

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
OCTOBER 25, 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>I. CALL TO ORDER</p>	<p>The meeting was called to order at approximately 10:02 a.m. by Chairperson Bholat at Central Health Center.</p>	<p>Information only.</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 OCTOBER 11, 2012 MINUTES	<i>Chairperson Bholat entertained a motion from Commissioner Champommier, seconded by Chairperson Bholat and carried unanimously.</i>

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<p>IV. PUBLIC HEALTH REPORT</p>	<p><i>Cindy Harding provided the Commission with a Public Health Report and discussed public health activities since the last report on October 11, 2012.</i></p> <p><i>Cindy Harding, Acting Chief Deputy, Department of Public Health Programs provided the Commission with a background of her professional career, and indicated she has been with the Department for 27 years, and is very excited in her new role of Acting Chief Deputy, DPH.</i></p> <p><i>Ms. Harding informed the Commission that she's available to the Commission at anytime. Also, she appreciates the role of the Commission, the insight into DPH's programs, taking the time to learn what DPH does, and the support of the Commission.</i></p>	

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<p>IV. PUBLIC HEALTH REPORT CONTINUED</p>	<p>Flu Kickoff</p> <p><i>Ms. Harding informed the Commission that the flu season kickoff started today, and the Commission will receive at the next meeting a list of the flu clinics by supervisorial district.</i></p> <p><i>Ms. Harding informed the Commission that yesterday was the first epidemiology luncheon to recognize the work of our epidemiologists and it was a beautiful event put on and led by the Office of Health Assessment and Epidemiology.</i></p> <p><i>Chairperson Bholat asked Ms. Harding if DPH plans to continue the PODs (point of dispensing) concept for the flu clinics. Ms. Harding indicated that there will be two emergency PODs this year, and there's a memo going to the Board this week explaining where the PODs exercises will be held.</i></p>	

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<p>V. MEDICAL MARIJUANA ID PROGRAM</p>	<p>Dr. Margaret Shih, Director, Office of Health Assessment and Epidemiology (HA&E), provided the Commission with the mission of HA&E and the organizational structure. Also, Dr. Shih introduced Ms. Amy Chan, to present the Medical Marijuana ID Program.</p> <p>Mission:</p> <ul style="list-style-type: none"> • Ensure availability of high quality and comprehensive data for the L.A. County population. • Facilitate use of this data for public health assessment, policy development, program planning and evaluation. <p>Organizational Structure</p> <ul style="list-style-type: none"> • Epidemiology Unit: Chief, Dr. Frank Sorvillo • Data Collection & analysis Unit: Chief, Amy Chan Yee • Health Assessment Unit: Chief, Dr. Susie Baldwin • IRB: Chair and Administrator, Dr. Walt Senterfitt • Policy Analysis Unit: Dr. Ricardo Basurto-Davila 	

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<p>V. MEDICAL MARIJUANA ID PROGRAM CONTINUED</p>	<p>Amy Chan Yee, Chief, Data Collection & Analysis Unit, provided the Commission with an overview of the Medical Marijuana ID Program.</p> <p>Compassionate Use Act (Proposition 215)</p> <ul style="list-style-type: none"> • Passed by California voters in 1996 • Legalized cannabis for seriously ill patients to use for medical purposes • Allowed licensed physicians to write recommendations for the medical use of cannabis • Protected patients, caregivers and physicians from criminal laws, punishment, or the denial of any rights or privileges • Provided patients and caregivers the right to possess and cultivate cannabis for their own personal use <p>Problems with Proposition 215</p> <ul style="list-style-type: none"> • Language was very vague which led to numerous lawsuits attempting to clarify the statute on a number of issues related to the regulations of medical cannabis • 2001: U.S. v. Oakland Cannabis Buyers • 2002: People v. Mower – cannabis possession 	

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<p>V. MEDICAL MARIJUANA ID PRORAM CONTINUED</p>	<p>Senate Bill (SB) 420</p> <ul style="list-style-type: none"> • Clarified the scope of the Compassionate Use Act for patients, caregivers, law enforcement and others • Written into law in October 2003 (California Health and Safety Code, Article 2.5 Sections 11362.7 through 11362.83) • Mandated that the CA Department of Health Services and county health departments implement Medical Marijuana Programs <p>SB 420 – Legal Guidelines</p> <ul style="list-style-type: none"> • Required creation of a voluntary ID card system • Legalized the sale of medical cannabis from caregivers to patients; caregivers can charge a fee but are not allowed to sell for profit • Defined the legal amount of marijuana cannabis allowed to be grown by caregivers • Defined minimum legal limit of cannabis possession per patient • Gave municipalities the right to increase the legal limit of cannabis possession per patient 	

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<p>V. MEDICAL MARIJUANA ID PROGRAM CONTINUED</p>	<p>SB 420 – CA State Responsibilities</p> <ul style="list-style-type: none"> • Establish and maintain a voluntary ID card program for qualified patients • Establish and maintain a 24-hour, toll-free telephone number to provide state and local law enforcement officials to verify validity of an ID care until a cost-effective internet system is developed • Develop protocols and guidelines for Counties • Develop and issue application forms • Develop two different types of ID cards: caregivers and patients • Implement County program and establish fees to support program • Provide applications • Issue ID cards • Maintain records of issued ID cards <p>CA Medical Marijuana Program</p> <ul style="list-style-type: none"> • Established within the CA Department of Health Services in 2004 • Statewide identification system • Briefly suspended while legality of the program was evaluated by Attorney General • Develop guidelines for counties • Began statewide implementation on August 1, 2005 	

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<p>V.MEDICAL MARIJUANA ID PROGRAM CONTINUED</p>	<p>Implementing in L.A. County – The Challenges</p> <ul style="list-style-type: none"> • Reluctance from L.A. Board – Required report, feasibility study • Political – high politicized topic • Financial – no funding from State to implement program • Administrative – county provides all administrative support <p>Creating the MMIP in L.A. County</p> <ul style="list-style-type: none"> • June 2006 – Board of Supervisors approved fee and implementation of program • December 2006 – OHAE was asked to implement the MMIP for L.A. County • Data Collection & Analysis (DC&A) Unit was designated to create the new program since we were accustomed to managing State-mandated programs • No funding for the program so existing resources were used to develop the program • Target implementation date: July 1, 2007 	

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<p>V.MEDICAL MARIJUANA ID PROGRAM CONTINUED</p>	<p>Steps to Creating a New Program</p> <ul style="list-style-type: none"> • Performed several site visits to neighboring counties that had implemented a MMIP (Riverside & Santa Barbara) • Conducted phone interviews with MMIP managers • Created policies and procedures for L.A. County • Created MMIP database • Created toll-free number • Recruited coordinator and support staff • Identified space for program • Procured supplies • Developed website <p>Implementation Considerations</p> <ul style="list-style-type: none"> • Access – Central location • Safety – Office Security • Compliance – HIPAA, State laws • Cash handling procedures • Scheduling and anticipated workload • Political issues – address concerns from Feds, CHP, advocacy groups, physicians, and dispensaries 	

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<p>V. MEDICAL MARIJUANA ID PROGRAM CONTINUED</p>	<p>Ms. Yee discussed the following graphs:</p> <ul style="list-style-type: none"> • L.A. County MMIP Volume • L.A. County MMIP Program Activity – Percentage monthly card volume by fiscal year • L.A. County MMIP Clients – Regular v. Medi-Cal <p>L.A. County MMIP: 5-Year Review</p> <ul style="list-style-type: none"> • Client volume substantially lower than initially projected • Client volume affected by political environment and economy • Revenue does not offset 100% program costs • OHAE continues to provide administrative support due to staffing shortages and financial constraints <p>Current Status of CA MMIP</p> <ul style="list-style-type: none"> • 56 counties participating • Colusa and Sutter counties have not implemented • Highest volume in San Francisco • Total of 64,207 cards issued in CA since 2004 (as of 10-4-12) 	

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<p>V.MEDICAL MARIJUANA ID PROGRAM CONTINUED</p>	<p><i>Chairperson Bholat asked Ms. Yee who was supposed to be the target audience for the MMIP. Ms. Yee indicated severely ill patients, i.e., cancer, multiple sclerosis, and etc. Most of the target audience receiving medical marijuana is those with anxiety and stress.</i></p> <p><i>Chairperson Bholat asked what's the age requirement for a person who can receive medical marijuana. Carmen Valente indicated that the minimum age is 18 years, and there are cases if they're minors the parent(s) have to be the caregiver(s). Also, Ms. Valente indicated that once the ID card expires, the patient is not required to renew, only if they choose too.</i></p> <p><i>Chairperson Bholat requested the state website for the policies and procedures of medical marijuana. Ms. Yee indicated she will ensure that the Commission receive that information.</i></p> <p><i>The Commission thanked Ms. Yee and staff for an excellent presentation.</i></p>	

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<p>VI. OFFICE OF HEALTH ASSESSMENT AND EPIDEMIOLOGY (OHAE)</p>	<p>Amy Lightstone, Health Assessment Unit, Office of Health Assessment and Epidemiology (OHAE), provided the Commission with an update of the activities within OHAE.</p> <p>Key Objectives: L.A. County Health Survey</p> <ul style="list-style-type: none"> • Obtain reliable population estimates for selected health indicators • Identify disparities across population sub-groups • Track health trends over time • Compare health of L.A. County residents with state and national data and national health objectives (such as Healthy People 2020) <p>L.A. County Health Survey</p> <ul style="list-style-type: none"> • Population-based random-digit dialed telephone survey of L.A. County residents: 1997, 1999, 2002, 2005, 2007, & 2011 • Multiple languages: English, Spanish, Chinese, Vietnamese, Korean • Data weighed to represent County population • New in 2011: Cell phone component added & weighing method 	

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<p>VI. OHAE CONTINUED</p>	<p>2011 Adult Survey Content</p> <ul style="list-style-type: none"> • Demographic Characteristics • Chronic Disease Prevalence • Functional Status and Health-Related Quality of Life • Health Behaviors • Health and Dental Insurance • Access to Care & Preventive Services • Built Environment • Emergency Preparedness <p>Child Component Content</p> <ul style="list-style-type: none"> • Demographic Characteristics (child & respondent) • Child Health Status and Conditions • Child Health Insurance & Access to Care • Child Care • Child Behaviors and Routines • Parental Behaviors/Perceptions • Preconception to Postpartum 	

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<p>VI.OHAE CONTINUED</p>	<p>Ms. Lightstone discussed the following data:</p> <ul style="list-style-type: none"> • <i>Prevalence of Diabetes and Obesity Among Adults, 1997-2011 – Diabetes has increased</i> • <i>Adult Obesity by Health District – 1997, 1999, 2002, 2005, 2007, & 2011</i> • <i>Prevalence of Adult Obesity by Health District – LACHS 1997 and 2011</i> • <i>Percent Who Drink at Least One Soda or Sugar Sweetened Beverage a Day by Age Group, 2011</i> • <i>Percent of Adults & Children Who Drink at Least One Soda or Sugar Sweetened Beverage a Day by Gender, 2011</i> • <i>Percent of Adults & Children Who Drink at Least One Soda or Sugar Sweetened Beverage a Day by Race/Ethnicity, 2011</i> • <i>Percent of Children (1-17 years) With Easy Access to Parks, Playgrounds or Safe Places to Play by SPA, 2011</i> • <i>Adults (18-64 years) Insurance Trends, 1997-2011</i> • <i>Child (0-17 years) Insurance Trends, 1997-2011</i> 	

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VI.OHAE CONTINUED	<ul style="list-style-type: none"> • Percent of Adults and Children Who Do Not Have Regular Source of Care by Household Income, 2011 • Percent of Adults and Children Who Do Not Have Regular Source of Care by Race/Ethnicity, 2011 • Percent of Women (50-74 years) Who Reported Having a Mammogram (in the past 2 years) by Race/Ethnicity, 2011 • Percent of Children (2-17 years) Who Ate Breakfast Daily by Age Group, 2011 • Percent of Children (0-5 years) Read to Daily by Parent & Age-Appropriate TV Watching, 1999-2011 <p>Completed/Planned Products</p> <p>LA HEALTH</p> <ul style="list-style-type: none"> • Trends in Obesity: Adult Obesity Continues to Rise – October, 2012 • Trends in Diabetes: Time for Action – November 1, 2012 • Adult Smoking on the Decline but Disparities Remain – November 14, 2012 • Key Indicators of Health by SPA – December, 2012 	

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<p>V.OHAE CONTINUED</p>	<p>Commissioner Shindy asked how did OHAE calculate the number of respondents (8,000) regarding the adult health survey, considering L.A. County total population. Dr. Steven Teutsch indicated it's hard to get local data calculations due to limited resources.</p> <p>Commissioner Champommier asked if there's a health survey or health wellbeing community project in Boyle Heights. Dr. Shih indicated there maybe one with the California Endowment.</p> <p>Chairperson Bholat asked how OHAE is collecting data on the functional status and health related quality of life. Ms. Lightstone indicated in the past, the data that was collected, the general question asked was, do you have a regular source of care.</p> <p>The Commission thanked Ms. Shih and staff for a comprehensive presentation.</p> <p>The meeting adjourned at 11 a.m.</p>	