

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION**

April 14, 2022

COMMISSIONERS

Alina Dorian, Ph.D., **Chairperson** *
Diego Rodrigues, LMFT, MA, **Vice-Chair** *
Crystal D. Crawford, J.D.**
Patrick T. Dowling, M.D., M.P.H.*
Kelly Colopy, M.P.P*

PUBLIC HEALTH COMMISSION ADVISORS

Christina Vane-Perez, Chief of Staff *
Dawna Treece, PH Commission Liaison*
***Present **Excused ***Absent**

DEPARTMENT OF PUBLIC HEALTH REPRESENTATIVES

Dr. Barbara Ferrer, Director of Public Health *
Dr. Muntu Davis, Health Officer **

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/FOLLOW-UP
<u>I. Call to Order</u>	<i>The meeting was called to order remotely at 10:30 a.m. by Chair Dorian</i>	<i>Information only.</i>
<u>II. Announcements and Introductions</u>	The Commissioners and DPH staff introduced themselves. February minutes March minutes	<i>Information only.</i> <i>Approved</i> <i>Approved</i>
<u>III. Public Health Report</u>	Dr. Barbara Ferrer, Director of Public Health Department of Public Health has welcomed new key members of to our Leadership Team, including Brett Morrow as the Chief Communications Officer. Mr. Morrow has worked with Congressmen and senators in the past. He comes to DPH with a lot of experience and has already done great work for DPH prior to his appointment. Last week DPH celebrated Public Health Week with five events across the county to showcase a portion of the great work being done by this Department. The events were well attended, and it was a good opportunity to renew our commitment to doing important work in our communities.	

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As our workforce returns to the office, workplace safety is a priority. Higher grade masks are available to any employee who requests one. Employees should feel comfortable coming back to the work environment, where reasonable safety precautions are in place. People who wear well-fitted high quality filtration respirator masks are well protected even if the people around them are not masking. These efforts are subject to change and Public Health will remain flexible based on the data and what is being seen in terms of threat from the SARS-CoV-2.

Public Health will host a visit from the CDC Director, Dr. Walensky in May. The visit will focus on the work around mitigation efforts and discussions with our vaccine partners at the federally qualified health centers. There will also be a visit to a Student Well-Being Center in South Los Angeles. The visit will end at the Ted Watkins POD, which is now a full-service center where testing, vaccinations, boosters, and an array of other services that are important for residents in the area are offered. Some include mental health services from the department of Mental Health and hopefully services from the Department of Public Social Services to access needed benefits such as Cal Fresh, economic security benefits, and health insurance.

LAC has experienced two weeks of steady increases in our COVID cases. This is expected because of the relaxed requirement around safety protocols paired with a more infectious sub-variant circulating.

DPH has an extensive early alert system in place that shows none of the seven early signals. Public Health watches emergency departments, wastewater, and the rate of cases in our high poverty communities as well as outbreaks at workplaces, skilled nursing facilities, schools, and shelters. There may be an area of concern when all the schools return from spring break. We also anticipate large gatherings of people celebrating Easter, Ramadan, and Passover.

There are a lot of people vaccinated and boosted. 75% of LAC residents 5 years and older are fully vaccinated. For older people, close to 70% have had the first booster and the focus is now on getting people their second booster. There is not conclusive evidence, but there are indications that those people were infected with BA.1 an Omicron sub-variant are not likely to then be reinfected with BA.2. The Department is currently this, but

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	<p>if true, then that natural immunity will help us as well as the folks that have been vaccinated and boosted.</p> <p>Vaccines remain a powerful tool against hospitalization and death. Despite the loss of some federal funding, Public Health will not decrease the vaccination efforts. Resources have been realigned to make up for the difference. Public Health will continue to make it easy for everyone to get good information and good access to vaccines and boosters.</p> <p>Public Health will continue to provide access to testing and therapeutics. Millions of test kits were distributed to both school children and given to community organizations to distribute to residents. DPH will try to increase access to therapeutics. There is still a limited supply, particularly of the oral medications. The two oral medications available are antivirals that can prevent people from going on to more severe illness. We have over 350 pharmacies that can help distribute the medication. Unfortunately, there is a low supply of medication. Only 3,000 doses are received every two weeks, making this not a current solution for everyone, except those who are at high risk. Oral therapeutics must be taken within five days from the onset. A telehealth option is available so residents who test positive at home have a number they can call for further assistance and next steps. It's open seven days a week with clinicians giving assessments to determine if meds are needed with next day delivery. The Department is also building out a network called Test-to-Treat, where everything can be done at one site.</p> <p>There was a change in the quarantine guidance. The State changed their guidance as well and eliminated quarantine for asymptomatic individuals in the public, with some exclusions. They do not need to quarantine for 10 days if they wear a mask for the entire ten days indoors. The state strongly recommends it, but LAC requires it.</p> <p>For more information click on http://publichealth.lacounty.gov/media/Coronavirus/index.htm</p>	
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IV. Presentation:

PRESENTATION OVERVIEW

Julie Tolentino, Mario Perez, Division Director, and Rita Singhal, Bureau Director discussed the Ending the HIV Epidemic and strategies.

In 2020, the US announced ending the HIV Epidemic initiative with the realization that there were enough new resources and knowledge to end the HIV epidemic through benchmark years 2025 and 2030. LAC, as well as other cities across the US, are participating as an Ending HIV Epidemic (EHE) initiative site. This allows additional allocation of funds from HRSA and the CDC.

The level of complexity tied to the HIV epidemic is growing for a number of reasons. Current models of diagnosis, treatment engagement, and retention don't work as well for our most disenfranchised residents.

EHE was launched in 57 jurisdictions, which accounts for more than half of the new HIV diagnoses in the US and nearly two-thirds of new diagnoses among Black and Latinx communities. For the first time, federal partners have collaborated on an intentional effort to end HIV in the US. In addition, there have been conversations to include Housing, Labor, and other departments into the EHE work to achieve the goal of reducing HIV by 75% by 2025 and 90% by 2030.

LAC's strategy is to address and eliminate health and racial inequities that are at the root of HIV and focus on the most impacted populations such as Black, African American men who have sex with men, Latinx, women of color, people who inject drugs or with substance use disorder, people have trans experience and youth under 30 years of age.

There are over 57,000 people living with HIV in LAC. There are 1,200 new HIV transmissions per year and of the 72,200 people who would benefit from this new programming, approximately 70% of those are Black and Latinx persons.

The EHE plan is designed to align with the four pillars or focus areas of ending the HIV epidemic which are: diagnose as early as possible, treat people rapidly and effectively to achieve viral suppression, prevent HIV through prep and syringe service programs, and

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	<p>respond quickly to potential HIV clusters to ensure services are provided to people who need them.</p> <p>There are shared performance indicators for EHE, transmission, diagnoses, knowledge of status, linkage to care, viral suppression, and prep. There are disparities among populations in terms of gender, race, ethnicity, and age. Public Health aims to reinforce the message that HIV is fueled by structural and health factors, including substance abuse, mental illness, unstable housing, low access to care, and lack of integrated services.</p> <p>In 2010 there were 2,189 new diagnoses, in 2019 this number reduced to 1,505 new diagnoses. New transmissions are lower than the number of those diagnosed with HIV. LAC is not within target for viral suppression, with the largest disparities observed among Black persons, persons aged 30-49 years, persons with injection drug use, and men who have sex with men.</p> <p>There are a little over 57,000 people with HIV, and approximately 91% are aware of their HIV positive status. This means that over 5,000 people are unaware of their status. Public Health is aiming to meet a 95% target awareness of status.</p> <p>Both syphilis and HIV have had an impact on infants. The number of babies with exposure to HIV has declined in 2020, reflecting a perinatal transmission rate of 8%. Among these four perinatal HIV cases, the common risk factors were meth use, homelessness, mental illness, syphilis, and a history of incarceration or partner incarceration.</p> <p>Since funding began, Public Health was able to launch new strategies and expand access to HIV testing with over 9000 self-test kits and increased testing at vaccine plus clinics and on Skid Row. Public Health has also provided technical assistance for FQHCs and community clinics to receive funding directly from HRSA.</p> <p>Public Health developed and launched a new Rapid Linkage to Care Program, which links people who test positive to same day or next day medical appointment. Per the Commission on HIV, DPH developed an emergency financial assistance program, which offers up to \$5,000 for clients at risk of losing housing or in need of short-term financial assistance. To date, there have been over 500 applications. The focus on mental health services has increased by contracting with a consultant to support pregnant persons with</p>	
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HIV and were able to execute a contract for a county- wide mental health services assessment for people living with HIV to really inform how our mental health service can best align or fill gaps with the larger mental health system.

The surveillance team developed a cluster detection and response plan, which responds to and addresses HIV outbreaks. DPH was also able to strengthen disease investigation services collaboration with the Long Beach Health Department.

An Ending the HIV Epidemic steering committee was created and included a diverse group of non-traditional HIV partners and new voices who are representatives of the population affected by HIV. The community engagement program focuses on mobilizing communities. They were elected based on two phase application review process to not only advise on EHE strategies, but also to serve as an action-oriented catalyst to work change by implementing an EHE-related project of their choice within their organization, community, or network.

DPH has a potential Dept of Mental Health partnership to conduct HIV testing in all mental health clinics, an Emergency Department Testing Initiative with the Department of Health Services in UCLA, and ongoing distribution of HIV self-test kits.

DPH is working on a \$600,000 collaboration with substance abuse control partners to increase the capacity of their syringe service programs. We are also developing a pilot program for youth with HIV to encourage them to remain engaged with care and will continue intensive case management with pregnant persons with HIV.

DPH has a \$1 million contract to be reviewed by the Board of Supervisors that will develop a follow- up safety net for any individuals living with HIV who are discharged from the LAC USC Medical Center with a strong street medicine component.

The goal is to end the HIV epidemic by 2030 by partnering with a third-party administrator to implement proposed programs and provide mini grants to partners, grants for interventions that target our EHE priority populations. It is hoped to launch a telehealth mental health service program specifically for the Spanish monolingual speaking community and develop an HIV workforce development program to increase the capacity of the workforce.

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	<p>For the community engagement, DPH contracted with the Wellness Center who contracted the Mod Institute and plan for ten community teams to be recruited and lead an EHE related project of their choice. To date, seven out of ten teams that have been recruited.</p>	
<p><u>V.</u> <u>New Business</u></p>	<p>Return to In-person meetings</p>	<p><i>Consensus among the Commissioners to stay virtual until the Board returns to in-person meetings.</i></p>
<p><u>VI.</u> <u>Unfinished Business</u></p>		
<p><u>VII.</u> <u>Public Comment</u></p>		

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<p><u>VIII.</u> <u>Adjournment</u></p>	<p><i>MOTION: ADJOURN THE MEETING</i></p> <p><i>The PHC meeting adjourned at approximately 11:55 a.m.</i></p>	<p><i>Commission Dorian called a motion to adjourn the meeting. The motion passed and was seconded by Commissioner Crawford. All in favor.</i></p>
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