

**COUNTY OF LOS ANGELES  
PUBLIC HEALTH COMMISSION  
July 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 \*\*

<b>TOPIC</b>	<b>DISCUSSION/FINDINGS</b>	<b>RECOMMENDATION/ACTION/FOLLOW-UP</b>
<b><u>I. Call to Order</u></b>	<i>The meeting was called to order remotely at 10:30 a.m. by Chair Dorian</i>	<i>Information only.</i>
<b><u>II. Announcements and Introductions</u></b>	The Commissioners and DPH staff introduced themselves.  June minutes	<i>Information only.</i>  <i>Approved</i>
<b><u>III. Public Health Report</u></b>	Dr. Barbara Ferrer, Director of Public Health  Public Health welcomed back Dr. Naman Shah as the Director of the Division of Medical and Dental Affairs. He will support the work on engagement with the medical provider community on Public Health issues and serve as Chair to the Continuing Medical Education Committee that oversees the training of students, residents, and fellows.  Public Health received a Productivity Investment Grant from the Quality and Productivity Commission for slightly over \$267,000. The funding will be used to improve and upgrade a very antiquated employee health system that does not currently allow for health records to be integrated from different places. This is significant because it helps to	

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	<p>redeploy staff and disaster service workers for assignments that require them to be fit tested and up to date on vaccines. Records will now be all in one place.</p> <p>The 2022 DPH Employee Engagement Survey has been concluded with 44% response rate across the department. There is still a concern, among DPH staff, that the information will not protect their confidentiality. However, the responses received will give valuable information that will be analyzed over the next couple months. We will share the report with the Commission when available.</p> <p>As of today, COVID cases have reached 8,500. Not only is the number of cases extremely high, but this is a severe undercount. There are some jurisdictions that are multiplying their official case counts from their lab reports by 10 because it includes other places like hospitals. Using the percent of people that are testing positive at those sites is more accurate. However, there are still many people doing testing at home. LAC was being conservative and multiplied this number by 3 to get a more accurate sense of how many people are positive on a given day. That number is staggering because we are approaching approximately 27,000 new cases a day. This high number of transmissions is fueled by new variants particularly the BA.5, which is more infectious, easily transmissible, and evades protections more than any other virus seen to date. That means those who were recently infected either with earlier versions of Omicron or Delta, have little protection from BA.5. It seems to evade natural immunity, which results in high rates of reinfection.</p> <p>Vaccines remain the most powerful tool at preventing severe illness. Residents are almost five times less likely to be hospitalized if vaccinated than unvaccinated.</p> <p>Hopefully the FDA will approve and expand eligibility soon for the second booster doses. There is a slow uptake on vaccines for small children. There is still close to 3 million people in LAC that have not received their first dose.</p> <p>Today's numbers are over 1,200 people hospitalized; a month ago it was below 500. 14 deaths were reported today and a month ago it was in the single digits. Even with as many protections as they can use, highly vulnerable people are at risk.</p> <p>In the first six months of this year, there were 4,400 deaths from COVID. There is an average of around 1,400 deaths a year from influenza. For half a year, COVID is twice as</p>	
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high as influenzas on average. Motor vehicle fatalities are at 890 for a full year. Overdose deaths were slightly over 2,000. Public Health is doing its best to put protections in place for everyone. Although COVID can be a mild illness for many people, it's false to present it as a mild virus.

In communities with a high rate of poverty, vaccinated or unvaccinated, they have much greater risk for hospitalizations and deaths. The risk is not equally distributed, and its disproportionality is about people's mortality and morbidity. Fully vaccinated people who live in communities with high rates of poverty are more likely to be hospitalized than unvaccinated people who live in the wealthiest communities. Being fully vaccinated in a poor community does not give you the same level of protection against hospitalization or death when compared to fully vaccinated people in wealthy communities.

It's important to protect those most vulnerable, which includes people of color, where the rates have historically been higher, people living in communities with high poverty rates, as well as older people and people with underlying health conditions. Many of these folks are people with limited means and part of the low wage workforce; they are not teleworking, but at worksites with potential exposure.

LAC will have more than 10 new admissions per 100,000 people, which will move it into the "high" community level designation by CDC. We need to protect people's health and adding layers of additional protection is needed to prevent severe illness dying, address issues of disproportionality, and slow the spread.

Public Health is urging people to use respirator masks because the BA.5 is so infectious and easily spread. We are also urging employers to provide masks to employees that request them.

We now have 82 cases of Monkeypox in LAC. There are about 10,000 cases confirmed worldwide and 900 confirmed in the US. Testing has been expanded with an additional three commercial labs. Public Health will communicate clearly with providers and the public about what Monkeypox is and what it looks like. There are few lesions present, sometimes lesions are confined just to the genital or anal areas of the body as opposed to sores. Also, few people are not getting the earlier onset of other symptoms of illness. Individuals in our communities need to know how to protect themselves from getting

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	<p>monkeypox. We have primarily seen cases among gay men, bisexual men, and men having sex with men, but monkeypox is not limited to those groups.</p> <p>There's a very limited supply of the Jynneos vaccine. LAC has received approximately 7,000 doses and there are about 2,000 remaining. LAC is taking a more proactive approach because using a first come first serve method was not fair for everyone, especially for those who had no access to a computer to make appointments or do not have transportation. As we receive more vaccines, criteria will. Over the next few weeks Public Health will visit bathhouses, health clinics, and PODs to offer the vaccine to folks who are not well connected to a provider.</p> <p>For more information click on <a href="http://publichealth.lacounty.gov/media/Coronavirus/index.htm">http://publichealth.lacounty.gov/media/Coronavirus/index.htm</a></p>	
<p><b><u>IV. Presentation:</u></b></p>	<p><b>PRESENTATION OVERVIEW</b></p> <p>Dr. Deborah Allen, Director, Health Promotion Bureau, provided an overview of the AAIMM and Doula program.</p> <p>AAIMM is a coalition that is focused at reducing inequality in birth outcomes in the County and on those experienced by Black residents as well as promoting the idea of a healthy and joyous birth.</p> <p>The program has had a few themes over the years. The first year was “400 Years is Enough” pointing at the history of racism. The next theme was “It Takes a Village” with the idea of engaging communities in direct service to community residents. Public Health is trying hard to support, advocate, and recognize the inequality in birth outcomes as a public health issue. Under the AAIMM Steering Committee, there is a consensus that racism is the root cause of the inequity seen in birth outcomes.</p> <p>There are four strategies in the AAIMM program Framework and those are to 1) Reduce women’s exposure to stressors in the social environment, 2) Block the pathway from social stress to physiological stress, 3) Intervene as early as possible if or when stress has taken a toll on health; and 4) Create infrastructure needed to achieve strategies 1-3. The framework considers a cascade of events from social experiences that cause</p>	

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stress for women and how that social experience can range from something relatively minor like being followed around in a store, to the death of someone by police, or loss of a job opportunity. These are all common denominators of stress. Stress affects the body in every organ system and ultimately shows up in adverse birth outcomes.

Although the 3-year average infant mortality for 2018 and 2020 for Black births has decreased, it is still about 4 times the rate of their counterparts. The Asian rate (2.0) is the lowest compared to the Hispanic rate which is twice that (4.0). There's a much bigger difference with the Black rate at 8.5. The focus has therefore been strongly on the Black experience.

When looking at Black/White differences, they are significant in every part of the county. The White rates are consistently lower than the African American rates. In the poorest part of the county, that is South LA, they look relatively close because the Whites who live there are also very poor. Looking at the Westside, which is relatively a well-off part of the county, the Black rate is about 4 per 1000. This is a good indicator how achievable the outcomes can be if given appropriate efforts to level the playing field both socially and economically. There are income differences and quality of life differences among the Black population and a difference between Black birthing people and others.

Preterm birth is the strongest predictor of infant death. The Black rate is less than twice the rate for other groups in the county. Babies born from 17-32 weeks of gestation are at risk of death. The babies who were born above that gestational period may have adverse outcomes but are unlikely to die because of prematurity. The percent of preterm births (17-36 weeks) on a 3-year average for Blacks is about three times the White rate. This is a critical gap.

There is an enormous differences in maternal mortality. When measured by 100,000 and looking at a 10-year period from 2010 – 2019, there is an enormous gap between Black birthing rates and all other groups in the population.

There are many components to the AAIMM infrastructure. Some key elements include a Steering Committee, four Community Action Teams, and a Doula Advisory Committee. The AAIMM Community Action Teams' (CATs) purpose is to engage the community and address local needs. It's co-led-by Public Health and the community. CATs are in SPAs

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	<p>6&amp;8, 1, 2 and 3. A few activities include maternal mental health and prenatal support groups, Black Daddy Dialogues, perinatal health monthly topics and community-provider conversations, and special awareness events</p> <p>An evaluator was brought onboard for AAIMM and a strategic planning process was initiated with a consultant. This will help to figure out over the long term how to sustain AAIMM in general. It is crucial to have ongoing support for the community action teams. AAIMM is very reliant on grants from private foundations.</p> <p>The current AAIMM program has a lot of emphasis on outreach and public communication, healthcare innovation, that includes Charles Drew University Maternity Care Center of Excellence, provider preconceptionally care and PATH training, Cherished Futures/Breastfeed LA hospital quality improvement efforts, and the AAIMM Doula program. Other programming includes pregnancy support like father engagement and the Village Fund, and Pritzker Fellows.</p> <p>The Doula Program is currently fully staffed and has a 3-year support from State Home Visiting Innovation Grant and ARPA grant support special prison program. There are currently 880 referrals, 300 clients and 400 births. The Doula program hopes to increase breastfeeding, reduce c-sections, and increase connection to mental health services.</p> <p>The next steps will be to find sustainable funding and infrastructure and to have full, permanent County staffing.</p>	
<p><b><u>V.</u></b>    <b><u>New Business</u></b></p>		
<p><b><u>VI.</u></b>    <b><u>Unfinished Business</u></b></p>		

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<p><b><u>VII.</u>    <u>Public Comment</u></b></p>		
<p><b><u>VIII.</u>    <u>Adjournment</u></b></p>	<p><b><i>MOTION: ADJOURN THE MEETING</i></b></p> <p><i>The PHC meeting adjourned at approximately 11:50 a.m.</i></p>	<p><i>Commissioner Dorian called a motion to adjourn the meeting. The motion passed and was seconded by Commissioner Rodrigues. All in favor.</i></p>