

COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 SEPTEMBER 13, 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
<p>I. CALL TO ORDER</p>	<p>The meeting was called to order at approximately 10:04 a.m. by Vice-Chairperson Dowling at Central Health Center.</p>	<p>Information only.</p>

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<p>II. ANNOUNCEMENTS & INTRODUCTIONS</p>	<p><i>Introductions of Commissioners and guests were conducted.</i></p>	<p><i>Information only.</i></p>
<p>III. APPROVAL OF MINUTES</p>	<p>MOTION: APPROVAL OF THE AUGUST 23, 2012 MINUTES</p>	<p><i>Vice-Chairperson Dowling entertained a motion from Commissioner Shindy, seconded by Chairperson Bholat and carried unanimously.</i></p>

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IV. PUBLIC HEALTH REPORT	<p>Carrie Brumfield provided the Commission with a Public Health Report and discussed public health activities since the last report on August 23, 2012.</p> <p>Integrating Alcohol and Drug Related Services</p> <p><i>Current Projects:</i> Several programs are already in operation that involves co-location of staff trained to provide substance use disorder (SUD) services at DHS medical centers.</p> <p><i>Planned Co-location Projects:</i> DHS and DPH are presently in discussion to expand the use of SUD counselors in emergency departments at Harbor-UCLA and LAC+USC medical centers and Ambulatory Care Network sites including potentially Martin Luther King Jr. Multi-Services Ambulatory Care Center. DHS, DMH, and DPH are in discussion with the Sheriff's Department to establish a Re-Entry Center at the Central Jail to provide assessment and linkage to services for persons released from County jail facilities under the Public Safety Realignment (AB 109).</p>	

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<p>IV. PUBLIC HEALTH REPORT CONTINUED</p>	<p><i>Duals Demonstration Pilot Project: DHS, DMH, and DPH are working with LA Care and Health Net to initiate by July 1, 2013 a State-approved demonstration pilot project to provide health care for persons dually eligible for Medicare and Medi-Cal using a patient-centered approach that integrates physical health, mental health and substance use disorder services.</i></p> <p><i>Vice-Chairperson Dowling asked if there's grant funding for integrating alcohol and drug related services.</i></p> <p>Update on Consolidation of the Antelope Valley Rehabilitation Centers</p> <p><i>DPH, Internal Services Department (ISD), and the Department of Public Works (DPW) have continued to work on the renovation of the Acton facility. Training continues for AVRC staff members on the delivery of SUD evidence-based practices. Also, DPH is working to fill current vacancies.</i></p> <p>Mislabeled Seafood Sold in Restaurants and Grocery Stores</p> <p><i>Department of Public Health informed the Board that a Seafood Task Force (STF) composed of California Department of Public Health, Food and Drug Branch (FDB), FDA and DPH staff was being assembled to survey retail and wholesale</i></p>	<p><i>Ms. Brumfield will follow-up to see if there's a grant funding for integrating alcohol and drug related services, and report back to the Commission.</i></p> <p><i>Chairperson Bholat requested that the leadership for the program and stakeholders attend a future Commission meeting to discuss how the dual demonstration project will be deployed.</i></p>

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<p>IV. PUBLIC HEALTH REPORT CONTINUED</p>	<p>facilities that distribute or sell seafood in L.A. County to determine if and where misbranding/mislabeling occurs and to what extent. The FDA Laboratories were also made available as needed for specific identification. To date, information from initial 38 food markets and restaurants surveyed has revealed the following:</p> <ul style="list-style-type: none"> • 70% of all markets surveyed had some degree of seafood mislabeling • 95% of all restaurants had some degree of seafood menu infractions • 12 sites had significant seafood identification violations that required further enforcement actions by DPH; and • One market site surveyed revealed packaged shrimp with undeclared dyes. As a result, a food product recall was initiated by the processor. <p>American Beverage Association Fact Sheet</p> <p>Ms. Brumfield discussed the above subjected memo to each Health Deputy regarding the fact sheet that was provided to Board offices by the American Beverage Association (ABA). Unfortunately, the fact sheet contains inaccurate and misleading statements regarding sugar-sweetened beverages (SSBs). The obesity epidemic is caused by many factors related both to diet and physical activity. Accordingly, DPH is focusing on a broad range of strategies to improve nutrition, reduce caloric intake, and increase physical activity.</p>	

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<p>V. OFFICE OF WOMEN'S HEALTH (OWH)</p>	<p>Ms. Ellen Eidem, Director, Office of Women's Health (OWH), discussed the background, data, and future plans for OWH.</p> <p>Mission:</p> <p>To improve health, health equity, well-being, and access to culturally responsive, comprehensive health services for women in L.A. County (LAC) through county and community collaborations, education, and the promotion of evidence-based programs and policies.</p> <p>OWH Objectives</p> <ul style="list-style-type: none"> • Prioritize health needs of women with focus on vulnerable populations • Improve the health status and health equity among women • Inform the development and implementation of women's health policy and advocacy initiatives • Increase coordination and collaborations in LAC • Serve as the focal point for promoting county programs and policies related to women's health <p>Determining Priorities</p> <ul style="list-style-type: none"> • Alignment with DPH priorities, utilizing a gender lens 	

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<p>V. OWH CONTINUED</p>	<ul style="list-style-type: none"> • National – HP 2020, National Prevention Strategy • Women’s Health Policy Council • State – CA Office of Women’s Health, CA Women’s Health Survey, CHS • Local – LACHS and Mortality Data <p>Diversity of Women in LAC</p> <ul style="list-style-type: none"> • Estimated 3.8 million adult women • Over 65% are women of color • 41% are foreign born: 35% spoke language other than English • Aging population – number of women > 65 years expected to nearly double from 2010 to 2030 • Over half of women are living at <200% FPL • 21% of women 18-64 years are uninsured • 24% of women have less than a high school education <p>Ms. Eidem discussed the following charts and graphs:</p> <ul style="list-style-type: none"> • Projected Racial/Ethnic Composition of Females 50+ Years, LAC, 2000-2050 • Number of Chronic Conditions for Adult Women by Age Group, LACHS 2007 • Insurance and Health Care Access among Women in LAC by Federal Poverty Level (FPL) 	

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<p>V. OWH CONTINUED</p>	<ul style="list-style-type: none"> • Health Conditions Among Women in LAC, by FPL • Health Status and Health Care Access among Women in LAC by Ethnicity • Mortality Rates from Chronic Diseases Among Women in LAC by Ethnicity • Receipt of Preventive Screenings Among Women in LAC by Ethnicity <p>Health Conditions among Women</p> <ul style="list-style-type: none"> • Disease Burden – 86% from chronic diseases including cancer • Leading cause of death and premature death • Increasing rates of obesity, diabetes, high cholesterol, and hypertension • All-cancer mortality as high as heart disease mortality <p>Causes of Health Disparities</p> <ul style="list-style-type: none"> • Variety of factors beyond individual personal behaviors • Neighborhood/Physical Environment • Access to Health Care & Insurance Status • Socioeconomic Status • Ethnicity/Race • Age • Disability Status 	

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V.OWH CONTINUED	<ul style="list-style-type: none"> • Sexual Orientation • Employment <p>Social & Physical Environment</p> <ul style="list-style-type: none"> • Influence of physical environment • Only 30% report access to high quality fresh fruits and vegetables • 75% report safe places play for children • 44% report difficulty obtaining childcare • 71% report neighborhoods safe from crime • 60% report being "food secure" <p>The Dramatic Influence of Poverty</p> <ul style="list-style-type: none"> • Most health indicators negatively affected by poverty • Poorer health status • Poorer health outcomes • Direct, linear association for most indicators <p>Disparities Among Latinas</p> <ul style="list-style-type: none"> • Report the poorest health status among all ethnic groups • Report poorer access to care • Contributing Factors: 	

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<p>V.OWH CONTINUED</p>	<ul style="list-style-type: none"> • 77% are living at <200% FPL • 50% have less than a high school education • Despite being youngest population – high rates of obesity and diabetes <p>Disparities Among Black Women</p> <ul style="list-style-type: none"> • Highest mortality rates: heart disease, stroke, diabetes, all cancers, maternal and infant • Unique barriers to health: smoking, communicable diseases, and exposure to violence • Report better health care access and health status <p>Disparities Among Asian/Pacific Islander Women</p> <ul style="list-style-type: none"> • Rates of health insurance higher than all women overall • Low rates of having a regular source of care and receiving preventive services • Low PA and fruits/vegetable consumption • Has not translated to poorer health outcomes 	

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<p>V.OWH CONTINUED</p>	<ul style="list-style-type: none"> • Heterogeneous group – Hidden disparities • Important to examine these ethnic groups individually <p>Informing Healthcare Policy</p> <ul style="list-style-type: none"> • Women's Health Priorities – Eliminate health disparities and increase health equity • Preserve services, initiatives and programs that ameliorate disparities • Critical that HCR meets needs of all women <p>OWH Highlights</p> <ul style="list-style-type: none"> • October 1998 – OWH created by BOS in response to 1997 Women's Healthy Policy Summit recommendations • Establishment of the Women's Health Policy Council • May 1999 – 2nd Women's Health Policy Summit and Research Conference • January 2002 – Launch of multi-year Cervical Cancer Prevention & Education Initiative & community partner network • May 2002 – Launch of Mobile Clinic Outreach Program • June 2004 – Prevention Matters! Campaign launched • March 2007 – Launch of phone-based multi-lingual Heart Disease risk assessment and educational intervention 	

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<p>V.OWH CONTINUED</p>	<ul style="list-style-type: none"> • May 2007 – 3rd Women’s Health Policy Summit – “Building Multicultural Women’s Health: Setting an Agenda for Los Angeles” • May 2007, November 2008 and February 2010 – Release of Health Indicators for Women in LAC and Women’s Health Trends data reports • June 2007-2011 – Implementation efforts of Summit Recommendations • July 2010 – Launch of Healthy Aging for Women’s Initiative and Collaborative <p>Prevention Matters!</p> <ul style="list-style-type: none"> • Multi-cultural, multi-lingual umbrella campaign to reduce the burden of chronic disease • Focus is on prevention, education, screening, and promoting advocacy and policy opportunities in the individual, community, systems, and policy arenas • Low-income women, 40 years of age and older <p>Prevention Matters! Campaign Components</p> <ul style="list-style-type: none"> • 1-800 Hotline 	

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<p>V.OWH CONTINUED</p>	<ul style="list-style-type: none"> • Heart disease risk assessment: HPV • Vaccine intervention • Multi-lingual educational materials on women's health • Community Partners Network • Targeted outreach to specific communities in need • Monthly health notes • Community Dialogues targeting health care stakeholders <p>Summit Implementation Program</p> <ul style="list-style-type: none"> • Convened the Women's Health Policy Summit in May 2007 to devise strategies to begin closing the gaps in health equity with recommendations for policies, programs, and initiatives for improving the health of multicultural women in LAC. • Built the Summit Leadership – Task Force and working committees • Funding by 26 different agencies and organizations • Published 6 women's health data reports & briefs distributed to over 10,000 key stakeholders 	

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<p>V.OWH CONTINUED</p>	<ul style="list-style-type: none"> • 22 community dialogues held to address specific educational & cultural competency recommendations • Established sustainable ongoing collaborative • 2012 Published Executive Summary <p>Additional Current Campaigns</p> <ul style="list-style-type: none"> • Consumer Health Campaign – Be Health Smart • Breast and Cervical Cancer Prevention Efforts • DPH/DHS Reproductive Health Workgroup • Other Collaborations with County Departments including: DHS, DMH, CSS, DCA <p>Conclusion</p> <ul style="list-style-type: none"> • Women in LAC represent a diverse population with unique health needs • OWH is addressing health equity through: Advocacy/Policy, Education and Outreach, and Community & County partnerships • OWH is uniquely positioned to support systemic change both inside and outside government 	

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DISCUSSION TOPICS	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<p>V.OWH CONTINUED</p>	<p>Chairperson Bholat asked Ms. Eidem to provide more information about Title 10. Ms. Eidem indicated as of right now there's flat funding (federal family planning dollars) until March 2013. At the summit, Title 10 probably will not be a high priority, but there will be discussion of what is the priority for women.</p> <p>Vice-Chairperson Dowling stated assuming health care reform is going to continue, do you think OWH will be affected in regards to funding in the future. Ms. Eidem indicated OWH's philosophy is not to turn down nothing (funding) no matter how small. Everything OWH do, we find a funding source.</p> <p>The Commission thanked Ms. Eidem for a comprehensive presentation.</p> <p>The meeting adjourned at 11:16 a.m.</p>	