

**THE INTERSECTION AND COORDINATION OF PUBLIC HEALTH AND HEALTH CARE IN CALIFORNIA:**  
*LEARNING FROM COVID-19 AND INNOVATING FOR THE FUTURE*

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**INTRODUCTION**

California’s public health and health care systems are distinct and separate, yet they come together and coordinate in important ways. The public health system focuses on improving the health of a community or population and the health care system focuses on the health of an individual.

Coordination between the two systems increases the effectiveness of interventions aimed at improving the health of:



**INDIVIDUAL**



**COMMUNITY**



**POPULATION**

This fact sheet purposefully brings the public health and health care systems together in one publication to explore their different funding sources, separate governance structures, and future opportunities to enhance coordination between the two systems.

**FUTURE OF PUBLIC HEALTH AND HEALTH CARE SYSTEM POLICY CONSIDERATIONS**

**DATA-SHARING**

How could health information collection and sharing make public health and the health care delivery system work together to be more effective, useful, and drive better health outcomes for individuals and the community?

**HEALTH EQUITY**

How could improved coordination between public health and the health care delivery system effectively reduce health disparities, address the social determinants of health, and increase health equity?



**COORDINATION AND COMMUNICATION:**  
How should the public health and health care delivery systems work together effectively?

**FUNDING**

How can well-funded public health infrastructure advance better individual health outcomes and close persistent equity gaps impacting the health of California communities?

**MULTI-SECTOR COLLABORATION**

How can public health-led collaborations be further utilized, as they were, to great success, during the pandemic\*, to enhance coordination between public health and the health care delivery system?

\*ITUP heard about the power of local and regional collaborations throughout the pandemic at our annual Regional Workgroups. Read more in our [COVID-19 Community Success Stories](#) blog.

**Historical State Funding Trends**

In 2007, the CA State Department of Health Services split into two separate departments: the California Department of Public Health (CDPH), which administers public health programs, and the Department of Health Care Services (DHCS), which runs Medi-Cal and other health care coverage programs.

Since the Department of Health Services became DHCS and CDPH in 2007 state funding:

**DHCS BUDGET PRIOR TO PANDEMIC**

△ **279%**  
FISCAL YEAR (FY) 2019–2020 <sup>1</sup>

**DHCS BUDGET DURING PANDEMIC**

△ **338%**  
FY 2021–2022 <sup>2</sup>

**CDPH BUDGET PRIOR TO PANDEMIC**

△ **10%**  
FY 2019–2020 <sup>3</sup>

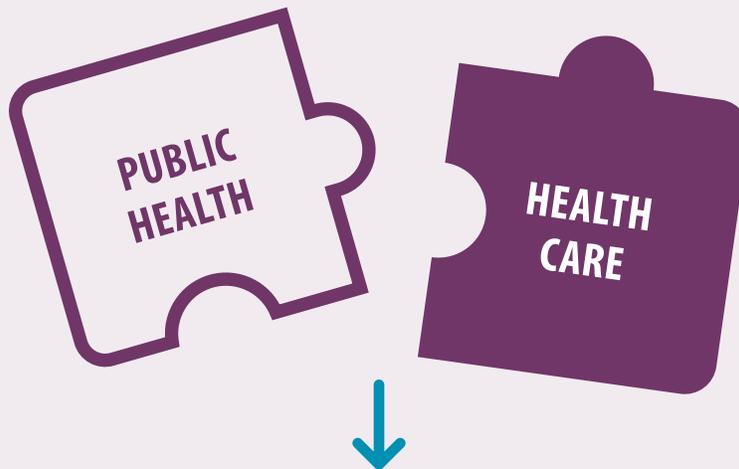
**CDPH BUDGET DURING PANDEMIC**

△ **40%**  
FY 2021–2022 <sup>4</sup>

## COVID-19 AS A CASE STUDY: PITFALLS, DISCONNECT, AND FIXING IT

The COVID-19 pandemic highlighted the need for improved coordination and communication between the public health and health care systems. The effect of chronically underfunding public health over time resulted in limited resources, capacity, and data infrastructure for the two systems to work together to quickly and effectively carry out disease prevention and mitigation during the public health emergency.

### WHERE WE ARE NOW?



### HOW DO WE FIX IT?

- IMPROVE COMMUNICATION BETWEEN THE HEALTH SYSTEMS <sup>5</sup>
- CREATE SECURE AND EFFICIENT DATA-SHARING, LINKING, AND EXCHANGE <sup>7,8</sup>
- DISTRIBUTE ADEQUATE FUNDS TO STATE AND LOCAL PROGRAMS <sup>6</sup>
- ADDRESS WORKFORCE SHORTAGES <sup>9</sup>



### OUTCOMES OF IMPROVED COORDINATION BETWEEN HEALTH SYSTEMS <sup>10, 11, 12 13</sup>



## SYSTEMS GOVERNANCE

This table provides a brief overview of the key entities that administer public health and health care and the levels (local, state, federal) at which they operate.

	PUBLIC HEALTH	HEALTH CARE
FEDERAL LEVEL	<ul style="list-style-type: none"> <li>▶ Department of Health and Human Services (<a href="#">HHS</a>)</li> <li>▶ Centers for Disease Control and Prevention (<a href="#">CDC</a>)</li> <li>▶ Substance Abuse and Mental Health Services Administration (<a href="#">SAMHSA</a>)</li> <li>▶ Food and Drug Administration (<a href="#">FDA</a>)</li> <li>▶ National Institutes of Health (<a href="#">NIH</a>)</li> <li>▶ Office of the Assistant Secretary for Preparedness and Response (<a href="#">ASPR</a>)</li> <li>▶ Federal Emergency Management Agency (<a href="#">FEMA</a>)</li> </ul>	<ul style="list-style-type: none"> <li>▶ Department of Health and Human Services (<a href="#">HHS</a>)</li> <li>▶ Centers for Medicare and Medicaid Services (<a href="#">CMS</a>)</li> <li>▶ Center for Consumer Information and Insurance Oversight (<a href="#">CCIIO</a>)</li> <li>▶ Department of Labor (<a href="#">DOL</a>)</li> <li>▶ Health Resources and Services Administration (<a href="#">HRSA</a>)</li> <li>▶ Bureau of Indian Affairs (<a href="#">BIA</a>)</li> <li>▶ Veterans Administration (<a href="#">VA</a>)</li> </ul>
STATE LEVEL	<ul style="list-style-type: none"> <li>▶ California Health and Human Services Agency (<a href="#">CalHHS</a>)</li> <li>▶ California Department of Public Health (<a href="#">CDPH</a>)</li> </ul>	<ul style="list-style-type: none"> <li>▶ California Health and Human Services Agency (<a href="#">CalHHS</a>)</li> <li>▶ Department of Health Care Services (<a href="#">DHCS</a>)</li> <li>▶ California Health Benefit Exchange/<a href="#">Covered California</a></li> <li>▶ Department of Managed Health Care (<a href="#">DMHC</a>)</li> <li>▶ California Department of Insurance (<a href="#">CDI</a>)</li> </ul>
LOCAL LEVEL	<ul style="list-style-type: none"> <li>▶ County Public Health Departments</li> </ul>	<ul style="list-style-type: none"> <li>▶ County Health Departments</li> <li>▶ County Hospitals, Clinics, Local and Private Health Plans and Health Systems</li> <li>▶ Healthcare Special Districts</li> <li>▶ Federally Qualified Health Centers/Rural Health Centers/ Urban Indian Health Centers</li> <li>▶ Community-Based Organizations</li> </ul>

## DEFINITIONS OF KEY TERMS:

**Public Health:** Promotes and protects the health of people and the communities where they live, learn, work, and play. State and local public health departments are responsible for carrying out these functions in California.<sup>14</sup>

**Health Care Delivery System:** An array of clinicians, hospitals, health care facilities, health plans and insurers, other health organizations, and resources that deliver and/or arrange for direct health care services to individual patients.<sup>15</sup>

**California Department of Public Health (CDPH):** The state department responsible for public health and associated programs in California. CDPH works to protect the public's health in California and helps shape positive health outcomes for individuals, families and communities. The fundamental responsibilities of CDPH include infectious disease control and prevention, food safety, environmental health, laboratory services, patient safety, emergency preparedness, chronic disease prevention and health promotion, family health, health equity and vital records and statistics.<sup>16</sup>

**Collective Impact:** A framework where multiple entities are intentional about how they work together and share information for the purpose of solving a complex health problem.<sup>17</sup>

**Community-Based Organization:** Organizations that use resources and expertise at their disposal to address the public health, social service, and/or health care, among other, needs of their community.

**Department of Health Care Services (DHCS):** The state department that funds and administers health care services for about 14 million Medi-Cal members. About one-third of Californians receive health care services financed or organized by DHCS, making the department the largest health care purchaser in California.<sup>18</sup>

**Epidemiology:** The data-driven study of the patterns of risk factors and causes of health-related events and patterns in specific populations. Epidemiology is used to identify and address health problems in a community or population.<sup>19</sup>

**Healthcare Districts:** Regional, voter-approved, health care governance entities that meet the unique needs of communities, including establishing hospitals and rural health clinics, and maternal, child, and behavioral health services, among many others.<sup>20,21</sup>

**Intervention:** Actions or programs that public health and the health care delivery system implement on behalf of individuals, families, communities, and systems, to improve or protect their health statuses.<sup>22</sup>

- **Downstream Interventions:** Actions that are taken typically after a diagnosis or identification of an issue in order to help mitigate the negative impacts of the issue. An example is asthma treatment.<sup>23</sup>
- **Upstream Interventions:** Preventative actions or programs that focus on improving health outcomes and address social determinants of health. These interventions not only include addressing specific health outcomes, but also addressing fundamental social and economic structures in order to decrease barriers and improve support. An example is urban greening, which creates public landscaping that provides a beneficial relationship with the community and its residents.<sup>24,25</sup>

**Local Health Plans:** Local, county government affiliated public plans that provide access to critical and comprehensive health care services for low-income populations enrolled in California's Medicaid program and, in some cases, other public health care coverage programs.<sup>26</sup>

**Population Health:** Population Health is the process of using information, or data, to improve the health outcomes of specific groups and to promote and assist with healthy living in communities.<sup>27</sup>

**Public Health Laboratories:** These federal, state, and local laboratories work to detect and monitor health threats. These laboratories collaborate closely with the Center for Disease Control (CDC), Food and Drug Administration (FDA), the World Health Organization (WHO), and others.<sup>28</sup>

**Public Hospitals:** In California, there are 21 public hospitals identified in the state statute. They are typically run by counties or are University of California medical centers.<sup>29</sup>

**Social Determinants of Health (SDoH):** SDoH are conditions in which people are born, grow, live, work, and age. These conditions include factors such as socioeconomic status, neighborhood and physical environment, education access and quality, employment, social support networks, and digital literacy. Addressing the SDoH can improve health outcomes.<sup>30,31</sup>

## ENDNOTES

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## About ITUP

ITUP is an independent, nonprofit, health policy institute that has been a central voice in the California health policy landscape for more than two decades. ITUP serves as a trusted expert, grounded in statewide and regional connections with a network of policymakers, health care leaders, and stakeholders. The mission of ITUP is to promote innovative and workable policy solutions that expand health care access and improve the health of all Californians.

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