

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
JANUARY 12, 2012
MINUTES**

COMMISSIONERS

DEPARTMENT OF HEALTH SERVICES REPRESENTATIVE

Michelle Anne Bholat, M.D., M.P.H., Chairperson*
Patrick Dowling M.D., M.P.H., Vice-Chair**
Waleed W. Shindy M.D., M.P.H.*

Jonathan E. Fielding, Director of Public Health and Health Officer***
Angela Haley, Secretary*
Public Health Commission

PUBLIC HEALTH COMMISSION ADVISOR

Jonathan E. Freedman, Chief Deputy*
Public Health

PUBLIC HEALTH COMMISSION YOUTH ADVISOR

Vacant

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

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>I. CALL TO ORDER</p>	<p><i>The meeting was called to order at approximately 10:05 a.m. by Chairperson Bholat at Central Health Center.</i></p>	<p><i>Information only.</i></p>

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II. ANNOUNCEMENTS & INTRODUCTIONS	<i>Introductions of Commissioners and guests were conducted.</i>	<i>Information only.</i>
III. APPROVAL OF MINUTES	MOTION: APPROVAL OF THE NOVEMBER 10, 2011 MINUTES	<i>Chairperson Bholat entertained a motion by Vice-Chairperson Shindy, seconded by Chairperson Bholat and carried unanimously.</i>

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<p>IV. PUBLIC HEALTH REPORT</p>	<p>Jonathan Freedman provided the Commission with a Public Health Report and discussed public health activities since the last report on November 10, 2011.</p> <p>Budget - Update</p> <p>Mr. Freedman provided the Commission with an update of DPH's budget. He indicated that DPH is in its fourth year of doing less with less, and is in the process of developing the budget for the next fiscal year. DPH has been able to survive budgetary, due to staff managing very effectively and prioritizing. Also, DPH received \$7 million in Measure B funds that was unallocated. Mr. Freedman indicated DPH is not going to face drastic cuts.</p> <p>Posting of Nursing Home 5-Star Rating (AB 215)</p> <p>Mr. Freedman indicated that DPH was asked by the Board of Supervisors to provide a quarterly posting compliance reports on the Health Facilities Inspection Division's routine complaint licensing inspections. Since January 1, 2011, there have been three citations relative to failure to comply with AB 215.</p>	

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<p>IV. PUBLIC HEALTH REPORT CONTINUED</p>	<p>DPH will continue to monitor the progress of nursing home compliance and provide the Board with another status report by March 15, 2012.</p> <p>Preliminary Report on Mid-Year Review of Public Health Fees for FY 2011-12</p> <p>Mr. Freedman discussed the memo to the Board regarding the above subject, whereas the Board instructed DPH to continue to evaluate fee-related issues in consultation with the industries, and to report back to the Board in six months. DPH has continued discussions directly with permit holders, as well as several industry associations.</p> <p>California Children's Services Pilot Project</p> <p>Mr. Freedman informed the Commission that the California Department of Health Care Services (DHCS) has announced its intent to award contracts to regional health care organizations for pilot projects aimed at improving care for children with special health care needs who are enrolled in the California Children's Services (CCS) program. The pilots will take place in Alameda, Imperial, Los Angeles, Orange, San Diego and San Mateo counties and will be conducted over a three-year period beginning January 1, 2012. DHCS is conducting these pilots under California's new 1115 waiver for hospital refinancing and uninsured care.</p>	

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<p>IV. PUBLIC HEALTH REPORT CONTINUED</p>	<p>The L.A. County contract will be awarded to L.A. Care Health Plan to pilot three health care delivery systems in collaboration with Children's Hospital of Los Angeles (CHLC), UCLA's Mattel Children's Hospital, and Miller Children's Hospital.</p> <p>State Budget – Preliminary Analysis of the Governor's FY 2012-13 Proposed Budget and Potential Impact on the County</p> <p>On January 5, 2012, Governor Jerry Brown released his \$137.3 billion FY 2012-13 Proposed Budget, which includes \$92.6 billion in State General Fund expenditures. The Governor's Budget plan attempts to achieve a balanced approach between expenditure reductions and temporary increases in taxes; however, of the proposed \$4.2 billion in expenditure reductions, approximately 70.0 percent of his reductions (\$2.8 billion) is attributed to proposals that would have a direct impact on counties and the residents we serve, including major cuts to health and human services programs (\$2.0 billion) and the suspension or repeal of State mandated programs (\$828.3 billion).</p>	

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<p>V. WATER QUALITY IN L.A. COUNTY (LAC)</p>	<p>Chairperson Bholat stated that the Commission received a transcript of discussion on water quality in L.A. County, and was requested by the Board to review the transcripts and monitor Public Health's water quality oversight activities, including the quarterly reports requested by the Board at the November 29, 2011 meeting.</p> <p>Kenneth Murray, Director, Environmental Protection Bureau, provided the Commission with an overview of the results of the report in 2001.</p> <p>Mr. Murray indicated that the 2011 report, is a repeat of the study published on February 14, 2001. The Los Angeles County Department of Public Health Drinking Water Program (DWP) looked at four parameters in both reports: lead, chromium, hexavalent chromium (chromium+6), and arsenic. There are 785 water facilities, and DWP went to all of the facilities and collected tap water samples. Of the 785 water facilities, three exceeded the allowable level, two for arsenic, one for lead. The second part of the report, DWP sampled small water systems (195 wells), and as a result, 11 of those wells exceeded the allowable arsenic level.</p>	

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V. WATER QUALITY IN LAC CONTINUED	<p>They were cited for exceeding the Arsenic Standard. The third part of the report focused on bottled water, and there were 60 samples of bottled water taken. Out of the 60 water samples, only one was found to be in violation of safe standards.</p> <p>Mr. Murray indicated overall in comparing these two studies from 2001 and 2011, DWP did find in the ground water sampling, the level of chromium increased from 27 percent in 2001 to 69 percent in 2011.</p> <p>Mr. Murray indicated overall from the two studies 2001 and 2011 the drinking water continues to be safe for use by the public. When there are exceedances they're not at the point where they have to discontinue use of water, but there are teams that notify people that there have been an elevation.</p> <p>Mr. Murray indicated one of the recommendations made in the report by the Los Angeles County Agricultural Commissioner/Weights and Measures is that there should be a program or system in place to routinely monitor the water systems and it should be structured to manage quality water sources. Also, a taskforce should be developed to ensure that manage quality water is being enforced.</p>	

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<p>V. WATER QUALITY IN LAC CONTINUED</p>	<p>Commissioner Shindy stated he shares the concerns with Supervisor Antonovich of the chromium levels, particularly noted in the Lancaster/Palmdale area. As a result, what are the next steps that the Department is going to take action to protect the health of residents from elevated level of chromium; and also what can we do to put pressure on the state. Mr. Murray indicated that Supervisor Antonovich did provide the Department with the next step, instructing the Department to provide quarterly reports to the Board on the quality of water in L.A. County. Mr. Murray indicated from an environmental point of view, he would like to see a taskforce to coordinate water quality and quantity issues for L.A. County.</p> <p>The Commission thanked Mr. Murray for an excellent presentation.</p>	<p>The Commission strongly encouraged the development of a taskforce to monitor water quality and quantity in L.A. County. Also, the Commission requested a copy of the quarterly reports that the Department sends to the Board.</p>

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<p>VI. COMMUNITY HEALTH SERVICES (CHS)</p>	<p>Debbie Davenport, Director, Community Health Services (CHS), provided the Commission with an overview of the activities within CHS.</p> <p><i>Vision Statement</i> Communities that promote and sustain healthy living.</p> <p><i>CHS Integrated Vision</i> CHS collaborates with the various internal and external stakeholders to operationalize disease prevention and health promotion services and activities consistent with the strategic direction of DPH.</p> <p><i>Mission Statement</i> To protect health, prevent disease and promote health and well-being across the life span through targeted population-based interventions and services that improve quality of life and reduce health disparities.</p> <p>Clinic Operations</p> <ul style="list-style-type: none"> • 14 Health Centers • TB, STD, IZ, Triage/TB screening • Refugee Health Program • 1 Field Office – Santa Clarita • Annual Visits: 250,000/year 	

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<p style="text-align: center;">VI. CHS CONTINUED</p>	<ul style="list-style-type: none"> • Annual X-rays: 25,000 studies/year • Annual DOT packets: prep'd by DPH Pharmacy & Delivered by CHS: 120,000/year • Annual Flu: 40-60,000 <p><u>Operational Issues</u></p> <ul style="list-style-type: none"> • Budget constraints/HR issues • Service inefficiencies/Costing Issues • Staff Training & Communication • Data processing/lack of HER • Public Access to Service Information – Web Info • Inventory control improvements • Old facilities: replacement/placement <p><u>Changing Clinic Service</u></p> <ul style="list-style-type: none"> • IGRA Testing • TB School Mandate ending • 3 mos. RPT/INH Chemo w/DOT • Kit testing for STD follow up • Appts for STD Clinic • Asx nursing screening in STD • Adult Vaccine • VFC Screening & waivable fees 	

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<p>V. CHS CONTINUED</p>	<p><u>Field Operations</u></p> <ul style="list-style-type: none"> • 197 PHN positions, 26 PHNS • 33 PHI, 7 SPHIs • 35 CWS/Sr. CWS • VCMR • STD Casewatch • eH290 (TRIMS) <p><u>Field Highlights: Vaccine Preventable Disease</u></p> <ul style="list-style-type: none"> • Pertussis Case Follow up • 2010: 2309 – reports • 2011: 1242 reports = 5x normal years • Tdap School Outreach • SB 614 • Summer/Fall 2011: >33,000 doses • 80 School Districts & Charter Schools: 10,000 doses onsite • Annual Flu Outreach • FY2010-11: 48,492 doses • FY2011-12: 35,000 distributed <p><u>District Public Health Nursing – District Public Health Investigation</u></p> <ul style="list-style-type: none"> • CHS provides PHI staff for Commercial Sex Venue Inspections • Conducted 3 trainings on Principles of Epidemiology and Outbreak Management using the Incident Command System for all field staff 	

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<p>VI. CHS CONTINUED</p>	<ul style="list-style-type: none"> • Established a new standardized procedure for all district public health nursing for the follow-up of acute communicable diseases and sexually transmitted diseases. • These new guidelines instituted efficiencies in the number of home visits required for disease case management, enhancing capacity to address chronic disease issues at the community level. <p><u>DPH Employee Health</u></p> <ul style="list-style-type: none"> • Provide annual health screenings • Annual flu employee vaccinations • Conduct employee risk screening across the department • Provide Respirator Fit testing & Audiometry testing where indicated • Preparing for bus. Analysis for EH electronic record • Develop onsite clinic at Central with mobile capacity once established. • Implementation by February 2012 for Department 295 employees (primarily CHS, Vet Health, DPH Lab) 	

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<p>VI. CHS CONTINUED</p>	<p><u>Clinical Service Improvement – Digital Radiology</u></p> <ul style="list-style-type: none"> • Initiated active operation of digital radiology services in eleven health centers and the Levey Center • X-ray readings within 24 hours • Eliminated x-ray film purchasing, processing and storage costs • Online consultation between contract radiologist and clinicians • Digitalize outside films for storage <p><u>DPH Pharmacy</u></p> <ul style="list-style-type: none"> • A record year for drug shortages • Developed pharmacy inventory and labeling system (PILS) • Electronic Security Locks • To comply with Auditor-Controller recommendation, pharmacy has purchased electronic audit locks for clinic dispensaries at zero net county cost (NCC). • Pharmacy functions as system administrator • Phase III: Interface Function • PILS will interface with repackaging machine • DOT packets can be ordered electronically • Will reduce medication errors 	

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<p>V.I. CHS CONTINUED</p>	<ul style="list-style-type: none"> • Will increase organizational efficiency by eliminating, transcribing and faxing DOT orders. <p><u>TCGRX Machine</u></p> <ul style="list-style-type: none"> • This new machine was purchased at NCC. • It will increase productivity and decrease any unnecessary wastes. <p><u>Patient Assistance Program (PAP)</u></p> <ul style="list-style-type: none"> • Programs run by Pharmaceutical companies to provide free medications to people who cannot afford to buy their medicines. • Aim to recover cost on high priced items. <p><u>DPH Pharmacy: P&T Committee</u></p> <ul style="list-style-type: none"> • Pharmacy & Therapeutics committee was redesigned to include: • Management and reduction of medication costs • Improve medication tracking • Cost savings strategies developed under the guidance of Dr. Elise Pomerance, AMD SPA 1&2. 	<p>Ms. Davenport informed the Commission that CHS has a new website and SPA Web pages.</p>