

BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE

“It is our mission to transform public health practice for the purpose of eliminating health inequities using a broad spectrum of approaches that create healthy communities.”

Alameda County

June 1, 2006

City of Berkeley

Contra Costa County

Marin County

City and County of
San Francisco

Hon. Deborah Ortiz
Chair, Health Committee
California Senate
State Capitol, Room 5114
Sacramento, CA 95814

San Mateo County

Re: Public health governance

Santa Clara County

Dear Sen. Ortiz:

Santa Cruz County

Solano County

We write on behalf of the Bay Area Regional Health Inequities Initiative (BARHII), a collaboration of nine health departments in the San Francisco Bay Area and beyond, which have joined together for the purpose of directing our work toward the elimination of health inequities by working with communities where the burden of disease is most inequitable and with the institutions that most influence the living conditions in those neighborhoods.

We thank you for your steadfast support for public health throughout your legislative career. We applaud your recent efforts to increase the visibility of public health by creating a new governance structure that will promote open discussion and debate of public health priorities rather than have them submerged in the political and administrative confines of a combined agency.

The purpose of this letter is twofold: 1) To encourage you to continue negotiations with the Governor in order to keep the Public Health Board in your legislation; and, 2) if you are successful, to urge you to reconsider the composition of the Public Health Board so that it reflects a more comprehensive scope of public health concerns.

Public Health Board

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We know that the Governor has proposed a separate Department of Public Health, which will require legislation in order to be implemented. As we understand it, he is content to use your legislation, SB 162, as the vehicle to bring that about, but only if you remove language calling for a Public Health Board.

We would very much like to see a Public Health Board that is an open forum in which the priorities of public health are debated and where constituencies can be heard, but we recognize that the Governor might be reluctant to relinquish any authority over the new Department of Public Health. Our reading leads us to believe that the legislation does not undermine that authority. The use of phrases such as “provide public and expert involvement in the development of policies, regulations, and programs,” “examine,” “analyze” or “comment on” do not appear to replace the Governor’s authority over the new department, although “oversight” might cause him some consternation. Nonetheless, to the extent that the Governor’s reluctance to support a Public Health Board is based on the issue of authority, we encourage you to consider offering language that would provide him the necessary reassurances in exchange for keeping the Public Health Board in the legislation. We think the composition of the board and the open forum are more important than its formal authority at this stage of attempting to improve public health governance.

Composition of a Public Health Board

We understand that the public rationale for creating a separate Department of Public Health and a Public Health Board is based on emergency response and preparedness for infectious disease outbreaks, whether the result of bio-terrorism or the sobering prospects of a global flu pandemic. We also realize that the dismal failure of the federal government’s relief efforts following Hurricane Katrina is a vivid reminder of what can happen when we are not prepared. We further realize that much of the language and content of your legislation was inspired by the Little Hoover Commission report, which took up many of these same issues.

We have great concerns, however, that proposals to reform governance not be based on one, albeit important, element of what public health must be prepared to do. As you know from your long-standing interest in such important public health issues as tobacco control, childhood obesity and asthma, chronic diseases take a tremendous, often preventable and inequitable toll on the population. Los Angeles, for example, has determined that chronic diseases account for 80% of preventable disability and death. In addition, because chronic diseases represent the accumulation of exposures to social and environmental conditions over the course of lifetimes and generations, they are most likely to be reflected in patterns that correspond to social inequalities. Much of our work in chronic disease prevention, and in our efforts to eliminate health inequities, makes us focus on the social and environmental conditions in which people live. Our great challenge is to build this capability on top of the bio-medical infrastructure focused on infectious disease control that has characterized public health departments for over a century. As public health officials from the Bay Area, we eagerly take on this challenge, particularly in our efforts to eliminate health inequities.

We hope you will take this expanded vision of public health into account as you continue your negotiations over a Public Health Board. If you are successful in retaining the Public Health Board in your legislation, we urge you to amend the current composition, which is heavily weighted toward emergency response and preparedness for infectious disease outbreaks, to include similarly prescribed representation of those whose expertise lies in chronic disease prevention, social and environmental determinants of health and health inequities. As we expand our local public health practice to encompass community capacity building, school policies and practices, land use and transportation planning, environmental justice, etc., we need allies at the State level who can support this critical work.

We would be happy to consult with you further on the functioning and composition of a Public Health Board that might better address the issues we have raised.

Again, we thank you for your persistent support for public health, and we look forward to working with you now and in the future.

Sincerely,

Tony Iton, M.D., J.D., M.P.H.
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