

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
SEPTEMBER 11, 2014
MINUTES**

APPROVED

3/12/15

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 PUBLIC HEALTH REPRESENTATIVE

Dr. Jeffrey Gunzenhauser, Interim Medical Director***

Angela Haley, Secretary*
Public Health Commission

PUBLIC HEALTH COMMISSION ADVISOR

Cynthia Harding, Interim Director**
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 10:06 a.m. by Chairperson Champommier at Central Public Health Center.</i>	<i>Information only.</i>
II. ANNOUNCEMENTS & INTRODUCTIONS	<i>Introductions of Commissioners and guests were conducted.</i>	<i>Information only.</i>
III. APPROVAL OF MINUTES	<p>MOTION: APPROVAL OF JUNE 26, 2014 MINUTES</p> <p>MOTION: APPROVAL OF AUGUST 28, 2014 MINUTES</p>	<p><i>The motion passed with Chairperson Champommier, Vice-Chairperson Crawford, and Commissioner Bholat voted in favor by saying yes.</i></p> <p><i>The motion passed with Vice-Chairperson Crawford, and Commissioner Bholat voted in favor by saying yes.</i></p>

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<p>IV. PUBLIC HEALTH REPORT</p>	<p><i>Carrie Brumfield provided the Commission with a Public Health Report and discussed public health activities since the last report on August 28, 2014.</i></p> <p>Reorganization of the Department of Public Health</p> <p><i>Ms. Brumfield informed the Commission that Ms. Harding, Interim Director, unveiled DPH's reorganization chart on Tuesday, September 9, 2014. It has been in the works for a year and a half, and it was shared with DPH Executive Team, and DPH employees. The new structure has been carefully constructed to align affinity groups of existing programs into bureaus that share similar missions, goals, clients and outcomes. The formation of bureaus will create inherent opportunities for DPH programs to collaborate more effectively on essential public health work, while maintaining a supportive structure that fosters new innovations, increased efficiencies, and streamlined accountability.</i></p> <p><i>The four bureaus are Operations Support, Health Promotion, Health Protection, and Medical Director and Disease Control.</i></p> <ul style="list-style-type: none"> • <i><u>Operations Support</u> – This bureau is generally focused on ensuring effective administration of DPH operations, business transactions and resources. This bureau will manage and streamline administration, technology, training and compliance activities in support of all DPH programs. It will also ensure proper management of fiscal and personnel resources.</i> 	

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<p>IV. PUBLIC HEALTH REPORT CONTINUED</p>	<ul style="list-style-type: none"> • <i><u>Health Promotion</u> – This bureau aligns programs generally focused on improving community health outcomes. This bureau will provide programs an opportunity to unify approaches and maximize community health initiatives aimed at influencing the physical environment for healthier communities, preventing injuries, supporting early childhood health programs, delivering services to children and youth with special needs, preventing and treating substance abuse, and promoting healthy living across the lifespan.</i> • <i><u>Health Protection</u> – This bureau is generally focused on ensuring public safety, freedom from environmental hazards, safe living conditions, and emergency preparedness and response for public health emergencies. Due to the range of potential adverse health impacts related to poor sanitation, toxic exposures, deficient care in health facilities and naturally occurring and man-made emergencies, this bureau houses programs with responsibilities to protect the public with immediate response and appropriate actions to ensure safety.</i> • <i><u>Medical Director and Disease Control</u> – This bureau has two main branches, which will be managed by the Medical Director. The Medical Director’s office includes its traditional functions and will also provide any necessary clinical guidance or support to the other bureaus. Programs included in the Disease Control branch of this bureau are generally focused on tracking health and disease, identifying opportunities to address disease burden, minimizing the spread of disease through case finding, diagnostic, treatment and support services as well as advocacy of health promoting public and private policies. Aligning these programs position DPH to respond to outbreaks of disease with increased efficiency.</i> 	

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<p>IV. PUBLIC HEALTH REPORT CONTINUED</p>	<p>Three functions will report outside of the bureau structure to the Director/Chief Deputy Director, i.e.:</p> <ul style="list-style-type: none"> • <u>Office of Communications and Public Affairs</u> – This office holds the previous functions of External Relations and Communications and is bolstered by the addition of Health Education Administration and a new unit dedicated to Policy and Legislative Affairs. The expanded office will ensure consistent and timely responsiveness to high visibility issues, while facilitating public promotion of DPH activities and services. The office will centralize the available resources in mass communications, health education, health literacy, plain language, public relations, media relations, government relations, public affairs, marketing and internet and social media expertise. <p>The structure changes outlined above will not trigger any demotions or layoffs. DPH is working with CEO Classification and Compensation Administration to develop a new level of leadership for the bureaus. We will hold open-competitive exams for those positions. Until the bureau lead positions are filled, programs will continue to report to the Director, Chief Deputy Director, Medical Director or Chief of Staff as they currently do.</p>	

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<p>V. STATE MEDI-CAL OUTREACH GRANT</p>	<p><i>Suzanne Bostwick, Interim Director, Maternal, Child and Adolescent Health (MCAH), provided the Commission with a report of the State Medi-Cal Outreach Grant.</i></p> <p>Background</p> <p><i>In 1997 MCAH realized that some enrollment efforts needed to happen to make sure that families were covered with health insurance. As a result, DPH established the Office of the Children’s Health Outreach Initiatives (CHOI) in August 1997, to provide a mechanism to reduce the number of uninsured residents through a coordinated outreach effort to the various health coverage programs for low-income children.</i></p> <p>Health Problems</p> <p><i>Approximately one in four children in L.A. County (LAC) are uninsured. Lack of adequate health insurance is the most important barrier impacting children’s access to health services in LAC. Children without health insurance are less likely than those who are insured to see a physician for regular care including immunizations and other well-child services. Uninsured families tend to rely on emergency rooms for their regular source of care and to go without needed medical care for acute and chronic health conditions such as ear infections, throat infections, and asthma</i></p> <p>Goal</p> <p><i>To increase health access and care for children and their families in LAC through Medi-Cal, Healthy Families, Healthy Kids, or other no or low-cost health program.</i></p>	

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<p>V. STATE MEDI-CAL OUTREACH GRANT CONTINUED</p>	<p><i>Services, and Health Services) and send it to the State. Also, DPH is training staff from these departments for the data strategy, and have an enrollment target to reach in the next couple of years.</i></p> <p><i>Ms. Bostwick distributed and discussed the following:</i></p> <ul style="list-style-type: none"> • <i>DHCS Medi-Cal Outreach & Enrollment Grant Collaboration Chart. This chart lists who's in charge, who's going to be doing what, and from what department.</i> • <i>Get Help Applying for Free or Low-Cost Health Coverage. This document lists what other agencies do, and where they're located.</i> • <i>The collaborative "Everyone on Board"</i> <p><i>Commissioner Bholat asked Ms. Bostwick for the number of the target population, and data for the currently uninsured by the Service Planning Areas (SPAs).</i></p> <p><i>The meeting adjourned at 11:12 a.m</i></p>	<p><i>Ms. Bostwick indicated she will follow-up with the information on the population data, and the currently uninsured by SPA, and will report back to the Commission.</i></p> <p><i>Vice-Chairperson Crawford requested information on "Everyone on Board" meeting times. Ms. Bostwick will forward the upcoming meeting schedule as soon as it's available</i></p>