



California Department of Public Health
PUBLIC HEALTH ADVISORY COMMITTEE MEETING
Los Angeles County Department of Public Health
241 North Figueroa Street, Conference Room 152
Los Angeles, CA 90012

July 30, 2010
10:00 a.m. – 4:00 p.m.

MINUTES

Morning Session
10:00 a.m. – Noon

- **Welcome - Director Mark Horton, MD, MSPH**

Committee Chairman Dr. Mark Horton convened the meeting at 10:00 a.m., with the following members present: Ms. Dolores Apodaca, Ms. Robin Cox, Dr. Antronette Yancey, Dr. Anthony Iton, Phoebe Seaton, Cynthia Gomez, and Dr. Stephen Shortell.

Dr. Horton thanked Los Angeles County Public Health for hosting the meeting and indicated that Dr. Fielding will not be present as he had been called for jury duty. Members and persons present introduced themselves. Dr. Horton introduced Peggy Campbell as the new Senior Staff Counsel assigned to the Public Health Advisory Committee. The review and approval of the April 30, 2010 minutes were delayed until a quorum could be established.

Information item, no action required. Dr. Horton inquired if any member of the public wished to speak to this item. No member of the public came forth to speak.

- **Budget Update**

Dr. Mark Horton provided a budget update. As of July 28th, there is still no Budget Act of 2010. CDPH has five open items in Conference Committee:

- Center for Family Health
Maternal, Child and Adolescent Health
Motion to restore \$12M General Fund
In 2009 May Revise, Governor proposed elimination of all GF Support for MCAH programs. Legislature rejected this proposal. Governor vetoed the \$12M.
- Center for Chronic Disease
Prostate Cancer Treatment Program
Motion to augment by \$1.5M General Fund
To prevent future waiting lists for the program.
- Center for Chronic Disease
Every Woman Counts (EWC) Clinical Claims Budget Shortfall
Motion for BCCA \$1.7M reduction
State Operations
Propose reduce to align with declining revenues.
- Center for Chronic Disease
EWC Clinical Claims Budget Shortfall
Local Assistance
Cost savings options:
 - Women aged 50+, keep enrollment
 - 2 tiered case mgmt \$10/\$50
 - Biennial mammogram screening



- Center for Health Care Quality
Freestanding Skilled Nursing Facilities Payment System
Proposal for \$2.2 Reimbursement authority and positions for a rate setting payment system under AB 1629.

CDPH is making limited payments based on either mandates in law or through the use of the Medi-Cal Provider Interim Payments (MPIP) Fund. Program providers being reimbursed under either of these legal authorities are:

- Women, Infants, and Children (WIC): Food instrument (voucher) redemption and payments to Local WIC Agencies;
- AIDS Drug Assistance Program (ADAP) payments to providers;
- Payments for Health Insurance Premium Payment Program (CARE/HIPP) to maintain health insurance for AIDS beneficiaries; and
- Family Pact Payments to providers are being paid through the MPIP fund that is statutorily capped at either \$2B (50% GF/50% FFP) or payments through August 31st.

CDPH is making payments to many providers based on prior fiscal year claims. For many providers, claims for the new fiscal year are not sent until August or September. By September 1st there will be much more pressure to settle a budget. September is also when the State Controller's Office has projected that the State will begin to have cash flow problems.

The Governor has issued an Executive Order effective August 1, 2010, reinstating three furlough days per month. The furlough plan shall result in the closure of offices on the second, third, and fourth Fridays of each month and August 13th will be the first furlough day. A number of departments are exempted from the furlough. They include 100% federally or special funded departments and those departments with critical functions such as California Department of Forestry and Fire Protection, Franchise Tax Board and the California Highway Patrol. A short list of bargaining units are also exempted as a result of negotiations. CDPH has not been exempted from furloughs and we are awaiting direction from the Department of Personnel Administration regarding how departments are to implement the Order. In addition to the three furlough days, the Executive Order states that the furloughs shall remain in place until a 2010-11 Budget Act is approved and a determination is made that adequate cash is on hand to pay for governmental operations.

Dr. Anthony Iton inquired which bargaining units they were. Dr. Horton indicated that the Department is awaiting guidance from the Department of Personnel Administration and the Department of Finance.

Dr. Anthony Iton also inquired about federal funds such as U.S. Department of Agriculture funds and whether CDPH is able to use these funds to pay subcontractors. Dr. Kevin Reilly, Chief Deputy Director of Policy and Programs, indicated that CDPH had no legal authority to pay for services rendered on or after July 1, 2010. He also mentioned that during typical years, it takes 60-90 days before CDPH receives receipts for payments and that folks have experience this before due to previous budget delays.

- **Health Care Reform (HCR) Update**

Dr. Mark Horton next provided a HCR update. CDPH is pursuing various HCR funding opportunities, including the home visiting program, enhanced background checks for long-term care facility staff (in collaboration with the California Department of Social Services (CDSS)) and the competitive and non-competitive portions of Centers for Disease Control and Prevention funding to improve public health infrastructure.

With regard to the home visiting program, Dr. Horton mentioned that it is a tiered process and that the first appropriation of \$7.7 million was already submitted and a needs assessment will begin September 1, 2010. The intent is to place a major national program in California. CDPH is working closely with CDSS and the Department of Education. Dr. Shortell inquired as to how many families? Dr. Horton indicated that it would depend on the models chosen.

Dr. Horton also mentioned that Prenatal/Parenting Teen is another area CDPH is keeping an eye on and fully intends to apply. The aim of this program is to provide life skills training to pregnant teens. Dr. Iton wondered about design issues of these federal programs and encouraged local matching funding.



Information item, no action. Dr. Horton inquired if any member of the public wished to speak to this item. No member of the public came forth to speak.

○ **Healthy People 2020 Update**

Dr. Dawn Jacobson, Director of Performance Improvement and Healthy People Coordinator for Los Angeles County, presented an update on Healthy People 2020 on behalf of Dr. Jonathan Fielding. Specific issues discussed included the Federal Healthy People 2020 Development Process; Role of the Advisory Committee; Overarching Goals; Social and Physical Environments; Proposed Topic Areas for Specific Objectives; Healthy People 2020 Development Process Timeline; Future Needs; and Key Components of Health Care Reform. Please refer to PowerPoint for further details at: <http://www.cdph.ca.gov/services/boards/phac/Documents/PHAC-Fielding-HP2020-7.30.10.pdf>

Information item, no action. Dr. Horton inquired if any member of the public wished to speak to this item. No member of the public came forth to speak.

○ **Bay Area Regional Health Inequities Initiative (BARHII) Model**

Dr. Anthony Iton, MD, JD, MPH, Senior Vice President of The California Endowment, provided a presentation on the "Bay Area Regional Health Inequities Initiative (BARHII) Framework Trying to Define A New Public Health Practice That Addresses The Social Determinants of Health." Please refer to PowerPoint for further details at: http://www.cdph.ca.gov/services/boards/phac/Documents/BARHII_Model_Explication7-30-10.pdf

Information item, no action. Dr. Horton inquired if any member of the public wished to speak to this item. No member of the public came forth to speak.

Afternoon Session
1:30 p.m. to 3:30 p.m.

○ **Healthy California 2020 Initiative**

Dr. Linette Scott, MD, MPH, presented an overview of the decisions made at the April 30, 2010 meeting regarding the prioritization of the Healthy People 2020 topic areas. The members next discussed how to reach consensus on the top five objectives areas under the six of the ten prioritized topic areas selected in the April 30, 2010 meeting. Prior to the meeting, the members were sent spreadsheets and asked to prioritize the objectives listed under the following prioritized topic areas:

- Injury and violence
- Tobacco use/substance abuse
- Mental health
- Access to health care
- Environmental health, and
- Oral health

A summary of the prioritization lists sent by the members were compiled into a spreadsheet and displayed at the meeting. A discussion ensued on how to reconcile the list.

Dr. Fielding expressed concerns about placing resources without having evidence-based metrics to guide us. Dr. Shortell mentioned that some objectives are not evidence-based and that was important to know. Dr. Horton also mentioned that we needed to move ahead and focus on areas that are obvious (i.e., tobacco) from a burden of disease standpoint.



The following are the highest ranked objectives within each Topic Area (TU = Tobacco Use; SA = Substance Abuse, etc).

Tobacco and Substance Abuse

TU HP2020–7: Reduce the initiation of tobacco use among children, adolescents, and young adults.

TU HP2020–5: Reduce tobacco use by adults.

TU HP2020–6: Reduce tobacco use by adolescents.

TU HP2020–11: Reduce the proportion of nonsmokers exposed to secondhand smoke.

TU HP2020–3: Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors.

TU HP2020–14: Reduce the proportion of adolescents and young adults who are exposed to tobacco advertising and promotion—reduction in the proportion of adolescents grades 6 through 12 exposed to tobacco advertising and promotion.

SA HP2020–5: Increase the age and proportion of adolescents who remain alcohol and drug free.
--Take into account spectrum of use, abuse and addiction.

Areas of importance to consider in approach

- Structural intervention (policy change), proven to be effective
- Large impact on health based on number of children affected (high leverage measure)
- Policies that sensitize children to items what is healthy/not healthy have more impact than just tobacco, addresses social norms (primary and secondary)
- Successful approach includes full spectrum of prevention interventions
- Need to address scale of intervention to make impact on target
- Risk behavior reduction intervention

Oral Health

OH HP2020–2: Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water.

Reduce Decay/Missing/Filled – combination of prevention and treatment

OH HP2020–6: Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth.

OH HP2020–7: Reduce the proportion of children, adolescents, and adults with untreated dental decay.

Final comments:

- Suggestion to look at cross cutting aspects when ranking remaining objectives, and not use the traditional Public Health framework
- Suggestion to have review on Health in all Policies at the next meeting
- Dr. Shortell suggested talking about workforce issues, particularly around health care reform. One possible topic is the creation of the Office of Leadership and Workforce Development at CDPH.

Information item, no action. Dr. Horton inquired if any member of the public wished to speak to this item. No member of the public came forth to speak.



- **Review and approval of April 30, 2010 Meeting Minutes**

Since a quorum was established in the afternoon with the arrival of Dr. Pratt and Dr. Fielding, Dr. Horton offered the April 30, 2010 minutes for approval. Moved by Dr. Shortell and seconded by Robin Cox. Approved. Dr. Fielding and Cynthia Gomez abstained from the vote.

Dr. Horton inquired if any member of the public wished to speak to this item. No member of the public came forth to speak.

3:45 p.m. – 4:00 p.m.

- Open Discussion/Topics for Future Discussion

Dr. Horton thanked members for a lively discussion and mentioned that we accomplished what we had hoped to accomplish today.

Dr. Pratt inquired about any legislation aimed at extending the life of the Public Health Advisory Committee. Dr. Horton mentioned that it may not happen this year/Administration and that he would be glad to talk about the value of the group.

Sue Harrington suggested that CDPH spend some time talking to local health folks about where the Department is heading with Healthy California 2020.

Information item, no action. Dr. Horton inquired if any member of the public wished to speak to this item. No member of the public came forth to speak.

Adjourn

Dr. Horton thanked everyone for their attendance and adjourned the meeting at 4 p.m.

