

COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
JANUARY 24, 2013
MINUTES

APPROVED

COMMISSIONERS

Patrick Dowling, M.D., M.P.H., Chairperson*
Jean G. Champommier, Ph.D., Vice-Chair*
Waleed W. Shindy M.D., M.P.H.**
Michelle Anne Bholat, M.D., M.P.H.*

DEPARTMENT OF HEALTH SERVICES REPRESENTATIVE

Jonathan E. Fielding, Director of Public Health and Health Officer***
Angela Haley, Secretary*
Public Health Commission

PUBLIC HEALTH COMMISSION ADVISOR

Cynthia Harding, Acting Chief Deputy*
Public Health

PUBLIC HEALTH COMMISSION YOUTH ADVISOR

Vacant

*Present **Excused ***Absent

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
I. CALL TO ORDER	The meeting was called to order at approximately 10:30 a.m. by Chairperson Dowling at Central Health Center.	Information only.

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II. ANNOUNCEMENTS & INTRODUCTIONS	<i>Introductions of Commissioners and guests were conducted.</i>	<i>Information only.</i>
III. APPROVAL OF MINUTES	MOTION: APPROVAL OF THE DECEMBER 13, 2012 MINUTES	Chairperson Dowling entertained a motion from Vice-Chairperson Champommier, seconded by Commissioner Bholat and carried unanimously.

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<p>IV. PUBLIC HEALTH REPORT</p>	<p>Cindy Harding provided the Commission with a Public Health Report and discussed public health activities since the last report on January 10, 2013.</p> <p>Advance Copy: "Mortality in Los Angeles County 2009: Leading Causes of Death and Premature Death With Trends for 2000-2009"</p> <p>Cindy Harding distributed and discussed the Mortality in Los Angeles (L.A.) County 2009 data that was sent to the Board from Dr. Fielding, and wanted to make sure the Commission had the latest copy.</p> <p>Proposed Ballot Initiative – L.A. City DPH</p> <p>Ms. Harding informed the Commission that the Department of Public Health (DPH) learned last week that a letter sent to the City of Los Angeles from five proponents related to the most part to our knowledge from an organization called the AIDS Healthcare Foundation indicating their intent to collect signatures for a ballot initiative to force the city to create their own City of L.A. Public Health Department.</p> <p>Ms. Harding stated that prior to 1964 the city and county had separate health departments. In 1964 those health departments were consolidated largely to so that the city could benefit from the county's property taxes.</p>	

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<p>IV. PUBLIC HEALTH REPORT CONTINUED</p>	<p><i>Ms. Harding indicated that the draft ballot initiative has a lot of language in it which is misleading to potential voters. The ballot measure says that L.A. City will collect fees and use those fees to support a local City Public Health Department. We know that fees alone will not fund a Public Health Department.</i></p> <p><i>Ms. Harding indicated that in order for L.A. City to have the equivalent level of services that they currently get, DPH has estimated based on the amount of net county cost (NCC) those goes into funding our local public health activities, they would need \$64 million to \$70 million to provide equivalent services to what they're getting now through the county. L.A. County DPH has some of the lowest fees for public health services compared to other cities, for example, Pasadena and Long Beach. There are only four cities in the state of California that run their own health department, such as, Long Beach, Berkeley, Pasadena, and the city of Vernon. Most of the cities throughout the state rely on the county for public health services.</i></p> <p><i>Ms. Harding indicated there is also the concern for L.A. County DPH in terms of the potential loss of jobs. If this initiative were to pass, it's no guarantee that our staff would be given those jobs in the city.</i></p> <p><i>Ms. Harding stated that DPH is looking at this proposed initiative very carefully and starting to communicate with L.A. City about what we do in the local public health department so</i></p>	

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<p>IV. PUBLIC HEALTH REPORT CONTINUED</p>	<p>they are aware of what they would have to take on, if this were to move forward. DPH has learned that this group that have proposed this, will now be able to collect signatures for the ballot, but most likely will not be put on the May ballot.</p> <p>Chairperson Dowling indicated that this could be a very serious matter, and do they have the wherewithal to get signatures. Ms. Harding indicated this is the same group that brought Measure B on the recent election, so they're very good at getting signatures, and appears to be well funded.</p> <p>Commissioner Bholat asked Ms. Harding does DPH have a sense of what it will cost L.A. County to counter this issue. Ms. Harding indicated at this point, she doesn't know if the Board would allocate funds to counter this issue.</p> <p>Commissioner Bholat asked in regards to the advance copy of leading causes of death and premature death with trends for 2000-2009, does DPH have anything that's been compiled for all population that speaks to chronic conditions that lead to various disabilities that's going to lead to loss of jobs, income, and etc.</p> <p>Chairperson Dowling asked does DPH track anything or have YPLLs and DALYs, any data on gun deaths in L.A. County.</p>	<p>Ms. Harding indicated she isn't aware of any publications that have been created specifically on this issue, she will look into it and report back to the Commission.</p> <p>Ms. Harding indicated yes, and DPH just sent data to the CEO office, who has put together a taskforce in light of what happened in Connecticut, and will forward information to the Commission.</p>

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<p>V. OFFICE OF PLANNING, EVALUATION & DEVELOPMENT (OPE&D)</p>	<p>Wendy Schiffer, Director of Planning, Evaluation, & Development (OPE&D), provided the Commission with an update of OPE&D and DPH's strategic plan.</p> <p><u>Vision:</u> Healthy People in Healthy Communities</p> <p><u>Mission:</u> To protect health, prevent disease and injury, and promote health and wellbeing for everyone in L.A. County.</p> <p><u>Values:</u> Leadership, Service Excellence, Quality, Collaboration, Accountability, Diversity, Professionalism & Compassion.</p> <p>DPH Strategic Planning Process</p> <p>Methods:</p> <ul style="list-style-type: none"> • Environmental Scan, Data Analysis • Key Informants (18) & External Reviewers (2) • Internal Survey (438 respondents) • Internal Advisory Group • Executive Working Group, SWOT • Priority Area Workgroups (composed of staff at various levels of the organization) 	

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V. OPE&D CONTINUED	<p>DPH Strategic Planning References</p> <ul style="list-style-type: none"> • PHAB (Public Health Accreditation Board) Guidelines • Core Functions & 10 Essential Services • National Prevention Strategy <p>There are six Strategic Priority Areas:</p> <ul style="list-style-type: none"> • Healthy & Safe Community Environments • Preventive Health Services • Empowered Consumers • Health Equity • Public Health Protection • DPH Infrastructure <p>Strategic Priority 1: Healthy & Safe Community Environments</p> <ul style="list-style-type: none"> • Promote active living & healthy eating • Promote tobacco-free living • Increase safety & decrease injury • Reduce environmental hazards • Improve community recovery from emergencies <p>Strategic Priority 2: Preventive Health Services</p> <ul style="list-style-type: none"> • Provide appropriate scope of clinical services 	

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<p>V. OPE&D CONTINUED</p>	<ul style="list-style-type: none"> • <i>Promote evidence-based practice via clinician engagement</i> • <i>Promote integrated medical, mental health and substance abuse services</i> • <i>Promote vulnerable populations access to high-quality services</i> • <i>(Health care reform is also about improving health care performance)</i> <p>Strategic Priority 3: Empowered Health Consumers</p> <ul style="list-style-type: none"> • <i>Promote health literacy (Help the public understand how they should take their medicine, or if they should take herbs)</i> • <i>Counter misleading promotion of health products and services</i> <p>Strategic Priority 4: Health Equity</p> <ul style="list-style-type: none"> • <i>Build internal capacity to promote health equity</i> • <i>Disseminate data and reports on health equity and social determinants</i> • <i>Engage in policy and advocacy to promote health equity</i> • <i>Engage key partners on health equity and social determinants (how to work with other partners on how to improve health)</i> • <i>Incorporate equity and social determinants into ongoing work</i> 	

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<p>V.OPE&D CONTINUED</p>	<p>Strategic Priority 5: Public Health Protection</p> <ul style="list-style-type: none"> • <i>Improve disease prevention and control (electronic data, keep up with what's new in Information Technology)</i> • <i>Enhance surveillance systems (how can we improve the systems to talk to each other [streamline])</i> • <i>Promote use of electronic health data</i> • <i>Improve DPH emergency response</i> <p>Strategic Priority 6: DPH Infrastructure</p> <ul style="list-style-type: none"> • <i>Maintain a skilled and effective workforce</i> • <i>Use technology to maximize administrative efficiency</i> • <i>Improve use of an contributions to the evidence base</i> • <i>Increase policy and legislative approaches</i> • <i>Ensure effective communication</i> • <i>Assess and improve departmental facilities</i> • <i>Ensure readiness for accreditation</i> 	

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<p>V.OPE&D CONTINUED</p>	<p>Next Steps</p> <ul style="list-style-type: none"> • Finalize the Plan (expert review & feedback from webinars) • Engage DPH Staff (interactive tools and presentations) • Implement the Plan • Accountability & Measurement (working in partnership with OMD/QI Division to develop measures and summary reports) <p>Vice-Chairperson Champommier asked if anything is different from the last strategic plan. Ms. Schiffer indicated health trends are not different, but health care reform is a major change.</p> <p>Commissioner Bholat asked at a strategic planning level, how are the departments integrated, in particular, mental health and substance abuse services. Ms. Schiffer indicated OPE&D are working on a couple of objectives to address substance abuse.</p> <p>Vice-Chairperson Champommier indicated he would like to encourage that the Department of Mental Health Commission and the Public Health Commission meet and discussed mutual issues, and possibly collaborate on some of those issues. He will contact the Chairperson, and see if he can provide an agenda for the two Commissions to meet in the future.</p>	

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<p>V.OPE&D CONTINUED</p>	<p><i>Chairperson Dowling indicated that sugar-laced drinks are a huge problem in regards to obesity. He suggested maybe we need to look differently at getting involved with corporate partners such as, Coca-Cola to address the issue of obesity.</i></p> <p><i>The Commission thanked Ms. Shiffer for a comprehensive presentation.</i></p> <p><i>The meeting adjourned at 11:50 a.m.</i></p>	