APPROVED

COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
November 12, 2024

COMMISSIONERS

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

DEPARTMENT OF PUBLIC HEALTH REPRESENTATIVES

Dr. Barbara Ferrer, Director of Public Health **
Dr. Muntu Davis, County Health Officer**
Dr. Anish Mahajan, Chief Deputy Director*

PUBLIC HEALTH COMMISSION ADVISORS

Christina Vane-Perez, Chief of Staff *
Jeremiah Garza, Advisor to the Chief Deputy Director*
Dawna Treece, PH Commission Liaison*

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

TOPIC		RECOMMENDATION/ACTION/ FOLLOW-UP
I. Call to Order	*The meeting was called to order at 10:35 a.m. by Commissioner Crawford*	*Information only.*
II. Announcements and Introductions	The Commissioners and DPH staff introduced themselves. Action for October Minutes Land Acknowledgement	*Information only.* *Moved to December* *Read by Commissioner Crawford*
III. Emergency Circumstance	N/A	
IV. Public Health Report	Anish Mahajan, Chief Deputy Director, provided COVID-19 and other public health updates. The Department of Public Health has its Giving Thanks event yesterday, which was a huge success thanks to the many staff members such as Jeremiah Garza and Christina Vane-Perez who led in putting the event together to celebrate and recognize the work of the department and community organizations. Special thanks to Commissioner Rodriguez from First District who attended and joined us for special awards. With the recent election, the topic of public health was mentioned a lot. Public Health is paying careful attention to potential changes that may come down from the federal government and how thr change in leadership may impact public health. DPH will share	

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	potential impacts with the commission, community, and other stakeholders as the department navigate through what is to come. **COVID-19** There has been a decline in COVID-19 transmissions. There is a seven-day average number of 58 daily cases. This is a decrease from 144 that was reported last month in October. A large majority of cases are not reported because they are done with home tests. The wastewater concentrations of SARS COVID-2, the virus, results in COVID-19 infection have continued to decrease since last month. Wastewater concentrations are currently at 6% of the winter 2023-24 winter peak. This is a decrease from 37% that was reported in the last meeting. There was a 7-day average daily number of COVID-19 hospitalizations in LAC of 194, down from 273, a month ago. The daily average of COVID deaths is 1.1% compared to 1.4% that was reported last month. This shows a continued decrease in COVID transmission in LAC. As we start to enter the respiratory virus season, indicators of Covid transmission had significantly increase during the fall and winter month for the past three years. DPH will continue to watch this trend carefully. DPH continues to encourage residents to stay up to date on vaccines especially the older residents. COVID-19 vaccines proved residents with a safe, effective, and easy way to protect against severe illness in terms of the virus and lessen the risk of post-Covid conditions. The vaccine remains the most powerful tool to protect against the severe effects of COVID-19. DPH still recommends COVID-19 testing for anyone who suspects they may have COVID-19, symptoms or has had a recent exposure to Covid-19. Individuals who test positive should stay away from others until they are fever free for 24 hours without fever reducing medication and they symptoms are resolved, masking when around others to reduce transmission for 10 days after testing positive for COVID. DPH also has free and low cost therapeutic, the medication that could prevent serious illness from COVID. LAC should continue to take the commonsense precautions to avoid transmitting or becoming ill with COVID. This includes washing hands, using hand sanitizer before eating, after sneezing or coughing or when in public places and consider mask when in crowded indoor spaces.	

TOPIC		*RECOMMENDATION/ACTION/ FOLLOW-UP*
	H5 Avian Flu On November 1st, a press release was issued noting that DPH was investigating possible sources of H5 Avian Flu, which has been detected at low levels for the first time at one of the wastewater sampling sites in LAC. H5N1 is one type of avian influenza that has been spreading on birds and mammals, leading to a nationwide outbreak. As of today, there are no reports of human H5N1 cases in LAC and the overall risk remains low. There is no evidence of sustained human-to-human transmission with this strain of H5N1. DPH will continue to actively engage with key risk groups like the dairy and meat processing sites to identify possible sources of H5 avian flu in the wastewater. The virus may have been introduced to the wastewater by discarded contaminated animal products, infected wild bird droppings entering the sewage system or animal infection. DPH routinely monitor and test symptomatic birds, pets, and wild mammals in LA count for H5N1 though the Public Health Laboratory. H5N1 has been previously detected in wastewater in both northern and southern California. The virus has been detected in 278 theories in California. As of November 8th, there has been 21 cases of avian flu reported in California. None in LAC. LA County, in conjunction with the California Department of Public Health, the CDC and the state and federal agricultural agencies continue to track this closely. Symptoms of H5N1 virus in humans include cough, sore throat, runny or stuffy nose, muscle or body ache, headache fatigue, and fever. But it does not always cause fever. Sometimes fevers do not occur in people who are elderly and because they may have immunosuppression or the immune system with not react in that way. There may be eye redness or like conjunctivitis, shortness of breath, diarrhea, and nausea. While the current risk in LA County is low, DPH encourages residents to follow best practices when around animals or when consuming animal products. There is more information about H5 Avian flu on our website or residents can call our Public Health Infoline at 833-540-0473 from 8am to 8pm. **Silicosis Community Forum**	

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	In a prior meeting, Director of Office of Worker Health Safety, Alice Berliner, discussed emerging public Health threat of silicosis exposure. Alice Berliner participated in the silicosis community forum at CDO Park, organized by the Institute of Popular Education of Southern California. The forum was made possible by various partners including Supervisor Lindsey Horvath. The offices of the California State senator Caroline Menjivar, the LA City Council members Bob Blumenfield, and Monica Rodriguez from CD- 7 and LA City Economic and Workforce Development Department and strong community-based organization partners. The purpose of the forum was to raise awareness and educate the community about the dangers of silica dust and the devastating health effects of silica assist. The forum was part of an ongoing work of the Institute of Popular Education of Southern California. Cal OSHA provided training on the emergency silica standards. There is no cure for silicosis, but it can be prevented when the proper safety measures are taken including using wet method respiratory protection and regular health screening. The risks are highest for workers who handle the artificial stones without this adequate protection. The symptoms may not appear for years, damage done to the lungs after years of inhaling silica dust can be severe and irreversible, terrible breathing difficulties, lung inflammation lung scarring and even death. There has been over 200 reported cases of silicosis, with more than 60% of them occurring in LA County. Unfortunately, 13 people lost their lives to this preventable disease. 25 others have received lung transplants. Workers have the right to safe working conditions. This includes access to proper PPE and thorough training on the hazards of silica dust. Employers have a legal responsibility to comply with Cal OSH regulations an provide the necessary safety measures and medical screenings. For employers needing assistance, Cal OSHA offers consultation support to help employers be compliant with safety regulations. Residents can find valuable information on DPH's website at publichealth.lacounty.gov/silicosis Comments/Recommendations:	

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	Comm. Green: Is it ok to get COVID-19 vaccine and other vaccines at the same time? Dr. Mahajan: Yes. Crawford: Would like to emphasize the tool of masking as a way to avoid getting the flua cold, and COVID. Are there any other recommendations? Dr. Mahajan: Masking is recommended but not required. In a healthcare setting, under our health officer order, if healthcare workers are not vaccinated, beginning November, they are required to mask. Green: Regarding silicosis, manufacturers of stone are found in the valley. When the contractors buy stones, when they are fitting them in their day-to-day work, can they also contract silicosis when they are cutting the stones when doing home remodels? Dr. Mahajan: There are risks of working with stone, particularly in factories where workers cut and prep stone without proper PPE. The length and intensity of exposure to dust increase the risk of disease, with workers in environments where they handle stone all day being at much higher risk than those who only handle it occasionally. The use of proper cutting techniques and PPE is not consistent, which leads to devastating health outcomes for workers. DPH seeks an increased for public awareness, not just among workers and employers, but also among developers and consumers, encouraging them to ensure that the products they purchase come from sources that prioritize worker safety, similar to the ethical concerns raised by the blood diamond issue. Dorian: Raised concerns about the dust created during stone cutting, questioning its appearance after it settles and the potential risks for people not directly involved in the cutting process. She also expressed concern about the disposal of the dust and the entire process chain and draws a parallel to asbestos, suggesting that the issue should be approached similarly in terms of policy and long-term considerations, with careful attention to the risks and consequences for everyone involved. Dr. Mahajan: Agrees that the analogy to asbestos is very fitting, emphasizing that as a society, we do not tolerate exposure to asbestos.	

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V. Presentation	Dipa Shah, Director of the Nutrition and Physical Activity Program and housed within the Division of Chronic disease and Injury Prevention and Dr. Tony Kuo, Director of Chronic disease and Injury prevention and member of the LA County Food Equity Roundtable talks strategies. Historically, food insecurity has been viewed primarily as a social needs issue, often addressed through programs like the Supplemental Nutrition Assistance Program (SNAP), commonly known as food stamps. However, since the pandemic, it has become increasingly clear that food insecurity is not just about access to food, but also about nutrition insecurity. Many are now recognizing that these issues should be approached through a healthcare lens, with an emphasis on nutrition as a means of preventing and managing chronic conditions. This newer approach includes innovations like produce prescriptions, medical meal programs, and produce pharmacies, which could be integrated with healthcare systems and reimbursed as part of community support programs, as seen in places like California. "Food as medicine" refers to providing healthy food resources to prevent, manage, or treat specific clinical conditions in coordination with the healthcare sector. While the concept itself is rooted in Indigenous communities and ancient traditions, its acceptance and integration into the healthcare system is a newer, emerging trend. This growing recognition of food's role in managing health conditions is an exciting development. As the county and department work to implement related programs and policies, it's important to consider how to effectively coordinate food provision with healthcare and ensure these initiatives support both prevention and treatment of chronic conditions. A recent paper titled *Food as Medicine Approach to Achieve Nutrition Security and Improve Health* outlines a pyramid of food-based interventions to improve health. At the base of the pyramid are broad-scale programs like Supplemental Nutrition Assistance Programs (CalFresh in California), which focus on improving access to healthy food at the population level. Moving up, we find interventions for more targeted support, such as medically tailored food packages and produce prescriptions. At the top of the pyramid are specialized programs, like medically tailored meals, for high-acuity patients with conditions like diabetes, chronic kidney disease, HIV, or cancer. These meals are often	

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	approved by healthcare providers and specifically tailored to the individual's health needs. 6 out of 10 adults in the US have a chronic disease, and 4 in 10 adults have 2 or more. So chronic disease, as we know, are the leading cause of death and disability, and really are leading the drivers of this $4.1 trillion that we're spending on healthcare in the United States. Of that $4.1 trillion, $3.7 trillion, 90% of those costs are expenditures related to chronic disease management. Diabetes, for example, type two diabetes, is a very costly disease to manage, as are others. So, there is a huge economic component of this. Dietary risks are the leading driver of chronic diseases, followed by tobacco use. Interestingly, food insecurity doubles the risk of developing conditions like diabetes. People living in food-insecure households face significant challenges accessing healthy food, which links to a new concept called "nutrition security"—ensuring affordable, healthy food is available. Food insecurity is disproportionately high in communities of color, particularly Black and Latino households, with 38% affected compared to 30% of all households. This disparity stems from systemic racism, such as policies and historical redlining, which have limited access to grocery stores and other community resources. A food pharmacy program, where healthy food is treated as a medical intervention, is seen as an effective, cost-efficient solution for managing chronic disease. The two key questions in assessing food insecurity and nutrition security ask about both the sufficiency of food (i.e., whether there is enough food to avoid running out at the end of the month) and the quality of food (i.e., whether healthy, disease-preventing foods are accessible). The second question is focused on nutrition security, which looks at access to health-promoting foods without defining what those foods are, allowing individuals to assess their own access. Public health efforts aim to map areas facing challenges, such as limited grocery stores or barriers to eligibility for programs like SNAP. A forthcoming report on nutrition security will provide insights and policy recommendations. The Biden-Harris administration has also prioritized this issue, hosting the first White House Conference on Hunger, Health, and Nutrition in over 50 years, and many philanthropic organizations have pledged support for these initiatives.	

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	Congressmember Barbara Lee recently introduced federal legislation, HR 9631, focused on local and equitable sourcing for food as medicine, with 26 co-sponsors. The goal is to frame it as a bipartisan issue, highlighting its potential to reduce healthcare costs. In California, the state applied for an 1115 waiver for Medicaid services, allowing for the inclusion of food as medicine interventions. Under the CalAIM program, California has submitted 14 community supports, including medically tailored meals, which are reimbursable under managed care plans. Eligible recipients for medically supportive food and nutrition include Medi-Cal recipients with chronic conditions such as diabetes, heart disease, cancer, and HIV, as well as those discharged from hospitals or skilled nursing facilities. These interventions aim to prevent readmissions by providing medically tailored meals for up to 12 weeks post-discharge. Additionally, patients with extensive care coordination needs are eligible. Despite the potential, utilization of these services in LA County is low, with only a small number of eligible people receiving support. Efforts are underway to work with managed care plans to address barriers and improve access to these services. Our department received four grants from the Gus Schumacher Nutrition Incentive Program to implement produce prescription programs. To date, we have enrolled over 2,000 patients, all of whom have diabetes or are pre-diabetic, are enrolled in Medi-Cal, and live in food-insecure households. These participants receive a $40 monthly electronic debit card for six months to purchase fresh fruits and vegetables at participating grocery stores. We measure the program's impact through blood tests (hemoglobin A1C for blood glucose control and blood pressure), as well as surveys on fruit and vegetable consumption and food insecurity. Initial analysis shows moderate improvements in hemoglobin A1C and household food security, though blood pressure wasn't significantly impacted. These findings align with other published studies showing the effectiveness of such programs. We're partnering with several clinics, including Asian Pacific Health Care Venture, Northeast Valley Health Corporation, Venice Family Clinic, and two county clinics, Hubert Humphrey Comprehensive Center and Los Angeles General Medical Center, to deliver these services.	

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	Our department has received funding from the American Rescue Plan Act, part of which was allocated to food access programs. These include the Market Match healthy food incentive program, which distributes funds to CalFresh recipients to purchase healthier food at farmers' markets. With 51 participating markets, we've distributed over $2 million. Additionally, we've distributed over $12 million through a grocery voucher program to provide cash-value benefits for low-income communities, partnering with retailers like Albertsons, North Gate, and Gonzalez Markets. The LA County Board of Supervisors, recognizing the need to address food insecurity, adopted a motion in November 2022 focused on diabetes and supporting the use of medically supportive food and nutrition interventions for Medi-Cal recipients. This led to meetings with health plans like Health Net and LA Care to understand barriers and enhance access. In response to the decentralized food system, the Board established the Food Equity Roundtable, a public-private partnership supported by philanthropy, and developed an action plan, which includes elevating food as medicine. As part of this initiative, I chair the Food as Medicine Task Force, which includes organizations like the LA Regional Food Bank, WIC, and First 5 LA. Tomorrow, I will present to the Butterfly Equity Foundation's Food Funders Collaborative, advocating for staffing dedicated to the new Office of Food Equity. The Food as Medicine Task Force focuses on knowledge sharing, learning opportunities, and expanding medically supportive food and nutrition interventions. It has conducted an assessment of managed care plans in LA County to understand their progress and support needs. A summit is planned for 2025 to further these efforts, with a grant application submitted to the Doris Duke Foundation to support the event. The newly established Office of Food Equity, the first of its kind in the region, coordinates food equity projects and is funded through a public-private partnership. Paula Daniels, a veteran in food system improvement, has been appointed as the inaugural director. Key considerations for future work include ensuring that food as medicine programs provide high-quality, nutritious meals. Concerns have arisen about some providers offering low-quality, unhealthy foods (e.g., salty, fat-laden meals) under Medicaid	

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	reimbursement, which could undermine the purpose of managing diseases. The focus should be on culturally relevant, locally sourced, and nutritious foods that support regional economies. Additionally, investments should be made to ensure that patients not only receive these meals but also consume them, preventing food waste. Food as medicine is not a cure-all for diet-related chronic diseases or food and nutrition insecurity, which are closely linked to poverty. While food as medicine has potential, it must complement and enhance existing anti-poverty and nutrition security programs like CalFresh and WIC. A key challenge is integrating these programs, which are often short-term (12 weeks or less), to work together more effectively and provide long-term support for individuals facing food insecurity. Comments/Recommendations: Rodrigues: Mentioned two key thoughts that could include an action plan and Community Resources**:** There is a need for a more structured action plan to address food and nutrition insecurity, particularly through existing infrastructure like nonprofits, schools, and care systems. The focus is on building a coalition to bring tangible resources to communities. Next, low utilization in Managed Care: Despite the importance of medically supportive food programs, utilization under Managed Care is low. The speaker expressed interest in understanding the barriers to utilization and how to incentivize participation, particularly from insurance providers. The goal is to find ways to encourage more involvement and amplify access to these resources. Dipa: Efforts were made to require managed care plans to offer medically supportive food services through AB 1975, which would have made these services mandatory rather than optional. The bill passed but was vetoed by Governor Newsom due to concerns about potential costs. However, a similar bill will be reintroduced in the next legislative cycle in January. Additionally, the goal is to develop informed strategies based on an upcoming assessment, which will help guide future efforts and policy decisions. Dorian: States the importance of applying a life course perspective to public health, considering different needs at various stages of life. She highlighted the significance of culturally tailored interventions and the necessity of addressing barriers to food access, ensuring that individuals actually consume the food.	

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	Nutrition programs must consider not just the availability of food but also its cultural relevance, as food has deep cultural importance in many communities. They stress that food as medicine should not only focus on managing chronic diseases but also on preventing them, urging for a more holistic approach that addresses these layers effectively. Dowling: You mentioned California submitted 14 community supports. Dipa: The 1115 waiver allows states to request funding to provide community support services as reimbursable through managed care plans. The waiver includes 14 services, such as housing support, caregiver respite care, asthma remediation, and sobering centers, aimed at improving health outcomes and care access. States can tailor these services to their needs, and community-based organizations can provide these services by contracting with managed care plans to coordinate the efforts.	
VI. New Business		
VII. Unfinished Business	Recommendation Letter: Action to vote: Exide Recommendation Letter	Vote: SD1 – Yea SD2 – Yea SD3 – Yea SD4 – Yea SD5 – Yea Approved

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VIII. Public Comment	W.P.: Caller advises various efforts to stop the spread of the Coronavirus have failed, including vaccine distribution, mask mandates, and the closure of beaches and schools. Despite recommendations the virus continues to spread, with hospitalizations occurring among vaccinated individuals. In response, concerned residents passed Measure G to establish an ethics commission to investigate misconduct. The focus is now on learning from these failures, publishing what was done, and acknowledging what did not work, including the negative outcomes of these measures. S.J.: Caller advised she is living with long COVID and MECFS, facing severe disability and food insecurity. Others like her are housebound or bedbound with debilitating fatigue, yet they are excluded from assistance programs despite their condition being comparable to other qualifying diseases like HIV/AIDS and cancer. They are financially devastated, unable to work, and stuck in lengthy SSDI appeals with high denial rates, while also struggling to qualify for CalFresh or Medi-Cal. The lack of effective medical treatments makes access to healthy food crucial, but physical and financial limitations prevent them from obtaining it. The American Rescue Plan, which promises equitable recovery, fails to include long COVID sufferers, and they urge for updated eligibility and delivery options for food support, like those used in the AIDS crisis. Ignoring this issue leads to worse health outcomes, higher healthcare costs, and increased mortality. The caller asks the Commission to act and provide the necessary support for long COVID and MECFS patients. P.H.: The caller advocates for expanding LACDPH's food services to include long COVID and MECFS, as these conditions are increasingly common and impact marginalized communities at risk for long-term effects of COVID. They suggest the department should also model best practices by wearing masks and improving indoor air quality. Regarding Measure US, the speaker urges LAUSD to use funds for HVAC upgrades in schools to meet or exceed EPA-recommended standards (such as ASHRAE 241), which would improve air quality, reduce illness spread, and decrease absenteeism. They also call for LA to enforce the new California Public Health indoor air quality guidelines in schools, which many are not following. The caller emphasizes the importance of clean air in preventing illnesses like bird flu and ask for expanding bird food testing and permanent mask mandates in healthcare settings. Caller stresses the need for proactive public health measures and	

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	not to adopt policies/guidelines that may weaken public health protections. J.T.: Attendee compares long COVID to silicosis, emphasizing that it is a preventable disease with no cure and limited treatments. The attendee advise LAC is failing to educate the public about the long-term risks of COVID and repeated infections, and for not providing adequate protective equipment like N95 respirators for workers and the public. Despite the increasing number of disabled individuals due to COVID, LAC continues to treat the pandemic as a past issue. The attendee urges that long COVID and MECFS patients be included in qualifying conditions for programs like the "food as medicine" program, which would help housebound individuals receive proper nutrition and prevent further deterioration of their health. Lastly, the attendee calls for LAUSD to follow proper standards when upgrading air quality in schools. As a parent of a child in LAUSD who contracted COVID and is still struggling with long-term symptoms, they stress the importance of improving air quality to prevent further infections and health issues.	
IX. Adjournment	***MOTION: ADJOURN THE MEETING*** *The PHC meeting adjourned at approximately 11:55 a.m.*	*Commissioner Dowling called a motion to adjourn the meeting. The motion passed and was seconded by Commissioner Green.*