

**COUNTY OF LOS ANGELES  
PUBLIC HEALTH COMMISSION  
NOVEMBER 8, 2012  
MINUTES**

**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**

**Cynthia Harding, Acting Chief Deputy\***  
**Public Health**

**PUBLIC HEALTH COMMISSION YOUTH ADVISOR**

**Vacant**

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

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p><b>I. CALL TO ORDER</b></p>	<p>The meeting was called to order at approximately 10:02 a.m. by Vice-Chairperson Dowling at Central Health Center.</p>	<p>Information only.</p>

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<b>II. ANNOUNCEMENTS &amp; INTRODUCTIONS</b>	<i>Introductions of Commissioners and guests were conducted.</i>	<i>Information only.</i>
<b>III. APPROVAL OF MINUTES</b>	<p><b>MOTION: APPROVAL OF THE SEPTEMBER 13, 2012 MINUTES</b></p> <p><b>MOTION: APPROVAL OF THE OCTOBER 25, 2012 MINUTES</b></p>	<p><i>Chairperson Bholat entertained a motion from Vice-Chairperson Dowling, seconded by Commissioner Shindy and carried unanimously.</i></p> <p><i>Chairperson Bholat entertained a motion from Commissioner Shindy, seconded by Commissioner Champommier and carried unanimously.</i></p>

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<p><b>IV. PUBLIC HEALTH REPORT</b></p>	<p>Cindy Harding provided the Commission with a Public Health Report and discussed public health activities since the last report on October 25, 2012.</p> <p><b>Notification of Immunization Fee Schedule</b></p> <p>The California Vaccine for Children (VFC) Program requirements allow DPH to charge an administration fee of up to \$17.55 per VFC vaccine dose administered for a VFC program eligible.</p> <p>Pending Board approval, DPH will apply a \$15.00 per child regardless of vaccinations administered and a total of \$30.00 for a family with two or more children. These fees are commensurate with the vaccine administration fees charged by other surrounding counties and are fully waivable as required by VFC guidelines.</p>	

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<p><b>IV. PUBLIC HEALTH REPORT CONTINUED</b></p>	<p><b>Mislabeled Seafood Sold in Restaurants and Grocery Stores Overview</b></p> <p><i>Ms. Harding discussed a memo dated May 4, 2012, in which DPH notified the Board of collaborative efforts in conjunction with the California Department of Public Health Food and Drug Branch (FDB) and the Food and Drug Administration (FDA) to develop a Seafood Task Force (STF) to conduct a survey of retail and wholesale food facilities that distribute or sell seafood in L.A. County.</i></p> <p><i>In order to address these practices, Environmental Health (EH) has initiated corrective actions. These actions include: continuing efforts to address seafood substitution with State and Federal partners, providing training on seafood fraud for DPH Environmental Health staff, expanding routine inspections to include a check for seafood labels and menu accuracies, and implementing subsequent enforcement actions to ensure compliance with consumer protection laws.</i></p>	

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<p><b>IV. PUBLIC HEALTH REPORT CONTINUED</b></p>	<p><b>2012-2013 Influenza Season</b></p> <p><i>Ms. Harding informed the Commission for the 2012-2013 flu vaccination season, DPH has been allocated 90,000 flu vaccine doses from the California Department of Public Health (CDPH) which will ensure the availability of adequate doses for use during this fall's flu vaccination campaign. Also, there's a list of outreach clinics by supervisorial district that will be conducting flu vaccinations, as well as ongoing in-house clinics.</i></p> <p><i>Vice-Chairperson Dowling asked does DPH have a plan on how to educate the community on the importance and encourage people to get vaccinated. Ms. Harding indicated that the Immunization Program has an ongoing committee focused on particularly in South L.A., on how to encourage the community to get vaccinated and how to overcome some of those barriers. Dr. Guzenhauser indicated that DPH has developed community partnerships in the African American community to get a better understanding and to encourage the importance of flu vaccination.</i></p>	

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<p><b>V. ORAL HEALTH PROGRAM (OHP)</b></p>	<p>Dr. Maritza Cabezas, Dental Director, Oral Health Program (OHP), provided the Commission with an overview of OHP. Dr. Cabezas informed the Commission OHP is comprised of two staff; herself and the secretary. Dr. Cabezas focused on the following topics:</p> <ul style="list-style-type: none"> <li>• Early Childhood Caries: #1 Chronic Disease of Children</li> <li>• Consequences of Neglected Oral Health</li> <li>• Oral Health Program (OHP)</li> </ul> <p><b>Early Childhood Caries (ECC) is the single most common chronic childhood disease:</b></p> <ul style="list-style-type: none"> <li>• The presence of one or more teeth that is decayed, including extractions and fillings from previous decay, in the primary dentition (baby teeth)</li> <li>• Starts at the upper central incisors</li> <li>• Caries develop rapidly</li> <li>• 5 times more common than asthma</li> <li>• 4 times more common than early childhood obesity</li> <li>• 20 times more common than diabetes</li> <li>• Transmission both vertical and horizontal via saliva</li> </ul>	

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<p><b>V. OHP CONTINUED</b></p>	<p><i>Myth: High Caries Rates "Run in the Family"</i></p> <ul style="list-style-type: none"> <li>• <i>NOT genetic: Passed from mother to child; from generation to generation</i></li> <li>• <i>Mothers with significant decay put their children at high risk for decay</i></li> </ul> <p><i>Acidogenic Bacteria:</i></p> <ul style="list-style-type: none"> <li>• <i>Acidogenic bacteria produce acids by metabolizing the carbohydrates in our food.</i></li> <li>• <i>Deminerzalization of enamel: Acid removes minerals from the enamel, i.e., calcium and phosphate.</i></li> <li>• <i>Results in "White Spots"</i></li> </ul> <p><i>White Spot Lesions:</i></p> <ul style="list-style-type: none"> <li>• <i>The first visible sign of tooth decay – organic matrix of enamel visible</i></li> <li>• <i>Decay at this stage is reversible with FLUORIDE</i></li> <li>• <i>If we ignore the first signs of ECC, the consequences are severe.</i></li> </ul> <p><b>The Results of Neglected Oral Health</b></p> <ul style="list-style-type: none"> <li>• <i>Severe ECC – Distinctive pattern of tooth decay that begins on upper primary teeth</i></li> </ul>	

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<p><b>V. OHP CONTINUED</b></p>	<ul style="list-style-type: none"> <li>• Nutrition problems from pain while eating</li> <li>• Sleep deprivation</li> <li>• Attention deficit from pain</li> <li>• Missed school days</li> <li>• Developmental delay</li> <li>• ECC increases the risk of future caries</li> <li>• Cost to treat ECC is \$1000-\$2000/child, can increase to \$6000 if Anesthesiologist required</li> </ul> <p><b>Ultimate Results of Neglected Oral Health</b></p> <ul style="list-style-type: none"> <li>• Very severe tooth decay</li> <li>• Expensive dental work</li> </ul> <p>2020 Health Objectives – Public Health Infrastructure:</p> <ul style="list-style-type: none"> <li>• OH-17 – Increase health agencies that have a dental public health program directed by a dental professional with public health training.</li> <li>• OHP fulfills this 2020 Health Objective.</li> </ul> <p><b>2003 National Call to Action to Promote Oral Health:</b></p> <ul style="list-style-type: none"> <li>• It was developed under the leadership of The Office of the Surgeon General, delineated five “actions.” The first of these is training and education.</li> </ul>	



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<p><b>V.OHP CONTINUED</b></p>	<ul style="list-style-type: none"> <li>• OHP is engaged in an ongoing effort to increase health literacy in dentistry through training and education because oral health is an essential part of overall health.</li> </ul> <p>OHP Presented to a Total of 1,300 People During the Past 5 Years:</p> <ul style="list-style-type: none"> <li>• <u>Caregivers</u>: Transmission prevention, oral health care, limiting sugar intake, visiting the dentist during pregnancy.</li> <li>• <u>Professionals</u>: Transmission prevention, how to modify mother's dental flora during the period from birth until the child is 2 years old (Use of anti-bacterials like chlorhexidine and xylitol).</li> </ul> <p><b>Brief Summary of the Auditing Protocol</b></p> <ul style="list-style-type: none"> <li>• Radiology Requirements</li> <li>• OSHA Regulations</li> <li>• Infection Control</li> <li>• Sterilization Protocols</li> <li>• Emergency Preparedness</li> <li>• Environmental Regulations</li> <li>• Patient Safety and Confidentiality</li> <li>• Clinic's Policies and Procedures related to reporting Child and Elderly Abuse.</li> <li>• Infectious Disease Reporting</li> </ul>	

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<p><b>V.OHP CONTINUED</b></p>	<ul style="list-style-type: none"> <li>• Amalgam Disposal</li> <li>• Disinfection of Hard Surfaces</li> <li>• Staff training on Blood-borne Pathogen Contamination</li> <li>• Proposition 65 Compliance</li> </ul> <p><b>DHS Dental Care Budget</b></p> <ul style="list-style-type: none"> <li>• Healthy Way L.A. Dental Clinics: \$4.5 million</li> <li>• Community Health Centers Clinics: \$3.5 million</li> <li>• Total: \$8 million/year</li> <li>• Total number of Visits: 100,000/year</li> <li>• Cost/Visit: \$80</li> </ul> <p><b>Prevention – Water Fluoridation</b></p> <p>"Fluoridation is the single most important commitment a community can make to the oral health of its children and to future generations."</p>	

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V.OHP CONTINUED	<ul style="list-style-type: none"> <li>• Percentage of California population on public water systems receiving fluoridated water: 62.1%</li> <li>• Percentage of U.S. population on public water systems receiving fluoridated water: 73.9%</li> </ul> <p><b>Clearinghouse for Dental Issues – Typical Questions</b></p> <ul style="list-style-type: none"> <li>• Where to find dental care? I am unemployed.</li> <li>• I am out of state, need emergency dental care.</li> <li>• I am an architect planning a dental office, what do I need to do the walls of a room to prepare it for an x-ray machine?</li> <li>• Can you speak at my school?</li> <li>• I am from the office of the mayor, can you help find care for pregnant women without insurance?</li> <li>• They charge me too much for my dentures, where can I complain?</li> <li>• Is my water fluoridated?</li> </ul> <p><b>Collaboration with Other Agencies/Programs</b></p> <ul style="list-style-type: none"> <li>• DPH Tobacco Control Program</li> <li>• Queens Care Family Clinics – engaging dentist to discuss tobacco cessation</li> <li>• OHP is a member of the Oral Health Committee of the Valley Community Care Consortium (VCCC)</li> <li>• Kids' Community Dental Clinic (KCDC)</li> </ul>	

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<p><b>V.OHP CONTINUED</b></p>	<ul style="list-style-type: none"> <li>• San Fernando Valley Dental Society Commissioner Shindy asked Dr. Cabezas what is the percentage of kids with dental caries. Dr. Cabezas stated 70% of 3<sup>rd</sup> graders in L.A. County have some type of decay.</li> </ul> <p>Vice-Chairperson Dowling asked Dr. Cabezas if she knows of any unlicensed dentists who are practicing. Dr. Cabezas indicated foreign dentists who train from a different country who knows dentistry, have been known to open clinics in their garages.</p> <p>Chairperson Bholat asked if fluoride varnish is reimbursable by Medi-Cal. Dr. Cabezas indicated the program was cut about three years ago, and only dental prevention is paid by the state.</p> <p>The Commission thanked Dr. Cabezas for an excellent presentation.</p>	<p>Dr. Cabezas will provide the Commission with the following:</p> <ul style="list-style-type: none"> <li>• Toll free 800 number for Dental-Cal</li> <li>• USC study: The Children's Dental Health Project of L.A. County</li> <li>• A list of frequent asked questions about AB 667</li> <li>• Fluoride Varnish Manual</li> </ul>

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<p><b>VI. EMERGENCY PREPAREDNESS &amp; RESPONSE PROGRAM (EPRP)</b></p>	<p>Dr. Alonzo Plough, Director, Emergency Preparedness and Response Program (EPRP), provided the Commission with an update of the activities within EPRP.</p> <p><b>Mission:</b></p> <p>To prevent and mitigate the public health consequences of natural or intentional emergencies for L.A. County residents through threat assessment, planning, improved operational readiness, and timely response.</p> <p>Partnership with the Department of Homeland Security:</p> <ul style="list-style-type: none"> <li>• Intelligence &amp; Analysis Branch</li> <li>• Establishment of an information-sharing network</li> <li>• Development of a local intelligence sharing facility</li> <li>• Intelligence product for the Office of the Secretary</li> </ul> <p>JRIC Terrorism Liaison Officer Program:</p> <ul style="list-style-type: none"> <li>• National model for Public Health Integration into TLO process</li> <li>• National Spotlight Product</li> </ul>	

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<p><b>V. EPRP CONTINUED</b></p>	<p><b>Unit Responsibilities</b></p> <ul style="list-style-type: none"> <li>• <i>Coordinate Departmental planning for biological, chemical and radiological hazards with subject matter expert representatives</i></li> <li>• <i>Oversee CDC and State grant work plans and reporting narratives, program evaluation</i></li> <li>• <i>Manage Department's Emergency Volunteer Program</i></li> <li>• <i>Work on interdepartmental and intergovernmental partnerships to build evidence-based practice</i></li> <li>• <i>Identify innovative tools for emergency planning</i></li> </ul> <p><b>Planning Challenges</b></p> <ul style="list-style-type: none"> <li>• <i>New initiatives, new requirements</i></li> <li>• <i>Many hazards, complex plans</i></li> <li>• <i>Different expectations</i></li> <li>• <i>How to make plans more user friendly, accessible, useful?</i></li> <li>• <i>How best to prepare staff to pivot to response?</i></li> <li>• <i>What data is truly needed to drive response?</i></li> </ul>	

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<p><b>VI.EPRP CONTINUED</b></p>	<p><b>Improvement Influences</b></p> <ul style="list-style-type: none"> <li>• Experience during H1N1 and Fukushima Nuclear Event</li> <li>• Discussions with New York City Health Department</li> <li>• Military tools</li> <li>• FEMA guide and process</li> <li>• Emergency Management</li> </ul> <p><b>Project Objectives</b></p> <ul style="list-style-type: none"> <li>• Prioritize Risk</li> <li>• Focus on Health: Often overlooked in traditional hazard assessments</li> <li>• System Perspective: Public Health, Healthcare and Behavioral: Impacts and Resources</li> <li>• Whole Community Planning: Engage non-traditional community stakeholders</li> <li>• Develop strategies and response plans to mitigate health risks</li> <li>• Trail blaze: Develop promising practices for others: local, state, and national</li> </ul>	

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<p><b>VI.EPRP CONTINUED</b></p>	<p><b>2012 Influenza POD EX</b></p> <ul style="list-style-type: none"> <li>• <i>Mass Prophylaxis</i></li> <li>• <i>Medical Supplies Management and Distribution</i></li> <li>• <i>Onsite Incident Management</i></li> <li>• <i>Volunteer Management</i></li> <li>• <i>Responder Safety and Health</i></li> <li>• <i>Public Safety and Security Response</i></li> </ul> <p><b>The Gap</b></p> <ul style="list-style-type: none"> <li>• <i>Volunteers</i></li> <li>• <i>Actively licensed</i></li> <li>• <i>Support functions</i></li> <li>• <i>Trained</i></li> <li>• <i>Prepared</i></li> <li>• <i>Organized</i></li> <li>• <i>Ready to mobilize and deploy</i></li> <li>• <i>Build community partnerships</i></li> </ul> <p><b>History of Public Health Preparedness</b></p> <ul style="list-style-type: none"> <li>• <i>9/11 – DPH rallied to address emerging threat of terrorism</i></li> <li>• <i>Anthrax attacks – specific threat of bioterrorism</i></li> <li>• <i>“All Hazards” approach – plan, exercise, &amp; respond to variety of natural hazards</i></li> </ul>	



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<p><b>VI. EPRP CONTINUED</b></p>	<ul style="list-style-type: none"> <li>• <i>Helpful in H1N1 response</i></li> <li>• <i>Federal Mandates call for community engagement:</i></li> <li>• <i>National Health Security Strategy, Homeland Security Presidential Policy Directives, FEMA Whole Community Approach, etc.</i></li> </ul> <p><b>CDC's 11 Community Sectors</b></p> <ul style="list-style-type: none"> <li>• <i>Business</i></li> <li>• <i>Community Leadership</i></li> <li>• <i>Cultural and Faith-based groups and organizations</i></li> <li>• <i>Emergency management</i></li> <li>• <i>Healthcare</i></li> <li>• <i>Social services</i></li> <li>• <i>Housing and Sheltering</i></li> <li>• <i>Media</i></li> <li>• <i>Mental/behavioral health</i></li> <li>• <i>State office of Aging or its equivalent</i></li> <li>• <i>Education and Childcare settings</i></li> </ul> <p><b>What is Community Resilience?</b></p> <p><i>The capacity of the community to account for and address vulnerabilities and to develop capabilities that aid the community to:</i></p>	

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<p>VI.EPRP CONTINUED</p>	<ul style="list-style-type: none"> <li>• Prevent, withstand, and reduce the negative impacts of a health incident</li> <li>• Restore the community to a state of self-sufficiency of at least the same level of health and social functioning after a health incident</li> <li>• Use knowledge from a past response to strengthen the community's ability to withstand the next health incident</li> </ul> <p><b>Addressing Gaps in Community Resilience Evidence</b></p> <ul style="list-style-type: none"> <li>• First attempt for any community to define, implement, and measure community resilience building activities through a local health department.</li> <li>• Successes and challenges will be critical lessons for other jurisdictions around the country.</li> <li>• Document how communities integrate resilience-building activities into emergency preparedness and routine practice</li> <li>• Measure engagement, partnership, and resilience-based attitudes of community organizations</li> <li>• Explore how principles of neighbor-to-neighbor reliance are integrated into routine public health practice</li> </ul>	

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VI.EPRP CONTINUED	<ul style="list-style-type: none"> <li>• Community wide survey: assess changes in household level community resilience-related attitudes and behavior</li> <li>• DPH survey: measure organizational changes required to align broader departmental activities with community resilience framework</li> </ul> <p><b>Public Health and Emergency Response Threats Survey (PHRETS)</b></p> <ul style="list-style-type: none"> <li>• Adapted to assess community resilience attitudes in L.A. County, including:               <ul style="list-style-type: none"> <li>• Social capital</li> <li>• Trust in public health during disasters</li> <li>• Social support</li> <li>• Civic engagement</li> <li>• Risk awareness</li> <li>• Household &amp; community preparedness</li> <li>• Community belonging</li> <li>• Social cohesion</li> <li>• Social networks</li> </ul> </li> </ul> <p><b>Outcome Analysis</b></p> <ul style="list-style-type: none"> <li>• Analyze yearly data on community resilience attitudes</li> </ul>	

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<p><b>VI.EPRP CONTINUED</b></p>	<ul style="list-style-type: none"> <li>• <i>Track reach of community resilience messaging on neighbor-to-neighbor communication and disaster preparedness</i></li> <li>• <i>Also implement PARTNER – an organizational network analysis tool, to assess partnerships in the LACCCR project.</i></li> </ul> <p><i>The Commission commended Dr. Plough on his presentation.</i></p> <p><i>The meeting adjourned at 11:40 a.m.</i></p>	