

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION**

January 12, 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.*

DEPARTMENT OF PUBLIC HEALTH REPRESENTATIVES

Dr. 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*
Judy Vasquez, Advisor to the Director*

***Present **Excused ***Absent**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/FOLLOW-UP
<u>I.</u> <u>Call to Order</u>	<i>The meeting was called to order remotely at 10:32 a.m. by Chair Rodrigues</i>	<i>Information only.</i>
<u>II.</u> <u>Announcements and Introductions</u>	The Commissioners and DPH staff introduced themselves. December minutes	<i>Information only.</i> <i>Approved</i>
<u>III.</u> <u>Public Health Report</u>	Muntu Davis, MD, County Health Officer On Tuesday, the Board of Supervisors approved an emergency declaration on homelessness that was proposed by Supervisors Barger and Horvath. The declaration follows LA City Mayor Bass's emergency declaration on homelessness and the County Board of Supervisors' subsequent unanimous vote in support of her declaration. Will continue to work with CEO's Homeless Initiative and Alliance for Health Integration and keep the Commissioners abreast of all the work and efforts being done. 2,616 new COVID cases were reported, bringing the total to almost 3.7 million cases to date. There were 30 new deaths due to COVID, which brings the death count near 35,000 to date. Hospitalizations are stable. Hospitalization related to COVID are 1,128 people currently hospitalized with COVID right now. There have been over 75 million tests performed over the course of time in the pandemic. With about 25% of those tests being positive; this includes people that have been reinfected.	

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	<p>As of January 11th, the seven-day average case count in the county was 2,127. This is an increase from the week prior, when the seven-day average was 2,000. The average number of daily positive patients in LAC hospitals is 1,153. This is a 7.5% decrease from the week prior when the number of Covid positive patients in the hospital averaged about 1247. There was an increase in the average number of deaths reported per day. This week, there is an average 23 deaths per day, that's a 17% increase from the average last week.</p> <p>COVID-19 Community Levels</p> <p>Based on case rates and hospitalizations rates, LAC remains in the medium COVID community level. Last Thursday, the case rate was 156.8 cases per 100,000. That is below the 200 number where hospital numbers would be at medium level but there is still a high level of transmission in the county. Although this number is a decline from two weeks ago, residents will need to continue to protect themselves. The hospitals metrics and new hospital admission rates for COVID-19 patients was at 14.3 admissions per 100,000 and the staffed inpatient beds occupied by COVID patients is at 70.3%.</p> <p>Variants</p> <p>According to CDC's latest estimates, as of January 7th, BQ.1 and BQ.1.1 continue to be the dominant strains in US region 9, which includes California, Arizona, Hawaii, Nevada, and other areas. XBB.1.5, continues to increase in other parts of the United States but has not increased at the same rate in region 9. According to CDC, XBB.1.5 is responsible for about a third of the cases nationally and an estimated 8% of cases in region 9.</p> <p>For the 30-day period ending December 28th, people aged 50 years and older accounted for the highest rate of cases, hospitalizations, and deaths in LAC and the rates increased with age. People ages 50-64 were more than five times likely to die than people ages 30 to 49. Residents ages 65 to 79 were three times more likely to be hospitalized, and six times more likely to die than residents 50-64. We must continue to do our part to keep our most vulnerable community members safe.</p>	

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	<p>Nothing has changed regarding the disease. If one person experiences a mild illness or no symptoms, whoever they transmit it to can experience something different.</p> <p>Outbreaks usually occur as people return to school and work after the winter holidays and may unintentionally expose others to the disease, increasing outbreaks. It takes up to 10 days for a person who has COVID to test positive or display symptoms of infection. To limit post-holiday spread of infection as people return to work/school settings, County residents should test before returning and wear a high filtration mask indoors for at least ten days. This can help to reduce transmission of the virus and minimize disruptions to the work and learning settings. It will also help to ensure hospitals don't become overwhelmed with infected patients as well as protect those that most vulnerable.</p> <p>Influenza</p> <p>There are high rates of influenza and RSV circulating in our county. The flu and RSV are tracked differently from COVID as trends are monitored in percentages of positive specimens that test positive for flu and other respiratory viruses such as RSV through DPH's sentinel provider network and clinical laboratories serving hospitals and healthcare networks across the county.</p> <p>For the week ending December 31st, slightly more than 10% of specimens tested positive for influenza. This is lower than two weeks prior when 18% was reported. Since the beginning of the flu season, 249 confirmed associated deaths have been reported related to influenza in LAC. DPH urges everyone to get their flu vaccine and their updated boosters. Most current RSV season started at a much higher level than usual but peaked out around 20% of specimens that tested positive in early November. The percentage of RSV positive test are declining and are currently below 5%.</p> <p>Vaccinations</p> <p>The primary series of vaccinations, the updated Covid bivalent boosters and flu vaccines continue to be readily available at public health sites, pharmacies in all communities and other locations across the county. There is the Home Vaccination program for those that are homebound, and transportation is provided for those that need it. This</p>	

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	<p>Test-to-Treat is a federal program that focuses on pharmacy, non-traditional, those who don't have a healthcare provider that can test and write a prescription. DPH pushed to have the Test-to-Treat sites in the hardest hit communities trying to make it as easy as possible for them to get access to testing and medication at the same time. Will need to check on whether more can be added to the program.</p> <p>All information and more can be found on Department of Public Health COVID website: http://publichealth.lacounty.gov/media/coronavirus/index.htm</p>	
<p><u>IV. Presentation:</u></p>	<p>Dr. Deborah Allen, Helen O'Connor and Ashley Skiffer-Thompson gave updates and details on AAIMM Program: AAIMM Doula Program</p> <p>DPH looks at the fundamental crisis on what the data reveals on the lived experience of the Black community, which is that Black infant mortality continues to be a marker of unequal health throughout the life course that is tragic and revealing of the myriad expressions of racism in the lives of Black people.</p> <p>The Asian experience rate is the lowest in the county, which is consistent with the Asian rates around the world, the Hispanic rates are twice that of Asian rate, while the Black rate are the highest among all races. The data reflects an understanding that the root cause of this difference lies in racism. It reflects both specific research that link experiences of racism to adverse outcomes and providing access to care, by providing case management, a variety of interventions aimed primarily at access to prenatal care and overall reduce infant mortality. The program started in 2018 as a pilot program and is now approaching its 4th year. The pandemic changed the birth experience in Los Angeles as well as the rest of the country. So, it will be a challenge to understand the new data regarding the drop in fertility, fewer babies being born, and what that means in terms of adverse outcomes.</p> <p>There are key points AAIMM uses to reduce infant mortality and reduce the gap, and the impact on the bodies of Black women. AAIMM believes that racism is the root cause and the way the mechanism is connected to the biological process of a preterm birth occurring, that</p>	

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	<p>AAIMM prevention initiative is to strengthen a village of support, offer referrals to home visiting services, mental health, other community referrals and professional development opportunities.</p> <p>Prior to COVID, in 2019, DPH had a AAIMM Doula pilot program then implemented the full program in 2020. The program is still working on data collection. There have been over 700 client referrals, 434 of those became active clients in the program. There are approximately 50% Medi-Cal clients. Clients come in at all stages of pregnancy from 4 weeks to 39 weeks. The mean gestational age at enrollment is 25 weeks.</p> <p>Last fiscal year, AAIMM doulas attended 110 births either in person or virtual. 67% of those clients were in our three priority SPAs. AAIMM is focused on Antelope Valley, South LA and SPA 8 and Long Beach. Those are the areas with the highest infant mortality rates in the county. Satisfaction surveys were sent out and 80% of our clients reported having a doula reduced their stress levels during labor and delivery.</p> <p>Next Steps:</p> <p>There were programmatic changes because of COVID and other logistical changes that were challenging. The AAIMM Doula program will be able to accept Medi-Cal benefits for services. AAIMM Doula program will contract with all managed care plans for doula services and pull Medi Cal reimbursements. The program is looking forward to training and technical assistance regarding Medi Cal on how to bill and become providers.</p> <p>AAIMM is committed to serving the Black community toward birth equity. So, it's crucial to provide a living wage for the doulas. Medi-Cal reimbursement rate is low and will need to use grant dollars to ensure doulas are provided a living wage and augment the Medi-Cal rate when necessary. Also, looking to expand the AAIMM Doula program staffing because the demand is higher than the supply. The doulas are asked to carry a caseload of two births per months, but are often doing four or five. It's important not to burn them out. The program needs to ensure there is an ongoing workforce being trained and can hire and serve as many Black families as possible.</p>	

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	<p>The AAIMM need help with working with stakeholders, both community and clinical hospitals, clinics to enhance their receptivity to receiving doula in their space, to support doula when they are in the clinics and hospitals, understanding what they do, and what their scope of work consists of and does not. Doula need to be a welcomed part of the care team.</p> <p>National Health Law Project has been leading a lot of the work around the Medi-Cal benefit rollout, looking at what the State is doing, and other states have done to build doula services into Medicaid. There is a state plan amendment and provider manual from California DHCS.</p> <p>Recommendations/Comments:</p> <p>Comm. Dowling: This has been a great interest for many years as well as a difficult challenge because it has ties to racism. Women left in large numbers from county hospitals. Are there private hospitals that are centers for this or concentrated births? Where are the births happening?</p> <p>AAIMM: Births are happening at Kaiser, Cedar, St. Francis, and Long Beach Memorial. There's a variety. AAIMM has a number of different projects that focuses on different aspects of that cascade from reduction in stress to health equity. A funded program called Cherished Futures, is a learning collaborative among hospitals that serve the large numbers of Black births in the county, specifically addressing how they can reduce implicit bias among staff and the quality of service for Black birthing people.</p> <p>Comm. Dorian: Regarding ongoing workforce, there are areas that I can assist when thinking about a pathway program. Pathways to understanding the full scope of being a doula and the training. Need to increase the visibility and everything about the doula program.</p> <p>AAIMM: Charles Drew University is one of the programs partners that have created a Black Maternal Health Center of Excellence largely mirroring UCLA's Center of Excellence. They are working on a workforce pipeline strategy. It would be great to have a partnership amongst the institutes of higher education in LAC. Another challenge to the doula workforce is that these are not salaried positions because it not a 40-hour a week job. One of the things doula organizations are challenged with is how it make this job more appealing to</p>	

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	<p>professionals to stay long term and recognizing that sometimes they are up for 48 hours straight, while caring for their own families.</p> <p>Comm. Crawford: The <i>Western Center on Law and Poverty</i> can partner to help advocate for the needs of the program. This is historic to see this kind of investment in doula work and the issue of destigmatizing doulas and the necessity of them across communities.</p> <p>AAIIMM: In terms of policy, the most important things AAIIMM has been embarking on is a guaranteed income program that will be specifically uniquely targeted to Black birthing people in conjunction with four other counties to have a large population with a common research protocol. There is a joint grant across five counties and received funds to serve 400 women over the course of the experiment. Working hard to collaborate with other guaranteed income programs, maximize the research benefits. Guaranteed income is \$807. Following the research protocol that assigned an amount per client for each county based on an algorithm.</p> <p>Comm. Rodrigues: This is an incredible program, that he has witnessed the benefits firsthand for a family member. What is the interest and opportunity to make these salaried positions, to make positions exempt and or to think on how to make it more enticing and more competitive to secure that doulas will have at least 40 hours of work? And is there an ongoing funding stream or will this sunset?</p> <p>AAIIMM: The program is waiting for the next award letter from the State. The grant will sunset in June, but are very confident that the state will maintain their Home Visiting Innovation projects. We hope for two or three more years, which will allow us to sustain the program and navigate Medi-Cal reimbursements. There are over 7000 Black births annually in the county and the program is only serving 200. Regarding positions, there are some hospitals and other programs what have make doulas into full-time positions. The program is trying to match that rate wither hourly or per client, but it needs more time to work out.</p>	

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<u>V.</u> <u>New Business</u>	Annual Goals were introduced to the Commissioners for discussion and to be added onto the annual report.	All Commissioners were in favor of the goals. Goals will be added to the annual report.
<u>VI.</u> <u>Unfinished Business</u>		
<u>VII.</u> <u>Public Comment</u>		
<u>VIII.</u> <u>Adjournment</u>	<p><i>MOTION: ADJOURN THE MEETING</i></p> <p><i>The PHC meeting adjourned at approximately 11:50 a.m.</i></p>	<p><i>Commissioner Rodrigues called a motion to adjourn the meeting. The motion passed and was seconded by Commissioner Crawford. All in favor.</i></p>