

COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 27, 2014
 MINUTES

APPROVED

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	The meeting was called to order at approximately 10:13 a.m. by Chairperson Champommier at Central Public Health Center.	Information only.

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
MARCH 27, 2014
MINUTES**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
II. ANNOUNCEMENTS & INTRODUCTIONS	<i>Introductions of Commissioners and guests were conducted.</i>	<i>Information only.</i>
III. APPROVAL OF MINUTES	<p>MOTION: APPROVAL OF JANUARY 23, 2014 MINUTES</p> <p>MOTION: APPROVAL OF FEBRUARY 27, 2014 MINUTES</p> <p>MOTION: APPROVAL OF MARCH 13, 2014 MINUTES</p>	<p><i>The motion passes with Chairperson Champommier, Vice-Chairperson Crawford, and Commissioner Shindy voting in favor by saying yes.</i></p> <p><i>The motion passes with Chairperson Champommier and Commissioners Shindy and Bholat voting in favor by saying yes.</i></p> <p><i>The motion passes with Chairperson Champommier, Vice-Chairperson Crawford, and Commissioner Bholat in favor by saying yes.</i></p>

COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 27, 2014
 MINUTES

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<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 March 13, 2014.</p> <p>Dr. Jonathan Fielding Announces His Retirement from L.A. County Service</p> <p>Cindy Harding informed the Commission that Dr. Fielding has decided after 16 years, to leave County service when a successor, whom he understands will be identified through a nationwide executive search. He plans to return to UCLA to help train future public health leaders and do research on how public health can be more effective.</p> <p>Advanced Copy: L.A. Health "Binge Drinking"</p> <p>Ms. Harding distributed the latest L.A. Health brief, on binge drinking in L.A. County. The Department of Public Health Office of Health Assessment and Epidemiology produced the report in collaboration with the Substance Abuse Prevention and Control Program. The report will be released this week and will be available on our web site at www.publichealth.lacounty.gov/ha.</p>	

**COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 27, 2014
 MINUTES**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>IV. PUBLIC HEALTH REPORT CONTINUED</p>	<p>L.A. County Tuberculosis Data 2013</p> <p>Ms. Harding provided the Commission with a summary report on tuberculosis cases from 2013 in L.A. County. Overall there was a small increase in the number of cases with a total of 666 cases for 2013, compared to 625 in 2012. This represents a 7 percent increase compared to 2012, but compared to the three year average (2010-2012), only a 1 percent increase. Almost 80 percent of cases are among foreign-born individuals who were infected in their home countries, and were found to have active TB after their arrival in the United States.</p> <p>The increase in cases in 2013 is mainly among the homeless, and is partly due to increased case finding and ongoing transmission. While important, these cases do not represent a threat to the general population.</p> <p>Ms. Harding stated that overall TB cases are decreasing, but there has been a number of counties that had a slight increase like L.A. County. DPH will continue to be vigilant in their work with the homeless shelter operators and other health care providers to implement newly issued guidelines.</p> <p>Community Transformation Grants Program Elimination</p> <p>DPH received notification from CDC that the CTG program will end on September 29, 2014. CDC had originally anticipated that the CTG program would run through 2016. However, because the Consolidated Appropriations Act of 2014 did not</p>	

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
MARCH 27, 2014
MINUTES**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>IV. PUBLIC HEALTH REPORT CONTINUED</p>	<p>include a funding allocation for the CTG program, CDC is unable to provide additional funding for Choose Health L.A. beyond the end of the current FFY, September 29, 2014.</p> <p>Given the funding for the CTG program remains available through the next several months, DPH will continue to work closely with all of our funded partners to maximize the positive impact of Choose Health L.A. initiatives. In addition, DPH is committed to pursuing additional funding opportunities when made available from the CDC and other sources in an effort to support similar work around chronic disease prevention and control.</p> <p>Commissioner Bholat asked can DPH provided feedback on what type of communication can be used where any lay person can understand, in particular, the information given on the phone messaging center. Ms. Harding indicated she appreciated the feedback and will report the concern to the TB program, and DPH is thinking of better ways to communicate to the public in terms of the phone messaging center and the physicians.</p> <p>Commissioner Shindy asked for an update on the measles outbreak in Orange County. Ms. Harding indicated they just had a call with all the programs involved, i.e., Immunization, Communicable Disease Control, Community Health Services, and the press. We're still at 10 cases in</p>	

**COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 27, 2014
 MINUTES**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
IV. PUBLIC HEALTH REPORT CONTINUED	<p><i>L.A. County, but because many of the cases in Orange County have contacts in L.A. County, we're putting together a very proactive plan to make sure we have immunizations available, and are working with 211 to ensure they have the information to give the public as well.</i></p>	

COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 27, 2014
 MINUTES

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>V. OFFICE OF WOMEN'S HEALTH (OWH)</p>	<p>Ellen Eidem, Director, Office of Women's Health (OWH), provided the Commission with an update of the current and future work of OWH.</p> <p><u>Mission</u></p> <p>To improve health, health equity, wellbeing, and access to culturally responsive, comprehensive health services for women in L.A. County (LAC) through county and community collaborations, education, and the promotion of evidence-based programs and policies.</p> <p>Overall OWH Goals</p> <ul style="list-style-type: none"> • Identify and prioritize health needs of women with a focus on vulnerable populations • Develop and implement women's health programs and policy initiatives that: • Increase health equity: decrease health disparities; increase prevention; improve access to care • Collect, aggregate and present data on women's health in LAC • Serve as the focal point for the collaboration on women's health issues 	

COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 27, 2014
 MINUTES

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>V. OWH CONTINUED</p>	<p>Determining Priorities</p> <ul style="list-style-type: none"> • Alignment with DPH priorities, utilizing a gender lens • National Healthy People 2020, National Prevention Strategy • Strategic planning process • Women's Health Policy Council – Commissioner Crawford is a member • State – CHIS • Local – LACHS and Mortality Data <p>Causes of Health Disparities</p> <ul style="list-style-type: none"> • Neighborhood Physical Environment • Education • Access to Health Care and Insurance Status • Ethnicity Race • Age • Disability Status • Sexual Orientation • Employment 	

**COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 27, 2014
 MINUTES**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>V.OWH CONTINUED</p>	<p>Diversity of Women in LAC</p> <ul style="list-style-type: none"> • 3.5 adult women in LAC • 68 percent are women of color • About 46 percent of women are foreign-born • 39 percent mostly speak a language other than English at home <p>Poverty in Women</p> <ul style="list-style-type: none"> • Over half of women have household incomes <200% federal poverty level (FPL) • 27% of women living in poverty <100% FPL • Disparities by R/E <p>The Dramatic Influence of Poverty</p> <ul style="list-style-type: none"> • Most health indicators negatively affected by poverty • Direct, linear association for most indicators <p>Education Level Among Women</p> <ul style="list-style-type: none"> • Less than High School Education: 54% of women <100% FPL • College Postgraduate degree: 26% women, 28% men 	

COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 27, 2014
 MINUTES

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>V.OWH CONTINUED</p>	<p>Ms. Eidem discussed the following graphs and charts:</p> <ul style="list-style-type: none"> • <i>Determinants of Health Among Women in LAC by Race/Ethnicity, 2011</i> • <i>Health Care Access</i> • <i>Access to Care Among Women in LAC by FPL, 2011</i> • <i>Percent of Women in LAC who are Physically Inactive and Eat Fast Food once or More per Week by SPA, 2011</i> • <i>Percent of Women in LAC who are Obese and At Risk for Heart Disease by SPA, 2011</i> • <i>Health Conditions Among Women in LAC by FPL, 2011</i> • <i>Number of Chronic Conditions for Adult Women by Age Group, LACHS 2007</i> • <i>Life Expectancy</i> • <i>Ranking of Causes of Death and Premature Death Among Women, 2010</i> • <i>Selected Leading Causes of Death Among Women in LAC by Race/Ethnicity, 2009</i> • <i>Population Projections for Adult Women in LAC by Age, 2010-2060</i> 	

COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 27, 2014
 MINUTES

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>V.OWH CONTINUED</p>	<ul style="list-style-type: none"> • Population Projections for Adult Women in LAC by Race/Ethnicity, 2010-2060 <p>What Does the Data tell us?</p> <ul style="list-style-type: none"> • Diverse population with unique health needs • Significant disparities in health • Dramatic influence of poverty <p>OWH Priorities</p> <ul style="list-style-type: none"> • Increasing Health Equity • Increasing Health Care Access • Reducing Chronic Disease • Positively Impact Healthy Aging <p>OWH Principles</p> <ul style="list-style-type: none"> • Address women as whole beings: mind, body, and spirit • Address disparities through the intersection of gender and the social determinants of health • Give voice to health issues most affecting women • Facilitate collaborations with key stakeholders on women's health issues and leverage opportunities • Identify programs and policies that best serve the needs of vulnerable women 	

COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 27, 2014
 MINUTES

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>V.OWH CONTINUED</p>	<ul style="list-style-type: none"> • Use gender lens to identify service or system issues within DPH/DHS and promote collaborative solutions • Work towards implementing policy and systems change <p>Office of Women's Health Highlights</p> <ul style="list-style-type: none"> • October 1998 – OWH created by BOS in response to 1997 Women's Healthy Policy Summit recommendations • May 1999 – 2nd Women's Health Policy Summit and Research Conference • January 2002 – Launch of multi-year Cervical Cancer Prevention and Education Initiative and community partner network • May 2002 – Launch of Mobile Clinic Outreach Program • June 2004 – Prevention Matters! Campaign launched • March 2007 – Launch of phone-based multi-lingual Heart Disease risk assessment and educational intervention 	

COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 27, 2014
 MINUTES

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>V.OWH CONTINUED</p>	<ul style="list-style-type: none"> • May 2007 – 3rd Women’s Health Policy Summit – “Building Multicultural Women’s Health Setting an Agenda for Los Angeles” • May 2007, November 2008, February 2010, and June 2013 – Release of Health Indicators for Women in LAC and Women’s Health Trends data reports • June 2007-2014 – Implementation efforts of Summit Recommendations • July 2010 – Launch of Healthy Aging for Women Initiative and Collaborative • September 2012 – HPV Research Project initiated • October 2013 – Launch of LAACHA <p>Prevention Matters! Campaign</p> <ul style="list-style-type: none"> • Multi-cultural, multi-lingual umbrella campaign to increase access, prevention, education, awareness, and screening and to establish a medical home. • Address women’s health comprehensively not by body parts: mind, body, and spirit • Low-income women 35+ years of age • Reduce the burden of chronic disease 	

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
MARCH 27, 2014
MINUTES**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>V.OWH CONTINUED</p>	<p>Appointment & Referral Hotline</p> <ul style="list-style-type: none"> • Seven languages hotline • Appointments made for women's health services • Referrals for other County and community services • Information and Referrals for ACA • Assisting the uninsured to find services and a medical home <p>Impact of Women's Health Policy Summit</p> <ul style="list-style-type: none"> • Convened the Women's Health Policy Summit in May 2007 to devise strategies to begin closing the gaps in healthy equity with recommendations for policies, programs, and initiatives for improving the health of multicultural women in LAC. <p>The Aging Population</p> <ul style="list-style-type: none"> • In LAC, people aged 65+ are projected to grow from 1.1 million to 2.2 million from 2010 to 2030. • By 2030, Hispanics, Asian/Pacific Islanders, and African Americans will represent about 2/3 of the County's elderly population. 	

**COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 27, 2014
 MINUTES**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
V.OWH COUNTINUED	<p>Current & Future Work in Aging</p> <ul style="list-style-type: none"> • Key partners created – Los Angeles Alliance for Community Health & Aging • Currently working in true collaborations • Goals: • Continue to broaden engagement • Provide Stakeholder Trainings on Healthy Aging • Bring EBPs to scale in high need populations and communities • Build a bridge between provider community and CBOs for EBPs • Build sustainable partnerships between health system and CBOs <p>Data Dissemination Project</p> <ul style="list-style-type: none"> • Funded by the California Wellness Foundation • Train culturally and linguistically appropriate trainers to educate community based organizations on use of data 	

**COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 27, 2014
 MINUTES**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>V.OWH CONTINUED</p>	<p>Increasing HPV Vaccine Uptake</p> <ul style="list-style-type: none"> • Low rates of initiation and completion of vaccine series • Potential for worsening cervical cancer disparities • Partnered with UCLA School of Public Health • Pilot study identified attitudes, knowledge, and barriers <p>UCLA/OWH HPV Vaccine Project</p> <ul style="list-style-type: none"> • NIH/NCI Funded, 5 year grant • Test OWH information and appointment hotline as multilingual education and referral tool • Target mothers of vaccine age eligible girls • Outcomes: Initiation and completion of vaccine series 	

COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 27, 2014
 MINUTES

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
V.OWH CONTINUED	<p>Sexual Orientation & Gender Identity</p> <ul style="list-style-type: none"> • Need for cultural competency and content training on lesbian and bisexual women's health • Cultural competency training for providers • Building sustainability <p>Every Woman Counts (EWC) Implementation Project</p> <ul style="list-style-type: none"> • Organize and facilitate quarterly meetings with all LAC DHS facilities & EWC contractors • Liaison with state and local Every Woman Counts Program <p>Women & Health Care Reform</p> <ul style="list-style-type: none"> • L.A. Coalition for Women and Health Reform with nine community county partners • Goal: To ensure that women's health is recognized, prioritized, and protected as LAC implements HCR • Where are the gaps for women under the ACA? • Three community dialogues on challenges and opportunities 	

**COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 27, 2014
 MINUTES**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>V.OWH CONTINUED</p>	<p>Ms. Eidem distributed and discussed the "Health Indicators for Women in LAC", and LAC DPH Key Indicators of Health by Service Planning Area.</p> <p>Looking to the Future</p> <ul style="list-style-type: none"> • Reducing Health Inequities • Health Care Reform • Aging Population • Newer areas for the OWH <p>Conclusion</p> <ul style="list-style-type: none"> • Women in LAC represent a diverse population with unique health needs • OWH is addressing health equity through: Advocacy/Policy, Educational Outreach, and Community & County partnerships. • OWH is uniquely positioned to support systemic change 	

**COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 27, 2014
 MINUTES**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
V.OWH CONTINUED	<p>Commissioner Bholat asked does OWH have any data on women at risk for the prevention of HIV transmission. Ms. Eidem indicated there is some data available, and she will send the information to the Commission.</p> <p>The Commission thanked Ms. Eidem for an excellent presentation, and to keep up the great work that OWH is doing in the community. Also, requested the powerpoint presentation is emailed to Commission staff for distribution.</p> <p>The meeting adjourned at 11:22 a.m.</p>	

COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 13, 2014
 MINUTES

APPROVED

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	The meeting was called to order at approximately 10:01 a.m. by Chairperson Champommier at Central Public Health Center.	Information only.

COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 13, 2014
 MINUTES

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>II. ANNOUNCEMENTS & INTRODUCTIONS</p>	<p><i>Introductions of Commissioners and guests were conducted.</i></p>	<p><i>Information only.</i></p>
<p>III. APPROVAL OF MINUTES</p>	<p><i>The January 23, 2014 and February 27, 2014 minutes will be approved at the next meeting when Commissioner Shindy is present.</i></p>	

**COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 13, 2014
 MINUTES**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<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 February 27, 2013.</p> <p>Testimony on E-Cigarettes at the City of Los Angeles' March 4, 2014 City Council Meeting</p> <p>Ms. Harding informed the Commission of Dr. Fielding's testimony at the March 4, 2014 meeting of the Los Angeles City Council on e-cigarettes. He testified on this issue at the City's Arts, Parks, Health, Aging, and River Committee, which approved a draft ordinance on e-cigarettes. The draft ordinance to be considered by the full City Council on March 4th would amend the City's municipal code to revise the definition of smoking to include electronic smoking devices and to revise various provisions regarding the prohibitions of smoking in certain places. Dr. Fielding's testimony was at the request of the L.A. City Attorney to provide the County Health Officer's evaluation of the public health impacts of e-cigarettes. He spoke in favor of the proposed ordinance.</p>	

COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
MARCH 13, 2014
MINUTES

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>IV. PUBLIC HEALTH REPORT CONTINUED</p>	<p>Opening of the Department of Public Health Environmental Health Customer Call Center</p> <p>The L.A. County Department of Public Health, Environmental Health Division (EH) is pleased to announce the opening of its new Customer Call Center. The new Customer Call Center centralizes the intake and response to these communications. Also, Ms. Harding referred to a L.A. Times article where the Board of Supervisors voted to create a county "strike team" that will target facilities that emit toxic pollutants – the first being the Exide Technologies battery-recycling plant in Vernon. DPH is very excited to format teams and work closely with Supervisor Molina's office as well Supervisor Ridley-Thomas's office as well as the other Board offices. There's a role for public health to play at the beginning, and actually drive some of this work as we identify those communities that the state haven't taken action to shut down the facilities or to stop the emission.</p> <p>Split Decision in No-Bid Contract Suit Against County Health Agency</p> <p>In a March 7th decision, L.A. County Superior Court Judge Luis A. Lavin struck down the foundation's challenge to two county contracts that were awarded without a competitive bidding process. The contracts went to UCLA and St. John's Well Child and Family Center for providing healthcare and other services to young people living with or at risk for HIV. But Lavin also ruled that the county's Department of Public Health</p>	<p>Chairperson Champommier stated that it's important that public health is involved because many people don't understand the role public health plays in responding to this issue. He also plans to attend the next community meeting on March 19, 2014.</p>

**COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 13, 2014
 MINUTES**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>IV. PUBLIC HEALTH REPORT CONTINUED</p>	<p>had "abused its discretion" when it did not initiate competitive bidding for a third contract challenged in the suit. The judge ordered the county to terminate its agreement with South Los Angeles services provided <u>Realistic Education in Action Coalition to Foster Health, or REACH LA</u>, within 45 days. DPH is disappointed that there will be a gap in services that was so important.</p> <p>Department of Public Health – Health Facilities Inspection Division Nursing Home Investigations</p> <p>Ms. Harding informed the Commission that last week there was a lot of anger with DPH on the issues raised by the March 3, 2014 Daily News article regarding nursing home complaint investigations, that was extremely critical of the Health Facilities Program. Ms. Harding indicated the news article had incorrect information that stated there were a number of complaints that were not being investigated by Health Facilities skilled nursing facilities. Health Facilities investigates all reported incidents occurring at skilled nursing facilities.</p>	

**COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 13, 2014
 MINUTES**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
IV. PUBLIC HEALTH REPORT CONTINUED	<p>Health Facilities staff will continue to work to ensure that all complaints are appropriately investigated and handled. However, it is not realistic to expect a rapid reduction in the backlog without additional resources. Staff will cooperate with both State and County auditors to review the current program operations and response to complaints. DPH will also work to improve internal procedures so that future communication on issues such as these will result in more timely notification to the Board.</p>	

COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
MARCH 13, 2014
MINUTES

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>V. ROLE OF DPH SUPPORTING LAC+USC WELLNESS CENTER</p>	<p>Dr. Tony Kuo, Deputy Director, Division of Chronic Disease and Injury Prevention, discussed the role of DPH supporting LAC+USC Wellness Center. Dr. Kuo indicated that some funding has been provided by the Community Transformation Grant which will be ending soon.</p> <p>Mission Statement</p> <p><i>The mission of The Wellness Center is to inspire and empower residents and patients to take control of their own health and wellbeing by providing culturally sensitive wellness and services and resources that enable prevention, address the root cause of disease and improve health outcomes.</i></p> <p>Clinical-Community Linkage Innovation – Model of Practice</p> <ul style="list-style-type: none"> • <i>In line with the spirit and intent of the Affordable Care Act (ACA)</i> • <i>Multi-stakeholder approach, coordinated services and investments in the Boyle Heights area</i> • <i>Steering group – the LAC+USC Medical Center Foundation Board</i> • <i>Partners: the Foundation, Supervisor 1st District, DHS, and DPH</i> 	

COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 13, 2014
 MINUTES

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>V. ROLE OF DPH SUPPORTING LAC+USC WELLNESS CENTER CONTINUED</p>	<ul style="list-style-type: none"> • Major investments from the 1st District, DHS, and the California Endowment <p>Steering Group</p> <ul style="list-style-type: none"> • The Board membership: DHS (Ghaly, Chair; Zapanta, Vice Chair) • Supervisor 1st District (Alma Martinez, Irene Recendez) • DPH (Dr. Tony Kuo, at least until the end of Community Transformation Grant) • LAC+USC Medical Center (Castillo) • Executive Management of the Center • Nancy Alba Mullenax • Dr. Heather Readhead (coming on board as Clinical Director) <p>Other Contributors and Sponsors</p> <ul style="list-style-type: none"> • A number of other donors and sponsors including L.A. Care, Arthritis Foundation, Amigos De Los Rios, the California Community Foundation, Violence Community Mental Health Center, Violence Intervention Program, etc. 	

COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 13, 2014
 MINUTES

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>V.ROLE OF DPH SUPPORTING LAC+USC WELLNESS CENTER CONTINUED</p>	<p>Also, Dr. Kuo discussed the Wellness Center layout and logistics. The services and resources are provided by various partners.</p> <p>Recent Developments</p> <ul style="list-style-type: none"> • Much of the construction and remodeling is completed • Many of the partners and "tenants" have moved in • The referral program – connection between clinics and the Wellness Center has begun to take shape. • Awareness increasing, recent APHA article on the Wellness Center • Grand opening, March 15 2014 (Saturday), 11 a.m.-2 p.m., which includes a tour <p>Cristin Mondy, Area Health Officer (AHO), SPAs 3&4, discussed the role of DPH supporting the Wellness Center. Ms. Mondy indicated she has been involved in this project for more than three years.</p> <p>Community Health Services SPA 4</p> <ul style="list-style-type: none"> • <u>Technical Advice:</u> Development of the roles and responsibilities for the partner agencies, and development of a Wellness Policy 	

**COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 13, 2014
 MINUTES**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
V.ROLE OF DPH SUPPORTING LAC+USC WELLNESS CENTER CONTINUED	<ul style="list-style-type: none"> • <u>“Ask the Nurse” Sessions:</u> Provide public health nurses who will rotate on Tuesday and Thursday afternoons. If there’s a need, staff is flexible • <u>Health Education Classes:</u> Twice a month – community liaisons working with community agencies for accessibility • <u>Flu Vaccine Outreach:</u> During the flu season will provide flu vaccine clinic for the residents there or anyone who may need services <p>Dr. Heather Readhead, stated she will be the Clinical Director for the Wellness Center, and coming from public health does play a unique role in providing services for the Wellness Center.</p> <p>Dr. Readhead indicated that a wellness policy is an immediate need for the Wellness Center an important to have its own internal policy to set up an evaluation system. Also, stage 3 is a training opportunity for clinical training.</p> <p>Chairperson Champommier indicated he is enthusiastic about the role of public health supporting the Wellness Center and Dr. Readhead coming on board.</p> <p>The Commission thanked Drs. Kuo, Readhead, and Ms. Mondy for an excellent presentation.</p>	

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
MARCH 13, 2014
MINUTES**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>VI. HEALTH FACILITIES INSPECTION DIVISION</p>	<p>Suzette Leverett-Clark, Assistant Chief, Health Facilities Division (HFID), provided the Commission with an overview and update of the Federal Oversight/Support Survey – (FOSS).</p> <p>Health Facilities Inspection Division</p> <ul style="list-style-type: none"> • The Licensing and Certification Division of the California State Department of Health Services has the responsibility for enforcing the laws and regulations governing all health facilities and ancillary services throughout the State. The L.A. County, HFID has been delegated the responsibility for licensing and certification of health facilities and providers in the County since 1966. • Pursuant to Section 1257 of the Health and Safety Code and under the Joint Exercise of Powers Act (Government Code, Section 6500 et. Seq), a written contract is in effect between L.A. County and the State confirming this delegation and providing reimbursement from the State for costs of the program. The State funds are, in turn, sub-vented to a large extent, by federal monies. 	

**COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 13, 2014
 MINUTES**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>VI. HFID CONTINUED</p>	<ul style="list-style-type: none"> • <i>HFID is unique in that it is contracted by the State of California Department of Health Services to conduct Licensing and Certification surveys and complaint investigations in privately owned and operated health facilities in L.A. County.</i> • <i>HFID is the only agency in the United States like this. HFID is critical to the County of Los Angeles, because it's charged with the responsibility of protecting the health, welfare, and safety of citizens that require health care in L.A. County.</i> • <i>The Division includes the following professional staff to implement the workload: Medical consultant, Pharmacy consultant, Occupational Therapy consultant, Dietitian, Medical Records consultant, Registered Nurses and Environmental Health Specialists.</i> 	

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
MARCH 13, 2014
MINUTES**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>VI.HFID CONTINUED</p>	<ul style="list-style-type: none"> • Field staff is primarily responsible for assuring that health facilities render services to patients that are adequate and appropriate to the patients' needs. The fulfillment of this responsibility requires survey inspection of health care facilities in order to evaluate Federal/State compliance. It also requires written reports that document the Division's findings and may serve as the basis for further legal action. All reports relate to particular regulations and are specific and factual. <p>CMS FOSS Survey – Purpose</p> <ul style="list-style-type: none"> • Who's checking the Checker??? • Answer: Centers for Medicare/Medicaid Services-Federal Government by way of the Federal Oversight/Support Survey – FOSS survey process. • Purpose: Provide a fair objective evaluation of the performance of the State Agency survey team. Also, provide feedback to improve survey skills and training opportunities. 	

COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 13, 2014
 MINUTES

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>VI.HFID CONTINUED</p>	<p>CMS FOSS Survey – Overview</p> <ul style="list-style-type: none"> • CMS request a list of scheduled surveys from the district office and dates they plan to conduct the survey. • FOSS survey is conducted onsite during the Scheduled Annual Recertification survey. • Focus on observable SA survey behaviors • Adequacy of the survey findings and documentation <p>CMS FOSS Survey – General</p> <ul style="list-style-type: none"> • Federal monitoring includes initial certifications, recertification, revisits and complaint survey. (unannounced 1-3 Federal surveyors) • Minimum number of Federal monitoring surveys for a state is five or 5% of the number of facilities in the state whichever is greater. • Recertification – standard survey conducted every 12-15 months (2-4 surveyors – 2 RNs/1 REHS) 	

COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 13, 2014
 MINUTES

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
VI.HFID COUNTINUED	<ul style="list-style-type: none"> • <i>Initial/Recertification survey 1-7 task are evaluated, takes 4-6 days to complete, resident centered, outcome oriented (potential/actual), relies on a case-mix stratified samples of residents to determine compliance with Federal/State/local laws.</i> • <i>Revisit- verifies correction of deficiencies cited in the prior survey.</i> • <i>Complaint-onsite abbreviated survey that concentrates on a specific area of concern.</i> <p>CMS FOSS Survey – Roles</p> <ul style="list-style-type: none"> • <i>The Regional Office evaluator/surveyor primary role is to observe and collect information about the survey behaviors and decisions of the survey team. This information must be sufficient to evaluate the SA teams effectiveness in achieving key survey goals as captured in the six FOSS measures.</i> • <i>Resource Office (RO) evaluator should intrude as little as possible until the debriefing and avoid any scrupulous words/actions that would alter the SA survey team except for unusual circumstances such as Immediate Jeopardy.</i> 	

**COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 13, 2014
 MINUTES**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>V.HFID CONTINUED</p>	<ul style="list-style-type: none"> • <i>By the end of the survey, the RO evaluator must gather enough information to evaluate the SA survey team on all measure or perform limited independent fact-finding to be able to evaluate surveyor performance. This includes clarifying information, gather additional facts, and further explorations.</i> <p>CMS FOSS Survey-Surveyor Expectations</p> <ul style="list-style-type: none"> • <i>SA surveyor team must understand the purpose and ground rules and facility staff must understand the role of the FOSS RO Evaluator.</i> <p>CMS FOSS Survey – Evaluation Process</p> <ul style="list-style-type: none"> • <i>Concern Identification: Effectiveness in which the surveyor identified concerns throughout the survey; concerns are findings or issues that will require investigation to validate or invalidate deficiencies/regulation violation.</i> • <i>Sample Selection: Effectiveness in selecting a modified resident sample that's based on identified concerns and survey procedures.</i> 	

COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 MARCH 13, 2014
 MINUTES

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
VI.HFID CONTINUED	<ul style="list-style-type: none"> • <i>General Investigation: Effectiveness for which the SA survey team collected information to determine how the facility's environment and care of residents affect the residents Quality of Life (QOL), health, safety, and residents ability to reach their highest practicable physical, mental, and psychosocial wellbeing.</i> • <i>Food-borne illness Investigation: Determine if the facility is storing, preparing, distributing and serving food according to the Federal requirement to prevent food-borne illness.</i> • <i>Medication Investigation: Information is gathered to determine the facility's ability to administer medications without error.</i> • <i>Deficiency Determination: The focus of this measure is to determine the survey teams skill integrates and analyzes all information collected using the regulation requirements and guidance to make accurate compliance determinations. This is the decision making phase.</i> 	

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
MARCH 13, 2014
MINUTES**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>VI.HFID CONTINUED</p>	<p>CMS FOSS Survey -- Rating Team Performance</p> <ul style="list-style-type: none"> • The SA survey team is rated on each performance measure as well as the overall performance. • The rate scale: • 5=Extremely Effective • 4=Very Effective • 3=Satisfactory • 2=Less Than Satisfactory • 1=Much Less Than Satisfactory <p>CMS FOSS Survey – Conclusion</p> <ul style="list-style-type: none"> • For purposes of Quality Assurance in order to assure that the approximately 600+ surveys conducted in L.A. County are completed based on qualified and competent survey staff/personnel to ensure that the highest quality of care and services are being provided to millions of people. In addition, this process fulfills any training needs that the surveyors may have for the overall improvement in the survey process. <p>Commissioner Dowling asked if every nursing facility get inspected. Ms. Leverett-Clark indicated yes by the HFID of L.A. County. Licensing and medication reimbursement is done every year.</p>	

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
MARCH 13, 2014
MINUTES**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>VI.HFID CONTINUED</p>	<p>Chairperson Champommier asked is there more staff now to complete the reports. Ms. Leverett-Clark indicated that is one of HFID major issues that are being dealt with right now, and HFID is in the process of filling vacant positions once they become available. Also, staff is doing a lot of overtime trying to get the reports completed.</p> <p>Commissioner Bholat asked does HFID or any other agency monitor the patient's rights of not wanting to be taken to the hospital or resuscitated. Ms. Leverett-Clark indicated that HFID takes into consideration their rights, and they look to the facility to make those decisions (special requests, natural death, and etc.). HFID do I identify concerns, and encourage continual training, because a lot of staff is not familiar with care associated with requested service.</p> <p>Vice-Chairperson Crawford asked how working overtime is affecting the morale of the staff. Ms. Leverett-Clark indicated staff does work overtime for the money, but morale is affected major in HFID. As a result, Ms. Leverett-Clark indicated she tries to give them positive reinforcement, by reminding them that she is fighting for them with the State to hire additional staff.</p>	<p>The Commission thanked Ms. Leverett-Clark for an excellent presentation.</p>

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
MARCH 13, 2014
MINUTES**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>VII. NEW BUSINESS</p>	<p><i>Angela Haley, Staff Liaison, informed the Commission that the October 9, 2014 Public Health Laboratory in Downey, California. Also, Ms. Haley informed the Commission of the Outlook email document in their packets that will allow them to setup their DPH Outlook email address.</i></p>	

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
MARCH 13, 2014
MINUTES**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>VIII. UNFINISHED BUSINESS</p>	<p><i>Chairperson Champommier stated since the Commission is looking at public health issues that they can focus on and possibly be involved with requested DPH provides the Commission with periodic updated reports on the Exide issue at the facility plant in the city of Vernon.</i></p>	