

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION**

APPROVED

May 9, 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

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

PUBLIC HEALTH COMMISSION ADVISORS

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

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

| TOPIC | | RECOMMENDATION /ACTION/ FOLLOW-UP |
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| <u>I. Call to Order</u> | <i>The meeting was called to order at 10:35 a.m. by Commissioner Dorian</i> | <i>Information only.</i> |
| <u>II. Announcements and Introductions</u> | <p>The Commissioners and DPH staff introduced themselves.</p> <p>Action for Feb Minutes Action for March minutes</p> <p>Land Acknowledgement</p> | <p><i>Information only.</i></p> <p><i>February Approved March minutes moved to next meeting.</i></p> <p><i>Read by Commissioner Crawford</i></p> |
| <u>III. Emergency Circumstance</u> | N/A | |
| <u>IV. Public Health Report</u> | <p>Anish Mahajan, Chief Deputy Director, provided COVID-19 and other public health updates.</p> <p>COVID-19/RSV</p> <p>LAC COVID-19 indicators continue to remain low. The wastewater concentrations are at 9% of the winter 2022/2023 peak concentration value for the week ending May, compared to 6% for 2023/24. Last week, we reported a 7-day average of 51 COVID cases per day, a decline from 70 cases per day the week prior. These numbers do not include Pasadena and Long Beach. The daily average of 120 COVID-19</p> | |

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| | <p>hospitalizations, a slight increase from 116 hospitalizations recorded the week prior. There was a 7-day average of 1.3 deaths per day (including Long Beach and Pasadena), a slight increase of 0.1 %. Although these numbers are low, based on seasonal patterns, COVID-19 cases increase during summer due to more travel and gatherings. Both the CDC and Public Health recommend residents over 65 years old receive another dose of the COVID vaccine after the fall dose that was recommended.</p> <p>Medical Debt</p> <p>LAC is working on reducing medical debt through improved data collection and innovative strategies to retire medical debt. There was a motion on October 3, 2023, directing county departments to create opportunities around reducing the burden of medical debt. A subset of those activities included working with county partners to develop an ordinance requiring data collection and creating policies on debt collection and financial assistance from hospitals. LAC will partner with hospitals operating with counties to identify best practices related to debt collection and financial assistance activities. This will be publicly posted once finalized. County departments will report back to the board with recommendations on further efforts to reduce medical debt. Many hospital associations and systems are participating to discuss strategies for interaction and sharing of information and financial assistance practices.</p> <p>Other discussions include more controversial matters such as what type of data should be obtained from the hospitals. A draft ordinance is in the works with language that the county council and our team are working on and will go before the supervisory coalition as the blueprint approach for the data collection. The group has been thinking of accountability that would include retiring medical debt. However, there are many steps before that can be explored. For example, looking at ways residents don't feel burdened with a heavy bill after treatment and then worrying about how to pay for it. DPH, and other partners have been looking at their budgets to see if we can find a way to retire some of the medical debt of the lowest-income Angelenos.</p> <p>Learning and Development Opportunities</p> | |

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| | <p>DPH is investing in its staff by providing training and development around community engagement, leadership and improving the leadership capacity and competence of staff, and how we are responsive to trauma and overall performance at a unit level of results-based accountability.</p> <p>The Office of Planning and Integration Engagement is hosting an event called Planning for Impact: How to Apply Community Engagement Principles and Strategies Training. The training supports participants to understand, analyze, and apply community engagement strategies. This will focus on directors and leaders of our major units and divisions.</p> <p>DPH’s Organizational Development and Training Unit is hosting a set of trainings over the next few months that include Franklin Covey techniques that will be delivered by Franklin Covey Consultants and DPH staff. The professional leadership development courses also include Five Choices to Extraordinary Productivity and Trust Foundations, Leading at the Speed of Trust, Six Critical Practices for Leading a Team, Four Essential Rules of Leadership, and The Seven Habits of Highly Effective People for SEIU representative staff.</p> <p>We're also conducting a separate set of trainings around coaching skills for managers, that will be delivered by another consulting firm called Gold Bar. During this training, the supervisors and managers will enhance their skills in communicating and creating a positive work environment and engaging in coaching for their staff. There is also a supervisor development program that will be launched separately from the aforementioned.</p> <p>These are all not mandatory, but highly recommended trainings that are offered to DPH staff. In hearing their voice on what would improve their experience and their fulfillment in working in DPH, these are some of the things we're trying to respond with.</p> <p>An additional training initiative, sponsored by the California Department of Public Health, called "All of Us and Building Trauma Responsive Cultures," will include 18 staff members participating in a three-week intensive program focused on addressing the impact of toxic stress and trauma in the workplace.</p> | |

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| | <p>The Office of Violence and Prevention, in collaboration with an external partner, is conducting a three-session training series titled “Embody Trauma Informed Resilience Training,” aimed at equipping participants with skills to recognize and manage stress, trauma, and relaxation responses in themselves and others. This training, open to all staff, utilizes cohort-based formats catering to specific affiliations such as Black Indigenous People of Color (BIPOC), disability, LGBTQ, managerial, and executive leadership, fostering shared learning experiences among participants with similar backgrounds or identities. Through this approach, participants engage in activities tailored to their respective cohorts, promoting a supportive environment for skill development and resilience-building.</p> <p>Comments/Recommendations:</p> <p>Commissioner Dorian: The work on Medical Debt is amazing and exciting, especially considering additional indicators like the female head of household as the sole income source, which we often overlook. Collecting nuanced data that truly predicts outcomes, such as medical debt, at a more detailed community level is crucial, beyond the usual broad categories.</p> <p>Dr. Mahajan: Despite privacy concerns, lawyers confirmed that as a HIPAA-covered entity, we can receive patient data, though hospitals find it burdensome. We argue the public good and request data already reported to CMS and the state, but additional variables may not be feasible initially. We plan to start with minimal data sharing back with individual hospitals to address concerns, with hopes to eventually involve community advocates for more detailed patient information to improve our screening process.</p> <p>Comm. Dorian: Transparency in capturing data and making it actionable to meet expectations is very important. While emphasizing the public good, it's crucial to demonstrate the benefits for hospitals, creating a win-win situation with a clear feedback loop, and starting small before expanding, ensuring everyone understands the ultimate objective and their specific benefits.</p> <p>Comm. Green: Amazing work on medical debt with mind-blowing stats highlighting the long-term devastation on families. By analyzing data to</p> | |

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| | <p>identify the causes of medical emergencies, such as cancer or accidents, we could determine preventability and focus on proactive education to prevent future cases.</p> <p>Dr. Mahajan: It is a good idea to obtain diagnosis codes along with financial data, as it would allow us to identify the percentage of debt due to specific acute emergency conditions and better understand and address the root causes of financial burdens.</p> | |
| <u>V. Presentation</u> | <p>Drs. Rashmi Shetgiri, Chief Science Officer, and Megha Shah discuss the 2024 Los Angeles County Community Health Profile and demonstrate the new website.</p> <p>The Community Health Profiles initiative aims to provide localized health data for actionable insights and community-driven health improvement. Historically, health reports focused on broader county-level data, but feedback highlighted the need for more granular information to address local community needs effectively. In 2018, the first iteration of Community Health Profiles was released, marking a departure from previous approaches, and incorporating community feedback for ongoing improvements. This initiative facilitates informed decision-making and empowers communities to utilize local data for targeted health interventions, fostering better health outcomes at the neighborhood and community levels.</p> <p>The initiative's objectives encompass providing accessible, geographically disaggregated data to communities for improving health outcomes and fostering local change. By identifying geographic inequities and addressing underlying factors, such as social and economic disparities, the initiative aims to intervene earlier and reduce health inequities in LA County. Through explicit connections between health outcomes and underlying determinants, the initiative seeks to drive community-led health improvements and data-driven policy initiatives. The 2018 profiles, comprising 58 indicators for 86 places, were disseminated widely, engaging community stakeholders for feedback and informing the next generation of profiles through human-centered design approaches.</p> | |

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| | <p>Based on extensive feedback, the 2024 iteration of the profiles features a more interactive map-based interface, catering to requests for increased interactivity and accessibility. Expanded geographies now include more neighborhoods in both the City of LA and unincorporated areas, along with additional indicators across various topics, totaling over 100 indicators. The platform's design facilitates continual updates and revisions, responsive to ongoing community needs and emerging data sources. With data drawn from local, state, and national sources, the profiles cover a range of health outcomes, behaviors, and determinants, organized into 11 thematic areas to foster a broader understanding of health influences, and promote systems change through advocacy and policy at multiple levels. This approach encourages communities to identify and address multiple areas for intervention, transcending individual-level interventions to encompass environmental, social, and economic factors affecting health outcomes.</p> <p>The Community Health Profiles cover various topic areas including demographics, social determinants of health, and healthcare access, each interconnected to provide a comprehensive understanding of community well-being. For instance, the Social Determinants of Health section includes indicators such as education, income, social support, and civic engagement, illustrating how these factors influence health outcomes like life expectancy and mortality rates. Through data analysis, communities can identify areas for targeted policy and prevention strategies, such as addressing high blood pressure and obesity rates to reduce coronary heart disease mortality. By delving deeper into access to healthcare and healthy food options, potential structural interventions can be identified, encouraging collaboration among various community groups to address underlying determinants and improve overall health outcomes.</p> <p>The Community Health Profiles provide comprehensive data for understanding specific community health issues and their underlying determinants, facilitating the identification of health inequities, areas for prevention, intervention, and policy development to drive improvements in community health.</p> <p>Dr. Megha Shah presented a demonstration of a new website and provided a quick overview of its features, emphasizing how to view and interact with the data without going into detailed instructions, as tutorials are available for that purpose. The website can be easily accessed through the Public Health Department's homepage. The</p> | |

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| | <p>homepage showcases three main ways to access the data: a map-based platform, a comparison tool, and community-specific reports. Key features include contact links for user feedback and a subscription option for updates, along with video tutorials and a FAQ section to assist users in navigating the platform.</p> <p>Recommendations/Comments:</p> <p>Comm. Dorian expressed admiration for the extensive work involved in maintaining the website, highlighting the inclusion of indicators, services, and definitions that might change over time. They emphasized the importance of academic institutions as partners in using and promoting the data for program planning and research. She praised the website but stressed the need to ensure widespread usage and understanding of its potential, advocating for its integration into K-12 education to enhance transparency, advocacy, and education. She suggests ensuring that everyone within the department and external entities are aware of the website to maximize its impact and usability.</p> | |
| <u>VI. New Business</u> | | |
| <u>VII. Unfinished Business</u> | 2023 Annual Report | A motion was called to approve the 2023 Annual Report: All Commissioners were in favor of approving and seconded by Commission Rodrigues |
| <u>VIII. Public Comment</u> | W.P. - Spoke at the commission last May about LA County's various mitigation efforts for coronavirus, and while the Commissioner said the information would be available on the website caller states it isn't there. | |

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| | J.C. - Handed out materials on diet and buses; I wanted to discuss my past involvement with the Buddhist SGI young men's labor force from 1985 to 1995, my current routine of attending synagogue and exercising regularly, and I'll be 67 years old in three months. | |
| <u>IX. Adjournment</u> | <p><i>MOTION: ADJOURN THE MEETING</i></p> <p><i>The PHC meeting adjourned at approximately 12:23 p.m.</i></p> | <p><i>Commissioner Crawford called a motion to adjourn the meeting. The motion passed and was seconded by Commissioner Dowling.</i></p> |