was informed by a review of comparable positions from multiple organizations, as well as recommendations by public health organizations. The CDC Foundation, The American Hospital Association, the Association of State and Territorial Health Officials, and the National Association of County & City Health Officials provided frameworks to identify key skills and competencies. Comparable positions were reviewed from multiple jurisdictions including:

- Catawba County, North Carolina
- Cook County, Illinois
- Wisconsin counties
- City of Westminster in the UK².

A key competency outlined throughout the position is the development of collaboratives and partnerships across sectors to facilitate resident engagement, education, and health promotion. As outlined in the Public Health 3.0 report³, the community or chief health strategist leads health promotion efforts in partnerships and through community coalitions.

Chief Health Strategist

...will lead their community's health promotion efforts in partnership with health care clinicians and leaders in widely diverse sectors, and be deeply engaged in addressing the causes underlying tomorrow's health imperatives. The emphasis will be on catalyzing and taking actions that improve community well-being, and playing a vital role in promoting the reorientation of the health system towards prevention and wellness.

Chief health strategists will participate in and support community based coalitions that examine health data, set goals, and develop plans to improve health. They will enlist civic and other community leaders such as key local businesses and the Chamber of Commerce as well as leaders at the grassroots level to help carry out those plans.

Source: Public Health Leadership Forum, The High Achieving Health Department in 2020 as the Community Chief Health Strategist, 2015.
<http://www.resolv.org/site-healthleadershipforum/hd2020/>

The proposed position description is presented as Appendix 1.

² Comparable positions were identified: Public Health Strategist in Catawba County, North Carolina; Cook County Department of Public Health, Director of Public Health Policy; Lead Health Strategist for the Wisconsin Counties Association, and the Senior Public Health Strategist for the City of Westminster in the UK.

³ Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure, page 13.

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Funding and Sustainability Strategies

A key duty of the Community Health Strategist should be securing and developing funding sources to sustain and expand the position. It is unlikely that one funding source will fully support the position; a more likely scenario is that the Community Health Strategist and related staff will allocate portions of their time across multiple grants that are pursued and developed over time.

It is important to note that successfully applying and receiving grants will likely require that the City of Santa Ana leverage available community health assessments to articulate and demonstrate the need for funding. Examples of publicly available resources are cited in HMA's feasibility report and informed the community needs assessment. Available data sources include federal census, Orange County Health Care Agency, Advance OC, and other data provided by community agencies, non-profit hospitals, and federally qualified health centers. In addition, some grants will require local match as a condition of funding which may require dedication of some general fund resources.

Examples of potential federal and state grants

HMA conducted research on examples of the types of federal grants that may be aligned with the work of the proposed community health strategist. The table presented in the Appendix 2 identifies examples of grants that provide capacity-building and program funding support. The examples are grants that are eligible for city governments as applicants or grants under which the City could partner with local community agencies, schools, and/ or the county. All grants are anticipated or forecasted to be released in 2023. Developing the capacity to regularly monitor and pursue grants will be critical for the long-term sustainability of the community health strategist office.

Example of potential philanthropic support

Philanthropic support may be available to support the start-up and development of the office as the community strategist offices develops its long-term grant funding support. Orange County has several local foundations and public funding agencies that are specifically working to address health inequities and/or addressing health and wellness for vulnerable populations. This section highlights organizations that the City could explore for potential funding whose missions are well-aligned with the City's intent to expand health education and health promotional activities.

One potential starting place is The Health Funders Partnership of Orange County which includes 14 public and private organizations that are dedicated to improving the health of Orange County. Historically, the Partnership's work has included incubating new organizations dedicated to improving health conditions, particularly for the most vulnerable populations. Members include corporate foundations, such as Pacific Life, as well as community organizations/foundations such as Orange County Community Foundation, HealthCare Foundation for Orange County and United Way, and public agencies including First 5 Orange County and the OC Health Care Agency. The Health Funders Partnership supports individual philanthropic investments through education and awareness as well promotes collaborative funding among their members. More information can be found [here](#).

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Additional funders and programs whose interest may be well-aligned with the City's health equity, promotion and education interests include:

- **Equity in OC Grants** – Equity in OC is an Orange County Health Care Agency initiative that aims to improve lives of underserved and multicultural communities in Orange County by advancing health equity, access, and wellness through a collective, responsive, and unified approach. Funded by the Centers for Disease Control and Prevention (CDC) Health Equity grant, Orange County United Way has joined this initiative and will be carrying out the Community Partner Engagement aspect of the grant, which includes engaging and recruiting participants, as well as administering the various funding opportunities. One component of funding is the Social Determinant of Health Implementation Grants which provide funding support to collaborative systems change efforts that create positive change in the three social determinant of health action areas.

The Equity in OC Initiative will provide funding to support up to 15 Implementation Partnerships to improve health equity in Orange County communities by developing and implementing a project that seeks to reduce health equity gaps and address SDOH affecting their communities. Grants awarded will focus on at least one of the following areas:

- " Improve SDOH by impacting a neighborhood, population or community; clinical care delivery for a priority population or chronic health condition;
- " Address the impact of systemic and/or structural racism on health;
- " Increase community capacity to maintain and improve health; or
- " Improve community-centered interventions and/or social conditions that influence health.

- **First 5 OC** – First 5 OC provides funding dedicated to improving outcomes for children prenatal to age 5 and has a history of funding in the Santa Ana community. Currently, First 5 OC partners with Santa Ana Unified and the Santa Ana Early Learning Initiative (SAELI) as a neighborhood-based approach, to support children and their families in the places they are already visiting – schools and community centers. SAELI follows a two-generation model recognizing the importance of supporting families through parenting education and concrete supports to address the family's economic needs such as financial literacy counseling, access to workforce development services, and linkage to health and human supports, among other resources. More information on First 5 OC can be found [here](#).
- **California Endowment, Building Healthy Communities** - Since 2009, Central Santa Ana has been one of 14 sites to participate in The California Endowment's Building Healthy Communities Initiative. This award and designation launched provides a concentrated effort to engage community residents, youth, public entities, schools, businesses, service providers, and non-profit organizations in the development of a ten-year plan to build a healthy Santa Ana. The California Endowment, as the primary investor, is supportive of initiatives to sustain and scale strategies to address health inequities in Santa Ana. More information can be found [here](#).

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APPENDIX 1:
Community Health Strategist
Position Description

The City of Santa Ana is looking for individuals who are results-oriented, possess great attitude, demonstrate creativity and innovation, work efficiently, show a record of success and have a passion for public service. Having highly talented employees provides the best service to our community.

Under general direction, the **Community Health Strategist** supervises and oversees the administration of one or more advanced professional and technical functional areas. The **Community Health Strategist** will lead existing and new collaboratives to strengthen health promotion activities within the City of Santa Ana and partners with community-based organizations, other city departments, residents and, as appropriate, county partners to advance health outcomes. Strongly committed to achieving health equity in the City of Santa Ana by directly addressing health disparities through programmatic and systematic approaches with strategic partners across sectors, through facilitating the co-creation of solutions with community.

Essential Functions Include but Are Not Limited To:

- Utilizing a multi-sector approach to strengthen interagency partnerships and collaborations with partners to discover new perspectives and emerging trends to drive public and community health initiatives that will foster health equity, transformational change, develop and execute a city-wide strategy for engaging influential partners from diverse perspectives, national, and local philanthropic and health and well-being organizations, businesses, community organizations, non-profits, civic leaders, researchers and organizations that address the social drivers of health.
- Understand and adapt strategies to address leading causes of illness, injury, and premature death.
- Working collaboratively with city agencies to identify opportunities for alignment and collaboration to develop initiatives, policies and programs that address public health and community health needs.
- Work to develop multi-sector strategies to address policy, system, and environmental changes to improve health in community in partnership with community.
- Developing strategies to improve community health through health education, health promotion, fostering health literacy and addressing the social drivers of health such as lack of access to housing, food or access to healthcare services.
- Utilizing a data-driven approach to develop key areas of public health focus for the city that address health equity through a city and community-centered approach.
- Identify, secure, analyze and disseminate real time data sources for forecasting and decision making.
- Identifying opportunities to support data-infrastructure to more effectively understand community needs and to develop actionable strategies to improve health.

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- **Supporting partnerships with public health and clinical delivery systems to foster community health improvements.**
- **Connecting partners to strengthen shared abilities to accomplish city-wide priorities and foster collective impact collaboratives to increase impact.**
- **Collaborate with federal and state partners to meet the needs of the community.**
- **Supervising and managing the efforts of staff and resources supporting all phases of design and process improvement implementation.**
- **Developing background and briefing materials to support outreach to build key strategic relationships.**
- **Representing the city at key events and meetings to goals and increase awareness of current and proposed public health or health related programs and services.**
- **Directing market and partner related research and analysis to define, segment, prioritize and reach out to influential partners; translating research into practical, applicable knowledge and tactics to present information that encourages the adoption of innovative approaches and the bridging of business with health care issues.**
- **Leading development process for extramural/grant funding to support identified public health needs for the city which includes ideation, partner identification, partner engagement, proposal development, writing the proposal, and developing a budget to support the proposal.**
- **Submitting extramural/grant funded applications and implements and monitors funding post-award.**
- **Developing and coordinating a grant calendar; ensures grant applications and/or other funding applications meet application filing deadlines.**
- **Developing and managing departmental policies and procedures, goals, and objectives to develop relationships with partner institutions.**
- **Monitoring budget, expense reports or other financial data for extramural/grant functions and provides periodic reports using key metrics to measure effectiveness of extramural/grant efforts.**
- **Ensuring externally acquired funding effectively supports the infrastructures of existing, new, and proposed public and health care programs and initiatives; provides assistance with the design, development, and implementation with the intent of improving health and quality of life within Santa Ana.**
- **Working with the Santa Ana communications resources to develop promotional materials for relationship building purposes; secures speakers for events and community meetings.**
- **Participating in the development and administration of assigned program budgets, including forecasting of funds for staffing, services, equipment, materials, and supplies; monitoring expenditures; and recommends adjustments, as necessary.**
- **Overseeing the preparation and administration of requests for proposals and contracts for a variety of professional and contract services; participating in the vendor selection processes; oversees submission of reports required for City Council approval; and administers and tracks approved contracts.**
- **Assigning, directing, coordinating, and reviewing work activities and projects; monitors workflow; reviews and evaluates work products, methods, and procedures; and works with staff to identify and resolve problems.**

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- Selecting, training, motivating, and evaluating assigned personnel; provides and/or coordinates staff training; works with employees to correct deficiencies; and implements discipline and termination procedures.
- Providing information and assistance to City staff, the public, and outside agencies and organizations regarding public health or community health related programs.
- Providing responsible and complex assistance to management staff; participates on a variety of committees and boards; and prepares and presents staff reports and other correspondence as requested.
- May assist in the preparation, coordination, and facilitation of employee training programs.
- Performing other duties as assigned.

Minimum Qualifications

EXPERIENCE AND EDUCATION

Five (5) years of progressively responsible professional experience in public health, social services, healthcare, or government. Including two (2) years of supervisory experience, supplemented by a bachelor's degree from an accredited college or university with major course work in Public Health, Public Administration, Business Administration, or a related field; masters or advance degree preferred. Demonstrated experience in effective coalition management and partner engagement. Provide one example of either securing extramural/grant funding and/or experience managing extramural/grant funded program. Experience writing and submitting grant funding reports to State and Federal funders.

KNOWLEDGE, SKILLS, AND ABILITIES

Knowledge of: Public health frameworks and approaches, health education strategy development and implementation. Effectively developing and fostering relationships with key community stakeholders. Understanding of how to develop strategies that address health equity collaboratively with impacted communities. Specific knowledge of and sensitivity to health concerns of low income, minority, and other under-served populations.

Knowledge of grant management including budget personnel management and reporting. Understanding of budget processes, controls, and expenses. Excellent organizational skills and the ability to attend to details and meet firm deadlines. Excellent writing and oral presentation skills with the ability to translate complicated materials into clear and simple language. Strong supervisory/people management skills. Strong critical thinker with excellent judgment and keen analytical and business strategy skills.

Strong project management skills with the ability to multi-task and work to deadlines. Ability to effectively and cost efficiently integrate external funds to support program and initiative infrastructure. Ability to create and respond to novel and innovative approaches to change organizational systems and culture, forward thinker. Ability to turn research and data into relevant information and actionable strategies with the aim of driving and maximizing partnership opportunities.

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Ability to work across internal and external teams with the ability to inspire others to work toward shared goals. Ability to master and utilize tools and platforms for engagement, stakeholder management and social networking. Ability to initiate and take responsibility for submittal of all aspects of grant parameters and deliverable. Ability to work independently, as well as part of a team. Ability to initiate contact and create partnerships with potential and current funders as well as establish and maintain positive relationships with same. Ability to work in a multi-ethnic and multi-cultural environment. Ability to work a flexible schedule to include evenings and weekends. Must be able to travel as required to support the design and development of innovative public health and community health programs and initiatives.

Ability to: Oversee the day-to-day operations of public health and health-focused initiatives and projects; select, supervise, train and evaluate staff; recommend, implement, and evaluate goals, objectives, programs, projects, policies, and procedures; understand, interpret, and apply Citywide and departmental codes, policies, and procedures and applicable federal, state, and local policies, laws and regulations, participate in preparation and administration of assigned budgets; plan and organization work to meet changing priorities and deadlines; prepare clear and concise staff reports, correspondence, policies, procedures, and other written materials; conduct complex research projects; organize and prioritize a variety of projects and multiple tasks in an effective and timely manner; maintain appropriate and effective recordkeeping; operate office equipment, including computer equipment and office software applications such as Microsoft Office programs; communicate tactfully, clearly, and concisely, both orally and in writing; and establish and maintain effective working relationships with department management, City employees, employee organizations, elected and appointed City officials, and the public. Ability to work with people from diverse backgrounds and cultures. Ability to manage multiple projects and work well under pressure.

HIGHLY DESIRABLE

Possession of a master's degree from an accredited college or university with major course work in Public Health, Healthcare Administration, Public Administration, Business Administration, or a related field is highly desirable.

Three years of experience managing public health or health-related grant funding from the State or Federal level.

Diversity, Equity and Inclusion, Health Equity and Equity Focused Trainings or Certifications.

APPENDIX 2: Examples of Potential Federal Funding to Support Community Health Strategist Office

Opportunity	Funder	Funding Amount	Total # of Awards	Submission Date	Posted OR Forecasted	Category	Description	Link
National Organizations of State and Local Officials: Public Health Capacity	HRSA	\$1,065,416	1	3/23/223	Forecasted	Capacity-Building	Assist states and local authorities in a) preserving and improving public health, b) building capacity to address other public health matters and support and enforce regulations intended to improve the public’s health, and c) preventing and suppressing communicable diseases. Objectives: 1) facilitate bidirectional communication and data/information-sharing between HRSA and state and/or local officials, 2) strengthen HRSA-funded programs by better understanding state and/or local stakeholder needs, priorities, and perspectives, and 3) support capacity-building activities at the state and/or local levels that strengthen the health care safety net and advance shared public health goals with HRSA.	Click Here

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Opportunity	Funder	Funding Amount	Total # of Awards	Submission Date	Posted OR Forecasted	Category	Description	Link
Fiscal Year 2022 Building Resilient Infrastructure and Communities (BRIC)	DHS-FEMA	Total Program Funding: ~\$2.3B	125	1/27/2023	Posted	Mitigation Natural Hazards	The Building Resilient Infrastructure and Communities (BRIC) program makes federal funds available to states, U.S territories, Indian tribal governments, and local communities for pre-disaster mitigation activities. With a general focus on disasters, risks, and hazards, including those associated with climate change, the guiding principles of the program are to: (1) support state and local governments, tribes, and territories through capability- and capacity-building to enable them to identify mitigation actions and implement projects that reduce risks posed by natural hazards.	Click Here

APPENDIX 2: Examples of Potential Federal Funding to Support Community Health Strategist Office

Opportunity	Funder	Funding Amount	Total # of Awards	Submission Date	Posted OR Forecasted	Category	Description	Link
Healthy Homes Production Grant Program	HUD	\$1-\$2M	20	10/18/2022	Posted	Housing	The Healthy Homes Production Program (HHP) is part of HUD’s overall Healthy Homes Initiative launched in 1999. The program takes a comprehensive approach to addressing multiple childhood diseases and injuries in the home by focusing on housing. The program builds upon HUD’s successful Lead Hazard Control programs to expand the Department’s efforts to address a variety of high-priority environmental health and safety hazards. in privately owned, low-income rental and/or owner-occupied housing. especially in units and/or buildings where families with children, older adults 62 years and older, or families with persons with disabilities in low- and very low-income residences.	Click Here

APPENDIX 2: Examples of Potential Federal Funding to Support Community Health Strategist Office

Opportunity	Funder	Funding Amount	Total # of Awards	Submission Date	Posted OR Forecasted	Category	Description	Link
Service Area Competition	HRSA	Total Program Funding: ~\$152M	50	10/11/2022	Posted	Health	The Health Center Program supports domestic public or private, nonprofit community-based and patient-directed organizations that provide primary health care services to the Nation's medically underserved populations. The purpose of the SAC notice of funding opportunity (NOFO) is to ensure continued access to comprehensive, culturally competent, high-quality primary health care services for communities and populations currently served by the Health Center Program.	Click Here

APPENDIX 2: Examples of Potential Federal Funding to Support Community Health Strategist Office

Opportunity	Funder	Funding Amount	Total # of Awards	Submission Date	Posted OR Forecasted	Category	Description	Link
Racial and Ethnic Approaches to Community Health (REACH)	CDC	\$900K-\$1.5M	40	3/13/2023	Forecasted	Health	This 5-year program is to improve health, prevent chronic diseases, and reduce health disparities among racial and ethnic populations with the highest risk, or burden, of chronic disease. Funding supports culturally tailored interventions promote activities to decrease tobacco use, poor nutrition practices, and physical inactivity, including supporting implementation, evaluation, and dissemination of practice- and evidence-based strategies related to tobacco, nutrition, and physical activity focused on reducing health disparities in chronic conditions of hypertension, heart disease, Type 2 diabetes, and obesity.- Services include education, community and clinical efforts to increase access to health care and preventive care programs within their community.	Click Here

APPENDIX 2: Examples of Potential Federal Funding to Support Community Health Strategist Office

Opportunity	Funder	Funding Amount	Total # of Awards	Submission Date	Posted OR Forecasted	Category	Description	Link
No Wrong Door Community Infrastructure Grants - Scaling Community Care Hubs through Lead Entities	HHS	\$150-\$300K	10	6/1/2023	Forecasted	Income Security and Social Services	Funding for a two-year project period to support the development and enhancement of Community Care Hubs (CCH) which provide coordination of information and referral, screening, care coordination, care transitions, eligibility and enrollment, and person-centered planning. Grant provides funding with a community-based Lead Entity (LE) to develop infrastructure, to build their network maturity and align their service capabilities to contract with health care sector entities (e.g., accountable care organizations, health plans, managed care organizations, hospitals, health systems, and more). payers and LEs.	Click Here

APPENDIX 2: Examples of Potential Federal Funding to Support Community Health Strategist Office

Opportunity	Funder	Funding Amount	Total # of Awards	Submission Date	Posted OR Forecasted	Category	Description	Link
Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants	HUD	\$2.5K-\$2M	7500	9/30/2023	Posted	Housing	The CoC Program (24 CFR part 578) is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit organizations, state governments, local governments, instrumentalities of state and local governments, Indian Tribes, tribally designated housing entities, as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103), and public housing agencies, as such term is defined in 24 CFR 5.100, are eligible without limitation or exclusion, to quickly re-house homeless individuals, families, persons fleeing domestic violence, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless; and to optimize self-sufficiency among those experiencing homelessness.	Click Here

APPENDIX 2: Examples of Potential Federal Funding to Support Community Health Strategist Office

Opportunity	Funder	Funding Amount	Total # of Awards	Submission Date	Posted OR Forecasted	Category	Description	Link
National Organizations of State and Local Officials: Governance	HRSA	\$600K	1	3/23/2023	Forecasted	Health/Capacity-Building	The purpose of this program is to assist states and local authorities in a) preserving and improving public health, b) building capacity to address other public health matters and support and enforce regulations intended to improve the public's health, and c) preventing and suppressing communicable diseases. To fulfill the program's purpose, NOSLO: Governance has the following objectives: 1) facilitate bidirectional communication and data/information-sharing between HRSA and state and/or local officials, 2) strengthen HRSA-funded programs by better understanding state and/or local stakeholder needs, priorities, and perspectives, and 3) support capacity-building activities at the state and/or local levels that strengthen the health care safety net and advance shared public health goals with HRSA.	Click Here

APPENDIX 2: Examples of Potential Federal Funding to Support Community Health Strategist Office

Opportunity	Funder	Funding Amount	Total # of Awards	Submission Date	Posted OR Forecasted	Category	Description	Link
ATSDR's Partnership to Promote Local Efforts to Reduce Environmental Exposure	CDC	Total Program Funding: \$73.25M	34	12/9/2022	Forecasted	Health	<p>The Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), commonly known as the "Superfund" Act, provided the Congressional mandate to remove or clean up abandoned and inactive hazardous waste sites and to provide federal assistance in toxic emergencies. As the lead Agency within the Public Health Service for implementing the health-related provisions of CERCLA, ATSDR is charged to assess the presence and nature of health hazards at specific Superfund sites, to help prevent or reduce further exposure and the illnesses that result from such exposures, and to expand the knowledge base about health effects from exposure to hazardous substances.</p> <p>This NOFO also seeks to support innovative, non-site-specific activities to contribute to ATSDR's capacity and prevention mission. The primary purposes of this NOFO are to: 1) Decrease or eliminate exposures to hazardous substances through site-related health assessments and 2) Prevent exposures to hazardous substances through proactive programs that inform knowledge, behavior, process, and policy changes through dissemination of best practices.</p>	Click Here

APPENDIX 2: Examples of Potential Federal Funding to Support Community Health Strategist Office

Opportunity	Funder	Funding Amount	Total # of Awards	Submission Date	Posted OR Forecasted	Category	Description	Link
Public Health Crisis Response Cooperative Agreement	CDC	\$50K-\$5M	113	10/10/2022	Posted	Health/Capacity-Building	<p>CDC seeks to enhance the nation’s ability to rapidly mobilize, surge, and respond to public health emergencies (PHEs) as identified by CDC by establishing a roster of approved but unfunded (ABU) applicants that may receive rapid funding to respond to PHEs of such magnitude, complexity, or significance that they would have an overwhelming impact upon, and exceed resources available to, the jurisdictions. Applicants will undergo an objective merit review process, and entities that successfully meet the requirements for approval will be placed on the ABU list. CDC will use this ABU list for emergencies that require federal support to effectively respond to, manage, and address identified public health threats. CDC will make funding related to this NOFO available once it has determined a public health emergency exists or is considered imminent and will be contingent upon the availability and stipulations of appropriations. CDC will provide additional guidance and information to those on the ABU list when this NOFO is funded.</p>	<p>Click Here</p>

APPENDIX 2: Examples of Potential Federal Funding to Support Community Health Strategist Office

Opportunity	Funder	Funding Amount	Total # of Awards	Submission Date	Posted OR Forecasted	Category	Description	Link
FY 2021 American Rescue Plan Act Economic Adjustment Assistance Notice of Funding Opportunity	Dept. of Commerce	\$100K-\$10M	250	3/31/2022	Posted	Other/Economic Development	<p>Through this ARPA EAA NOFO, EDA aims to assist communities and regions impacted by the coronavirus pandemic, including historically underserved communities. EDA's ARPA EAA NOFO is designed to provide a wide range of financial assistance to communities and regions as they respond to, and recover from, the economic impacts of the coronavirus pandemic, including long-term recovery and resilience to future economic disasters. Under this announcement, EDA solicits applications under the authority of the Economic Adjustment Assistance (EAA) program. This is the broadest NOFO EDA is publishing under ARPA and any eligible applicant from any EDA Region may apply. EDA expects to fund a number of projects under this NOFO that support communities negatively impacted by the downturn in the coal economy, supporting transitioning away from coal.</p> <p>EDA anticipates funding approximately 300 non-construction and construction projects that cost between approximately \$500,000 and \$5,000,000 with this appropriation, though EDA will consider applications above and below these amounts.</p>	Click Here

APPENDIX 2: Examples of Potential Federal Funding to Support Community Health Strategist Office

Opportunity	Funder	Funding Amount	Total # of Awards	Submission Date	Posted OR Forecasted	Category	Description	Link
FY 2020 EDA Public Works and Economic Adjustment Assistance Programs including CARES Act Funding	Dept. of Commerce	\$100K-\$30M	3000	NA	Posted	Other/Economic Development	Under this NOFO, EDA solicits applications from applicants in rural and urban areas to provide investments that support construction, non-construction, technical assistance, and revolving loan fund projects under EDA's Public Works and EAA programs. Grants and cooperative agreements made under these programs are designed to leverage existing regional assets and support the implementation of economic development strategies that advance new ideas and creative approaches to advance economic prosperity in distressed communities. EDA provides strategic investments on a competitive-merit-basis to support economic development, foster job creation, and attract private investment in economically distressed areas of the United States. If you are interested in applying for a project of national impact/scope under the CARES Act; please inquire at RNTA@eda.gov .	Click Here

APPENDIX 2: Examples of Potential Federal Funding to Support Community Health Strategist Office

Opportunity	Funder	Funding Amount	Total # of Awards	Submission Date	Posted OR Forecasted	Category	Description	Link
School-Based Interventions to Promote Equity and Improve Health, Academic Achievement, and Well-Being of Students	CDC	\$350K-\$400K	16	12/6/2022	Forecasted	Health/School-Based Health	CDC plans to award at least 16 recipients with up to 50 recipients depending on future funding. The purpose of this project is to improve the health and emotional well-being of children, adolescents, and school staff in underserved and disproportionately affected communities. Recipients will use the Whole School Whole Community Whole Child approach to disseminate CDC evidence-based School Health guidelines, recommendations, tools, and resources through professional development and technical assistance to priority local education agencies (LEAs) and schools; establish key partnerships to support school health; and use action planning to implement physical activity, school nutrition, school health services, and emotional wellbeing policies, practices, and programs at the state, priority LEA, and school level.	Click Here

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Opportunity	Funder	Funding Amount	Total # of Awards	Submission Date	Posted OR Forecasted	Category	Description	Link
Mental Health Awareness Training Grants	SAMHSA	Total Program Funding: \$1,111,462	8	NA	Forecasted	Health/ Mental Health/ Training	The purpose of this SAMHSA program is to: (1) train individuals (e.g., school personnel, emergency first responders, law enforcement, veterans, armed services members and their families) to recognize the signs and symptoms of mental disorders, particularly serious mental illness (SMI) and/or serious emotional disturbances (SED); (2) establish linkages with school- and/or community-based mental health agencies to refer individuals with the signs or symptoms of mental illness to appropriate services; (3) train emergency services personnel, law enforcement, fire department personnel, veterans, and others to identify persons with a mental disorder and employ crisis de-escalation techniques; and (4) educate individuals about resources that are available in the community for individuals with a mental disorder. It is expected that this program will prepare and train others on how to appropriately and safely respond to individuals with mental disorders, particularly individuals with SMI and/or SED.	Click Here

APPENDIX 2: Examples of Potential Federal Funding to Support Community Health Strategist Office

Opportunity	Funder	Funding Amount	Total # of Awards	Submission Date	Posted OR Forecasted	Category	Description	Link
Resiliency in Communities After Stress and Trauma	SAMHSA	\$1M	10	10/17/2022	Posted	Health/Mental Health	The purpose of this program is to promote resilience, trauma-informed approaches, and equity in communities that have recently faced civil unrest, community violence, and/or collective trauma within the past 24 months; and assist high-risk youth and families through the implementation of evidence-based violence prevention, and community youth engagement programs. SAMHSA expects ReCAST to be guided by a community-based coalition of residents, non-profit organizations, and other entities (e.g., health and human service providers, schools, institutions of higher education, faith-based organizations, businesses, state and local government, law enforcement, and employment, housing, and transportation services agencies).	Click Here

APPENDIX 2: Examples of Potential Federal Funding to Support Community Health Strategist Office

Opportunity	Funder	Funding Amount	Total # of Awards	Submission Date	Posted OR Forecasted	Category	Description	Link
A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes	CDC	\$850K-\$3.3M	76	3/7/2023	Forecasted	Health/Chronic Disease	<p>The NOFO contains 3 components: A, B, and C. Applicants may apply for only 1 component. Relevant components: Component B will fund up to 22 organizations to work in US counties identified as very high need based on diabetes disease burden and social vulnerability. Applicants must be able to reach a minimum of 350,000 people within one county and establish partnerships with community-based organizations (CBOs) in the selected counties that have experience and expertise engaging priority populations. Applicants must sub-award a minimum of 30% of total funding to their CBO partners to support implementation Award ceiling not to exceed \$1,100,000. Component C will fund 3-4 multisectoral networks in different areas of the US to collaboratively address strategies proven necessary to grow and sustain the National Diabetes Prevention Program (National DPP) to better engage, enroll, and retain priority populations. Applicants will serve as a hub (backbone) organization supporting the network and will be required to convene and fund partners across sectors. Priority will be given to those applicants who present a feasible plan to meet at least half of the 10,000-enrollment goal for year 1 Award ceiling not to exceed \$3,300,000.</p>	<p>Click Here</p>

ZIP Code	Total Population
90501	41,975
90502	17,778
90503	44,605
90504	33,410
90505	37,220

Source: U.S. Census
Bureau, American
Community Survey,
2015-2019, DP05

Below 100% of the Federal Poverty Level	Below 200% of the Federal Poverty Level
15.60%	31.00%
10.80%	23.70%
7.40%	17.20%
8.90%	20.40%
4.50%	14.40%

Source: U.S. Census
Bureau, American
Community Survey,
2015-2019, S1701

Free and Reduced-Price Meals Eligibility

Torrance Unified School District	28.80%
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Source: California
Department of
Education, 2020-2021

2020 Annual Average Unemployment Rate

Torrance	10.00%
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Source: California
Employment
Development
Department, Labor
Market Information

ZIP Code	Total Housing Units
90501	15,676
90502	6,472
90503	17,767
90504	12,411
90505	14,808

Source: U.S. Census
Bureau, American
Community Survey,
2015-2019, DP04.

ZIP Code	Median Household Income
90501	\$71,712
90502	\$73,826

90503	\$93,063
90504	\$90,210
90505	\$99,764

Source: U.S. Census
Bureau, American
Community Survey,
2015-2019, DP03.

ZIP Code	Households that Spend 30% or More of their Incc
90501	46.10%
90502	35.90%
90503	37.30%
90504	35.40%
90505	38.50%

Source: U.S. Census
Bureau, American
Community Survey,
2015-2019, DP04

High School Graduation Rates, 2019-2020

Torrance Unified School
District 94.30%

Source: California
Department of
Education, 2021

Health Insurance
Coverage

ZIP Code	All Ages
90501	89.90%
90502	92.60%
90503	95.30%
90504	93.80%
90505	95.70%

Source: U.S. Census
Bureau, American
Community Survey,
2016-2020, S2701. h

Federally Qualified
Health Centers, Largest
Share of Patients, by ZIP
Code

ZIP Code	Dominant FQHC Clinic
90501	Northeast Community Clinic Inc.
90502	South Bay Family Health Care
90503	South Bay Family Health Care
90504	South Bay Family Health Care
90505	South Bay Family Health Care

Source: UDS Mapper,
2020 UDS Mapper

Body Composition,
'Needs Improvement'
and 'Health Risk'

5th Grade: Needs

Improvement

17.80%

5th Grade: Health Risk

14.90%

Source: California

Department of

Education, FitnessGram

Physical Fitness Testing

Results, 2018-2019.

Aerobic Capacity:

measurement of aerobic

capacity through run

and walk tests.

Grade

5th Grade: Healthy Fitness Zone

Torrance Unified School

District

75.70%

California

60.20%

Source: California

Department of

Education, FitnessGram

Physical Fitness Testing

Results, 2018-2019.

Seriously Considered

Suicide, Teens

7th Grade

Torrance Unified School

District

11%

Source: California

Department of

Education, California

Healthy Kids Survey,

2018-2019 & *2020-

2021.

Up-to-Date Immunization Rates of Children Enter

Torrance Unified School

District

97.40%

Los Angeles County

97.40%

California

94.20%

Source: California
Department of Public
Health, Immunization
Branch, 2019-2020.

Youth Ages 0 – 17	Seniors Ages 65+	
	23.70%	12.70%
	15.90%	21.80%
	20.00%	16.70%
	19.50%	16.50%
	23.00%	17.30%

Poverty Level, Under 18	Poverty Level, Seniors	
	24.90%	10.90%
	19.90%	11.60%
	7.70%	9.00%
	11.30%	6.80%
	3.30%	6.80%

2021 Annual Average Unemployment Rate	March 2022 (Preliminary) Unemployment Rate
6.80%	3.50%

Occupied Housing Units	Owner Occupied	
14,242		45.60%
5,975		68.40%
16,647		50.90%
11,685		62.20%
13,992		56.60%

ome on Housing

0-18	19-64	
	96.50%	85.40%
	98.00%	89.50%
	97.50%	93.60%
	98.30%	91.20%
	97.40%	93.60%

Share of Patients 2020

28.30%
 19.10%
 44.70%
 37.70%
 36.50%

7th Grade: Needs Improvement

16.10%

7th Grade: Health Risk

11.80%

7th Grade: Healthy Fitness Zone

74.20%

61.00%

9th Grade: Healthy Fitness Zone

76.30%

60.00%

9th Grade

11th Grade

13%

13%

ing Kindergarten, 2019-2020

Poverty Level, female heads-of-household with Children

42.40%
24.30%
29.40%
22.10%
20.50%

Renter Occupied

54.40%
31.60%
49.10%
37.80%
43.40%

65 and older

98.60%
97.70%
98.80%
98.60%
100.00%

9th Grade: Needs Improvement

9th Grade: Health Risk
14.20%

11.20%

Cornell Law School: Legal Information Institute

Link: <https://www.law.cornell.edu/regulations/california/17-CCR-1276>

Cal. Code Regs. Tit. 17, § 1276 - Basic Services

The health department shall offer at least the following basic services to the health jurisdiction which it serves:

- (a) Collection, tabulation and analysis of all public health statistics, including population data, natality, mortality and morbidity records, as well as evaluation of service records.
- (b) Health education programs including, but not necessarily limited to, staff education, consultation, community organization, public information, and individual and group teaching, such programs to be planned and coordinated within the department and with schools, public and voluntary agencies, professional societies, and civic groups and individuals.
- (c) Communicable disease control, including availability of adequate isolation facilities, the control of the acute communicable diseases, and the control of tuberculosis and the venereal diseases, based on provision of diagnostic consultative services, epidemiologic investigation and appropriate preventive measures for the particular communicable disease hazards in the community.
- (d) Medical, nursing, educational, and other services to promote maternal and child health, planned to provide a comprehensive program to meet community needs in these fields.
- (e) Environmental health and sanitation services and programs in accordance with an annual plan and program outline as required in Title 17, Section 1328, and approved by the State Department of Health and the applicable services and program standards as specified in the State Department of Health "Services in a Local Environmental Health and Sanitation Program," September 1976. The required services and programs shall be as follows:
 - (1) Food.
 - (2) Housing and institutions.
 - (3) Radiological health in local jurisdictions contracting with the State Department of Health to enforce the Radiation Control Law pursuant to Section 25600-25654 and Sections 25800- 25876, Health and Safety Code.
 - (4) Milk and dairy products in local jurisdictions maintaining an approved milk inspection service pursuant to Section 32503, Food and Agricultural Code.

- (5) Water oriented recreation.
 - (6) Safety.
 - (7) Vector control.
 - (8) Wastes management.
 - (9) Water supply.
 - (10) Air sanitation.
 - (11) Additional environmentally related services and programs as required by the County Board of Supervisors, City Council, or Health District Board.
 - (12) And may include land development and use.
- (f) Laboratory services, provided by an approved public health laboratory in health departments serving a population of 50,000 or more. Such laboratories shall provide:
- (1) Services necessary for the various programs of the health department.
 - (2) Consultation and reference services to further the development of improved procedures and practices in laboratories employing such procedures related to the prevention and control of human disease.
- (g) Services in nutrition, including appropriate activities in education and consultation for the promotion of positive health, the prevention of ill health, and the dietary control of disease.
- (h) Services in chronic disease, which may include case finding, community education, consultation, or rehabilitation, for the prevention or mitigation of any chronic disease.
- (i) Services directed to the social factors affecting health, and which may include community planning, counseling, consultation, education, and special studies.
- (j) Services in occupational health to promote the health of employed persons and a healthful work environment, including educational, consultative and other activities appropriate to local needs. Where the population of a health jurisdiction exceeds 500 thousand, the program in occupational health shall include a planned and organized service with trained staff.
- (1) "Services in occupational health" shall mean, as a minimum, a program of industrial sanitation and surveillance of occupational health hazards to insure that places of employment are maintained in a healthful and sanitary condition. For the purpose of this section, "sanitary condition" is defined as equivalent to that described in the "Recommended Standards of Sanitation in Places of Employment" issued by the California State Department of Health Services. Such services shall be provided by at least one Occupational Health Sanitarian as defined in Section 1307, or any one of the occupational health disciplines in Section 1306, with medical, sanitation, and public health nursing support available.

- (2) "Planned and organized service" shall include services in occupational health as defined above, and in addition the prevention of work-induced illness and disability by recognizing, evaluating and preventing unhealthful environmental conditions and practices in places of work.
- (3) "Trained staff" shall be defined as follows:
- (A) When the health jurisdiction includes a population of 500,000 to 1,000,000, at least 1, and after July 1, 1968, 2 full-time health professionals representing 1 or 2, respectively, of the disciplines listed in part (4) hereof shall be employed.
 - (B) When health jurisdictions include more than 1,000,000 population at least 2, and after July 1, 1968, 3 full-time health professionals representing 2 or 3, respectively, of the 5 disciplines listed in part (4) hereof shall be employed.
 - (C) When health jurisdictions include more than 5,000,000 population, at least 10 full-time health professionals including all 5 of the disciplines listed in part (4) hereof shall be employed.
- (4) Occupational health disciplines include: Occupational Health Physician; Occupational Health Nursing Consultant; Industrial Hygiene Engineer; Industrial Hygienist (including sanitarians with appropriate training); and Industrial Hygiene Chemist as defined in Section 1306.
- (k) Appropriate services in the field of family planning, which may include:
- (1) Promotion of availability of program elements such as:
 - (A) Assembling knowledge about family planning, attitudes, values, and information held by population groups.
 - (B) Public and professional educational services about the health benefits of family planning and fertility control methods.
 - (C) Professional services for sterility correction, fertility control and genetic counseling for all segments of the population, making available methods acceptable to families of any religious persuasion.
 - (D) Evaluation of the adequacy of the community's family planning efforts.
 - (2) Provision of program elements which are not otherwise likely to be made available, including family planning services for those groups who cannot reasonably obtain them.
- (l) Public health nursing services to provide for the preventive and therapeutic care of the population served.

Notes

Cal. Code Regs. Tit. 17, § 1276

Note: Authority cited: Sections 208, 1111 and [1130](#), Health and Safety Code.

Reference: Sections 1111, 1112, 1113, [1130](#), [1155](#), 1555.5 and 1155.6, Health and Safety Code.

1. Amendment of subsection (j)(1) filed 6-24-68; effective thirtieth day thereafter (Register 68, No. 24). For prior history, see Register 67, No. 50.
2. Amendment of subsection (f) filed 8-16-71; effective thirtieth day thereafter (Register 71, No. 34).
3. New subsection (l) filed 6-7-74; effective thirtieth day thereafter (Register 74, No. 23).
4. Amendment of subsection (e) filed 12-9-77; effective thirtieth day thereafter (Register 77, No. 50).
5. OAL Notice of Erroneous Filing filed 7-18-85; purported editorial correction of Section 1276 filed in error on 7-1-85 is null and void and text as filed with Secretary of State on 12-9-77 remains in effect uninterrupted (Register 85, No. 30).
6. Editorial correction filed 8-19-85; effective thirtieth day thereafter (Register 85, No. 34).