County of San Luis Obispo
HEALTH COMMISSION
Minutes of Meeting
Monday, January 8, 2007 (Board of Supervisors Chambers)

Members Present: Lynn Enns (Chair), Penny Chamousis, Deborah Donnelly, Ed Guerena, Pam Heatherington, Jan Hicks, Sara Horne, Susan Warren
Members Absent: James Mase, M.D. (excused), David Odell (excused), Robert Thielscher (excused)
Staff Present: Greg Thomas, M.D., Jean White (recorder)
Speakers: Teri Weitkum, RN (Client Care Consultants), Paul Christensen, MD (FHMC), Nicki Edwards, RN (SVRMC), Janelle Gorman, R.N. (SLO PH)

Agenda Item	Discussion	Action	Who/When
1. CALL TO ORDER	Meeting called to order by Chair Enns at 6:03 p.m.		
2. APPROVAL OF MINUTES	Minutes of December 11, 2006 approved as written.	Minutes approved	All
3. PUBLIC COMMENT	**Jesse Arnold, Cambria,** spoke on the topic of genetic engineering and recommended possible action for the Health Commission to take with regard to the three GE reports that were submitted to the Board of Supervisors: 1) Contact Dr. John DeVincenzo, owner, Avila Valley Barn for follow through in labeling of GE corn sold at Avila Barn; 2) File a "Freedom of Information Act" with the USDA, Department of Agriculture, to find out if any test plots are taking place in this County. Mr. Arnold also suggested the topic of "transfats" as a future agenda item, including the overlap between transfats and GE foods. Mr. Arnold asked that there be future discussion regarding remedies for the Brown Act violations that he and Ms. Johnson brought forward with regard to GMO Task Force meetings. **Dr. Greg Thomas** presented to the Health Commission that he reviewed the list of 16 alleged Brown Act violations that were submitted by Ms. Johnson. Items 1-15 alleged that no agendas or minutes were provided to the public. Dr. Thomas reviewed the minutes from the GMO Task Force meetings and confirmed with clerical staff that agendas were posted for the meetings. The November 14th meeting was cancelled and there was a misunderstanding about the date, which was rescheduled to November 22nd. Item #16 alleges that Scott Steinmaus arbitrarily cancelled public comment during a meeting that he chaired in the absence of Chair Enns. The minutes from the February 28, 2006 meeting show that the task force as a whole discontinued public comment when there was no new information being presented. Information that had previously been presented was being read and passed from one person to another, and at that time, public comment was closed. Dr. Thomas asked that the minutes reflect that he has gone through the allegations and as staff to the commission, believes that there is no evidence of a Brown Act violation. **Elizabeth Johnson** responded to Dr. Thomas by stating that the agendas from May until December were not made available to the public; agendas were only given to Task Force members and the public was not allowed to view a copy of the agendas. She noted that Commissioner Horne confirmed at the October 2005 Health Commission meeting that minutes had not been written.		

	Chair Enns responded by stating that agendas were posted at the site of the meeting, as required by the Brown Act. She also noted that there was a delay in typing the minutes. **Jesse Arnold** added that there were two other Brown Act violations brought forward by him that were reflected in the minutes, but were not addressed tonight: 1) that GMO Task Force members were chosen in secret and 2) that public comment period was limited to 1 minute. **Dr. Thomas** responded by stating that he read the minutes of the Health Commission and the subcommittee did bring forward their recommendations for membership on the task to the Health Commission for discussion, agreement or disagreement, which is acceptable practice. Also, per County Counsel, the amount of public comment time allowed can be stated at the start of public comment and if there are a large number of persons, time can be limited.		
4. PURPLE BAND PROGRAM	**Teri Weitkum, RN, BSN, Care Manager/Owner, Client Care Consultants** provided an overview of their pilot Purple Band Program, a program to help identify patients with Alzheimer's and dementia to emergency personnel and hospital staff. Patients with dementia are identified through their physicians and other agencies providing elder and dependent adult services. Patients and their representatives are provided with information regarding the program and directed to assistance for completing forms. A "purple insert" will be included in the *Vial of Life* for these patients and when an ambulance is contacted for transportation to the ER, the EMTs will locate the information and know to place a purple band on the patient. If the patient is admitted to the hospital, staff will know to utilize special identification and care plans to provide care for the patient. Ms. Weitkum put together a development team to establish the program, goals, and work plan. They are currently in the process of developing an outcome measurement process. The Area Agency on Aging is sponsoring the program and are the producers of the *Vial of Life*. The purple insert that will be included in the *Vial of Life* talks about the triggers, how to communicate, and individual needs of the patient. Ms. Weitkum acknowledged all of the members of the development team. **joyce lippman, Area Agency on Aging**, stated that their Board of Directors supported the Purple Band Program because they were "very impressed." She noted that Ms. Weitkum identified a problem and put together a team to work on solving the problem in a very collaborative manner. The Area Agency on Aging works to provide as many options to caregivers as they can – the Purple Band Program is one option that will assist caregivers as their family members enter the healthcare system. She hopes this will be a successful program, helping to ensure the safety and security of people who have Alzheimer's and dementia. The program needs an organizational sponsor as they go out for funds. She thanked Ms. Weitkum for all her hard work and noted that Ms. Weitkum will continue to be a volunteer for this project until they find funding for the program. <u>Commissioner Questions / Comments</u>: **Commissioner Chamousis** asked who completes the information for the patient. *(Family is supposed to, but various agencies that are aware of the program can help – Alzheimer's Association, AWARE Program)* **Commissioner Donnelly** asked about funding / letter of support. *(Funds are needed for*	*Handout: Purple Band Program Packet*	

	oversight of the program, outreach and training. They may need letters of support stating this program is not a duplication and that it would be very helpful to the community. The Board of Supervisors is already supportive of the program.) **Commissioner Hicks** asked about persons that have not filled out the information and if nursing/hospital staff would then perform other tests to determine if a patient should receive a band*? (As they get further into the actual procedures, more protocols will be developed. joyce lippman added that although there are people who do not fill out the Vial of Life forms, many people do. Hospital ERs are their #1 distributors).* **Commissioner Enns** asked about the Health Commission writing a letter of support. *Ms. Weitkum suggested that the Health Commission could write a general letter to "Whom It May Concern, supporting the program." She also asked commissioners to contact her if they would like to help out (as a liaison) with the program.*		
5. SLO COUNTY PHYSICIAN & NURSING PROVIDER SHORTAGES/ CHALLENGES	**Paul Christensen, M.D., speaking officially as an individual** spoke about some of the challenges he sees with regard to physician shortages. Dr. Christensen is the immediate Past President of the SLO County Medical Society, President of the Emergency Medical Services Administration, Inc. Board of SLO County, Medical Director of a local IPA, and practices emergency medical care. <u>Challenges</u>: 1) Education (California does not produce enough physicians; large numbers of physicians are imported from other states and countries); 2) Reimbursement rates (SLO County is considered rural. If you look at medical inflation of the cost of operating a practice vs. increases in reimbursement rates, physicians have not seen increases in 10 years. Other contributing factors: there are a large number of uninsured in California who are not contributing to the pool. And, there is a need to address "what really is medical care," i.e., if we paying to much for things that really aren't contributing to the quality of life); 3) Medical loss ratio/medical cost ratio (the money that is used for administration and profit vs. the money that goes back to healthcare; 4) SLO County is short about 30 primary care physicians for the size of its population and ERs are not the right venue for primary care; 5) Emergency Medical Treatment and Labor Act - unfunded mandates (there was never any legislation concurrent to ensure doctors who are mandated to see patients are paid). Dr. Christensen closed by stating that there are some very serious access problems. He appreciates the opportunity to share his concerns and continue the dialogue in working toward solutions. <u>Commissioner Questions / Comments</u>: **Commissioner Donnelly** asked about the numbers of physicians who are changing their mode of practice. (Dr. Christensen answered that there have been a few physicians locally who have changed to retainer based practices; and a few that have moved to "niche" markets, such as botox, anti-aging, because those are not "call practices (holiday or night call)." **Commissioner Heatherington** asked about the "mixed messages" being sent when physicians advertise for new patients. (Dr. Christensen gave his opinion that this has to do with "volume market" and changing of the market share). Commissioner Heatherington asked if physicians are more open (than in the past) to single payor/universal healthcare. (Dr. Christensen does not perceive this as a concept that is completely welcome at this point, but		

	more people believe there is some merit. He noted some of the challenges: who will run it, who will be in control, what is basic healthcare and what is luxury healthcare.) **Commissioner Chamousis** asked about the impact of local physicians not signing a new contract with Blue Cross of California. (Dr. Christensen explained that Blue Cross decided to move to IPA model and rather than have it administered locally, chose to have a group in Bakersfield be the administrator – he explained the challenges with an administrator not being local and that physicians didn't feel they were being offered a product that would remain viable.) **Commissioner Donnelly** asked what the County is doing to recruit and retain physicians. (Dr. Christensen explained many physicians recruit through their professional college. It is difficult to recruit on a global scale for the County (such as through the Medical Society), because they are all independent businesses.) **Nicki Edwards, RN, PhD, Director of Quality & Risk Management, Sierra Vista Regional Medical Center; and part-time faculty for the School of Nursing at Cuesta College and for the bachelors program at Cal State Dominguez Hills** spoke about: *What's right with healthcare*: 1) SLO County has excellent and experienced healthcare providers, dedicated to the care of the community.; 2) SLO County has 4 excellent hospitals; 3) SLO County has a strong resource for training new nurses and other healthcare workers through Cuesta College (and Allen Hancock College); 4) The 2004 California State Nurse/Patient staffing ratios legislation resulted in more manageable patient loads for nurses. *Challenges*: 1) There are not enough nurses and other healthcare providers to meet the needs of the community. Cuesta and Allen Hancock Colleges do not graduate enough nurses, RNs are aging and retiring, Cuesta and Hancock only provide associate degrees and many advanced positions require Bachelors or Masters degrees in nursing. 2) There is a nursing shortage throughout the state; SLO County is competing with nursing employers throughout country. 3) The nurse/patient staff ratio legislation resulted in better patient loads for nurses, but also resulted in the need for an increased number of nurses. *Addressing the challenges*: 1) Admit more students to Cuesta College (however without a major infusion of resources, the program size is maxed out); 2) Support local nurses in obtaining graduate degrees; 3) Take steps to retain the nurses we have by being more competitive with the rest of the state/country. Dr. Edwards thanked the commission and suggested to look at ways to team up and address these issues. Commissioner Questions / Comments: **Commissioner Horne** asked if they are seeing more nurses from foreign countries. (Dr. Edwards noted that immigration laws for nurses have changed over the years, making it much harder for nurse to come from other countries.) **Commissioner Horne** asked what is being down to work with Cal Poly in creating an advanced degree program. (Dr. Edwards answered that it is not part of Cal Poly's goals and objectives to put a nursing program in place.) **Commissioner Chamousis** asked about the possibility of hospitals teaming up to do an in-house accredited training program. (Dr. Edwards answered that it would be difficult to		

	manage a program like that, because SLO County is working on a small scale, but they are doing more in terms of long distance classes and interacting through teleconference). **Commissioner Donnelly** commented that she received her Bachelors Degree in nursing through online classes, classes at Cal Poly, and training at local hospitals, but has since left the acute care facility for a number of reasons (schedule, money, nurse/patient ratio). She asked about the use of traveling nurses vs. being more creative in retaining our local nurses. (Dr. Edwards answered that the use of traveling nurses is something they "juggle." Creative scheduling, shorter hours, and ancillary help for nurses are things always under discussion. With a nursing shortage throughout the country, paying nurses more money doesn't automatically bring more nurses to San Luis Obispo. She added that there will have to be some changes on the horizon, because it is not okay to not have enough nursing staff.) **Janelle Gorman, RN, NP, MSN, Supervising Public Health Nurse, spoke as a Public Health Nurse (not necessarily representing the Public Health Department).** Ms. Gorman has been a Public Health Nurse since 1981and and has been with the County of San Luis Obispo since 1989. She is the current Program Manager for Communicable Disease, Sexually Transmitted Disease, Family Planning and Tuberculosis. Ms. Gorman defined public health nursing and explained the differences between public health nursing and hospital and acute care nurses. A baccalaureate degree in nursing is required for entry into public health nursing and requires certification and licensure by the California Board of Registered Nursing as a Public Health Nurse (PHN) and Registered Nurse (RN). Local health departments must balance cost containment measures while ensuring the community is safe from communicable disease, that high risk populations are linked to appropriate services, and that mandatory programs are staffed. In many counties when PHN positions remain unfilled, these positions are often converted to non-PHN positions. This can be problematic because non-baccalaureate prepared nurses can only focus on the health of the individual in accordance with their education preparation and scope of practice. The average age of a PHN is 49 years verses 45.2 for other RNs in other settings, thus more PHNs are retiring. There is greater competition for baccalaureate prepared nurses because hospitals are now requiring Bachelor of Science degrees in nursing especially for those who desire to proceed into management and administration. Fixed governmental budgets cannot provide the salary enhancement or bonus incentives that the private sector or non-governmental entities can. Locally, the cost of living on the Central Coast has made it difficult to recruit for PHN positions. The Central Coast does not have a standing baccalaureate-nursing program for which to draw potential nurses into public health nursing and further limiting the availability of PHNs is the nursing faculty shortage state and country-wide. <u>Some</u> <u>solutions</u>: Public Health Departments need to offer competitive salaries and retention incentives for PHNs; develop and implement organization safeguards to assure safe and effective patient care, if non-baccalaureate nurses are considered; provide incentives for those entering public health nursing; establish a paid internship for those entering public health nursing; and the educational community needs to create more innovative and efficient educational pathways to BSN and graduate nursing education.		

	Dr. Thomas thanked all of the speakers and noted some of the challenges that Ms. Gorman brought forward in terms of career ladders, competitive pay, and educational bridges. **Chair Enns** read a letter from Congresswomen Lois Capps on her efforts in addressing the physician/nursing shortage in San Luis Obispo County. *A copy of Congresswoman Capps' letter is filed with the official record of the minutes.*	*Handout:* *Copy of Lois Capps' letter*	
6. PUBLIC HEALTH DEPARTMENT REPORT	**Greg Thomas, M.D., Health Officer,** referred to his written report: • Tobacco Retail Licensing: Board of Supervisors supported concept last September. Staff continues to work on details to finalize the program. • Influenza: Occasional cases are being seen. Predominant type is A:California, which is one of the components of this year's vaccine. • Coccidiodomycosis (Valley Fever): Increased number of cases have been seen in SLO County in November and December, with the majority of cases seen in North County. An alert has been sent to physicians as a reminder that this is something to be looking for. There have been efforts to get funding for a vaccine through Congress. Commissioner Heatherington noted a typo in the graph attached to the written report – 11 cases reported as of January 2007, not July 2007. Questions were asked about specific locations in North County. Cases appear to be fairly evenly distributed in North County. There are a few spots identified in the soil around California Men's Colony. Public Health is working to get cases mapped on a GIS system, for use in educating physicians and in determining needs for public education. • Budget 07/08: Budget is due to the Administrative Office on February 9, 2007. It appears there will be a shortfall this fiscal year. Dr. Thomas suggested that the Budget Committee meet between January 24th and January 31st.	*Handout:* *Copy of Dr. Thomas' written report.*	
7. HEALTH COMMISSION PDATES	**Chair Update:** No update. **Commissioner Donnelly:** The January Bioterrorism Task Force meeting was cancelled. The next meeting is scheduled in March. **Commissioner Warren:** Attended the Drug & Alcohol Advisory Board meeting. They too, are wrapped up in budget. A training was given through Behavioral Health on co-occurring disorders. This training will be offered to the public in the Spring. Commissioner Warren encouraged commissioners to attend – it is a terrific training. **Commissioner Horne:** No report. **Commissioner Hicks:** The HIV consortium is meeting tonight, conflicting with tonight's Health Commission meeting. She will report next month. **Commissioner Chamousis:** No update. **Commissioner Heatherington:** No update. **Commissioner Guerena**: No update.		
8. COMMITTEE REPORTS	**Legislative:** No report. **Nominating:** No report. **Community Education:** No report **Budget:** Commissioner Thielscher is absent tonight, but Jean White will contact him about scheduling a budget committee meeting sometime between January 24th and 30th.		

9. PROSPECTIVE FUTURE ITEMS	Next meeting: • Update on Health Agency Budget • Blue Cross / IPA – educational (Commissioner Hicks will help put together) Suggested future items: • Regional Water Quality Control Board - will follow up to see when they are ready • Public Health alerts - beaches • Transfats - it was suggested to include during a month with nutrition/obesity issues. Commissioner Guerena would like to identify goal (informational, educational, recommendation to the Board?) – he would like more than just discussion. Cal Poly Food Science may have folks working in that area. Transfats and obesity are two separate issues, both contributing to danger to health. • Freedom of Information Act (test plots) / Labeling of GE foods at Farmer's Markets (The Board assigned an agricultural committee to work on notification, right to know, etc. in terms of what's being grown. Notification of products sold to the consumer is a nutritional issue.) Commissioner Chamousis will identify areas the Health Commission could look at and bring back to commission. She will also contact Dr. DeVincenzo regarding voluntarily labeling his corn. Survey at Farmer's Market was also suggested.		
10. ADJOURNMENT	Motion to adjourn at 8:45 pm.		Approved - All