

A CONVERSATION WITH MARK HORTON

Director of the California Department Of Public Health

In March 2007, Mark Horton was appointed by Governor Arnold Schwarzenegger as director of the California Department of Public Health (CDPH). The CDPH was created in 2006 to bring greater focus to the issues of public health in the state. *UC Berkeley Public Health* caught up with Horton to discuss the future of California's public health initiatives.

What are your plans for the new California Department of Public Health?



There are three major areas that are extremely important to move forward with: strategic direction and focus, improving efficiency and effectiveness, and strengthening partnerships.

With regard to strategic direction, as a new department we have the opportunity to step back and take a broader look at the major challenges facing California today. When we find gaps or areas that need greater capacity, then we will reallocate resources to meet those challenges.

Efficiency and effectiveness means looking at our ability to attract and retain the kinds of professional scientists and technologists we need to remain an excellent resource for the state. We also need to ensure that we have an information technology infrastructure that enables us to archive, analyze, and disseminate data. I'm particularly concerned about our laboratories—we've had an outstanding national reputation for cutting-edge public health leadership and capacity in our laboratories—and I want to make sure that we are doing all we can to maintain that status.

And finally, it's about partnerships. I'm convinced that there's nothing that we do in the department that doesn't involve a critical partnership with some outside entity, whether it's the local health department, the health care industry, or academia. And it's a matter of being much more strategic about those, and ensuring that we maximize our ability to work together.

What do you see as the biggest health challenges facing California today and in the future?

There are some obvious things on our plate right now that will continue to be major challenges as we move forward. Certainly preparedness has been a very hot top priority for the administration, the governor specifically, and for the department. The CDPH needs to be part of the overall state response to an all-hazards approach towards preparedness. For example, responding to bioterrorism or anticipating a possible pandemic of influenza.

The governor's health care reform agenda includes prevention and wellness components that—if they move forward, which we're very much hoping and expecting that they will—will be a major priority for the department. The governor's health care program also includes specific initiatives on diabetes, obesity, and tobacco use. So those will be big challenges for us as well.

There are some other emerging issues that I anticipate we will need greater capacity for in the future. For example, dealing with the public health issues related to an aging population. Certainly the whole spectrum of issues related to the built environment, sustainable development, and climate change are all big challenges. And the implementation of electronic medical records may provide data that will allow us to do a much more sophisticated job in monitoring the health of the population.

Please describe the partnerships you'd like to build with schools of public health and other community resources.

Clearly the schools of public health will be very high on the list as opportunities for moving ahead.

Education and training is a two-way street. The CDPH and local government entities provide huge opportunities for training and education of public health students. On the other hand, we look to the schools and the universities to generate the kinds of professionals, technologists, and scientists that we need to staff our departments. So it's a mutual dependency, and we want to be much more strategic about it to maximize its potential.

On the research side, we want to develop a common agenda. We completely rely upon academia and other research institutions to address some issues. We want to make sure that we're all on the same page about the key issues here in California and what should form the foundation of our research agenda. We need to have a much more vibrant relationship with the schools of public health and the university system.

What led you to the field of public health, and do you enjoy it?

I'm a board-certified pediatrician by training. As a Robert Wood Johnson Clinical Scholar at Duke, I was able to earn a public health degree at the University of North Carolina. That made an indelible mark on me. So I spent about 15 years in pediatric practice, but when the opportunity came up, I applied and was selected for the new director of public health position for the state of Nebraska, and that anchored me into a career in public health.

I loved being a pediatrician, and public health has been a wonderful complement to my personal commitment to improving the health of my patients—taking it to a broader perspective and understanding that you can take a more population-based approach. But I must also say that I've been in administrative positions and governmental public health throughout my career, and I've very much enjoyed the challenges of management and leadership—providing the strategic direction, motivation, and resource allocation to a large organization to ensure that it can work effectively for the health of the population. That's very satisfying work. [📍](#)