APPROVED

COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
June 12, 2025

COMMISSIONERS

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

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 **Not Present

TOPIC		RECOMMENDATION/ACTION/ FOLLOW-UP
I. Call to Order	*The meeting was called to order at 10:30 a.m. by Commissioner Green*	*Information only.*
II. Announcements and Introductions	The Commissioners and DPH staff introduced themselves. Land Acknowledgement Action for May Minutes	*Information only.* *Read by Commissioner Green* *Moved to Next Month*
III. Emergency Circumstance		
IV. Public Health Report	Dr. Muntu Davis, County Health Officer, provided Public Health updates. COVID-19 As of the week ending May 31st, COVID-19 risk to the general public remains low, with 4.6% of specimens tested positive for the virus, showing a slight increase from the previous week's 3.83%. Emergency department visits related to COVID are also stable at 0.5%, a small rise from the previous week's 0.4%. Wastewater data indicates minimal viral presence, well below even 0.004%, which is lower than during the same period in the past two years. However, as summer approaches, increased travel and gatherings may	

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	elevate the risk of transmission, prompting continued monitoring and updates for the public as necessary. In terms of COVID-19 vaccinations, recent federal updates have sparked confusion. The FDA has issued new guidance recommending COVID-19 vaccines primarily for higher-risk groups, such as adults over 65 and those with underlying health conditions. For healthy individuals between 6 months and 64 years, randomized controlled trial data is now required before approval. Notably, pregnant women are no longer recommended to receive the vaccine. Two new vaccines, including Novavax for those 65 and older, have been approved, and the FDA is also considering updates for the 2025/2026 vaccine. The ACIP meeting later this month will be pivotal in determining how these developments may affect future recommendations. Currently, the CDC has not yet changed its vaccination guidance, and insurance companies are still covering the cost, encouraging individuals to get vaccinated while coverage remains in place. Measles On June 7, a confirmed case of measles was reported, highlighting the critical role of public health departments. Measles is highly contagious, with a 90% chance of transmission in unvaccinated individuals upon exposure. Currently, the public health team is monitoring hundreds of potential contacts, providing guidance on symptom monitoring and appropriate care, while ensuring exposed individuals are informed about preventive measures. The situation emphasizes the importance of vaccination, as measles can be effectively prevented with the MMR vaccine. Public health officials are urging all residents, especially those preparing for summer travel, to make sure they are up to date on their vaccinations to protect themselves and others from the spread of the disease. Wildfire Recovery and Related Matters The ongoing blood lead testing program is still available to both individuals and medical providers, with Quest Labs serving as a resource for those seeking to get tested. These tests remain a covered service, and there are upcoming community events where people can participate in testing, such as on June 14 at the Malibu Library and June 27 at the	

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	local community center. This initiative aims to provide accessible lead testing for the public, with a focus on the potential health impacts of wildfire exposure. In addition to blood testing, the program continues to offer free lead soil testing. A slight adjustment has been made to the target area for soil testing; although the program originally focused on areas downwind of the Eaton fire, the new map now highlights specific squares where a higher percentage of lead contamination has been detected. These areas are where lead levels in the soil are most concerning, but individuals outside these squares can still request a sample if they have concerns about lead exposure. Approximately 20,000 households were invited to participate in the lead soil testing program. Participants are advised to collect samples from areas they frequently use, such as walkways, gardens, or places where children play, as these are the spots most likely to pose a risk of lead exposure. Samples are analyzed by a certified lab, and health guidance is provided based on the results. For further information, people can visit the program's page on the public health website under the Fire and Health Information section. *Recommendations/Comments:* Rodrigues: In light of likely very different recommendations than we have had in the past few years, as community health workers and community-based organizations, health providers encourage folks to take advantage of vaccinations that's still being covered by insurance right now, do we have any data on how the current vaccine experience with the new strain at all? Dr. Davis: Currently, there doesn't seem to be any specific real-life studies on the impact of the current vaccines, but the data review process is crucial when vaccines are approved. The Advisory Committee on Immunization Practices (ACIP) plays a key role in evaluating and interpreting the data provided by manufacturers to determine the best recommendations. While it's a challenging question to answer, especially with ongoing updates, will research further to find more specific information regarding the effectiveness of the current vaccines.	

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	Green: On COVID-19, it maybe just rumors that there's another one coming our way within the next few months being another strain? Dr. Davis: The flu, like COVID, circulates year-round with consistent patterns. COVID evolves frequently, making year-round surveillance important. Vaccine updates are often based on patterns observed in the Southern Hemisphere, as they provide insights into what might happen in the upcoming flu season. The key is maintaining strong global surveillance to track these changes and anticipate potential threats. Green: How will disenfranchised people access the covid vaccine? Will that change? We don't know if it's in the budget. Dr. Davis: Insurance coverage typically follows ACIP recommendations, which are considered the standard for preventive care. While coverage may vary slightly between insurers, if ACIP recommends something, insurance usually covers it. Currently, there have been no official changes to these recommendations.	
V. Presentation	Will Nicholas, PhD, provided overview of the Homeless Mortality Report The Center for Health Impact Evaluation was created to assess the health impacts of policies outside the traditional health sector. It aims to use data to recommend actions that maximize health benefits and minimize harm. In 2015, with housing and homelessness at crisis levels, the center released its first two reports focused on the connection between housing and health. The program completed two assessments: 1) City of LA affordable and transit oriented affordable housing measure called Measure JJJ and Assessment under Measure H which is the County homeless tax (recently replaced with Measure A). In 2019, the Center released its first report, and Dr. Ferrer pushed to use the data not just for reporting but to drive action to reduce mortality in the homeless population. She encouraged board members to pass a motion to collaborate with other county departments on addressing these issues.	

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	The first set of recommendations included continuing surveillance efforts. Six years later, the Center still collaborates with county departments, LAHSA, and the Homeless Initiative, reviews data annually, updates recommendations, and now incorporates broader community engagement in its process. The process for tracking homeless deaths involves multiple steps. Initially, the medical examiner's data on homelessness was incomplete, with the "homeless" field often missing. To address this, the team conducts keyword searches in the data and applies HUD criteria to identify homeless cases that were not flagged. They also use address data from local housing inventories to identify deaths in temporary or interim housing. Additionally, deaths not investigated by the medical examiner (usually from natural causes in nursing homes, hospitals, etc.) are identified through death certificates. The team matches medical examiner data with state death records and uses address data from homeless service agencies. In 2023, California introduced a "homeless" checkbox on death certificates, improving the accuracy of identifying homeless deaths. Several Western states, including California, were among the first to introduce a "homeless" checkbox on death certificates, which was implemented in 2023. California's early efforts in 2020 influenced this decision. The new checkbox should improve the accuracy of counting homeless deaths, but a comparison between two years of data will provide a clearer picture. To calculate mortality rates, the team matches medical examiner data with state death records, allowing them to capture ICD-10 cause-of-death codes. They then combine this data to create a final death count for the year. For mortality rates, the number of deaths is divided by the estimated mid-year population, using the average of two Point-in-Time counts in January to approximate mid-year homelessness figures. This method assumes that monthly counts would yield an average similar to the January counts. This approach was accepted for publication in the *American Journal of Public Health*.	

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	Federally funded Continuums of Care, like LA's, are required to conduct a homelessness count every other year, but LAC does it annually. USC, contracted by LAHSA, provides detailed demographic data, allowing for age adjustments in mortality rates. Since 2020, the data has been more useful, with age groups broken down every 10 years. This enables better comparisons across subgroups and between the homeless population and the general population, adjusting for age and gender differences. LAHSA's demographic survey doesn't cover Long Beach, Pasadena, and Glendale, but it's assumed their demographics are similar to the broader LA area. Additionally, a drug type analysis is conducted on overdose deaths, identifying drugs mentioned on death certificates. Since most overdose deaths involve multiple drugs, the reported percentages may exceed 100%. After a sharp 56% increase in death rates from 2019 to 2021, largely due to fentanyl, COVID-19, and rises in homicides and traffic deaths—the rate has now plateaued for two consecutive years, which is a positive sign. Since the reporting began, each year had more deaths than the last, but early indications suggest 2024 may be the first year with a decline. Preliminary national and San Francisco data also hint at this potential downward trend. Overdose deaths remain the leading cause and only began to plateau in 2023. However, overall mortality rates had already leveled off in 2022, largely due to a sharp decline in COVID-related deaths and a stabilization of homicide and traffic fatalities. In 2023, overdose deaths finally stopped rising, which is encouraging, though rates remain high. Homicides declined significantly, while traffic deaths stayed flat but high. Interestingly, heart disease deaths rose, possibly due to improved identification using the new homeless flag on death certificates, though it’s unclear. The team plans to investigate heart disease deaths further, as they may be overused as a default cause when the exact reason is unknown.	

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	In 2023, there was a more noticeable flattening of the overdose death rate, which may be linked to increased naloxone distribution—a key harm reduction strategy. While mortality data for 2024 isn't available yet, prevention efforts like naloxone use continue to grow. The breakdown of drug-related deaths shows fentanyl has surged, while other opioids and heroin have declined. Methamphetamine remains the most common drug involved in overdose deaths, usually in combination with other substances. Surprisingly, about 19% of overdose deaths in the most recent year were due to meth alone, often affecting older individuals with long-term use. However, 80% of meth-related deaths still involve an opioid as well. Some racial/ethnic groups like Asian, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander often have too few deaths to allow for detailed analysis, with drug overdose being the only consistently reportable cause. Looking at age-adjusted mortality rates by race over the past four years, a notable pattern emerges: although homelessness disproportionately affects Black Angelenos, the mortality rate among people experiencing homelessness is highest among white individuals. Experts suggest this may be because structural racism makes it easier for Black individuals to fall into homelessness due to systemic inequalities, while white individuals often become homeless after longer-term health deterioration and substance use, leading to higher mortality once homeless. Latino mortality rates dipped in 2022 due to a COVID-related increase in homelessness among younger, healthier Latinos, which raised the population denominator and temporarily lowered the mortality rate. That trend flattened in 2023. Certain causes of death are dramatically more common among people experiencing homelessness compared to the general population. Overdose deaths are nearly 50 times higher, transportation-related deaths 20 times higher, and homicides 16 times higher. The extremely high overdose rate	

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	is likely due to the close link between substance use and homelessness. In contrast, the COVID-19 death rate among the homeless population in 2021 was only 2.3 times higher than in the general population—still elevated but much lower than other causes. This smaller gap is attributed to targeted public health efforts specifically focused on protecting unhoused individuals during the pandemic. Homeless deaths are geographically widespread across L.A. County. While areas like Skid Row and MacArthur Park remain major hotspots, they account for only about 25% of all deaths. Other high-death areas include Long Beach, Venice, Santa Monica, Hollywood, and East Hollywood. Each year, the LA County Homeless Mortality team collaborates with a wide range of stakeholders, including county departments, community service providers, lived experience groups (youth and adults), academic institutions like UCLA and USC, and national working groups. These partnerships help shape and refine the team's recommendations through ongoing feedback and engagement. The 15 recommendations in the report are grouped into three main categories: 1. Housing-Focused Recommendations • Ensure outreach staff are trained to link individuals to housing. • Sustain and expand permanent, supportive, and interim housing options tailored to the needs of people experiencing homelessness (PEH). • Expand housing that accommodates people who use drugs and recovery-oriented housing for those who need abstinence-based environments. • Provide overdose prevention services in all congregate housing settings. 2. Harm Reduction and Overdose Prevention	

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	• Advocate for policies and regulations that expand access to prevention, harm reduction, and treatment—including safe consumption sites. • Expand overdose prevention services in jails, hospitals, shelters, and through outreach. • Increase access to harm reduction services through welcoming, low-barrier drop-in spaces. • Expand mobile and telehealth services for physical and mental health. • Integrate peer-led harm reduction services. • Target equity efforts toward BIPOC, transgender, gender-nonconforming, and intersex individuals experiencing homelessness. 3. Physical, Mental Health, and Substance Use Treatment • Expand access to mental health services. • Support the "95% Initiative" to engage the majority of drug users who are not in contact with services. • Expand access to addiction treatment medications, especially for opioid use. • Maintain best practices for infectious disease prevention in homeless service settings (e.g., learned during COVID-19). • Use geographic data to identify high-risk areas for traffic deaths among PEH and work with municipalities to improve infrastructure and safety. These recommendations are revisited and refined annually, based on new data and community feedback. While many are already in progress, the process ensures ongoing evaluation and targeted improvements. **Recommendations/Comments:** Dorian: Is there a reason for the "Point-in-Time" period for the homelessness count? Why January? Dr. Nicholas: It's because most of the country has winter, and people who are experiencing homelessness are more likely to be indoors and are easier to count when it's cold. And so that's how the January count came to be. So, it doesn't apply to us, because it's pretty much sunny and beautiful all the time in LA.	

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	Green: On mapping, you said a couple of different areas of deaths, and the last time we had a report similar to this. Is there an interactive map that shows so many overdoses, so many homicides, so many women hit by cars, natural cause like heart attacks, etc.? Is there an interactive map that could track and look for trends that we could look for? Dr. Nicholas: Our challenge there is that we are beholden to the state vital records rules about disclosure of small numbers, and the data belongs to them. So, we can't show a point on a map where a death occurred, because that is immediately a violation of our data suppression rules with the state. That's exactly why we do heat maps, because that's a way of getting around that, showing where the concentrations are, being able to zoom in in areas to generally see where the concentrations are. But we are prohibited from doing point maps.	
VI. New Business		
VII. Unfinished Business		
VIII. Public Comment		
IX. Adjournment	***MOTION: ADJOURN THE MEETING*** *The PHC meeting adjourned at approximately 11:56 am.*	*Commissioner Dowling called a motion to adjourn the meeting. The motion passed and was seconded by Commissioner Rodrigues.*

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