APPROVED 5/14/15

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.*

PUBLIC HEALTH COMMISSION ADVISOR

Cynthia Harding, Interim Director* Carrie Brumfield, Chief of Staff*

DEPARTMENT OF PUBLIC HEALTH REPRESENTATIVE

Dr. Jeffrey Gunzenhauser, Interim Medical Director***

Evelina Villa, Interim Public Health Commission Staff* **Public Health Commission**

| *Present **Excused ***Absent | | | | | |
|------------------------------|-------------------------------|---|---|--|--|
| TOPIC | | DISCUSSION/FINDINGS | RECOMMENDATION/ACTION/ FOLLOW-UP | | |
| I. | Call to Order/ Approval of | Introduction of Commissioners and guests | Information only. | | |
| | Minutes | September 11, 2014 meeting minutes- Approved March 9, 2015 Special Meeting minutes- Approved October 23, 2014 minutes-unable to approve January 8, 2015- unable to approve January 27, 2015 Special Meeting- unable to approve | Commissioner Bholat made a motion to approve 9/11/14 meeting minutes. Motion was seconded by Vice-Chair Crawford. Vice-Chair Crawford made a motion to approve 3/9/15 Special Meeting minutes. Motion was seconded by Commissioner Bholat. | | |
| II. | Public Health Report | Interim Director of Public Health Cindy Harding provided the Public Health Report O Ms. Harding provided the Commission with an update regarding the recent measles outbreak in LA County. Ms. Harding discussed an overview of the issue and what DPH is doing to address it. Additionally, she also shared a report (that was requested by the Board) of a breakdown of measles cases by Supervisorial District. | S. Toldu. | | |

- Ms. Harding provided the Commission with an update regarding HIV care service contract renewals/amendments. Recently, a number of constituents attended a Board of Supervisors meeting and expressed concern regarding reducing ambulatory services with Ryan White funds.
- Commissioner Bholat asked how doctors in primary care, community clinics, or FQHCs, who are treating HIV and patients who may be covered by Medi-Cal, know how to access the wrap around services offered through the Ryan White funding? Also, how does DPH do outreach to community providers on how to access the wrap around services for their clients?
 - Ms. Harding indicated that she would perhaps have staff from the Division of HIV & STD programs come and speak to the Commission regarding this specific issue. She also indicated that a new HIV/AIDS case is discovered, it is reported to DPH.
- o Ms. Harding provided the Commission with an update regarding the Department's Health Facility Inspection Division (HFID). The State contracts with DPH to conduct the licensing and inspection services. In one of the latest reports to the Board (which are provided on a monthly basis since this issue first came up early last year), DPH expressed its dilemma with keeping the contract to continue providing licensing and inspection services. While HFID continues to work on improving the facilitation of its services, the issue that remains to be the primary challenge is that LA County provides services to 33% of the facilities in the State and only receives 15% of the budget. The Governor's proposal that was released in early January only allocated \$9.5 million dollars towards HFID, which does not cover the costs needed to hire additional staff in order to adequately run the HFID program in LA County. As it turns out, the \$9.5 million dollars was calculated in error. DPH provided the State with a Budget Change Proposal in May 2014 and included a staffing model based on current LA County salaries, employment benefit costs, productive hours, etc. However, in the Governor's proposal, these

Ms. Harding will follow up with DHSP staff to completely address and answer Commissioner Bholat's questions.

- figures (that were provided to the State by DPH) were not used to calculate the budget. Older (outdated) figures were used, which resulted in the \$9.5 million dollar amount, far below what it would actually cost to run the program.
- Ms. Harding informed the Commission that she has recently been in Sacramento advocating for the following commitments to improve the HFID program:
 - An increase to 331 positions and a budget of \$58.9 million dollars;
 - A commitment from the State that if it cannot fund the necessary amount to hire additional staff, that the State will utilize other resources to help conduct the work in LAC.
- Commissioner Bholat asked about the work that DPH is not doing in lieu
 of the lack of resources. She asked what the gap looked like.
 - Ms. Harding indicated that currently, HFID is working on a modified work plan, based on the number of surveys that need to be completed and the number of complaints that come in; for the high-risk complaints, HFID is initiating them. However, this means that HIFD cannot complete all of the surveys that HFID is supposed to complete. To compensate, HFID has asked the State to bring in other jurisdictions to help complete these surveys. HFID is currently feeling pressure from the State to complete all of the work. However, HFID is committed to completing quality work and is adamant that the work quality cannot suffer and that public safety cannot be jeopardized.
- Ms. Harding also provided the Commission with an update regarding the Health Agency Integration revised timeline. The draft report to the public (to be provided by Dr. Ghaly, director of Health Care Integration for the Chief Executive Office) will be released on March 30 (as opposed to the previous deadline of March 13). Then, a 45 day public comment period will commence. The PHC would like to schedule a time in April (preferably the April 9th PHC meeting date) to have Dr. Ghaly come and

| | speak to the Commission regarding the draft report (which will have been released by that time). Ms. Harding provided the Commission with an update regarding the outbreak of multiply-resistant bacterial infections following endoscopic procedures at UCLA and Cedars Sinai. She discussed what DPH is doing to address the concerns surrounding this issue. Commission Chair Champommier expressed his contentment about the closing of the Exide facility in Vernon. Ms. Harding concurred and expressed her gratitude to the Board of Supervisors for supporting the Toxic Threat Strike Team, which was implemented so that County Departments could collaborate and work together to get ahead of important issues, such as the Exide subject. | |
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| III. Parks After | Andrea Welsing, Director of the Injury and Violence Prevention Program | |
| Dark Program | introduced the presentation, which was conducted by Kelly Fischer | |
| | Parks After Dark (PAD)- model for practice for advancing health | |
| | equity: | |
| | o Decreases violence | |
| | Promotes physical activity | |
| | o Improves social cohesion | |
| | Builds community trust Links community members with services | |
| | o Is cost effective | |
| | Provides a framework for service disadvantaged communities | |
| | countywide | |
| | PAD occurs at six parks in LA County during the summer months | |
| | (June-August) | |
| | PAD: From Violence Prevention to Health Promotion | |
| | o PAD program began in 2010 | |
| | Prevention strategy of LA County Gang Violence Reduction | |
| | Initiative | |

- In collaboration with the Department of Parks and Recreation Public Health, Sheriff, other county agencies and CBO's
- Award winning/emerging model practices
- Community Transformation Grant funded 2012-2014
 - The CEO has recently committed to backfilling the funding on an ongoing basis

o PAD offers a Wide Range of Programs and Services

- Offers the opportunity for law enforcement and public safety community engagement
- o Outreach includes: health, wellness, and social services
- Sports/exercise offered: soccer basketball, walking clubs, organized bike rides, dance classes
- o Educational classes: computers, arts & crafts, cooking
- o Entertainment: movies, concerts
- o Garners ample volunteer support

o PAD Parks and Homicide Rates by Zip Codes in LA County

- The location of the six parks where PAD occurs within communities that have high rates of: obesity, violence, etc.
 - This data highlights the need to have a placed-based approach

Decreased Crime

- Deputies and social connections fostered by PAD make communities safer
- A Health Impact Assessment showed a 32% decrease in violent crime (with the rate still continuing to decline) compared to an 18% increase in neighboring communities.
- o 91% of respondents felt safe at PAD

o Increased Physical Activity

 Expanding PAD to 16 sites could save three premature deaths from cardiovascular disease each year

- 78% of PAD participants engaged in physical activity during PAD, including residents who indicated a sedentary lifestyle.
- This data translates into a 5% decrease in the burden of diabetes, dementia, and heart disease (based on year-round weekly participation in PAD physical activities).
- PAD is Cost Effective
- Overall Benefits of PAD
 - Department of Parks and Rec staff become community liaisons and DPH ambassadors
 - o Flexible model to advance partner's missions

PHC Questions and Comments:

Commission Chair Champommier's comments:

- o There are two important values that attribute to PAD's success:
 - Respect for the communities
 - The 'street credit' that PAD has garnered is invaluable. Involving law enforcement is important to maintaining a sense of stability within the community.
 - 2) The ability to link and service entire families
- Commission Chair Champommier congratulated DPH PAD program staff on the wonderful work and positive impact that PAD is having on the communities.

Commissioner Dowling's questions and comments:

- The concept of PAD builds social capital and creates society adhesiveness.
- Commissioner Dowling asked if there are potential corporate sponsors that could fund PAD at local parks. He also suggested that dropout rates amongst middle school/junior high/high school students should be tracked.
 - Ms. Fischer responded that the Department of Parks and

| | Recreation (DPR) has recently submitted a request to fund a fulltime coordinator position. Additionally, PAD has recently been | |
|------------------|---|--------------------------------------|
| | submitted as a Pay for Success initiative. | |
| | Commissioner Dowling suggested perhaps garnering the support of | |
| | local CVS stores in close proximity to parks. | |
| | The Rotation of Officers was rescheduled until the April 9, 2015 Public Health | |
| | Commission meeting. | |
| IV. New Business | PHC Logo/Website: The Commissioners were given two PHC logo choices and will vote on which logo to utilize to 'brand' the Commission at the next meeting. Additionally, the Commission was advised regarding the PHC website. PHC staff previously emailed screen shots of what the website will look like to the Commission for review. PHC staff is requesting Commissioner biographies and/or headshots as well. Ms. Harding stated that if needed, PHC staff can arrange to have headshots taken after an upcoming PHC meeting. | |
| V. | MOTION TO ADJOURN THE MEETING | Motion made by Commissioner Dowling, |
| V . | | seconded by Commissioner Bholat. |