

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
November 14, 2023**

APPROVED

COMMISSIONERS

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

DEPARTMENT OF PUBLIC HEALTH REPRESENTATIVES

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

PUBLIC HEALTH COMMISSION ADVISORS

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

Present **Excused *Absent*

TOPIC		RECOMMENDATION/ACTION/ FOLLOW-UP
<u>I. Call to Order</u>	<i>The meeting was called to order at 10:33 a.m. by Chair Rodrigues</i>	<i>Information only.</i>
<u>II. Announcements and Introductions</u>	The Commissioners and DPH staff introduced themselves. Action for September and October minutes.	<i>Information only. Due to a lack of quorum at the meeting site. The vote moved to December.</i>
<u>III. Public Health Report</u>	Muntu Davis, MD, County Health Officer DPH celebrated its employees with a Giving Thanks Event on November 8 th . Over 500 joined by web and over 1000 employees joined in-person, which includes Commissioner Diego Rodrigues from SD1. DPH was able to honor our Public Health Staff and community as well as acknowledge the great work being done. <i>COVID-19</i> LAC continues to monitor trends and various data across different metrics. As of right now, things are relatively stable and low. DPH expects to see more respiratory virus transmission as people start to gather and travel for the holidays. As of November 8 th , it was reported a seven-day average of 211 COVID cases. That is a slight increase from the last time when it was reported at 198. These numbers do not	

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	<p>include Long Beach and Pasadena. They do not include home tests which are not reported through the normal system. So, cases may be higher than what is reported.</p> <p>In the past week, there was an average of 286 hospital admissions per day, down from 322 that was reported last week. A seven-day average of 3.6 deaths was recently reported. Again, this does not include Long Beach and Pasadena.</p> <p>Based on the November 2nd report by the CDC in terms of LAC hospital readmission level, LAC is currently designated as low at 4.2 new COVID hospital admissions per 100,000 people. This is a measure of the severity of the illness as it relates to the disease. The metric is used by jurisdictions to assess what preventive measures to put in place based on the severity of illness that is seen. At each level, there is a different recommendation. As recommended by the CDC in our public response plan, there's a hospital admission rate to move to CDC designated medium level. DPH will reassess local conditions, and local data and based on that will decide if whether to continue to strongly recommend masking or require masking inside healthcare facilities.</p> <p>At a high level, masking would be required by all healthcare staff providing patient care, working in patient care areas, inside of healthcare settings, as well as for patients with visitors to healthcare settings. Healthcare facilities and clinical practices can independently require the masking of both staff and visitors. DPH will continue to monitor the local transmission as well as hospitalization for COVID and RSV and determine if adjustments need to be made.</p> <p>As of October 29th, COVID-19 vaccinations are at 543,000 doses. This only covers about 5% of LAC's total population as being up-to-date. Up-to-date is having the 2023-24 updated COVID vaccine.</p> <p>In terms of gender, they are equal but low in comparing men at 5.1% and women at 5.7%. For age, its highest for persons 55 years old and older, this is the high-risk group, but still low at 14.9% and the youngest</p>	

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	<p>members of the community who are eligible, six months to four years old, have the lowest vaccination rate at 0.7%.</p> <p>For race/ethnicity, there are still signs of disparities. Looking at the data among a person six months old and older by race/ethnicity, the Latinx community is about 2.1% vaccinated as up to date, Black /African American at 3.1%, Asian at 7.5%, and White at 8.1%.</p> <p>Across the county, it is at 5%. The lowest are in areas within, Antelope Valley, Southeast Los Angeles, South Los Angeles, and San Fernando Valley. These range between 1.2% and 1.8%. DPH will continue to employ strategies to try to close these gaps in working with partners. DPH continues to have mobile vaccine teams who are out providing vaccination services as well as providing homebound services for those who cannot make it to a healthcare facility.</p> <p><i>Influenza</i></p> <p>Flu season starts once the percentage of specimens tested for flu reaches 5%. Right now, it is at 2% of the specimens tested positive for influenzas, a slight increase from 1.4% last week.</p> <p>It is expected to see COVID, influenza and RSV circulating. Not sure when each will peak. It's been different over the last three years.</p> <p>As the holiday season starts and people begin to travel, gather, celebrate, and enjoy family and friends, they all need to take those needed precautions. Test before the gathering, get up-to-date on vaccinations as well as washing your hands, and make sure you pay attention as you do things and travel. Many people will get together coming from all different places, transmission can be more likely on public transportation. It is still strongly recommended to wear masks on public transportation.</p> <p>DPH will continue to monitor and provide updates. More information can be found on the website http://publichealth.lacounty.gov/media/Coronavirus/</p>	

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	<p>Comments/Recommendations:</p> <p>Rodriguez: Any updates on West Nile?</p> <p>Davis: There haven't been any large changes with West Nile. There had been some local action in Long Beach. The work that DPH has been doing should reduce the risk of mosquito breeding and prevent mosquito bites. Things are stable right now.</p>	
<u>IV. Presentation</u>	<p>Sonya Vasquez, Center for Health Equity</p> <p>Anti-Racism, Diversity, and Inclusion Partnerships</p> <p>The Anti-racism, Diversity, and Inclusion (ARDI) initiative is a county-wide effort within the CEO's office. It is an equity learning series and equity framework. As a part of the partnership, every department is required to have an equity action team. This team includes representatives from the Center for Health Equity, African American Infant and Maternal Mortality Initiative (AAIMM), Substance Abuse Intervention Control Bureau, office of Violence and Prevention and Community Field Services.</p> <p>The group works together to support ARDI initiatives and sit on several different workgroups. Stakeholder engagement, culture and planning, and data; informs or has informed the development of the Los Angeles County Racial Equity Strategic Plan.</p> <p>Racial Equity Strategic Plan/ARDI Activities</p> <p>There are 5 North Star Goals:</p> <ul style="list-style-type: none"> • Increase the Attainment of Postsecondary Credentials with Significant Labor Market Value • Reduce Adult First-Time Felony Convictions • Increase Stable Full-Time Employment Among Individual Adults with Incomes at or Above 250% Federal Poverty Level (FPL) • Increase the Percentage of Families with Incomes Above 250% Federal Poverty Level (FPL) for a Family of Four 	

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	<ul style="list-style-type: none"> • Reduce Infant Mortality <p>ARDI will have AAIMM help lead some of the work and work with other departments to move the strategies forward.</p> <p>Over the last two years, CHC has been asked to assess internal policies, participate in racial equity training, and increase participation in two surveys that were disseminated to the workforce, then to develop an action plan to address survey results, policy assessments and other activities.</p> <p>The Violence and Racism Workgroup is an internal group called the PH staff. After the murder of George Floyd, there was a series of violence and conversations about racism that occurred. A workgroup was formed to look at policies and practices that acknowledge and eliminate racism focusing on workforce members who identified as black. In 2021, time was spent on planning and determining the focus. In 2022, the work plan consists of three things:</p> <ul style="list-style-type: none"> • Create a sustainable workgroup infrastructure that supports the growth and transformation of members to advance an anti-racism and equity framework. • Identify Equity Gaps in DPH staff recruitment and retention and make initial recommendations to address gaps. • Review existing and collect new data to inform recommendations that support the wellness of employees. <p>Major efforts were focused on recruitment and retention within the department. The team looks at best practices and identifies and recommends a set of practices. Some recommendations included:</p> <ul style="list-style-type: none"> • Review current recruitment locations and identify & build relationships with new outlets that include professional networks, colleges, and other places that have a better likelihood of attracting BIPOC applicants. • Develop a guide for hiring managers on how to create an unbiased interview process (this can include what types of 	

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	<p>questions to ask, who should be on the panel, and resources on understanding how bias can impact the selection process).</p> <ul style="list-style-type: none"> • Research the use of Blind Review processes and conduct a feasibility assessment of implementation during the Banding phase and at the program level before the interview process (consider what IT systems, trainings, and resources are needed and the development of a pilot test). • Research strategies to ensure hiring managers are implementing/adhering to equitable hiring practices. <p>An Equity Learning series was created to help strengthen the collective capacity on how to apply an equity lens. It is impossible to fully learn about equity in one training. You need to build the capacity by having it implemented in the work by being part of the work. It is ongoing. One-on-one modules are being developed and tailored training. It is not a one-size-fits-all and conversations with specific positions and/or programs will be made to understand how to incorporate equity. There are workshops and micro-learning sessions for people who want to get a refresher.</p> <p>A resource hub was created, and new information will be added regularly. The program continues to engage with other partners to help as well as looking at different resources on the internet, DPH website, e-newsletters, and other collaborations.</p> <p>Some documents talk about equity and equity work. From the GARE results and internal engagement survey, while staff understood the importance of equity, they didn't always feel confident in how to implement it or what tools to use. The equity learning series can help with this. In the meantime, we want to make sure there is at least one document that pulls all the information together to help staff think about as we design our programs and administrative changes. Once it is final, it will be released with a set of guiding principles for staff. It will not cover everything but at a minimum, ensure the data is looked at, policy system change, building partnerships, and developing organizational readiness process.</p>	

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	<p>Also want to ensure the staff is using results-based accountability and how to make sure we are ensuring that that anyone is better off and not worse off when doing this work.</p> <p>Comments/Recommendations:</p> <p>Dorian: Many lessons were learned from previously being the Associate Dean for Equity, Diversity, and Inclusion at UCLA Fielding School of Public Health, one is how those in public health may feel this is innate in them versus the reality of how the organization looks like. Faculty need to be trained when doing things like faculty recruitment. They have to go through training that makes them “qualified” to serve on a committee to then actually recruit and go through interviews. Trainings should extend to everybody who serves on any sort of hiring committee, and one of the things to do is have an Equity 101 series to help to ensure those who are in those places can be as unbiased and anti-racist as possible.</p> <p>When talking about belonging, a lot is around just the social environment and the culture and climate, but there is something to be said about the evidence base that we pull as scientists in when we say something is evidence-based, whose scholarly work it the information being pulled from?</p> <p>Crawford: Great work being done by your group. Very proud of the innovation and creative thinking and all the wonderful leadership [Sonya] provided in this role.</p> <p>Rodrigues: This is a lot of information you were able to capture in the presentation because of the work. Appreciate it when looking at hiring recommendations. Working with an organizational culture committee to talk about the environment, the ambiance, and the culture. Something to explore more of and it reinforces the intentionality and creating an equitable space.</p>	

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<u>V.</u> <u>New Business</u>		
<u>VI.</u> <u>Unfinished Business</u>		
<u>VII.</u> <u>Public Comment</u>	<p>Line 6: Although LAC closed a lot of places and made recommendations, not everything worked. Advised to list everything that was tried and didn't work so mistakes are not made again.</p> <p>Line 9: Called to reinstate masks in healthcare regardless of vaccination status.</p> <p>Line 7: Would like to urge LA to please reinstate masking in the healthcare setting for patients, healthcare workers and visitors.</p> <p>Line 8: The caller has a heart arrhythmia that prevents them from being vaccinated and would like to reinstate masks in the healthcare setting.</p> <p>Line 16: The caller has multiple immune system conditions and avoids the healthcare setting. Was around during SARS. Urges to check out items for airborne infections. Supports clean air in healthcare settings.</p> <p>Line 14: JB is the founder of an organization, and the main message is to bring back mask requirements regardless of vaccination status for visitors, patients, and staff.</p> <p>JC: Attendee was unable to talk in the last meeting because of the uncomfortable chemistry during the last meeting. He tries to talk from his heart and not politically. He has family in Israel, and this makes it more difficult. Praying for peace in difficult people.</p> <p>Attendee: Responded to the mandate imposed on LAC health workers by quoting published reviews. The attendee touched on mandates imposed by school districts, and equity when it comes to masks.</p>	

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<u>VIII. Adjournment</u>	<p>MOTION: ADJOURN THE MEETING</p> <p><i>The PHC meeting adjourned at approximately 11:37 am.</i></p>	<p><i>Commissioner Rodrigues called a motion to adjourn the meeting. The motion passed and was seconded by Commissioner Dowling.</i></p>