

COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 JUNE 14, 2012
 MINUTES

APPROVED

COMMISSIONERS

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.**
 Jean G. Champommier, Ph.D.*

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

Jonathan E. Freedman, 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 10:00 a.m. by Chairperson Bholat at Central Health Center.	Information only.

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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 MAY 24, 2012 MINUTES	Chairperson Bholat entertained a motion from Vice-Chairperson Dowling, seconded by Commissioner Champommier and carried unanimously.

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IV. PUBLIC HEALTH REPORT	<p>Carrie Brumfield provided the Commission with a <i>Public Health Report</i> and discussed public health activities since the last report on May 24, 2012.</p> <p><i>Final Report on the Community Health Survey and the Inglewood Oil Field</i></p> <p>Ms. Brumfield informed the Commission that the Board of Supervisors asked the Department of Public Health (DPH) to conduct a health assessment for the communities surrounding the Inglewood Oil Field.</p> <p>The assessment included five components: 1) an analysis of mortality rates based on data reported on death certificates, 2) an analysis of rates of low-birth-weight births based on data reported on birth certificates, 3) an analysis of rates of birth defects on data collected by the California Birth Defects Monitoring Program, 4) an analysis of cancer rates based on data compiled by the University of Southern California (USC) Cancer Surveillance Program and 5) a community survey of self-reported illness, including asthma and other health concerns.</p>	

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<p>IV. PUBLIC HEALTH REPORT CONTINUED</p>	<p>Status of Substance Abuse Services Solicitations</p> <p>Ms. Brumfield discussed the update on the status of DPH's efforts to conduct a request for proposal (RFP) process for all alcohol and drug treatment program contracts. Both CalWorks and Prevention contracts were successfully solicited in 2011. Most recently, on May 16, 2012, DPH released an RFP for Community Centered Emergency Room Project Services (formerly known as the Community Transformation Project).</p> <p>Quarterly Report – Water Quality Monitoring</p> <p>On November 29, 2011, on a motion by Supervisor Antonovich, DPH was instructed to provide quarterly reports on its monitoring activities, including findings and actions taken to address water quality issues. The report summarizes water quality findings in small water systems throughout the County, and outlines the actions taken by the DPH Environmental Health Division in response to these findings.</p>	

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<p>IV. PUBLIC HEALTH REPORT CONTINUED</p>	<p>Update on Consolidation of the Antelope Valley Rehabilitation Centers</p> <p>Ms. Brumfield indicated that this report provides an update on the progress of the Antelope Valley Rehabilitation Centers (AVRC) consolidation.</p> <p><u>Background</u> The AVRC consolidation plan includes closure of the Warm Springs facility and relocation of its program and staffing to the Acton facility. This consolidation was implemented to:</p> <ol style="list-style-type: none"> 1) maximize the use of limited resources for substance use disorder (SUD) treatment services; 2) bring the AVRC facility into compliance with State and County licensing and regulatory requirements; 3) ensure a high quality of AVRC services by renovating the physical infrastructure at Acton, enhancing clinical and treatment services, and providing sufficient staffing levels; and 4) avoid structural/capital need expenditures at the Warm Springs location. <p>As reported to the Board on September 23, 2011, the Warm Springs facility was closed and the program and staff were transferred to the Acton site as scheduled on June 30, 2011.</p> <p>DPH and Internal Services Department (ISD), have continued work on the renovation of the Acton facility. Modular units that will serve as temporary housing and office space have been obtained and moved to the site. Renovation of the kitchen, dining hall and other service buildings is underway.</p>	

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<p>V. L.A. COUNTY IMMUNIZATION PROGRAM (LACIP)</p>	<p>Dr. Michelle Parra, Director, L.A. County Immunization Program (LACIP), provided the Commission with an update of activities within LACIP. Dr. Parra informed the Commission that IP is a 100% grant funded program.</p> <p>Dr. Parra indicated that immunizations are one of the most important public health achievements of the last century and provision of immunizations will continue to be one of the most important public health activities of this century.</p> <p>LACIP Strategic Plan 5 Main Program Goals</p> <p>Goal 1: Ensure Access to Immunization Services</p> <p>Ensure Immunization Services are accessible to all people, across the lifespan, in L.A. County.</p> <p><u>Goal 1 Objectives</u></p> <ul style="list-style-type: none"> • Interventions that increase access to perinatal hepatitis B services. • Programs that encourage provider participation in national, state and local programs that support no-cost and low-cost vaccines. • Collaborative strategies for promoting adolescent and adult immunizations. • Coordinated efforts to identify and address access barriers. 	

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<p>V. LACIP CONTINUED</p>	<p>Goal 2: Provide Access to Appropriate Information <i>Ensure that all residents and stakeholders in L.A. County (LAC) have accurate and timely IZ and VPD information.</i></p> <p><u>Goal 2 Objectives</u></p> <ul style="list-style-type: none"> • Use the best available research and resources to develop and disseminate culturally appropriate educational materials. • Build and strengthening collaborative partnerships. • Conduct outreach and education. • Promote the adoption of positive immunization policy. <p>Goal 3: Assure Effective Service Delivery <i>Ensure that the delivery of IZ services is consistent with current standards and Immunization Practices.</i></p> <p><u>Goal 3 Objectives</u></p> <ul style="list-style-type: none"> • Provide ongoing technical assistance to support the use of effective practices in health care provider offices across LAC. • Encourage participation in a web-based regional immunization registry. 	

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<p>V. LACIP CONTINUED</p>	<ul style="list-style-type: none"> • Monitor adherence to recommended standards and practices. • Ensure that LACIP training curricula and materials reflect current evidence-based recommendations. <p>Goal 4: Monitor Disease</p> <p>Ensure an effective system is in place to prevent, detect and control VPD morbidity and mortality in LAC.</p> <p>*Dr. Nelson will be covering this goal in detail later in the presentation.</p> <p>Goal 5: Build Organizational Capacity</p> <p>Ensure that an effective workforce and support systems are in place to help us achieve our mission.</p> <p><u>Goal 5 Objectives</u></p> <ul style="list-style-type: none"> • Management of Information Systems that efficiently and effectively support Program goals. • Maintain Administrative Support that efficiently and effectively supports Program goals. • Continually review LACIP staffing to ensure that it supports current Program goals and priorities. • Provide training that enhances staff skills, knowledge and effectiveness. • Promote an effective and positive work environment. 	

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<p>V.LACIP CONTINUED</p>	<p>Office of Inspector General (OIG) Report Regarding Vaccine Management</p> <ul style="list-style-type: none"> • April and May 2011 • 45 Vaccines For Children (VFC) Providers in 5 states (9 provider offices in CA were included – none in LAC) • Underscores that we must do better at ensuring that vaccines are stored and monitored properly- and that VFC Program requirements are being met. <p>California (CA) Recognized Nationally for Training in Vaccine Storage and Handling</p> <ul style="list-style-type: none"> • CA has developed a number of nationally recognized trainings and educational tools to help provider offices with their storage, handling, and oversight of vaccines. • 5 on-line training modules • CDC is working with key partners to develop long-term strategies <p>Commissioner Champommier asked does these trainings only applies to northern California. Dr. Parra indicated yes it only applies to northern California.</p>	

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<p>V.LACIP CONTINUED</p>	<p>Provider Quality Assurance in LAC</p> <ul style="list-style-type: none"> • Immunization training for health professionals • Quality assurance reviews/site visits • Private provider VFC Program • Assessment, Feedback, Incentives, eXchange (AFIX) <p>Public Health Measures Support Improvement</p> <ul style="list-style-type: none"> • The Immunization Program evaluates its performance toward a set of measures to: • Support performance improvement • Assess the impact of its interventions • Highlight successes • Identify and address priority areas for improvement • Prioritize efforts <p>The Performance Measures are Relevant and Evidence-based</p> <ul style="list-style-type: none"> • The Program's Performance Improvement Measures: Ongoing evaluation 	

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V.LACIP CONTINUED	<ul style="list-style-type: none"> • Are aligned with mandated activities, strategic priorities, and national standards such as Healthy People 2020 • Are supported by evidence-based recommendations and research • Measure progress toward immunization aims • Assess effectiveness in implementing recommended strategies. <p>Dr. Parra discussed the following charts of Performance Snapshot:</p> <ul style="list-style-type: none"> • Percentage of Children UTD with University Recommended Vaccines, 19-35 Months of Age, LAC, FY 2009-2010 – LAC met or exceeded four Healthy People 2010 Standards • Percentage of Adults Who Received Flu Vaccine, LAC, FY 2009, and Percentage of Adolescents Who Received Tdap Vaccine, LAC • Provider Use of Evidence-based immunization Practices <p>Recent Policy Activities – Promoting the Pertussis Booster Requirement</p> <ul style="list-style-type: none"> • AB 354, which went into effect July 1, 2011, requires 7th grade students to show proof of a Tdap vaccination to attend school. 	

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V.LACIP CONTINUED	<ul style="list-style-type: none"> • LAC DPH supported bill passage. • To promote awareness and vaccination, DPH: • Educated providers through alerts, articles, and training sessions. • Co-hosted a press event, distributed press releases, and coordinated an L.A. Youth newspaper article. • Promoted awareness through a webpage, posters and flyers, and in-reach to DPH staff. • Supported school-based promotional and vaccination efforts. • Vaccinated students through DPH clinics and outreach events. <p>Recent Policy Activities – Partnering to Promote Positive Policy</p> <p>In partnership with Coalitions, DPH Programs, schools, providers, and CBOs, the Immunization Program has:</p> <ul style="list-style-type: none"> • Supported Passage and implementation of AB 354, the pertussis booster middle school immunization requirement. • Outreach to providers, schools, and CBOs regarding the new targeted TB school screening requirement. 	

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<p>V.LACIP CONTINUED</p>	<ul style="list-style-type: none"> • Launched a study of school-based practices that may impact Personal Beliefs Exemption (PBE) and conditional entrance rates. • Developed coalition advocacy guidelines, training sessions, educational materials, and stakeholder alerts to improve partner capacity to advocate for positive immunization policies. • Completed analysis of the impact of proposed legislation on immunization systems, practices, resources, and coverage levels. <p>Aims of Immunization-related Legislation</p> <p>AB 2009: Revises Priority Groups for State-purchased Flu Vaccine</p> <p>Makes flu vaccination of children a priority for State-purchased vaccine.</p> <ul style="list-style-type: none"> • Eliminates requirement to prioritize individuals > 60 years of age to receive flu vaccine purchased by the California Department of Public Health (CDPH). 	

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<p>V.LACIP CONTINUED</p>	<ul style="list-style-type: none"> Requires CDPH to annually advise local health departments and non-profits which groups should be prioritized to receive CDPH purchased flu vaccine. <p>AB 2064: Sets Reimbursement Standards for Childhood Immunizations</p> <p>Aims to assure that physicians are fully reimbursed for the costs to acquire and administer recommended vaccines.</p> <ul style="list-style-type: none"> Requires health care service plans and insurers that cover childhood and adolescent immunizations to reimburse physician and physician groups a minimum amount for the purchase of vaccine and cost of administering the vaccine. <p>AB 2109: Requires Provider Consult to Claim an Immunization Exemption</p> <p>Puts a system in place to provide parents/guardians (P/G) considering a PBE with accurate information to help them make a more informed decision.</p>	

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<p>V.LACIP CONTINUED</p>	<ul style="list-style-type: none"> • Requires a P/G seeking an exemption from childcare or school IZ requirements to submit a written statement from a licensed healthcare provider stating that the P/G received information regarding the risks of VPDs and risks and benefits of vaccines. <p>SB 1318: Institutes Measures to Prevent the Spread of Flu in Healthcare Settings</p> <p>Requires steps to prevent the spread of influenza in clinics and health facilities.</p> <ul style="list-style-type: none"> • Requires licensed clinics and health facilities with a combined average vaccination rate of <90% for its onsite health care workers (employees) and medical staff to: • Require onsite HCWs and medical staff to receive a flu vaccination or wear a clinic-provided mask while performing duties in patient care areas. • Institute respiratory hygiene and isolation protocols, adopt a seasonal flu plan, and revise/develop a disaster plan that includes a pandemic flu component. • Requires all clinics and facilities to report flu vaccination rates annually to CDPH. 	

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<p>V.LACIP CONTINUED</p>	<p>Immunization Registry (CAIR) Funding Cuts</p> <p>\$18 million Reduction in General Funds - \$1.7 of which was for registry resulting in:</p> <ul style="list-style-type: none"> • No local funding as of FY 2011 • Reduction in staff (10 FTE & 2 PTE) • New model for registry statewide • Drastic reduction in local registry staff (FY2011/12 – 3 staff assigned to LAC) <p>Dr. Nelson El Amin, Medical Director, LACIP, discussed the following:</p> <p>Goal 4: Monitor Disease</p> <p>Ensure an effective system is in place to prevent, detect and control VPD morbidity and mortality in LAC.</p> <p>Goal 4 Objectives</p> <ul style="list-style-type: none"> • Regularly evaluate policies and procedures to ensure adherence to local, state, and nationally-developed standards. • Maintain internal quality improvement efforts that ensure that the most efficient disease monitoring procedures are in place. 	

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<p>V.LACIP CONTINUED</p>	<ul style="list-style-type: none"> • Improve adherence to adverse event reporting requirements. • Monitor epidemiological trends to identify areas of increased vaccine-preventable disease morbidity and mortality. • Provide timely and effective communication to external stakeholders regarding vaccine-preventable diseases, reporting requirements, and legal mandates. <p>List of Reportable Vaccine Preventable Diseases, LAC</p> <ul style="list-style-type: none"> • Diphtheria • Hib (invasive) • Hepatitis A • Hepatitis B • Influenza (deaths) • Measles • Meningococcal infect • Mumps • Pertussis • Poliovirus infections • Rabies • Rubella 	

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<p>V.LACIP CONTINUED</p>	<ul style="list-style-type: none"> • Congenital Rubella Syn • Smallpox • Pneumococcus (invasive) • Tetanus • Varicella (fatal, hosp) • Yellow Fever <p>Measles</p> <ul style="list-style-type: none"> • 2011 total, 8 cases • 2010 total, 8 cases • 2009 total, 1 case • 2008 total, 1 case • 2007 total, 0 cases • 2006 total, 1 case <p>Dr. Nelson El Amin discussed the timeline of a measles outbreak with an arriving refugee in LAC. As a result, 97 people were infected and LAC DPH was involved. There was an article of the outbreak in the June 1, 2012 Morbidity and Mortality Weekly Report.</p> <p>Mumps</p> <ul style="list-style-type: none"> • 2011 total, 3 cases • 2010 total, 20 cases 	

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<p>V.LACIP CONTINUED</p>	<ul style="list-style-type: none"> • 2009 total, 7 cases • 2008 total, 7 cases • 2007 total, 5 cases • 2006 total, 10 cases <p>Pertussis</p> <p>2011 total, 453 cases 2010 total, 972 cases 2009 total, 156 cases 2008 total, 80 cases 2007 total, 69 cases 2006 total, 150 cases</p> <p>Rubella (Acute)</p> <p>2011 total, 1 case 2010 total, 0 case 2009 total, 0 case 2008 total, 1 case 2007 total, 0 case 2006 total, 0 case</p>	

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<p>V.LACIP CONTINUED</p>	<p>Rubella (Congenital)</p> <p>2011 total, 1 case 2010 total, 0 case 2009 total, 0 case 2008 total, 1 case 2007 total, 0 case 2006 total, 0 case</p> <p>Varicella Outbreaks</p> <p>2011 total, 5 2010 total, 7 2009 total, 5 2008 total, 20 2007 total, 41 2006 total, 52</p> <p>Commissioner Champommier asked do LACIP find it difficult of parents (in particular children with autism) who opt out of having their child(ren) vaccinated, and searching instead to use alternative medicine. Dr. Parra indicated there have been no studies or evidence that shows a true link between autism and vaccine. We have to keep educating parents that are anti-vaccine on the importance of getting their children vaccinated.</p>	

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<p>VI.LACIP CONTINUED</p>	<p>Dr. Nelson El Amin indicated that it's also necessary to educate providers that having a relationship is important with parents to communicate and share information with them so they can have a better understanding of the benefits of vaccination for their children.</p> <p>Vice-Chairperson Dowling stated that there has always been a lower level of vaccine in the African American community, particularly, influenza. Have the needle moved at all, in terms of influenza in the African American community. Dr. Nelson El Amin indicated they conducted a random cluster survey in the African American community to access their thoughts on the influenza vaccine. What they found wasn't so much that parents were anti-vaccine, but they had questions, and felt their questions weren't being answered. LACIP is working with the group L.A. families to focus not only on the kids, but also the adults. Dr. Nelson El Amin indicated LACIP is open to any suggestions they may have to address the issue.</p> <p>Chairperson Bholat voiced her concerns and stated the importance of storage, handling, and transportation of vaccine. Also, the importance of educating and giving more reassurance to providers.</p>	<p>The Commission thanked Drs. Parra and Nelson El Amin for an excellent presentation, and a job well done.</p> <p>The meeting adjourned at 11:27 a.m.</p>