# APPROVED

# 2/11/16

#### **COMMISSIONERS**

Crystal D. Crawford, J.D., Chairperson\* Waleed W. Shindy M.D., M.P.H., Vice-Chair\*\*

Michelle Anne Bholat, M.D., M.P.H.\* Patrick Dowling, M.D., M.P.H.\* Jean G. Champommier, Ph.D.\*

## PUBLIC HEALTH COMMISSION ADVISORS

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

#### \*Present \*\*Excused \*\*\*Absent

#### DEPARTMENT OF PUBLIC HEALTH REPRESENTATIVE

Dr. Jeffrey Gunzenhauser, Interim Medical Director\*

Sara Guizar, Public Health Commission Staff\*

	*Present **Excused ***Absent		
	ΤΟΡΙϹ	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<u>l.</u>	<u>Call to Order</u>	The meeting was called to order at 10:13 am by Commission Chair Crawford at the Central Public Health Center. Introduction of Commissioners and guests.	Information only.
<u>II.</u>	Approval of Minutes	The approval of minutes was postponed until the next regularly scheduled meeting due to the Chair's request.	
<u>III.</u>	<u>Public Health</u> <u>Report</u>	The Public Health (PH) Report was provided by Cynthia Harding, Interim DPH Director	
		<ol> <li>The motion regarding the Health Agency passed at the August 11, 2015 Board meeting. Some of the next steps in the process will include the following:</li> </ol>	
		<ul> <li>a. Establish the Health Agency'</li> <li>b. Maintain separate budgets for the three departments: Health Services (DHS), Mental Health (DMH), and Public Health (DPH);</li> </ul>	

ΤΟΡΙϹ	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
	<ul> <li>c. Develop a County ordinance within 30 days;</li> <li>d. Create a job description and initiate recruitment for the agency Director;</li> <li>e. Develop a temporary Steering Committee within 40 days to include the following individuals from the three departments:</li> </ul>	
	<ul> <li>I. DPH Interim Director</li> <li>II. DPH Interim Health Officer</li> <li>III. DMH Director</li> <li>IV. DHS Director</li> <li>V. Interim CEO</li> <li>VI. Director of Healthcare Integration</li> </ul>	
	<ul> <li>f. Develop a strategic plan</li> <li>g. Include the two amendments from Supervisor Solis and Supervisor Ridley-Thomas:</li> </ul>	
	<ul> <li>I. Ensure culturally competence (Solis's amendment)</li> <li>II. Create a community prevention/population task force (Supervisor Ridley-Thomas's amendment)</li> </ul>	
	<ul> <li>h. Create a temporary Integration Advisory Board made up of representatives from each of the three department Commissions, (which will include the PHC) and one or two consumers from each of the Commission's disciplines:</li> </ul>	
	Commissioner Dowling asked Ms. Harding if the Board hearing was lengthy.	
	Ms. Harding indicated that the hearing was lengthy.	
	Commissioner Champommier indicated that he was impressed with Ms. Harding's responses at the Board meeting. He stated that he hopes that the Public Health	

ΤΟΡΙϹ	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
	Commission continues to champion the good work that public health continues to pursue.	
	Ms. Harding indicated that public health is ready to move forward and continue to do public health's work.	
	<ul> <li>Report on Congenital Syphilis -Ms. Harding discussed what DPH is doing to address this issue.</li> <li>PrEp Program Implementation Plan - Ms. Harding discussed DPH's PrEp implementation plans.</li> <li>Quarterly Report Multi-Departmental Medi-Cal Outreach Enrollment Grant: Ms. Harding discussed how Public Health oversees the Medi-Cal Outreach Enrollment Grant program for the County. This includes the interdepartmental effort amongst five Departments: Sheriffs, DMH, DHS, DPSS, and SAPC. This report shows that DPH is meeting its targets in terms of outreach.</li> <li>Seatbelts Analysis: Ms. Harding discussed the analysis performed regarding the installation and use of seat belts in public transportation.</li> </ul>	
	<ul> <li>Substance Abuse Prevention and Control: Drug Medi-Cal Delivery System Waiver – Ms. Harding discussed the recommendation for LA County to participate</li> <li>Food Restaurant Grading System- Ms. Harding discussed the importance of conducting a thorough review of the retail food facility grading system based on science.</li> <li>The Rising Food Insecurity in Los Angeles County of Los Angeles Public Health Report was disseminated to the Commission.</li> <li>Commission Chair Crawford -thanked Ms. Harding for being a good leader during this transition time.</li> </ul>	

ΤΟΡΙϹ	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<u>IV.</u> <u>Presentation:</u> <u>Childhood Asthma</u> <u>in Los Angeles</u> <u>County</u>	<ul> <li>Dr. Robert Gilchick, Director of Child and Adolescent Health Program and Policy, presented on <i>Challenges and Responses on Childhood Asthma in LA County</i>.</li> <li>Dr. Gilchick stated that asthma is a chronic inflammatory disease of the lungs caused by both genetics and the environment. He stated that asthma affects primarily the small airways, bronchioles, stretching the mucus productive relations to the inflammatory triggers and response. The common asthma symptoms are:</li> <li>Wheezing</li> <li>Shortness of breath</li> <li>Cough lasting more than one a week</li> <li>Tightness of the chest</li> </ul> Dr. Gilchick indicated that due to the prolonged expiration there is not much time to breathe air in so carbon dioxide builds up and people feel short of breath. He stated that there is no cure for asthma once it has developed and that many children with asthma may grow out of it by the time they are adults. On the other hand, some adults who never had asthma as a child, may develop asthma later in life. There are six priority action steps that are recommended for asthma: <ul> <li>Written Asthma action plan/guide</li> <li>Control of Medications/inhaled corticosteroids</li> <li>Regular follow-up visits</li> <li>Allergen and irritant exposure control that cause an inflammatory response</li> <li>Quick monitoring of Asthma severity</li> <li>Daily Asthma in LA County:</li> <li>Approximately 1.2 million people in LA County are diagnosed with asthma.</li> <li>Over 200 thousand children diagnosed with asthma are ages 0-17.</li> </ul>	

ΤΟΡΙϹ	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
	<ul> <li>Almost 21,000children went to the emergency room with symptoms of asthma and over 3,000 were hospitalized in 2012 due to asthma symptoms.</li> <li>Nearly \$60 million of health care costs are spent in hospitalization, about \$30 million in ER visit costs, with an expected 70% costs coming from Medi-Cal or Medicare.</li> </ul>	
	Geographically Childhood Asthma in LA County by SPA:	
	<ul> <li>SPA 1 has the highest prevalence of asthma</li> <li>SPA 7 &amp; 8 prevalence relates primarily to air quality issues</li> </ul>	
	Disparities in Asthma Prevalence:	
	<ul> <li>Higher in African American ethnicity</li> <li>Social determinants of health/environmental factors</li> </ul>	
	New Data – June 2015:	
	<ul> <li>2005-2012 – High increase rate in Emergency Room visits in California</li> <li>Low increase in Los Angeles County compared to other counties in California</li> <li>Asthma management has become an increasing problem</li> </ul>	
	Areas in the MCAH strategic plan:	
	<ul> <li>For the last 15 years, MCAH has been coordinating the Asthma Coalition of LAC, which includes 60 different organizations within the community.</li> <li>The primary focus is on clinical care and increasing the quality of health care.</li> <li>Planned intervention with DHS and other clinics.</li> <li>Provide training/coaching for all primary care providers and medical staff</li> </ul>	

ΤΟΡΙϹ	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
	<ul> <li>Policy on outdoor/indoor air quality in the home environment</li> <li>Training of community health workers</li> <li>Advocacy</li> <li>Partnership with Environmental Health to look for exposures</li> <li>Add education to residents on treatment plan/medication control.</li> </ul>	
	Asthma management in schools:	
	<ul> <li>Provide students with asthma with copies of their action plan.</li> <li>Provide nurses with copies of student's action plan.</li> </ul>	
	Asthma Coalition Accomplishments:	
	<ul> <li>Provider training</li> <li>Disseminate Rx for Prevention newsletter to LA County providers</li> <li>Media/public events at asthma awareness month</li> <li>LAC asthma brief</li> <li>Training to provider/community health workers/nurses</li> <li>Active Coalition</li> </ul>	
	Recommendations to Reduce Asthma Burden:	
	<ul> <li>Increase number of primary care providers</li> <li>Reduce poor housing conditions</li> <li>Reduce ER visits/Asthma exacerbations</li> <li>Reduce number of people living in substandard housing</li> <li>Increase In-home EH assessments</li> <li>Improve community interventions to improve poor home environments/patient adherence</li> </ul>	
	Commissioner Dowling asked about rates by County/Inland communities and how the drought may affect those areas.	

ΤΟΡΙϹ	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
	Dr. Gilchick indicated that Commissioner Dowling made a great point. Commissioner Bholat stated that it would be interesting if public health could take a population approach to the asthma to perhaps target (for example) one million children, that perhaps through State funding, could utilize targeting mapping to utilize the strength of public health.	
<u>V.</u> <u>Presentation:</u> <u>Choose LA Moms</u>	<ul> <li>Giannina Donatoni, Staff Analyst, Presented on Choose Health LA Moms</li> <li>First-Five Funded grant- addresses obesity in the County of Los Angeles Public Health: <ul> <li>There are over half a million live births in California – 1/3 of the births in Los Angeles County</li> <li>77% of births: women 34 years of age and under</li> <li>46% of women are obese/overweight before they become pregnant</li> <li>Pre-Pregnancy Overweight/Obesity LA County are increasing, and rates are higher among African American/Latina women</li> </ul> </li> <li>Maternal Overweight/Obesity issue due to problems in mothers and babies: <ul> <li>Mother - Chronic disease/diabetes, high blood pressure, weight retention</li> <li>Babies – affects babies metabolism, poor birth outcomes, high risk of childhood obesity</li> <li>Typically, a mother will hold onto 11 pounds of weight in between each pregnancy</li> </ul> </li> </ul>	

ΤΟΡΙϹ	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
	<ul> <li>Choose Health LA Moms- Goal is to reduce postpartum obesity by:</li> <li>Breastfeeding</li> <li>Walking – recommend 10,000 steps a day</li> <li>Drinking water/Drink Up – helps improve dehydration and substitute calories</li> <li>Social Determinants of Health – Conditions we all live/work in:</li> <li>Food insecurity</li> <li>Poor housing conditions</li> <li>Stress</li> <li>Health insurance</li> </ul>	
	Other areas of focus: <ul> <li>Stress reduction</li> <li>Birth control education</li> <li>Mental health</li> <li>Nutrition</li> </ul>	
	<ul> <li>Program delivered via mobile technology:</li> <li>Website lessons/text messages to enforce messages</li> <li>Targeted specifically for overweight/obese mothers</li> <li>Weekly lessons delivered to the mother, tailored to own needs -one mini lesson every week</li> <li>Program is targeted at first six months of postpartum</li> </ul>	
	<ul> <li>Why mobile technology:</li> <li>97% of American women already access text messaging</li> <li>73% of reproductive age American women send and receive text messages</li> </ul>	

ΤΟΡΙϹ	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/
		FOLLOW-UP
	Lots of focus group testing regarding texting was completed	
	Reasons why the Choose Health LA Mom's Program is Unique:	
	<ul> <li>It focuses on the social determinants of health.</li> <li>It is targeted towards overweight/obese women who may encounter breastfeeding problems.</li> <li>It begins immediately postpartum</li> <li>It considers each woman's delivery type/complications</li> <li>The program is available/provided in English/Spanish</li> </ul>	
	How Choose Health LA Moms works:	
	<ul> <li>Recruit mothers at the end of their pregnancy – about the 37th week up to a couple weeks postpartum</li> <li>Works with community partners (about 400 providers) in LA County, which include: health care providers, health plans and Mom's groups, etc.</li> <li>Mothers can register online after the baby is born.</li> <li>Mother's receive personalized text messages within LA County zip codes.</li> <li>Working with "Text the baby", a nationwide program, mother's receive direct messaging up to the second week of postpartum</li> </ul>	
	Choose Health LA Moms Pilot Findings/Race Ethnicity:	
	<ul> <li>78% of Hispanic</li> <li>13% African American</li> <li>Low percentage of White and Asian/Pacific Islander</li> </ul>	
	Chose Health LA Moms Pilot findings/Relationship Status:	
	<ul> <li>28% single-cohabitating</li> <li>20% single-never married</li> <li>Currently, the website is being built. It is aimed to pilot in Oct/Nov/Dec, then it will be open for recruitment/sign up.</li> </ul>	

ΤΟΡΙϹ	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
	<ul> <li>How can the PHC help:</li> <li>Assist with working with their respective Supervisors to help promote the program (on their websites, etc.)</li> <li>Refer people to the program (anyone who's had baby within six months)</li> <li>Commissioner Bholat asked what the cost is to be a member of a baby-friendly hospital.</li> <li>Dr. Gilcheck responded that he will have his staff research this question and follow up. He stated that in the USA, to pass inspection, the hospital must pledge not to accept any free formula, and that the majority of the cost is associated with training staff and implementing new data collection tools.</li> </ul>	FOLLOW-UP
	Commissioner Bholat asked when would be best to invite the mother to join the program. Ms. Donatoni stated that MCAH is planning to target women toward the end of their pregnancy (37 <sup>th</sup> week). Commission Chair Crawford suggested recommending 10 minute exercises, three times a day. She also recommended "Walk Away the Pounds," an inexpensive video that could be a great resource to help new moms begin incorporating exercise into their daily routines.	

<u>VI.</u>	New Business	<i>MOTION</i> : Change Commission meeting time to 10:30 am instead of 10:00 am.	
		Commissioner Dowling introduced the motion, Commissioner Bholat seconded the motion. All Commissioners were in favor.	
		The new meeting time will be effective at the next PHC meeting,September 10, 2015. The PHC Bylaws will be amended to reflect this change.	
		<b>AGENDA ITEM FOR SEPTEMBER 10<sup>th</sup> PHC meeting</b> : discuss the Health Agency Advisory Board.	
<u>VII.</u>	<u>Adjournment</u>	A motion to adjourn the meeting was made by Commissioner Dowling. It was seconded by Commissioner Bholat. All Commissioners were in favor by saying "I".	
		The meeting adjourned at 11:27 AM.	