

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION**

July 13, 2023

COMMISSIONERS

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

DEPARTMENT OF PUBLIC HEALTH REPRESENTATIVES

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

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 10:40 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 May and June Minutes	<i>Information only. Approved</i>
<u>III. Public Health Report</u>	Megan McClaire, Chief Deputy Director, Public Health DPH appreciates and extends deep gratitude to the Public Health Commissioners for your wise counsel and support. We are truly grateful for your continued leadership and commitment. DPH participated in the LA! Pride parade in Hollywood, nearly 100 DPH staff attended and handed out condoms, lubricant, and information on Mpox, STDs/STIs.	<i>Department Update</i>

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	<p>The County fiscal year ended on June 30th and our entire Operations Support Bureau teams have been working diligently with other County and community partners to ensure continuity of services and completion of work. I want to commend David Cardenas, our Operations Support Bureau Director and all our staff who are still working tirelessly to complete this work.</p> <p>DPH's new appointments and staffing includes Jose Escobar who has been appointed as the Regional Health Officer for SPA 3. This appointment is effective July 17th. Jose will direct the operation of core public health services within the San Gabriel Valley, including the development, administration, and delivery of regional communicable and chronic disease prevention activities and the enforcement of policies and regulations that protect public health and safety.</p> <p>Lastly, it is with a bittersweet heart to share the news of my transition to a new role outside of DPH. August 18th will be my last day with the Department.</p> <p>COVID-19 Update: As of today, cases reported were 1,544. The total number of cases in LA County is 3,758,955. Total COVID-related deaths in Los Angeles County are 36,547. Deaths reported this week is 13. The total number of tests performed is 78,017,015</p> <p>The rules are changing for healthcare worker vaccination requirement on August 4th. We are working through how that will apply to our own DPH staff. Updated vaccine in the Fall and will provide additional information as we receive that.</p> <p>In anticipation of back to school in the Fall, the department will be providing more information on vaccine safety and efficacy to prepare students, parents, and school staff.</p>	

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	<p>More information can be found on the Public Health website:</p> <p>http://publichealth.lacounty.gov/media/coronavirus/</p>	
<u>IV. Presentation:</u>	<p>Dr. Naman Shah, Director of the Division of Medical and Dental Affairs</p> <p>The healthcare system is a big contributor to our health. It is just one of many factors that can also harm health in different ways. The health system regulation is a core public health function as well as one of the CDC’s 10 essential public health services. DPH is working to ensure effective and equitable access to individual care.</p> <p>DPH has an existing healthcare consumer protection unit that helps mitigate some harm. The unit, in coordination with Department of Consumer and Business Affairs, focuses on fraudulent care, and dangerous products. For example, COVID testing scams. However, the largest harm comes from the most frequent exposures such as regular healthcare and its financial repercussions. This includes the managing of medical debt in hospitals and other institutions.</p> <p>DPH will approach addressing some of the healthcare harm by leveraging our expertise in population health tools, prevention, surveillance and research, community partnerships and education regulations.</p> <p>Analyzing a California Health Interview Survey conducted in LAC, a representative sample of over 4,000 respondents was gathered and a few questions about medical debt were included in the survey.</p> <p>What was found is that one in ten adults, or around 810,000 residents were impacted by medical debt. Uninsured adults face the most burden, but expanding insurance alone doesn't resolve this issue or reduce debt. Individuals with Medi-Cal almost doubled the prevalence of medical burdens and medical debt compared to Medicare. DPH is working</p>	

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	<p>with LA Care for a follow up study to better understand the cause and how to best protect Medi-Cal recipients.</p> <p>Medical debt, in comparison to tobacco smokers, asthma, and type 2 diabetes, is one of the leading most prevalent health issues. Using conservative point estimates, the total medical debt in LAC, as of 2021, was at least \$2.6 billion. Those with burdensome medical bills took on credit card debt to pay for the medical bills, which starts a vicious cycle of payments with high interest rates. Half were reported being unable to pay for necessities like food, heat, or rent due to medical bills.</p> <p>There are many disparities found in medical debts. There exist disparities by poverty, disparities among people who have chronic medical issues, disparities in terms of families with children, and disparities by race and geography. Black and Latino residents have almost double the prevalence of medical debt compared to white and Asian.</p> <p>The Impact of Medical Debt</p> <p>100 million people are burdened with medical debt. The debt burden is estimated to be as high as \$140 billion. National data shows about two-thirds or three-fourths of all medical debts are held by hospitals because ER visits and inpatients stays are the most expensive sources of medical debt.</p> <p>Social Determinants of Health</p> <p>In addition to anxiety and mental stress, individuals with burdensome medical debt were around 2 to 3.5 times more likely be food insecure, and unstably housed; therefore, contributing to the homelessness epidemic as well as diminishing access to healthcare, appointments and needed prescriptions.</p>	

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	<p>Steps to Combat the Issues</p> <p>Public Health established a diverse coalition of stakeholders to address medical debt, including consumers, nonprofit organizations, policy experts, and healthcare leaders.</p> <p>Members include 21 community organizations, 18 health organizations, and 7 local government departments, offices and initiatives. Western Center for Poverty Law is one of many key partners.</p> <p>DPH played key roles in the development of recommendations and will develop and implement strategies to advance recommendations and identify additional actions to reduce the medical debt burden.</p> <p>Under the DPH Recommendation Data Collection, we will collect and share additional data related to medical debt. DPH will also collect and make public data on hospital debt collection and financial assistance activities, increasing transparency for healthcare systems, local government, and community stakeholders. This will create visibility to track progress on relieving medical debt burden.</p> <p>DPH will work with our coalition experts to develop a model LA County financial assistance policy and a model application. Financial assistance Programs will analyze hospitals, policies, application, and develop models for adoption. DPH is working closely with Healthcare Access and Information on AB1020, a new State law for the Hospital Fair Billing program, which increases some of the notice requirements as well as some of the restrictions on collections that may help with medical debt burden.</p> <p>Public Health will work with stakeholders to create a vision for healthcare without financial harm that fundamentally shifts towards equity by empowering consumers and communities. We will work towards improving financial health and agency in relation to local healthcare systems and serve as a model for other localities across the country.</p>	

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	<p>Comments/Recommendations:</p> <p>Dorian: What is the definition of burdensome? Is it a self-definition? Regarding dental debt among the elderly, it's very underestimated.</p> <p>Dr. Shah: Yes, it's a self-definition. There have been other sources of medical debt data, for example, credit reporting. However, not all are captured, for example, debt from borrowing from family members or friends. Dental debt for the elderly is not covered. DPH has an impressive County Oral Health Program, led by Dr. Maritza Cabezas. Her team does an Oral Health survey and a lot of oral health data collection. We are thinking of ways to include dental debt and start to track it to address it.</p> <p>Dowling: Would like to hear more information on for-profit healthcare and disease and the impact on the whole system.</p> <p>Dr. Shah: One of the things that is tracked is the intrusion of private equity into the healthcare space. In LAC, there are 77 general acute care hospitals, 56 that are non-profit, which leaves a considerable number for-profit. For-profit partners can still deliver excellent care. There are no differences in terms of their obligations to their communities and quality of care although they may have their own challenges and legal status definitely in terms of 50(c)(3) and IRS obligations.</p> <p>Rodrigues: As part of your model, a medical debt specialist or medical debt navigator, will there be some community facing points of contact? There are many organizations doing the work and many different criteria and access points. What is the approach?</p> <p>Dr. Shah: The partners are taking an inside/outside approach. On the outside, there are legal aid clinics in LAC that offer their services as well as a statewide hotline, the Healthcare Consumer Alliance. At the same time, real life navigators, especially for low literacy, low-income, and underserved communities are very important. There are patient advocates in hospitals, that focus on clinical advocacy but also an opportunity for financial navigation.</p>	

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	Megan: There is an opportunity for more. Hopefully, in a few years, we can get to a place to resource available funding. With a broad network of community partners, we have system navigators that we currently fund through COVID-19. And if there are opportunities for resource CBOs, making sure they have the latest information, as they are known to be “boots on the ground”, the health department can help to organize that effort.	
<u>V. New Business</u>		
<u>VI. Unfinished Business</u>		
<u>VII. Public Comment</u>	Member of the public introduce himself, J.C. as a former Mental Health Advocate. He worked for the Blues organization, has family in various places across the world, and keeps himself busy by going to the synagogue. He mentioned living in subsidize housing and has some health issues but is determined keep his health intact through exercise using Zumba and yoga. He is a regular attendee of the PHC meetings.	
<u>VIII. Adjournment</u>	MOTION: ADJOURN THE MEETING <i>The PHC meeting adjourned at approximately 11:50pm.</i>	<i>Commissioner Rodrigues called a motion to adjourn the meeting. The motion passed and was seconded by Commissioner Dorian.</i>