

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
JUNE 12, 2014
MINUTES**

COMMISSIONERS

Jean G. Champommier, Ph.D., Chairperson*
Crystal D. Crawford, J.D., Vice-Chair*
Waleed W. Shindy M.D., M.P.H.**
Michelle Anne Bholat, M.D., M.P.H. *
Patrick Dowling, 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, Chief Deputy*
Public Health

PUBLIC HEALTH COMMISSION YOUTH ADVISOR

Vacant

****Present **Excused ***Absent***

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
I. CALL TO ORDER	<i>The meeting was called to order at approximately 10:03 a.m. by Chairperson Champommier at Central Public Health Center.</i>	<i>Information only.</i>

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II. ANNOUNCEMENTS & INTRODUCTIONS	<i>Introductions of Commissioners and guests were conducted.</i>	<i>Information only.</i>
III. APPROVAL OF MINUTES	<i>Minutes will be approved at the next meeting due to a lack of a quorum.</i>	

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<p>IV. PUBLIC HEALTH REPORT</p>	<p><i>Cindy Harding provided the Commission with a Public Health Report and discussed public health activities since the last report on May 22, 2014.</i></p> <p>2013 Annual HIV Surveillance Report</p> <p><i>Cindy Harding provided the Commission with the latest 2013 Annual HIV Surveillance Report. AIDS case surveillance has been a core public health activity in L.A. County since 1982. Non-AIDS HIV case surveillance, which also mandates laboratory reporting of confirmatory HIV tests, began in California in July 2002. In this report, we emphasize the stages of disease to classify HIV infection, as defined by the 2014 revised HIV case definition.</i></p> <p>Concussions – How Sports-Related Injuries Are Impacting Our Youth in L.A. County</p> <p><i>In this report, we present information about overall patterns of injuries resulting in concussions in L.A. County. We pay particular attention to teens and young adults, who have higher rates of emergency department visits for concussions, and we explore the activities that are commonly related to concussions among this population.</i></p>	

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<p>IV. PUBLIC HEALTH REPORT CONTINUED</p>	<p><i>Public Opinion on Nutrition-Related Policies to Combat Child Obesity, Los Angeles County, 2011</i></p> <p><i>We assessed public opinion on nutrition-related policies to address child obesity: a soda tax, restrictions on advertising unhealthy foods and beverages to children, and restrictions on siting fast food restaurants and convenience stores near schools. We analyzed data from 998 adults (aged >18 years) in the 2011 L.A. County Health Survey. Support was highest for advertising restrictions (74%), intermediate for a soda tax (60%), and lowest for siting restrictions on fast food restaurants and convenience stores (44% and 37%, respectively). Support for food and beverage advertising restrictions and soda taxation is promising for future policy efforts to address child obesity.</i></p> <p><i>Parks After Dark Program</i></p> <p><i>Ms. Harding informed the Commission that Parks After Dark is having their summer kickoff show tonight at Ted Watkins Memorial Park. This is a fabulous program in partnership with the Department of Public Health and the Department of Parks and Recreation where the park is open for extended hours and there are organized activities for members of the community and parks. This is a very important program and partnership to prevent injury and violence.</i></p>	

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<p>V. OFFICE OF HEALTH ASSESSMENT & EPIDEMIOLOGY (OHA&E)</p>	<p><i>Dr. Margaret Shih, Director, Office of Health Assessment and Epidemiology (OHA&E), provided an overview of OHA&E.</i></p> <p>Mission:</p> <ul style="list-style-type: none"> • <i>Ensure availability of high quality and comprehensive data for the L.A. County (LAC) population</i> • <i>Facilitate use of this data for public health assessment, policy development, program planning, and evaluation</i> <p><u>OHA&E</u></p> <ul style="list-style-type: none"> • <i>Four programs plus Institutional Review Board (IRB)</i> • <i>Data Collection & Analysis and Administration</i> • <i>Vital Records</i> • <i>Medical Marijuana Identification Card Program</i> • <i>Morbidity Unit</i> • <i>Administration</i> • <i>Epidemiology Unit: Epidemiology, Data Management, GIS, Demography</i> • <i>Health Assessment Unit: LAC Health Survey, and Survey and Questionnaire design</i> • <i>Policy Analysis Unit: Economic Evaluation, Quantitative Policy Analysis, and HIA</i> 	

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<p>V. OHA&E CONTINUED</p>	<p><i>Policy Analysis Unit</i></p> <ul style="list-style-type: none"> • <i>Policy is probably the largest PH lever</i> • <i>Need for economic evaluation and quantitative analysis to support policy-related work</i> • <i>Build capacity to conduct economic evaluations, quantitative analyses and health impact assessments to support better informed policy decision-making within DPH and across sectors</i> <p><i>Dr. Ricardo Basurto-Davila, DPH First Health Economist, discussed the Policy Analysis Unit.</i></p> <p><u><i>Mission of the Policy Analysis Unit</i></u></p> <p><i>To support LAC and its partner institutions through the use of economic evaluation and policy analysis, increasing efficiency and value in efforts to promote health and well-being.</i></p> <p><u><i>Policy Analysis Unit Activities</i></u></p> <ul style="list-style-type: none"> • <i>Training and capacity building in Prevention Effectiveness – Economic Evaluation and Quantitative Policy Analysis</i> • <i>Participation in local and national advisory committees and panels</i> 	

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V.OHA&E CONTINUED	<ul style="list-style-type: none"> • <i>Health Impact Assessment</i> • <i>Evaluation and Research with other DPH programs and external institutions</i> <p><i>Katherine Butler discussed Health Impact Assessment (HIA), which is a tool to look at projects and policy decisions through a public health lens.</i></p> <ul style="list-style-type: none"> • <i>Synthesizes available data and research</i> • <i>Considers input from stakeholders</i> • <i>Provides recommendations to manage and monitor potential effects</i> <p><u><i>Rapid HIAs</i></u></p> <ul style="list-style-type: none"> • <i>Rapid HIA:</i> • <i>Focused scope, research questions and data sources</i> • <i>Limited stakeholder involvement</i> • <i>Short timeline: weeks to 3 months</i> • <i>Develop protocol to identify highest priority projects for rapid HIA</i> • <i>Criteria: availability of data, ability to complete within timeline for decision-making, etc.</i> • <i>Pilot tool to identify and conduct rapid HIAs – first nearing completion: whether to continue Parks After Dark programming</i> 	

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<p>V. OHA&E CONTINUED</p>	<p><u>Parks After Dark – First Rapid HIA</u></p> <ul style="list-style-type: none"> • Department of Parks and Recreation Program that began in 2010, as a prevention strategy of Gang and Violence Reduction Initiative • Promotes healthy activity, community cohesion and violence reduction through recreational activities, mentoring and health wellness programs. • Program future is uncertain due to lack of funding source after this year. <p>Decision: Whether to continue, expand or end Parks After Dark</p> <p>Scope: Assess three potential impacts</p> <ul style="list-style-type: none"> • Crime • Physical activity, and • Multi-sector collaboration <p>Data Sources:</p> <ul style="list-style-type: none"> • Crime data from Sheriff Department • Program Participant Surveys • Key Informant Surveys • Literature Search 	

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<p>V.OHA&E CONTINUED</p>	<p><u>Rapid HIA – Key Health Impact Findings</u></p> <p><i>Expansion of Parks After Dark has the potential to:</i></p> <ul style="list-style-type: none"> • <i>Reduce crime when violence prevention and intervention case services are incorporated</i> • <i>Achieve 5% reduction in burden of heart disease, diabetes and dementia from physical activity</i> • <i>Increase access to health and social services through coordinated resource fairs</i> <p><u>Rapid HIA – Cost Summary</u></p> <p><i>Program Costs:</i></p> <ul style="list-style-type: none"> • <i>\$137,000 to \$225,000 per park for Parks & Recreation and Sheriff Department services</i> • <i>Other costs for DPH for staff and resources</i> <p><i>Potential Cost Savings:</i></p> <ul style="list-style-type: none"> • <i>\$155,000 per park for cost of crime to law enforcement (based on 14 fewer crimes in 3 parks in 2013)</i> • <i>\$85,000 per park for cost of illness avoided by potential increase in physical activity</i> 	

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<p>V.OHA&E CONTINUED</p>	<p><u>Rapid HIA Project Outcomes</u></p> <ul style="list-style-type: none"> • Stakeholder collaboration • Provided recommendations for program strategic plan • Informed decision-making to maximize health benefits <p>Improving the Value of Our Investments</p> <ul style="list-style-type: none"> • In 2012, LAC adopted new policy on TB testing of children entering school • <u>Before:</u> Universal TB testing (120,000 tests each year) • <u>Now:</u> Targeted testing of high risk children (<10,000) • We estimate policy change will save LAC society over \$9.5 million each year • \$3.1 million to health care system • \$6.4 million to households • Although >90% of children will not be tested, minimal negative health consequences 	

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V.OHA&E CONTINUED	<p><i>Understanding the Value of Public Health Activities</i></p> <ul style="list-style-type: none"> • <i>From 2000 to 2010, per-capita Title V funding of local MCAH programs in California decreased by 48%</i> • <i>2000: \$2.62 per fertile-age woman</i> • <i>2010: \$1.36 per fertile-age woman</i> • <i>In collaboration with our MCAH Program, we tried to estimate the health consequences of these funding changes</i> <p><i>Dr. Basurto-Davila discussed the following charts:</i></p> <ul style="list-style-type: none"> • <i>Funding Cuts for all Counties But Some Have Done Worse than Others</i> • <i>Change in Some MCAH Outcomes Over Same Period; i.e., low birth weight rate, infant mortality rate, and teen birth rate</i> • <i>Findings: Impact of each extra \$1 per fertile-age woman allocated to local MCAH Programs. Infant mortality and teen births could have decreased even more had local MCAH funding not been cut.</i> • <i>Expected Impact of Various Levels of Local MCAH Funding (Compared to 2010 Values)</i> 	

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<p>V.OHA&E CONTINUED</p>	<p><i>Vice-Chairperson Crawford asked Dr. Basurto-Davila if OHA&E has shared their findings with Senator Holly Mitchell and others who are working the battle on the State level to make sure that funding MCAH type programs are not going to be cut. She indicated it might be helpful to get the legislators involved. Dr. Basurto-Davila indicated that they have not shared their findings at the legislative level. Also, Black Infant Health funding is not going to be cut.</i></p> <p><i>The Commission thanked Dr. Shih and staff for an excellent presentation.</i></p> <p><i>The meeting adjourned at 11:14 a.m.</i></p>	<p><i>Vice-Chairperson offered to make the connections for staff regarding funding cuts for MCAH type programs. Dr. Basurto-Davila indicated he would appreciate any help that OHA&E can get.</i></p>